McKESSON
Empowering Healthcare

Business Performance Services

Medisoft 19
Release Notes

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Chapter 1 - Enhancements

This chapter presents a high-level description of the following enhancements to the Medisoft® system.

In this chapter

Support for ICD-10 Updated Diagnosis Codes

The Centers for Medicare and Medicaid Services (CMS) is adopting a new version of diagnosis codes. This new system, ICD-10 (International Classification of Diseases, 10th revision) will provide more diagnosis codes for expanded, more detailed coding and billing.

Format for ICD-10 Codes

The format for ICD-10 codes consists of seven characters with the following format: xxx.xxxx. It has the following properties:

- Alpha or numeric characters
- The first character is always alphabetic and is not case-sensitive
- All letters except U are used
- Characters two through seven can be alphabetic or numeric.
- Alphabetic characters are not case sensitive.

Mapping ICD-10 Codes to ICD-9 Codes

There is no straight one-to-one mapping from either ICD-9 to ICD-10 or vice-versa for ALL codes. However, approximately 88% of all ICD-10 codes have an exact or approximate matching ICD-9 code. CMS has provided General Equivalency Mappings to help you with the process. For the remainder of the codes, ICD-10 codes can be mapped to more than one ICD-9 code, and for a very small percentage there is no ICD-9 equivalent.

Setting up Medisoft 19 for the New Diagnosis Codes

Prior to Installation of Medisoft 19 for Upgraders

Prior to installing Medisoft 19, print the Diagnosis Code grid as a reference for your existing diagnosis codes.

If your setup was non-standard, you may need to re-enter some codes after conversion.

During Conversion to Medisoft 19

When Medisoft 19 is installed, the following will take place automatically:

- If the ICD-9 field (formerly the Code 2 field) was empty, all values in the old Code 1 field will be copied to the ICD-9 field. If the ICD-9 field was populated, no change will be made.
- If the value in the old Code 1 field is copied, the description of the field will be copied into the Description field for the new ICD-9 field.
- The ICD-10 field (formerly the Code 3 field) will be cleared. Any codes or other values that had been in this field must be re-entered after conversion to Medisoft 19. You can no longer use the old Code 3 field (now ICD-10 field) for ICD-9 codes. if your claims use this field, you must change them to use the ICD-9 field.

After Installation of Medisoft 19

Once the installation of Medisoft 19 is complete and your practice data has been converted, you can use the ICD-10 Code Mapping Utility to create ICD-10 equivalents for existing ICD-9 codes. For more information, see “Create ICD-10 Mappings Utility” on page 15. Where there is no direct correlation of an ICD-10 code to an ICD-9 code, you can make a choice based on your practice needs.

In addition, there is a new utility that quickly allows you to specify which code set (ICD-9 or ICD-10) your insurance carriers will be using. See “Setting ICD Version Utility” on page 13 for more information.

If you have created custom labels for the old Code 1, 2, or 3 fields, you will need to recreate them.

After Installation--Electronic Claims for Upgraders

With Medisoft 19, you can no longer use Code 1 on the Diagnosis Entry screen for electronic claims, since this value is not specific to a version of the ICD code set. Instead, you must use the new Set ICD Version utility to set all of your carriers to use ICD-9. For more information on this screen, see “Setting ICD Version Utility” on page 13.

After Installation--Paper Claims for Upgraders

If you had a customized insurance claim and it is possible that you set the claim to look at Code 1 or Code 3 (on the Diagnosis Entry screen) for box 21, you must change it to use the Code 2 field (now the ICD-9 field) when using the current CMS-1500 form.

Note: the table name in the report designer shows ICD-9.

The new claim is already set to use the ICD-9 or ICD-10 fields. The new claim cannot use the Code field on the Diagnosis Entry screen.

Diagnosis List screen

New and Renamed Columns

There are several new and renamed columns on the Diagnosis List screen.

Name in Earlier Releases	Name in Medisoft 19	Description of Updated Column
Code 1	Code	This field remains the same as in earlier releases.
Code 2	ICD-9	This field displays the ICD-9 associated with the Code field.
	ICD-9 Description	This field displays the description of the ICD-9 code.
Code 3	ICD-10	This field displays the ICD-10 code associated with the Code field.
	ICD-10 Description	This field displays the description of the ICD-10 code.

Note: customized column headers for the Code, Code 1, and Code 2 will be overwritten during conversion.

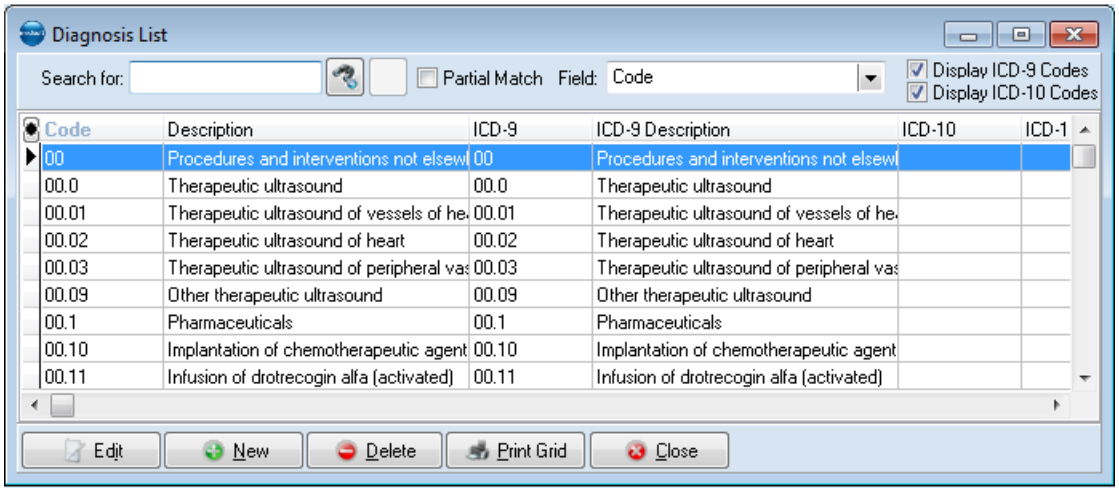

Figure 1. Diagnosis List screen

New Check Boxes

In addition, there are three new check boxes:

Check Box	Description
Partial Match	Select this check box if you want Medisoft to search for a partial match on an item.
Display ICD-9 Codes	Select this check box if you want to see ICD-9 codes in the list. This includes all codes that have a value in the ICD-9 Code field on the Diagnosis Entry screen. The default value is selected.

Check Box	Description
Display ICD-10 Codes	Select this check box if you want to see ICD-10 codes in the list. This includes all codes that have a value in the ICD-10 field on the Diagnosis Entry screen. The default value is selected.

Selecting both of these check boxes will show all codes that have values in either the ICD-9 or ICD-10 Code fields. Selecting neither check box will show codes for which the ICD-9 and ICD-10 Code fields are empty. These are codes that have a value only in the Code field.

Updated Field

The Field field has new selections for filtering this list. Previously, you could filter only by Code 1 and Description.

You can now filter by

- Code
- Description
- ICD-9
- ICD-9 Description
- ICD-10
- ICD-10 Description

Diagnosis Screen

New and Renamed Fields

The Diagnosis screen has several new fields and changes to field names:

Name in Earlier Releases	Name in Medisoft 19	Description of Updated Field
Code 1	Code	This field remains the same as in earlier releases.
Code 2	ICD-9	This field displays the ICD-9 associated with the Code field.
	ICD-9 Description	Use this to enter a description of the ICD-9 code. You can enter up to 50characters.
Code 3	ICD-10	This field displays the ICD-10 code associated with the Code field.
	ICD-10 Description	Use this to enter a description of the ICD-10 code. You can enter up to 50 characters.

NOTE: Many of the reports in Medisoft will still display options for the old code names. These field names were not changed in the data table.

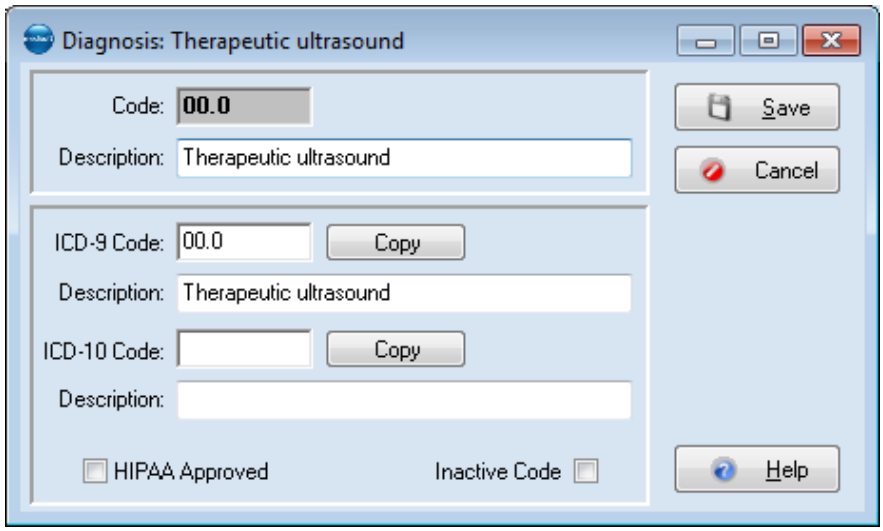

Figure 2. Diagnosis screen

New Buttons

There are two new Copy buttons on the Diagnosis screen. Click a button to copy the Code and Description at the top of the screen into the corresponding ICD-9/ICD-10 and Description fields.

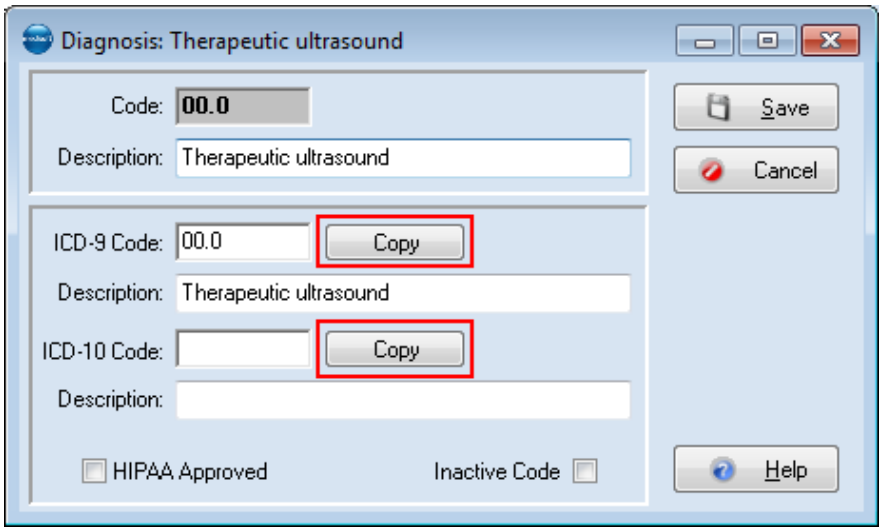

Figure 3. Diagnosis screen with Copy button highlighted

Program Options HIPAA/ICD 10 tab

The HIPAA tab in Program Options has been renamed to HIPAA/ICD 10. In addition, there is a new field for specifying the default code sets (ICD-9 or ICD-10) for new diagnosis codes. This new field

is for users of Medisoft Clinical who will upgrade to the future release Medisoft Clinical 19 Service Pack 1 with Practice Partner 11.

