

What's New in 9.5.01- 9.5.08

August/September

2015

This document was developed by Genius Solutions to introduce users to the features/modifications that have been released in 9.5.01-9.5.08 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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Release Introduction

Since our release of version 9.5 at the end of April 2015, we have made significant changes to eTHOMAS that we feel are of benefit to our users. Because of the number of modifications and the impact on our end-users, we have put together a document to outline those features. Our latest version, at the time of this publication, is version 9.5.08. In order to take full advantage of the features outlined within this document, eTHOMAS will need to be updated to that version. Verify your version number by looking in the right corner of eTHOMAS. For a detailing of what was included in version 9.5.00 of eTHOMAS in April 2015, please reference and download the What's New in Version 9.5 from <http://www.media.geniussolutions.com/95/What'sNewin95.pdf>

This document will reference the version number of eTHOMAS in which each change was released.

ICD-10

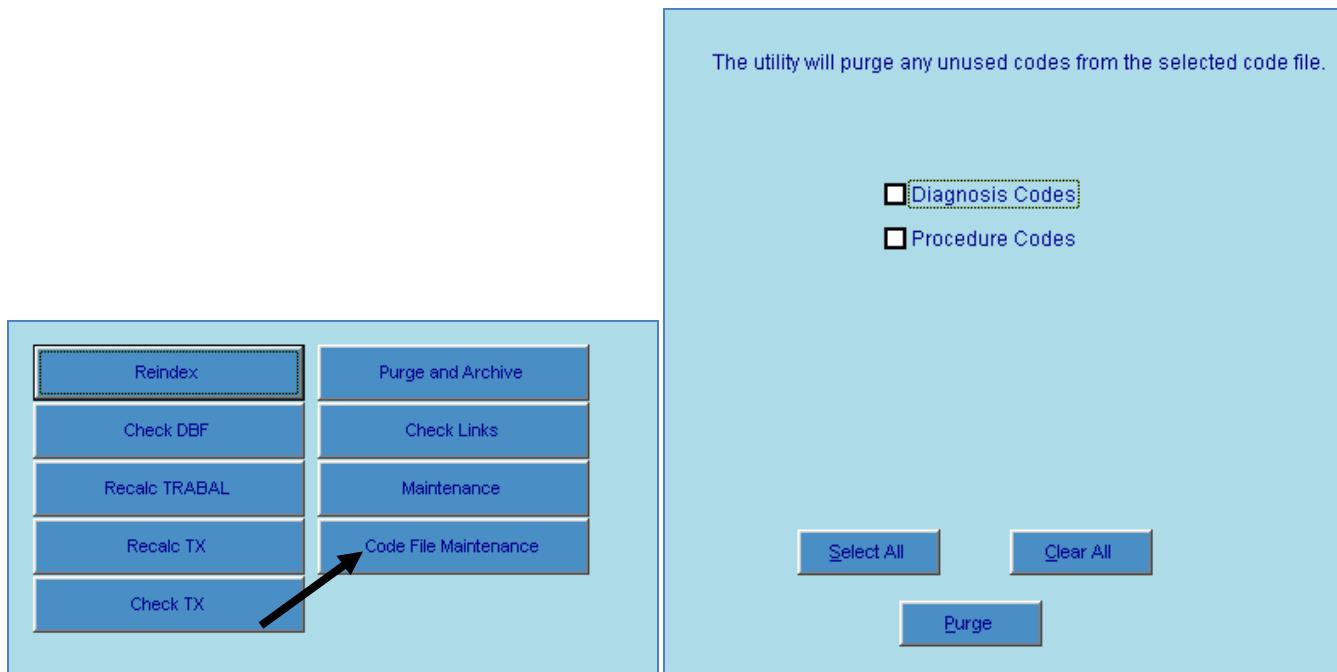
We have made significant changes for the upcoming implementation date for ICD-10. For information on importing ICD-10 codes and more detailed, in-depth ICD-10 information, please attend one of our webinars that we offer, free of charge. To view a list of our webinars and to register, please visit our website at www.geniussolutions.com click on your specialty, and then select Events from the top of the page. Scroll down to the eTHOMAS Weekly Webinars and then select your date and fill out the registration information. We also recommend referencing and download the "Getting Ready for ICD-10" document located here: <http://www.media.geniussolutions.com/ICD10/GettingReadyforICD.pdf> to help you in your efforts to prepare for ICD-10.

The Ability to Delete Diagnosis and Procedure Codes en Masse (9.5.08)

Because we have added the ICD-9 equivalent codes to the ICD-10 Master List for import after our initial release of giving users the ability to Import ICD-10 Diagnosis Codes, we have provided our users with a means to delete both Diagnosis and Procedure Codes that have not been used (attached to a claim) through Posting Charges. If you imported codes early on, last year, you may want to take advantage of this feature in order to delete those codes en masse and re-import the codes with the additional ICD-9 information.

The ability to delete these codes is in the eTHOMAS Maintenance program. Everyone must be logged out of the eTHOMAS system in order to enter the Maintenance program. Log into Maintenance with the username and password used for eTHOMAS.

