

expEDlum Medical Billing

v4.2

Release Note

Release date: 2nd Feb 2019

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expEDlum v4.2 release note

This release note describes 17 tickets that are either enhancements or new features or bug fixes. Some tickets may refer to other tickets from previous releases. These tickets are a combination of change requests from any of our partners and that are internally identified at iTech. A summary of tickets is provided in the last page of this release note. On request, we can provide any specific release note for any earlier release. This release note is also available from our website at <http://www.itechws.com/releasenote>. for the last few releases.

On the servers where the v4.2 (WildFly version) upgrade is performed, the application server security will be tightened to support strictly TLS v1.2 as the SSL protocol on HTTPS Listeners. Additionally, the HTTPS Listener will support only strong ciphers listed below for establishing HTTPS connections. We can yield on this for specific clients / partners on request for backward compatibility for a short period until they move all their clients to TLS v1.2 compatible platforms.

- 1) TLS_ECDHE_RSA_WITH_AES_128_CBC_SHA256
- 2) TLS_ECDHE_RSA_WITH_AES_128_CBC_SHA
- 3) TLS_ECDHE_RSA_WITH_AES_256_CBC_SHA384
- 4) TLS_ECDHE_RSA_WITH_AES_256_CBC_SHA
- 5) TLS_RSA_WITH_AES_256_CBC_SHA256
- 6) TLS_RSA_WITH_AES_256_CBC_SHA
- 7) TLS_ECDHE_RSA_WITH_AES_128_GCM_SHA256
- 8) TLS_ECDHE_RSA_WITH_AES_256_GCM_SHA384

1) [Ticket#6573] PH: Support for Referral Number in Claim

New fields "Referral Number" and "Other Payer Referral Number" are introduced in professional claims and institutional claims in this version. On expEDlum Professional/HCFCA/CMS-1500 Claim Screen, these fields are available under Box 23 section along with the existing field "Prior Authorization Number".

The following 2 screens show the relevant fields in the earlier version and in the current version of HCFA claim form.

Prior to v4.2:

22. Resubmission Code :	Original Ref. Number :
<input type="text"/>	<input type="text"/>
23. Prior Authorization Number : <input type="text"/>	

In v4.2

22. Resubmission Code :	Original Ref. Number :	Other Payer Original Ref Number :
<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Prior Auth Number :	Other Payer Prior Auth Number :	
<input type="text"/>	<input type="text"/>	
Referral Number :	Other Referral Number :	
<input type="text"/>	<input type="text"/>	

On expEDlum Institutional/UB04 Claim form, these fields are available under Box 23 along with the existing field "Prior Authorization Number".

On expEDlum Institutional/UB04 Claim form, the "Referral number" field is available in Insured section below Box 64A and "Other Referral number" field is added under "Other Insured" column below Box 64B. The following 2 screen shots show the relevant fields in the earlier version and in the new v4.2 version.

Prior to v4.2

65A. Employer Name	<input type="text"/>	65B. Employer Name	<input type="text"/>
63A. Treatment Auth. Code	<input type="text"/>	63B. Treatment Auth. Code	<input type="text"/>
64A. Document Ctrl No.	<input type="text"/>	64B. Document Ctrl No.	<input type="text"/>

In v4.2

65A. Employer Name	<input type="text"/>	65B. Employer Name	<input type="text"/>
63A. Treatment Auth. Code	<input type="text"/>	63B. Treatment Auth. Code	<input type="text"/>
64A. Document Ctrl No.	<input type="text"/>	64B. Document Ctrl No.	<input type="text"/>
Referral Number	<input type="text"/>	Referral Number	<input type="text"/>

Claim Inbound Payload – Professional and Institutional

The Claim XML Payload of both professional and institutional claim is enhanced to support referral number and other payer referral number. The latest XML schema files will be provided to the EMR/EHR. The schema is backward compatible and EMR/EHR can support the new fields in future when they are ready. In that case, the user can manually scrub the relevant claims and key in the new fields once the claim is available in expEDlum.

```
<xs:element ref="referral-number" minOccurs="0" />  
<xs:element ref="other-payer-referral-number" minOccurs="0" />
```

Other Claim Features

The new fields added are also handled for the features such as claim export, swapping insured/other insured fields from secondary claim generation option, auto-creation of secondary claims from Auto crossover posting, and Manual cross over posting, clone claim and validation edits.

Claim Print

Professional Claims - HCFA/CMS-1500

The "Referral Number" in HCFA form handling "Box 23" is based on priority. For instance, If the variable used in the map is "box23", the system gives preference to one of the allowed fields in CMS-1500 form based on whether it is present or not and populate the value on the configured offset. An additional logic (c) is added below in the existing Box 23 Print Logic to handle Referral Number. There is no support for Other Payer Referral Number in the form.

- a) If Prior Authorization Number is present, print the value from Prior Authorization Number.
- b) If Prior Authorization Number is not present but Referral Number is present, print the Referral Number.
- c) If Referral Number is not present but Mammography number is present, print Mammography Number.
- d) If Mammography Number is not present and CLIA number is present, print CLIA number.

If (internal, expEDlum) variables are directly used in the map, populate the respective values on those offsets. The various individual map variable names are given below. The support for referral number is added in this version.

- a) Prior Authorization Number = "priorauthorisationnumber"
- b) Referral Number = "referralnumber"
- c) Mammography Number = "mammographynumber"
- d) CLIA Number = "clianumber"

Institutional Claims

As per NUBC manual, the referral number will be populated in UB04 Box 63B. The expEDlum claim print map variable is "referralNumber". NUBC does not support printing "Other Payer Referral Number" on UB04 form and hence it is not supported on UB04 paper claim.