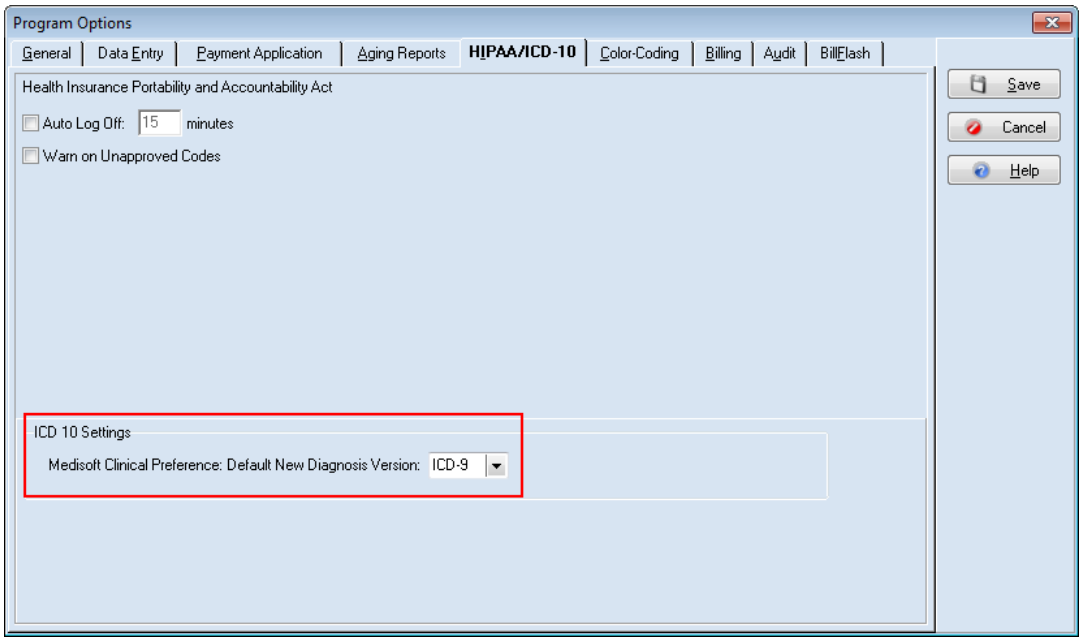

Figure 4. Program Options - HIPAA/ICD 10 tab

Insurance Carriers - Options and Codes tab

Updated Field

The Diagnosis Code Set field drop-down selections now include ICD-9 and ICD-10. The selection here will determine the default code set used for this insurance carrier.

New Field

There is a new field on the Options and Codes tab of the Insurance Carriers screen: ICD-10 Effective Date. Use this field to enter a date of service that will be the effective start date for using ICD-10 codes on claims. This field will allow you to continue to use ICD-9 codes for claims that are submitted prior to the effective date or claims that need to be rebilled after the effective date.

This field will be disabled if you select ICD-9 in the Diagnosis Code Set field. If a date had been entered in the ICD-10 Effective Date field and you change the value in the Diagnosis Code Set field to ICD-9, the date will be cleared and the field disabled.

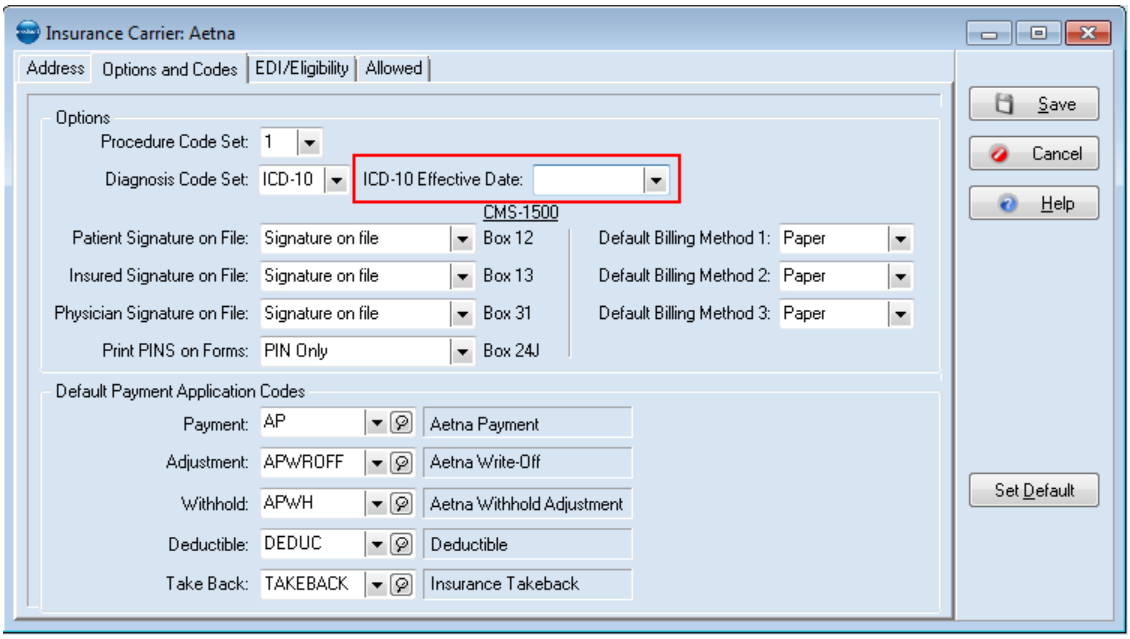

Figure 5. Insurance Carriers screen - Options and Codes tab

You can quickly set the default Diagnosis Code Set and Effective Dates for all your insurance carriers using the Set ICD Version utility. For more information, see "Setting ICD Version Utility" on page 13.

Insurance Carriers List Screen

There are two new columns for the Diagnosis Code Set and ICD-10 Effective Date. You can add or remove these columns using the Grid Columns screen.

Transaction Entry

New Error Indicator

If you enter or select a diagnosis code that does not have a value in the code set of the primary insurance carrier, the field will turn red to indicate the error.

Only the primary insurance carrier is checked on this screen.

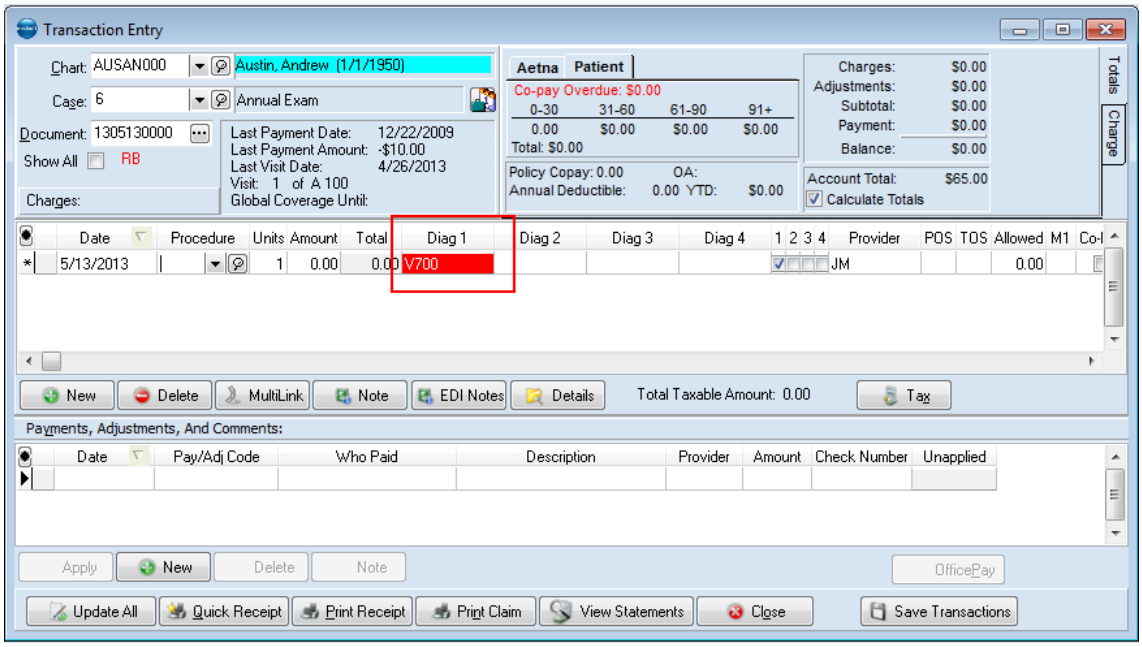

Figure 6. Transaction Entry screen with highlighted error indicator

New Warning Message

When you save a transaction, Medisoft will check for the codes in the Diagnosis fields against the default diagnosis code set specified on the Options and Codes tab on the primary Insurance Carrier screen (see "Insurance Carriers - Options and Codes tab" on page 6). If a diagnosis code used does not have a value (code) for the code set used by the carrier, you will receive a warning message. If the code set for the primary carrier is ICD-9 and one of the diagnosis codes entered does not have an ICD-9 filled in, you will receive a warning message. Similarly, if the code set for the primary carrier is ICD-10 and one of the diagnosis codes entered does not contain an ICD-10 code, you will receive a warning message.

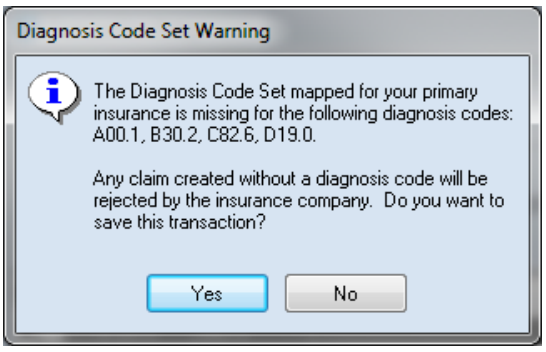

Figure 7. Diagnosis Code Set Warning message

If you select Yes, Medisoft will save the transaction as it has been entered. If you select No, Medisoft will display the Transaction Entry screen so that you can change the diagnosis code.

Updated Claim Status menu

This shows the claim has a status of Dx Error. If the warnings in Transaction Entry were not fixed and claims were created, they will have the status of Dx Error. You can use this drop-down to change the status.

