

ChartMaker® Practice Manager

General

- **Administration – Diagnosis Search** – The system has been updated with a Diagnosis Search tool (Administration > Diagnosis Search) that assists the transition of the ICD10 diagnostic implementation. In the Diagnosis Search dialog you are able to perform an ICD10 Search, an ICD9 Search, as well as utilize the Crosswalk functionality which allows you enter an ICD9 code and then the system will return the applicable ICD10 code(s) that match that initial ICD9 code. See Figure 1. When performing an ICD10 Search or using the Crosswalk options, the dialog will also contain a tree view (middle column) of the selected diagnosis, as well as a detail pane (right column) that further details the diagnosis. The Diagnosis Search functionality has been incorporated throughout the system wherever diagnosis codes are configured or utilized.

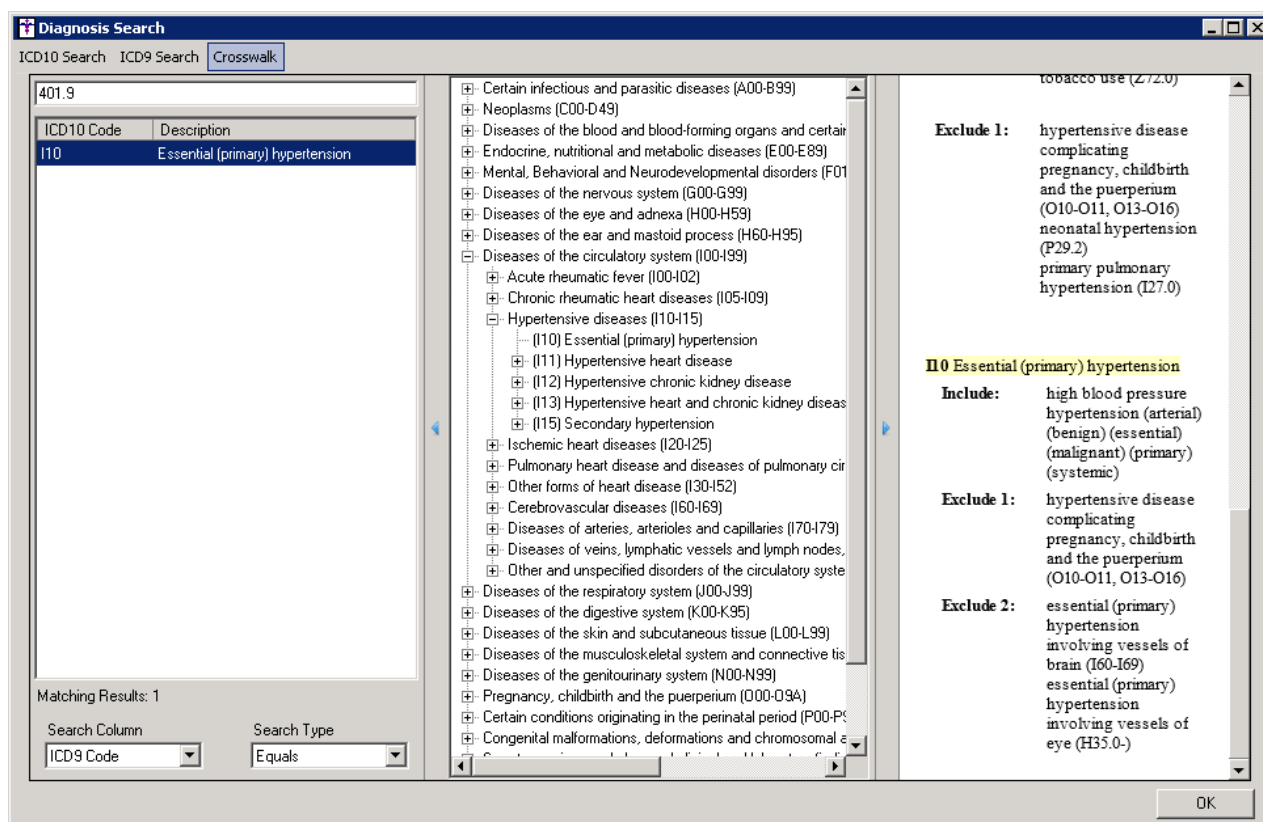


Figure 1 – Diagnosis Search

General (continued)

- **Administration – Transaction Tables – Diagnosis** – The Diagnosis option in the Transaction Tables menu has been updated to include options for either configuring ICD9 or ICD10 diagnosis codes. See Figure 2. Clicking the ICD9 option will open the Diagnosis which is the same dialog used to configure ICD9 diagnosis information in legacy versions of Practice Manager.

