



## **Diagnosis Pointers updated to use characters instead of numbers**

All diagnosis pointers will now be displayed as characters from A to L inclusively instead of numbers. Diagnosis pointers will be printed on claim forms according to the existing rules however using the direct transition to numbers when necessary (for example, form 1500 08-05 will continue to use numbers corresponding to the alphabetical numbers of the characters representing diagnosis pointers, while form 1500 02-12 will use characters).

## **Up to 12 diagnosis codes can now be added to claims**

The ICD Codes section on the claim - Details section is now expanded and allows for up to 12 diagnosis codes to be added.

All 12 diagnosis codes can be printed on the CMS 1500 02-12 claim form, while CMS 1500 08-05 can accommodate only up to 8 diagnosis codes. The remaining codes will not be printed on a CMS 1500 08-05 form.

Up to 11 non-primary diagnosis codes can now be printed in field 67 A-Q on a UB-04 claim form.

The number of diagnosis pointers available for service lines is now increased to up to 12 diagnosis pointers.

Additional diagnosis codes will also be reported in the corresponding columns of the Patient Transaction History table.

## **Diagnoses search box**

The UI for searching diagnoses by description is now simplified. The existing binoculars button and associated Diagnosis Search form are now eliminated. The Category dropdown on the Claim-Details tab is also removed.

Diagnosis search is now performed directly on the Claim-Details tab. The description box now allows for entering a search text and dynamically displays all matching ICD codes in the results grid below.

ICD Codes

ICD-9     ICD-10

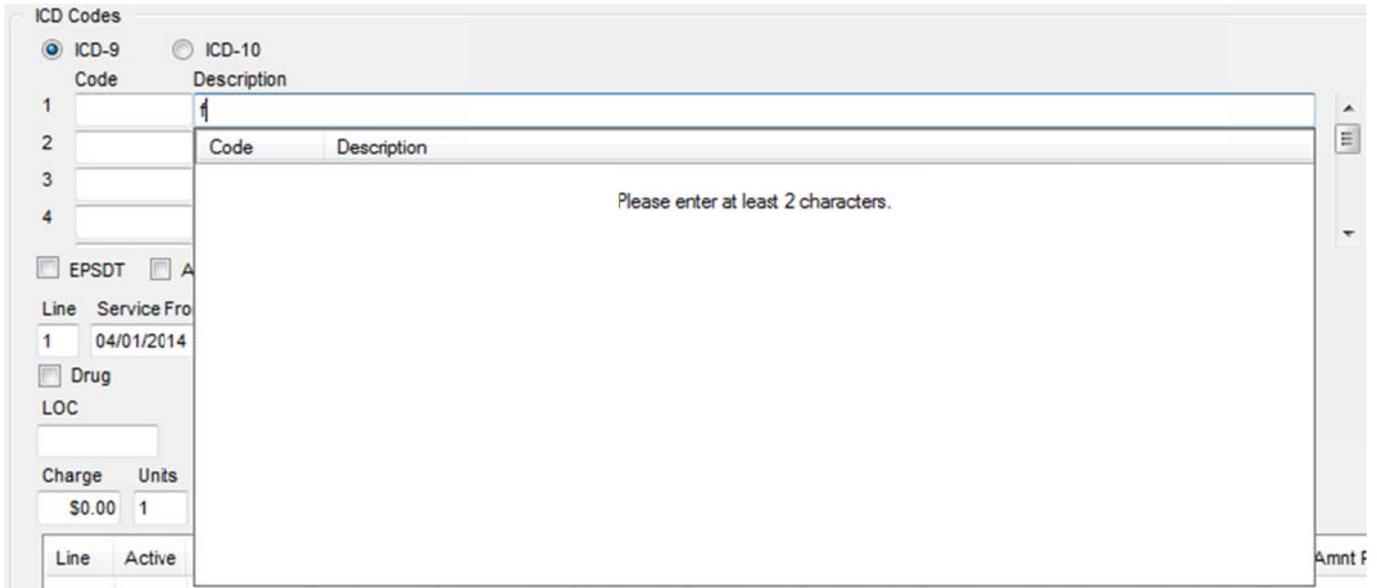
Code	Description
1	fever
2	Code    Description
3	780.60    FEVER NOS
4	780.61    FEVER IN OTHER DISEASES
<input type="checkbox"/> EPSDT <input type="checkbox"/> A	002.0    TYPHOID FEVER
Line    Service Fro	002.1    PARATYPHOID FEVER A
1    04/01/2014	002.2    PARATYPHOID FEVER B
<input type="checkbox"/> Drug	002.3    PARATYPHOID FEVER C
LOC	002.9    PARATYPHOID FEVER NOS
Charge    Units	026.0    SPIRILLARY FEVER
\$0.00    1	026.1    STREPTOBACILLARY FEVER
Line    Active	026.9    RAT-BITE FEVER NOS
	034.1    SCARLET FEVER

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The search results are sorted by their relevance to the entered text:

- Diagnoses which contain the whole entered search text in the beginning – on the top.
- Diagnoses which contain the whole entered search text - below.
- Diagnoses which contain all words from the entered search text – in the bottom.