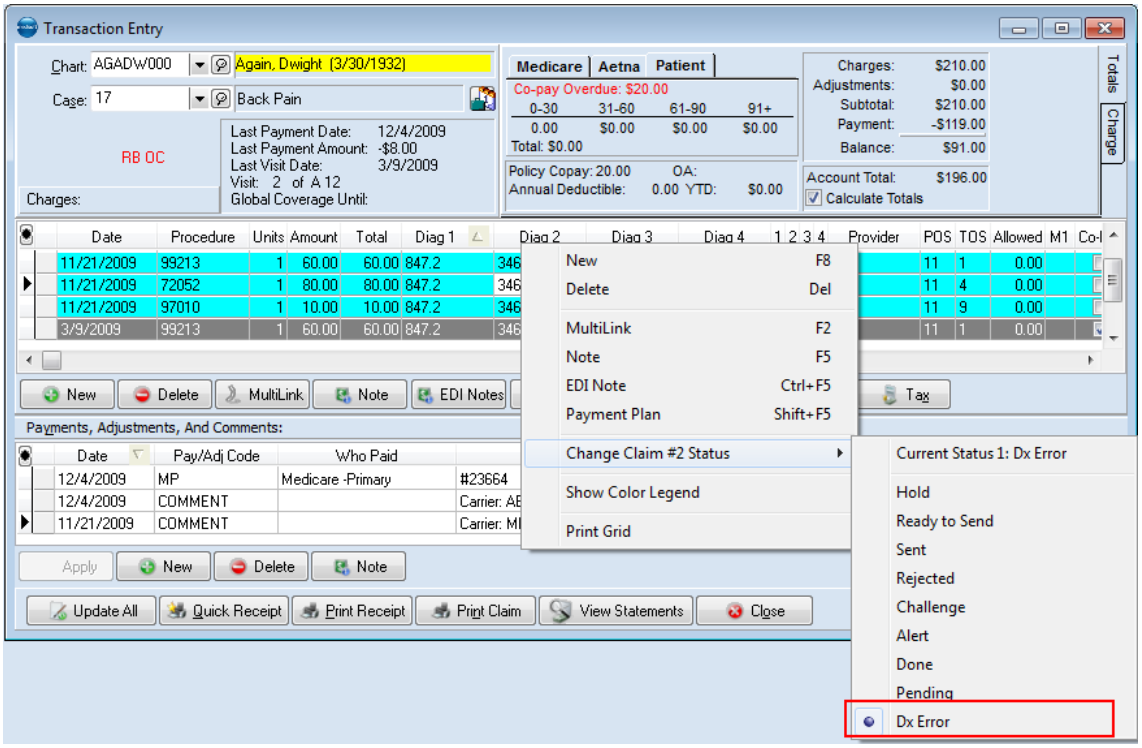

Figure 8. Transaction Entry screen with drop-down for Change Claim Status displayed

New Right-Click Option

When the pointer is in a Diagnosis Code field, right-clicking will open the Search Diagnosis screen.

Unprocessed Charges

New Error Indicator

There is a new error indicator on the Unprocessed Charges screen. If a clinical system sends a charge with a diagnosis code that does not have a value (code) for the code set for the primary

carrier, the field will turn red to indicate the error. You will not be able to post the transaction until the issue is resolved.

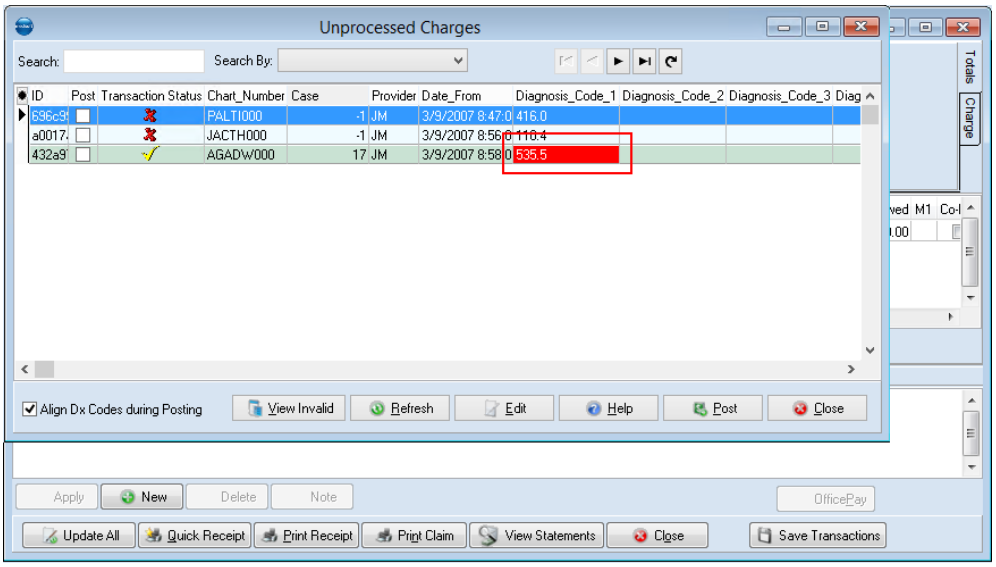

Figure 9. Unprocessed Charges screen with error indicator highlighted

New Keyboard Shortcut

When the pointer is in a Diagnosis Code field, pressing F6 will open the Search Diagnosis List screen.

New Error Indicator

There is a new error indicator on the Unprocessed Charges Edit screen. If a clinical system sends a charge with a diagnosis code that does not have a value (code) for the code set for the primary carrier, the field will turn red to indicate the error.

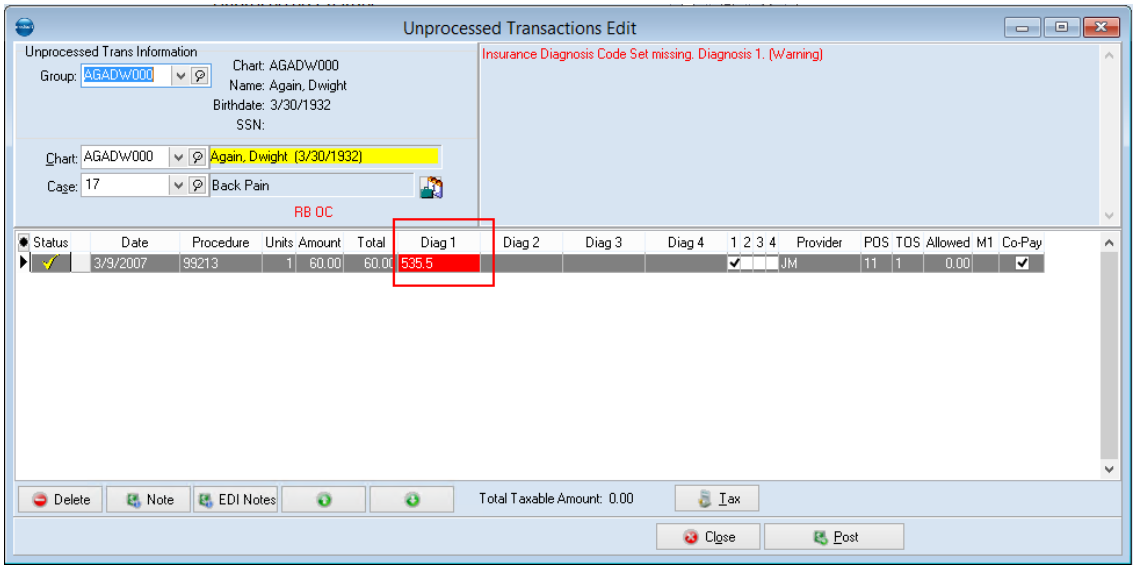

Figure 10. Unprocessed Transactions Edit screen with error indicator highlighted

In addition, the error will display in the upper right of the screen.

New Right-Click Option

When the pointer is in a Diagnosis Code field, right-clicking will open the Search Diagnosis List screen.

Claim Management

There is a new Status for claims: DX Error. You will see this status if a diagnosis code used does not have a value (code) for the code set used by the carrier. For example, you will see this status if the insurance carrier is set for ICD-10 codes but the diagnosis code entered for the transaction on the claim only has an ICD-9 code in the Diagnosis Entry screen.

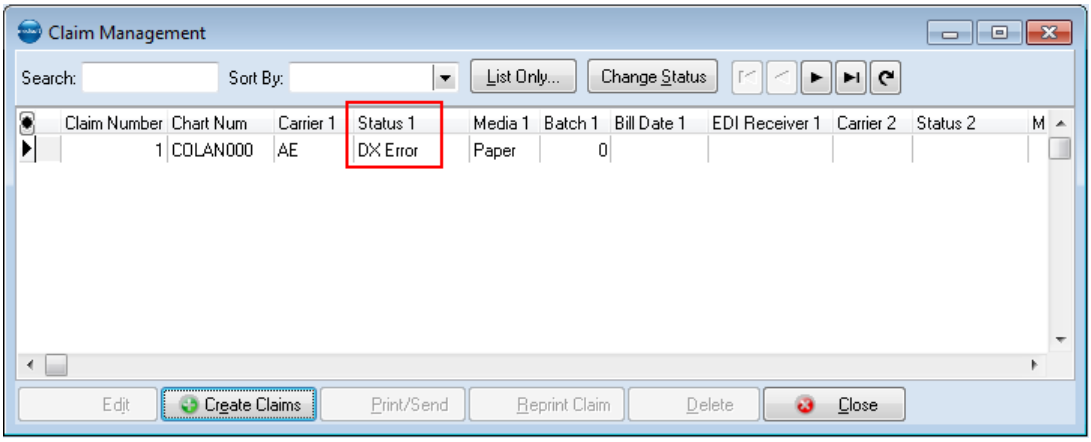

Figure 11. Claim Management List screen with DX Error shown

New option

There is a new option, Dx Error, available in the list of Claim Statuses on the Carrier 1, Carrier 2, and Carrier 3 tabs.

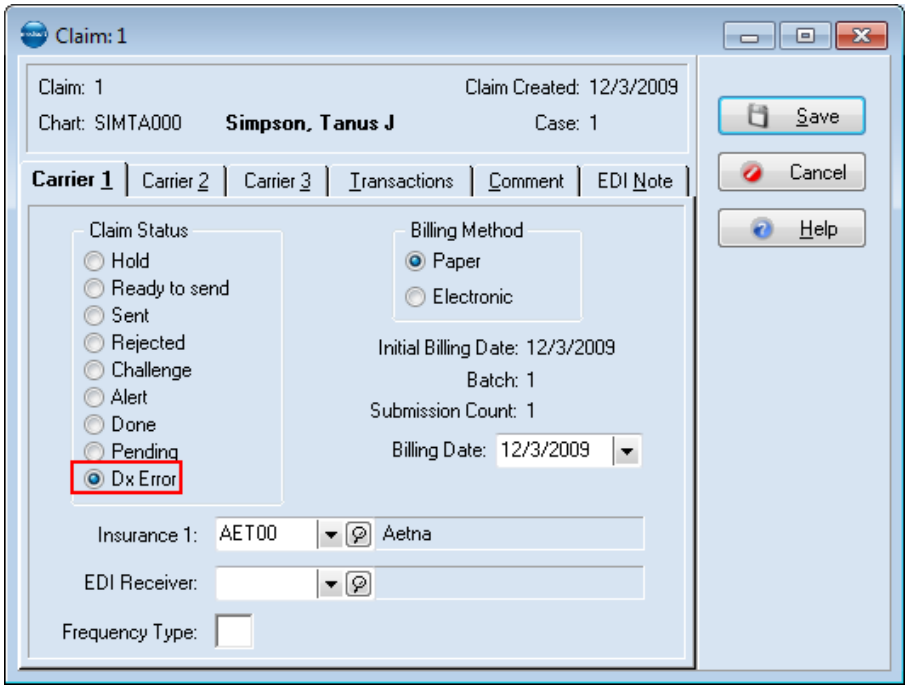

Figure 12. Claim screen with new Claim Status option highlighted

New Error Indicator

If a claim is created with a diagnosis code that does not have a value (code) for the code set used by the primary carrier, the field will turn red to indicate the error on the Transactions tab of the Claims screen. The color indicator will first show claims for the primary carrier. When the primary carrier is billed, then it will show the status of codes for the secondary carrier. If there is a tertiary

carrier, the color indicator will show the status of the codes only after both primary and secondary carriers have been billed.

