

PC-ACE PRO32

Release Newsletter

Version 1.93

JULY 2008

Institutional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 1.93. This upgrade contains several CMS Medicare Mandates and product enhancements effective 7/1/2008, including these highlighted changes:

◆ **CR5898 – CORF Billing Requirement Updates for Fiscal Year (FY) 2008** – Several changes made to support the CORF Billing Requirements for the Fiscal Year 2008

ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 1.93 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

CMS MEDICARE MANDATES

CR5898 – CORF Billing Requirement Updates for Fiscal Year (FY) 2008

Implemented several new Institutional claim edits in support of revised CORF billing rules (TOB = 75x ; effective 7/1/2008). The specific changes include:

- ◆ Added a new Institutional claim edit restricting the Revenue Codes allowed on TOB = 75x claims to the following: 0270, 0274, 0279, 029x, 0410, 0412, 0419, 042x, 043x, 044x, 0550, 0559, 0560, 0569, 0636, 0771, 0900, 0911, 0914 and 0919.
- ◆ Added a new Institutional claim edit whereby HCPCS code 96152 is only allowed on Revenue Codes 0560, 0569, 0900, 0911, 0914 and 0919 when TOB = 75x
- ◆ Added a new Institutional claim edit whereby only HCPCS code 96152 is allowed with Revenue Codes 0560, 0569, 0900, 0911, 0914 and 0919 when TOB = 75x
- ◆ Added a new Institutional claim edit whereby HCPCS codes G0237, G0238, and G0239 are only allowed on Revenue Codes 0410, 0412 and 0419 when TOB = 75x
- ◆ Added a new Institutional claim edit whereby only HCPCS code G0128 is allowed with Revenue Codes 0550 and 0559 when TOB = 75x
- ◆ Added a new Institutional claim edit which prohibits HCPCS code G0128 from being billed with Revenue Code 0771 when TOB = 75x

CR5867 – Requirements for Billing Blood

- ◆ Added a new Institutional claim edit requiring Revenue Code 0381 or 0382 if Value Code 06 or 38 is present on the claim (effective 7/1/2008).

CR5860 – Adjusting Inpatient Prospective Payment System (IPPS) Reimbursement for Replaced Devices Offered Without Cost or With a Credit

- ◆ Added a new Institutional claim edit, which enforces the requirement that Condition Code 49 or 50 must be reported

when Value Code FD is present on IPPS claims. (eff 10/1/2008 ; TOB = 11x ; Provider ID range 0001-0979).

ADDITIONAL CMS MANDATED CHANGES

CR5980 – April Update to the 2008 Medicare Physician Fee Schedule Database

- ◆ Terminated HCPCS code G0377 effective 12/31/2007

CR5999 - April 2008 Update of the Hospital OPPTS

- ◆ Added HCPCS codes effective 4/1/2008:
 - **C9241** - INJECTION, DORIPENEM
- ◆ Revised the following HCPCS descriptions effective 4/1/2008:
 - **C8921** from "COMP TRANSTHO ECHO W/CONTR" to "TTE W OR W/O FOL W/CONT, COM"
 - **C8922** from "LIMIT TRANSTHO ECHO W/CONTR" to "TTE W OR W/O FOL W/CONT, F/U"
 - **C8923** from "2D COM TRANSTHO ECHO W/CONTR" to "2D TTE W OR W/O FOLW/CON,CO"
 - **C8924** from "2D LIM TRANSTHO ECHO W/CONTR" to "2D TTE W OR W/O FOL W/CON,FU"
 - **C8925** from "2D TEE W/CONTRAST, INT/REPT" to "2D TEE W OR W/O FOL W/CON,IN"
 - **C8926** from "CONG TEE W/CONTR, INT/REPT" from "TEE W OR W/O FOL W/CONT,CONG"
 - **C8927** from "TEE W/CONTRAST; MONITOR" to "TEE W OR W/O FOL W/CONT, MON"
 - **C8928** from "2D TRANSTHO W/CONTR; STRESS" to "TEE W OR W/O FOL W/CON,STRES"

CR5981 - New HCPCS Codes for April 2008 Update

- ◆ Added a new Institutional claim edit prohibiting the use of HCPCS codes J7602, J7603, J1751, and J1752 on Medicare claims (eff 4/1/2008).

◆ Replaced an existing Institutional claim edit such that it now requires HCPCS codes J1566, J1568, J1569, J1561, J1572 and/or Q4097 when billing preadministration-related services (G0332) associated with IVIG administrations (effective 4/1/2008).

CR5969 – April 2008 Integrated Outpatient Code Editor (IOCE) Specifications 9.1

- ◆ Added new HCPCS codes effective 4/1/2008
 - **01213** - VWF COMPLEX, NOT HUMATE-P
 - **09241** - INJECTION, DORIPENEM
 - **C9241** - INJECTION, DORIPENEM
- ◆ Added new Modifier effective 1/1/2007:
 - **8C** - GENERIC TESTING

CR6047 - Revisions to the Billing Requirements for ESRD-Related Epotein Alfa (EPO) and Darbepoetin Alfa (Aranesp) Administrations Provided During Unscheduled or Emergency Dialysis Treatments in Outpatient Hospital Setting

♣ Added a new Institutional claim edit which requires that Unscheduled Dialysis HCPCS code G0257 be present when billing ESRD-related EPO or Aranesp HCPCS codes J0882 or Q4081. (eff 10/1/2008 ; TOBs = 13x, 85x)

UB-04: Version 2.00 Clarifications/Errata/Update (as of 4/3/2008) – (Source: NUBC Website)

