



Note: You will need the assistance of our support department to install this update if you are using version 2.0.0.406 or earlier.

March 1st, 2016

Dear Practice Perfect user,

We are pleased to announce the official release of **Practice Perfect EMR + Management Software** Version 2.0 **R451**. Please review the attached list of new features & benefits carefully.

Integrated credit and debit card processing is now available within Practice Perfect! Call our support department or email us at creditcard@practiceperfectemr.com for more information.

This update includes the ICD9 to ICD10 conversion utility and other ICD10-related changes.

We have now integrated with the FOTO, Focus on Therapeutic Outcomes. Contact us for more information.

FAXING! Reports and documents can now be faxed directly from **Practice Perfect!** Contact us for more information.

BACKUPS MUST ALWAYS BE MADE BEFORE PRIOR TO PERFORMING AN UPDATE.

UPDATES CAN TAKE TIME TO COMPLETE - BE PATIENT AND PLAN ACCORDINGLY – NEVER INTERRUPT AN UPDATE.

PLEASE CONTACT OUR SUPPORT DEPARTMENT FOR ASSISTANCE IF YOU ARE AT ALL UNSURE OF THIS PROCESS.

If you have any questions, please do not hesitate to contact our support department at **(877) 510-7473**.

Thanks again for your continued support!

Yours truly,

Steven Presement,
President

Practice Perfect EMR + Management System software
March 2016, Versions R418-451
Modification Listing

General & Setup:

Credit & Debit Card Integration

Credit and debit cards can now be processed directly within Practice Perfect without requiring a separate terminal and double entry. Credit cards information can now also be securely retained for future use. Please email us at creditcard@practiceperfectemr.com or contact our support department for more information (R384).


PQRS/Functional Limitation Reporting (US Only)

The 2015 changes to PQRS have been included on this update, as follows (R421):

- Measure #245 has been deactivated.
- CPT 97110 and 97140 no longer trigger *every day* PQRS entry
- CPT 92626 has been added as an *every day* PQRS entry
- CPT 92522 has been added as an *initial visit* PQRS entry
- Measure #130 is no longer required every day (R445)

PQRS/Function Limitation Measures will now appear in sorted order on each client's measure entry screen (R421).

A new Payor Preference has been added entitled **Always send FLR following primary Fee Code**. If selected, functional limitation G-Codes will always directly follow the assessment or re-assessment fee codes on all invoice styles (R419).

Under **Housekeeping, Clinical, Measures**, users can now indicate a default set of PQRS/FLR measures to be used for each client. To set this up, click in the **Default** column next to any PQRS/FLR measure that should appear on every relevant client. When in the client's **Statistics** tab, in the **PQRS/Functional Measures** section, click on the **Import Default Measures**  icon and the items will be added automatically (R421).

The PQRS *Falls Codes* are now handled correctly with potential multiple *Fee Codes* and *Modifiers* (R425).

The Functional Limitation Report *visit count* was off slightly - entry will now be required at visits 1, 10, 20, 30, etc and not 1, 10, 19, 28, etc, which had been occurring (R425).

All PQRS *Fee Codes* will now be charged at 0.01 instead of 0.00 which will make it easier to track acceptance by Medicare (R425).

A new warning will appear if no *Cross-Cut Measures* have been setup for a Medicare client (R423).

An error was occurring if PQRS/FLR entry was cancelled and a daily *Usual Fee Code* auto-charge was in place, this has been corrected (R424).

The entry of a client's PQRS/FLR measures on the *Statistics* tab was limited to 7 lines - an *unlimited* number of lines can now be added (R430).

The *forcing* of PQRS/FLR entry did not reset the '# of visits since last FLR' count to 0, this has been corrected (R430).

A new option to disable PQRS/FLR altogether has been implemented - under *Settings, Other Settings, PQRS/FLR entry* - you can now select to have '*No PQRS/FLR entry protection*' which means that all warnings and countdowns will be disabled (R430).

The *Force PQRS/FLR entry* function now forces then entry of both PQRS and FLR which had been disrupted with release R431 (R433).

If PQRS/FLR entry occurred *today*, the blue header section will now show '0 visits' since the last entry (R432).

For clinics not participating in PQRS, the 'PQRS Measures missing' warning can now be disabled under *Settings, General* by un-ticking the *Show PQRS warning* option (R438).

