Version History for ANSI Modules

Version 14.4.9.2

All Modules

15452 – Modified the method used to send drug information. This information populates in the 2410 CTP Drug Pricing loop. Removed the DRUG: trigger. The information that is sent in this loop is directly pulled from the Unit Price field, Unit Count field, and Unit of Measurement list on the Transaction Details window. On the Transaction Entry window, select a line item to associate the drug information with and then on the Charges grid and click the Details button. On the Transaction Details window, enter drug data. NOTE: the NDC Code and Prescription Number fields are not used.

To view the drug information that you enter on the Transaction Details, you will need to add the drug fields to the Charges grid. To add the fields, click the black dot button in the upper left-hand corner of the grid (●) and then click the Add fields button and select NDCUnitCount, NDCUnitMeasurement, and NDCUnitPrice and click OK. For more information on adding fields, see Grid Columns. For more information on the 2410 CTP loop, look up Loop 2410 Segment CTP: Pricing Information.

15732 – Corrected an issue with sending claims with mammography certification information. Added a new method for sending these claims. In previous versions, you could enter a mammography certificate on the case, with the provider, or with the facility. With this change, you can only enter a mammography certificate with the facility. For these types of claims, you will need to edit or add a facility (Lists, Addresses) and enter the certificate in the Mammography Certificate field. If a mammography certificate is entered with a provider (Provider, Default Pins) or the case (Case, EDI) associated with the claim, you will need to remove the mammography certificate in these fields. Also make sure to enter data in the Street, City, State, and Zip Code fields--all of these fields must filled out in order for the 2300 and 2400 loop REF EW segments to create.

When generating a claim that needs this information, you will need go to the Case window, Accounts tab and select the facility from the Facility list. Save the record and then generate and transmits claims as needed. For more information, look up in the ANSI Crosswalk help file Loop 2300 Segment REF: Mammography Certification Number and Loop 2400 Segment REF: Mammography Certification Number.

16180 – Modified the application code to correct an issue for claims sent to Illinois Medicaid.

Note: Effective July 1, 2009 Illinois Medicaid is no longer accepting one-digit payee codes and will begin using NPI information. Before sending claims you will need to register your NPI number with Illinois Medicaid and modify your application settings. For more information visit www.hfs.illinois.gov/all/022709n.html.

In Medisoft to accommodate this change, you will need to use the NPI Only check box or NPI: trigger. Both options suppress tax IDs/social security numbers in various data segments; however, neither option suppresses legacy IDs and qualifiers in Loop 2010AA Segment REF and Loop 2310B Segment REF.

To send NPI only data (no legacy numbers in the claim), you will need to remove the pin number and qualifier and the group ID and qualifier from the PIN matrix on the Insurance Carrier window, PINs tab for the Illinois Medicaid record.

Then either:

Go to the Lists menu and select Insurance and then select Carriers. On the Illinois Medicaid record and on the Address tab of the Insurance Carriers window, click the NPI Only check box.

—OR—

Open the Illinois Medicaid record and on the Insurance Carrier Entry window, Address tab, in the Practice ID field, enter NPI:.

16188 – Corrected an issue with multi-line claim generation. After creating and sending a multi-line claim, the transaction when viewed in the Transaction Entry would not show the Billed To box Insurance I check box selected even though the claim had been sent to the primary insurance carrier. The first line item in the claim would show this however; modified the code logic so that lines entries in multi-line claims all show the correct information in the Billed To box.

ERA

15758 – Enhanced the application code to reduce the amount of time needed to post remittance files that lacked Entry Numbers (6R segments).

INET

16032 – Modified the INET module to address a missing header separation between insurance carriers in the claim file. The module was not separating carriers if the module was set up with an F in the Receiver Type field (EDI Receiver window, Extras tab). When setting up the INET module leave the Receiver Type field blank.

IVANS

16070 – The IVANS module is now available for sending claims using the IVANS network.

NYEB

15863 – Corrected an issue with segment terminators in the .xmt file used for uploading claims to NYEB.

