



**CompuGroup™**  
Medical

**What's New in**

**CGM webPRACTICE™ v7.4.10**

**Updated Final Release Notes**

**December 16, 2015**

**Hosted Clients Release Date: Dec. 9, 2015**

**Self-hosted Clients Release Date: Dec. 16, 2015**

**CGMwebPRACTICE™**

Fully Web-Based Practice Management Suite



## Table of Contents

Introduction .....	3
New Features and Enhancements.....	4
Summary of Action Required Items .....	4
CGM webPRACTICE Enhancements .....	5
Desktop Tools.....	5
Billing.....	5
Patient .....	6
Reports .....	7
Schedule .....	10
System .....	12
Tables .....	14
Transactions.....	15
CGM webTOOLS™ .....	16
Additional 7.4.10 Release Notes .....	17
Patient .....	17
Tables .....	18

## INTRODUCTION

This document provides an overview of new features, resolutions and enhancements available in the release of CGM webPRACTICE v7.4.10. 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 7.4.10 have been added in the “Additional 7.4.10 Release Notes” section starting on page 17.***



## NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative and only contains information associated with the CGM webPRACTICE v.7.4.10 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 menu using the *Change Function Security* function located on the *System, User Management, Function Security Menu*.

### Summary of Action Required Items

Page #	Function	Action
14	Load the AMA HCPCS Codes	Load the updated files if applicable.
14	Import the RVU Unit Values	Load the updated files if applicable.
14	Import Fee Schedules	Load the updated files if applicable.
14	Maintain Payment Codes	Review the Table and clear the <b>Include on Print Patient Pmts Report</b> check box as needed if you don't want specific codes included in the report.

## CGM webPRACTICE Enhancements

---

### User Desktop - Announcements

The announcement that displays at the bottom of the User Desktop after each update has been loaded, has been changed to indicate the release notes can be accessed from within **CGM webPRACTICE Help** instead of the Knowledge Tree, since that has been phased out. The announcement will now read, “The *(version #)* Update has been installed and release notes are available in *CGM webPRACTICE Help* under *Release Notes\7.4 Release Notes\ (version #) Release Notes.*”

## Desktop Tools

---

### Help

A new **Knowledge Tree** folder has been added to provide increased access to the documentation previously stored on the Knowledge Tree, which was located on the Online Support Center (OSC). All of the documentation will be uploaded and accessible by December 1, 2015.

## Billing

---

### Print Exception Report *(Insurance Billing Functions, Electronic Claims)*

*\*Released in Patch 7.4.9.12 on 11-5-2015*

A new “*Diagnosis Code (ICD-10 diagnosis code) invalid. A more specific code is required.*” Exception has been created to catch claims that have been refiled that were originally saved with invalid ICD-10 ‘Header’ diagnosis codes prior to the installation of Patch # 7.4.9.12. For additional information, see the **Procedure Entry Function** entry under the *Transactions* section of these release notes.

## Patient

---

### Change Patient Data and Review Patient Information \*New Functionality\*

#### Patient Summary Screen

A **Print Patient Pmts** Action Column button has been added that will generate a report of all patient payments sorted by **Payment Date**, **Date of Service**, or **Accounting Date**, which is helpful to itemize payments for tax, flexible spending account and health savings account purposes.

An option to include **Transaction Detail** is provided and if selected, the report will print all transactions the payments were applied to including charges and adjustments. The **Transaction Description** can also be included in the report if **Transaction Detail** is selected.

Additional options to include **Payment Remarks**, **Practice Tax ID** and **Unapplied Payments** are also provided.

If **Unapplied Payments** is selected, any payments that have not been applied to a transaction will print. But, when **Transaction Detail** is also selected, the unapplied payments will not print any data in the **Trans Code**, **Serv Date**, **Per Dr's Name**, **Trans Amount** and **Applied Pmt Amt** columns.

This report can also be printed to Excel and it will display In *MyReports* as *Patient/Change Patient Data/Patient Payments Report*.

**Note:** Payments will only be included in the report if they were posted with a **Payment Code** that has the **Insurance Payment** option set to 'No' in the Payment Code Table or if they have the **Include on Print Patient Pmts Report** check box selected. For additional information, see the *Maintain Payment Codes* entry under the *Tables* section of these release notes.

## Reports

---

### Transaction Report *(Statistical Reports)*

The **From** and **Thru Date** range selected when printing the report will now print in the report header.

