What's New in NetPracticePM v7.4.1

Version 7.4.1 Release Date: January 5, 2012

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Contents

INTRODUCTION 3
IMPORTANT NOTICE REGARDING THE TEXT VERSION OF NetPracticePM 3
NEW FEATURES AND ENHANCEMENTS 4
Billing 4
Billing Profile 16
Procedure Entry 17
Patient 17
Schedule 38
Reports 40
System 41
Tables 69
Transactions 76
ScanSharp 94
eDocs 95
NetVerify 104
WebPractice 105
RESOLVED ISSUES 110
Schedule 111
Patient 114
Procedure Entry 117
Payment Entry 118
HCFA Claims Processing 119
Transactions 120
Transactions Posting 120
NetCoder 121
Billing 121
Billing Profile 123
Tables 125
SYSTEM REQUIREMENTS 126
APPENDIX A – PROCEDURE ENTRY: WHAT TRIGGERS AN ATTACHMENT 127

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

INTRODUCTION

This document contains the release notes for NetPracticePM v7.4.1. This release completes the implementation of support for the 5010 format. With the release of 7.4.1, the certification process for HIPAA 5010 ERRATA claims begins on a payer by payer basis. In version 7.4.1, we will still be sending 4010 claims and then will send 5010 claims as NetPracticePM becomes certified with each payer.

In addition to 5010 support, this release is the beginning of a migration to newer programming methods making NetPracticePM a more robust, more efficient application. Along with this migration are functional and visual changes to many areas including Procedure Entry, transaction editing, the patient's Transaction History, and claim filing and re-filing. You also will now have the ability to preview claims and to edit your claims profiles using the new 5010 Electronic Claim Loop and Segment Editor or the new Paper Claim Editor. (CGM still will update your system with the standard payer rules, but, for those customizations required for certain payers (carriers) for your specific circumstance, you now have the tools to manage those yourself.)

Because NetPracticePM is a product of CompuGroup Medical (CGM), you also will notice the CGM logo and references to CompuGroup Medical within the software now.

The following sections describe the enhancements and resolved issues in this release. New features and enhancements are grouped together based on functional areas in the product.

*Please note and complete (where applicable) the ***Action Required*** items to ensure that your system functions properly with the updated version. It is also mandatory that you review the training materials available on the Knowledge Tree under **Professional Services/Training/Recorded Sessions/NetPracticePM v7.4.1 Release Training**.*

As with all service packs and updates, for all new menu functionality, you must go to Model User Menus to activate the new menus for the users that you want to have access to those menus. You must also go to Change Function Security and set the security level that you want on the new menus.

*Java JRE version 6 update 24 (1.6.0u24)(or greater) is required on the server and each workstation for the Paper Claim Editor and Paper Claim Alignment features. Adobe® Acrobat ®Reader® v6 (or greater) is required on each workstation to preview claims. Please reference the **NetPracticePM Implementation Technical Packet** for a full list of system requirements. This document is available on the Knowledge Tree under **Professional Services/Implementation/Technical Packets**.*

IMPORTANT NOTICE REGARDING THE TEXT VERSION OF NetPracticePM

The TEXT version of NetPracticePM s no longer supported or accessible.

With the release of version 7.4.1, the TEXT version of NetPracticePM is no longer accessible. As previously announced, TEXT cannot support the functionality required to enter charge transactions, create, send or process claims or payments for HIPAA 5010 ERRATA transactions. It is not possible for TEXT to support the changes that have been made for the 7.4 and 7.4.1 updates. This is to ensure preparedness to adhere to the HIPAA 5010 ERRATA requirement of sending 5010 transactions as of January 1, 2012.

Previous announcements of this change stated: *TEXT will not be available beginning Jan 1, 2012. You must be using the current version of NetPracticePM at that time. Therefore, we strongly encourage you to upgrade to and review NetPracticePM 7.4 [now, 7.4.1] as soon as possible.*

You will find NetPracticePM v7.4.1 training materials and release notes (this **What's New** document) on the Knowledge Tree via the Online Support Center through NetPracticePM as follows:

- **Training Materials**: Professional Services/Training/Recorded Sessions/NetPracticePM v7.4.1 Release Training
- **What's New in NetPracticePM v7.4.1**: Release Notes/NetPracticePM/Version 7.4.1 Release

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative; it contains information exclusive to the 7.4.1 release.

BILLING

- **Print Insurance Forms – Claim Splitting By Date of Service (DOS)**

  Paper claims no longer will split by DOS unless the new **Split by Date Of Service** check box is selected on the effective Billing Profile and there is no **Through Date (THRU)** attachment on the claim. If there is a **THRU** attachment on the claim to indicate a date range, the claim will not split into multiple dates of service even if the Split by Date Of Service check box is selected for the effective Billing Profile, because the system presumes that the date range refers to one procedure line item and that you did not intend to have it split onto multiple claims.

  However, if you have multiple dates of service on one encounter and more than one Billing Profile in effect across those different dates of service, then the Billing Profile for the earliest date of service will be used. If the **Split by Date Of Service** check box is selected for the Billing Profile in effect for that earliest date of service, then the claim will split into the multiple dates of service but that first effective Billing Profile will be used on each claim for the first, and subsequent, dates of service on that encounter.

  Note
  It is recommended that you review your billing profile rules to confirm that the **Split by Date Of Service** prompt is marked "Yes," if you want your claims to be eligible to split by DOS.

- **DMERC Paper Claims**

  A change has been made to accommodate DMERC requirements for Box 32 on the CMS-1500 form. If the Place of Service code on the claim is 11, Box 32 now will print the patient's address.

- **Delinquent Insurance Menu**

  The Delinquent Insurance Menu will function for 4010 claims only; enhancements will be made to the menu for 5010 claims after the 7.4.1 release, and the appropriate documentation will be provided at that time.

- **eMedixOnline Response Manager Integration**

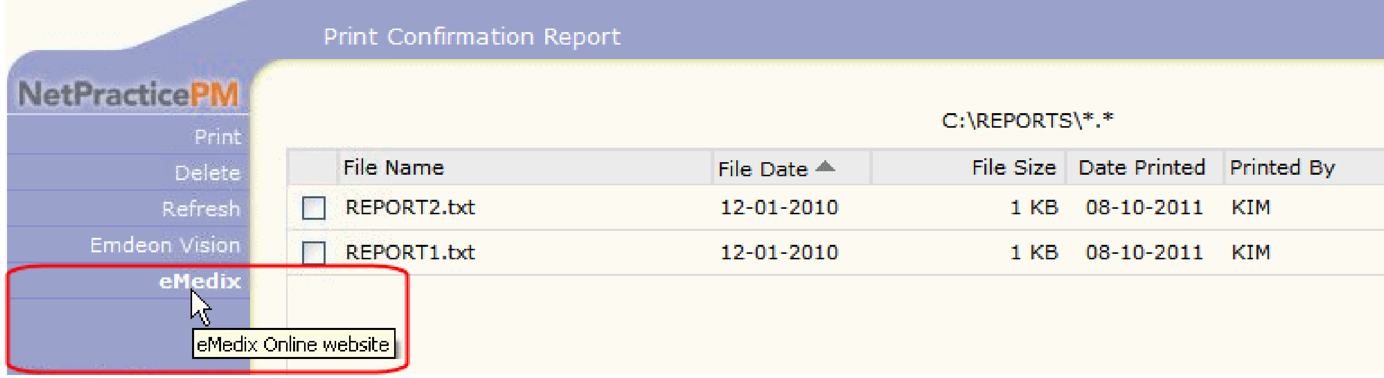
  Note
  eMedixOnline Response Manager provides real-time access to your claim status—allowing you to manage rejections without printing them. This section applies to eMedixOnline users only. If you are sending claims to the eMedix clearinghouse, you will be assigned log-in credentials and will have to access your confirmation reports from the eMedixOnline Response Manager.

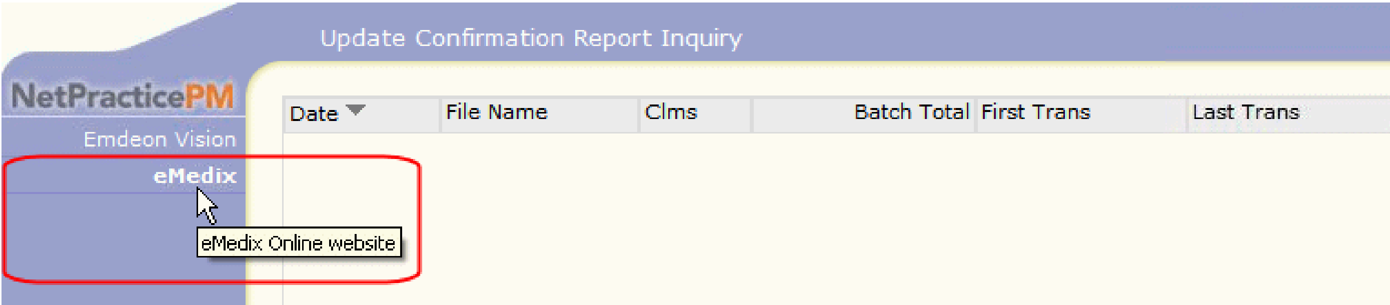
  You now may access the eMedixOnline web site directly from within NetPracticePM—specifically, from the following two functions:

  - Print Confirmation Report (Billing/Electronic Claims/Printing Options/Print Confirmation Report)
  - Update Confirmation Report Inquiry (Billing/Electronic Claims/File Maintenance /Update Confirmation Report Inquiry)

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.
Synchronizing Healthcare

Both screens now include an **eMedix** option in the Action column so you can access your confirmation reports through the eMedix Response Manager.





When you click the **eMedix** option, the eMedix Online web site **Customer Login** screen appears with your user account credentials entered automatically. Click **Login** to access the site.

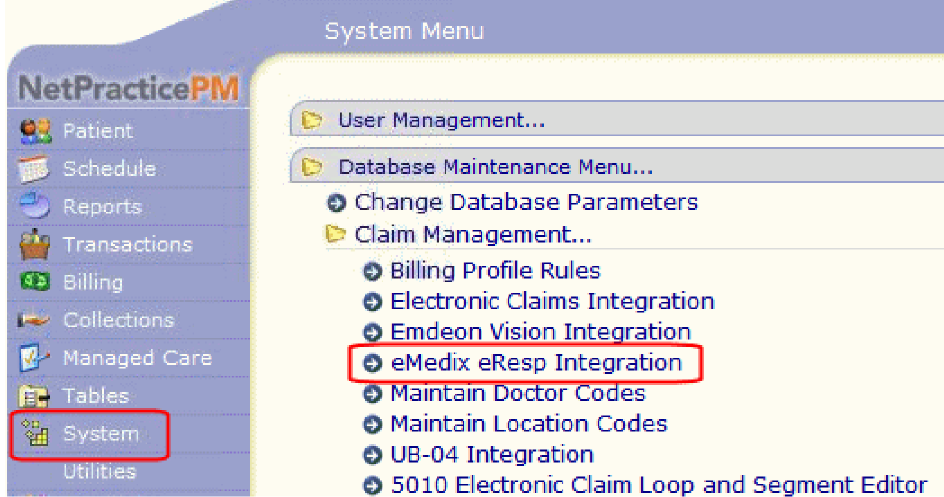
Tip
For more information about using eMedixOnline and the Response Manager, please reference the eMedix documentation, in the following location in the Knowledge Tree: Release Notes/eMedix.

Setting Up eMedix User Accounts

*****Action Required*****
If you are sending claims to the eMedix clearinghouse, you must complete the eMedix eResp Integration for each database in your system to ensure that your 5010 claims go through properly.

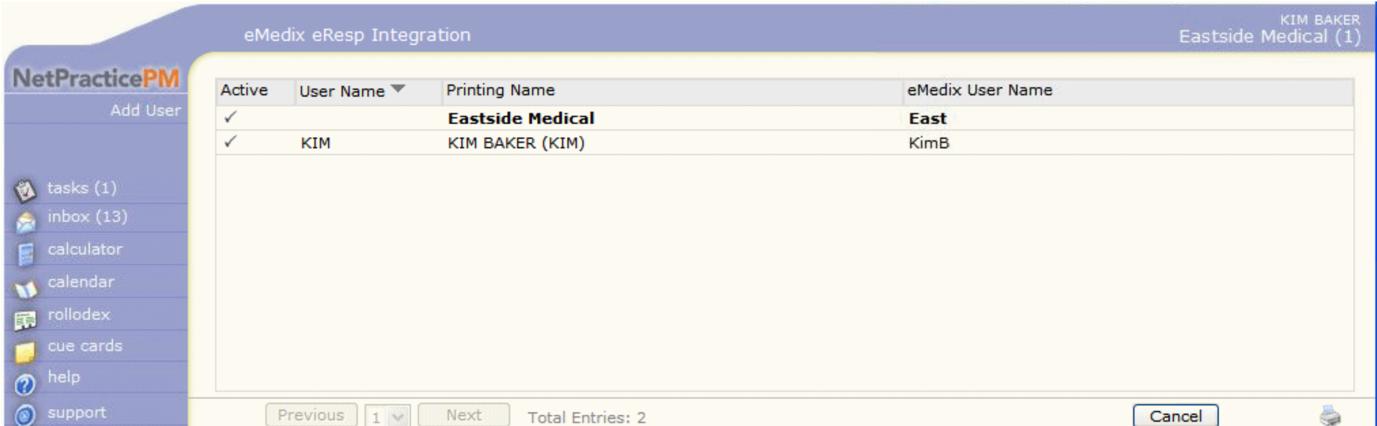
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Database and user credentials for accounts already registered with eMedix must be set up in the new **eMedix eResp Integration** (System/Database Maintenance Menu/Claim Management/eMedix eResp Integration).



At the time of the upgrade to v7.4.1, the system will create an account for each of your databases. You will be required to add the eMedix credential information for each of the database accounts and create any additional user accounts.

When you access the new Integration, the first screen is a summary list of your database and users (associated with that database) currently registered with credentials to log into eMedix. (If you have multiple databases, this list reflects the accounts for the database you currently are logged into.) A check mark in the **Active** column indicates the database or user account is active with eMedix.



Notes

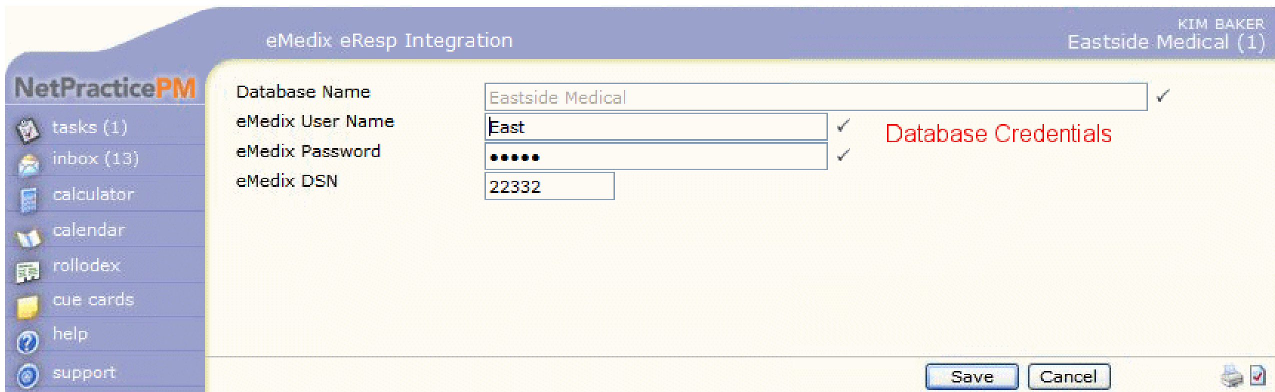
If there are no additional individual user accounts, then the database credentials will be the default login for all users.

This list will include only your database login account, until you set up any additional user accounts. You will need to add your user name, password, and DSN information to your database account and create any additional user accounts. (If you have multiple databases, you will need to log into each database and go through this set up.)

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

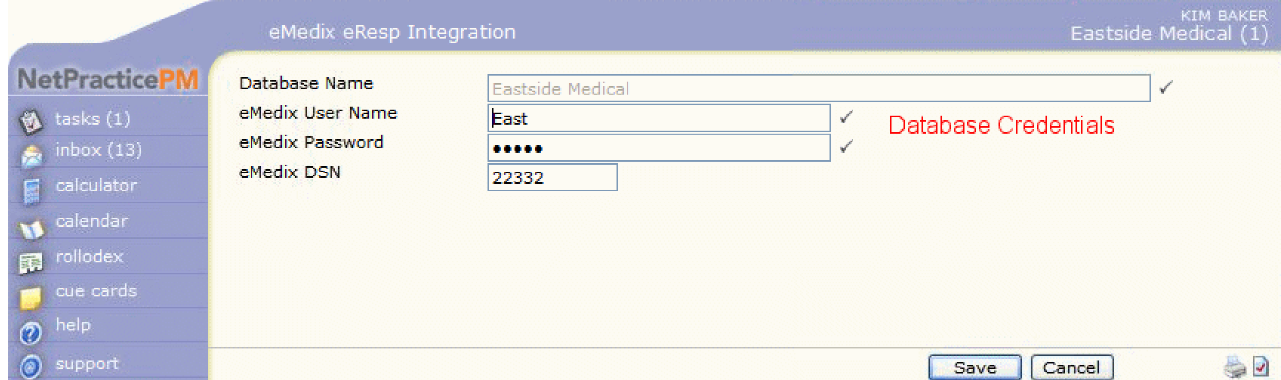
To set up a database account

1. In NetPracticePM, go to the **eMedix eResp Integration** (System/Database Maintenance Menu/Claim Management/eMedix eResp Integration).
2. In the summary list, click the database account to edit.
   Database accounts appear at the top of the list in boldface and do not show a name in the User Name column.
3. Type the credentials for this database as assigned by eMedix. (If you do not have this information, contact NetPracticePM EDI support for assistance.)
   - **eMedix User Name** – Type the user name for the database as assigned by eMedix.
   - **eMedix Password** – Type the database password as assigned by eMedix.
   - **eMedix DSN** – Type the DSN assigned by eMedix.

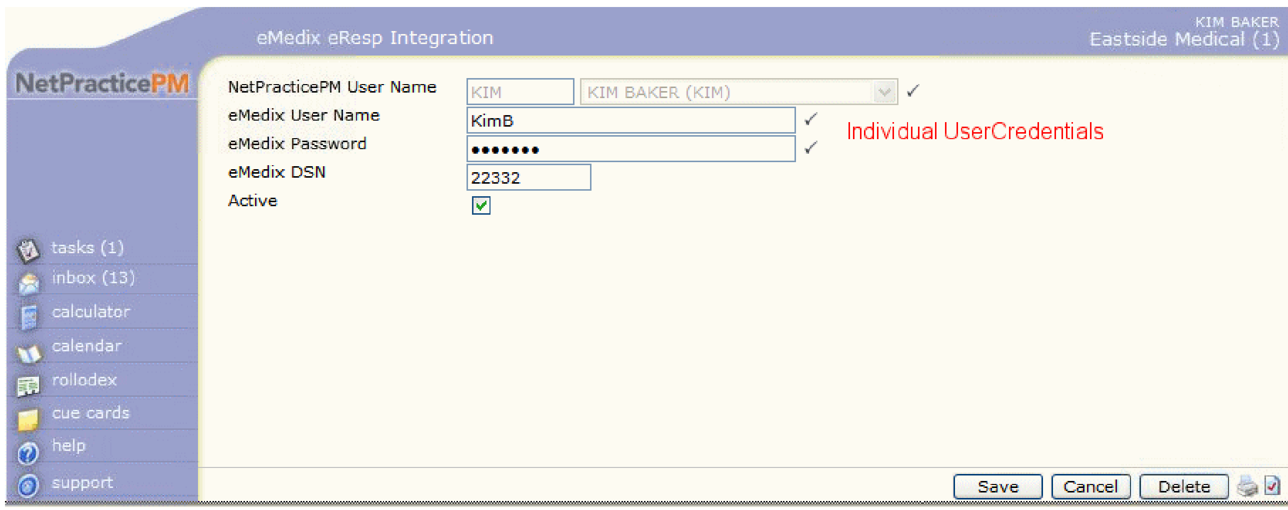


To manage an existing account

1. Contact eMedix support and make any changes to existing accounts with them first.
2. In NetPracticePM, go to the **eMedix eResp Integration** (System/Database Maintenance Menu/Claim Management/eMedix eResp Integration).
3. In the summary list, click the account to edit.
   The fields that appear on the eMedix eResp Integration screen will be different depending on whether you are editing the database credentials or an individual user's credentials.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.



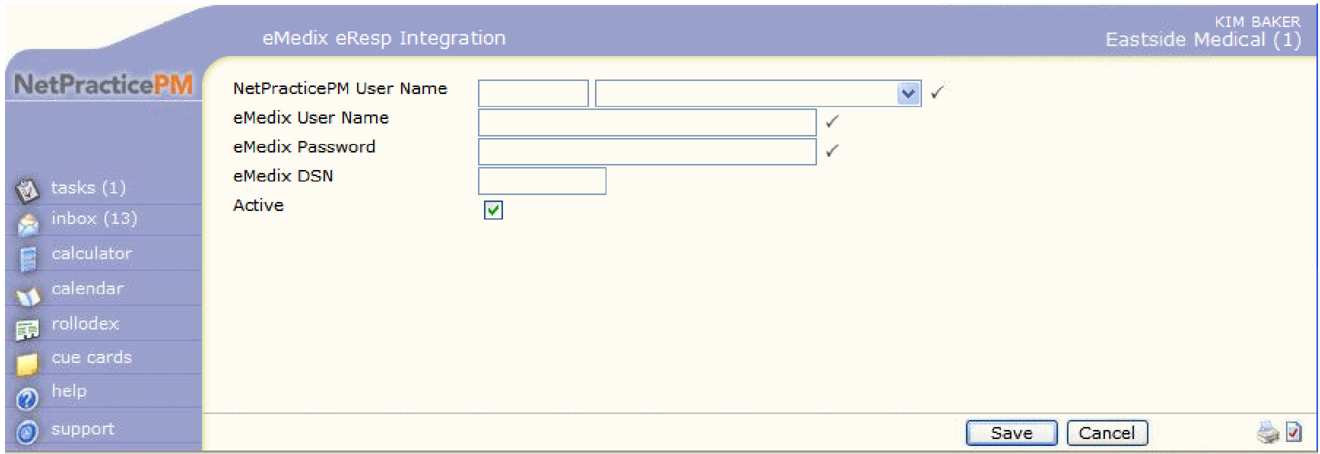
Make changes to the fields to match the changes you made with eMedix support.

Notes
You may delete a user account or mark it inactive. You may not delete a database account or mark it inactive. To delete a user account, click **Delete**. To mark it inactive, click to clear the **Active** check box.

4. Click **Save**.

To add a new user

1. Contact eMedix support and create any new accounts with them first.
2. In NetPracticePM, go to the **eMedix eResp Integration** (System/Database Maintenance Menu/Claim Management/eMedix eResp Integration).
3. In the Action column, click **Add User**, and then fill in the information for the new user.

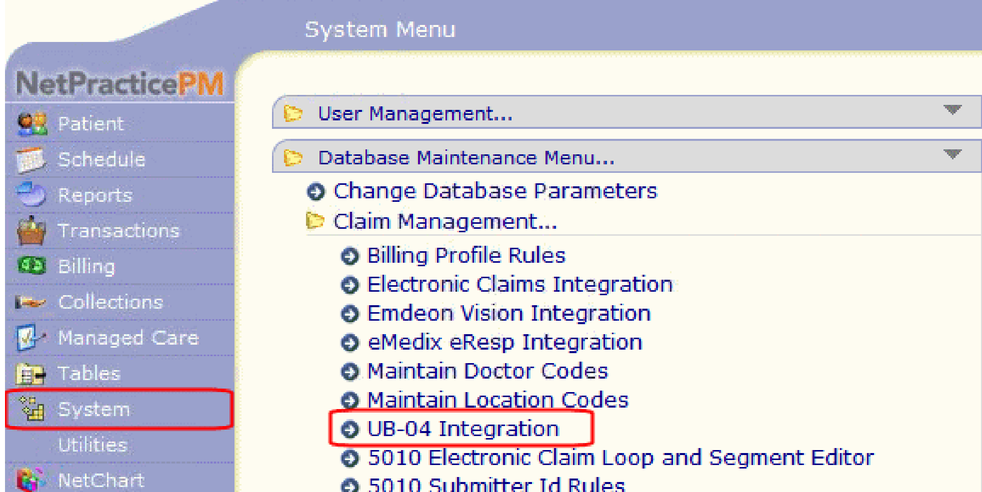


- **NetPracticePM User Name** – Type or select the user name to log into NetPracticePM.
- **eMedix User Name** – Type the user's corresponding eMedix user name as assigned by eMedix.
- **eMedix Password** – Type the user's password as assigned by eMedix.
- **eMedix DSN** – Type the DSN assigned by eMedix.
- **Active** – This check box is selected, by default. Clear the check box only if you want to de-activate the account so the user will not have access to eMedix eResp.

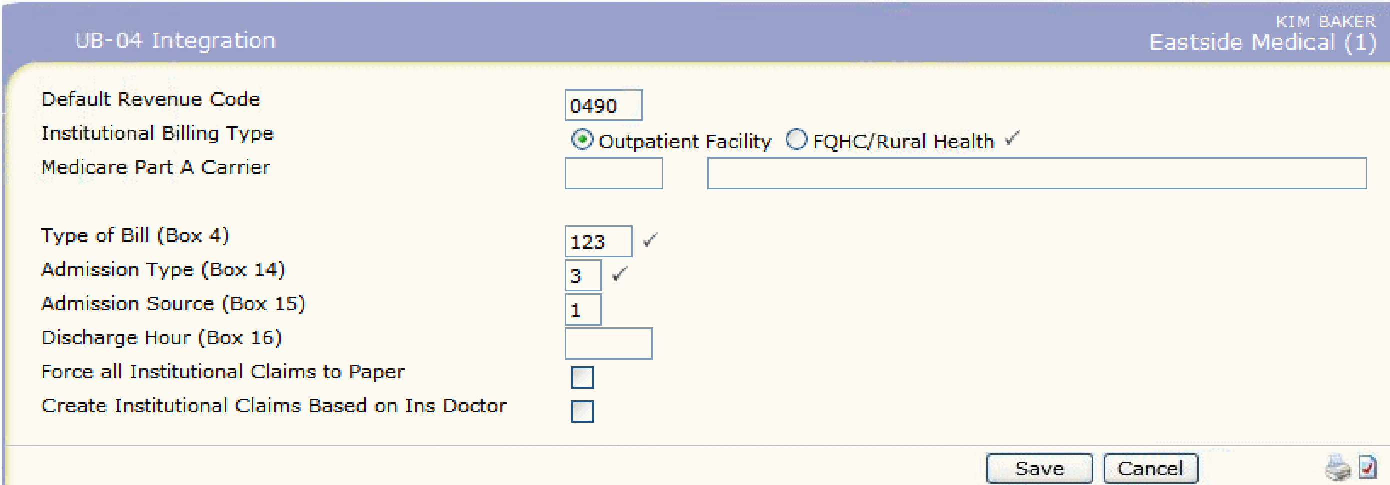
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **UB-04 Integration**

For 5010, the UB set up process for Institutional claims will be maintained by the practice in NetPracticePM in the new **UB-04 Integration** (*System/Database Maintenance Menu/Claim Management*) rather than through a custom program.



Complete the fields on this screen with the defaults that are required to populate the DMS UB-04 Record and the UB-04 attachment.



******Action Required******
It is mandatory that you complete the **UB-04 Integration** screen; if it is not completed, Institutional claims will not generate for the database.

If the **FQHC/Rural Health** radio button is selected for the **Institutional Billing Type** and the Medicare carrier code needs to switch from Medicare Part B to a Medicare Part A carrier, enter the appropriate carrier code in this field. This is used only for FQHC or Rural Health databases.

The Discharge Hour is required when submitting Institutional claims. If a default time is not entered in the **Discharge Hour** field, then the user will be required to fill in the Discharge Hour before saving an encounter that will result in an Institutional claim being generated.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

In the *Maintain Insurance Carriers* function (*Tables/Insurance Carrier Code Table*), any insurance carriers that accept UBs will need to have the **UB Payer** field selected.

Notes
If you would like the **UB Payer** field selected for all insurance carriers in a database, notify Customer Service, and a pass thru will be run to update the table for the database.

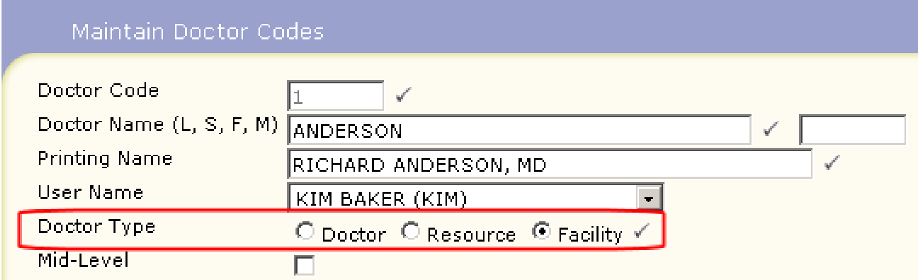
If your practice already is submitting UBs and the **UB Payer** field is not currently selected for the carriers you submit UBs to, then this must be updated in order for your 5010 claims to be submitted for the appropriate carriers.

In the *Maintain Location Codes* function (*Tables/Location Code Table*), any locations that UBs can be billed from must have the **UB Billing** field selected.

Notes
If you would like the **UB Payer** field selected for all locations in a database, notify Customer Service, and a pass thru will be run to update the table for the database.

If your practice already is submitting UBs and you have not been using the *UB Billing* field in the locations you submit UBs for, then this must be updated in order for your 5010 claims to be submitted for the appropriate locations.

In the *Maintain Doctor Codes* function (*Tables/Doctor Code Table*), if an insurance doctor code is set up as your facility, in the **Doctor Type** field, select the **Facility** radio button.



And, if not already selected, you will then need to select the **Create Institutional Claims Based on Ins Doctor** check box, in the *UB-04 Integration* (Database Maintenance Menu/Claims Management/UB-04 Integration).

Note
If your practice already is submitting UBs for a doctor set up as a facility, the **Create Institutional Claims Based on Ins Doctor** check box will need to be selected in order for your 5010 claims to be submitted for the appropriate doctor.

If the database is a FQHC or Rural Health and the **FQHC/Rural Health** radio is selected on the **UB-04 Integration** screen, then, in the *Maintain Type of Services Codes* function (*Tables/Type of Service Table*), the **UB Billing** field must be selected for any types of services that can bill UBs.

Location Code Table

When an Institutional claim is generated, if the location code on the claim needs to switch to a location other than what was entered in **Procedure Entry**, then, in the **Location Code Table**, enter the appropriate location code into the the **UB Location Equivalent** field.

If, previously, you were submitting UBs in the 4010 format in NetPracticePM and the location code automatically switched to a location code that contained 'UB' or to a different location code completely, then this field will need to be filled in, if you want the location code for your 5010 Institutional claims to follow the same process.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

If a location has a type of bill other than what has been set as the default in the **Type of Bill (Box 4)** field in the **UB-04 Integration** screen, then select the type of bill that should be used for the location tied to the encounter, in the **UB Type of Bill** field (in the Maintain Location Code screen).

Note
If the **Insurance Carrier Table, Location Code Table**, or **Type of Service Table** is shared between databases, these changes may be copied to the other databases depending on the setup of the **Table Sharing Interface**. If the **UB-04 Integration** has not been filled out in the databases where only Professional claims are submitted, then these changes will not affect claim submission. You may contact Customer Service to request that these fields not be shared between databases, if facility billing is needed in more than one database and the setup is unique in each database.

Institutional/UB Process

When procedures are posted, NetPracticePM will check the **Insurance Carrier Table**, the **Location Code Table**, or the **Type of Service Table** to determine if the procedures entered will generate a UB. NetPracticePM will perform this check when the procedure code field is tabbed off of in ***Procedure Entry***. If the check determines that the procedures entered will generate a UB, then the UB-04 attachment automatically will generate and populate the **Type of Bill**, **Admission Type**, and **Admission Source** fields in the UB-04 attachment. The UB-04 attachment will be used only for 5010 claims. The UB-04 attachment combines the fields previously listed the UB-92 Part 1 and UB-92 Part 2 DMS records into one screen. Fields have been added, removed and expanded in the UB-04 attachment.

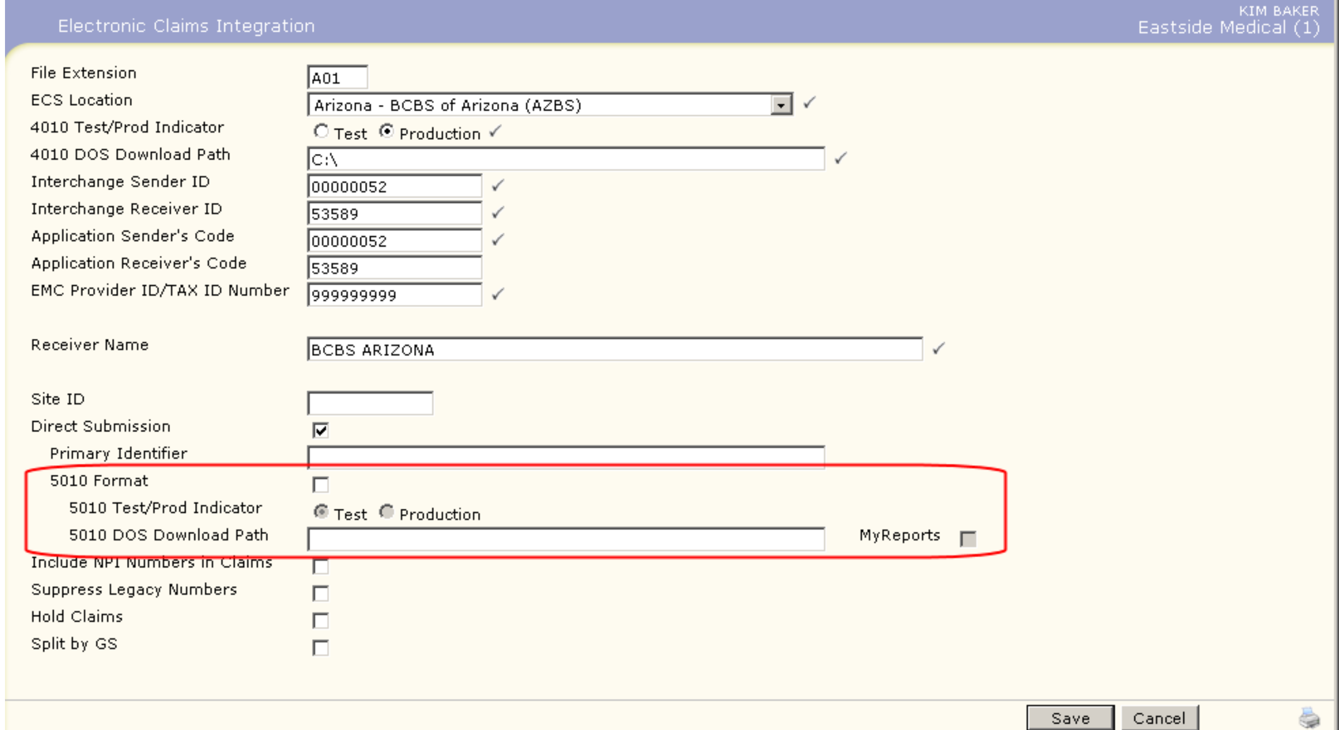
After saving the procedures in **Procedure Entry**, the UB-04 attachment will update the **Admission Date** with the oldest Date of Service listed for the procedures entered. The **Discharge Date** will be updated with the most current Date of Service listed for the Procedures entered. Any additional information that needs to be included in the UB attachment to ensure the claim is processed appropriately will need to be entered manually. If the **UB Location Equivalent** field contains a value for the location the procedures were posted with, then the procedures that should go to a UB will be updated to the location code entered in the **UB Location Equivalent** field.

In **Procedure Entry**, when the encounter is saved, the UB-04 attachment will generate a Read-Only copy of the UB-04 DMS record, which can be found under the *DMS* function (*Patient/Change Patient Data*). To edit the UB-04 DMS record, go to **Transactions-Edit an Encounter*.*** From this screen, the encounter for the claims that need to be updated will need to be selected and changes then can be made to the UB-04 attachment.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Electronic Claims Integration – Direct Submission**

  If you have purchased a direct submit connection, please note that fields have been added to the screen (*Database Maintenance Menu/Claim Management/Electronic Claims Integration*) to accommodate the direct submission of the 5010 format. The new fields do not apply, if you send your claims to eMedix.



*****Action Required*****
If you have purchased a direct submit connection, you must follow the instructions to set up 5010 claims for direct submission. Reference the document **Setting Up 5010 Claims for Direct Submission for NetPracticePM v7.4.1**, which is located on the Knowledge Tree in the **Version 7.4.1 Release** folder (Release Notes/NetPracticePM/).

- **Printing Electronic Claims**

  The electronic paper claims printing process has been enhanced. Previously, if a $0.00 charge was posted on Form Type 6, the claim displayed in the Exception report but it did not appear when the electronic paper claim was printed. Now, the claim will display and print.

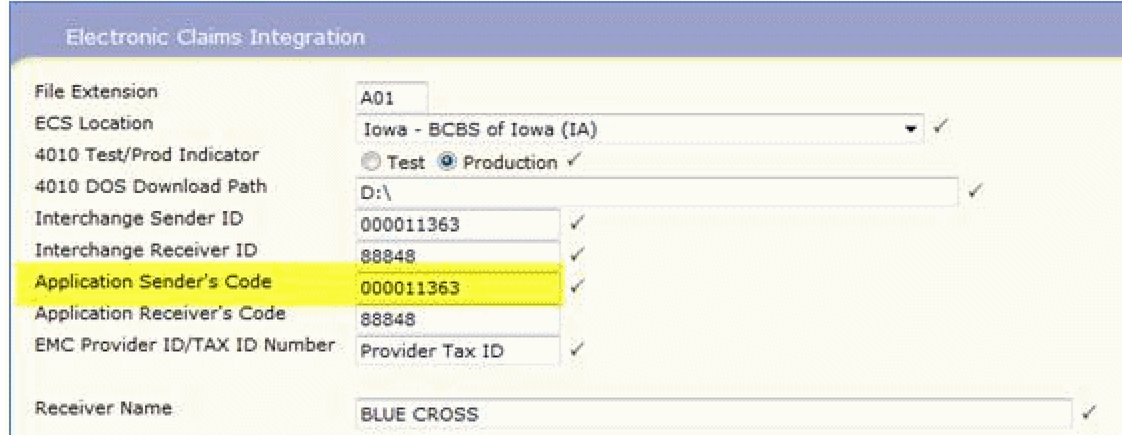
Note
When payers are switched to the 5010 format, you can use the new *Paper Claim Editor* function to create rules for all paper claims, including the electronic paper claims that you send to CGM for mailing to the payers.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

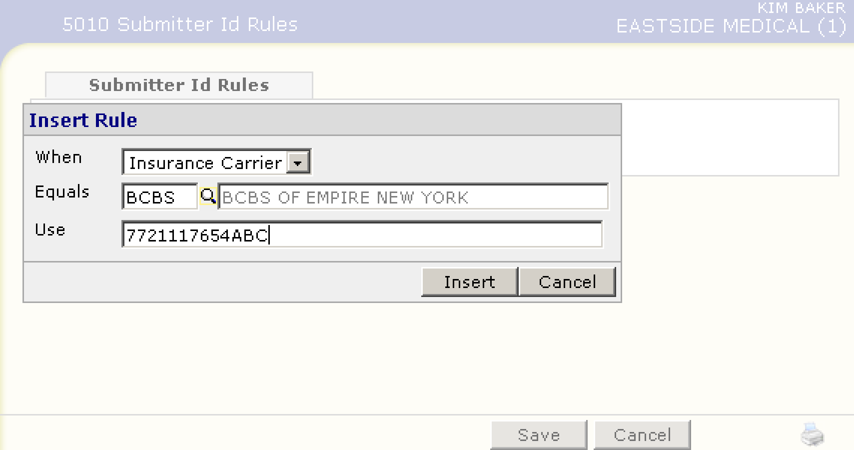
- **5010 Submitter ID Rules**

  You now have the ability to set up 5010 Submitter ID rules to accommodate cases when you may need to send a different submitter ID in your claim file rather than what is set up in the Electronic Claims Integration (ECS). (Previously, for 4010 claims, you would have to call support for a customization to override what was stored in the ECS Integration.)

  Set up 5010 Submitter ID Rules for cases when the carrier requires a different Submitter ID for circumstances that are more specific than what is stored in the ECS Integrations. For example, you may have Blue Cross form type 32 set up with an Application Sender's Code.

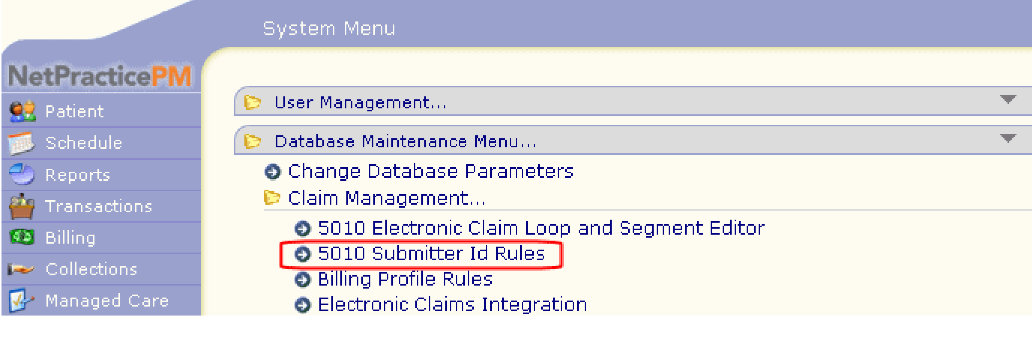


  Blue Cross of New York, however, may require a different Submitter ID. In this case, you would use the 5010 Submitter ID Rules to set up a rule specifically for Blue Cross of New York claims.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

To access the screen to set up the rules, go to **System Menu/Database Maintenance Menu/Claim Management**, and click the new menu item: **5010 Submitter Id Rules**.



Add and define rules as you would Billing Profile Rules. [Click **Start**, and then click **Add New Rule** to define the rule.] Any Submitter ID Rules you set up will override what is set up in the ECS Integrations.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.
Synchronizing Healthcare

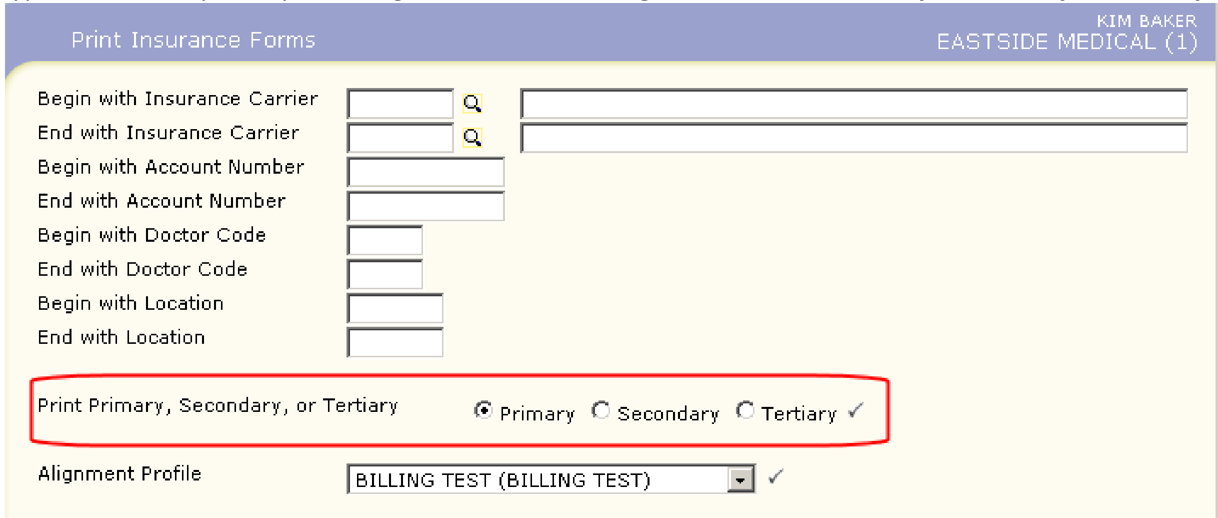
- **Editing a Transmission File**

  Edit a Transmission File for 5010 claims will function as it did in previous versions for 4010 claims. However, for a 5010 claim, the Location Code, Encounter Amount and Date of Service fields have been added to the display. (You still will have the same options as with a 4010 claim—that is, you can "move" the claim to a paper claim or "delete" it, which effectively changes the status back to a 1 for "in process" and for the next "create" to pick up again.)

- **Printing and Reprinting Delinquent Insurance Forms**

  Note
  This applies to clients using the HCFA Alignment Wizard.

  When printing or re-printing insurance or delinquent insurance forms, it is now required that you indicate which type of forms to print by selecting one of the following radio buttons: **Primary**, **Secondary** or **Tertiary**.



  This affects the following menu functions:

  - *Billing Menu/Insurance Billing Functions/Print Insurance Forms*
  - *Billing Menu/Insurance Billing Functions/Reprint Insurance Forms*
  - *Billing Menu/Insurance Billing Functions/Delinquent Insurance Menu/Print Delinquent Insurance Forms*
  - *Billing Menu/Insurance Billing Functions/ Delinquent Insurance Menu/Reprint Delinquent Insurance Forms*

- **Form Type 38 Secondary Claims**

  This pertains to United Healthcare (UHC) remits. The system will post Form Type 38 secondary claims correctly since UHC is now sending a complete remit. Previously, the claims were going to the exception report, because UHC was not sending the line item detail the system required to post the secondaries.

- **Claim File Errors – Sending Claims to e-Medix**

  If there is an error when sending a claim file to e-Medix, the reason for the error now will appear in red font below the filename on the Transmission File Inquiry screen.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

BILLING PROFILE

- **Billing Profile - New Prompts**

  Three new prompts have been added to the Billing Profile screen:

  - **Split by Date of Service** – Use this prompt to specify whether or not your claims should be split by Date Of Service (DOS). By default, this will be set to "no" unless your practice already had a custom program in place to split claims by DOS, before the upgrade to version 7.4.1. If your practice did have a custom program in place, then the default will be "yes." For more information, reference "Print Insurance Forms – Claim Splitting By Date of Service (DOS)" in the **Billing** section in **New Features and Enhancements**, in this document.

    Note
    If you want your claims to be eligible to split by DOS, it is recommended that you review your billing profile rules to confirm that the **Split by Date Of Service** prompt is marked "Yes."

  - **Split by Immunizations Codes** – If this prompt is set to "Yes," then any procedure codes that have the **Immunization Code** check box in the **Procedure Code Table** selected will split onto a separate claim from the other procedure codes. If there are multiple immunization codes on one claim, then all of the immunizations will be grouped together on one claim and all non-immunization codes will be grouped onto a separate claim.

    *****Action Required*****
    If you are billing out of Washington and immunization procedure codes are required to be split from non-immunization codes, you must change this prompt to "yes" or your claims will not generate properly.

  - **Claims with $0.00 Procedures** – Use this prompt to specify whether procedure codes with a $0.00 dollar amount remaining should print on claims. This prompt is applicable when the **Create Ins for Paid Chgs** prompt in NetPractice Default Values is selected and when the **Include $0.00 procedure on claim** prompt is selected in the Procedure Code table for the individual procedure code. When those two prompts are selected, then, when the claim is created, the system will check the **Claims with $0.00 Procedures** prompt to determine how to handle $0.00 procedures on the claim.

    When the **Create Ins on Pd Charges** prompt is selected and the balance remaining on the line item is $0.00, but the charge amount is greater than $0.00, then the procedure will be sent on the claim.

    The creation of claims on $0.00 charges is based on what is entered in the profile. ($0.00 charges are defined as charges that were entered initially with a charge amount more than $0.00, but the remaining balance on the charge at the time of claim creation is $0.00.)

    Notes
    When the **Create Sec/Ter on $0 Claim** prompt is selected in NetPractice Default Values (*System/Database Maintenance Menu*), the overall total amount of the claim is reviewed. If the overall total is $0.00, the claim will not be sent. When the **Create Sec/Ter on $0 Claim** prompt is not selected, if the individual line items within the claim are $0.00 and the overall remaining balance of all the charges within the claim is greater than $0.00, then the claim will be sent.

    For PQRI Reporting: PQRI is a special situation and will not be based on the $0.00 charge prompt in the Billing Profile. For PQRI, if the procedure code is "F" or "G" and the Medicare equivalent is in the NetPracticePM Integration Options or if the insurance policy has the Insurance Type field set up as "Commercial Medicare" or "Medicare" or if the Insurance Form type is "C," then the code will be sent on the claim.

    *****Action Required*****
    If you already have a custom program in place to include $0.00 procedures on your claims, then, during the upgrade, this prompt will be selected automatically. However, all clients are urged to review their billing profile to confirm this prompt is marked appropriately for their practice.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

PROCEDURE ENTRY

- **Insurance Action Column Function**

  On the Procedure Entry Summary screen, the Insurance Action Column function has been enhanced to accommodate 5010 claims. If claims for the carrier are being sent electronically, clicking the Insurance button places the claim into the current electronic claim file. If claims for the carrier are being sent on paper, clicking the Insurance button, prints out a copy of the paper form immediately.

  Note
  If the claim is for different claim formats (HCFA, UB, and so forth), clicking the Insurance action button places the claim into the paper claim file to be printed.

PATIENT

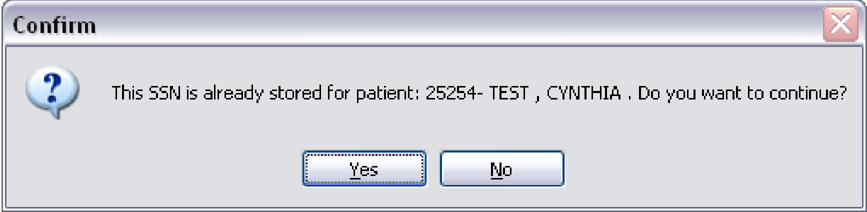
- **Checking for Duplicate Social Security Numbers**

  When adding or changing a patient's Social Security Number (SSN) in an existing patient record (from the Change Patient Data menu), you will now see a warning message if a duplicate SSN is detected. Additionally, if there is more than one patient with the same SSN, you will see a warning message for you to respond to for each of the matching patients and their account numbers.

  Previously, you would see a warning message only if a duplicate SSN was detected when saving from the Patient Name and Address Information screen during Patient Registration and you would see only one warning message for the first match, if more than one patient/account had the same SSN.

  If you see the warning message when changing patient data, you will proceed as you currently do when you see the message while registering a new patient:

  - Click "Yes" to accept the duplicate SSN in the current patient account and continue saving the record.
  - Click "No" to cancel the action so you can remove or change the SSN in the current patient account.



- **Chiropractic DMS Record – Nature of Condition Field**

  The **Nature of Condition** field on the Chiropractic DMS (Data Management System) Record (which also can be added via an Attachment through the *Procedure Entry* function) has changed to accommodate additional codes required for 5010. The field is now a drop-down list from which you will select from the following items:

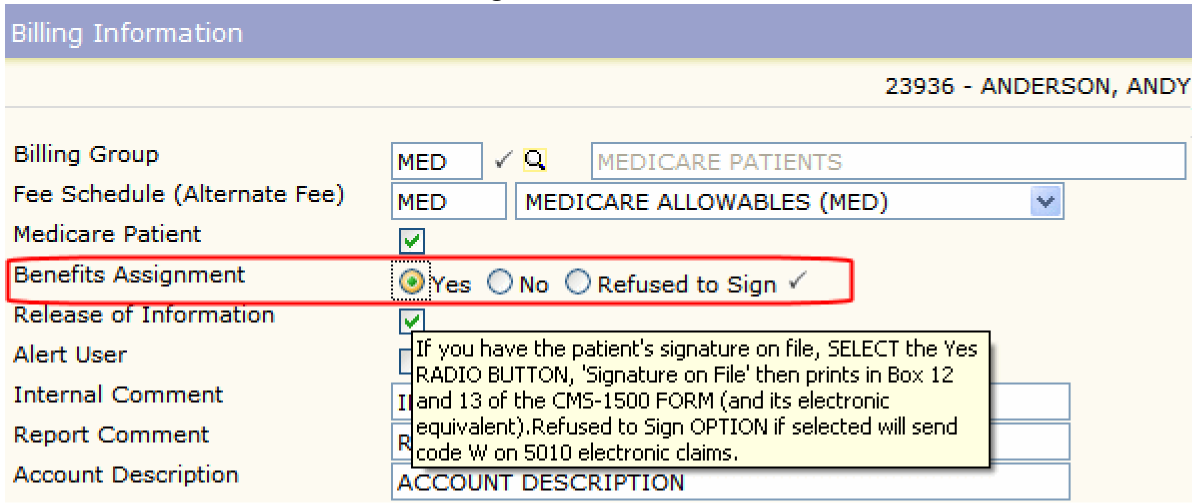
  - **Acute Condition**
  - **Chronic Condition**
  - **Non-Acute**
  - **Non-Life Threatening**
  - **Routine**
  - **Symptomatic**
  - **Acute Manifestation of Chronic Condition**

  [Previously, the field included three option buttons: Acute, Manifestation, and Chronic.]

