

# What's New in 9.5.61



This document was developed by Genius Solutions to introduce users to the features/modifications that have been released in version 9.5.61 of eTHOMAS. Click on the text or page numbers within the Contents page to be brought to that specific item within the document.

eTHOMAS

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## Automatic Last Claim

There is a new system setting called AutoLastClaim that will make the system automatically default the procedures from the last claim onto the posting charges screen. This essentially does the same thing as pressing the “Last Claim” button in the posting charges screen, except that eTHOMAS will automatically do it for you on all patients.

## Waystar

There are two new features available for Waystar customers that allow you to easily view the claim history and any EOB that was received on the claim. Both of these features are available from within in the Claim Information screen, and accessed by a button at the bottom of the screen. If you are interested in using this new feature, please contact us at 586-751-9080.

**Claim Edit**

**Claim Information** P5 - 100450 DANIEL, JONATHAN 10/13/1990  
Cash: 0.00 Ins: 185.00

Claim No: 1140 Date: 05/19/2020 Last Paid:  ICD10 ☒ Invoice: 0

Doctor: 01 - MEREDITH GREY ICN:   
Location: GS - GENIUS SOLUTIONS Facility:   
Claim Type:  Referral:   
Billing Method: Either  Illness/Injury:   
Billing Status: Billed  Last Check#:   
Header Code: OV Last Check Date:   
Dc Ind:  Delay:  Dc Type:   
Benefit: \*BC Appeal:  Lab Info:   
Last Worked on Date:  Follow Up Date:

Patient Insurance ParAdj: 0.00  
Paid 0.00 0.00 Deductible: 0.00  
Adj 0.00 0.00 Charge Srv: 75.00  
Bal 0.00 75.00 Charge Pat: 0.00

Primary Secondary Tertiary  
Policy BC/BC     
Date Billed 1: 05/19/2020  
2:   
3:

Diagnosis  
A1 C25.4 B2  C3  D4  E5  F6   
G7  H8  I9  J  K  L

Line	Date	Proc	DXPTR	Dr	Chrg Crdt	Exp Ins	Chrg Pat	Ins Bal	Cash Bal	S
1	05/19/2020	99213	A	01	75.00	75.00	0.00	75.00	0.00	

OFFICE VISIT F5: Goto Worked on Date

**ClnHis** EOB View Media Prep Claim Inquiry Medicaid  
Rpt Note Claim Note Ins Remark Update Credit Split Claim

## Claim History

The Claim History (ClnHis) button will launch Waystar’s portal and allow you to view this claim’s history, such as when the claim was submitted, when the various payers received it, when payments were initiated, and allow you to view EOB’s and other reports.

## Claim History

Claim N°  
Claim ID  
Last Ins  
Payer ID  
Patient  
Date of  
Billing  
Render  
BatchID

### Last Remittance Received:

Sheet #1	Am Paid	Payer	Payment Number	View
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4/20/2020	\$29.00	Highmark BCBSO Health Options (47181)	0010117570	<a href="#">EOB</a>
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Dates	Time	InstanceID	Claim Prefix	View	
4/17/2020	1:58 PM	4071329556	4071329556	<a href="#">DOC</a>	<a href="#">NOTE</a>

  

Date	Time	Source/User	Message
4/17/2020	1:58 PM	ZIRMED	CLAIM LOADED FOR PROCESSING
4/17/2020	1:58 PM	ZIRMED	CLAIM PASSED ALL EDITS. [X12 INFO: 2300 CLM]
4/17/2020	3:07 PM	ZIRMED	CLAIM SENT TO AN INTERMEDIARY
4/17/2020	4:25 PM	INTERMEDIARY	CLAIM HAS BEEN ACCEPTED BY THE INTERMEDIARY. THIS DOES NOT MEAN THE PAYER HAS ACCEPTED THE CLAIM FOR ADJUDICATION. FURTHER STATUS UPDATES MAY OR MAY NOT BE FORTHCOMING.
4/17/2020	4:31 PM		<b>WARNING:</b> A1 20 CLAIM HAS BEEN RECEIVED. ACCEPTED FOR PROCESSING.
4/19/2020	8:15 PM	PAYER	CLAIM RECEIVED BY THE PAYER
4/19/2020	11:29 PM	PAYER	<b>WARNING:</b> A2 20 ACK. ACCEPTANCE INTO ADJUDICATION SYS-CLAIM ENCOUNTER HAS BEEN ACCEPTD INTO ADJUDICATION SYS. ACCEPTED FOR PROCESSING.
4/19/2020	11:29 PM	PAYER	ACKNOWLEDGEMENT OF CLAIM/ENCOUNTER. ACCEPTED FOR PROCESSING. [X12 INFO: 2300-CLM]
4/21/2020	4:07 AM	ZirMed (Waystar S)	Note added -An auto secondary claim was not generated for this primary because a secondary payer was not found.

### Remittance Activity

Sheet #1	Am Paid	Payer	Payment Number
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4/20/2020	\$29.00	Highmark BCBSO Health Options (47181)	0010117570
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## EOB

The EOB button will launch Waystar's portal and allow you to view the EOB for this claim.

## Changing a Posted Procedure Code

If a procedure code was posted in error, you may wish to change the code instead of deleting and reentering it. The ability already exists to change the procedure code (as long as it has no payments allocated to it) but we've added to the feature so that the charge amount and bill to insurance (bti) information will update as well. Please note that when a change is made you will not see the charge amount charge until you return to the claim information screen.