



CompuGroup™
Medical

What's New in

CGM webPRACTICE™ v7.4.5

Final Release Notes

Updated Document July 7, 2014

Hosted Clients Release Date: June 11, 2014

Self-hosted Clients Release Date: June 19, 2014

CGM webPRACTICE™

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 v7.4.5. Each section defines the specific feature and/or enhancement associated with the new CGM webPRACTICE release, as well as any resolved issues.

Additional release notes that were not available at the time of the release of 7.4.5 have been added in the “Additional 7.4.5 Release Notes” section starting on page 56.



NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative and only contains information associated with the CGM webPRACTICE v.7.4.5 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 service packs and 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
37	Import Fee Schedules	Import the updated files if applicable.
38	Load the AMA HCPCS Codes	Load the updated files if applicable.
41	Maintain Procedure Codes	Indicate if a Procedure Code set to Type of Service Code 5 should be paid at a different percentage by completing the Medicare Lab Reimbursement % field.

CGM webPRACTICE Enhancements

CGM webPRACTICE Compatibility

Compatibility testing has been successfully completed for running CGM webPRACTICE in an Internet Explorer 11 environment. The only requirement is that you must use **Compatibility View** in Internet Explorer.

CGM webPRACTICE Menus *New Functionality*

The **Reports** and **System** menu functions have been placed in alphabetical order to make them easier to locate. The top level **Tables** menus have also been alphabetized.

Billing


Transmission File Management (Insurance Billing Functions, Electronic Claims, File Maintenance)







New Functionality

A Download icon has been added so you can save the 837 electronic claim files after they have been sent to provide them to an alliance partner for reporting purposes if needed. For information on the other option available for saving the files, see the **CGM webPRACTICE Default Values** entry under the *System* section of these release notes.

You can download the electronic 837 claim files by Date, Payer Form Type by Date, or individually.




Download by Date

Click the Download icon  next to the Date Sent, to download all the electronic 837 claim files sent on that date to your workstation.

Transmission File Management		
Date Sent ▲	Claims	Amount
<input type="checkbox"/> Untransmitted	6	1,187.00
<input type="checkbox"/> 02-11-2014 	1	520.00
<input type="checkbox"/> 02-07-2014 	4	1,305.00
<input type="checkbox"/> 02-03-2014 	2	250.00
<input type="checkbox"/> 01-30-2014 	5	2,724.00
<input type="checkbox"/> 01-29-2014 	15	1,906.00
<input type="checkbox"/> 01-22-2014 	15	3,865.00

Download Payer Form Type by Date


First you will need to click the Expand icon next to the Date Sent to view all the Form Types sent for that date.












Transmission File Management		
Date Sent ▲	Claims	Amount
<input type="checkbox"/> Untransmitted	6	1,187.00
<input type="checkbox"/> 02-11-2014 	1	520.00
<input checked="" type="checkbox"/> 02-07-2014 	4	1,305.00
<input type="checkbox"/> 02-03-2014 	2	250.00

Billing (cont.)


Transmission File Management (Insurance Billing Functions, Electronic Claims, File Maintenance)








New Functionality (cont.)

Next, click the Download icon  next to the Payer Form Type, to download all the electronic 837 claim files sent to that payer to your workstation.






Transmission File Management						
Date Sent ▲	Claims	Amount				
 Untransmitted	6	1,187.00				
 02-11-2014 	1	520.00				
 02-07-2014 	4	1,305.00				
Sent to EMEDIX						
Electronic Paper Claims to CGM (6) 			Claims	Amount	Files/Confirmed	
			1	150.00	1/0	
			1	150.00	1/0	
Sent Direct						
United Healthcare (38) 			3	1,155.00	1/0	
			3	1,155.00	1/0	
 02-03-2014 	2	250.00				
 01-30-2014 	5	2,724.00				

Download Files Individually

First you will need to click the Expand icon  next to the Date Sent to view all the Form Types sent for that date.

Transmission File Management		
Date Sent ▲	Claims	Amount
 Untransmitted	6	1,187.00
 02-11-2014 	1	520.00
 02-07-2014 	4	1,305.00
 02-03-2014 	2	250.00

Next, click the Payer Form Type link to view the individual files sent to that payer.

Transmission File Management						
Date Sent ▲	Claims	Amount				
 Untransmitted	6	1,187.00				
 02-11-2014 	1	520.00				
 02-07-2014 	4	1,305.00				
Sent to EMEDIX						
Electronic Paper Claims to CGM (6) 			Claims	Amount	Files/Confirmed	
			1	150.00	1/0	
			1	150.00	1/0	
Sent Direct						
United Healthcare (38) 			3	1,155.00	1/0	
			3	1,155.00	1/0	

Billing (cont.)


Transmission File Management (Insurance Billing Functions, Electronic Claims, File Maintenance)

New Functionality (cont.)


When the files are listed in the Update Confirmation Report Inquiry screen, click the Download icon



next to the File Name, to download the file to your workstation.

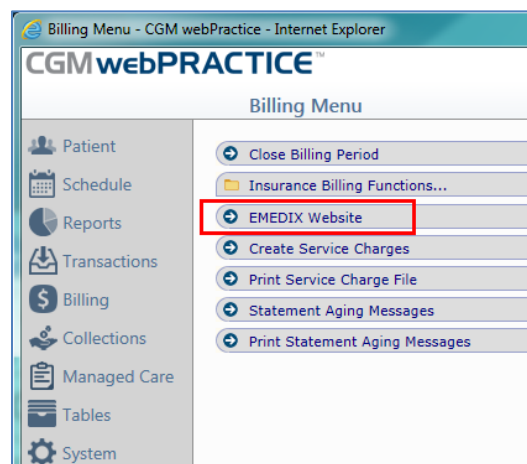
Transmission File Management									
System Manager Eastside Medical (1)									
Update Confirmation Report Inquiry									
Date/Time Sent	Date Created	File Name	Clms	Batch Total	Last Transfer	# Trans	Cnf	Date Conf	
02-07-2014 10:54AM	02-07-2014	201402071052_6_3894879179.A0	1	150.00					

Note:

- The **Download** icon  has also been added next to each file name in every function that displays electronic claim files, for example, the **Transmission File Inquiry** function.
- For each of the three methods listed under Option 2 you will be required and prompted to Save each file individually as it is downloaded.

EMEDIX Website *New Functionality*

An EMEDIX Website menu function has been added to the Billing Menu to provide an easier and quicker alternative to access the EMEDIX website. When you access this function, a new window will open to display the EMEDIX website, provided you have been given permission in the *EMEDIX eResp Integration* function.



Note: The **EMEDIX** Action Column Function in the *Print Confirmation Report* and *Update Confirmation Report Inquiry* functions will remain available.

Billing (cont.)

Create Insurance File (*Insurance Billing Functions*)

When professional electronic paper claims are sent to EMEDIX for carriers that accept the CMS-1500 (08/05) format, they will now be split into multiple claims and only contain up to four diagnosis codes per claim.

Create Insurance File (*Insurance Billing Functions*)

Paper Claims only - Previously, if a claim was created for an encounter that did not have a National Drug Code Attachment but the procedure code did contain data in the **NDC Code** field, that data was erroneously included on the claim. This has been resolved.

Create Insurance File (*Insurance Billing Functions*)

Enhancements have been made to help reduce PDF claim support issues due to incorrect claim splitting, such as errors when claims are generated or viewed, or when invalid diagnosis pointers occur on a claim.

Create Insurance File (*Insurance Billing Functions*)

Previously, PDF paper claims (boxes 24I, 24J, and 33B) and 5010 electronic claims were not set up to look at which option was selected for the **Paper, Electronic, or Both** field in the *Maintain Group Taxonomy Numbers* function. This has been resolved.

Note: Boxes 24I, 24J, and 33B on PDF paper claims will only print if either **Paper** or **Both** is selected for the **Submit on which Claim Type/Format** option in the *Maintain Group Taxonomy Numbers* function.

For additional information, see the *Maintain Group Taxonomy Numbers* entry under the *Tables* section of these release notes.

Create Insurance File (*Insurance Billing Functions*)

Paper Claims Only Updates were made to ensure that paper claims are generated and split out by doctor correctly and that the individual NPI numbers that print in box 24J do not change from line to line on the paper claim when a **Per Dr** is entered for an individual procedure line item in an Encounter.

For additional information, see the *Procedure Entry Function* entry under the *Transactions* section of these release notes and the *Procedure Entry Integration* entry under the *System* section of these release notes.

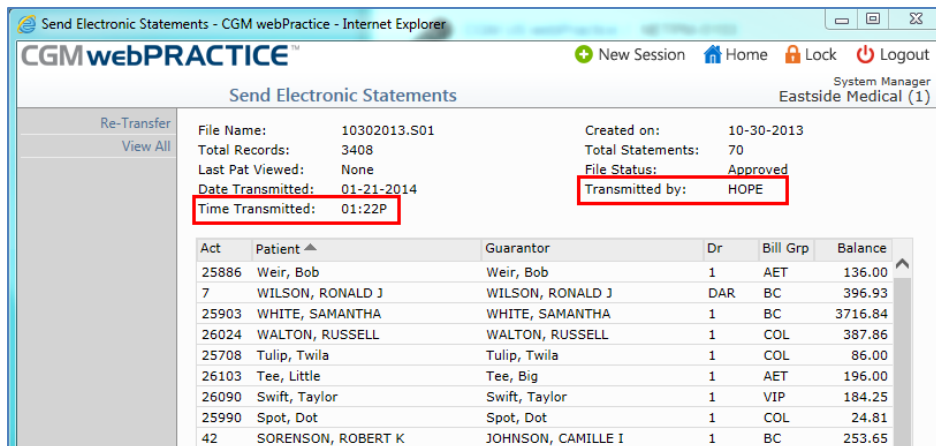
Billing (cont.)

Send Electronic Statements

This function has been enhanced to record the time a statement file was sent and the User Code of the person that sent the file. A **Time Sent** column and a **User** column will be displayed when the **History** function in the Action Column is accessed.

Send Electronic Statements			
File Name	Date Sent ▲	Time Sent	User
10302013.S01	01-21-2014	01:22P	HOPE

The information will also be displayed in the top portion of the *Send Electronic Statements* summary screen when accessing files that have already been sent.



Act	Patient ▲	Guarantor	Dr	Bill Grp	Balance
25886	Weir, Bob	Weir, Bob	1	AET	136.00
7	WILSON, RONALD J	WILSON, RONALD J	DAR	BC	396.93
25903	WHITE, SAMANTHA	WHITE, SAMANTHA	1	BC	3716.84
26024	WALTON, RUSSELL	WALTON, RUSSELL	1	COL	387.86
25708	Tulip, Twila	Tulip, Twila	1	COL	86.00
26103	Tee, Little	Tee, Big	1	AET	196.00
26090	Swift, Taylor	Swift, Taylor	1	VIP	184.25
25990	Spot, Dot	Spot, Dot	1	COL	24.81
42	SORENSON, ROBERT K	JOHNSON, CAMILLE I	1	BC	253.65

Note: The **Time** and **User Code** will be stored for new statement files that are sent after the 7.4.5 release has been installed.

Billing (cont.)

Paper File Inquiry (Insurance Billing Functions)

A **Format** column has been added that will list which **Claim Format** was used when the claims were printed.

Paper File Inquiry							System Manager Eastside Medical (1)
Item	Created	Claims	Amount	Printed	Claim Type	Format	
1	03-14-2014	167	23511.61	03-14-2014	Automatic Refile 5010	CMS-1500 (02/12)	
2	03-14-2014	119	17382.00	03-14-2014	Automatic Refile 5010	CMS-1500 (08/05)	
3	03-14-2014	29	7040.00	03-14-2014	Automatic Refile 5010	UB-04	
4	03-13-2014	2	350.00	03-13-2014	Create Insurance 5010	CMS-1500 (02/12)	
5	03-13-2014	2	216.00	03-13-2014	Secondary Claims 5010	CMS-1500 (02/12)	
6	03-13-2014	5	1713.33	03-13-2014	Exceptions to Paper 5010	CMS-1500 (02/12)	
7	03-04-2014	2	223.00	03-03-2014	Electronic file 5010	CMS-1500 (02/12)	
8	03-04-2014	1	5500.00	03-03-2014	Electronic file 5010	CMS-1500 (08/05)	
9	03-04-2014	5	600.00	03-03-2014	Secondary Claims 5010	CMS-1500 (08/05)	
10	03-04-2014	146	72085.50	03-03-2014	Exceptions to Paper 5010	CMS-1500 (02/12)	
11	03-04-2014	169	32505.00	03-03-2014	Exceptions to Paper 5010	CMS-1500 (08/05)	
12	03-04-2014	86	23712.00	03-03-2014	Exceptions to Paper 5010	UB-04	

Notes:

- This column will only contain data for claim files that were printed after claims had been set up to print PDF claims.
- If you create PDF and Legacy claim formats in one day, they may not be listed in the exact order they were created. The reason for this is because the PDF claim formats will always be listed first.

Item	Created	Claims	Amount	Printed	Claim Type	Format
1	03-14-2014	167	23511.61	03-14-2014	Automatic Refile 5010	CMS-1500 (02/12)
2	03-14-2014	119	17382.00	03-14-2014	Automatic Refile 5010	CMS-1500 (08/05)
3	03-14-2014	29	7040.00	03-14-2014	Automatic Refile 5010	UB-04

PDF claims will be listed before Legacy claims.

The **Print** function in the Action Column has also been enhanced.

Paper File Inquiry							
Print	Item	Created	Claims	Amount	Printed	Claim Type	Format
	1	03-17-2014	1	66.00	03-17-2014	File a Claim 5010	CMS-1500 (08/05)
	2	03-14-2014	167	23511.61	03-14-2014	Automatic Refile 5010	CMS-1500 (02/12)

Now you can select which files you want to print on the report based on the **Date Created** and/or the **Date Printed**.

Billing (cont.)

Print Insurance Forms (*Insurance Billing Functions*) - Paper CMS-1500 02/12 – Initial Treatment Date

New Functionality

The hierarchy determining which data will print in box 15 was updated to use the **Initial Treatment Date** Attachment as the first priority. Other changes were also made to this box to accommodate additional requirements for the CMS-1500 02/12 form.

- If there is an **Initial Treatment Date** Attachment stored in the Encounter, the qualifier *454* and the **Initial Treatment Date** will print.
- If there is a **Chiropractic Record** Attachment stored in the Encounter and a **Date of Initial Treatment** is entered in the Chiropractic Record, the qualifier *454* and **Date of Initial Treatment** will print.
- If there is a **Chiropractic Record** stored in the Encounter and an **Acute Manifestation Date** is entered, the qualifier *453* and the **Acute Manifestation Date** will print.
- If there is a **Case** stored in the Encounter and a **Date of Ill, Inj, Lmp** is entered in the Case Record, the qualifier *439* and the **Date of Ill, Inj, Lmp** will print.
- If there is a **Chiropractic Record** stored in the encounter and a **Last X-Ray Date** is entered, the qualifier *455* and the **Last X-Ray Date** will print.
- If there is a **Prescription Record** stored in the encounter, the qualifier *471* and the **Prescription Date** will print.
- If there is a **Case** stored in the Encounter and there is a **Date of First Visit** stored in the Case Record, the qualifier *444* and the **Date of First Visit** will print.
- If no matches are found above, this box will be left blank.

