INOVALON PC-ACE®

Release 7.2 Professional Newsletter

October 2026

Note: This is for MAC and Direct customers

Hot topics

Annual ICD-10 Codes Updates – Installed the 2026 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 7.2 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers.
- This newsletter

CMS mandated changes

14490- 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 RARC codes **(effective 07/01/2026):**

N923 Not Denied - The Medicare Advantage Organization (MAO) made a payment responsibility determination.

N924 Pending (Not Denied) - The Medicare Advantage Organization (MAO) has not yet made a payment responsibility determination for the service at the time the encounter record was submitted.

N925 Denied - The Medicare Advantage Organization (MAO) determined that it had no payment responsibility for the service at the time the encounter record was submitted.

N926 Partially Denied - The Medicare Advantage Organization (MAO) determined that it had no payment responsibility for one or more service lines, but not all, at the time the encounter record was submitted.

N927 Missing/Incomplete/Invalid x-ray.

N928 Missing/Incomplete/Invalid bitewing or periapical x-ray.

N929 Missing/Incomplete/Invalid photo(s).

N930 Missing/Incomplete/Invalid quadrant identifier.

N931 Missing/Incomplete/Invalid pre- and/or post-operative bitewing or periapical x-ray.

N932 Missing/Incomplete/Invalid pre- and/or post-operative full mouth x-ray.

N933 Missing/Incomplete/Invalid pre- and/or post-operative photo(s).

N934 Missing/Incomplete/Invalid full mouth x-ray.

N935 Alert: Patient is no longer a Medicaid/ Qualified Medicare Beneficiary.

N936 This service code has been identified as the secondary or tertiary procedure code subject to the Medicare Multiple Procedure Payment Reduction (MPPR) rule.

N937 The service line denial threshold was exceeded.

N938 Alert: Do not resubmit. This claim will be automatically reprocessed.

N939 Alert: You may contact us for a peer-to-peer review.

N940 Missing/Incomplete/Invalid pre- and/or post-operative x-ray.

14569 - October 2026 Quarterly Update to the Clinical Laboratory Fee Schedule (CLFS) and Clinical Laboratory Improvement Amendments (CLIA): Healthcare Common Procedure Coding System (HCPCS) Codes, Waived Tests, and Reasonable Charge Payments

- Added the following CPT codes **(effective 10/01/2026):**

0660U - HPV GNOTYP 18/31/33/35 CFDNA
0661U - HPV GENOTYPE 16 CFDNA DDPCR
0662U - TRNSPLJ MED KAR RTQPCR 12GEN
0663U - OB FETAL PLTLT AG NIPT CFDNA
0664U - TRNSPLJ MED KAF NGS 13 GENES
0665U - HEP MASH ELISA YKL40 RTQPCR
0666U - NFCT DS WND DNA MULT RTPCR
0667U - IEM PMD FGF21 CONCTRJ ELISA
0668U - ONC PNCRS DNA 5HMC & GLYCAN

0669U - NFCT DS BBB SPECIES MULTDPCR
0670U - RARE DS WGSA S/L READ CMPRTR
0671U - RARE DS WGSA S/L RD 2CMPRTRS
0672U - RARE DS WHOLE EXOME CMPRTR
0673U - RARE DS WHOLE EXOME 2CMPRTRS
0674U - RARE DS MTDNA BLD/SLV/GEND NA
0675U - RARE DS MTDNA PRBND&2CMPR TRS
0676U - RARE DS WGSA MATERNAL CMPRTR
0677U - RARE DS WGSA FETAL SAMPLE
0678U - ONC HHM GENOME SEQ 117 GENES
0679U - ONC HHM DNA ALYS >105 GENES
0680U - TOBAC USE DNA ALYS 1MTHYLTN
0681U - TOBAC USE DNA ALYS 2MTHYLTN
0682U - ONC LNG CA DNA ALYS 1MTHYLN
0683U - ONC LNG CA DNA ALYS 2MTHYLN
0684U - AUD 4MTHYLTN MRK PCR WHL BLD
0685U - AUD 5MTHYLTN MRK PCR BLD/SLV
0686U - ONC PRST8 MRNA GENE XPRSN 22
0687U - CMPRTV ALYS STR MRK DNA BUCC
0688U - ONC CLRCT CA ALYS MRD CTDNA
0689U - ONC CLRT CA ALYS MRD PT SPEC
0690U - TRNSPLJ MED AR DPCR ALYS 45
0691U - CARRIER SCREENING GSAP 6GENS
0692U - CRD PAD ALYS 3PRTN IA PLASMA
0693U - ONC H&N CTDNA 699 GENES VRNT
0694U - ONC MG MALDI TOF MS ISOTYPES
0695U - ONC CNS WGSA CSF INTERROG
0696U - ONC SO TGSA RNA ALYS 350/>
0697U - OB DNA GNOTYP ALYS <41 GENES
0698U - NEURO TBI ALYS GFAP UCHL1

