

PC-ACE Pro32

Release Newsletter

Version 2.32
Professional Change Summary

October 2011

We are pleased to announce the release of PC-ACE Pro32 version 2.32. This upgrade contains several CMS Medicare Mandates and product enhancements effective 10/1/2011, including these highlighted changes:

◆ **Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)**– ICD-9 Annual Update – 168 new diagnosis codes

◆ **ANSI Version 4010A1 Prohibited After 1/1/2012** - In anticipation of the switch to ANSI version 5010, please review the Institutional Provider reference file to update the billing provider ZIP code on all records to the full 9-position value. In addition, the billing provider must now always have a physical address. Post office and lock boxes are no longer permitted. Finally, you'll need to update the ZIP code on all Facility reference file records to the full 9-position value. These changes are necessary to meet new version 5010 requirements. Watch for additional communications from your Medicare contractor regarding any procedural changes that may be needed as you switch ANSI versions.

ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.32 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This Newsletter

CMS MEDICARE MANDATES

CR7456 - Claim Status Category and Claim Status Codes Update

▲ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Category Codes Added: 0 ; Status Codes Added: 0 ; Status Codes Deleted/Terminated: 0 ; Status Codes Modified: 16. The modified status codes are: 59, 60, 279, 288, 294, 318, 322, 360, 363, 380, 383, 386, 414, 431, 589 and 633.

CR7454 - Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

▲ Integrated the annual ICD-9 diagnosis/procedure code file from CMS into the October 2011 release. This update includes 168 new diagnosis codes and 63 modified diagnosis codes.

CR7431 - Antillogous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer

▲ Added an professional claim edit which requires that either ICD-9 diagnosis code 233.4 or 185 be reported with PROVENGE HCPCS code Q2043 (effective 7/1/2011)

CR7476 - Quarterly Update to the End-Stage Renal Disease Prospective Payment System

▲ Added new ICD-9 codes effective 1/1/12:

- **282.43** – ALPHA THALASSEMIA
- **282.44** – BETA THALASSEMIA
- **282.45** – DELTA-BETA THALASSEMIA
- **282.46** – THALASSEMIA MINOR
- **282.47** – HEMOGLOBIN E-BETA THALASSEMIA

ADDITIONAL CMS MANDATED CHANGES

Category III Code Update (Source: AMA website)

▲ Added new codes effective 1/1/2012:

- **0276T** - BRONCH THERMOPLASTY 1 LOBE
- **0277T** - BRONCH THERMOPLASTY LOBES
- **0278T** - TEMPR
- **0279T** - CTC TEST
- **0280T** - CTC TEST W/I & R
- **0281T** - LAA CLOSURE W/IMPLANT
- **0282T** - PERIPH FIELD STIMUL TRIAL
- **0283T** - PERIPH FIELD STIMUL PERM
- **0284T** - PERIPH FIELD STIMUL REVISE
- **0285T** - PERIPH FIELD STIMUL ANALYS
- **0286T** - NEAR IFR SPECTRSC OF WOUNDS
- **0287T** - NEAR IFR GUIDE OF VASC SITE
- **0288T** - ANOSCOPY W/R DELIVERY
- **0289T** - LASER INC FOR PKP/LKP DONOR
- **0290T** - LASER INC FOR PKP/LKP RECIP
- **0291T** - IV OCT FOR PROC INIT VESSEL
- **0292T** - IV OCT FOR PROC ADDL VESSEL
- **0293T** - INS LT ATRL PRESS MONITOR
- **0294T** - INS LT ATRL PRESS MONT ADDON
- **0295T** - EXT ECG COMPELTE
- **0296T** - EXT ECG RECORDING
- **0297T** - EXT ECG SCAN W/REPORT
- **0298T** - EXT ECG REVIEW AND INTERP
- **0299T** - ESW WOUND HEALING INIT WOUND
- **0300T** - ESW WOUND HEALING ADDL WOUND
- **0301T** - MW THERAPY FOR BREAST TUMOR

CR7514 - Claim Adjustment Reason Code (CARC), Remittance Advice Remark Code (RARC), and Medicare Remit Easy Print (MREP) and PC Print Update

▲ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 1 ; Codes Deleted/Terminated: 0 ; Codes Modified: 6. The new code is: "237 - Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)" The modified codes are: 191, 214, 218, 219, 221 and W1.

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▲ Updated the Remittance Remarks Codes reference file with the latest WPC published code set. Codes Added: 3 ; Codes Deleted/Terminated: 0 ; Codes Modified: 2. The new codes are: "N544 - Alert: Although this was paid, you have billed with a referring/ordering provider that does not match our system record. Unless, corrected, this will not be paid in the future.", "N545 - Payment reduced based on status as an unsuccessful eprescriber per the Electronic Prescribing (eRx) Incentive Program." and "N546 - Payment represents a previous reduction based on the Electronic Prescribing (eRx) Incentive Program.". The modified codes are: N542 and N543.

