

**Note: This is for MAC and Direct customers**

## Hot topics

**Annual ICD-10 Codes Updates** – Installed the 2026 ICD-10 Diagnosis & Procedure Code updates. Refer to the accompanying report for a complete listing of the new and modified codes

**Quarterly HCPCS changes** – Quarterly HCPCS code updates together with regular CMS mandates & WPC code set updates.



## Enclosed materials

- Pre-built PC-ACE 7.2 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers.
- This newsletter

# CMS mandated changes

## **14490- Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE**

- Added the following RARC codes (effective 07/01/2026):

**N923** Not Denied - The Medicare Advantage Organization (MAO) made a payment responsibility determination.

**N924** Pending (Not Denied) - The Medicare Advantage Organization (MAO) has not yet made a payment responsibility determination for the service at the time the encounter record was submitted.

**N925** Denied - The Medicare Advantage Organization (MAO) determined that it had no payment responsibility for the service at the time the encounter record was submitted.

**N926** Partially Denied - The Medicare Advantage Organization (MAO) determined that it had no payment responsibility for one or more service lines, but not all, at the time the encounter record was submitted.

**N927** Missing/Incomplete/Invalid x-ray.

**N928** Missing/Incomplete/Invalid bitewing or periapical x-ray.

**N929** Missing/Incomplete/Invalid photo(s).

**N930** Missing/Incomplete/Invalid quadrant identifier.

**N931** Missing/Incomplete/Invalid pre- and/or post-operative bitewing or periapical x-ray.

**N932** Missing/Incomplete/Invalid pre- and/or post-operative full mouth x-ray.

**N933** Missing/Incomplete/Invalid pre- and/or post-operative photo(s).

**N934** Missing/Incomplete/Invalid full mouth x-ray.

**N935** Alert: Patient is no longer a Medicaid/Qualified Medicare Beneficiary.

**N936** This service code has been identified as the secondary or tertiary procedure code subject to the Medicare Multiple Procedure Payment Reduction (MPPR) rule.

**N937** The service line denial threshold was exceeded.

**N938** Alert: Do not resubmit. This claim will be automatically reprocessed.

**N939** Alert: You may contact us for a peer-to-peer review.

**N940** Missing/Incomplete/Invalid pre- and/or post-operative x-ray.

## **14569 - October 2026 Quarterly Update to the Clinical Laboratory Fee Schedule (CLFS) and Clinical Laboratory Improvement Amendments (CLIA): Healthcare Common Procedure Coding System (HCPCS) Codes, Waived Tests, and Reasonable Charge Payments**

- Added the following CPT codes (effective 10/01/2026):

**0660U - HPV GNOTYP 18/31/33/35 CFDNA**

**0661U - HPV GENOTYPE 16 CFDNA DDPCR**

**0662U - TRNSPLJ MED KAR RTQPCR 12GEN**

**0663U - OB FETAL PLTLT AG NIPT CFDNA**

**0664U - TRNSPLJ MED KAF NGS 13 GENES**

**0665U - HEP MASH ELISA YKL40 RTQPCR**

**0666U - NFCT DS WND DNA MULT RTPCR**

**0667U - IEM PMD FGF21 CONCTRJ ELISA**

**0668U - ONC PNCRS DNA 5HMC & GLYCAN**

0669U - NFCT DS BBB SPECIES MULTDPCR  
 0670U - RARE DS WGS S/L READ CMPRTR  
 0671U - RARE DS WGS S/L RD 2CMPRTRS  
 0672U - RARE DS WHOLE EXOME CMPRTR  
 0673U - RARE DS WHOLE EXOME 2CMPRTRS  
 0674U - RARE DS MTDNA BLD/SLV/GEND NA  
 0675U - RARE DS MTDNA PRBND&2CMPR TRS  
 0676U - RARE DS WGS MATERNAL CMPRTR  
 0677U - RARE DS WGS FETAL SAMPLE  
 0678U - ONC HHM GENOME SEQ 117 GENES  
 0679U - ONC HHM DNA ALYS >105 GENES  
 0680U - TOBAC USE DNA ALYS 1MTHYLTN  
 0681U - TOBAC USE DNA ALYS 2MTHYLTN  
 0682U - ONC LNG CA DNA ALYS 1MTHYLN  
 0683U - ONC LNG CA DNA ALYS 2MTHYLN  
 0684U - AUD 4MTHYLTN MRK PCR WHL BLD  
 0685U - AUD 5MTHYLTN MRK PCR BLD/SLV  
 0686U - ONC PRST8 MRNA GENE XPRSN 22  
 0687U - CMPRTV ALYS STR MRK DNA BUCC  
 0688U - ONC CLRCT CA ALYS MRD CTDNA  
 0689U - ONC CLRT CA ALYS MRD PT SPEC  
 0690U - TRNSPLJ MED AR DPCR ALYS 45  
 0691U - CARRIER SCREENING GSAP 6GENS  
 0692U - CRD PAD ALYS 3PRTN IA PLASMA  
 0693U - ONC H&N CTDNA 699 GENES VRNT  
 0694U - ONC MG MALDI TOF MS ISOTYPES  
 0695U - ONC CNS WGS CSF INTERROG  
 0696U - ONC SO TGSA RNA ALYS 350/>  
 0697U - OB DNA GNOTYP ALYS <41 GENES  
 0698U - NEURO TBI ALYS GFAP UCHL1

