

Hot topics

Note: This is for MAC and Direct customers

Annual ICD-10 Codes Update - Installed the 2019 ICD-10 Diagnosis & Procedure Codes. Refer to the accompanying report for a complete listing of the new and modified codes.

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



Enclosed materials

- Pre-built PC-ACE 4.4 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This newsletter

CMS mandated changes

ICD-10 Updates: Diagnosis and Procedure Code Stand-Alone files for the fiscal intermediary Shared System

- Installed the 2019 ICD-10 Diagnosis & Procedure Codes. Refer to the accompanying report for a complete listing of the new and modified codes.

11321 - Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange

- Added the following Remittance codes (effective 7/1/2019):
 - N815** - MISSING/INCOMPLETE/INVALID NDC UNIT COUNT
 - N816** - MISSING/INCOMPLETE/INVALID NDC UNIT OF MEASURE
 - N817** - ALERT: APPLICABLE LABORATORIES ARE REQUIRED TO COLLECT AND REPORT PRIVATE PAYOR DATA AND REPORT THAT DATA TO CMS BETWEEN JANUARY 1, 2020 - MARCH 31, 2020.
 - N818** - CLAIMS DATES OF SERVICE DO NOT MATCH ELECTRONIC VISIT VERIFICATION SYSTEM.
 - N819** - PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION SYSTEM.
 - N820** - ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF
 - N821** - ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND.
 - N822** - MISSING HCPCS MODIFIER(S).
 - N823** - INCOMPLETE/INVALID HCPCS MODIFIER(S).

11393 - Claim Status Category and Claim Status Codes Update

- Added the following Claim Status codes (effective 7/1/2019):
 - 785** - MISSING/INVALID STERILIZATION/ABORTION/HOSPITAL CONSENT FORM.
 - 786** - SUBMIT CLAIM TO THE THIRD PARTY PROPERTY AND CASUALTY AUTOMOBILE INSURER.
 - 787** - RESUBMIT A NEW CLAIM, NOT A REPLACEMENT CLAIM.
 - 788** - SUBMIT THESE SERVICES TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION.
 - 789** - SUBMIT THESE SERVICES TO THE PATIENT'S MEDICAL PLAN FOR FURTHER CONSIDERATION.
 - 790** - SUBMIT THESE SERVICES TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION.
 - 791** - SUBMIT THESE SERVICES TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION.
 - 792** - SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION.
 - 793** - SUBMIT THESE SERVICES TO THE PATIENT'S PROPERTY AND CASUALTY PLAN FOR FURTHER CONSIDERATION.

11394 - Implement Operating Rules - Phase III Electronic Remittance Advice (ERA)

- Electronic Funds Transfer (EFT): Committee on Operating Rules for Information
- Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC),
- Installed the updated CORE3BS.CTL file into both the ETRAUB92 and ETRA1500 folders.

CMS mandated changes

11406 - Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services

- Subject to Reasonable Charge Payment
- Added the following HCPCS codes (effective 10/1/2019):
 - 0105U - NEPH CKD MULT ECLIA TUM NEC
 - 0106U - GSTR EMPTG 7 TIMED BRTH SPEC
 - 0107U - C DIFF TOX AG DETCJ IA STOOL
 - 0108U - GI BARRETT ESOPH 9 PRTN BMR
 - 0109U - ID ASPERGILLUS DNA 4 SPECIES
 - 0110U - RX MNTR 1+ORAL ONC RX&SBSTS
 - 0111U - ONC COLON CA KRAS&NRAS ALYS
 - 0112U - IADI 16S&18S RRNA GENES
 - 0113U - ONC PRST8 PCA3&TMPRSS2- ERG
 - 0114U - GI BARRETTS ESOPH VIM&CCNA1
 - 0115U - RESPIR IADNA 18 VIRAL&2 BACT
 - 0116U - RX MNTR NZM IA 35+ORAL FLU
 - 0117U - PAIN MGMT 11 ENDOGENOUS ANAL
 - 0118U - TRNSPLJ DON-DRV CLL-FR DNA
 - 0119U - CRD CERAMIDES LIQ CHROM PLSM
 - 0120U - ONC B CLL LYMPHM MRNA 58 GEN
 - 0121U - SC DIS VCAM-1 WHOLE BLOOD
 - 0122U - SC DIS P-SELECTIN WHL BLOOD
 - 0123U - MCHNL FRAGILITY RBC PRFLG
 - 0124U - FTL CGEN ABNOR 3 ANALYTES
 - 0125U - FTL CGEN ABNOR PRNT COMP 5
 - 0126U - FTL CGEN ABNOR PRNT COMP 5 Y
 - 0127U - OB PE 3 ANALYTES
 - 0128U - OB PE 3 ANALYTES Y CHRMSM
 - 0129U - HERED BRST CA RLTD DO PANEL
 - 0130U - HERED COLON CA DO MRNA PNL
 - 0131U - HERED BRST CA RLTD DO PNL 13
 - 0132U - HERED OVA CA RLTD DO PNL 17
 - 0133U - HERED PRST8 CA RLTD DO 11
 - 0134U - HERED PAN CA MRNA PNL 18 GEN