The search starts only if at least two characters are entered. Otherwise, the following message appears:



The code that is selected in the search results grid will be added to the current diagnosis line when Enter key is pressed or the focus leaves the field.

The diagnoses boxes on the Claim-Details tab now have Code and Description titles.

### Duplicate diagnoses on claim

The following warning appears when duplicate diagnoses are entered on the Claim-Details tab:

*'The claim contains duplicate diagnosis codes. Are you sure you want to continue?'*

*[YES][NO]*

Similar warning appears when a claim with duplicate diagnoses is saved on the Claim-Final tab.

### General equivalence mapping (GEM) search

**\*\*Note\*\*** *The US Department of Health and Human Services (HHS) has mandated the replacement of the ICD-9-CM code sets used by medical coders and billers to report health care diagnoses and procedures with ICD-10 codes, effective Oct. 1, 2015.*

We have introduced the new GEMs Search form to assist in translating diagnoses between ICD-9 and ICD-10 versions a full year ahead of the ICD-10 implementation.

The GEMs Search form is available from the main menu:

Practice Management -> GEMs Search

When the form is opened from the menu it is possible to use it only as a reference book, that is, the selected translations will not be added to the diagnosis lines on the Claim-Details tab.

GEMs Search

ICD-10 Code

Code	Description
A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor
A00.9	Cholera, unspecified
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A

Reverse Lookup    ICD-9 -> ICD-10

OK

The form allows for entering a code in the diagnosis box on the top and displays all available translation options in the grid below.

GEMs Search

ICD-9 Code  
812.03 FX GR TUBEROS HUMERUS-CL

Reverse Lookup ICD-10-> ICD-9

ICD-10 Translation

Code	Description
S42.253A	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture
S42.256A	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture

OK

Each translation option is either a single code (for example, 812.03 -> S42.253A) or a combination of codes (when more than one code in the target system is required to satisfy the full equivalent meaning of the entered code, for example, 806.00 -> S14.101A plus S12.000A).

GEMs Search

ICD-9 Code

Reverse Lookup

ICD-10 Translation

Code	Description
<b>Scenario 1</b>	
<input type="radio"/> S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
And one of the following 2 codes	
<input checked="" type="radio"/> S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
<input type="radio"/> S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
<b>Scenario 2</b>	
<input type="radio"/> S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
And one of the following 2 codes	
<input checked="" type="radio"/> S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
<input type="radio"/> S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
<b>Scenario 3</b>	
<input type="radio"/> S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
And one of the following 2 codes	
<input checked="" type="radio"/> S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture

Selected Codes:  
**S14.101A** Unspecified injury at C1 level of cervical spinal cord, initial encounter  
**S12.000A** Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture

If the entered code has only single codes as translation options, they are displayed in a plain list. Only one code can be selected. The OK button (or Enter key) adds the selected code to the diagnosis line that the GEMs Search form was opened from. It is also possible to add a code by double clicking on it.