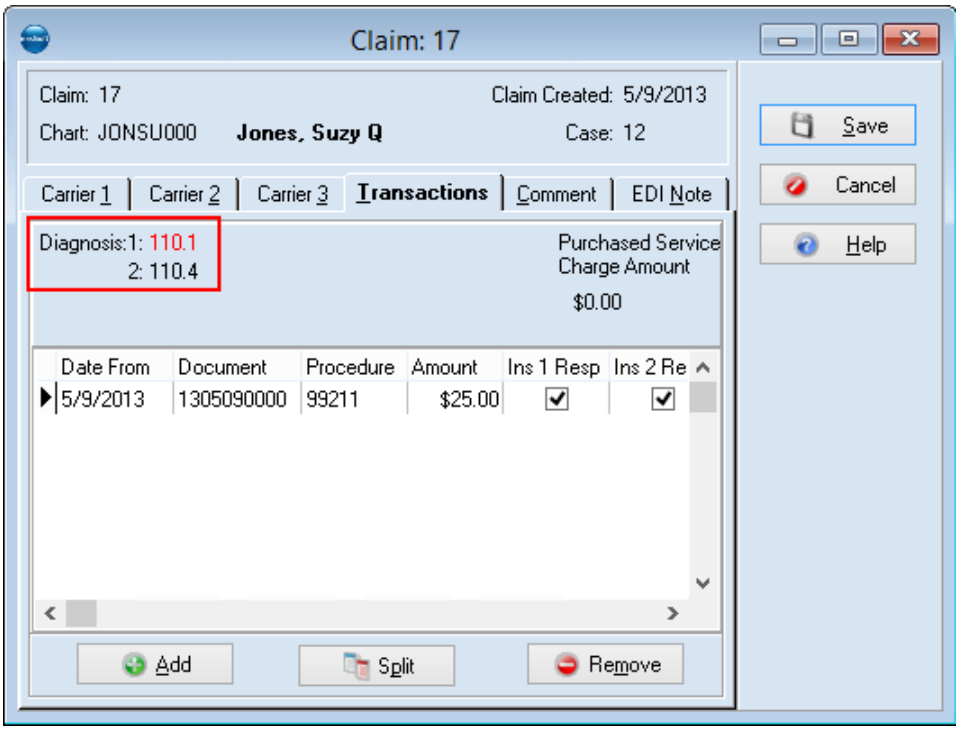

Figure 13. Claim screen - Transactions tab with error indicator highlighted

With Medicare crossover claims, the secondary insurance that is crossed over will receive a Bill Date at the same time that the Medicare claim is printed/sent. In this situation, the red Diagnosis error will be validated only for the Primary Medicare.

Setting ICD Version Utility

There is a new utility that you can use to specify which diagnosis code set each insurance carrier will use.

New Menu Option

On the Tools menu under Services, there is a new option called **Set ICD Version**. Click this to open the Set ICD Version utility. You can open this screen by pressing the S key from this menu.

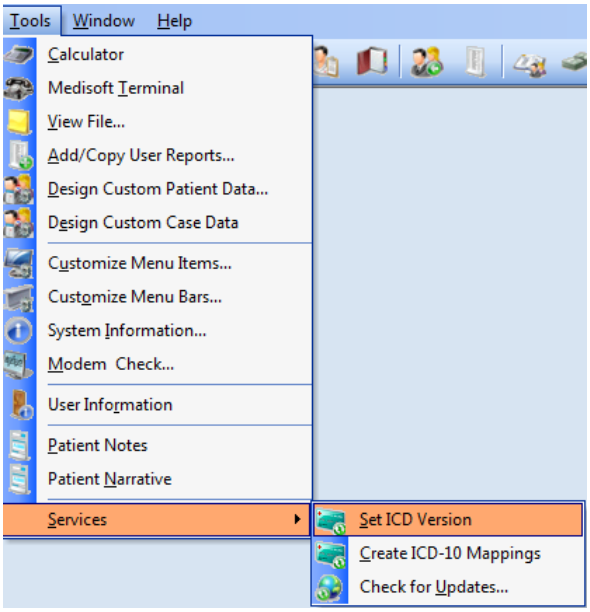

Figure 14. Tools menu

New Utility

The Set ICD Version utility will show all existing insurance carriers and the current default diagnosis code set for each one. Select which carriers you want to change to ICD-10.

When you are ready, click the Update Selected button to update your settings. You can run this utility as many times as you want.

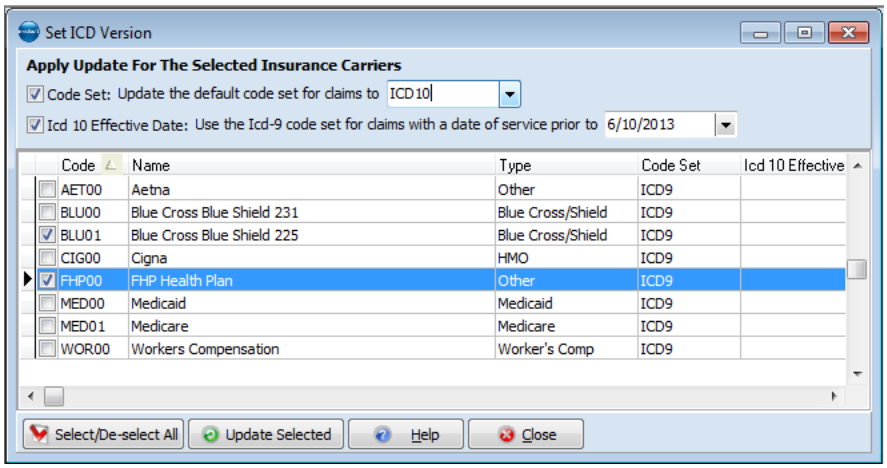

Figure 15. Set ICD Version screen

Field/Button/Check Box	Description
Code Set	Select this check box if you want to make changes for the Code Set for the selected carriers.

Field/Button/Check Box	Description
Update the default code set for claims to	Select which code set you want to use to update the selected carriers.
ICD 10 Effective Date Use the ICD-9 code set for claims with a date of service prior to:	Select this check box if you want to make changes to the ICD-10 Effective Date for the selected carriers. Enter the effective date you want to use for the selected carriers. This date marks the day on which this carrier will stop using ICD-9 codes on claims. When the code set is ICD-10, claims with a date of service prior to this date will continue to use ICD-9 codes. These fields will be disabled if the value in the Update the default code set for claims to field is set to ICD-9. If there was a date in the field, it will be cleared and the field will be disabled.
Code	This field shows the Insurance Carrier Code.
Name	This field shows the Insurance Carrier Name.
Type	This field shows the type for the insurance carrier.
Code Set	Shows the current default Diagnosis Code Set for the carrier.
ICD 10 Effective Date	This field shows the date that ICD-10 codes will be used for the carrier. This field will be cleared and disabled if you change the code set for the carrier to ICD-9.
Select/De-select All	Use this button to select or clear the check boxes for all carriers, those next to the Code field in the grid.
Update Selected	Use this to run the utility after you have made your selections. Depending on your selections, all carriers with the check box selected next to their Code name will have their Code Set and/or Effective dates updated to your selections.
Close	Use this to close the screen without making any changes.

You cannot change the code set for an insurance carrier whose record is open for edit in the Insurance Carriers screen. You must close the record first.

Create ICD-10 Mappings Utility

There is a new Create ICD-10 Mappings utility.

Have only ONE user at a time updating and creating codes.

New Menu Item

To access this screen, on the Tools menu, point to Services, and click Icd-10 Mapping Utility.

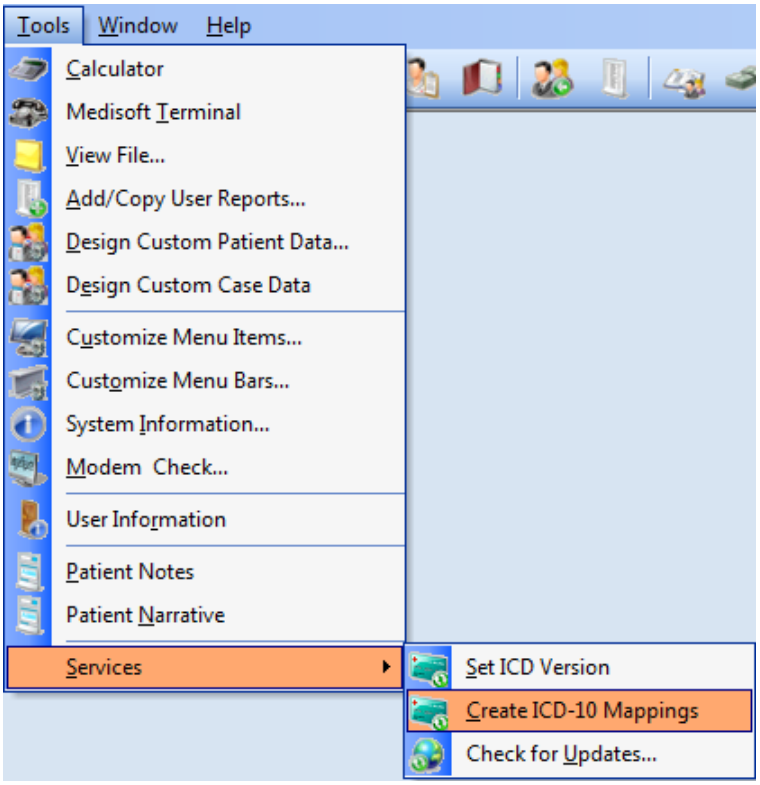

Figure 16. Tools menu with Icd-10 Code Mapping Utility option highlighted

You can also open this screen by pressing the C key from this menu.

New Screen

Use Create ICD-10 Mappings Utility to automatically create new ICD-10 codes that are mapped to existing ICD-9 codes or update an existing ICD-10 code with an ICD-9 already in your list. The 1:1

Mappings tab will show you the codes that can be mapped automatically. Select those codes you want and click Create Selected Codes.

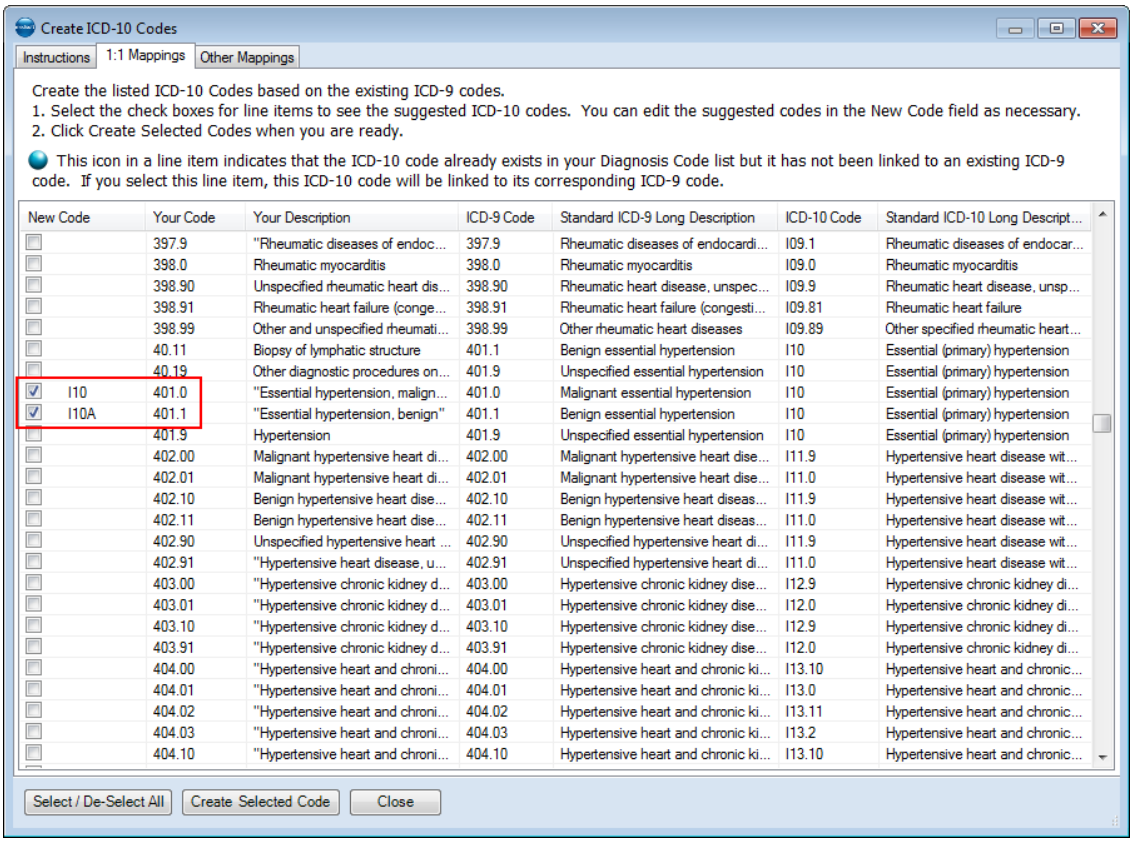

Figure 17. Create ICD-10 Codes - 1:1 Mappings tab

A  icon on a line item indicates that the ICD-10 code already exists in your list of diagnosis codes but it has not been mapped to an ICD-9 code. When you select the check box for this code, Medisoft will enter your ICD-9 code into the existing code in the table.