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.
Synchronizing Healthcare

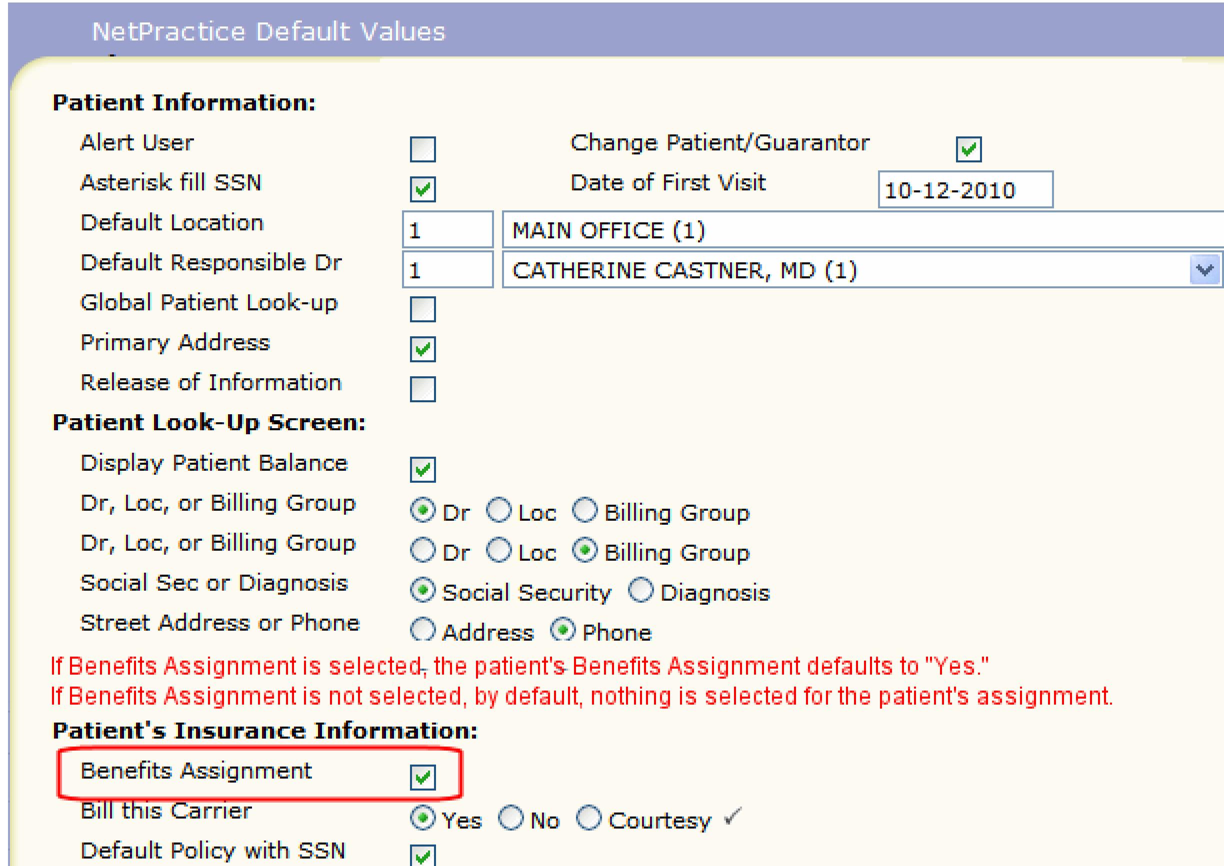
- **Benefits Assignment – "Refused to Sign" Option**

  On the patient's Billing Information screen, the **Benefits Assignment** field has changed to accommodate the ability to designate "Refused to Sign." Specifically, rather than a check box, the field now has three option buttons from which to select: **Yes**, **No**, or **Refused to Sign**.



Note that, when a new patient is registered, Benefits Assignment will default to "Yes" on the Billing Information screen, if the **Benefits Assignment** check box is selected on the **NetPractice Default Values** screen. You may override the default by selecting either of the other option buttons.

If the Benefits Assignment check box is not selected (on the NetPractice Default Values screen), then nothing will be selected, by default, on the Billing Information screen when a new patient is registered. Therefore, you will need to make a selection from the three options on Billing Information screen.



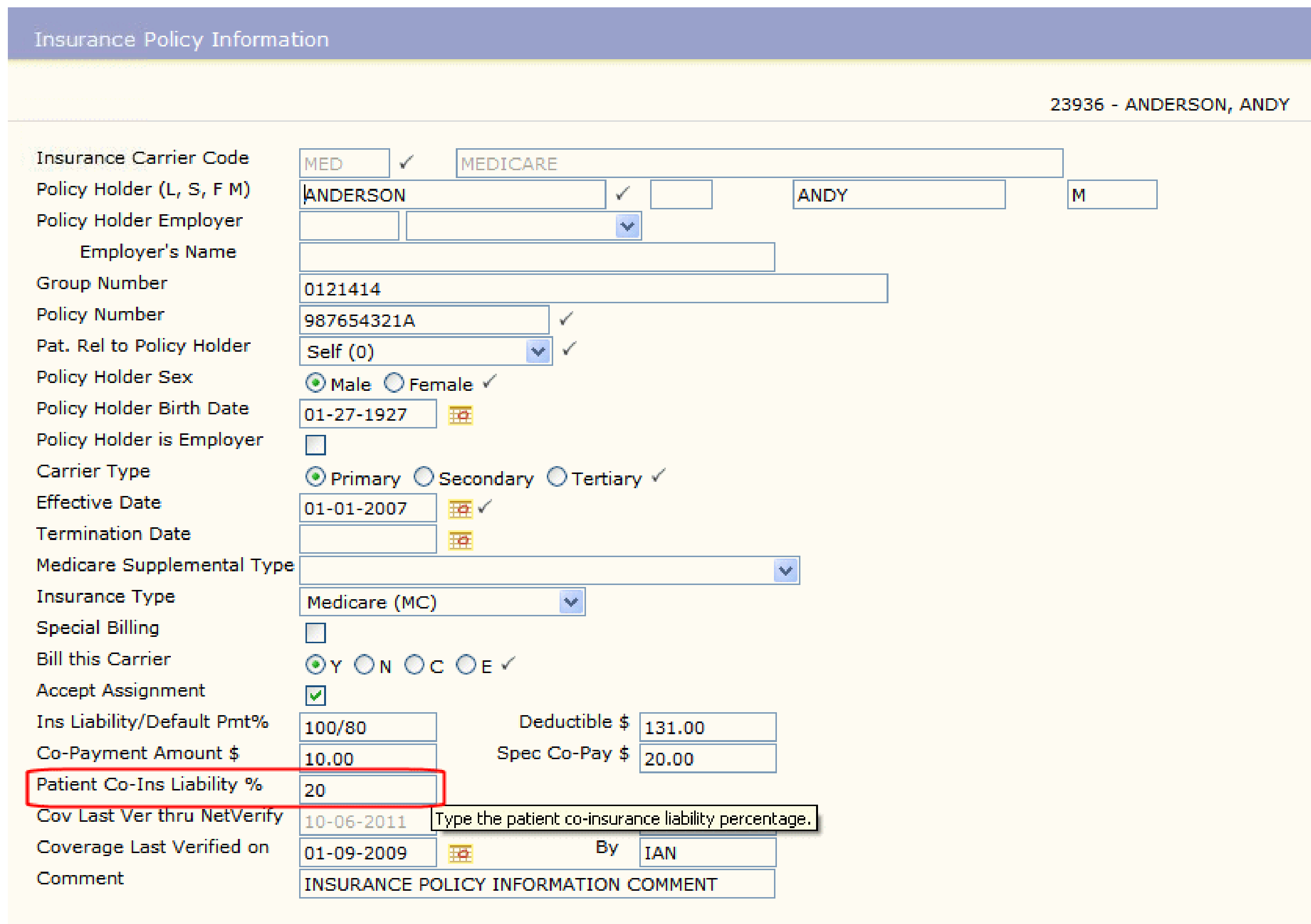
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Patient Transaction History – Display Encounter Diagnosis Codes**

  The encounter diagnosis codes have been added to the expanded details of each procedure line item in the **Patient Transaction History** screen. To view the encounter Dx's, click the plus sign (+) on the corresponding procedure line item.

- **Patient Co-Insurance Liability %**

  A new field, **Patient Co-Ins Liability %**, has been added to the patient's **Insurance Policy Information** screen. The new field appears below the **Co-payment Amount $** field, and, if the carrier is a Medicare carrier (Insurance Form 'C'), the value defaults to 20%. You may override any value that appears automatically by typing in a new value—any decimal number greater than 0, but not greater than 100.

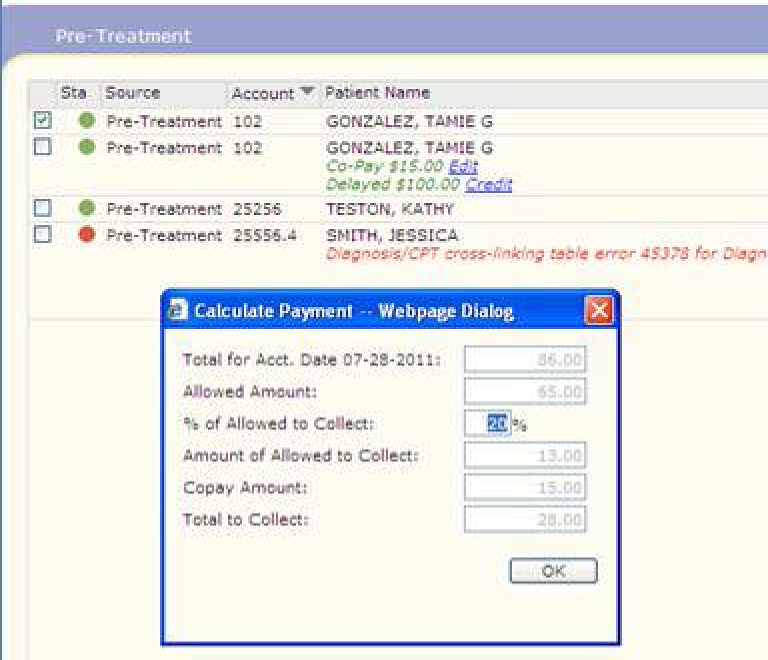


The percentage entered in this field appears on the **Patient Check In/Check Out** detail screen and is used to calculate payment when using the *Calculate Payment* and *Collect Payment* functions in Patient Check In/Out. The percentage is used to calculate the patient co-insurance based on the allowed amount for the procedure code based on the fee schedule that is attached to the carrier or patient.

Note
If there is a case attached to the appointment, the percentage is calculated from the allowed amount for the case carrier.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

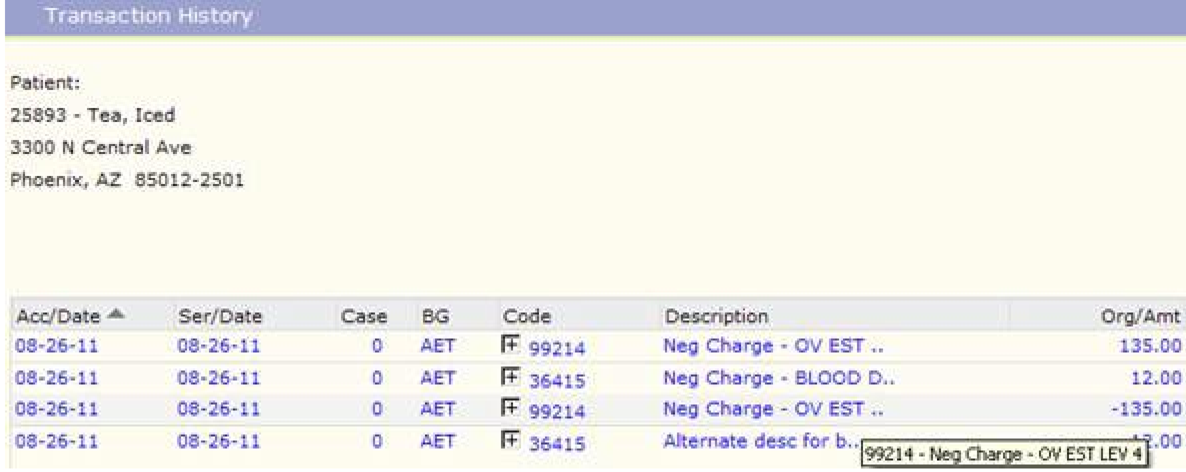
The percentage also is used in the *Pre-Treatment* function—specifically, in the Calculate Payment box. I t will populate the **% of Allowed to Collect** box and be the basis for calculation of the **Amount of Allowed to Collect** value.



- **Negated Charges**

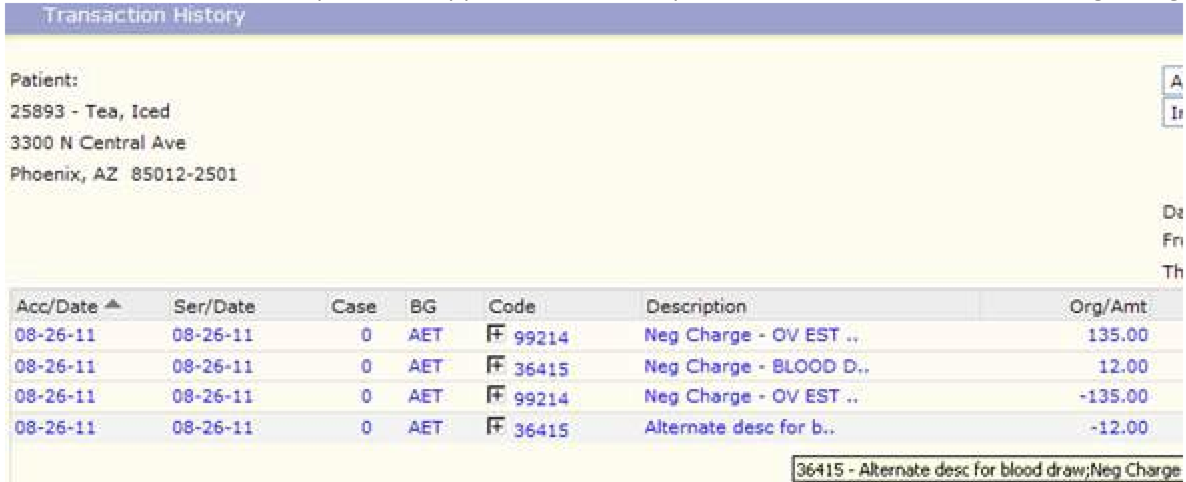
  When a charge is negated, the original charge's description will now appear in a ToolTip when you hover over the original charge in the **Transaction History** screen. This will help you understand the history of a charge. Previously, after negating a charge, you would see "Negated Charge" without the original description.

  Now the ToolTip for both the negated charge and the original charge will include "Neg Charge" along with the CPT code and description.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

If an alternate description is used for the CPT when posting either, or both, of the original or negated line items, then the alternative description will appear in the ToolTip for that item, before the text "Neg Charge."



Transaction History

Patient:
25893 - Tea, Iced
3300 N Central Ave
Phoenix, AZ 85012-2501

Acc/Date	Ser/Date	Case	BG	Code	Description	Org/Amt
08-26-11	08-26-11	0	AET	99214	Neg Charge - OV EST ..	135.00
08-26-11	08-26-11	0	AET	36415	Neg Charge - BLOOD D..	12.00
08-26-11	08-26-11	0	AET	99214	Neg Charge - OV EST ..	-135.00
08-26-11	08-26-11	0	AET	36415	Alternate desc for b..	-12.00

36415 - Alternate desc for blood draw;Neg Charge

The descriptions also will show on the **Transaction History Detail** screen and when printing the Procedure Journal.

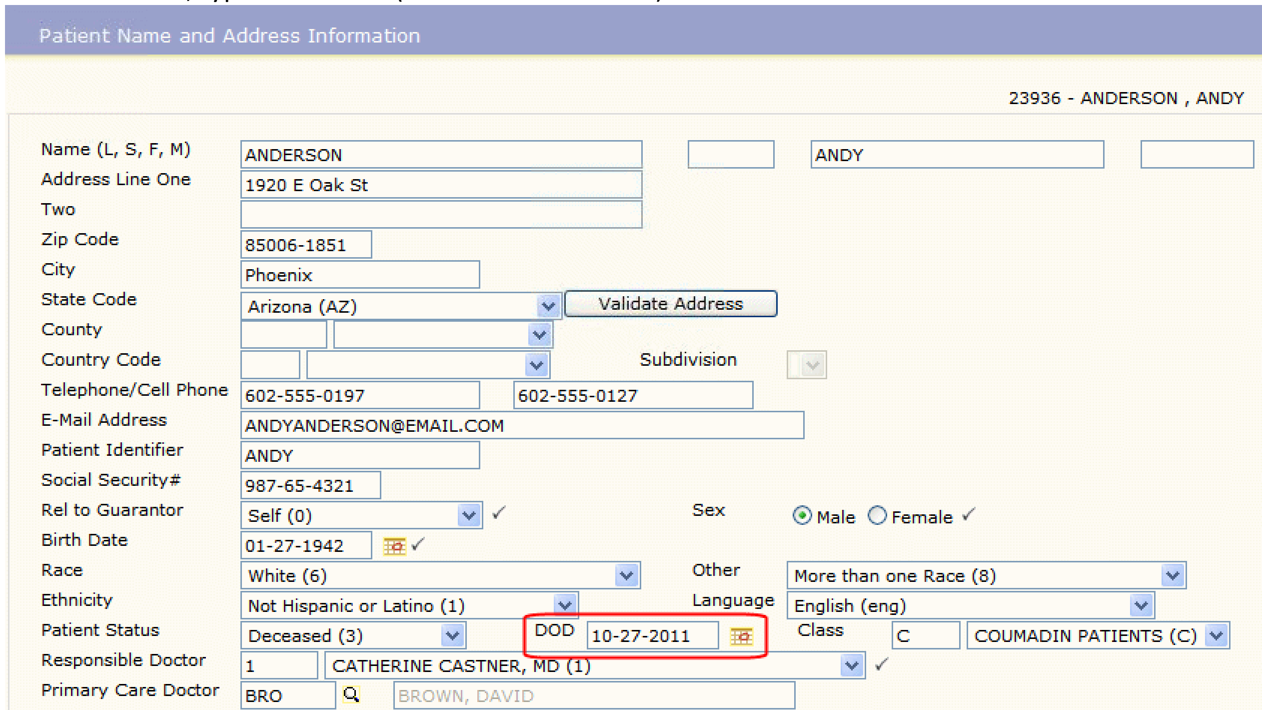
```
Oct 21, 2011                              Eastside Medical                                              Page 1
                                      Posted Procedures Journal
                                   From 08-26-2011 Through 08-26-2011


                                                 Acct       Service    Procedure  P/I     LC                                  Charge
ID#     Patient Name   (Guarantor Name)          Date       Date       Code       DR      CD   Diagnosis             Mlt     Amount
-----------------------------------------------------------------------------------------------------------------------------------
25893   Tea, Iced                              08-26-2011 08-26-2011 99214        1/1     1    100.89                1     135.00
                                                                     Neg Charge - OV EST LEV 4
                                               08-26-2011 08-26-2011 36415        1/1     1    100.89                1      12.00
                                                                     Neg Charge - BLOOD DRAW
                                               08-26-2011 08-26-2011 99214        1/1     1    100.89                1    -135.00
                                                                     Neg Charge - OV EST LEV 4
                                               08-26-2011 08-26-2011 36415        1/1     1    100.89                1     -12.00
                                                                     Alternate desc for blood draw:Neg Charge

                Total Charges for 08-26-2011                                                                 0           0.00*


                Grand total of charges                                                                   0               0.00**

                Hash Total: 31258

                Grand total of charges                                                                       0           0.00**

                Hash Total: 0

End of Report.  Reports/ Journals/Procedure
Requested by MGR and completed at 3:53PM on Oct 21 2011
```

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

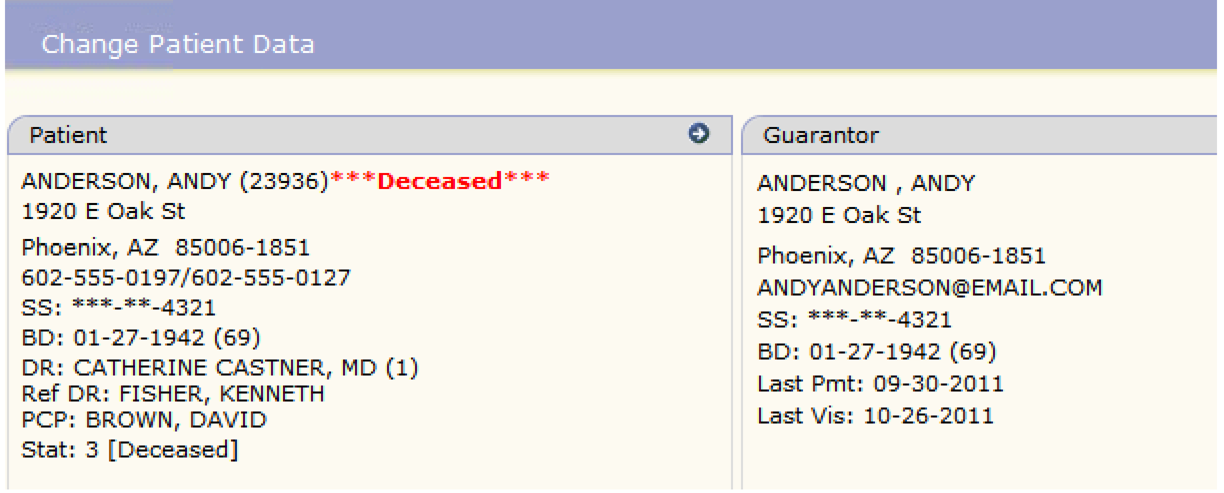
- **Deceased Patients**

  You now will be able to record the patient's Date of Death (DOD), and it will be easier to tell when a patient is deceased.

  - The **Patient Name and Address Information** screen now includes a new **DOD** field to record the Date of Death when the patient's status is "Deceased." The new, optional field appears next to the Patient Status field. To record the date, type in the field (format *MM-DD-CCYY*) or click the calendar icon to select the date.



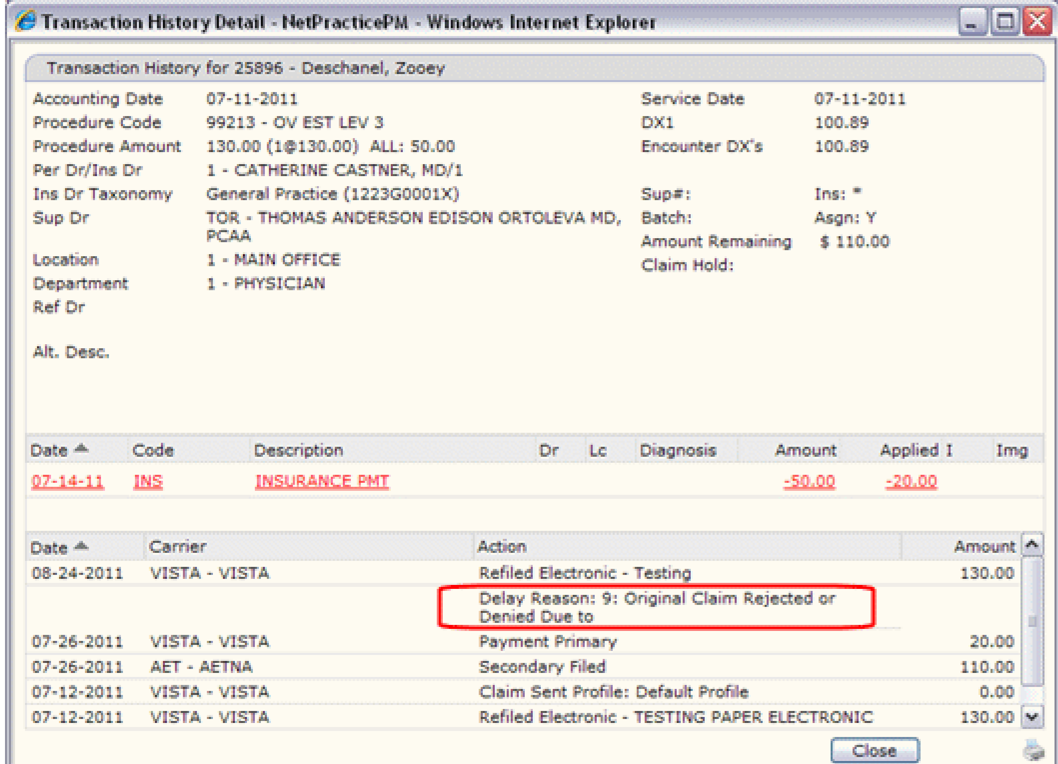
  - To better alert you when you are accessing a deceased patient's record (patient status is Deceased), *****Deceased***** will appear in red, bold typeface next to the patient name throughout the application.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Delay Reason Description**

  The reason for delaying a claim (the code and the reason description) will now appear in the Insurance ledger portion of the patient's **Transaction History Detail** screen. (For longer descriptions, the first 40 characters of the description will appear.) Previously, only the code appeared at the top part of the screen.

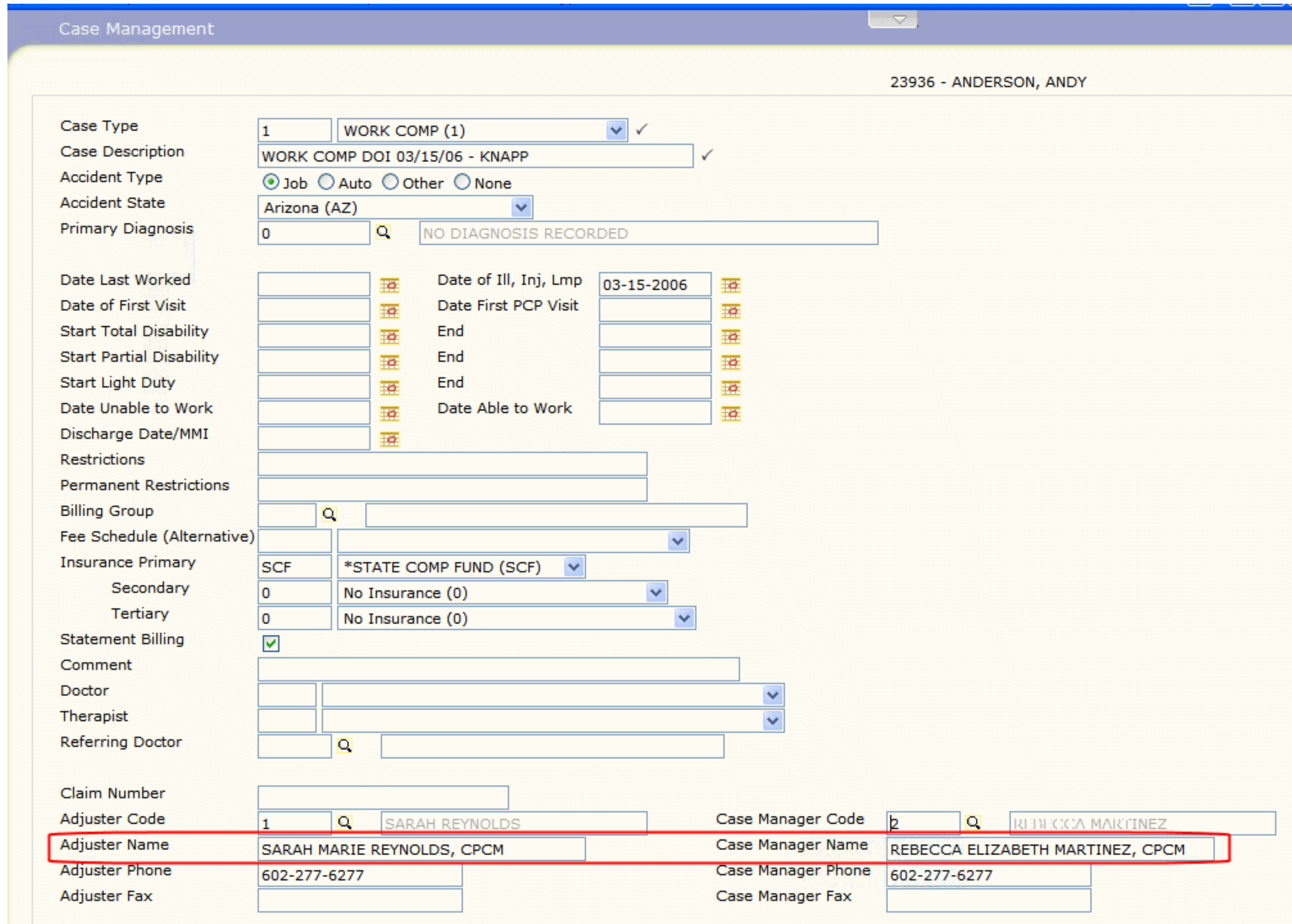


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Case Management Screen – Case Manager and Adjuster Names**

  On the **Case Management** screen, the **Adjuster Name** and **Case Manager Name** fields have been expanded to display the full name as entered in the Case Manager/Adjuster Table. The first, middle, and last names and any suffix will now pull into the Name fields. Previously, only the last name of the selected adjuster or case manager would appear in the **Adjuster Name** and **Case Manager Name** fields.

  Up to 40 characters will appear in the field; for longer names, you may scroll over to the right to see more. If you are typing a name directly into the field rather than using the table lookup, you may enter up to 130 characters in each Name field.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Patient Account Auditing (Demographic Look-Up Changes)**

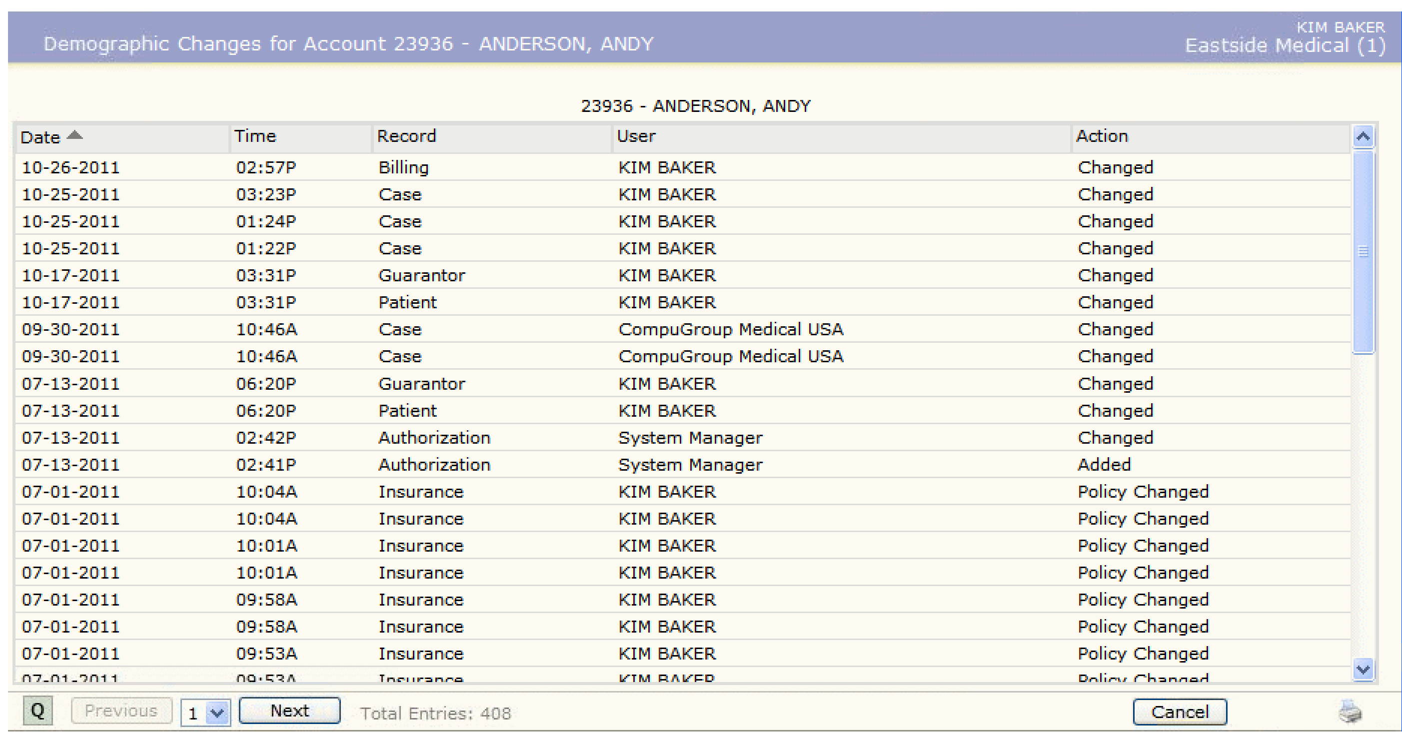
  Auditing of patient account information has been expanded. In addition to patient, insurance, billing, and guarantor information, auditing now includes changes to patient (non-custom) DMS (Data Management System) records, recalls, referrals, authorizations, case management, service scripts, and employers.

  All of the changes to patient account records that now are audited appear on the **Demographic Changes** screen (*System/File Maintenance Menu/Look-Up Functions/Demographic Look-Up*), which also has been enhanced.

  Previously, to view the list of changes, after selecting the patient account, you would specify a date range and then select from one of five categories of information to review —namely, Insurance Policy Information, Patient Information, Guarantor Information, Billing Information or All Demographic Information (to see all changes at once).

  Now, once you select the patient, the **Demographic Changes** screen appears immediately showing a summary list of all of the changes. Each entry in the list indicates the date and time of the change, the record affected, the user who made the change, and the type of change or action ("Added," "Changed," or "Deleted").

  By default, the changes are sorted in reverse-chronological order; click any of the column headers to change the sort. Use the scroll bar or pagination buttons (**Previous**, **#**, **Next**) at the bottom of the screen to move through the list.



Demographic Changes for Account 23936 - ANDERSON, ANDY
KIM BAKER
Eastside Medical (1)

23936 - ANDERSON, ANDY

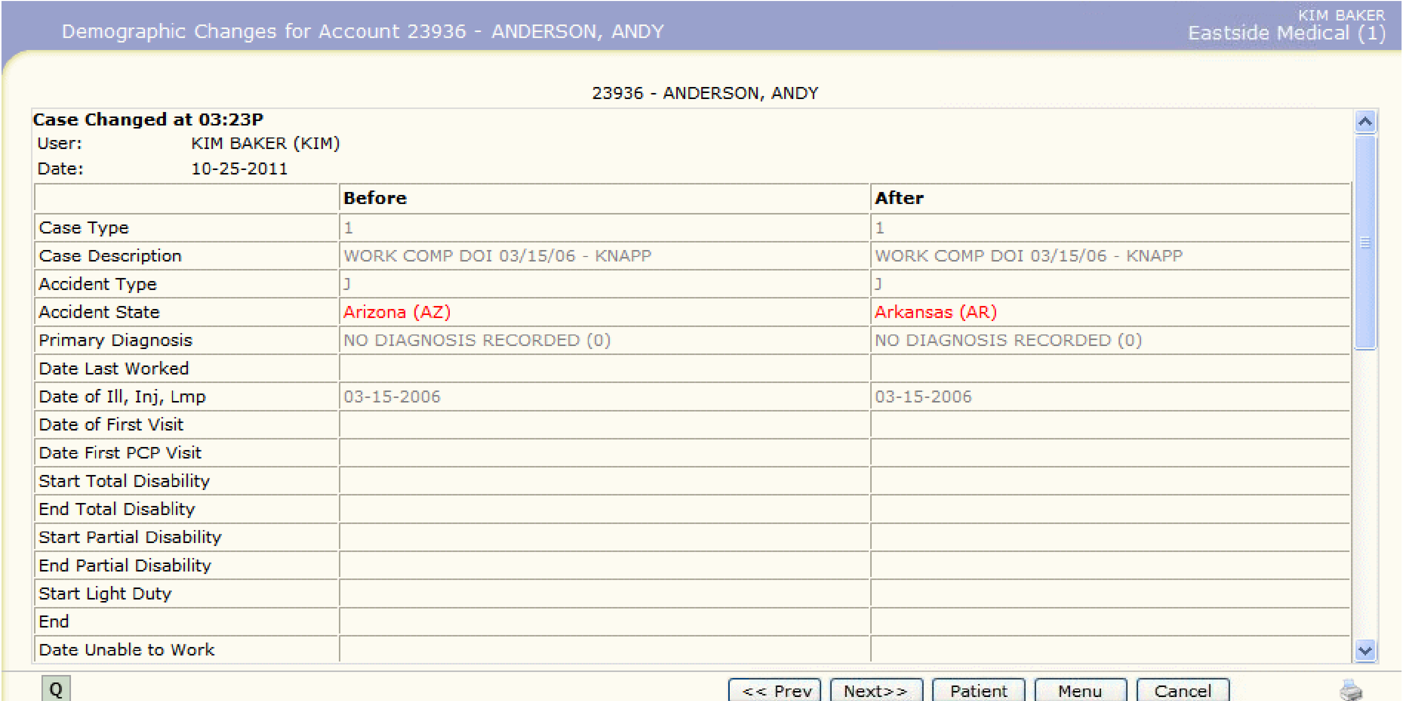
Date	Time	Record	User	Action
10-26-2011	02:57P	Billing	KIM BAKER	Changed
10-25-2011	03:23P	Case	KIM BAKER	Changed
10-25-2011	01:24P	Case	KIM BAKER	Changed
10-25-2011	01:22P	Case	KIM BAKER	Changed
10-17-2011	03:31P	Guarantor	KIM BAKER	Changed
10-17-2011	03:31P	Patient	KIM BAKER	Changed
09-30-2011	10:46A	Case	CompuGroup Medical USA	Changed
09-30-2011	10:46A	Case	CompuGroup Medical USA	Changed
07-13-2011	06:20P	Guarantor	KIM BAKER	Changed
07-13-2011	06:20P	Patient	KIM BAKER	Changed
07-13-2011	02:42P	Authorization	System Manager	Changed
07-13-2011	02:41P	Authorization	System Manager	Added
07-01-2011	10:04A	Insurance	KIM BAKER	Policy Changed
07-01-2011	10:04A	Insurance	KIM BAKER	Policy Changed
07-01-2011	10:01A	Insurance	KIM BAKER	Policy Changed
07-01-2011	10:01A	Insurance	KIM BAKER	Policy Changed
07-01-2011	09:58A	Insurance	KIM BAKER	Policy Changed
07-01-2011	09:58A	Insurance	KIM BAKER	Policy Changed
07-01-2011	09:53A	Insurance	KIM BAKER	Policy Changed

Q Previous 1 Next Total Entries: 408 Cancel

To display the details of the change(s) that were made to a particular record (at the date and time indicated), click the entry on the list.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

As in previous versions, the **Before** column indicates the value before the record was edited; the **After** column indicates the value after the edit. Values that have changed appear in red.


Demographic Changes for Account 23936 - ANDERSON, ANDY

KIM BAKER
Eastside Medical (1)

23936 - ANDERSON, ANDY

Case Changed at 03:23P
User: KIM BAKER (KIM)
Date: 10-25-2011

	Before	After
Case Type	1	1
Case Description	WORK COMP DOI 03/15/06 - KNAPP	WORK COMP DOI 03/15/06 - KNAPP
Accident Type	J	J
Accident State	Arizona (AZ)	Arkansas (AR)
Primary Diagnosis	NO DIAGNOSIS RECORDED (0)	NO DIAGNOSIS RECORDED (0)
Date Last Worked		
Date of Ill, Inj, Lmp	03-15-2006	03-15-2006
Date of First Visit		
Date First PCP Visit		
Start Total Disability		
End Total Disablity		
Start Partial Disability		
End Partial Disability		
Start Light Duty		
End		
Date Unable to Work		

Q << Prev | Next>> | Patient | Menu | Cancel

When the change is the addition of the record, "No Previous Record" appears in the **Before** column.

XRAY Information Added at 11:38A
User: System Manager (MGR)
Date: 08-01-2011

	Before	After
X-Ray Number	(No Previous Record)	123456789
Exam		Ankle
Doctor Name		Catherine Caster, MD

When the change is the deletion of a record, "No Existing Record" appears in the **After** column.

XRAY Information Deleted at 11:38A
User: System Manager (MGR)
Date: 08-01-2011

	Before	After
X-Ray Number	123456789	(No Existing Record)
Exam	Ankle - Possible Break	
Doctor Name	Catherine Caster, MD	

Note
The auditing of changes to the DMS records and the recalls, referrals, authorizations, case management, service scripts, and employers information will start with the first change made after your system is upgraded to this version. Changes to this information made prior to this upgrade will not appear in the Demographic Look-Up.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

You still will use the **Cancel** button to exit the detail screen and return to the changes summary list for the patient. For easier navigation, though, four new buttons have been added to the bottom of the **Demographic Changes** detail screen.

Button	Function
<< Prev	Click to navigate to the previous record of the same type. For example, if you are looking at the detail for an XRAY record, click the **<<Prev** button to view the detail for the previous XRAY record change. If there are no other records of that type in the list, clicking the button functions like the Cancel button and returns you to the changes summary list.
Next>>	Click to navigate to the next record of the same type. For example, if you are looking at the detail for an XRAY record, click the **Next>>** button to view the detail for the next XRAY record change. If there is no other record of that type in the list, clicking the button functions like the Cancel button and returns you to the changes summary list.
Patient	Click to go back to the patient look-up search screen so you can find or select a new patient record to review.
Menu	Click to go to the System menu.

- **Transaction History – Encounter View**

In the patient's transaction history, there is now a new view option called "Encounter." Use the "Encounter view" to show transaction history grouped by encounter by accounting date. Encounters within the same accounting date are separated further by performing provider and location.

Note
The first time the Transaction History for a patient is accessed (either via Change Patient Data or Review Patient Information), the system converts all charges to encounters. Therefore, it make take a few extra seconds for the Transaction History screen to open—depending on the number of charges being converted.

Tip
To set the new Encounter View as the default view when you open a patient's transaction history, go to NetPractice Default Values. In the **Default Review Format** list, select **Encounter View**.

To access the Encounter view

1. On the **Patient Menu**, click **Change Patient Data**.
2. Look up the patient account, and select the patient.
   The Change Patient Data screen appears.
3. In the Action column, click **History**.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

4. On the **Transaction History** screen, click **Encounter** in the view drop-down list.

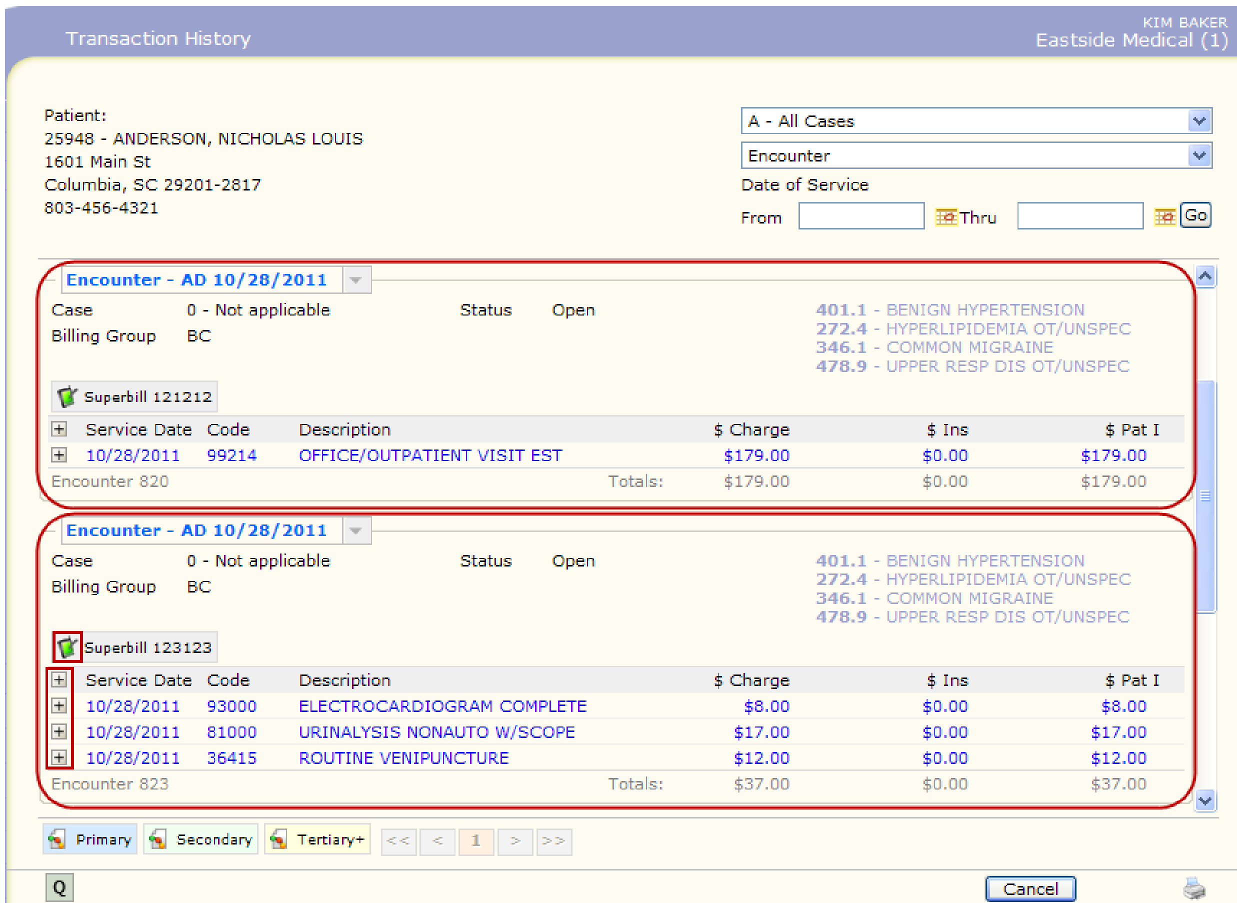
The screen changes to the Encounter view; each encounter group shows all of the procedures, diagnoses, payments, adjustments, and so forth for that encounter. At the top of each encounter grouping, you will see the status for the encounter: Open, Voided, or Negated.

Open The encounter is posted and is not voided or negated.

Voided The encounter has been reversed.

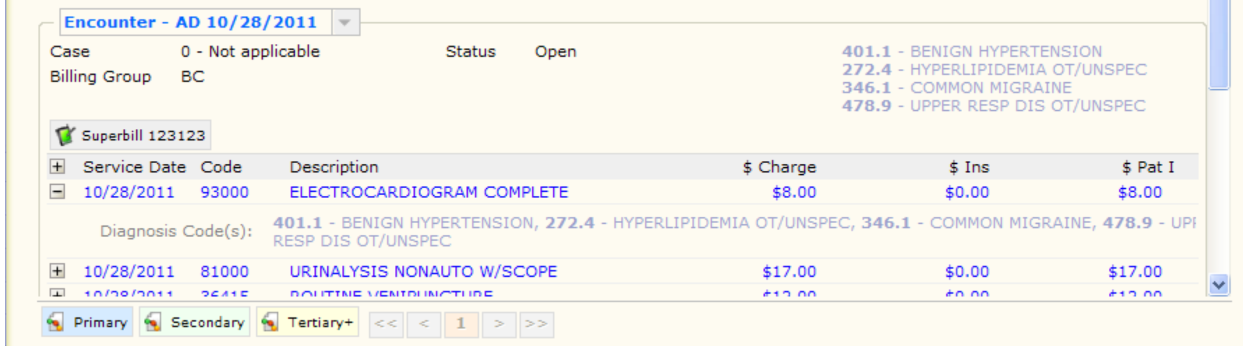
Negated The encounter has been negated.

Note
This status pertains to the encounter only and not to the claims associated with the encounter.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

5. To expand a line item and review the diagnosis codes attached to it (along with any payments and adjustments applied), click the ⊞ sign to the left of the line item.



Tip
To expand all line items within the encounter at once, click the ⊞ sign to the left of the encounter column heading.

About the Tabs

Depending on the encounter, different tabs may appear at the top of each encounter group.

Tab Name	Description
Superbill Tab Superbill 123123	If your practice uses E-Superbill, click the Superbill tab, to view the E-Superbill.
Claim Tab	If the encounter has a 5010-generated claim associated with it, a tab appears for that claim. (If there are multiple 5010 claims for the encounter, multiple tabs appear.) The color of the tab indicates whether it was a primary, secondary or tertiary claim. Point to the tab to view a ToolTip with some information about the claim, including the current status: ▪ Replaced or Removed - Charges for this claim have been replaced or removed. ▪ Void - Charges for this claim have been reversed. ▪ No Carrier - No effective carrier on the account for this claim. ▪ In Process - Before *Create Insurance* is performed. ▪ Locked - After *Create Insurance* is performed. Claim is in current file ready to be printed or sent.

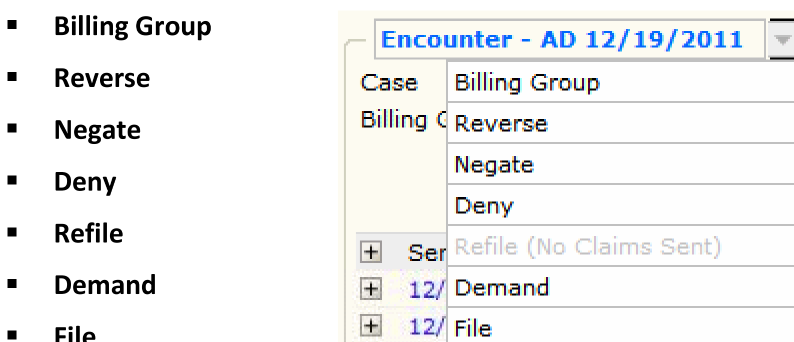
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Tab Name	Description
	▪ Exception - This claim is on the exception report. ▪ Hold - A Claim Hold date has been placed on this claim. ▪ Sent - Claim has been sent/printed. ▪ Do Not File - Insurance Carrier or Procedure has been marked as "do not bill to insurance." ▪ Negated - Charges for this claim have been negated. ▪ Deny - Claim has been denied. To view the claim detail, click the tab. **Tip** Click the claim tab to view the claim.
Authorization Tab	If the encounter has an authorization associated with it, the Authorization tab appears. To view the Authorization details, click the tab.

Encounter Actions

Next to the encounter name, click the DOWN ARROW to access the actions that may be performed on the entire encounter:

- **Billing Group**
- **Reverse**
- **Negate**
- **Deny**
- **Refile**
- **Demand**
- **File**



Actions that are not applicable for the encounter will appear unavailable for selection (grayed out) in the drop-down list. For example, if the claim already has been sent or a billing period is closed, the **Reverse** action will appear unavailable, because you may not reverse the charge; you must negate instead. If the encounter does not have an insurance balance, the **Deny** action will not be available. When a particular action is unavailable, the reason it is unavailable is shown in parentheses next to the action—for example, Refile (No Claims Sent).

Tip
To perform an action on a specific charge line item, click the Encounter to enter the *Edit an Encounter* function and select the individual action to take on the line item.

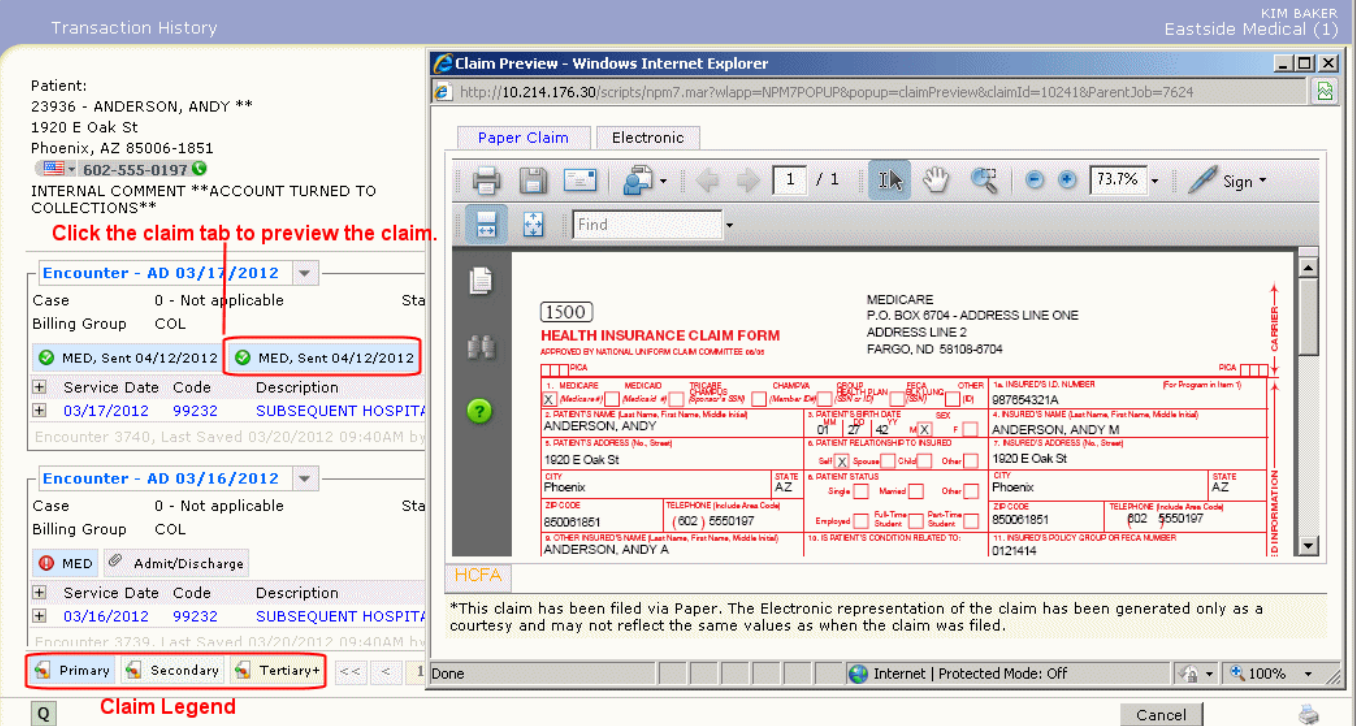
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Viewing Claims

You may view a 5010 claim for a particular encounter by clicking the appropriate tab. (If there are multiple 5010 claims associated with the encounter, you will see multiple tabs—one corresponding to each claim.)

