



# Product Release Document

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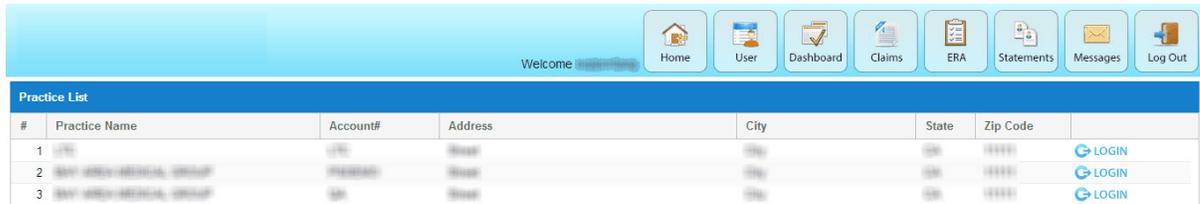
**Part**



# 1 NEW FEATURES

## 1.1 GROUP LOGIN

As part of our UI module upgrades, we have come up with an improved Group User Home Page with new features across various aspects of Group billing.



Welcome [User Name]

Home User Dashboard Claims ERA Statements Messages Log Out

#	Practice Name	Account#	Address	City	State	Zip Code	
1	[Practice Name]	[Account#]	[Address]	[City]	[State]	[Zip Code]	LOGIN
2	[Practice Name]	[Account#]	[Address]	[City]	[State]	[Zip Code]	LOGIN
3	[Practice Name]	[Account#]	[Address]	[City]	[State]	[Zip Code]	LOGIN

### New Features:-

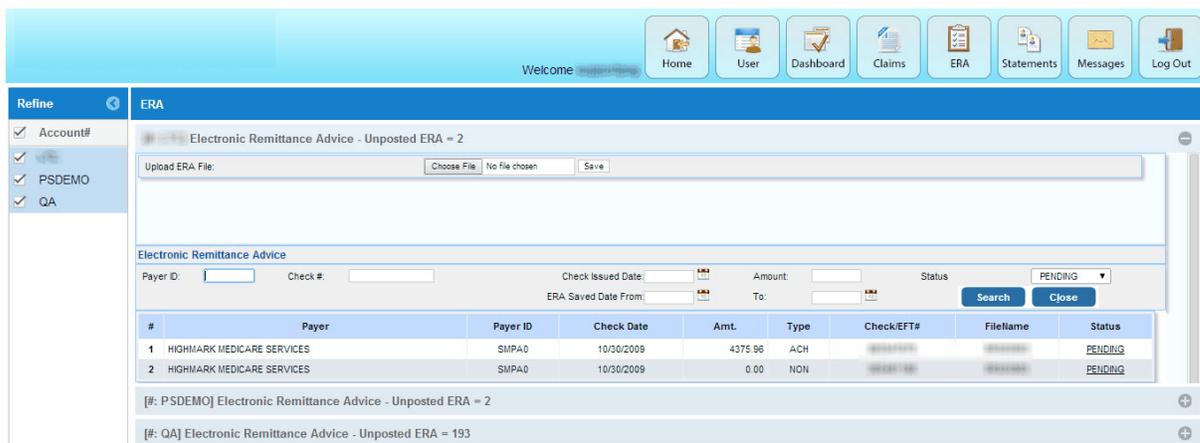
- Ability to generate and send Claims for all the accounts from a single screen.
- User can post the ERA payment from the Group login page itself.
- Patient statements can now be generated for all the accounts from Group Home Page.
- Messages of all accounts can be handled from the Group Home Page.



Welcome [User Name]

Home User Dashboard Claims ERA Statements Messages Log Out

Refine	Claims Workbench	
<input checked="" type="checkbox"/> Account#	[#: ] Claims Workbench	EDI Claims = 95, Paper Claims = 1
<input checked="" type="checkbox"/> PSDEMO	[#: PSDEMO] Claims Workbench	EDI Claims = 144, Paper Claims = 0
<input checked="" type="checkbox"/> QA	[#: QA] Claims Workbench	EDI Claims = 249, Paper Claims = 6



Welcome [User Name]

Home User Dashboard Claims ERA Statements Messages Log Out

Refine ERA

Electronic Remittance Advice - Unposted ERA = 2

Upload ERA File:  No file chosen

Electronic Remittance Advice

Payer ID:  Check #:  Check Issued Date:  Amount:  Status:

