



**CompuGroup™**  
Medical

## What's New in

# CGM webPRACTICE™ v7.4.7

## Final Release Notes

**March 17, 2015**

**Hosted Clients Release Date: March 18, 2015**

**Self-hosted Clients Release Date: March 25, 2015**

**CGMwebPRACTICE™**

Fully Web-Based Practice Management Suite



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## INTRODUCTION

This document provides an overview of new features, resolutions and enhancements available in the release of CGM webPRACTICE v7.4.7. Each section defines the specific feature and/or enhancement associated with the new CGM webPRACTICE release, as well as any resolved issues.



## NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative and only contains information associated with the CGM webPRACTICE v.7.4.7 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
21	Load the AMA CPT Codes	Load the updated files if applicable.
21	Load the AMA HCPCS Codes	Load the updated files if applicable.

## CGM webPRACTICE Enhancements

### Standardization of CGM webPRACTICE Product Names under the CompuGroup Medical (CGM) Umbrella Brand

Our product names have been standardized throughout CGM webPRACTICE and include the following:

Original Product Name	Standardized Product Name
CGM webPractice	CGM webPRACTICE
CGM PracticePortal	CGM PRACTICEPORTAL
webCoder	webCODER
webReminder	webREMINDER
webMobile	webMOBILE
webPay	webPAY
webVerify	webVERIFY
webTools	webTOOLS
eDocs	eDOCS
ScanSharp	webSCAN

### Configure Internet Explorer

This tool on the CGM webPRACTICE Launch Page has been updated so it will automatically perform the required steps for configuring Internet Explorer (IE) versions 9.x, 10.x, and 11.x. In the past, you may have still had to perform some of the configuration steps manually in addition to using the Configure Internet Explorer tool because it was originally designed for use with the earlier versions of Internet Explorer. You are still required to have *Administrator* privileges for your workstation to use this tool. If you do not have *Administrator* privileges, you will need to perform the steps manually using the *Configuring IE Settings for CGM webPRACTICE* documents. Updated documents will be available on March 20<sup>th</sup>, 2015 and will be located in Help on the *Introduction, System Processes* menu or in the Knowledge Tree in *Professional Services\Implementation\Technical Packets*.

#### Note:

- You will still be required to add the *CGM webPRACTICE Launch Page* to your **Favorites** in Internet Explorer after using the Configure Internet Explorer tool.
- Be aware that the following two configuration settings will not show up properly “visually” as being performed by the tool but the settings are performed in the background and stored in the Windows Registry as required for use with CGM webPRACTICE.
  - *Compatibility View Settings* – “Websites you’ve added to Compatibility View:” - the website for CGM webPRACTICE has been added.
  - *Privacy* - “Turn on Pop-up Blocker” – this has not been selected.

## Billing

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

A correction has been made to the *CMS-1500 (02/12) Paper Claims Definitions* document for *Box 17 – Qualifier and Name of Referring Provider or Other Source* because the text should have stated the **Printing Name** for the **Per Dr** would print instead of the **Ins Dr**.

Additional updates have also been made to display the correct order of the programming checks currently in place. The previous versions and the new updated versions are listed below.

#### Box 17- Qualifier and Name of Referring Provider or Other Source

##### Before:

The qualifier '**DN**' will print in the first section of this box.

The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.

- If there is no **Date Last Seen** Attachment stored in the Encounter and there is a **DLS** procedure posted on the account, the **Referral Source Name** for the **Ref Dr** code entered in the Encounter will print.
- If a **Provider Number** exists for the **Ref Dr** code entered in the Encounter, the **Provider Number** will print.
- If **Print on Insurance** is is selected for the **Ref Dr** code entered in the Encounter, the **Printing Name** for the **Ref Dr** code will print.
- If **Print on Insurance** is not selected for the **Ref Dr** code entered in the Encounter, the **Printing Name** for the **Ins Dr** code entered in the Encounter will print.
- If a **Case** is stored in the Encounter and a **Referring Doctor** is stored in the Case Record, the **Referring Doctor** will print.
- If a **Case** is stored in the Encounter and a **Referring Doctor** is stored in the Case Record and if **Print on Insurance** is is selected for the **Ref Dr** code, the **Printing Name** for the **Ref Dr** code will print.

