



What's New in DAQbilling® v4.0.6

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The latest DAQbilling version includes enhancements to existing functionality to support the new 5010 standard for transmitting HIPAA-compliant electronic healthcare transactions (such as, claims, ERA, and eligibility). This includes, for example, increased maximum length for some data fields; additional diagnosis code fields in the encounter; new fields in Practice Settings and the encounter to accommodate ambulance patient count, pick up/drop off locations, and certification condition as well as anesthesia procedures and additional units; the ability to add immunization batch numbers; new claim attachment reports; and support for Canadian and international addresses. This document provides an overview of these enhancements.

FEATURES AND ENHANCEMENTS

FUNCTIONALITY TO SUPPORT 5010 REQUIREMENTS

- Additional Diagnosis Fields**

Four (4) diagnosis code fields have been added on the Claim Information tab in the encounter, which means there are now twelve (12) diagnosis code fields available for each encounter. For electronic claims, all twelve codes may be used; for printed claims, up to four (the first four listed) are used. (DAQbilling-138)

- Improved Method for Mapping Multiple Diagnosis Codes to a Single Procedure**

Previously, multiple diagnosis that were mapped to a single service/procedure were listed in one field—separated by commas—which could make it difficult to decipher the individual codes. The system now presents separate fields for each diagnosis code for each line item on the Claim Information tab in the encounter. (DAQbilling-139)

- Increased Maximum Length for Some Data Fields**

Requirements for the 5010 format dictate a change to the maximum allowed lengths for some data fields:

- Organization name and individual last name fields (including billing provider, location, laboratory, and payer names) now allow up to sixty (60) characters (increased from thirty-five);

- Individual first name fields now allow up to thirty-five (35) characters (increased from twenty-five);
 - Individual middle name fields now allow up to twenty-five (25) characters (expanded from one);
 - Individual name suffix fields allow up to ten (10) characters (expanded from three);
 - Provider additional identifier number fields allow up to fifty (50) characters (expanded from ten); and
 - Subscriber (insured) policy number fields allow up to fifty (50) characters (expanded from ten).
- (DAQbilling-157)

- **Expanded Patient Middle Name Field**

The Middle Name field for patients now accommodates more than just an initial; it now allow up to twenty-five (25) characters in the Patient dialog box (from Encounters, Patient Management, Add/Edit Patient). When necessary to identify the patient, a middle name or initial is required. (DAQbilling-140)

- **Expanded Provider Middle Name and New Suffix Field**

The Middle Name field for providers now allows up to twenty-five (25) characters in the Provider dialog box (from Setup, Other Setup, Provider). In addition, a (10) ten-character Suffix field has been added. When necessary to identify the provider, a middle name or initial and/or a suffix is required. (DAQbilling-159)

- **Expanded Referring Provider Middle Name and New Suffix Field**

The Middle Name field for referring providers now accommodates more than just an initial; it now allows up to twenty-five (25) characters in the Provider dialog box (from Setup, Other Setup, Referring Provider). In addition, a (10) ten-character Suffix field has been added. (DAQbilling-160)

- **Expanded Insured Middle Name and New Suffix Field**

The Middle Name field for Insured's now accommodates more than just an initial; it now allows up to twenty-five (25) characters in the Patient dialog box (from Encounters, Patient Management, Add/Edit Patient, Insurance tab, Edit Insurance). In addition, a (10) ten-character Suffix field has been added. When necessary to identify the Insured, a middle name or initial is required. (DAQbilling-142)

- **Expanded Guarantor Middle Name Field**

The Middle Name field for Guarantors now accommodates more than just an initial; it now allows up to twenty-five (25) characters in the Guarantor dialog box (from Encounters, Patient Management, Add/Edit Guarantor). (DAQbilling-144)

- **Patient First Name No Longer Required for Claims**

The patient's first name is no longer required to complete a claim. Note that for patients who have a legal single name only, the name must be entered in the Last Name field and the First Name field is to be left blank in the Patient dialog box (from Encounters, Patient Management, Add/Edit Patient). (DAQbilling-141)