- Deleted the following HCPCS codes **(effective 10/01/2026):**

0556U	**NFCT DS P-S DNA&RNA 12 TRGTS**
0557U	**NFCT DS BV DNA MRK VAG FLUID**
0585U	**TGSAP SO NEO CFDNA 521 GENES**

14588 - Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2026 Update

- Added the following HCPCS codes **(effective 05/15/2026):**

87638 - IADNA DNA/RNA RUBEOLA MEASLS

- Added the following HCPCS codes **(effective 10/01/2026):**

G0685 - ALGORITHM ASSESSMENT FOR ASD
A9613 - F 18 PYLARIFY TRUVU, DX 1MCI
J0643 - INJ LEUCOVORIN CALCIUM 1 MG
J0644 - INJ, LEUCOVORIN CAL (AVYXA)
J0871 - INJ, DAPTOMYCIN (ENDO) 1MG
J1757 - INJ TIVIDENO ALFA-EKNM 1
J1818 - INJ PEGZILARGINASE-NBLN
J1946 - INJ, FUROSE LASIX ONYU, 1 MG
J1947 - INJ, FUROSCIX, 1 MG
J1957 - INJECTION LEVETIRACETAM 5 MG
J1958 - INJ LEVETIRAC SODI CHLO 5 MG
J3268 - INJECTION, DELAFLOXACIN
J3406 - INJ OMIDUBICEL-ONLV, TX DOSE
J7524 - MYCOPHENOL MOFETIL ORAL 5 MG
J7526 - INJ MYCOPHENOLA MOFETIL 5 MG
J7529 - MYCOP MOFETIL SUSP ORAL 5 MG
J7530 - MYCOPHENOLAT (MYHIBBIN) 5 MG
J7531 - PRED SOD PHO ORA DIS TA 1 MG
J9066 - INJ BENDAMUSTINE, AVYXA 1MG
J9186 - INJ ETOPOSIDE (AVYXA), 1 MG
J9187 - INJ, ETOPOSIDE, 1 MG
J9191 - INJ FLUOROURACIL (AVYXA)10MG
J9192 - INJ, FLUOROURACIL, 10 MG
J9362 - INJ, TRABECTEDIN, 0.01 MG
Q5172 - INJ, FILKRI, 1 MCG
Q5173 - INJ, DENOSUMAB-ADET, 1 MG
A2046 - DERMISPHERE HDRT, PER SQ CM
A2047 - LACERTAMATRIX, PER SQ CM
A2048 - PURAPLY MZ, PER MG
A2049 - THERACOR, PER SQ CM
A2050 - FIBRILLAR COLLAGEN, PER MG
A4228 - DEV-DRUG COMBO CATH SUPPLIES
Q4207 - CARBON LIFE, PER SQ CM