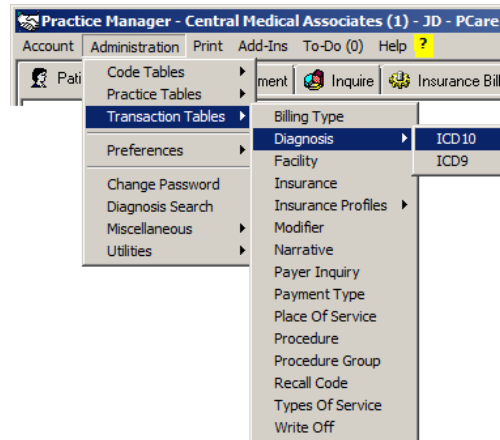


Figure 2 – Administration > Transaction Tables > Diagnosis

When clicking the ICD10 option, a new ICD10 dialog will appear, allowing you to search for ICD10 in the system. See Figure 3. When you click the lookup button the Diagnosis Search dialog will open, allowing you to search for the desired ICD10 code. See Figure 4. When in the ICD10 dialog, you are able to add Notes and Billing Codes for the selected ICD10 diagnosis code as needed.

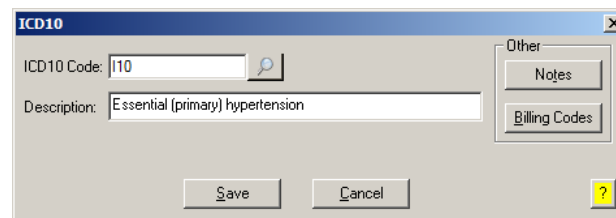


Figure 3 – Diagnosis – ICD10

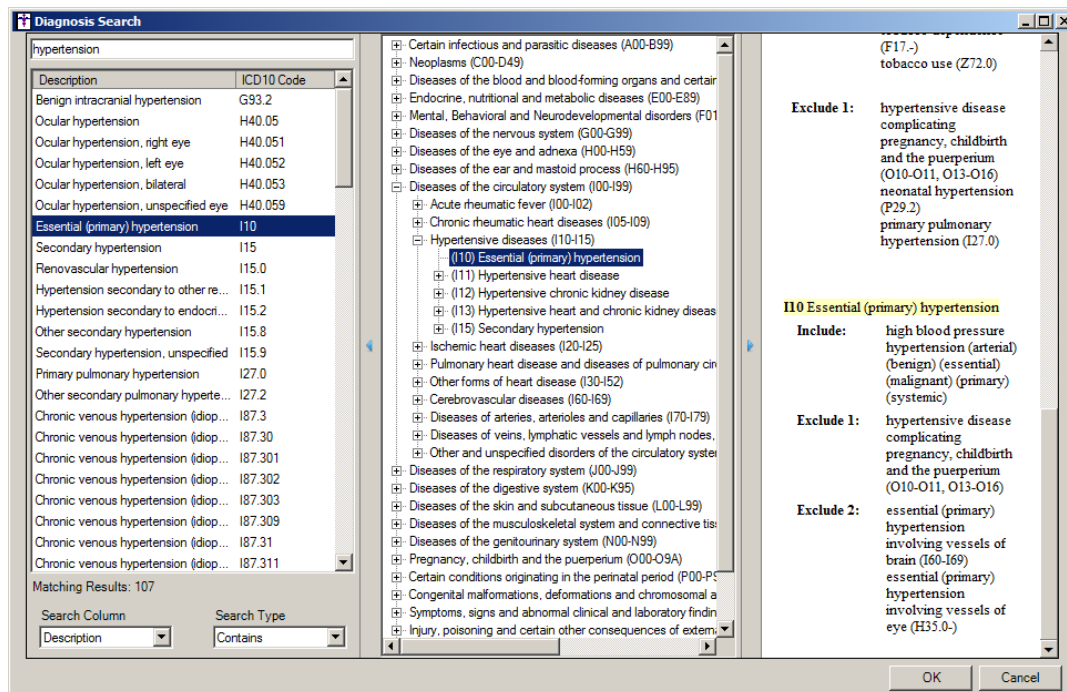
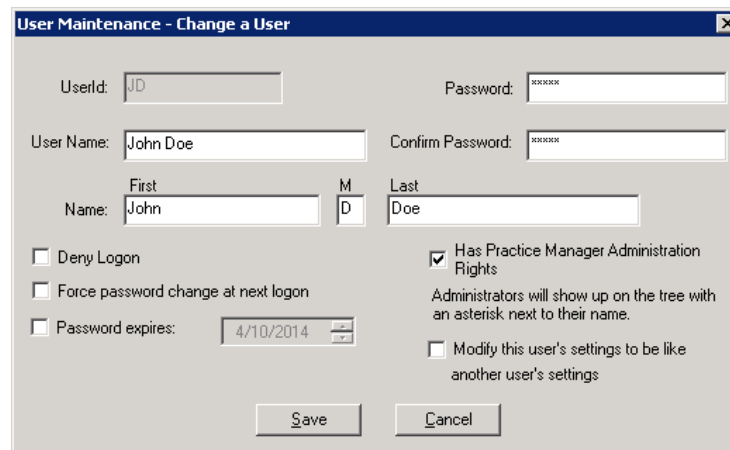


