

# PC-ACE Pro32

Release Newsletter

Version 2.34  
Professional Change Summary

January 2012

We are pleased to announce the release of PC-ACE Pro32 version 2.34. This upgrade contains several CMS Medicare Mandates and product enhancements effective 1/1/2012, including these highlighted changes:

◆ **2012 HCPCS Annual Update Reminder** – Updated HCPCS file: 615 added; 272 deleted, and 348 modified.

## ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.34 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This Newsletter

## CMS MEDICARE MANDATES

### CR7540 - 2012 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

◆ Replaced the HCPCS file with the annual 2012 update for claims processed on or after January 1, 2012. HCPCS Changes: 615 added; 272 deleted; 348 modified. Modifier Changes: 1 added; 3 deleted; 0 modified.

### CR7585 - Claim Status Category and Claim Status Codes Update

◆ The code changes described in this change request have already been implemented in a previous release.

### CR7530 - Healthcare Provider Taxonomy Codes (HPTC) Update October 2011

◆ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. The code changes described in this change request have already been implemented in a previous release.

### CR7466 - Medicare Remit Easy Print (MREP) and PC Print User Guide Update for Implementation of version 5010A1

◆ Implemented changes in the Institutional ANSI-835 Remittance Processor to reflect 5010-related changes made to the MREP product.

## ADDITIONAL CMS MANDATED CHANGES

### CR7515 – Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - January 2012 Version

Implemented the following professional claim edits to more completely reflect the version 5010 errata CMS companion guide:

◆ Added a fatal professional claim edit prohibiting reporting of the Subscriber SSN (REF\*SY/2010BA) on Medicare (MCB) claims

◆ Added a fatal professional claim edit prohibiting reporting of Payer Secondary Identification (REF/2010BB) qualifiers "EI" (Employer's Identification Number), "FY" (Claim Office Number), or "NF" (NAIC Code) on Medicare (MCB) claims

◆ Added a fatal professional claim edit requiring that the claim's Frequency field be blank or "1" for Medicare (MCB) claims

◆ Added a non-fatal professional claim edit requiring the Disability Thru Date to be greater than or equal to the Disability From Date when both dates are present

◆ Added a non-fatal professional claim edit on the first service line which requires POS = "41" or "42" whenever an AMB attachment is triggered on any service line of a Medicare claim

◆ Added professional claim edits to enforce a COB balancing rule that requires the claim-level Payer Paid Amount (AMT02\*D/2320) to equal the sum of all line-level Payer Paid Amounts (SVD02/2430) minus the sum of all claim-level adjustments (CAS/2320) on a per-payer basis

◆ Modified several existing professional claim edits to bring them in line with the list of Anesthesia Modifiers defined for the SV103/2400 element. The modifiers to be included are: AA, AD, QK, QS, QX, QY or QZ

◆ Added a professional claim edit requiring that the line-level "Hospice Employed?" field be populated when the service line's Place of Service (POS) = 34 (Hospice).

Medicare claims with service dates on or after 11/28/2011, and transmitted on or after 4/1/2012

◆ Added professional claim edits prohibiting the use of Group Code "CR" (Corrections & Reversals) on version 5010 claims when the associated Adjudication Date is on or after 1/1/2012. This group code has been eliminated in the Health Care Claim Payment/Advice (ASC X12N/005010X221 ; Version 5010) implementation guide.

### CR7648 - 2012 Annual Update to the Therapy Code List

◆ Added a new HCPCS code, effective 1/1/2012:

- **92618** - EX FOR NONSPEECH DEV RX ADD

### CR7633 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

◆ Added new HCPCS codes, effective 10/17/2011:

- **G0442** - ANNUAL ALCOHOL SCREEN 15 MIN
- **G0443** - BRIEF ALCOHOL MISUSE COUNSEL

### CR7635 - CY 2012 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

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▲ Added new HCPCS codes, effective 1/1/2012:

- **A5056** - 1 PC OST POUCH W FILTER
- **A5057** - 1 PC OST POU W BUILT-IN CONV
- **A9272** - DISPOSABLE MECH WOUND SUCT
- **E0988** - LEVER-ACTIVATED WHEEL DRIVE
- **E2358** - GR 34 NONSEALED LEADACID
- **E2359** - GR34 SEALED LEADACID BATTERY
- **E2626** - SEO MOBILE ARM SUP ATT TO WC
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- **E2630** - MONOSUSPENSION ARM/HAND SUPP
- **E2631** - ELEVAT PROXIMAL ARM SUPPORT
- **E2632** - OFFSET/LAT ROCKER ARM W/ELA
- **E2633** - MOBILE ARM SUPPORT SUPINATOR
- **L5312** - KNEE DISART, SACH FT, ENDO
- **L6715** - TERM DEVICE, MULTI ART DIGIT
- **L6880** - ELEC HAND IND ART DIGITS

#### **CR7467 - VMS Modifications to Oxygen CMN Editing**

▲ Modified an existing professional claim edit which determines the conditions when Questions 7 - 9 on the Oxygen CMN (484.03) must be answered such that it applies to 4010A1 claims only

▲ Added a new professional claim edit, which implements the new rounding rules for Question 1 values and also requires that all three Questions 7, 8 and 9 be answered whenever the conditions in Question 1 are met

#### **CR7517 – Medicare ANSI-837 Professional, Version 5010 Companion Guide**

▲ Modified the Disability From/Thru Dates controls on the professional claim form to accept future dates

#### **CR7580 - New Influenza Virus Vaccine Code**

▲ Added influenza virus vaccine code "90654 - FLU VACCINE NO PRESERV, ID" to the professional roster billing module

▲ Added and/or modified edits to enforce the effective and implementation dates for this new code. The new vaccine code is valid for service dates on or after 5/9/2011 on claims transmitted on or after 4/2/2012.

#### **Category II Code Update (Source: AMA website)**

▲ Added new codes effective 7/1/2011:

- **0555F** - SYMPTOM MGMT PLAN CARE DOCD
- **0556F** - PLAN CARE LIPID CONTROL DOCD
- **0557F** - PLAN CAREMNG ANGLN SYMPTDOCD
- **1010F** - SEVERITY ANGINA BY ACTVTY
- **1011F** - ANGINA PRESENT
- **1012F** - ANGINA ABSENT
- **1031F** - SMOKING + 2ND HAND ASSESSED
- **1032F** - SMOKER/EXPOSED 2ND HND SMOKE
- **1033F** - TOBACCO NONSMOKER NOR 2NDHND
- **1175F** - FUNCTION STAT ASSESSED RVWD
- **1181F** - NEUROPSYCHIA SYMPTS ASSESSED
- **1182F** - NEURPSYCHI SYMPT 1+PRESENT
- **1183F** - NEUROPSYCHIATRIC SYMP ABSENT
- **1450F** - SYMPTOMS IMPROVED/CONSIST
- **1451F** - SYMPT SHOW CLIN IMPORT DROP
- **1460F** - QUAL CARD DIAG PRIOR 12 MONS
- **1461F** - NO QUAL CARD DIAG PRIOR12MON
- **1490F** - DEM SEVERITY CLASSIFIED MILD