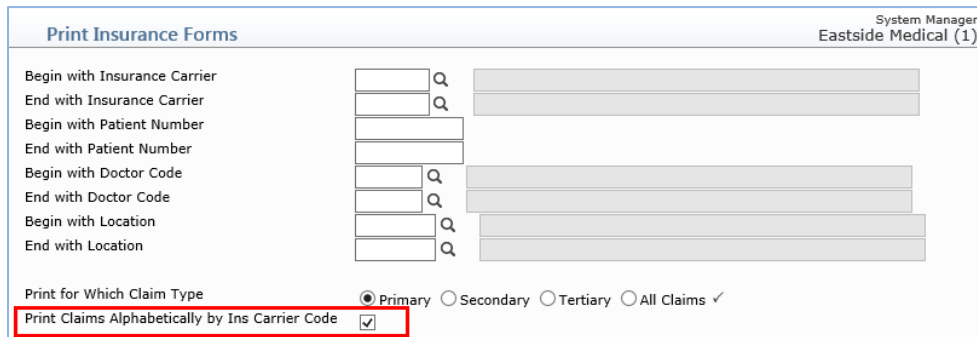
For additional information, see the following entries in these release notes:

- *Procedure Entry Integration - Claim Level Attachments – Initial Treatment Date* under the *System* section
- *Procedure Entry Function – Initial Treatment Date Attachment* under the *Transactions* section
- *5010 Electronic Claim Loop and Segment Editor* under the *System* section

Billing (cont.)

Print Insurance Forms & Reprint Insurance Forms (*Insurance Billing Functions*) *New Functionality*

A new **Print Claims Alphabetically by Ins Carrier Code** check box has been added. Currently, the insurance forms will print in the order they were placed into the insurance print file but now you also have the option to print them alphabetically by Insurance Carrier Code.



Print Insurance Forms System Manager
Eastside Medical (1)

Begin with Insurance Carrier Q

End with Insurance Carrier Q

Begin with Patient Number

End with Patient Number

Begin with Doctor Code Q

End with Doctor Code Q

Begin with Location Q

End with Location Q

Print for Which Claim Type Primary Secondary Tertiary All Claims ✓

Print Claims Alphabetically by Ins Carrier Code

These functions can also be accessed from the *Collections Menu*, *Insurance Collections* menu and the *Reports Menu*, *Corporate Reports*, *Insurance Functions* menu.

Print Insurance Forms (*Insurance Billing Functions*)

Box 17 on the CMS-1500 (08/05) and CMS-1500 (02/12) forms has been updated for all insurance carriers that have an **Insurance Form Type** of 'C'. Only the data entered for the physician's first name and last name will print in box 17.

For all other carriers, the physician's printing name will print in box 17.

This change was made due to a Medicare requirement that went into effect on 1/6/2014 that prohibits nicknames, credentials or middle names from appearing in box 17. You should check your Referral Source Table in CGM webPRACTICE against Medicare's Referring Doctor file to ensure claims will not be rejected if the names do not match.



Managed Care

Expected Co-Pay Report (*Management Reports*)

Updates have been made to include services on the report for Doctor Codes that have the **Specialist** check box selected in the *Doctor Code Table* and there is a **Spec Co-Pay** amount stored on the patient's *Insurance Policy Information* screen for the selected insurance carrier.

Patient

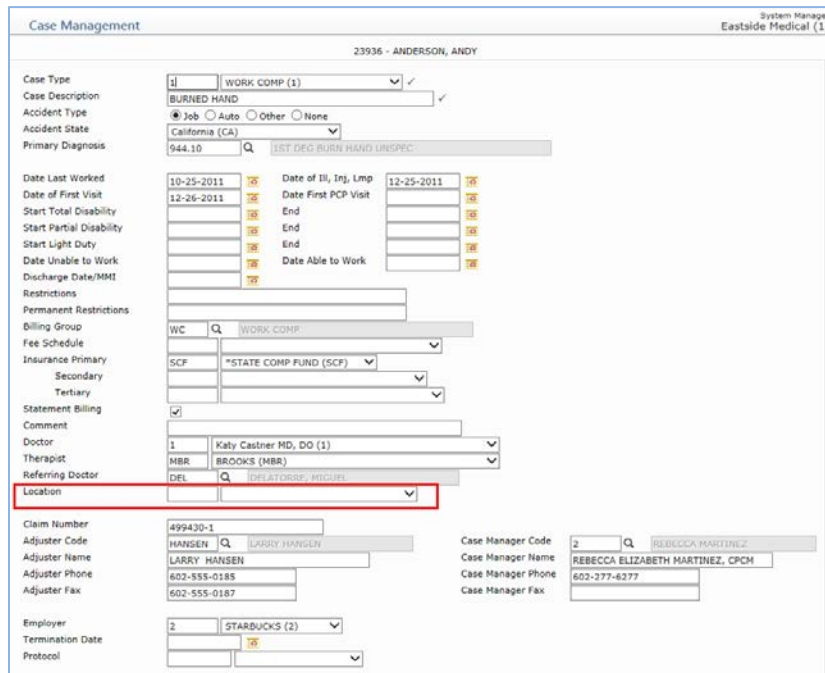
Change Patient Data

Case Management

Previously, if you changed the **Date of Ill, Inj, Lmp** field in a Case Record and it had Encounters linked to it; the Encounters would not be updated with the new date. This has been modified so that whenever the **Date of Ill, Inj, Lmp** field is changed, you will be notified there are Encounters that are linked to the Case Record and asked if you want to update them.

Case Management *New functionality*

A new **Location** field has been added so that if a patient is always seen at a specific location for a **Case**, you can now store that **Location** code for the **Case**.



The screenshot shows the 'Case Management' interface for patient 23936 - ANDERSON, ANDY. The form contains the following fields and values:

- Case Type: 1 | WORK COMP (1)
- Case Description: BURNED HAND
- Accident Type: Job (selected), Auto, Other, None
- Accident State: California (CA)
- Primary Diagnosis: 944.10 | 1ST DEG BURN HAND UNSPEC
- Date Last Worked: 10-25-2011 | Date of Ill, Inj, Lmp: 12-25-2011
- Date of First Visit: 12-26-2011 | Date First PCP Visit: [empty]
- Start Total Disability: [empty] | End: [empty]
- Start Partial Disability: [empty] | End: [empty]
- Start Light Duty: [empty] | End: [empty]
- Date Unable to Work: [empty] | Date Able to Work: [empty]
- Discharge Date/MMI: [empty]
- Restrictions: [empty]
- Permanent Restrictions: [empty]
- Billing Group: WC | WORK COMP
- Fee Schedule: [empty]
- Insurance Primary: SCF | *STATE COMP FUND (SCF)
- Secondary: [empty]
- Tertiary: [empty]
- Statement Billing: [checked]
- Comment: [empty]
- Doctor: 1 | Katy Castner MD, DO (1)
- Therapist: NBR | BROOKS (NBR)
- Referring Doctor: DEL | [empty]
- Location: [empty] (highlighted with a red box)**
- Claim Number: 499430-1
- Adjuster Code: HANSEN | LARRY HANSEN
- Adjuster Name: LARRY HANSEN
- Adjuster Phone: 602-555-0185
- Adjuster Fax: 602-555-0187
- Case Manager Code: 2 | REBECCA MARTINEZ
- Case Manager Name: REBECCA ELIZABETH MARTINEZ, CPCM
- Case Manager Phone: 602-277-6277
- Case Manager Fax: [empty]
- Employer: 2 | STARBUCKS (2)
- Termination Date: [empty]
- Protocol: [empty]

When a **Case** is selected in the *Procedure Entry Function*, the **Loc** field will be defaulted with the **Location** stored on the Case. For additional information, see the *Procedure Entry Integration* entry under the *System* section of these release notes.

Patient (cont.)

Change Patient Data (cont.)

DMS – Alert *New Functionality*

New formatting options have been added to so you can select a background color, text style, and underline the text for individual Alert Messages. The color combinations that are available are predefined in the system *Color Table*.

DMS webReminder Record *New Functionality*

In preparation for future updates, a new web service to send data to CallPointe has been included in the 7.4.5 release and enhancements were made for selecting a patient's contact preference. Previously, patients could only be contacted via phone calls for webReminder but it is now possible to contact them via email or text message.

Note: The webReminder changes made do not mean that existing webReminder clients can simply fill out the DMS webReminder record and Callpointe will start sending emails and text messages to their patients. These changes only lay the groundwork for this to be possible. In the near future CGM will contact webReminder clients to start the process of switching over to the new web service method of sending and also testing the email/text functionality.

Guarantor *New Functionality*

A new **Cell Phone** field has been added to the Guarantor screen.

History – Encounter View *New functionality*

A new **Clone** Encounter Action has been added to Encounter View. For additional details, see the *Procedure Entry Function, Unposted Procedures, and Edit an Encounter* entry under the *Transactions* section of these release notes.

History – Encounter View *New functionality*

Previously, the **Pend** and **Unpend** functions were only available from within the *Payment Entry Function* but now they have been added as Encounter Actions for easier accessibility while viewing Encounters. They have also been added to the *Edit an Encounter* function.

Patient (cont.)

Change Patient Data (cont.)

History

The **Date of Ill/Inj** displayed in the Transaction History Detail screen will now be updated to reflect any changes made to the **Date of Ill, Inj, Lmp** field in a Case Record when it is linked to an Encounter and the Encounters are updated.

Transaction History for 25905 - Perry, Katy			
Accounting Date	09-23-2013	Service Date	08-22-2013
Procedure Code	98941 - CHIROPRACTIC MANIPUL	ICD-9:	722.4,847.1,847.2,722.52
Procedure Amount	30.00 (1@30.00)	Encounter ICD-9	722.4, 847.1, 847.2, 722.52, 739.1, 739.2, 739.3, 729.1, 847.0, 723.1
Per Dr/Ins Dr	1 - Katy Castner MD, DO/1	DX's	
Ins Dr Taxonomy	Psychotherapy (103TP2700X)		
Location	1 - MAIN OFFICE		
Department	1 - PHYSICIAN	Date of Ill/Inj	06-27-2013
Ref Dr		Sup#:	Ins: #
		Batch:	Asgn: Y
Alt. Desc.		Amount	\$ 30.00
		Remaining	
		Claim Hold:	

History *New functionality*

An **Acct Date** column has been added to the middle section of the Transaction History Detail screen that lists the transactions that are tied to the transaction currently being reviewed.

Example of Transaction History Detail for a Procedure:

Transaction History Detail - CGM webPractice - Internet Explorer								
Transaction History for 23936 - ANDERSON, ANDY								
Accounting Date	06-12-2013	Service Date	06-12-2013					
Procedure Code	99213 - OV EST LEV 3	ICD-9:	230.02, V01.5, 401.9					
Procedure Amount	125.00 (1@125.00) ALL: 10.06	Encounter ICD-9	250.02, V01.5, 401.9					
Per Dr/Ins Dr	1 - Katy Castner MD, DO/1	DX's						
Ins Dr Taxonomy	Psychotherapy (103TP2700X)	Sup#:	Ins: #					
Location	1 - MAIN OFFICE	Batch:	Asgn: Y					
Department	1 - PHYSICIAN	Amount Remaining	\$ 87.40					
Ref Dr	FIS - FISHER, KENNETH	Claim Hold:						
Alt. Desc.								
Acct Date	Date	Code	Description	Dr	Lc	Diagnosis	Amount	Applied I Inj
06-20-13	06-20-13	MED	W/O MEDICARE				-3.00	-3.00
06-20-13	06-20-13	MED	MEDICARE PMT				-85.00	-85.00
Date	Time	Carrier	Action	User	Amount			
02-03-2014	10:37AM	AARP - AARP	Claims Sent Profile: Default Profile	HOPE	0.00			
02-03-2014	9:14AM	AARP - AARP	Refile Automatic Cycle # A	HOPE	125.00			
01-23-2014	3:44PM	AARP - AARP	Claims Sent Profile: Default Profile	HOPE	0.00			
01-23-2014	3:11PM	AARP - AARP	Refile Automatic Cycle # A	HOPE	125.00			
07-16-2013	3:28PM	AARP - AARP	Claims Printed Profile: Default Profile	Lorn	0.00			
06-20-2013	4:53PM	MFD - MFDICARE	Adjustment Primary	MARS	3.00			

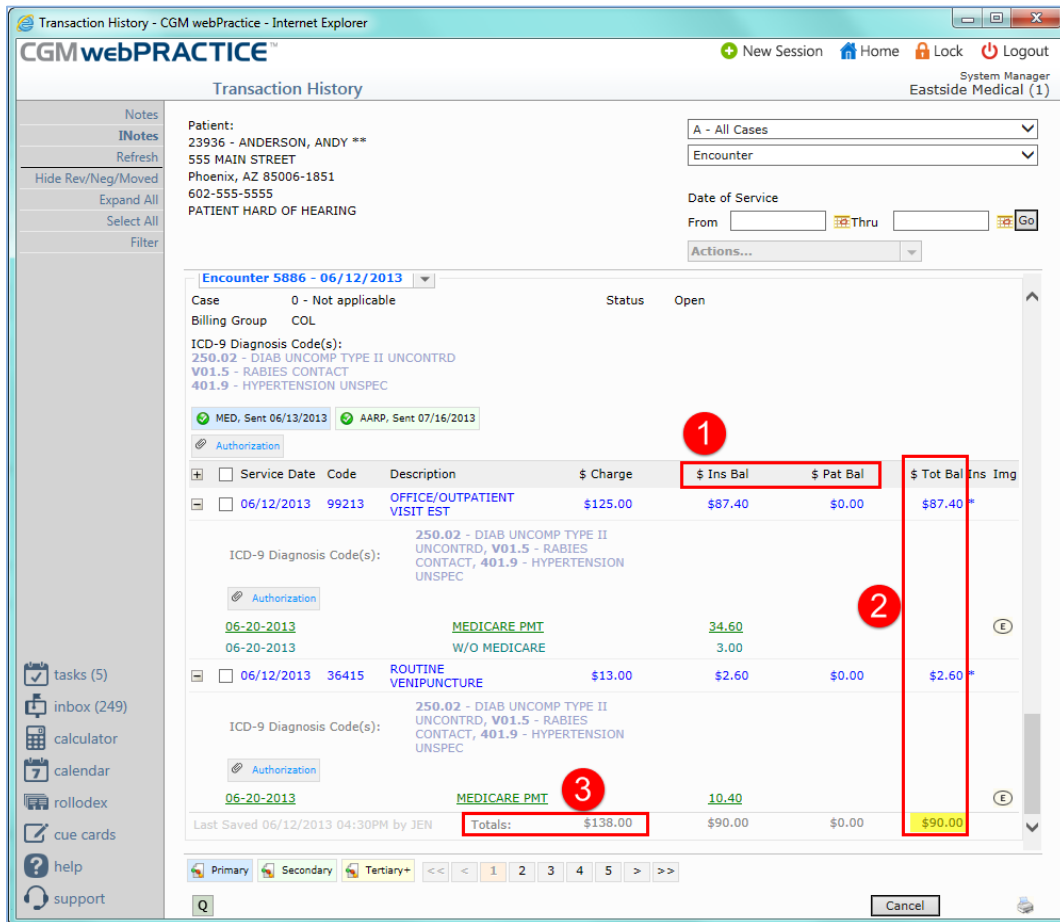
Patient (cont.)

