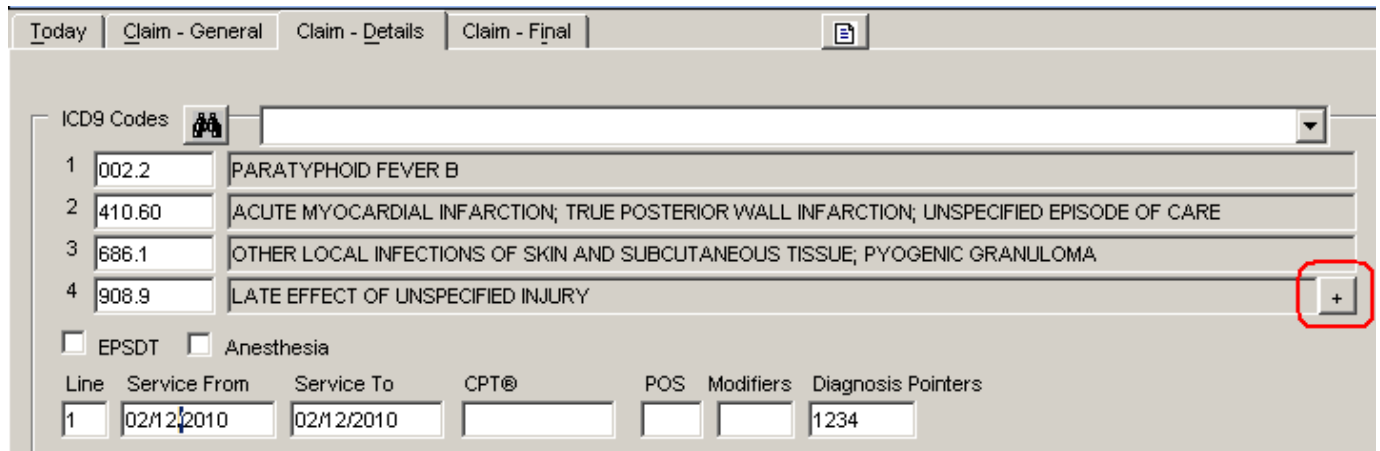# New features

More ICD9 codes per claim

Starting from this version, when you tab from the last **ICD9 code** field on **Claim - Details**, the focus will be moved to the new **[+]** button.
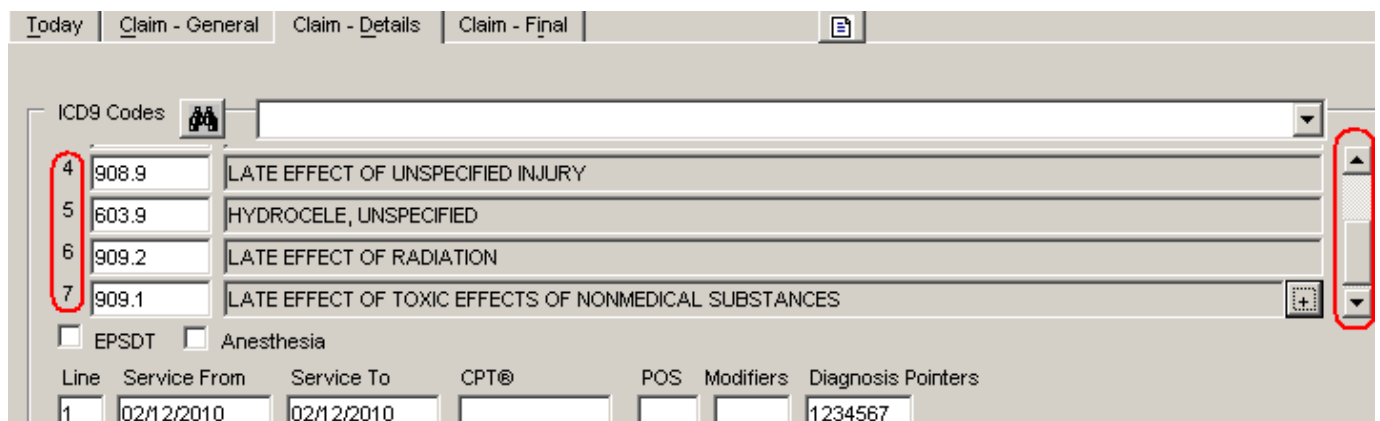
Press **Space** or **Enter** (or click this button) to add an additional ICD9 code field for the claim you're editing.

Simply tab again to proceed.

You may add up to the total of 8 ICD9 codes per claim.

