

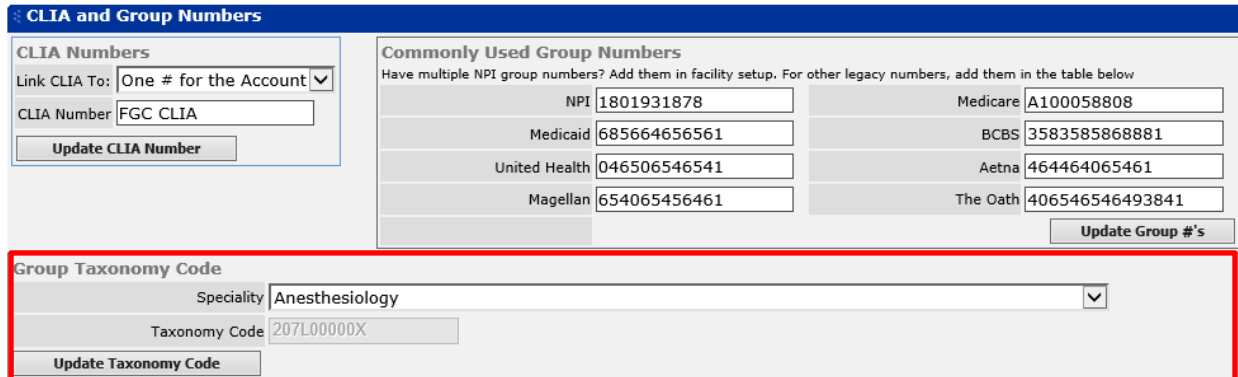
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ProviderSuite Web Application

Improved Feature: Group Taxonomy Capabilities

Users can now send Group Taxonomy Code to a payer, if required.



CLIA and Group Numbers

CLIA Numbers

Link CLIA To: One # for the Account ▼

CLIA Number: FGC CLIA

Update CLIA Number

Commonly Used Group Numbers

Have multiple NPI group numbers? Add them in facility setup. For other legacy numbers, add them in the table below

NPI	1801931878	Medicare	A100058808
Medicaid	685664656561	BCBS	3583585868881
United Health	046506546541	Aetna	464464065461
Magellan	654065456461	The Oath	406546546493841