Once logged into eTHOMAS Maintenance, select the Code File Maintenance button. Check Diagnosis and/or Procedure Codes checkboxes. Once selected, click the Purge button.



eTHOMAS Maintenance will Archive and Purge the selected items out of the specified database. The archived database will be saved in an Archive folder within the Medsys folder in which the Purge took place. The naming convention for the archived database will include ARCH in front of the database name.

Purging these codes will remove any diagnosis and/or procedure code that has not been used on a claim. **Genius Solutions strongly urges users to have a current backup of their data prior to purging ANY data.**

Check Diagnosis Codes between the ICD-10 Master List and those within eTHOMAS Code Files (9.5.08)

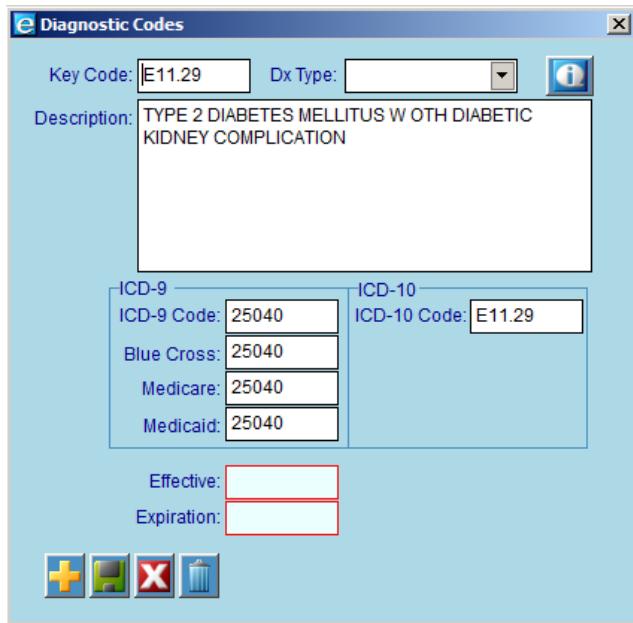
We have made many changes to the ICD10 Master List; because some clients imported codes in 2014, prior to some of the changes, we have given our users the ability to view any discrepancy between the codes loaded in eTHOMAS and those within the Master List.

To access this feature, navigate to Utility | Maintenance | Check DX Codes, then click the Check DX Codes link.



Check DX Codes will run a utility to compare the ICD10 Master List to the information loaded in eTHOMAS. The information it will compare includes:

Your DX Description	Master Description	Description:
Your ICD10	ICD10 Master	ICD-10 Code:
Your ICD9	ICD9 Master	ICD-9 Code:



If there is a discrepancy with any of the information listed above, the code will be placed on the list with the information that has a discrepancy.

Check DX Codes

Data	Settings	Maintenance	Print	Information
		Reconcile Check Pat. Counters Fix All Counters Update Claims Close Period Find Unapplied Check DX Codes		
Key Code	Your DX Description	Master Description	Your ICD10	ICD10 Master
A00.9	SAME	SAME	SAME	SAME
A01.01	SAME	SAME	SAME	SAME
A01.03	SAME	SAME	SAME	SAME
A01.05	SAME	SAME	SAME	SAME
A01.1	SAME	SAME	SAME	SAME
A02.0	SAME	SAME	SAME	SAME
A02.24	SAME	SAME	SAME	SAME
A02.29	SAME	SAME	SAME	SAME
A02.9	SAME	SAME	SAME	SAME
A03.1	SAME	SAME	SAME	SAME
A03.3	SAME	SAME	SAME	SAME
A03.9	SAME	SAME	SAME	SAME
A04.1	SAME	SAME	SAME	SAME
A04.3	SAME	SAME	SAME	SAME
				0019
				0020
				0020
				0020
				0021
				0030
				00324
				00329
				0039
				0041
				0043
				0049
				00802
				00804

The Check DX will only list those codes that have a discrepancy within at least one of the fields; Description, ICD10, or ICD9. If the information displays “SAME”, then there is no discrepancy within those fields.

In the example provided above, the discrepancies listed all have to do with the “Your ICD9” being empty and ICD9 codes being present within the Master List. This will more than likely be the most common discrepancy for users.

If your office has discrepancies, you have some options:

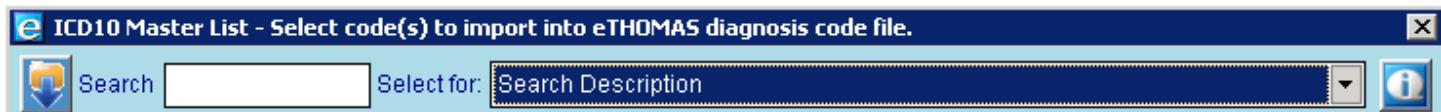
- Use the Mass Purge of Diagnosis Codes, described in the previous section and then import the necessary ICD-10 codes
- Add the information manually which contains the discrepancy (this will be very time consuming)

Searching by Code and Importing Common Codes (9.5.07)

From the ICD10 Master List, accessed through Code Files | Procedure | Diagnosis, users may search and select for codes by the Description, Code, Common Codes, or Body System.

Once you have accessed the ICD10 Master List through Code Files | Procedure | Diagnosis, click the Import button  to be brought to the Master List.

Use the drop-down menu to change the Select for. By default, the Select for is Search Description.