- **1491F** - DEM SEVERITY CLASSIFIED MOD
- **1493F** - DEM SEVERITY CLASS SEVERE
- **1494F** - COGNIT ASSESSED AND REVIEWED
- **2015F** - ASTHMA IMPAIRMENT ASSESSED
- **2016F** - ASTHMA RISK ASSESSED
- **2021F** - DILAT MACUL+EXAM DONE
- **2022F** - DIL RETINA EXAM INTERP REV
- **2044F** - DOC MNTL TST PRIOR BK TRXMNT
- **3015F** - CERV CANCER SCREEN DOC/REV
- **3019F** - LVEF ASSESS PLANPOST DSCHRG
- **3055F** - LVEF </= 35%
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- **3117F** - HF ASSESSMENT TOOL COMPLETED
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- **3119F** - NO EVAL ACTIVITY CLIN SYMP
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- **3520F** - CDIFFICILE TESTING PERFORMED
- **3725F** - SCREEN DEPRESSION PERFORMED
- **3750F** - PTNOTRCVNGSTEROID>=10MG/DAY
- **4008F** - BETA-BLOCKER THERAPY RXD/TKN
- **4010F** - ACE/ARB THERAPY RXD/TAKEN
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- **4145F** - >=2 ANTI-HYPRTNSV AGENTS TKN
- **4146F** - TAKING>=2ANTI-HYPRTNSV AGNTS
- **4322F** - CRGVR PROV W/ ED ADDL RSRCS
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- **4480F** - PT RCVNG ACE/ARB B-BLOCKERTX
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- **4500F** - REF TO OUTPT CARD REHAB PROG
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- **5250F** - ASTHMA DISCHARGE PLAN PRESNT
- **6101F** - SAFETY COUNSELING PROVIDED
- **6102F** - SAFETY COUNSELING ORDERED
- **6110F** - COUNSEL PROV DRIVING RISKS
- **6150F** - PT NOTRCVNG 1ST ANTITNF TXMNT

#### **Claim Adjustment Reason Code Update (Source – WPC-EDI)**

▲ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 2. The new codes are: "238 - Claim spans eligible and ineligible periods of coverage, this is the reduction for the ineligible period (use Group Code PR)." and "239 - Claim spans eligible and ineligible periods of coverage. Rebill separate claims (use Group Code OA)." The modified codes are: 18 and 141.

#### **Claim Status Response Codes Update (Source – WPC-EDI)**

▲ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Category Codes Added: 0 ; Status Codes Added: 0 ; Status Codes Deleted/Terminated: 0 ;

Status Codes Modified: 8. The modified status codes are: 252, 254, 466, 509, 514, 750, 751 and 752.

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

### **5010 Errata ANSI Versions Are Defaulted in Submitter Records**

♣ Modified the Submitter Information screen such that new records default to the 5010 errata ANSI versions

## **CORRECTIONS TO CUSTOMER-REPORTED PROBLEMS**

### **Not Otherwise Classified (NOC) Procedure Code Descriptions – Professional Claims Module**

Modified the professional claims module to support a change in reporting for Not Otherwise Classified (NOC) procedure code descriptions from the line-level NTE/2400 segment (4010A1) to the SV101-07/2400 subelement (5010). The following changes were implemented

♣ Modified an existing professional claim edit which requires the NOC procedure code to be reported in the "Line Notes (NTE)" field such that it applies to 4010A1 claims only

♣ Added a new professional claim edit which requires the NOC procedure code description to be reported in the line-level "Proc Desc" field for 5010 claims. This field is located on the Billing Line Items tab (Ext Details 2 subtab).

♣ Modified the Professional Claim Import Module to populate the correct professional claim form field from the unshaded service line data when appropriate based on the anticipated ANSI version for the claim

♣ Modified the Professional Claim Print Module to print the correct field value based on the claim's ANSI version

### **Modifications to Professional Claim Attachment Trigger Control File – CLIA Attachment Entries**

♣ Modified the Professional Claim Attachment Trigger Control File to add back CLIA attachment entries for HCPCS codes 88304, 88305, 88312, 88313 and 88314. These codes were incorrectly removed because of a misinterpretation of CMS mandate CR7325 (Transmittal 882). The codes should trigger the CLIA attachment EXCEPT when accompanied by the "TC" modifier.

♣ Modified an existing edit to bypass the CLIA certification number requirement for service lines reporting any of these HCPCS codes with the "TC" modifier

## **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.

# PC-ACE Pro32

Release Newsletter

Version 2.34

January 2012

## Institutional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 2.34. This upgrade contains several CMS Medicare Mandates and product enhancements effective 1/1/2012, including these highlighted changes:

- ◆ **2012 HCPCS Annual Update Reminder** – Updated HCPCS file: 615 added; 272 deleted, and 348 modified.
- ◆ **Update to Medicare Deductible, Coinsurance and Premium Rates for CY 2012** – Updated Institutional claim edits to support the new 2012 rates

### ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.34 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This Newsletter

### CMS MEDICARE MANDATES

#### CR7540 - 2012 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

◆ Replaced the HCPCS file with the annual 2012 update for claims processed on or after January 1, 2012. HCPCS Changes: 615 added; 272 deleted; 348 modified. Modifier Changes: 1 added; 3 deleted; 0 modified.