You can also change the code value listed in the New Code column by clicking in the field. In this way, you can customize a new code according to your needs.

The table below shows the fields and buttons on this screen with a description of each.

Element	Description
Grid	The box shows you the ICD-9 codes and their corresponding mappings.

Element	Description
New Code	Select the check box to view the new code that will be created. If you want to change it, click in the column and enter your own code. If the new ICD-10 code already exists, you will receive a warning. You cannot have duplicate codes. In some cases, Medisoft will add a letter to the end of the new ICD-10 code. This will happen if there are several ICD-9 codes that can be directly mapped to a single ICD-10 code. Since you cannot map several codes to a single code, Medisoft will append a letter to create unique ICD-10 codes for each ICD-9 code. See ***Figure*** 17 on page 17. Note: the code with an appended letter is never used on claim forms. Claim forms will use the code in the ICD-9 or ICD-10 field, depending on the insurance carrier's code set.
Your Code	This column shows the code of the existing code, usually the ICD-9 code, if you have not entered any ICD-10 codes. This value comes from the Code field on the Diagnosis screen.
Your Description	This column shows the description of the existing code. The description here comes from the Description field associated with the Code field on the Diagnosis screen.
ICD-9 Code	This column shows you the ICD-9 code.
ICD-9 Description	This column shows you the ICD-9 description.
ICD-10 Code	This column shows you the ICD-10 code.
ICD-10 Description	This column shows you the ICD-10 code's description.
Select/De-Select All	Click this button if you want select or clear all codes in the box.
Create Selected Codes	Click this button when you are ready to create the ICD-10 codes.
Cancel	Click this button to cancel all changes.

The Other Mappings tab shows you ICD-9 codes that have multiple mappings. Select the ones that apply to your practice and click Create Selected Codes.

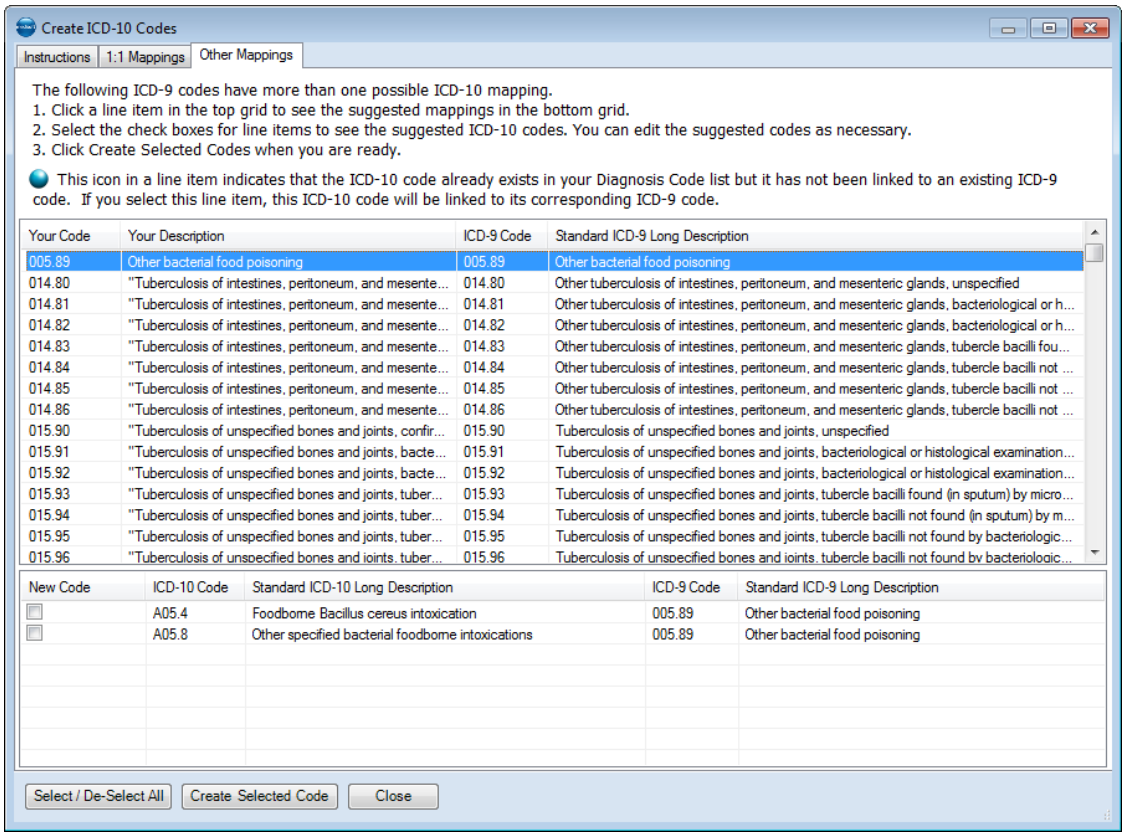

Figure 18. Create ICD-10 Codes - Other Mappings tab

Element	Description
Top Grid	The box shows you the existing ICD-9 codes. Click a line item to see possible matches in the bottom grid.
Your Code	This column shows the code of the existing Code in your diagnosis list. This value comes from the Code field on the Diagnosis screen.
Your Description	This column shows the description of the existing code. The description here comes from the Description field associated with the Code field on the Diagnosis screen.
ICD-9 Code	This column shows you the ICD-9 code.
ICD-9 Description	This column shows you the ICD-9 description.
Bottom Grid	This section of the screen shows you the possible ICD-10 matches for the highlighted item in the top grid.

Element	Description
New Code	Select the check box to view the new code that will be created. If you want to change it, click in the column and enter your own code. If the new ICD-10 code already exists, you will receive a warning. You cannot have duplicate codes. In some cases, Medisoft will add a letter to the end of the new ICD-10 code. This will happen if there are several ICD-9 codes that can be directly mapped to a single ICD-10 code. Since you cannot map several codes to a single code, Medisoft will append a letter to create unique ICD-10 codes for each ICD-9 code. Note: the code with an appended letter is never used on claim forms. Claim forms will use the code in the ICD-9 or ICD-10 field, depending on the insurance carrier's code set. When you select the check box, Medisoft will auto check all options below it. You can clear items below the master item, as long as one item below is selected. The top check box will remain selected. If you clear the top check box, then all selections below are cleared as well. If you manually clear all the check boxes below, the top check box remains cleared. If you use Select/ Deselect All, the top check box will be selected or cleared depending on the state.
ICD-10 Code	This column shows you the ICD-10 that is a possible match.
Standard ICD-10 Long Description	This column shows you the long description for the ICD-10 code. The short description is not shown but is displayed on the Diagnosis Entry screen. The long form appears here to help you with making decisions about which codes to map.
ICD-9 Code	This column shows you the existing ICD-9 Code that would be matched to the ICD-10 code.
Standard ICD-9 Long Description	This column shows you the existing description for the ICD-9 code that would be matched to the ICD-10 Code.
Select/De-Select All	Click this button if you want select or clear all codes in the box.
Create Selected Codes	Click this button when you are ready to create the ICD-10 codes.

Element	Description
Cancel	Click this button to cancel all changes.

UB Paper Claims

There are two new UB04 claims forms: UB04 (Primary) - v19 W/Form and UB04 (Primary) - v19. These are provided to allow printing of the longer ICD-10 diagnosis codes, as well as the ICD-9 or ICD-10 (0) qualifier. The application now checks to see what code set the insurance carrier uses and prints the ICD-9 or ICD-10 code that corresponds to the code 1 value stored in the table.

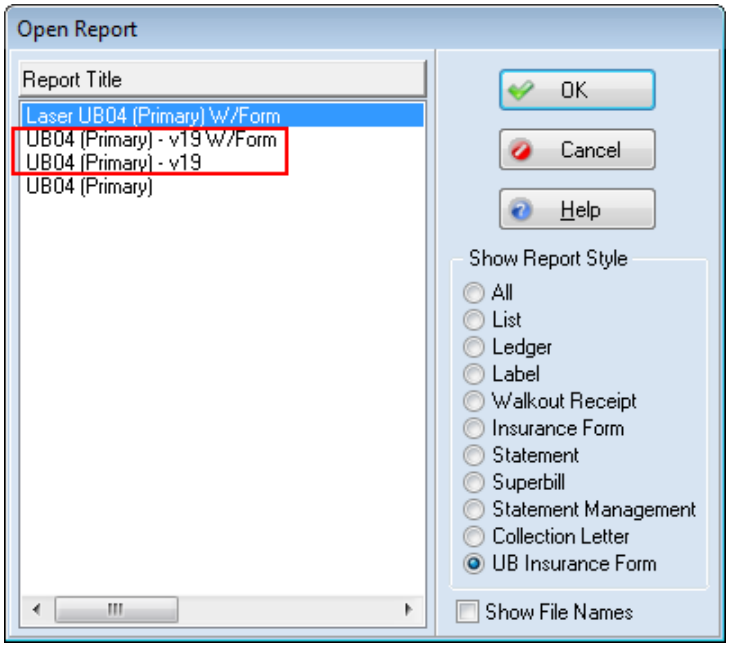

Figure 19. Open Report screen with new UB04 Claim Forms highlighted

Reports

To accommodate ICD-10, the following reports were updated:

Report	Modification
Export Diagnosis Data	It now displays all 12 diagnosis code fields.
Diagnoses Ranking (Case Count)	The field length on the form was updated so an ICD-10 code will fit.
Diagnoses Ranking (Charge Count)	The field length on the form was updated so an ICD-10 code will fit.
Diagnosis List	The report has been reformatted and will display the new description fields for codes.

Report	Modification
Print Diagnosis Grid	The report has been reformatted and will display the new description fields for codes.
Patient Face Sheet	The face sheet has been updated to print either ICD-9 or ICD-10 codes based on the values selected for the code set for the insurance carrier. The report will compare the date that the case was created with the Effective Date for the insurance carrier and print ICD-9 codes if the case created date was before the Effective Date, and ICD-10 codes if the case created date was on or after the Effective Date for the carrier. If a diagnosis code used does not have a value (code) for the code set used by the carrier, you will receive a warning message when you attempt to print the face sheet. For example, if the code set for the carrier is ICD-9 and one of the diagnosis codes entered does not have an ICD-9 value filled in, you will receive a warning message. In addition, for cash cases the face sheet will display ICD-9 codes for dates prior to October 1, 2014 and ICD-10 codes for dates on or after October 1, 2014.