Search Description

When Search Description is selected, enter all or part of the description within the Search field. eTHOMAS will display codes that contain those words within the description. For example, use the Select for “Search Description” and type in Neuropathy in the Search field to bring up any code containing the word neuropathy.

ICD10 Master List - Select code(s) to import into eTHOMAS diagnosis code file.

ICD10	Description
<input type="checkbox"/> A50.43	LATE CONGENITAL SYPHILITIC POLYNEUROPATHY
<input type="checkbox"/> A52.15	LATE SYPHILITIC NEUROPATHY
<input type="checkbox"/> B02.23	POSTHERPETIC POLYNEUROPATHY
<input type="checkbox"/> B26.84	MUMPS POLYNEUROPATHY
<input type="checkbox"/> B27.01	GAMMAHERPESVIRAL MONONUCLEOSIS WITH POLYNEUROPATHY
<input type="checkbox"/> B27.11	CYTOMEGALOVIRAL MONONUCLEOSIS WITH POLYNEUROPATHY
<input type="checkbox"/> B27.81	OTHER INFECTIOUS MONONUCLEOSIS WITH POLYNEUROPATHY
<input type="checkbox"/> B27.91	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITH POLYNEUROPATHY
<input type="checkbox"/> E08.41	DIABETES DUE TO UNDRL CONDITION W DIABETIC MONONEUROPATHY DIABETES
<input type="checkbox"/> E08.43	DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY
<input type="checkbox"/> E09.40	DRUG/CHEM DIABETES W NEURO COMP W DIABETIC NEUROPATHY, UNSP DRUG OR
<input type="checkbox"/> E09.41	DRUG/CHEM DIABETES W NEURO COMP W DIABETIC MONONEUROPATHY DRUG OR
<input type="checkbox"/> E09.43	DRUG/CHEM DIAB W NEURO COMP W DIAB AUTONM (POLY)NEUROPATHY DRUG OR
<input type="checkbox"/> E10.40	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP
<input type="checkbox"/> E10.41	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
<input type="checkbox"/> E10.42	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
<input type="checkbox"/> E10.43	TYPE 1 DIABETES W DIABETIC AUTONOMIC (POLY)NEUROPATHY
<input type="checkbox"/> E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP
<input type="checkbox"/> E11.41	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
<input type="checkbox"/> E11.42	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
<input type="checkbox"/> E11.43	TYPE 2 DIABETES W DIABETIC AUTONOMIC (POLY)NEUROPATHY
<input type="checkbox"/> E13.40	OTH DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
<input type="checkbox"/> E13.41	OTH DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY OTHER
<input type="checkbox"/> E13.42	OTH DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY OTHER
<input type="checkbox"/> E13.43	OTH DIABETES MELLITUS W DIABETIC AUTONOMIC /POLYNEUROPATHY

Import any of the codes within the search by clicking the checkbox to the left of the code and then clicking the Import button  to the left of the Search. eTHOMAS will prompt the user with the number of codes that it is importing, click Yes to continue or No to cancel.

ICD10 Master List - Select code(s) to import into eTHOMAS diagnosis code file.

ICD10	Description
<input checked="" type="checkbox"/> A50.43	LATE CONGENITAL SYPHILITIC POLYNEUROPATHY
<input checked="" type="checkbox"/> A52.15	LATE SYPHILITIC NEUROPATHY
<input checked="" type="checkbox"/> B02.23	POSTHERPETIC POLYNEUROPATHY
<input checked="" type="checkbox"/> B26.84	MUMPS POLYNEUROPATHY
<input type="checkbox"/> B27.01	GAMMAHERPESVIRAL MONONUCLEOSIS WITH POLYNEUROPATHY
<input type="checkbox"/> B27.11	CYTOMEGALOVIRAL MONONUCLEOSIS WITH POLYNEUROPATHY
<input type="checkbox"/> B27.81	OTHER INFECTIOUS MONONUCLEOSIS WITH POLYNEUROPATHY
<input type="checkbox"/> B27.91	INFECTIOUS MONONUCLEOSIS THOMAS
<input type="checkbox"/> E08.41	DIABETES DUE TO UNDRL CC
<input type="checkbox"/> E08.43	DIAB DUE TO UNDRL COND W
<input type="checkbox"/> E09.40	DRUG/CHEM DIABETES W NE
<input type="checkbox"/> E09.41	DRUG/CHEM DIABETES W NE
<input type="checkbox"/> E09.43	DRUG/CHEM DIAB W NEURO
<input type="checkbox"/> E10.40	TYPE 1 DIABETES MELLITUS V
<input type="checkbox"/> E10.41	TYPE 1 DIABETES MELLITUS V
<input type="checkbox"/> E13.42	OTH DIABETES MELLITUS W DIABETIC AUTONOMIC /POLYNEUROPATHY

Search Code

When Search Code is selected, enter all or part of the description within the Search field. eTHOMAS will display codes that contain the code within the ICD10 code. For example, use the Select for "Search Code" and type in 14.3 in the Search field to bring up any code containing the numbers 14.3 in the Code.

