

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

## Hot topics

**Core 360 Code Set Update** - Implemented the CORE 360 Claim Adjustment/Denial Business scenario code combinations.

**Quarterly HCPCS changes** - Quarterly HCPCS code updates together with regular CMS mandates. Please refer Appendix -1 for list of codes.



## Enclosed materials

- Pre-built PC-ACE 5.0 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This newsletter

# CMS mandated changes

## Remittance Advice Remark Codes update:

Added the following Remittance Advice Remark codes (effective from 03/01/2021):

**N839** - The procedure code was added/changed because the level of service exceeds the compensable condition(s).

**N840** - Worker's compensation claim filed with a different state.

**N841** - Alert: North Dakota Administrative Rule 92-01-02-50.3.

**N842** - Alert: Patient cannot be billed for charges.

**N843** - Missing/incomplete/invalid Core-Based Statistical Area (CBSA) code.

**N844** - This claim, or a portion of this claim, was processed in accordance with the Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency Medical Care Act.

**N845** - Alert: Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency Medical Care Act.

**N846** - National Drug Code (NDC) supplied does not correspond to the HCPCs/CPT billed.

**N847** - National Drug Code (NDC) billed is obsolete.

**N848** - National Drug Code (NDC) billed cannot be associated with a product.

**N849** - Missing Tooth Clause: Tooth missing prior to the member effective date.

**N850** - Missing/incomplete/invalid narrative explaining/describing this service/treatment.

## Core 360 codes update:

Installed the updated CORE3BS.CTL file into both the ETRAUB92 and ETRA1500 folders.

# 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

# Appendix - 1

Following HCPCS Code added (Effective 01/01/2021):

**0017M - ONC DLBCL MRNA 20 GENES ALG**

Following HCPCS Codes are Added (Effective 04/01/2021):

**0242U - TRGT GEN SEQ ALYS PNL 55-74**  
**0243U - OB PE BIOCHEM ASSAY PGF ALG**  
**0244U - ONC SOLID ORGN DNA 257 GENES**  
**0245U - ONC THYR MUT ALYS 10 GEN&37**  
**0246U - RBC DNA GNOTYP 16 BLD GROUPS**  
**0247U - OB PRTRM BRTH IBP4 SHBG MEAS**  
**A9592 - COPPER CU 64 DOTATATE DIAG**  
**C9074 - INJECTION, LUMASIRAN**  
**C9776 - FLUO BILE DUCT IMAGING W/ICG**  
**C9777 - ESOPHAG MUCOSAL INTEG ADD-ON**  
**G2172 - TX FOR OPIOID USE DEMO PROJ**  
**J1427 - INJ. VILTOLARSEN**  
**J1554 - INJ. ASCENIV**  
**J7402 - MOMETASONE SINUS SINUVA**  
**J9037 - INJ BELANTAMAB MAFODONT BLMF**  
**J9349 - INJ., TAFASITAMAB-CXIX**  
**K1013 - ENEMA TUBE, ANY, REPLAC ONLY**  
**K1014 - AK 4 BAR LINK HYDL SWG/STANC**

**K1015 - FOOT, ADDUCTUS POSITION, ADJ**  
**K1016 - TRANS ELEC NERV FOR TRIGEMIN**  
**K1017 - MONTHLY SUPP USE WITH K1016**  
**K1018 - EXT UP LIMB TREMOR STIM WRIS**  
**K1019 - MONTHLY SUPP USE WITH K1018**  
**K1020 - NON-INVASIVE VAGUS NERV STIM**  
**Q2053 - BREXUCABTAGENE CAR POS T**  
**S1091 - STENT NON-CORONARY PROPEL**

Following HCPCS Codes are Terminated (Effective 03/31/2021):

**C9068 - COPPER CU-64, DOTATATE, DX**  
**C9069 - BELANTAMAB MAFODONTIN-BLMF**  
**C9070 - INJECTION, TAFASITAMAB-CXIX**  
**C9071 - INJECTION, VILTOLARSEN**  
**C9072 - INJ, IMM GLOB ASCENIV**  
**C9073 - BREXUCABTAGENE AUTOLEUCEL CA**  
**C9122 - MOMETASONE FUROATE (SINUVA)**  
**J7333 - VISCO-3 INJ DOSE**  
**J7401 - MOMETASONE FUROATE SINUS IMP**  
**K1010 - INTRAURETHRAL DRAINAG DEVICE**  
**K1011 - ACTI INTRAURETHRAL DRAINAGE**  
**K1012 - CHARGER BASE STATION INTRAUR**

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