- Deleted the following HCPCS codes (effective 10/01/2026):

0556U NFCT DS P-S DNA&RNA 12 TRGTS  
 0557U NFCT DS BV DNA MRK VAG FLUID  
 0585U TGSAP SO NEO CFDNA 521 GENES

14588 - Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2026 Update

- Added the following HCPCS codes (effective 05/15/2026):

87638 - IADNA DNA/RNA RUBEOLA MEASLS

- Added the following HCPCS codes (effective 10/01/2026):

G0685 - ALGORITHM ASSESSMENT FOR ASD  
 A9613 - F 18 PYLARIFY TRUVU, DX 1MCI  
 J0643 - INJ LEUCOVORIN CALCIUM 1 MG  
 J0644 - INJ, LEUCOVORIN CAL (AVYXA)  
 J0871 - INJ, DAPTOMYCIN (ENDO) 1MG  
 J1757 - INJ TIVIDENO ALFA-EKNM 1  
 J1818 - INJ PEGZILARGINASE-NBLN  
 J1946 - INJ, FUROSE LASIX ONYU, 1 MG  
 J1947 - INJ, FUROSCIX, 1 MG  
 J1957 - INJECTION LEVETIRACETAM 5 MG  
 J1958 - INJ LEVETIRAC SODI CHLO 5 MG  
 J3268 - INJECTION, DELAFLOXACIN  
 J3406 - INJ OMIDUBICEL-ONLV, TX DOSE  
 J7524 - MYCOPHENOL MOFETIL ORAL 5 MG  
 J7526 - INJ MYCOPHENOLA MOFETIL 5 MG  
 J7529 - MYCOP MOFETIL SUSP ORAL 5 MG  
 J7530 - MYCOPHENOLAT (MYHIBBIN) 5 MG  
 J7531 - PRED SOD PHO ORA DIS TA 1 MG  
 J9066 - INJ BENDAMUSTINE, AVYXA 1MG  
 J9186 - INJ ETOPOSIDE (AVYXA), 1 MG  
 J9187 - INJ, ETOPOSIDE, 1 MG  
 J9191 - INJ FLUOROURACIL (AVYXA)10MG  
 J9192 - INJ, FLUOROURACIL, 10 MG  
 J9362 - INJ, TRABECTEDIN, 0.01 MG  
 Q5172 - INJ, FILKRI, 1 MCG  
 Q5173 - INJ, DENOSUMAB-ADET, 1 MG  
 A2046 - DERMISPHERE HDRT, PER SQ CM  
 A2047 - LACERTAMATRIX, PER SQ CM  
 A2048 - PURAPLY MZ, PER MG  
 A2049 - THERACOR, PER SQ CM  
 A2050 - FIBRILLAR COLLAGEN, PER MG  
 A4228 - DEV-DRUG COMBO CATH SUPPLIES  
 Q4207 - CARBON LIFE, PER SQ CM