ERA Saved Date From:  To:

#	Payer	Payer ID	Check Date	Amt.	Type	Check/EFT#	Filename	Status
1	HIGHMARK MEDICARE SERVICES	SMPA0	10/30/2009	4375.96	ACH	[Check/EFT#]	[Filename]	PENDING
2	HIGHMARK MEDICARE SERVICES	SMPA0	10/30/2009	0.00	NON	[Check/EFT#]	[Filename]	PENDING

[#: PSDEMO] Electronic Remittance Advice - Unposted ERA = 2

[#: QA] Electronic Remittance Advice - Unposted ERA = 193

This is an add on module; please contact sales/support for more details.

## 1.2 ICD 10 Look Up in Mobile App

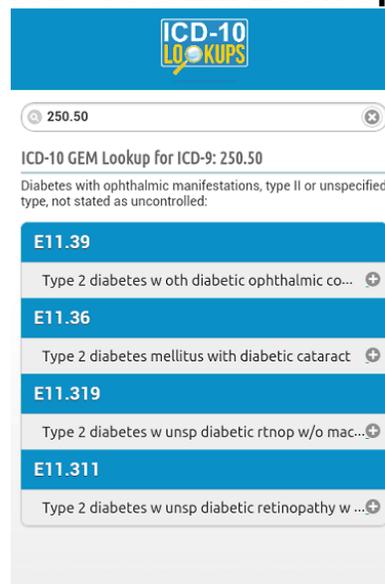
# Any Time, Any Where 'ICD-10' GEM Look up is in your finger Tips!

PracticeSuite proudly introduces a New Application for ICD 10 GEM Look up in Android and i Phones.



This Application will help you with smoothly transition to the new coding system with user - friendly features like ICD-10 search & ICD-9 to ICD-10 Conversions.

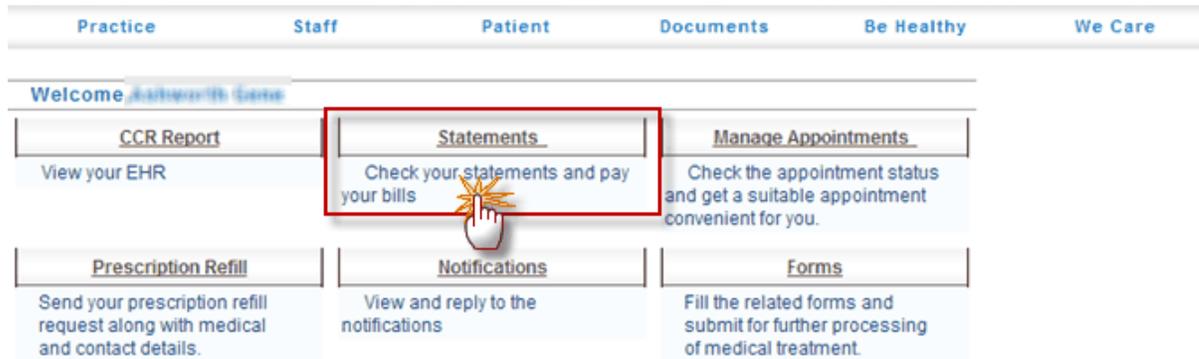
### Search for codes by code number or keyword ICD- 10 GEM Look up