Figure 4 – Diagnosis – ICD10 – Diagnosis Search

General (continued)

- **PCADMIN** – The User Maintenance dialog in the Practice Manager for Windows Administration module has been updated to include a First, M (middle), and Last name fields allowing you to enter the user's full name in addition to their username. See Figure 5.

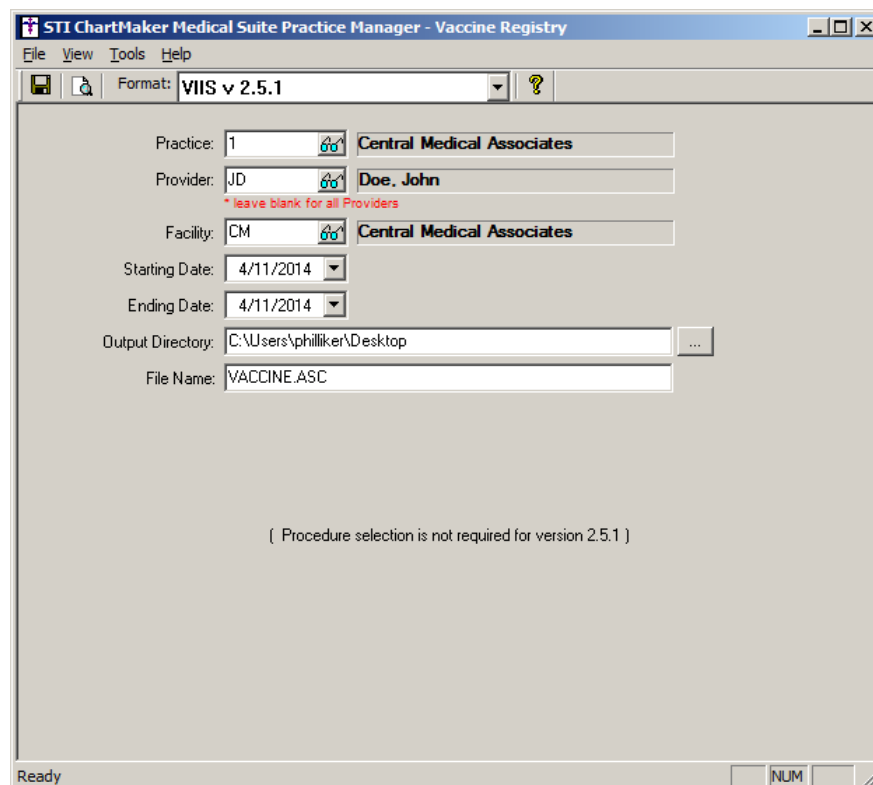


The 'User Maintenance - Change a User' dialog box contains the following fields and options:

- Userid: JD
- Password: [masked]
- User Name: John Doe
- Confirm Password: [masked]
- Name: First (John), M (D), Last (Doe)
- ☐ Deny Logon
- ☐ Force password change at next logon
- ☐ Password expires: 4/10/2014
- ☒ Has Practice Manager Administration Rights
- Administrators will show up on the tree with an asterisk next to their name.
- ☐ Modify this user's settings to be like another user's settings
- Buttons: Save, Cancel

Figure 5 – PCADMIN – User Maintenance

- **PCImport** – The PCImport module has been updated to handle ICD-10 diagnosis codes when these codes are in the file to be imported.
- **STI ChartMaker Medical Suite Practice Manager – Vaccine Registry** – The Vaccine Registry has been updated so that the Format field will contain and display the active vaccine registries in your system. See Figure 6. Likewise, you now have the ability to attach and configure Facility information for the applicable registries. When a Facility is attached you need to configure the Site ID for that facility linked to the vaccine registry by clicking Tools > Configure Site IDs.