##### After:

The qualifier '**DN**' will print in the first section of this box.

The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.

## Billing (cont.)

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- If the **Ref Dr** code entered in the Encounter is **0**, the **Printing Name** of the **Per Dr** code entered in the Encounter will print.
- If the **Print on Insurance** check box is not selected for the **Ref Dr** code entered in the Encounter, this box will be left blank.
- If the **Print on Insurance** check box is selected for the **Ref Dr** code entered in the Encounter, the **Printing Name** for the **Ref Dr** code entered in the Encounter will print.
- If a **Case** is stored in the Encounter and a **Referring Doctor** is stored in the Case Record and if the **Print on Insurance** check box is selected for the **Referring Doctor** in the Case Record, the **Printing Name** for the **Referring Doctor** stored in the Case Record will print.

### Box 17a- ID Number

#### Before:

The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.

- If a **Provider/UPIN #** has been entered for the **Ref Dr** code entered in the Encounter, the **Provider/UPIN #** will print.
- If a **Referral Source Provider Number** has been entered for the **Ref Dr** code entered in the Encounter, the **Provider Number** will print.
- If the **State** for the database is set to Idaho (**ID**) and the **Insurance Form** for this insurance carrier is '**D**', and a **Provider/UPIN #** has been entered for the **Ref Dr** code entered in the Encounter, the field will be left blank.
- If the **Suppress Legacy Numbers** check box is selected, the field will be left blank.
- If the **Insurance Form** for this insurance carrier is '**C**' the field will be left blank.
- If the **Electronic Form Number** for this carrier is set to '**30**' and the **Suppress Legacy Numbers** check box is selected, the field will be left blank.
- If there is a **GBHC Code** Attachment stored in the Encounter, and a **GBHC Code** is entered, the **GBHC Code** will print.

#### After:

The following are listed in the order of priority and as soon as a match is found that data will print and no further match checking will be performed.

- If the **Suppress Legacy Numbers** check box is selected, this box will be left blank.
- If the **Insurance Form** for this insurance carrier is '**C**' this box will be left blank.
- If the **Electronic Form Number** for this carrier is set to '**30**' and the **Suppress Legacy Numbers** check box is selected, this box will be left blank.
- If the **Ref Dr** code stored in the Encounter is a value other than '**0**' and a **Referral Source Provider Number** has been entered for the **Ref Dr** code stored in the Encounter, the **Referral Source Provider Number** will print.

## Billing (cont.)

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- If the **Ref Dr** code stored in the Encounter is **'0'** and a **Provider/UPIN #** has been entered for the **Per Dr** code stored in the Encounter, the **Provider/UPIN #** will print.
- If the **Ref Dr** code stored in the Encounter is a value other than **'0'** and a **Provider/UPIN #** has been entered for the **Ref Dr** code stored in the Encounter, the **Provider/UPIN #** will print.
- If the **State** for the database is set to Idaho (**ID**) and the **Insurance Form** for this insurance carrier is **'D'**:
  - If the **Ref Dr** code stored in the Encounter is a value other than **0** and an **NPI Number** has been entered for this **Ref Dr**, this box will be left blank.
  - If the **Ref Dr** code stored in the Encounter is **0** and an **NPI Number** has been entered for the **Per Dr** code stored in the Encounter this box will be left blank
- If there is a **GBHC Code** Attachment stored in the Encounter and a **GBHC Code** has been entered, the **GBHC Code** will print.

*If no matches are found for this box and it is left blank, the Qualifier will also be left blank.*

### Box 17b-NPI

#### Before:

The **NPI Number** for the **Ref Dr** code stored in the Encounter will print.

#### After:

If the **Ref Dr** code stored in the Encounter is **0** the **NPI** of the **Per Dr** code stored in the Encounter will print.

