

Note: This is for MAC and Direct customers

Hot topics

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 6.6 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers.
- This newsletter

CMS mandated changes

13933 - January 2025 Update of the Hospital Outpatient Prospective Payment System (OPPS)

- Added the following HCPCS/CPT codes (effective 01/01/2025):

0521U - RF IGA&IGM CCP ANTB SR-A IA
0522U - CA VI PSP&SP1 ANTB CL SEMIQL
0523U - ONC SOLTUM DNA NGS SNV 22GEN
0524U - OB PE SFLT-1/PLGF IA SRM/PLS
0525U - ONC SPHRD CELL CUL 11-RX PNL
0526U - NEFRO RNL TRNSPL QUAN CXCL10
0527U - HSV 1&2 VZV AMP PRB TQ PTHGN
0528U - LRT IAD 18BCT/8VIR&7ARG RNA
0529U - HEM VTE SNP F2&F5 GEN LEIDEN
0530U - ONC PAN-SOL TUM CTDNA 77 GEN

13891 - Update - 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 CARC Code (effective 03/01/2025):

307 - Medicare Maximum Fair Price Standard Default Refund Amount Adjustment. 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: To be used only for the Medicare Drug Price Negotiation Program

- Modified the following CARC codes (effective 03/01/2025):

216 - Based on the findings of a review organization or the payer's findings.

- Added the following RARC codes (effective 03/01/2025):

N905 - Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is not responsible for payment.

N906 - Service is not covered when patient is under age 45.

N907 - No refund because this claim has been identified as 340B-eligible with a ceiling price lower than the maximum fair price.

N908 - No refund because this drug has been prospectively purchased at the maximum fair price.

N909 - Refund amount has been calculated using a methodology that differs from the Standard Default Refund Amount calculation ((Wholesale Acquisition Cost minus Maximum Fair Price) times Quantity).

N910 - A refund cannot be provided for this claim at this time. Contact the manufacturer directly regarding your eligibility.

N911 - This claim cannot be reimbursed by the manufacturer until the Part D plan submits corrected prescription drug event data to CMS for maximum fair price validation.

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.