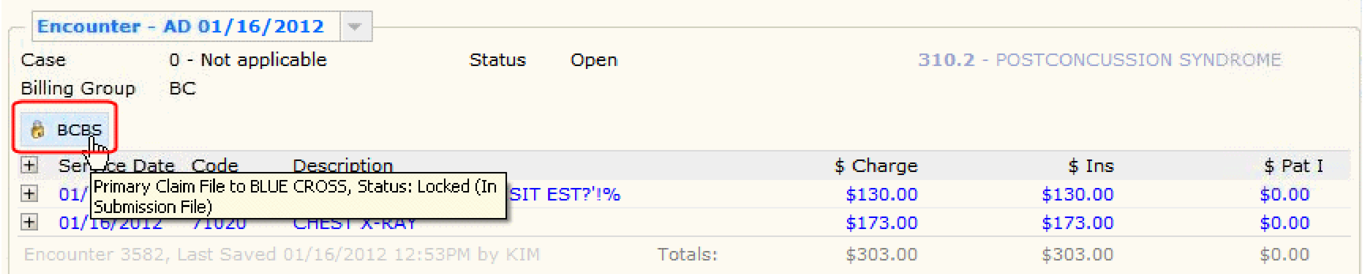
Note

If a Payer has been set up for 5010 electronic claims (as noted in the **5010 Format** field in *Maintain Insurance Carriers*), then you will be able to preview paper claims for that payer. Otherwise, to view the paper claim, **Enable Paper Claim Editor and Alignment Functions (PDF)** must be selected in your **NetPracticePM Integration Options**. For instructions reference the section, "Enabling the Paper Claim Editor and Alignment Functions" in this document.



The lower-left corner of the Encounter View provides a color legend to easily identify those primary, secondary, and tertiary+ claims. Note that these are not active buttons; they are a color legend to use as a guide for quickly identifying the type of claim.

Point your mouse to a claim tab to view information about the claim.



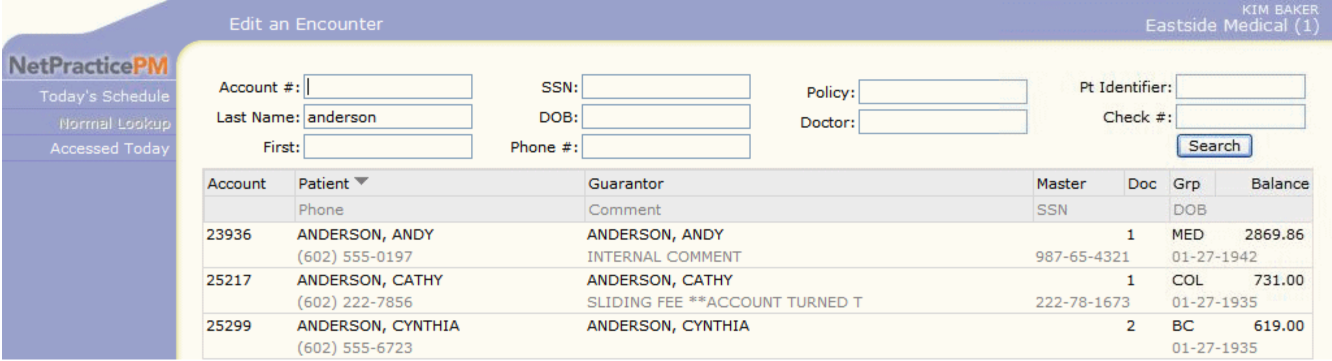
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Editing an Encounter**

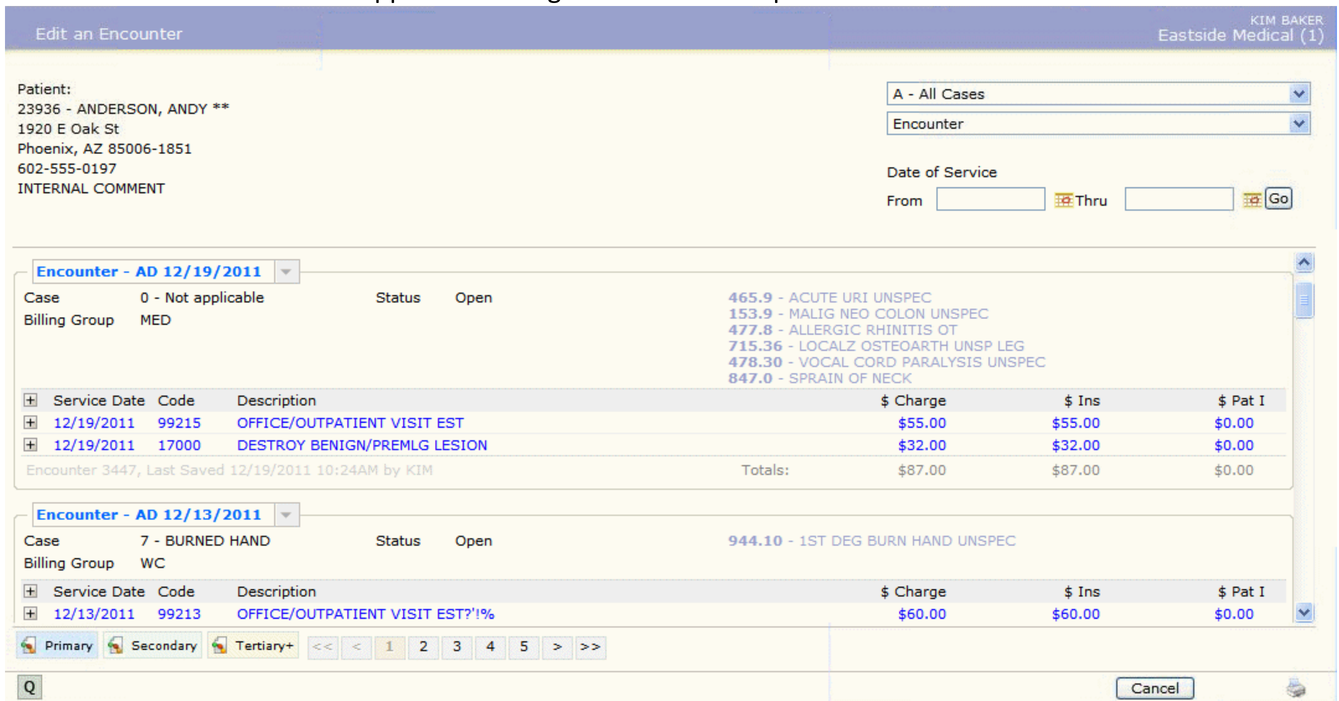
  There is a new *Edit an Encounter* function that replaces the *Edit a Transaction* function and includes additional functionality. On the new **Edit an Encounter** screen, you may edit items for the encounter, add attachments, add cases, and so forth.

  To edit an Encounter

  1. From the **Transactions Menu**, select **Edit an Encounter.**
     The standard patient look-up search screen appears.
  2. Enter your search criteria, and click **Search**.



  3. In the results list, click to select the patient.
     The **Edit an Encounter** screen appears showing a list of all of the patient's encounters.

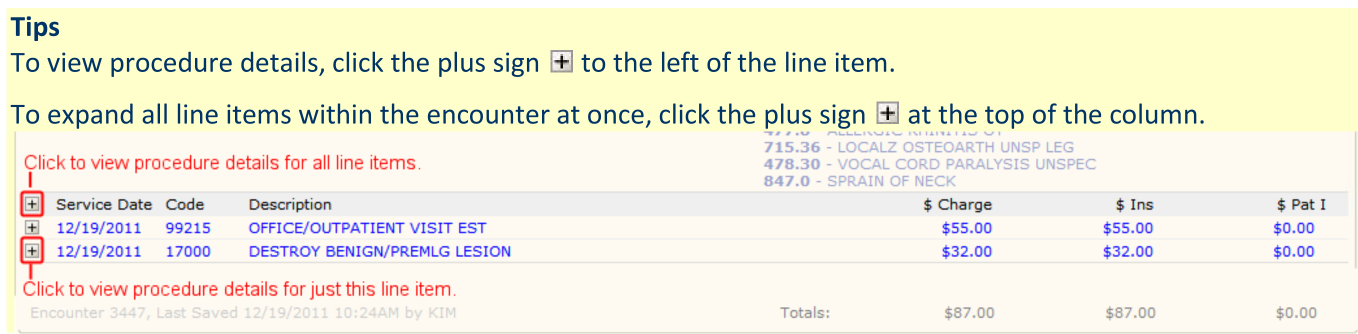


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Tips

To view procedure details, click the plus sign ⊞ to the left of the line item.

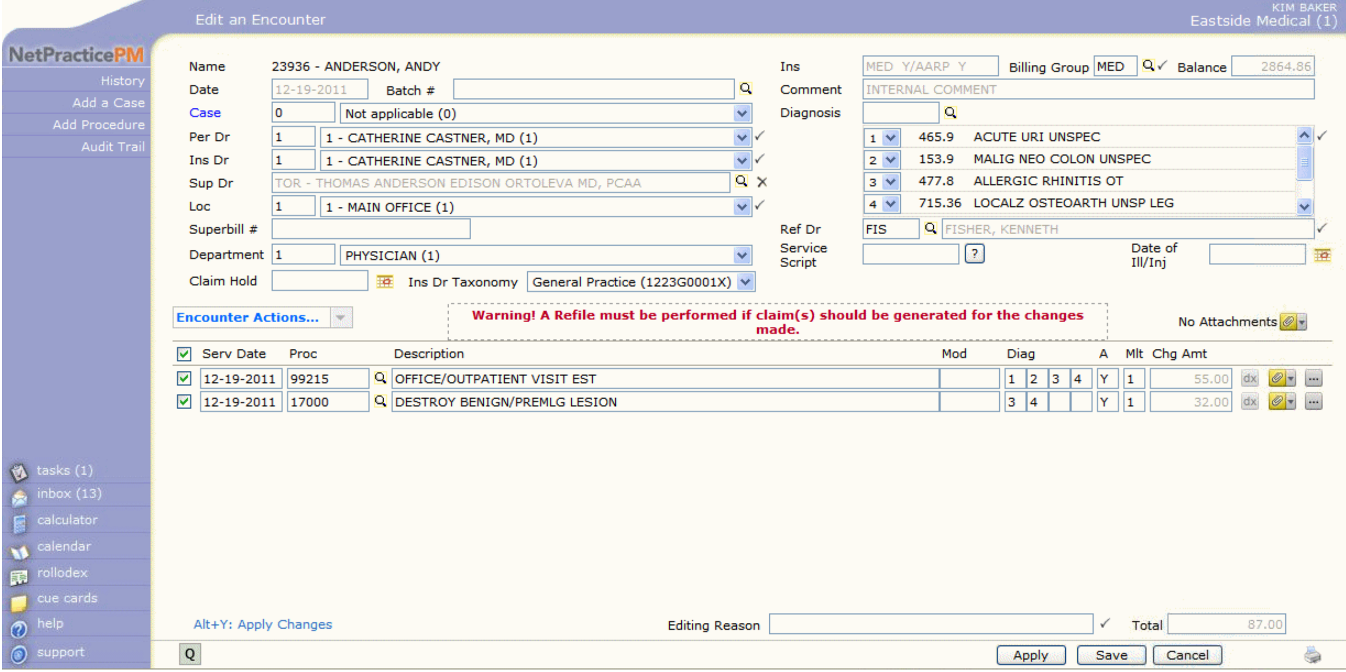
To expand all line items within the encounter at once, click the plus sign ⊞ at the top of the column.



4. Use the scroll bars or the pagination buttons at the bottom of the screen to navigate through the patient's list of encounters.

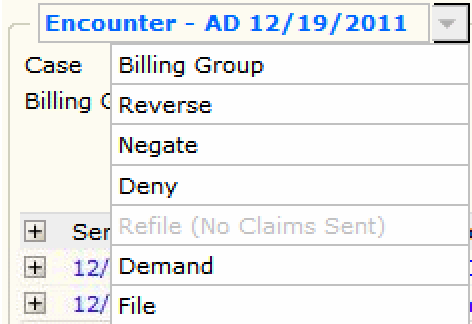
5. To edit an encounter, click directly on the encounter name in the Encounter actions field.

The details for that particular encounter appear.

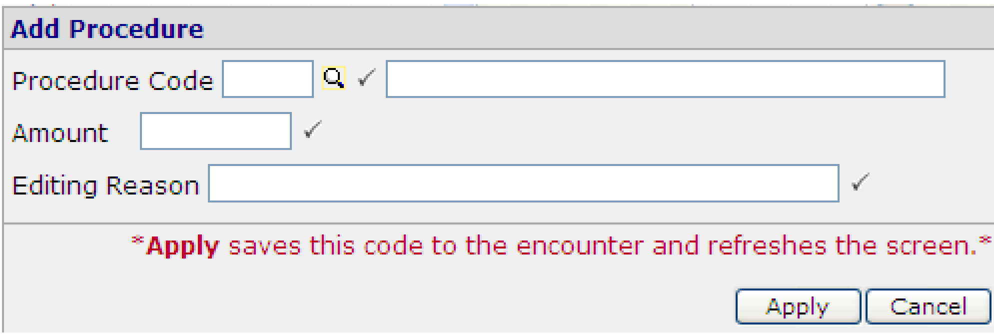


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

6. To perform a negate, reverse, deny, or demand action on one or more item(s), select the check box to the left of the item(s) and click the down arrow next to the **Encounter Actions** drop-down list.
   Only the actions applicable to the line items(s) are available for selection. Actions that are not applicable will appear inactive (grayed out) in the drop-down list. For example, if the encounter does not have an insurance balance, the **Deny** action will not be available. When a particular action is inactive, the reason it is inactive is shown in parentheses next to the action—for example, **Deny (No Insurance Balance)**.

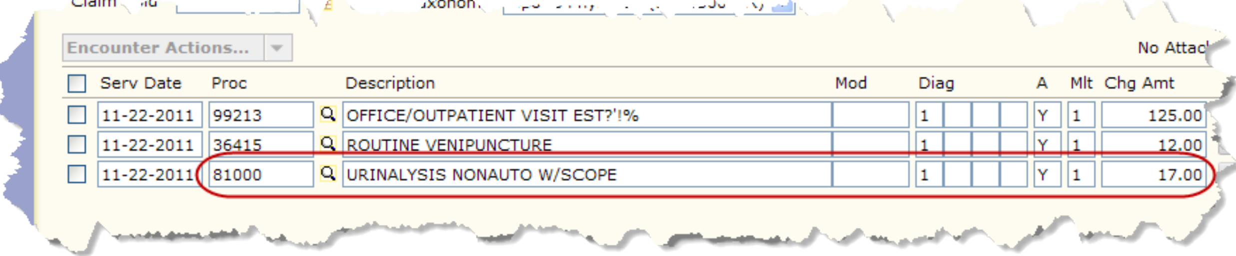


7. To add a procedure, in the Action column, click **Add Procedure**.
   The **Add Procedure** window opens where you will enter a procedure code or use the standard search function to search for a code.



8. Do one of the following:
   - To add the selected procedure code to the encounter, click **Apply**.
   - To close the **Add Procedure** window without adding a code to the encounter, click **Cancel**.

   The added procedure appears below the previously entered procedure(s) on the encounter.

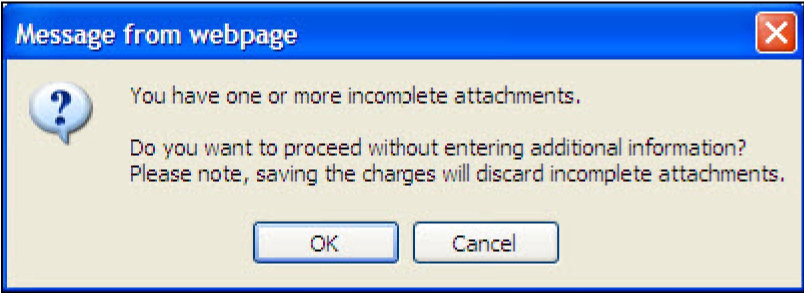


9. After making all desired changes or adding one or more procedure(s), you must record why the encounter was edited. At the bottom of the screen, in the **Editing Reason** box, type a *reason*, and then click **Save**.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

10. If the attachments warning message displays, do one of the following:

    - To close the message window and remain on the **Edit an Encounter** screen to complete any required attachments, click **Cancel**.
    - To continue with the save action, click **OK**.



Tips
For a list of what triggers an attachment, please reference Appendix A.

You also may edit an encounter when viewing History in other views by selecting a charge and selecting the **Edit a Charge** action.

- **First Name Requirement**

There is a new 5010 claim requirement for professional, institutional, and dental claims which states that, when an entity's legal name is a single name, the first name must be blank and the single name must be reported in the last name field. If the patient/entity has a single legal name, it is no longer acceptable to have something like "No First Name" appear in a first name field. This is true for the following entities: Submitter, Billing Provider, Subscriber, Patient, Guarantor, Attending Provider, Operating Provider, Referring Provider, Rendering Provider, Supervising Provider, or Ordering Provider.

Due to this change in requirements, the **Patient Name and Address Information** screen and **Guarantor Information** screens no longer will require that the patient's first name be entered when registering or updating an account. A pass-thru was done to change the patient's first name field to a practice required field instead of a system required field, in case you still would like to require that all patients are entered with a first name.

To remove the requirement for the First Name field

1. Access the **Defaults, Fixed, and Required** settings for the **Patient Name and Address** screen.
2. For the **First Name** field, click to clear the check mark in the **Fixed** column.

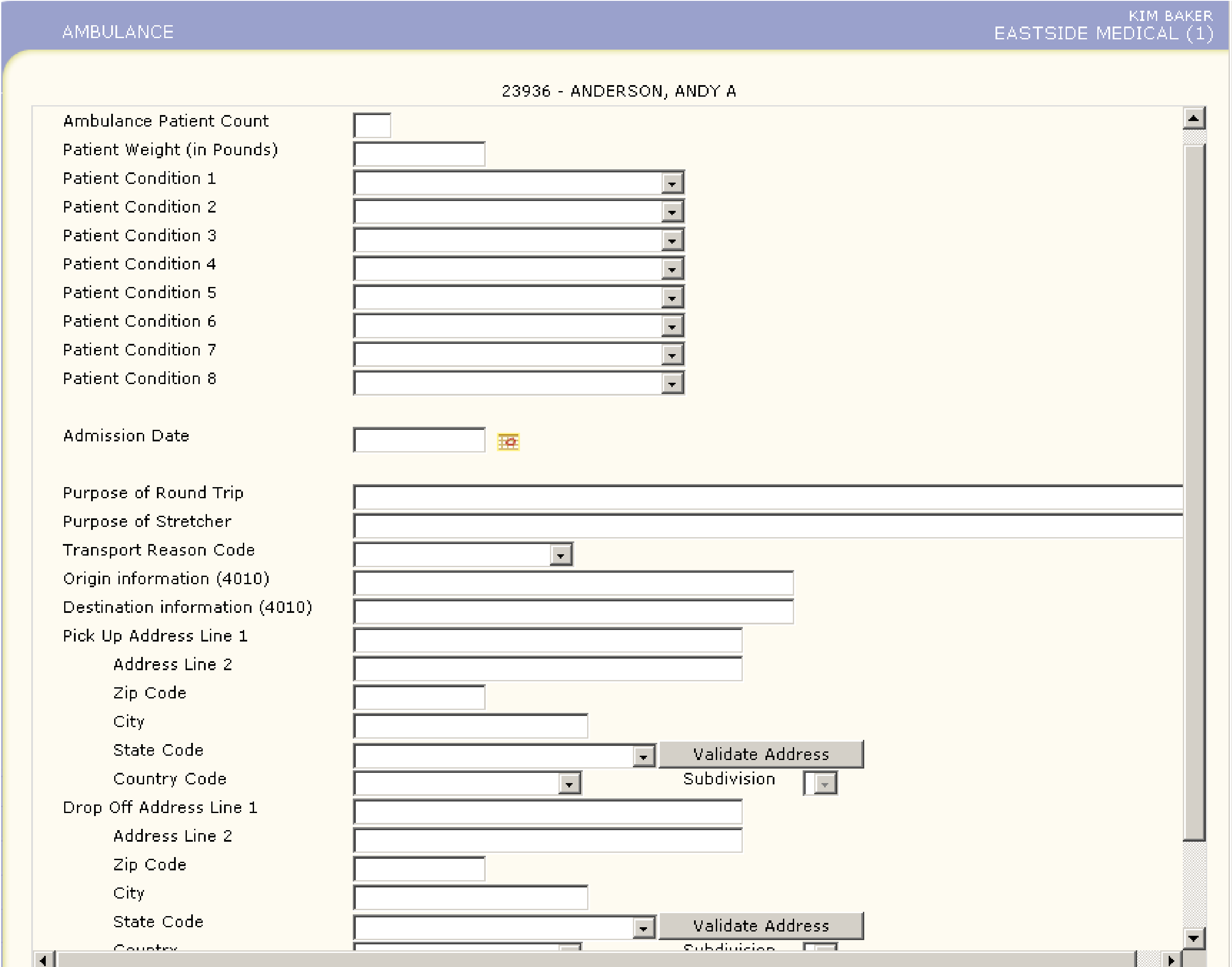
The Doctor Code Table and the Referral Source Table also have been updated so a first name is no longer required when adding or editing a doctor.

Note
If your practice utilizes WebPractice or an inbound demographic interface, the patient's first name still will be required since the inbound demographic interface requires the first name, last name, and DOB to be included in the file for NetPracticePM to determine if the demographic file belongs to an existing patient or if it is for a new patient. Removing this check has the potential to generate duplicate accounts within NetPracticePM since the interface engine and WebPractice will have no way of reliably matching patient demographics to existing accounts. If your practice wants the patient's first name to be removed as a required field from your inbound demographic interface, you must request this change through customer service and assume all risk that this change may cause. If this change is needed for WebPractice, it must be reviewed to determine if the modification can be made.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Ambulance DMS Record**

To comply with 5010 requirements and make it more user-friendly, the AMB-Ambulance DMS Record has been modified and enhanced.



New Fields

Field Name	Description
Ambulance Patient Count	An ambulance patient count is required when more than one patient is transported in the same vehicle for ambulance or non-emergency transportation services. Type in a whole number (2 – 9) to indicate how many patients were transported in the same vehicle. (The ambulance patient count is reported in a QTY segment (QTY02) of the 2400 loop.)

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Field Name	Description
Patient Condition	You may specify up to eight (8) different patient condition codes on a claim. Select from the drop-down lists to indicate as many conditions as are applicable. (The corresponding code that will be sent on the claim is indicated in parentheses next to each item.) • **Admitted to Hospital** (01) • **Moved by Stretcher** (04) • **Unconscious/Shock** (05) • **Emergency Situation** (06) • **Physical Restraints Used** (07) • **Visible Hemorrhaging** (08) • **Ambulance was Medically Necessary** (09) • **Confined to Bed/Chair Before** (02)
Admission Date	Specify the date the patient was admitted into the hospital. Type the date in the box or click the calendar icon to select the date.
Pick Up Address	Use the Pick Up Address fields to indicate where the patient was picked up—that is, the transport origin. At minimum, the 9-digit zip code is required. To check the address with the US Postal Service to ensure it is correct, click the **Validate Address** button.
Drop Off Address	Use the Drop Off Address fields to indicate where the patient was dropped off—that is, the destination. At minimum, the 9-digit zip code is required. To check the address with the US Postal Service to ensure it is correct, click the **Validate Address** button.
Admitted to Second Facility	If the patient was admitted to a second facility, select this check box.
First Facility Services Provided	If the Admitted to Second Facility check box is selected and the patient was provided services at the first facility, select this check box.

Modified Fields

Field Name	Description
Patient Weight (in pounds)	The field name was modified to include the description "(in pounds)." Weight must be entered in pounds. You may enter up to 10 numeric characters including decimal points.
Purpose of Round Trip	The length of this field was increased to allow for 80 characters.
Purpose of Stretcher	The length of this field was increased to allow for 80 characters.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Field Name	Description
Transport Reason Code	This field has been re-named and is now a drop-down list from which you can select the appropriate reason the final destination was selected. (The corresponding code that will be sent on the claim is indicated in parentheses next to each item.) • **Nearest Facility** (A) • **Preferred Provider** (B) • **Near Family Members** (C) • **Specialist/Spec. Equip.** (D) • **Rehab Facility** (E) Previously, this field was labeled "Transport to/for" and you would type the code into the field.
Origin information (4010)	This field has been re-named to indicate it is for 4010 claims only.
Destination information (4010)	This field has been re-named to indicate it is for 4010 claims only.
Transport Distance (Miles)	This field has been re-named, and the length has been increased. Previously, it was labeled "Miles." You may now enter up to 15 numeric characters including decimal points. "0" is a valid entry. This is a required field.

SCHEDULE

- **Quick Registration Screen – Required Information**

  On the **Quick Registration** screen, you now will be required to enter a policy number when there is an insurance carrier selected and to select an insurance carrier when there is a policy number entered. If one is entered, but not the other, you will be reminded to enter the missing information; otherwise, you will not be able to save the quick registration information.

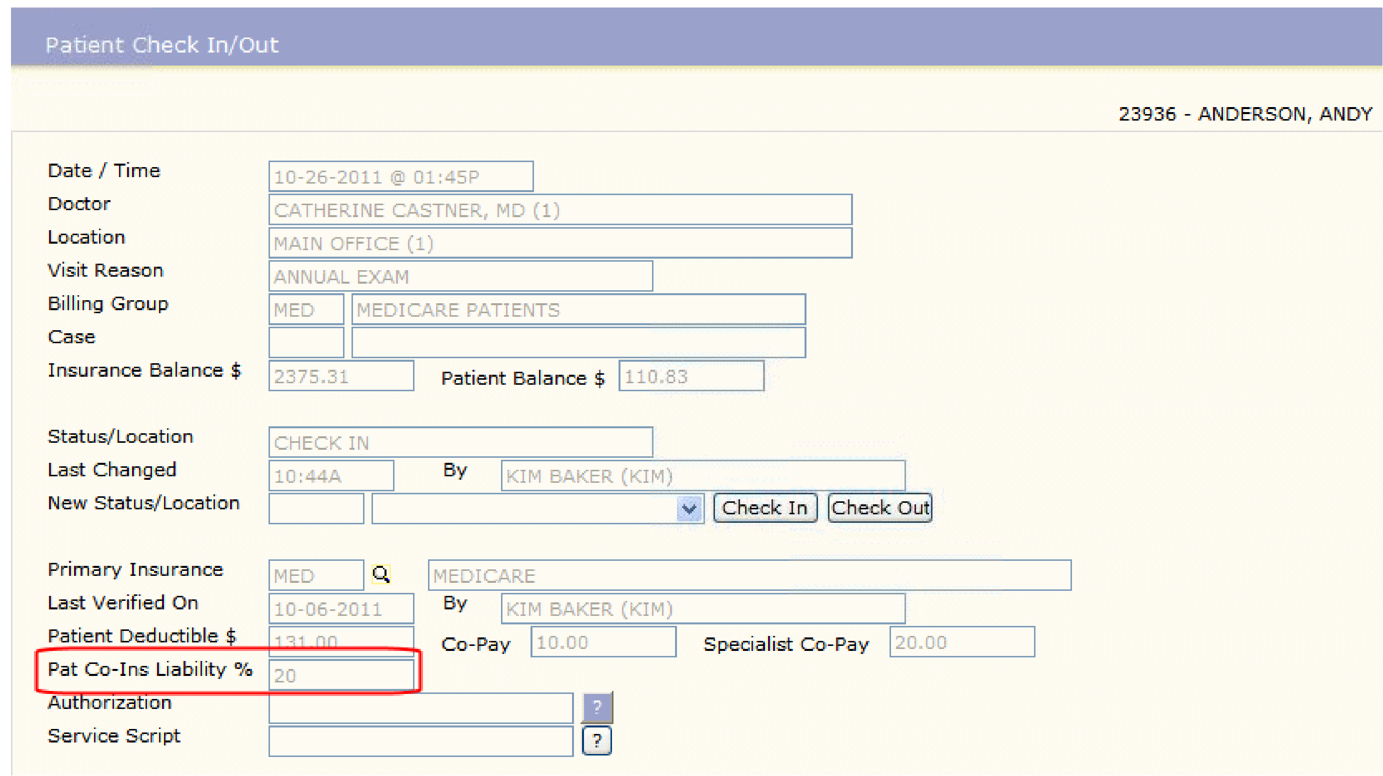
- **Utilization Report**

  On the Utilization Report (Schedule, Scheduling Printing Menu), all blocked appointment times will now show as "used." Previously, blocked times with no patient appointments would appear as "open."

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Patient Co-Insurance Liability Percentage (%)**

  A new, read-only field, **Pat Co-Ins Liability %**, appears in the Patient Check In/Check Out detail screen (accessed from the Schedule menu). The value that appears in the field is the value entered in the **Patient Co-Ins Liability %** field in the patient's Insurance Policy Information screen.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

REPORTS

- **Enhancements to Some Aging Reports**

  You now have the ability to indicate whether or not to include the guarantor's or patient's address on some of the Aging Reports. When setting the report parameters, you will see a new check box, **Include Address**, with two options: **Guarantor** and **Patient**. By default, the check box and the guarantor option will be selected, which means the guarantor's address will be included on the report. If you want the patient's address to appear instead, select the **Patient** option. If you do not want either address included, click to clear the **Include Address** check box.

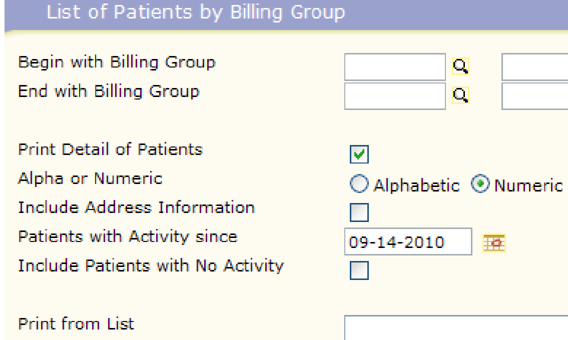
  Previously, the guarantor and patient names would each appear in a single column; now they are each split into two columns—**Guarantor Last Name** and **Guarantor First Name**; **Patient First Name** and **Patient Last Name**, respectively.

  The Aging Reports that are affected include:

  - Alpha Aged A/R to Excel
  - Extended Aging Aged A/R by Billing Group to Excel
  - Extended Aging Aged A/R by Perf Dr to Excel
  - Extended Aging Aged A/R by Location to Excel
  - Extended Aging Aged A/R by Proc Code to Excel
  - Extended Aging
  - Extended Aging Num Aged A/R to Excel
  - Extended Aging Aged A/R by Resp Dr to Excel
  - Extended Aging Aged A/R by Insurance Dr to Excel
  - Extended Aging Aged A/R by Default Loc to Excel
  - Extended Aging Aged A/R by Department to Excel

- **Patient Listings – Patients Without Any Activity**

  When running any patient listing reports, you now will be able to specify whether or not to include patients without any activity in the report. The new prompt is "Include Patients with No Activity."



  In 7.4, a change was made so that sorted patient listings no longer printed information for patients who did not have any activity. This meant that some patient listings were showing patients without activity while some were not. This has been changed; now, you may specify what you want to see for any patient listing.

  "Activity" is defined as transaction history on the account.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

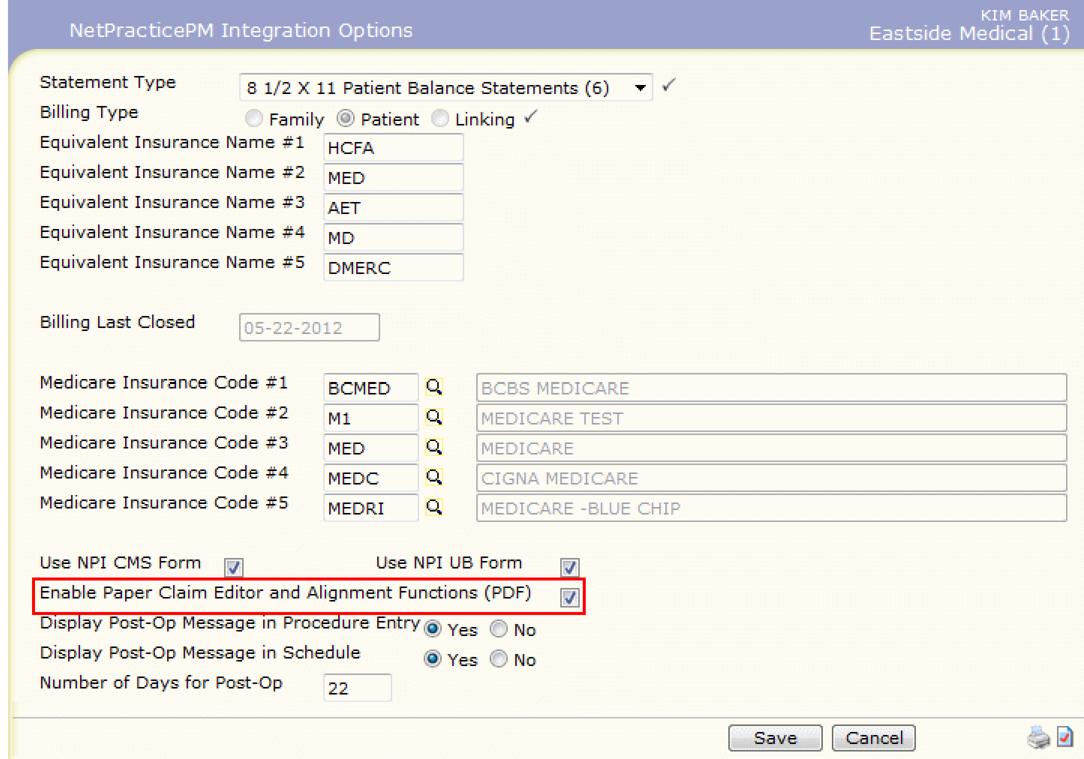
SYSTEM

- **Enabling the Paper Claim Editor and Alignment Functions**

  To utilize the new Paper Claim Editor and Paper Claim Alignment functions, as well as the Paper Claim viewer in the Encounter view of the patient's Transaction History, you first must enable the functions.

  To enable the Paper Claim Editor and Alignment functions

  1. Go to the **System/Database Maintenance Menu/Integrations**, and click **NetPracticePM Integration Options**.
  2. Select the **Enable Paper Claim Editor and Alignment Functions (PDF)** check box, and click **Save**.



  Note
  If a Payer has been set up for 5010 electronic claims (as noted in the **5010 Format** field in *Maintain Insurance Carriers*), then you will be able to preview paper claims for that payer in the Transaction Hx, even if the **Enable Paper Claim Editor and Alignment Functions** check box is not selected.

  To find out more about the new functions, reference the following sections in this document: "Paper Claim Editor," "Paper Claim Alignment," and "Transaction History – Encounter View."

- **Paper Claim Editor**

  The system now includes a Paper Claim Editor so you can customize your paper claims format.

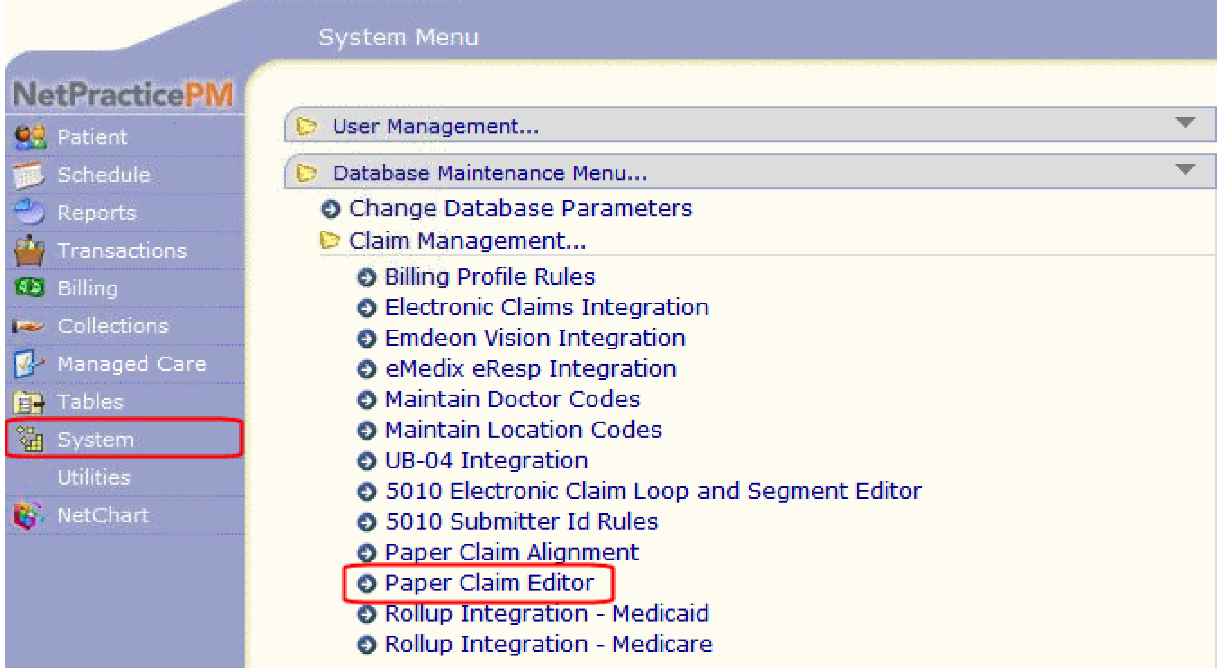
  Notes
  To use the paper claim editor, Java JRE 1.6.0u24 must be installed and the editor function enabled. For instructions regarding enabling the editor function, reference the section, "Enabling the Paper Claim Editor and Alignment Functions" in this document.

  To preview claims, Adobe Acrobat Reader v6 (or greater) is required.

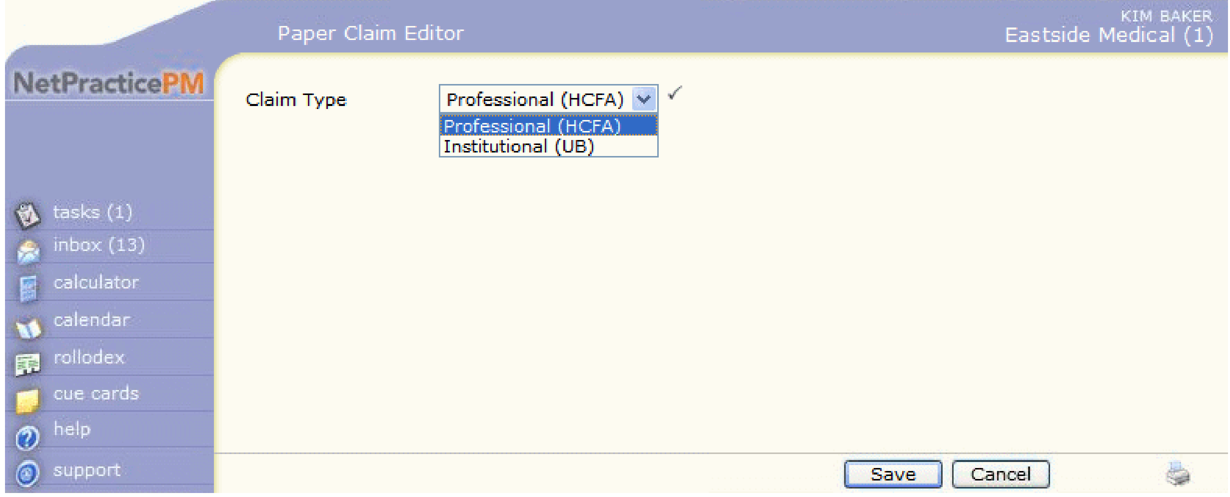
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

To access the Paper Claim Editor

1. Go to **System/Database Maintenance Menu/Claim Management**, and click **Paper Claim Editor**.

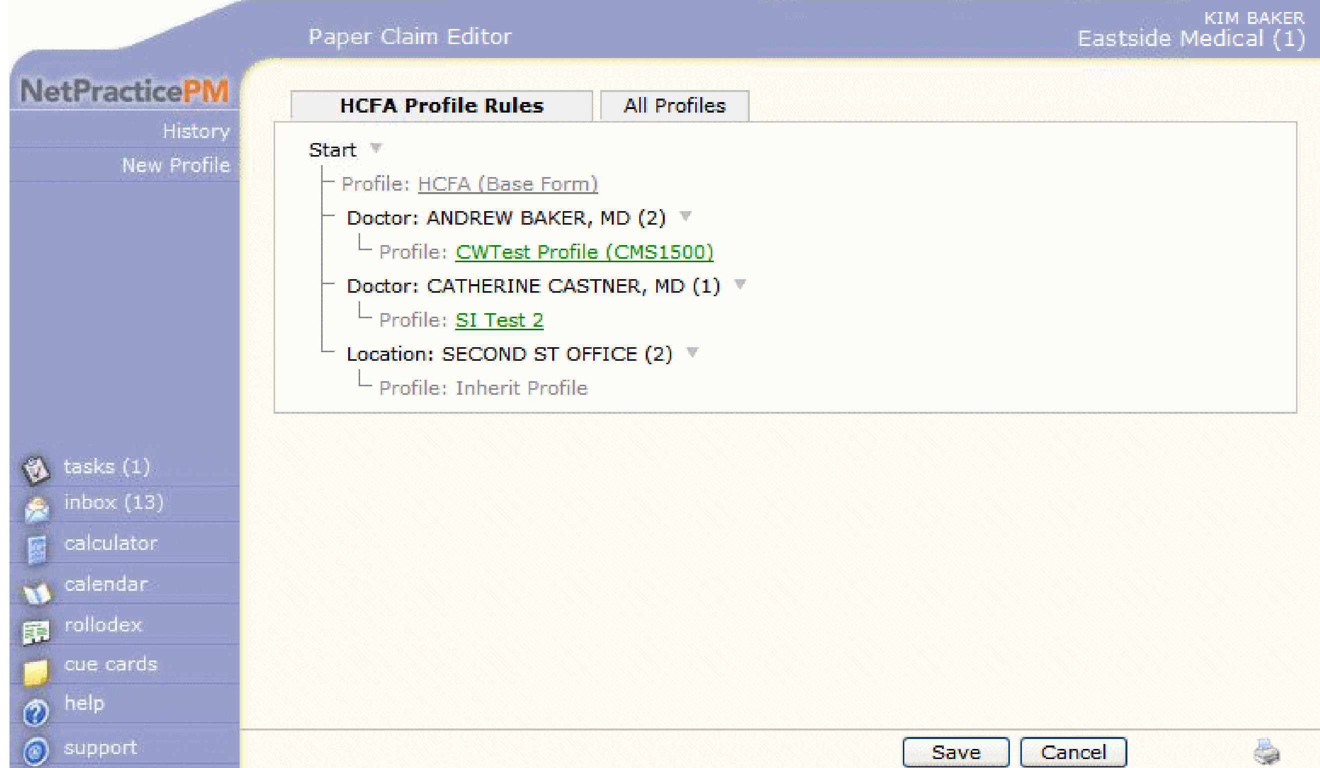


2. From the **Claim Type** list, click the claim type, and click **Save**.



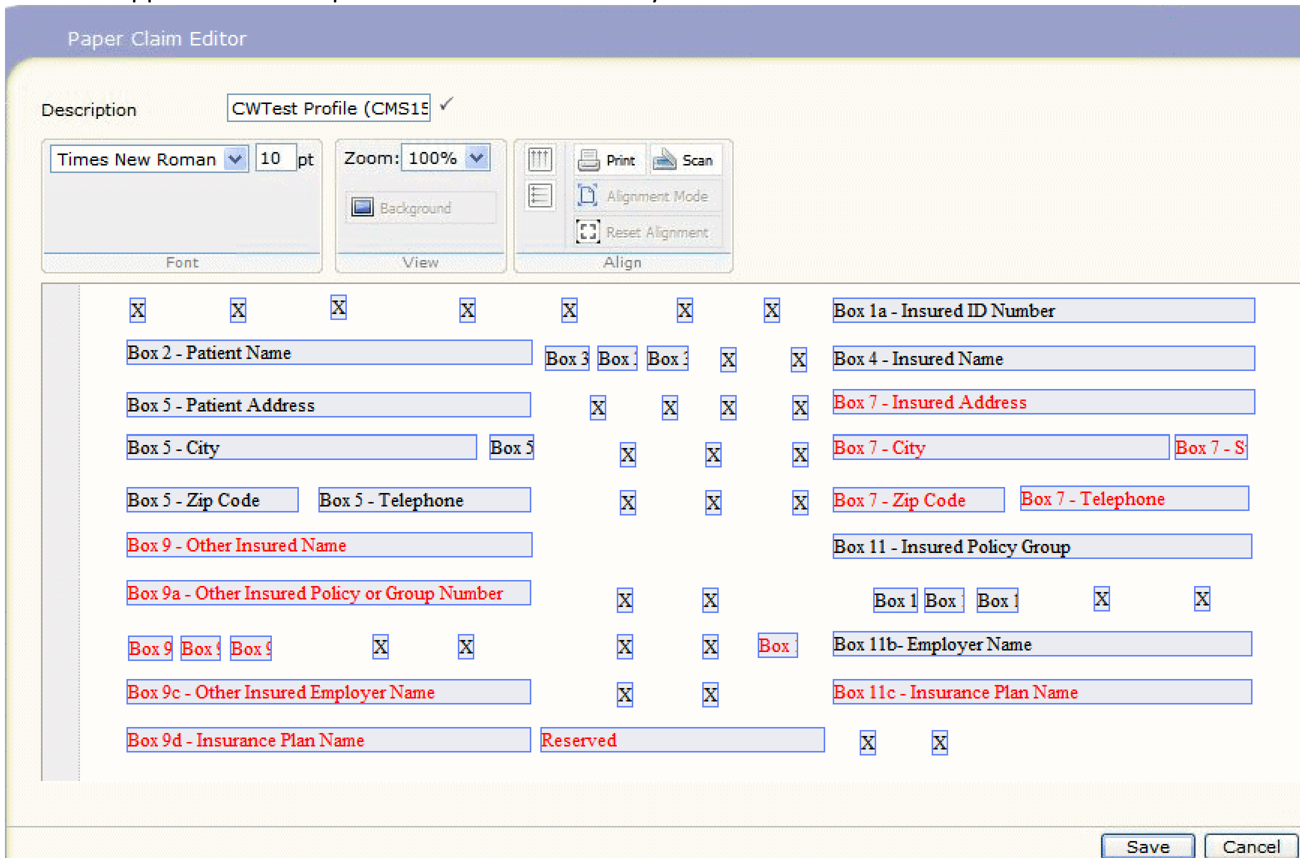
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

3. The Paper Claim Editor screen appears with a list of profiles; the screen is similar to the Billing Profile Rules screen. For example, if you selected HCFA as the claim type, on the HCFA Profile Rules tab, the profile rules tree shows the **HCFA (Base Form)** along with any additional profiles that have been created.



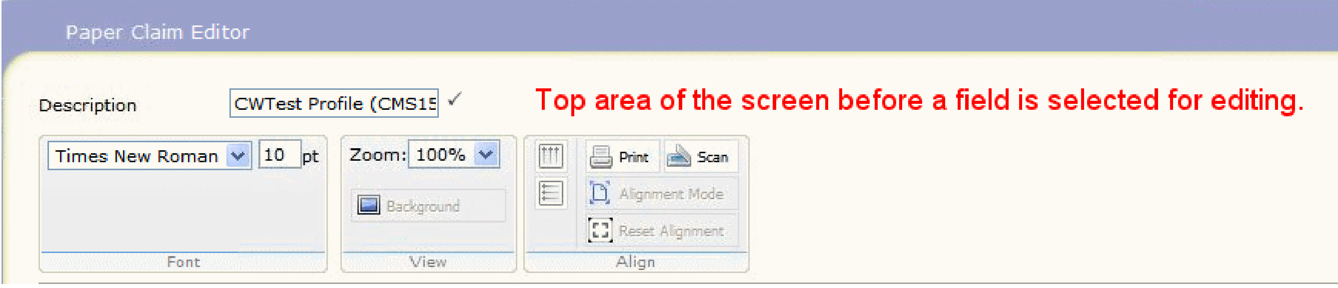
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

4. To edit the form associated with a profile, click the *profile name*.
   The form appears on the Paper Claim Editor screen so you can edit as needed.

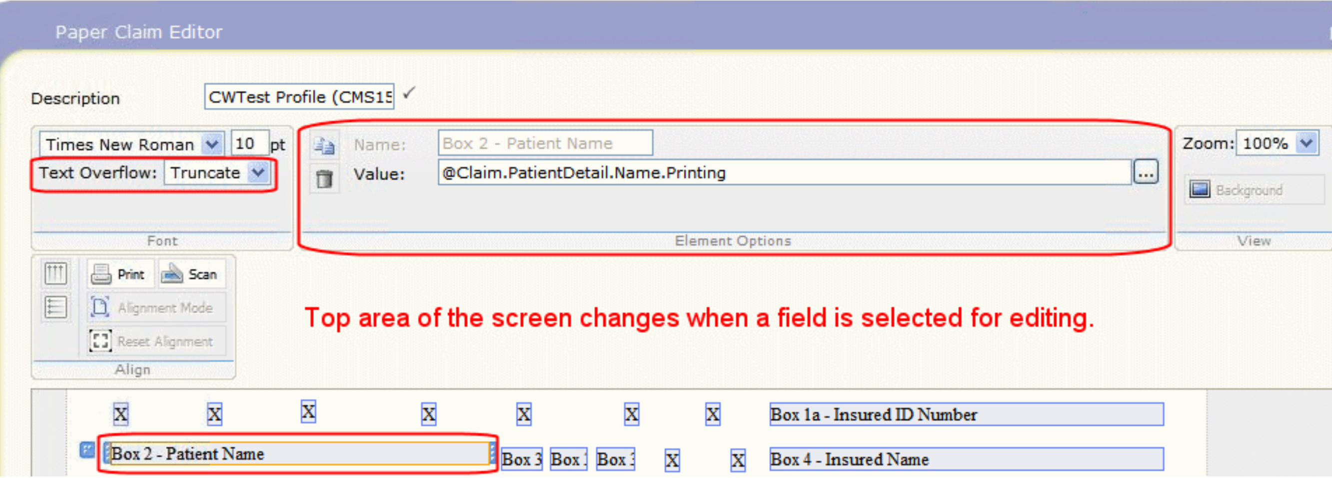


About the Screen

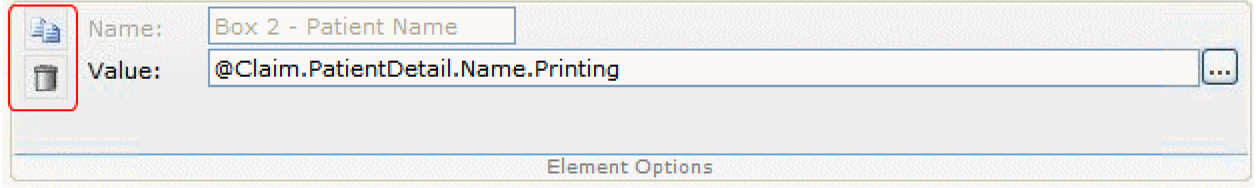
The top part of the screen includes information about the form and the actions that can be taken on the form or a selected field. The fields and information that appear at the top part of the screen depend on whether or not you have a field selected on the form.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

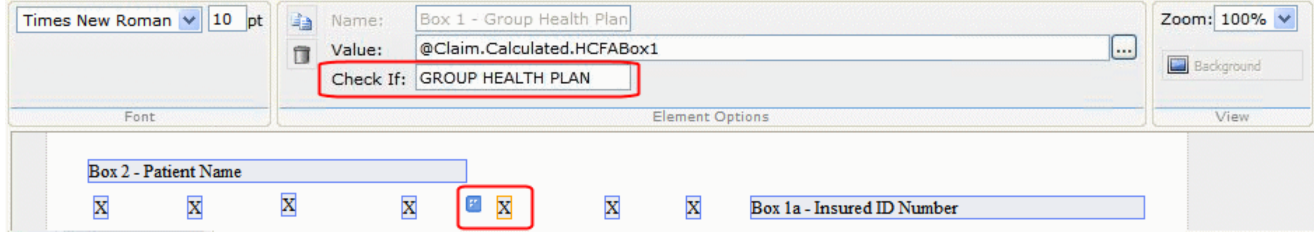


- **Description -** Displays the name of the profile form.
- **Font** box **-** Displays the font name and size. To apply a particular font and/or font size to the entire form, select from the drop-down lists, before selecting a field on the form. After selecting a field on the form, selections you make from the font name and size lists apply to the selected field only. Once you select a text field, the Text **Overflow** box appears. This is where you specify what to do when the value will not fit in that box – either truncate or shrink the value to fit in the box. (The Text Overflow box does not appear when the field has a numeric value.)
- **View** box - Use **Zoom** to select your view percentage preference for viewing the form as you work in the Editor. Click the **Background** button to view the background of the claim form.
- **Align** box **-** The Align box functions are used in the Paper Claim Alignment feature. They are not applicable in the Paper Claim Editor and may be removed from this screen in a future release. Any changes made in the Editor using these functions will not be saved.
- **Element Options** box **-** Displays at the top of the screen *only* when a field is selected. The **Name** field displays the name of the field selected on the form. The **Value** field displays the field value. Use the copy selected element icon or delete selected element icon to copy or delete the selected field.



Note
The Copy and Delete functions will be implemented in a future release.

Note that additional boxes may appear depending on the type of field selected on the form. For example, if the field selected is a check box, the **Check If** box appears.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

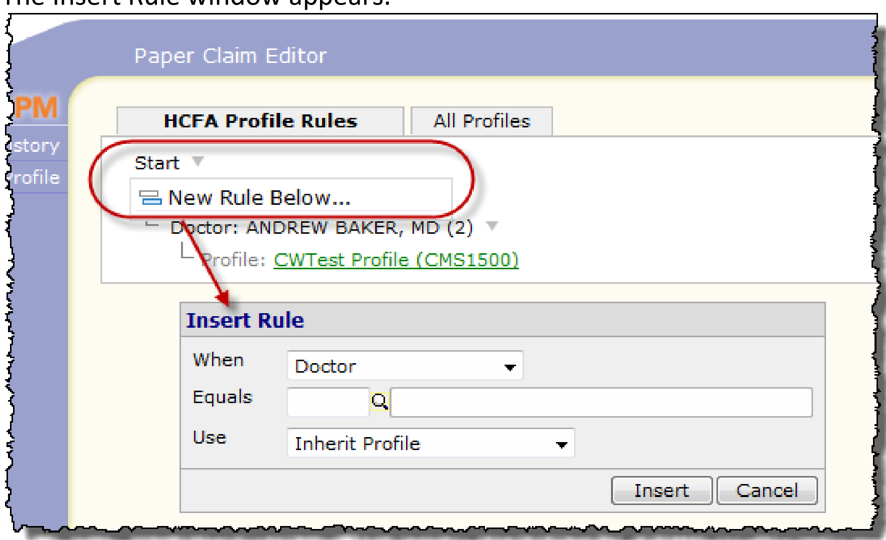
The bottom part of the screen shows the form layout and fields. Fields that have a value specified appear in black. Fields that do not have a value specified appear in red.