Change Patient Data (cont.)

History

The following enhancements have been made to Encounter View:

1. The insurance and patient balance columns have been renamed to **Ins Bal** and **Pat Bal**.
2. The **Total** current balance (charges minus any payments and adjustments) provided at the bottom of the **Charges** column has been moved under a new **Tot Bal** column. In addition, the current balance for each charge stored in the Encounter will also be provided in the **Tot Bal** column.
3. The **Totals** under the **Charges** column has been changed to provide the original **Total Charges** amount, prior to any payments or adjustments being applied to them.



Transaction History - CGM webPractice - Internet Explorer

CGMwebPRACTICE™

System Manager
Eastside Medical (1)

Transaction History

Patient: 23936 - ANDERSON, ANDY **
555 MAIN STREET
Phoenix, AZ 85006-1851
602-555-5555
PATIENT HARD OF HEARING

Date of Service
From [] Thru [] Go

Encounter 5886 - 06/12/2013

Case 0 - Not applicable Status Open
Billing Group COL

ICD-9 Diagnosis Code(s):
250.02 - DIAB UNCOMP TYPE II UNCONTRD
V01.5 - RABIES CONTACT
401.9 - HYPERTENSION UNSPEC

MED, Sent 06/13/2013 AARP, Sent 07/16/2013

Service Date	Code	Description	\$ Charge	\$ Ins Bal	\$ Pat Bal	\$ Tot Bal	Ins	Img	
06/12/2013	99213	OFFICE/OUTPATIENT VISIT EST	\$125.00	\$87.40	\$0.00	\$87.40			
ICD-9 Diagnosis Code(s): 250.02 - DIAB UNCOMP TYPE II UNCONTRD, V01.5 - RABIES CONTACT, 401.9 - HYPERTENSION UNSPEC									
06-20-2013		MEDICARE PMT		34.60				(E)	
06-20-2013		W/O MEDICARE		3.00					
06/12/2013	36415	ROUTINE VENIPUNCTURE	\$13.00	\$2.60	\$0.00	\$2.60			
ICD-9 Diagnosis Code(s): 250.02 - DIAB UNCOMP TYPE II UNCONTRD, V01.5 - RABIES CONTACT, 401.9 - HYPERTENSION UNSPEC									
06-20-2013		MEDICARE PMT		10.40				(E)	
Totals:			\$138.00	\$90.00	\$0.00	\$90.00			

Last Saved 06/12/2013 04:30PM by JEN

Primary Secondary Tertiary+ << 1 2 3 4 5 >>

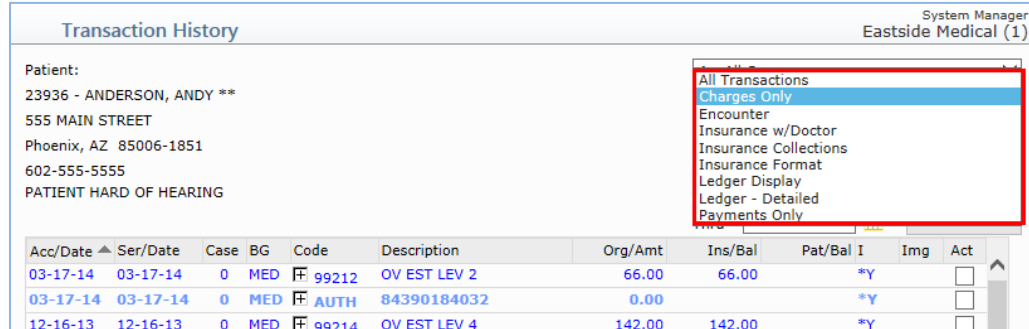
Cancel

Patient (cont.)

Change Patient Data (cont.)

History

Functionality has been restored so that when you select a different **View**, (example: 'Charges Only') it will stay selected until you exit back to the main *Patient* menu.



Acc/Date	Ser/Date	Case	BG	Code	Description	Org/Amt	Ins/Bal	Pat/Bal	I	Img	Act
03-17-14	03-17-14	0	MED	FF 99212	OV EST LEV 2	66.00	66.00		*Y		<input type="checkbox"/>
03-17-14	03-17-14	0	MED	FF AUTH	84390184032	0.00			*Y		<input type="checkbox"/>
12-16-13	12-16-13	0	MED	FF 99214	OV EST LEV 4	142.00	142.00		*Y		<input type="checkbox"/>

History

Several changes have been made to the icons and screen tips that appear on the claim tabs in Encounter view.

- If a claim is in a Locked status, the ScreenTip will now display *Locked (In Transmission File)*, instead of *Locked (In Submission File)*.
- If a claim has been placed on the Exception Report, the ScreenTip will now display *Exception Report*, instead of *Exception*.
- If a claim has been sent or denied and a payment or adjustment has been posted to the Encounter for the same carrier the claim was submitted to, a dollar sign icon will display to the right of the status icon.

Patient (cont.)

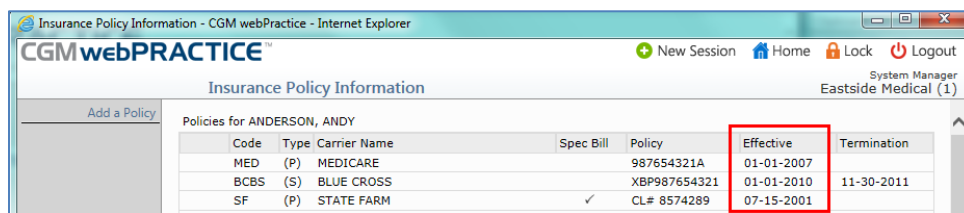
Change Patient Data (cont.)

Insurance

The **Patient Co-Ins Liability %** field has been modified to only require a value from 0 to 100 when the insurance policy is for a Medicare carrier that has an **Insurance Form Type** set to 'C'.

Insurance *New functionality*

A new **Effective** column has been added to the *Insurance Policy Information Summary Screen*, which lists the policy **Effective Date** for each corresponding policy.



Code	Type	Carrier Name	Spec Bill	Policy	Effective	Termination
MED	(P)	MEDICARE		987654321A	01-01-2007	
BCBS	(S)	BLUE CROSS		XBP987654321	01-01-2010	11-30-2011
SF	(P)	STATE FARM	✓	CL# 8574289	07-15-2001	

Insurance - *Family Billing Only*

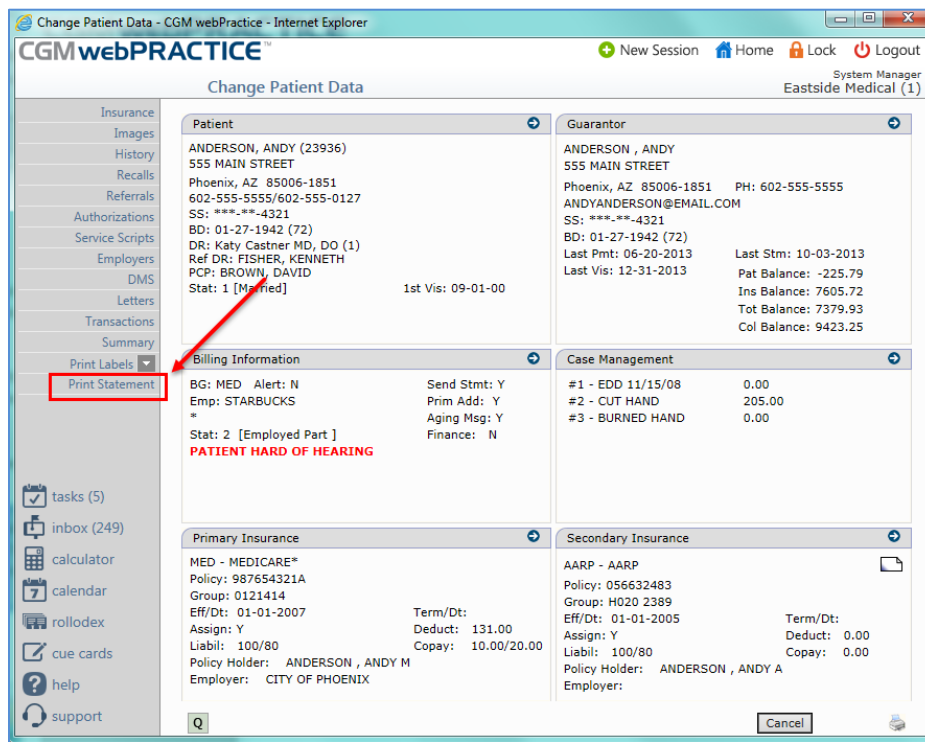
It was possible to add or change the **Policy Holder Employer** on an Insurance Policy for a 'Master' patient account and select to copy that information to a linked family member account(s) but then not have the **Name** field for the **Policy Holder Employer** on the Insurance Policy be updated for those linked accounts. The list of available Employers to select from was not getting updated either. This has been resolved. Now whenever the **Policy Holder Employer** is updated for an insurance policy, the **Employer** list will be updated for the Master account and all family members so the list will be consistent for all accounts.

Patient (cont.)

Change Patient Data (cont.)

Patient Summary Screen *New functionality*

A **Print Statement** button has been added to the Action Column so you can quickly print a patient statement directly from within the patient's account without having to navigate out to the *Print Patient Statements* function.



The default **Statement Type** specified in the *CGM webPRACTICE Integration Options* will print. If the Billing Group Code for the patient has a different statement type entered in the Billing Group table, that statement type will override the default statement type.

This button will only be 'active' for User Codes that currently have access to the *Print Patient Statements* function as the standard Function Security Levels validation is enforced.

Note: If the **Adj Code for Stmtns** field in the *CGM webPRACTICE Default Values* function contains an Adjustment code, a 'Statement Sent' adjustment will be posted to the patient's account whenever statements are printed. If you happen to print multiple statements for a patient in one day, only one adjustment will be posted per day.

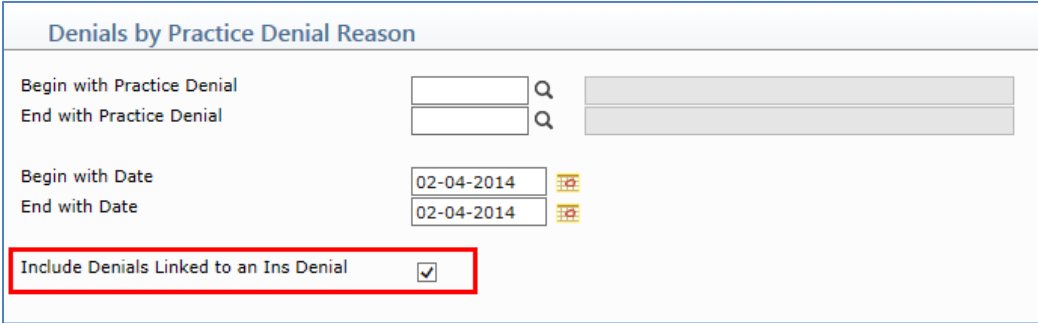
Reports

Reports menus and functions

Many of the report function names have been modified to provide more descriptive titles and standardized abbreviations have been implemented to maintain consistency throughout the system.

Denials by Practice Denial Reason (*Insurance Related Reports, Denial Reports*) *New Functionality*

A new **Include Denials Linked to an Ins Denial** check box has been added. This enhancement has been provided because it was discovered when the Medicare 2% Sequestration Denial was initiated and instructions were provided for linking the Insurance Denial to the Practice Denial code 'MCSEQ,' that these Denials would only print on the *Denials by Insurance Denial Reason* report and not on the *Denials by Practice Denial Reason* report.



Denials by Practice Denial Reason

Begin with Practice Denial Q

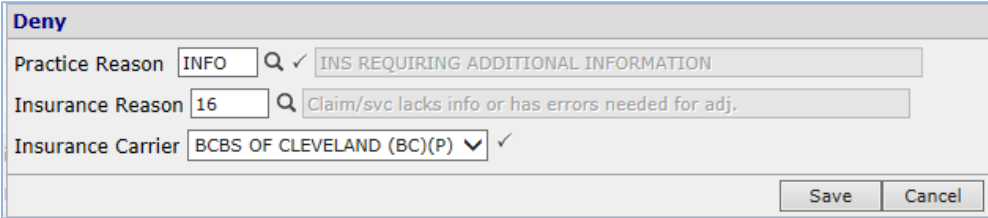
End with Practice Denial Q

Begin with Date

End with Date

Include Denials Linked to an Ins Denial

Upon additional research, it was also found that *whenever* a Denial was posted with a **Practice Reason** and an **Insurance Reason**, whether manually (as shown in the image below) or via linking the codes in the **Insurance Denial Table**), the Denial would not print on the report.



Deny

Practice Reason Q ✓

Insurance Reason Q

Insurance Carrier ✓

Now you have the option when printing the *Denials by Practice Denial Reason* to include the Denials that have also been linked to Insurance Denials. If this new option is selected, an additional **Ins Denial Reason** column will print on the report. Additionally, this report has been enhanced to print to Microsoft Excel via MyReports.

Reports (cont.)

Denial Reports (*Insurance Related Reports*) *New Functionality*

New fields have been added to all of the *Denial Reports* sorting options so you can filter the results by **Practice Denial Reason** codes and **Insurance Denial Reason** codes.

Denials by Billing Group

Begin with Billing Group Q

End with Billing Group Q

Begin with Practice Denial Reason Q

End with Practice Denial Reason Q

Begin with Insurance Denial Reason Q

End Insurance Denial Reason Q

Begin with Date

End with Date

The **Practice Denial Reason** is the first sorting option applied since it is required when any Denial is posted. The results obtained from that sort can then be further filtered by **Insurance Denial Reason**.