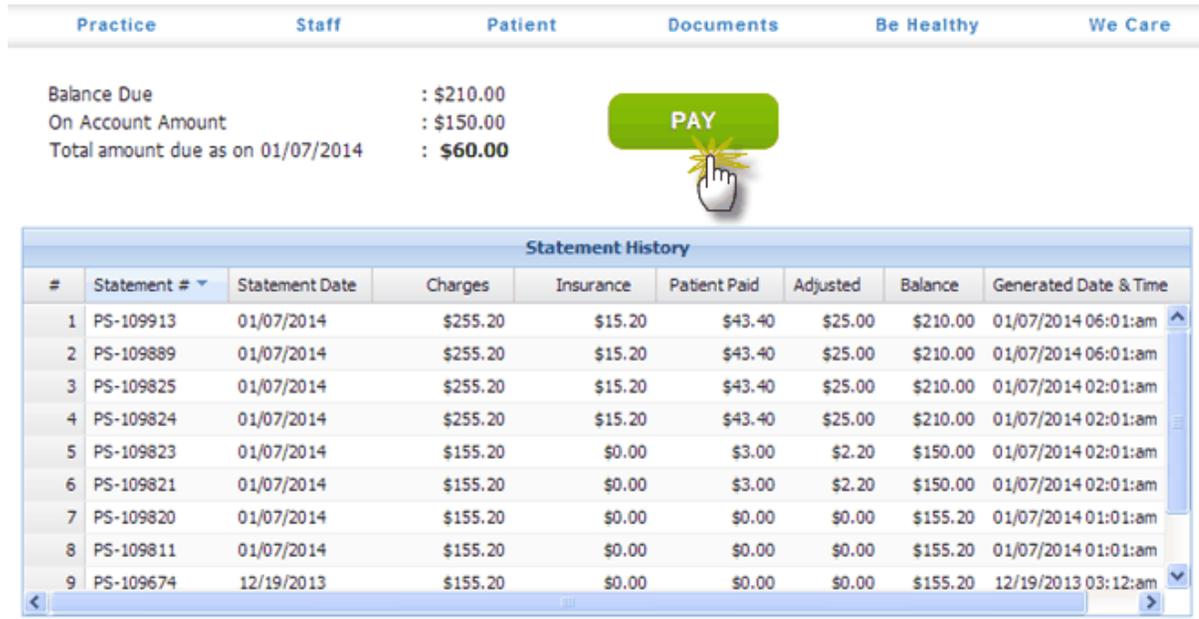
### 1.3 Credit card processing In patient Portal & Kiosk

PracticeSuite introduces credit card payment functionality for portal enabled practices. Patients can view statements online and can pay their outstanding balances from the portal. The system will create automatic payment entry in billing module. This option is available as an Add-On feature. Please contact Sales/Support for more details.

To do so, Navigate towards Patient Portal. Click on the statements and it will bring all the patient statements generated for that patient.



This page will list all the statements of the patient with the outstanding due amount & Pay Button.



Click on the pay button will bring up the page to enter the Credit card details.

**Payment Page**

Online  
Secure payment

MasterCard VISA AMERICAN EXPRESS

Card Number \*

Expiry Date\*:  
03 / 2018

CVV\*:

Amount **\$60.00**

Proceed Securely Cancel

Once the payment is processed, the system creates a payment entry and will return the status along with the payment number as well as a transaction number for future references.

**Payment Successful**

✓ Your payment of \$60.00 received successfully

Payment Number : 14-10868  
Transaction # : [blurred]

OK

## 1.4 Provider Productivity By Insurance Report

A new report has been added to the Financial Section called ' Provider Productivity By Insurance Report' which provides a detailed productivity of all providers during a selected date range along with number of visits. User can even search the productivity with the electronic Payer id of insurance companies. User can also export this report on an excel spreadsheet or on a pdf document.

- ✧ Monthly Payments By Month By POS Report
- ✧ Reimbursement Analysis by Payer(s) by Procedure(s) Report
- ✧ Procedure Productivity By LOB Report
- ✧ Service Location Wise Month End Close Report
- ✧ ICD Count By POS Report
- ✧ FRA Detailed Report
- ✧ **Provider Productivity By Insurance Report**

The search result will be displayed with # of visits & the paid amount of individual providers.

**Provider Productivity By Insurance Report**

Parameters

Acct. Date From: \* 02/01/2014 To: \* 02/11/2014 Calculate Date As --Select--

Payor Id:

\* = REQUIRED FIELD

#Provider	# Of Visits	Paid Amount
PREPCO, PROVIDER @	3	255.42
Provider: PREPCO, PROVIDER @	Total	255.42

## 1.5 Insurance Payment Analysis Report

A new report has been added in Report Central under the Charges & Payments called 'Insurance Payment Analysis Report'.

- ✧ Procedure Count By Insurance Report
- ✧ Patient(s) Payment Detail Report
- ✧ Payment Activity Report
- ✧ Monthly Census Report
- ✧ Insurance Reimbursement Variance Report
- ✧ Financial Summary By TOS
- ✧ Credit Card Transaction Report
- ✧ **Insurance Payment Analysis Report**

Report search parameters are 'Accounting Date Range', 'Legal Entity' and 'Provider'.

