

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

## Hot topics

**Annual ICD-10 Codes Updates** – Installed the 2025 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.

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



## Enclosed materials

- Pre-built PC-ACE 6.4 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers.
- This newsletter

# CMS mandated changes

## 13736 - Updates to Chapter 1 of the Medicare Claims Processing Manual (Publication (Pub.) 100-04) to Include Newly Created and Utilized Payer Only Codes

- Added the following condition codes:  
ML – PIP CLAIM RECEIVED USUAL ADD-ON ONLY PAYMENT  
MM – MEDICARE MERGER INITIATED AND CURRENTLY IN PROCESS.  
MN – PIP CLAIM RECEIVED NET REIMBURSEMENT.  
MU – MEDICARE PART A CWF BYPASS  
ZH – HIGH DOLLAR ISSUE

## 13206 - Claim Status Category and Claim Status Codes Update

- Added the following status codes (effective 07/01/2024):  
  
804 - Exceeds inquiry limit for batch.  
805 - Mammography Certification Number  
806 - Residential county does not match the county of the service location.  
807 - Health Risk Assessment
- Added the following RARC codes (effective 07/01/2024):  
  
N896 - Missing/incomplete/invalid trauma activation sheet.  
N897 - Missing/incomplete/invalid proof of member payment.  
N898 - Missing/incomplete/invalid Resource Utilization Group(s) (RUG) code(s).  
N899 - Missing Initial Evaluation Report.  
N900 - Missing Therapy Notes/Report.  
N901 - Incomplete/Invalid Therapy Note/Report.

- N902 - Missing Health Risk Assessment (HRA).
- N903 - Incomplete/Invalid Health Risk Assessment (HRA).
- N904 - The transportation vendor is responsible for this claim.
- 13656 - July 2024 Update of the Ambulatory Surgical Center [ASC] Payment System

- Added the following HCPCS/CPT codes (effective 07/01/2024):

0867T - TPLA B9 PRST8 HYPRPLSA>=50ML  
0869T - NJX B1 SUB MTRL HW FIXJ AUG  
0884T - ESPHGSC FLX 1ST TNDSC DILAT  
0885T - COLSC FLX 1ST TNDSC DILAT  
0886T - SGMDSC FLX 1ST TNDSC DILAT  
0888T - HISTOTRIPSY MAL RENAL TISSUE

## 13717 – Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment

- Added the following HCPCS/CPT codes (effective 10/01/2024):

0476U - RX METAB PSYC 14GEN&CYP2D6  
0477U - RX METAB PSY 14&CYP2D6 GNRX  
0478U - ONC NSCLC DNA&RNA DPCR 9GENS  
0479U - TAU PHOSPHORYLATED PTAU217  
0480U - NFCT DS CSF METAG NGS ALYS  
0481U - IDH1 IDH2&TERT PROMOTER NGS  
0482U - OB PE BIOCHEM ASY SFLT1&PLGF  
0483U - NFCT DS NG GYRA S91F PT MUT  
0484U - NFCT DS MGEN 23S RRNA PT MUT  
0485U - ONC SOL TUM CFDNA&RNA NGS GM  
0486U - ONC PAN SOL TUM NGS CFCTDNA  
0487U - ONC SOL TUM CFCDNA TGSAP 84

0488U - OB FETAL AG NIPT CFDNA ALYS  
 0489U - OB SGNIPT CFDNA SEQ ALYS 1+  
 0490U - ONC CUTAN/UVEAL MLNMA CD146  
 0491U - ONC SOL TUM CTC SLCT ER PRTN  
 0492U - ONC SOL TUM CTC SLCTN PD-L1  
 0493U - TRNSPL MED QUAN DD-CFDNA NGS  
 0494U - RBC AG FTL RHD GENE ALYS NGS  
 0495U - ONC PRST8 ALYS CRCG PLSM PRT  
 0496U - ONC CLRCT CFDNA 8/7 GENES  
 0497U - ONC PRST8 MRNA RT-PCR 6GENES  
 0498U - ONC CLRCT NGS MUT DETC 43GEN  
 0499U - ONC CLRCT&LNG DNA NGS 8GENES  
 0500U - AUTOINFLAM DS VEXAS SYND DNA  
 0501U - ONC CLRC BLD QUAN MEAS CFDNA  
 0502U - HPV E6/E7 MRK HIRSK TYP CRV  
 0503U - NEURO ALZ DS AMYL&TAU PRTN  
 0504U - NFCT DS UTI ID 17 PATH ORGS  
 0505U - NFCT DS VAG INFCTJ ID 32ORGS  
 0506U - GI BARRETTS ESOPHGL CELL 89  
 0507U - ONC OVR DNA WHOLE GEN W/5HMC  
 0508U - TRNSPLJ MED DDCFDNA 40 SNPS  
 0509U - TRNSPLJ MED DDCFDNA<12 SNPS  
 0510U - ONC PNCRTC CA ALG ALYS 16GEN  
 0511U - ONC SOL TUM 3DMICROENVIR 36+  
 0512U - ONC PRST8 ALYS DGTZ IMG MSI  
 0513U - ONC PRST8 ALG ALYS MSI&HRD  
 0514U - GI IBD IA QUAN DETER ADL LVL  
 0515U - GI IBD IA QUAN DETER IFX LVL  
 0516U - RX METAB RXGENOMIC GNOTYP 40  
 0517U - THER RX MNTR 80+ PSYACTIV RX  
 0518U - THER RX MNTR 90+ PN&MTL HLTH  
 0519U - THER RX MNTR MEDS P/D/A 110+  
 0520U - THER RX MNTR 200+ RX/SBSTS