When prompted to enter the PQRS/FLR measures during service entry, you can now bypass PQRS entry by ticking the new *PQRS not required* box above the PQRS entry section of the panel (R439).

When entering *Functional Limitation goal information*, the modifiers from the *previous* FLR entry will now be brought-forward automatically, by default (R445).

Other Contacts & Physicians

Company Name is now in the *search bar* in the *Other Contact Listing* screen (R421) and the *Physician Listing* screen (R445).

Payors

Physiotec

Invoice, Statement, Receipt & Appointment Reminder Emails

Server name

Reminders

Inventory Adjustments

Electronic Remittance Files All invoice styles


FOTO Integration

Faxing!

Searching by Phone # and Fax # have also been added to *Other Contacts & Physicians* (R445).

A No Further Contact field has been added to *Other Contacts*, which will also be included in any Excel export (R447).

The Adjuster tab for each payor now allows for more editing capabilities (R445).

Exercise programs produced in Physiotec can now be imported into each client's *Activities by Document*. To do so, go the *Activities by Document* screen and click on the new Import Physiotec PDF  icon (R418).

TLS encryption for outbound emails may now be employed (R418).

There were issues with emailed invoices and statements appearing correctly on Apple devices - this has been corrected (R424).

The name of the server you are currently logged in to will now be displayed in the top bar of Practice Perfect - this is mainly for users running multiple databases (R424).

The appearance of *Reminders* popping-up has been changed slightly allowing the options buttons to always appear in the same place so that the user does not have to move the mouse between reminders (R426).

When entering *Inventory Adjustments*, the Description of the item will now also appear after the Fee Code has been entered (R426).

The number of characters allowed in pathname of any electronic remittance file has been increased to 256 (R425).

Practice Perfect has now been integrated with the FOTO Outcomes Management system - please contact us for more information (R439).

Documents and reports can now be faxed directly from Practice Perfect - please contact us for more information (R439).

The ability to select pages from within a document to fax and the ability to have a blank cover sheet comment have been added (R442).

A new option under *Settings, Other Settings, Fax* allows you to select whether or not faxes are to be *archived*, and where those archives should be stored (R444). Faxes were not being stored where indicated, this has been corrected (R445).

Order of multi-locations

Clients:

Fields

Client Profile Sheet

Client Listing

Discharge information

Notification Areas

A default **Fax Footer** can now be setup to appear on all outgoing faxes under **Settings, Other Settings, Fax (R445)**.

The 'Invalid argument to encode time' error that sometimes appeared during faxing has been corrected (R445).

The **Location drop-down** will now be in order of **Location Code**, if one exists, and then by the name of the location if no Location Code is present (R447).

County has been added as a new field on the **Demographics** tab of the client record (R449).

Units has been added as a new column on the **Treatment Plan** tab of the client record (R449).

A new **Payment to Billing Rules** tab, this is in preparation for the upcoming Telus Health integration (R449).

The **Treatment Plan** section of this report has been completely re-designed to match the **Treatment Plan** tab (R421).

The client's **age** will now be displayed next to their **Birthdate** in the **sidebar** (R426). The age format is now YY:MM (eg; YY years, MM months old) (R436).

The **Last Visit date** on the **sidebar** was incorrect if the first service date was not an actual treatment visit; this has been corrected (R436).

A search by Client **Birthdate** has been added to the **Client Listing** (R426).

Each client's **Incident Physician** will now appear above the line break between clients (R447).

The **next** and **previous** matches to any search from the **Client Listing** can now be found by pressing the **CTRL + ↑** or **CTRL + ↓** keys respectively (R426).

The **tabbed-order** of the fields was incorrect on the **Discharge** tab, this has been fixed (R423).

The selected client's **visit count to-date** will now appear in the **blue header** section when a client is selected (R430).

If a client had *Future Visits* listed in the **side-bar** then their *Home Phone #* would not have been displayed - this bug has been corrected (R427).


A new field called **Allergies** has been added to the **Client, Demographics** tab. If completed, the information will appear in **red** as the first **blue header** note for that client (R428).

Billing Rules

When entering a client's *Payor* information, the drop-down list of payors will now also include each payor's **Identifier**, if entered (R444).