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

A new **Anesthesia Minutes** column has been added when printing the Procedure Journal to Excel. When a 'TIME' procedure code exists, the total number of anesthesia minutes will now print in this column instead of the procedure **Description** column.

### Open Credit Report by Default Location *(Open Credit Report)* \*\*\*New Functionality\*\*\*

This new sorting option was created so you can print any open credits sorted by the value stored in the patient's **Default Location** field.

### Detailed Procedure Analysis Reports and Detailed Diagnosis Analysis Reports *(Statistical Reports)*

Enhancements have been made so that any modifiers entered for the procedure codes will now print in separate **Modifier** columns when these reports are printed to Excel.

### Medicare PQRs Report to Excel *(Insurance Related Reports)*

Enhancements have been made so you can print this report sorted by Performing Doctor code(s).

Medicare PQRs Report to Excel			
Begin with Performing Doctor	<input type="text"/>	Q	<input type="text"/>
End with Performing Doctor	<input type="text"/>	Q	<input type="text"/>
Print from Service Date	11-18-2015		
Print through Service Date	11-18-2015		

### CGM PQRs™ Reporting Solution *(Insurance Related Reports)* \*New Functionality\*

This function was created for PQRs registry reporting. CGM will generate and send your PQRs data to Medicare via a certified registry. If you access this function, you will receive the following message, "To send your Medicare PQRs Report to a certified registry via the CGM PQRs Reporting Solution, call CGM webPRACTICE Sales at 877-891-8777 or email [cgm.us.sales@cgmus.com](mailto:cgm.us.sales@cgmus.com)."

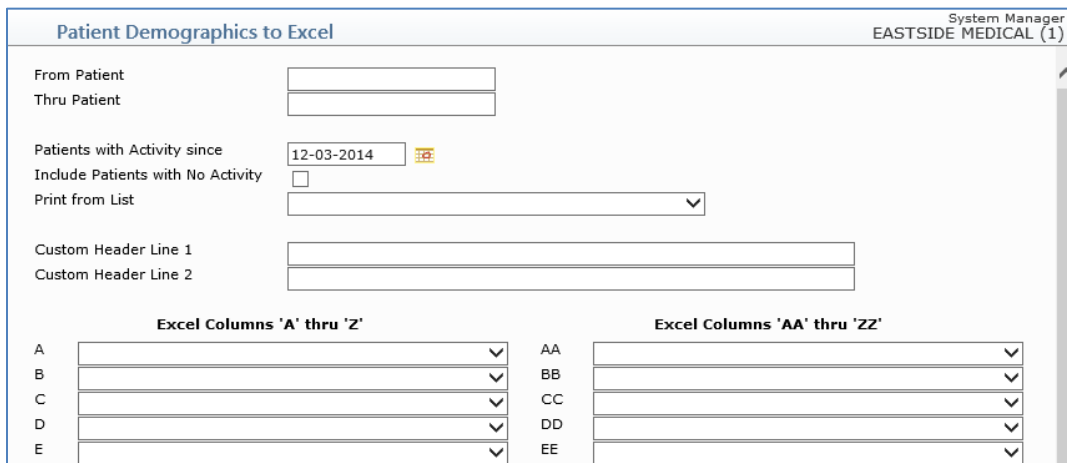
## Reports (cont.)

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

Enhancements for the UDS Reports will be released by January 1, 2016 to meet the new Calendar Year 2015 reporting standards for Reporting Year 2016. An announcement and full details will be provided in the *What's New* page in *CGM webPRACTICE Help* when they are released.


### Patient Detail to Excel (Patient Listings)\*New Functionality\*

This function was created so you can generate a customized report by selecting the individual demographic data elements you want to include in the output. This report can be generated for a range of patient accounts, a single patient account or all patient accounts. You can specify to only include patient accounts that have had activity since a specific date and whether you want to include accounts that have not had any activity. You can also generate this report using a DMS List.



**Patient Demographics to Excel** System Manager  
EASTSIDE MEDICAL (1)

From Patient   
Thru Patient

Patients with Activity since  

Include Patients with No Activity

Print from List

Custom Header Line 1   
Custom Header Line 2

Excel Columns 'A' thru 'Z'		Excel Columns 'AA' thru 'ZZ'	
A	<input type="text" value=""/>	AA	<input type="text" value=""/>
B	<input type="text" value=""/>	BB	<input type="text" value=""/>
C	<input type="text" value=""/>	CC	<input type="text" value=""/>
D	<input type="text" value=""/>	DD	<input type="text" value=""/>
E	<input type="text" value=""/>	EE	<input type="text" value=""/>

After accessing this function and completing the patient selection fields, you can type any custom header text that you would like to print on the top of the report and then select which data elements you want to print in the Excel columns. When complete, this report will be printed to Microsoft Excel via *My Reports*.

