

General

- **System Change – First and Last Name Fields** – The program has been updated so that First and Last Name fields allow you to enter and view up to 35 and 60 characters respectively per ANSI 5010 A1 and Scripts 10.6 requirements.

Charge

- **Charge → Patient Recall** – The New/Edit Recall dialog has been updated with the ability to select a recall date for +1, +3, +6, and +12 months into the future by clicking the corresponding button, while also allowing you to advance a specified number of days, weeks, months, or years into the future using the Advance fields. See Figure 1. The recall date will advance based on the date currently in the Recall Date field. If entering a new recall and this field is blank, then the recall date will advance from today's date.

The screenshot shows the 'Edit Recall' dialog box. The 'Recall Date' field is highlighted with a red box, showing '05/28/2013'. To its right are four buttons labeled '+1', '+3', '+6', and '+12' under the heading 'Months'. Below these is an 'Advance' section with a numeric input field containing '6', a 'Weeks' dropdown menu, and an 'Apply' button. The 'Recall Type' is 'Appointment', 'Provider' is 'Siemens, Ronald', and 'Procedure' is 'URINALYSIS'. There are checkboxes for 'Show on Clinical Facesheet' and 'Fulfilled'. At the bottom, there is a section for 'Add New Recall Reminder' with a 'Reminder Method' dropdown and a note: 'The reminder method indicates how the patient was reminded for this recall. Reminder methods are needed when trying to meet Meaningful Use Criteria.' The 'OK' and 'Cancel' buttons are at the bottom right.

Figure 1 – Edit Recall

Addendum

Medicare E-Prescription/PQRS Incentive Program Reminder

In the version 3.3 release of Practice Manager, there were two important enhancements that were made that allow you to effectively flag applicable PQRI and E-Prescribing procedures to be sent to participating insurances to receive applicable incentive moneys through the Medicare E-Prescribing Incentive Program and the Medicare PQRS (Physician Quality Reporting System) Incentive Program. These enhancements entailed creating a new Quality Measure field in the Procedure dialog and the Insurance dialog. Details of these changes from the Practice Manager 3.3 Release Notes document, along with some additional information about configuring G-Codes, are below. See the Practice Manager help for further details on the respective programs and additional configuration options utilizing the Clinical application.

- **Administration → Transaction Tables → Procedure** – The Procedure dialog has been updated with a Quality Measure checkbox that allows you to flag a procedure as a quality reporting measure for PQRI and E-Prescribing. See Figure A1. When a procedure is flagged as Quality Measure, the system will only bill charges for that procedure to insurances that are also flagged as Quality Measure. This ensures that the applicable E-Prescribing and/or PQRI procedures are only billed to participating insurances.

Starting in 2010 there is only one G-Code, G8553, which is required to identify the electronic transmission of a prescription. To configure this procedure enter **G8553** in the IH Code field. The G8553 code will then default into the CPT4 Code field. Next, in the Description field, enter **Prescription Sent Electronically**. In the Amount field, enter the **0.00**. In the TOS field, enter the applicable Type of Service, or search for it by clicking the Lookup button, or pressing F3. In the POS field, enter the applicable Place of Service, or search for it by clicking the Lookup button, or pressing F3. Check the **Quality Measure** option to flag this procedure as a quality reporting measure (i.e., PQRS and E-Prescribing). When finished, click the **Save** button.

The screenshot shows the 'Procedure' dialog box. The 'Quality Measure' checkbox in the 'Properties' section is checked and highlighted with a red box. The 'Save' button at the bottom is also highlighted with a red box. The 'Other' section on the right contains buttons for 'Notes', 'Proc Override', 'Billing Codes', 'Ins Profile', 'Inventory', and 'Immunization'. The 'National Drug Codes' section has a table with columns for 'Primary', 'NDC', and 'Description', and 'Add' and 'Delete' buttons. The 'Insurance' section has checkboxes for 'Hard Copy' and 'No Copay', and fields for 'Rev/Rate' and 'Billing Instruction'.

Figure A1 – Procedure

Medicare E-Prescription/PQRS Incentive Program Reminder (continued)

- **Administration → Transaction Tables → Insurance** – The Insurance dialog has been updated with a Quality Measure checkbox that allows you to flag an Insurance carrier as a quality reporting measure for PQRI and E-Prescribing. See Figure A2. When a procedure is flagged as Quality Measure, the system will only bill charges for that procedure to insurances that are also flagged as Quality Measure. This ensures that the applicable E-Prescribing and/or PQRI procedures are only billed to participating insurances.