Insurance Payment Analysis Report

Parameters

Acct. Date From: \* 02/01/2014 To: \* 02/11/2014 Calculate Date As --Select--

Legal Entity ALL Provider ALL

\* = REQUIRED FIELD

Search Close

Posted Date	Patient	DOS	CPT	Payer Name	Paid Amt.	Total Paid	Amt. of Percent(%)
02/05/2014	11111111111111111111	02/06/2014	89049	BLUE CROSS - OF OKLAHOMA	10.00	10.00	100

## 1.6 EMR- Restriction action on Patient charts

Practice Administrator can now set user level access restriction to EHR charts. The following restrictions can be set for the user.

- Cannot Complete Encounter
- Cannot Create Encounter
- Cannot Edit EHR at all

**User Access Restrictions**

Restrict Access to Patient Charts: Lname:  Fname:

Restricted Charts:

Allowed to Break The Glass in Emergency Situation:  Yes  No

Restrict Actions on Patient Charts:  Cannot Create Encounter  Cannot Complete Encounter  Cannot Edit EHR at all

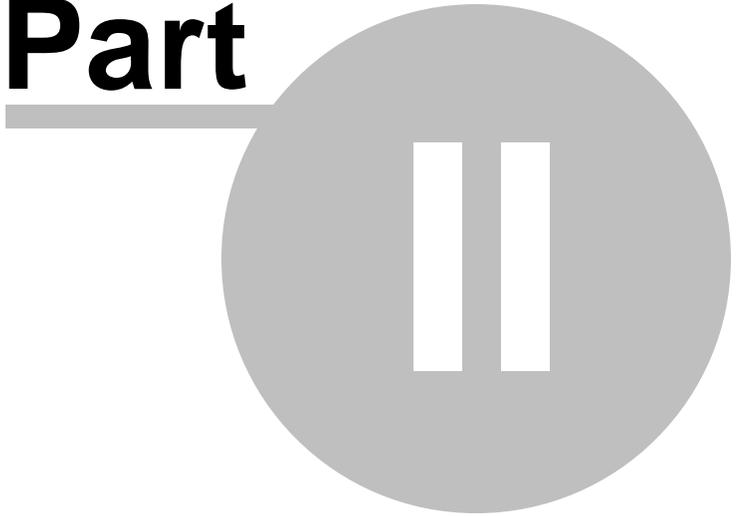
\* = REQUIRED FIELD

Save Close

## 1.7 Patient Aging Report

A new report 'Patient Aging report' has been added under "Aging" section in the Report Central .

# Part



## 2 ENHANCEMENTS

### 2.1 NDC Code

You can now auto default the NDC code for a procedure. The NDC code can be setup on the Encounter procedure screen with the NDC units & amount. The 'Show NDC' box should be checked to activate the auto population of the NDC to the "Enter Charges" screen.

The screenshot shows the 'Encounter Procedure' form. The 'NDC Code' field is highlighted with a red circle. The form includes fields for Code, Description, Amount, Category, and Active status. There are also sections for Defaults and Additional Information.

### 2.2 Payment Deposit Report

Added a new field – "Status" to Payment Deposit report to show the payment status. The status will show the current status of the payment entry created like 'New', 'Partially Applied', 'closed', 'void' & 'Fully Applied'.

Payment#	Acct. Date	Payment Entry Date	Check Date	Creation Date	Check#	Payment Type	Payor	Provider	Reference#	Collected by	Source	Comment	Payment Status	Checks Cash	Credit Card	Electronic	Deposit Amt.	Applied On Account	Refund Amt.	Transfer Amt.		
11030	02/12/2014	02/12/2014	02/12/2014	02/12/2014		SELF PAY	BROOKS, IDA	Jones, J.R. (PBM Medicals1)		BILLING_OFFICE	MANUAL		NEW	0.00	0.00	0.00	0.00	11.00	0.00	11.00	0.00	0.00
11037	02/13/2014	02/13/2014	02/12/2014	02/13/2014		COPAY / DEDUCTIBLE	SAM, TIYARA	HINNANT, WILLIAM (best practice 123)		BILLING_OFFICE	MANUAL		NEW	0.00	0.00	0.00	0.00	100.00	0.00	100.00	0.00	0.00
11027	02/12/2014	02/12/2014	02/12/2014	02/12/2014		CLAIM	HIGHMARK BCBS-ZND TO MEDICARE			BILLING_OFFICE	MANUAL		PARTIAL APPLIED	0.00	0.00	0.00	0.00	250.00	30.00	220.00	0.00	0.00
11014	02/10/2014	02/10/2014	02/10/2014	02/10/2014		SELF PAY	dam_deep				MANUAL		FULLY APPLIED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

A new search parameter named – "Include Void" to show voided payments. Click on the check box to include the voided payments to the search result.