NYUM

16069 – The NYUM module is now retired.

RelayHealth

13957 – Modified the application code to generate Loop 2300 Segment REF and send D9 with claim number (Claim Management window, Claim Number field).

The claim number will appear on for several RelayHealth reports, including the CA - Claims Acknowledgement and EC - Exception reports, as the Claim ID.

15874 – Corrected a claim rejection issue. Added logic in 2400 SV11 to check if the Case window, Medicaid and Tricare tab, EPSDT box is selected. If it is selected and if the procedure code is an EPSDT procedure, then the application sends a Y in this segment.

EPSDT procedures are 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, and 99395.

Version 14.3.9.1

All Modules

15500 – Introduced a custom trigger for use in sending claims to insurance carriers that require ordering provider information sent in Loop 2420E.

The segment sends this information if a special trigger is entered in Medisoft. The feature also requires use of an NPI number; your practice needs to have NPI information in the Referring Provider, Default Pins tab, National Identifier field

This trigger creates a custom, ordering provider loop in 2420E, including the referring physician information, and pulls the following information:

In Loop 2420E NM1:
NM101, NM102, NM103, NM104, NM107, NM108, and NM109

In Loop 2420 N3
N301 and N302

In Loop 2420 N4:
N401, N402, and N403

To set up the trigger:

Launch Medisoft. From the Lists menu, select Insurance and select Carriers. On the grid select the insurance carrier that requires an ordering provider on claims and click Edit. Click Options. In the Alternate Carrier ID field enter ORDMD. Click Save.

For more information refer to the ANSI crosswalk help file and look up the following topics: Loop 2420E NM1, Loop 2420 N3, and Loop 2420 N4.

15672 – Modified the secondary claims processing logic. The previous logic would not include a $0 primary claim payment in 2430 SVD02. The system now will report a $0 primary payment in Loop 2430 SVD02.

ERA

14527 – Corrected an issue with the ERA pre-verification report for the RelayHealth EDI module. The payer name was not appearing on the report.

14874 – Corrected an issue with a claim file transmission system messaging. The application was displaying a successful claim file transmission message even if the computer was not connected to the internet. Modified the code and messaging to check transmission and report with an error message if a transmission error occurs.

15247 – Modified internal logic and calculation for ERA adjustments to correct an issue that some users encountered when trying to post adjustments from some carriers. In these instances, users had to manually post the data. Changed the internal logic for posting to use the various CAS segments for calculating the adjustment instead of the AMT*B6 segment. This change corrects the need for users to manually post for carriers that did not format their data using the AMT*B6 segment.

15582 – Modified the ERA application to include support for different types of delimiters.

Version 14.2.9.1

All Modules

14609 – Modified the application to support carriers who require individual and group taxonomy numbers being submitted on a claim. The crosswalk was also updated to reflect the change.

Release 14.07 added support for sending taxonomy information, if the Taxonomy utility is used, in both segments. The change in this release enhances this addition with a new option to pull an individual and group taxonomy number if your carrier requires this data. Confirm with your payer the taxonomy requirements—if it is needed for Loop2000A, Loop2310B, or in both segments and if an individual taxonomy number is required, group taxonomy number is required, or if a group taxonomy number and an individual taxonomy number is required.

If you are sending claims as a group (EDI Receivers window, ID tab, Group Practice box is selected) the taxonomy (Provider, Default PINs tab, Taxonomy Code field) is always sent in the Loop 2310B Segment PRV: Rendering Provider Specialty Info.

If you are not sending claims as a group (EDI Receivers window, ID tab, Group Practice box is not selected) the taxonomy (Provider, Default PINs tab, Taxonomy Code field) is always sent in Loop 2000A Segment PRV: Billing/Pay-to-Provider Specialty.

Some of your payers might require the taxonomy in both of these segments. If your payer requires this, you will need to use the Taxonomy utility. You also must submit the claim as a group (EDI Receivers window, ID tab, Group Practice box is selected).