ICD10		Description
<input type="checkbox"/>	D14.30	BENIGN NEOPLASM OF UNSPECIFIED BRONCHUS AND LUNG
<input type="checkbox"/>	D14.31	BENIGN NEOPLASM OF RIGHT BRONCHUS AND LUNG
<input type="checkbox"/>	D14.32	BENIGN NEOPLASM OF LEFT BRONCHUS AND LUNG
<input type="checkbox"/>	K14.3	HYPERTROPHY OF TONGUE PAPILLAE
<input type="checkbox"/>	N14.3	NEPHROPATHY INDUCED BY HEAVY METALS
<input type="checkbox"/>	P14.3	OTHER BRACHIAL PLEXUS BIRTH INJURIES
<input type="checkbox"/>	Q14.3	CONGENITAL MALFORMATION OF CHOROID
<input type="checkbox"/>	R14.3	FLATULENCE
<input type="checkbox"/>	S14.3XXA	INJURY OF BRACHIAL PLEXUS, INITIAL ENCOUNTER
<input type="checkbox"/>	S14.3XXD	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER
<input type="checkbox"/>	S14.3XXS	INJURY OF BRACHIAL PLEXUS, SEQUELTA
<input type="checkbox"/>	V14.3XXA	PRSN BRD/ALIT PEDL CYC INJURED IN COLLISION W HV VEH, INIT PERSON BOARDING OR ALIGHTING
<input type="checkbox"/>	V14.3XXD	PRSN BRD/ALIT PEDL CYC INJURED IN COLLISION W HV VEH, SUBS PERSON BOARDING OR ALIGHTING
<input type="checkbox"/>	V14.3XXS	PRSN BRD/ALIT PEDL CYC INJURED IN CLSN W HV VEH, SEQUELTA PERSON BOARDING OR

Likewise, to pull up all codes beginning with B65, type **B65.** within the Search field. Notice there is a period at the end of 65 in the example given.

ICD10		Description
<input type="checkbox"/>	B65.0	SCHISTOSOMIASIS DUE TO SCHISTOSOMA HAEMATOBIUM SCHISTOSOMIASIS
<input type="checkbox"/>	B65.1	SCHISTOSOMIASIS DUE TO SCHISTOSOMA MANSONI SCHISTOSOMIASIS
<input type="checkbox"/>	B65.2	SCHISTOSOMIASIS DUE TO SCHISTOSOMA JAPONICUM
<input type="checkbox"/>	B65.3	CERCARIAL DERMATITIS
<input type="checkbox"/>	B65.8	OTHER SCHISTOSOMIASIS
<input type="checkbox"/>	B65.9	SCHISTOSOMIASIS, UNSPECIFIED

To search for any code that has a 65 before the decimal, type in **65.** Within the Search field for those results.

ICD10	Description
B65.0	SCHISTOSOMIASIS DUE TO SCHISTOSOMA HAEMATOBium SCHISTOSOMIASIS
B65.1	SCHISTOSOMIASIS DUE TO SCHISTOSOMA MANSONI SCHISTOSOMIASIS
B65.2	SCHISTOSOMIASIS DUE TO SCHISTOSOMA JAPONICUM
B65.3	CERCARIAL DERMATITIS
B65.8	OTHER SCHISTOSOMIASIS
B65.9	SCHISTOSOMIASIS, UNSPECIFIED
C65.1	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS
C65.2	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS
C65.9	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS
F65.0	FETISHISM
F65.1	TRANSVESTIC FETISHISM
F65.2	EXHIBITIONISM
F65.3	VOYEURISM
F65.4	PEDOPHILIA
F65.50	SADOMASOCHISM, UNSPECIFIED
F65.51	SEXUAL MASOCHISM
F65.52	SEXUAL SADISM
F65.81	FROTTEURISM
F65.89	OTHER PARAPHILIAS
F65.9	PARAPHILIA, UNSPECIFIED
G65.0	SEQUELAE OF GUILLAIN-BARRE SYNDROME
G65.1	SEQUELAE OF OTHER INFLAMMATORY POLYNEUROPATHY
G65.2	SEQUELAE OF TOXIC POLYNEUROPATHY
H65.00	ACUTE SEROUS OTITIS MEDIA, UNSPECIFIED EAR
H65.01	ACUTE SEROUS OTITIS MEDIA, RIGHT EAR

Import any of the codes within the search by clicking the checkbox to the left of the code and then clicking the Import button  to the left of the Search. eTHOMAS will prompt the user with the number of codes that it is importing, click Yes to continue or No to cancel.

Common Codes (9.5.08)

CMS released a list of common codes for the following specialties; Cardiology, Family Practice, Internal Medicine, OB/Gyn, Orthopedics, and Pediatrics. We have taken these common code lists and incorporated them into our ICD10 Master List. Users may select from these Common Codes and import the codes listed.

Common Codes for Cardiology
Common Codes for Cardiology
Common Codes for Family Practice
Common Codes for Internal Medicine
Common Codes for Ob/Gyn
Common Codes for Orthopedics
Common Codes for Pediatrics

To import codes from a Common Code selection, select the “Common Codes for” from the drop-down. All the codes within that category will be selected. Deselect any code you do not wish to import from the list and click the Import button . eTHOMAS will prompt the user with the number of codes that it is importing, click Yes to continue or No to cancel.

e ICD10 Master List - Select code(s) to import into eTHOMAS diagnosis code file.