Update Group #'s

Group Taxonomy Code

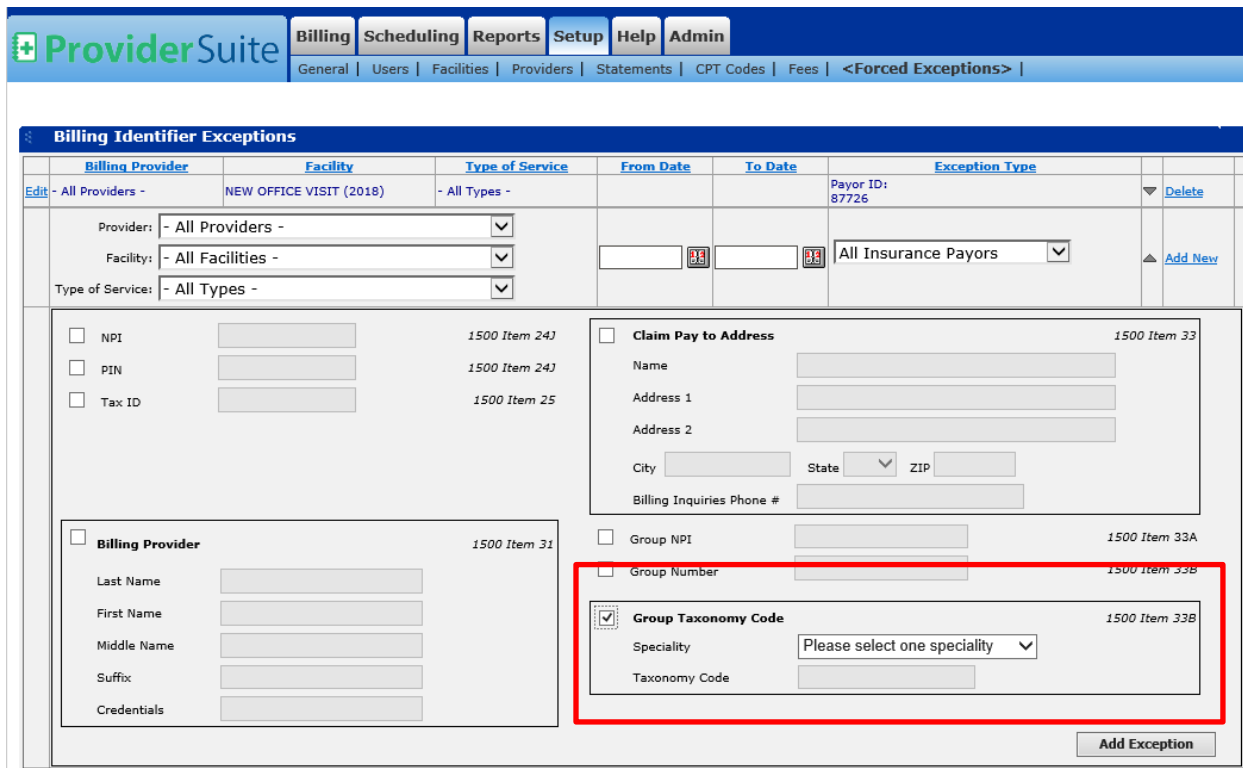
Speciality: Anesthesiology ▼

Taxonomy Code: 207L00000X

Update Taxonomy Code

The above screen shows the option on the Setup > General screen to select Specialty which will automatically populate the Group Taxonomy value.

A Group Taxonomy Code value can also be set on the Forced Exceptions subtab.



The screenshot shows the 'Billing Identifier Exceptions' screen in ProviderSuite. The 'Setup' tab is selected, and the '<Forced Exceptions>' subtab is active. The screen displays various fields for setting exceptions, including a table with columns for Billing Provider, Facility, Type of Service, From Date, To Date, and Exception Type. Below this, there are sections for 'Claim Pay to Address' and 'Group Taxonomy Code'. The 'Group Taxonomy Code' section is highlighted with a red box, showing a checked checkbox, a 'Speciality' dropdown menu, and a 'Taxonomy Code' text field. The 'Add Exception' button is visible at the bottom right.

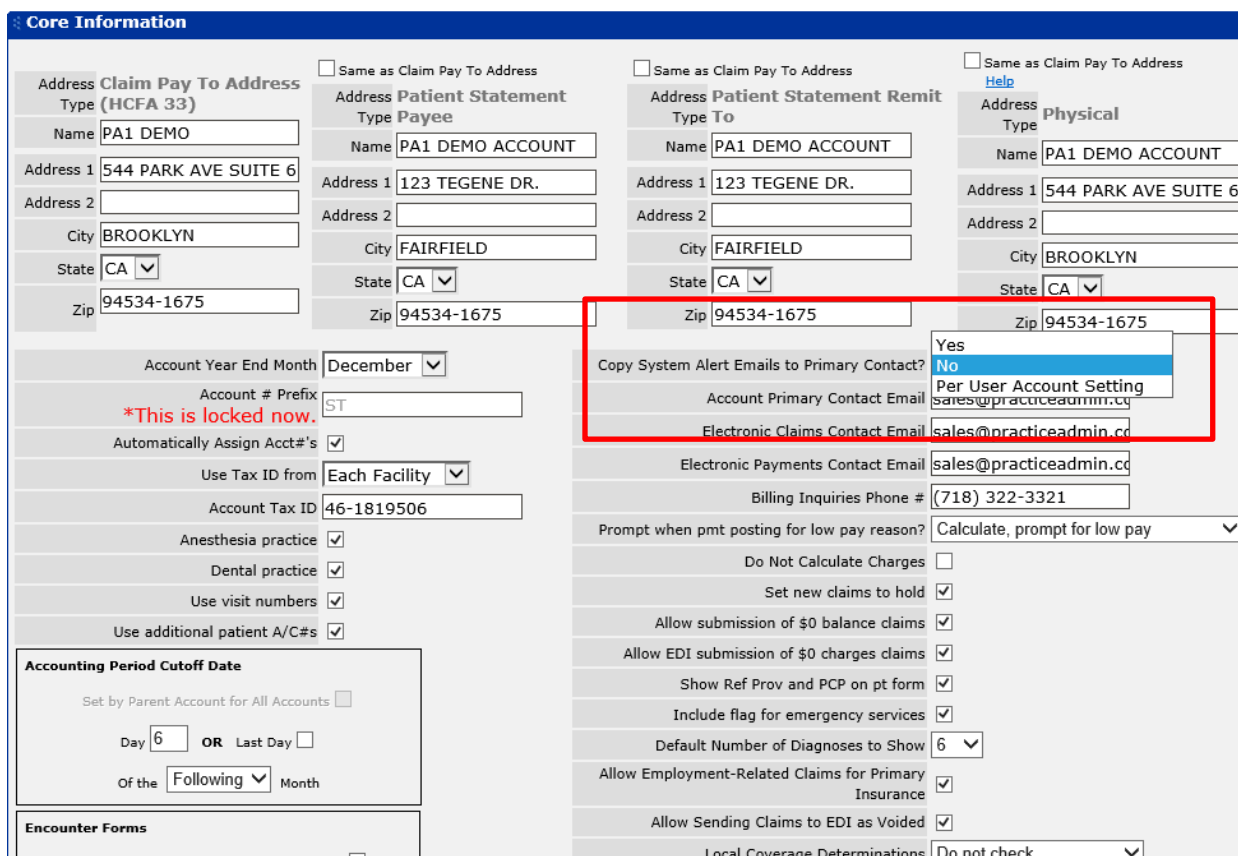
The above screen shows the Group Taxonomy Code in the Setup > Forced Exceptions Screen where the Billing Identifier Exceptions are handled.