The 'STI ChartMaker Medical Suite Practice Manager - Vaccine Registry' window includes the following elements:

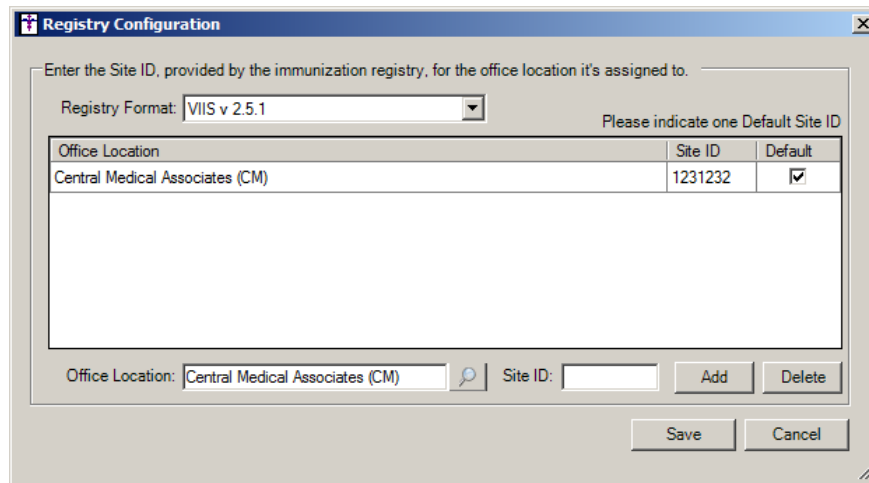
- Menu bar: File, View, Tools, Help
- Format: VIIS v 2.5.1
- Practice: 1 Central Medical Associates
- Provider: JD Doe, John
- * leave blank for all Providers
- Facility: CM Central Medical Associates
- Starting Date: 4/11/2014
- Ending Date: 4/11/2014
- Output Directory: C:\Users\philliker\Desktop
- File Name: VACCINE.ASC
- Status bar: Ready, NUM
- Footer text: { Procedure selection is not required for version 2.5.1 }

Figure 6 – STI ChartMaker Medical Suite Practice Manager – Vaccine Registry

General (continued)

STI ChartMaker Medical Suite Practice Manager – Vaccine Registry (continued)

In the Registry Configuration dialog, the Registry Format will default to what was selected in the Vaccine Registry dialog, however, you have the ability to select a different format if needed. See Figure 7. To add a Site ID, search for and select the applicable facility in the Office Location field, and then enter the Site ID. You can add multiple locations if needed. Once the applicable locations and Site IDs have been configured, be sure to select a Default.



The Registry Configuration dialog box is shown. It has a title bar with a close button. Inside, there is a text field for 'Enter the Site ID, provided by the immunization registry, for the office location it's assigned to.' Below this is a 'Registry Format' dropdown menu set to 'VIIS v 2.5.1'. To the right of the dropdown is the text 'Please indicate one Default Site ID'. Below this is a table with three columns: 'Office Location', 'Site ID', and 'Default'. The table contains one row with 'Central Medical Associates (CM)' in the first column, '1231232' in the second, and a checked checkbox in the third. Below the table is a search area with 'Office Location:' followed by a text field containing 'Central Medical Associates (CM)', a magnifying glass icon, and a 'Site ID:' text field. To the right of the Site ID field are 'Add' and 'Delete' buttons. At the bottom right are 'Save' and 'Cancel' buttons.

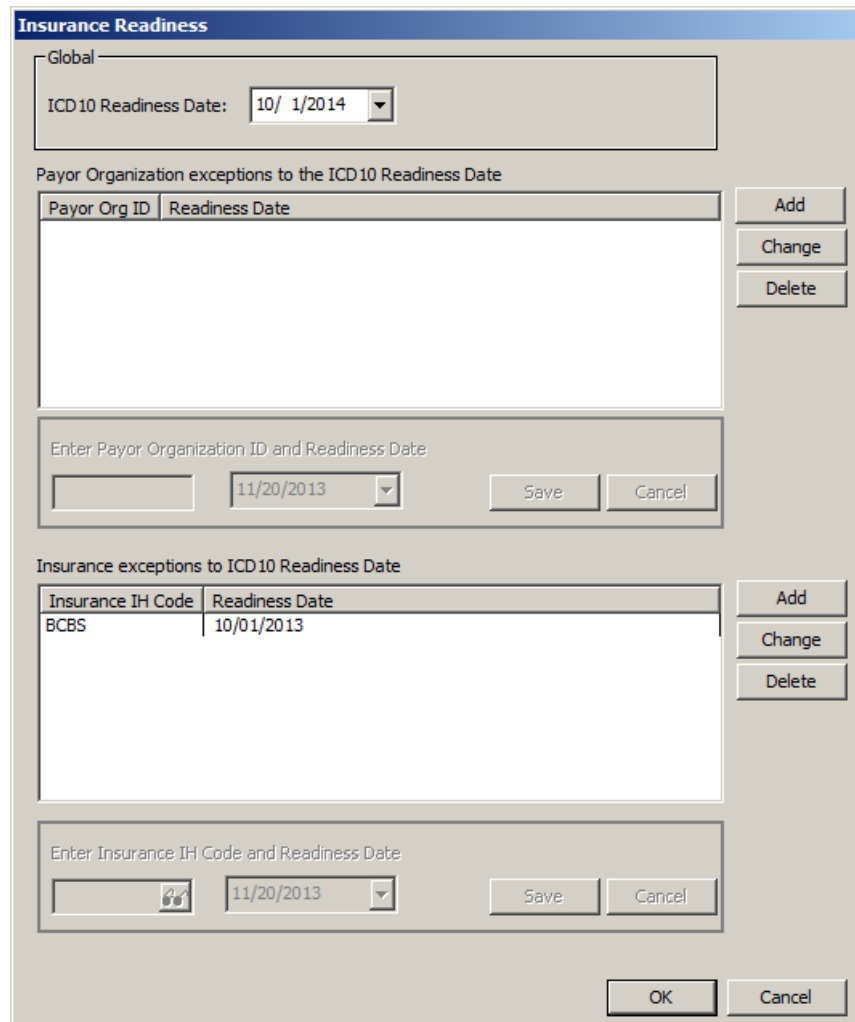
Office Location	Site ID	Default
Central Medical Associates (CM)	1231232	<input checked="" type="checkbox"/>