Currently, there is an option called **Show Only** next each client's **Deductible** and **Co-Pay** amounts on their **Billing Rules** tab. If selected, the *Deductible* and *Co-Pay* are shown but not automatically split with the corresponding Payor. A new option exists to force *Show Only* for both of these fields without having to select it for each client. This new option can be found under **Settings, Customize Accounting** - and can be selected by ticking the **Force** box next to the appropriate **Default Billing Rule** option. Please note that this is not retroactive (R446).

Diagnostic Codes

Diagnostic Codes may now be ordered on the **Statistics** tab using the new *up/down arrow*  icons, the diagnostic codes will appear in this order wherever they are referenced, ie; on invoices, claim forms, etc (R446).

Security

If the **Show Financial Information** security option is turned OFF for a user, they will no longer see any dollar-related information on the **Client Account Summary** screen (R446).

Duplicate Clients

The warning that appears when you have accidentally entered a *duplicate* client will now provide you with the option to delete that new, duplicate immediately (R449).

Invoices, Payments & Service Entry

Emailing

Receipts and *Detailed Receipts* can now be emailed in the same manner as invoices (R418).

Invoices emailed to payors will now use any *Adjuster*-specific email address, if it exists (R418).

Service Entry

The cross-check as whether or not a service can be used by a specific provider is now based on the *Billing* Provider, not the *Treating* Provider (unless they are the same) (R419).

Generic Multi Client Invoice

When entering new charges for clients from any panel, a new button entitled **Select All** will appear under the *Diagnosis/Injury/Body Part* section. Clicking on this button will force all Diagnostic/Injury & Body Part codes entered on the *incident* to be attached to the current charge (R426, R431).

If **At Home** is selected on the **Incident** tab for a client, then **At Home** will now be automatically selected during service entry for that client (R432).

An option now exists under **Settings, Customize Invoice format, Generic Invoice (Multiple Clients)**, to have *Payor Policy #, Group # and Claim #* included on this invoice format (R436).

Generic Multi-Client invoice charges may now be **Tagged for Resubmission**. To do this, begin in the **Activities by Service** screen, expand the service in-question by clicking on the **+** and then highlight the payor-related line. From there, *right-click* and select **Tag for Resubmission**. The service will then be deemed as *unbilled* and will appear next time invoices are produced (R426).

Duration was not being included on this invoice style, if selected - this has been corrected (R427).

Receipts with Details

The **Date** column has been widened to accommodate longer Windows dating formats (R447).

Multiple Payment Entry

Issues occurring when entering multiple payments, transfers, etc for services that were *expanded* in the background on the financial activity screens have been corrected (R432).

Billing Rules

A bug involving *payor rates* when a *Total Units billing rule* existed in which the proper payor rate was not reflected has been corrected (R447).


Scheduler:

General


A 24-hour schedule could not previously supported for clinics that operated overnight – this has been corrected (R419, R435).

Errors caused by having duplicated *Scheduled Providers* have been removed (R424).


Multiple appointments within one appointment cell will now be listed alphabetically by client last name followed by any *blocks*, in alphabetic order by description (R431).

Appointment *notes* added to *block* appointments can now be viewed by hovering over the **Note**  icon (R449).

Waiting List

The *Waiting List* entry **Type** will now be displayed on the *pop-up box* that appears when waiting list appointment can be satisfied (R430). The **Note**  icon will also now appear next to each popped-up entry - *hover* over the icon to view the note (R438).

Find Appointments

The *Find Appointments* function will now also display a column which contains the **Note**  icon if a note exists on that appointment. *Hover* over the icon to view the note (R446).

The **Show new clients only** button on this report was not working - this has been corrected (R447).

Recurring Appointments

When editing a *recurring* appointment, the user will now be prompted to apply the changes made to all of the future appointments (eg; Fee Code, Color & Appointment Note, etc) (R446).


Adding Clients from the Scheduler

When adding new clients directly from within the scheduler, the **Auto Call** and **Auto Text** fields were not respecting their default settings - this has been corrected (R449).

ICD10 (US only):

General, Setup & Security

The pick list of ICD10 Diagnostic Codes has been added to Practice Perfect. These can all be found under **Housekeeping, Clinical, Diagnostic Codes** (R431).

Within each ICD10 code, there is new icon  that will open a window to allow for the viewing and modification of all possible *recurrence* or '7th digit' options for that code (R431). Some of the descriptions of these codes were missing the first letter, this has been corrected (R444).