Report	Modification
Walkout Receipts	The Walkout receipts will now print ICD-10 codes. These receipts will display the diagnosis codes for the primary insurance carrier. If a diagnosis code used does not have a value (code) for the code set used by the carrier, you will receive a warning message when you attempt to print the receipt. For example, if the code set for the primary carrier is ICD-9 and one of the diagnosis codes entered does not have an ICD-9 value filled in, you will receive a warning message. Medisoft will also check the Date of Service for the receipt and compare it with the Effective Date in the insurance carrier's record to determine which code set to use. If the Date of Service is before the Effective date, the receipt will display ICD-9 codes; if the Date of Service is on or after the Date of Service, the report will display ICD-10 codes. In addition, for cash cases the report will display ICD-9 codes for dates prior to October 1, 2014 and ICD-10 codes for dates on or after October 1, 2014. Quick Receipt is unchanged.
Patient List by Primary Diagnosis	This report will now print ICD-9 and ICD-10 codes. Also, it will print in Landscape format.

Medisoft Reports

There are new Medisoft Reports.

Diagnosis Ranking (Charge count)

There are three new Diagnosis Ranking (Charge count) reports:

- Primary Diagnosis Ranking by Code (charge count)--This report takes values from the Code 1 field of the Diagnosis screen.
- Primary Diagnosis Ranking by ICD 9 (charge count) --This report takes values from the ICD-9 field of the Diagnosis screen.
- Primary Diagnosis Ranking by ICD 10 (charge count) --this report takes values from the ICD-10 field of the Diagnosis screen.

Diagnosis Ranking (Case count)

There are three new Diagnosis Ranking (Case count) reports:

- Primary Diagnosis Ranking by Code (case count)--This report takes values from the Code 1 field of the Diagnosis screen.
- Primary Diagnosis Ranking by ICD 9 (case count)--This report takes values from the ICD-9 field of the Diagnosis screen.
- Primary Diagnosis Ranking by ICD 10 (case count) --This report takes values from the ICD-10 field of the Diagnosis screen.

Revised CMS-1500 Claim Form

The National Uniform Claim Committee (NUCC) has a revised claim form.

Important: When this form has been approved for claims submission, you can use this same form for Medicare claims as well. You do not need to use a separate form any longer when using the new 02/12 form.

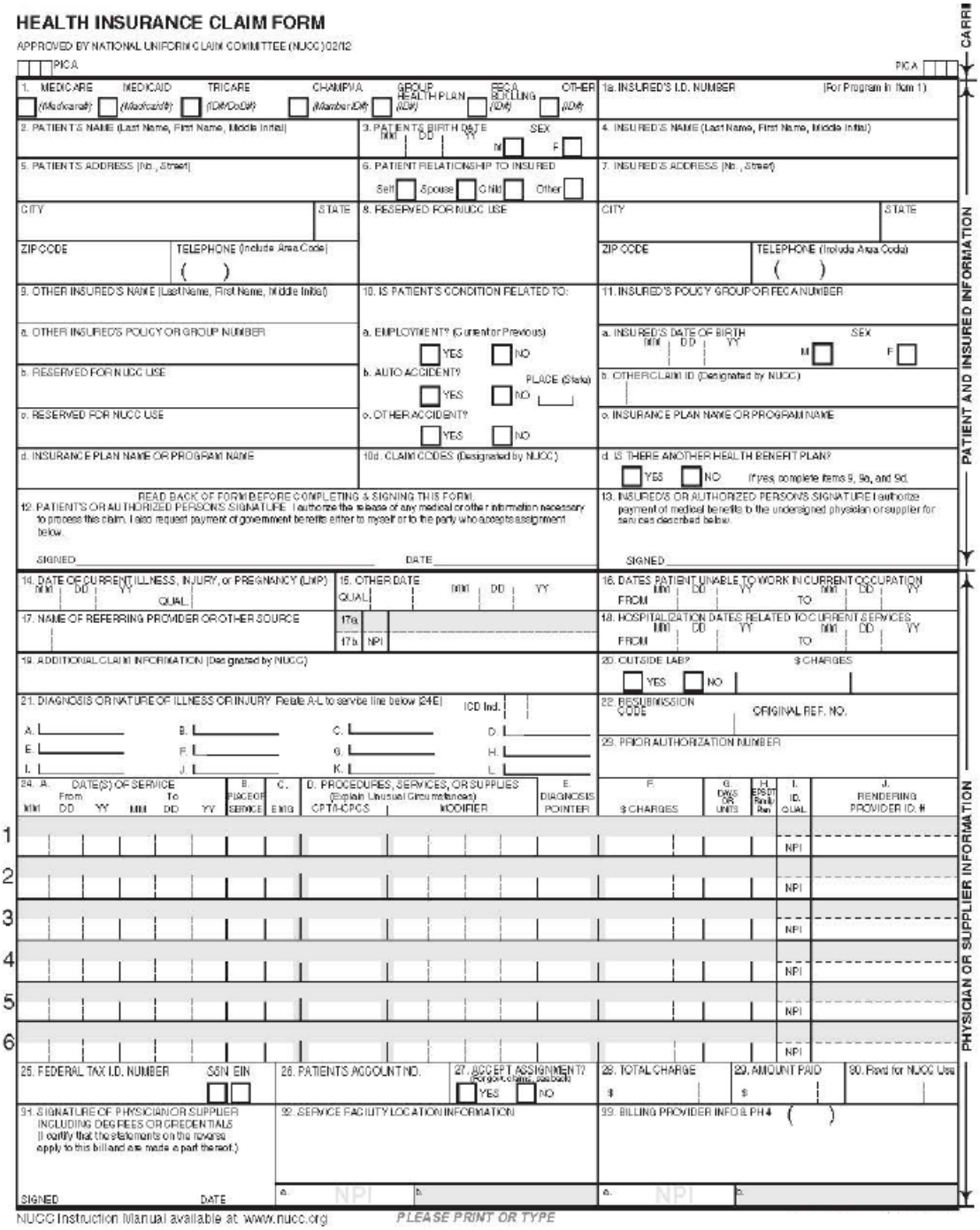

Figure 20. 02/12 CMS-1500 Claim Form

Timeline

The NUCC has approved a transition timeline for the version 02/12 1500 Health Insurance Claim Form (1500 Claim Form). In June, the NUCC announced the approval of the updated 1500 Claim Form that accommodates reporting needs for ICD-10 and aligns with requirements in the Accredited Standards Committee X12 (ASC X12) Health Care Claim: Professional (837P) Version 5010 Technical Report Type 3.

The NUCC approved the following transition timeline at its in-person meeting in Chicago on August 1, 2013.

- January 6, 2014: Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- January 6 through March 31, 2014: Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- April 1, 2014: Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

Changes for New Requirements

The following changes have been made for new requirements.

Box	Box Description	Change on Form
1	Insurance Type	Champus was removed and changed to Tricare.
5	Patient's Address	The phone number no longer prints based on the NUCC's (National Uniform Claim Committee) suggestion.
8	Reserved for NUCC use (Was Patient Status)	This box shows the value of the new Box 8 field on the Miscellaneous tab of the Case window.
9b	Reserved for NUCC use. (Was Date of Birth and Sex)	The box shows the value of the new Box 9b field on the Miscellaneous tab of the Case window.
9c	Reserved for NUCC use. (Was Employer or School Name)	This box shows the value of the new Box 9c field on the Miscellaneous tab of the Case window.
10d	Claim Codes (Designated by NUCC) (Was reserved for local use)	This box will reflect multiple case condition codes separated by a space.
11b	Other Claim ID (designated by NUCC). (Was Employer Name)	This box will show the claim number field from the case Policy tab, preceded by a Y4 qualifier.

Box	Box Description	Change on Form
14	Date Current Illness Injury or LMP	In addition to the date, there is a new Qualifier Code: 431 - Illness (selected when the Illness Indicator field is set to Illness) 484 - LMP (selected when the Illness Indicator field is set to LMP)
15	Other Date	In addition to the date (selected based on which date field is completed in the order below), there is a new Qualifier Code: 454 - Initial Treatment 304 - Latest Visit/Consultation 453 - Acute Manifestation of a Chronic Condition 439 - Accident 455 - Last X-Ray 471 - Prescription 090 - Report Start 091 - Report End
17	Referring Provider	This box can be used for various physician types. There are new qualifiers indicating the physician's type: DN - Referring Provider DK - Ordering Provider DQ - Supervising Provider Only one can be used. If more than one exists on the case, the system will use the following order: 1. referring, 2. ordering, 3. supervising. If both supervising and referring exist on the case, Medisoft will print the referring provider. If the Send Ordering Provider in Loop 2420E check box on the destination payer's Insurance record (EDI-Eligibility tab) is selected and there is a referring physician, DK (Ordering Provider) instead of DN will print.
17a	Other ID	This box shows the ID of the provider from Box 17
17B	NPI Number	This box shows the NPI number of the provider from Box 17.
21	Diagnosis Codes	Diagnosis codes 5-12 (indicated as E-L) have been added. Diagnosis codes are listed in order from left to right on three lines with four codes per line. In addition, there is an ICD Code Set Indicator: 9 - ICD-9 0 - ICD-10

Box	Box Description	Change on Form
24e	Diagnosis Pointer	This box was changed to alpha characters (A-L).
30	Reserved for NUCC use.	This box used to show the balance due.

Other Changes

The following are other changes made to the data that prints on the form.

Box	Box Description	Change on Form
2	Patient's Name	The NUCC suggests not printing the patient's name but, when the patient is the subscriber, the patient's name will continue to print on the form.
4	Insured Name	This box now includes functionality for worker's compensation. If the Insurance Type of the destination payer is worker's compensation, the patient case employer name will print.
7	Employer Address	This box now includes functionality for worker's compensation. If the Insurance Type of the destination payer is worker's compensation, the patient case employer address will print.
11	Insured's policy group or FECA number	If the primary insurance is Medicare, NONE will print in this box. Otherwise, Medisoft will print the insured's policy group or FECA number This information comes from the Case window, Policy 1, 2, or 3 tab, Group Number field.
11c	Insured's insurance plan name or program name	If Medicare is the secondary insurance, this box will remain blank. Otherwise, Medisoft will print the insured's insurance plan name or program name. This information comes from the Insurance Carrier window, Address tab, Plan Name field. If there is no name in the Plan Name field, the insurance carrier name prints in this box.
11d	Is there another health benefit plan?	If the primary insurance is Medicare, this box will remain blank. Otherwise, if there is a value in the Insurance field of the Policy 1 or 2 tab in Cases, the Yes check box is selected. If that value is empty, the No check box is selected.