The Group Taxonomy Code will override any custom edits unless there is a Forced Exception for Item 33B. If there is an Forced Exception, it will take precedence.

Improved Feature: Labels on Setup > General > Account Contact Fields

Changes were made to the Account Contact Fields on Setup > General:

1. The label "CC E-mails to Manager" field has been changed to "Copy System Alert Emails to Primary Contact?"
2. The choices in "CC E-mails to Manager" drop-down has been changed as follows:
 - a. CC Manager > Yes
 - b. Do Not CC Manager > No
 - c. No Preference > Per User Account Setting
3. The label on "Account Manager E-mail" field has been changed to "Account Primary Contact Email"
4. The label on "EDI Claims E-mail" field has been changed to "Electronic Claims Contact Email"
5. The label on "EDI Payments E-mail" field has been changed to "Electronic Payments Contact Email"



Core Information

☐ Same as Claim Pay To Address

Address Claim Pay To Address (HCFA 33)

Name: PA1 DEMO

Address 1: 544 PARK AVE SUITE 6

Address 2:

City: BROOKLYN

State: CA

Zip: 94534-1675

☐ Same as Claim Pay To Address

Address Patient Statement Payee

Name: PA1 DEMO ACCOUNT

Address 1: 123 TEGENE DR.

Address 2:

City: FAIRFIELD

State: CA

Zip: 94534-1675

☐ Same as Claim Pay To Address

Address Patient Statement Remit To

Name: PA1 DEMO ACCOUNT

Address 1: 123 TEGENE DR.

Address 2:

City: FAIRFIELD

State: CA

Zip: 94534-1675

☐ Same as Claim Pay To Address

Address Physical

Name: PA1 DEMO ACCOUNT

Address 1: 544 PARK AVE SUITE 6

Address 2:

City: BROOKLYN

State: CA

Zip: 94534-1675

Account Year End Month: December

Account # Prefix: ST

***This is locked now.**

Automatically Assign Acct#'s: ☒

Use Tax ID from: Each Facility

Account Tax ID: 46-1819506

Anesthesia practice: ☒

Dental practice: ☒

Use visit numbers: ☒

Use additional patient A/C#s: ☒

Accounting Period Cutoff Date

Set by Parent Account for All Accounts: ☐

Day: 6 OR Last Day: ☐

Of the: Following Month

Encounter Forms

Copy System Alert Emails to Primary Contact?: No

Account Primary Contact Email: sales@practiceadmin.co

Electronic Claims Contact Email: sales@practiceadmin.co

Electronic Payments Contact Email: sales@practiceadmin.co

Billing Inquiries Phone #: (718) 322-3321

Prompt when pmt posting for low pay reason?: Calculate, prompt for low pay

Do Not Calculate Charges: ☐

Set new claims to hold: ☒

Allow submission of \$0 balance claims: ☒

Allow EDI submission of \$0 charges claims: ☒

Show Ref Prov and PCP on pt form: ☒

Include flag for emergency services: ☒

Default Number of Diagnoses to Show: 6

Allow Employment-Related Claims for Primary Insurance: ☒

Allow Sending Claims to EDI as Voided: ☒

Local Coverage Determinations: Do not check

Improved Feature: NPI Database Link on Billing Tab

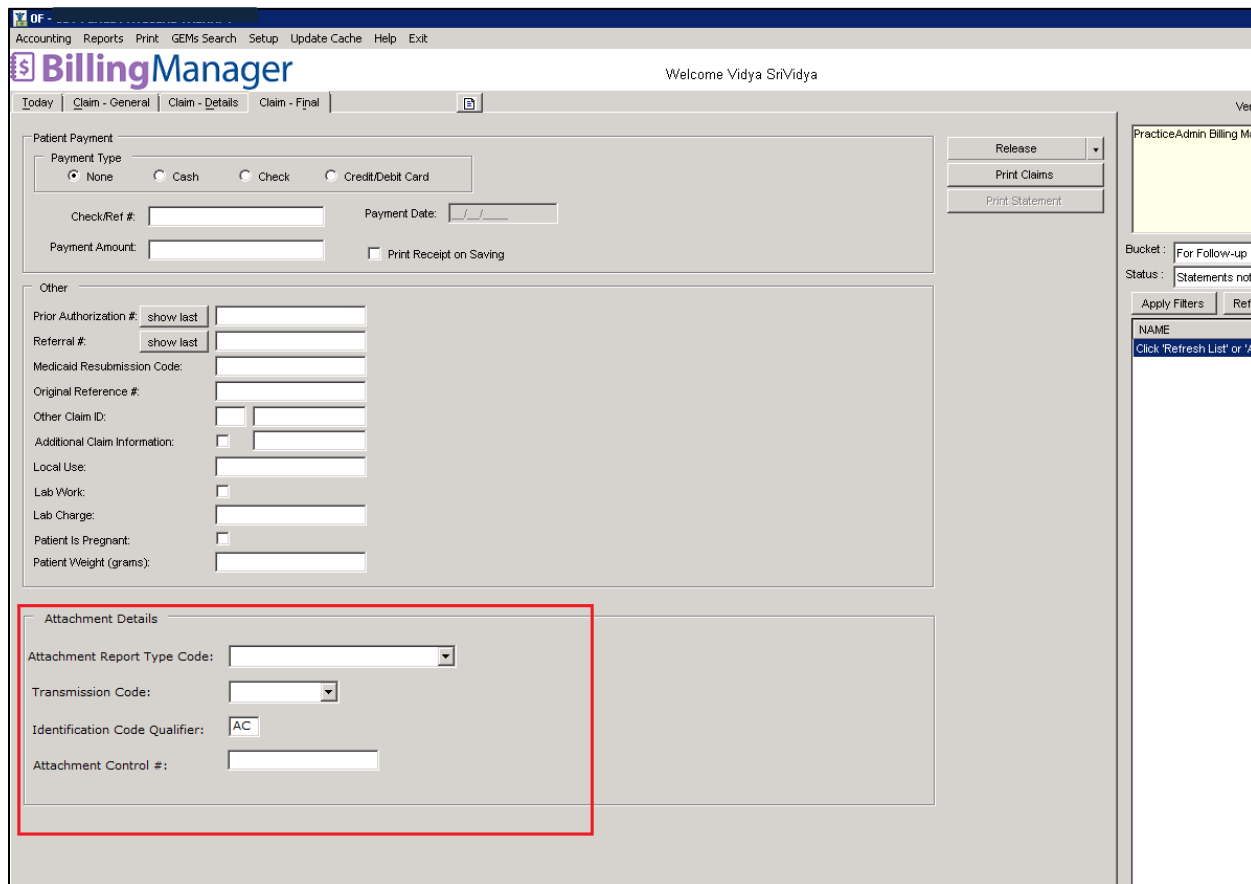
The destination URL when users click the "Search the NPI Database" link under ProviderSuite > Billing Tab > Useful Links has been updated to <https://npiregistry.cms.hhs.gov/>

Billing Manager Applet

New Feature: Ability to include Attachment Control Number on a claim

User will be able to add the "Attachment Number", if any, before releasing a claim.