The chart containing the ICD9 to ICD10 conversion information can be found, viewed and modified under **Housekeeping, Clinical, ICD9 to ICD10 Conversion Table** (R432). Code **Descriptions** have been added to this table (R439).

A new option has been added to the *Security* settings, **Functions** tab entitled **Can perform ICD9 to ICD10 conversion** (R422).

Fee entry

When ICD10 codes are being added to your clients (either during client or service entry), if a specific ICD10 requires the *7th digit* to be entered, you will be prompted accordingly (R431). Editing of these 7th digit codes on the Client **Statistics** tab after initial was not sticking - this has been corrected (R444).

ICD9 to ICD10 conversion

A new utility has been added allowing the easier conversion from ICD9 to ICD10 for each client. From the [Client Listing](#) screen, you can now select the  ICD9 to ICD10 conversion icon. A window will appear listing all of that client's current ICD9 codes on the left-side. The right-side can be used to *drop-down* to the potential matching ICD10 codes. Remember, there may be several ICD10 options for each ICD9 code. If appropriate, you will also be asked to enter the *7th digit* for the ICD10 code. Further refinements to this conversion process are underway (R431). This icon has been added to the *Daily Notes* and *Documents* and *Scheduling* screens (R441). ICD9 codes will now appear in the same order as on the [Statistics](#) tab and converted ICD10 codes will also be stored in this order (R443).

Several ICD10 codes and ICD9/ICD10 conversion codes have been added and corrected (R442).

ICD9 and ICD10 codes were sometimes stored without their 'coding' system being indicated in the [Diagnostic Code listing](#), this has been corrected (R443).

Payor Preferences

Within each *Payor* on the [Billing Preferences](#) tab, you can now indicate which injury coding system the payor prefers, ICD9 or ICD10. This field will not have any relevance until October 1st, 2015 but should be readied to indicate, for each payor, what their preference will be (eg; Auto accident or Workers Comp are mainly staying with ICD9). More information about the use of this field will be forthcoming (R431).

Notifications

Client's who have ICD10 codes on their incident will now have a notice displayed next to the client picture in the [Sidebar](#). This is a quick way for you to know if a client has been updated to ICD10 or not (R439). This icon was being shown improperly if all the ICD10 codes had been *deleted*, this has been corrected (R444).

Reports & Documents

The 7th Digit *occurrence* code has been added to all relevant invoices, reports and documents (R442).

Canned and custom documents will now only show ICD9 codes for documents prepared prior to 10/1/15 and ICD10 codes for documents prepared post 10/1/15, unless only ICD9 codes exist on the client's incident (R441).

The *Client Profile Sheet* was not showing the 7th digit on ICD10 diagnostic codes, this has been corrected (R444).

The *Compact Progress Note* was not showing the 7th digit on ICD10 diagnostic codes, this has been corrected (R444).

The *Client Listing* report was not showing the 7th digit on ICD10 diagnostic codes, this has been corrected (R445).

Client Statements were not showing the 7th digit on ICD10 diagnostic codes, this has been corrected (R445).

The *Diagnostic Codes Listing* report now allows the user to select which coding system should be listed (R445).

Generic invoices were not showing the 7th digit on ICD10 diagnostic codes, this has been corrected (R449).

Claim Submission

All *Claim Submission* reports will now indicate a "Wrong Diagnostic Coding System" error if ICD9 codes are charged to an ICD10 payor or vice versa (R442).

Reporting:

Provider Performance Summary

The performance of this report has been enhanced (R419).

A new option entitled **Don't count rebooks as cancels** has been added. If selected, *Cancelled & Rebooked* appointments will not be included in Canceled appointment counts and percentages (R430).

Under **Security**, in the **Reports** tab, you can now select to not **Show Financial Data** for this report for each user. If *unticked*, the user will not see any financial information on this report (R444).

Daily Reconciliation Report

A new option entitled **Don't count rebooks as cancels** has been added. If selected, *Cancelled & Rebooked* appointments will not be included in Canceled appointment counts (R430).

This report will now show the **Treatment Location** for each charge in the *Missed Charges* section (R446)

Revenue Report

A new report option has been added – the report can now either be produced **Based on Treating Provider** (the default) or **Based on the Billing Provider**, for each service (R420).