Claim Outbound EDI

In professional claim outbound EDI file (X12N 837P 5010) and institutional outbound EDI File (X12N 837I 5010), the referral number and Other Referral Number will be populated in 2300 REF segment and 2330B REF segments respectively, with the qualifier "9F".

2) [Ticket#8619] PH: (ElPaso) El Paso Report Request for Edit Transaction

A new feature "Edit Trail" is added under "Reports>> Patient>> Cash Posting>> Default. The report generated by "Cash Postings Edit trail" has all the transaction details that has been edited by the user. This report shows all the Edited transactions from the Patient ledger as a new report. Showing Patient details such as PAN and DOB in the report are optional. The original transaction will appear as "Created" and the subsequently updated transaction entries will appear as "Updated" in the action column of this report. The Actor column will display the user name that created or edited a given transaction. This report will not show the transactions that have just been created without any edits performed on that transaction.

Search Cash Postings Report

Posted By	All
Transaction	[All Payments(excluding Write-off/Debt Set Off/Bad Debt Writ...
Transaction Amount	Select
SFS Program	
Rendering Provider	All
Facility	All
Practice	All
Payer ID	
Payer Name	
Sort By	Amount
Show SFS Program	<input type="checkbox"/>
Show Current Balance Due	<input type="checkbox"/>
Show Transaction Notes	<input type="checkbox"/>
Show Posted By	<input type="checkbox"/>
Show Patient Details	<input checked="" type="checkbox"/> All selected
Show Zero Amounts	<input checked="" type="checkbox"/>
Transaction Date	<input type="radio"/> Daily 01/04/2019 <input type="radio"/> Weekly/Date range 12/30/2018 01/05/2019 <input checked="" type="radio"/> Monthly MAR Year 2018 <input type="radio"/> Yearly 2019
	<input type="radio"/> Default <input type="radio"/> By Transaction <input checked="" type="radio"/> Edit Trail

Print

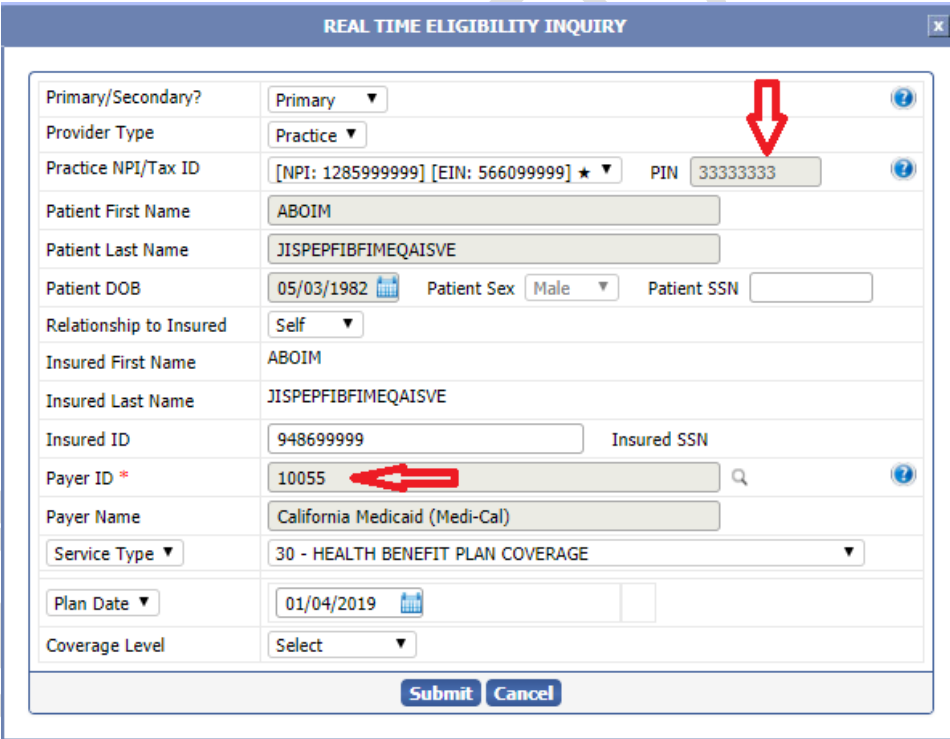
Cash Postings Edit Trail

Patient Name	PAN	DOB	Transaction Date	Transaction Type	Receipt No	Amount	Practice	Facility	Action Date	Actor	Action
			03/29/2018	Patient Copay(Cash)		3.0		00301	2018-03-29 15:10:38	TERESA CROUSE	CREATED
			03/29/2018	Patient Payment(Cash)		3.0		00301	2018-06-01 10:33:03	RENEE ELLER	UPDATED
			03/28/2018	Patient Refund Check/re (Custom Payment(Other))		20.0		10501	2018-03-28 11:53:19	RENEE ELLER	CREATED
			03/27/2018	Patient Payment(Cash)		3.0		00301	2018-05-18 13:27:22	RENEE ELLER	UPDATED
			03/27/2018	Patient Copay(Cash)		6.0		10501	2018-06-05 16:09:32	DEBORAH PERRY	UPDATED
			03/27/2018	Patient Payment(Cash)		3.0		00301	2018-06-05 14:28:22	DEBORAH PERRY	UPDATED
			03/27/2018	Patient Copay(Cash)		3.0		10501	2018-06-05 16:10:26	DEBORAH PERRY	UPDATED
			03/27/2018	Patient Payment(Cash)		3.0		10501	2018-05-16 13:18:44	RENEE ELLER	UPDATED
			03/27/2018	Patient Copay(Cash)		3.0		10501	2018-03-27 10:01:55	MONA LISA DOCKERY	CREATED