If most of the claims in your practice have more than 4 codes, then it may be convenient for you to go to **Setup -> General** on the website, find the new **Default Number of Diagnoses to Show**

setting (in the bottom-right corner of *Core Information*) and set it to the necessary value (4 through 8 are available).

If you set this setting to, let's say, 6, then you will by default have 6 codes already opened up on **Claim – Details** and will not have to press **[+]** each time.

If your practice would prefer to have less than 4 ICD9 codes by default on **Claim – Details** and not tab through the unnecessary ones each time, please contact our support and we will consider this for one of the future versions.

Please note that there is an additional button now in the tab order between the diagnoses section and whatever is underneath.

New features

Writedown to Net

Practice managers and administrators can now access the new functionality of **Writedown to Net** from the main menu of Billing.

This new form allows you to browse through service lines with charges exceeding allowed amounts and apply adjustments (**Adjustment 1 – Exceeds Allowable**) to them.

- In the fields above (**Period Beginning/Ending**) specify a date period to generate for (service lines are included in the result based on their *accounting dates*).

- In the **Payor Type/Payor** fields specify a range of insurance plans to generate for (service lines are included in the result based on their *last primary insurance debtor*).

- Click **Generate** to see the list of service lines agreeing with the specified conditions.

- Check or unchecked the checkboxes below to show or not show lines with charges not exceeding allowed, already adjusted charges and overpaid/overadjusted charges. You will not be able to post adjustments to them on this form, but it may be useful to see them. Checking and unchecking of these boxes does not require re-generating.

There are two ways to post adjustments on this form:

1. You can check the lines you want to post adjustments to (the checkboxes are in the first column of the table) and click **Post Adjustments** below.

2. You can select a line in the table and click **Enter** to post to this line only.

The buttons below allow you to print the table with the results.

Modified features

Employment-related claims for Primary Insurance

There is a new practice setting on the website called **Allow Employment-Related Claims for Primary Insurance** in **Setup -> General** (bottom-right corner of *Core Information*). Check this checkbox to allow the users of your practice to save claims with a **Primary Insurance** debtor and the **Employment** checkbox checked on **Claim-General**.

Fixes

1. Filter by payors has been fixed on the **Writedown to Net** form to filter by the last primary debtor of the service line. (Used to filter by any primary debtor of the service line that ever existed)

2. Some fixes have been implemented to prevent unapplied payments from disappearing and getting stuck.

3. If the list of insurance plans, or referring providers, or any other updatable list is empty for a practice, then exceptions appeared when opening the **Patient** form and performing other actions. This has been fixed.

4. Statements for claims that were once already printed in a statement and then re-released showed incorrect totals. Now the totals are correct.
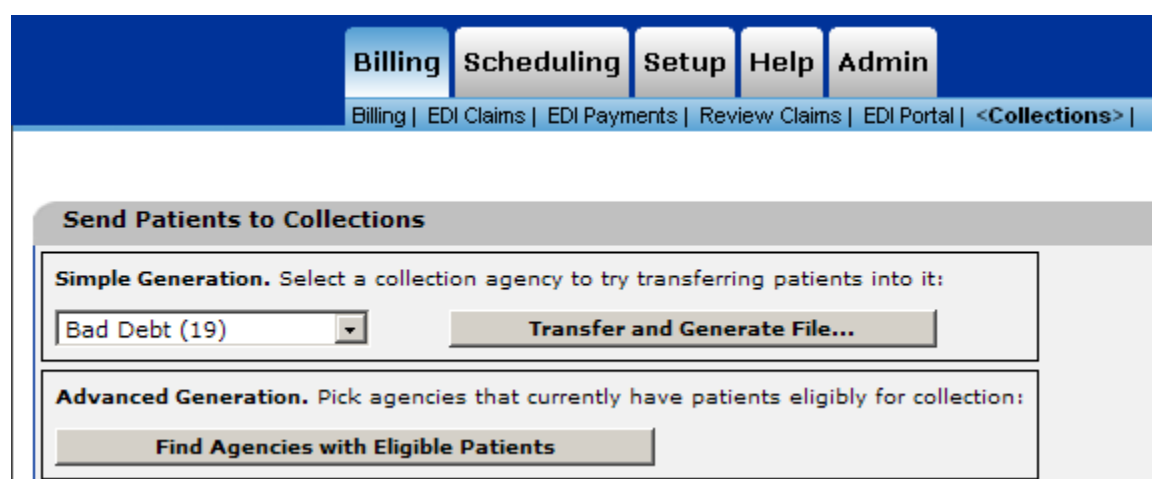
New features

Manual Sending to Collections

Administrators and Practice Managers now have access to the new tab on the website: **Billing -> Collections**. It has two sections: **Send Patients to Collections** and **Generated Files**.