Select for: Common Codes for Family Practice

ICD10	Description
<input checked="" type="checkbox"/> E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
<input checked="" type="checkbox"/> I10	ESSENTIAL (PRIMARY) HYPERTENSION
<input checked="" type="checkbox"/> I48.0	PAROXYSMAL ATRIAL FIBRILLATION
<input checked="" type="checkbox"/> I48.2	CHRONIC ATRIAL FIBRILLATION
<input checked="" type="checkbox"/> I48.91	UNSPECIFIED ATRIAL FIBRILLATION
<input checked="" type="checkbox"/> J02.8	ACUTE PHARYNGITIS DUE TO OTHER SPECIFIED ORGANISMS
<input checked="" type="checkbox"/> J02.9	ACUTE PHARYNGITIS, UNSPECIFIED
<input checked="" type="checkbox"/> J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED
<input checked="" type="checkbox"/> J20.0	ACUTE BRONCHITIS DUE TO MYCOPLASMA PNEUMONIAE
<input checked="" type="checkbox"/> J20.1	ACUTE BRONCHITIS DUE TO HEMOPHILUS INFLUENZAE
<input checked="" type="checkbox"/> J20.2	ACUTE BRONCHITIS DUE TO STREPTOCOCCUS
<input checked="" type="checkbox"/> J20.3	ACUTE BRONCHITIS DUE TO COXSACKIEVIRUS

Genius Solutions included the Common Codes provided by CMS (the Centers for Medicare & Medicaid Services). If a specific specialty is not listed it is because it was not provided.

e ICD10 Master List - Select code(s) to import into eTHOMAS diagnosis code file.

Search Select for:

Search Description

Search Description

Search Code

Common Codes for Cardiology
Common Codes for Family Practice
Common Codes for Internal Medicine
Common Codes for Ob/Gyn
Common Codes for Orthopedics

ICD10	Description
<input type="checkbox"/> A00.0	CHOLERA DUE TO VIBRIO
<input type="checkbox"/> A00.1	CHOLERA DUE TO VIBRIO
<input type="checkbox"/> A00.9	CHOLERA, UNSPECIFIED
<input type="checkbox"/> A01.00	TYPHOID FEVER, UNSPEC
<input type="checkbox"/> A01.01	TYPHOID MENINGITIS
<input type="checkbox"/> A01.02	TYPHOID FEVER WITH HEART INVOLVEMENT
<input type="checkbox"/> A01.03	TYPHOID PNEUMONIA
<input type="checkbox"/> A01.04	TYPHOID ARTHRITIS
<input type="checkbox"/> A01.05	TYPHOID OSTEOMYELITIS

Body System

The ICD10 Master List was originally categorized by Body System. These Body Systems can still be accessed through the Select for drop-down. Select the desired Body System to import.

e ICD10 Master List - Select code(s) to import into eTHOMAS diagnosis code file.

Select for: A00-B99 Certain infectious and parasitic diseases

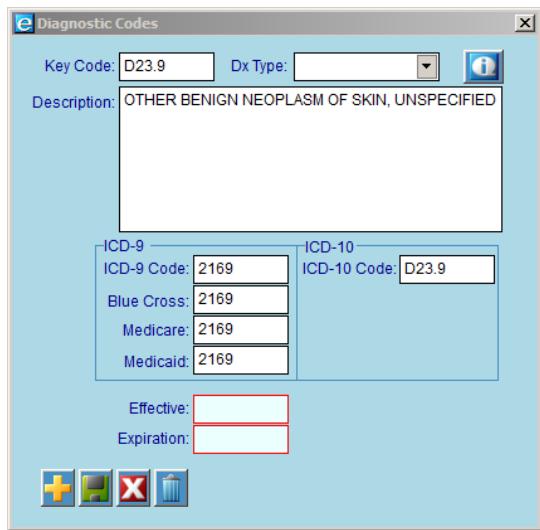
ICD10	Description
<input checked="" type="checkbox"/> A00.0	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE
<input checked="" type="checkbox"/> A00.1	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR
<input checked="" type="checkbox"/> A00.9	CHOLERA, UNSPECIFIED
<input checked="" type="checkbox"/> A01.00	TYPHOID FEVER, UNSPECIFIED
<input checked="" type="checkbox"/> A01.01	TYPHOID MENINGITIS
<input checked="" type="checkbox"/> A01.02	TYPHOID FEVER WITH HEART INVOLVEMENT
<input checked="" type="checkbox"/> A01.03	TYPHOID PNEUMONIA
<input checked="" type="checkbox"/> A01.04	TYPHOID ARTHRITIS
<input checked="" type="checkbox"/> A01.05	TYPHOID OSTEOMYELITIS
<input checked="" type="checkbox"/> A01.09	TYPHOID FEVER WITH OTHER COMPLICATIONS
<input checked="" type="checkbox"/> A01.1	PARATYPHOID FEVER A
<input checked="" type="checkbox"/> A01.2	PARATYPHOID FEVER B
<input checked="" type="checkbox"/> A01.3	PARATYPHOID FEVER C
<input checked="" type="checkbox"/> A01.4	PARATYPHOID FEVER, UNSPECIFIED
<input checked="" type="checkbox"/> A02.0	SALMONELLA ENTERITIS
<input checked="" type="checkbox"/> A02.1	SALMONELLA SEPSIS
<input checked="" type="checkbox"/> A02.20	LOCALIZED SALMONELLA INFECTION, UNSPECIFIED

To import codes from a Body System selection, select the desired Body System from the drop-down. All the codes within that System will be selected. Deselect any code you do not wish to import from the list and click the Import button . eTHOMAS will prompt the user with the number of codes that it is importing, click Yes to continue or No to cancel.