CR7440 - Informational Message on the 835

▲ Added new RARC, N544 - Alert: Although this was paid, you have billed with a referring/ordering provider that does not match our system record. Unless, corrected, this will not be paid in the future.

CR7530 - Healthcare Provider Taxonomy Codes (HPTC) Update October 2011

▲ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. Codes Added: 3 ; Codes Deleted/Terminated: 0 ; Codes Modified: 0. The new codes are: "207RH0005X - Internal Medicine : Hypertension Specialist", "224Y00000X - Clinical Exercise Physiologist" and "335G00000X - Medical Foods Supplier".

CR7545 - October 2011 Update of the Hospital Outpatient Prospective Payment System (OPPS)

- ▲ Added new HCPCS codes effective 10/1/2011:
 - C1830 - POWER BONE MARROS BX NEEDLE
 - C1840 - TELESCOPIC INTRAOCULAR LENS
 - C9286 - INJECTION, BELATCEPT

CR7325 - Adjudication of Laboratory Tests that are Excluded from Clinical Laboratory Improvement Amendment (CLIA) Edits

▲ Modified the Professional Claim Attachment Trigger Control File to remove CLIA attachment entries for HCPCS codes 88304, 88305, 88312, 88313 and 88314

CR7175 - New Specialty Code for Advanced Diagnostic Imaging Accreditation

▲ Modified the Provider Specialty code 95 description from "Advanced Diagnostic Imaging Accreditation" to "Open".

MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE

Enforce Valid ANSI 5010 Versions on Submitter Reference File

▲ Modified the fixed list lookups on the various ANSI version fields in the professional Submitter record to eliminate the original 5010 versions. Only the June 2010 "errata" versions are considered valid 5010 versions at this point.

▲ Modified the system-level validation edits such that they no longer allow the original 5010 versions

▲ Added a professional claim edit that looks into the Submitter file to insure that the original 5010 versions are not still in use

ANSI-837 Version 4010A1 Prohibited After 1/1/2012

▲ Added fatal professional claim and eligibility/benefit request edits which prohibit preparation of ANSI-837 and ANSI-270 files in 4010A1 format on or after 1/1/2012.

Line-level Contract Code (CN1) Reporting

▲ Modified the Professional claim form to add support for reporting the line-level "Contract Code" (CN104/2400) on claims prepared in ANSI-837 format. This code is entered in the "Line-level Reference IDs / Types / Payer IDs" field set (located on the Billing Line Items tab ; Ext Details (2) subtab). Enter or select the "CN1 - Contract Code" qualifier in the associated "Type" field. Modified the fixed-list lookups and added/modified validation edits to insure IG compliance. Modified the Professional Claim Prepare Module and Professional ANSI-837 Claim Import Control File to support generation and import of the line-level "Contract Information" (CN1/2400) segment, respectively.

Current Illness/Symptom Date (DTP*431) Suppression

▲ Modified the Professional Claim Prepare Module and Professional ANSI-837 Translator to support suppression of the Current Illness/Symptom Date as required by the "do not send" instructions in the Version 5010 professional ANSI-837 implementation guide. These instructions allow the "Date - Onset of Current Illness or Symptom Date" (DTP*431/2300) segment to be reported only when the date is different from the service date. The prepare module will now suppress this segment for 5010 output whenever the Current Illness/Symptom Date reported is equal to or greater than the claim's earliest service from date.

CORRECTIONS TO CUSTOMER REPORTED PROBLEMS

Correct Patient Condition Description Trailing Spaces

▲ Modified the Professional ANSI-837 Translator to correct a problem with the "Spinal Manipulation Service Information" (CR2/2300/2400) segment. Added code to trim trailing SPACE characters from the "Patient Condition Description" (CR210, CR211) elements. Since these two elements are completed from the same free-form text field in the claim form, it was possible for trailing SPACE characters to be reported in these elements depending on where the spaces fell in the original string.

INSTALLING THE UPGRADE

Perform a full PC-ACE Pro32 database backup before installing the upgrade. To install the upgrade, run the attached PCACEUP.EXE file using Windows Explorer or equivalent and follow the simple upgrade wizard steps. When prompted, enter the upgrade password provided by your software supplier. For networked instructions, it is recommended (but not required) that the update be run from the server's console.

IMPORTANT: The recommended database backup is for safety purposes only, and should NOT be restored after successfully installing the update. The update program preserves all existing claims and reference file settings.