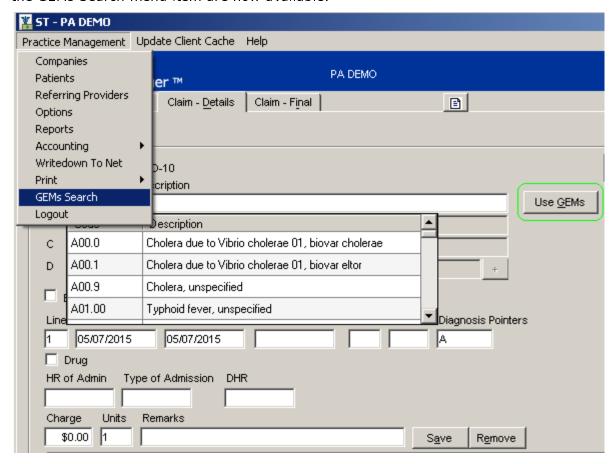


ICD-10 functionality and GEMs Search are now available

ICD-10 mode and GEMs search will now be available for all users; the "Coming Soon" notification message will no longer be displayed when the ICD-10 mode is enabled. The Use GEMs button and the GEMs Search menu item are now available.



Use of ICD-9 versus ICD-10 on a claim

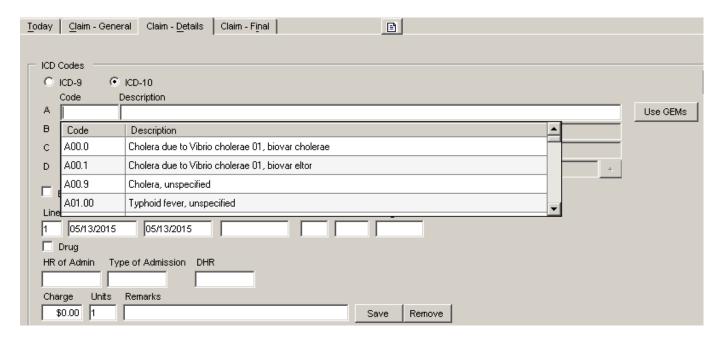
The users can now use the ICD-9/ICD-10 switch present on the Claim - Details page to create and rebill existing claims using ICD-10 code set.

Claims saved with ICD-10 codes will not be reverted to ICD-9 if the setting is set to 0 afterwards, but the users will be required to save all claims using the ICD-9 code set while the setting is disabled.

When the ICD-10 mode is enabled, ICD-9 fields on the Claim - Details tab will be replaced with ICD-10 fields; any previously entered ICD-9 codes will be preserved.







Changes to claim processing

Claim copies will now store the identifier of the ICD code set selected when the claim was released. All codes regardless of the current code set will be preserved in diagnosis history and for possible future rebills, but only one set of codes will be used for printing and sending to EDI for each claim copy.

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).

ICD-10 codes in reports and claim history

All reports reporting diagnosis codes for claims will now use the ICD code set corresponding to one selected when the claim was released. That is, only ICD-9 codes will be reports for claim copies released with ICD-9 codes, and only ICD-10 codes will be reported otherwise. Patient transaction history tables will use the same approach.

Claim form printing updates

The identifier of the code set used when the claim was released will be printed in the corresponding fields of CMS 1500 and UB-04 claim forms: 9 for ICD-9, and 0 for ICD-10.





Claim - Details screen updates

The list of ICD-10 codes will replace the list of ICD-9 codes when the ICD mode is switched to ICD-10. Both lists of ICD codes behave similarly.

ICD-10 codes are also reported in the Last Diagnoses table with no special markings.