ICD-9 Codes added and Codes Updated to the Master List of Codes to Import (9.5.01)

In addition to updating the Master List of codes which can be imported into eTHOMAS, we have added the ICD-9 equivalents to most of the ICD-10 codes. This list that we have provided came from CMS. CMS down-coded the ICD-10 codes in order to include the ICD-9 equivalents. There are approximately 12% of the ICD-10 codes that do NOT have an equivalent ICD-9 code. If there was not a direct correlation when down-coded OR if there were multiple ICD-9 codes that are an equivalent to the ICD-10 then the ICD-9 code was not supplied to the import.

This was done so that users can begin posting charges NOW using ICD-10 and during the dual-use period since ICD-10 implementation is by date of service. Here is an example of an imported ICD-10 code with the ICD-9 equivalent.



Users may begin posting charges with ICD-10 diagnosis codes, such as the one listed above, and the program will prepare the claims in the ICD-9 format until your system is set to use ICD-10 with the System Setting ICD10Default.

Diagnosis Code Lookup when an ICD-10 Code is not in eTHOMAS (Posting Charges) (9.5.08)

For a more seamless transition for our users, a modification has been made to the way ICD-10 diagnosis codes are handled during posting charges. If the user enters a code that begins with an alpha character and that code does not exist in eTHOMAS, the user will be brought to the ICD-10 Master List to search for and import that code.

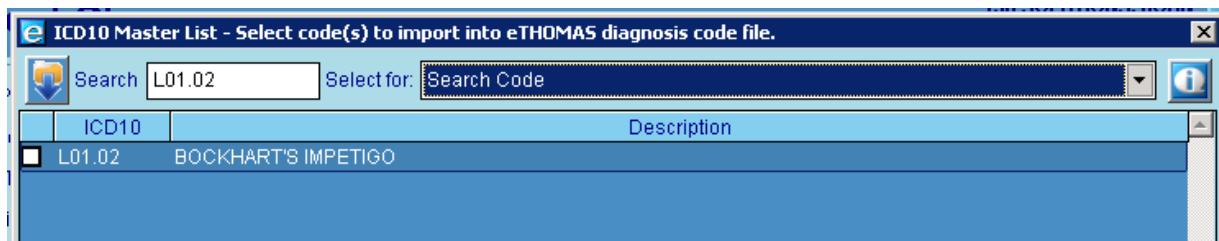
For example, the user types in the code L01.02 into the Diagnosis code area of Posting Charges and hits Enter. If the code doesn't exist and it begins with a letter (to denote an ICD-10 code) the ICD-10 Master List will pop up prompting the user to add the code.

e THOMAS Posting Charges

Post Charges

Primary: 1	1)BC/BC	DXA/1 L01.02	DX G/7
Secondary: 2		DX B/2	DX H/8
Tertiary: 3		DX C/3	DX I/9
Claim Status:	Unbilled	DX D/4	DX J
Route Slip:		DX E/5	DX K
		DX F/6	DX L

If this is what was intended, select the code and click the Import button  to import the code. If this is not what the user intended, exit out of the ICD10 Master List screen to be brought back to the Posting Charges screen.



eTHOMAS will prompt the user with the number of codes that it is importing, click Yes to continue or No to cancel. The user will be brought back to the Posting Charges screen with the code added if the code was imported. If the user did not import the code, eTHOMAS will bring the user back to Posting Charges with the code not added/imported.

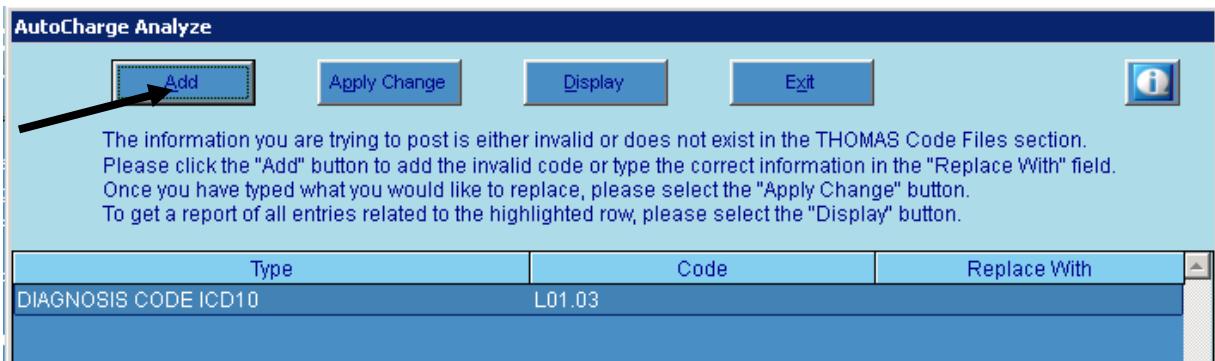
Diagnosis Code Lookup when an ICD-10 Code is not in eTHOMAS (AutoCharge) (9.5.08)

For a more seamless transition for our users, a modification has been made to the way ICD-10 diagnosis codes are handled during our AutoCharge process. When using the AutoCharge feature, if an ICD-10 code is being imported and is not in eTHOMAS it will display on the AutoCharge Analyze screen. When clicking the Add button within the AutoCharge Analyze, the user will be brought to the ICD-10 Master List to import the codes.