- Added the following HCPCS/CPT codes (effective 07/01/2024):

0020M - ONC CNS ALYS 30000 DNA LOCI

- 13752 – October 2024 Integrated Outpatient Code Editor (I/OCE) Specifications Version 25.3

- Added the following HCPCS/CPT codes (effective 10/01/2024):

90695 - H5N8 VACC DRV CLL CUL ADJ IM  
 A9610 - XE129 XENON, DIAGNOSTIC  
 C8000 - SUPRT DEV, A-V FISTULA, IMP  
 C9169 - INJ, NOGAPENDEKIN PMLN 1 MCG  
 C9170 - INJ, TARLATAMAB-DLLE, 1 MG  
 C9171 - INJ, PEGULICIANINE, 1 MG  
 C9172 - INJ, BEQVEZ, PER TX DOSE  
 J0138 - INJECTION, ACETAMINOPH 10 MG  
 J1171 - INJ, HYDROMORPHONE, 0.1 MG  
 J1749 - INJ, ILOPROST, 0.1 MCG  
 J2002 - INJ, LIDOCAINE IN D5W, 1 MG  
 J2003 - INJ, LIDOCAINE HCL, 1 MG  
 J2004 - INJ, LIDOCAINE W EPINEPHRINE  
 J2252 - INJ MIDAZOLAM IN 0.8% NAACL  
 J2253 - INJ MIDAZOLAM (SEIZALAM)  
 J2601 - INJ, VASOPRESSIN (BAXTER)  
 J8522 - CAPECITABINE, ORAL, 50 MG  
 J8541 - ORAL, HEMADY, 0.25 MG  
 J9329 - INJ, TISLELIZUMAB-JSGR  
 Q4334 - AMNIOPLAST 1, PER SQ CM  
 Q4335 - AMNIOPLAST 2, PER SQ CM  
 Q4336 - ARTECENT C, PER SQ CM  
 Q4337 - ARTECENT TRIDENT, PER SQ CM  
 Q4338 - ARTACENT VELOS, PER SQ CM  
 Q4339 - ARTACENT VERICLEN, PER SQ CM  
 Q4340 - SIMPLIGRAFT, PER SQ CM  
 Q4341 - SIMPLIMAX, PER SQ CM  
 Q4342 - THERAMEND, PER SQ CM  
 Q4343 - DERMACYTE AC MATRX PER SQ CM  
 Q4344 - TRI MEMBRANE WRAP, PER SQ CM  
 Q4345 - MATRIX HD ALLOGRFT PER SQ CM  
 Q5135 - INJ, TYENNE, 1 MG  
 Q5136 - INJ. DENOSUMAB-BBDZ, 1 MG

- Added the following HCPCS/CPT codes (effective 07/01/2024):

J0175 - INJ, DONANEMAB-AZBT, 2 MG  
Q0519 - SUPPLY FEE HIV PREP INJ 30  
Q0520 - SUPPLY FEE HIV PREP INJ 60  
90624 - MENB-4C&MENACWY VACC IM

- Added the following HCPCS/CPT codes (effective 04/01/2024):

90684 - PCV21 VACCINE IM

- Modified description of the following HCPCS/CPT codes:

0248U - ONC SPHRD CLL CUL 12 RX PNL  
0403U - ONC PRST8 MRNA 18 GEN 1ST UR  
0412U - BETA AMYLOID AB42/40 IMPRCIP  
90661 - CCIIV3 VAC ABX FR 0.5 ML IM  
J2251 - INJ MIDAZOLAM IN 0.9% NAACL  
J9172 - DOCETAXEL (AVYXA), 1 MG  
Q0516 - SUPPLY FEE HIV PREP ORAL 30  
Q0517 - SUPPLY FEE HIV PREP ORAL 60  
Q0518 - SUPPLY FEE HIV PREP ORAL 90

- Deleted the following HCPCS codes (effective 10/01/2024):

0078U - PAIN MGT OPI USE GNOTYP PNL  
0167U - CHORNC GONADOTROPIN HCG IA  
0396U - OB PREIMPLTJ TST 300000 DNA  
C9150 - XE129 XENON, DIAGNOSTIC  
J1170 - HYDROMORPHONE INJECTION  
J2001 - LIDOCAINE INJECTION  
J8520 - CAPECITABINE, ORAL, 150 MG  
J8521 - CAPECITABINE, ORAL, 500 MG  
J9258 - PACLITAXEL (TEVA)

## 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.