Figure 7 – Registry Configuration

Add-Ins

- **Add-Ins – Insurance Billing – Other Configurations – Configure ICD10 Readiness Date** – The system has been updated with an Insurance Readiness dialog (Add-Ins > Insurance Billing > Other Configurations > Configure ICD10 Readiness Date) that allows you to configure a global readiness date for ICD-10. See Figure 8. You also have the ability to configure exceptions to this global date for Payor Organization IDs and for specific Insurances.

Do note that if you modify the **Global ICD10 Readiness Date** to something other than **10/1/2014**, it will affect ALL insurance carriers and could thereby delay or deny payments for applicable claims. It is recommended that you do not change this global date unless the ICD10 date has been postponed by CMS or the government. If the readiness date needs to be modified, use the exceptions area for Payor Organization or Insurance below.



The dialog box is titled "Insurance Readiness". It contains several sections for configuring ICD10 readiness dates.

Global

ICD 10 Readiness Date: 10/ 1/2014

Payor Organization exceptions to the ICD 10 Readiness Date

Payor Org ID	Readiness Date
--------------	----------------

Buttons: Add, Change, Delete

Enter Payor Organization ID and Readiness Date

Input fields: [] 11/20/2013

Buttons: Save, Cancel

Insurance exceptions to ICD 10 Readiness Date

Insurance IH Code	Readiness Date
BCBS	10/01/2013

Buttons: Add, Change, Delete

Enter Insurance IH Code and Readiness Date

Input fields: [] 11/20/2013

Buttons: Save, Cancel

Buttons: OK, Cancel

Figure 8 – Insurance Readiness

- **Letters → Procedure Letters** – Procedure Letters have been updated to include ICD10, in addition to ICD9, diagnosis codes and descriptions when applicable.

Charge

- Charge – Diagnosis** – The Diagnosis area of the Charge screen has been updated with a new diagnostic control that allows you configure ICD9 and ICD10 codes when entering and editing charges for a patient. See Figure 9. As in previous versions, any codes that were attached to the patient's record in the Patient screen will default into the corresponding fields in the Charge screen. Once codes have been configured you can change their position by highlighting and using the arrow buttons, or remove them by highlighting and clicking the remove (red minus) button.

#	ICD10	Description	#	ICD9 IH Code	Description
1	I10	Essential (primary) hypert...	1	401.9	HYPERTENSIO...

Figure 9 – Charge – Diagnosis

To add a diagnosis you can type a few letter of the diagnosis into the search field and then click the lookup button or press the F3 or F4 key. This accesses the Diagnosis Search dialog allowing you to perform an ICD10 Search, as well as utilize the Crosswalk functionality which allows you enter an ICD9 code and then the system will return the applicable ICD10 code(s) that match that initial ICD9 code. See Figure 10. When performing an ICD10 Search or using the Crosswalk options, the dialog will also contain a tree view (middle column) of the selected diagnosis, as well as a detail pane (right column) that further details the diagnosis. Once a diagnosis is selected, it will appear in the Selected Codes section in the corresponding ICD10 or ICD9 column depending upon the type of code. You can add up to 10 diagnostic codes (five ICD10 code and five ICD9 codes).