Creating a New Rule

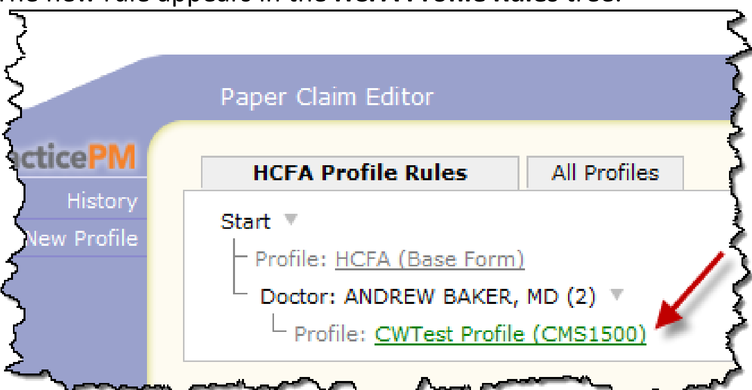
For each profile rule, you may add a new rule below an existing rule. Use the Insert Rule option to specify the instances in which a particular profile needs to be used—based on doctor, insurance carrier, electronic form type, or location.

To create a new rule

1. Next to **Start**, click the DOWN ARROW, and click **New Rule Below**.
   The Insert Rule window appears.



2. Fill in the rule information:
   - **When** – Select an option – Doctor, Insurance Carrier, Electronic Form Type or Location –, on which to base the rule.
   - **Equals** – Enter a value in the text field. Click the search option, to search for the value.
   - **Use** – Select which profile to use from the drop-down list.
3. After completing the information for the rule, click **Insert**.
   The new rule appears in the **HCFA Profile Rules** tree.



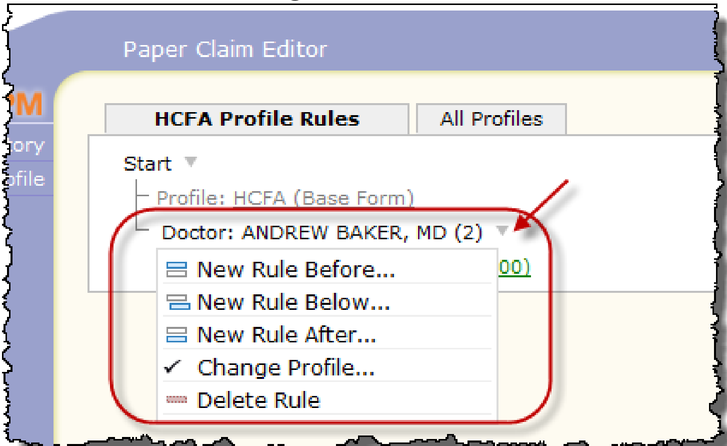
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Changing the Profile Attached to a Rule

A menu option is available that allows you to change the profile attached to a rule.

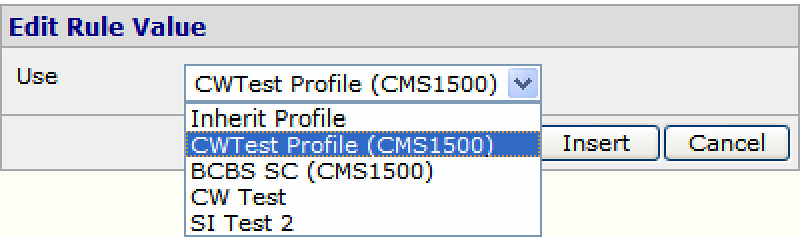
To change a rule's profile

1. Next to the rule name, click the DOWN ARROW to access the Profile menu.
2. On the menu, click **Change Profile**.



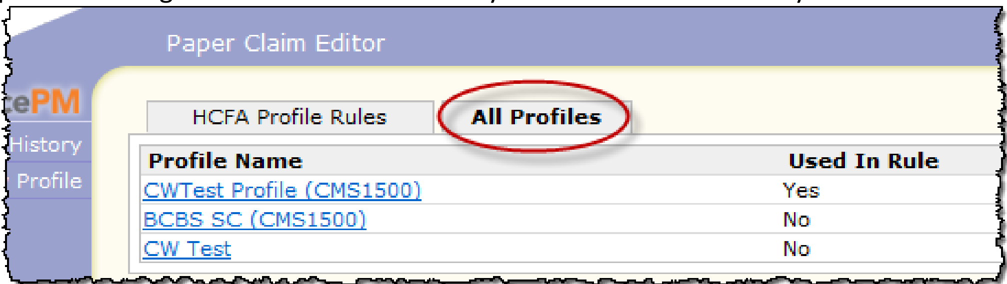
The Edit Rule Value dialog box appears.

3. In the **Edit Rule Value** dialog box, click the DOWN ARROW, select the new rule to use for the selected profile, and then click **Insert**.



All Profiles Tab

The **All Profiles** tab lists all profiles that have been created in the system. The list indicates whether or not each profile is being used in a rule. Profiles may not be deleted once they have been created.



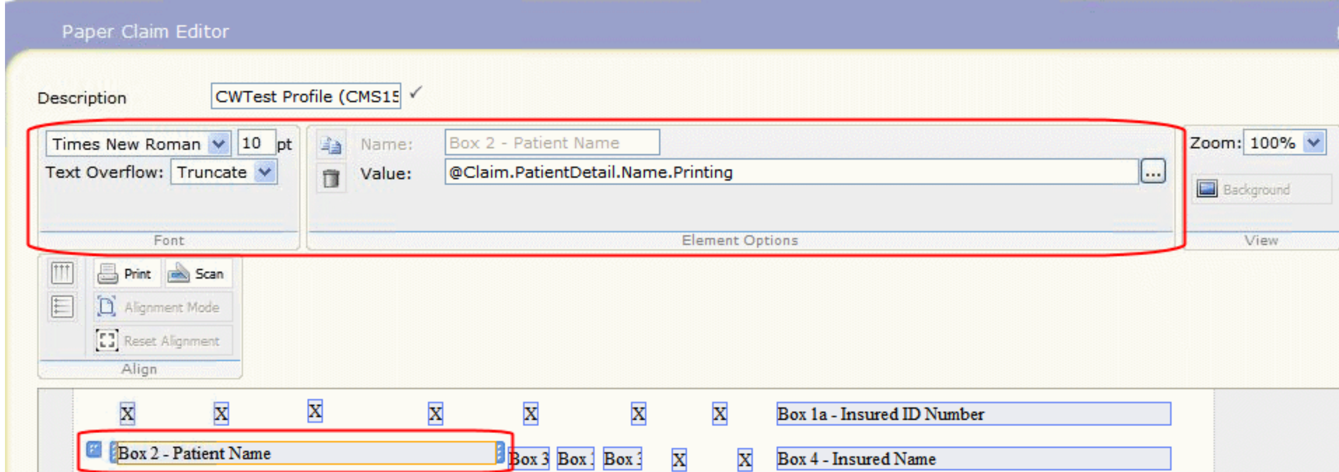
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Editing Values

The values that print in a particular box on the form can be controlled from the Paper Claim Editor. There are two ways to edit the value that currently exists in the box—either setting a fixed value or selecting another element.

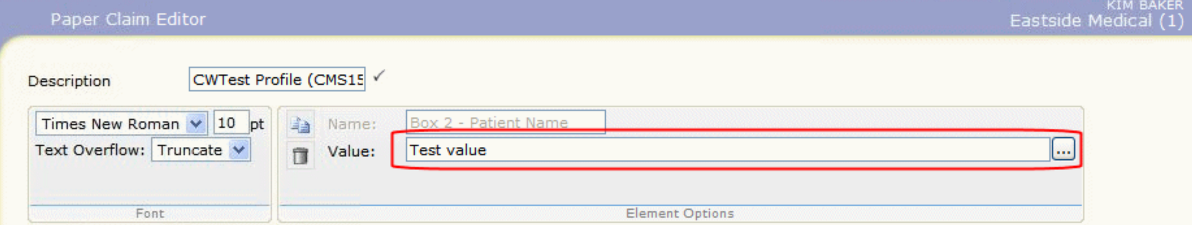
To edit form values from the Paper Claim Editor

1. On the form, click the field corresponding to the value to edit.
   The Font and Element Options boxes populate with the current values for that field.



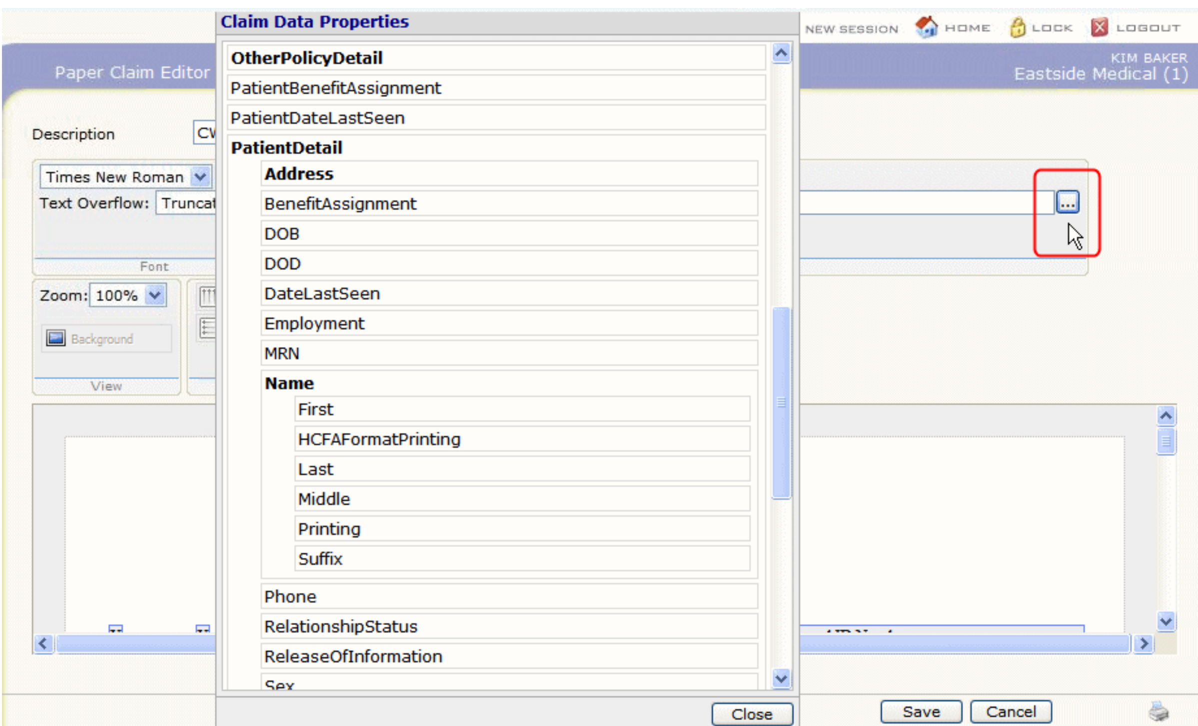
2. In the **Element Options** box, do one of the following:

   - To set a fixed value that will print on every claim printed for that profile, in the **Value** box, type in the *value* (replacing any existing value or element).

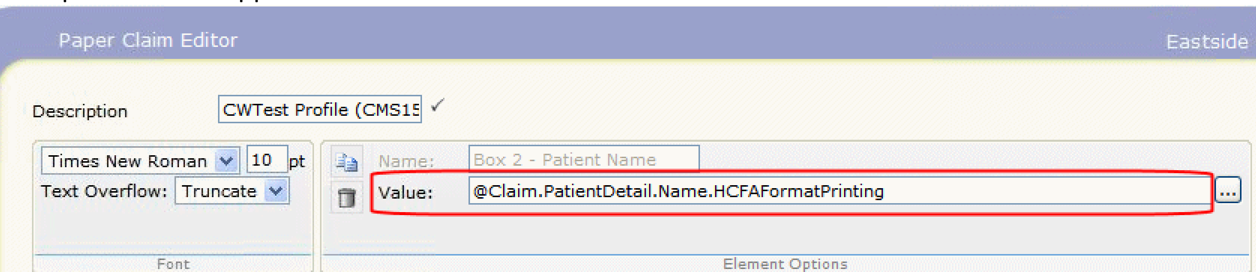


   - To select another element, click the Ellipsis button next to the **Value** box.
     The Claim Data Properties list appears. The elements that are bolded can be expanded to view additional elements. Navigate through the list and click to select the element to print in the box on the form. (To close the list without making a change, click **Close**.)

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.



The updated value appears in the Value box.



3. To save changes to the form, at the bottom of the Editor screen, click **Save**.

Caution
Changing the values for the fields from the *Paper Claim Editor* function will cause all claims that print from that profile to pull or print the selected information.

Profile Rules History

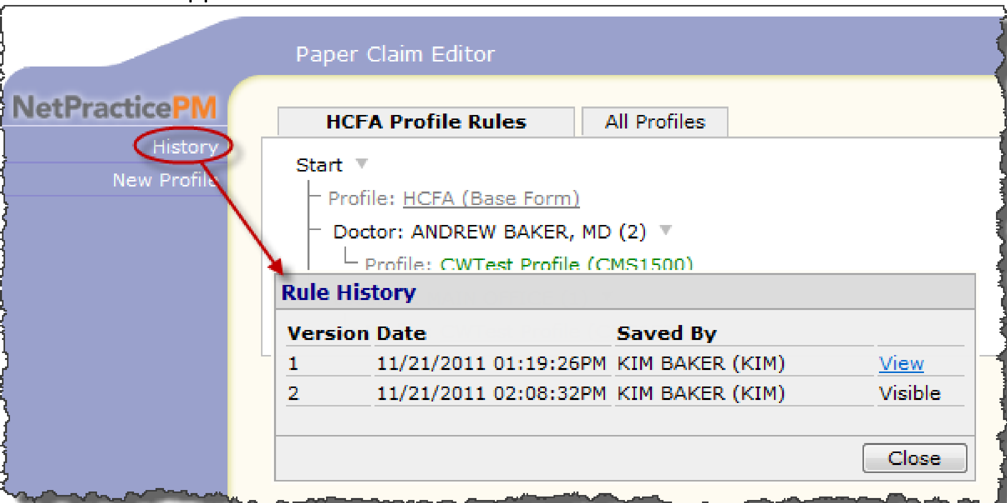
You may view all changes to the paper claim profile rules by accessing the Rule History.

To view the profile rules history

1. In the Action column, click **History**.
   The Rule History box appears showing an historical listing of all changes made to the paper claim rules.
   - **Version** indicates the version number with "1" being the oldest change.
   - **Date** indicates the date the change was saved.
   - **Saved By** indicates the user who saved the change

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

The most recent change—that is, when the current rule was saved—, appears with the text "Visible" next to it. Older versions appear with a "View" link next to them.



2. To see an older change, click the **View** link next to appropriate version.

Caution
If you click **Save** after you are finish reviewing an older version, that version will become active and the old changes will apply back to the tree as it was at that time. Any changes made after that time will be deleted.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Paper Claim Alignment**

The system now includes a way for you to customize your paper claim alignment using the new Paper Claim Alignment function.

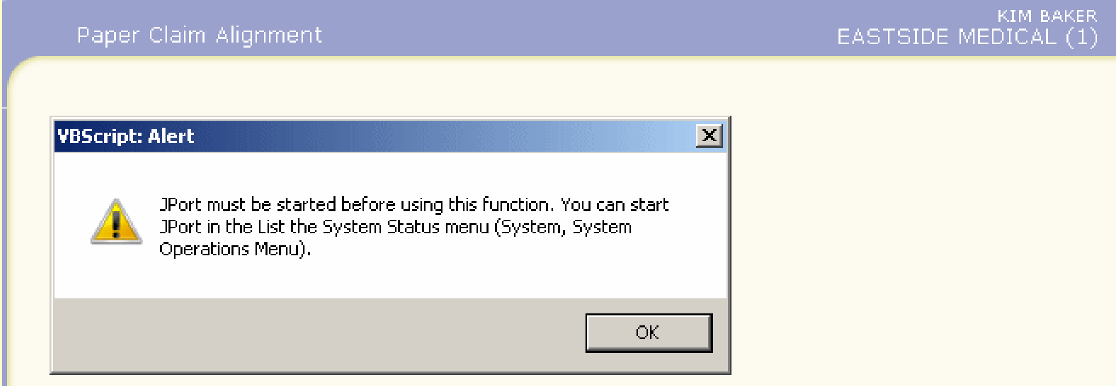
Notes
To use the paper claim alignment function, Java JRE 1.6.0u24 must be installed; the Java JPort program must be running; and the alignment function must be enabled. For instructions regarding enabling the function, reference the section, "Enabling the Paper Claim Editor and Alignment Functions" in this document.

To preview claims, Adobe Acrobat Reader v6 (or greater) is required.

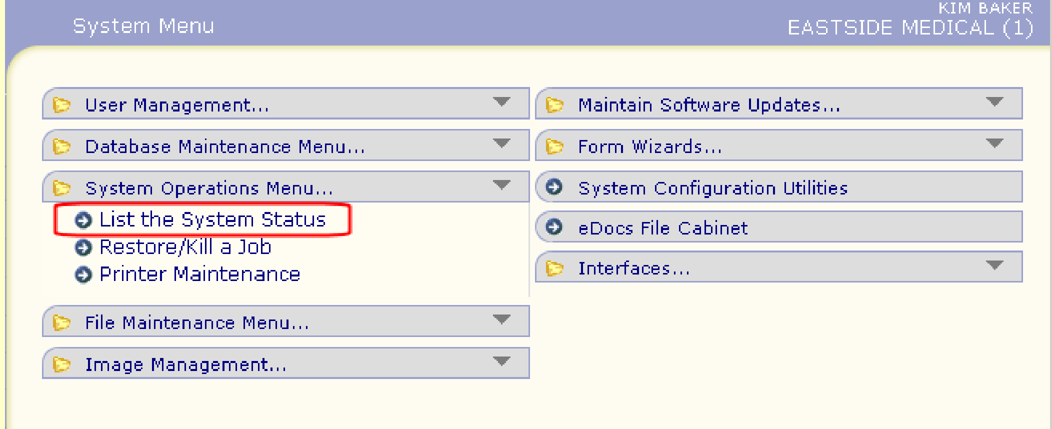
To access the new Paper Claim Alignment function

- Go to **System/Database Maintenance Menu/Claim Management** and click **Paper Claim Alignment**. The new screen that appears is similar to the Billing Profile Rules screen.

Note
If JPort is not running when you click to access the Paper Claim Alignment function, a message indicating that it must be started appears. If you see this message, exit this screen and follow the instructions in this Note to start JPort. Otherwise, skip the instructions in this Note.

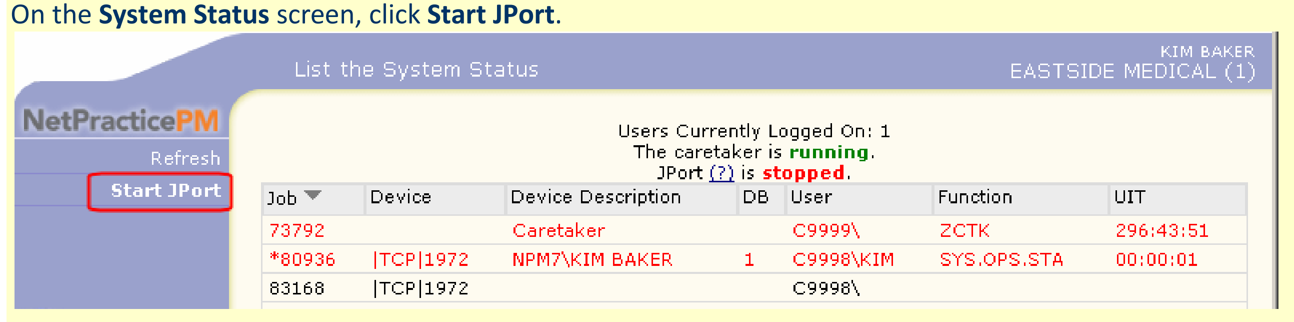


To start **JPort**, go to the **System Operations Menu**, and click **List the System Status**.



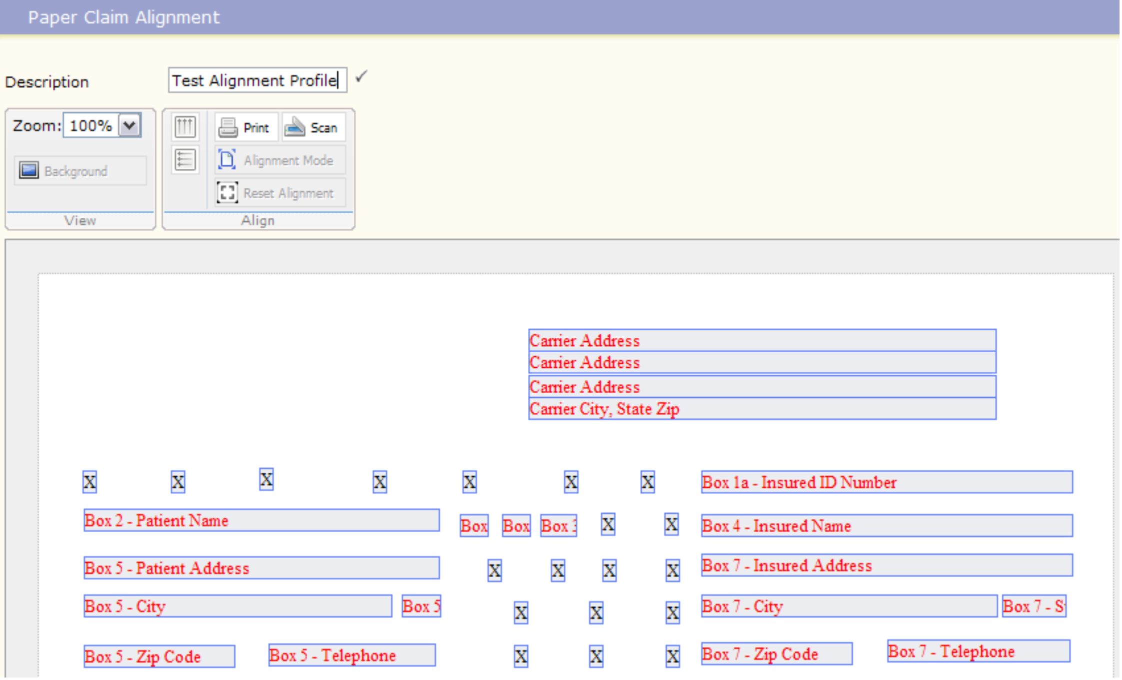
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

On the **System Status** screen, click **Start JPort**.



Go back to the **System/Database Maintenance Menu/Claim Management** and click **Paper Claim Alignment**.

Under **HCFA Alignment Rules**, the **Ask at Runtime Alignment Profile** displays along with any additional profiles that have been created. When a profile is selected, the **Paper Claim Alignment** screen shows the form so you may adjust the available fields for alignment as needed.



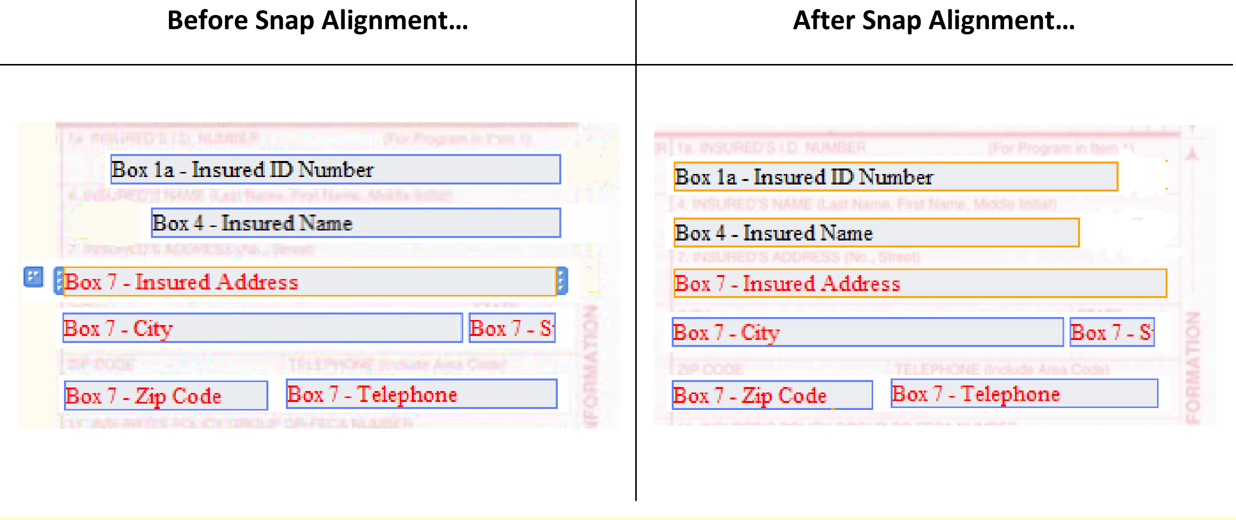
About the Screen

- **Description -** Displays the name of the profile form.
- **View -** Use the **Zoom** drop-down to select your view percentage preference.
- **Align -**Use the following options to align the claim form to the designated printer:
  - Click **Print** to begin the process of printer claim form alignment
  - Click **Scan** to scan the HCFA form for alignment
  - Click **Alignment Mode** to align the HCFA form to the printer. Click the indicators to align the form. This option should be used only when initially scanning in the form to a profile.
  - Click **Reset Alignment** to reset the alignment form to the base HCFA form profile. This option is only available when creating a new profile.
  - Click **Snap Buttons** to align several selected fields either horizontally or vertically so that they line up with one another.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- To align multiple fields, first identify the box to use for the alignment, select this field first and then select the remaining boxes you want to align. Click the **horizontal** or **vertical snap** button to align.

  For this example, Boxes 1a and 4 do not line up horizontally. Box 7 - Insured Address is aligned correctly. To align Boxes 1a and 4, select Box 7 - Insured Address as the field to align the other boxes to. Then select the remaining fields (Box 1a and Box 4) that need to be aligned. Click the **horizontal snap** button and Boxes 1a and 4 align horizontally to Box 7 - Insured Address.

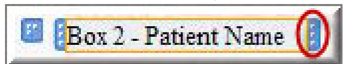


Note
Active fields display as yellow in this screen.

Additional Alignment Features

Once the forms alignment is complete, several options are available to align individual boxes on the form. When a box is highlighted, a blue editing indicator displays on the end of the box, and a small blue editing box displays on the left side.

- To **move** the entire box, click and drag the small box or use the ARROW keys.
- To **resize** the field, click and drag the bars on either end of the box.



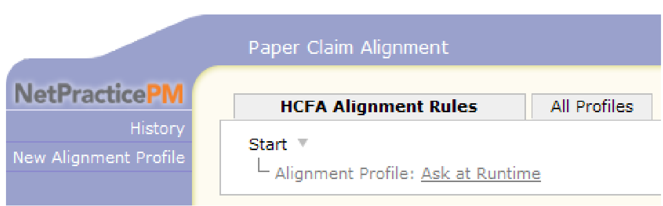
- To **de-select** the box, click anywhere outside the box on the form.
- To align several boxes at the same time press CTRL +click.

- To **align a box horizontally or vertically**, select the box, and then press CTRL+H for horizontal alignment or CTRL+V for vertical alignment.
- To **align the entire form**, select CTRL+A.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Creating a New Claim Form Printing Profile

1. In the **Action** column, click **New Alignment Profile**.



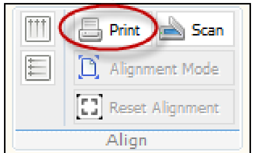
2. In the **Description** field, enter a profile name to identify the profile.
   Follow the process to align the claim form. (See the "Claim Form Alignment" section below).
3. To save the profile, click **Save**.

Claim Form Alignment

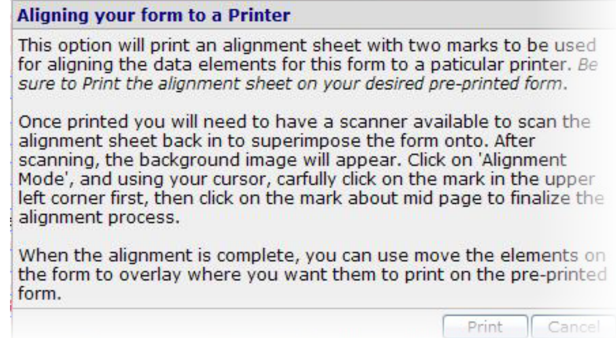
Before printing a claim form, your printer must be aligned to the specific form.

To align the claim form

1. In the Align section, click **Print**.



A message displays explaining the process of how to align your printer.



2. Place the claim form in the **print**er, and click **Print**.
   The alignment sheet prints on the claim form.
3. Place the alignment sheet onto the scanner, and click **Scan** to **scan** the alignment form back into the system to superimpose the form onto it.

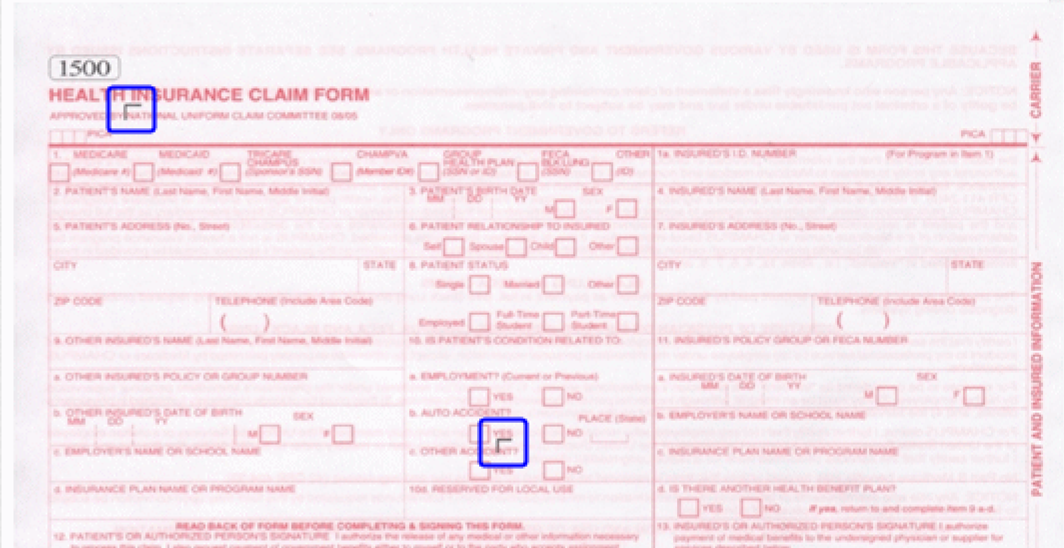
Notes

If you are prompted to install software, click **Run** to proceed with the installation.

A flatbed scanner is recommended; a form feed scanner may scan the form out of alignment.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

4. Once the form is scanned, click **Alignment Mode** to display the background form with the two indicators on it. The first indicator is located in the upper left corner and the second indicator toward the center of the form.



5. Click these indicators to set the alignment form.

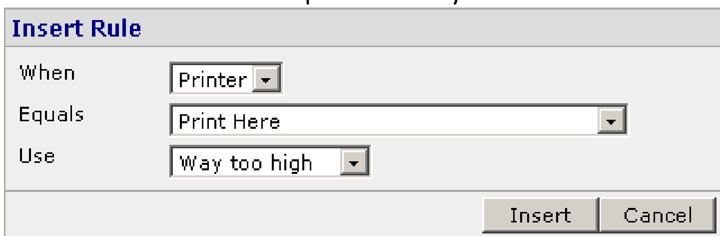
Creating a New Rule

For each alignment rule, you will be able to enter a new Rule below the existing rule. Use the **Insert Rule** option to specify the instances in which a particular profile needs to be used.

To create a new rule

1. Click the DOWN ARROW next to **Start** and click **New Rule Below**.

The **Insert Rule** window opens where you will define the rule.



2. In the **When** drop-down list, select the option to base the rule on; this will always be **Printer**.

3. In the **Equals** drop-down list, select the printer this alignment profile will be used for.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

4. In the **Use** drop-down list, select the profile to use.
5. Click **Insert**.
   The new rule appears in the **HCFA Alignment Rules** tree.

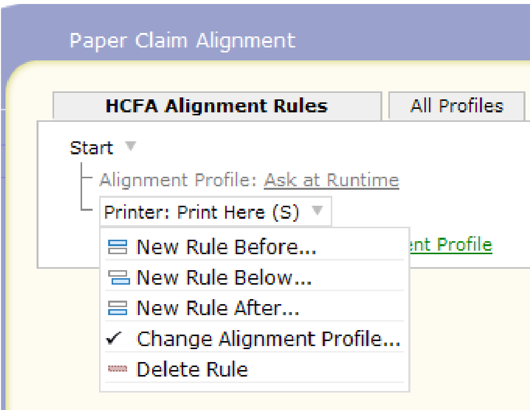
6. Click **Save** to save the changes.

Profile Menu

A menu option is available that allows you to change the profile attached to the selected alignment rule.

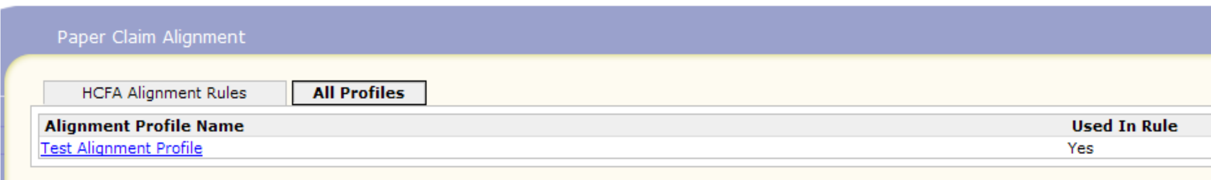
To change an alignment rule's profile

1. On the **HCFA Alignment Rules** tab, click the ARROW next to the rule name.
2. From the menu, click **Change Alignment Profile**.



All Profiles Tab

The **All Profiles** tab lists all alignment profiles that have been created in the system. The list indicates whether or not each profile is being used in a rule. Profiles may not be deleted once they have been created.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

History

In the Action column, click **History** to view changes made to the alignment rules. A historical listing of all the changes made to the rules will display. The **Version Date** and **Saved By** fields identify the date and who saved the change. The most current changes display with **Visible** indicator next to it. To see older changes, click the View link next to the older version.

Caution
If you click **Save** after you are finish reviewing an older version, that version will become active and the old changes will apply back to the tree as it was at that time. Any changes made after that time will be deleted.

- **5010 Electronic Claims Editor**

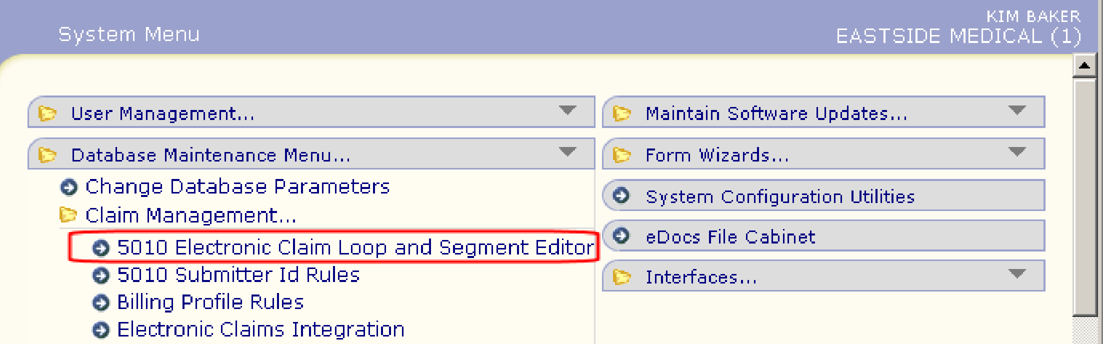
  CGM still will update your system with the standard payer rules, but, for those customizations required for certain payers (carriers) for your specific circumstance, you can now manage those yourself using the new 5010 Electronic Claim Loop and Segment Editor.

  The Editor allows you to set up special requirements for your claim files that may deviate from the standard requirements. For example, practices submitting claims directly will likely have at least one custom profile defined, because the header loop will contain different information than what would be sent, by default, out of the NetPracticePM system to e-Medix.

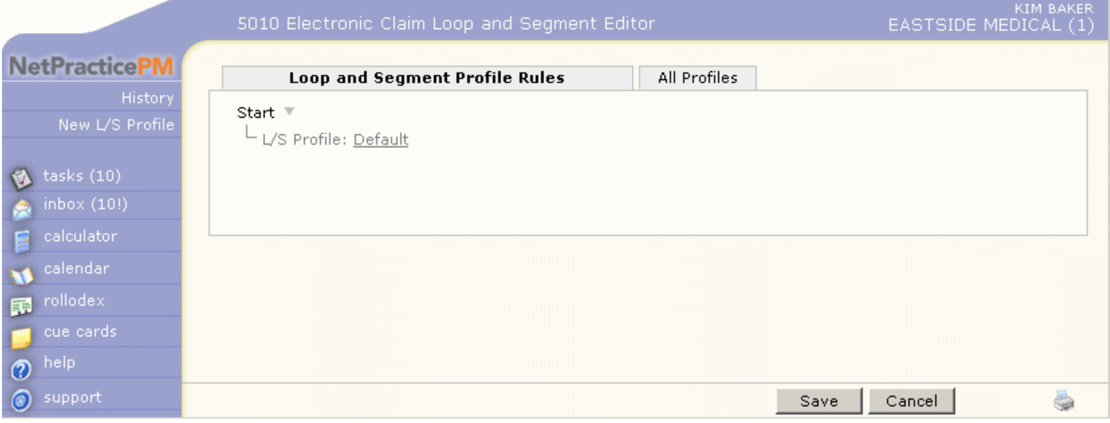
  You may set up as many profiles as are necessary for your particular circumstances and use them in as many rules are as necessary. A profile must be attached to a rule for it to be in effect.

  To access the 5010 Electronic Claim Loop and Segment Editor

  - On the **System Menu**, navigate to **Database Maintenance Menu/Claim Management**, and click **5010 Electronic Claim Loop and Segment Editor**.



The Editor opens.

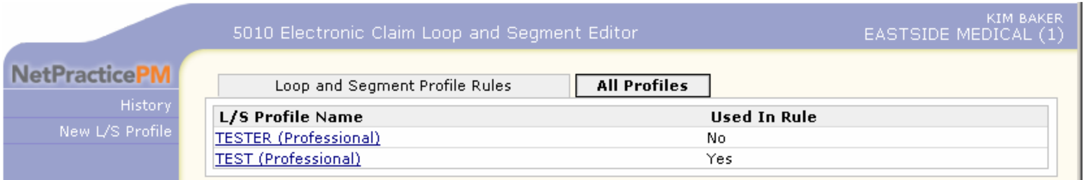


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

The Editor includes two tabs:

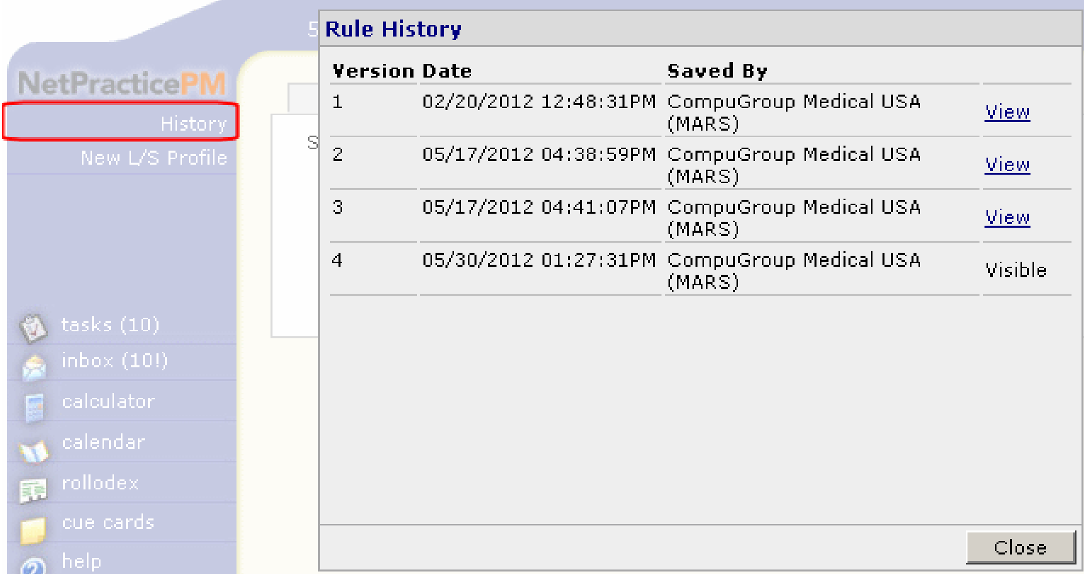
- The **Loop and Segment Profile Rules tab** is a tree view of the rules that have been defined. When you first open the Editor, before any custom profile rules have been defined for your practice, you will notice one Default Profile. Once you start creating more profile rules, they will appear in the tree.

- The **All Profiles tab** is a list of all of the profiles that have been created with an indication of whether they are used in a rule or not. A profile must be associated with a rule to be in effect.



The Action column includes two options:

- Click **History** to view a history of changes to rules. The current version—that is, what you saw in the Loop and Segment Profile Rules tree, before clicking History—, is indicated by the word "Visible." To view a different version of the rules in effect, click the **View** link.

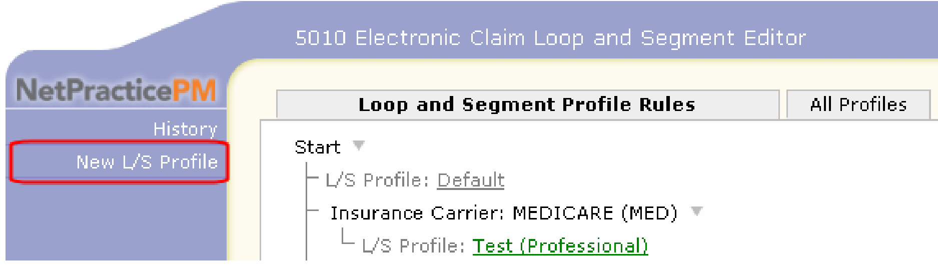


- Click **New L/S Profile** to create a new profile.

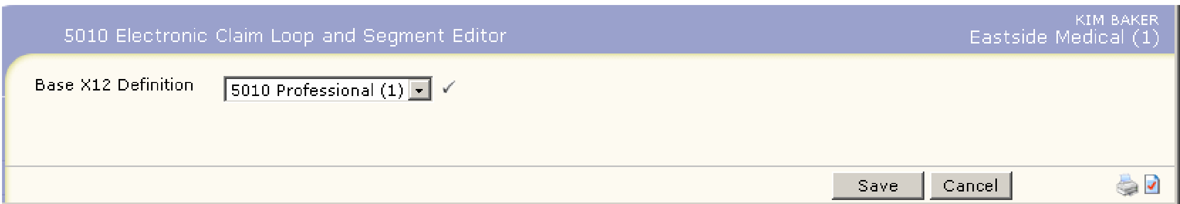
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Defining a new loop and segment (L/S) profile

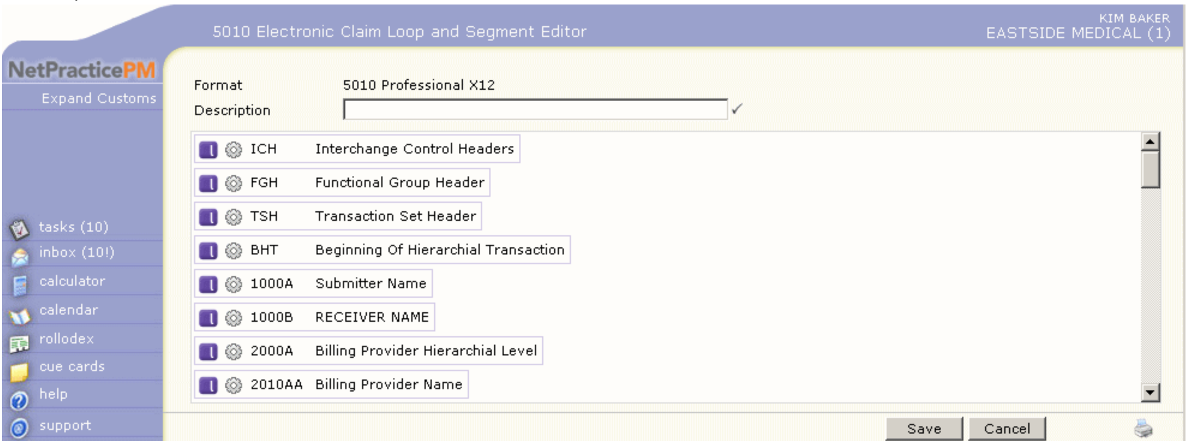
1. On the **System Menu**, navigate to **Database Maintenance Menu/Claim Management/5010 Electronic Claim Loop and Segment Editor**, and click **New L/S Profile**.



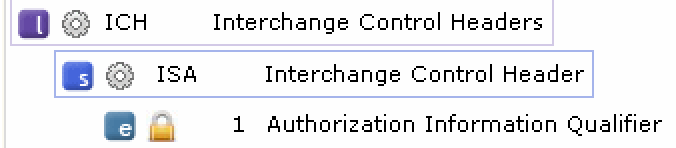
2. In the **Base X12 Definition** list, select the claim format: **5010 Professional (1)** or **5010 Institutional (2)**, and then click **Save**.



The next screen is where you will define the profile. It includes a list of all of the loops in a claim file that can be edited, before the claim is sent out.



Each loop contains segments and each segment contains elements.



- The box with the "l" on it is your visual cue for a loop; it is referred to as the "Loop icon."
  - If the Loop icon is purple, the loop is currently active.
  - If the Loop icon is grey, the loop is currently inactive.
  - If there is a lock symbol next to the loop icon, the loop may not be edited.

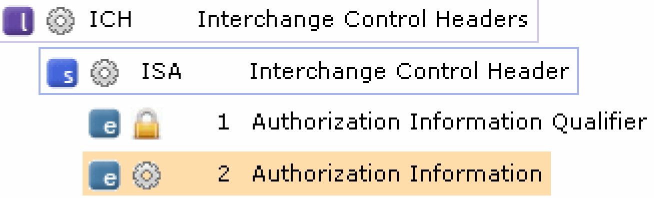
  Each loop contains one or more segments. To expand a loop to see the segments within it, click the Loop icon.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- The box with the "s" on it is your visual cue for a segment; it is referred to as the "Segment icon."
    - If the Segment icon is blue, the segment is currently active.
    - If the Segment icon is grey, the segment is currently inactive.
    - If there is a lock symbol next to the Segment icon, the segment may not be edited—regardless of whether it is active or inactive.

  Each segment contains one or more elements within it. To expand a segment to see the elements within it, click the Segment icon.

- The box with the "e" on it is your visual cue for an element; it is referred to as the "Element icon."
    - If the Element icon is green-blue, the element is currently active.
    - If the Element icon is grey, the element is currently inactive.
    - If there is a lock symbol next to the Element icon, the element may not be edited—regardless of whether it is active or inactive.
    - If there is a profile symbol next to the Element icon, it means the value of the element is pulled from an existing billing profile in the Billing Profile Rules menu.
    - If an element is highlighted in orange, it means it has been modified using this Editor.



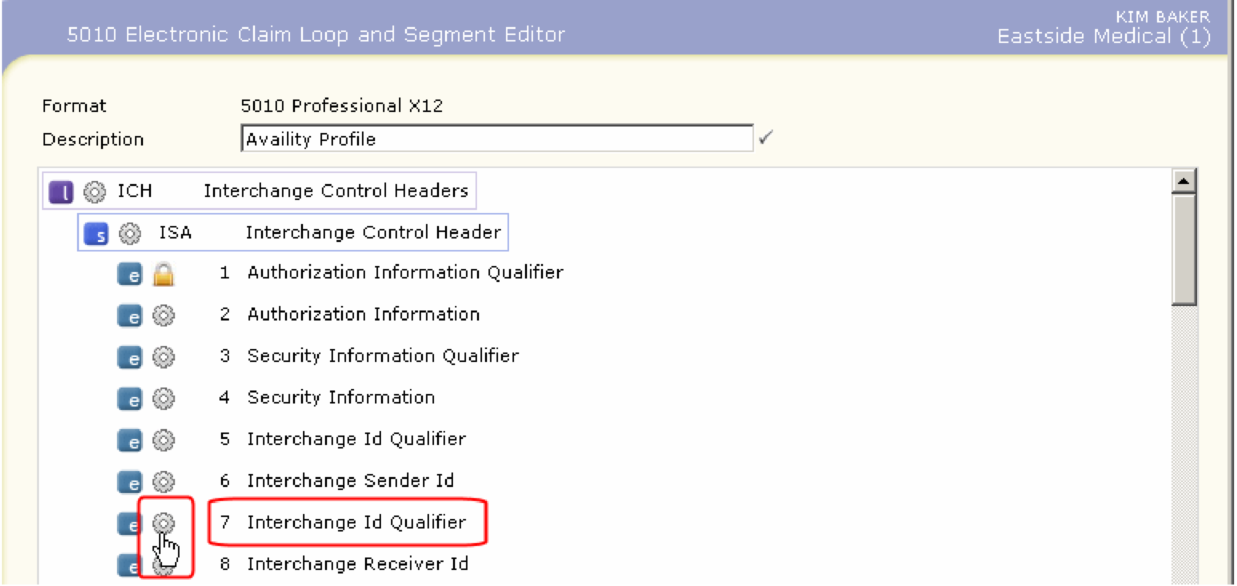
In most cases, the element is the end point; however, some elements may have one or more components within them. To see the components, click the Element icon.

Note
The icon colors may appear differently on your screen depending on your settings.

3. In the **Description** field, type a description for the profile you are creating.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

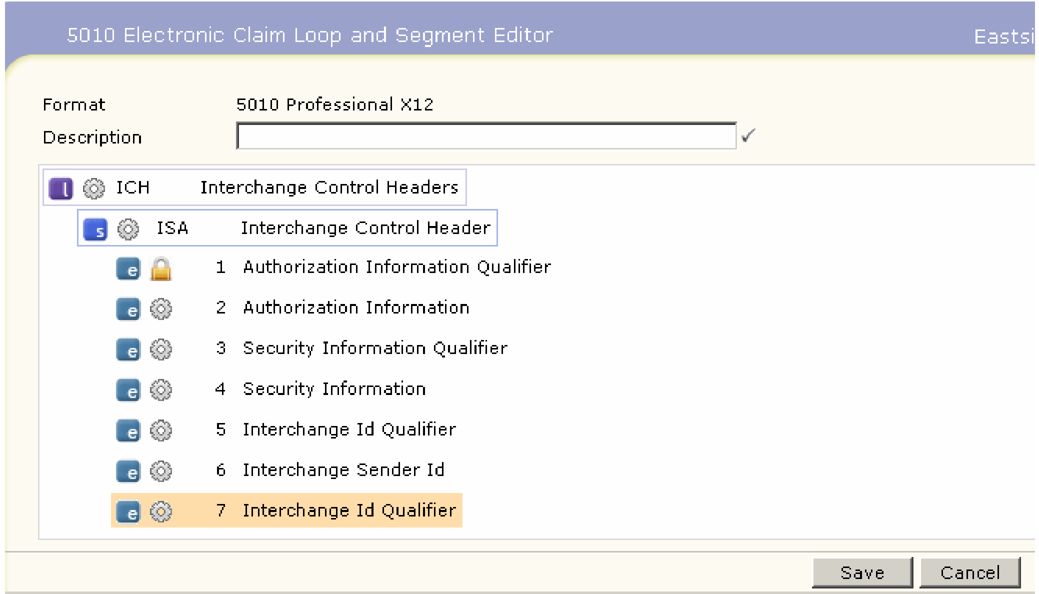
4. Navigate to the element to modify. (For example, to navigate to the Element **7 Interchange Id Qualifier**, click the Loop icon next to ICH to expand the **ICH** Loop and then click the Segment icon next to the ISA segment to expand the **ISA** Segment.)



5. Click the gear symbol next to the element to edit it. In this example, the gear symbol next to **7 Interchange Id Qualifier**.
   The X12 Editor window appears.

6. In the X12 Editor window, you may do the following.
   - To disable the element, click the **Active** check box, and click **Disable** from the drop-down list.
   - To enable the element, click the **Active** check box, and click **Enabled** from the drop-down list.
   - To set a value for an enabled element, click the **Value** check box and then type the value into the **Value** box or click the ellipsis button to access a list from which to select.

7. Click **Save** to save the changes.
   The X12 Editor window closes, and the element you modified (in this example, Element 7) is highlighted—indicating that it has been modified.