- **Insured First Name No Longer Required for Claims**

The Insured's first name is no longer required to complete a claim. Note that for Insured's who have a single name only, the name must be entered in the Last Name field and the First Name field is to be left blank in the Patient dialog box (from Encounters, Patient Management, Add/Edit Patient, Insurance tab, Edit Insurance). (DAQbilling-143)

- **Guarantor First Name No Longer Required for Claims**

The Guarantor's first name is no longer required to complete a claim. Note that for Guarantors who have a legal single name only, the name must be entered in the Last Name field and the First Name field is to be left blank in the Guarantor dialog box (from Encounters, Patient Management, Add/Edit Guarantor). (DAQbilling-145)

- **Physical, Street Addresses are Required For Billing Addresses**

To satisfy 5010 requirements, the system now requires that a physical, street address be entered for billing addresses—PO Box and lock box addresses may not be used.

- **Additional Patient/Insured Relationship Codes**

More items that define the relationship of the patient to the insured party have been added to the existing items (Self, Spouse, Child, Other). In the Patient dialog box (from Encounters, Patient Management, Add/Edit Insurance, Insurance tab, Edit Insurance), the Relationship drop-down list has been augmented to include these additional relationship codes:

- Employee
- Unknown
- OrganDonor
- CadaverDonor
- LifePartner

(DAQbilling-146)

- **Additional Patient/Guarantor Relationship Codes**

More items that define the relationship of the patient to the guarantor have been added to the existing items (Self, Spouse, Child, Other). In the Patient dialog box on the Other tab under Guarantor (from Encounters, Patient Management, Add/Edit Patient), the Relationship drop-down list has been augmented to include these additional relationship codes:

- Employee
- Unknown
- OrganDonor
- CadaverDonor
- LifePartner

(DAQbilling-147)

- **New NDC Drug Unit of Measure Code**

A new unit of measurement, “**ME – Milligram**” has been added to the Unit Code drop-down list on the Procedure dialog box (from Setup, Other Setup, Procedures). This is for use when an NDC drug code is included on the claim. (DAQbilling-148)

The screenshot shows the 'Procedure' dialog box for procedure code 99215. The 'Description' field is 'OFFICE/OUTPAT VISIT, EST PAT 40MINS'. The 'Unit Code' dropdown menu is open, showing 'ME-Milligram' selected. Other fields include 'POS' (11 Office), 'TOS' (1 Medical Care), 'Units' (1), 'Modifiers', 'Revenue Code', and 'NDC'. There are checkboxes for 'Inactive', 'Bill Patient Only', and 'Include Zero Amount'. At the bottom are 'Lookup', 'Delete', 'OK', and 'Cancel' buttons.

- **New Ambulance Patient Count Field**

A new field, “Patient Count” has been added to the Practice Settings dialog box on the Additional Fields tab under Ambulance Transport Information (from Setup, System Settings, Practice Settings). When the

Ambulance Transport Information section is activated by an administrator, the new field appears in the encounter on the Additional Information tab in the Additional Info section. A numeric whole number should be entered in this field when more than one patient is transported in the same vehicle for ambulance or non-emergency services. Please see screen shots following. (DAQbilling-149)

- **New Ambulance Pick-up and Drop-off Location Fields**

New fields for ambulance pick-up and drop-off locations—including location address, city, state, and zip code—have been added to the Practice Settings dialog box on the Additional Fields tab under Ambulance Transport Information (from Setup, System Settings, Practice Settings). When the Ambulance Transport Information section is activated by an administrator, the new location fields appear in the encounter on the Additional Information tab in the Additional Info section. If there is no exact address or the location is in an area where there are no street addresses, enter a description of the location in the Address field, for example, “intersection of Main St and Center Ave.” Please see screen shots following. (DAQbilling-150)

- **Updated Ambulance Certification Condition Codes**

Requirements for the 5010 format dictate a change to the valid ambulance certification condition codes:

- Code 12, Patient is Confined to a Bed or Chair, has been added and is used to indicate when the patient is bedridden during transport; and
- Code 60, Transport was to the Nearest Facility has been removed.

