

PC-ACE PRO32

Release Newsletter

Version 1.91

APRIL 2008

Institutional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 1.91. This upgrade contains several CMS Medicare Mandates and product enhancements effective 4/1/2008, including these highlighted changes:

- ◆ **New HCPCS Modifiers When Billing Patient Care in Clinical Research** – Edits implemented to support new clinical service Modifiers
- ◆ **Billing Instructions for HH PPS Case Mix Refinement** – Several changes made in support of the new OASIS data format effective 1/1/2008 on Home Health PPS claims

ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 1.91 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

CMS MEDICARE MANDATES

CR5805 – New HCPCS Modifiers When Billing Patient Care in Clinical Research Studies

◆ Modified several Institutional claim edits to allow reporting of new clinical service Modifiers Q0 and Q1, which replace QA, QR and QV effective 1/1/2008.

CR5699 – Reporting of Hematocrit and/or Hemoglobin Levels on All Claims for Administration of Erythropoiesis Stimulating Agents (ESAs) for Non-ESRD Indications and Implementation of New Modifiers for Non-ESRD Indications

◆ Added a new Institutional claim edit requiring that either Value Code 48 or 49 be present on the claim when one of the following HCPCS codes is present: J0881, J0882, J0885, J0886 or Q4081 (eff. 1/1/2008 ; All TOBs except 72x).

◆ Added a new Institutional claim edit requiring that Modifier EA, EB or EC always be billed with non-ESRD ESA HCPCS codes J0881 or J0885 (eff. 1/1/2008 ; All TOBs except 72x).

◆ Added several Institutional claim edits which prohibit reporting of more than one of the anemia quality Modifiers EA, EB and EC on the same service line (eff. 1/1/2008).

ADDITIONAL CMS MANDATED CHANGES

CR5850 – Updated NUBC Codes and Other Internal only Manual Chapter 25 Revisions

◆ Added an Institutional claim edit prohibiting the use of Revenue Code "0948 - Pulmonary Rehab" on all Medicare claims (effective 1/1/2008).

CR5790 – Requirements for Including an 8-Digit Clinical Trial Number on Claims

◆ Modified the Institutional Claim form to automatically adjust the format of the 8-digit Clinical Trial Number associated with Value Code "D4" (CLINICAL TRIAL NUMBER ASSIGNED

BY NLM/NIH) during hand-keying. Because of a width restriction on the Value Code Amount fields, this 8-digit value must be saved in 6+2 format (e.g., "123456.78"). However, it is desirable to allow the user to hand-key this as a simple 8-digit string with no decimal point entered. The claim form will now automatically reformat the 8-digit value into the required 6+2 format.

◆ Added an Institutional claim edit which requires that the amount entered for Value Code 'D4' (Clinical Trial Number) be less than or equal to 999999.99 in order to enforce correct entry. These 8-digit registry numbers are to be entered right justified, with 6-positions to the left of the decimal point.

◆ Modified the Institutional Claim Print Module to omit the decimal point when printing the amount associated with Value Code "D4" (CLINICAL TRIAL NUMBER ASSIGNED BY NLM/NIH). The amount field for Value Code "D4" actually holds the 8-digit Clinical Trial Number rather than a currency value.

CR5746 – Billing Instructions for the Home Health Prospective Payment System (HH PPS) Case Mix Refinement

Made several Institutional claim edit changes in support of the new OASIS data format effective 1/1/2008 on Home Health PPS claims. Specific changes are:

◆ Deleted an existing Institutional claim edit, which required the OASIS data to be numeric only;

◆ Added a new Institutional claim edit, which enforces the requirement that OASIS data be 18 positions in length;

◆ Added a new Institutional claim edit, which enforces the specific alphanumeric format rules for OASIS data. Specifically, positions 1, 2, 5, 6, and 9 must be numeric, position 10 must be 1 or 2, and all other positions must be alphabetic. This format validation is bypassed when Condition Code 21 is present on the claim.

Note: These changes were also included in a service pack to the January 2008 quarterly release.

CR5938 – Department of VA Claims Adjudication Services Project - New IOM Chapter - Pub. 100-04, Chapter 37 Department of VA Claims Adjudication Services Project

◆ Modified several Institutional Claim edits and several Institutional Provider reference file edits to accept the special carrier-defined Veteran's Administration (VA) provider numbers. These provider numbers all have a "V" in the first position, and are billed on TOBs 11x, 12x, 13x, 14x and 18x..