Send Patients to Collections

This section contains two sub-sections: **Simple Generation** and **Advanced Generation**.
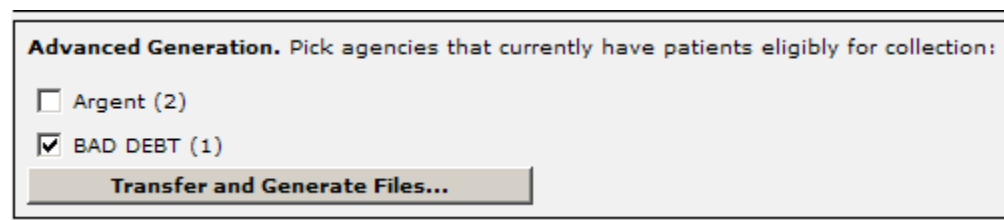
Simple Generation

In this sub-section you may select a certain collection agency in the list and click the button on the right to try transferring patients that are supposed to be transferred to this agency.

Advanced Generation

If you are not sure which agencies have patients eligible for collections, click the **Find Agencies with Eligible Patients** button in this sub section (it may take a while to process).

The button will then be replaced with the list of such agencies.

Uncheck those that you do not want to process at the moment and then click the button below to send patients to the checked agencies.

Generated Files

The table in this section contains results of all attempts to transfer patients to collections performed on this tab.

Generated Files			
2010			
Generated on	**Generated by**	**Collection Agency**	**Result**
2/12/2010 3:41 PM	Mercury Development	BAD DEBT (1)	Processing...
2/12/2010 3:41 PM	Mercury Development	Argent (2)	Processing...
2/12/2010 2:48 PM	Development, Mercury	BAD DEBT (1)	No patients were to be transferred to this collection agency.
2/12/2010 2:48 PM	Development, Mercury	Argent (2)	No patients were to be transferred to this collection agency.
2/12/2010 2:44 PM	Development, Mercury	Argent (2)	No patients were to be transferred to this collection agency.
2/12/2010 2:33 PM	Development, Mercury	Argent (2)	Download File...
2/12/2010 2:10 PM	Development, Mercury	Argent (2)	No patients were to be transferred to this collection agency.
2/12/2010 2:09 PM	Development, Mercury	Argent (2)	No patients were to be transferred to this collection agency.
2/12/2010 2:07 PM	Development, Mercury	BAD DEBT (1)	No patients were to be transferred to this collection agency.
2/12/2010 2:07 PM	Development, Mercury	Argent (2)	No patients were to be transferred to this collection agency.

The table is refreshed automatically if you do not leave the page after you click the button.

If some patients have indeed been sent to collections, you will see a **link to the Excel file** that contains information on the transferred patients.

Otherwise, you will see an explanation of why nothing was transferred.

Encounter form changes

1. Patient's **unapplied balance** will from now on be printed on encounter forms under the *Insurance Balance* line.

2. When printing from the website, if the patient has a **Workers Compensation** case active on the date the appointment is scheduled, then its information will be printed at the bottom of the 3rd column of the encounter form.

3. Patient's **SSN** is now either printed entirely, or not printed at all, or printed with the last 4 digits replaced with XXXX. Pick one of these options on the website: there is a new setting

4. **Patient's SSN** in the **Encounter Forms** section of **Setup -> General** (bottom-left corner of *Core Information*).

Charge Entry 3

There is a new user access level: **Charge Entry 3**. It is almost the same as **Charge Entry 2**, but cannot see practice totals on the **Today** tab of Billing, cannot access **Reports** and can only search using the following buckets: **For Follow-Up**, **Errors**, **By Patient**.

New features

Adjustment Detailed Report by Accounting Date

The new **Adjustment Detailed Report by Accounting Date** generated the list of adjustments based on the selected filters.

Fixes

1. We're working extensively to use the same logic in all reports and make them balanced with each other. In this version we have processed 51 (including **ATB** and **Revenue Analysis**) reports to make sure that they are balanced in certain situations.

2. **Provider Analysis** and **Group Analysis** reports generated as part of **combined reports** were fixed to include A/R columns.

3. Appointments scheduled for providers that were later deleted causes exception messages. Situations dealing with such appointments have been fixed.