This will ease the work of the payers to identify the correct attachments for the submitted claim.



The screenshot displays the Billing Manager Applet interface. The top navigation bar includes links for Accounting, Reports, Print, GEMs Search, Setup, Update Cache, Help, and Exit. The main header shows the applet name "BillingManager" and a welcome message "Welcome Vidya Srividya". The interface is divided into several sections: "Patient Payment" with radio buttons for Payment Type (None, Cash, Check, Credit/Debit Card) and fields for Check/Ref #, Payment Date, and Payment Amount; "Other" with fields for Prior Authorization #, Referral #, Medicaid Resubmission Code, Original Reference #, Other Claim ID, Additional Claim Information, Local Use, Lab Work, Lab Charge, Patient Is Pregnant, and Patient Weight (grams); and "Attachment Details" which is highlighted with a red box. The "Attachment Details" section contains fields for Attachment Report Type Code, Transmission Code, Identification Code Qualifier (set to "AC"), and Attachment Control #. On the right side, there are buttons for Release, Print Claims, and Print Statement, along with a sidebar for PracticeAdmin Billing Manager showing Bucket, Status, and filters.

The Attachment Control Number will be included in the X12.837 claim file that is submitted electronically.

Loop: 2300

Segment: PWK (Claim Supplemental Information)

Data Elements: PWK01, PWK02, PWK05, PWK06

New Feature: Ability to enter MSP Values on a claim

User are able to add MSP values if the patient has Medicare Part B as the secondary payer. There will be few MSP values, based on 5010, that are displayed when a patient has Medicare Part B as the secondary insurance.

The screenshot shows the BillingManager application window. The 'Patient' window is open, displaying the 'Insurance' tab. The 'Secondary Insurance' dropdown is highlighted with a red box. The 'MSP Type' dropdown is also highlighted with a red box, and its list of values is visible. The values are: 12 - Working aged, 13 - End-stage renal disease (ESRD), 14 - Automobile/no fault, 15 - Workers compensation, 16 - Federal agency (public health), 41 - Black lung, 42 - Veterans Administration, 43 - Disability, and 47 - Liability. The 'Plan' dropdown is set to 'MEDICARE PART B (8128)'. The 'Member ID' is '12345698'. The 'Effective Date' is blank. The 'Termination Date' is blank. The 'Co-Pay' is blank. The 'Notes' field is empty. The 'Eligibility' button is visible. The background shows the 'Claim - General' tab with various claim details.

The MSP value be included in the X12.837 claim file that is submitted electronically.

Loop: 200B

Segment: Subscriber Information

Data Element: SBR05 (required when Medicare is secundary payer)