For all other claims, the **NPI Number** for the **Ref Dr** code stored in the Encounter will print.

The *CMS-1500 (02/12) Paper Claim Definitions* document has also been updated and can be accessed in CGM webPRACTICE Help. These updates were released on February 03, 2015



## Billing (cont.)

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

Updates have been made to the CMS-1500 (02/12) claim form for boxes 4, 7, and 11 (listed below) for primary and secondary Medicare claims. These updates were released on January 27, 2015 in Patch #7.4.6.25.

#### Box 4-Insured's Name

##### Before:

The patient's **Name** will print if the **Relationship to Guarantor** is '**Self**'.  
If the **Relationship to Guarantor** is not '**Self**', the guarantor's **Name** will print.

##### After:

If the claim is a *Medicare Primary* claim, this box will be left blank.

If the claim is a *Medicare Secondary* claim:

- If the **Pat Rel to Policy Holder** is '**Self**' '**SAME**' will print.
- If the **Pat Rel to Policy Holder** is a value other than '**Self**' the **Policy Holder** name will print.

#### Box 7- Insured's Address

##### Before:

The patient's **Address, City, State, and Zip Code** will print if the **Relationship to Guarantor** is '**Self**'.  
If the **Relationship to Guarantor** is not '**Self**', the guarantor's **Address, City, State, and Zip Code** will print.

##### After:

If the claim is a *Medicare Secondary* claim:

- If the patient's **Address** matches the guarantor's **Address** or if the **Rel to Guarantor** is '**Self**', '**SAME**' will print in the **Address** box and the **City, State, Zip** and **Telephone** boxes will be left blank.
- If the patient's **Address** does not match the guarantor's **Address** the guarantor's **Address, City, State, and Zip Code** will print.

#### Box 11a- Insured's Date of Birth

##### Before:

If the claim is for a Medicare Secondary carrier (the **Insurance Form** for this insurance carrier is '**C**' and the claim is not for the primary carrier), the **Policy Holder Birth Date** for the primary carrier will print.

For all other claims, the **Policy Holder Birth Date** for this insurance policy will print.

## Billing (cont.)

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### After:

If the claim is a *Medicare Primary* claim, and box 11 is blank, this box will be left blank.

If the claim is a *Medicare Secondary* claim and box 11 **does** contain a value:

- If the **Policy Holder Birth Date** for the primary insurance policy matches the patient's **Birth Date** this box will be left blank.
- If the **Policy Holder Birth Date** for the primary insurance policy does not match the patient's **Birth Date**, the **Policy Holder Birth Date** for the primary insurance policy will print.

### Box 11a- Insured's Sex

#### Before:

If the claim is for a Medicare Secondary carrier (the **Insurance Form** for this insurance carrier is 'C' and the claim is not for the primary carrier), the **Policy Holder Sex** for the primary carrier will print.

#### After:

If the claim is a *Medicare Primary* claim and box 11 is blank, this box will be left blank.

If the claim is a *Medicare Secondary* claim and box 11 **does** contain a value:

- If the **Policy Holder Birth Date** for the primary insurance policy matches the patient's **Birth Date** this box will be left blank.
- If the **Policy Holder Birth Date** for the primary insurance policy does not match the patient's **Birth Date** the **Policy Holder Sex** for the primary insurance policy will print.

### Box 11a- Is There Another Health Benefit Plan?

#### Before:

If the **Insurance Form** for this insurance carrier is 'C' and this is a Primary claim:

- If there is data to print in Box 9, the 'Yes' check box will be selected.
- If there is not any data to print in Box 9, the 'No' check box will be selected.

If the **Insurance Form** for this insurance carrier is 'C' and this is a Secondary claim, neither check box will be selected.

#### After:

If the **Insurance Form** for this insurance carrier is 'C', neither check box will be selected

The *CMS-1500 (02/12) Paper Claim Definitions* document has also been updated and can be accessed in CGM webPRACTICE Help.