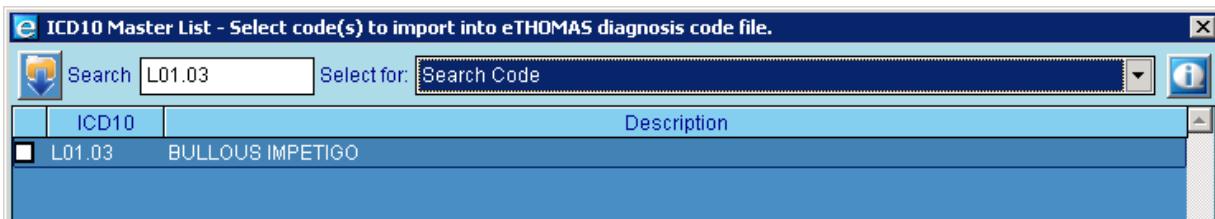
To access the AutoCharge Analyze screen, select transaction(s) to check and then click the Check Data button from Billing | AutoCharge.



Any code that does not exist in eTHOMAS will be displayed on the AutoCharge Analyze. To add the code, click the Add button. If it is an ICD-10 code, eTHOMAS will bring the user to the ICD10 Master List.



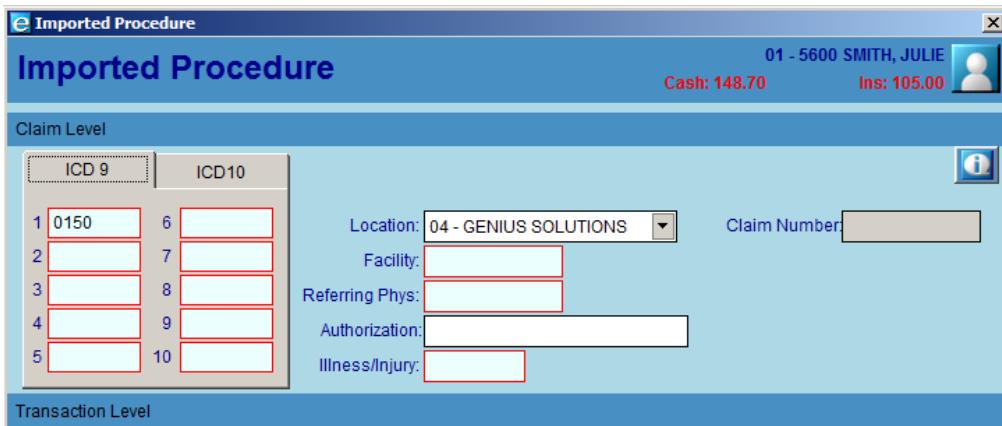
If this is what was intended, select the code and click the Import button  to import the code. If this is not what the user intended, exit out of the ICD10 Master List screen to be brought back to the Posting Charges screen.



eTHOMAS will prompt the user with the number of codes that it is importing, click Yes to continue or No to cancel.

ICD-9/ICD-10 Tab in the AutoCharge screen (9.5.02)

In anticipation of the ICD-10 implementation date, we have created Diagnosis tabs within the AutoCharge screen for ICD-9 and ICD-10. The idea is when a charge is sent over through AutoCharge it will fall into either an ICD-9 or ICD-10 code and will be placed accordingly.



With the impending ICD-10 deadline approaching of October 1, 2015, we want to ensure you have a smooth transition between your Electronic Health Record (EHR) system and eTHOMAS. In order to make the transition, we will need to test the files being sent from your current EHR system with ICD-10 codes.

If you are currently using an EHR and AutoCharge with eTHOMAS, please contact your EHR vendor and have them email us at deadline@geniusolutions.com or have them call our support department at 586-751-9080 to set up testing.

If we are unable to test with your EHR vendor, you may not be able to successfully use the AutoCharge feature after October 1, 2015. Thank you for your cooperation and we look forward to a smooth transition.

Diagnosis Code displayed on Procedure Code List (9.5.08)

In an effort to more easily locate Procedure Codes which may have Diagnosis Codes attached, the Diagnosis Code, if attached to a procedure code, will display on the Procedure Code list. The Diagnosis Code column will be located to the far right of the list.

Procedure		010,							
Insurance	Procedure	Code	Search	Code		Show Expired			
Diagnosis	Procedure	Code	Description	ProcType	TOS	POS	Charge	Expire	DX
		10021	FINE NEEDLE ASPIRATION W/O IMA SURGERY	SURGERY	OFFICE	185.00 //		1101	

The Ability to Mark an Insurance Code as ICD-10 Exempt (9.5.08)

Within the Insurance Code, accessed from Code Files | Insurance | Insurance, there is an option to flag an Insurance Code as ICD10 Exempt. When an Insurance Code is marked as ICD10 Exempt, a message will be displayed at the top of the Posting Charges screen that "A policy is ICD10 exempt!". In turn, this will suppress any warning messages when Posting Charges regarding ICD.