The report will now include both Treatment and Billing Providers, if they differ (R420).

A new report option has been added – the report can now either be produced **Based on Service Location** (the default) or **Based on Treatment Location**. The report historically has always been based on the *Service Location* of each client's *Incident* and not where the patient may have actually received treatment – this option allows for the reporting either way (R420).

The report options box has been re-designed to work better with smaller monitors (R425).

Corrected an issue where taxes on reversed charges were not being shown as a negative (R445).

Corrected an issue where units, quantity, visits and durations were not showing as negative on reversed charges (R445).

If the **Show Checked-in Duration** option is selected, the *Time In/Time Out* for that visit will now also be included (R447).

Accounts Receivable Report

The performance of this report has been enhanced and should be produced much more quickly (R419).

An new option to produce the report for those *without any Collection Status* has been added (R436).

Unpaid Services Report

An new option to produce the report for those *without any Collection Status* has been added (R436).

A paging error on this report involving long client notes has been corrected (R436).

Compensation Report

When an item was transferred from a payor to a client and then back to a payor, the *taxes* and associated compensation were doubled – this has been corrected (R419).

The report will now include both Treatment and Billing Providers, if they differ (R420).

A calculation error that occurred when multiple payments were made against taxable items has been corrected (R432).

A bug in which printing the report *Individually* for *All Providers* did not work has been corrected (R443).

NEW Test Result Analysis Report

A new report has been added under **Reports, Task & Clinical** called **Test Result Analysis**. This report will outline and report on test result quantities and improvement rates (R422).

A new option to only show this information for *discharged clients*, with a *discharge date range*, has been added to this report (R429).

Client Listing

The *Next Appointment Date* showing on this report was incorrect, this has been fixed (R423).

If two clients had the exact same *Diagnostic* information and were listed sequentially, the *Diagnostic* info would not have printed with the second client - this has been corrected (R425).

A small bug that showed extraneous client information at the end of this report has been corrected (R429).

Contact Date range has been as one of the items in the **Show** *drop-down* filter (R449).

The exported version of this report now includes: **Employer**, **Occupation**, **Service Location**, **County** and **Incident Physician First** and **Last name** (R449).

Payment Application Report

If more than one payment was made against an individual service, the *Original Amount* for that service may have doubled - this has been corrected (R425).

Improvements to how partial payments are reported where sales taxes are concerned have been implemented (R432).

Treatment Statistics Report

A new option has been added to this report allowing the user to select only clients *active* between a specific date range (R424).

The option to show only *Active* patients was also including *Discharged* patient, as well - this has been corrected (R437).

Unbilled Services Report

A new option, **Include Services up until**, has been added to this report. It is now possible to view *unbilled services* as of the current date but for services up until an *earlier* date (R423).

Operations Summary

A new option entitled **Don't count rebooks as cancels** has been added. If selected, *Cancelled & Rebooked* appointments will not be included in Canceled appointment counts and percentages (R430).

Statements

A new option when producing statements has been added entitled **Don't offer to retain credit card info**. If selected, the offer to retain credit card info printed on the statement *tear-off reply sheet* will be suppressed (R428).

Diagnostic Codes attached to *each service date* will now be included on this report instead of all diagnostic codes attached to the incident (R446).

Statements did not fit properly into standard #10 envelopes, this has been corrected (R447).

Client Attendance Report

If this report was un using the *Scheduler-based* option and the first appointment was *cancelled*, the reported *First Visit date* was incorrect - this has been fixed (R437).

Inventory Listing

Each item's *Sale Price* and *Margin* have been added to this report (R436).

Day-at-Glance/Day Sheets

A new option entitled *Only show overdue evaluations* has been added. If selected, the report will show the *Evaluation Due Date* if it is *on or prior to* the report date (R438).

If a user's *security* is set to view only their *own* schedule, they will now also only be able to print their *own* schedule (R443).

These reports will now show appointments within the *same* time slot in *alphabetic* order by last name followed by blocked time (R444).

Billing Sheets

Appointments attached to *deleted resources* will no longer be shown on this report (R445).


Patient Fall-Off Report

<*No Provider*> can now be selected in the *Provider* filter when running this report, which would result in only clients *without* a *Managing Provider* being listed (R449).

Documentation/EMR

ALL Daily Notes & Documents

It is now possible to recover deleted notes and documents!