Q4223 - DERMABIND SL OPTIC PER SQ CM  
 Q4243 - AMCHOMATRIX, PER SQ CM  
 A6614 - SUP EXT OCULR NEG PRES PUMP  
 1080T - INSJ INTRACAPSULAR MAGNIFIER  
 1072T - LVR ALGRFT NRMTHRMC MNTR EA  
 1073T - LVR ALGRFT NRMTHRMC DCANNULJ  
 1074T - LVR ALGRFT HYPTHRM CANNULJ  
 1075T - LVR ALGRFT HYPTHRM CONNJ  
 1076T - LVR ALGRFT HYPTHRM MNTR 1ST  
 1077T - LVR ALGRFT HYPTHRM MNTR EA  
 1078T - LVR ALGRFT HYPTHRM DCANNULJ  
 1054T - FCSD NSHCKWV US PROP RESD ST  
 1055T - NTRAOP RF ABLTJ LUMPCTMY CAV  
 1056T - COCHLEAR INFUSION RX AGENT  
 1057T - INS/RPL SUBQ NPG SPRORB&OCPL  
 1058T - REVJ SUBQ SPRORB&OCPL NSTIM  
 1059T - RMVL SUBQ SPRORB&OCPL NSTIM  
 1060T - ELC ALY SPRORB-OCPL NSTM CPX  
 1061T - ELC ALY SPRORB-OCPL NSTM SMP  
 1062T - ARTIF INSEM TRNSCRV NTRATUBL  
 1063T - ONC BLDR AUG ALG ALY REC&PRG  
 1064T - ONC BLDR AUGMNT ALG ALYS BCG  
 1065T - CYSTO CO2 SPRAY MNR BLDR LES  
 1066T - CYSTO CO2 SPRAY SML BLDR LES  
 1067T - CYSTO CO2 SPRAY MED BLDR LES  
 1068T - CYSTO CO2 SPRAY LRG BLDR LES  
 1069T - MCHNL XTR CRYCMPRSN MEAS&EDU  
 1070T - MCHNL XTR CRYCMPRSN PLMT  
 1071T - MCHNL XTR CRYCMPRSN TX CONTN  
 1079T - 3D QUAN WTR BTH US TOMG BRST  
 1081T - MVASC ANAST LYMPH NOD&VN 1ST  
 1082T - MVASC ANAST LYMPH NODE&VN EA  
 1083T - STRTCTC PLMT NFS CATH BRAIN  
 1084T - IMPL SCAF ALGRF SPRCHRD L SPC  
 1085T - ASSTV ALG ALY ID LES METS CA  
 1086T - NTRAPX EST C FF AUG ALG ALYS  
 1087T - EST C FF DRV AUG ALG ALYS  
 1088T - PERQ APPL HI-FRQ NEUROMD SGL  
 1089T - IO QUAN MCROELAST TIS CHARAC  
 1090T - ATCH&INS IO LNS PRSTH RX IMP

1091T - PLMT PERM COM CRTD ART FLTR  
 1092T - IMP ACLR SCAF KNE CHNDR OPEN  
 1093T - IMP ACLR SCAF KNE CHNDR ARTH  
 1094T - IMP ACLR SCAF KNEE EACH ADDL  
 1095T - HRV&PCX AUTOL BMAC MSCSKL TX  
 1096T - NJX THRMRG MLTPHAS SSP DMYL8  
 1097T - ONC PNCRS AUG ALG HMORPH H&E  
 1098T - PLMT SUBRTA PROSTH W/VTRC  
 1099T - ABLTJ NCMPTNT VN EXT TC HIFU  
 1100T - TC SPI NEUROMD PRGRMG EA 30  
 1101T - TC SPI NEUROMD APPL EACH 15  
 1102T - NTROP MOLEC ASMT LNG TUM TIS  
 1103T - NTROP MOLEC ASMT OV TUB/PRTL  
 1104T - N-INVAS CARDPULM ASSMT CAD  
 1105T - PRSNLZ NSTM PLS RATE AUG ALG  
 1106T - ONC BRST AUG ALG HMORPH H&E  
 1107T - ONC PRST8 AUG ALG HMORPH H&E  
 1108T - STRTCTC ICERE IMPL 1+1TRAJ  
 1109T - STRTCTC ICERE IMPL 1+MLT TRJ  
 1110T - STRTCTC ICERE DLVR 1 TRAJ  
 1111T - STRTCTC ICERE DLVR MLT TRAJ

- Modified the following HCPCS codes (effective 10/01/2026):

A9595 - PIFLU F 18 PYLARIFY DX 1 MCI  
 J9033 - INJ, BENDAMUSTINE (NOS) 1MG  
 0894T - LVR ALGRFT NRMTHRMC CANNULJ  
 0895T - LVR ALGRFT NRMTHRMC CONNJ  
 0896T - LVR ALGRFT NRMTHRMC MNTR 1<sup>ST</sup>

- Deleted the following HCPCS codes (effective 10/01/2026):

J0640 - LEUCOVORIN CALCIUM INJECTION  
 J1941 - INJ, FUROSCIX, 20 MG  
 J1953 - LEVETIRACETAM INJECTION  
 J7514 - MYCOPHENOL (MYHIBBIN) 100 MG  
 J7517 - MYCOPHENOLATE MOFETIL ORA  
 J7519 - INJ. MYCOPHENOLATE MOFETIL

J7528 - MYCOPHEN MOFETIL FOR SUSP  
J9181 - ETOPOSIDE INJECTION  
J9190 - FLUOROURACIL INJECTION  
J9352 - INJECTION TRABECTEDIN 0.1MG

## Installing the upgrade

Perform a full PC-ACE 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.