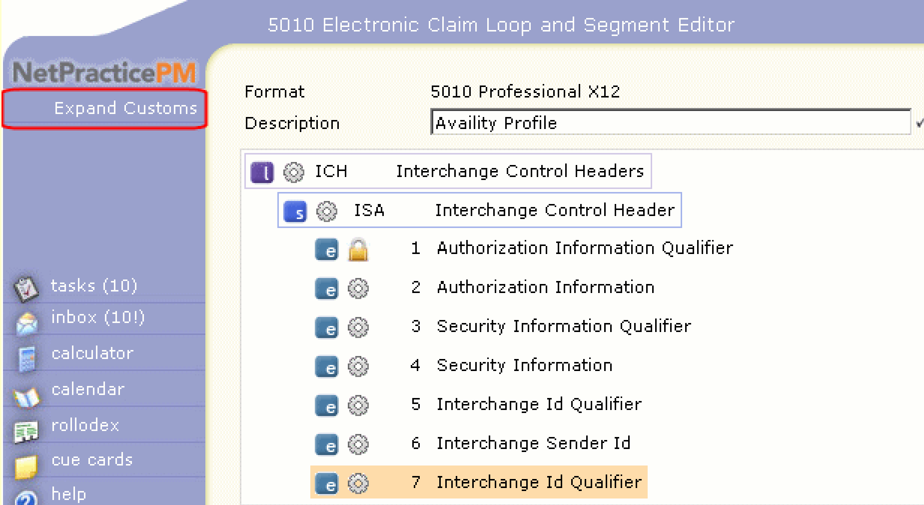


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

8. Click **Save** to save changes, exit this screen, and return to the main 5010 Loop and Segment Editor screen.

Tip

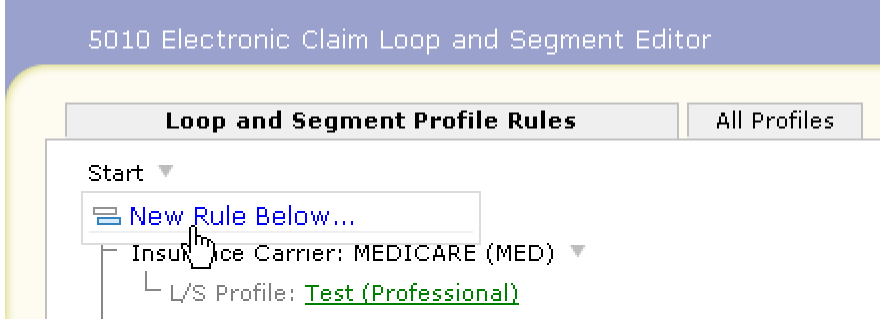
To quickly view all changes, in the Action column, click the **Expand Customs** button. The loops and segments for any modified elements will expand to show the highlighted, modified element.



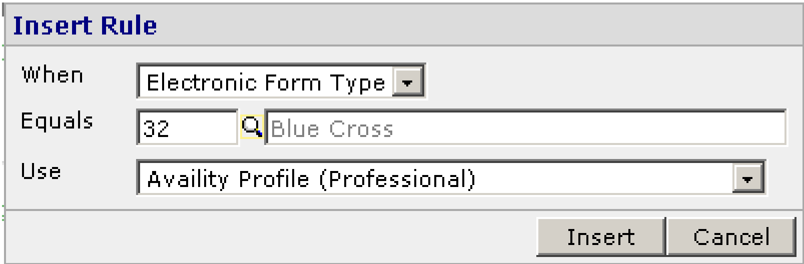
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Creating a new rule

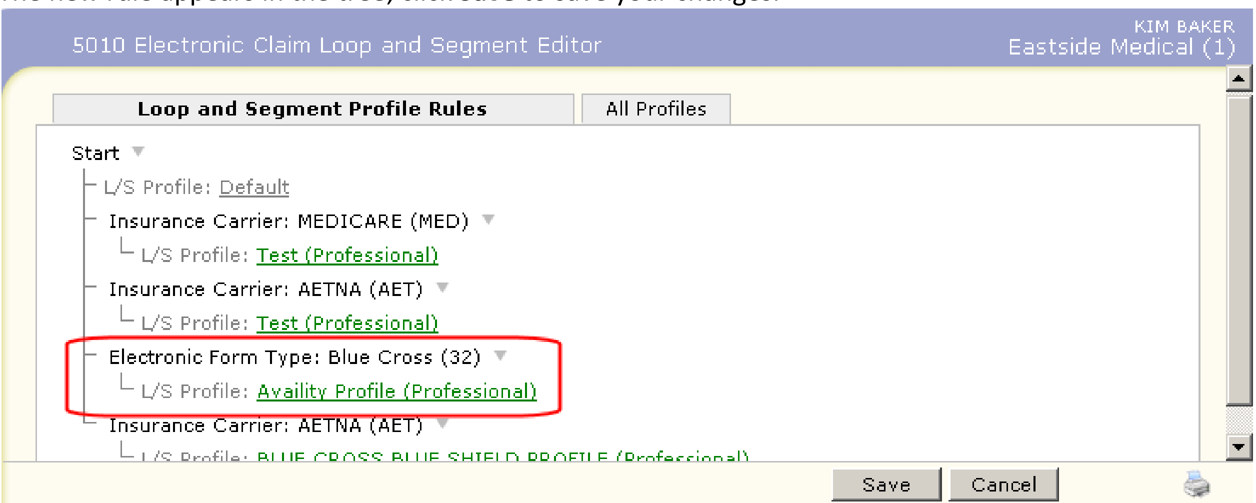
1. On the **Loop and Segment Profile Rules** tab, click **Start**, and click **New Rule Below**.



2. In the **Insert Rule** window, do the following:
   - In the **When** list, select the condition for the rule: **Doctor**, **Electronic Form Type**, **Insurance Carrier**, or **Location**.
   - In the **Equals** field, type the *value to check for*.
   - In the **Use** list, select the profile to use for the condition and value indicated.
   - Click **Insert**.



- The new rule appears in the tree; click **Save** to save your changes.



Tip
For more information about using the 5010 Electronic Claims Editor, please reference the training materials on the Knowledge Tree: Professional Services/Training/Recorded Sessions/NetPracticePM v7.4.1 Release Training. The document **NetPracticePM v7.4.1 Release Training Presentation Script - Part 4** addresses the Editor.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Default Value: Create Sec/Ter on $0 Claim**

  On the NetPractice Default Values screen (*System /Database Maintenance Menu*), the **Create Sec/Ter on $0 Item** prompt has been renamed to **Create Sec/Ter on $0 Claim**.

  The name change corresponds to a change in functionality when the check box for the prompt is not selected.

  If the **Create Sec/Ter on $0 Claim** check box is selected, when the overall total amount of a claim is $0.00—that is, the entire claim has been paid and has a zero balance—, secondary or tertiary claims will be sent. This works the same as it has in the previous version of NetPracticePM.

  If the **Create Sec/Ter on $0 Claim** check box is not selected, claims with a zero balance will not be sent or printed. If the entire claim has a balance, all individual line items—even those with a zero balance—, will be sent (or printed) on the secondary or tertiary claim. Previously, when the check box for this prompt was not selected, any line items that had been paid off (zero balance) would be suppressed and not sent (or printed on) the claim.

  This applies to both electronic and paper claims.

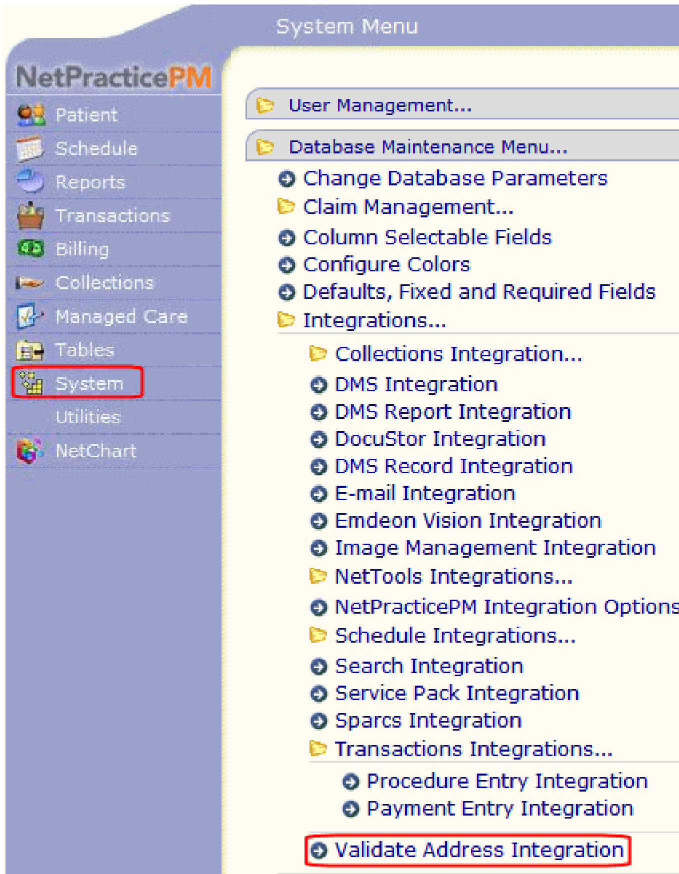
  Note
  When a secondary/tertiary claim is created, only the line items that have had a payment applied against them will be picked up and added to the claim.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Validating Addresses - Customizing Letter Case for Addresses**

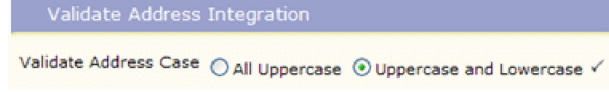
  In System/Database Maintenance /Integrations, you may customize the way patient and guarantor addresses appear after they have been entered into the system. The "Validate Address" tool automatically changes the address to all upper case or a combination of upper and lower case letters, based on your preference. (Note that the state code will always be returned in all caps and the state name will always be returned in mixed case, regardless of your preference setting, although only the State Code prints as part of the address.) The addresses will print in whichever format they display on the screen.

  From the "System Menu," under "Database Maintenance Menu," expand "Integrations" and click "Validate Address Integration."



  Two options appear that allow you to customize the letter case.

  - All Uppercase
  - Uppercase and Lowercase

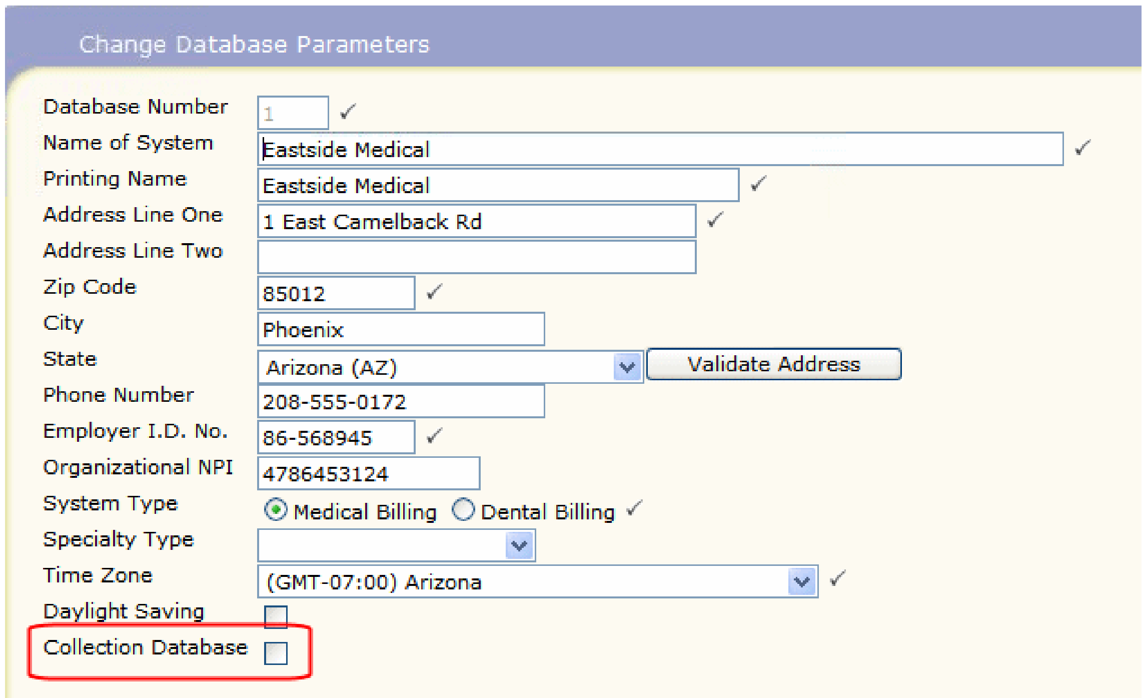


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

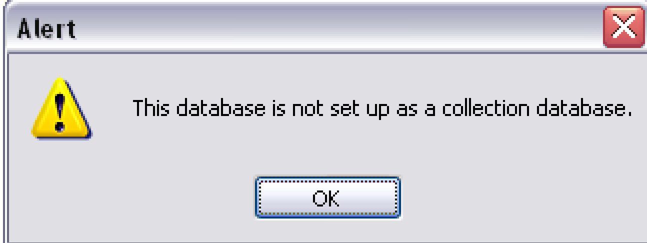
- **Change Database Parameters – Collection Database**

  The **Change Database Parameters** screen includes a new check box called "Collection Database." This check box must be selected for all collection databases; otherwise, you will see warning messages when trying to perform certain actions within the system.

  If you attempt to set up collection integrations in a database where the corresponding collection database is not marked as a collection database, the warning message "Your database [*collection database#*] has not been set up as a collection database"' will appear.



  If you attempt to turn accounts over to collection and the corresponding collection database does not have the "Collection Database" check box selected in the **Change Database Parameters** screen, the following warning message will appear.



  If you receive a warning message when trying to perform either action, cancel out of what you are doing and go to the Change Database Parameters screen for the associated database and mark it as a collection database.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

If a database has the "Collection Database" check box selected and you attempt to set up Patient Collections Integration in that database, a warning message will appear indicating that the database already is set up for collections.

If a database greater than 90 is not set up as a collections database and you attempt to set up the Patient Collections Integration for the corresponding database less than 90—for example, DB=5 and DB=95—, a warning message will appear indicating that the database greater than 90 has not been set up as a collection database.

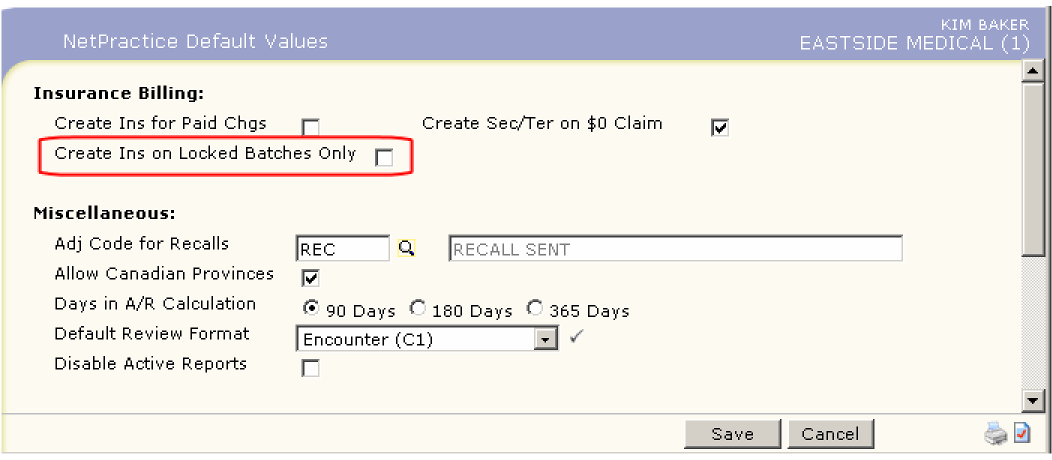
If the database greater than 90 is not marked as collections and you try to initiate the *Move Accounts to Collection Database* function in the main database, a warning message will appear indicating that the corresponding database has not been set up as a collection database.

Note
When your system is upgraded, a pass-thru will be run to look at the corresponding -90 database; if there are Patient Collections Integrations set up in that database, it will check the new Collection Database box for the +90 database.

- **NetPractice Default Values – Create Insurance on Locked Batches**

A new option, **Create Ins on Locked Batches Only**, has been added to the Insurance Billing section of the NetPractice Default Values screen (System Menu/Database Maintenance Menu). If the option is selected, claims will not be created for charges that are in an unlocked batch.

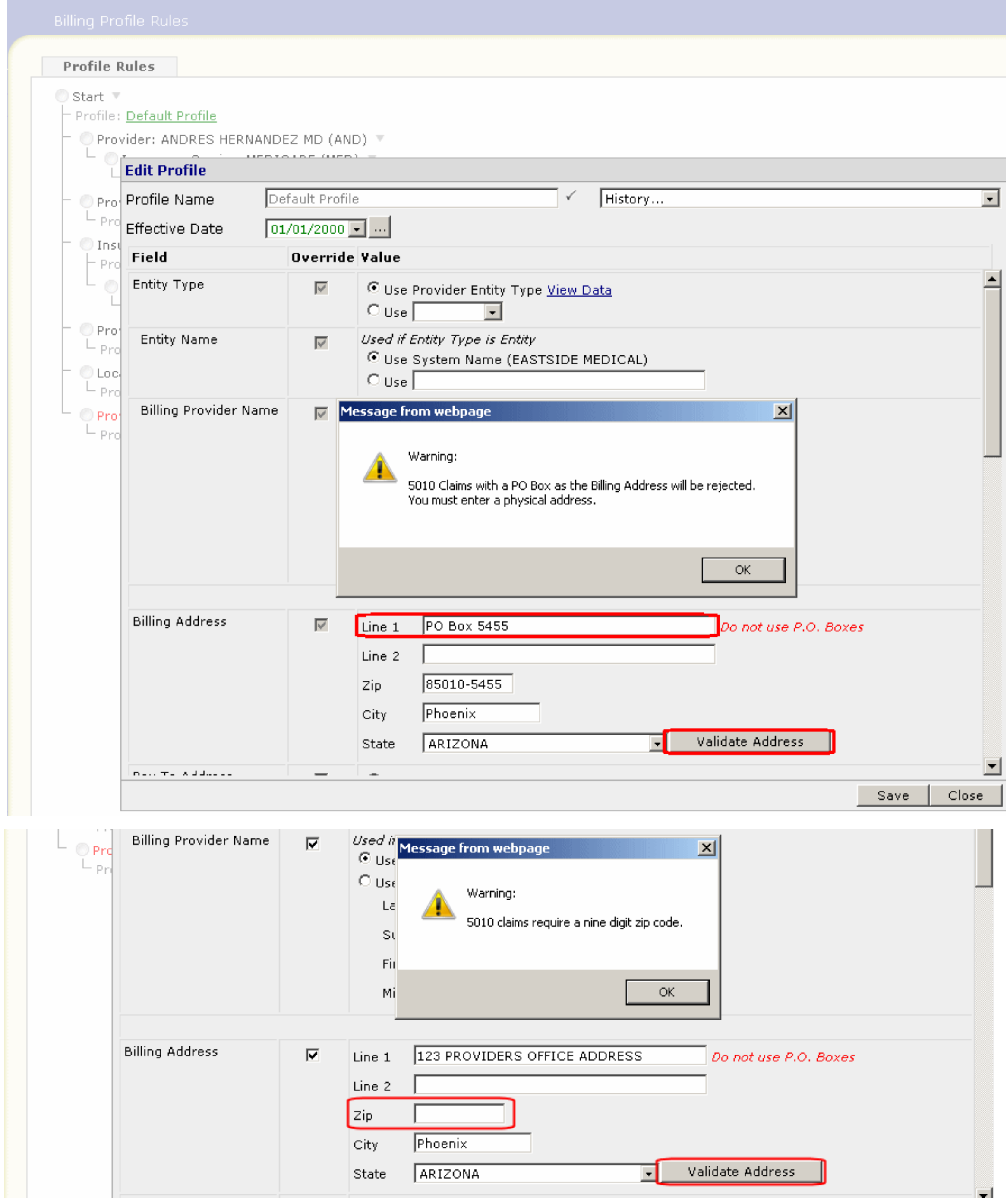
Note
If you already have a custom program in place to handle this, then, during the upgrade, this option will be selected automatically. However, all clients are urged to review their configuration to confirm this prompt is marked appropriately for their practice.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Validating Addresses**

  To help mitigate 5010 claim rejections caused by a P.O. Box rather than a street address being entered for the provider address or for missing or incomplete zip codes, the system now will check for those conditions when you click the **Validate Address** button and warn you when something is entered incorrectly.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

TABLES

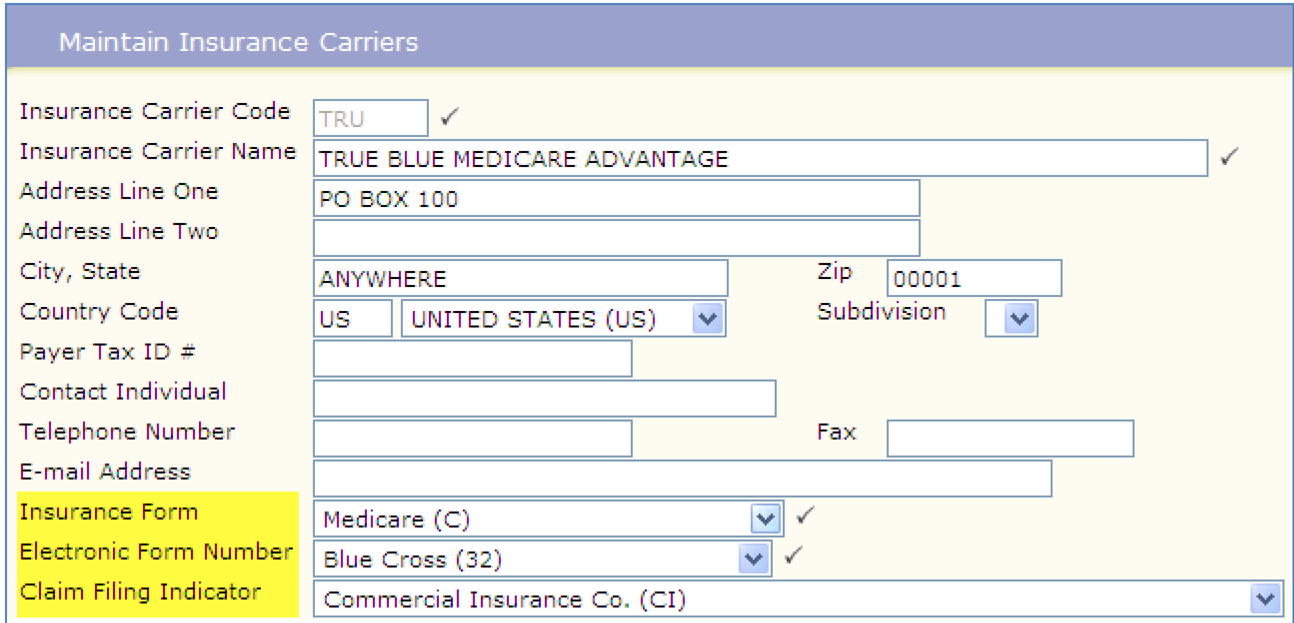
- **Insurance Carrier Table Set Up for Medicare Advantage Plans**

  *****Action Required*****
  To ensure correct billing and payment processing, all of your Medicare Advantage Plans must be set up as follows.

  - **Insurance Form**: Select "Medicare (C)."

    Note
    To ensure proper *payment* processing of these claims, the **Insurance Form** *must* be "Medicare (C)."

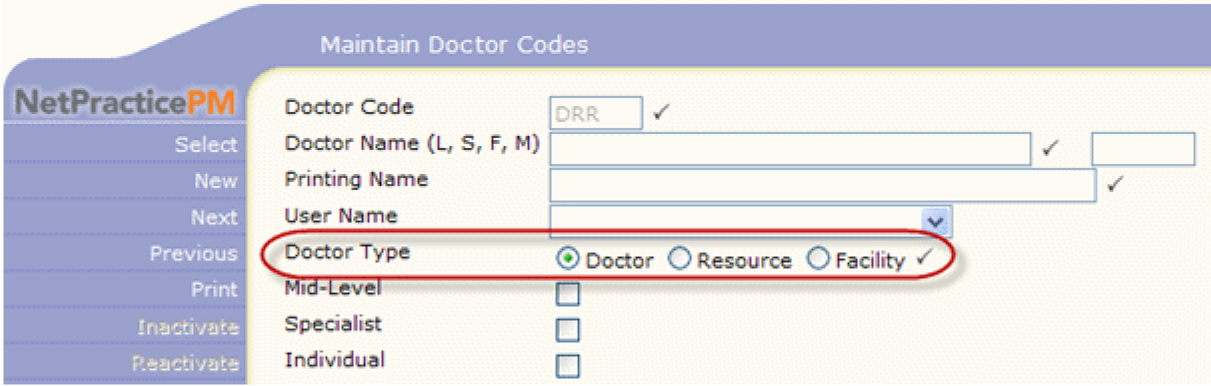
  - **Electronic Form Number:** Select the number appropriate for the carrier.
  - **Claim Filing Indicator**: Select "Commercial Insurance Co. (CI)."



- **Adding New Doctors**

  To help better manage your account, now, when you want to add a new doctor, you must contact your customer service representative. Accordingly, in **the Doctor Code Table**, on the **Maintain Doctor Codes** screen, if you select **Doctor** for the **Doctor Type**, a message will appear prompting you to contact customer service to activate a new doctor. You will not be able to save a new doctor record until you contact customer service.

  You also will be prompted to contact customer service, if you try to change the Doctor Type for an existing Resource to "Doctor." This change does not affect your ability to set up new resources or facilities.

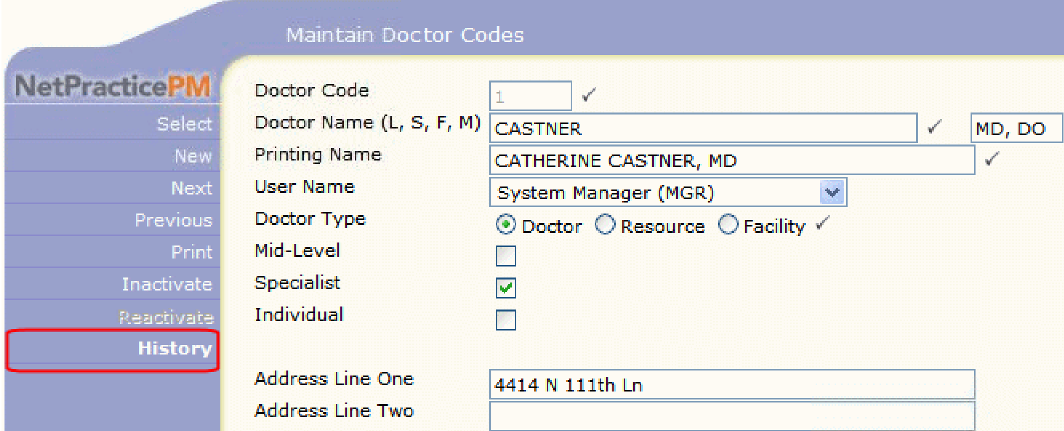


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

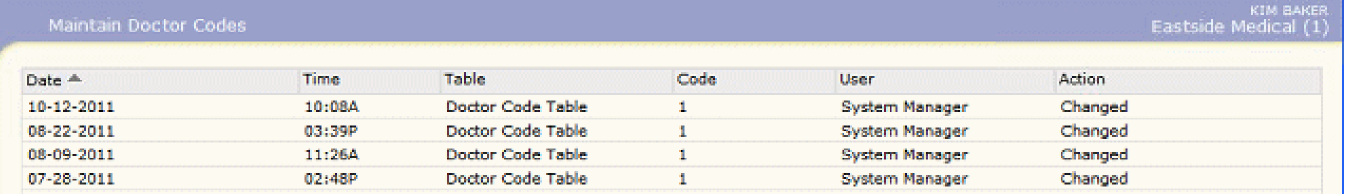
- **Table History - Viewing Changes to Tables**

  You will now be able to view all changes to a table directly from both the Maintain and Review screens for that table. The new history feature allows you to view all changes made to a table beginning with the first change made after your system is updated to 7.4.1. [The Changes to Tables (*System, File Maintenance Menu, Look-up Functions/System Log)* functionality is the same; you still may view the last 200 changes made to tables from the System Log.]

  A **History** button has been added to the Action column for both the *Maintain* and *Review* table menus. To view changes for that particular record, click **History**.



  A summary list of changes to that record appears. Each entry in the list will indicate the date and time of the change, the affected table and code, the user who made the change, and the type of change or action (Added, Changed, Inactivated or Reactivated). By default, the changes are sorted in reverse, chronological order; click any of the column headers to change the sort.



Maintain Doctor Codes

KIM BAKER
Eastside Medical (1)

Date ▲	Time	Table	Code	User	Action
10-12-2011	10:08A	Doctor Code Table	1	System Manager	Changed
08-22-2011	03:39P	Doctor Code Table	1	System Manager	Changed
08-09-2011	11:26A	Doctor Code Table	1	System Manager	Changed
07-28-2011	02:48P	Doctor Code Table	1	System Manager	Changed

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

To display the details of the change(s) that were made to a particular record (at the date and time indicated), click the entry on the list. The Table Modification screen appears showing the details of that particular change.

Maintain Doctor Codes

Table Modification

User: System Manager

Date: 08-09-2011

	Before	**After**
Doctor Code	1	1
Last Name	CASTNER	CASTNER
Suffix	MD, DO	MD, DO
First Name	CATHERINE	CATHERINE
Middle Name	ELAINE	ELAINE
Printing Name	CATHERINE CASTNER, MD	CATHERINE CASTNER, MD
User Name	System Manager (MGR)	System Manager (MGR)
Doctor Type	Doctor	Doctor
Mid-Level	No	No
Specialist	Yes	Yes
Individual	Yes	Yes
Address Line One	4414 N 111th Ln	4414 N 111th Ln
Address Line Two		
Zip Code	85037	85037-8309
City	PHOENIX	Phoenix
State Code	Arizona (AZ)	Arizona (AZ)

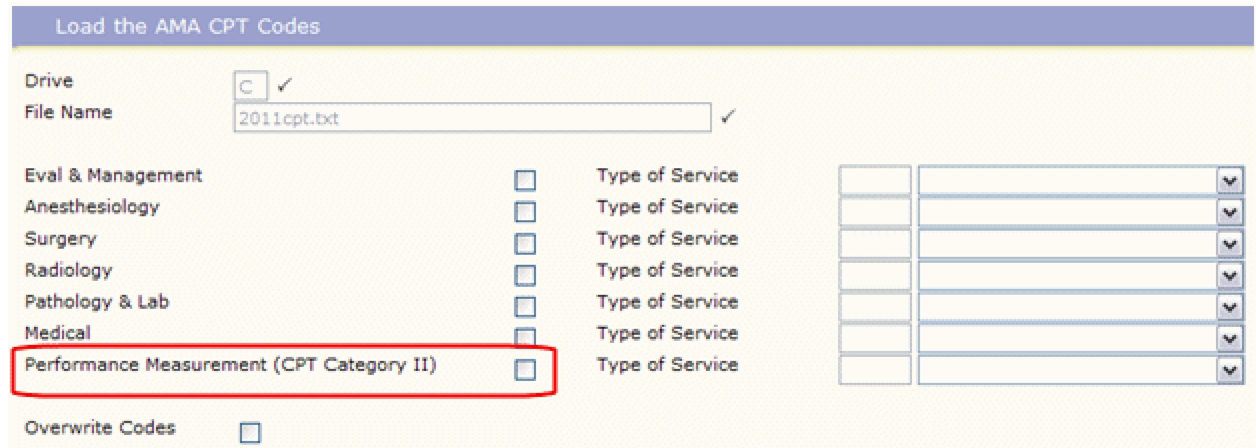
As when looking at changes to tables in the System Log, the **Before** column indicates the value before the record was edited; the **After** column indicates the value after the edit. Values that have changed appear in red.

Use the scroll bar or pagination buttons (**<<Prev** and **Next>>**) at the bottom of the screen to move through the list easily without having to go back to the summary list to select a new change to view.

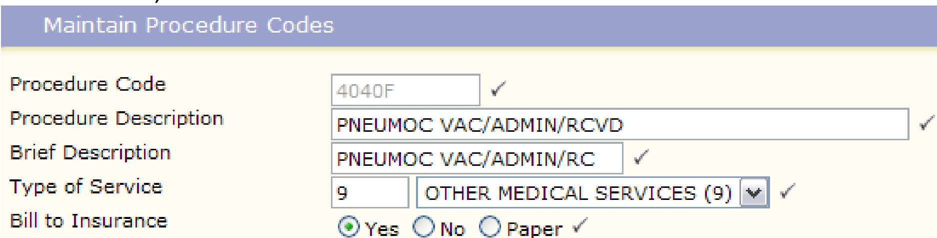
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **AMA CPT Codes – Performance Measurement Codes**

  To allow the codes 0001F-7025F with the 1P, 2P, 3P or 8P modifiers to be loaded into the system, the category **Performance Measurement (CPT Category II)** has been added to the **Load the AMA CPT Codes** screen.



Once loaded, each code can be viewed in the Procedure Code Table.

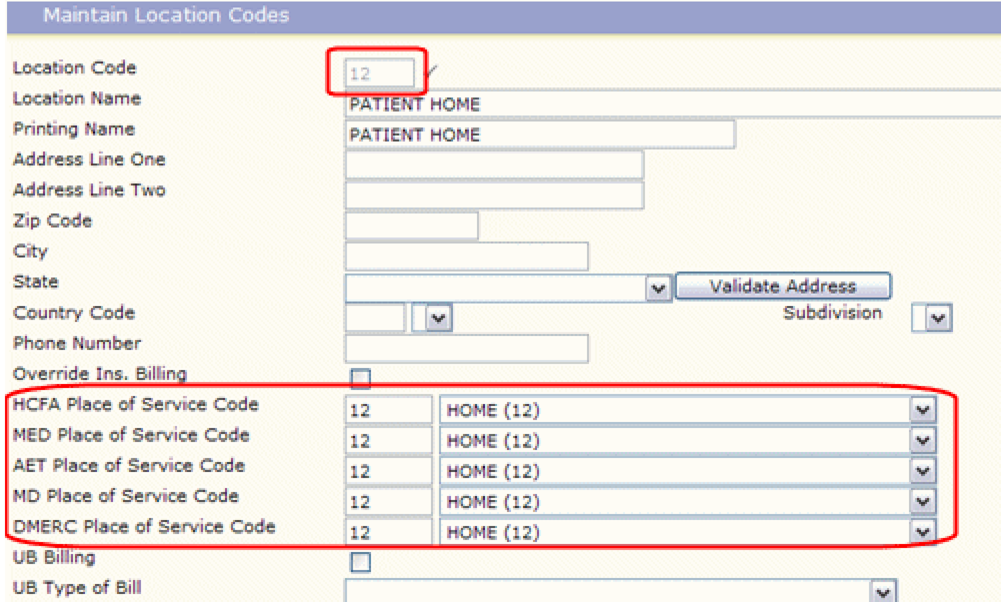


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Location and Place of Service Code Changes**

  Location code 12 no longer will function as a Place of Service (POS) code as well. You now will need to make sure the Place of Service equivalent fields are populated when setting up Location Codes.

  When you are required to include the patient's address on a claim, you first will have to set up a POS Code 12 as the equivalent for the Location Code 12, on the Maintain Location Codes screen.



  Having a Location Code of 12 only no longer will cause the system to automatically print the patient's home address on the claim.

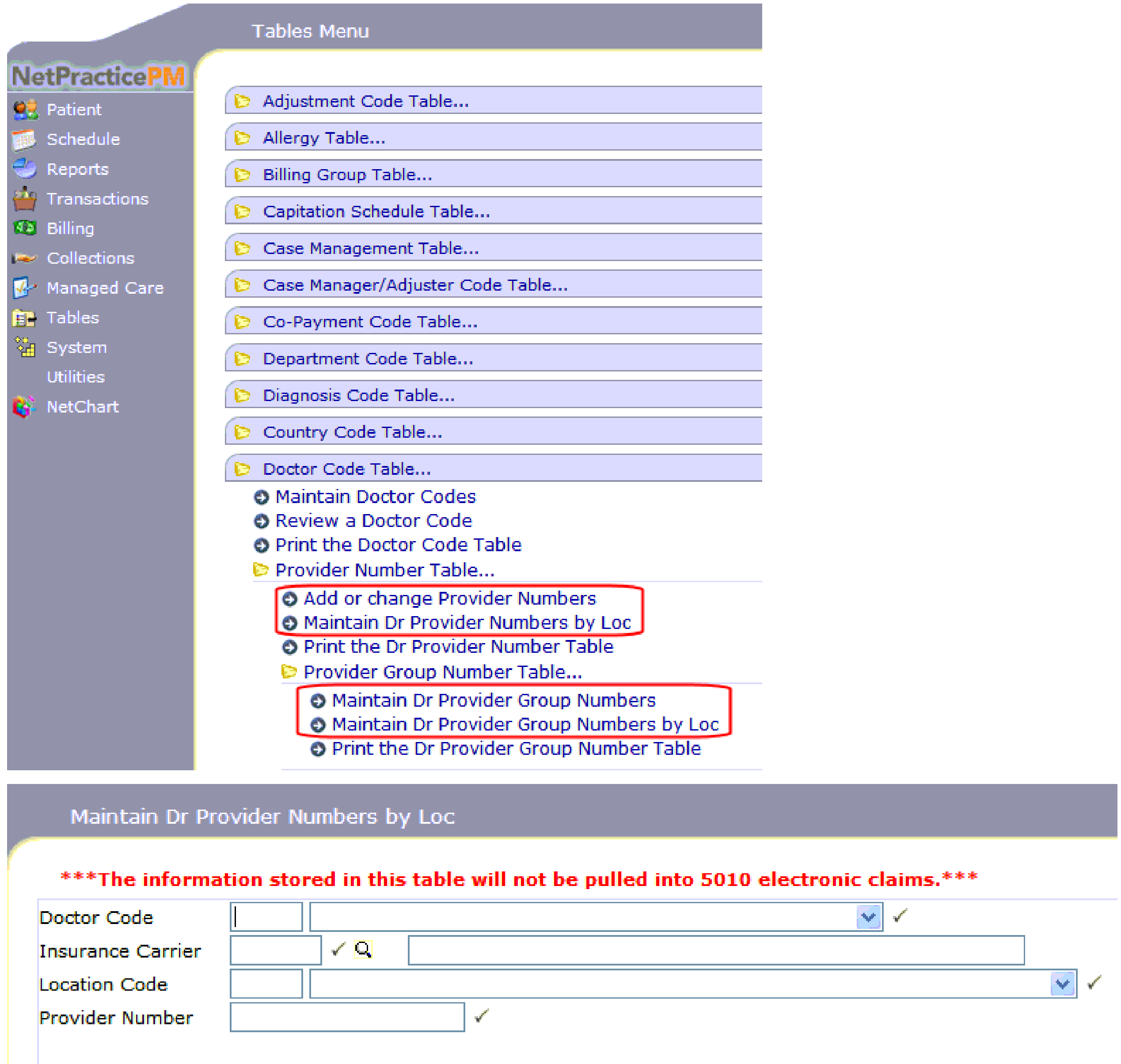
  Note
  When your system is updated to this release, the system will check the set up for Location Code 12 for blank equivalent codes and populate any blank POS equivalent fields with code 12. The system will not change any existing equivalent POS codes. After the update, whenever you set up a new location, you will need to set up the POS equivalents at the same time.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Doctor and Group Provider Numbers**

  To accommodate the fact that legacy provider numbers are not required on 5010 electronic or paper claims, the information stored in the following tables will not be pulled onto claims, and a message will appear at the top of each table as a reminder.

  - Add or Change Provider Numbers
  - Maintain Dr Provider Numbers by Loc
  - Maintain Dr Provider Group Numbers
  - Maintain Dr Provider Group Numbers by Loc



The NPI Number and Group Taxonomy Number are now controlled in the Billing Profile Rules; therefore, both the **Group NPI Number Table** and the **Group Taxonomy Number Table** will be phased out and no new data should be entered into these tables. From now on, you should maintain these numbers from the **Billing Profile Rules** menu.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **HCPCS Level II Codes Updated**

  The HCPCS Level II codes in the *Load the AMA HCPCS Codes* function have been updated with the corrections that were released by the CMS on January 30, 2012.

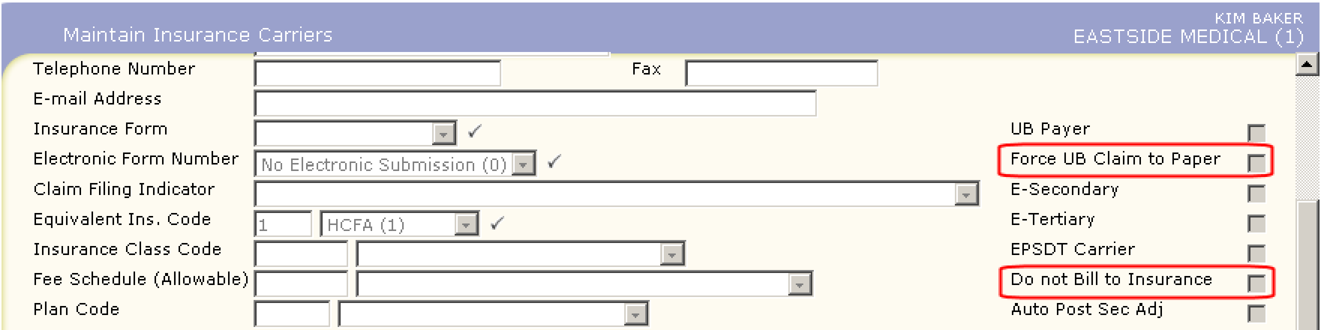
- **Medicare Relative Value Unit Files**

  The Medicare RVUs in the *Import RVU Unit Values* function have been updated with the revised RVUs that were released by the CMS on December 23, 2011.

- **Insurance Carrier Table**

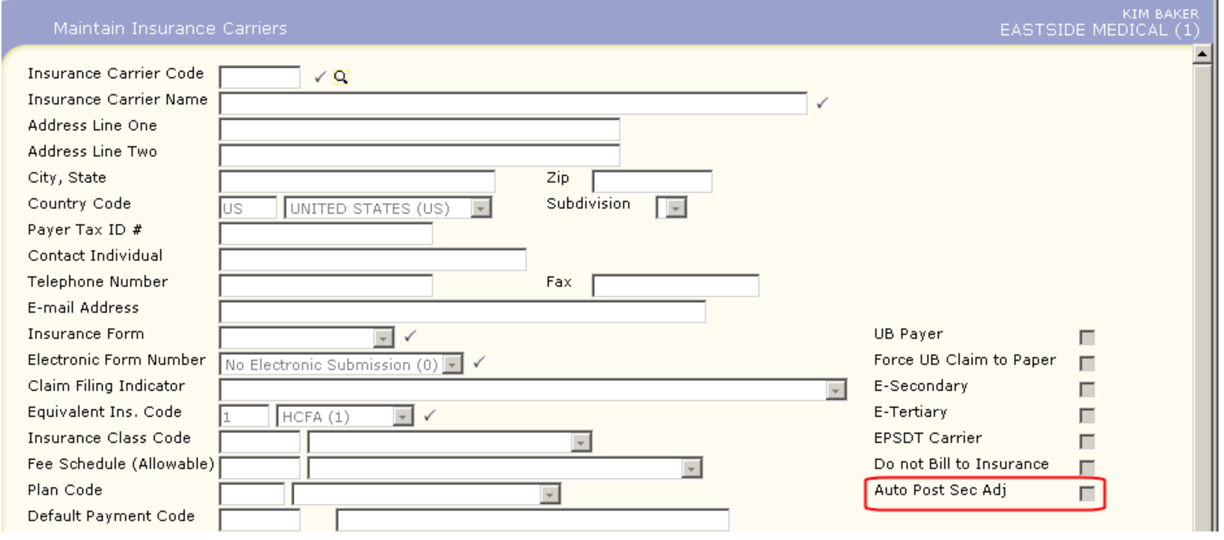
  Two new prompts are available in the Insurance Carrier Table (*Tables Menu/Insurance Carrier Tables/Maintain Insurance Carrier*):

  - **Force UB Claim to Paper** – Select this prompt when a paper claim should be generated for this insurance carrier for institutional claims.
  - **Do not Bill to Insurance** – Select this prompt when a claim (paper or electronic) should not be generated for this insurance carrier. If Do Not Bill to Insurance is selected, that selection overrides any other selections for this carrier (for example, Force UB Claim to Paper), which means that no claims will be sent for this carrier.



- **Carrier Code Table: Auto-Post Sec Adj Prompt**

  A new prompt, **Auto-Post Sec Adj**, has been added to the Carrier Code Table (*Tables Menu/Insurance Carrier Table/Maintain Insurance Carriers*). Select the check box for this prompt, if you want secondary adjustments from the ERA (Electronic Remittance Advice) to post automatically. Clear the check box, if you do not want the secondary adjustments to post automatically.



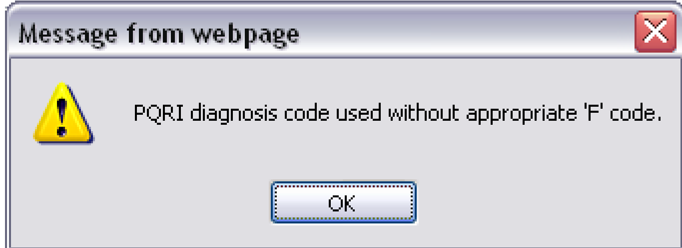
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

TRANSACTIONS

- **PQRI Reporting – Medicare as Secondary**

Note
This applies to those clients participating in PQRI reporting via the claims method.

A common mistake in claims-based reporting of PQRI measures is not reporting PQRI codes when Medicare is the secondary payer. To help rectify this, when sending a claim with one or more PQRI Dx code(s) and Medicare is the secondary or tertiary carrier on the patient's account, if you neglect to enter a corresponding "F" code during procedure entry, you now will be warned so you may add the "F" code(s) prior to submitting the claim. (The "F" code will not appear on the primary claim sent to a non-Medicare carrier.)



This is the same warning you receive now if you submit the primary claim to Medicare with a PQRI Dx code but neglect to include the appropriate "F" code during procedure entry.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

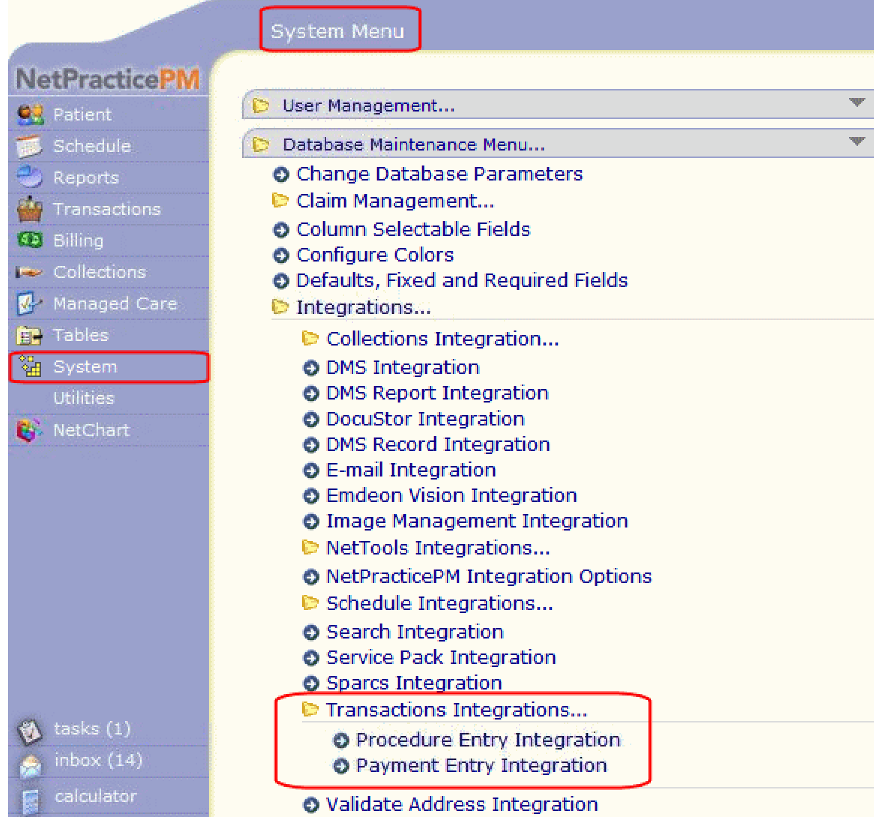
- **Integration Menus Reorganization and New Integration Screens for Transaction-related Default Values**

  The Integration menus stored in the Database Maintenance Menu (System Menu) have been reorganized for easier navigation. All integration menus have been moved into the new Integrations menu. Furthermore, they have been grouped together by type, resulting in a new Collections Integration menu, which now stores the Insurance Collections Integration and the Patient Collections Integration; the NetTools Integration menu, which now stores all integrations for all of the NetTools; the Schedule Integrations, which contains all of the schedule settings options; and Transactions Integrations (explained below).

  Additionally, to make it easier to understand which defaults are applicable to procedure entry and which are for payment entry and for easier system defaults management, you now will set up default values for all transaction-related items on two new integration screens (**Procedure Entry Integration** and **Payment Entry Integration**), which are accessed from the new Transactions Integrations menu.

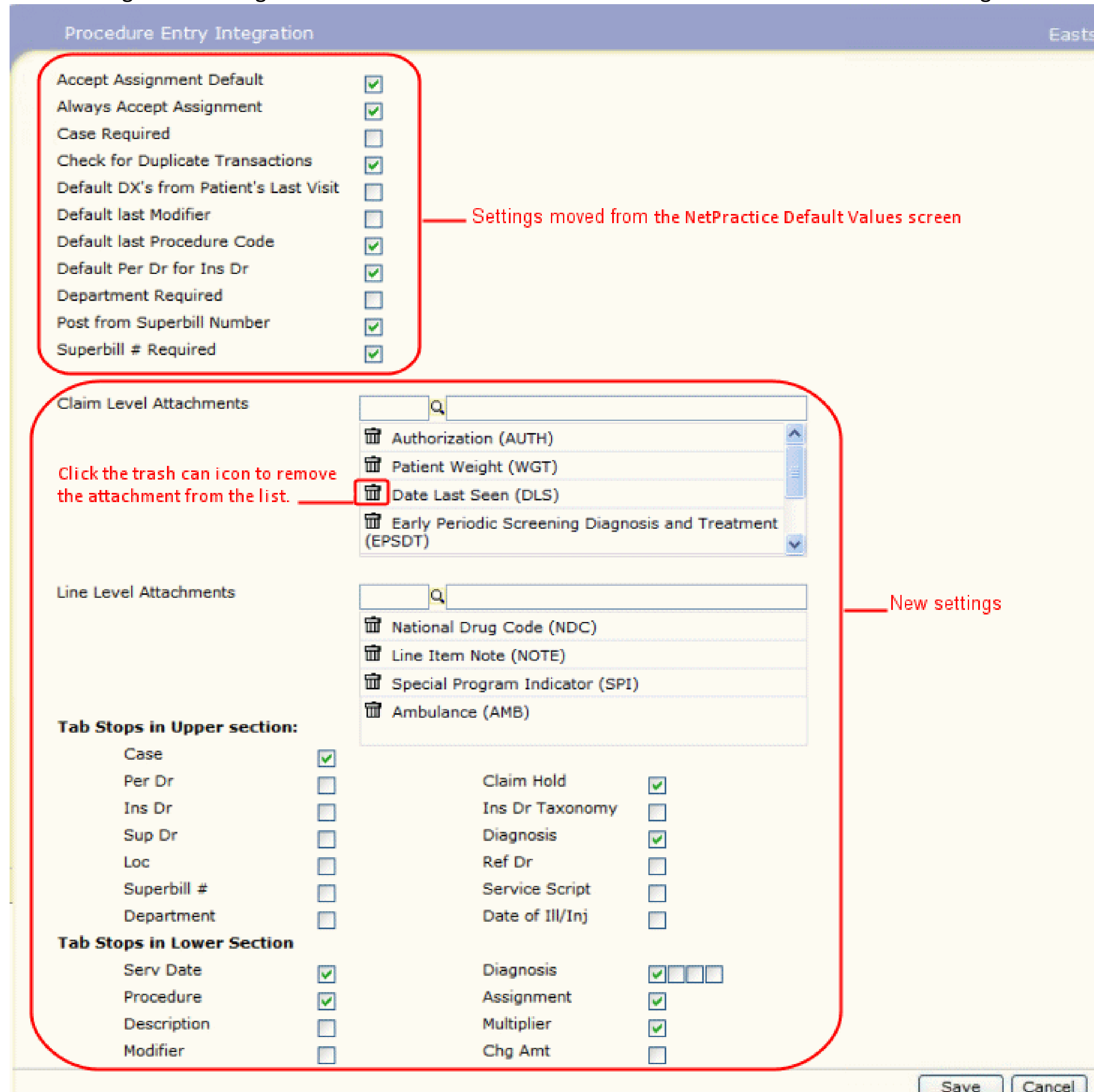
  Transaction-related items have been moved from the **NetPractice Default Values** screen to the new **Procedure Entry Integration** and **Payment Entry Integration** screens. The new Procedure Entry Integration screen also contains new settings for further customization of your application to suit your practice.

  To access the new transaction-related integration screens, go to the **System** menu and expand the **Database Maintenance Menu**. Under **Integrations**, expand the **Transaction Integrations…** item.