3) [Ticket#8620] PH: MEDI-CAL- Eligibility Issues

As per the request from a clinic, for California Medicaid/Medi-Cal (Eligibility Payer ID: 10055) we need to send a practice specific PIN # as secondary identification in ALL eligibility inquiries sent to that payer. This is a 7-digit number that gets sent as secondary identification with "4A" as the qualifier. This version of expEDlum has support for this Medi-Cal PIN #. expEDlum requires this Eligibility Payer ID (10055) to be configured in the "eCP.properties file" to send the PIN for this Payer. This PIN # is sent only for the configured payers in the outgoing 270 request and other payers will not get affected and shall work as before.

eCP.payers.allow.270.5010.2100B.REF.4A=10055



REAL TIME ELIGIBILITY INQUIRY

Primary/Secondary?	Primary	
Provider Type	Practice	
Practice NPI/Tax ID	[NPI: 1285999999] [EIN: 5660999999] ★	PIN 33333333
Patient First Name	ABOIM	
Patient Last Name	JISPEPFIBIMEQAISVE	
Patient DOB	05/03/1982	Patient Sex Male
Relationship to Insured	Self	Patient SSN
Insured First Name	ABOIM	
Insured Last Name	JISPEPFIBIMEQAISVE	
Insured ID	948699999	Insured SSN
Payer ID *	10055	
Payer Name	California Medicaid (Medi-Cal)	
Service Type	30 - HEALTH BENEFIT PLAN COVERAGE	
Plan Date	01/04/2019	
Coverage Level	Select	

Submit Cancel

The Medi-Cal PIN # for each clinic is configured by the Administrator. Each Practice NPI can have its own Medi-Cal PIN #. Note that the configured Medi-Cal PIN # would appear automatically in the above IEV screen in the Practice Module. This field shall not appear for other Eligibility payers.

In the outgoing X12N 270 5010, the PIN will be populated with the qualifier 4A in 2100B REF segment along with Practice Tax ID. As before, the secondary identifiers (Tax ID and now PIN#) will not be populated for the payers where 2100B is configured to be suppressed. There is legacy feature that was introduced some years back to "Suppress Legacy" IDs when the Payers required NPI as a mandatory field. This legacy feature continues to work as before , no change to that.

4) [Ticket# 8885] PH: Master Service Line Report (for off-site Immunization)

There was a request from one of the clinics where they need a service line level report with additional adjudication information such as PR-1(Co-pay), PR-2(Co-Insurance), PR-3(Deductible), CO-45 and aggregation of other adjustment amounts for each service line with their balances. (Note: The acronym PR and CO stand for "Patient Responsibility" and "Contractual Obligation", respectively – these are ERA / ANSI 835 Reason group codes). Hence a new Service Line >> Master report is introduced in this version.

Here is the description of some of the columns in this report –

- 1) The service charge for each service line here is the total charge.
- 2) The primary and secondary insurance details appear in a single row for each claim ID.
- 3) If a claim has multiple service lines, they appear as separate rows ordered with the Claim ID.
- 4) Units are the no. of units of procedure performed in each service line.
- 5) The balance column is computed to be "Balance=(Total)-(Primary Ins. Paid Amount) - (Primary CO-45 Amount)".

Both Public Health and Non-Public Health accounts can generate the master service line report. This report has typical filters as shown in the first screen below. The 2nd screen below shows the look & feel of the report result. The Public Health clinics shall have the SFS program filter in addition to other filters and SFS Program Column displayed in the report.

Search Master Service line Report

Provider	All	▼
Referring Provider	All	▼
Claim Status	All	▼
Claim Type	All	▼
Claim Closure Status	All	▼
Billing Provider NPI	All	▼
Claim Received Date	<input checked="" type="radio"/> 30 days	
	<input type="radio"/> From	To
Claim Service Date	From	To
Payment Posted Date	From	To
Location	All	▼
Procedure Code		Q
Payer ID		Q
Payer Name		Q
SFS Program		▼
Site Code	All	▼

Search

Master Service line Report

Print


























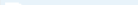



Provider : All, Referring Provider : All, Location : All, Claim Status : All, Claim Closure Status: All, Claim Received Date From : 12/09/2018 To 01/08/2019, SFS Program: All, Site Code : All

Claim ID	Patient Name	DOS From	DOS To	PAN	DOB	Pri Ins	Proc	Proc Desc	SFS Prp	Claim Status	Claim Closure Status	Units	Unit Chg	Total	Pri Ins Paid	Pri CO-45	Balance	Pri PR-1 Copay	Pri PR-2 Coins	Pri PR-3 Ded	Pri Other Adj	Sec Ins Paid	Sec CO-45	Sec PR-1 Copay	Sec PR-2 Coins	Sec PR-3 Ded	Sec Other Adj
0553022436						MEDICAID TX	0001F	HEART FAILURE ASSESSED (INCLUDES ASSESSMENT OF ALL THE FOLLOWING COMPONENTS) (CAD, HF): BLOOD PRESSURE MEASURED (2000F) ..	EP	Error	open	1.0	10.0	10.0	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1136195082		2018-12-17	2018-12-17			N.W. Ironworkers Health & Security Trust Fund, Group # F15	00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	CH	Posted	open	1.5	66.67	100.0	60.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1136195082		2018-12-17	2018-12-17			N.W. Ironworkers Health & Security Trust Fund, Group # F15	87210	SPEAR VIET MOUNT SALINE/INK	CH	Posted	open	2.5	49.2	123.0	23.0	0.0	100.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

5) [Ticket# 8957]-Not able to create Secondary claim from posting module

There was a glitch found in 4.1.1 WildFly version of expEDIum while testing on local servers – The option to create the secondary claim from the claim/remit list screen in Posting module was not opening the secondary claim form, even though the “Create Secondary Claim” button was visible. This issue is now fixed for both professional and institutional claims.