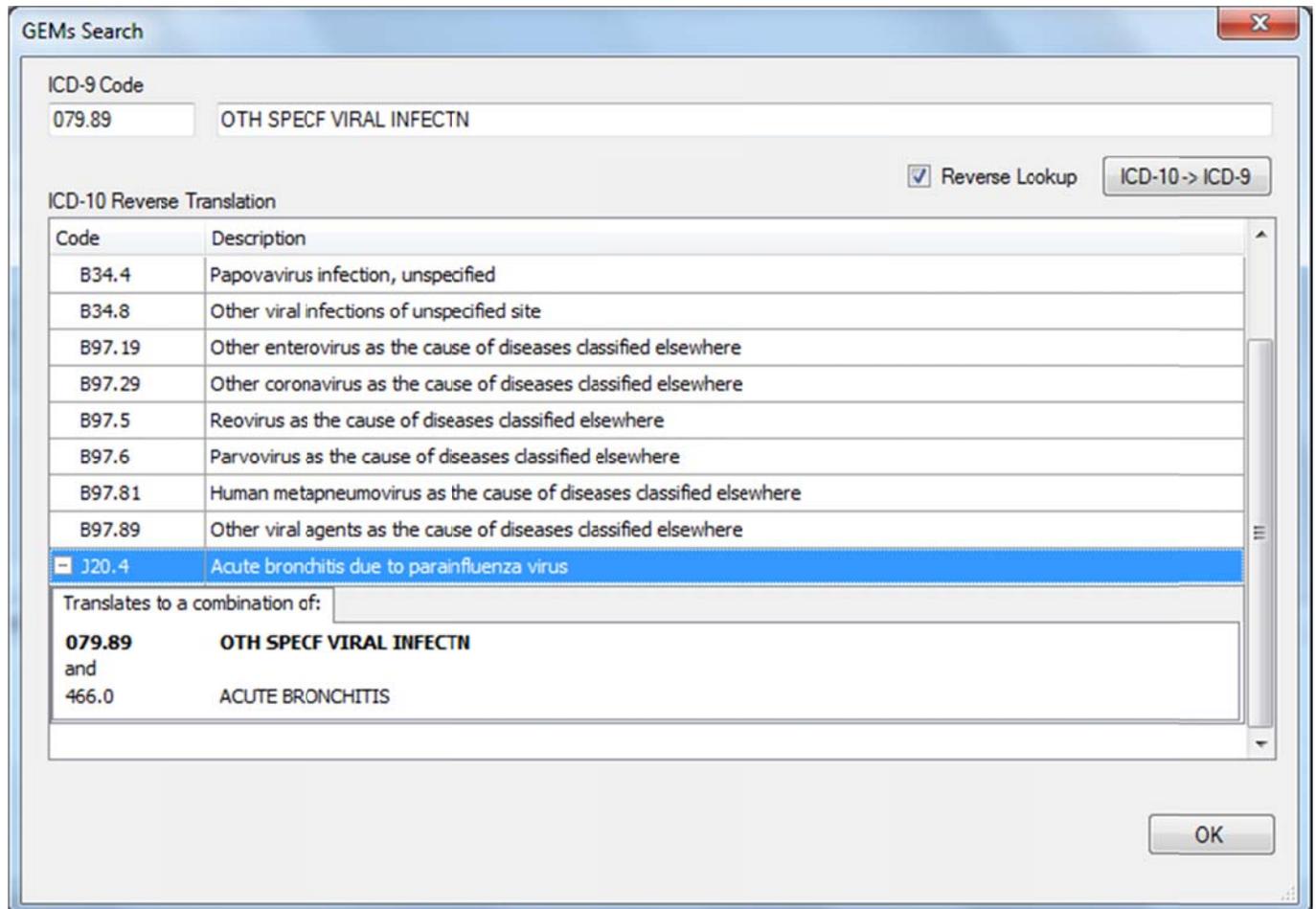
If the entered code is translated to a combination of codes, the grid displays one or several translation scenarios. Each scenario allows for selecting several codes among available options. Currently selected codes are displayed below the grid.

The OK button (or Enter key) adds the selected combination to the diagnosis lines starting from the one that the GEMs Search form was opened from.

The button in the upper-right corner allows for switching translation directions. The title of the button indicates which direction will be activated when the button is pressed:

ICD-10 -> ICD-9 or ICD-9 -> ICD-10

When the Reverse Lookup checkbox is checked the form displays ICD codes that translate to the entered code (instead of translations of the entered code as in the regular mode). This mode is available only for ICD-9 -> ICD-10 translation direction.



If a code translates to a combination of codes that includes the entered ICD-9 code, it will have a nested note that describes the combination. For example, if the 079.89 ICD-9 code is entered in the Reverse Lookup mode, the grid will contain J20.4 ICD-10 code that translates to a combination of 079.89 and 466.0. ICD-10 codes B33.8 – B97.89 translates directly to the 079.89 ICD-9 code so they do not have a nested note.

### Updated Last Diagnoses section

The codes in the Last Diagnoses section are now displayed in the grid. The number of rows in the grid corresponds to the maximum number of diagnoses on the displayed claims.

It is now possible to add individual diagnoses from the grid by double clicking on the code.

If the selected code corresponds to the ICD version that is selected on the Claim-Details tab, the code is added to the next available diagnosis line. Otherwise, the GEMs Search form appears with available translations.

Last Diagnoses			
	<- DOS	<- DOS	<- DOS
	12/1/2010	10/7/2010	9/15/2010
1	782.3	402.11	401.9
2	443.9	491.21	
3	785.4		

### G codes in Bulk Rebill Exceptions

A new condition related to CPTs that begin with “G” is introduced in the logic that defines which claim lines are included in the next claim copy. That is, the logic is now as follows:

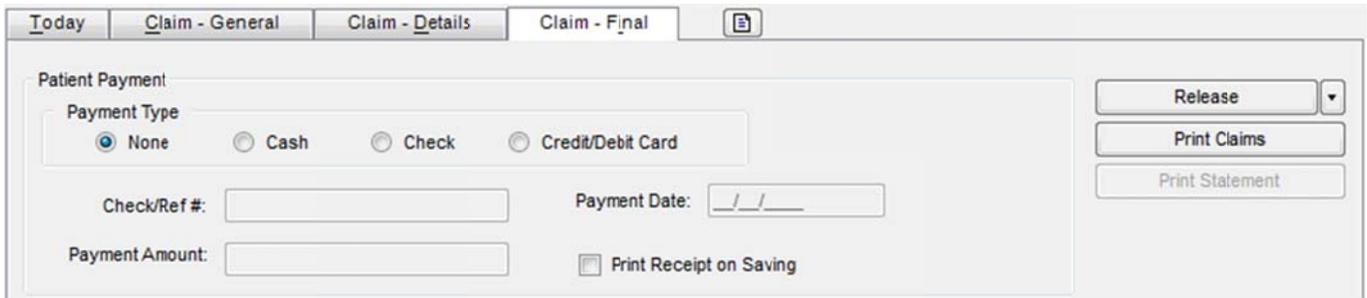
All non-deleted claim lines conforming to the following conditions will be included in the next claim copy when posting a transfer/rebill transaction to a claim:

- A claim line has the current charge equal to 0;
- A claim line was created with a standard CPT (5 symbols long);
- CPT of the claim line ends with symbol “F” or begins with symbol “G”;
- Debtor of the transaction being posted is of insurance type

### UI changes in the Patient Payment section

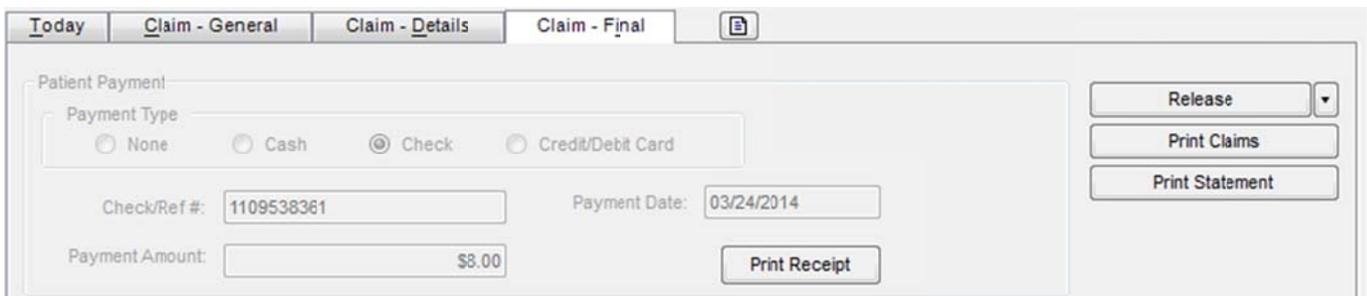
The options in the Payment Type radio button group are renamed as follows:

- Patient Cash -> Cash
- Patient check -> Check
- Patient Credit Card -> Credit/Debit Card

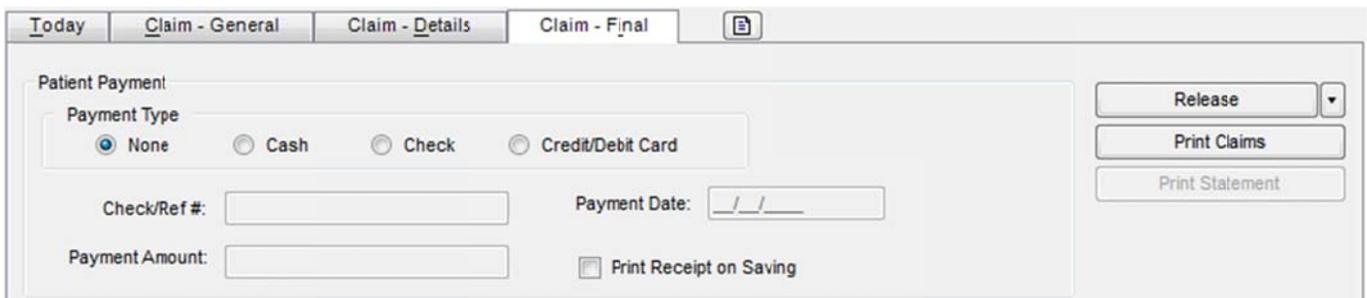


The Print Receipt button and the Print Receipt on Saving checkbox are no longer displayed together:

- Print Receipt button is displayed for saved claims

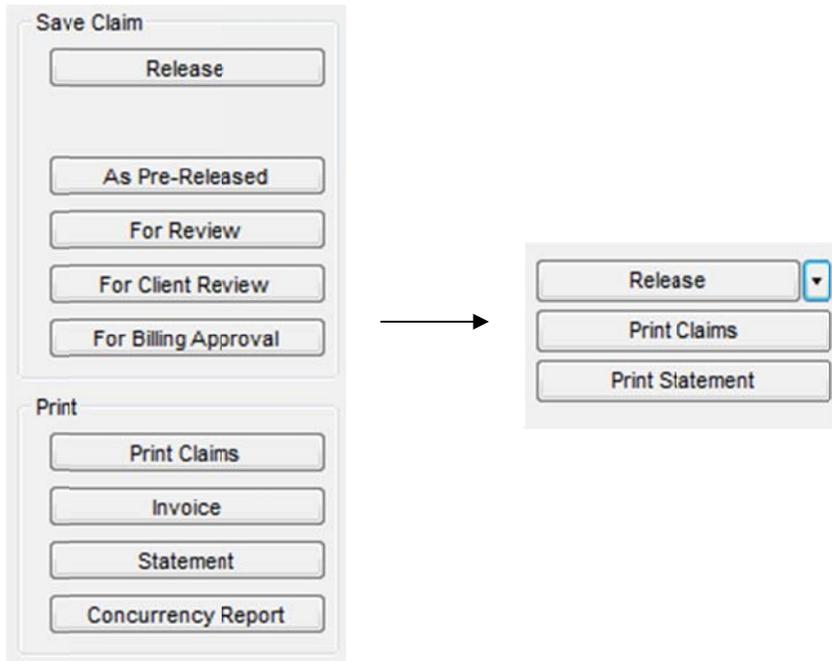


- Print Receipt on Saving checkbox is displayed for new (unsaved) claims

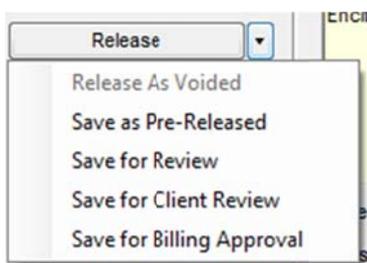


### Save options and print buttons on the Claim-Final tab

All available options in the Save Claim section (Release, Release As Voided, As Pre-Released, For Review, For Client Review, For Billing Approval) are now merged into a single button.



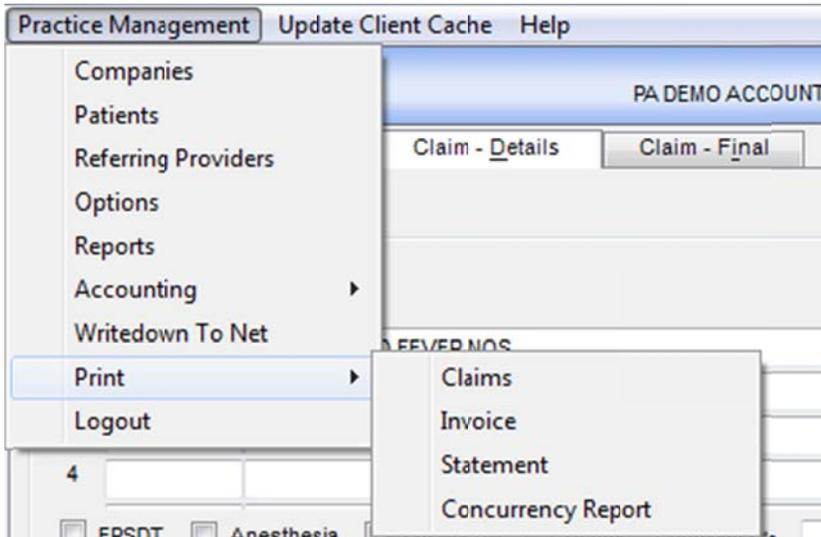
The button has a default option and nested options that appear when the  button is pressed.



The Release option is default one (displayed directly on the button) for user roles that have access to it. Otherwise, the Save as Pre-Released option is default one.

The Statement button is renamed to Print Statement.

The Invoice and Concurrency Report buttons are removed from the Claim-Final tab since these forms are not directly associated with the currently loaded claim. The corresponding items are added to the new Print menu.

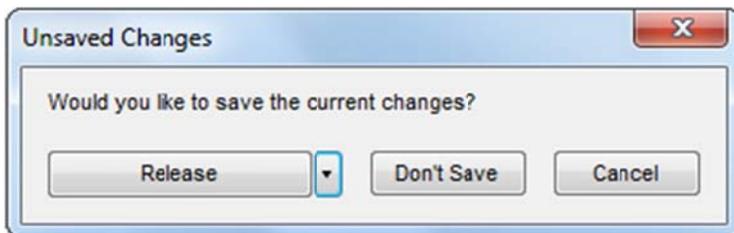


Claims and statements printing forms are also available from the **Print** menu

### Improved Unsaved Changed dialog

The dialog that appears when attempting to load another claim while the current claim was modified now has Cancel option.

The dialog is represented as standard modal window and has the X button in the upper-right corner.



When the Cancel button is pressed or the dialog is closed via the X button, the attempt to load another claim is canceled.

The button with saving options works similar to the corresponding one on the Claim-Final tab.



## **Bulk Printing Changes for Print Claims Dialog**

Printouts will now be available as soon as claim data is collected for individual insurance plans is ready for printing, with no need to wait until all insurance plans are processed when printing claims for multiple insurance plans.

Warnings about multiple pages required for printing one of the claims will not be displayed when the current selection contains more than one claim for bulk printing regardless of the selected printing mode.