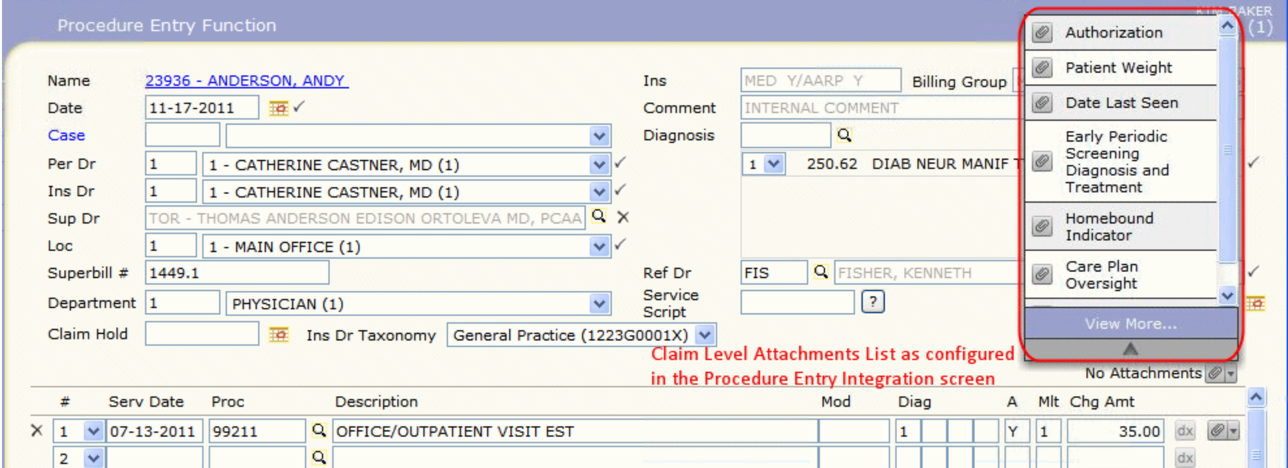
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- Procedure Entry Integration Screen - The **Procedure Entry Integration** screen includes all of the procedure entry-related integration settings from the NetPractice Default Values screen as well as some new settings.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Attachments** - Use the Claim Level and Line Level Attachments settings to designate your practice's most-frequently used attachments that should be available for quick selection from the attachments lists during procedure entry. (During procedure entry, you always will be able to see all of the available attachments and select one not designated on either of the lists in this screen by using the "View More" option.)



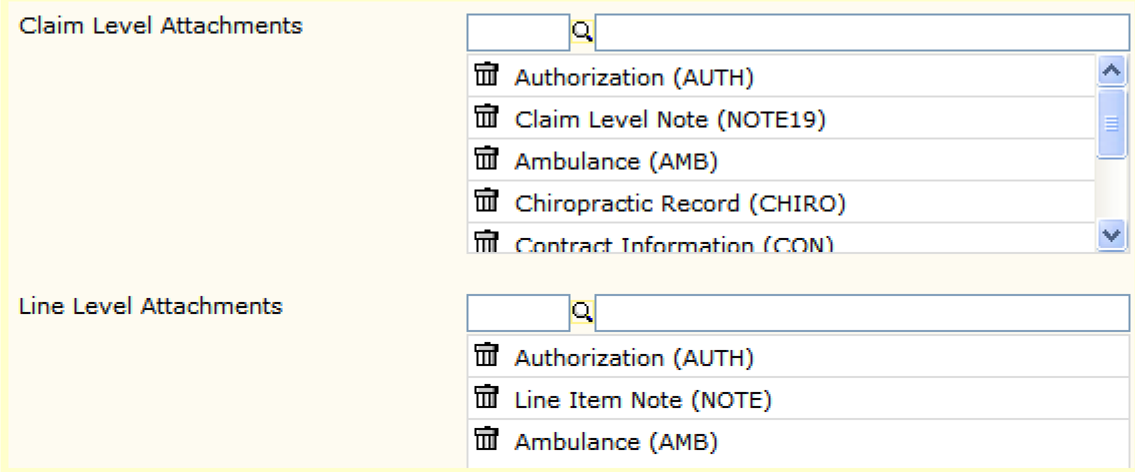
  - In the **Claim Level Attachments** field, type the attachment abbreviation (or click the magnifying glass to search the table) to add to your most-frequently used list of attachments available for quick selection at the claim level in the *Procedure Entry* function.
  - In the **Line Level Attachments** field, type the attachment abbreviation (or click the magnifying glass to search the table) to add to your most-frequently used list of attachments available for quick selection at the individual service line level in the *Procedure Entry* function.

Notes

By default, the following attachments will be on each list:

- Claim Level Attachments – Authorization (AUTH) and Claim Level Note (NOTE19)
- Line Level Attachments – Authorization (AUTH) and Line Item Note (NOTE)

Each list also will include any attachments matching selected DMS Records in the DMS Record Integration; the type of DMS record it is will determine whether the attachment appears on the claim or line list.



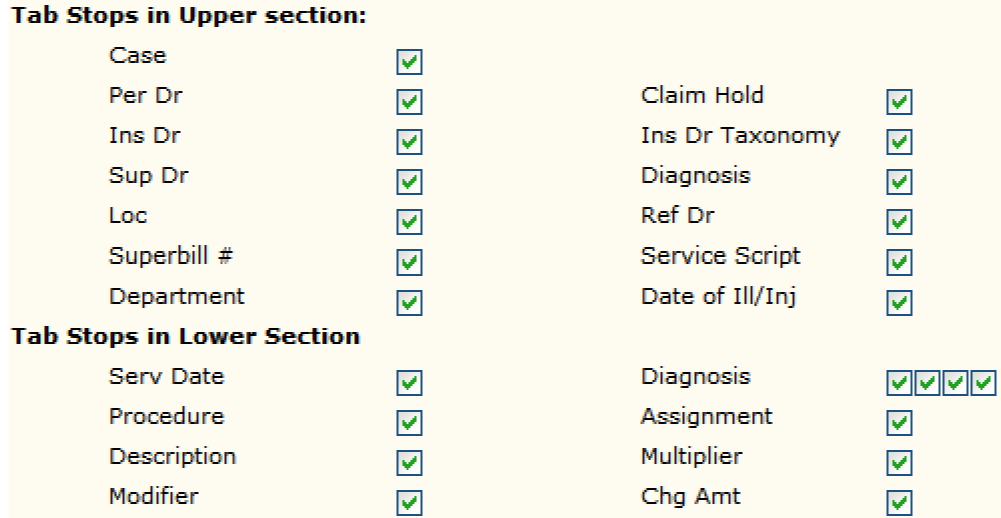
It is recommended that you review the lists and add or remove attachments to suit your practice.

To remove an attachment from the list, click the trash can icon to the left of the item.

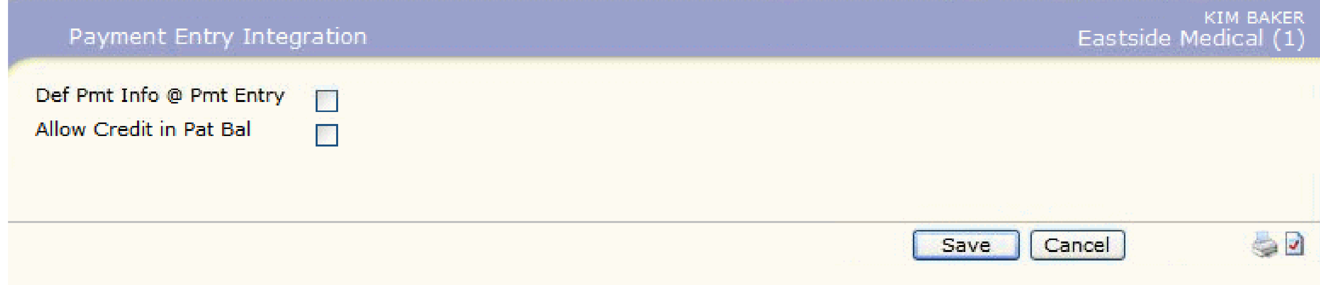
For more information about using attachments in procedure entry, reference the section "Procedure Entry – Attachments," in this document.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Tab Stops** - Use the Tab Stops sections settings to customize the tab stops on the top and bottom areas of the Procedure Entry screen. When a check box is selected, a tab stop is set for that field. By default, all of the check boxes will be selected, which means that pressing TAB on the **Procedure Entry Function** screen will move the focus of your cursor through the fields in the order as displayed on this Integration screen—down each column, from left to right. If you do not want the cursor to stop at a particular field when you press TAB, click to clear the check box for that field.



- Payment Entry Integration Screen – The **Payment Entry Integration** screen includes the two payment-related settings from the NetPractice Default Values screen—namely, **Def Pmt Info @ Pmt Entry** and **Allow Credit in Pt Bal**.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Note
To make it easier to discern what the settings pertain to in the system, the NetPractice Default Values screen has been reorganized so that the remaining items are grouped in sections—for example, Insurance Billing and Patient Information.

NetPractice Default Values

Insurance Billing:

Setting	Value	Setting	Value
Create Ins for Paid Chgs	☑	Create Sec/Ter on $0 Claim	☐
Create Ins on Locked Batches Only	☐		

Miscellaneous:

Setting	Value
Adj Code for Recalls	REC — RECALL SENT
Allow Canadian Provinces	☑
Days in A/R Calculation	(•) 90 Days ( ) 180 Days ( ) 365 Days
Default Review Format	Encounter (C1)
Disable Active Reports	☑

Patient Billing and Statements:

Setting	Value	Setting	Value
Adj Code for Stmts	STM — STATEMENT SENT		
Erase Stmt Comment	☑	Print Aging Messages	☑
Finance Charges	☑	Send Statement	☑

Patient Information:

Setting	Value	Setting	Value
Alert User	☐	Change Patient/Guarantor	☑
Asterisk fill SSN	☑	Date of First Visit	10-12-2010
Default Location	1 — MAIN OFFICE (1)		
Default Responsible Dr	1 — CATHERINE CASTNER, MD (1)		
Global Patient Look-up	☐		
Primary Address	☑		
Release of Information	☐		

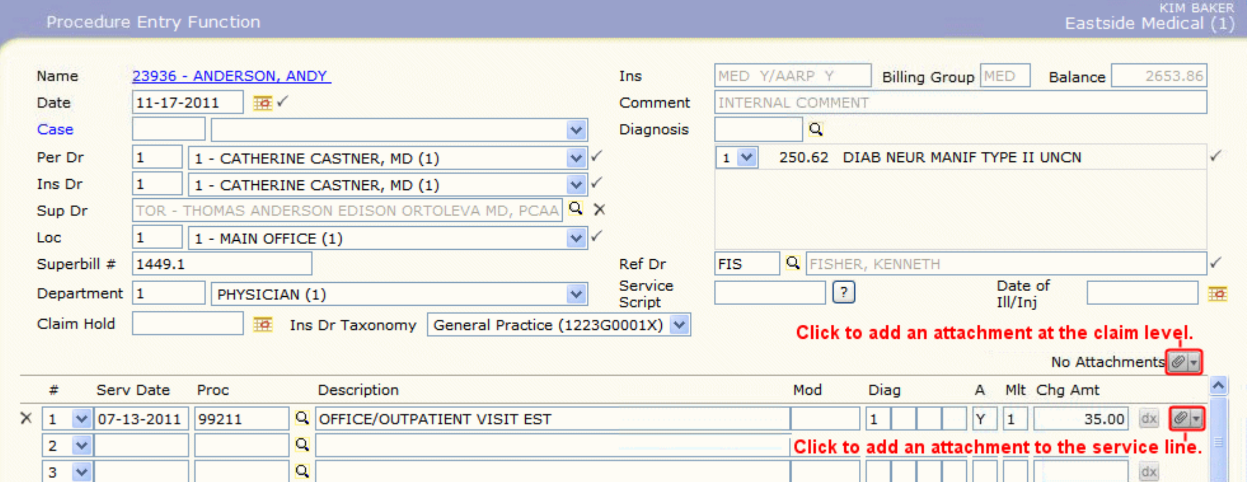
Patient Look-Up Screen:

Setting	Value
Display Patient Balance	☑
Dr, Loc, or Billing Group	(•) Dr ( ) Loc ( ) Billing Group
Dr, Loc, or Billing Group	( ) Dr ( ) Loc (•) Billing Group
Social Sec or Diagnosis	(•) Social Security ( ) Diagnosis
Street Address or Phone	( ) Address (•) Phone

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

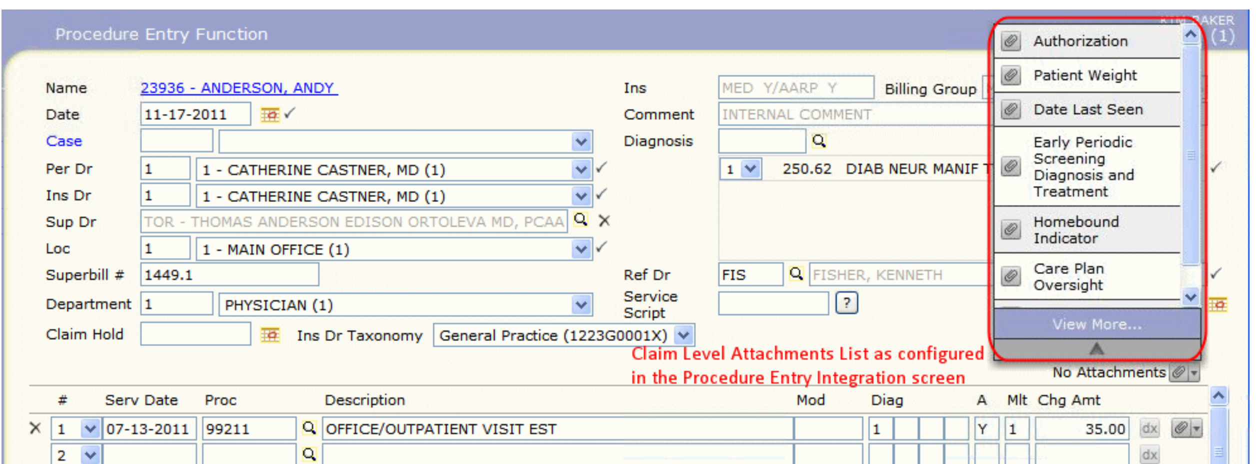
- **Procedure Entry – Attachments**

  Instead of the special procedure codes that have been used to provide additional required information on claims—such as, NOTE, NDC, AUTH, and so forth—, you now will add "attachments" to your claims (at the claim level and at the service line level) in the *Procedure Entry* function. Attachments are added by clicking the paper clip icon —either at the claim level or next to the particular service line.



When you click the icon, you will see the list of your practice's most-frequently used attachments (as set up in the new **Procedure Entry Integration** screen) for either the claim level or service line level. (For more information about setting up the most-frequently used lists, reference the section "Integration Menus Reorganization and New Integration Screens for Transaction-related Default Values," in this document.)

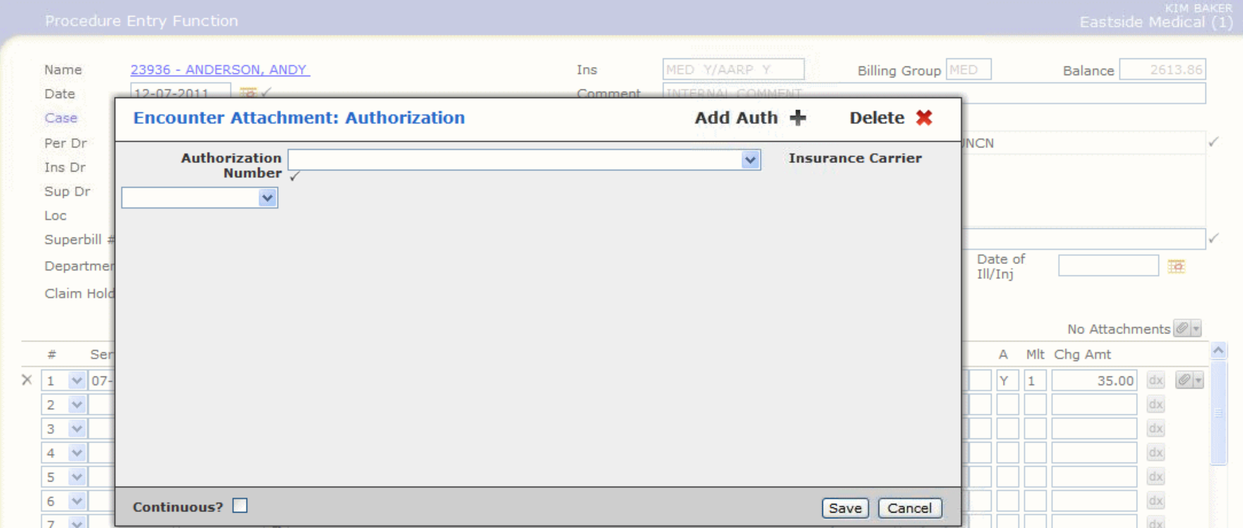
- To expand the list to see all of the available attachments, click **View More** at the bottom of the list.
- To close the list, click the UP ARROW at the bottom of the list.



Tip
When you look at the list, if the paper clip next to Authorization is yellow, it means an Authorization may be required; if a paper clip next to any attachment is red, it means an attachment of that type is required. For example, if an NDC is required, the paper clip next to it on the list will be red.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

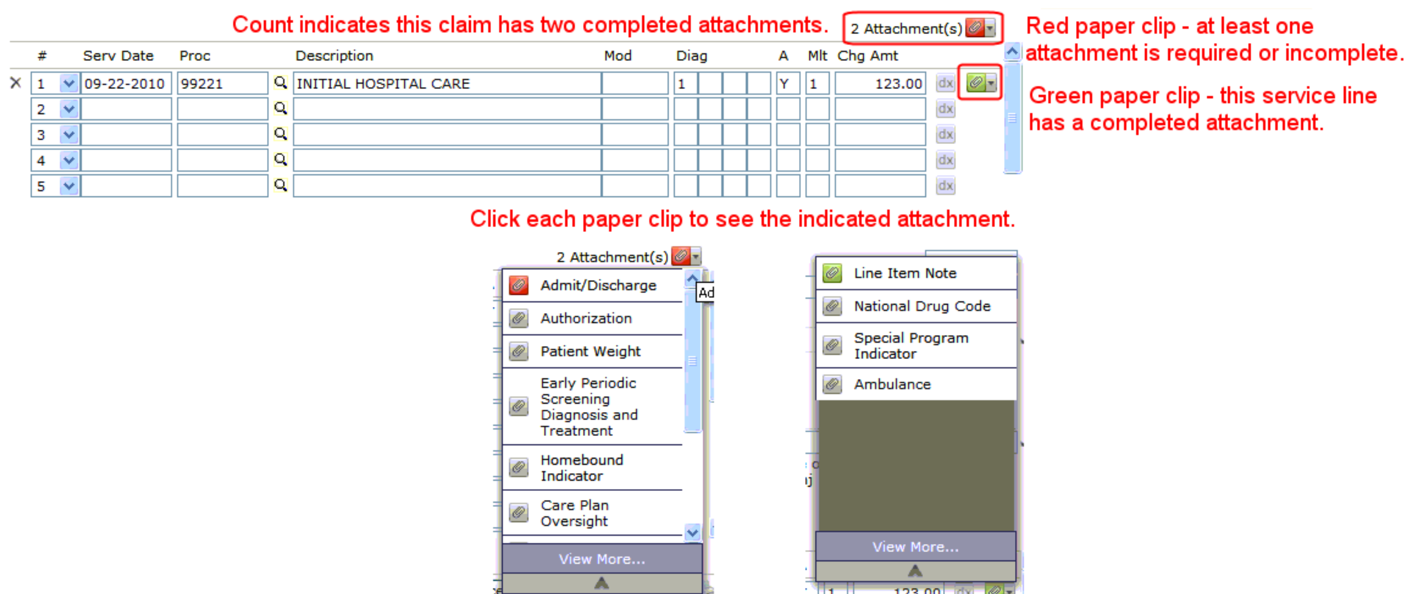
Select the type of attachment to add by clicking it from the list. A screen appropriate for that attachment appears where you will enter the information specific to the attachment.



Note that the screens for adding the attachment information have been enhanced to facilitate the 5010 requirements and to provide clearer data entry. You will no longer need to free-text a formula into the Description fields; everything needed for each type of attachment is outlined clearly.

After entering the information and saving the attachment, the attachment is saved to the claim or the service line level (or both). You may make changes to attachments, add new ones, or delete existing ones until the Procedure Entry screen is saved; after it has been saved, you will have to use the *Edit an Encounter* function to add, edit or delete an attachment.

The count next to the claim level paper clip icon changes to indicate the total number of completed attachments for the claim as a whole—that is, the sum of completed attachments at the claim level and at the individual service lines.



When a claim does not have any attachments, the text "No Attachments" appears next to the icon.

To delete an attachment, open the attachment window and click the delete button or press ALT+X or ALT+MINUS SIGN.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

About the Paper Clip Color Coding

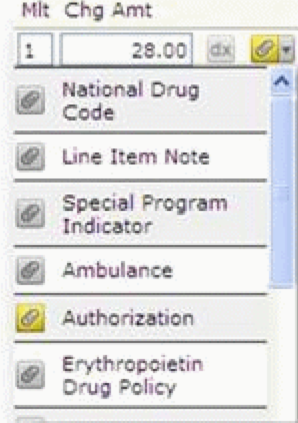
In some cases, the system is able to determine when an attachment is, or may be, required. In these cases, the system provides some visual cues in the form of color-coding the paper clips (red, yellow, or green) that appear on the screen and in the attachment lists. (Note that the system will not be able to determine all required or possibly required attachments; you still will make the final determination regarding what is required and should be attached.)

- A red paper clip means at least one required attachment is incomplete. For example, if you enter an inpatient location, the paper clip turns red to indicate the Admit Date attachment is required. Or, if you enter an injection code that has the NDC number check box selected in the procedure code table, the paper clip will be red to indicate the requirement of an NDC attachment.
- A yellow paper clip means at least one attachment may be required. For example, if there is one or more authorization(s) stored on the patient's account that are valid for that date of service, the paper clip will be yellow. This is your cue to determine whether you do need to add one (or more) authorizations.

  Note
  For this release, Authorization (AUTH) is the only attachment that the yellow coding applies to, so, when you see a yellow paper clip, it means an Authorization may be required.

- A green paper clip means at least one completed attachment has been added to the claim or that service line.

The system reviews information on the account and information added in the *Procedure Entry* function to determine if anything entered warrants or triggers an attachment. If warranted, the paper clip changes color based on the "triggering" information—for example, the presence of an authorization on an account that matches the date of a service triggers the paper clip next to Authorization in the attachments list for that service line to turn yellow. So, even before you have added any attachments, you may see that the claim level paper clip or one that is next to a service line is yellow or red. To see which attachment is indicated, view the attachments list; the paper clip next to the Authorization attachment or whichever attachment(s) are required will be yellow or red. (For a list of what triggers an attachment, please reference Appendix A.)



Once an attachment is completed and added (to the claim or to a service line), the paper clip turns green.

To view any claim level attachments already added, click the claim level paper clip and then select the attachment from the list.

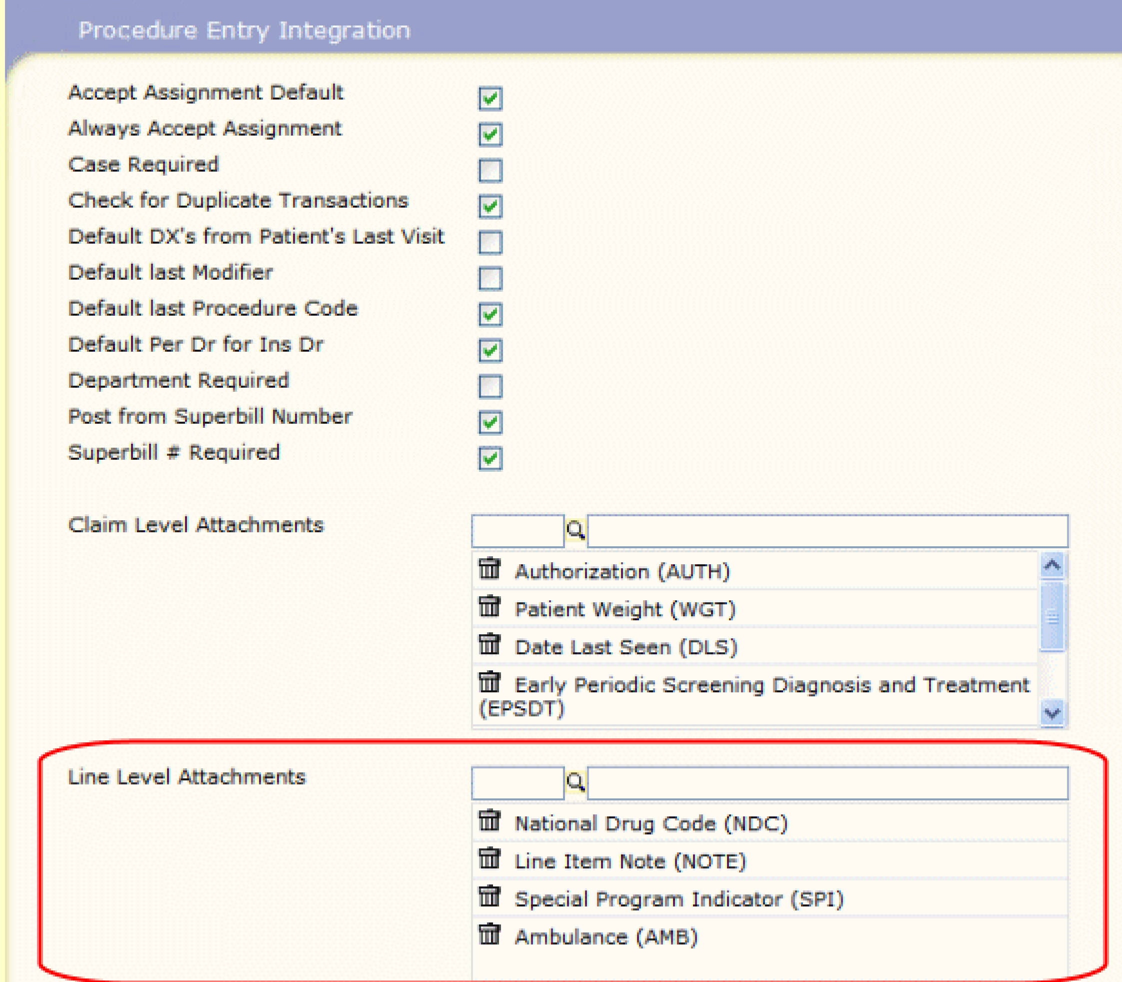
To view service line attachments, click the paper clip next to the appropriate service line and then select the attachment from the list.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Tip

To quickly view attachments that are required and incomplete (as indicated by the red paper clip) at the service line level, place your cursor somewhere on the appropriate service line, and press ALT+A. This will open the attachment window for the first required, incomplete attachment.

If there are no required attachments identified for that service line, a new window for the first attachment type in the most-frequently used list (as set up in the Procedure Entry Integration) opens. For example, if National Drug Code (NDC), Line Item Note (NOTE), Special Program Indicator (SPI), and Ambulance (AMB) are set up in the Procedure Entry Integration for the claim level list (in that order) and there are no required, incomplete attachments for the service line, then the window to add an NDC type attachment will appear.



The same behavior holds true for claim level attachments except you will place your focus at the top of the screen (outside of a service line) before pressing ALT+A.

To view the next attachment, press ALT+RIGHT ARROW; press ALT-LEFT ARROW to see the previous one.

About the Order of the Attachments on the Lists

In general, the order of attachments on each attachments list is based on the order as set up in the Procedure Entry Integration. For example, if National Drug Code (NDC), Line Item Note (NOTE), Special Program Indicator (SPI), and Ambulance (AMB) are set up in the Procedure Entry Integration for the claim level list (in that order) that will be the default order of the items when you open the claim-level attachment list.

The order of the attachments on each attachment list changes, though, depending on the status of attachments for the claim or service line.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- Attachments that are required and incomplete—as indicated by the red paper clip—, have top priority and so will move to the top of the list.
- Attachments that may be required—as indicated by the yellow paper clip—, appear after any required ones.
- Attachments that have been added and validated—as indicated by the green paper clip—, appear next.

So, for example, if a service line requires an attachment that is incomplete and it also has one already added that has been completed, the required one will appear at the top of the list (red paper clip) and the completed one (green paper clip) will appear next.

If a service line has one attachment that has been completed (and none have been identified as being required or possibly required), the completed one would appear at the top of the list.

The rest of the list will follow the order in the Procedure Entry Integration.

About Attachments and DMS Records

As was true with the special procedure codes, many of the attachments have corresponding DMS records. When you add an attachment that has a corresponding DMS record, a new record will be added to that DMS record—as "read-only." It is important to note that, from the patient's DMS records, you may not edit a DMS record that was added through an attachment; you may only view it.

To edit a DMS record that was added through an attachment, you must use the *Edit an Encounter* function.

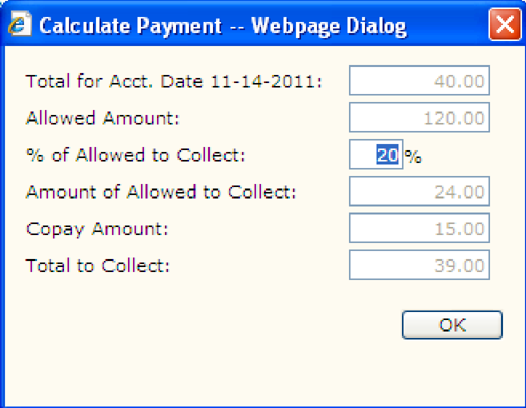
Conversely, you still will be able to add new DMS records to the patient's account, but any DMS record added from within the patient's account *is not* included on any claim—nor can it be attached to any claim.

The one exception to this rule is the HOSP (Hospital) DMS record. If you add a HOSP attachment in Procedure Entry, only the Admit Date and the Discharge Date fields will be read-only; you will be able to edit the rest of the fields.

- **Calculate Payment**

  In both Patient Check/In Out and Pre-Treatment*,* the value that appears in the **% of Allowed to Collect** field in the Calculate Payment Action column function will default to the value stored in the **Patient Co-Ins Liability %** field from the patient's Insurance Policy Information screen.

  The value that appears in the **Amount of Allowed to Collect** field also will be calculated based on the **Patient Co-Ins Liablity %** field value.



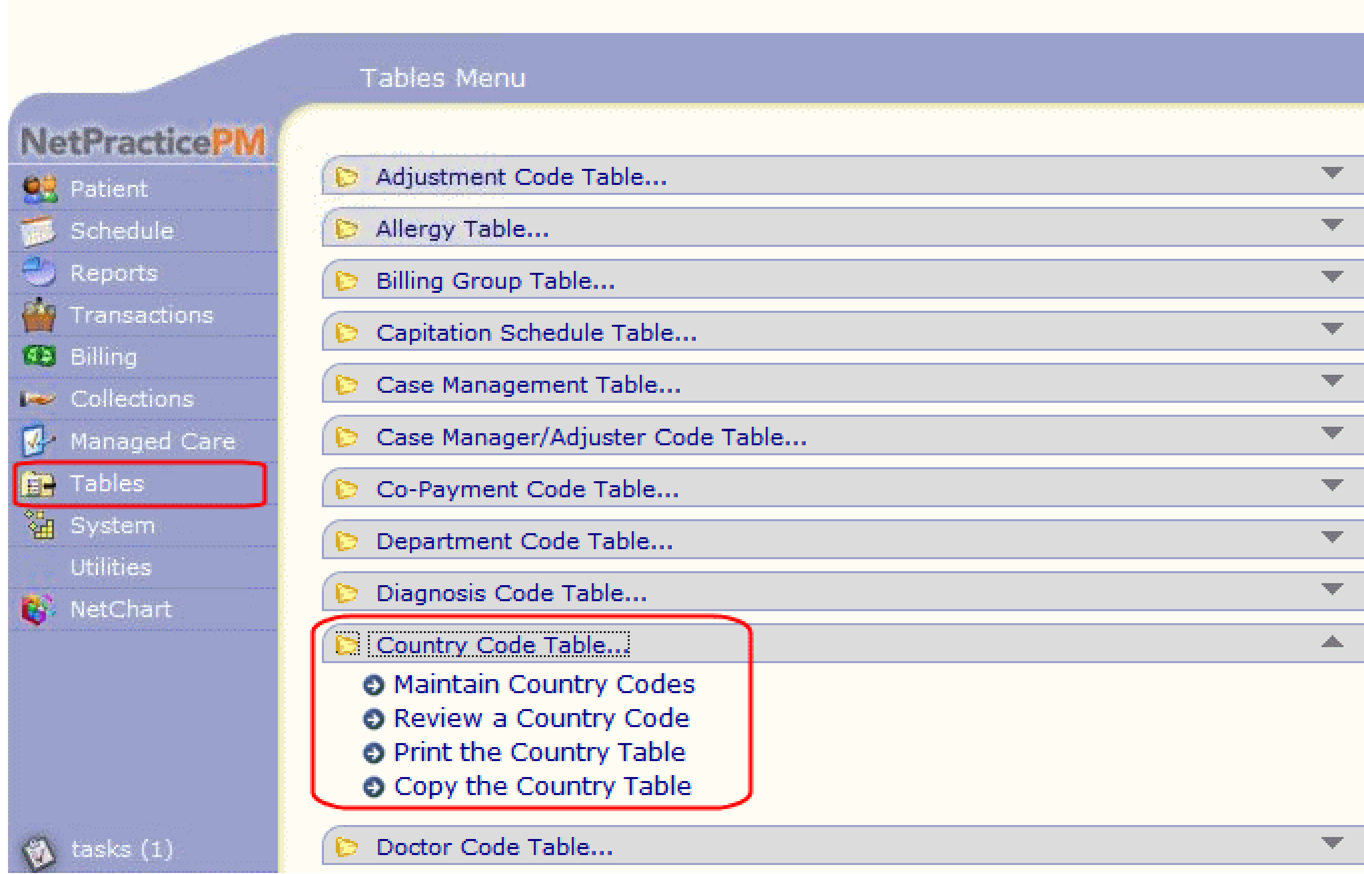
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Country Code Table**

Country subdivision codes for patients and insurance carriers are now required when the country in the address is outside the United States, its territories, or Canada and has country subdivision codes. The system has been modified to accommodate the 5010 requirements pertaining to state/province, zip, country, and country subdivision codes. The 5010 rules now in place are:

- If the address is in the US, its territories, or Canada:
  - A state/province code and a postal code are required.
  - For the US and its territories, a country code is not required, but it can be sent anyway, if desired.
  - For Canada, a country code is required.
- If the address is outside the US, its territories, or Canada:
  - If there are postal codes for that country, then a postal code is required, if available.
  - If there are country subdivision codes for that country, then a country subdivision code is required, if available. The country subdivision code is sent instead of the state or province code—that is, the state or province and the country subdivision codes are mutually exclusive.

To accommodate 5010 claim requirements for Country Code and Country Subdivision Code reporting, a new **Country Code Table** has been added. This table enables you to select the countries that you want available to choose from in the Country Code fields throughout NetPracticePM.

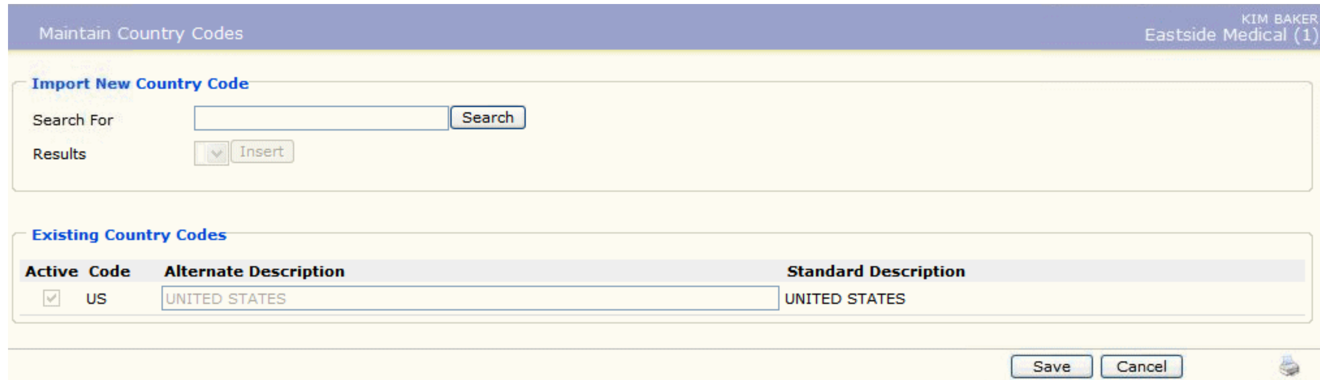


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

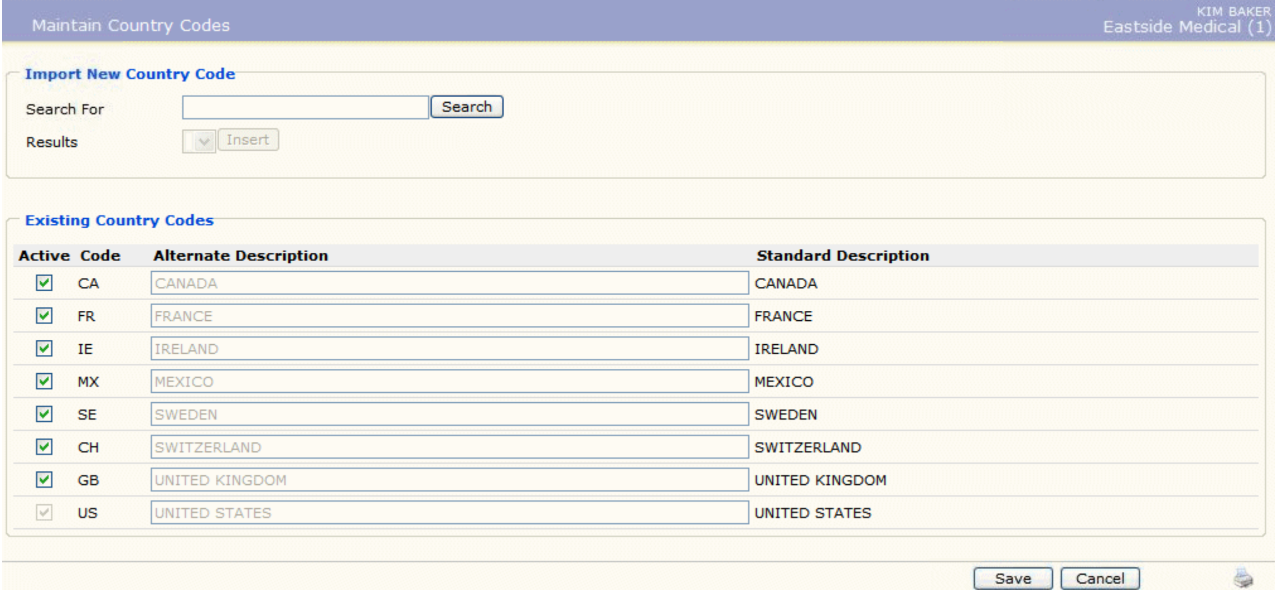
To manage Country Codes

1. From the **Tables** menu, expand **Country Code Table**, and click **Maintain Country Codes**.
   The Maintain Country Codes screen appears with a list of the country codes already in the table. The active country codes are the ones that will be available for selection throughout the system when you are recording address information.

Note
By default, the United States automatically is loaded into your table as an active code and may not be deactivated.



2. To add a code to your list of active country codes, do the following:
   - In the **Search For** field, type a *country name* (or the first few characters of the country), and click **Search**.
     Countries matching your search populate the Results drop-down list.
   - In the **Results** drop-down list, select the country, and click **Insert**.
     The Code is added to the Existing Country Codes list as an active code.

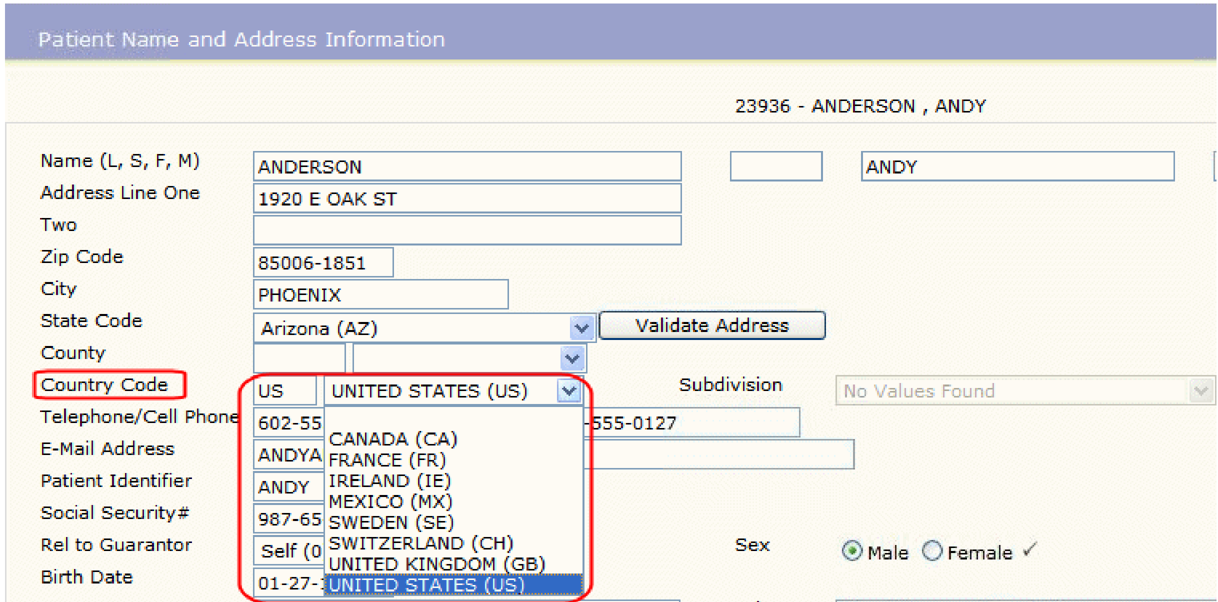


3. To deactivate a country code so it no longer appears for selection in the application, click to clear the **Active** check box to the left of the code.

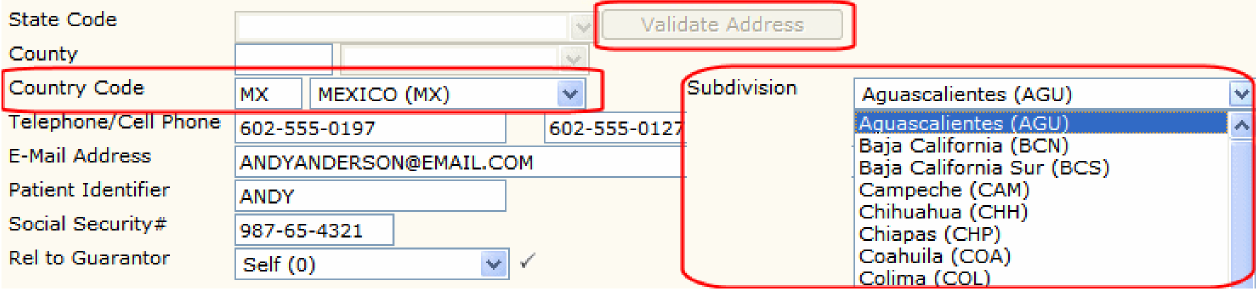
4. To save changes to the table, click **Save**.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

In all areas where addresses are recorded, you now will be able to select the applicable country code from the Country Code drop-down list. This list will include only the codes marked "active" in the *Maintain Country Codes* function.



In all areas where addresses are recorded, you also will see the new **Subdivision** field. Subdivision codes are not required for the United States or Canada. If either "United States" or Canada" is selected in the **Country Code** field, the **Subdivision** field is disabled. If any other country is selected, the **Subdivision** field is enabled, and a list of all applicable country subdivision codes will appear in the drop-down list so that you can choose the appropriate Subdivision code for the corresponding country. If the address entered is outside of the United States, the **Validate Address** button is disabled.

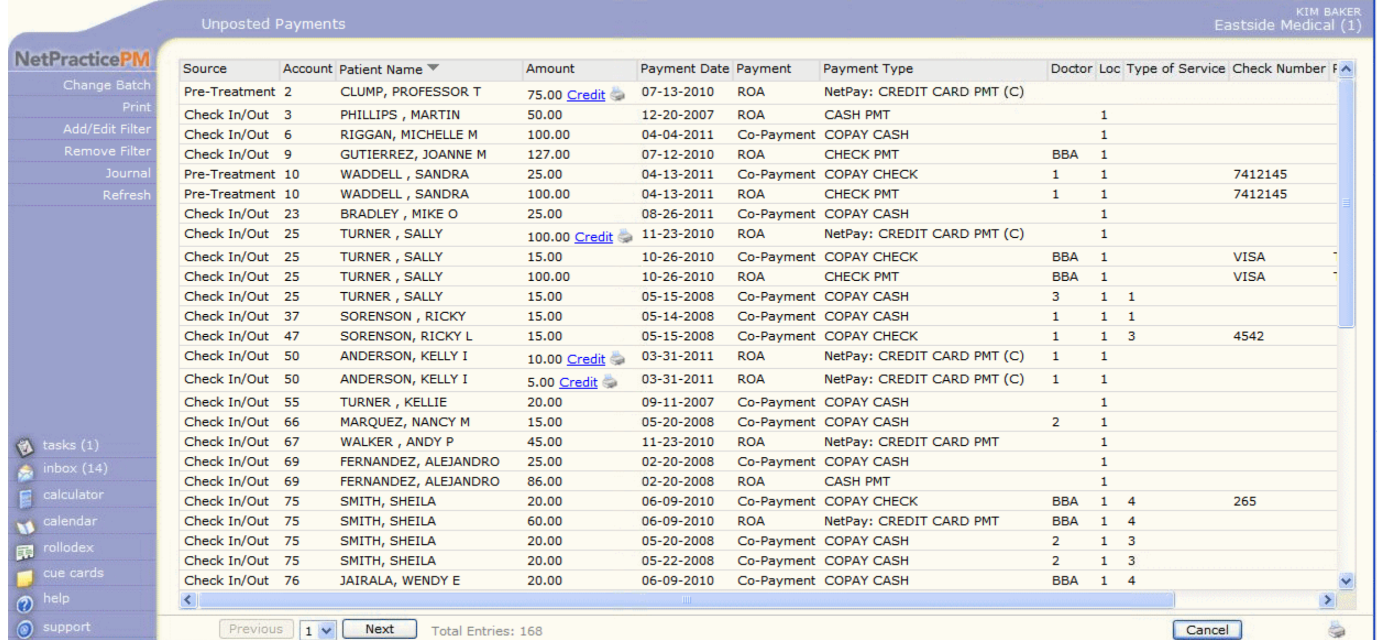


Note
When the service pack is loaded, a pass-thru will run to select "US" as the Country Code for all addresses where a U.S. state or territory already is recorded in the address.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

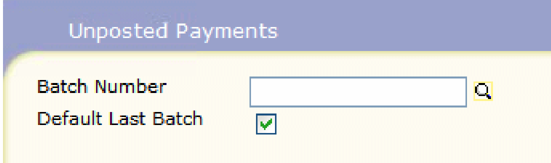
- **Unposted Payments Screen**

To allow you to view and work all of your unposted payments from one area, a new **Unposted Payments** screen has been created. The new screen works like the **Unposted Procedures** screen and is accessed from the Transactions Menu.



Source	Account	Patient Name	Amount	Payment Date	Payment	Payment Type	Doctor	Loc	Type of Service	Check Number
Pre-Treatment	2	CLUMP, PROFESSOR T	75.00 Credit	07-13-2010	ROA	NetPay: CREDIT CARD PMT (C)				
Check In/Out	3	PHILLIPS , MARTIN	50.00	12-20-2007	ROA	CASH PMT		1		
Check In/Out	6	RIGGAN, MICHELLE M	100.00	04-04-2011	Co-Payment	COPAY CASH		1		
Check In/Out	9	GUTIERREZ, JOANNE M	127.00	07-12-2010	ROA	CHECK PMT	BBA	1		
Pre-Treatment	10	WADDELL , SANDRA	25.00	04-13-2011	Co-Payment	COPAY CHECK	1	1		7412145
Pre-Treatment	10	WADDELL , SANDRA	100.00	04-13-2011	ROA	CHECK PMT	1	1		7412145
Check In/Out	23	BRADLEY , MIKE O	25.00	08-26-2011	Co-Payment	COPAY CASH		1		
Check In/Out	25	TURNER , SALLY	100.00 Credit	11-23-2010	ROA	NetPay: CREDIT CARD PMT (C)		1		
Check In/Out	25	TURNER , SALLY	15.00	10-26-2010	Co-Payment	COPAY CHECK	BBA	1		VISA
Check In/Out	25	TURNER , SALLY	100.00	10-26-2010	ROA	CHECK PMT	BBA	1		VISA
Check In/Out	25	TURNER , SALLY	15.00	05-15-2008	Co-Payment	COPAY CASH	3	1	1	
Check In/Out	37	SORENSON , RICKY	15.00	05-14-2008	Co-Payment	COPAY CASH	1	1	1	
Check In/Out	47	SORENSON, RICKY L	15.00	05-15-2008	Co-Payment	COPAY CHECK	1	1	3	4542
Check In/Out	50	ANDERSON, KELLY I	10.00 Credit	03-31-2011	ROA	NetPay: CREDIT CARD PMT (C)	1	1		
Check In/Out	50	ANDERSON, KELLY I	5.00 Credit	03-31-2011	ROA	NetPay: CREDIT CARD PMT (C)	1	1		
Check In/Out	55	TURNER , KELLIE	20.00	09-11-2007	Co-Payment	COPAY CASH		1		
Check In/Out	66	MARQUEZ, NANCY M	15.00	05-20-2008	Co-Payment	COPAY CASH	2	1		
Check In/Out	67	WALKER , ANDY P	45.00	11-23-2010	ROA	NetPay: CREDIT CARD PMT		1		
Check In/Out	69	FERNANDEZ, ALEJANDRO	25.00	02-20-2008	Co-Payment	COPAY CASH		1		
Check In/Out	69	FERNANDEZ, ALEJANDRO	86.00	02-20-2008	ROA	CASH PMT		1		
Check In/Out	75	SMITH, SHEILA	20.00	06-09-2010	Co-Payment	COPAY CHECK	BBA	1	4	265
Check In/Out	75	SMITH, SHEILA	60.00	06-09-2010	ROA	NetPay: CREDIT CARD PMT	BBA	1	4	
Check In/Out	75	SMITH, SHEILA	20.00	05-20-2008	Co-Payment	COPAY CASH	2	1	3	
Check In/Out	75	SMITH, SHEILA	20.00	05-22-2008	Co-Payment	COPAY CASH	2	1	3	
Check In/Out	76	JAIRALA, WENDY E	20.00	06-09-2010	Co-Payment	COPAY CASH	BBA	1	4	

As with any other transaction-based function, if you have the appropriate option ("Sometimes" or "Always") selected in the Batch Control Integration, when you access the new *Unposted Payments* function (from the Transactions Menu), you first will be prompted to enter your batch number.



The Unposted Payments summary screen includes the following information.

Column Heading	Description
Source	Where in the system the payment was originally entered—such as, Check In/Out or Pre-Treatment.
Account	The patient's account number to which the payment applies.
Patient Name	The patient's name (last name, first name) on the account.
Amount	The payment amount—if the payment was captured using NetPay, the Credit link and Printer icon will be available to credit/void the payment or print the receipt again.
Payment Date	The payment date entered when the payment was entered originally.
Payment	Co-payment or ROA (Received on Account).
Payment Type	The description of the Payment Code used—such as, Copay Cash, CoPay Check, Check Pmt, NetPay, Credit Card.
Doctor	The schedule doctor or the doctor assigned in Pre-Treatment.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Column Heading	Description
Location	The location where the service was rendered.
Type of Service	The code corresponding to the type of service.
Check Number	The check number (if payment type was a check).
Remarks	Any remarks entered regarding the payment.

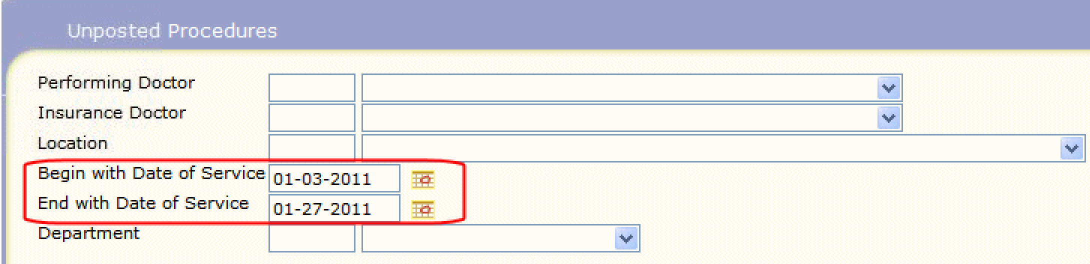
With the exception of New Patients, the Action Column includes the same functions that are available in Unposted Procedures. Specifically, you may change the batch (if the Batch Integration set up for Payments is "Sometimes" or "Always"), add/edit filters (by Doctor, Location, Payment Date range, and/or Source), remove a filter, print the unposted payment journal, and refresh the screen.

Select a payment from the list to go to Payment Entry where you can post the payment.

- **Unposted Procedures – Date Filter**

  The date filter for unposted procedures has been refined so you now may filter the search results based on a date range. Previously, on the Unposted Procedures, Add/Edit Filter screen, you could enter a date into the "Date of Service" field to find only those unposted procedures matching the DOS entered or you could leave the "Date of Service" field empty to see all unposted procedures.

  The Date of Service field has been replaced with two fields: "Begin with Date of Service" and "End with Date of Service."



  To see unposted procedures for a specific date range, type (or use the calendar to select) dates in each field. For example, to see all unposted procedures with DOS within the date range 01-03-2011 thru 01-27-2011, enter those dates into the **Begin with Date of Service** and **End with Date of Servic**e fields, respectively.

  - To see unposted procedures starting with a specific DOS date and including all unposted procedures through the last DOS in unposted procedures, type (or use the calendar to select) a date in the **Begin with Date of Service** field, but leave the **End with Date of Service** field blank.
  - To see all unposted procedures, leave both "Date of Service" fields blank.
  - If you type a date in the **End with Date of Service** field without entering a "begin with" date, you will be prompted to enter a "begin with" date.