New Feature: CPT Templates

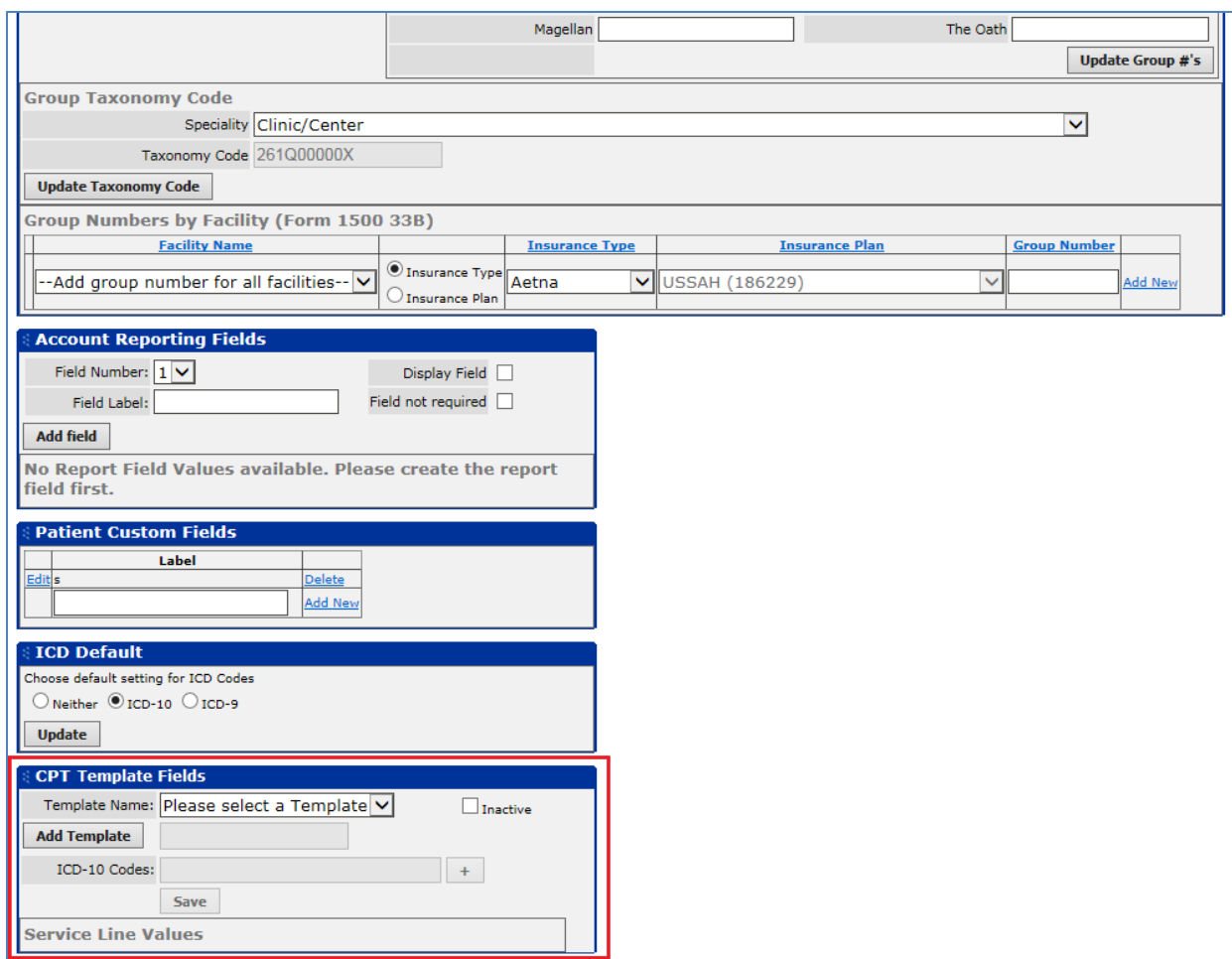
As some accounts have recurring groups of claims with the same CPT and ICD codes, ProviderSuite has been enhanced to support "CPT Templates" which contain a group of ICD and CPT codes for repeat use.

Suppose two patients visit the facility for "Osteoporosis", then there will be a template available which will have all the ICD and CPT codes associated to Osteoporosis.

Important: This feature is available only for the ICD-10 codes. Consequently, the ICD Default option on Setup > General must be set to ICD-10 for each account where Templates will be used.

This feature is configured in the Web App and then used within Billing Manager. The user will have to first add a template at the WebApp level (Setup > General) before it will be available in the Billing Manager applet on the Claim - Details screen.