Box	Box Description	Change on Form
19	Additional Claim Information (designated by NUCC) (Was reserved for local use)	If there is a Taxonomy Code in the Provider ID grid for the provider in Box 24j, Medisoft will use that information first for Box 19. The qualifier ZZ followed by the taxonomy value will print. For example, ZZ163WG0100X. If there is a value in the Legacy Identifier 2 field for that provider, the Legacy Identifier 2 qualifier and value will print. For example, 0B98765466. If the Payer type is Worker's Comp, three blank spaces and the Transaction Entry EDI notes for PWK, in addition to the IDs listed above, will print. If none of these conditions are met, Medisoft will print the value in the Local Use B field on the Case - Miscellaneous tab.
23	Prior Authorization Number	If there is no Prior Authorization Number, the Claim Facility CLIA Number will print.
24h	EPSDT	Unshaded area: A Y will print if the EPSDT check box on the Case window - Medicaid-Tricare tab is selected, unless Code 1 of the EPSDT Referral Codes is populated. In that case, the code will be printed instead of Y. Shaded area: if the EPSDT check box is selected and the Family Planning check box is selected, Y will be printed. If EPSDT is selected and Family planning is not, N will be printed.
24 shaded	Transaction Description	Shaded area: If an NDC code is used, N4 will be printed and then the transaction NDC Code, a single space, followed by the NDC Unit of Measurement and NDC Unit Count. If you have entered text in the description field for a transaction, ZZ followed by the transaction description will print. If both are used, the NDC information prints first.
29	Amount Paid	This field is left blank. On secondary claims, it will show the calculated amount paid by the primary insurance carrier.

Case Screen

New Fields

There are four new fields on the Miscellaneous tab of the Case screen in the CMS-1500 Reserved for NUCC section. If necessary, you can use these fields for populating the boxes on the 02/12 CMS-1500 claim form.

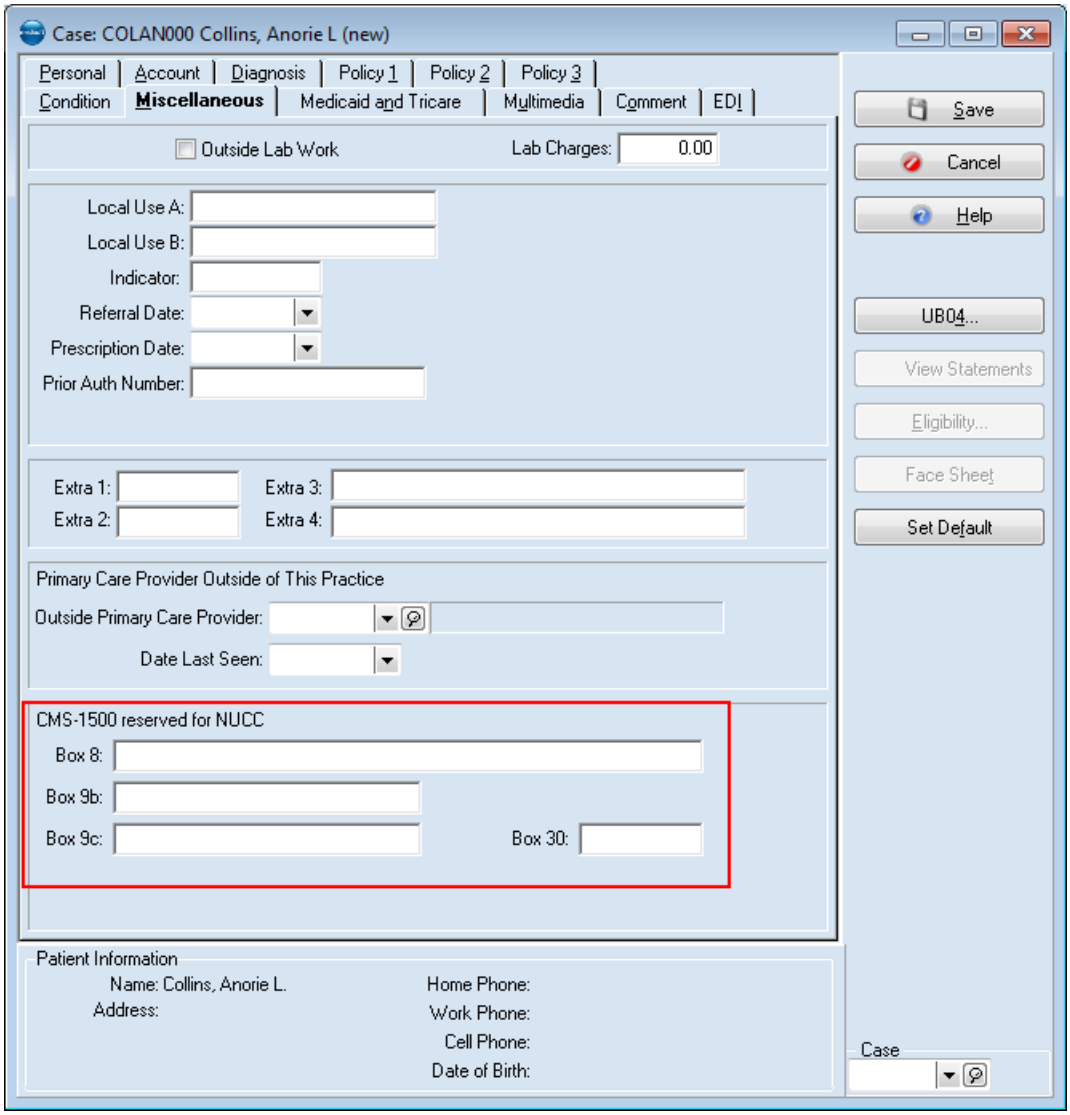

Figure 21. Case screen - Miscellaneous tab with new fields highlighted

Reports

There are six new claim forms available in Medisoft Reports Designer: CMS-1500 (Primary)- 2012 W/Form, CMS-1500 (Primary)-2012, CMS-1500 (Secondary)-2012 W/Form, CMS-1500 (Secondary) -2012, CMS-1500 (Tertiary) - 2012 W/Form, and CMS-1500 (Tertiary)-2012.

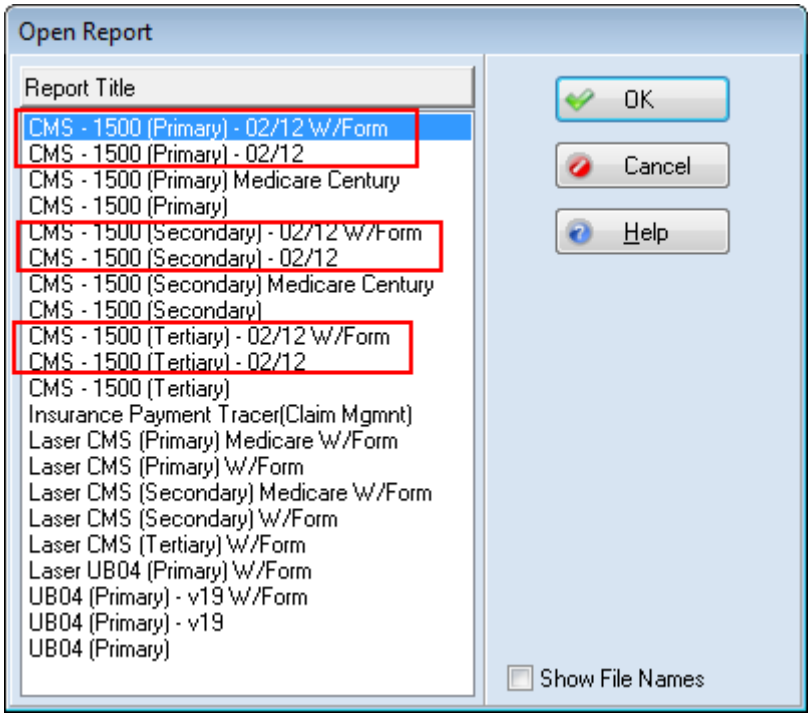

Figure 22. Open Reports screen with new CMS-1500 Claim Forms highlighted

Revised Selections for Race and Ethnicity

The selections for the Race and Ethnicity fields now accommodate Meaningful Use Stage 2.

Race

The selections for the Race field on the Patient/Guarantor screen - Name, Address tab have been updated. In addition, the application has been updated to allow you to select up to two values for the Race field. The following table shows the changes:

Prior to Medisoft 19	Medisoft 19 and above
American Indian or Alaskan Native	American Indian or Alaska Native (I)
Black	Black or African American (B)
Caucasian	White (W)
Pacific Islander	Native Hawaiian or Other Pacific Islander (P)

Ethnicity

The selections for the Ethnicity field on the Patient/Guarantor screen - Name, Address tab screen have been updated. The following table shows the changes:

Prior to Medisoft 19	Medisoft 19 and above
Hispanic	Hispanic or Latino
Non-Hispanic	Not Hispanic or Latino

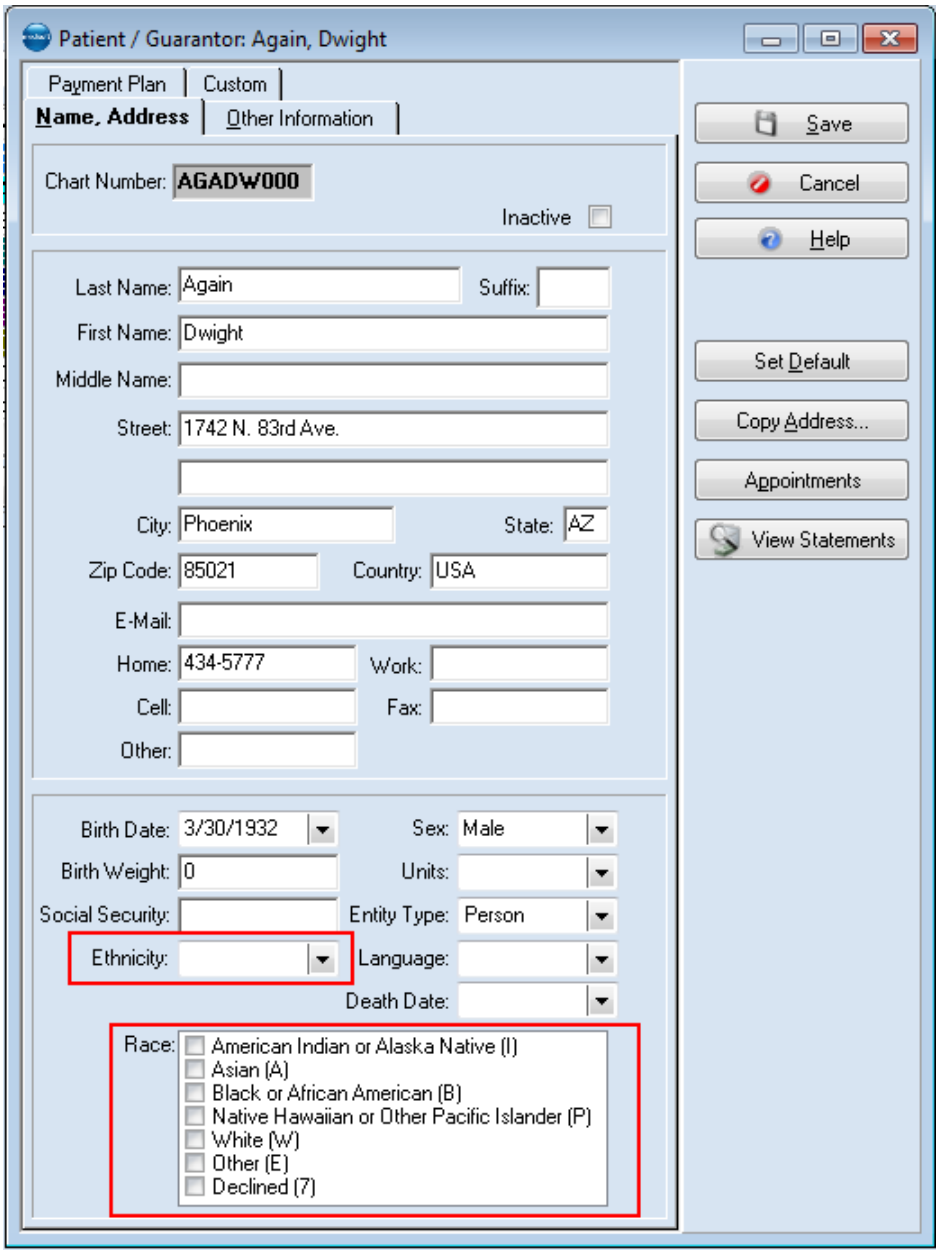

Figure 23. Patient/Guarantor screen - Name, Address tab

NOTE: if you have included Race in any Patient Quick Entry templates, you must edit the template and click the Reset button on the Patient Entry Template screen. If you do not do this, you may receive an error.