- **Unposted Procedures**

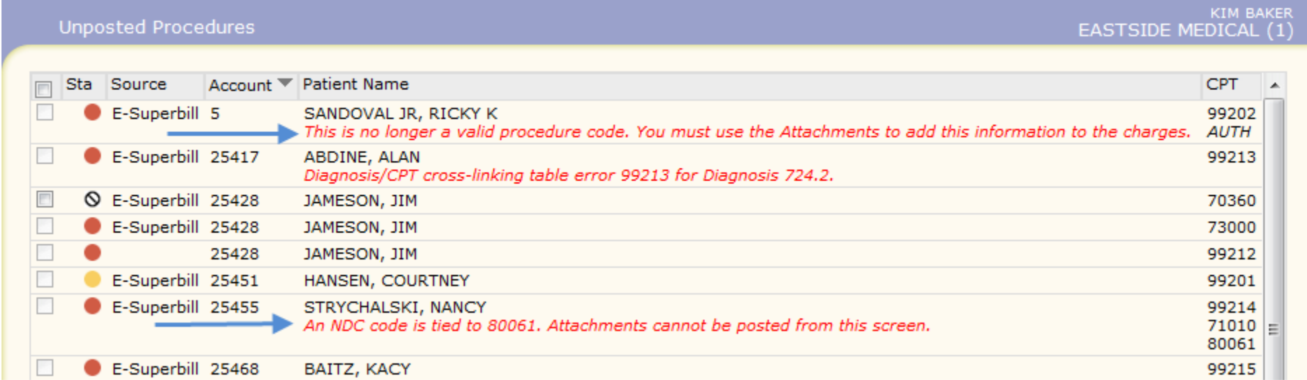
  Procedures that have attachments—such as, AUTH, NDC, NOTE, NOTE19, ADM/DIS, and so forth—, tied to them cannot be auto-posted currently in the **Unposted Procedures** window under the Transactions menu option. The check boxes next to these items are not selected, and, therefore, these functions are disabled. If an NDC code is linked to an attachment, the following message will appear in red below the patient's name:

  "An NDC code is tied to [CPT Code]. Attachments cannot be posted from this screen."

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

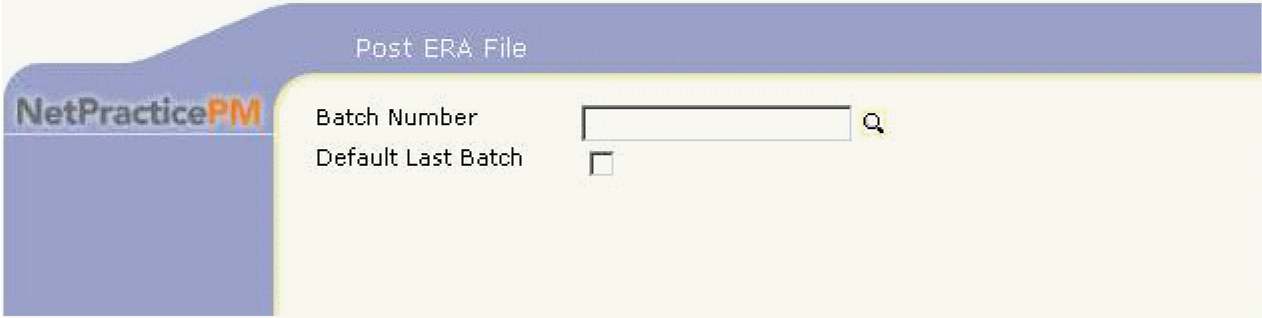
If any other attachment is linked to a procedure, the following message will appear in red below the patient's name, and the user must post the items manually in order for the attachments to be generated:

"This is no longer a valid procedure code. You must use the Attachments to add this information to the charges."



- **Post ERA File Function – Batch Selection**

  To ensure consistency with the other posting functions, the ability to do a batch look-up has been added to the Post ERA File function (*Transactions Menu/Electronic Remittance Advice*). Once you click Post, you now will see the standard batch selection screen with the magnifying glass icon.

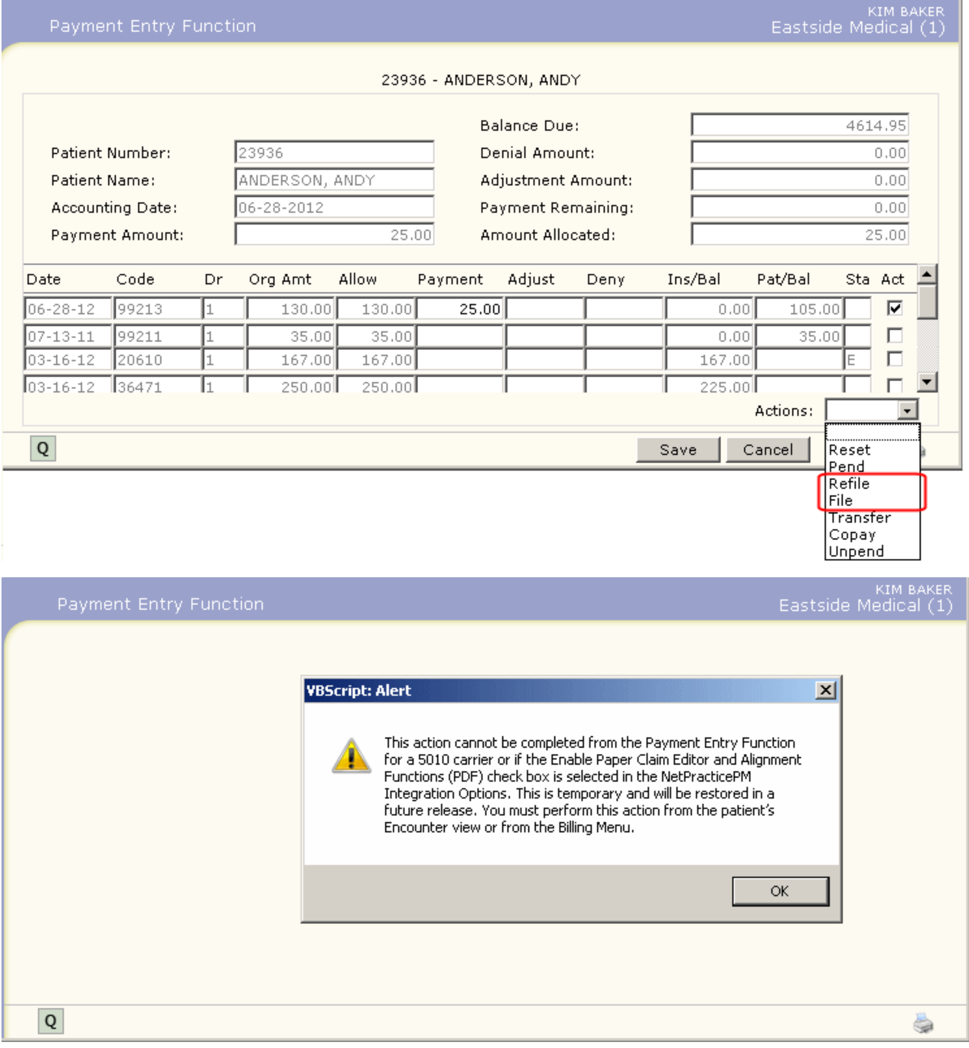


The functionality of the Batch Look-Up screen is the same as in other areas of the system.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Payment Entry Function: File and Refile**

  For the time being, you will not be able to file or refile from the Payment Entry Function if the selected carrier has switched to the 5010 format or if you have the **Enable Paper Claim Editor and Alignment Functions (PDF)** check box selected in the NetPracticePM Integration Options. If you do try to file or refile under one of those conditions, you will see a warning message, after filling in the file or refile information and clicking Save.



This is a temporary change that will be restored in a future release. In the meantime, go to the patient's Encounter View or to the Billing Menu to file or refile.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

SCANSHARP

Note
This section applies to ScanSharp users only.

- **Middle Name and Suffix fields**

  To accommodate 5010 changes, ScanSharp has been updated to include a new Suffix field and to change the Middle Initial field to a Middle Name field that accepts more than one character. When using the ScanSharp module to scan or enter a driver's license or an insurance card, the full middle name and any suffix available will be captured and populated in NetPracticePM. This applies to using the ScanSharp module from the Patient Name and Address Information, Guarantor Information, and Insurance Policy Information screens.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.
Synchronizing Healthcare

EDOCS

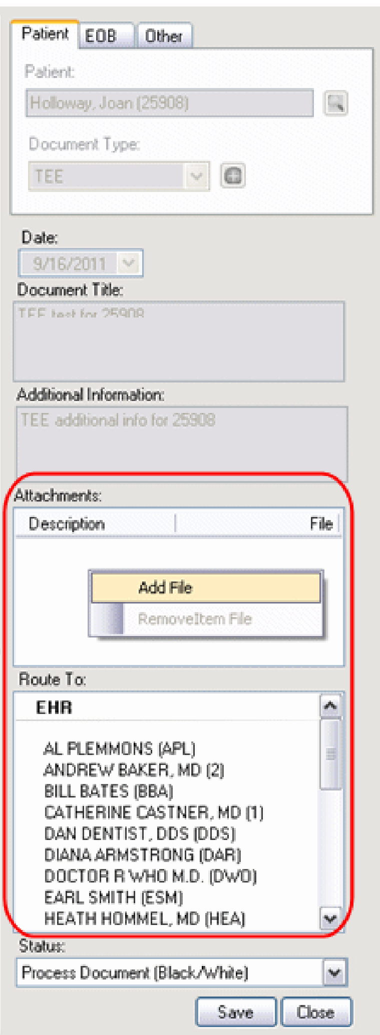
Note
This section applies to eDocs users only.

- **Importing, Attaching, and Routing in Edit Mode**

  Additional options for importing page(s) to a document, attaching images or other items to a document and routing documents have been enabled when editing an existing document in a patient's eDocs file cabinet.

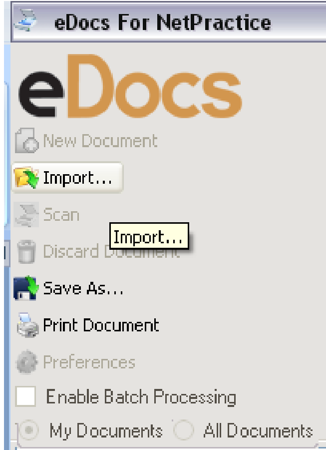
  - **Attachments** – The **Attachments** box is now active so you may now add an attachment to a document. To start the process to add an attachment, right-click in the Attachments box.
  - **Routing** – The **Route To** box is now active so you select any doctor in the list and route the document to that doctor.

  Note
  The routing functionality is not available on your system until you request to have it set up. If you would like to have this feature enabled, contact customer service.



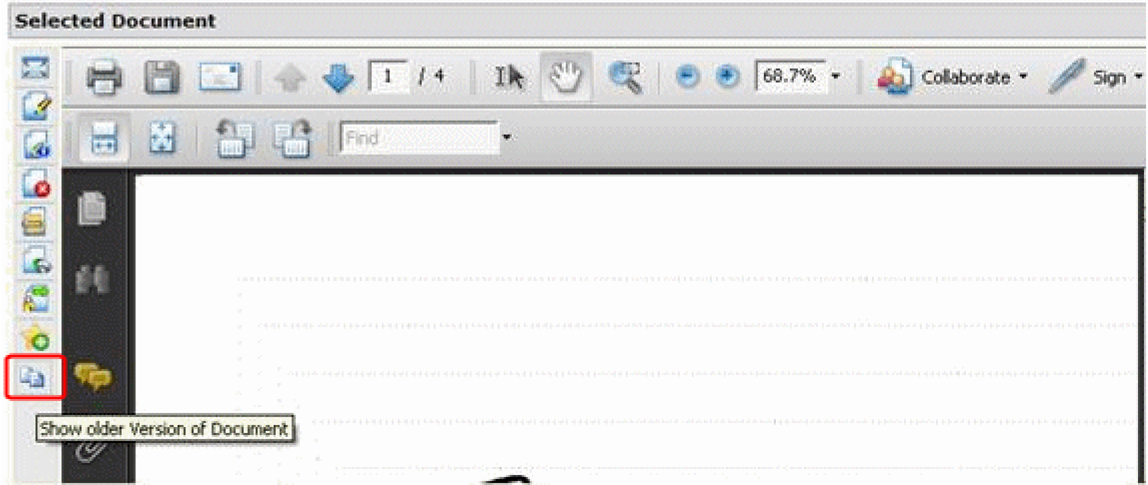
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Import** – The **Import** button is now enabled when in the edit mode so you may import additional page(s) to add to the document.



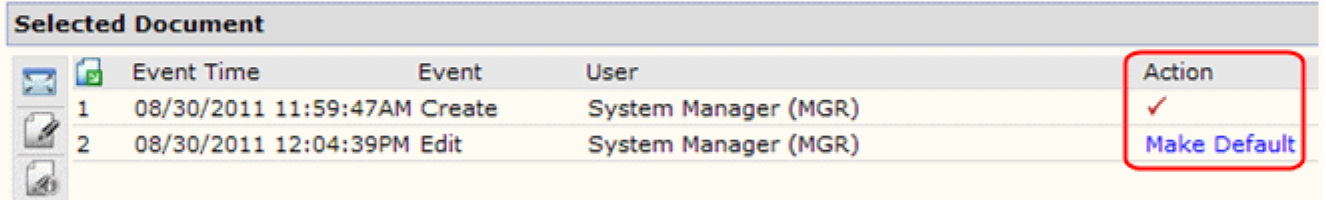
- **Document Versions**

You now may access and view all versions of a document. To view a list of all versions of a document, in the Selected Document box in the eDocs file cabinet, click on the double page icon next to the selected document.



A list of versions of the document, along with the date and time that each was created or edited, appears. A check mark in the Action column indicates the version that is designated as the default—that is, it is the version that appeared when you selected the document from the file cabinet. To view a different version of the document, click the version from the list.

For documents with multiple versions, you may change the default version of a document in the eDocs file cabinet. To do so, in the **Action** column, click **Make Default** next to the appropriate version. A check mark appears in the column indicating this is now the default version that will appear the next time the document is accessed.


Selected Document

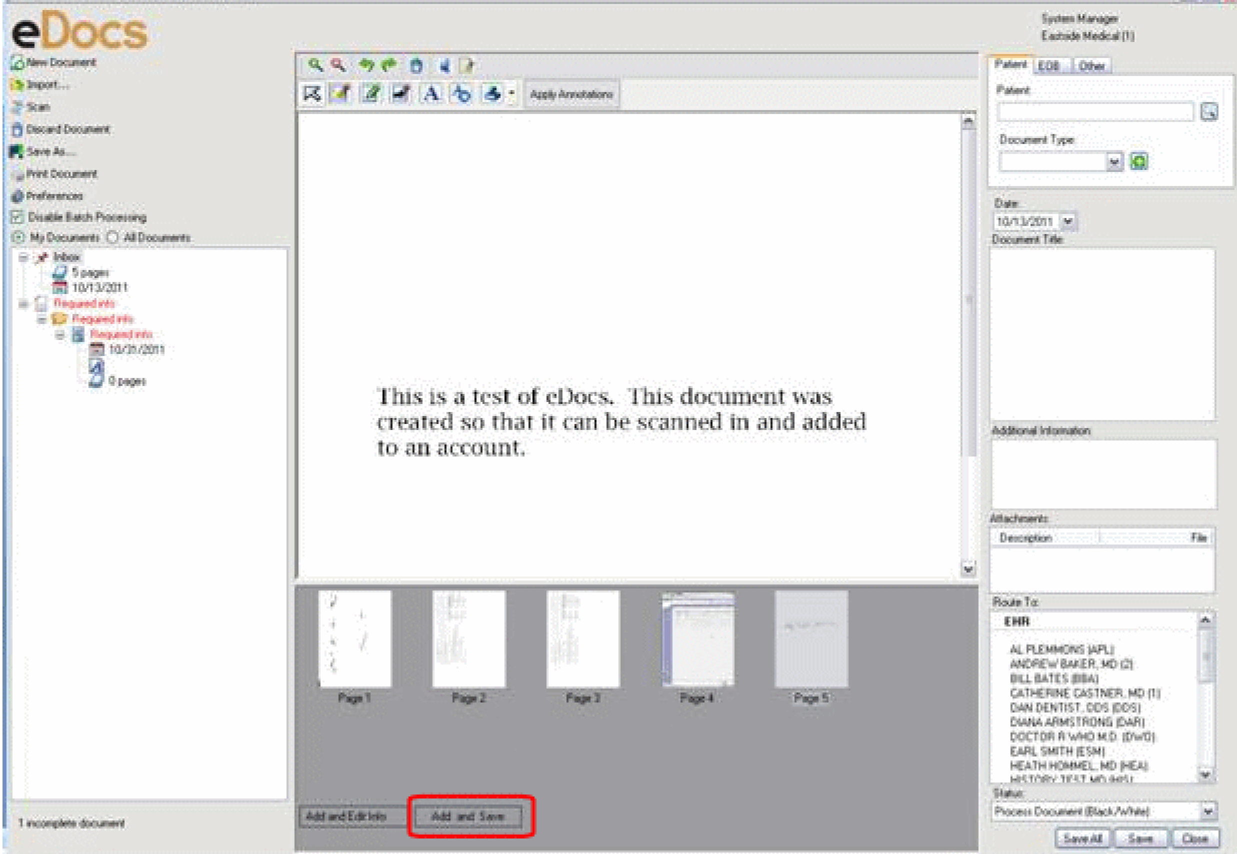
	Event Time	Event	User	Action
1	08/30/2011 11:59:47AM	Create	System Manager (MGR)	✓
2	08/30/2011 12:04:39PM	Edit	System Manager (MGR)	Make Default

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

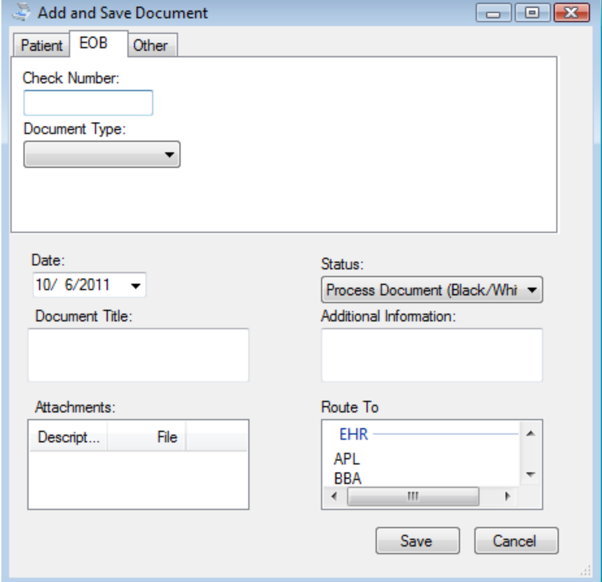
- **Streamlined Save Functions**

  When processing documents in e-Docs, you now have the ability to edit the document information and save the document at the same time that you are adding the document. Previously, you would add a document and its information and then save it to the server later.

  In the eDocs screen, the **Add New Document** button has been replaced with the **Add and Save** button.



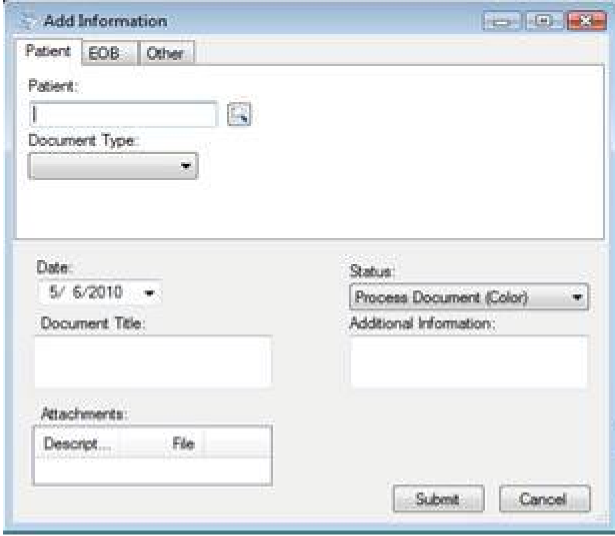
After selecting the image to create a new document, click the new **Add and Save** button to access the **Add and Save Document** dialog box to enter the document information.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

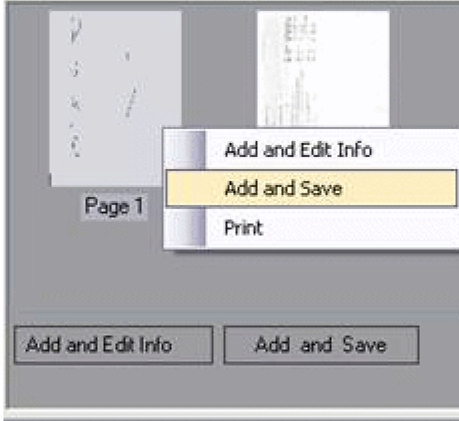
After entering the document information, click **Save** to immediately upload the document to the server. A message appears once the document has been uploaded successfully; the document is then removed from the document tree and appears in the patient's file in the file cabinet.

The **Add and Edit Info** button functions as it did previously; use it to add the document and document information and leave the document in the document tree. After selecting the image to create a new document, click the **Add and Edit Info** button to access the **Add Information** dialog box to enter the document information.



After entering the document information, click **Submit** to create the new document. The new document is saved immediately and is visible in the document tree on the left.

Note that, if you right-click on a document image at the bottom of the screen, the shortcut menu also has the new **Add and Save** option.



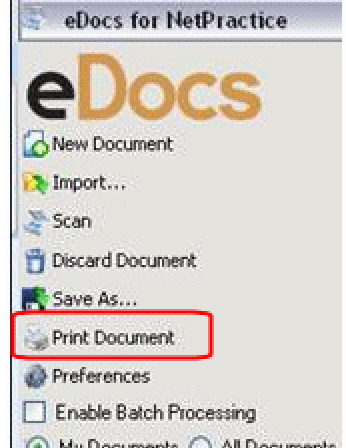
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

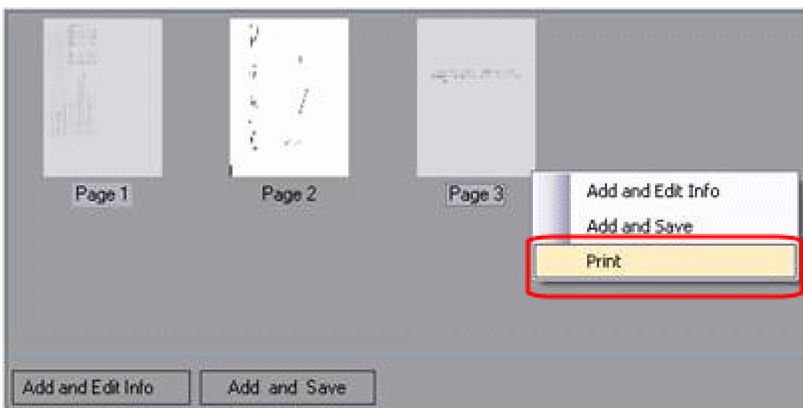
- **Printing Documents**

A new Print Document option has been added so you may now print one or more images in a document.

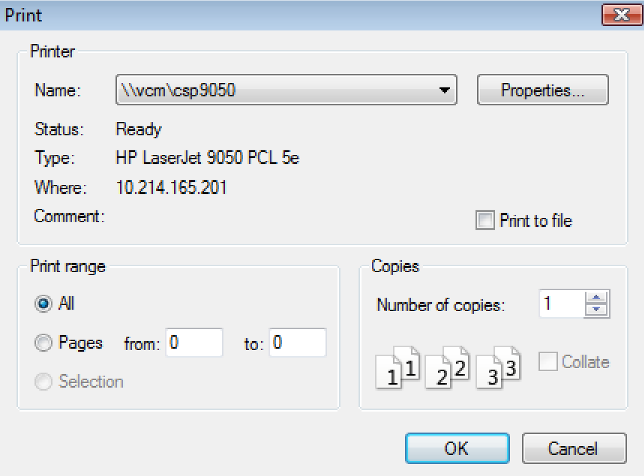
To print a document

1. From the Action column, click the new **Print Document** option or when viewing document pages, click **Print** from the shortcut menu.





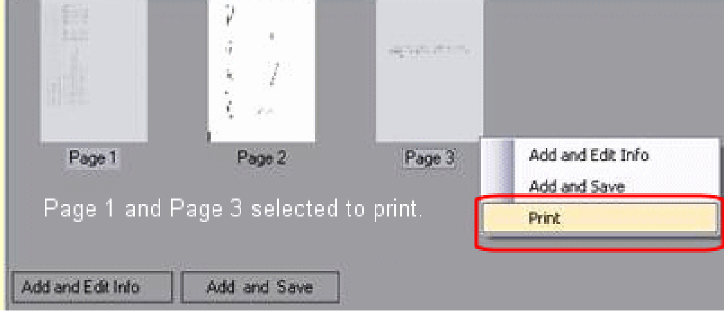
2. In the **Print** dialog box, make your selections, and click **OK** to print.



Tips

If the document does not include any images, the message "This document has no pages to be printed" appears.

To print non-consecutive pages, select a page, hold down the CTRL button on your keyboard, and click the next page to include in the print (and so on until all the pages you wish to print are selected). Right-click; on the shortcut menu, click **Print**.



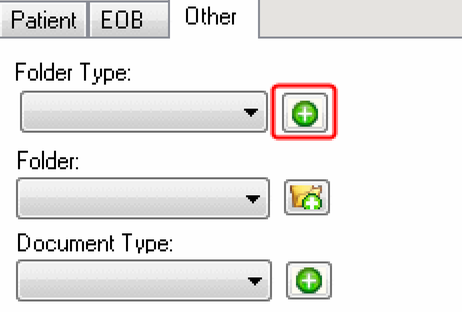
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Document Types and Folders**

  You will now be able to create new document and folder types and new folders in eDocs. Previously, you would have to create a new folder in NetPracticePM and then refresh eDocs to show the folder and populate it in eDocs.

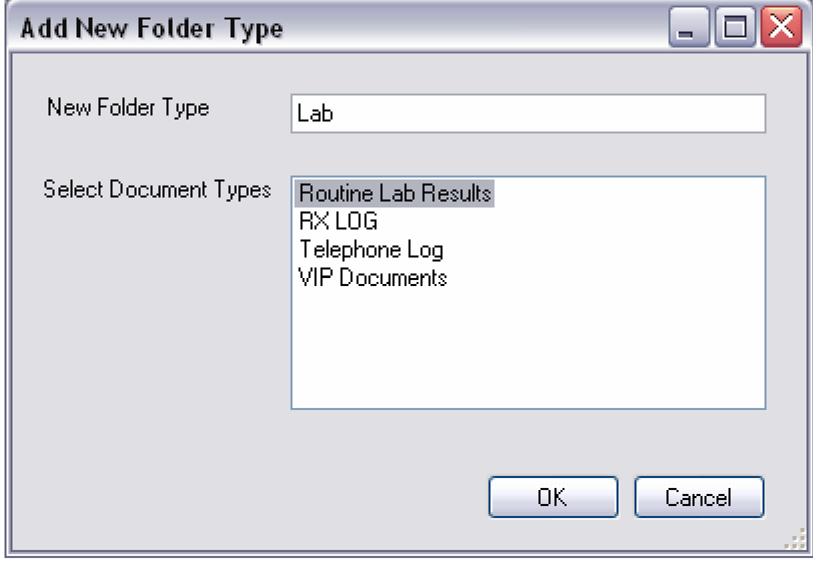
  - **To create a new Folder Type in eDocs**

    1. On top of the right hand column in the eDocs screen, click the **Other** tab.
    2. On the **Other** tab, next to the **Folder Type** drop-down list, click the Add New Document Folder button.



The Add New Folder Type dialog box appears.

3. In the **New Folder Type** box, type a descriptive *name* for the folder type.

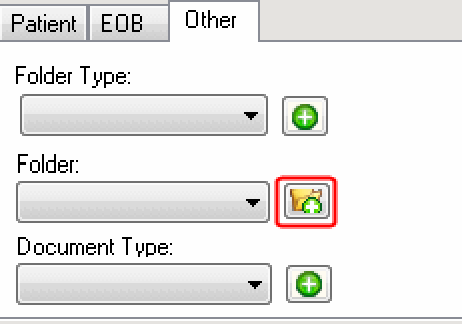


4. In the **Select Document Types** box, select the type(s) to associate with this new folder type, and click **OK**. (The document types selected here will populate the Document Type drop-down list when this folder type is selected.) The new Folder Type is added immediately to the items available for selection in the Folder Type drop-down list.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

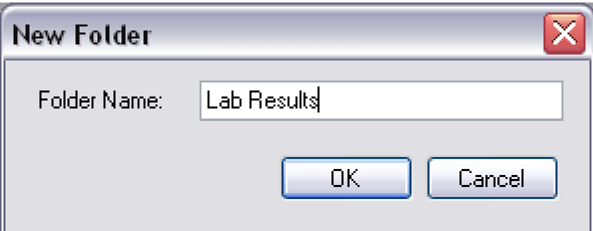
- **To create a new folder in eDocs**

1. On top of the right hand column in the eDocs screen, click the **Other** tab.
2. On the **Other** tab, in the **Folder Type** list, select a folder type for this new folder.
3. Next to the **Folder** drop-down list, click the Add New Folder button.



The Add Folder dialog box appears.

4. In the **Folder Name** box, type a descriptive *name* for the folder, and click **OK**.

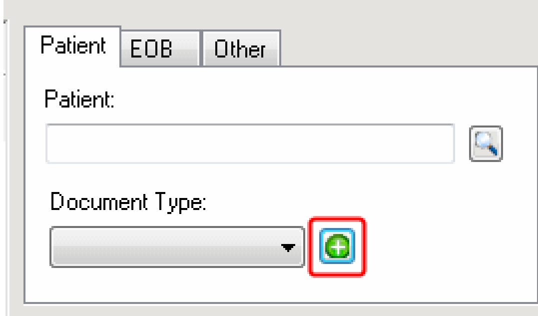


The new Folder is added immediately to the items available for selection from the Folder drop-down list (when the Folder Type you indicated in step 2 is selected from the Folder Type drop-down list).

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

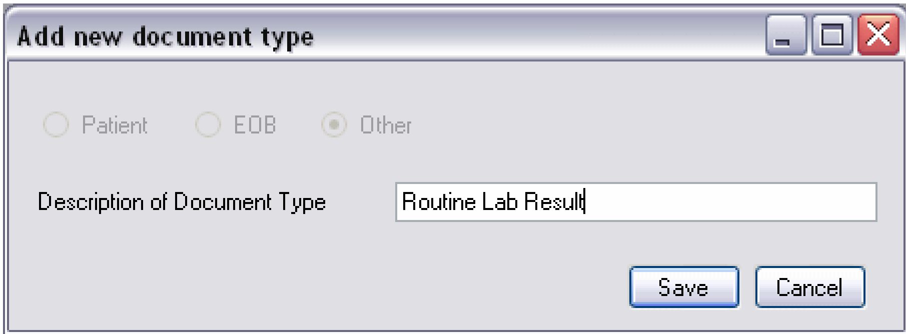
- **To create a Document Type in eDocs**

1. On top of the right hand column in the eDocs screen, click the tab (**Patient**, **EOB**, or **Other**) appropriate for the document type you are creating.
2. On the **Patient**, **EOB**, or **Other** tab, next to the **Document Type** drop-down list, click the Add New Document Type button.



The Add New Document Type dialog box appears.

3. In the **Description of Document Type** box, type a descriptive *name*, and click **Save**.



The new Document Type is added immediately to the items in the Document Type drop-down list on the tab selected in step 1.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Patient Search**

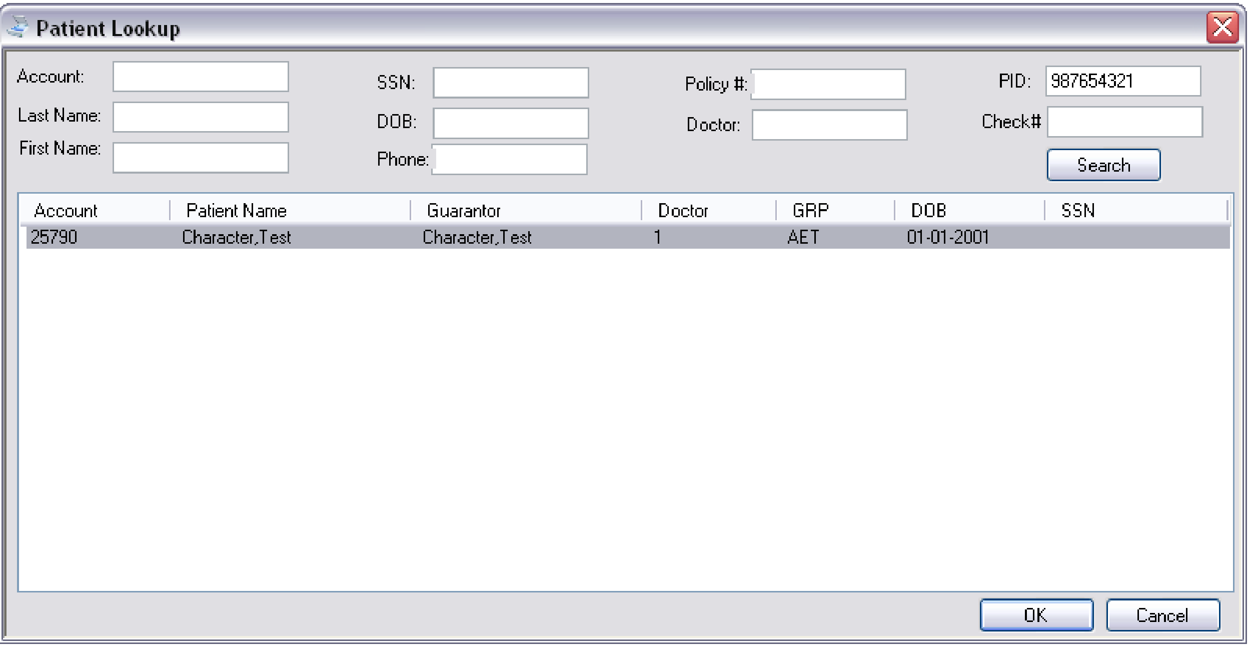
  The patient search in eDocs has been enhanced to match the patient search in NetPracticePM.

  - **Additional Fields for Search Criteria** – So that you may search by the same criteria in eDocs as you do when looking for a patient in NetPracticePM, the Patient Lookup screen includes the following new fields:
    - **Phone**
    - **Policy #**
    - **Doctor**
    - **PID (Patient IDentifier)**
    - **Check #**

    Note
    Searching by PID is case sensitive; when a PID includes alpha characters, you must type the PID in exactly as it is in NetPracticePM—including upper and lower case. (The other fields are not case sensitive.)

    The search results list includes the following new columns:
    - **Guarantor**
    - **Doctor**
    - **GRP**

    The "Last Name" column header is now "Patient Name," and the "Social" column header is now "SSN."



  - **Searching by Last Name or Account Number**

    When searching for a patient in eDocs by Last Name or Account Number, the behavior in the Patient Lookup screen is now the same as when you search for a patient in NetPracticePM. Now, in the eDocs Patient Lookup screen, if you start to type a name into the Account field, the system will detect that this is not an account number and automatically put your entry into the Last Name field. Similarly, if you start to type a number into the Last Name field, the system will automatically put your entry into the Account field.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

NetVerify

Note
This section applies to NetVerify users only.

- **Eligibility Results**

  More information is provided regarding a patient's eligibility status as returned after a NetVerify inquiry. If the eligibility inquiry fails, you now will see the reason for the failure in the Result column (on the Eligibility Status screen results list) and on the individual patient's eligibility screen for the insurance policy. Previously, the status would simply show "Fail" without any further description.

Eligibility Status

NetVerify Eligibility Results
Run Date: 08-05-2011

Doctor	Scheduled Date	Patient	Carrier	Result
CATHERINE CASTNER, MD (1)	08-05-2011	SALOMON, KISENIA K (99)	CIGNA	Fail: Authorization/access restrictions
CATHERINE CASTNER, MD (1)	08-05-2011	LYALL LMT, MARTHA ELIZABETH (25717)	VISTA	Not Verifiable
CATHERINE CASTNER, MD (1)	08-05-2011	LYALL LMT, MARTHA ELIZABETH (25717)	BCBS OF CLEVELAND (S)	Fail: Authorization/access restrictions
CATHERINE CASTNER, MD (1)	08-05-2011	Delight , Sunny I (25866)	BCBS OF CLEVELAND	Fail: Authorization/access restrictions
CATHERINE CASTNER, MD (1)	08-05-2011	Freeze , Taste E (25871)	CIGNA	Fail: Authorization/access restrictions
CATHERINE CASTNER, MD (1)	08-05-2011	Freeze , Taste E (25871)	AETNA (S)	Fail: Authorization/access restrictions

  Additionally, the eligibility inquiry now will check for a mix of covered and non-covered benefits. If both are found, "Partial Coverage" will appear in the Results list, and benefits will be separated into covered and non-covered lists in both the classic and expanded displays.

- **Idaho Medicaid – SSN Information No Longer Sent**

  Note
  This applies only to those practices submitting NetVerify eligibility requests to Idaho Medicaid.

  To accommodate an Idaho Medicaid request, the patient's Social Security Number (SSN) will no longer be sent when requesting eligibility information.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

WEBPRACTICE

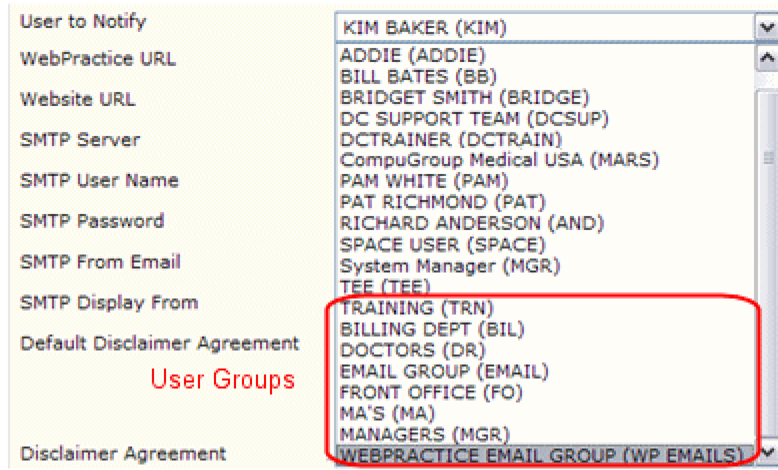
Note
This section applies to WebPractice users only.

- **WebPractice Notification e-mails**

  Now more than one user may receive notification e-mails in their NetPracticePM Inbox when a patient performs an action in WebPractice. To send notifications to more than one user, you will designate a user group instead of an individual user as the "User to Notify." Previously, only one user could be designated to receive WebPractice notification e-mails for each type of notification.

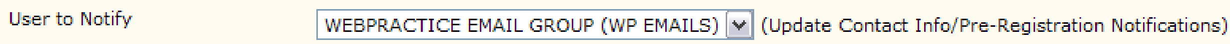
  User groups are set up in the Maintain User Groups screen (System Menu /User Management).

  To set up notifications, go to the WebPractice Integration (System Menu/Database Maintenance Menu/ Integrations/NetTools Integrations/WebPractice). In the Misc Settings, Scheduling Settings and Online Bill-Pay Settings sections, when selecting the **User to Notify**, the user groups now will appear at the bottom of the list available for selection.



  When patients perform tasks or actions on WebPractice, and a user group is designated to be notified for that action, each of the users in that group will receive the same e-mail notification in their NetPracticePM Inbox.

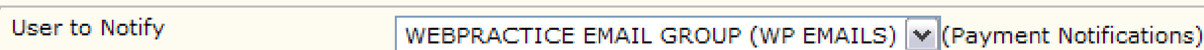
  - In Misc Settings, the user or group designated as the "User to Notify" receives notifications when contact information is updated and when a Pre-Registration is completed.



  - In Scheduling Settings, the user or group designated as the "User to Notify" receives notifications when appointments are made, canceled, or rescheduled.

  User to Notify | WEBPRACTICE EMAIL GROUP (WP EMAILS) | (Appointments Made/Canceled/Rescheduled Notifications)

  - In Online Bill-Pay Settings, the user or group designated as the "User to Notify" receives notifications when any payment is made through WebPractice.



Notes
You may not select a group on the Message Center; the Message Center is used only to send messages to individual users.

To comply with HIPAA requirements, notifications will not be copied to Microsoft® Office Outlook®—even if the user has an e-mail address entered in Maintain Users.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Enhanced Functionality for Guarantors**

Changes have been made to WebPractice that will allow patients who are guarantors for other patients (considered linked accounts) to view details, make payments, and schedule appointments for the linked accounts. It is important to note that, if a patient for one of the linked accounts sets up a WebPractice account, (s)he will not be able to see information for the guarantor's account or any of the other linked accounts. It is only the guarantor who, when they log into WebPractice, will be able to see information for the accounts linked to theirs (because of the guarantor relationship).

For example, patient Martha Lyall (account 15) is the guarantor for accounts 15.1, 15.2, 16, and 16.3. Accounts 15.1, 15.2, 16, and 16.3 are linked accounts for account 15.

Review Family Grouping

15 - Lyall , Martha

The Family members for this Link Account are:

Account	Patient Name	Pat or Ins	Total Bal	Current	30	60	90	120	150
15	Lyall , Martha	Pat	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Ins	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15.1	Lyall , Isabelle	Pat	200.00	0.00	0.00	0.00	0.00	0.00	200.00
		Ins	150.00	150.00	0.00	0.00	0.00	0.00	0.00
15.2	Lyall , Shadow	Pat	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Ins	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	Lyall , Jon	Pat	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Ins	100.00	100.00	0.00	0.00	0.00	0.00	0.00
16.3	LYALL , PHOEBE	Pat	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Ins	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Grand Totals:	Pat	200.00	0.00	0.00	0.00	0.00	0.00	200.00
		Ins	250.00	250.00	0.00	0.00	0.00	0.00	0.00
			450.00	250.00	0.00	0.00	0.00	0.00	200.00

When Martha (account 15) sets up a WebPractice account and logs in, she will be able to see details for all of the linked accounts (15.1, 15.2, 16, and 16.3).

If Isabella Lyall (linked account 15.1) sets up a WebPractice account and logs in, she will be able to see the details of her account only; she will not have access to the other linked accounts or to the guarantor's account.

Updating Contact Information

When a patient who has linked accounts and "self" as guarantor updates his/her contact information, both the patient and guarantor information is updated in their own account. In the linked accounts, the guarantor information automatically is updated as well.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Billing Information

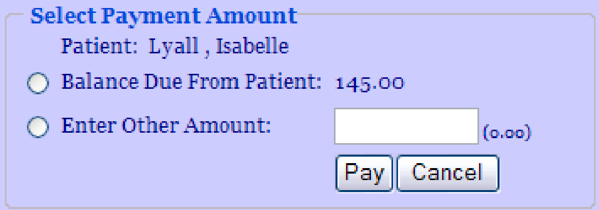
When a patient who has linked accounts views the Billing Information screen, now (s)he will see each of the linked accounts listed in the Account Summary box. All balance information for each linked account appears. If your practice subscribes to NetPay and there is a current patient balance for any account, the **Pay** button is enabled so the guarantor can make a payment.

Account Balance and History

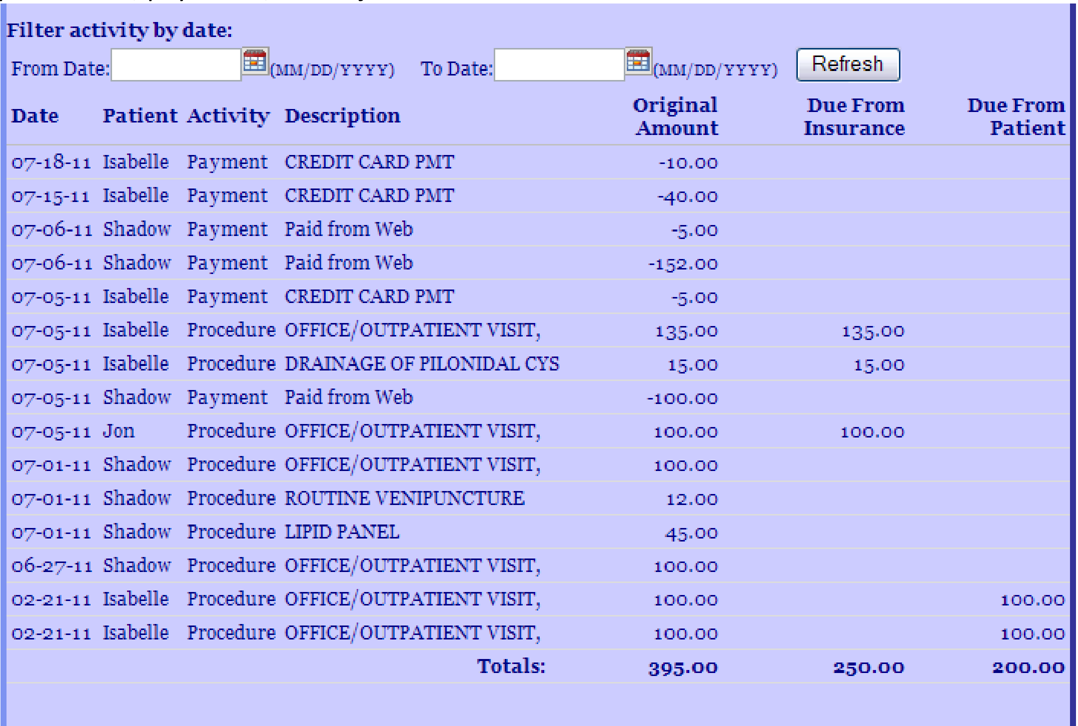
Account Summary

Patient	Patient Balance		Insurance Balance	Total Balance
Martha	0.00	Pay	0.00	0.00
Isabelle	145.00	Pay	150.00	295.00
Shadow	0.00	Pay	0.00	0.00
Jon	0.00	Pay	100.00	100.00
PHOEBE	0.00	Pay	0.00	0.00
Totals:	145.00		250.00	395.00

After selecting the Pay button, the functionality is the same as it is now; the patient selects to pay the full amount or a partial payment and clicks Pay to access the NetPay screen where they can complete their payment.


Select Payment Amount
Patient: Lyall , Isabelle
Balance Due From Patient: 145.00
Enter Other Amount: (0.00)
Pay Cancel

The activity list on the Billing Information screen also will show all activity for all linked accounts—specifically, procedures, payments, and adjustments.


Filter activity by date:
From Date: (MM/DD/YYYY) To Date: (MM/DD/YYYY) Refresh

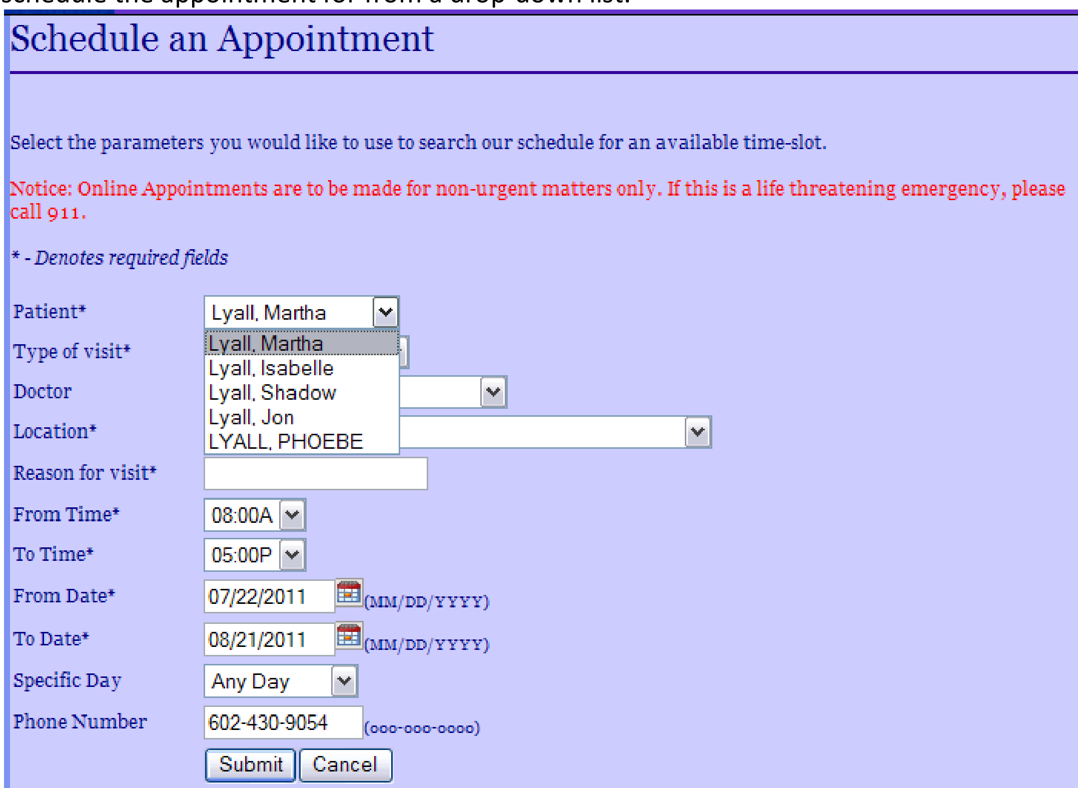
Date	Patient	Activity	Description	Original Amount	Due From Insurance	Due From Patient
07-18-11	Isabelle	Payment	CREDIT CARD PMT	-10.00		
07-15-11	Isabelle	Payment	CREDIT CARD PMT	-40.00		
07-06-11	Shadow	Payment	Paid from Web	-5.00		
07-06-11	Shadow	Payment	Paid from Web	-152.00		
07-05-11	Isabelle	Payment	CREDIT CARD PMT	-5.00		
07-05-11	Isabelle	Procedure	OFFICE/OUTPATIENT VISIT,	135.00	135.00	
07-05-11	Isabelle	Procedure	DRAINAGE OF PILONIDAL CYS	15.00	15.00	
07-05-11	Shadow	Payment	Paid from Web	-100.00		
07-05-11	Jon	Procedure	OFFICE/OUTPATIENT VISIT,	100.00	100.00	
07-01-11	Shadow	Procedure	OFFICE/OUTPATIENT VISIT,	100.00		
07-01-11	Shadow	Procedure	ROUTINE VENIPUNCTURE	12.00		
07-01-11	Shadow	Procedure	LIPID PANEL	45.00		
06-27-11	Shadow	Procedure	OFFICE/OUTPATIENT VISIT,	100.00		
02-21-11	Isabelle	Procedure	OFFICE/OUTPATIENT VISIT,	100.00		100.00
02-21-11	Isabelle	Procedure	OFFICE/OUTPATIENT VISIT,	100.00		100.00
			Totals:	395.00	250.00	200.00

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

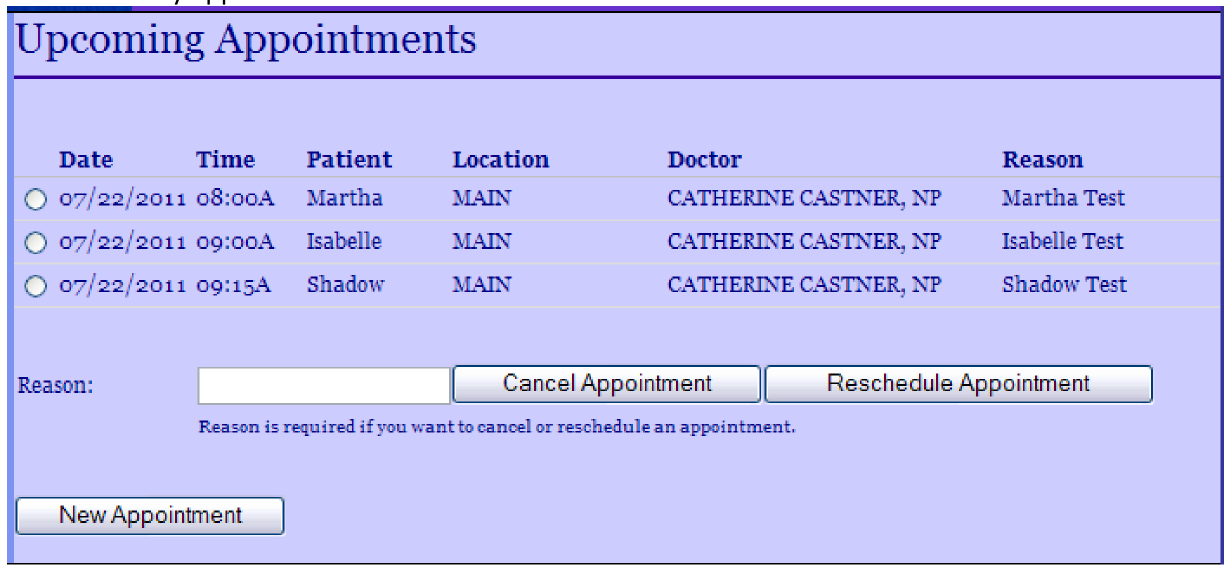
Appointments

The patient who has linked accounts will be able to view, schedule, and manage (cancel, reschedule) appointments for all of the patients in the linked accounts as well as for themselves.

- Scheduling an Appointment – When scheduling an appointment, the patient will now select the patient to schedule the appointment for from a drop-down list.



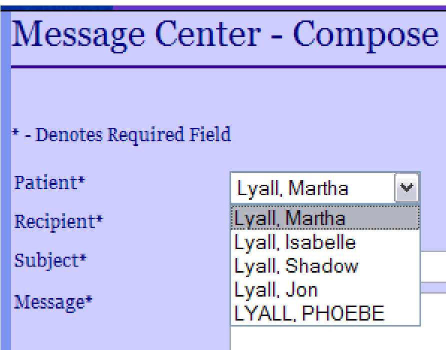
- Viewing and Managing Appointments - When the patient views appointments, (s)he now will see all of the appointments scheduled for themselves and the linked accounts. They will have the ability to cancel or reschedule any appointment on the screen.