Some payers require individual and group taxonomy numbers on claims. If your payer requires this, you will need to use the Taxonomy utility to associate a Group Taxonomy number with the payer. Completing this action will pull the group taxonomy in 2000A that you enter using the Taxonomy utility and pull the individual taxonomy in 2310B.

For more information on using the Taxonomy utility, search for the topic Taxonomy Utility in the crosswalk help file or download the instructions for using the utility from the KB.

14959 – Modified Loop2300 Segment REF: CLIA Number to create for the following payers: MC021, MC035, MC048, 3512, and 2480.

AVAP

15580 – Corrected an issue in Loop 2010AB Segment REF: Pay-to Provider Secondary ID This segment, which is sent for AVAP, was not sending.

GPNT

15591 – Corrected an issue in Loop 2010AB Segment REF: Pay-to Provider Secondary ID This segment, which is sent for GPNT, was not sending.

INET

15151 – Modified the application to support the INET web bulletin board. The release of this version represents a replacement for the dialup bulletin board which will be shortly phased out. If you are using the an older direct module version of INET and install the new software, you will need to modify the connection settings for the INET EDI receiver. Refer to the INET checklist or the INET chapter in the direct module manual for the new setup information.

Phoenix Broadband

15741 – Improved internal logic processing for .rec files. This change corrected an issue that some users had encountered when the application did not properly match rejected claims to their message body. In this case, users would receive a missing .rec file message and rejected claims would be mislabeled as sent.

Version 14.13

All Modules

14626 – Corrected and issue with a payee number (Providers window, Default PINs tab, Payee Number) not populated in Loop 2010AB Segment REF: Pay-to-Provider Secondary ID REF02.

RelayHealth

14650 – Modified the code for Loop 2010BB Segment REF: Payer Secondary ID for BCBS South Carolina payer number 2410 to send 2U in the REF01 segment instead of FY. The crosswalk was also updated to reflect the change.

14882 – Corrected an issue with a qualifier not populated in Loop 2310A REF01 segment and the state license number not populated in Loop 2310A REF02 segment for payor ID 1421 and 2426. The crosswalk was also updated to reflect the change.

ERA

14190 –Corrected a delimiter formatting translation issue that was impacting ERA posting. Added a new routine to the application code that translates various delimiters into a common format.

14599 – Corrected an issue encountered by some users with ERA auto posting with Claims Manager. Some users encountered a situation in which the patient account number was not appearing on the preverification report leading to payments not posting. The application logic was updated.

14736 – Corrected an error that occurred for some users when downloading ERA files. When downloading, the system would display the error message “LX#01 is not a Valid Integer Value for field "Entry Number" and close.

Version 14.12

All Modules

14711 – Modified the code to use either the NPI Only check box or the NPI: trigger to transmit NPI Only data. Both options suppress tax IDs/social security numbers in various data segments; however, neither option suppresses legacy IDs and qualifiers in Loop 2010AA Segment REF and Loop 2310B Segment REF—some carriers still request NPI only data along with legacy data, and these segments pull legacy data if it is in the PIN matrix.

If your carrier requires true NPI only data (no legacy numbers in the claim), you will need to remove the pin number and qualifier and the group ID and qualifier from the PIN matrix on the Insurance Carrier window, PINs tab. If your practice has many insurance companies with multiple PIN numbers, you can contact EDI Customer Support at (800) 334-4006, and Support can run a script in the practice to automatically remove the PIN numbers.

Then either:

Go to the Lists menu and select Insurance and then select Carriers. On the Address tab of the Insurance Carriers window, click the NPI Only check box.

—OR—

On the Insurance Carrier Entry window, Address tab, in the Practice ID field, enter NPI:.

If your carrier requires NPI data along with legacy data, you will need to select the NPI Only check box or enter the NPI: trigger in Medisoft and then on a carrier-by-carrier basis, remove the PIN numbers for carriers that require NPI only data, but leave the PIN numbers for carrier that require NPI only data plus legacy data.