#### CR7567 – Update to Medicare Deductible, Coinsurance and Premium Rates for 2012

◆ Added three new Institutional claim edits to enforce the Medicare Deductible and Coinsurance amounts for Calendar Year 2012

#### CR7585 - Claim Status Category and Claim Status Codes Update

◆ Updated the Claim Status Response Codes reference file with the latest WPC published code set. The code changes described in this change request have already been implemented in a previous release.

#### CR7530 - Healthcare Provider Taxonomy Codes (HPTC) Update October 2011

◆ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. The code changes described in this change request have already been implemented in a previous release.

#### CR7466 - Medicare Remit Easy Print (MREP) and PC Print User Guide Update for Implementation of version 5010A1

◆ Implemented changes in the Institutional ANSI-835 Remittance Processor to reflect 5010-related changes made to the PC-PRINT product.

### ADDITIONAL CMS MANDATED CHANGES

#### CR7515 – Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - January 2012 Version

Implemented the following institutional claim and reference file edits to more completely reflect the version 5010 errata CMS companion guide

- ◆ Added a fatal institutional claim edit, which requires a non-zero Units value (SV205/2400) on all service lines
- ◆ Modified the Institutional Claim Import Module to force the service line Units value to "1" when the Units value is zero in the import file and the claim is likely to be prepared in ANSI Version 5010 format
- ◆ Added a fatal institutional claim edit prohibiting reporting of the Subscriber SSN (REF\*SY/2010BA) on Medicare (MCA) claims
- ◆ Modified several institutional claim and reference file edits to prohibit all suggested P. O. Box variations when editing the Billing Provider ZIP code field. A few additional variations were mentioned in the CMS companion guide.
- ◆ Added a fatal institutional claim edit prohibiting reporting of Payer Secondary Identification (REF/2010BB) qualifiers "2U" (Payer Identification Number), "EI" (Employer's Identification Number), "FY" (Claim Office Number), or "NF" (NAIC Code) on Medicare (MCA) claims
- ◆ Added an institutional claim edit which prohibits reporting of all Service Facility secondary identification numbers (REF/2310E) on Medicare claims
- ◆ Added an institutional claim edit which prohibits reporting of all claim-level Referring Physician secondary identification numbers (REF/2310F) on Medicare claims
- ◆ Added several institutional claim edits which prohibit reporting of line-level Operating, Other Operating, Rendering and Referring Providers unless the associated claim-level providers are also being reported
- ◆ Added institutional claim edits prohibiting the use of Group Code "CR" (Corrections & Reversals) on version 5010 claims when the associated Adjudication Date is on or after 1/1/2012. This group code has been eliminated in the Health Care Claim Payment/Advice (ASC X12N/005010X221 ; Version 5010) implementation guide.
- ◆ **CR7523 - Billing for Donor Post-Kidney Transplant Complication Services**  
Made several institutional claim edit changes to accommodate Medicare billing of Patient Relationship To Insured code "39" (Organ Donor). The specific edit changes are:
  - ◆ Modified an existing institutional claim edit to permit a Patient Relationship To Insured code of "39" (Organ Donor) on

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Medicare claims with service dates on or after 11/28/2011, and transmitted on or after 4/1/2012

♣ Added an institutional claim edit which requires Occurrence Code 36 when the Patient Relationship code 39 is present on the claim (effective 11/28/2011)

♣ Added institutional claim edits which require Occurrence Code 36 and Patient Relationship code 39 when HCPCS Modifier Q3 is present on the claim (effective 11/28/2011)

#### **CR7556 - Discontinuation of Hospice Late Charge Claims**

♣ Added an institutional claim edit prohibiting Hospice Late Charge claims (TOB = 815/825) with dates of service on or after 4/1/2012