## Billing (cont.)

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**Print Insurance Forms and Reprint Insurance Forms** (*Insurance Billing Functions*)

**Refile Insurance Claims** (*Insurance Billing Functions*)

**Print Delinquent Insurance Forms and Reprint Delinquent Insurance Forms** (*Delinquent Insurance Billing Functions*)

These functions have been updated to accommodate printing “continued” claims for the CMS-1500 (02/12) insurance claim form. For additional information, see the *Paper Claim Editor* entry under the *System* section of these release notes.



## Patient

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### Change Patient Data

#### Patient Summary Screen

The following enhancements have been made:

- The display of the phone numbers has been modified in the Patient and Guarantor boxes. The field heading **Phone** will print followed by the phone numbers. The phone numbers will be preceded by the letter **H** or **C** to indicate if it is a Home or Cell phone number.
- The patient's E-Mail has been added to the Patient box and will display directly below the phone numbers.
- The field heading **Work Phone** has been added to the Billing box.

#### History

The **File**, **Demand**, and **Refile** Actions in Encounter View and Edit Encounter have been updated to accommodate "continued" claims for the CMS-1500 (02/12) insurance claim form. For additional information, see the *Paper Claim Editor* entry under the *System* section of these release notes.

#### Insurance

A new **Card Issue Date** field has been added as some payers require this date when processing eligibility requests. If the field is left blank, the **Effective Date** of the policy will be submitted instead.

#### Mailing Labels by Zip Code (*Patient Mailing Labels*)

Previously, if the **Zip Code** field on a patient's account contained more than five digits, it would not print a mailing label for the patient. This has been resolved and mailing labels will print for any **Zip Codes** that contain up to 10 digits.

## Reports

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### **Transaction Journals to Excel** (*Transaction Journals, Transaction Journals to Excel*)

When the **Procedure** option is selected and anesthesia procedure codes are included on the report, the total number of anesthesia minutes has been added and will print immediately after the **Start and End Times**.

### **Medicare PQRS Report to Excel** (*Insurance Release Reports*)

The values stored for the patient's **Race** and **Ethnicity** have been added to the report under the column headings, **Pt\_Race** and **Pt\_Ethnicity**.

### **Daily Register to Excel** (*Reports, Transaction Journals*)

A **Billing Group** column and **Actual Date Posted** column have been added to this report.

### **List of Patients by Loc and Zip Code** (*Patient Listings, Sorted Lists of Patients*)

**List of Patients by Loc and Zip Code** and **List of Patients by Resp Dr and Zip Code** (*Patient Listings, Sorted Lists of Patients, Double Sorted Lists of Patients*)

### **New Patient/Follow-Up by Zip Code** (*Patient Listings, New Patient/Follow-Up Reports*)

### **New Patient/Follow-Up by Zip Code** (*Patient Listings, New Patient/Follow-Up Reports*)

Previously, if the **Zip Code** field on a patient's account contained more than five digits, it would not be included in the results for any of the reports listed above. This has been resolved and the reports will now include **Zip Codes** that contain up to 10 digits.

### **Global Adjustment Journal** (*Reports, Corporate Reports*) **\*New Functionality\***

This report will reflect every adjustment posted for ALL databases within a specific date range.

### **Transaction Journals to Excel** (*Reports, Transaction Journals*)

A **Patient Class** column has been added to these reports.

## Reports (cont.)

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### Global Journals to Excel (*Reports, Corporate Reports*)

Global Journals for Payments and Adjustments can now be printed to Excel. The Excel version of these reports has been enhanced to provide the following additional data fields in addition to the standard report fields:

#### Adjustments option:

- Database
- Actual Date Posted
- Unapplied Amount
- Service Date of Adjusted Transaction
- Modifiers
- Billing Group
- Patient Class

#### Payments option:

- Database
- Payment Date
- Check #
- Actual Date Posted
- Service Date of Paid Transaction
- Modifiers
- Billing Group
- Insurance Dr
- Patient Class

### Transaction Journals to Excel (*Reports, Transaction Journals*)

A few changes were made to this function and to the Excel reports to maintain consistency. A **Journal to Print** label was added to the screen next to the available journal options.