The screenshot shows the 'Payment Deposit Report' search parameters form. The 'Include Void' checkbox is highlighted with a red box. The form includes various search criteria such as Acct. Date From, Payment Entry Date From, Check Date From, Creation Date From, PSTS#, Payor Entity, Legal Entity, Provider, User, Payment Collected by, and Source.

### 2.3 New Recall Report

A new search parameter, 'Initiate Date from' is added in the New Recall Report.

The screenshot shows a web form titled "New Recall Report" with a "Parameters" section. The form contains several input fields and dropdown menus. The "Initiate Date From" field is highlighted with a red rectangular box. Other fields include "Due Date From", "To", "Calculate Date As", "Reminder Status", "Assigned To User", "Reminder Type", "Patient", and "Reminder Category". There are "Search" and "Close" buttons at the bottom right. A legend at the bottom left indicates that an asterisk (\*) denotes a required field.

New Recall Report			
Parameters			
Due Date From *	<input type="text"/>	To *	<input type="text"/>
Initiate Date From *	<input type="text"/>	To *	<input type="text"/>
Calculate Date As	--Select--		
Reminder Status	ALL	Assigned To User	ALL
Reminder Type	ALL	Reminder Category	ALL
Patient:	<input type="text"/>		

\* = REQUIRED FIELD

Search Close



## 2.4 Custom Patient statement Number

Patient statement # format can now be set up from the Billing options. Choose 'Custom' from the drop down and enter the alpha numeric numbers as required in the statement. User can also choose Two digit Provider Code & three digit Legal Entity before the sequence number.

**Billing Options**

Claim # Two Digit Provider Code - Sequence Number Start 1000

Claim Batch # Receiver Id - Sequence Number Start 2000

Batch grouping Rule  
 1. Legal Entity  
 2. EMC Receiver [Configure](#)  
 3. Insurance

Claim Grouping Rule  
 1. Legal Entity  
 2. Rendering provider  
 3. Case  
 4. Date of Service (DOS)  
 5. Overlapped Line Diagnosis  
 6. Override Inclusion/Exclusion

Claim Batch Name Receiver Id - Submission Type (EDI/Paper) - DateTime(MMDDRRRRHHMI)

Claim Creation Frequency Every Hour 2

Payment # Legal Entity Id - Sequence Number

**Patient Statement #** Custom PS - Sequence Number Start 1

## 2.5 Patient On Account Balance Analysis Report

Added Address, City, State, Country & phone number.

MRN	DOB	DOS From	DOS To	CPT	Total Charge	INS. Paid	Pat. Paid	Adj. Amt.	Remaining Amt.
Patient:	ADASSE, KARLA	Pat. Total Payment Amt.: 0.00			Pat. Total Unapplied Amt.: 0.00				
Address:	PO BOX 10066	City:	AUGUSTA	State:	GA	Zip:	30999-0001	Country:	USA
765566876	01/16/1963	10/25/2010	10/25/2010	G0101	75.00	8.42	0.00	0.00	66.58

## 2.6 ERA - Payer remark

With this release, while posting an ERA payment; automatically the Insurance name and electronic payer id will get populate in the payer remark field. The same will also get populate on the Line activity of the charge.

Date & Time 02/12/2014 06:09:24 AM By

Line Sub Status Denied

Payor Remark [87726-UNITED HEALTHCARE INSURANCE COMPANY] Duplicate claim/service. Duplicate claim/service. Service denied because payment already made for same/similar procedure within set time frame. Duplicate claim/service. Service denied because payment already made for same/similar procedure within set time frame.