Detailed Procedure Analysis Reports (*Statistical Reports*) *New functionality*

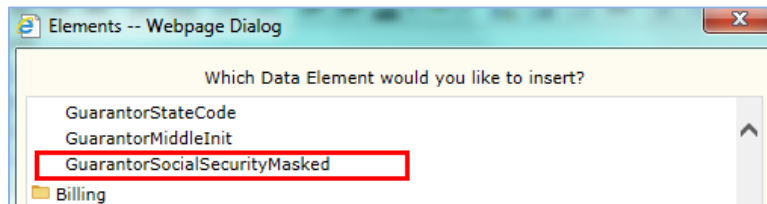
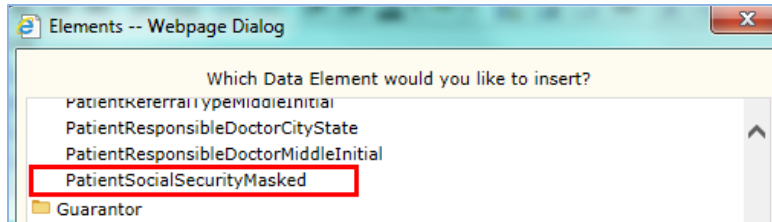
An **Anesthesia Time** column has been added to the Excel version of this report. If you select the TIME Procedure Code when requesting this report, the total number of minutes for each Anesthesia procedure will be provided in the new column.

[4E30D6C4-4CB8-A2A5-A4BD-DEC4C88AE0E] [Read-Only]														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		12-Feb-14												
2	Eastside Medical													
3	Numeric Procedure Analysis Report													
4	01-01-2014 through 01-31-2014													
5	Sorted by Billing Group													
6					Acct	Serv								
7	Procedure	Billing Grp ID#	Patient Name	Date	Date	Amount	Mlt	Diagnosis	Description	Paid	Adjust	Comments	Anesthesia Time	
8	TIME	AET	26122 Bradshaw, James	1/20/2014	1/20/2014	0	2	100.89	LEPTOSPIRA	0	0	07:00-07:30	30	
9	TIME	AET	26123 York, Charlotte	1/20/2014	1/20/2014	0	55	100.89	LEPTOSPIRA	0	0	12:00-13:45	105	
10	TIME	AET	26238 Taylor, Tom	1/20/2014	1/20/2014	0	3	100.89	LEPTOSPIRA	0	0	14:15-15:00	45	
11	End of Report. Reports/Statistics/Procedure/Billing Group													
12	Requested by MGR and completed at 12:49PM on Feb 12 2014													
13														

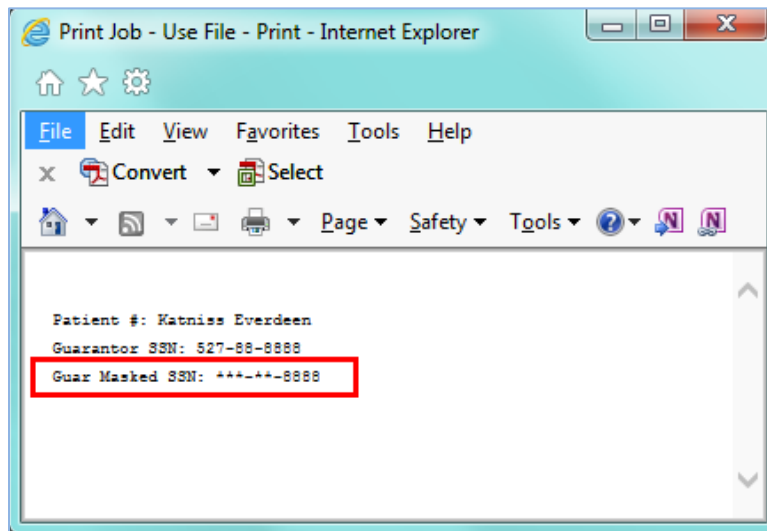
Reports (cont.)

Add or Change a Letter (Data Management System, DMS Letter Processor) and Add or Change Labels (Data Management System, DMS Label Processor) *New Functionality*

New Data Elements have been added for “masked” Patient and Guarantor Social Security Numbers.



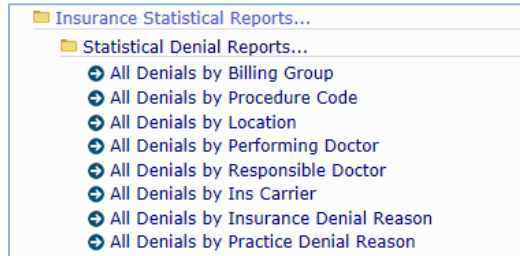
When DMS Letters or Labels are printed that contain these new data elements, the first five digits of the Social Security Number will be ‘masked’ as shown in the DMS Label image below:



Reports (cont.)

Statistical Denial Reports (*Insurance Statistical Reports*) *New Functionality*

A new suite of reports has been added that will provide statistics on 'all' denials posted to procedures.



These reports are different from the existing 'Denial Reports' because they will include procedures that have subsequently been paid in full or have had further activity, such as a payment or adjustment.

These reports can also be filtered by **Practice Denial Reason** codes and **Insurance Denial Reason** codes. The **Practice Denial Reason** is the first sorting option applied since it is required when any Denial is posted. The results obtained from that sort can then be further filtered by **Insurance Denial Reason**.

When these reports are printed to *Microsoft Excel via MyReports*, they will provide additional figures for transactions applied to the denied procedures, including:

- Personal(Patient) and Insurance payments
- Adjustments
- Remaining balance for the procedure

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1		27-Mar-14														
2	Eastside Medical															
3	Statistical Denial Report															
4	All Denials Sorted by Billing Group															
5	For Period Beginning 02-01-2014 and Ending 02-28-2014															
6				Service	Patient	Dr	Procedure	Charge	Insurance	Personal	Total	Remaining	Denied	Date		
7	Billing Group	ID#	Guarantor Name	Date			Code	Amount	Payment	Payment	Adjustments	Balance	Amount	Denied	Frac Denial Reason	Ins Denial Reason
8	AET - AETNA PATIENTS	26119	Everdeen, Katniss	2/7/2014	Katniss		1 99214	100	50	0	0	6.82	43.18	40	2/7/2014 D-APPLIED TO INSURAN	
9				2/11/2014	Katniss		1 99214	100	0	0	0	0	100	100	2/11/2014 D-APPLIED TO INSURAN	
10				2/13/2014	Katniss		1 99214	100	50	0	0	6.82	43.18	20	2/13/2014 D-APPLIED TO INSURAN	
11				2/12/2014	Katniss		1 99214	100	0	0	0	0	100	100	2/13/2014 D-APPLIED TO INSURAN	
12	AET - AETNA PATIENTS	26124	Hobbies, Miranda	2/7/2014	Miranda		1 99214	100	50	0	0	6.82	43.18	40	2/7/2014 D-APPLIED TO INSURAN	
13				2/11/2014	Miranda		1 99214	100	0	0	0	0	100	100	2/13/2014 D-APPLIED TO INSURAN	
14				2/12/2014	Miranda		1 99214	100	50	0	0	6.82	43.18	20	2/13/2014 D-APPLIED TO INSURAN	
15				2/13/2014	Miranda		1 99214	100	50	0	0	6.82	43.18	30	2/13/2014 D-APPLIED TO INSURAN	
16				2/14/2014	Miranda		1 99214	100	50	0	0	6.82	43.18	30	2/14/2014 D-APPLIED TO INSURAN	
17				2/14/2014	Miranda		1 10080	200	75	0	0	51	74	40	2/14/2014 D-APPLIED TO INSURAN	
18	BP - BILL PATIENT	26244	Folds, Brian	2/4/2014	Brian		1 99214	100	50	0	0	5	20	10	2/11/2014 D-APPLIED TO INSURAN	
19	COL - COLLECTION PATIENT	25	TURNER, SALLY	6/12/2013	SALLY		1 99212	66	25	0	0	0	26	66	2/24/2014 E-DATE OF SERVICE PR	
20	MED - MEDICARE PATIENT	26234	BUSEY, TERRY	2/24/2014	TERRY		6 99213	150	72	0	0	60	18	18	2/25/2014 C-PATIENT COPAY / CO	2-Coinurance Amount
21				2/24/2014	TERRY		6 78499	220	106	0	0	87.5	26.5	26.5	2/25/2014 C-PATIENT COPAY / CO	2-Coinurance Amount
22	MED - MEDICARE PATIENT	26242	MOTO, ANNG	2/24/2014	ANNG		2 99213	120	50	0	0	7.5	22.5	22.5	2/27/2014 C-PATIENT COPAY / CO	2-Coinurance Amount
23				2/25/2014	ANNG		1 99212	66	52	0	0	14	0	10.4	2/27/2014 C-PATIENT COPAY / CO	2-Coinurance Amount
24	UHC - UHC PATIENTS	25678	Adams, Beth	2/12/2014	Beth		1 99212	66	0	0	0	0	66	66	2/24/2014 B-NOT A COVERED BENE	
25	End of Report: Reports/Insurance Related Reports/Statistics/Statistical Denial Reports/All Denials by Billing Group															
26	Requested by MGR and completed at 6:16PM on Mar 27 2014															
27																

These reports can also be found under the *Billing, Insurance Billing Functions, Insurance Management Reports, Insurance Statistical Reports* menu.

Reports (cont.)

Statistical Reports - Sorting by Insurance Dr *New Functionality*

New reports have been added for sorting by Insurance Doctor for the following report categories:

Detailed Procedure Analysis

Sorted Procedure Analysis Reports, Sorted Procedure Analysis Reports by Location

Sorted Procedure Analysis Reports, Sorted Procedure Analysis Reports by Doctor

Detailed Diagnosis Analysis

Sorted Diagnosis Analysis Reports, Sorted Diagnosis Analysis Reports by Location

Sorted Diagnosis Analysis Reports, Sorted Diagnosis Analysis Reports by Doctor

Sorted Adjustment Analysis

Comparative Productivity Analysis

Comparative Payment Analysis

Comparative Adjustment Analysis

Category Analysis (Under the Summary Analysis Reports)

Collection Analysis (Including Sorted Collection Analysis)

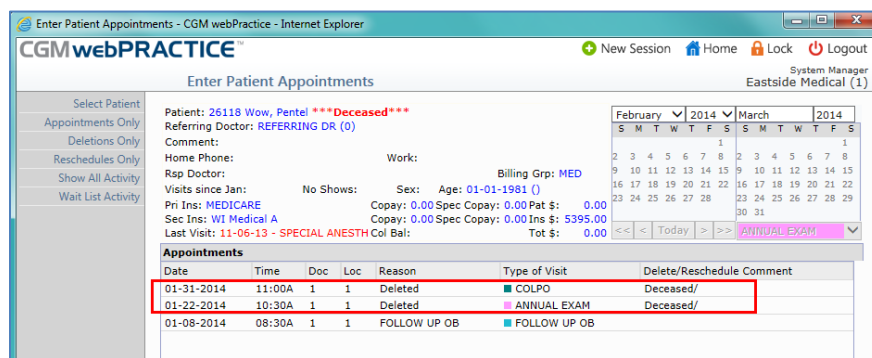
Schedule

Enter Patient Appointments

In an ongoing effort to reduce unnecessary key-clicks, the message *'This appointment has been saved'* that appears every time you **Save** an appointment has been eliminated.

Enter Patient Appointments

The **Inquiry** Action Column function has been enhanced to reflect **"Deceased"** in the **Delete /Reschedule Comment** column when the **Patient Status** on an account is changed to **Deceased** and every future appointment is deleted.



Enter Patient Appointments *New functionality*

webVerify clients only - New webVerify eligibility status icons have been created and will display to the left of the patient's name on the schedule upon webVerify batch verification and individual verification.

Icon Descriptions:

- Green=verified and passed
- Yellow=caution - Partial/Incomplete Verification. This indicates that the client should check the details of the verification and verify again, if necessary.
- Red=failed
- Gray=Last verify done is outside of eligibility verification frequency (held in Insurance Carrier Table) OR if no eligibility verification frequency exists for the carrier, then if the last verify was done over 30 days prior to the current date
- No icon=No verify date exists for the patient

When you point to a status icon, a ScreenTip will show the insurance carrier code for the carrier the verification was done on, the last verified date and the result (Pass, Partial/Incomplete, Fail, Outdated). For additional information, see the *webVerify Integration* entry under the *System* section of these release notes.

Schedule (cont.)

Enter Patient Appointments

Previously, when there was a **Spec Co-Pay** amount stored on the patient's *Insurance Policy Information* screen for the patient's primary carrier and/or secondary carrier, it was not displaying in the patient demographics section at the top of the *Enter Patient Appointments* screen. This has been resolved.

Print Superbills and Reprint Superbills (*Scheduling Printing Menu*)

The **Begin with Doctor Group** and **End with Doctor Group** fields have been combined into a single multiple selection list. The list was renamed **Printing Group** since it directly relates to the *Maintain Doctor Code Integration Codes* function (*Schedule, Scheduling Table Maintenance, Doctor Code Integration Table*) where **Doctor Codes** are selected to be included in a **Printing Group**.

You can select a range of **Printing Group** codes or multiple non-adjacent **Printing Group** codes at one time. To select a range of **Printing Groups**, click the first printing group you want, scroll to the last group in the range, hold down the Shift key and click the last printing group. To select multiple non-adjacent printing groups, click the first group you want, hold down the Ctrl key and click the other printing groups you want to include.

Note: If you select a Printing Group(s) *and* Doctor Code(s), if the selected Doctor Code(s) is included in the selected Printing Group(s), superbills for that Doctor(s) will print anyway because he's part of the Printing Group. If the selected Doctor Code(s) is not part of the selected Printing Group(s), the superbills for the selected Doctor(s) will print, in addition to the superbills for the selected Printing Group(s).

If superbills do not print, the message "There are no superbills to print for the selected parameters." will display now instead of a blank screen.

Print Scheduled Patient Detail to Excel (*Scheduling Printing Menu*) ***New functionality***

A new **Patient Age** data element has been added to the Data Library to select from when printing this report.

Print Appointment Schedule (*Scheduling Printing Menu*)

Previously, when there was a **Spec Co-Pay** amount stored on the patient's *Insurance Policy Information* screen for the patient's primary carrier, it was not printing in the **Co-Pay** column. This has been resolved.

Schedule (cont.)

Print Scheduled Patient Detail to Excel (*Scheduling Printing Menu*)

New **Secondary Carrier Copay** and **Secondary Carrier Spec Copay** data elements have been added to choose from when printing this report.

Print Appointment Schedule to Excel (*Scheduling Printing Menu*)

Previously, when there was a **Co-Pay** amount stored on the patient's *Insurance Policy Information* screen for the patient's primary carrier, it was not printing in the **Co-Pay** column. This has been resolved.