When the Ambulance Cert. – CRC Conditions Indicator section is activated by an administrator in the Practice Settings dialog box on the Additional Field tab (from Setup, System Settings, Practice Settings), the new code appears in the encounter in the Condition Code drop-down list on the Additional Information tab. (DAQbilling-151)

Field Name	Default Value
Patient Count	
Pick-up Loc Address	
Pick-up Loc City	
Pick-up Loc State	
Pick-up Loc Zip	
Drop-off Loc Address	
Drop-off Loc City	
Drop-off Loc State	
Drop-off Loc Zip	
Round Trip Purpose	
Weight (in pounds)	
Mileage	
Stretcher Purpose	
Transport Code	
Transport Reason	
Emergency Indicator	<input type="checkbox"/>
Ambulance Cert. - CRC Conditions Indicator	<input checked="" type="checkbox"/>
Anesthesia	<input checked="" type="checkbox"/>
Immunization	<input checked="" type="checkbox"/>

Additional Info

Name	Value
Ambulance	
Patient Count	3
Pick-up Loc Addr	PRATT AND CHARLES ST.
Pick-up Loc City	BALTIMORE
Pick-up Loc State	Maryland (US)
Pick-up Loc Zip	21202
Drop-off Loc Addr	1313 UNION ST
Drop-off Loc City	BALTIMORE
Drop-off Loc State	Maryland (US)
Drop-off Loc Zip	21202

Additional Info

Name	Value
Ambulance Cert.	
Condition Code	12-Patient is confined to a bed
Yes/No Condition	Yes

• Additional Anesthesia Data Fields

Three additional Anesthesia items have been added to the Practice Settings dialog box:

- Anes Rel Proc Code 1 (Related Surgical/Procedure) – a drop-down list with a range from 10000 to 69999.
- Anes Rel Proc Code 2 (Related Surgical/Procedure) – a drop-down list with a range from 10000 to 69999.
- OB Anes Addl Units (Anesthesia Additional Units) – a free-type text field used to provide anesthesia additional units that may be required in conjunction with anesthesia for Obstetric services when the anesthesia provider chooses to report additional complexity beyond the normal services reflected by the procedure base units and anesthesia time. Decimal points are allowed; the maximum number of characters allowed is eleven (11), excluding the decimal. Eight (8) characters are allowed to the left of the decimal and three (3) to the right of the decimal.

This change is to accommodate obstetric services whereby the anesthetist may bill an “add on” code in cases where a labor and epidural is followed by a cesarean section or a cesarean section is followed by a hysterectomy. In these situations, there would be billable anesthesia time for both services and each may have a related surgical procedure code.

Practice Settings

Main | TimelyFile | **Additional Fields** | User Defined Fields

Group: Anesthesia

Field Name	Default Value
Anes Rel Proc Code 1	
Anes Rel Proc Code 2	
OB Anes Addl Units	

Immunization ☒

Service Authorization Exception ☐

MAMMOGRAM CERTIFICATION ☐

Massachusetts Medicaid Fields ☐

Illinois DPA Third Party Liability ☐

Override Options ☐

Podiatry ☐

Service Location (If different from Billing Location) - 3,5,4 testing ☒

CMS-1500 Test Results ☐

Claim Submission Reason Code ☐

Outside Lab CLIA Number ☐

Claim Supervising Provider ☐

Early & Periodic Screening, Diagnosis and Treatment Referral ☐

Special Program ☐

NY MEDICAID ☐

Supplemental Information ☒

OK Cancel

When the new fields are activated by an administrator in the Practice Settings dialog box on the Additional Field tab under Anesthesia (from Setup, System Settings, Practice Settings), the Anesthesia fields appear in the encounter on the Additional Information tab under Additional Info. (DAQbilling-152)

Additional Info	
Name	Value
Anesthesia	
Anes Rel Proc Cod	1000F-TOBACCO USE ASSESS
Anes Rel Proc Cod	69990-MICROSURGERY ADD-CL
OB Anes Addl Unit	50.444

- **New Immunization Batch Number Field**

A new field, "Batch Number" has been added in the Practice Settings dialog box on the Additional Fields tab under Immunization (from Setup, System Settings, Practice Settings). When the field is activated by an administrator, it appears in the encounter on the Additional Information tab under Additional Info.