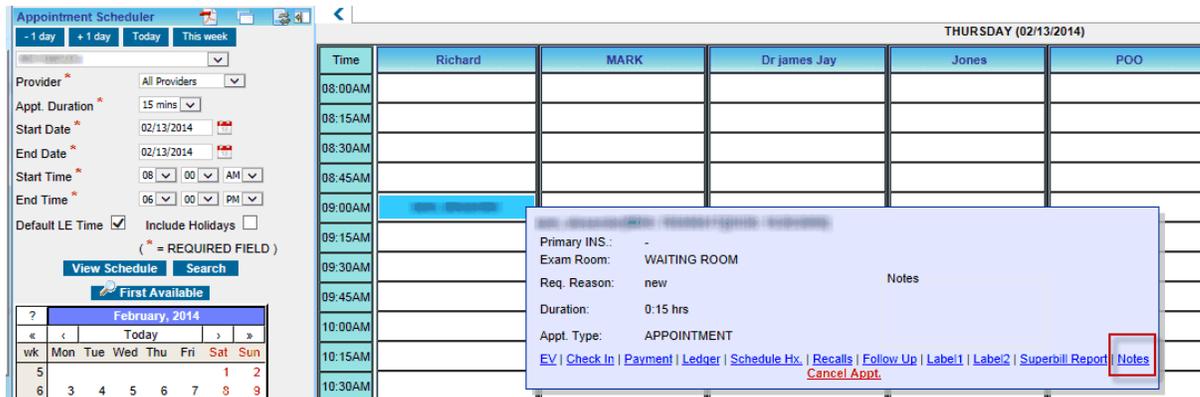
Line Sub Status Denied  CO-18  M86

Category Code: w18

Remark [87726-UNITED HEALTHCARE INSURANCE COMPANY] Duplicate claim/service.

## 2.7 Scheduler- Notes

Users can now view and edit patient note from the scheduler window itself by selecting the note link from the Scheduler bubble.



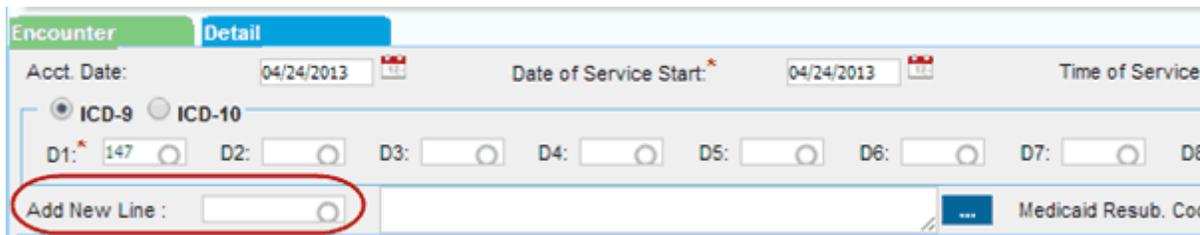
## 2.8 Charge Master- Line level note

If there is a claim note added in line level, then a blinking icon will appear in Charge master & Posting screen.



## 2.9 Charge Master - Caption Changed

Caption changed "Add New CPT Code" to "Add New Line" on Charge Master



## 2.10 Charge Entry- Auto Posting

All existing copay payments except the fully applied payments will get displayed if we click on the select payment icon '📄' in the charge entry section. User can select the appropriate copay payments from the list and the system will automatically post those for the newly created charge.

The screenshot shows a software interface with two main sections: 'Additional Information' and 'Patient Payments'.

**Additional Information:**

- Rendering Provider: ALL
- Place Of Service: 11-OFFICE
- Service Location: --Select--
- Referring Provider: Same as Rendering Provider
- Authorization#: [Empty]

**Patient Payments:**

- Account Balance (\$358.87) Post
- Co-Pay: 20
- Deductible: [Empty]
- Buttons: ACCEPT, C, Auto Post

A red arrow points to the 'Auto Post' button. A dialog box is open over the 'Patient Payments' section with the title 'Select any one of the Payment Entries from the list to Auto-Post.' The dialog box contains a table with the following data:

#	Payment#	Pay. Date	Unapplied Amt.	Pay. Method
1	118234		2.25	CC_MASTER
2	118233	02/12/2014	28.28	CC_MASTER
3	118232	02/04/2014	162.00	CASH
4	118231		122.22	CHECK
5	118225		28.00	CC_MASTER
6	118224		11.25	CC_MASTER
7	118223		18.00	CC_MASTER
8	14-0523	01/21/2013	28.00	CC_MASTER

## 2.11 CASE Switch - Fee Schedule

While switching the case, the system will automatically change the amount in the line level according to the fee schedule of the new case.

## 2.12 Printer Alignment

The printer Align setup page is enhanced to accept negative values. This will allow users to shift the page margin towards left and top.

Click on Printer Align and the following screen will appear.