The following screen shows the button where this issue had manifested. The highlighted green color icon “Create secondary claim” button in the following screen creates secondary claims for

					Claim ID 	Check No.	Check Amount	Payee	Patient Name	Amount	Amt Paid 	Total Amt Paid 	Balance			
					17713439946	1	1111.00	ASHE COUNTY HEALTH DEPARTMENT		10.00	0.00	0.00	0.00			
					1154654569	1	1111.00	ASHE COUNTY HEALTH DEPARTMENT		10.00	0.00	0.00	0.00			

Total Claims 2

◀

Page 1

▶

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The following new fields are introduced in professional claims in this version – “Other Payer Original Reference Number” & “Other Payer Prior Authorization Number”. These fields are already supported in institutional claims. On expEDium Professional/HCF/A/CMS-1500 Claim Screen, the field “Other Payer Original Reference Number” is available under Box 22 and “Other Payer Prior Authorization Number” under Box 23 section as shown below-

22. Resubmission Code :	Original Ref. Number :	Other Payer Original Ref Number :
<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Prior Auth Number :		
<input type="text"/>	Other Payer Prior Auth Number :	
<input type="text"/>	<input type="text"/>	
Referral Number :	Other Referral Number :	
<input type="text"/>	<input type="text"/>	

The Claim XML Payload of both professional and institutional claim is enhanced to support these new fields. The latest XML schema files shall be provided to the EMR/HER along with the release note. The schema is backward compatible and EMR/EHR can support the new fields in future when they are ready. In that case, the user can manually scrub the relevant claims and key in the new fields once the claim is available in expEDlum.

```
<xs:element ref="other-payer-original-reference-number" minOccurs="0" />
<xs:element ref="other-payer-prior-authorization-number" minOccurs="0" />
```

Other Claim Features

The new fields added are also handled for the features such as claim export, swapping insured/other insured fields from secondary claim generation, auto-creation of secondary claims from Auto crossover posting, Manual cross over posting, clone claim and validation edits.

Claim Print

Professional Claims - HCFA/CMS-1500

There are no placeholders for these two fields in CMS-1500 form and hence not supported on CMS-1500 Paper form

Institutional Claims

This is already handled in UB04 Claim Print module. Other Payer Prior Authorization Number goes to Box 63C and Other Payer Original Reference Number goes to Box 64B.

Claim Outbound EDI

In professional claim outbound EDI file (X12N 837P 5010) and institutional outbound EDI File (X12N 837I 5010), the Other Payer Prior Authorization number will be populated in 2330B REF segment with the qualifier G1 and Other Payer Original Reference Number will also be populated in 2330B REF segment but with the qualifier "F8". Please note, in X21N 837I 5010, these two fields are already handled.

Note: The field "Other Original Reference Number" does not have any dependency on the claim frequency code when the claim is submitted or resubmitted to the current payer. Hence it will be populated if present irrespective of the frequency code used.

7) [Ticket# 8975] MDR: Payer Type as "Commercial" in Box1 / Insurance Program

The Payer Type/ Insurance program name has an additional item introduced from this version onwards – "Commercial". This payer type is NOT supported by the standard CMS-1500 form, however, this is introduced in expEDlum CMS-1500 look-alike form.

Patient Add/Edit Screen

In Patient Demographics Add/Edit Screen, the Payer Type drop down has "Commercial" added above "Other" as shown in below image.

Claim Screen

In both Professional and Institutional claim screen, the drop-down Insurance Program has a new option "Commercial" added to it above the option "Other".

1. Select Insurance Program : Select

- Select
- MEDICARE
- MEDICAID
- TRICARE
- CHAMPVA
- GROUP HEALTH PLAN
- FECA BLK LUNG
- COMMERCIAL
- OTHER

The patient lookup (one new claim screen, edit patient – appointments, edit patient - eligibility) and patient refresh option (on edit claim screen of error claims) which is used to populate the patient details from patient demographics, the payer type configured as “Commercial” will now be populated as COMMERCIAL in Box 1 (Insurance Program) in the claim. The EDI carrying the claims shall have “CI” as the Claim Filing Indicator (CFI) when the Payer type is specified as “Commercial”. The rest of the CFI cross walk would be the same as before. The rest of the payer types listed shall work as before.