The warning dialog about printing an UB-04 claim on a CMS 1500 form will not be displayed when bulk printing for multiple insurance plans in the By Insurance Plan mode.

## **Changes for the Patient Responsible column for ERAs**

The Pt. Resp. column will now be displayed and printed empty for the ERA Detail screen when the user-posted Patient Responsible amount is zero.

## **Default claim form changed for CMS 1500 claims**

Claim form **1500 02-12** will now be selected by default when printing CMS-1500 claims.

## **Fixed issues**

1. The Arial font will now be used as default font for claim form printouts instead of Agency FB to ensure correct selection of the font when the Agency FB font is not available.
2. An issue when remarks could be missing on a printout for subsequent service lines added to a claim if the first service line had no remark is now addressed.
3. An issue when phone number printed in field 33 for CMS 1500 forms could be out of position is now addressed.
4. An issue with certain fields of the UB-04 claim form preview being displayed incorrectly is now addressed.
5. An issue when the users could be unable to close the Patient Screen while a patient with Collections status is loaded is now addressed.
6. A dot is no longer required to be manually entered for ICD codes when filling in ICD codes on the Claim - Details screen.



## PA Billing v6.5

Updated on 07/11/2014

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7. An issue when a Final Notice with zero balance could be generated for patients is now addressed.
8. An issue when Patient Responsible amounts could be displayed and printed with an inverted sign for ERA Detail screen is now addressed.



## **Updated reports to accommodate additional diagnosis codes**

The following reports have been updated to report up to 12 ICD codes:

**Claim Details with Allowed Amounts**

**Claim List by Diagnosis**

**Patient Itemized Statement**

## **Revised Daily Detail reports**

The Payments By Date Received and Location - Daily Detail report is no longer available.

The Payments By Accounting Date - Daily Detail, Payments By Date Posted - Daily Detail, and Payments By Date Received - Daily Detail reports are now revamped and balanced with other reports. Report headers, sorting and grouping now follow the common rules for revamped reports.

## **Updated Patient List reports**

Deceased patients will now be marked up in all Patient List reports via the Deceased column. The following reports are affected:

- **Patient List by CPT**
- **Patient List by Date Created**
- **Patient List by Diagnosis**
- **Patient List by Employer**
- **Patient List by Work Comp**
- **Patient List with Address Detail**
- **Patient List, by Acct#**
- **Patient List, by Name**
- **Patient List, by Name, by Referring Provider**
- **Patients by PCP**
- **Patients by Primary Insurance**
- **Patients by Other Insurance**
- **Patients on Payment Plans**

## **Voided payments in the Payments by Accounting Date Daily Detail report**

Voided payments are now reported in a separate section of the reports with its own subtotals. All voided payments are reported, including voided unapplied payments.



### **Fixed issues**

1. An issue when the current date was not available for reports with the Generate at Night option checked is now addressed.

### **Known issues**

1. Eligibility report may be available on the web site while it is not available in Schedule manager due to Schedule Manager's feature to monitor availability of eligibility service which is missing on the web site.



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### PA Client conversion to Schedule Manager

PA Client has been rebranded as Schedule Manager; all legal texts, notifications, dialogs, labels and shortcuts have been updated to match the new branding.

Standard Schedule Manager icon has also been updated:



Custom icons for branded instances are not affected by icon update.

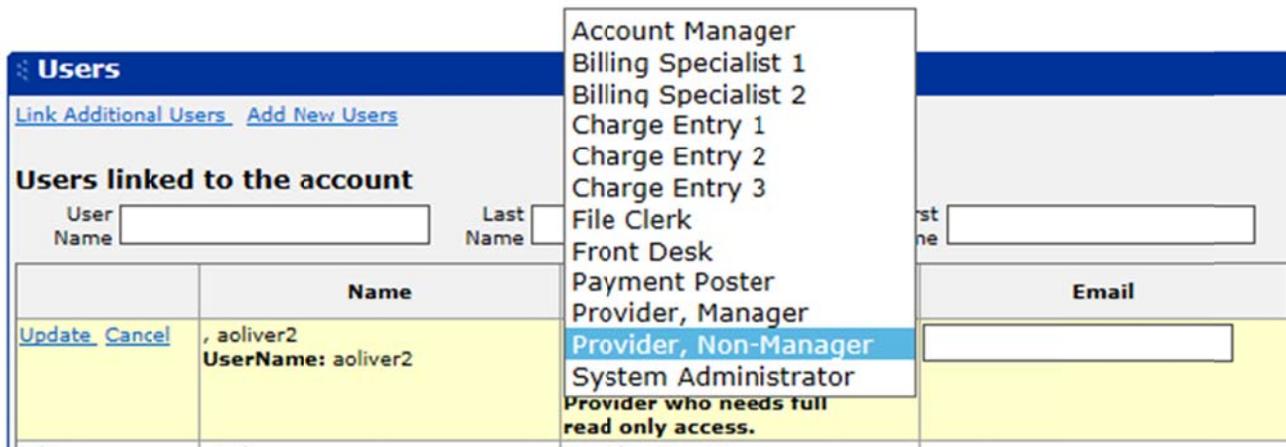
All features not related to Scheduling have been removed from Schedule Manager; Billing Reports, Setup, Help, and Administration.