Q4223 - DERMABIND SL OPTIC PER SQ CM
Q4243 - AMCHOMATRIX, PER SQ CM
A6614 - SUP EXT OCULR NEG PRES PUMP
1080T - INSJ INTRACAPSULAR MAGNIFIER
1072T - LVR ALGRFT NRMTHRMC MNTR EA
1073T - LVR ALGRFT NRMTHRMC DCANNULJ
1074T - LVR ALGRFT HYPTHRM CANNULJ
1075T - LVR ALGRFT HYPTHRM CONNJ
1076T - LVR ALGRFT HYPTHRM MNTR 1ST
1077T - LVR ALGRFT HYPTHRM MNTR EA
1078T - LVR ALGRFT HYPTHRM DCANNULJ
1054T - FCSD NSHCKWV US PROP RESD ST
1055T - NTRAOP RF ABLTJ LUMPCTMY CAV
1056T - COCHLEAR INFUSION RX AGENT
1057T - INS/RPL SUBQ NPG SPRORB&OCPL
1058T - REVJ SUBQ SPRORB&OCPL NSTIM
1059T - RMVL SUBQ SPRORB&OCPL NSTIM
1060T - ELC ALY SPRORB-OCPL NSTM CPX
1061T - ELC ALY SPRORB-OCPL NSTM SMP
1062T - ARTIF INSEM TRNSCRV NTRATUBL
1063T - ONC BLDR AUG ALG ALY REC&PRG
1064T - ONC BLDR AUGMNT ALG ALYS BCG
1065T - CYSTO CO2 SPRAY MNR BLDR LES
1066T - CYSTO CO2 SPRAY SML BLDR LES
1067T - CYSTO CO2 SPRAY MED BLDR LES
1068T - CYSTO CO2 SPRAY LRG BLDR LES
1069T - MCHNL XTR CRYCMPRSN MEAS&EDU
1070T - MCHNL XTR CRYCMPRSN PLMT
1071T - MCHNL XTR CRYCMPRSN TX CONTN
1079T - 3D QUAN WTR BTH US TOMG BRST
1081T - MVASC ANAST LYMPH NOD&VN 1ST
1082T - MVASC ANAST LYMPH NODE&VN EA
1083T - STRTCTC PLMT NFS CATH BRAIN
1084T - IMPL SCAF ALGRF SPRCHRDL SPC
1085T - ASSTV ALG ALY ID LES METS CA
1086T - NTRAPX EST C FF AUG ALG ALYS
1087T - EST C FF DRV AUG ALG ALYS
1088T - PERQ APPL HI-FRQ NEUROMD SGL
1089T - IO QUAN MCROELAST TIS CHARAC
1090T - ATCH&INS IO LNS PRSTH RX IMP
1091T - PLMT PERM COM CRTD ART FLTR
1092T - IMP ACLR SCAF KNE CHNDR OPEN
1093T - IMP ACLR SCAF KNE CHNDR ARTH
1094T - IMP ACLR SCAF KNEE EACH ADDL
1095T - HRV&PCX AUTOL BMAC MSCSKL TX
1096T - NJX THRMRG MLTPHAS SSP DMYL8
1097T - ONC PNCRS AUG ALG HMORPH H&E
1098T - PLMT SUBRTA PROSTH W/VTRC
1099T - ABLTJ NCMPTNT VN EXT TC HIFU
1100T - TC SPI NEUROMD PRGRMG EA 30
1101T - TC SPI NEUROMD APPL EACH 15
1102T - NTROP MOLEC ASMT LNG TUM TIS
1103T - NTROP MOLEC ASMT OV TUB/PRTL
1104T - N-INVAS CARDPULM ASSMT CAD
1105T - PRSNLZ NSTM PLS RATE AUG ALG
1106T - ONC BRST AUG ALG HMORPH H&E
1107T - ONC PRST8 AUG ALG HMORPH H&E
1108T - STRTCTC ICERE IMPL 1+1TRAJ
1109T - STRTCTC ICERE IMPL 1+MLT TRJ
1110T - STRTCTC ICERE DLVR 1 TRAJ
1111T - STRTCTC ICERE DLVR MLT TRAJ

- Modified the following HCPCS codes **(effective 10/01/2026):**

A9595 - PIFLU F 18 PYLARIFY DX 1 MCI
J9033 - INJ, BENDAMUSTINE (NOS) 1MG
0894T - LVR ALGRFT NRMTHRMC CANNULJ
0895T - LVR ALGRFT NRMTHRMC CONNJ
0896T - LVR ALGRFT NRMTHRMC MNTR 1ST

- Deleted the following HCPCS codes **(effective 10/01/2026):**

J0640 - LEUCOVORIN CALCIUM INJECTION
J1941 - INJ, FUROSCIX, 20 MG
J1953 - LEVETIRACETAM INJECTION
J7514 - MYCOPHENOL (MYHIBBIN) 100 MG
J7517 - MYCOPHENOLATE MOFETIL ORA
J7519 - INJ. MYCOPHENOLATE MOFETIL

J7528 - MYCOPHEN MOFETIL FOR SUSP
J9181 - ETOPOSIDE INJECTION
J9190 - FLUOROURACIL INJECTION
J9352 - INJECTION TRABECTEDIN 0.1MG

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.