The following enhancements have been made:

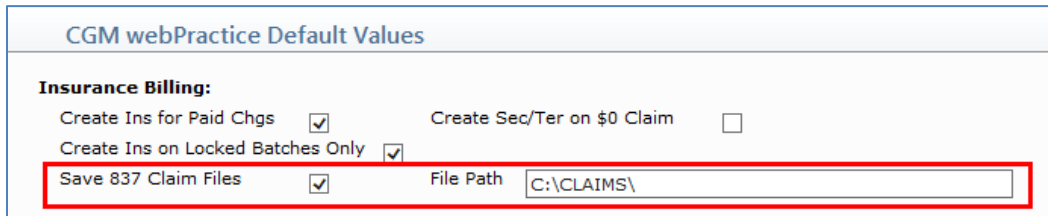
- Changed the **Co-Pay** column header to **Pri Co-Pay**.
- Added a **Pri Spec Co-Pay** column to the right of the **Pri Co-Pay** column.
- Added a **Sec Co-Pay** column header to the right of the **Pri Spec Co-Pay** column.
- Added a **Sec Spec Co-Pay** column to the right of the **Sec Co-Pay** column.

System

CGM webPRACTICE Default Values (*Database Maintenance Menu*) *New Functionality*

New fields have been added so you can automatically save the 837 electronic claim files after they have been sent to provide them to an alliance partner for reporting purposes if needed.

Select the **Save 837 Claim Files** check box and type the file destination path where you want to save the files after they have been sent. Ex. C:\CLAIMS\. The file destination path must be a valid path on the CGM webPRACTICE server or be a path accessible by the CGM webPRACTICE server, such as a network path. This method does not save the files to your workstation.



CGM webPractice Default Values

Insurance Billing:

Create Ins for Paid Chgs Create Sec/Ter on \$0 Claim

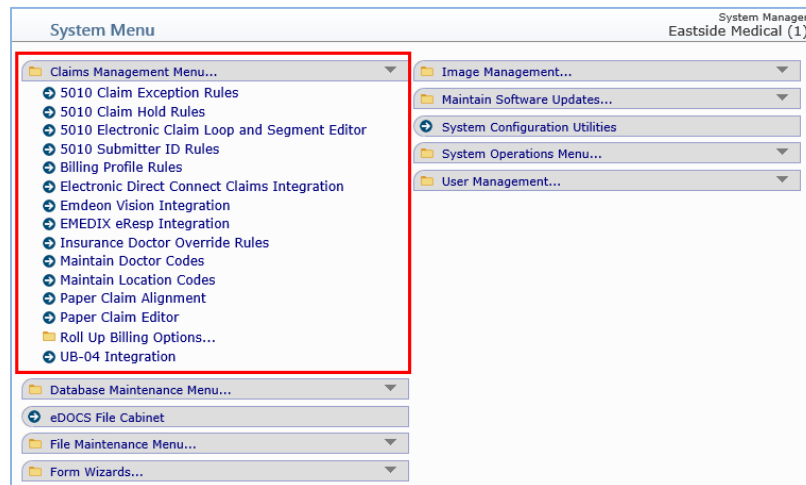
Create Ins on Locked Batches Only

Save 837 Claim Files File Path

For information on the other option available for saving the files, see the **Transmission File Management** entry under the *Transactions* section of these release notes.

Claims Management Menu

The *Claims Management Menu* has been moved out from under the *Database Maintenance Menu* and is now directly under the *System* menu.



System (cont.)

5010 Electronic Claim Loop and Segment Editor (*Claims Management Menu*)

Initial Treatment Date Attachment *New Functionality*

For **Professional Electronic Claims - Loop 2300, segment DTP*454** - The rules for this segment have been enhanced to include the Initial Treatment Date Attachment into the hierarchy that determines which date will be submitted in the electronic claim file. The following are listed in the order of priority and as soon as a match is found that data will be stored in the electronic claim file and no further match checking will be performed.

- If there is an **Initial Treatment Date** Attachment stored in the Encounter, the **Initial Treatment Date** will be submitted.
- If there is a **Chiropractic Record** Attachment stored in the Encounter and a **Date of Initial Treatment** is entered in the Chiropractic Record, the **Date of Initial Treatment** will be submitted.
- If there is a **Case** stored in the Encounter and a **Date of First Visit** is entered in the Case Record, the **Date of First Visit** will be submitted.

For additional information, see the following entries in these release notes:

- Procedure Entry Integration - Claim Level Attachments – Initial Treatment Date under the *System* section
- Procedure Entry Function – Initial Treatment Date Attachment under the *Transactions* section

5010 Electronic Claim Loop and Segment Editor (*Claims Management Menu*)

Prescription Attachment *New Functionality*

For **Professional Electronic Claims, Loop 2300, segment DTP*471** – This segment has been activated and will submit the **Prescription Date** if there is a **Prescription** Attachment stored in the Encounter.

5010 Electronic Claim Loop and Segment Editor (*Claims Management Menu*)

Enhancements have been made to the PAT09 segment for Subscriber Loop 2000B and Patient Loop 2000C. If there is an **OB/Gyn** Attachment stored in the Encounter and the **Pregnancy Indicator** check box is selected in the attachment, the following criteria will be applied:

- If the **Pat Rel to Policy Holder** is set to **Self**, the PAT09 segment will be sent in the Subscriber Loop 2000B.
- If the **Pat Rel to Policy Holder** is not set to **Self**, the PAT09 segment will be sent in the Patient loop 2000C

5010 Electronic Claim Loop and Segment Editor (*Claims Management Menu*)

For **Professional Electronic Claims - Loop 2300, segment REF*LX** - The professional 5010 electronic claim map has been updated to send Loop 2300, REF*LX. If there is an **Investigational Device Exemption Number** Attachment stored in an Encounter, the value entered in the Attachment will be sent in the **REF*LX** segment.

System (cont.)

5010 Electronic Claim Loop and Segment Editor (*Claims Management Menu*)

Certificate of Medical Necessity (CMN) Attachments *New Functionality*

There are seven CMN Attachments that can be sent electronically. The data stored in the CMN Attachments will populate into Loop 2440. An LQ segment will contain the qualifier for the CMN Attachment entered and repeating FRM segments will contain the responses for the questions within the Attachment.

There are eight standard fields for every CMN Attachment located at the top of each Attachment form and any specific questions pertaining to the individual CMN Attachment will display below them.

Standard fields for the CMN form

- Patient Weight in Pounds (populating Loop 2000B, Segment PAT))
- Patient Height in Inches (populating Loop 2400, Segment MEA)
- Certification Type (populating Loop 2400, Segment CR3)
- Recertification/Revision Date (Populating Loop 2400, Segment DTP*607)
- CMN Attestation and Signature Date (Populating Loop 2400 , Segment DTP*461)
- Initial Certification/Therapy Date (Populating Loop 2400 , Segment DTP*463)
- Replacement Item-(populating Loop2400, Segment CRC)
- Specify the number of months the DME Equipment is needed (Populating Loop 2400 , Segment CR3)

Additionally the claim map will populate the following loops and segments when a CMN attachment is stored on a line item in an Encounter.

- Loop 2400 segment PWK
- Loop 2420E, segments N3, N4 and PER

For additional information, see the *Procedure Entry Integration* entry under the *System* section of these release notes and the *Procedure Entry Function – Certificate of Medical Necessity (CMN) Attachments* entry under the *Transactions* section of these release notes.

System (cont.)

5010 Electronic Claim Loop and Segment Editor (*Claims Management Menu*)

If a **Per Dr** and/or **Ref Dr** is entered on individual procedure line items and stored in the Encounter, when electronic claims are created the following information will be included as long as the individual procedure line item **Per Dr** and/or **Ref Dr** has passed the edit checks established for that portion of the electronic claim file. For detailed information on the edit checks contact Customer Service.

Professional Claim Map:

- Loop 2420A will contain the procedure line item **Per Dr** information
- Loop 2420F will contain the procedure line item **Ref Dr** information

Institutional Claim Map:

- Loop 2420C will contain the procedure line item **Per Dr** information
- Loop 2420D will contain the procedure line item **Ref Dr** information

For additional information, see the *Procedure Entry Function* entry under the *Transactions* section of these release notes and the *Procedure Entry Integration* entry under the *System* section of these release notes.

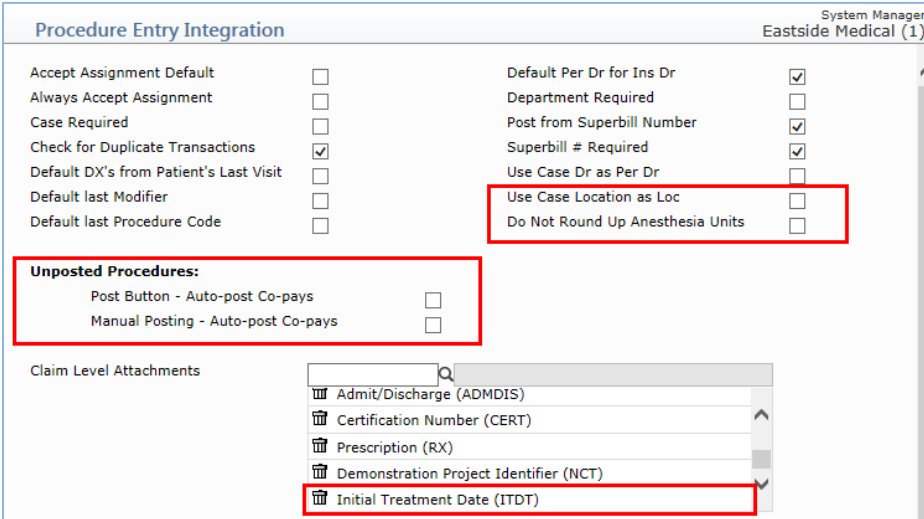
Merge Patient Accounts (*File Maintenance Menu*)

To prevent errors when merging patient accounts you will no longer be able to merge two Financial Accounts or two regular patient accounts if either one of them has a Financial account linked to it.

System (cont.)

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)

The check box fields in the top portion of the screen were split into two columns and a few of the remaining fields had minor alignment adjustments made to provide a better visual display. In addition, the following fields have been added or changed:



Procedure Entry Integration System Manager Eastside Medical (1)

Accept Assignment Default	<input type="checkbox"/>	Default Per Dr for Ins Dr	<input checked="" type="checkbox"/>
Always Accept Assignment	<input type="checkbox"/>	Department Required	<input type="checkbox"/>
Case Required	<input type="checkbox"/>	Post from Superbill Number	<input checked="" type="checkbox"/>
Check for Duplicate Transactions	<input checked="" type="checkbox"/>	Superbill # Required	<input checked="" type="checkbox"/>
Default DX's from Patient's Last Visit	<input type="checkbox"/>	Use Case Dr as Per Dr	<input type="checkbox"/>
Default last Modifier	<input type="checkbox"/>	Use Case Location as Loc	<input type="checkbox"/>
Default last Procedure Code	<input type="checkbox"/>	Do Not Round Up Anesthesia Units	<input type="checkbox"/>

Unposted Procedures:

Post Button - Auto-post Co-pays	<input type="checkbox"/>
Manual Posting - Auto-post Co-pays	<input type="checkbox"/>

Claim Level Attachments

- Admit/Discharge (ADMDIS)
- Certification Number (CERT)
- Prescription (RX)
- Demonstration Project Identifier (NCT)
- Initial Treatment Date (ITDT)

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)

New Functionality

Use Case Location as Loc check box: if this check box is selected and a **Case** is selected in the *Procedure Entry Function*, the **Loc** field will be defaulted with the **Location** stored on the **Case**. For additional information, see the *Change Patient Data - Case Management* entry under the *Patient* section of these release notes.

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)

New Functionality

Do Not Round Up Anesthesia Units check box: if this check box is selected, when the number of minutes entered in the Anesthesia Attachment are divided by 15 (unless you have entered a different **Anesthesia Minutes per Unit** amount for the insurance carrier) to determine the number of Time 'Units', the result will not be rounded up. For example: if the total amount of time entered in the Anesthesia Attachment is 24 minutes; $24/15 = 1.6$. Typically, 1.6 would be rounded up to 2 but if you select this check box, it will not. The Time Units (1.6) would be added to the **# of Base Units** for the Anesthesia procedure code and then that result would be multiplied by the **Normal Price**. For additional information, see the *Maintain Insurance Carriers* entry under the *Tables* section of these release notes.

System (cont.)

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)

Unposted Procedures options *New Functionality*

Post Button - Auto-post Co-pays check box – If this check box is selected, when you select charges in *Unposted Procedures* and click the **Post** button, any patient co-payments that were stored with the charges will be automatically posted.

Manual Posting - Auto-post Co-pays check box - If this check box is selected and you click on an individual patient's charges in *Unposted Procedures* and proceed to manually post them in *Procedure Entry*, any patient co-payments that were stored with the charges will be automatically posted.

Note: When the 7.4.5 release is installed, the **Auto-post Co-pays** check box for the Post button will be automatically selected since this has always been the 'standard' functionality. If you do not want the co-pays to be automatically posted, you will need to clear the check box after the 7.4.5 release has been installed.

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)

Claim Level Attachments – Initial Treatment Date *New Functionality*

You can select to include the **Initial Treatment Date Attachment** in the shortcut list of Attachments in *Procedure Entry*. For additional information, see the following entries in these release notes:

- Procedure Entry Function – Initial Treatment Date Attachment under the *Transactions* section
- Print Insurance Forms - Paper CMS-1500 02/12 – Initial Treatment Date under the *Billing* section
- Professional Electronic Claims – Initial Treatment Date under the *Billing* section

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)

New Functionality

New Line Item Attachments have been added for the following **Certificate of Medical Necessity (CMN)** Attachments:

- Certificate of Medical Necessity for External Infusion Pump (CMNEIP)
- Certificate of Medical Necessity for Osteogenesis Stimulator (CMNOS)
- Certificate Medical Necessity Oxygen (CMN02)
- Certificate Medical Necessity Pneumatic Compression Device (CMNPCD)
- Certificate Medical Necessity TENS (CMNTENS)
- Certificate Medical Necessity Seat Left Mechanism (CMNSLM)
- Certificate Medical Necessity Enteral and Parenteral Nutrition (CMNEPN)

For additional information, see the *Procedure Entry Function – Certificate of Medical Necessity (CMN) Attachments* entry under the *Transactions* section of these release notes and the *5010 Electronic Claim Loop and Segment Editor - Certificate of Medical Necessity (CMN) Attachments* entry under the *System* section of these release notes.

System (cont.)

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transaction Integrations*)

New Functionality

A new **Expanded Entry** check box has been added under the **Tab Stops in Lower Section**. If this check box is selected the **Show All Fields** check box will be visible in the *Procedure Entry Function* and will provide the ability to change the **Per Dr** and **Ref Dr** codes on individual procedure line items. For additional information, see the *Procedure Entry Function* entry under the *Transactions* section of these release notes.

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transaction Integrations*)

New Functionality

A new **Billing Group** check box has been added under the **Tab Stops in Upper Section**. This check box will not be selected when the 7.4.5 release is installed.