## Updated Security Level dropdown

The Security Level dropdowns on the website now display user roles in alphabetical order.

The following roles are renamed:

- Admin level -> System Administrator
- Billing Specialist -> Billing Specialist 1
- Biller -> Billing Specialist 2
- Physician, Non-Manager -> Provider, Non-Manager
- Physician, Manager -> Provider, Manager
- File Clerk, read only -> File Clerk



The screenshot shows the 'Users' management interface. A dropdown menu is open, listing the following roles in alphabetical order:

- Account Manager
- Billing Specialist 1
- Billing Specialist 2
- Charge Entry 1
- Charge Entry 2
- Charge Entry 3
- File Clerk
- Front Desk
- Payment Poster
- Provider, Manager
- Provider, Non-Manager
- System Administrator

Below the dropdown, a table shows the details for a user named 'aoliver2'. The table has columns for 'Name' and 'Email'. The 'Name' column contains the text 'aoliver2' and 'UserName: aoliver2'. The 'Email' column is empty.

When editing user's permissions on the Admin-Users tab, the Security Level dropdown now contains role descriptions instead of level numbers.

When creating a new user or assigning a user to a practice, no user role is selected by default.



	Name	Email	User Name	Deleted
<a href="#">Edit</a> <b>P</b>	Bailey, Gina	gbailey@precisionpractice.com	gbailey	No
<b>Account</b>				
		<b>User Name Password Security Level</b>		<b>Action</b>
ADVANCED ANKLE AND FOOT SURGEONS, L		-- Select a Security Level --		<a href="#">Add</a>
<a href="#">Edit</a> <b>P</b>	Bhadhur, Ganesh	gbhadhur@ahs.com	Account Manager	
<a href="#">Edit</a> <b>P</b>	Boror, Gloria	gboro@sleh.com	Billing Manager	
<a href="#">Edit</a> <b>P</b>	Bucherich, Gina	ginab@dr-rottler.com	Billing Specialist	
<a href="#">Edit</a> <b>P</b>	De Danato, Gina	gdedanato@veincenters.com	Charge Entry 1	
<a href="#">Edit</a> <b>P</b>	Deadrack, Gale Ann	gdeadrack@hotmail.com	Charge Entry 2	
<a href="#">Edit</a> <b>P</b>	Dehesa , Gina	glucchesi@precisionpractice.com	Charge Entry 3	
<a href="#">Edit</a> <b>P</b>	dhakshinamurthy, gomathi	gdhakshinamurthy@ps.net	File Clerk	
<a href="#">Edit</a> <b>P</b>	Durai, Gitanjali	gdurai@dell.com	Front Desk	
<a href="#">Edit</a> <b>P</b>	Durairaj, Ganesh	DL-CHN-ppm@ps.net	Payment Poster	
<a href="#">Edit</a> <b>P</b>	gnol, gnol	gnol@gnolle.com	Provider, Manager	
<a href="#">Edit</a> <b>P</b>			Provider, Non-Manager	
<a href="#">Edit</a> <b>P</b>			System Administrator	

## Billing Specialist 2 role

The Billing Specialist 2 role is now available on all instances. It has access to the following sub-tabs of the website:

Billing tab:

- Billing
- EDI Payments
- EDI Portal
- Review Claims
- EDI Claims

Scheduling tab:

- Provider Schedule
- Facility Schedule
- Print
- Reports

Reports tab:

- Billing Reports
- Custom Reports

The Billing Specialist 2 role has access to all controls in the billing, except for the following:



- 
- AR Summary section on the PA Today tab
  - Writedown to Net form
  - User for Payments dropdown on the ERA Lookup form

For those instances that already had the Billing Specialist 2 user role (11<sup>th</sup> level), access to the entire Setup tab and the Scheduling-Setup sub-tab is removed; the Bulk Rebill button below the claim filter in the billing is now available.

### Updated option for the Setup - General page to accommodate up to 12 ICD codes

The number of codes available in the **Default Number of Diagnoses to Show** drop-down list is now expanded to 4-12.

### Updated Review Claims on Hold report on the Review Claims page

The **Diagnoses** column of the **Claim Information** table will now report up to 12 diagnosis codes.

