

Note: This is for MAC and Direct customers

Hot topics

Annual ICD-10 Codes Updates – Installed the 2024 ICD-10 Diagnosis & Procedure Code updates. Refer to the accompanying report for a complete listing of the new and modified codes.

Quarterly HCPCS changes – Quarterly HCPCS code updates together with regular CMS mandates & WPC code set updates.



Enclosed materials

- Pre-built PC-ACE 6.0 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers.
- This newsletter

CMS mandated changes

13303 - 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), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE

- Following Provider Taxonomy code added (effective 07/01/2023):
207SG0207X - Under the Allopathic & Osteopathic Physicians; Medical Genetics
- Following Remittance Advice Remark Codes are added (effective 10/01/2023):

N886 Alert: A Health Care Claim Request for Additional Information (277 RFAI) has been sent.

N887 Providers not participating in the Medicare Advantage Plan have the right to appeal if the plan has partially or fully denied payment or if the provider believes the plan has not paid the services at the expected Medicare reimbursable rate or type of level/service. Providers may file their appeal in writing within 60 calendar days after the date of the remittance advice. For the plan to review the appeal, the plan will need a completed signed Waiver of Liability Statement. To obtain a Waiver of Liability form, please contact your Medicare Advantage Plan.

Once we receive the completed forms, we will give you a decision on your appeal within 60 calendar days.

N888 Alert: An electronic request for additional information has been sent for this claim.

13314 – New Place of Service (POS) Code 27 - “Outreach Site/Street”

- Following Place of Service(POS) code added:
27 OUTREACH SITE/STREET

13323 – New Dental Specialty Codes for Medicare

- Added the following Specialty codes (effective 10/01/2023):

E3 – DENTAL ANESTHESIOLOGY

E4 – DENTAL PUBLIC HEALTH

E5 – ENDODONTICS

E6 – ORAL AND MAXILLOFACIAL PATHOLOGY

E7 – ORAL AND MAXILLOFACIAL RADIOLOGY

E9 – ORAL MEDICINE

F1 – OROFACIAL PAIN

F2 – ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

F3 – PEDIATRIC DENTISTRY

F4 – PERIODONTICS

F5 – PROSTHODONTICS

13321 - Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment0403U - ONC PRST8 MRNA 18 GEN DRE UR

- Added the following HCPCS/CPT codes (effective 10/01/2023):

0402U - NFCT AGT STI MULT AMP PRB TQ
0403U - ONC PRST8 MRNA 18 GEN DRE UR
0404U - ONC BRST SEMIQ MEAS THYM KN
0405U - ONC PNCRTC 59 MTHLTN BLK MRK
0406U - ONC LUNG FLOW CYTMTRY 5 MRK
0407U - NEPH DBTC CKD MULT ECLIA ALG
0408U - IAAD BLK AC WV BSNSR SARSCV2
0409U - ONC SLD TUM DNA 80 & RNA 3
0410U - ONC PNCRTC DNA WHL GN SEQ 5-
0411U - PSYC GENOM ALYS PNL 15 GEN
0412U - BETA AMYLOID AB42/40 IMPRCIP
0413U - ONC HL NEO OPT GEN MAPG DNA
0414U - ONC LNG AUG ALG ALY WHL SLD8
0415U - CV DS ACS BLD ALG 5 YR SCORE
0416U - IADNA GU PTHGN 20BCT&FNG ORG
0417U - RARE DS ALYS 335 NUC GENES
0418U - ONC BRST AUG ALG ALY WHL SL8
0419U - NRPSYC GEN SEQ VRNT ALY 13
0019M - CV DS PLASMA ALYS PRTN BMRK

- Deleted the following HCPCS/CPT codes (effective 10/01/2023):

0357U - ONC MLNMA AI QUAN ALYS 142
0386U - GI BARRETT ESOPH MTHYLTN ALY
0397U - ONC NONSM CLL LNG CA 109

13339 – October 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.3

- Added the following HCPCS/CPT codes (effective 10/01/2023):

90380 - RSV MONOC ANTB SEASN .5ML IM
90381 - RSV MONOC ANTB SEASNL 1ML IM
A2022 - INNOVABRN/INNOVAMATX XL SQCM
A2023 - INNOVAMATRIX PD, 1 MG
A2024 - RESOLVE MATRIX PER SQ CM
A2025 - MIRO3D PER CUBIC CM
A9156 - ORAL MUCOADHESIVE PER 1 ML
A9268 - PROGRAMMER ORALLY INGEST CAP