Patient Payload – Inbound and Outbound

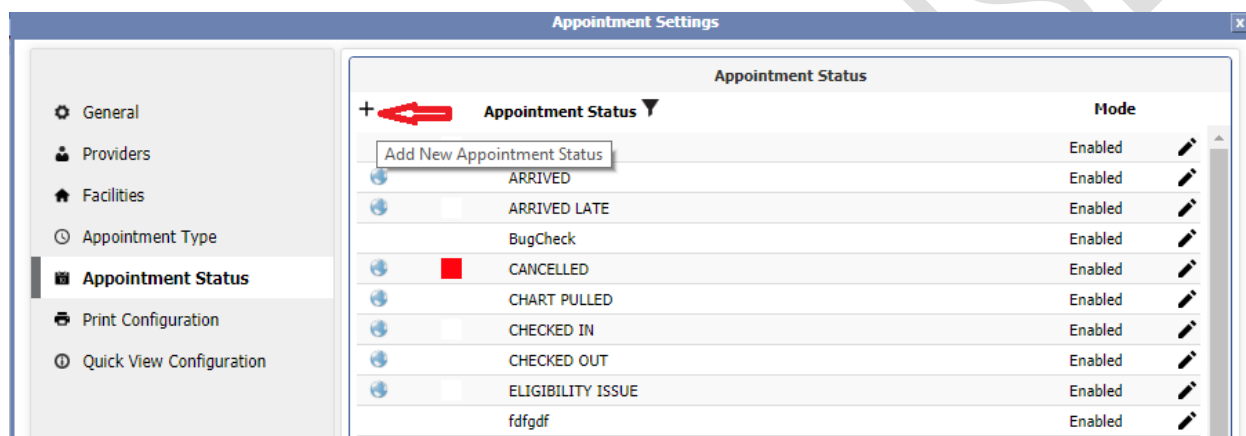
The patient payload XML Schema is changed to support the new option “Commercial”. The schema changes are shown below. This change is done on inbound payload and outbound payload.

```
<xs:element name="patientPayerType">
  <xs:simpleType>
    <xs:restriction base="xs:string">
      <xs:enumeration value="MD" />      <!-- MEDICARE -->
      <xs:enumeration value="MC" />      <!-- MEDICAID -->
      <xs:enumeration value="CU" />      <!-- TRICARE CHAMP US -->
      <xs:enumeration value="CV" />      <!-- CHAMP VA -->
      <xs:enumeration value="GR" />      <!-- GROUP HEALTH PLAN -->
      <xs:enumeration value="FC" />      <!-- FECA BLK LUNG -->
      <xs:enumeration value="CI" />      <!-- COMMERCIAL -->
      <xs:enumeration value="OT" />      <!-- OTHER -->
      <xs:enumeration value="" />        <!-- NOT AVAILABLE -->
    </xs:restriction>
  </xs:simpleType>
</xs:element>
```

EMR/EHR can choose to decide on when to start supporting the new field from their end. expEDlum is backward compatible, and it will continue to accept the payloads designed with earlier schema. Also, the patient import and export in XML/CSV supports the new value configured as “Commercial” in payer type.

8) [\[Ticket# 8978\] MDR: Unable to Add appointment status](#)

There was a glitch found in creating the custom appointment status on the Wildfly version of eMB. When tried to add a custom appointment status in eMB>>Appointments>>Appointment settings>> Appointment status>> '+' add custom status, the new status did not appear on the list. The issue is now fixed, and the appointment status appears in the list.



9) [\[Ticket# 9003\] MDR | Pt. Stmt. Second page | Field Format Enhancements](#)

As per the client requirement there were a few enhancements and field format changes for patient statement 2nd optional page to keep it clear and concise. Below are few changes made in the "second optional page" :

- The Employer/School Name and Employer Phone fields will remain as it is, the values shall be listed only if the given clinic has values filled in these fields.
- Insured Name, Insured ID are made bold for both primary and secondary insurance.
- Increased the field size for Insured ID and policy number (primary and secondary). Clinics or Patients can now enter or handwrite all type of values (alpha-numeric, numeric, alphabet) in these fields.

- d) Introduced separate rows for insured ID and policy/group number in the second optional page giving more space for the data as earlier, patients could not write a number longer than 7 or 8 characters
- e) A new row "Comments (if any)" is introduced so that patients can write any additional information here.
- f) Removed "company name" word from primary insurance company and sec insurance company name rows. They just appear as "Primary Insurance" and "Secondary Insurance".

If any of the following details have changed since your last statement, please specify			
Patient Name (Last,First,Middle)			
Date of Birth	Sex		
Address 1			
Address 2			
Phone	Mobile		
Email			
Employer/School Name			
Employer Phone			
Comments (if any)			
		Primary Insurance	
		Insured Name	
		Insured DOB	
		Sex	
		Insured ID	
		Group Policy Number	
		Secondary Insurance	
		Insured Name	
		Insured DOB	
		Sex	
		Insured ID	
		Group Policy Number	

Please note expEDlum 2nd optional page is not supported by the statement printing vendor BillFlash as they have a different mechanism called the "Custom Backer" that can be configured on BillFlash accounts with specific fields that can appear on the back page. If a 2nd page is sent in a patient statement that is created from expEDlum, then BillFlash will ignore that page. We have been working with BillFlash vendor to provide a "Custom backer" and they need to selectively enable "Custom backer" for each of the BillFlash accounts. If you have a need for enabling this "Custom backer" on your Billflash account, please do let us know for us to enable it.

10) [\[Ticket# 9108 - PH:837P EDI Edit | Billing Provider Taxonomy Code\]](#)

expEDlum does not send billing provider taxonomy code by default on all claims. As most of the payers expect only rendering provider taxonomy code, we do send only rendering provider taxonomy code in the outbound EDI. However, we have an edit to send both the taxonomy codes

i.e. Rendering Provider Taxonomy code and Billing Provider taxonomy code for a payer.

As per the client request, we have added Connecticut Medicare (Payer ID: 78375) also to this edit so claims for Medicare of Connecticut shall carry both billing provider and rendering provider taxonomy code. Please note with this edit, all claims across all clinics for Medicare of Connecticut shall carry both the taxonomy codes. This is an office Ally Payer ID and this EDI edit is applicable only for 837P 5010 Outbound.

Now, the current list of payers for which the billing provider taxonomy code is populated in 837P, if present are listed in the following chart. For the payers that are NOT listed in this chart, expEDlum sends only rendering provider taxonomy code.