Diagnosis Search

ICD10 Search ICD9 Search Crosswalk

headach

Description	ICD10 Code
Headache associated with sexual acti...	G44.82
Headache	R51
headache NOS (R51)	G43
headache syndromes (G44.)	G43
headache NOS (R51)	G44
headache due to lumbar puncture (G9...	G44
headache syndromes (G44.)	G89
headache (R51)	G89
Headache due to lumbar puncture	G97.1
headache (R51)	R52

Matching Results: 10

Search Column: Description Search Type: Starts With

Symptoms, signs and abnormal clinical and laboratory findin...

- Symptoms and signs involving the circulatory and respi...
- Symptoms and signs involving the digestive system and...
- Symptoms and signs involving the skin and subcutane...
- Symptoms and signs involving the nervous and muscul...
- Symptoms and signs involving the genitourinary system...
- Symptoms and signs involving cognition, perception, er...
- Symptoms and signs involving speech and voice (R47...
- General symptoms and signs (R50-R69)
 - (R50) Fever of other and unknown origin
 - (R51) Headache
 - (R52) Pain, unspecified
 - (R53) Malaise and fatigue
 - (R54) Age-related physical debility
 - (R55) Syncope and collapse
 - (R56) Convulsions, not elsewhere classified
 - (R57) Shock, not elsewhere classified
 - (R58) Hemorrhage, not elsewhere classified
 - (R59) Enlarged lymph nodes
 - (R60) Edema, not elsewhere classified
 - (R61) Generalized hyperhidrosis
 - (R62) Lack of expected normal physiological devel...

any other reason, (f) certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

General symptoms and signs (R50-R69)

R51 Headache

Include: Facial pain NOS

Exclude 1: atypical face pain (G50.1) migraine and other headache syndromes (G43-G44) trigeminal neuralgia (G50.0)

Selected Codes

ICD10: 3 additional codes available ICD9: 4 additional codes available

(R51) Headache

Remove from Selected Codes

OK Cancel

Figure 10 – Charge – Diagnosis – Diagnosis Search

Charge (continued)

- **Charge – Forms** – The Additional Forms dialog has been updated with a CMS-846 Pneumatic Compression Devices form that allows you to complete this form in conjunction with applicable charges and send that information electronically with those charges. See Figure 11.

Additional Forms

Form: CMS-846 ~ Pneumatic Compression Devices

Certification Type
 Certification Date
 Patient Height (in.)
 Patient Weight (lbs.)
 HCPCS 1
 HCPCS 2
 HCPCS 3
 HCPCS 4
 Estimated Length of Need (# of Months)
 Does the patient have chronic venous insufficiency with venous stasis ulcers?
 If the patient has venous stasis ulcers, have you seen the patient regularly over the past six months and treated the ulcers with a compression bandage system or compression garment?
 Has the patient had radical cancer surgery or radiation for cancer that interrupted normal lymphatic drainage of the extremity?
 Does the patient have a malignant tumor with obstruction of the lymphatic drainage of an extremity?
 Has the patient had lymphedema since childhood or adolescence?
 Name of person answering Section B questions, if other than physician
 Title of person answering Section B questions, if other than physician
 Employer of person answering Section B questions, if other than physician

☐ Print Later

Figure 11 – Charge – Forms – Additional Forms

Clinical

- **Clinical – Immunization** – The Immunization Entry dialog has been updated with a Vaccination Information Statement section that allows you to select and configure Groups, VIS Documents and Presented dates for applicable vaccine procedures. See Figure 12. Multiple documents and dates can be configured when applicable.

Immunization Entry

Procedure: 90723 DTAP-HEP B-IPV VACCINE, IM Service Date: 04/11/2014

Manufacturers and Lot Numbers for this Procedure				
Lot Expiration	Trade Name	Manufacturer	Lot Number	Funding
Click a Manufacturer row above to fill the immunization entry fields below.				

Vaccination Information Statement

Name	VIS Document	Presented
<input checked="" type="checkbox"/> DTAP	05/17/2007 - Diphtheria/Teta...	04/11/2014
<input checked="" type="checkbox"/> HepB	02/02/2012 - Hepatitis B VIS	04/11/2014
<input checked="" type="checkbox"/> POLIO	11/08/2011 - Polio VIS	04/11/2014

Immunization
 Provider Name:
 Manufacturer:
 Lot Number: Lot Expiration: 04/11/2014
 VFC Eligibility:
 Funding: ☐ Historical Source: New immunization record
☐ Disease Immunity
 Dose:
 Route:
 Site:
 Administered By: John Doe

Immunization Consent
 First Name: Jennifer Relationship:
 Last Name: Doe Consent Date: 04/11/2014
☐ Consent for Immunization
☐ Permission to Share

Figure 12 – Clinical – Immunization – Immunization Entry

Patient

- Patient – Additional Information – Race** – The Race field has been updated to allow you to select multiple race codes for a patient. See Figure 13.

