



CompuGroup™
Medical

What's New in

CGM webPRACTICE™ v2022.2.0

Final Release Notes

May 11, 2022

CGMwebPRACTICE™
Fully Web-Based Practice Management Suite



Table of Contents

Introduction	3
New Features and Enhancements	4
Summary of Action Required Items.....	4
Summary of Changes to Document.....	4
General Enhancements	5
Billing	5
Reports	6
Schedule	8
System	8
Tables.....	9
Transactions.....	11
CGM webTOOLS™	12

INTRODUCTION

This document provides an overview of new features, resolutions, and enhancements available in the release of CGM webPRACTICE v2022.2.0. 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 v2022.2.0 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
9	Import Fee Schedules	Load the updated files if applicable
9	Import RVU Unit Values	Load the updated files if applicable
9	Load the HCPCS Codes	Load the updated files if applicable
9	Load ICD-10 CM Codes	Load the updated file if applicable

Summary of Changes to Document

Version 1 of Preliminary Release Notes was released May 3, 2022.

Section	Function	Added/Deleted/Revised
Tables	Load ICD-10 CM Codes	Added
System	Link Images	Added
Billing	Insurance Billing Functions	Added

General Enhancements

Using Google Chrome with CGM webPRACTICE

Effective May 25, 2022, you will be able to use either Google Chrome or Microsoft Edge (in addition to Internet Explorer 11) and use Windows® 11 with CGM webPRACTICE. Prior to using Chrome, you will need to review the *Configuring Google Chrome Settings* document, in *CGM webPRACTICE Help* under *Knowledge Tree > Technical Documents* (available on May 3, 2022) to perform three settings and learn about the functionality changes.

Billing

Create Insurance File (*Billing > Insurance Billing Functions > Create Insurance File*)

The following issues were corrected when billing for cases.

- If the case had a primary policy associated with it and the account had multiple policies with the same insurance carrier, an extra claim would be generated for the policy not associated with the case.
- In some situations, if the case had no policy associated with it, claims could be generated incorrectly for policies marked as special billing.

Review/Send Electronic Statements (*Billing > Review/Send Electronic Statements*)

Resolved an issue that prevented the **Patient Balance** and **Account Balance** columns from sorting correctly, when you clicked on the column heading to re-sort the screen.

Insurance Billing Functions (*Billing > Insurance Billing Functions*)

Removed the following menu functions since they are no longer used.

- *Insurance Test Pattern*
- *List Patients by Carrier Batch Number - 4010 Claims Only*

Reports

Summary Aged A/R by Loc and Billing Group

(Reports > Aged Accounts Receivable (A/R) Reports > Summary Aged A/R Reports > Sorted Summary Aged A/R Reports > Sorted Summary Aged A/R by Location > Summary Aged A/R by Loc and Billing Group)

Summary Aged A/R by Per Dr and Billing Group

(Reports > Aged Accounts Receivable (A/R) Reports > Summary Aged A/R Reports > Sorted Summary Aged A/R Reports > Sorted Summary Aged A/R by Performing Dr > Summary Aged A/R by Per Dr and Billing Group)

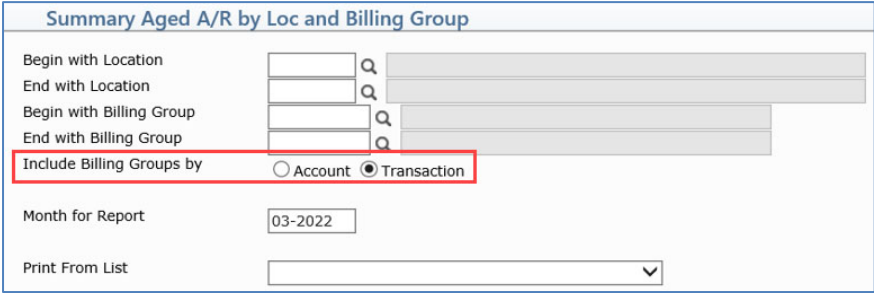
Delinquent Aged A/R by Billing Group

(Reports > Delinquent Aged Accounts Receivable (A/R) Reports > Delinquent Aged A/R by Billing Group)

Double Sorted Aged A/R by Location and Billing Group (Reports > Aged Accounts Receivable (A/R) Reports > Sorted Aged A/R Reports > Double Sorted Aged A/R by Location and Billing Group)

Double Sorted Aged A/R by Performing Dr and Billing Group (Reports > Aged Accounts Receivable (A/R) Reports > Sorted Aged A/R Reports > Double Sorted Aged A/R by Performing Dr and Billing Group)

Added a new **Include Billing Groups by** option, so you can select which Billing Group to use when printing the report. The **Account** option will include Billing Groups based on the Billing Group stored in the *Billing Information* screen and the **Transaction** option will include Billing Groups based on the Billing Group stored for each transaction.