ERA

13551 and **13558** – Modified the application to address issues with compound remittance files being split into single remittance files. Previous versions of ERA used the ST: trigger in the Ext. field to split compound remittance files. The application no longer uses the ST: trigger for this functionality and automatically splits compound ERA files into individual files. The file splitting automatically occurs for a compound remittance file when users download reports or apply payments. The application backs up the original file with a timestamp record before the split occurs in the Medidata*Practice Name*\ NDC\ERA\BackUp*Current Year**Current Month*.

When viewing a report or posting payment, if you select a compound remittance, the Information window will appear noting that the compound remittance file has been split into single remittance files. You will click OK on the window and then on the Open window, select one of the split remittance files to view or post.

Version 14.11

Phoenix

13850 – Corrected an issue with claim status not being updated after successfully sending a primary/secondary claim. After transmitting the claim, the application was looking in the wrong folder for an REC file, which in turn caused the application not properly update claim status.

Phoenix Broadband

14488 – Corrected the issue in the code that pointed at an incorrect IP address. Some users were experiencing an I/O exception error when transmitting claims. The code update corrects this situation.

Medisoft 14 SP1

The Medisoft SP1 installation now features an NPI Only check box. This check box replaces the functionality of the NPI: trigger that was introduced in release 14.04. If your insurance carrier requires NPI only data, go to the Lists menu and select Insurance and then select Carriers. On the Address tab of the Insurance Carriers window, click the NPI Only check box. For each carrier be sure to remove the custom NPI: trigger from the Insurance Carrier Entry window, Address tab, Practice ID field. Check with your insurance carriers to see if they require NPI only data.

If your carrier requires NPI data along with legacy data, you will need to select the NPI Only check box and then enter a trigger in Medisoft on the Insurance Carrier Entry window, Address tab, Practice ID field. In this field enter NPI:. Loop 2010AA Segment REF and Loop 2310B Segment REF features a new REF segment that will pull this data for claims directed to this carrier.

Version 14.09

ERA

13622 – Corrected an error in the application code that produced an error message when downloading new remittance files.

NYEB

13741 – The manual and checklist were updated to reflect the new payer IDs associated with the Medicare J13 transition to NYEB. The new payer numbers are:

Region	**Payer Number**
Connecticut	13102
New York (Downstate)	13202
New York (Upstate)	13282
New York (Queens)	13292

RelayHealth

14038 – Corrected a file formatting situation in which the delimiters used by RelayHealth were not creating a valid file format for reports. Added a new routine to the application code that translates various delimiters into a common format.

All Modules

14005 – Modified the application code to correct missing delimiters in Loop 2430 DTP.

Version 14.08

All Modules

13966 – Corrected an issue with using the new Taxonomy utility with Medisoft Network Pro. For more information on the Taxonomy utility, refer to the entry below in Version 14.07.

Version 14.07 8/08/2008

All Modules

13770 – Modified the application to transmit taxonomy information in one of two segments or in some cases, if a new utility is used to further customize the application, in both segments. The crosswalk was also updated to reflect the change.

If you are sending claims as a group (EDI Receivers window, ID tab, Group Practice box is selected) the taxonomy (Provider, Default PINs tab, Taxonomy Code field) is always sent in the Loop 2310B Segment PRV: Rendering Provider Specialty Info.

If you are not sending claims as a group (EDI Receivers window, ID tab, Group Practice box is not selected) the taxonomy (Provider, Default PINs tab, Taxonomy Code field) is always sent in Loop 2000A Segment PRV: Billing/Pay-to-Provider Specialty.

Some of your payers might require the taxonomy in both of these segments. If your payer requires this, you will need to use the Taxonomy utility. For more information on setting up the Taxonomy utility, search for the topic Taxonomy Utility in the crosswalk help file or download the instructions for using the utility from the KB.

Version 14.06 7/31/2008

RelayHealth

13549 – Modified the application with a reworded error message to describe a situation that can occur with the RelayHealth module when transmitting claims if the EDI receiver has an invalid submitter ID.