On all *Activities by Daily Note* and *Activities by Document* screens, there is a *drop-down* option entitled *Status*. A new item has been added to this *drop-down* entitled "Deleted Items/Documents". If selected, all *deleted* Notes or Documents will be listed. These items can now be flagged and  recovered (R447).

Daily Notes & Progress Reports

An intermittent calculation error in the *Visit count* on the printed Daily Notes has been corrected (R420).

The *Incident Physician* was not printed on the Daily Note if the Physician's *first name* was missing - this has been corrected (R427).

The *compact* version of this report would not print if the *Goals* were *not* included, this has been corrected (R427).

The *Units* on the *Activities by Daily Note* were incorrect if the *Billing Provider* didn't equal the *Treating Provider* - this has been corrected (R432).

The *Don't include previous met goals* option was rendered unavailable - this has been restored (R436).

Recent issues with improper page breaks and blank reports have been corrected (R437).

The diagnostic codes relevant to *each visit* instead of the *Incident* diagnostic codes will now be connected to each visit date on the *compact* version of this report (R445).

A new option, **Include Test Results**, has been added to the printing of the *Daily Notes* (R425).

Visit count issues on the printed *compact* version of the report have been corrected (R424).

A warning will now appear if an attempt is made to create a daily note with a *future* date (R447).

Compact Notes were sometimes cutting off text during printing - this has been corrected (R447, R451)

Goals & Tests

All *Goal* description lengths have been increased to 2048 characters (R422, R424).

The **Client Activity by Goals** screen now contains a *drop-down* in the header to show either **Goals** or **Tests** for the specific client (R422).

Imported/Scanned Documents

*.MOV video files can now also be imported into the document record – a 20 megabyte limit has been imposed, per file (R417). *.MP4 video files have also been added (R418).

*.WMV sound files have also been added (R419). *.WAV and *.MP3 files have also been added (R440).

A 5 megabyte limit has been added to individual PDF file imports (R445). This restriction has been removed (R447).

Canned Documents

Left and *right* sides have been added to the *Strength* section of the *General Evaluation* document (R425).

A potential error when printing the *Lumbar Evaluation Report*, 'variable not defined', has been corrected (R432).

An error when printing these reports directly from the **Activities by Document** screen has been corrected (R437).

An option to **Include Physician Signature Line** has been added to the printing of all canned documents (R440).

Customizable Documents

The first version of *Customizable Documentation* has been completed – under **Housekeeping, Customized Document** (R383). Information on the usage of this feature can be obtained by visiting:

The *Diagnostic Code table* will now support an endless number of Diagnostic Codes – the previous limit was 6 (R418).

The spacing between *tick boxes* and their description has been corrected, it was wrong on the printed version of these reports (R420).

Completed and signed custom documents could be altered *after* signing - this loophole has been closed (R423).

Several text overlapping formatting issues were corrected on the printing of custom reports (R424).

The footer on custom reports now matches the footer on the canned documents (R425).

Several errors regarding *multiple-line text boxes* have been corrected (R427).

The *Physician signature line* was faded, and doubled-up - these have been corrected (R430).

A bug introduced in R426 in which documents were not being saved if *completed/signed* prior to preview has been corrected (R429).

An issue with *Policy #, Claim #, Group # and ID #* not being included where indicated has been corrected (R436).

The **Always show service location in the header** option was not being respected on custom documents - this has been corrected (R446).

Show appointment time in/time out has been added as an option to the printing of custom documents (R445).

A bug that caused a *multi-line text field* to be cut off when adjacent to a *label* field has been corrected (R446).

Primary Payor *Adjuster Name and Fax #* have been added as integrated fields (R447).

Client **Health #** has been added as an integrated field (R447).

Marital Status and **Client Other Phone #** have been added as integrated fields (R448).

Canadian *postal codes* were not appearing in the correct format on printed custom documents, this has been corrected (R449).

MS-Word Merge documents

General

When producing Word-merge files, the user will now be prompted for both a *Primary* and *Secondary* payor. All relevant fields can now be inserted into the Word documents (R426).

The **Activities by Document** screen can now be sorted either by **Creation Date** or **Document Date** by *clicking* on the appropriate column heading (R426). This has now been added to all **Activities by Document** screens for all contact types (R448).