NCXIX	NC MEDICAID
11502	NC MEDICARE
SKDE0	DELAWARE MEDICAID (EMDEON PAYER ID)
MCDIL	ILLINOIS MEDICAID
77046	MEDICAID WYOMING
MCDND	MEDICAID - NORTH DAKOTA
13010	VAYA HEALTH (FORMERLY SMOKEY MOUNTAIN CENTER)
MC006	MEDICAID – WASHINGTON
06607	CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS
23071	ALLIANCE BEHAVIORAL HEALTH
13141	PARTNERS BEHAVIORAL HEALTH MANAGEMENT/PBHM
ORDHS	OREGON MEDICAID
MCDMT	MONTANA MEDICAID
08044	EASTPOINTE
95378	UNITEDHEALTHCARE COMMUNITY PLAN / TN
78375	CONNECTICARE MEDICARE (Added new)

11) [\[Ticket# 9113\] PH: Posting screen -Tool tip Issue](#)

The “View Claim Summary” tool tip/ flag notice / button would remain on screen, while we close

the ledger from posting module. When we click on view claim summary to close/open the claims after opening patient ledger from the posting module, "view claim summary" would still appear on posting module as the page was not getting refreshed. When we open multiple ledger to perform the same tasks, multiple "view claim summary" flag notices would appear randomly on screen. This was a tool tip issue. We have fixed it by converting the jQuery tool tip to HTML tool tip and its working fine.

12) [Ticket#9117] PH: Posting screen -Refresh Handling

We found refresh issue under list of claims in the posting module. Following are the situations/issues.

1. If we open the ledger from the posting screen and closes all claims applicable from the ledger. In that case, patient name is not turning into red until we click on search button.
2. If we do work on page number "N" and made some changes in it. After clicking on search button, it moves to page number "1" and it takes more time to go on the same page to get that claims.

We needed to handle the above two situations. A new "Refresh" button is now added on right top of posting claim list panel as shown in the following screen that fixes the above 2 issues.

▼ Claims for Batch [ID: 1342731724, Name: 538236617_ERA_835_5010_20180713.835, Total Amount: 1195.00] Print

Claim ID	<input type="text"/>	Rendering Provider	All	Claim Type	All
Patient First Name	<input type="text"/>	Patient Last Name	<input type="text"/>	Claim Closure Status	All
Patient Account No.	<input type="text"/>	Sec. Pending <input type="checkbox"/>	Check Number	<input type="text"/>	<input type="button" value="Clear"/> <input type="button" value="Search"/>

				Claim ID	Check No.	Check Amount	Payee	Patient Name	Amount	Amt Paid	Total Amt Paid	Balance			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0957295815	201807121170061600	0.00			850.00	0.00	0.00	1738.56	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Close"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0205625352	201807121060006900	26.85			55.00	26.85	80.55	5.46	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Close"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0504318995	1802146370003049	48.71			50.00	48.71	146.13	0.00	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Close"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0345629787	1802146370003049	48.71			240.00	0.00	0.00	240.00	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Close"/>

Total Claims 4 Page 1 Page 1 of 1

13) [Ticket#9118] iTech: Posting screen throwing “Unauthorized Request Message”

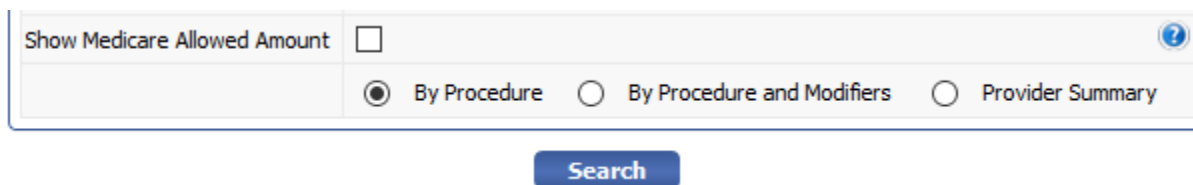
While submitting claims from the posting module, the system threw an “unauthorized request message” due to which we were unable to submit claims. This issue was found internally by QA at iTech on the WildFly version. expEDlum had a glitch where the token we pass for each request from hidden fields or append text in URL (for handling CSRF) was missed out for claim submission and claim revalidation from the posting screens. Hence, system was throwing “Unauthorized Request message”. This issue is now fixed by adding that token request ID to submit and revalidate claims, when claim is submitted from posting screens.

14) [Ticket#9127] MDR: RVU tied a CPT code-new feature request

One of the clients had asked for a report to keep RVU attached to CPT code for both facility RVU and non-facility RVU. They want facility RVU report for day surgery center and non-facility RVU report for private clinics. This new report is added to our existing reports module under **Payment Analysis report >> Practice Analysis >> By Procedure** as additional report types. The following report types fetch RVU data.

- a) Practice Analysis by Procedure and RVU
- b) Practice Analysis by Procedure, Modifiers and RVU.

The following two screen shots show (i) existing report types and (ii) newly introduced report types, respectively. The new report continues to support the previous report types as before.



The screenshot shows a web-based form with a header bar containing a search icon. Below the header, there is a section titled "Show Medicare Allowed Amount" with an unchecked checkbox. Underneath, there are three radio button options: "By Procedure" (which is selected), "By Procedure and Modifiers", and "Provider Summary". A blue "Search" button is located at the bottom center of the form.

By Procedure

By Procedure and Modifiers

By Procedure and RVU

By Procedure, Modifiers and RVU

Provider Summary

Show Medicare Allowed Amount

Report Type

By Procedure

Search

When RVU report types are chosen there is an additional “RVU Conversion Factor Type” field that appears.

By Procedure

By Procedure and Modifiers

By Procedure and RVU

By Procedure, Modifiers and RVU

Provider Summary

Report Type

By Procedure, Modifiers and RVU

RVU Conversion Factor Type

Standard

Search

RVU Conversion Factor Type:

The conversation factor either can be chosen as standard in which case the CMS standard values shall be used, or Custom option chosen with a value specified by the user. The tool tip shows additional help on this Conversion factor.