2. Additional Information

Sex: M DOB: 08/10/1981 SSN: 212-32-1312

Mar Status: S Emp Status: Employer:

Pat Status: 1 Fin Status:

Race: Black or African American, Hispanic

Language:

Alternate Acc:

Reminder Pref:

Privacy Disclosure

☐ Asian

☐ American Indian or Alaska Native

☒ Black or African American

☒ Hispanic

☐ Native Hawaiian or Other Pacific Islander

☐ Declined to Specify

☐ White

Figure 13 – Patient – Additional Information – Race

- Patient – Case – Diagnosis** – The Diagnosis area of the Patient screen has been updated with a new diagnostic control that allows you configure ICD9 and ICD10 codes for a patient. See Figure 14. Once codes have been added you can change their position by highlighting and using the arrow buttons, or remove them by highlighting and clicking the remove (red minus) button.

3. Normal - 10012

Case ID #: 10012 Type: NRM Open: / / Close: / /

Responsible Party: <Patient> Category:

Provider: 1 Janet Jones Onset Type: ILL

Referral: Onset Date: / /

Facility:

Diagnosis:

#	ICD10	Description	#	ICD9 ICH Code	Description
1	I10	Essential (primary...)	1	401.9	HYPERT...

Buttons: New Case, Delete Case, Case Notes, More Case..., Hospitalization, Disability

Figure 14 – Patient – Case – Diagnosis

To add a diagnosis you can type a few letter of the diagnosis into the search field and then click the lookup button or press the F3 or F4 key. This accesses the Diagnosis Search dialog allowing you to perform an ICD10 Search, an ICD9 Search, as well as utilize the Crosswalk functionality which allows you enter an ICD9 code and then the system will return the applicable ICD10 code(s) that match that initial ICD9 code. See Figure 15. When performing an ICD10 Search or using the Crosswalk options, the dialog will also contain a tree view (middle column) of the selected diagnosis, as well as a detail pane (right column) that further details the diagnosis. Once a diagnosis is selected, it will appear in the Selected Codes section in the corresponding ICD10 or ICD9 column depending upon the type of code. You can add up to 10 diagnostic codes (five ICD10 code and five ICD9 codes).

Patient (continued)

Patient – Case – Diagnosis (continued)

Diagnosis Search

ICD10 Search ICD9 Search Crosswalk

401.9

ICD10 Code	Description
I10	Essential (primary) hypertension

Matching Results: 1

Search Column: ICD9 Code Search Type: Equals

Add to Selected Codes

Selected Codes

ICD10: 4 additional codes available

(I10) Essential (primary) hypertension

ICD9: 4 additional codes available

(401.9) HYPERTENSION UNSPEC

Remove from Selected Codes

OK Cancel

Figure 15 – Patient – Diagnosis Search

- Patient – Other – Consent** – The Consent dialog has been updated with an Immunization section that allows you to configure Registry Status, Reminder Preference, and to Protect the immunization data from other clinicians, as well as the Effective Dates, when applicable. See Figure 16.

IMPORTANT IMMUNIZATION HL7 VERSION 2.5.1 INFORMATION: When sending immunization information to immunization registries in the H7 Version 2.5.1 format, you must access the Consent button (in either Practice Manager via the Patient screen, or in Clinical via the ID tab) for each applicable patient to configure whether or not the patient wants to share this information with the registry. This process replaces the **Consent for Immunization** and **Permission to Share** options in the Order Procedure dialog in Clinical, and the Immunization Entry dialog in Practice Manager, *for sending immunization information to registries in the 2.5.1 HL7 format*. Do note, however, that the **Consent for Immunization** option should still be configured at the procedure level (in the Order Procedure dialog in Clinical, and the Immunization Entry dialog in Practice Manager) to provide accurate documentation within the chart note and patient's record, when applicable.

Consent

Medication History Consent

☒ Yes, parental/guardian consent given
☐ Yes, emancipated minor consent given
☐ No consent
☐ Not asked

Provider: All Providers

Date of consent: 8/12/2013

HIE Consent

HIE Name	Provider	Export Consent	Import Consent	Date Import Consent Changed
HIXNY	Dan Smeltz, (444)	Yes	Yes	8/2/2012 5:18:06 PM
RRHIO	Dan Smeltz, (444)	No	No	8/2/2012 4:50:31 PM

Immunization

Registry Status: Active

Effective Date: 8/6/2014

Reminder Preference: Reminder/recall - any method

Effective Date: 8/6/2014

☐ Protect the immunization data from other clinicians

Effective Date: 8/6/2014

OK Cancel

Figure 16 – Patient – Other – Consent

Documents

- **Patient Account → Charge Slip** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes in the Charge Slip header when applicable.
- **Patient Account → Diagnosis History** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the diagnosis history report when applicable.
- **Patient Account → Lab Sheet** – The program has been updated to allow you to include and configure ICD10, in addition to ICD9, diagnosis codes for a lab sheet when applicable.
- **Patient Account → Patient History** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the patient history report when applicable.
- **Patient Account/RP Account → Itemized Charges** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the itemized charges document when applicable.
- **Patient Account/RP Account → Receipt** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the receipt when applicable.
- **Patient Account/RP Account → Statement** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the statement when applicable.
- **Patient Account/RP Account → Summary** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the summary document when applicable.