♣ Added new Condition Code effective 10/1/2008 - 'W2' - Duplicate or Original Bill

♣ Added new Condition Code effective 10/1/2008 - 'W3' - Level I Appeal

♣ Added new Condition Code effective 10/1/2008 - 'W4' - Level II Appeal

♣ Added new Condition Code effective 10/1/2008 - 'W5' - Level III Appeal

♣ Changed Value Code '37' description to: Units of Blood Furnished

♣ Changed Value Code '38' description to: Blood Deductible Units

♣ Changed Value Code '39' description to: Units of Blood Replaced

♣ Added new Occurrence Span Code effective 1/1/2009 - "80 - Prior Same-SNF Stay Dates for Payment Ban Purposes"

♣ Added several Institutional claims edits to prohibit the use of the new C/O/S/V codes prior to their effective dates.

Claim Status Response Codes Update – Source: WPC

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Codes Added: Category - 0 , Status - 4 ; Codes Deleted: Category - 0 , Status - 0 ; Codes Modified: Category - 3 , Status - 17. The new status codes are: "685 - Claim could not complete adjudication in real time. Claim will continue processing in a batch mode. Do not resubmit.", "686 - The claim/ encounter has completed the adjudication cycle and the entire claim has been voided", "687 - Claim estimation can not be completed in real time. Do not resubmit." and "688 - Present on Admission Indicator for reported diagnosis code(s)". The modified category codes are: P2, P3 and P4. The modified status codes are: 4, 5, 7, 9, 21, 67, 68, 71, 112, 113, 114, 115, 283, 506, 585, 670 and 671.

MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE

G Codes, July 2008 - Source: CMS Website

♣ Added new HCPCS codes effective 3/13/2008:

- G0398 - HOME SLEEP TEST/TYPE II PORTA
- G0399 - HOME SLEEP TEST/TYPE III PORTA
- G0400 - HOME SLEEP TEST/TYPE IV PORTA

C Codes, April 2008 (updated 3/25/2008) - Source: CMS Website

♣ Added a new HCPCS code effective 4/1/2008:

- C9241 - INJECTION, DORIPENEM

Other HCPCS Update – Source: CMS Website

♣ Added a new Modifier code effective 7/1/2008:

- CG - POLICY CRITERIA APPLIED

♣ Added new HCPCS Codes effective 4/1/2008

- K0672 - REMOVE SOFT INTERFACE, REPL
- Q4096 - VWF COMPLEX, NOT HUMATE-P
- Q4097 - INJ IVIG PRIVIGEN 500 MG
- Q4098 - INJ IRON DEXTRAN
- Q4099 - FORMOTEROL FUMERATE, INH
- S3628 - PAMG-1 RAPID ASSAY FOR ROM

Update to the Category III Codes – Source: AMA Website

♣ Added new codes effective 7/1/2008:

- 3351F - NEG SCRIN DEP SYMP BY DEPTOOL
- 3352F - NO SIG DEP SYMP BY DEP TOOL
- 3353F - MILD-MOD DEP SYMP BY DEPTOOL
- 3354F - CLIN SIG DEP SYM BY DEP TOOL

Claim Adjustment Reason Code (CARC) Reference File Update – Source: WPC

♣ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 10 ; Codes Deleted/Terminated: 0 ; Codes Modified: 5. The new codes are: "213 - Non-compliance with the physician self referral prohibition legislation or payer policy.", "214 - Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment. (Note: To be used for Workers' Compensation only)", "215 - Based on subrogation of a third party settlement", "216 - Based on the findings of a review organization", "217 - Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement. (Note: To be used for Workers' Compensation only)", "218 - Based on entitlement to benefits (Note: To be used for Workers' Compensation only)", "219 - Based on extent of injury (Note: To be used for Workers' Compensation only)", "220 - The applicable fee schedule does not contain the billed code. Please resubmit a bill with the appropriate fee schedule code(s) that best describe the service(s) provided and supporting documentation if required. ...", "221 - Workers' Compensation claim is under investigation. (Note: To be used for Workers' Compensation only. Claim pending final resolution)" and "D22 - Reimbursement was adjusted for the reasons to be provided in separate correspondence. ...". The modified codes are: 85, 100, 151, 189 and 201.

Remittance Remarks Code (RARC) Reference File Update – Source: WPC

♣ Updated the Remittance Remarks Codes reference file with the latest WPC published code set. Codes Added: 1 ; Codes Deleted: 0 ; Codes Modified: 4. The new code is : "N433 - Resubmit this claim using only your National Provider Identifier (NPI)". The modified codes are: MA97, MA116, N174 and N421.

GENERAL PRODUCT ENHANCEMENTS

Remittance Remark Codes (RARC) Enhancement of Effective and Termination Dates

♣ Added effective/terminate dates to the Remittance Remark Codes (RARC) reference file. Added several non-fatal Institutional claim edits to insure the RARC codes reported on Coordination of Benefits (COB) claims were valid when adjudication took place. This change was prompted by a change in the ANSI code sets published by Washington Publishing Company (WPC). They are now maintaining start/stop dates for this code set.

Taxonomy Code Enhancement of Effective and Termination Dates

♣ Added effective/terminate dates to the Taxonomy Codes reference file. Added several non-fatal Institutional claim edits to insure the Taxonomy codes reported on the claims were valid for the applicable service date range. This change was prompted by a change in the ANSI code sets published by Washington

Publishing Company (WPC). They are now maintaining start/stop dates for this code set.

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.