### Updated Account Manager password reset email notification

Email notifications sent when Account Manager's password is reset now have updated wordings:

Subject: PracticeAdmin Account Manager Password Reset

Body:

The password for the Practice Manager Account Manager user account %ACCOUNTNAME% (%FNAME% %LNAME%) was reset on %DATETIME% by %ACCOUNTNAME% (%FNAME% %LNAME%)

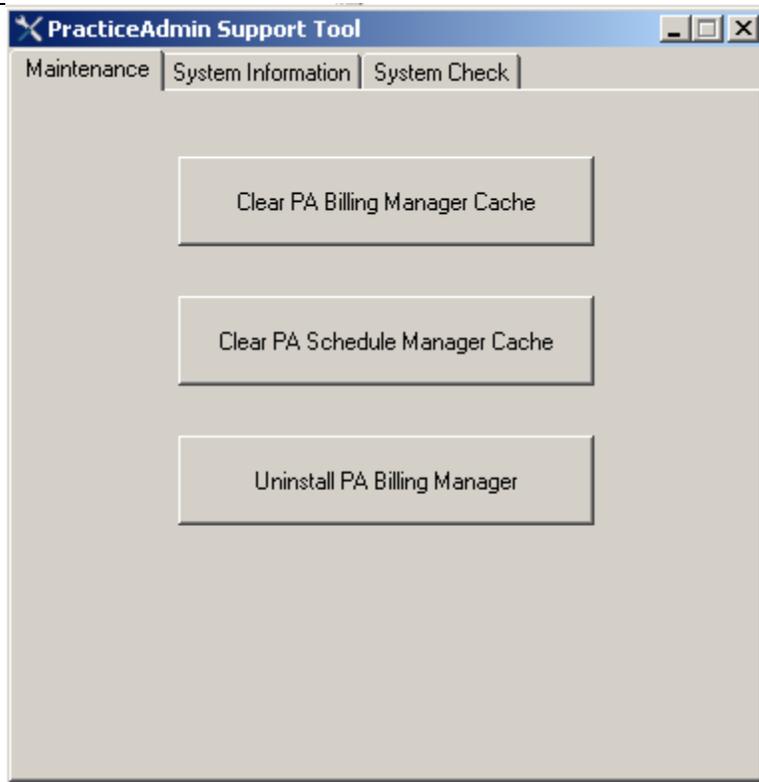
### Updated Support Tool

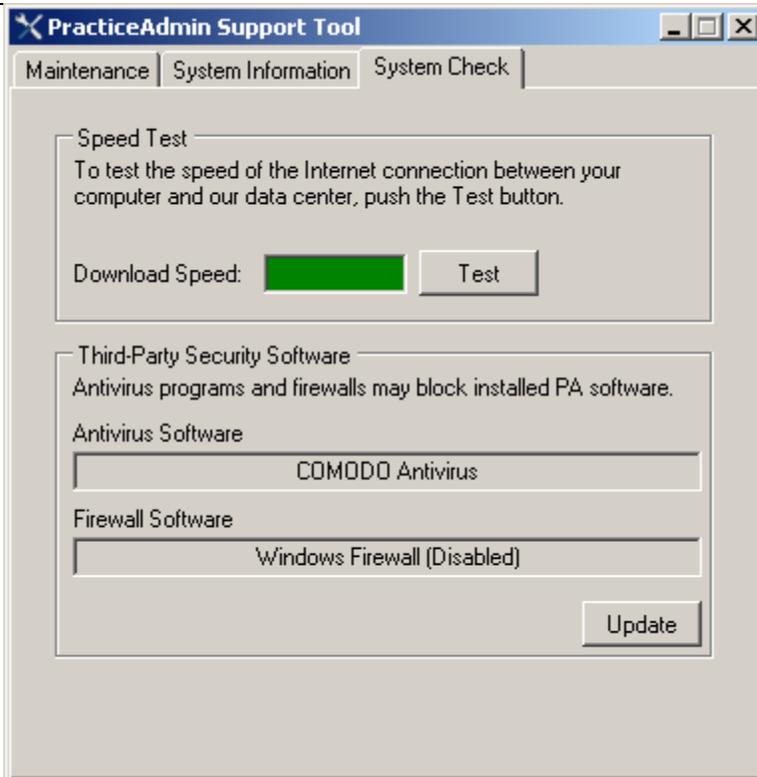
All messages, captions, labels, and dialogs have been updated for consistency with other PracticeAdmin products. The default Start Menu folder has also been updated, so Support Tool Start Menu shortcut will be available in the same folder as other PracticeAdmin products.

The **Clear app and cache** tab has been renamed to **Maintenance**; all labels and sections of the Maintenance tab have been removed; only buttons with the updated captions remain.



Updated on 06/16/2014





## Fixed issues

1. An issue when patients with no balance are transferred to collections XLS file is now addressed.
2. An issue when patients receive zero-balance final notices is now addressed.
3. An issue when values belonging to a different practice could be displayed in Schedule Manager when a different practice is currently selected for the same user on the website is now addressed.
4. An issue when the session could be terminated unexpectedly when trying to launch Schedule Manager via the Scheduling tab on the website is now addressed.
5. An issue when the users were unable to update CLIA numbers for an account if emails in the Core Information section were empty for this account is now addressed.