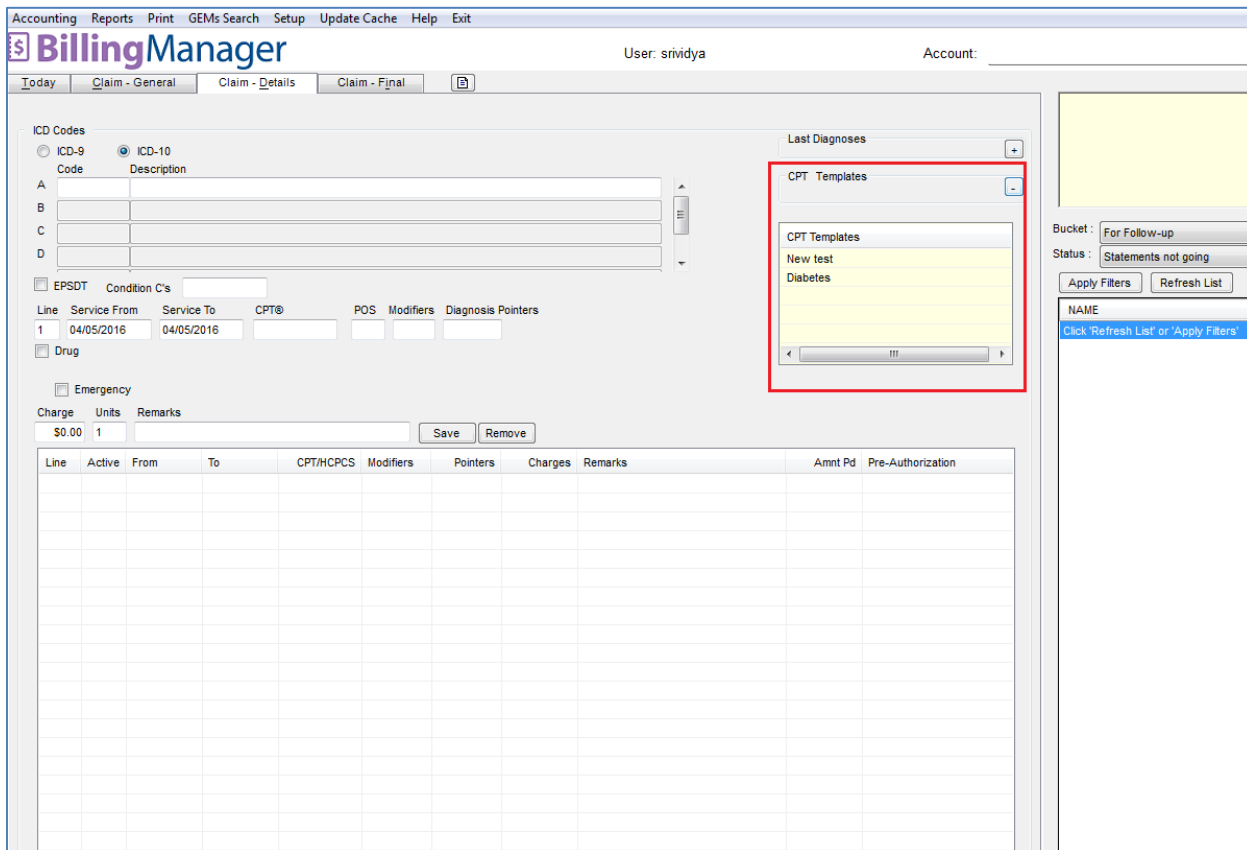
Setup > General



The screenshot shows the 'Setup > General' configuration page. At the top, there are fields for 'Magellan' and 'The Oath' with an 'Update Group #'s' button. Below this is the 'Group Taxonomy Code' section with a 'Specialty' dropdown set to 'Clinic/Center' and a 'Taxonomy Code' field containing '261Q00000X'. An 'Update Taxonomy Code' button is present. The 'Group Numbers by Facility (Form 1500 33B)' section contains a table with columns for Facility Name, Insurance Type, Insurance Plan, and Group Number. Below the table are radio buttons for 'Insurance Type' and 'Insurance Plan', and a dropdown for 'Insurance Plan' set to 'USSAH (186229)'. An 'Add New' button is also visible. The 'Account Reporting Fields' section has a 'Field Number' dropdown set to '1', a 'Field Label' input field, and checkboxes for 'Display Field' and 'Field not required'. An 'Add field' button is at the bottom. The 'Patient Custom Fields' section shows a table with 'Label' and 'Edit' columns, and an 'Add New' button. The 'ICD Default' section has radio buttons for 'Neither', 'ICD-10' (selected), and 'ICD-9', with an 'Update' button. The 'CPT Template Fields' section, highlighted with a red box, contains a 'Template Name' dropdown set to 'Please select a Template', an 'Inactive' checkbox, an 'Add Template' button, an 'ICD-10 Codes' input field with a '+' button, and a 'Save' button. At the bottom, there is a 'Service Line Values' section.