- 0135U - HERED GYN CA MRNA PNL 12 GEN
- 0136U - ATM MRNA SEQ ALYS
- 0137U - PALB2 MRNA SEQ ALYS
- 0138U - BRCA1 BRCA2 MRNA SEQ ALYS

11412 - October 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.3

- Added the following HCPCS/CPT codes (effective 10/1/2019):
 - 2023F - DILAT RTA XM W/O RTNOPTHY
 - 2025F - 7 FLD RTA PHOTO W/O RTNOPTHY
 - 2033F - EYE IMG VALID W/O RTNOPTHY
 - 3051F - HG A1C>EQUAL 7.0%<8.0%
 - 3052F - HG A1C>EQUAL 8.0%
- Modified the following HCPCS code descriptions (effective 07/1/2019):
 - J9036 - INJ. BELRAPZO/BENDAMUSTINE
 - Q5115 - INJ TRUXIMA 10 MG
- Modified the following HCPCS code descriptions (effective 10/1/2019):
 - 2026F - EYE IMG VALID EVC RTNOPTHY
 - A4407 - EXT WEAR OST SKN BARR <=4SQ
 - A4408 - EXT WEAR OST SKN BARR >4SQ
 - A4719 - Y SET TUBING
 - E2201 - MAN W/CH ACC SEAT W>=20"<24
- Terminated the Following CPT/HCPCS Codes (effective 10/01/2019)
 - 0104U - HERED PAN CA PNL 32 GENES
 - 3045F - Hg a1c level 7.0-9.0%
 - C9035 - INJECTION, ARISTADA INITIO
 - C9036 - INJECTION, PATISIRAN
 - C9037 - INJECTION, RISPERIDONE
 - C9038 - INJ MOGAMULIZUMAB-KPKC

CMS mandated changes

C9039 - INJECTION, PLAZOMICIN
C9040 - INJECTION, FREMANEZUMAB-VFRM
C9043 - INJECTION, LEVOLEUCOVORIN
C9044 - INJECTION, CEMIPILIMAB-RWLC
C9045 - MOXETUMOMAB PASUDOTOX-TDFK
C9048 - DEXAMETHASONE OPHTH INSERT
C9049 - INJECTION, TAGRAXOFUSP-ERZS
C9050 - INJECTION, EMAPALUMAB-LZSG
C9051 - INJECTION, OMADACYCLINE
C9052 - INJECTION, RAVULIZUMAB-CWV
C9447 - INJ, PHENYLEPHRINE KETOROLAC

11414 - Updates to Chapter 1 Payer Only Codes in the Medicare Claims Processing Manual

- Added various Condition and Occurrence Codes. Please refer CMS CR 11414 for further details.

11418 - Healthcare Provider Taxonomy Codes (HPTCs) October 2019 Code Set Update

- Added the following Taxonomy codes (effective 10/1/2019):
 - 133VN1101X** - DIETARY & NUTRITIONAL SERVICE PROVIDERS Dietitian, Registered : Nutrition, Gerontological
 - 133VN1201X** - DIETARY & NUTRITIONAL SERVICE PROVIDERS Dietitian, Registered : Nutrition, Obesity and
 - 133VN1301X** - DIETARY & NUTRITIONAL SERVICE PROVIDERS Dietitian, Registered : Nutrition, Oncology
 - 133VN1401X** - DIETARY & NUTRITIONAL SERVICE PROVIDERS Dietitian, Registered : Nutrition, Pediatric
 - 133VN1501X** - DIETARY & NUTRITIONAL SERVICE PROVIDERS Dietitian, Registered : Nutrition, Sports Dietetics
 - 1223X2210X** - DENTAL PROVIDERS Dentist: Orofacial Pain