Labels

- **Mailing Labels – Case Labels** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the case labels when applicable. Likewise, you also have the ability to sort or select with ICD9 or ICD10 diagnosis codes as needed.
- **Mailing Labels – Charge Labels** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the charge labels when applicable. Likewise, you also have the ability to sort or select with ICD9 or ICD10 diagnosis codes as needed.

Patient Billing

- **Patient Billing** – The program has been updated to include ICD10, in addition to ICD9, diagnosis codes on the electronic and paper patient statements whenever such codes are configured for the applicable charges.

Reports

- **Reports** – All applicable reports that display diagnosis codes have been updated to print ICD10 (and/or ICD9) diagnosis codes when applicable. Likewise, reports that sort or select on diagnosis codes have been updated so that you can sort/select with ICD9 or ICD10 diagnosis codes as needed.

Addendum

Medicare 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 PQRS procedures to be sent to participating insurances to receive applicable incentive moneys through 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 PQRS. 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 PQRS procedures are only billed to participating insurances.

To enter a PQRS procedure enter the applicable **Code** in the IH Code field. That code will then default into the CPT4 Code field. Next, in the Description field, enter an appropriate **Description**. 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. When finished, click the **Save** button.

Figure A1 – Procedure

Medicare 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 PQRS. 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 PQRS procedures are only billed to participating insurances.

The Insurance dialog box is divided into several sections:

- 1. Insurance:** Includes fields for IH Code (MCRDE), Category (MCR), Assignment (Y), Billing Type (MCR_EDT), a checked Quality Measure checkbox, Billing Instruction, Copay (0.00), Anes Time, Report Category, Medigap #, and Payor ID # (C00902). There is also a checkbox for "Requires Claim Adjustment information for Secondary Insurances".
- 2. Profile:** Includes radio buttons for Group Profile and Billing Profile (selected), with a dropdown for Billing Profile set to 0.
- 3. Managed Care:** Includes checkboxes for Capitation and Do Not Bill Capitated Services, and a Write Off Code field.
- 4. Payment Defaults:** Includes fields for Payment Type, Write Off Code, and Withheld Write Off.
- 5. Company Information:** Includes fields for Name (Delaware Medicare Trailblazer), Address 1 (PO Box 650094), Address 2, Zip Code (75265), City (Dallas), State (TX), Phone, and Fax.

On the right side, there is a vertical stack of buttons: Notes, Billing IDs, Ins Profile, Capitation, and Billing Types. At the bottom are Save, Cancel, and Delete buttons, along with a help icon (?) in the bottom right corner.

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.

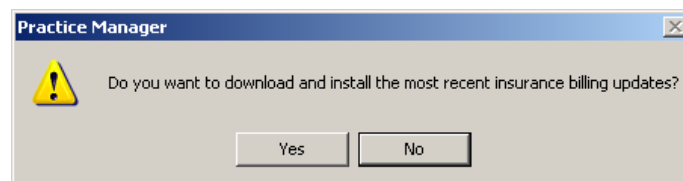


Figure A4 – Insurance Billing Updates Download

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.

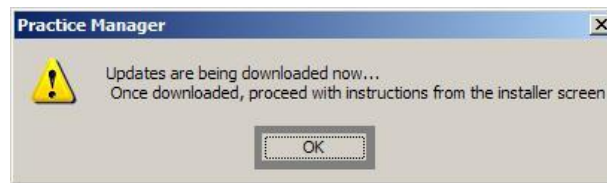


Figure A5 – Insurance Billing Updates Download Confirmation

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).

Some icons are from the Silk icon set by Mark James (<http://www.famfamfam.com/>). All rights reserved. Licensed under a Creative Commons Attribution 2.5 License (<http://creativecommons.org/licenses/by/2.5/>).

Some icons are from the Fugue icon set by Yusuke Kaniyamane (<http://p.yusukekaniyamane.com/>). All rights reserved. Licensed under a Creative Commons Attribution 3.0 License (<http://creativecommons.org/licenses/by/3.0/>).