Alphabetic/Numeric Aged A/R and Alphabetic/Numeric Aged A/R by Patient Balance (Reports > Aged Accounts Receivable (A/R) Reports)

Updated all the Excel versions of these reports, so that the data will print in individual columns.

Aged A/R by (all single and double-sorted options) (Reports > Aged Accounts Receivable (A/R) Reports > Aged A/R by (all single and double-sorted options))

Corrected an issue with the quantity of data that would print when you selected the **Print Transaction Details** check box and selected specific codes for the sorting option(s). For example, if you selected to print by **Billing Group** and selected **Billing Group Code** 'Med', the report would include transactions for **every Billing Group Code**, when it should only print transactions for the 'Med' Billing Group. This has been resolved.

Reports (cont.)

Compile UDS Reports (*Reports > UDS Reports > Compile UDS Reports*) and **Print UDS Reports** (*Reports > UDS Reports > Print UDS Reports*)

Added a new section named '4d' for Table 6A that contains **Post Covid 19 – Unspecified** entries. These entries are identified when the diagnosis code U09.9 has been entered on a qualified UDS visit. This new section will only print for reports that are printed for the year 2022 or later.

Schedule

Patient Check In/Out (*Schedule > Patient Check In/Out*)

Enhancements made so the same appointment lockout functionality used for *Patient Collection Status Codes* and *Billing Group Codes* will be used when accessing *Patient Check In/Out*. If you have set up either type of codes to **Lockout Appointments** with a **Level 1** or **Level 2** password, you will be prompted to enter the password prior to checking a patient in. If you set up codes to Warn when scheduling a patient appointment, that same warning will be provided prior to checking a patient in. If you do not want the appointment lockout functionality to be used for this function, see the *Patient Check In/Out Integration* entry under the *System* section of these release notes.

System

Patient Check In/Out Integration (*System > Database Maintenance Menu > Integrations > Schedule Integrations > Patient Check In/Out Integration*)

Added a new **Disable Appt Lockouts** check box that allows you to bypass the appointment lockout functionality when checking patients in. For additional information, see the *Patient Check In/Out* entry under the *Schedule* section of these release notes.

System Log (*System > File Maintenance Menu > Lookup Functions > System Log*)

Enhanced the function so that anytime a Fee Schedule is imported, an entry will be stored and display the date, time, database number, User Code, and the Fee Schedule name along with the method used to import it.

System Log				
Changes to Tables				
Date, Time ▲	DB	User	Message	Table
02-22-2022, 01:37P	1	DMR	Fee Schedule MED-MEDICARE ALLOWABLES with effective date 01-01-2022 imported Via Table Sharing Interface from db 1 for db 2.	Fee Schedule

Reset Statistical Files (*System > File Maintenance Menu > Reset Statistical Files*)

Enhanced this function to check if you used expanded Procedure Entry to store a different location, referring doctor, or performing doctor code for each procedure entered, and to reset the statistical files appropriately.

Link Images (*System > Image Management > Link Images*)

If you uploaded a file with a filename that contained a # character, a "Server Error" would occur when you clicked on that document in the *Unlinked* documents listing. This issue has been resolved.

Tables

Maintain Insurance Carriers (*Tables > Insurance Carrier Table > Maintain Insurance Carriers*)

Added an **eMEDIX Payer List** Action Column button that can be used to access the eMEDIX payer list, which does not require that you have credentials stored in the *eMEDIX eResp Integration* function.

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 2022 Medicare Relative Value Unit files (RVUs) effective April 1, 2022. To receive the updated codes, you must load the 2022 file.

Import Fee Schedules (*Tables > Fee Schedule Tables > Import Fee Schedules*) ***Action Required***

The Centers for Medicare and Medicaid Services (CMS) has released the following Fee Schedule:

- 2022 Medicare Clinical Laboratory Fee Schedule, effective April 1, 2022

The updated file is available for import by selecting 2022 in the **Fee Schedule Year** list and the applicable file name in the **Fee Schedule File** list.

Load the HCPCS Codes (*Tables > Procedure Code Table > Load the HCPCS Codes*) ***Action Required***

Updates to the 2022 HCPCS data files, effective April 1, 2022, are available. To receive the updated codes, you must load the 2022 file.