Change made to the **Procedures** Excel report:

**ID#** renamed **Acct #**

Changes made to the **Payments** Excel report:

**ID#** renamed **Acct #**

**Pay Acct Date** renamed **Pmt Acct Date**

**Pay Amount** renamed **Pmt Amount**

**Posting Date** renamed **Actual Date Posted**

**Chg Acct Date** renamed **Acct Date of Paid Transaction**

## Reports (cont.)

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**Chg Service Date** renamed **Service Date of Paid Transaction**

**Procedure Code** renamed **Code of Paid Transaction**

**Description** renamed **Description of Paid Transaction**

Changes made to the Adjustments Excel report:

**ID#** renamed **Acct #**

**Chg Acct Date** renamed **Acct Date of Adjusted Transaction**

**Chg Service Date** renamed **Service Date of Adjusted Transaction**

**Procedure Code** columns renamed **Code of Adjusted Transaction**

**Description** renamed **Description of Adjusted Transaction**

**Transaction Adjusted Amount** renamed **Amount Applied**

**Actual Date Posted** column added

**Unapplied Amount** column added

## Reports (cont.)

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

The UDS Reports have been updated to meet the new Calendar Year 2014 reporting standards for Reporting Year 2015. The following modifications have been made to the Tables:

- **Table 4 – Socioeconomic Characteristics:** line 26 has been added for reporting the number of **Public Housing Patients**. This data will pull from the patient's **Family Income Data** DMS Record if 'Yes' has been selected for the **Public Housing Program** option.
- **Table 6A – Selected Diagnoses and Services Rendered:** line 1-2a has been added for **Newly diagnosed HIV** patients. Although this data is not recorded the report was modified to ensure the report format is up-to-date.
- **Table 6B – Quality of Care Indicators:**
  - The '**No Prenatal Care Provided**' check box has been removed from the top of the form.
  - **Section G – Tobacco use Screening and Cessation:** The fields for Tobacco use and Cessation have been combined into a single field (14a).
  - **Section L – Newly Identified HIV Cases with Timely Follow-up:** This section was added. Although this data is not recorded the report was modified to ensure the report format is up-to-date.
  - **Section M – Patients Screened for Depression and Followed Up if Appropriate:** This section was added. Although this data is not recorded the report was modified to ensure the report format is up-to-date.
- **Table 7 – Health Outcomes and Disparities:** The diabetes control measure was modified to no longer require reporting for Hba1c levels less than 7. Although this data is not recorded the report was modified to ensure the report format is up-to-date.



## Schedule

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### **Maintain Type of Visit Codes** (*Scheduling Table Maintenance, Type of Visit Table*) **\*\*\*webREMINDER client only\*\*\***

The **First webREMINDER** and **Second webREMINDER** fields have been removed since CallPointe controls these settings on their end.

### **Enter Patient Appointments**

The **Home Phone** field has been modified in the *Patient Information Section* to include the patient's work and cell phone numbers. Each phone number will be preceded by the letter **H**, **W**, or **C** to indicate if it is a Home, Work, or Cell phone number. A new **Patient E-Mail** field has replaced the prior **Work** phone field and will display to the right of the phone numbers.

### **Enter Patient Appointments \*\*\*webVERIFY clients only\*\*\***

Previously, the webVERIFY status icons would not display next to each patient appointment when viewing the schedules. This only occurred if none of the check boxes were selected in the *Appointment Display Integration* function. This has been resolved and the webVERIFY status icons will now display and are no longer dependent on the check boxes in the *Appointment Display Integration* function. These updates were released in Patch # 7.4.6.19 on January 7, 2015.

## System

### Paper Claim Editor (*Claims Management Menu*)

A new **Continued Claim Page** box has been added for the **CMS-1500 (02/12)** form so that when a paper claim is printed for an Encounter that contains more than six procedures, the claim forms will indicate they are a continuation of each other and print **Page # of #** in this box.

