

Version History for ANSI Modules

Version 15.3.9.8

All Modules

15673 – 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.

15878 – 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.

15789 – Modified Loop2300 Segment REF: CLIA Number to create for the following payers: MC021, MC035, MC048, 3512, and 2480.

16181 – 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:.

ERA

15344 – Corrected an issue with RelayHealth ERA. Some users had encountered an error message of “Error reading dmMediSoft.Color: Property Color does not exist” when launching ERA but not downloading new files. Modified internal logic to correct the problem.

15543 – Corrected an issue with the ERA pre-verification report for the RelayHealth EDI module. The payer name was not appearing on the report.

15660 – Modified the ERA application to include support for different types of delimiters.

15666 – Corrected an ERA duplication error that some users encountered when posting remittance files. The application was duplicating the file and appending the file name with a 001 in some cases.

15970 – 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.

INET

15152 – 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 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.

IVANS

16072 – The IVANS module is now available for sending claims using the IVANS network.

NYUM

16071 – The NYUM module is now retired.

RelayHealth

14879 – 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.

Version 15.2.9.35

All Modules

15197 – Corrected an issue in Loop 2010AB. The loop was sending for all modules.

15736 – 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.

Medisoft 14, EDI Release 14.07 added support for sending taxonomy information, if the Taxonomy utility is used, in both segments (this change was incorporated in the Medisoft 15 initial EDI release). The current change in this release enhances the functionality 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.

Phoenix Broadband

15742 – 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.

RelayHealth

This release includes the RelayHealth Report Viewer, a utility that provides a robust method for viewing various RelayHealth report types. The Report Viewer replaces previous methods used to view RelayHealth reports. The utility implements a database in which reports are stored and retrieved for quick searching, filtering, and displaying information. The utility also provides a simple archiving feature to minimize the number of currently displayed reports without the need to delete any reports.

The RelayHealth Report Viewer is installed as part of the Medisoft RelayHealth EDI installation.

You begin by launching the Report Viewer from the RelayHealth EDI Module ANSI X12 by clicking the View Reports button. Once the Report Viewer launches, you can click the Receive Reports button to download new reports. Then you can view reports or select search criteria to filter the report list and then select and view various reports. Once a report is viewed or not needed, you can mark it as processed to indicate that you have viewed or acknowledged it or archive it. Archiving keeps the report in the database but removes the report from the Report Viewer window, saving disk space and minimizing the reports in your viewing space. If needed, you can also search the archive and view an archived report in the Report Viewer window.

You can also import into the reports database previously downloaded reports using the Upload File button. Once the reports are imported, you can view and archive them as needed.

For more information and an overview of report procedures, launch the RelayHealth Report Viewer by clicking the Help button on the Report Viewer window. For more information, see the topic Report Viewer Procedures. For more information on the windows and available fields/controls, see the topic Report Viewer Window and Grid and Report Window.

Version 15.1.9.89

Initial Release