- Standard - This conversion factor type will be selected by default when the report type “By Procedure and RVU” or “By Procedure, Modifiers and RVU” is chosen. This standard RVU conversion factor provided by CMS will be used in this case for calculation.

Conversion Value = (Fetching conversion factor with respective or matching CPT/HCPS code) * (Total wRVU).

The various standard conversion factors from CMS are –

Year 2017 = \$35.8887

Year 2018 = \$35.9996

Year 2019 = \$36.0391

- b) Custom – This option is selected, if you want to specify a customer/user defined RVU Conversion factor. Provide the RVU conversion factor in dollar amount in the field provided near the dropdown. If left empty, a value of \$0.00 will be considered as the conversion factor.

Conversion value = (Manual value) * (Total wRVU)

Total wRVU = wRVU * No of units CPT/HCPSCS

Report Type: By Procedure, Modifiers and RVU

RVU Conversion Factor Type: Standard

Standard

Custom

• Standard - This type will be selected by default when the report type 'By Procedure and RVU' or 'By Procedure, Modifiers and RVU' are chosen. The standard RVU Conversion Factor provided by CMS will be used in this case for calculation.

The conversion factors defined by CMS for the various periods are:

Year 2017 = \$35.8887

Year 2018 = \$35.9996

Year 2019 = \$36.0391

• Custom - Select this option if you want to specify a custom/user defined RVU Conversion Factor. Please provide the RVU Conversion Factor in dollar amount in the field provided near the dropdown. If left empty, a value of \$0.00 will be considered as the conversion factor.

Practice Analysis >> By Procedure and RVU report has procedure codes with description where, wRVU value for each unit is displayed with Total wRVUs and conversion value as shown in the following 2 sample screens. This report is same as Practice Analysis by Procedure and RVU report but has a modifier column added to the report and procedure codes with description where,

wRVU value for each unit is displayed with Total wRVUs and conversion value. These RVU reports may take several seconds to a few minutes based on the filter criteria chosen.

Provider Name : LUCY						
Procedures	Modifiers	Description	Units	wRVU		Conversion Value
				Per Unit Value	Period	
99402		PREVENTIVE COUNSELING INDIV	1.00	0.98	2017 Q4	\$35.17
99214		OFFICE/OUTPATIENT VISIT EST	3.00	1.50	2017 Q4	\$161.50
Total			4.00		5.48	\$196.67

Provider Name : NEI						
Procedures	Modifiers	Description	Units	wRVU		Conversion Value
				Per Unit Value	Period	
85018	QW	HEMOGLOBIN	1.00	0.00	2017 Q4	\$0.00
82105		ALPHA-FETOPROTEIN SERUM	1.00	0.00	2017 Q4	\$0.00
Total			2.00		0.00	\$0.00

Provider Name : ROBERT						
Procedures	Modifiers	Description	Units	wRVU		Conversion Value
				Per Unit Value	Period	
82270	QW	OCCULT BLOOD FECES	1.00	0.00	2017 Q4	\$0.00
87624		HPV HIGH-RISK TYPES	1.00	0.00	2017 Q4	\$0.00
88175		CYTOPATH C/V ALTO FLUID REDO	2.00	0.00	2017 Q4	\$0.00
82120		AMINES VAGINAL FLUID QUAL	1.00	0.00	2017 Q4	\$0.00
82947	QW	ASSAY GLUCOSE BLOOD QUANT	2.00	0.00	2017 Q4	\$0.00
81025	FP	URINE PREGNANCY TEST	3.00	0.00	2017 Q4	\$0.00
99211		OFFICE/OUTPATIENT VISIT EST	1.00	0.18	2018 Q1	\$6.48

Another sample RVU report below with the modifiers and with some filters applied – see the grand total at the last row.

  Print

Practice Analysis By Procedure, Modifiers And RVU

[Billing Provider NPI : , Billing Provider Tax ID : , Provider : All, Referring Provider : ROBERT , STEPHEN , STEVEN , Location : All, Claim Status : All, Claim Closure Status : All, Claim Received Date From : 01/20/2018 To 01/31/2018, SFS Program: All, Site Code : All]