Document *Logging* has been enabled - the event of anyone viewing or changing a *Daily Note* or *Document* will now be logged within the Practice Perfect database. While there is no report currently in place to view this information (development is underway), we can delve into the history for you if required (R423).

A new *Dictionary editing tool* is available! If you have made errors in customizing your dictionary, added words that are incorrect, etc, this can now all be corrected. Please contact our support department for more information (R433).

The **Activities by Document** screen now includes the *user* who created the document (R446). This has now been added to all **Activities by Document** screens for all contact types (R449).

The 4-diagnostic code limitation has been removed from all clinical documents and Progress Notes - all diagnostics codes will now be included (R445).

The date format on all clinical documents and Progress Notes was not always respecting the Windows setting - this has been corrected (R446).

US Electronic Invoicing HCFA/EDI837/EDI835 (US only)

HCFA/EHCFA 1500 (2014) forms

A new Payor Preference called Enabled Box 30 for HCFA/eHCFA 2014 has been added which will force **Box 30** to be included on these forms – the default is that this field is not required, as per the standard (R419).

Box 17 will now contain the Incident Physician information in a "First Name Last Name Credentials" format (eg; Jane Smith MD) (R423).

A bug limiting only 5 service lines per HCFA page to be printed to paper and to file has been corrected to allow for 6 lines (R424).

The EDI835 processing will now support *Unicode* files (R421).

If an *ordering provider* is attached to any fee code on the claim form, **Box 17** will show as a "DK" indicator and not "DN" (R429).

A bug preventing HCFA forms from being printed to a *PDF* format (introduced in R426) has been corrected (R430).

Within Payors, on the Billing Preferences tab, you can now select Incident Physician Required. If selected, claim *Pre-Submission* reports for that payor will indicate if an Incident Physician is missing for specific clients & claims (R431).

The Payor, Billing Preferences option entitled HCFA Box 29 Special Contents now includes an option entitled "Do not include adjustments". If selected, *adjustment*-type payments will not be factored into the total in **Box 29**. (R436).

If an Injury Date exists and a Cause of Injury has been selected, **Box 14** will not be sent on the HCFA/eHCFA. Instead, **Box 15** will be sent with a "439" qualifier (R447).

In Column H of Section 24 of the HCFA/eHCFA, if **Box 24H** and EDSPT are both entered, then **Box 24H upper** will be completed. If only **Box 24H** is entered, then **Box 24H lower** will be completed (R477).

Each Providers NPI # on the eHCFA was out of alignment in Section 24, this has been corrected (R451).

EDI 835 Remittance Processing

A new Payor, Billing Preferences option entitled Include patient paid amounts on Loop 2300 has been added for those payors requiring this specific information (R420).

If the order of *submitted* modifiers does not match the order of the *remittance* modifiers, the payment will now be applied regardless which did not happen in the past (R447).

EDI 837 Claim Submission

EDI837-based charges may now be Tagged for Resubmission in the same manner as they can already be for HCFA/eHCFA charges. To do this, begin in the Activities by Service screen, expand the service in question by clicking on the ☐ and then highlight the payor-related line. From there, *right-click* and select Tag for Resubmission and then *drop-down* to the appropriate resubmission code. The service will then be deemed as *unbilled* and will be resent with your next submission, tagged accordingly (R419).

Fix a bug that sends NM109 when the option Do not send Treatment Location loop 2330B/NM109 has been selected (R420). Loop 2330B/NM109 has been restored. (R420).

Fix a bug that does not send the reference identification (REF02) of loop 2300 payer claim control number properly (R420).

Do not send AMT*F5 segment (patient-paid amount) in loop 2300 if the amount is \$0.00 (R420).

Send REF*F8 segment in loop 2300 only when the claim is a replacement or void (R420).

Within Payors, on the Billing Preferences tab, you can now select Incident Physician Required. If selected, claim *Pre-Submission* reports for that payor will indicate if an Incident Physician is missing for specific clients & claims (R431).

A new option to force the sending of the loop 2010BB REF segment has been added under Providers, Billing #'s, using the Force Send column (R432).

Services conducted At Home will now replace the service facility location with the client's address in loop 2310C (R432).

When services are conducted At Home, loop 2420C will now contain the client's address even if the incident is not defined as taking place At Home when the loop 2420C is not disabled in the EDI837P/I Invoice Settings (R432).