Continued	Carrier Address	BCBS CSA DIVISION P.O. BOX 2924 Page 1 of 3 PHOENIX, AZ 85062-2924
	Carrier Address	
	Carrier Address	
	Carrier City, State Zip	

#### Notes:

- All existing Billing Profiles will be automatically updated when the 7.4.7 update is installed.
- If you want the **Total Charges** and **Amount Paid** in Boxes 28 and 29 to only print on the last page for all 'continued' claims, contact Customer Service for assistance in setting up your Billing Profiles.

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

The **Maximum Procedure Lines** field has been updated to allow for up to 400 procedure lines per Encounter. For additional information, see the *Procedure Entry Function and Edit an Encounter* entry under the *Transactions* section of these release notes.

Maximum Procedure Lines	400
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### Search Integration (*Database Maintenance Menu, Integrations*)

The *Pharmacy Code Table* has been added to this function so you can select which fields you would like to display when using the Table Search functionality.

### Billing Profile Rules (*Claim Management Menu*)

A new **Referral Src Default when Ref Dr is 0** option has been added. If you select the check box to enable this option, you can select if you want to use the Performing Doctor's information or the Insurance Doctor's information for claims that have a **Ref Dr** of '0' stored in the Encounter. This new option will impact the doctor that prints in box 17 of the CMS-1500 (02/12) and CMS-1500 (08/05) paper claim form and will also impact any rules used in the electronic claims program that uses the **Ref Dr** to determine how a loop or segment should populate in the claim file.

## System (cont.)

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### **WebREMINDER Integration** (*Database Maintenance Menu, Integrations, webTOOLS Integrations*)

**\*\*\* webREMINDER clients only\*\*\***

A new **Languages** field has been added for informational purposes only. The language(s) you have selected for your reminder messages will display. A new **Suppress Reminders for Confirmed Appointments** field has also been added. With this option you can select to suppress appointment reminders from being generated for appointments that already have a '**Confirmed**' appointment status.

The following fields have been removed as they were obsolete:

- **First Reminder**
- **Second Reminder**
- **Recall Days**
- **Spanish Code**

## Tables

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### Maintain Location Codes (*Location Code Table*)

A new **Fax Number** field has been added.

### Import Fee Schedules (*Fee Schedule Table*)

The **Load From File** function has been enhanced so that rate schedules, alternates fees, or alternate rate schedules can be included in the .csv files when they are imported into fee schedules. The following columns have been added to the .csv file format to accommodate these amounts:

- Column H = Rate Schedule A
- Column I = Rate Schedule B
- Column J = Rate Schedule C
- Column K = Rate Schedule D
- Column L = Rate Schedule E
- Column M = Alternate Fee
- Column N = Alternate Rate Schedule A
- Column O = Alternate Rate Schedule B
- Column P = Alternate Rate Schedule C
- Column Q = Alternate Rate Schedule D
- Column R = Alternate Rate Schedule E

### Maintain Procedure Grouping Codes (*Procedure Code Table, Procedure Grouping Table*)

These codes have been expanded to allow you to enter up to 50 procedures per **Procedure Grouping Code**. The **Print** function in the Action Column has been updated to print **\*Inactive Code\*** next to any Procedure Code Description for codes that are currently inactive.

#### Notes:

- Prior to creating and using Procedure Grouping Codes that contain more than 20 codes, you should change the value stored in the **Maximum Procedure Line** field in the *Procedure Entry Integration* function to accommodate the largest number of codes you plan on using.
- **\*\*Prior to the Self-Hosted release of 7.4.7 \*\*** The use of Procedure Grouping codes that contain more than 20 codes is *only* supported for use within the *Procedure Entry Function* for procedures that are immediately posted and not Stored.
- **\*\*Prior to the Self-Hosted release of 7.4.7 \*\*** The use of Procedure Grouping Codes that contain more than 20 codes is not currently supported for use within the *E-Superbill* or *Unposted Procedures* function, or webMOBILE.

