What's New in

CGM webPRACTICE™ v2021.3.0

Updated Final Release Notes

August 31, 2021

CGMwebPRACTICE™

Fully Web-Based Practice Management Suite

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INTRODUCTION

This document provides an overview of new features, resolutions, and enhancements available in the release of CGM webPRACTICE v2021.3.0. Each section defines the specific feature and/or enhancement associated with the new CGM webPRACTICE release, as well as any resolved issues.

NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative and only contains information associated with the CGM webPRACTICE v.2021.3.0 release.

Note: You will need to complete the ***Action Required*** items (where applicable) to make sure your system functions properly with this updated version.

As with all updates, for all new menu functionality, you will need to identify which users you want to have access to the new menu functions. Then, you must activate the new menus using the *Model User Menus* function located on the *System, User Management* menu. You must also set the security level that you want on the new menus using the *Change Function Security* function located on the *System, User Management, Function Security Menu*.

Summary of Action Required Items

Page #	Function	Action
7 & 8	Paper Claim Editor & 5010 Electronic Claim Loop and Segment Editor	Anesthesia claims: edit the existing Profile or add a new Profile and Rule if applicable
8	Idaho Patient Act Integration	Add additional Default Billing Entities for Locations if applicable
9	Import Fee Schedules	Load the updated files if applicable
9	Load the HCPCS Codes	Load the updated files if applicable
9	Import RVU Unit Values	Load the updated files if applicable
9	Load the AMA CPT® Codes	Load the PLA CPT codes if applicable

Summary of Changes to Document

Version 1 of Preliminary Release Notes released Aug 3, 2021 and Final Release Notes released Aug 11, 2021.

Section	Function	Added/Deleted/Revised
Corporate	User Productivity Report to Excel	Revised - corrected menu path
System	Paper Claim Editor	Revised - Corrected typo and changed Box 26G to 24G.
System	Idaho Patient Act Integration	Revised - added text to the Note section.
Billing	Generate/Print Patient Statements	Added

Billing

Generate/Print Patient Statements (*Billing > Generate/Print Patient Statements*) ***Idaho Patient Act Clients Only ***

Enhancements made to the Idaho Patient Act Statement program to prevent large quantities of multiple page statements from printing and to provide better alignment of the dollar amounts in the Insurance Balance column. Now when you generate statements, the program will only print the details for transactions if they have never printed on a previous statement. Any balances owing for transactions that were previously printed, print in the Balance Forward columns at the top of the statement body section.

The *Idaho Patient Act Setup & Instructions* document in Help will be updated with a sample printed statement and should be available in CGM webPRACTICE Help (*Introduction > System Processes > Idaho Patient Act Setup & Instructions*) within a couple of weeks.

Corporate

User Productivity Report to Excel *(Corporate > Corporate Reports > User Productivity Report to Excel)*
Enhanced the report to work at a corporate level to print results for multiple databases.

Reports

User Productivity Report to Excel *(Reports > User Productivity Report to Excel)*
Added the following data elements to the report:

- **Pmts-Total # Posted Manually**
- **Pmts-Total # ERA Auto-Posted**
- **NOTES # Entered** - Number of DMS Notes entered
- **INOTES # Entered** - Number of DMS Insurance Notes entered
- **Refiles # of Claims** - Number of claims refiled
- **Refiles # of Charges** - Number of individual procedure codes refiled
- **Claims Submitted # of Electronic** - Number of claims submitted electronically
- **Claims Submitted # of Paper** - Number of paper claims generated
- **Unposted Proc-# of Encounters Stored -** Number of encounters that were 'Stored' as unposted procedures
- **Unposted Proc-# of Chgs Stored -** Number of individual procedures that were 'Stored' in unposted procedures
- **Unposted Proc-# of Encounters Posted -** Number of 'Encounters' that were 'Stored' as unposted procedure and then 'Posted'
- **Unposted Proc-# of Chgs Posted -** Number of individual charges that were 'Stored' as unposted procedures and then 'Posted'

> **Note**: These changes will only be effective for claims generated after the v2021.3.0 update has been installed.

Statistical Denial Reports (*Reports > Insurance Related Reports > Insurance Statistical Reports > Statistical Denial Reports*)
Modified all of the Excel versions of the reports with the following:

- Added a **Carrier** column between the **Date Denied** and **Practice Denial Reason** columns, which shows the Carrier for the denial.
- Each row will now populate data for every column that has data to display.
- The column headings only occupy one row of the report instead of two.
- Enhanced the Last Activity Description column to reflect the activity more clearly. **Note**: this change also applies to the standard 'Print Here' reports.