#### **CR7593 - Clarification and Revisions for Claims Submitted for End Stage Renal Disease (ESRD) Patients**

Made several institutional claim edit changes to implement new End Stage Renal Disease (ESRD) claim billing rules. The specific changes are:

♣ Modified an existing institutional claim edit to bypass the requirement for reporting the Occurrence Code 51 when the Value Code D5 is reporting a value of 8.88 for dates of service on or after 1/1/2012

♣ Added an institutional claim edit which requires that all 72x type of bills with dates of service on or after 4/1/2012 report a value code 48 or 49. User is instructed to report a value of 99.99 if no reading is available

♣ Added an institutional claim edit which prohibits reporting an ESA (Q4081 or J0882) with a value of 99.99 in value code 48 or 49 (effective 4/1/2012)

#### **CR7648 - 2012 Annual Update to the Therapy Code List**

♣ Added a new HCPCS code, effective 1/1/2012:

- **92618** - EX FOR NONSPEECH DEV RX ADD

#### **CR7633 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse**

♣ Added new HCPCS codes, effective 10/17/2011:

- **G0442** - ANNUAL ALCOHOL SCREEN 15 MIN
- **G0443** - BRIEF ALCOHOL MISUSE COUNSEL

#### **CR7635 - CY 2012 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule**

♣ Added new HCPCS codes, effective 1/1/2012:

- **A5056** - 1 PC OST POUCH W FILTER
- **A5057** - 1 PC OST POU W BUILT-IN CONV
- **A9272** - DISPOSABLE MECH WOUND SUCT
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- **L5312** - KNEE DISART, SACH FT, ENDO
- **L6715** - TERM DEVICE, MULTI ART DIGIT
- **L6880** - ELEC HAND IND ART DIGITS

#### **CR7580 - New Influenza Virus Vaccine Code**

♣ Modified several existing institutional claim edits to add support for influenza vaccine code "90654 - FLU VACCINE NO PRESERV, ID" which has now been approved for roster billing

#### **Category II Code Update (Source: AMA website)**

♣ Added new codes effective 7/1/2011:

- **0555F** - SYMPTOM MGMT PLAN CARE DOCB
- **0556F** - PLAN CARE LIPID CONTROL DOCB
- **0557F** - PLAN CAREMNG ANGNL SYMPTDOCB
- **1010F** - SEVERITY ANGINA BY ACTVTY
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- **1032F** - SMOKER/EXPOSED 2ND HND SMOKE
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#### **Claim Adjustment Reason Code Update (Source – WPC-EDI)**

♣ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 2. The new codes are: "238 - Claim spans eligible and ineligible periods of coverage, this is the reduction for the ineligible period (use Group Code PR)." and "239 - Claim spans eligible and ineligible periods of coverage. Rebill separate claims (use Group Code OA)." The modified codes are: 18 and 141.

#### **Claim Status Response Codes Update (Source – WPC-EDI)**

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Category Codes Added: 0 ; Status Codes Added: 0 ; Status Codes Deleted/Terminated: 0 ; Status Codes Modified: 8. The modified status codes are: 252, 254, 466, 509, 514, 750, 751 and 752.

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

### **TDL-12015 – Addition of New Skilled Nursing Facility (SNF) Health Insurance Prospective Payment System (HIPPS) Codes to the Fiscal Intermediary Shared System (FISS), Dated 10/19/2011**

♣ Modified an institutional claim edit to allow the new HIPPS codes listed in this change request (effective 10/1/2011)

♣ Added a new institutional claim edit which prohibits the use of these new HIPPS codes prior to 10/1/2011

#### **Updated Present On Admission (POA) Exemption Listing**

♣ Updated the ICD-9 reference file to reflect the latest Present On Admission (POA) exemption listing published on the CMS web site

#### **5010 Errata ANSI Versions Are Defaulted in Submitter Records**

♣ Modified the Submitter Information screen such that new records default to the 5010 errata ANSI versions

## **INSTALLING THE UPGRADE**

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