Fix a bug that included the incorrect service/treatment location entity type (R433).

Fix a bug that raised an error when reproducing multiple EDI837 invoices (R433).

A new option entitled **Don't include service office NPI in Loop 2310C** when it is the same as the billing office NPI has been added to the **Payor, Billing Preferences** tab (R441).

Loop 2010AB: Use **Pay to location** defined on EDI settings if the relevant info is not provided on each payor's preference (R445).


Loop 2010AB-NM1: Set **Pay to Name** equal to the *Billing Location* **Company Name** if it is blank in the EDI settings when the address is present for the same setting (R445).

Send "Y" to Loop 2400 SV111 when Payor Preference **Box 24** is *enabled* and **EPSDT** is ticked no matter whether the content of **Box 24H** is provided in billing rule or not (R445).

Canadian Electronic Invoicing (Canadian only)


Ontario OHIP

A new *Test Result Analysis Report* has been added to assist with Ministry of Health required reporting – see the Reports updates for more info (R422).

OHIP may require that charges be resubmitted requiring a *Manual Review*. You can now request a *Manual Review* on any OHIP charge from the **Activities by Service** screen, expanding the service in-question by clicking on the  and then highlighting the OHIP-related line. From there, *right-click* and select **Tag for Resubmission** and then *drop-down* to **Manual Review**. The service will then be deemed as *unbilled* and will be resent with your next OHIP submission, tagged accordingly (R419).

\$0.00 payments on OHIP charges are now being recorded. What this means is that, moving forward, the user can see which OHIP \$0.00 charges have not yet been accepted by the MOH by printing either an *Accounts Receivable* or *Unpaid Services Report*. Even though the charges are \$0.00, any 'unaccepted' charges will show as outstanding on these reports. There will now also be payment detail under each OHIP service on the financial activity screens showing the payment date. The payment *description* will now contain the OHIP remittance *file name* (R426).

Ontario HCAI General

A new field entitled **HCAI Cheque Payable To** has been added to the HCAI setup - this information will be submitted electronically with your OCF21 claims and must match exactly what HCAI has on-file for your facility. Clicking on the  icon within the field will retrieve the registration information from HCAI (R432, R434).

Several rounding errors involving the use of 2 decimal points have been corrected on all submissions (R447).

Ontario HCAI OCF21 submission

The printed OCF21 invoices now meet the November 2014 guidelines (R422).

Several miscellaneous and potential transmission errors have been corrected (R418).

GXX99, G.XX.99, AXXOT and A.XX.OT fee codes will now all send their actual descriptions to HCAI, as well (R433).

Ontario HCAI OCF18 OCF23 submission


The new OCF18 entry module sometimes had a rounding error in the total, this has been corrected (R418).

The OCF18/23 entry screens will now automatically refresh after a successful submission and will provide the *Document ID* provided by HCAI (R418).

A new *OCF18/23 Submission Report* will now print following the submission, successful or not, with complete error reporting, if relevant (R418).

Duplicate OCF18/23's can no longer be accidentally transmitted to HCAI (R418).

Several miscellaneous potential transmission errors have been corrected (R418).

The ability now exists when creating a new OCF18, to *copy/paste* a previous OCF18 as starting point. To do so, from the **OCF18/23 Listing Screen**, highlight the OCF18 that you wish to copy and click on the new **Copy Current OCF18 to a new one**  icon and the new document will be created (R421).

On the OCF18 entry, the user will now be asked if the submission is for a *MIG or PAF* which appears in Section 4 of the OCF18 (R429).

The mandatory June 2015 HCAI update and HCAI 3.13 toolkit have been installed (R430-R434).

A new field entitled **Payment to Client** has been added to the **Billing Rules** tab for each *client*. This is used to indicate that payment from the Auto Insurer is to go *directly to client* and not to the clinic (R427).

Ontario WSIB

An error in the *WSIB Submission Report* summary has been corrected (R449).

The *WSIB Submission Report* will now appear in order by client last name and then by invoice # (R449).

British Columbia Teleplan

A bug in the MOD-7 claim number check for ICBC has been corrected (R445).

Both **Data Centre #** and **Sequence #** will now be used for matching during remittance processing (R449).

The *Invoice Submission report* will now check for missing **Birthdates**, **Health #'s** and **Genders** (R449, R450).