Mediutils

Some changes have been made to the Mediutils features.

Copy Data Tables

The following fields have been added to the table.

- MWDIA [Code Version], [Code 2 Description], [Code 3 Description]
- MWINS [Icd 10 Effective Date]

  This is the Effective Date field in Medisoft.
- MWOPT [DefInsCodeSet]
- MWOPT [DefDiagCodeSet]

Power Tools

Code Fix tab

The Code 1, 2, and 3 tabs have been changed to Code, ICD-9, and ICD-10.

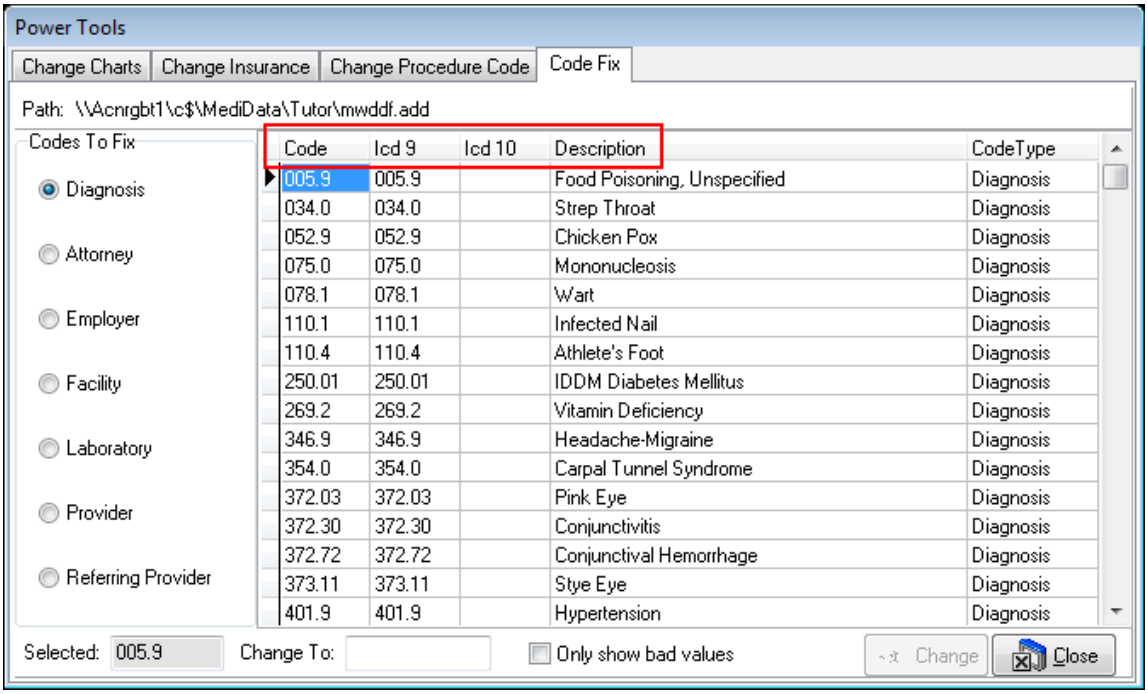

Figure 24. Power Tools - Code Fix tab

Updated Version of Advantage Database Server

Medisoft 19 includes Advantage 11.10 as its database manager.

If you are installing or upgrading Medisoft Network Professional or Medisoft Clinical, you must install this new version of Advantage. Install it on your server computer following the instructions in the Medisoft Installation Guides.

The Remote Management Utility, located under Advantage Tools on the Install screen, is a 16 bit utility and will not install in a 64 bit environment.

Medisoft 19 and Practice Partner 9.5.2 (Medisoft Clinical)

Since Medisoft 19 is ICD-10 ready and Practice Partner 9.5.2 is not ICD-10 ready, McKesson recommends that you do not send ICD-10 diagnosis codes from Medisoft 19 to Practice Partner 9.5.2.

If you send charges from Practice Partner to Medisoft with diagnosis codes that do not exist in Medisoft, they will appear on the Unprocessed Charges screen in red and you must add the codes in Medisoft before you can post the charges. Previously, these codes would appear in yellow and they could be posted.

In addition, Medisoft 19 will transmit two values for Race to Practice Partner. However, Practice Partner will only use the first one. McKesson recommends that you currently select only one value in the Race field.

If you are already using a version of Medisoft Clinical that has Practice Partner 9.5.2, do not install Medisoft Clinical Server on your server, and do not install Medisoft Clinical Client on your workstations. You only need to upgrade Medisoft Client.

McKesson Practice Interface Center (MPIC)

McKesson Practice Interface Center, which replaces Communications Manager, is an application designed to connect different McKesson solutions and allow them to transfer data to one another. It is independent of Medisoft, but has prefabricated configurations available to integrate Medisoft with Practice Partner (Medisoft Clinical), Practice Choice, and RelayHealth. You will also have the ability to customize it.

Communications Manager is not available for Version 19 of Medisoft. If you were using Communications Manager with a previous version of Medisoft, please contact your VAR for assistance before upgrading to Version 19.

Chapter 2 - Resolved Issues

The following issues were resolved with Medisoft Release 19.

TD	Application	Description
22685	Core	You can now save allowed amounts for procedure codes that do not have modifiers. Previously, allowed amounts would disappear when you edited procedure codes because they were not being saved. Steps to recreate 1. On the Lists menu, select P**rocedure/Payment/ Adjustment codes**. The Procedure/Payment/Adjustment List screen appears. 2. Double-click a procedure code. The Procedure/Payment/ Adjustment screen appears. 3. Add a modifier in the Default Modifiers field. 4. Select the **Allowed Amounts** tab. 5. Enter an amount for an insurance carrier. 6. Click **Save**. The Procedure/Payment/Adjustment screen appears. 7. Double-click the same procedure code. 8. Click the **Allowed Amounts** tab. 9. Verify that the amount you entered is present.
23158	Office Hours Standalone version	Users will no longer receive the error “QryInCollections:Error 7200...” when entering an alphabetic character in the Case field of the Edit Appointment screen. Previously, this error would appear if a user attempted to do this. Steps to recreate 1. Open Office Hours. 2. Highlight an appointment and right-click in the field and select **Edit**. The Edit Appointment screen appears. 3. Place the cursor in the Case field and attempt to enter an alphabetic character. 4. Verify that there is no error.

23187	Core	Users will no longer receive the message “patient record is in user” in Unprocessed EMR Charges after another user has closed the screen. Steps to recreate 1. Have user A log into Medisoft. 2. On the Activities menu, point to Unprocessed Transactions, and click **Unprocessed EMR Charges**. The Unprocessed Charges screen appears. 3. Select a transaction and click the **Edit** button. The Unprocessed Transactions Edit screen appears. 4. Close this screen. 5. Have User B log into Medisoft. 6. Repeat steps 2 and 3 and verify that user B does not receive the message.
23274	Communications Manager	Communications Manager has been removed from Medisoft 19 and is being replaced by McKesson Practice Interface Center. In addition, the ePrescribing feature has been removed from Medisoft 19. Steps to recreate 1. In Medisoft, click the Tools menu. The drop-down list appears. 2. Verify that Communications Manager is no longer listed as an option. 3. On the Tools menu, point to Services. The drop-down list appears. 4. Verify that ePrescribing is no longer listed.

23321	Core	Repeating appointments are now skipping days/weeks/months correctly. Previously, if users added a weekly recurring appointment and had it every three weeks, Medisoft would insert an appointment for the current week, another one for the next week and then skip one week, and finally insert another appointment and follow that order until the end date. Steps to recreate 1. On the Activities menu, select **Appointment Book**. The Appointment grid appears. 2. On the cell where you want the first appointment to be scheduled, right-click and select **New Appointment**. The New Appointment Entry screen appears. 3. Complete the fields on the screen and click the **Change** button. The Repeat Change screen appears. 4. Enter 3 in the Every ____ Weeks field. 5. Select **Weekly** for the frequency. 6. Select a day of the week for the appointment. 7. Enter an End Date. 8. Click the **OK** button. 9. Click the **Save** button on the New Appointment Entry screen. The appointment appears in the grid. 10. Verify that the appointment is scheduled once every three weeks at the same time and day.

23470	Core	Users will no longer receive a warning message about an open report when closing Transaction Entry or Medisoft. Steps to recreate 1. On the toolbar, click the Quick Ledger icon. The Quick Ledger screen appears. 2. Select a patient. 3. Click **Statement**. The Create Statements screen appears. 4. Select Standard and click the **Create** button. 5. Click **OK** on the message that appears that a statement has been created. The Print Statement screen appears. 6. Click the **Cancel** button. 7. Close the Quick Ledger screen. 8. On the Activities menu, select Enter Transactions. The Transaction Entry screen appears. 9. Select the same patient. 10. Click on **Print Receipt**. The Open Report screen appears. 11. Select an option and click **OK**. The Print Report Where? screen appears. 12. Select Preview the report on the screen and click the **Start** button. 13. Enter the date range to create the walkout receipt. 14. Click **OK**. 15. Once the walkout receipt appears, close it. 16. Close the Transaction Entry screen. 17. Verify that it closes without any warning messaage.

23245	Core	The Document number is now being assigned to posted unprocessed transactions. Previously, if the user had the check box to Force Document Number selected in Program Options and changed the case number for an unprocessed transaction, the transaction would save with no document number. Steps to recreate 1. On the File menu, click **Program Options**. The Program Options screen appears. 2. Select the Data Entry tab. 3. Make sure that the Force Document Number check box is selected. 4. Click **Save**. 5. On the Activities menu, point to Unprocessed Transactions, and click **Unprocessed EMR Charges**. The Unprocessed Charges screen appears. 6. Highlight a transaction and click **Edit**. The Unprocessed Charges Edit screen appears. 7. Change the case for the transaction. 8. Verify the transaction has a document number and click **Post**. 9. Close the Unprocessed Charges screen. 10. On the Activities menu, click **Transaction Entry**. 11. Select the patient for whom the unprocessed transactions were posted. 12. Select the case. 13. Click the icon at the right of the Document field and verify that the document number was saved.
23705	Core	The Patient Entry screen will now keep its sizing when the screen is closed and reopened. Previously, any changes to the size of the screen would not persist. Steps to recreate 1. On the Lists menu, Select Patients/Guarantors and Cases. The Patient List screen appears. 2. Click the **New Patient** button. The Patient screen appears. 3. Enter data for a new patient and resize the screen. 4. Click the **Save** button. 5. Close the Patient screen. 6. Click the **New** or **Edit** button and verify that the screen appears with the new dimensions.