

# PC-ACE PRO32

Release Newsletter

Version 2.14

July 2009

## Professional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 2.14. This upgrade contains several CMS Medicare Mandates and product enhancements effective 7/1/2009, including these highlighted changes:

◆ **CR6427 – Instructions on Utilizing the 837 Professional CAS Segments for MSP Part B Claims** – Edit added to prohibit use of CARC 225

### ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 2.14 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

### CMS MEDICARE MANDATES

**CR6477 - Addition/Deletion of HCPCS Codes -- Quarterly Update**

▲ Added the following HCPCS codes (effective 7/1/2009):

- **Q4115** - ALLOSKIN SKIN SUB
- **Q4116** - ALLODERM SKIN SUB
- **Q2023** - XYNTHA, INJ

▲ Added the following HCPCS modifiers (effective 7/1/2009):

- **PA** - SURGERY, WRONG BODY PART
- **PB** - SURGERY, WRONG PATIENT
- **PC** - WRONG SURGERY ON PATIENT
- **PI** - PET TUMOR INIT TX STRAT
- **PS** - PET TUMOR SUBSQ TX STRATEGY

**CR6427 – Instructions for Utilizing 837 Professional Claim Adjustment (CAS) Segment for MSP Part B Claims**

▲ Added a professional claim edit prohibiting the use of CARC 225 on Medicare claims

### ADDITIONAL CMS MANDATED CHANGES

**CR6413 - April 2009 Integrated Outpatient Editor (I/OCE) Specifications Version 10.1**

▲ Terminated HCPCS code "0085T - BREATH TEST HEART REJECT" effective 12/7/2008.

▲ Added HCPCS modifier "K8" effective 4/1/2009

**CR6411 - Implementation of Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Part B Shared System Change**

▲ SDI will implement changes to support 5010 requirements over a period of several quarters beginning in the Q2 2009

**CR6399 - Implementation of Health Care Claim Status Inquiry and Response (276/277) Version 005010 - DME Shared Systems**

▲ SDI will implement changes to support 5010 requirements over a period of several quarters beginning in the Q2 2009

**CR6492 - July 2009 Update to the Hospital OPSS**

▲ Added the following HCPCS codes (effective 7/1/2009):

- **0199T** - PHYSIOLOGIC TREMOR RECORD
- **0200T** - PERQ SACRAL AUGMT UNILAT INJ
- **0201T** - PERQ SACRAL AUGMT BILAT INJ
- **0202T** - POST VERT ARTHRPLST 1 LUMBAR

▲ Numerous other new HCPCS codes mentioned in this change request have already been added to the product in a previous release.

**CR6484 - July Update to the 2009 Medicare Physician Fee Schedule Database (MPFFSD)**

• Terminated HCPCS Modifier "21 - PROLONGED E&M SERVICES" effective 12/31/2008

**CR6311 – New Physician Specialty Code for Hospice and Palliative Care**

▲ Added the provider specialty code "17 – Hospice and Palliative Care" valid for use on or after 10/1/2009

**CR6469 – Quarterly Update to CCI Edits, Version 15.2 Effective 7/1/2009**

▲ Installed the July 2009 quarterly Correct Coding Initiative (CCI) edit update for Professional claims. The CMS developed the CCI edits to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The purpose of the CCI edits is to ensure the most comprehensive groups of codes are billed rather than the component parts. Additionally, CCI edits check for mutually exclusive code pairs. **Note:** PC-ACE Pro32 distributors decide whether or not to activate CCI edits in their builds. As such, these edits may not be available on all PC-ACE Pro32 installations.

**CR6431 – Billing Routine Cost of Clinical Trials**

▲ Added a professional claim edit requiring that diagnosis Code V70.7 be present when HCPCS modifiers 'Q1' or 'QV' are present on Medicare claims with service dates on or after 1/1/2008. This edit is effective 7/10/2009.

**July 2009 HCPCS Update (Source: CMS Website)**

▲ Added the following HCPCS codes (effective 7/1/2009):

- **C9250** - ARTISS FIBRIN SEALANT
- **C9251** - INJ, C1 ESTERASE INHIBITOR
- **C9252** - INJECTION, PLERIXAFOR
- **C9253** - INJECTION, TEMOZOLOMIDE
- **C9360** - SURGIMEND, NEONATAL
- **C9361** - NEUROMEND NERVE WRAP
- **C9362** - IMPLNT,BON VOID FILLER-STRIP
- **C9363** - INTEGRA MESHED BIL WOUND MAT
- **C9364** - PORCINE IMPLANT, PERMACOL

▲ Modified the descriptions for the following HCPCS codes:

- **C9358** - SURGIMEND, FETAL
- **C9359** - IMPLNT,BON VOID FILLER-PUTTY

## MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE

### Claim Status Category Code and Claim Status Code Reference File Update – Source: WPC Published Code Set

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 6. The new status codes are: "693 - Amount must be greater than or equal to zero.", "694 - Amount must not be equal to zero.", "695 - Entity's Country Subdivision Code." and "696 - Claim Adjustment Group Code." The modified category codes are: D0, P3 and P4. The modified status codes are: 104, 107 and 402.

### C-Codes, April 2009 HCPCS Update (Source: CMS Website)

- ♣ Added a new HCPCS code effective 4/1/2009:
- C9249 - INJ, CERTOLIZUMAB PEGOL

### Payer Identification Number (REF\*2U) Support

♣ Modified the professional claim module to add support for the "Payer Identification Number" (REF01 = "2U") element in the "Payer Secondary Identifier" (REF/2010B) and "Other Payer Secondary Identifier" (REF/2330B) segments. This qualifier had been previously omitted because it was assumed that the payer identification number would always be reported in the NM109 element. Support for the REF\*2U segment has been added in response to selected payers that are requiring a second payer identification number be reported in this segment.

## CORRECTIONS TO CUSTOMER REPORTED PROBLEMS

### Modification to the Patient List Report

♣ Modified the Patient List report to properly display the primary Payer ID value. The value displayed in the report will now be determined in the following sequence: (a) The Payer ID value specified in the filter criteria, if any; (b) the institutional primary Payer ID, if specified on the patient record, or (c) the professional primary Payer ID value on the patient record.

### ANSI-997 Report Utility Modification

♣ Modified the ANSI-997 Report Utility to add support for repeating CTX01 elements (10 maximum) in the new ANSI-999 (5010) file format.

## 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.