

Note: This is for MAC and Direct customers

Hot topics

Annual HCPCS Codes Update – Integrated the Annual HCPCS codes update from CMS. Refer to the accompanying report for a complete listing of the new and modified codes.

WPC code set Updates–Various code sets (CARC, RARC & Claim Status code) added/updated..



Enclosed materials

- Pre-built PC-ACE 5.7 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This newsletter

CMS mandated changes

12805 - New Codes to Report Home Health (HH) Services Furnished by Telehealth

- Added the following HCPCS code (effective from 01/01/2023):

G0320 TWO-WAY AUDIO AND VIDEO HHS

G0321 AUDIO-ONLY HHS

G0322 HOME H PHYSIO DATA COLLEC TR

12937 – 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

- Added the following Claim Status codes (effective from 03/01/2023):

800 Entity's required reporting has been forwarded to the jurisdiction. Usage: This code requires use of an Entity Code. To be used for Property and Casualty only.

801 Entity's required reporting was accepted by the jurisdiction. Usage: This code requires use of an Entity Code. To be used for Property and Casualty only.

802 Entity's required reporting was rejected by the jurisdiction. Usage: This code requires use of an Entity Code. To be used for Property and Casualty only.

803 Provider reporting has been rejected due to non-compliance with the jurisdiction's mandated registration. To be used for Property and Casualty only.

Updated the following Claim Status code:

788-Submit these services to the Pharmacy plan/processor for further consideration/adjudication.

- Added the following Remittance Remark codes (effective from 11/01/2022):

N880 Original claim closed due to changes in submitted data. Adjustment claim will be processed under a new claim number.

N881 Client Obligation, patient responsibility for Home & Community Based Services (HCBS)

N882 Alert: The out-of-network payment and cost sharing amounts were based on the plan's allowance because the provider or facility obtained the patient's consent to waive the balance billing protections under the No Surprises Act.

N883 Alert: Processed according to state law

N884 Alert: The No Surprises Act may apply to this claim. Please contact payer for instructions on how to submit information regarding whether or not the item or service was furnished during a patient visit to a participating facility.

N885 Alert: This claim was not processed in accordance with the No Surprises Act cost-sharing or out-of-network payment requirements. The payer disagrees with your determination that those requirements apply. You may contact the payer to find out why it disagrees. You may appeal this adverse determination on behalf of the patient through the payer's internal appeals and external review processes.

- Updated the following Claim Adjustment Reason Code:

A1 Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.

12982 – Summary of Policies in the Calendar Year (CY) 2023 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List

- Added the following HCPCS code (effective from 01/01/2023):

G0316 PROLONG INPT EVAL ADD15 M
G0317 PROLONG NURSIN FAC EVAL 15M
G0318 PROLONG HOME EVAL ADD 15M
G3002 CHRONIC PAIN MGMT 30 MINS
G3003 CHRONIC PAIN MGMT ADDL 15M

12734 - Claims Processing Manual Update - Pub. 100.04 for Elimination of Certificates of Medical Necessity (CMNs) and Durable Medical Equipment Forms (DIFs)

From PC-ACE 5.7 onwards (effective 01/01/2023) CMN Tab will not be available (by default). Please refer above CR on CMS website for more details

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.