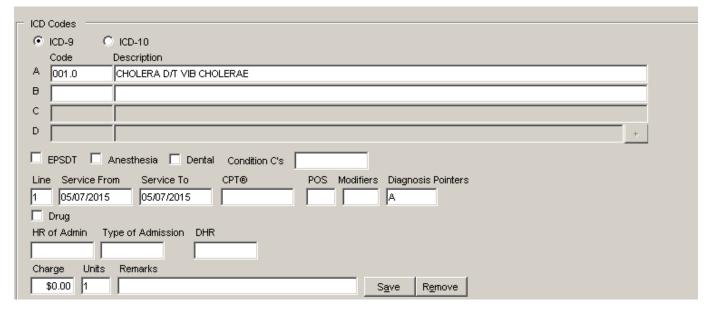
Labels and hints for claim fields available on the Claim - Details screen have been updated to correspond to the currently selected ICD mode.

Procedure codes will be stored separately for diagnoses saved with different ICD modes.

Updated ICD selection controls for Claim - Details screen

Previously, tabulation order for ICD codes fields always included all empty rows, requiring more time to tab through. Tabulation order has been updated to leave empty diagnosis code rows out of the tabulation order, effectively reducing the amount of actions required to move on to the next field set from the Diagnosis Codes selection area. All empty rows except for the first one next to the last filled row will now be disabled; disabled rows will be enabled one by one as more codes will be added.

The Add New Field button (the + button) will also be disabled and will not participate in tabulation until all 8 initial diagnosis code fields are filled.



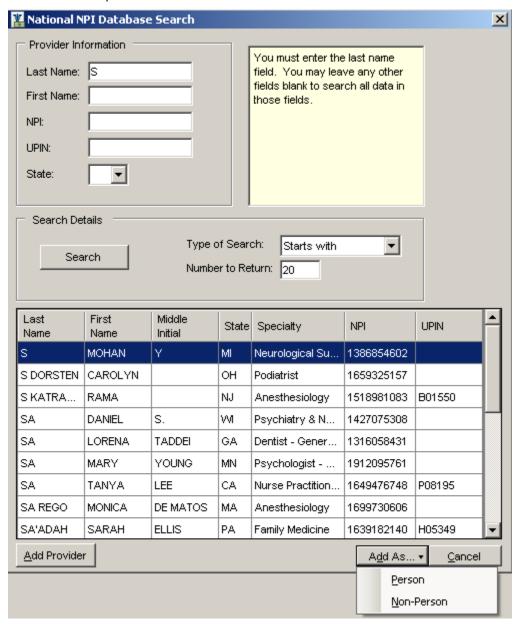
Entity Type option is now available for Referring and Ordering providers added in Billing Manager

Entity type (Person or Non-Person) can now be specified when adding or editing referring and ordering providers via the National NPI Database Search screen or the Referring Providers screens in Billing Manager.





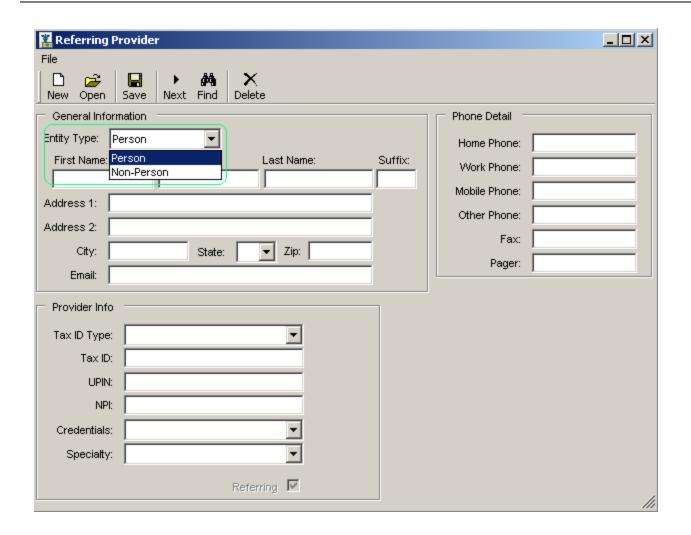
The OK button has been replaced with the Add As... button on the National NPI Database Search screen which allows adding the found provider with the corresponding entity type. This will also apply to double-clicking a provider: the drop-down selection list of available entity types will appear for the clicked provider.



Also, the Entity Type field is now available for the Referring Providers screen, allowing users to quickly modify the entity type for new or existing providers without the need to open the website.