Insurance

1. Insurance
IH Code: MCRDE Category: MCR Assignment: Y
Billing Type: MCR_EDT Quality Measure Billing Instruction:
Copay: 0.00 Anes Time: Report Category:
Medigap #: Payor ID#: C00902
 Requires Claim Adjustment information for Secondary Insurances

2. Profile
 Group Profile Billing Profile 0

3. Managed Care
 Capitation
 Do Not Bill Capitated Services
Write Off Code:
4. Payment Defaults
Payment Type:
Write Off Code:
Withheld Write Off:
5. Company Information
Name: Delaware Medicare Trailblazer
Address 1: PO Box 650094
Address 2:
Zip Code: 75265 City: Dallas State: TX
Phone: () - [] Fax: () -
Other
Notes
Billing IDs
Ins Profile
Capitation
Billing Types
Save Cancel Delete ?

Figure A2 – Insurance Dialog

Insurance Billing Updates Reminder

In the version 4.1 release of Practice Manager, there was an important enhancement that was made to the Insurance Billing screen to alert you whenever a new insurance billing update is available. Once alerted you can then download these updated billing components at your convenience. **Do note that if you are running the 4.1 version of Practice Manager, the update process needs to be performed on the server.**

In the version 4.2 release of Practice Manager, the system was updated so that billing components reside on each individual workstation. **Therefore, if you are running the 4.2 version or higher of Practice Manager, the update process (described below) will need to be initiated for each workstation that will be doing insurance billing.** If the updates are not downloaded and registered on each workstation that will be doing insurance billing, then claims generated for those workstations may be denied if they are not updated.

- **Insurance Billing Updates** – The Insurance Billing tab has been updated with an Update button that allows you to download the latest insurance billing components if new components are available. See Figure A3. An Update button is available in both the Manual Billing and Automatic Billing sub-tabs and will become highlighted to alert you when new billing components are available.

Mode	Form	Description
<input type="checkbox"/>	Paper	CMSBSPA CMS1500 for BSPA (N)
<input type="checkbox"/>	Paper	CMSIBC CMS1500 for PA IBC Product Line (N)
<input type="checkbox"/>	Paper	CMS1500 CMS1500 Red Form (N)
<input type="checkbox"/>	Paper	HPARTPPA Health Partners Philadelphia,PA (N)
<input type="checkbox"/>	Paper	MCDPPA PA Medicaid (CMS1500)(N)
<input type="checkbox"/>	Paper	MCRPPA Pennsylvania Medicare (N)
<input type="checkbox"/>	Electronic	DEMCD_P5 Delaware Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	MDMCD_P5 Maryland Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	NEIC_P4 NEIC (webMD) Prof.837 (ANSI 4010 A1)
<input type="checkbox"/>	Electronic	NEIC_P5 NEIC (webMD) Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	NJMCD_P5 New Jersey Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	PABSKA_P4 PA BS Keystone/AmeriHealth Prof.837 (ANSI 4010 A1)
<input type="checkbox"/>	Electronic	PABSKA_P5 PA BS Keystone/AmeriHealth Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	PABS_P4 Pennsylvania Blue Shield Prof.837 (ANSI 4010 A1)
<input type="checkbox"/>	Electronic	PABS_P5 Pennsylvania Blue Shield Prof.837 (ANSI 5010 A1)

Figure A3 – Insurance Billing – Manual Billing

Once the download is initiated by clicking the **Updates** button, another dialog will appear confirming that you want to download and install the latest billing updates. See Figure A4.

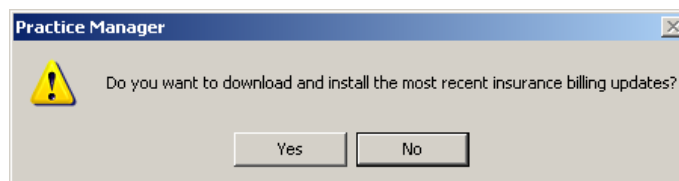


Figure A4 – Insurance Billing Updates Download

Insurance Billing Updates Reminder (continued)

Once the **Yes** button is clicked the insurance billing updates will start to download and the following message will appear in Figure A5. Do note that once the billing updates are initiated by a user, the Updates button will disable for all users and other users who try to initiate the download will receive a message stating that updates have started from another machine. Once the updates have been downloaded you will be prompted to install the updates, as well as to close out of the Practice Manager application to ensure a successful update.

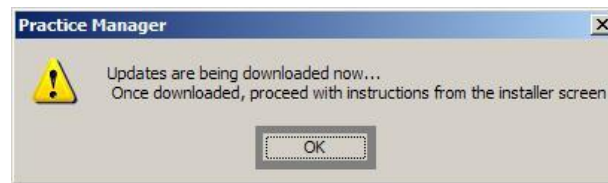


Figure A5 – Insurance Billing Updates Download Confirmation

Once the updates have been successfully downloaded and installed, log back into Practice Manager and be sure to register the Billing Component Manger (Add-Ins > Insurance Billing > Billing Component Manager).

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