Note: When selecting CPT Codes, you must click on the desired code from the drop-down list. Manually entering a code will not be accepted by the input field.

Once the Template is created, it appears on the **Billing Manager > Claim Detail** screen.



The screenshot shows the 'Billing Manager' interface with the 'Claim - Details' tab selected. A red box highlights the 'CPT Templates' list, which contains the following items:

CPT Templates
New test
Diabetes

The main form includes the following sections:

- ICD Codes:** Radio buttons for ICD-9 and ICD-10. Below are fields for Code and Description.
- Service Information:** Fields for Line, Service From, Service To, CPT®, POS, Modifiers, and Diagnosis Pointers.
- Emergency:** A checkbox labeled 'Emergency'.
- Charge Table:** A table with columns: Line, Active, From, To, CPT/HCPCS, Modifiers, Pointers, Charges, Remarks, Amnt Pd, and Pre-Authorization.

On the right side, there are additional controls:

- Bucket:** A dropdown menu set to 'For Follow-up'.
- Status:** A dropdown menu set to 'Statements not going'.
- Buttons:** 'Apply Filters' and 'Refresh List'.
- NAME:** A text field.
- Link:** A blue link that says 'Click "Refresh List" or "Apply Filters"'

Clicking any of the listed Templates will then pre-populate the claim with the configured bundle of ICD and CPT codes.

New Feature: Switching between ProviderSuite Accounts within Billing Manager Applet

If a user has access to multiple ProviderSuite accounts, they no longer need to launch a new Billing Manager applet to view another account. Users are now able to switch between accounts from within the Billing Manager applet.

The Account list drop-down is available on the top right-hand corner of the Billing Manager applet.

The screenshot displays the Billing Manager applet window. At the top, a red box highlights the user and account information: "User: testuser99" and "Account: PA1 DEMO". Below this, a red banner states: "You have one or more providers that are on hold for EDI services. Please contact the software helpdesk." The main interface is divided into several sections:

- Claim and Account Summary:** A table showing various claim statuses and their associated dollar amounts.

Claim/Account Status	#	Total \$
Statements not going	207	\$474,334.49
Neglected Svc Details	55	\$11,000.79
Pending Rebill	3	\$136,135.6...
On Hold	580	\$136,136.6...
Credit Balances	100	-\$96,896.70
Denied Svc Details	3	\$94.76
Pending	22	\$8,315.97
Pmt Processing Errors	7	\$315.00
Import Errors	3	\$0.00
Processing Errors	14	\$3,450.00
Pre-Released	35	\$18,240.08
For Review	39	\$11,588.91
- AR Summary (by accounting period):** A table showing aging buckets and their percentages of total AR.

Aging Bucket	Amount	% Total AR
Non-Aged	-\$334.00	0.00%
AR 0-30	\$328.23	0.00%
AR 31-60	\$757.29	0.00%
AR 61-90	\$150.00	0.00%
AR 91-120	\$0.00	0.00%
AR 121-150	\$0.00	0.00%
AR 151-180	\$0.00	0.00%
AR 181+	\$136,136,635,...	100.00%
Total AR	\$136,136,635,...	100.00%
AR Days	212	
- Advanced Claim Management:** A section with various filters and search criteria, including Date, Age of Claim, Payor Type, Ins Plan Type, Ins Plan, By Patient, By Facility, Provider, Referring Provider, Employer, User, Balance, Invoice #, CPT From, Other A/C#, and Visit #.
- PracticeAdmin Billing Manager:** A sidebar on the right with a "NAME" field and a "Click 'Refresh List' or 'Apply Filters'" button.

At the bottom of the applet, there is a status bar that says "No Claim Loaded".

Know Issue

With this new feature implemented, there are issues with the behavior of the Tab, Esc and Enter keys. This issue occurs only in Windows 7 (32 and 64-bit) and Windows Server 2008 R2 that are not on the current patch level.

Microsoft has released a hotfix for this issue. Please run Windows Update for your computer and if that does not resolve the issue, please contact PracticeAdmin Support.

Other Changes

Resolved issue where certain users were unable to save Demographic changes on existing Patients

The error occurring while editing/saving the demographic changes in Billing Manager has been resolved.