

**Note: This is for MAC and Direct customers**

## Hot topics

**Quarterly HCPCS changes** -Quarterly HCPCS code updates together with regular CMS mandates.



## Enclosed materials

- Pre-built PC-ACE 5.4 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This newsletter

# CMS mandated changes

## 12505 - Claim Status Category and Claim Status Codes Update

- Updated the following Status code (effective from 03/01/2022):

**134** – Entity's TRICARE provider id. Usage: This code requires use of an Entity Code.

## 12540 - New Occurrence Span Code and Revenue Code for Acute Hospital Care at Home

- Added the following span code (effective from 04/01/2022):

## 82 - HOSPITAL AT HOME CARE DATES

- Added the following Revenue code (effective from 04/01/2022):

## 0161 - HOSPITAL AT HOME, R&B/HOSPITAL AT HOME

**12544** - 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/Updated the following Remittance Advice Remark codes (effective from 03/01/2022):

**MA33** - Missing/incomplete/invalid non-covered days during the billing period.

**N830** - Alert: The charge[s] for this service was processed in accordance with Federal/ State,

Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

**N859** - Alert: The Federal No Surprise Billing Act was applied to the processing of this claim. Payment amounts are eligible for dispute pursuant to any Federal documented appeal/ grievance/ dispute resolution process(es).

**N861** - Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient.

**N862** - Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge.

**N863** - Alert: This claim is subject to the No Surprises Act (NSA). The amount paid is the final out-of-network rate and was calculated based on an All Payer Model Agreement, in accordance with the NSA.

**N864** - Alert: This claim is subject to the No Surprises Act provisions that apply to emergency services.

**N865** - Alert: This claim is subject to the No Surprises Act provisions that apply to nonemergency services furnished by nonparticipating providers during a patient visit to a participating facility.

N866 - Alert: This claim is subject to the No Surprises Act provisions that apply to services furnished by nonparticipating providers of air ambulance services.

N867 - Alert: Cost sharing was calculated based on a specified state law, in accordance with the No Surprises Act.

N868 - Alert: Cost sharing was calculated based on an All-Payer Model Agreement, in accordance with the No Surprises Act.

N869 - Alert: Cost sharing was calculated based on the qualifying payment amount, in accordance with the No Surprises Act.

N870 - Alert: In accordance with the No Surprises Act, cost sharing was based on the billed amount because the billed amount was lower than the qualifying payment amount.

N871 - Alert: This initial payment was calculated based on a specified state law, in accordance with the No Surprises Act.

N872 - Alert: This final payment was calculated based on a specified state law, in accordance with the No Surprises Act.

N873 - Alert: This final payment was calculated based on an All-Payer Model Agreement, in accordance with the No Surprises Act.

N874 - Alert: This final payment was determined through open negotiation, in accordance with the No Surprises Act.

N875 - Alert: This final payment equals the amount selected as the out-of-network rate by a Federal Independent Dispute Resolution Entity, in accordance with the No Surprises Act.

N876 - Alert: This item or service is covered under the plan. This is a notice of denial of payment provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate than the amount paid by the patient in cost sharing.

N877 - Alert: This initial payment is provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate.

N878 - Alert: The provider or facility specified that notice was provided and consent to balance bill obtained, but notice and consent was not provided and obtained in a manner consistent with applicable Federal law. Thus, cost sharing and the total amount paid have been calculated based on the requirements under the No Surprises Act, and balance billing is prohibited.

N879 - Alert: The notice and consent to balance bill, and to be charged out-of-network cost sharing, that was obtained from the patient with regard to the billed services, is not permitted for these services. Thus, cost sharing and the total amount paid have been calculated based on the requirements under the No Surprises Act, and balance billing is prohibited.

12583 - Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

- Added the following HCPCS code (effective from 04/01/2022):

J0879 - DIFELIKEFALIN, ESRD ON DIALY

12612 - Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment

- Added the following CPT codes (effective 04/01/2022)

0306U    ONC MRD NXT-GNRJ ALYS 1ST  
0307U    ONC MRD NXT-GNRJ ALYS SBSQ  
0308U    CRD CAD ALYS 3 PRTN PLSM ALG  
0309U    CRD CV DS ALY 4 PRTN PLM ALG  
0310U    PED VSCLTS KD ALYS 3 BMRKS  
0311U    NFCT DS BCT QUAN ANTMCRB SC  
0312U    AI DS SLE ALYS 8 IGG AUTOANT  
0313U    ONC PNCRS DNA&MRNA SEQ 74  
0314U    ONC CUTAN MLNMA MRNA 35 GENE  
0315U    ONC CUTAN SQ CLL CA MRNA 40  
0316U    B BRGDRFERI LYME DS OSPA EVL  
0317U    ONC LUNG CA 4-PRB FISH ASSAY

0318U    PED WHL GEN MTHYLTN ALYS 50+  
0319U    NEPH RNA PRETRNSPL PERPH BLD  
0320U    NEPH RNA PSTTRNSPL PERPH BLD  
0321U    IADNA GU PTHGN 20BCT&FNG ORG  
0322U    NEURO ASD MEAS 14 ACYL CARN

## 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®

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