Additional Info	
Name	Value
Immunization	
Batch Number	12-1234 BATCH NUMBER

The immunization batch number represents the manufacturer's lot number for the vaccine used in the immunization. Depending on the vaccine, federal requirements may dictate that you enter this number. (DAQbilling-153)

- **Additional Transmission and Claim Attachment Report Codes**

Requirements for the 5010 format dictate a change to the valid codes for transmission (Transmission Code) and claim attachment report (Report Type Code):

- A new transmission code, "FT – File Transfer" has been added and is required when the attachment is maintained by an attachment warehouse or similar vendor. The new code appears in the Transmission Information Code drop-down list in the Practice Settings dialog box on the Additional Fields tab under Supplemental Information (from Setup, System Settings, Practice Settings).
- Several new claim attachment report codes have been added, as listed in the table below. The new codes appear in the Report Type Code drop-down list in the Practice Settings dialog box on the Additional Fields tab under Supplemental Information (from Setup, System Settings, Practice Settings).

Code	Description
3	Report Justifying Treatment Beyond Utilization Guidelines
4	Drugs Administered
5	Treatment Diagnosis
6	Initial Assessment
7	Functional Goals
8	Plan of Treatment
9	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
A3	Allergies/Sensitivities Document
A4	Autopsy Report

Code	Description
AM	Ambulance Certification
AS	Admission Summary
B2	Prescription
B3	Physician Order
B4	Referral Form
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
CK	Consent Form(s)
CT	Certification
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
OZ	Support Data for Claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports

Code	Description
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

When the Supplemental Information section is activated by an administrator, the new codes appear on the Additional Information tab in the encounter. (DAQbilling-154)

- **Payer Code Updates**

A new payer code, “EI” (Employer’s Identification Number), has been added to the Payer Codes drop-down list in the Practice Settings dialog box on the Additional Fields tab under Other Payor Secondary Information (from Setup, System Settings, Practice Settings). Note that payer code “F8” is not used for 5010, but still may be used for 4010 format until the conversion to 5010 is complete for your practice. (DAQbilling-155)

- **New Claim Delay Reason Code**

A new claim delay reason code, “15 – Natural Disaster” has been added to the Delay Reason Code drop-down list in the Practice Settings dialog box on the Additional Fields tab under Claim Delay Reason (from Setup, System Settings, Practice Settings). When activated by an administrator, the new code appears in the encounter on the Additional Information tab. (DAQbilling-156)

- **Support for Canadian Provinces and Postal Codes / Country and Country Subdivision Codes**

Requirements for the 5010 format dictate support for addresses outside of the United States—specifically country and country subdivision codes and Canadian addresses. Accordingly, new fields have been added to allow for foreign addresses to be entered in the system.

- Existing State drop-down lists now include Canadian provinces.

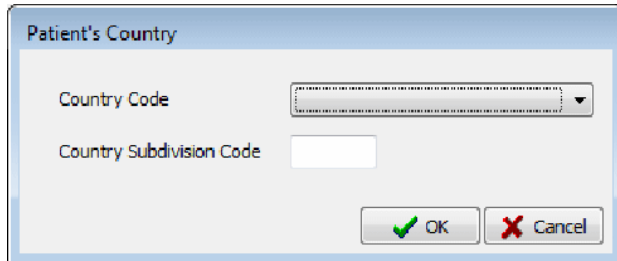
Code	Province
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon

- Existing Zip code fields now allow for Canadian postal codes.

(DAQbilling-161)

- New Country and Country Subdivision Codes Common Form

The system now allows you to specify a country code and country subdivision for patients, insured's, and guarantors. To specify a country and/or country subdivision code, a new item, "OT" (Other) has been added to the State drop-down list. When OT is clicked, the Patient's Country dialog box appears where you can type the country and/or country subdivision code. After you have typed the codes and closed the dialog box, the foreign codes are *not* displayed on the Patient screen. Thus, to view or edit the foreign codes, click the OT item in the State drop-down list and press F3, which opens the Patient's Country dialog box. (DAQbilling-162)

The image shows a dialog box titled "Patient's Country". It contains two input fields: "Country Code" with a dropdown arrow and "Country Subdivision Code" with a text box. At the bottom, there are two buttons: "OK" with a green checkmark icon and "Cancel" with a red X icon.