Payment Entry Integration (*Database Maintenance Menu, Integrations, Transaction Integrations*)

New Functionality

A new **Default Date of Service** option has been added so you can select which option will be selected as the default in the Payment Entry Lead-In Screen.

Payment Entry Integration	
Default Payment Information at Payment Entry	<input checked="" type="checkbox"/>
Allow Credit in Patient Balance	<input checked="" type="checkbox"/>
Default Date of Service	<input type="radio"/> Starting From <input checked="" type="radio"/> Isolate

The **Starting From** option will be automatically selected when the 7.4.5 release is installed since that has been the standard default option in the past.

The field names for the two check box options were also updated to be more descriptive:

- **Def Pmt Info @ Pmt Entry** was changed to, **Default Payment Information at Payment Entry**
- **Allow Credit in Pat Bal** was changed to, **Allow Credit in Patient Balance**

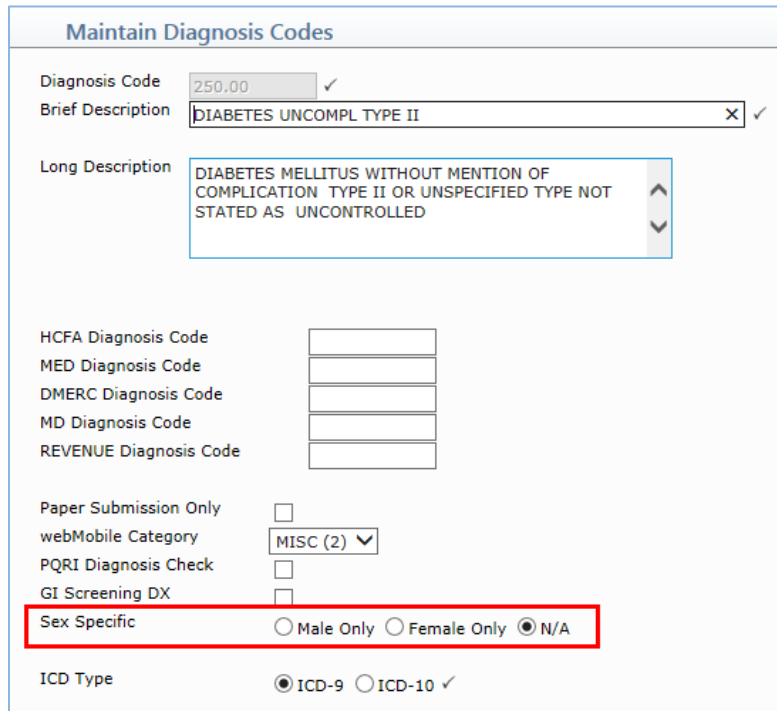
webVerify Integration (*Database Maintenance Menu, Integrations, webTools Integrations*)

New Functionality* - *webVerify clients only - A **Show Verification Status Icons in Schedule** check box has been added to the *webVerify Integration* function to enable or disable this feature. This check box will *not* be automatically selected when the 7.4.5 update is installed. For additional information, see the *Enter Patient Appointments* entry under the *Schedule* section of these release notes.

Tables

Maintain Diagnosis Codes (*Diagnosis Code Table*) *New Functionality*

Sex Specific options have been added so you can specify when a diagnosis code is gender specific.



Note: A 'pass-thru' will be done when the 7.4.5 release is installed which will automatically select the correct **Sex Specific** option for every Diagnosis Code.

If procedures are posted with a diagnosis code that has the **Sex Specific** option of **Male Only** or **Female Only** selected and it does not match the **Sex** stored on the patient's account in the *Patient Name and Address Information* screen, the claim will be placed on the **Exception Report** when insurance is created with the exception reason: "Dx code 'Sex' does not match Pt Sex" and will print the applicable diagnosis code(s).

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

The Centers for Medicare and Medicaid Services (CMS) have released the 2014 Medicare Physician Fee Schedule effective April 1, 2014. The updated files are available for import by selecting **2014** in the **Fee Schedule Year** list and the applicable file name in the **Fee Schedule File** list.

Tables (cont.)

Maintain Insurance Denial Codes (*Insurance Denial Code Table*) *New Functionality*

A new **Sequestration Code** check box has been added so you can control which codes are identified as Sequestration codes. This will eliminate the need for internal programming changes in the future if a new Sequestration code is used by a payer. No action is required on your part as the **Sequestration Code** check box will already be selected for both of the Insurance Denial Codes, 223 and 253.

Maintain Insurance Denial Codes

Denial Code	<input type="text" value="253"/>	✓
Brief Description	<input type="text" value="Sequestration - reduction in federal spending."/>	✕ ✓
Long Description	<input type="text" value="Sequestration - reduction in federal payment"/>	
Practice Denial Code	<input type="text"/>	▼
Auto Adjustment (ERA)	<input checked="" type="checkbox"/>	
Auto Post \$0 Payment (ERA)	<input checked="" type="checkbox"/>	
Sequestration Code	<input checked="" type="checkbox"/>	

Note: When the ERA programs were updated in Patch #7.4.4.15 to handle the new Sequestration Insurance Denial Code 253, a pass-thru program was also run at that time to set the code internally to a "Sequestration Code".

When an ERA is posted, if it contains a denial code that has the **Sequestration Code** and the **Auto-Adjustment (ERA)** check boxes selected, the amount denied will be added to the total amount to be adjusted off for the claim.

Additionally, a denial will be listed in the patient's insurance ledger when viewing the Transaction History Detail for a procedure including the **Insurance Denial Reason** and amount denied.

If a **Practice Denial Reason** is linked to an **Insurance Denial Reason** it will also be posted, which will allow you to print the Practice Denial reports to view sequestration transactions.

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

Updates to the 2014 HCPCS data files, effective April 1, 2014 are available for clients who have purchased that code set. To receive the updated codes you must reload the 2014 file.

Tables (cont.)

Every Copy Table Function

All of the copy table functions have been enhanced to record entries in the audit trails if a code is modified due to the **Copy** function being performed. One of the following messages will display when the audit trails are accessed using the **History** Action Column function from within any of the **Maintain** or **Review** table functions:

- *Added via Copy from database xx*
- *Added via Copy from database xx * Inactive **
- *Modified via Copy from database xx*
- *Modified/Inactivated via Copy from database xx*
- *Modified/Reactivated via Copy from database xx*

Maintain Case Codes		System Manager TRAINING DB (10)
Table Modification <i>Added via Copy from database 1</i>		
User:	HOPE	
Date:	01-20-2014	
	Before	After
Case Type	2	2
Case Description	(No Previous Record)	AUTO ACCIDENT
Billing Group Default		

Print the Fee Schedules

Previously, if multiple effective dates existed for a Fee Schedule, the *current Normal Price* for the Procedure code printed instead of the **Normal Price** for the selected **Effective Date**. This has been resolved. Formatting updates were also made to the Header section of the report to make it easier to read.

Apr 03, 2014		Eastside Medical					Page 1
		Non-Facility Fee Schedule Report					
		MED - MEDICARE ALLOWABLES					
		Effective Date: 01-01-2014					
Code	Normal	Fee A	Fee B	Fee C	Fee D	Fee E	
Tbl 99211	37.00	0.00	0.00	0.00	0.00	0.00	
Alt		0.00	0.00	0.00	0.00	0.00	
All	15.01	0.00	0.00	0.00	0.00	0.00	
Tbl 99212	66.00	50.00	75.00	0.00	0.00	0.00	
Alt		0.00	0.00	0.00	0.00	0.00	
All	32.67	0.00	0.00	0.00	0.00	0.00	
Tbl 99213	150.00	120.00	0.00	0.00	0.00	0.00	
Alt		0.00	0.00	0.00	0.00	0.00	
All	54.59	0.00	0.00	0.00	0.00	0.00	
Tbl 99214	120.00	0.00	0.00	0.00	0.00	0.00	
Alt		0.00	0.00	0.00	0.00	0.00	
All	80.53	0.00	0.00	0.00	0.00	0.00	
Tbl 99215	250.00	0.00	0.00	0.00	0.00	0.00	
Alt		0.00	0.00	0.00	0.00	0.00	
All	107.80	0.00	0.00	0.00	0.00	0.00	
Tbl 99217	0.00	0.00	0.00	0.00	0.00	0.00	
Alt		0.00	0.00	0.00	0.00	0.00	
All	54.24	0.00	0.00	0.00	0.00	0.00	

Tables (cont.)

Maintain Procedure Codes (*Procedure Code Table*) - *New Functionality*

The **NDC Code** field has been modified so the *Quantity of Medication* can be stored in the third piece of the data string. The format for entering the NDC data is: *NDC/Unit of Measure/Quantity*.

For example: 12345678901/ML/150

Data Type	Number of Characters	Example
NDC Code	11	00703680101
Unit of Measure	2	ML (for milliliters)
Quantity of Medication	up to 11	150 (will populate as 150.000) (must be > 0 and <= 9,999,999.000)

Maintain Procedure Codes

Procedure Code: ✓

Procedure Description: ✓

Brief Description: ✓

Type of Service: MEDICAL CARE (1) ✓

Bill to Insurance: Yes No Paper ✓

Accept Assignment: Take Home Supply

ADA Code: Outside Lab

Immunization Code: Mammography Code

Requires NDC: Include 0.00 Procedure on Claim

NDC Code:

Normal Price \$: Facility Price \$:

of Base Units: Post-Op Days:

Note: If the **Quantity** is not entered in the third piece of the data string stored in the **NDC Code** field in the *Procedure Code Table*, the **Quantity** field in the NDC Attachment will automatically populate with a "1".

For additional information, see the **Procedure Entry Function** and **Unposted Procedures** entries in the *Transactions* section of these release notes.

Tables (cont.)

Maintain Procedure Codes (*Procedure Code Table*) *New Functionality* ***Action Required***

Previously, many clients were receiving the **Allowed Amt Doesn't = Calculated Pmt/Adj** ERA Exception error for Medicare payments when Lab charges that were not paid at 100%. Since not all Lab charges are paid at 100% for every provider, a new **Medicare Lab Reimbursement %** field has been added so you can indicate if a **Procedure Code** set to **Type of Service Code 5** should be paid at a different percentage. This field will be set to populate the default value of 100% when the 7.4.5 release is installed since that is the most common amount. For additional information, see the *Payment Entry Function - *Payments for Lab Charges Only* and Import and Post ERA Files* entry under the *Transactions* section of these release notes and the *Maintain Type of Service Codes* entry under the *Tables* section of these release notes.

Import Anesthesia Base Units (*Procedure Code Table*)

With this new function you can import the CMS Anesthesia Base Units file. Anesthesia base units are used to compute the allowable amounts for anesthesia services for CPT codes 00100 to 01999. Importing the Anesthesia Base Units file will update the **# of Base Units** field for CPT codes 00100 to 01999 in the *Procedure Code Table* as long as the CPT codes already exist in the *Procedure Code Table*.

Notes:

- If you do not select the **Overwrite Existing Base Units** check box, the base units will only be updated for procedures that do not have anything entered in that field.
- CMS updates the base unit values yearly and the updated codes will be available for import into CGM webPRACTICE, shortly after CMS makes the files available.

Maintain Insurance Carriers (*Insurance Carrier Code Table*)

Idaho Medicaid Only - Effective June 30, 2014, Idaho Blue Cross will no longer offer clearinghouse services and will only accept Idaho Blue Cross claims. The **Payer ID** for Idaho Medicaid claims processed through Idaho Blue Cross was 'EDS', both for claims sent to EMEDIX and direct connections. The **Payer ID** that now needs to be used for Idaho Medicaid is 'IDMCD' so a pass-thru will be performed during the 7.4.5 release installation to change any **Payer ID** that is currently set to 'EDS' to 'IDMCD'. This will only apply to Idaho Medicaid claims that are sent to EMEDIX.

Maintain Insurance Carriers (*Insurance Carrier Table*)

The effective date stored in the **ICD-10 Activation** field has been changed to 10/1/2015. This field **cannot** be edited at this time.

Tables (cont.)

Maintain Insurance Carriers (*Insurance Carrier Table*) *New Functionality*

Two new Anesthesia fields have been added.

- **Anesthesia Minutes per Unit** - This field defines the number of anesthesia minutes included per unit for an insurance carrier. If the field is left blank, then the default of 15 minutes per unit will be used for the anesthesia billing calculations. Valid values are 1-999. You should only enter a value in this field when the number of anesthesia minutes per unit is *not* 15.
- **Add Physical Status Base Units** - If an insurance carrier allows additional Base Units for the P3-P5 physical status modifiers in the anesthesia billing calculations, you can select this check box.


Maintain Type of Service Codes (*Type of Service Code Table*)

The **Medicare 100% Reimbursement** check box has been renamed to **Lab Type of Service**. This check box has been used in the past for the Lab **Type of Service Code** to indicate that Medicare would pay 100% of the allowed amount. Since not all Lab charges are paid at 100% for every provider, this field was renamed. For additional information, see the *Maintain Procedure Codes* entry under the *Tables* section of these release notes and the *Payment Entry Function - *Payments for Lab Charges Only** and *Import and Post ERA Files* entry under the *Transactions* section of these release notes.

Maintain Procedure Code Amounts (*Procedure Code Table*)

The **History** Action Column function has been updated to display the message, '*Changed Via File Import from (filename)*' when amounts are changed using the **Import/Export CPT® Price List** function. For additional information, see the **Import/Export CPT® Price List** entry in the *Tables* section of these release notes.

Maintain CPT /DX Cross Linking (*Procedure Code Table, CPT /DX Cross Linking Table*)

Enhancements have been made so that when the Diagnosis Code Table Search icon  is clicked you can view and select ICD-10 codes now.

Tables (cont.)

Import/Export CPT[®] Price List (*Procedure Code Table*)

Enhancements were made to reactivate this function and incorporate additional Procedure Price List fields. This function is typically used by new clients to import a procedure code price list into the *Procedure Code Amounts Table* but can also be used to export a procedure code price list from the *Procedure Code Amounts Table*. When importing, the Procedure Codes must be defined in the *Procedure Code Table* and the *Procedure Code Amounts Table* for the same **Effective Date** you want to import into.

Importing and Exporting a File:

Both the Import and Export functions require the use of comma separated value (.csv) files.

For self-hosted customers, the .csv file must be stored on the CGM webPRACTICE server on the same drive that Cache is installed.

If you are a hosted customer:

- If you want to Import a file you will need to send the .csv file to Customer Service via email so they can upload it to the server and provide you with the **Directory Path**.
- If you want to Export a file, you will need to contact Customer Service to provide you with the **Directory Path** for you to Export the file to, and so they can retrieve the file from the server and email it to you. Prior to opening the file you should follow the instructions listed in the *Requirements for preparing a .csv file prior to making modifications* section to prevent data corruption. This applies even when you only want to view the file in Excel.