## Tables (cont.)

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### **Maintain Insurance Carriers** (*Insurance Carrier Table*)

A **Default Insurance Type** field has been added. If an **Insurance Type** is selected and stored for an **Insurance Carrier Code**, the **Insurance Type** field in the patient's Insurance Policy Screen will be populated when adding insurance policies or editing policies that did not previously have a value stored.

### **Load the AMA CPT® Codes** (*Procedure Code Table*) **\*\*\*Action Required\*\*\***

The 2015 CPT codes are available. If you would like to purchase the 2015 code set, contact Customer Service.

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

The 2015 HCPCS data files, effective January 1, 2015 are available for loading. If you would like to purchase the 2015 code set, contact customer service.

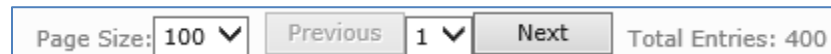
## Transactions

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### Procedure Entry Function and Edit an Encounter

These functions have been enhanced to allow the entry of up to 400 procedures on a single Encounter. Previously, they were limited to 100 procedures.

New page navigation controls have been added to the bottom of screen. The **Page Size**, **Previous**, **Page Number** list, and **Next** options are available when the **Maximum Procedure Lines** field in the *Procedure Entry Integration* function is set to greater than 100. For additional information, see the *Procedure Entry Integration* entry under the *System* section of these release notes.



The **Page Size** option can be used to change how many procedure lines display on each page (10-100) Up to 100 procedure lines can be displayed on each page when entering procedures in an Encounter. If you need to enter more than 100 procedures in the Encounter, you can use the **Next** and **Previous** buttons to add additional procedures. In general, we suggest you set the **Page Size** to display 40 or less procedure lines on a page to ensure optimum system performance.

**Note:** There are a few known performance limitations when entering or editing Encounters that contain more than 100 procedures. If you plan on using this enhanced functionality, contact Customer Service to for information on the performance limitations you may encounter.

### Procedure Entry Function *\*webCODER clients only\**

The webCODER results screen has been enhanced to make the color-coding accessible for people with color blindness. ScreenTips have been added for each colored icon image and all hyperlinks are now underlined.

### Procedure Entry Function

The Attachment icon images have been enhanced with ScreenTips to make the color-coding accessible for people with color blindness.

### Unposted Procedures *\*webCODER clients only\**

The webCODER results column has been enhanced with ScreenTips for each colored icon image to make the color-coding accessible for people with color blindness.

## Transactions (cont.)

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### **Import and Post ERA Files** (*Electronic Remittance Advice (ERAs)*) \*Released in Patch 7.4.6.29 on 02-06-2015

The payment exception message 'Cannot find a matching carrier' has been corrected and changed to 'Cannot find a matching policy' since the exception actually occurs when there is not a matching insurance 'policy' on the patient's account. The following new **'Tip'** has also been added to the Excel version of the Exception report: *Compare the Policy Number on the ERA to the Policy Number on the patient's insurance policy to verify accuracy. When comparing the two Policy Numbers, note that any dashes or alpha characters have been stripped out of the ERA Policy Number. If a Claim Line Item Control Number is received in REF\*6R of the ERA, it must match the Claim Line Item Control Number that was originally sent when the claim was filed to the insurance carrier.*

### **Import and Post ERA Files** (*Electronic Remittance Advice (ERAs)*) \*Released in Patch 7.4.6.11 on 11-20-2014

The payment exception message 'Adj Amount differs from Calculated' has been changed to 'Adjustment amount will create a credit' to better reflect the outcome of what will happen if the adjustment is posted. The following new **'Tip'** has also been added to the Excel version of the Exception report: *Typically this situation occurs when the patient payment amount allocated to the procedure exceeds the amount determined by the payer to be the patient's responsibility. A refund or re-allocation of the personal payment may be needed. The patient's policy should be reviewed and updated accordingly.*

### **E-Superbill**

Some clients reported they were missing this menu function under the *Transactions* menu. This has been resolved.