NUBC UB-04 Manual (Version 2.00) – Dated 12/5/2007

◆ Added two new Value Codes "FC - PATIENT PAID AMOUNT" and "FD - CREDIT RCVD FROM MANUFACTURER FOR REPLACED MEDICAL DEVICE" (effective 7/1/2008). These new Value Codes are active for all valid LOB/TOB combinations by default. Added a non-fatal Institutional claim edit, which prohibits the use of these new Value Codes prior to 7/1/2008.

◆ Added the new Patient Discharge Status code "70 -

Discharged/transferred to another Institution Type not Defined Elsewhere in this List" effective 4/1/2008. This new code is a functional replacement for Patient Discharge Status code "05" which has been redefined as "Discharged/transferred to a Designated Cancer Center or Children's Hospital". Modified the fixed lookup lists on this Institutional claim form field to reflect these changes. Modified the field validation edit to allow the new code, and added a non-fatal edit to restrict its use to on or after 4/1/2008.

Provider Taxonomy Code (Source: WPC)

♣ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. Code Added: 5 ; Codes Deleted: 0 ; Codes Modified: 1. The new codes are: "111NP0017X - Chiropractor : Pediatric Chiropractor", "173C00000X - Reflexologist", "173F00000X - Sleep Specialist, PhD", "1835P0018X - Pharmacist : Pharmacist Clinician (PhC)/Clinical Pharmacy Specialist", and "253J00000X - Foster Care Agency". The modified code is: "207NS0135X - Dermatology : Procedural Dermatology".

MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE Other HCPCS Update – Source: CMS Website

- ♣ Reinstated HCPCS codes:
 - **J7611** - ALBUTEROL NON-COMP CON
 - **J7612** - LEVALBUTEROL NON-COMP CON
 - **J7613** - ALBUTEROL NON-COMP UNIT
 - **J7614** - LEVALBUTEROL NON-COMP UNIT
- ♣ 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
 - **S3628** - PAMG-1 RAPID ASSAY FOR ROM

Modifications to the Institutional Claim Form

♣ Modified the Institutional claim form to add support for Reference Number types "23 - Client Number / Health Record Number", "IG - Insurance Policy Number", "SY - Social Security Number" and "Y4 - Property and Casualty Claim Number". These new reference numbers should be entered in the "Reference Number / Type" fields on the Institutional claim form's Extended Payer tab. Modified the claim import and prepare modules to import/report these reference numbers from/to the appropriate ANSI-837 loop/segment (REF/2010BA; REF*Y4/2010BA; REF*Y4/2010CA).

GENERAL PRODUCT ENHANCEMENTS

Institutional Claim Print Module

♣ Modified the Institutional Claim Print Module to support printing of the line-level National Drug Code (NDC) information on UB-04 printed claims. The NDC code and optional NDC Units/Type values are printed in the Revenue Code Description (FL43) field as described in the Official UB-04 Data Specifications Manual from NUBC (see the Clarifications/Errata/Updates dated 11/15/2007).

CORRECTIONS TO CUSTOMER REPORTED PROBLEMS

Institutional Claim Form

♣ Modified several Institutional claim edits added recently per CMS mandate CR5746 (Transmittal 1348) to accommodate Home Health claims whose Service From/Thru Date range spans from 2007 into 2008. Specific edit changes include: (a) Modified an existing Institutional claim edit which restricts billing of the new HHRG codes to Revenue Code 0023 on TOB 32x/33x claims such that it now checks against the claim's Service Thru Date. ; and (b) Modified an existing Institutional claim edit which requires an HHRG code on Home Health PPS claims such that it no longer considers the claim's service date since this check is already being performed by another edit.

Institutional Claim Import Module

♣ Modified the Institutional Claim Import Module to properly handle the special Present On Admission (POA) string reported in the K3/2300 segment when more than seventeen (17) Other Diagnosis Codes are reported in the ANSI-837 file. The import module will now consider these excess diagnosis codes when analyzing the POA string length, and when extracting the POA indicators for assignment to their respective diagnosis codes. Previously, the import module would report an invalid POA string length when excess Other Diagnosis Codes were reported. Note that PC-ACE Pro32 still supports a maximum of seventeen (17) Other Diagnosis Codes per claim.

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.