The screenshot shows the 'Printer Alignment' setup screen. It includes the following information:

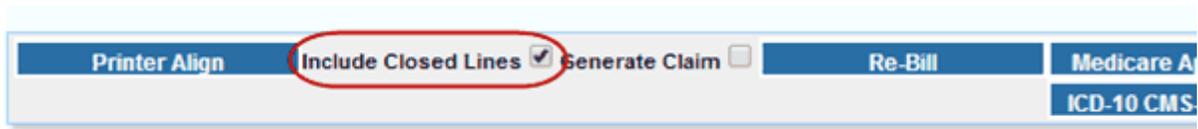
- Information:**
  - Enter the left and top offsets to adjust printer alignment
  - To shift to the right and down, please enter a number greater than 0
  - To shift to the left and up, please enter a number less than 0
- Printer Type:** CMS1500/HCFA1500
- Left Offset:** 0
- Top Offset:** 0
- Font Size:** 11

Buttons: Save, Close

1. Left Offset -> It determines the left margin of CMS Form. To shift towards right enter a value greater than 0 otherwise enter a value less than 0. To shift the margin one letter space enter a value 5(it may vary depends upon the font size chosen).
2. Top Offset -> It determines the top offset of CMS Form. To shift towards bottom enter a value greater than 0 otherwise enter a value less than 0. To shift the margin one letter space enter a value 5(it may vary depends upon the font size chosen).
3. Font size -> It determines the font size to be used while printing the CMS Form.

## 2.13 Claim Form

In the Print / Rebill section, Added the ability to include/exclude closed lines in HCFA/CMS 1500 forms.



## 2.14 CPT Override

Ability to override the Procedure code was made available even if the line status is WO\_CLOSE or PAID\_CLOSE. Previously system doesn't allow any change in procedure code if there was any activity done on the charge.



## 2.15 Letter Master

The Letter master setup screen has been rearranged for better usability.

## 2.16 Document Management

The document upload section of the document management page is upgraded to HTML5 based up-loader for better usability and security. With this feature the users need not require a java run-time environment for document upload. This feature is extremely useful for Mac and Safari users.

## 2.17 Patient Statement

Added the new field "Co-Insurance" to the patient statement CSV report.

## 2.18 Scheduler Option

An option to specify the default schedule status is added in the Scheduler Option.

## 2.19 x Superbill

Added modifiers in the Quick Edit option.

Provider	Gomez, Carlos	POS	Service Location	CM
799.99	U2		1 UN 72.38	72.38 72.38 NEW
<b>Edit</b>				
M1 : U2	M2 :	M3 :	M4 :	Units : 1 UOM UN Charge : 72.38 Change Line Status to VOID : <input type="checkbox"/> Save
Provider	Gomez, Carlos	POS	Service Location	CM

## 2.20 Posting Detail Report

Added a new search parameter called 'CPT' in the posting detail Report.

Posting Detail Report	
<b>Parameters</b>	
Patient Name:	<input type="text"/>
Payment #:	<input type="text"/>
Acct. Date From :	<input type="text"/>
DOS From :	<input type="text"/>
Posting Date From :	<input type="text"/>
PSTS#:	<input type="text"/>
Legal Entity	ALL <input type="button" value="Clear"/>
Provider	ALL <input type="button" value="Clear"/>
Source	--Select-- <input type="button" value="Clear"/>
User	ALL <input type="button" value="Clear"/>
To :	<input type="text"/> Calculate Date As --Select-- <input type="button" value="Clear"/>
To :	<input type="text"/> Calculate Date As --Select-- <input type="button" value="Clear"/>
To :	<input type="text"/> Calculate Date As --Select-- <input type="button" value="Clear"/>
Check #:	<input type="text"/>
CPT:	<input type="text"/>
Payor Type	ALL <input type="button" value="Clear"/>
<input type="button" value="Search"/> <input type="button" value="Close"/>	

## 2.21 Patient Details Report

Patients details report can now be downloaded in a CSV format.

## 2.22 Payment Entry

Last 'Processed By', 'Entered By', 'Last Processed Date' & 'Last Entered by Date' are added in the Payment entry screen.

Check #:	<input type="text"/>	Bank Name:	<input type="text"/>
Description:	<input type="text"/>	Account #:	<input type="text"/>
Amount:	<input type="text"/>	Acct. Holder:	<input type="text"/>
Actual Check Amt:	<input type="text"/>		
Last Processed By: Deepak [Last Name]		Entered By: Deepak [Last Name]	
<input type="button" value="Copy DOS"/>			

# Part