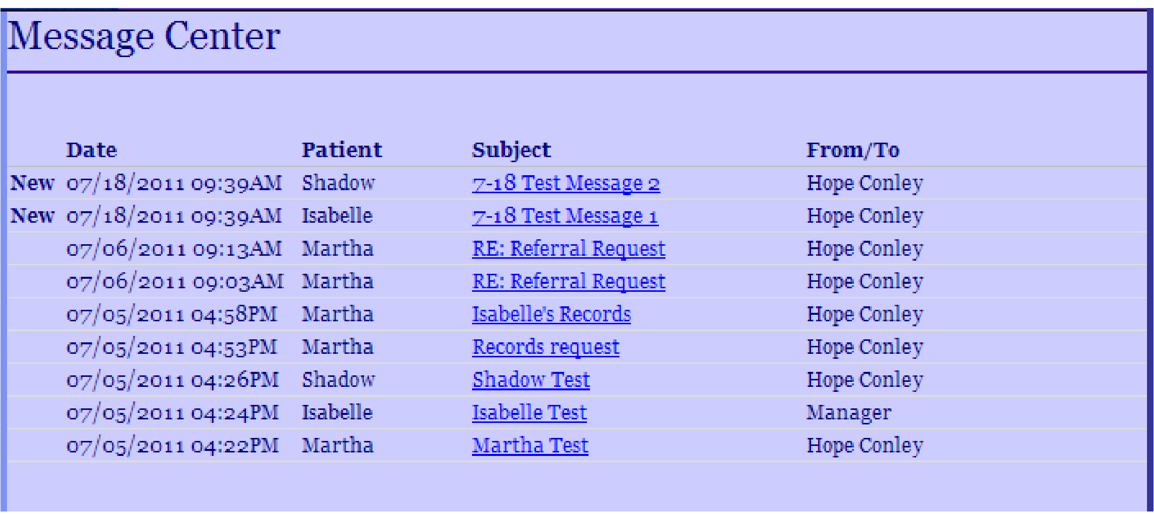
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Message Center

The guarantor also now has the ability to send a message from the Message Center about any patient from a linked account.



When viewing messages regarding a linked account, the name of that patient will appear on their Inbox screen for easy reference and identification.



Message Center

	Date	Patient	Subject	From/To
New	07/18/2011 09:39AM	Shadow	7-18 Test Message 2	Hope Conley
New	07/18/2011 09:39AM	Isabelle	7-18 Test Message 1	Hope Conley
	07/06/2011 09:13AM	Martha	RE: Referral Request	Hope Conley
	07/06/2011 09:03AM	Martha	RE: Referral Request	Hope Conley
	07/05/2011 04:58PM	Martha	Isabelle's Records	Hope Conley
	07/05/2011 04:53PM	Martha	Records request	Hope Conley
	07/05/2011 04:26PM	Shadow	Shadow Test	Hope Conley
	07/05/2011 04:24PM	Isabelle	Isabelle Test	Manager
	07/05/2011 04:22PM	Martha	Martha Test	Hope Conley

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

RESOLVED ISSUES

- **Transaction History Ledger Display and Ledger - Detailed Views**

  In the **Transaction History** screen, when sorting by Service Date (Ser/Date) in the Ledger Display and Ledger – Detailed views, the line items will now sort correctly. Previously, charges with a service date from the 20th century were not sorting correctly.

- **Procedure Code Table Search Results**

  When you use the magnifying glass to search the Procedure Code table, the latest, updated amounts will now appear in the results list. Previously, after updating a Nominal Fee or Rate Schedule Amounts in the Maintain Procedure Code Amounts screen, the fee was updated correctly in the Procedure Code Table; however, the updated amount was not appearing correctly in the Table Search results list.

- **Posting Secondary Payments**

  When posting a secondary payment before the primary payment, the balance for the primary will remain in the primary insurance balance. Previously, if you posted a secondary payment before the primary payment, the primary insurance balance was moving to Patient Balance.

- **Oklahoma Medicaid Claims: Sending Contract Codes**

  Note
  This applies only to those practices submitting claims to Oklahoma Medicaid.

  In compliance with Oklahoma Medicaid guidelines for professional claims, you now have the ability to send a Contract Code (relative to the CN1 segment, CN104 element in loop 2300) on your claims. To avoid Oklahoma Medicaid claims being rejected, where applicable, include one of the following contract codes as a Contract Information attachment to your 4010 and 5010 claims:

  - 'NI' (for Indian Providers billing for non-Indian patients)
  - 'DM' (for Behavioral Health Facility contracted with DMHSAS)
  - 'A' (for BH Case Mgmt., Public or Private, Over 21)
  - 'C' (for BH Case Mgmt., Public or Private, Under 21)
  - 'DA' (for BH Case Mgmt., DMHSAS Contracted, Over 21)
  - 'DC' (for BH Case Mgmt., DMHSAS Contracted, Under 21)
  - 'G' (Group Primary Specialty code 082)
  - 'T' (Teaching Physician provider type 52)
  - 'TS' (Teaching Specialist)

  *****Action Required*****
  To be able to add the Contract Information attachment for Oklahoma Medicaid claims, you will need to select the **CON-Contract Information** from the **Claim Level Attachments** in the *Procedure Entry Integration (System, Database Maintenance Menu, Integrations, Transactions Integrations);* set up a payer rule for Oklahoma Medicaid; and specify, in the *5010 Electronic Claim Loop and Segment Editor (System, Database Maintenance Menu, Claim Management),* that the Contract Information attachment should pull into the 2300 Loop, CN1 segment. You then will be able to fill out the attachment during Procedure Entry so the contract code will be included on the claim.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Summary Aged A/R Report**

  When running the Summary Aged A/R Report for any sort, only the first match in the selected range would print. This has been resolved so that all items matching the selected range are printed.

- **Missing Charge Report**

  - The Missing Charge report is now only looking at posted and unposted procedures to determine the charges to show on the report; it is no longer looking at pre-treatment charges. Previously, when an appointment was entered and then the charges for the appointment were entered through the Pre-Treatment screen (and not posted to the patient account), the charge was not appearing on the Missing Charges report. This has been resolved. Now, charges entered on the Pre-Treatment screen will remain on the Missing Charge report until the charge has been posted to the patient account.

  - When "New Patient" is marked as "Other" (rather than "Yes" or "No") for a patient appointment, that appointment will not be included on the **Missing Charge Report**. Previously, appointments with "New Patient" set to "Other" would appear on the report.

- **Insurance Pend Report**

  When a co-payment was posted to a pended charge, it was causing the pended item to be removed from the Insurance Pend Report. This has been resolved. Now, when a co-payment is posted to a pended charge, the charge still will appear on the Insurance Pend Report.

- **Login Screen – Client Number**

  The width of the **Client Number** box on the NetPracticePM login screen has been increased to accommodate longer 7-digit client numbers.

- **Output to Disk Option**

  Note
  This applies only to ASP clients only.

  Except for statement functions where it is required—for example, electronic statements—, the **Output to Disk** option has been removed from the Printers dialog box. Since, in the ASP environment, you do not have access to the resulting file, this is an unnecessary output option.

- **Adjustment Code Description**

  On some screens with table options, for example, the Patient Collection Integration screen, when you entered the Adjustment Code or selected one from the magnifying glass table options, the code would appear but the code description would not. This has been resolved.

SCHEDULE

- **Viewing a Provider Schedule at a Different Location**

  In the Schedule, when you are selecting to view a schedule for a provider at a different location, you will no longer be prompted to switch your location. The system will automatically make the switch for you, and the provider's schedule will appear.

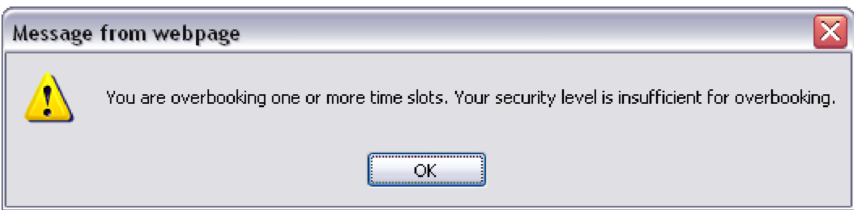
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Deleting Appointments When Multiple Patients Booked in the Same Time Slot**

  You will no longer see an error indicating that your request could not be processed when you delete the first appointment scheduled in a double-booked time slot. Previously, if "Status Code for No Shows" was set to "NS" in the **Check In/Out Integration**, when two or more appointments were booked into the same time slot and the first appointment was deleted, you would see an error message and would not be able to access the schedule for that day.

- **Overbooking Appointments**

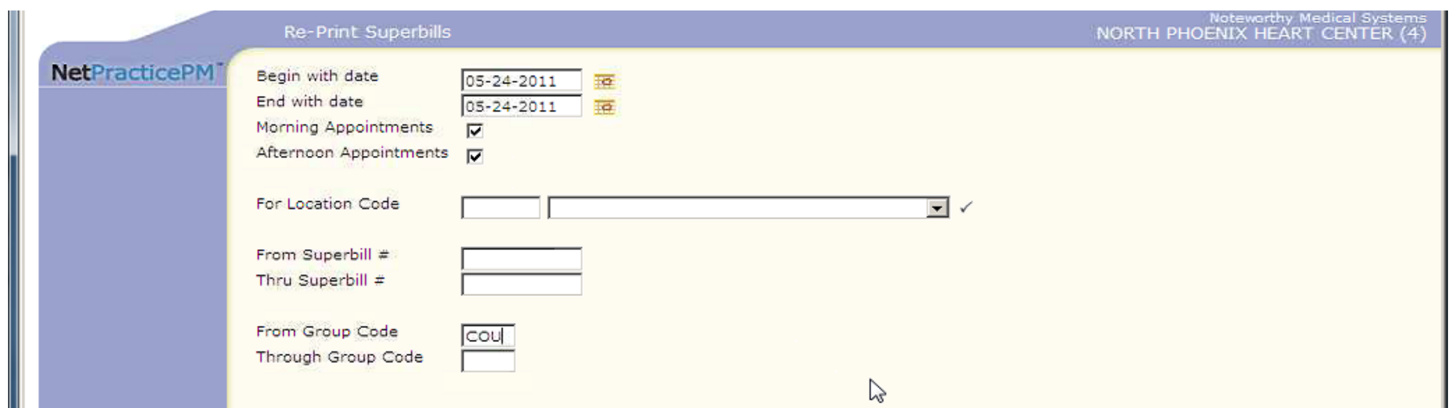
  You now will be able to change the units on an existing appointment regardless of your security level and the security level for overbooking for that schedule, unless changing the units causes the appointment to run into a time slot that already has an appointment booked into it. If changing the units does cause an overlap on a time slot and the security level for overbooking is higher than your security level (meaning you are prohibited from overbooking), you will see a message indicating that your security level is insufficient, and you will not be able to save the change to the appointment.



  Previously, whenever you tried to adjust an appointment's units when your security level was not sufficient for overbooking on that schedule, you would see a message that your security level was insufficient for overbooking and be prohibited from saving the change to the appointment—regardless of whether it caused the appointment to run into a time slot with an appointment already booked or not.

- **Printing/Re-printing Superbills - Group Code Fields**

  You now can enter up to four characters (regardless of the default superbill document) in the **Begin with Doctor Group** and **End with Doctor Group** and the **From Group Code** and **Through Group Code** fields, when setting the parameters to print or re-print superbills. Previously, when a DMS (Data Management System) document was the default superbill for the system, even though Group Codes can be up to four characters, you could enter up to three characters only in the Group Code fields when setting the parameters to print or re-print superbills.



  You also now can enter up to a four digit code in the Dr. Group Code field when DMS document is the default superbill being used in the system (as set up in the Scheduling System Integration).

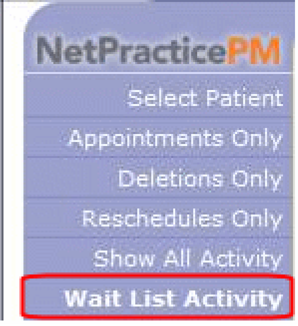
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Scheduled Patients on the Credit Manager Report**

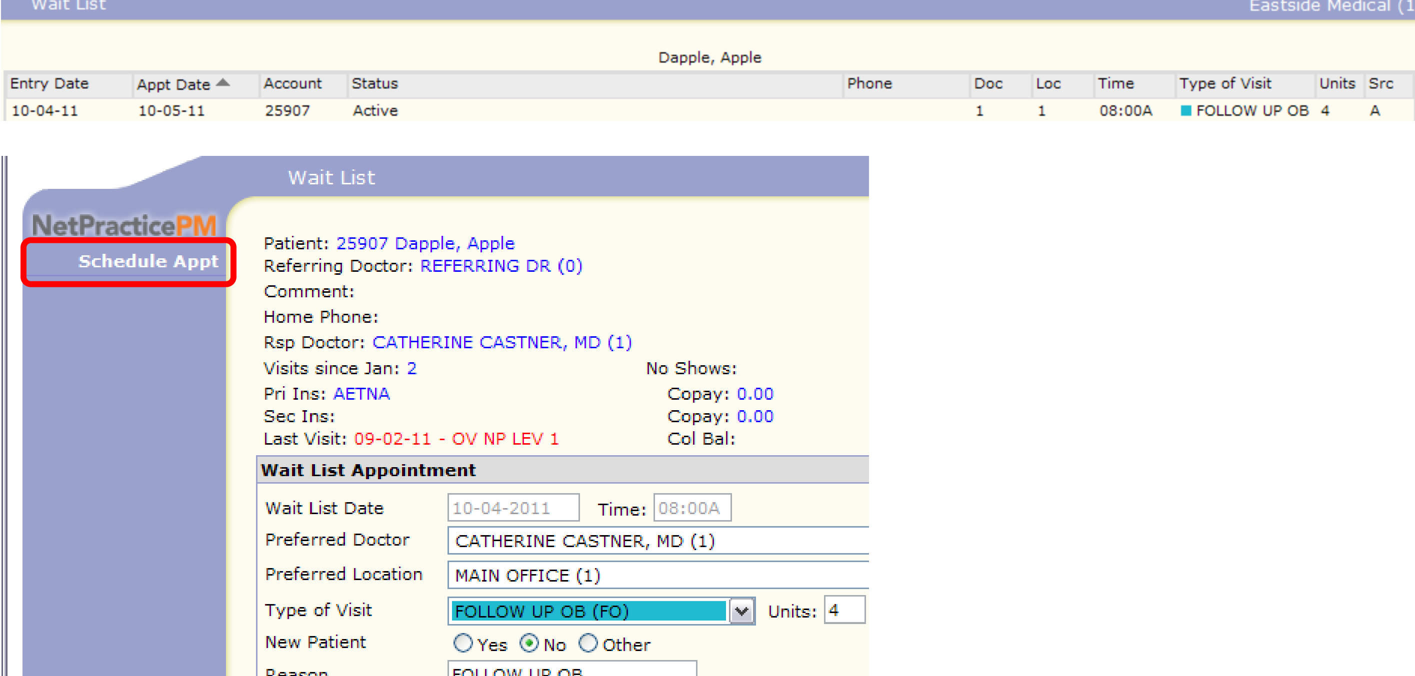
  When you run the Credit Manager report (which is accessed from the **Scheduling** menu), all scheduled patients for the parameters selected will appear regardless of what actions have been taken on blocked times on the schedule. Previously, when blocked times on a schedule were deleted, the scheduled patients for the doctor, date, and location specified were not appearing on the **Credit Manager** report.

- **Wait List Tracking**

  You now have the ability view the wait list activity for the currently selected patient from the Schedule Inquiry screen. Use the Action option "Wait List Activity" to view all of the patient's appointments that were added to, deleted from, or rescheduled from the wait list.



From the list, you can select an appointment to view the details. If the appointment has not been scheduled yet, then, from the details screen, you may schedule the appointment without having to go back to the Wait List from the Schedule menu.



Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Once scheduled, the Wait List is updated to reflect that the appointment was moved to the schedule, who scheduled it, and the date and time it was scheduled (moved from the wait list to the schedule).

Wait List — Eastside Medical (1

Dapple, Apple

Entry Date	Appt Date	Account	Status	Phone	Doc	Loc	Time	Type of Visit	Units	Src
10-04-11	10-05-11	25907	Moved to Schedule by (MGR) System Manager on 10-04-2011 at 03:30P		1	1	08:00A	FOLLOW UP OB	4	A

You can click an entry that has been moved to the schedule to view the details; since it has already been scheduled, you will not see the option to schedule the appointment in the Action column.

Appointments that have been deleted from the wait list also appear on the list with the indication that it has been deleted by whom and when. (If the appointment was deleted automatically because the number of days allowed for that appointment to remain on the wait list was exceeded, this entry will show that it was deleted by "System Caretaker.")

Wait List — Eastside Medical (1

Dapple, Apple

Entry Date	Appt Date	Account	Status	Phone	Doc	Loc	Time	Type of Visit	Units	Src
10-04-11	10-04-11	25907	Deleted by System Caretaker on 10-05-11 at 12:00A		1	1	08:45A	ANNUAL EXAM	2	A

Click an entry to see the details of a deleted appointment in a read-only view.

- **Schedule View**

  For a short time in 7.4.1, a change was made to the scheduling filter hierarchy so that it worked as originally intended. The original intention was that the default view stored in *User Management* would set the default view for the schedule (in Enter Patient Appointments) for that user and the Make Default View and Load Default View functions in the schedule would be *temporary* default views, *secondary* to the User Management default. This change, however, was not well received, so, in response to your requests, that change has been rolled back and the way the default views worked prior to 7.4.1 has been reinstated. This means that, as in 7.4, the view stored in *User Management* will remain as the *initial* default for a new user, until the user changes it with the Make Default View function in the schedule (in Enter Patient Appointments). The view selected with the Make Default View button will remain the default view for that user—even after exiting and re-entering the schedule.

PATIENT

- **Guarantor Information**

  Inconsistencies when changing guarantor information in family and linking databases have been resolved.

  - In a linking database, when you changed the guarantor's name on a slave account, it would update the guarantor's name on all of the other slave accounts, but it would not update on the master account. This has been resolved so that when you update the guarantor's name on a slave account, you are prompted to select in which family members' accounts to update the name.
  - In any patient, family or linking database, when making any change, you would see the prompt "Update address for family member x?" This has been resolved so you see this prompt only when the address is changed.

- **Printing Authorization Numbers**

  When printing an Authorization using the Print Action column button, the patient's name was not always appearing on the printout. This has been resolved.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Walkout Option**

  The **Walkout** option now is enabled and available when you access Transactions from the **Change Patient Data** screen. This allows you to print a walk-out statement without having to go out to the Transactions menu. Previously, the option was disabled on this screen.

- **Referral Types**

  On the **Patient Name and Address Information** screen, only active referral types will appear in the **Referral Type** drop-down list. Previously, inactivated referral types were appearing in the list.

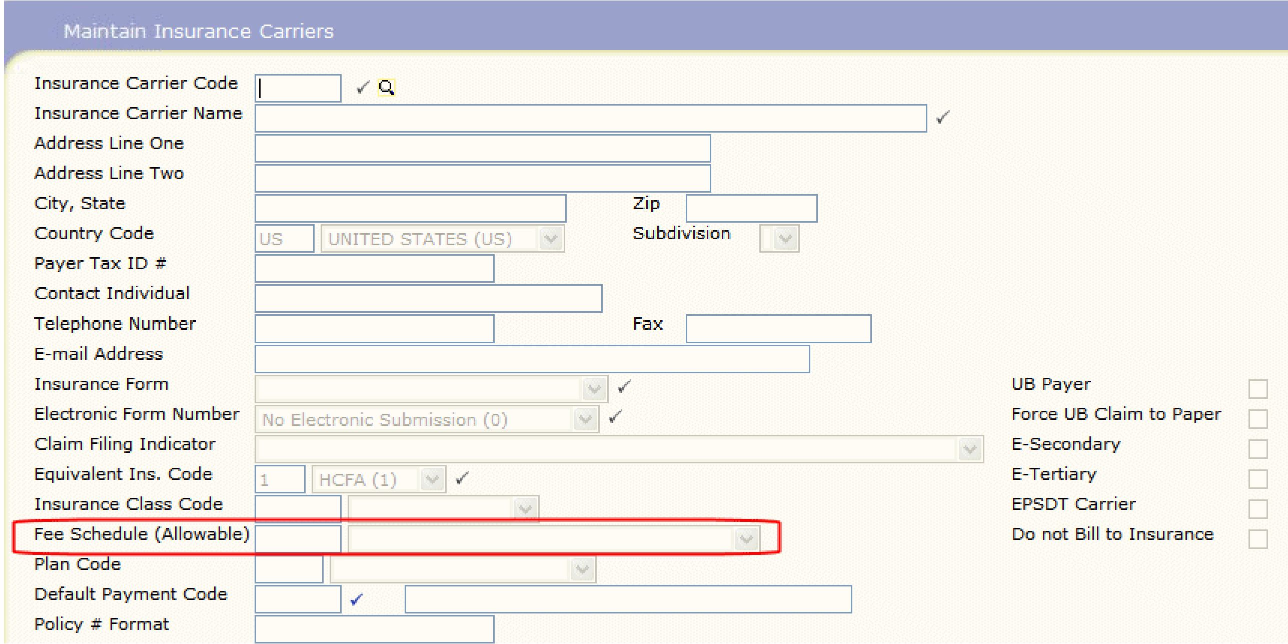
- **Inactivating Patients**

  Negative charges will not be treated as open items when inactivating a patient. Previously, in some instances, a message would appear when trying to inactivate a patient who actually did not have any open items on their account. (The message was: *There are open items on this account. Cannot inactivate.)* This would occur when a negative charge had been entered on the account; the negative charge was recorded as an open item.

- **Case Management – Alternate Fees**

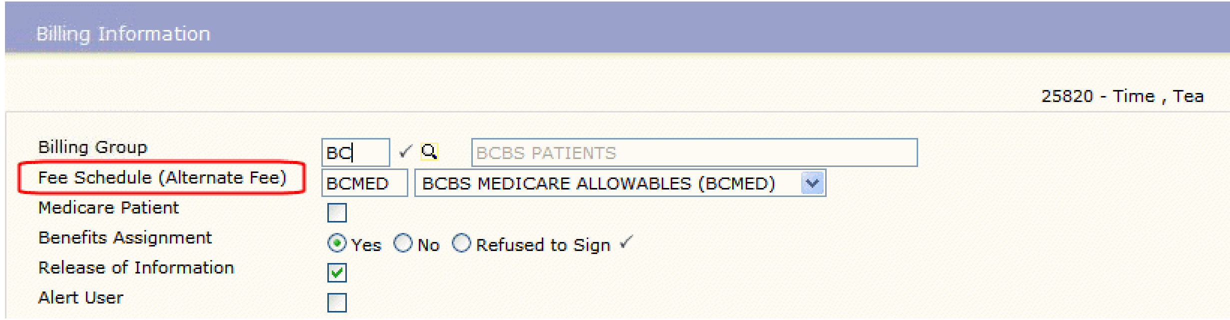
  Alternate fees will now pull into procedure entry based on the case tied to the procedure and the charge will be based on the entry in the alternate fee within the fee schedule table. To accomplish this, the following changes have been made:

  - On the Maintain Insurance Carriers screen, the word "Allowable" has been added to the field "Fee Schedule" to better indicate the purpose of the field. The field name is now **Fee Schedule (Allowable)** to make it clear that the allowed amount from the fee schedule that is selected in this field will pull into Payment Entry. (This is a change for clarity; there is no change to current functionality.)

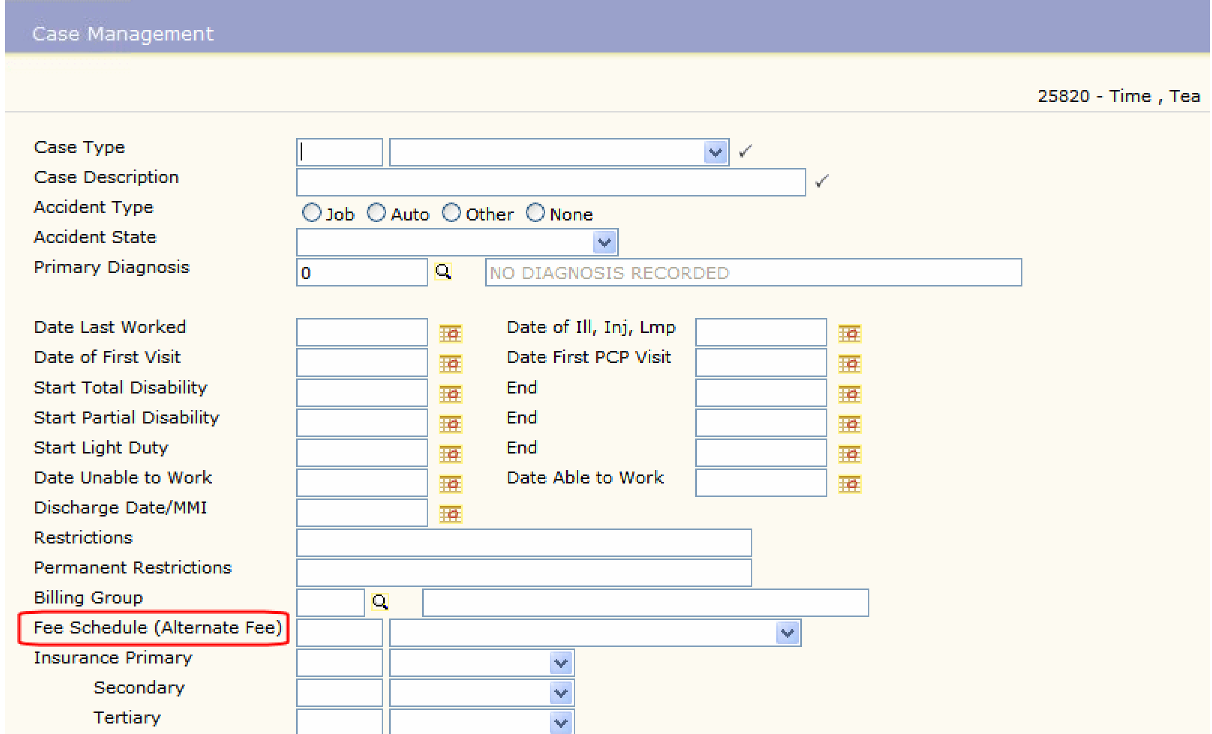


Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- On the patient's Billing Information screen, the words "Alternate Fee" have been added to the field "Fee Schedule," to better indicate the purpose of the field. The field name is now **Fee Schedule (Alternate Fee)** to make it clear that the alternate fees from the fee schedule selected in this field will pull into the *Procedure Entry* function. (This is a change for clarity; there is no change to current functionality.) This field name change appears in all functions where the billing information is accessible—that is, Patient Registration, Patient Change, and Patient Review.



- On the Case Management screen, a new field, **Fee Schedule (Alternate Fee)**, has been added (between the Billing Group and Insurance Primary fields). When a fee schedule is selected in the new **Fee Schedule (Alternate Fee)** field (on the Case Management screen), then, when a corresponding case is selected in Procedure Entry, the appropriate price will populate based on the price that is entered in the Alternate fee field in the Fee Schedule Table for the CPT code that is entered.



This resolves an issue related to workers' comp fees not pulling in case management.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Patient e-Mail Address**

  When the patient is the guarantor (that is, the patient relationship to guarantor is the "same"), changes to e-mail addresses on either the Patient Name and Address Information or Guarantor Information screen will populate on the other screen. Previously, when the patient and guarantor were the same, if a change was made to the patient e-mail address on the Patient Name and Address Information screen, then that change would not be reflected on the Guarantor Information screen. And, if a change was made to the guarantor's e-mail address on the Guarantor Information screen, then that change would not be reflected on the Patient Name and Address Information screen.

PROCEDURE ENTRY

- **Procedure Entry Accounting Date Defaults to Current Date For Single Charge Entry**

  Previously, when a superbill number was entered in the Lead-In screen, the default accounting date in Procedure Entry was pulling the date attached to the superbill instead of the current date. And, when the user changed the date and then refreshed the screen, the system updated the value in the Date header field back to the superbill date. This has been corrected so that the default accounting date for single charge entry always reflects the current date. Note that for batch charge entry, the default accounting date is the batch date.

- **Cursor / Box Focus Has Been Corrected in Procedure Entry for Batch Transaction Processing**

  Note
  This applies to clients who use batches (Transaction Batch Control) and superbill numbers (Superbill Document field in the Scheduling System Integration).

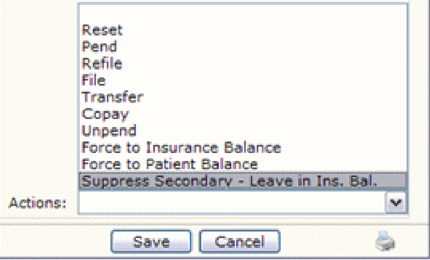
  Previously on the **Batch and Superbill #** screen in the *Procedure Entry* function, the system placed the cursor in the **Batch Number** field even when the Default Last Batch check box was selected. This has been corrected so that the cursor appears in the **Superbill #** field.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

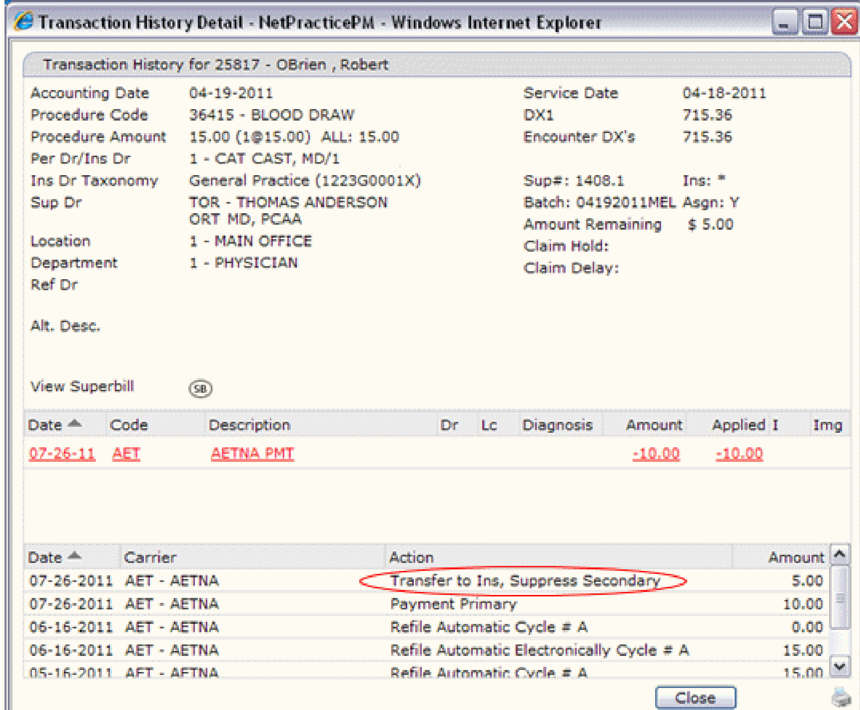
PAYMENT ENTRY

- **Payment Entry – Suppressing a Secondary Claim and Transferring the Balance to Insurance**

  During payment posting, in the **Payment Entry Function** screen, when the "Suppress Secondary – Leave in Ins bal" Action drop-down list item is selected, the line item payment amount now will remain in place and a secondary claim will not be created.



  Also, the Transaction History Detail screen correctly characterizes the action that was taken and displays, "Transfer to Ins, Suppress Secondary" in the Action column.



  Previously, during payment posting, when you wanted to override the system's automatic shift of a remaining line item balance to a secondary claim and, instead, transfer it to the insurance balance column without generating a secondary claim, the payment amount from the line item was erroneously removed.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

HCFA CLAIMS PROCESSING

- **Correct Primary Carrier Information Prints in Box 9 on HCFA Forms for Secondary Claims**

  Box 9 on a secondary claim now accurately reflects the primary insurance that was effective on the date of service. Previously when printing a secondary claim, the system populated Box 9, "Other Insured," with an incorrect primary insurance.

- **Idaho Medicaid Claims**

  Note
  These apply only to those practices submitting claims to Idaho Medicaid.

  - Box 32 - Box 32 (loop 2310D) now will be left blank on electronic and paper claims submitted to Idaho Medicaid when the address is the same as Pay to Provider. Previously, this had been the case for paper claims only.
  - Box 32A - Idaho Medicaid claims have a long Service Facility Location identifier, which previously did not fit in Box 32A on the HCFA form. It is now a requirement that Box 32A show the full number to avoid claim rejection. Thus, for Idaho Medicaid claims the font size for Box 32A has been decreased so that the full number fits and prints within the box.
  - Boxes 24j and 32 - Changes have been made to The HCFA Wizard has changed to accommodate Idaho Medicaid requirements for paper claims. Now, the only time anything will print in Boxes 24j and 32 on the CMS-1500 form is when the service location address is different from the billing address.

    On the **Change Database Parameters** screen, if the state code "ID" is selected in the **State** field and the insurance form type tied to the insurance carrier on the claim is "D," the following will apply:

    - In the *Maintain Doctor Codes* function, if the provider **Entity Type** is "Individual" or if a profile exists in the *Billing Profile Rules* function that shows the **Entity Type** as "Individual," and the address in the Doctor Code Table matches the address in the Location Code Table for the place of service on the claim, then nothing will print in Box 24j and Box 32 on the CMS-1500 form.
    - If the **Pay To Address** on the billing profile attached to the claim matches the address in the Location Code Table for the place of service on the claim, nothing will print in Box 24j and Box 32 on the CMS-1500 form.
    - If the address on the **Change Database Parameters** screen matches the address in the Location Code Table for the place of service on the claim, nothing will print in Box 24j and Box 32 on the CMS-1500 form.

- **Patient Birth Year Now Appears as a Two-Digit Value in Box 3**

  Per CMS requirements, now, only the last two digits of the year will appear in Box 3 (Patient's Birth Date). The birth date now appears as: MM | DD | YY. Previously, the system populated Box 3, "Patient's Birth Date," with the full, four-digit designation for the year.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

TRANSACTIONS

- **Electronic Remits – Claim Level Adjustments**

  Claim level adjustments cannot be posted electronically, but now they will print on the EOB. When the EOB is posted, they will appear on the Payment Exception report with the exception "Adjustment Needs Review – Not Posted," and the message will indicate "See EOB." Previously, claim level adjustments were not printing on the EOB or the Payment Exception reports.

- **ERA Exception Report**

  Previously, when electronic remits that included Medicare Advantage plans mixed with other commercial plans were returned, the Medicare Advantage plan payments would go to the Payment Exception report. This has been resolved. Now, to better distinguish among the different payers, the Payer ID number also is being checked, whenever it is provided by the payer on the Electronic Remittance Advice.

TRANSACTIONS POSTING

- **Insurance Ledger – File Date**

  When filing a claim from Payment Entry, the insurance ledger now will show the system date corresponding to the actual transaction date rather than the accounting date as the file date. Previously, the accounting date was appearing as the file date in the insurance ledger.

- **Department Filter**

  The Unposted Procedures list will now maintain the department code filter while you post, until you change the filter or exit the list. Previously, when you filtered the Unposted Procedures list by department code and then posted a procedure, the filter was no longer applied when you went back to the Unposted Procedures list. You would have to re-set the filter.

- **Unposted Procedures - Invalid Dx or CPT Codes**

  The workflow to handle invalid Dx or CPT codes when working with unposted procedures has been streamlined. The Unposted Procedures screen still will show a red warning on the summary screen to alert you about an invalid code (or codes) and prevent you from doing an auto-post, but, now, instead of seeing two or three screens of messages and prompts, when you select an entry with an invalid Dx or CPT code, the Procedure Entry screen will appear immediately so you can edit the invalid code(s). If you try to save the entry without editing or correcting the invalid code(s), you will be prompted, by line number, to make the appropriate correction(s).

- **Editing a Transaction – Batch Table Search Results**

  When editing a transaction and using the magnifying glass to search for batches corresponding to the accounting date for the selected charge, the results now will show only those batches that are of the same accounting date as the selected charge and that are unlocked. This resolves an issue where the Batch Table Search results included entries that were locked or of a different accounting date than the selected transaction.

- **Pending a Charge with a Credit Balance**

  During payment entry, you now will be able to pend a charge with a credit balance. Previously, when selecting the Pend action in the Payment Entry screen to pend a charge, if there was a credit balance, the system would not pend the charge.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

NETCODER

Note
This section applies to NetCoder users only.

- **NetCoder Can Be Accessed For Unposted Procedures with a Date of Service Prior to the Closed Billing Period**

  Previously, for unposted procedures with a date of service prior to the closed billing period, NetCoder could not be accessed and an error occurred when the user clicked the "Check Codes" button. This has been corrected so that the user can access NetCoder without error for unposted procedures that have dates of service before the closed billing period. When the "Check Codes" button is selected, the "NetCoder Results" screen appears as expected.

- **NetCoder Error No Longer Appears for Partially Posted Procedures**

  Previously, in certain situations, when working with unposted procedures or procedure entry in NetCoder, an error message appeared, and the charge would become corrupt. This occurred when two users worked with the same charge simultaneously—one user checking codes for an unposted procedure while one user was auto-posting the same charge. NetCoder would set the Green, Red, Yellow flag for the unposted procedure that was corrupt. This has been resolved so the unposted charge will not be corrupted, and a flag will not appear.

BILLING

- **Printing the Paper File Inquiry**

  The Print Action column function now will print the page of entries that you are viewing. Previously, the Print Action column function would print only the first screen of entries (up to 50) regardless of which page of entries you were viewing currently.

- **Secondary Claims Printing with $0.00 balances**

  Previously, if the **Create Sec/Ter on $0 Claim** option was not selected in the **NetPractice Default Values** screen and the patient account had the same insurance carrier code for both the primary and the secondary insurance carrier, the secondary claim would print displaying a $0 balance. This has been resolved. Now, even if the insurance carrier codes are the same, when the claim has a zero balance, the $0 secondary claim will not print when the **Create Sec/Ter on $0 Claim** default value option is not selected. For more information about the **Create Sec/Ter on $0 Claim** default prompt, reference the section "**Default Value: Create Sec/Ter on $0 Claim**," in this document.

- **Secondary UB-04 Claims**

  UB-04 secondary claims will generate properly. Previously, there were some instances when they would not generate properly.

- **Electronic Secondary Claims**

  Previously, on electronic secondary claims, if payment details for deductible, coinsurance, or other were included in the claim, multiple lines were being transmitted with this information, which could cause claim rejections. This has been resolved. Now, if applicable, this information will be sent on one line on electronic secondary claims.

- **Negative Charges Printing on Claims**

  If a claim is printed on demand for an accounting date that contains negated charges, only the line items that have not been negated will print. Previously, if multiple procedures were posted on one accounting date and some of the procedures were negated, if the claim was printed on demand, the procedures that were negated still were printing on the claim.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Patient Transaction History and Payment Entry – Refile Action**

  When using the "Refile" action from the Patient Transaction History screen or from the *Payment Entry* function, the Insurance Carrier drop-down list will include only carriers marked as "Yes" in the "Bill This Carrier" prompt in the Insurance Carrier Table. Previously, the "Insurance Carrier" drop-down list included carriers that had the "Bill This Carrier" prompt marked "No" in the Insurance Carrier Table.

- **HCFA Wizard – State of Washington CMS-1500 Requirements for Vaccines**

  Note
  This applies only to Washington state practices.

  For State of Washington clients submitting paper claims for immunizations using the HCFA Wizard, "Washington Vaccine Association" will print in Box 33. Previously, it was possible for the Washington Vaccine Association mailing address to print on the claim form in Box 33 along with the practice name.

- **Print Insurance Forms – Secondary UB-04 Claims**

  Previously, an error could occur if you attempted to print UB-04 secondary paper claims, by selecting the "Print for Secondary Only" option. This has been resolved.

- **Electronic Paper Claims – Electronic Form Type 6**

  Previously, if the patient and policy holder names were entered with different letter cases, the patient name would not print in Boxes 2 and 5 on the CMS-1500 form. This has been resolved. Now, if the names are entered in different cases, the case will be converted to all uppercase on the claim, and the patient name will print in Boxes 2 and 5.

- **Printing Electronic Claims**

  Previously, if the EPO special procedure code was used, its description would duplicate in the information field in Box 24J on the HCFA 1500 form. This has been resolved for both electronic paper claims and paper claims printed in-house using the HCFA Wizard.

- **Secondary Medicaid Paper Claims – Indiana**

  Previously, on the **Change Database Parameters** screen, when the **State** field was set to "Indiana" and the primary insurance on an account was terminated and the secondary insurance carrier was Medicaid, an error could occur. This was because Box 17 on the CMS-1500 form has special requirements for Indiana Medicaid, and, in instances when the primary carrier was terminated, this information was not available to print so an error would occur. This has been resolved.

- **Print Insurance Claim on Demand**

  Previously, if an account had multiple insurance carriers and you demanded a claim for a policy that had been terminated, the claim would be placed in the print file, but it would not actually print. This has been resolved. Now, if the claim is demanded, it will print if the policy was active at the time of the service.

- **California Workers Comp Paper Claims**

  Note
  This applies to all providers and facilities submitting CMS 1500 Workers' Compensation claims to the state of California.

  NetPracticePM has been updated to comply with the new division of Workers' Compensation (WC) regulations regarding submission of CMS 1500 WC paper claims to the state of California.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Claims with the same Primary and Secondary Insurance Carrier Codes**

  If a patient has the same carrier code for both primary and secondary insurance, and a claim is sent to the print file for both primary and secondary claims, the claim would error out; the claim was not splitting. This has been resolved so the system will create two separate claims to send.

- **Create Delinquent Insurance File**

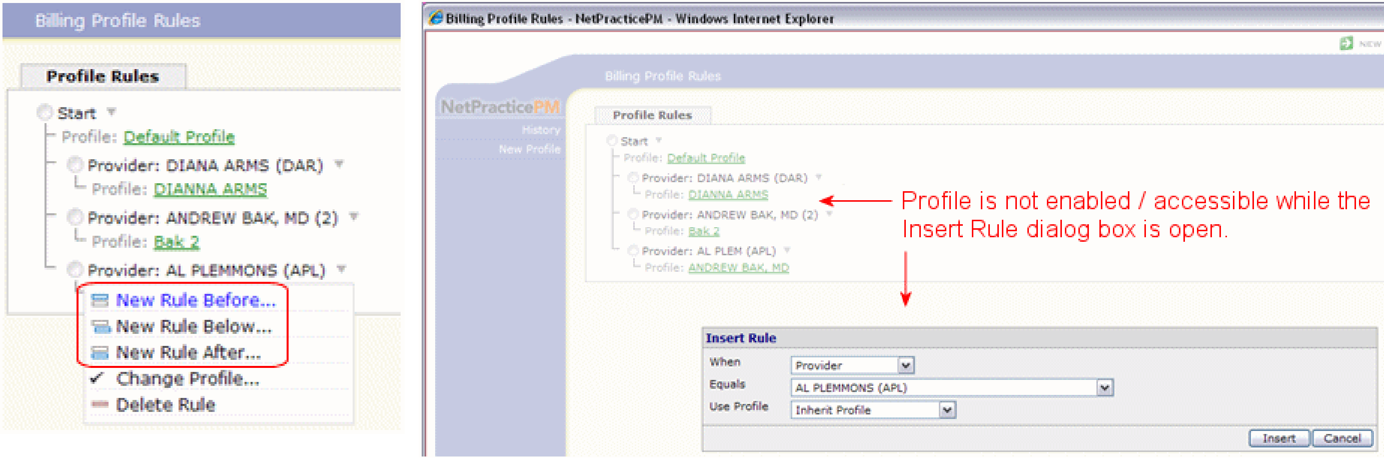
  There was an error generating in the Create Delinquent Insurance File, when an Adjustment or Payment was posted with a special procedure code—such as, TIME or NOTE—, and it was posted beneath an open charge line item. This has been resolved.

BILLING PROFILE

- **Inserting a New Rule**

  While viewing a billing profile on the "Billing Profile Rules" screen, when the user clicks to insert a new rule, the "Insert Rule" dialog box should appear *in front of* the profile, and the profile should not be accessible or editable while that dialog box is open. However, in the previous version, an error occurred whereby the "Insert Rule" dialog box appeared *behind* the profile, which meant the profile could be accessed and edited while the dialog box was open.

  This has been corrected so that when the user clicks "New Rule Before," "New Rule Below," or "New Rule After," the "Insert Rule" dialog box appears in front of the profile and the profile is not accessible while the dialog box is open. Once the user clicks "Insert" or "Cancel" in the dialog box, it closes and the profile can be accessed as usual.



- **Saving a Profile – Profile Name**

  If you try to save a Billing Profile without a profile name, the message "Profile name is required" will appear to prompt you to enter a Profile Name. Previously, an error could occur if you attempted to save a Billing Profile without entering a Profile Name.

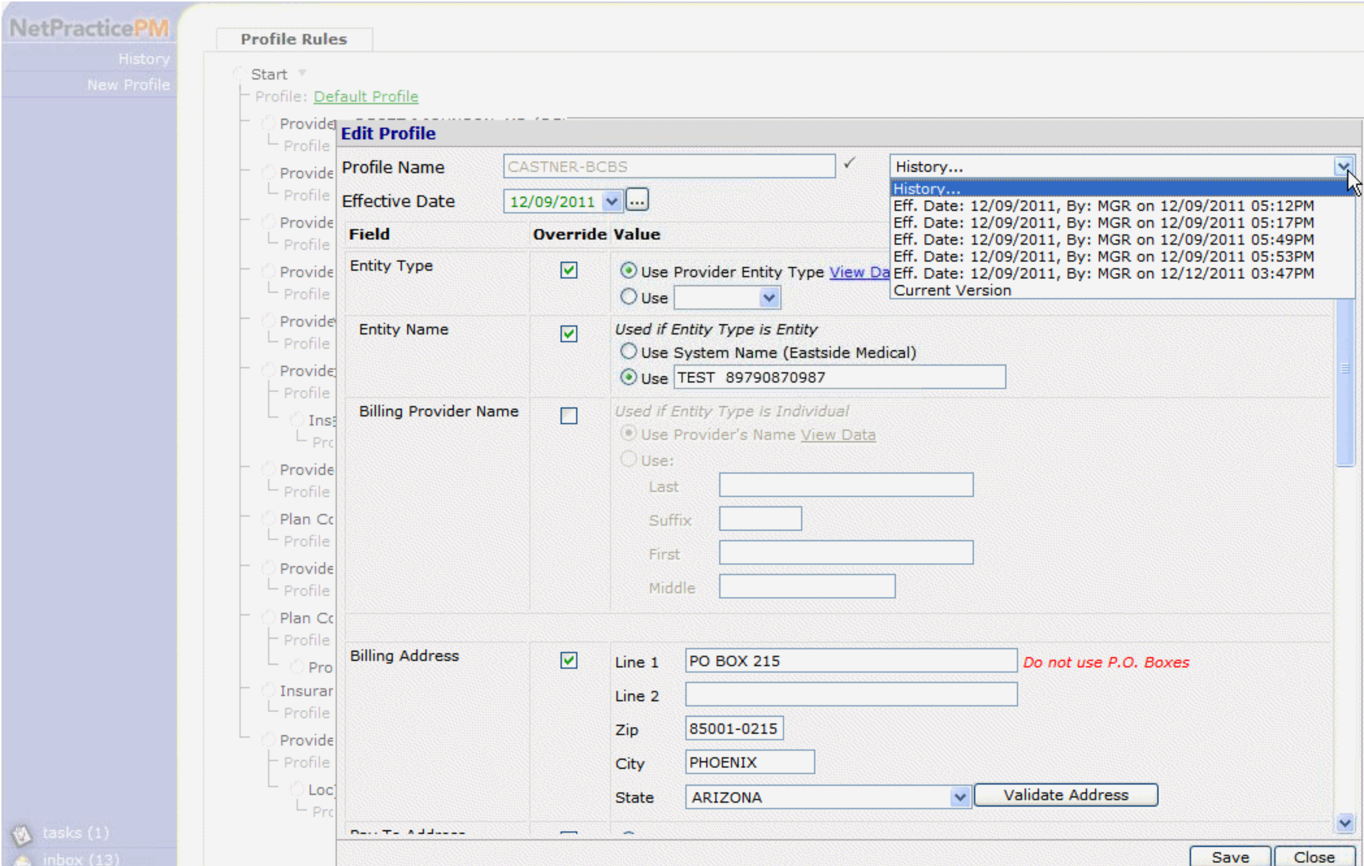
Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

- **Billing Rule Profiles – Inherited Profiles**

  When an inherited billing rule profile was reached as the final rule to be used, it would not always return the profile as inherited; instead, it would show as "unknown" on the Transaction History Detail. This has been resolved.

- **Billing Profile History**

  When looking at the billing profile history, the history was not reflecting the details of changes made to the profile. To resolve this, a new History drop-down list has been added to the billing profile edit dialog box.

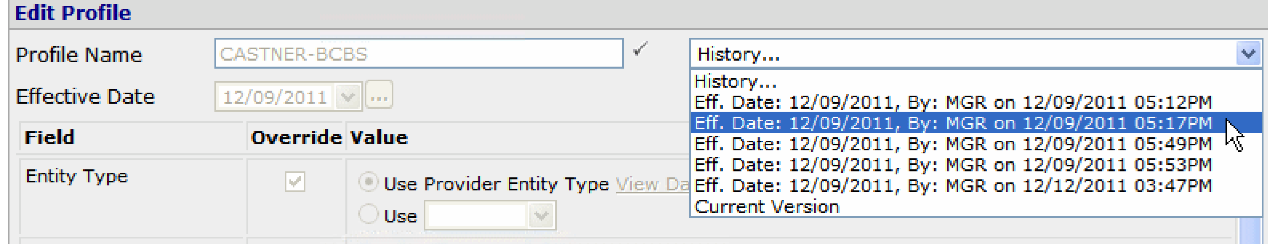


To view a history of changes to a billing profile

1. In the **Profiles** tree, select the *Profile*.
   The Edit Profile dialog box appears.

2. Click the **History** drop-down list to view a list of changes by date. Changes appear in chronological order by effective date, then by edit date.

3. To view the details of the profile for a particular date, click the date.



   The dialog box updates to reflect the details of the profile on that date. The details are read-only; you may not make any changes to historical details.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

4. To view the current rule information, in the **History** list, click **Current Version**.
   The dialog box updates to reflect the current details of the profile and is enabled for editing.

TABLES

- **Table Search**

  When accessing the Table Search (using the magnifying glass icon next to a field), the results will now accurately reflect the fields that are in the corresponding Search Integration (System/Database Maintenance Menu/Integrations). Previously, fields that were added in version 7.4—such as, Middle Name and Suffix—, were not appearing in the Table Search screen, because they were not available for selection in the Integration itself. The fields have been added to the appropriate Integrations so they are now available to select in the Integrations and will appear in the corresponding Table Search.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

SYSTEM REQUIREMENTS

There are hardware and software components that CompuGroup Medical has identified as necessary for the successful installation and use of the CompuGroup Medical Practice Management software. It is important that you confirm that your system meets the requirements to run version 7.4.1 successfully.

Please reference the **NetPracticePM Hardware & Software Requirements** documents for NetPracticePM 7.4. There is one for the ASP-hosted model and one for the Self-hosted model—depending on your configuration. The documents are available on the Knowledge Tree under **Professional Services/Implementation/Technical Packets**.

Note
Java JRE version 6 update 24 (1.6.0u24) (or greater) is required on the server and each workstation for the Paper Claim Editor and Paper Claim Alignment features. Adobe Acrobat Reader v6 (or greater) is required on each workstation to preview paper claims.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

APPENDIX A – PROCEDURE ENTRY: WHAT TRIGGERS AN ATTACHMENT

Attachment	Level (Claim or Line)	Trigger
Additional Paperwork Attached	Claim	NONE
Admission/Discharge	Claim	The entry of a Location Code that has an equivalent Place of Service Code of 21, 31, 51 or 61.
Ambulance	Claim and Line	The entry of any one of the following HCPCS codes: A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0888.
Anesthesia Time	Line	Entry of procedure (anesthesia) codes that are marked with a Type of Service of 7 in the Procedure Code Table.
Authorization	Claim and Line	An Authorization on the patient's account for the entered date of service.
Billing Note (Institutional Only)	Claim	NONE
Certification Code	Claim	NONE
Chiropractic Record	Claim	NONE
Claim Level Note	Claim	NONE
Claim Level Note (Institutional Only)	Claim	NONE
Contract Info	Line	NONE
Care Plan Oversight	Claim	The entry of G0181 or G0182 CPT codes.
Date Last Seen	Claim	NONE
Demonstration Project Identifier	Claim	NONE
Erythropoietin Drug Policy	Line	The entry of the Erythropoietin CPTs: J0881, J0882, J0885, J0886 and Q4081.
Early Periodic Screening, Diagnosis and Treatment	Claim	EPSDT check box is selected in the Ins Carrier Table AND the procedure code is 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, or 99395 AND/OR *any* code with the EP modifier is used.
GBHC Code	Claim	NONE
Homebound Indicator	Claim	NONE
Immunization Batch Number	Line	NONE
Investigational Device Exemption Number	Claim	NONE
Line Item Note	Line	NONE
Medical Record Number	Claim	NONE
Missing Tooth Record	Claim	NONE
National Drug Code	Line	Entry of a CPT code that has an NDC tied to it. Entry of a CPT code that has the "NDC Required" check box selected for it in the Procedure Code Table.
OB/Gyn Information	Claim	NONE
Outside Lab	Claim and Line	NONE
Patient Condition-	Claim	NONE

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.

Attachment	Level (Claim or Line)	Trigger
Vision		
Patient Weight	Claim	NONE
Post-Op Management	Claim	Primary Insurance is Medicare and a "55" modifier is entered.
Prescription	Claim	NONE
Purchased Services	Line	NONE
Special Program Indicator	Claim and Line	NONE
Through Date	Line	NONE
UB04 Information (5010 Only)	Claim	UB Payer check box is selected in the Insurance Carrier Table for the carrier in the Ins field at the top of the Procedure Entry screen and/or by the UB Billing check box selected in the Location Code Table for the Location selected at the top of the Procedure Entry Function screen.

Copyright©2012 CompuGroup Medical US. All rights reserved. www.cgmus.com; Rev. 09162011_07172012 For NetPracticePM 7.4.1
CGM, CompuGroup Medical word marks and logos are claimed as U.S. trademarks by CompuGroup Medical AG. All rights reserved.
ScanSharp is a trademark of Innovative Card Scanning, Other product and company names mentioned herein may be the trademarks of their respective owners.