11422 - Quarterly Healthcare Common Procedure Coding System (HCPCS)

Drug/Biological Code Changes - October 2019 Update

- Added the following HCPCS codes (effective 10/1/2019):
 - J0121** - INJ., OMADACYCLINE, 1 MG
 - J0122** - INJ., ERAVACYCLINE, 1 MG
 - J0222** - INJ., PATISIRAN, 0.1 MG
 - J0291** - INJ., PLAZOMICIN, 5 MG
 - J0593** - INJ., LANADELUMAB-FLYO, 1 MG
 - J1096** - DEXAMETHA OPTH INSERT 0.1 MG
 - J1097** - PHENYLEP KETOROLAC OPTH SOLN
 - J1303** - INJ., RAVULIZUMAB-CWVZ 10 MG
 - J1943** - INJ., ARISTADA INITIO, 1 MG
 - J1944** - ARIPIRAZOLE LAUROXIL 1 MG
 - J2798** - INJ., PERSERIS, 0.5 MG
 - J3031** - INJ., FREMANEZUMAB-VFRM 1 MG
 - J3111** - INJ. ROMOSOZUMAB-AQQG 1 MG
 - J7314** - INJ., YUTIQ, 0.01 MG
 - J7331** - SYNOJOYNT, INJ., 1 MG
 - J7332** - INJ., TRILURON, 1 MG
 - J7401** - MOMETASONE FUROATE SINUS IMP
 - J9118** - INJ. CALASPARGASE PEGOL-MKNL
 - J9119** - INJ., CEMIPILIMAB-RWLC, 1 MG
 - J9204** - INJ MOGAMULIZUMAB-KPKC, 1 MG
 - J9210** - INJ., EMAPALUMAB-LZSG, 1 MG
 - J9269** - INJ. TAGRAXOFUSP-ERZS 10 MCG
 - J9313** - INJ., LUMOXITI, 0.01 MG
 - Q4205** - MEMBRANE GRAFT OR WRAP SQ CM
 - Q4206** - FLUID FLOW OR FLUID GF 1 CC
 - Q4208** - NOVAFIX PER SQ CM
 - Q4209** - SURGRAFT PER SQ CM
 - Q4210** - AXOLOTL GRAF DUALGRAF SQ CM
 - Q4211** - AMNION BIO OR AXOBIO SQ CM

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Q4212 - ALLOGEN, PER CC
Q4213 - ASCENT, 0.5 MG
Q4214 - CELLESTA CORD PER SQ CM
Q4215 - AXOLOTL AMBIENT, CRYO 0.1 MG
Q4216 - ARTACENT CORD PER SQ CM
Q4217 - WOUNDFIX BIOWOUND PLUS XPLUS
Q4218 - SURGICORD PER SQ CM
Q4219 - SURGIGRAFT DUAL PER SQ CM
Q4220 - BELLACELL HD, SUREDERM SQ CM
Q4221 - AMNIOWRAP2 PER SQ CM
Q4222 - PROGENAMATRIX, PER SQ CM
Q4226 - MYOWN HARV PREP PROC SQ CM
Q5116 - INJ., TRAZIMERA, 10 MG
Q5117 - INJ., KANJINTI, 10 MG
Q5118 - INJ., ZIRABEV, 10 MG

- Modified the following HCPCS codes (effective 10/1/2019):
J0641 - INJ., LEVOLEUCOVORIN, 0.5 MG
J2794 - INJ RISPERDAL CONSTA, 0.5 MG
J7311 - INJ., RETISERT, 0.01 MG
J7313 - INJ., ILUVIEN, 0.01 MG
Q4122 - DERMACELL, AWM, POROUS SQ CM
Q4165 - KERAMATRIX, KERASORB SQ CM
Q4184 - CELLESTA OR DUO PER SQ CM
- Terminated the HCPCS Codes J1942, S1090 (effective 10/01/2019)
J1942 - ARIPIPRAZOLE LAUROXIL 1MG
S1090 - MOMETASONE SINUS IMPLANT

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.

About ABILITY®

ABILITY Network, an Inovalon Company, is a leading healthcare information technology company helping providers and payers simplify the administrative and clinical complexities of healthcare through innovative applications and data analytics. ABILITY is headquartered in Minneapolis with principal offices in Boston and Tampa.



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