EDI Provider Hold notification updated

The message ribbon text notifying the administrators and account managers about providers on hold for EDI services has been updated.

SharpPDF license notification

SharpPDF license notification has been added to the About screen of Billing Manager to comply with licensing rules.





Fixed issues

- 1. An issue when Modifiers could be printed incorrectly in CMS 1500 field 24D when using font size 10 is now addressed.
- 2. An issue when dates could be displayed incorrectly for payments due to different time zones used by the client and the server is now addressed.
- 3. An issue when claims failed to loaded while having several instances of Billing Manager open is now addressed.
- 4. An issue when an ICD-related tooltip from a different tab could be observed on the Claim General tab when switching between the tabs or loading a claim is now addressed.

Known issues

1. The Statements tab may be disabled until the Billing Manager is re-launched when a patient on payment plan is removed from collections while having the Switch to Collections Automatically option enabled for the current account.





New option to put providers on hold or remove hold for all EDI receivers

Previously, providers would be put on hold or removed from hold for all EDI receivers automatically and without any notifications when the Requires Supervision, Referring, or Scheduling Only options were modified. Now a dialog will be presented for System Administrator users asking if a provider being edited should be put on hold or removed from hold for all EDI receivers when saving provider data. Users of other security levels will see an informational message about EDI provider hold changes.

Account name override for patient statements

Now an alternative statement payee name can be specified when sending statements grouped by facility or by provider. The alternative name will replace the name of the current account on statements printed for the corresponding facility or a provider if the corresponding Override option is enabled on the setup - Provider or the Setup - Facilities pages for the corresponding facilities or providers.

Both statement payee name and statement remit to name can be overridden. The Copy From Provider or Copy From Facility buttons can be used to quickly fill the alternative name with the name of the corresponding provider or facility.

☑ Statement Address Override	
☑ Override Patient Statement Payee Name	Copy from Provider
Name to Use AADLAND-SCHOPER, REBECCA D	
Override Patient Statement Payee address	Copy from Provider
Address 1	
Address 2	
City	
State	
Zip + 4	
✓ Override Patient Statement Remit To Name	Copy from Provider
Name to Use AADLAND-SCHOPER, REBECCA D]
Override the Patient Statement Remit to Address	Copy from Provider
Address 1	
Address 2	
City	
State	
Zip + 4	
Save Provider Info	





Default legal text updated

Legal text displayed on the first login attempt with no Organization ID saved is now updated.

Fixed issues

- 1. An issue when Never Expire passwords would expire after re-enabling a user account is now addressed.
- 2. An issue when the MailsSent.xml file could become corrupted is now addressed.
- 3. Certain labels including the 'practice' wording have been renamed to contain the 'account' term.
- 4. An issue when the PCP and Ref prov comboboxes could become very wide and shift other controls while editing or creating an appointment is now addressed.

Known Issues

1. The patient SSN validation dialog and certain other dialogs could be displayed in a persistent separate window when using Microsoft Internet Explorer 11 not running in the compatibility mode.



ProviderSuite Reports v6.7

Updated on 05/13/2015

Batch # column returned for Daily Detail reports

The Batch # column removed in the previous version is now available again in the Payments By Date Posted - Daily Detail, Payments By Accounting Date - Daily Detail, and the Payments By Date Received - Daily Detail billing reports.

SharpPDF notification for Reports page

SharpPDF license notification has been added to the footer of the Reports page to comply with licensing rules.



Schedule Manager v6.7

Updated on 05/13/2015

Schedule Manager performance improvement

Several key operations and procedures of Schedule Manager have been optimized, effectively reducing time required to open and save appointments, and to navigate the schedule.

Updated default legal text

The default legal text displayed on the first launch of Schedule Manager with no Organization ID saved has been updated.

Fixed issues

- 1. An issue when an active referring or PCP provider could be displayed as deleted (marked by a red X) after assigning for a patient is now addressed.
- 2. An issue with users of the Billing Specialist 2 security level being unable to view, add, and edit appointments in Schedule Manager is now addressed.