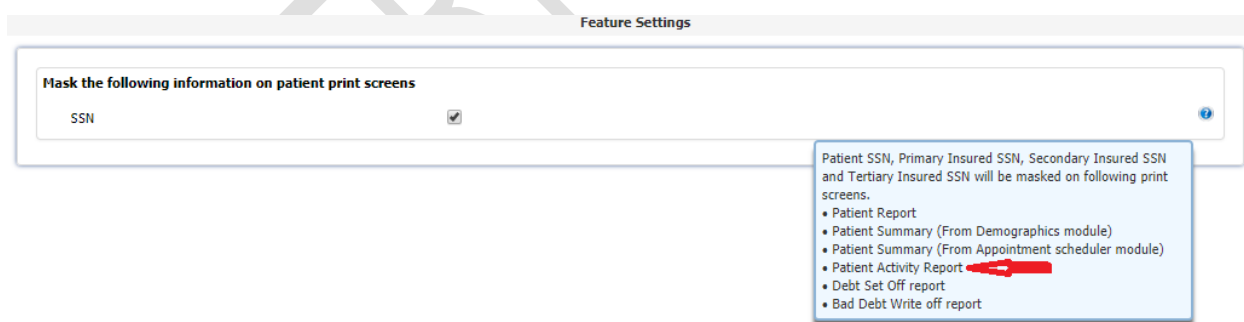
Provider Name : STEPHEN						
Procedures	Modifiers	Description	Units	wRVU		Conversion Value
				Per Unit Value	Period	
36415		ROUTINE VENIPUNCTURE	3.00	0.00	2018 Q1	\$0.00
80048		METABOLIC PANEL TOTAL CA	2.00	0.00	2018 Q1	\$0.00
80061		LIPID PANEL	1.00	0.00	2018 Q1	\$0.00
80076		HEPATIC FUNCTION PANEL	1.00	0.00	2018 Q1	\$0.00
81002		URINALYSIS NONAUTO W/O SCOPE	2.00	0.00	2018 Q1	\$0.00
82120		AMINES VAGINAL FLUID QUAL	1.00	0.00	2018 Q1	\$0.00
82947	QW	ASSAY GLUCOSE BLOOD QUANT	3.00	0.00	2018 Q1	\$0.00
83036	QW	GLYCOSYLATED HEMOGLOBIN TEST	3.00	0.00	2018 Q1	\$0.00
83986		ASSAY PH BODY FLUID NOS	1.00	0.00	2018 Q1	\$0.00
86592		SYPHILIS TEST NON-TREP QUAL	1.00	0.00	2018 Q1	\$0.00
86703		HIV-1/HIV-2 1 RESULT ANTBOY	1.00	0.00	2018 Q1	\$0.00
87081		CULTURE SCREEN ONLY	1.00	0.00	2018 Q1	\$0.00
87081	76	CULTURE SCREEN ONLY	1.00	0.00	2018 Q1	\$0.00
87210		SMEAR WET MOUNT SALINE/ZNK	1.00	0.00	2018 Q1	\$0.00
87491		CHYUMD TRACH DNA AMP PROBE	1.00	0.00	2018 Q1	\$0.00
87591		N.GONORRHOEA DNA AMP PROB	1.00	0.00	2018 Q1	\$0.00
99213		OFFICE/OUTPATIENT VISIT EST	4.00	0.97	2018 Q1	\$139.68
Total			28.00		3.88	\$139.68
Grand Total			28.00		3.88	\$139.68

15) [\[Ticket#9131\] iTech | Fix for units wrongly rounded off to integer value in few reports](#)

CPT/HCPS units have been rounded off to integer value, i.e. if a claim contains 1.6 units, it appears as 1 in some reports. The units were wrongly rounded off to integer value in Practice analysis report, Insurance analysis report for all 3 report types like procedure, procedure & modifiers, provider summary in both Public and Non-Public Health accounts including the Service line detail report. This issue is now fixed in the individual units and total units for all 10 reports in both PHD & NON PHD accounts. Note this issue would manifest itself only when the units had decimal values.

16) [\[Ticket#9133\] – ECC | SSN Masking on Patient Activity Report](#)

The option to mask the SSN information appearing in Patient Activity Report is implemented in this version. In earlier versions, Patient Activity Report was not included in the feature for masking SSN. This configuration is available under Maintenance >> Feature settings >> Patient Demographics >> Patient Activity Report. The tool tip for this mask settings is also updated to include Patient Activity Report.



17) [\[Ticket#9153\] PH : Patient Statement transactions overlap issue](#)

The clinic had transactions "overlap issue" while printing bulk patient statements where the charges ran into message box. This was happening when we removed content from disclaimer box and made it empty. The transactions were overlapping into message box while creating bulk patient statements. This issue is fixed for following cases below:

- a) Both disclaimer box and Message box not enabled in the setting.
- b) Both disclaimer box and Message box enabled in the setting.
- c) Disclaimer box enabled, and Message box not enabled in the setting.
- d) Disclaimer box not enabled, and Message box enabled in the setting.
- e) Disclaimer content not selected, and Message content not selected.
- f) Disclaimer content selected, and Message content selected.
- g) Disclaimer content not selected, and Message content selected.
- h) Disclaimer content selected, and Message content not selected.

Bugzilla List of tickets available in this release

#	ID	Client	Ext. Ticket #	Summary	Version
1	6573	Patagonia	23644	PH: Support for Referral Number in Claim	v4.2
2	8619	Patagonia	29776	PH: (EIPaso) El Paso Report Request for Edit transaction	v4.2
3	8620	Patagonia	27670	PH: MEDI-CAL- Eligibility Issues	v4.2
4	8885	Patagonia	Via email	PH: Master Service Line Report (for offsite Immunization)	v4.2
5	8957	Internal	Internal	Not able to create Secondary claim from posting module though the "create secondary claim" button is visible	v4.2
6	8974	MDR	76515	MDR: Support for other Payer control number and any other "other payer" fields	v4.2
7	8975	MDR	Via email	MDR: Payer type as "Commercial" in Box 1/Insurance Program	v4.2
8	8978	MDR	79237	MDR: Unable to add appointment Status—only on WF version of eMB	v4.2
9	9003	MDR	Via email	MDR Pt. Stmt. Second Page Field Format Enhancements	v4.2
10	9108	Patagonia	32709	PH:837P EDI Edit Billing Provider Taxonomy Code CONNECTICARE MEDICARE (78375)	v4.2
11	9113	Patagonia	32917	PH: Posting Screen - Tooltip Issue	v4.2
12	9117	Patagonia	32916	PH: Posting Screen - Refresh Handling	v4.2
13	9118	Internal	Internal	iTech: Posting Screen - Re-validate and Submit Button (Unauthorized Request Message)	v4.2
14	9127	MDR	Via email	MDR: RVU tied to a CPT code - new feature request	v4.2
15	9131	Internal	Internal	iTech Fix for units wrongly rounded off to integer value in few reports	v4.2
16	9133	ECC	Via email	ECC SSN Masking on Patient Activity Report	v4.2
17	9153	Patagonia	33180	PH: Patient Statement transactions overlap issue	V4.2

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