A9269 - PROGRAMABLE INGEST CAPSULE
A9292 - PRES DIG VISUAL THERAPY FDA
A9573 - INJ, GADOPICLENOL, 1 ML
A9603 - INJ, PAFOLACIANINE, 0.1 MG
A9697 - INJ, MAGTRACE PER STUDY DOSE
B4148 - ENTERAL FEED ELASTOMER DAILY
C9152 - INJ, ABILIFY ASIMTUFII, 1 MG
C9153 - INJ, AMISULPRIDE, 1 MG
C9154 - INJ BUPRENORPH (BRIXADI) 1MG
C9155 - INJ EPCORITAMAB-BYSP,0.16 MG
C9156 - FLOTUFOLASTAT F18, DIA 1 MCI
C9157 - INJ, TOFERSEN, 1 MG
C9158 - INJ, UZEDY, 1 MG
C9788 - UNI BREAS OPTOACOUSTIC IMAG
C9789 - INSTILL PHARM RENAL PELVIS
C9790 - KIDNEY HISTOTRIPTY W/IMAGE
C9791 - MRI HYPERPOLARIZED XENON129
C9792 - BLIND/NONBLIND TRANS ATRIAL
E0490 - CONTROL UNIT NM HW REMOTE
E0491 - ORAL DV NM MOUTHPC HW REMOTE
H2040 - COORD SPECIALTY CARE, MONTH
H2041 - COORD SPECIAL CARE ENCOUNTER
J0349 - INJ, REZAFUNGIN, 1 MG
J0801 - INJ. ACTHAR GEL TO 40 UNITS
J0802 - INJ. (ANI), UP TO 40 UNITS
J0874 - INJ, DAPTOMYCIN (BAXTER)
J0889 - DAPRODUSTAT ORAL 1MG ESRD
J2359 - INJ. OLANZAPINE, 0.5MG
J2781 - INJ, PEGCETACOPLAN, 1MG
J7214 - ALTUVIIIIO PER FACTOR VIII IU
J7353 - ANACAULASE-BCDB 8.8% GEL 1 G
J7519 - INJ. MYCOPHENOLATE MOFETIL
J9051 - INJ, BORTEZOMIB (MAIA)
J9064 - INJ, CABAZITAXEL (SANDOZ)
J9345 - INJ, RETIFANLIMAB-DLWR, 1 MG
K1036 - SUPPLIES FOR ULTRA DIATHERM
L1681 - HO BILATERAL HIP ABDUCTION
L5991 - LOW PROS EXT OSSEO CONNECTOR
Q4285 - NUDYN DL OR DL MESH PR SQ CM
Q4286 - NUDYN SL OR SLW, PER SQ CM
V2526 - CNTCT LENS BLUE VIOLET

- Added the following HCPCS codes (effective 07/01/2023):
J0174 - INJ, LECANEMAB-IRMB
- Added the following HCPCS/CPT codes (effective 04/01/2023):
90679 - RSV VACC PREF RECOMB ADJT IM
- Modified description of the following HCPCS/CPT codes:
0121A - ADM SARSCV2 BVL 30MCG/.3ML 1
0141A - ADM SRSCV2 BVL 25MCG/.25ML 1
0142A - ADM SRSCV2 BVL 25MCG/.25ML 2
0151A - ADM SARSCV2 BVL 10MCG/.2ML 1
0171A - ADM SARSCV2 BVL 3MCG/0.2ML 1
0172A - ADM SARSCV2 BVL 3MCG/0.2ML 2
0124A - SARSCV2 BVL 30MCG/.3ML A
0134A -SARSCV2 BVL 50MCG/.5ML A
0144A - ADM SRSCV2 BVL 25MCG/.25ML A
0154A - ADM SARSCV2 BVL 10MCG/.2ML A
0164A - ADM SRSCV2 BVL 10MCG/0.2ML A
0174A - ADM SARSCV2 BVL 3MCG/0.2ML A
0269U - HEM AUT DM CGEN TRMBCTPNA 22
0271U - HEM CGEN NEUTROPENIA 24 GEN
0272U - HEM GENETIC BLD DO 60 GENES
0274U - HEM GEN PLTLT DO 62 GENES
0277U - HEM GEN PLTLT FUNCJ DO 40

0278U - HEM GEN THROMBOSIS 14 GENES
K1028 - CONTROL UNIT NM STIM W PHONE
J9323 - INJ PEMETREXED DITROMETHAMIN

- Deleted the following HCPCS codes (effective 10/01/2023):

0066U - PAMG-1 IA CERVICO-VAG FLUID
C9151 - INJ, PEGCETACOPLAN 1 MG
J0800 - CORTICOTROPIN INJECTION

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.