**Note:** *Patient, Guarantor, Billing, Insurance and Referral* Data Elements are available for selection. At this time, *Case* information is not available because multiple Cases can be stored on a single patient account. This function will not currently allow for handling multiple values for a single data element.



## Reports (cont.)

---

### Sorted Open Credit Reports \*New Functionality\*

The following reports have been created to provide enhanced sorting options:

Sorted Open Credit Reports...
Sorted Open Credit by Billing Group...
Open Credit by Bill Grp and Default Location
Open Credit by Bill Grp and Responsible Dr
Sorted Open Credit by Default Location...
Open Credit by Default Loc and Billing Group
Open Credit by Default Loc and Responsible Dr
Sorted Open Credit by Responsible Doctor...
Open Credit by Resp Dr and Billing Group
Open Credit by Resp Dr and Default Location

## Schedule

---

### webREMINDER Results \*\*\*webREMINDER Clients only\*\*\*

The **Result** column has been modified to show **Phone**, **Email** or **Text** before each result to differentiate between the types of reminders.

Result
Phone - Answered by Std. Machine
Email - Sent
Phone - Cancel Requested
Text - Confirmed
Phone - Answered by Person
Email - Sent
Text - Cancel Requested
Phone - Confirmed
Email - Sent

### webREMINDER Results \*\*\*webREMINDER Clients only\*\*\*

The following webREMINDER statuses have been added and will display in the Result column if the patient answers the reminder call and presses the option for *Confirm*, *Cancel*, *Reschedule* or *Wrong Number*:

*Phone - Confirmed*

*Phone – Cancel Requested*

*Phone - Reschedule Requested*

*Phone - Wrong Number*

These new webREMINDER statuses will update the patient appointment statuses in the Schedule as follows:

- *Phone - Confirmed* responses will change the appointment status of the appointment to the *Phone – Confirmed* value on the *webREMINDER Integration* screen.
- *Phone - Cancelled* responses will change the appointment status of the appointment to the *Phone – Cancel Requested* value on the *webREMINDER Integration* screen.
- *Phone - Reschedule Requested* responses will change the appointment status of the appointment to the *Phone – Reschedule Requested* value on the *webREMINDER Integration* screen.
- *Phone - Wrong Number* responses will change the appointment status of the appointment to the *Phone – Other* value on the *webREMINDER Integration* screen.

## Schedule (cont.)

---

### **webREMINDER Results \*\*\*webREMINDER Clients only\*\*\***

A new **Patient Response** column has been added which will display any patient responses to the reminders. The type of response will vary depending on the type of reminder, as follows:

- Phone Reminder – the phone menu options selected (if any by the user). This value will be a number or sequence of numbers corresponding to the options selected by the patient.
- Text Reminder – the text options selected (if any by the user). This value will be a number or letter corresponding to the options selected by the patient (Y, N, C, X, for example).
- Email Reminder – any text entered by the patient in the **Leave a Note** portion of the email reminder. Email responses are limited to 4,000 characters.

Any patient responses of more than 25 characters will display at the bottom of the row in a separate **Patient Response** section.

## System

---

### CGM webPRACTICE Default Values (*Database Maintenance Menu*)

A new **Anesthesia Minutes per Unit** field has been added into the Insurance Billing section that allows you to set a default amount to something other than the system standard of 15 minutes.

When you add a new Insurance Carrier Code and a value is stored in the *Anesthesia Minutes per Unit* field in the *CGM webPRACTICE Default Values* function, it will default; otherwise the field will be left blank. You can change the value for individual Insurance Carrier Codes as needed.

The hierarchy for determining the *Anesthesia Minutes per Unit* value when a claim is created:

1. If a value has been stored in the *Anesthesia Minutes per Unit* field for the Insurance Carrier Code, it will be used.
2. If a value has been stored in the *Anesthesia Minutes per Unit* field in the *CGM webPRACTICE Default Values* function, it will be used.
3. The system standard of 15 minutes will be used.