Both the Import and Export functions use the same file format as shown below:

Column 1 – CPT Code

Column 2 - Normal Charge

Column 3 – Normal Rate A

Column 4 – Normal Rate B

Column 5 – Normal Rate C

Column 6 – Normal Rate D

Column 7 – Normal Rate E

Column 8 – Facility Charge Amount

Column 9 – Facility Rate A

Column 10 – Facility Rate B

Column 11 – Facility Rate C

Column 12 – Facility Rate D

Column 13 – Facility Rate E

Column 14 – Nominal Fee

Column 15 – Cost

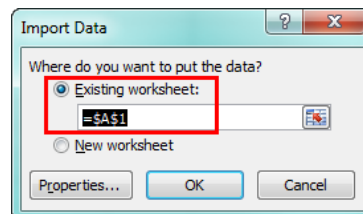
Tables (cont.)

Import/Export CPT[®] Price List (Procedure Code Table) (cont.)

Requirements for preparing a .csv file prior to making modifications:

If you have a price list that you need to modify (either before the import or after the export), one of the most difficult issues clients run into with using this function is making sure the .csv file retains any leading 'zeroes' in the CPT code column. If you plan on using Excel to modify the file you should review the steps listed below *prior* to opening the file in Excel, otherwise all the leading zeroes will be automatically removed as soon as the file is opened.

- 1) Create a **New** workbook in Excel
- 2) On the **Data** tab, select **From Text** to Import data from a text file
- 3) Select the file you want and click **Import**
- 4) For the **Original data type**, select **Delimited** and click **Next**
- 5) In the **Delimiters** check box section, select **Comma**, confirm it is the only check box selected and click **Next**
- 6) For Step 3 of the Text Import Wizard, you will define the Data Format for the CPT Code column. First, in the **Data preview** section in the bottom half of the dialog box, click on column 1 to select it, if it is not already selected. Next, in the **Column data format** section, select **Text** and click **Finish**
- 7) When the Import Data dialog box appears confirm **Existing worksheet: =\$A\$1** is selected and click **OK**.



- 8) The data will be imported into the Excel worksheet and the leading zeroes will be preserved in the CPT Code column. At this point you can make any necessary modifications.
- 9) If this file is to be used for importing into CGM webPRACTICE, prior to saving the workbook you will need to:
 - a. delete any additional worksheets within the workbook
 - b. delete any column and row headings
 - c. delete any Headers and Footers
 - d. confirm the file format is in the exact format provided by CGM webPRACTICE
- 10) Save the workbook as a .csv file.
- 11) You should not reopen the .csv file as this can cause corruption of the data, such as stripping the leading zeroes.

Tables (cont.)

Import/Export CPT® Price List (Procedure Code Table) (cont.)

Notes:

In column 1, the CPT code must be an exact match to a CPT code in the *Procedure Code Table* and the *Procedure Code Amounts Table*. If the CPT code does not already exist in these tables, it will not be created when the price list is imported.

An existing **Effective Date** will be required for the CPT codes in the *Procedure Code Amounts Table* so the imported prices can be linked up to a *Procedure Price List* with the same effective date.

The data in columns 2 through 15 must be numeric, with or without a decimal point. If the entry is '60', it will be translated to 60.00. If the entry is '60.5', it will be translated to 60.50.

If the amount in any field is ZERO or BLANK, the amount in the Procedure Code table will not be updated. It will not change an existing amount to zero, even if your file has 0.00 for the amount.

The following image is an example of an exported file and how it will look when opened in Excel.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Eastside Medical														
2	Procedure Price Export														
3	For Effective Date 01-01-2014														
4															
5	Cpt	Normal	Rate A	Rate B	Rate C	Rate D	Rate E	Facility	Rate A	Rate B	Rate C	Rate D	Rate E	Cost	Nominal
6	99	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	10040	47	0	0	0	0	0	0	0	0	0	0	0	0	0
8	10060	158	0	0	0	0	0	0	0	0	0	0	0	0	0
9	10061	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	10080	200	0	0	0	0	0	0	0	0	0	0	0	0	0
11	10081	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	10120	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	10121	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	10140	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	10160	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	10161	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	10180	546	500	0	0	0	0	0	0	0	0	0	0	0	0
18	11000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	11001	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	11004	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	11005	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	11006	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	11008	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Tables (cont.)

Maintain Procedure Code Amounts (Procedure Code Table) *New Functionality*

When you first access this function the **Effective Date** for the most current Fee Schedule will be populated. After you select a **Procedure Code** and click **Save**, new **Select**, **Next**, **Previous**, and **History** Action Column buttons will be available. The first three buttons were added so you can select and navigate through the codes in the *Procedure Code Amounts Table* more easily.

The **History** button will provide an audit trail of any changes made to the selected **Procedure Code** for all Effective Dates.

Maintain Procedure Code Amounts							System Manager Eastside Medical (1)
Date ▲	Time	Table	Code	Effective	User	Action	
06-11-2014	02:57P	Procedure Price Table	99214	05-01-2014	HOPE	Changed	
04-21-2014	10:44A	Procedure Price Table	99214	01-01-2014	HOPE	Changed	
04-21-2014	10:41A	Procedure Price Table	99214	01-01-2012	HOPE	Changed	
03-28-2014	05:07P	Procedure Price Table	99214	01-01-2014	System Manager	Changed	
03-20-2014	10:14A	Procedure Price Table	99214	01-01-2014	HOPE	Changed	
01-08-2014	08:52A	Procedure Price Table	99214	01-01-2014	HOPE	Changed	
09-29-2011	11:00A	Procedure Price Table	99214	09-22-2011	System Manager	Changed	

If you select one of the line items, the last change made to that **Procedure Code** will be listed. You can use the **Prev** and **Next** buttons to navigate through all of the changes stored in the audit trail.

Maintain Procedure Code Amounts			System Manager Eastside Medical (1)
Table Modification			
Changed via file import from Z:\TEMP\DB2PriceUpdatedList.csv			
User:	HOPE		
Date:	06-11-2014		
	Before	After	
Effective Date	05-01-2014	05-01-2014	
Procedure Code	99214	99214	
Normal Price \$	145.00	210.00	
Facility Price \$	500.00	500.00	
Rate Schedule A \$	140.00	140.00	
Rate Schedule B \$	135.00	135.00	
Rate Schedule C \$	130.00	130.00	
Rate Schedule D \$	125.00	125.00	
Rate Schedule E \$	120.00	120.00	
Facility Rate A \$	455.00	455.00	
Facility Rate B \$	450.00	450.00	
Facility Rate C \$	445.00	445.00	
Facility Rate D \$	440.00	440.00	
Facility Rate E \$	435.00	435.00	
Nominal Fee \$	85.00	85.00	
Cost \$	55.00	55.00	
<input type="button" value=" << Prev"/> <input type="button" value=" Next >>"/> <input type="button" value=" Cancel"/>			

Transactions

Procedure Entry Function –Attachments *New Functionality*

A new **Initial Treatment Date** claim level attachment is now available when you need to enter a date of initial treatment for an encounter. Previously, the **Initial Treatment Date** was only pulled into electronic claims from the **Date of First Visit** field on the Case Record or from the **Initial Treatment Date** field on the Chiropractic Record. This new attachment was created to provide flexibility to those clients that don't use Case or Chiropractic Records.

For additional information, see the following entries in these release notes:

- *Procedure Entry Integration - Claim Level Attachments – Initial Treatment Date* under the *System* section
- *Print Insurance Forms - Paper CMS-1500 02/12 – Initial Treatment Date* under the *Billing* section
- *Professional Electronic Claims – Initial Treatment Date* under the *Billing* section

Procedure Entry Function

The **Mlt** field in the NDC Attachment has been changed to **Quantity** to help differentiate between the Procedure Entry line item **Mlt** fields and to more easily identify that the **Quantity** field should contain the 'quantity' of medication. For additional information, see the **Maintain Procedure Codes** entry in the *Tables* section of these release notes.

Procedure Entry Function and Edit an Encounter *New Functionality*

A new **Total Minutes** field has been added to the Anesthesia Time Attachment.

- 1) When the **Start Time** and **End Time** are entered, the **Total Minutes** field will automatically populate with the difference in minutes between the two times.
- 2) Alternatively, you can enter a **Start Time** and the **Total Minutes** and the **End Time** will automatically be calculated.
- 3) After the **Start Time**, **End Time** and **Total Minutes** are entered, modifying one of the fields will cause the other fields to be automatically re-calculated.
- 4) Anesthesia Time Attachments saved prior to the installation of the 7.4.5 release will not have a value in the **Total Minutes** field.

Procedure Entry Function

The Anesthesia Time Attachment has been updated to properly convert the entry of '12' or '12:00' to P.M. instead of defaulting to A.M. as it had in the past.

Transactions (cont.)

Procedure Entry Function – Certificate of Medical Necessity (CMN) Attachments

New Functionality

New **Certificate of Medical Necessity (CMN)** Line Item Attachments have been added. These Attachments are required for DMERC carriers when a Certificate of Medical Necessity is needed.

New Line Item Attachments:

- Certificate of Medical Necessity for External Infusion Pump (CMNEIP)
- Certificate of Medical Necessity for Osteogenesis Stimulator (CMNOS)
- Certificate Medical Necessity Oxygen (CMN02)
- Certificate Medical Necessity Pneumatic Compression Device (CMNPCD)
- Certificate Medical Necessity TENS (CMNTENS)
- Certificate Medical Necessity Seat Left Mechanism (CMNSLM)
- Certificate Medical Necessity Enteral and Parenteral Nutrition (CMNEPN)

There are eight standard fields for every CMN Attachment located at the top of each Attachment form and any specific questions pertaining to the individual CMN Attachment will display below them.

Standard fields for the CMN form

- Patient Weight in Pounds (populating Loop 2000B, Segment PAT))
- Patient Height in Inches (populating Loop 2400, Segment MEA)
- Certification Type (populating Loop 2400, Segment CR3)
- Recertification/Revision Date (Populating Loop 2400, Segment DTP*607)
- CMN Attestation and Signature Date (Populating Loop 2400 , Segment DTP*461)
- Initial Certification/Therapy Date (Populating Loop 2400 , Segment DTP*463)
- Replacement Item-(populating Loop2400, Segment CRC)
- Specify the number of months the DME Equipment is needed (Populating Loop 2400 , Segment CR3)

Transactions (cont.)

Procedure Entry Function – Certificate of Medical Necessity (CMN) Attachments (cont.)

The Attachments include the following:

- The questions related to specific CMN Attachments have been numbered so they can be matched up to the paper version of the form
- The following message will display at the top of the Attachment, **‘*This attachment must match the completed CMN form kept on file’**
- If a Certification Type of Renewal or Revised is selected and the Recertification/Revision Date is not populated a warning will appear, ‘A Recertification Date is required when the Certification Type is Renewal or Revised’.
- If a value other than a number is entered in for Patient Weight or for Specify the number of months the DME Equipment is needed, a message will appear indicating the value entered must be numeric.
- If a Recertification Date, Last Certification Date, or Therapy Date is entered as a future date, a warning will appear, ‘Cannot be a future date’
- (CMNOS & CMNEIP) An exception check has been added ensure a Business phone number is entered for the Ordering Doctor
- (CMNOS & CMNEIP) If the Referral Source entered on the Encounter is a value other than **0**, then the Referral Source will be stored for the Ordering Doctor. If the Referral Source is set to **0**, then the Insurance Doctor will be stored for the Ordering Doctor in the claim
- (CMNOS & CMNEIP) If the Referral Source is the Ordering Doctor and a Business Phone number is not entered in the Referral Source Table, the following exception message will display, **‘CMN Attachment requires Business Phone # for the Referral Src’**
- (CMNOS & CMNEIP) If the Insurance Doctor is the Ordering Doctor and a Business Phone Number is not entered in the Doctor Code Table, the following exception message will display, **‘CMN Attachment requires Business Phone # for the Ins Dr’**

For additional information, see the *Procedure Entry Integration* entry and the *5010 Electronic Claim Loop and Segment Editor - Certificate of Medical Necessity (CMN) Attachments* entry under the *System* section of these release notes.

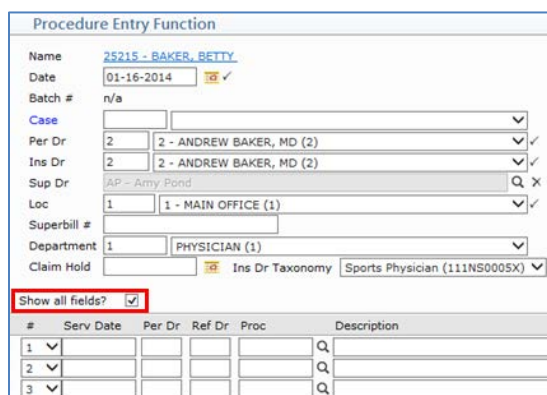
Procedure Journal (*Transaction Journals*)

Previously, the **Referring Doctor** would not print correctly if charges had been edited after they were originally posted. This has been resolved.

Transactions (cont.)

Procedure Entry Function *New Functionality*

A new **Show All Fields** check box has been added directly above the procedure line item section to allow you to change the **Performing Doctor** and **Referring Doctor** codes on individual procedure line items. The **Show All Fields** check box will only be visible if the **Expanded Entry** check box has been selected in the *Procedure Entry Integration* function.



Procedure Entry Function

Name: 25215 - BAKER, BETTY
 Date: 01-16-2014
 Batch #: n/a
 Case: [dropdown]
 Per Dr: 2 - ANDREW BAKER, MD (2)
 Ins Dr: 2 - ANDREW BAKER, MD (2)
 Sup Dr: JAP - Amy Pond
 Loc: 1 - MAIN OFFICE (1)
 Superbill #: [dropdown]
 Department: 1 - PHYSICIAN (1)
 Claim Hold: [dropdown] Ins Dr Taxonomy: Sports Physician (111NS0005X)

Show all fields?

#	Serv Date	Per Dr	Ref Dr	Proc	Description
1					Q
2					Q
3					Q

For additional information, see the *Procedure Entry Integration* entry under the *System* section of these release notes.

Procedure Entry Function, Unposted Procedures, and Edit an Encounter *New Functionality*

A new **Clone Encounter** button has been added to the Action Column on the *Procedure Entry Summary Screen*. The purpose of this function is to allow you to make a copy of an Encounter when you need to post the exact same charges and make just a few modifications to them. For example: say you posted an Encounter that contained many procedure line items for surgical charges and you need to post those same charges for the assistant surgeon. Instead of having to perform the time consuming task of re-entering all of surgical charges to add the assistant surgeon modifier, now you can make a clone of the surgical charges Encounter, simply add the modifier and save it as a new Encounter.

When you click on the **Clone Encounter** button a new Encounter is generated as a clone and you are taken back into the *Procedure Entry Function* to make the necessary modifications.

The shortcut key on the *Procedure Entry Summary Screen* for the **Clone Encounter** button is Alt+U. A **Clone** Encounter Action has also been added to Encounter View when reviewing a patient's transaction history.

Transactions (cont.)