13659 – Modified the application to correct an access violation error that could occur in the RelayHealth module after claims transmittal and after viewing and then closing a report.

13745 – Modified the application to support a URL change on 8-15-2008 by RelayHealth. On this date the application will use a new URL, https://mbox.collaborationcompass.com/EMFInfoExchange/jsp/login.jsp, for processing transactions. You do not have to make any changes to your setup other than installing the new EDI release.

ERA

13607 – Corrected a build issue for the 14.05 EDI release that contained the 12.01 version of the ERA module.

FLCT

13625 – Updated the FLCT checklist and Direct Module manual to include more information on changing passwords. Before running the updated module, change your password using a web tool from FLCT at http://www.floridamedicare.com/EDI/Gateway/. You will put the new password in the EDI Receivers window, ID and Extras tab, Submitter Password 1 field.

GPNT

13411 – The GPNT Trailblazers module was updated to support submitting to Palmetto GBA in South Carolina. The checklist and direct module manual were also updated with the required settings information along with adding information to the ISA05 field in the crosswalk.

Version 14.05 6/27/2008

All Modules

13080 – The application was modified to correct an issue in Loop2430 SVD in which the application was transmitting the NDC code instead of the procedure code.

13412 and **13414** – Corrected an issue in which the 2320 SBR02 field (individual relationship code) was not transmitting or was transmitting with data from another field.

Claims Manager

13135 – Corrected a filtering issue when sending secondary claims in which the application was not using a selected filter setting and would send all secondary claims instead of the filtered ones.

13212 – Corrected an issue with the application not holding the EDI file storage path for ERA files.

GPNT Trailblazer

13355 – The application was modified to support MAC Jurisdiction 1 provider change to Palmetto GBA over GPNet for California, Hawaii, and Nevada. Early boarding began on May of 2008. The crosswalk, checklist, and manual were also updated. The new payor IDs are:

State	Payor ID
California	01192
Hawaii	01202
Nevada	01302

FLCT

13487 – The checklist and manual was update to reflect a new requirement of Florida Medicare to have providers change their passwords every sixty days. Users can make this change using a web tool on the FCSO web site or within Medisoft from the EDI Receivers window ID tab in the Submitter Password II field. Providers will need to track when their password is due to expire or wait for the message from the carrier in a session log. If providers do not change their password in 60 day, they will be blocked from sending claims until they change their password in this field or use the web tool on the FCSO web site. Password must be eight characters in length (alphanumeric and uppercase only). The new password must be different from the old password by at least four characters. Passwords cannot match mailbox numbers and cannot repeat within ten changes.

FLMC

12566 – The application was modified to support the new EDS claims processing system. The checklist, manual, and crosswalk were also updated to document new set up information for the FLMC module.

Changes to NM1 09 in Loops 2010AA, 2010AB, 2310A, 2310C, 2310D, 2310E, 2420A, 2420B, and 2420E include noting the formatting exception for FLMC of: If the value in NM108 is equal to 24, the value sent in NM109 must follow the format of XX-XXXXXXX.

Changes to REF 02 in Loops 2010AA, 2010AB, 2310A, 2310B, 2310C, 2310D, 2310E, 2420A, and 2420B include noting the formatting exception for FLMC of: If the value in REF01 is equal to EI, the value sent in REF02 must follow the format of XX-XXXXXXX.

PABS

13356 – The checklist and manual was updated to support J12 Medicare provider change for Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania to Highmark through PABS in July of 2008. New payor IDs are:

State	Payor ID
Delaware	12102
District of Columbia	12202
Maryland	12302
Pennsylvania	12501
New Jersey	12401

Phoenix and RelayHealth

13472 – Modified the application to create Loop 2000A Segment PRV to transmit the taxonomy code. For Florida Medicaid with payor ID 1478 (RelayHealth) the segment creates and with payor ID MC010 (Phoenix) the segment creates. The crosswalk was also updated to document the change.

RelayHealth
13434 – Changed the data formatting for 2430 SVD05 and 2400 SV104. If there is a decimal value, the leading zeros in front of a decimal value are dropped.