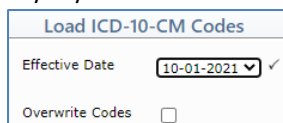
Load ICD-10 CM Codes (*Tables > Diagnosis Code Table > Load ICD-10 CM Codes*) ***Action Required***

The following three new codes were added by CMS on 02/01/2022 and have been added to the 2022 ICD-10 code file:

- Z28.310 Unvaccinated for COVID-19
- Z28.311 Partially vaccinated for COVID-19
- Z28.39 Other underimmunization status

The new codes can be added to the Diagnosis Code Table in one of the following ways.

- 1) Using the *Tables > Diagnosis Code Table > Load ICD-10 CM Codes* function and selecting the 10/01/2021 effective date.



- 2) The codes can be added manually using **Maintain Diagnosis Codes** (*Tables > Diagnosis Code Table > Maintain Diagnosis Codes*).
- 3) If your system is setup to **Automatically Load New ICD Code Files** (*System > Database Maintenance Menu > Integrations > ICD Code Integration*), the new codes will automatically load.



Tables (cont.)

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 March 1, 2022, have been loaded.

Transactions

Transaction Journals to Excel (Payments) (*Transactions > Transaction Journals > Transaction Journals to Excel*) *****CGM webPAY™ Clients Only*****

Added a **Note** column to print 'The payment Receipt was not received from the Merchant for this transaction.' when you collected an unposted CGM webPAY payment but did not receive the payment Receipt, to provide more history for the payment transaction.

Daily Register (*Transactions > Transaction Journals > Daily Register*)

The following enhancements and corrections were made to the report:

- If you selected to include 'Month to Date' (**MTD**) and 'Year to Date' (**YTD**) totals, these totals would not print on some of the various sort options. For example, if you printed by **Performing Doctor** or **Location Code** –the MTD and YTD totals would not print.
- If you selected to include **MTD** and **YTD** totals, these totals would not print when you selected to print by **Service Date**.
- The 'Monthly' and 'Daily' totals would not print the totals for each day.
- Modified the report headings so they more clearly reflect whether you print the report by Accounting Date or Service Date.

Note: When including MTD and YTD totals, they will be based off the date you entered in the **Print through Date** field. For example:

- If you print the report from 03/01/2022 through 04/20/2022, the MTD totals would be for April (04/2022) and the YTD totals would be for 01/01/2022 through 04/20/2022.
- If you print the report from 11/01/2021 through 04/20/2022 (for overlapping years), the MTD totals would be for April (04/2022) and the YTD totals would be for 01/01/2022 through 04/20/2022.

CGM webTOOLS™






CGM CONNECTION™

Resolved issues with bulk appointment reminder files failing to send due to an invalid patient email address in the file, so enhancements have been made when checking if email addresses are valid to ensure they are formatted correctly. If an invalid email address is found, it will be deleted from the appointment record prior to being sent to CGM CONNECTION. In addition, if an appointment record contains an email that is in a valid format, but CGM CONNECTION returns a failure message because the email is not actually valid (for example the domain listed might not be valid, even though the 'format' is correct), the appointment record that contained the invalid email that failed will display the patient name, account number, and invalid email address in the **System Log** (*System > File Maintenance Menu > Look-Up Functions > System Log*).

System Log				CGM CONNECTION Messages	
Date/Time	DB	# of Records	Event	Status	
04-28-2022 03:40PM	1	1	Send Appointments	Successful	
04-28-2022 03:30PM	1		Send Appointments	Failed: FRANK KEST [25825]: mdavies@prettier.k1 is not a valid email address.	
03-24-2022 11:07AM	1	25	Receive	Successful	

CGM webVERIFY™ Eligibility Status Icons

Enhancements made when displaying the CGM webVERIFY Eligibility Status icons throughout the system, so they more accurately reflect the status.

-  Verification Failed - Red
-  Verification Passed - Green
-  Verification Outdated - Grey
-  Verification Partial - Yellow
-  Never Verified - Clear

The icon color is dependent on the **Eligibility Verification Frequency** selected for the insurance carrier when the eligibility check is done.

For example, if you verify eligibility 'today' and the carrier is set to verify eligibility on 'Every Visit' – it will only display the 'color' for 'today' – when tomorrow comes – the color will be replaced with a 'Gray' icon.

If the carrier is set to check eligibility every 30 days, then the color will display for 30 days after the eligibility was run.

In the case of running eligibility for 'Future Dates' – a change was made to display the color up through that future date used for eligibility. For example, if the eligibility was run on a patient for an appointment two months from now, the color will continue to display up through that future date.