System

Interface Notifications *(System > Interfaces > Interface Notifications)* *****New Functionality*****
Inbound Interface Clients Only

With this function, you can manage and edit any new Referral Source or Insurance Carrier Codes that are created via an inbound interface. Upon accessing this function, the *Interface Notifications Summary* screen will display any new codes, including columns for the Table name, Code and Description, the Date it was created, the Source (interface name), Worked indicator and the User code of the User that worked the code. The default view is to display all of the Unworked codes.

	Interface Notifications					System Manager EASTSIDE MEDICAL (1)	
Show Unworked	Table	Code	Description	Date ▲	Source	Worked	User
Show Worked	Referring Dr	ALB	ALBA, RAMON	06-07-2021	0001G - ABC Interface	Y	MGR
	Insurance Carrier	AET	AETNA	06-07-2021	0001G - ABC Interface	N	
	Insurance Carrier	MC	MEDICARE	06-07-2021	0001G - ABC Interface	N	
	Referring Dr	AND	ANDERSON, KEITH	06-07-2021	0001G - ABC Interface	N	
	Referring Dr	BRO	BROWN, DAVID	06-07-2021	0001G - ABC Interface	Y	MGR

To review or edit a code, click anywhere in the row for the table code. The standard *Maintain Referral Source or Insurance Carrier Code* screen will display and show the data received via the interface for that code. After you have made any necessary edits, click **Save** and then **Cancel** to return to the main *Interface Notifications Summary* screen. If no edits are necessary, click **Cancel**. The table code will be marked as Worked, your User Code will be stored indicating you were the user that worked it and the code will no longer display in the list. You can click either of the Action Column buttons to change the display. The Action Column buttons toggle between **Show All**, **Show Worked** and **Show Unworked**, depending on which view is currently displayed.

Paper Claim Editor *(System > Claims Management Menu > Paper Claim Editor)* *****Action Required*****

Changes made for Anesthesia claims to prevent denials from insurance carriers, since some carriers now require the number of Units (Multiplier) not the total minutes to print in Box 24G. To activate these changes, you will need to either edit the existing Profile or add a new Profile and Rule and modify Box 26G to contain a value of **@Claim.Calculated.ProcedureData("MultiplierUnits",1)**. These changes were released on June 17, 2021 in Patch 2021.2.2.

System (cont.)

5010 Electronic Claim Loop and Segment Editor *(System > Claims Management Menu > 5010 Electronic Claim Loop and Segment Editor)* ******Action Required******

Changes made for Anesthesia claims to prevent denials from insurance carriers, since some carriers now require the start and stop time in the claim level note. To activate these changes, you will need to either edit the existing Profile or add a new Profile and Rule and modify the following:

- Loop 2400 SV1-03 to have Value of **UN**
- Loop 2400 SV1-04 to have Value of **@Claim.Procedures.Multiplier**
- Loop 2300 Segment NTE to have Value of **@Claim.Calculated.ClaimNoteAnesthesia**

These changes were released on June 17, 2021 in Patch 2021.2.2.

> Warning - If you use this calculated property and a Claim Level Note Attachment has been entered for the Encounter, the Start/End Time for the anesthesia procedure will override the Claim Level Note and the Claim Level Note will not be included in the claim. In addition, if there are multiple anesthesia procedures on the claim with varying Start/End times, only the Start/End time for the first anesthesia procedure will be included in the claim.

Idaho Patient Act Integration (*System > Database Maintenance Menu > Integrations > Idaho Patient Act Integration*) ******Idaho Patient Act Clients Only *** **Action Required*****

Added a **Location Code** field so you can define Default Billing Entities for specific Location Codes. Previously, you could only define one Default Billing Entity per Place of Service/Type of Service code. Now you can define multiple default billing entities for each Place of Service/Type of Service code based on location code. For example, if a physician provides surgical services at multiple hospitals, you can define a separate Default Billing Entity for the surgical Place of Service code and each applicable Location Code. This change allows you to trigger the Idaho Patient Act attachment in Procedure Entry with a Default Billing Entity based on Location instead of only by Place of Service.