**Note:** If a value has been stored in the *Defaults, Fixed and Required Fields* function for the **Anesthesia Minutes per Unit** in the *Maintain Insurance Carriers* screen, that value will be transferred to the **Anesthesia Minutes per Unit** field in the *CGM webPRACTICE Default Values* screen when the 7.4.10 update is installed.

### Superbill Wizard (*Form Wizards*)

The data elements for **LastDiagnosisCode**, **LastSecondDiagnosisCode**, **LastThirdDiagnosisCode**, and **LastFourthDiagnosisCode** have been updated to pull the last used ICD-10 diagnosis codes. If there are not any ICD-10 diagnosis codes that were last used, then the last used ICD-9 diagnosis codes will be pulled.

## Schedule (cont.)

### webREMINDER Integration (Database Maintenance Menu, Integrations, webTOOLS Integrations)–

#### \*\*\*webREMINDER Clients only\*\*\*

The **Confirmation** section has been re-designed and split into three sub-sections for phone, email and text reminders to accommodate the new response options available for Text and Email reminders.

<b>Reminder Results Crosswalk - Phone</b>		
No Answer	NA	NO ANSWER (NA) ▼
Line Busy	BUSY	LINE IS BUSY (BUSY) ▼
Disconnected	DISC	DISCONNECTED (DISC) ▼
Person Answered	CONF	CONFIRMED (CONF) ▼
Machine Answered	LM	LEFT MESSAGE (LM) ▼
Confirmed	CONF	CONFIRMED (CONF) ▼
Cancel Requested	CAN	PT CANCELLED APPT (CAN) ▼
Reschedule Requested	RES	PT RESCHEDULED APPT (RES) ▼
Other	IO	IN OFFICE (IO) ▼
<b>Reminder Results Crosswalk - Email</b>		
Confirmed	LM	LEFT MESSAGE (LM) ▼
Cancel Requested	CAN	PT CANCELLED APPT (CAN) ▼
Reschedule Requested	RES	PT RESCHEDULED APPT (RES) ▼
No Response	NORES	NO RESPONSE (NORES) ▼
Other	OTH	OTHER RESPONSE (OTH) ▼
<b>Reminder Results Crosswalk - Text</b>		
Confirmed	LM	LEFT MESSAGE (LM) ▼
Cancel Requested	CAN	PT CANCELLED APPT (CAN) ▼
No Response	NORES	NO RESPONSE (NORES) ▼
Other	OTH	OTHER RESPONSE (OTH) ▼

## Tables

---

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

Updates to the 2015 HCPCS data files, effective October 1, 2015 are available for clients who have purchased that code set. To receive the updated codes you must reload the 2015 file. These updates were released in Patch #7.4.9.7 on October 4, 2015.

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

The Centers for Medicare and Medicaid Services (CMS) have released the 2015 Medicare Physician Fee Schedule effective October 1, 2015. The updated files are available for import by selecting 2015 in the Fee Schedule Year list and the applicable file name in the Fee Schedule File list. These updates were released in Patch #7.4.9.7 on October 4, 2015.

### **Import RVU Unit Values (*Relative Value Schedule Table*) **\*\*Action Required\*\*****

The Centers for Medicare and Medicaid Services (CMS) have updated the 2015 Medicare Relative Value Unit files (RVUs) effective October 1, 2015. To receive the updated codes you must load the 2015 file. These updates were released in Patch # 7.4.9.12 on November 5, 2015.

### **Maintain Insurance Denial Codes (*Insurance Denial Code Table*)**

The updated Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC), effective November 1, 2015 have been loaded into CGM webPRACTICE.

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

Enhancements have been made to allow new insurance carrier codes to be saved when they contain an address for a foreign country and no State Code. Only US addresses will require the State Code field to be completed.

### **Maintain Payment Codes **\*\*Action Required\*\*****

A new **Include on Print Patient Pmts Report** check box has been added to provide additional control over which *patient* payment codes will be included on the *Print Patient Pmts* report. For additional information, see the *Patient Summary Screen* entry under the *Patient* section of these release notes.

**Note:** This enhancement was included in the 7.4.10.1 Patch on 12-16-2015 and a pass-thru was automatically run to select the **Include on Print Patient Pmts Report** check box for every Payment Code that did not have the **Insurance Payment** option set to **Yes**.