Version 14.04 5/23/2008

All Modules

13078 and 13323 – The code was modified to now support transmitting NPI data only or NPI data and select legacy data. These options require you to set up a custom trigger to take advantage of the new features. The crosswalk was also updated to reflect the changes in the code.

Some Insurance Carriers now require that submitted claims only contain NPI data. Other carriers require NPI data along with legacy data. Check with your carrier to verify before making any changes to your system settings.

If your carrier requires NPI data only, you will need to enter a trigger in Medisoft on the Insurance Carrier Entry window, Address tab, Practice ID field. In this field enter NPI:. Also, if your carrier requires NPI only data on/after May 23, you will need to remove the pin number and qualifier and the group ID and qualifier from the PIN matrix on the Insurance Carrier window, PINs tab.

If your carrier requires NPI data along with legacy data, you will need to enter the NPI: only trigger and leave the data in PIN matrix, Loop 2010AA Segment REF and Loop 2310B Segment REF now feature a new REF segment that will pull this data for claims directed to this carrier.

Segments affected by these changes include: 2010AA Segment REF, 2010AB Segment REF, 2310A Segment REF, 2310B Segment REF, 2310C Segment REF, 2310D Segment REF, 2310E Segment REF, 2420A Segment REF, and 2420B Segment REF.

Version 14.02 5/2/2008

All Modules

13173 – The Insured Relationship 1, 2, and 3 fields are now replaced by the Insured Relationship Code 1, 2, and 3. The crosswalk was also updated.

13197 – The application code was modified to support transmitting test results in Loop 2400 MEA. If you need to transmit test results you will need to enter the data in Medisoft in **Transaction** window, **Transaction Documentation** window **Documentation/Notes** field. You will need to also select from the Type list **EDI: Special Conditions**.

The format of this entry is composed of four parts. The first part of the entry is **@MEA:**.

The second part of this entry is either one of the following values with an * after it:

Entry	**Definition**
OG	Original Starting Dosage
TR	Test Results

The third part of this entry is one of the following values with an * after it:

Entry	**Definition**
GRA	Gas Test Result
HT	Height
R1	Hemoglobin
R2	Hematocrit
R3	Epoetin Starting Dosage
R4	Creatin
ZO	Oxygen

The fourth part of this entry is the actual measurement value.

For instance a valid entry in the Documentation/Notes field to transmit test results could be: **@MEA:TR*GRA*50**.

APN1

13206 – Modified the application code to only generate the second REF segment of 2010AA if the REF02 field has a value. This change corrects an issue with rejections due to the segment generating without a value in the REF02 field for certain legacy numbers for Medicare claims. The crosswalk was also updated.

Version 14.01 4/4/2008

All Modules

13039 – Changes were made in the application code to correct an issue with data reporting in 997 reports. The reports now display the correct information.

13101 – Corrected a situation in which users received an error message when attempting to download ERA files. The error message reported that a remittance file could not be renamed, followed by a second error message that documented that a transmission error occurred due to an invalid file name. Made changes to correct an error in which the application was not storing the complete file path name. If you encountered this error, you will need to clear a registry entry. To do this: on the Windows taskbar click Start and select Run. On the Run window in the Open field, type in regedit. In the Registry Editor and from the directory list, go to HKEY_current_user folder, Software, Medisoft, Edi and delete all entries with a bad file path.

AVAP

13069 – Corrected a situation in Loop 2010AB Segment REF 02 in which the PINs value and the Payee Number pulled instead of only the Payee Number. – Now is releasing in 14.02

GPNT

12761 – Changes were made to the application to support the changes for MAC Jurisdiction 4 transition to Trailblazers. The crosswalk was updated to along with the GPNT checklist. The new payor IDs and dates are:

State	New Payor IDs	J4 MAC Effective Date
CO	04102	3-21-08
NM	04202	3-1-08
OK	04302	3-1-08

Version 14.00 02/29/2008

Initial Release