Unposted Procedures *New Functionality*

Enhancements have been made to the NDC Attachment so the medication amount (**Quantity**) stored in the **NDC Code** field in the **Procedure Code Table** will automatically populate in the attachment. This eliminates the time consuming task of having to manually edit the **Quantity** field when you want to Post it through Unposted Procedures. For additional information, see the **Maintain Procedure Codes** entry in the *Tables* section of these release notes.

Unposted Procedures


The following updates were made to correct the following Billing Group storage and display issues:

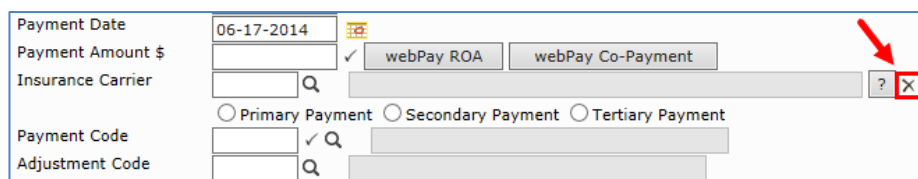
- When a **Case** was stored with unposted procedures from interfaces, webMobile or eSuperbills, they were assigned to the patient's current **Billing Group** code instead of the **Billing Group** code tied to the **Case**.
- The **Billing Group** column was displaying the patient's current **Billing Group** code instead of the **Billing Group** code saved with the unposted procedures.
- The **Auto-Post** function was posting procedures with the patient's current **Billing Group** code instead of the **Billing Group** code saved with the unposted procedures.
- The ability to edit the **Billing Group** from within the *Unposted Procedures* function was added.



Unposted Procedures

The ability to edit the **Billing Group** from within the *Unposted Procedures* function was added.

Payment Entry Function *New Functionality*

The **Primary Payment**, **Secondary Payment**, and **Tertiary Payment** buttons on the *Payment Entry Lead-in Screen* have been enhanced to populate the **Payment Code** tied to the **Insurance Carrier** and the **Adjustment Code** tied to that **Payment Code** as long as the fields have not already been populated. If the fields have already been populated and you need to make a change, you can use the new 'Reset' icon  to quickly clear the **Insurance Carrier**, **Payment Code** and **Adjustment Code** fields.



Payment Date	06-17-2014		
Payment Amount \$		✓	webPay ROA webPay Co-Payment
Insurance Carrier		Q	
			<input type="radio"/> Primary Payment <input type="radio"/> Secondary Payment <input type="radio"/> Tertiary Payment
Payment Code		✓ Q	
Adjustment Code		Q	

Note: The Reset icon will not reset the **Payment Date** or the **Payment Amount** fields.

Transactions (cont.)

Payment Entry Function *New Functionality*

A **Refund** button has been added to the Action Column on the Payment Entry Summary Screen so refunds can be posted without having to exit the *Payment Entry Function*. Only one refund can be posted at a time but the **Refund** button can be used multiple times from within the Payment Entry Summary Screen.

Payment Entry Function

The **Transfer** Action has been modified so you are allowed to transfer amounts that are *equal to or greater than the balance remaining in the column you want to transfer from*. You will receive a warning message but now you have the option of continuing with the **Transfer** Action. The following example illustrates the necessity for the modification.

Example: Say a patient has a procedure that currently has a \$0.00 balance owing because the patient paid their \$15.00 copay in error and the secondary insurance still owes \$15.00. So, to correct the balances in both columns you need to Transfer a negative \$-15.00 from the Insurance Balance column over to the Patient Balance column. The account would then have an Insurance Balance of \$15.00, a credit in the Patient Balance column of \$-15.00 and the Total Balance for the transaction would remain \$0.00.

Payment Entry Function and Import and Post ERA Files (*Electronic Remittance Advice (ERA)*)

New Functionality

Payments for Lab Charges Only - When payments are posted for Lab procedures, the expected payment amount will be calculated based on the percentage amount stored in the **Medicare Lab Reimbursement %** field for that lab procedure in the *Procedure Code Table*. For additional information, see the *Maintain Procedure Codes* entry under the *Tables* section of these release notes and the *Maintain Type of Service Codes* entry under the *Tables* section of these release notes.

Payment Entry Function

Updates have been made when posting payments using a **Batch Number**. In the past, the **Payment Date** field would originally default with the Batch **Accounting Date** for the first payment entered but when additional payments were posted; the **Payment Date** field was not retaining the date posted from the prior payment and it would always default the current date instead. This has been resolved. Now the **Payment Date** field will continue to default the date from the prior payment until you exit out of the *Payment Entry Function*.

Transactions (cont.)



Payment Entry

Enhancements have been made in the *Payment Entry Allocation Screen*. If the **Ins Dr** code posted for the procedure has the **Specialist** check box selected in the *Doctor Code Table* and there is a **Spec Co-Pay** amount stored on the patient's *Insurance Policy Information* screen for the selected insurance carrier, the **Spec Co-Pay** amount for the individual procedure line item will display in the **Payment** field.

Payment Entry Function, Adjustment Entry Function, and Refund Entry Function *New Functionality*

A new **Filter** Action Column function has been added to the Allocation screens for each of these functions that allow you to choose which transactions you want to display when allocating amounts.

Payment Allocation Filter

From Date of Service  Through 

Transactions to Display Open Closed All

Display Charges

Display Adjustments

Display Payments

Note: *Family Billing Databases* The **Filter** will also provide an **Include Family Members** check box.

Edit an Encounter *New Functionality*

Previously, the **Pend** and **Upend** functions were only available from within the *Payment Entry Function* but now they have been added as Encounter Actions for easier accessibility while editing Encounters. They have also been added to the *Change Patient Data* function in *History – Encounter View* as Encounter Actions.

Edit an Encounter

If the **Date of Ill, Inj, Lmp** date stored on an Encounter needs to be changed and the Encounter is linked to a Case Record, the **Date of Ill, Inj, Lmp** field in the Case Record must be changed first. For additional information, see the *Case Management* entry under the *Patient* section of these release notes.

Transactions (cont.)

Adjustment Entry Function

The **Insurance Carrier** list in the Adjustment Entry Lead-in screen for credit adjustments has been enhanced to include additional information for the patient's insurance policies. The new data will display in the following order immediately after the insurance carrier name:

1. (P), (S), or (T) will display to indicate the type of carrier; Primary (P), Secondary (S), and Tertiary (T).
2. An asterisk (*) will display if the **Special Billing** check box has been selected for the insurance policy.
3. **Term: mm-dd-yyyy** will display if a **Termination Date** has been entered for the insurance policy.

Credit Adjustment Entry Function

26121 - Oswald, Clara

Social Security No. 222-11-3333

Date of Birth 10-30-1976

Balance Due \$ 5629.55

Date of Last Visit 02-12-2014

Last Payment Date 01-16-2014

Last Payment Amount \$ 104.00

Internal Comment

Accounting Date 02-12-2014

Adjustment Date 02-12-2014

Adjustment Amount

Adjustment Code Q

Remarks

Insurance Carrier

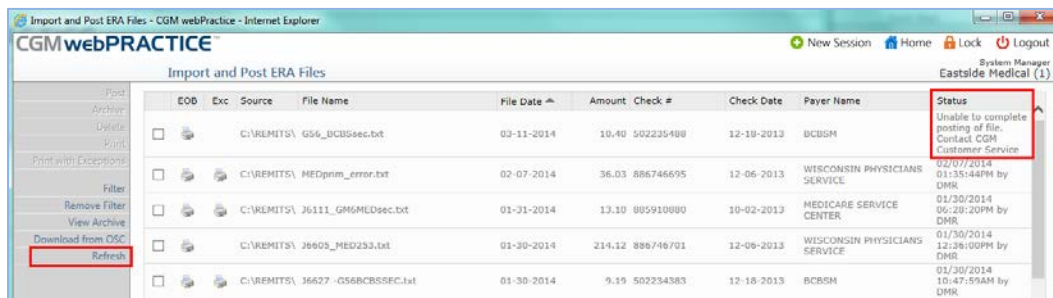
- BCBS OF CLEVELAND (P) (BC)
- CIGNA (S) (CIG)
- IHC (T) (IHC)
- No Insurance (0)
- STATE COMP FUND (P)* (SCF)
- United HealthCare (P)* (Term: 01-01-2009) (UHC)

Transactions (cont.)

Import and Post ERA Files (Electronic Remittance Advice (ERA)) *New Functionality*

Previously, when an ERA file encountered an error while posting, the **Status** could not be updated to reflect there was a problem. Now you can use the new **Refresh** button in the Action Column to update the **Status** for any files that are being processed. If a file seems to be taking an unusually long time to post, you can click **Refresh** to determine if it is still processing or if an error has been encountered. If the **Status** is updated to 'Unable to complete posting of file,' the ERA file will be changed to an inactive state (grey text) and you will be instructed to contact CGM Customer Service for assistance. The **Post** function will also be disabled if you select the check box for that ERA file.

The **Refresh** function will also check to see if there are any new ERA files to be downloaded.



Import and Post ERA Files (Electronic Remittance Advice (ERA))

The following formatting changes have been to the Electronic Remittance Exception Report:

- The **Line** column heading was changed to **ERA Line**
- The **Reason Procedure Excepted** column heading was changed to **Exception Reason**
- If a CPT code is repeated on the ERA for a patient, the report will no longer reprint the data in the **ERA Line, Service Date, Procedure Code, Billed Amount** or **Allowed Amount** columns when they contain the same data; just the additional **Exception Reason** will print.
- Replaced the tildes that would print next to the CPT code with the modifiers, if any are present
- Reduced the quantity of space between columns to allow more room for the exception reasons

Updated report format:

Apr 08, 2014		Localdev Database 1					Page 1
		Electronic Remittance Exception Report					
		Filename = 6319-Test-B.txt					
ID #	Patient Name	ERA Line	Service Date	Procedure Code	Billed Amount	Allowed Amount	Exception Reason
BATCH: 1							
22655	PRATHER, LEWIS	1	09-05-13	99202	116.00	22.60	Allowed amount doesn't match Patient account shows: 58.33 ITEM POSTED
		2	09-05-13	36415	12.00	1.16	Allowed amount doesn't match Patient account shows: 0.00 ITEM POSTED
		3	09-05-13	84443	42.00	5.26	Allowed amount doesn't match Patient account shows: 0.00 ITEM POSTED
		4	09-05-13	80053	40.00	3.70	Allowed amount doesn't match Patient account shows: 0.00 ITEM POSTED

ADDITIONAL 7.4.5 RELEASE NOTES

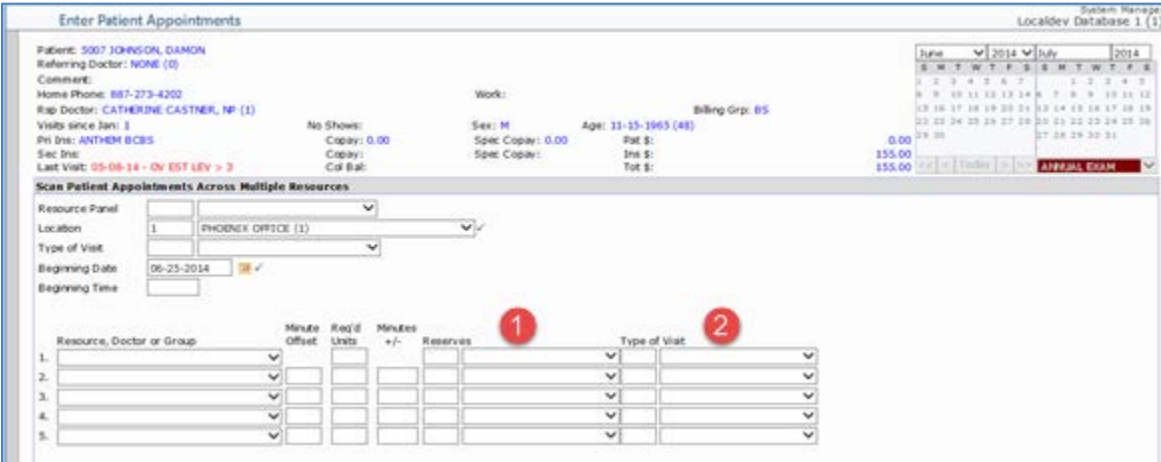
Scheduling

Enter Patient Appointments *New Functionality*

The Multi-Scan functionality has been enhanced to provide more flexibility when scheduling appointments.

In the past, the **Multi-Scan** function worked best when a schedule was set up so that specific Type of Visit Reserves were scheduled for every single **Resource** based on how appointments needed to be scheduled and then by selecting the **Type of Visit** in the top portion of the Multi-Scan screen.

Since not every practice sets up specific Type of Visit Reserves for every single **Resource**, now you can select a variety of **Resources** and separate **Type of Visit** and **Reserve** codes for each of the **Resources** in the **Resource Panel**.



Resource, Doctor or Group	Minute Offset	Req'd Units	Minutes +/-	Reserves	Type of Visit
1. [Dropdown]	[Input]	[Input]	[Input]	[Input]	[Dropdown]
2. [Dropdown]	[Input]	[Input]	[Input]	[Input]	[Dropdown]
3. [Dropdown]	[Input]	[Input]	[Input]	[Input]	[Dropdown]
4. [Dropdown]	[Input]	[Input]	[Input]	[Input]	[Dropdown]
5. [Dropdown]	[Input]	[Input]	[Input]	[Input]	[Dropdown]

1. **Reserves** field: This indicates what you want **Multi-Scan** to look for to see if this **Reserve** is set up for this specific **Resource**.
2. **Type of Visit** field: This indicates the **Type of Visit** you want to have entered on the appointment for this Resource when the appointment is saved.

This new functionality will operate separately from the **Type of Visit** selection in the top section of the **Multi-Scan** screen.

Schedule (cont.)

Enter Patient Appointments

The **Inquiry** Action Column function has been enhanced to ask *“Do you want to assign an account number to this patient?”* when a Patient Referral account is selected, to allow it to be assigned to an existing registered Patient Account if applicable.

If you select **Yes** and if there are no differences found between the Patient Referral and registered patient accounts, the following message will display, *“If you continue, any information for the referral patient (Last Name, First Name) that does not exist for the registered patient (account# - Last Name, First Name) will move to the registered account. Otherwise, the information in the registered account will override the referral patient’s information. Are you sure you want to combine these accounts?”*

If you select **Yes** and if there *are* differences found between the Patient Referral and registered patient accounts, the following message will display, *“**The patient information does not match.** If you continue, any information for the referral patient (Last Name, First Name) that does not exist for the registered patient (account# - Last Name, First Name) will move to the registered account. Otherwise, the information in the registered account will override the referral patient’s information. Are you sure you want to combine these accounts?”*

If the accounts are combined, any patient appointments scheduled for the Patient Referral will be moved over to the registered patient account and the audit trails for the registered patient account will be updated with any changes/additions made to it.