## Transactions

### Procedure Entry Function

A new “*ICD-10 Diagnosis Code # (diagnosis line #): (ICD-10 diagnosis code) is an invalid ICD-10 code. A more specific code is required.*” message has been added when you click **Save** and have entered an ICD-10 code that is considered a ‘Header’ code. For example, ‘G44.20’ is a Header code and is not descriptive enough for billing purposes. You can use the **ICD-10 Lookup** function in the **ICD-10 Coding Tool** to determine if the code is a Header code because it will be labeled **Incomplete**.

ICD-10 Coding Tool		g44.20
		<input checked="" type="radio"/> ICD-10 Lookup
Code	G44.20	
Brief Description	Tension-type headache, unspecified	
Description	Tension-type headache, unspecified	
Incomplete/Complete (I or C)	I	
Effective Date	10-01-2013	
Section #1	Episodic and paroxysmal disorders (G40-G47)	

### Unposted Procedures

A new “*Invalid ICD-10 code. A more specific code is required. (ICD-10 diagnosis code).*” message will display whenever any procedures contain an ICD-10 code that is considered a ‘Header’ code. For example, ‘G44.20’ is a Header code and is not descriptive enough for billing purposes. You can use the **ICD-10 Lookup** function in the **ICD-10 Coding Tool** to determine if the code is a Header code because it will be labeled **Incomplete**.

### Procedure Entry Function and Edit an Encounter

The patient’s date of birth, age, and gender have been added and will display to the right of the **Accounting Date** field.

Procedure Entry Function		System Manager EASTSIDE MEDICAL (1)	
Name	23936 - ANDERSON, ANDY	Ins	MED Y/AARP Y
Date	11-18-2015	DOB: 01-27-1942 (73) M	Balance 8284.34
		Billing Group	MED Q

### Adjustment Entry Function

Updates have been made so that if you use a **Batch Number** when entering an adjustment, the **Accounting Date** field will now default to the Accounting Date of the batch.

### Upload Remits (Electronic Remittance Advice (ERA)) **\*\*Hosted (ASP) Clients only\*\***

This menu function has been added so you can upload remits directly within CGM webPRACTICE rather than having to log on to the Online Support Center (OSC) separately to upload remits.



## CGM webTOOLS™

---

### **ICD Search \*\*\*CGM webMOBILE clients only \*\*\***

ICD-9 Diagnosis codes will no longer display when you search ICD codes within CGM webMOBILE.



## ADDITIONAL 7.4.10 RELEASE NOTES

### Patient

---

*The 'Note' section in the following release note was modified.*

#### **Change Patient Data and Review Patient Information \*New Functionality\***

##### **Patient Summary Screen**

A **Print Patient Pmts** Action Column button has been added that will generate a report of all patient payments sorted by **Payment Date**, **Service Date**, or **Accounting Date**, which is helpful to itemize payments for tax, flexible spending account and health savings account purposes.

An option to include **Transaction Detail** is provided and if selected, the report will print all transactions the payments were applied to including charges and adjustments. The **Transaction Description** can also be included in the report if **Transaction Detail** is selected.

Additional options to include **Payment Remarks**, **Practice Tax ID** and **Unapplied Payments** are also provided.

If **Unapplied Payments** is selected, any payments that have not been applied to a transaction will print. But, when **Transaction Detail** is also selected, the unapplied payments will not print any data in the **Trans Code**, **Serv Date**, **Per Dr's Name**, **Trans Amount** and **Applied Pmt Amt** columns.

This report can also be printed to Excel and it will display in *MyReports* as *Patient/Change Patient Data/Patient Payments Report*.

**Note:** Payments will only be included in the report if they were posted with a **Payment Code** that has the **Insurance Payment** option set to **No** or **Copayment**, or if they have the **Include on Print Patient Pmts Report** check box selected. For additional information, see the *Maintain Payment Codes* entry under the *Tables* section of these release notes.



## Tables

---

### Maintain Payment Codes **\*\*Action Required\*\***

A new **Include on Print Patient Pmts Report** check box has been added to provide additional control over which *patient* payment codes will be included on the *Print Patient Pmts* report. Since the report automatically includes all payments that have the **Insurance Payment** option set to **No** or **Copayment**, this check box allows you to exclude any miscellaneous payment codes that may exist in your Payment Code Table but should not be considered patient payments. For additional information, see the *Patient Summary Screen* entry under the *Patient* section of these release notes.

**Note:** This enhancement was included in the 7.4.10.1 Patch on 12-16-2015 and a pass-thru was automatically run to select the **Include on Print Patient Pmts Report** check box for every Payment Code that has the **Insurance Payment** option set to **No** or **Copayment**.