> **Note**: If you use Expanded Procedure Entry, the Location Code entered on any individual line items will also be taken into account when triggering the Attachment. The *Idaho Patient Act Setup & Instructions* document in *CGM webPRACTICE Help* has been updated to include the information above.

Tables

Load the AMA CPT® Codes (*Tables > Procedure Code Table > Load the AMA CPT® Codes*)
Action Required
   The 2021 PLA CPT codes are available. The PLA codes are Vaccine Specific CPT Codes for Coronavirus
   Immunizations and can be loaded by selecting the **Pathology and Lab** code category.

Load the HCPCS Codes (*Tables > Procedure Code Table > Load the HCPCS Codes*) ****Action Required****
   Updates to the 2021 HCPCS data files, effective July 1, 2021 are available for loading. To receive the
   updated codes you must load the 2021 file.

Import RVU Unit Values (*Tables > Relative Value Schedule Table > Import RVU Unit Values*) ****Action
Required****
   The Centers for Medicare and Medicaid Services (CMS) have updated the 2020 Medicare Relative Value
   Unit files (RVUs) effective July 1, 2021. To receive the updated codes you must load the **2021** file.

Import Fee Schedules (*Tables > Fee Schedule Tables > Import Fee Schedules*) ****Action Required****
   The Centers for Medicare and Medicaid Services (CMS) have released the following Fee Schedules:

   - 2021 Medicare Physician Fee Schedule, effective July 1, 2021
   - 2021 Medicare Clinical Laboratory Fee Schedule, effective July 1, 2021

   The updated files are available for import by selecting 2021 in the Fee Schedule Year list and the
   applicable file name in the Fee Schedule File list.

Maintain Insurance Denial Codes (*Tables > Insurance Denial Code Table > Maintain Insurance Denial Codes*)
   The updated Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC),
   effective July 1, 2021, have been released.

Transactions

Procedure Entry Function *(Transactions > Procedure Entry Function)* *****CGM webCODER™ Clients Only*****

CGM webCODER will now check Excludes 1 and Excludes 2 ICD-10 rules. Excludes 1 condition will be displayed as a red dot, Excludes 2 will display as a yellow dot.

CPT/ HCPCS	RVU (Non-Fac)	MOD	DESCRIPTION	CCI ISSUE	ICD-10
99213	2.65	24 M	OFFICE/OUTPATIENT VISIT EST		● K92.1 ● D61.1
36415	0	M	ROUTINE VENIPUNCTURE		● D61.810
81000	0	M	URINALYSIS NONAUTO W/SCOPE		● D61.810 ● R19.5

● K92.1 Excludes 1: occult blood in feces (R19.5)
● R19.5 Excludes 1: melena (K92.1)
● D61.810 Excludes 2: aplastic anemia due to antineoplastic chemotherapy (D61.1)
● R19.5 Excludes 2: gastrointestinal hemorrhage (K92.0-K92.2)

> **Notes**:
> Excludes 1 means that two diagnosis codes can never be coded together.
> Excludes 2 means that two diagnosis codes can only be coded together in some circumstances.

Procedure Entry Function (*Transactions > Procedure Entry Function*) *****Idaho Patient Act Clients Only *****

Made enhancements so the Idaho Patient Act attachment will now trigger with a yellow warning icon if there are matching Place of Service and/or Type of Service codes defined in the Table Codes section of the *Idaho Patient Act Integration*, but no matching Default Billing Entity.

The Idaho Patient Act Attachment can default with up to two Billing Entities (one by Type of Service and one by Place of Service). The following order of precedence will be used when determining if there is a Default Billing Entity that should populate the Attachment:

1) Matching Type of Service, Insurance code and Location code
2) Matching Type of Service, Insurance plan and Location code
3) Matching Type of Service and Location code
4) Matching Type of Service and Insurance code
5) Matching Type of Service

1) Matching Place of Service, Insurance code and Location code
2) Matching Place of Service, Insurance plan and Location code
3) Matching Place of Service and Location code
4) Matching Place of Service and Insurance code
5) Matching Place of Service

Transactions (cont.)

Unposted Procedures *(Transactions > Unposted Procedures)*

When procedures are stored through the *Procedure Entry Function*, the **Source** column will now display **Procedure Entry**.

CGM webTOOLS™

CGM webPAY™

Enhanced receipt printing so you can now print to receipt printers that use 3.125-inch and 2.25-inch wide paper.