Billing

We have made a few modifications to the Billing portion of our program in order to comply with the industry standards.

Medicare Paper Secondary Claims (9.5.05)

eTHOMAS will now populate secondary Medicare paper claims (CMS-1500R form) with the primary policy information according to Medicare specifications for items 11 (Primary policy Contract #), 11a (Primary policy Birth and Gender), and 11c (Primary Policy Plan Name; if filled, if it is not filled out it will populate from the Primary Insurance name from the Insurance code). Items 11b and 11d are not used by Medicare.

11. INSURED'S POLICY GROUP OR FECA NUMBER	
XYZ1234567890	
a. INSURED'S DATE OF BIRTH	SEX
MM DD YY	M <input checked="" type="checkbox"/> F <input type="checkbox"/>
12 12 1974	
b. OTHER CLAIM ID (Designated by NJCC)	
c. INSURANCE PLAN NAME OR PROGRAM NAME	
BCBSM	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, complete items 9, 9a, and 9d.	

Different Rendering Provider NPIs Reported Electronically and on Paper (9.5.08)

In an electronic file, if more than one provider is billed on a claim, the rendering provider on the first line of service will report in Loop 2310B. Each additional different rendering provider will report in Loop 2420A. On a paper claim form,

each rendering provider's individual NPI will report in Item 24J of the CMS1500R claim form. If you would like to report each provider's NPI individually each provider should be placed on a separate claim.

e THOMAS Posting Charges

Post Charges

Copay: \$5.00 Cash: 148.70 Ins: 130.00

Primary: 1	1)BC/BC	DX A/1 0340	DX G/7		Claim Type:		
Secondary: 2		DX B/2	DX H/8		Location:	02 - GENIUS SOLUTIONS MEDICAL	
Tertiary: 3		DX C/3	DX I/9		Doctor:	02 - CHRISTINA YANG	
Claim Status:	Unbilled	DX D/4	DX J		Header:	OV office visit	
Route Slip:		DX E/5	DX K		Bill Type:	Either	
		DX F/6	DX L		Doc Ind:		
LATEX ALLERGY PATIENT HAS A 30.00 COPAY. SHE HAS A HARSHSHIP CASE. CHARGE HER 15/VISIT					Referral:		Doc Type:
					Illness:		
					Facility:		

Ins Remarks **Clm Notes** **Profiles** **Last Claim** **ICD10**

DOS From	DOS To	Procedure	Dr	DX Ptr	POS	Qty	Charge Srv	Charge Pat	Mfy1	Mfy2	Mfy3	Mfy4	BT1	R	E	Recall	Misc Dt	
08/26/2015	08/26/2015	99213	02	1	4	1	50.00	5.00					<input checked="" type="checkbox"/>			
08/26/2015	08/26/2015	10141S	03	1	3	1	300.00	0.00					<input checked="" type="checkbox"/>			
08/26/2015	08/26/2015	10180S	04	1	3	1	500.00	0.00					<input checked="" type="checkbox"/>			

F \$ CHARGES	G DAYS OR UNITS	H EP/SOT Family Plan	I ID. QUAL	J RENDERING PROVIDER ID.#
50 00	1		NPI	DR02NPI
300 00	1		NPI	DR03NPI
500 00	1		NPI	DR04NPI

AutoPost

We have made quite a few improvements to our AutoPost module of eTHOMAS, in addition to the changes made for the release of version 9.5.00 of eTHOMAS. For a comprehensive list of the 9.5.00 AutoPost changes, please reference and download the What's New in Version 9.5 from <http://www.media.geniussolutions.com/95/What'sNewin95.pdf>

CARC 246 (9.5.03)

When a Claim Adjustment Reason Code (CARC) 246, which is defined as a *non-payable code required for reporting*, is reported back on an 835, the line item will be loaded into the Good Claims and the amount charged will have a Participating Adjustment (Paradj) so that users do not have to manually write off the non-payable amount. A code of 246 is most commonly used for PQRI (Physician Quality Reporting Initiative) and is those items that offices will bill out with a penny (.01).

AutoPost Detail and AutoPost Exception Reports (9.5.08)

The name of the first location within eTHOMAS will print on the AutoPost Detail and AutoPost Exceptions. If the System Setting RepMedName is activated, the Medsys name will print on these reports rather than the location name. Keep in mind that this setting will change any report that is not location specific.

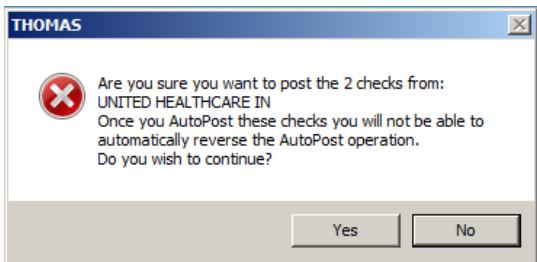
The AutoPost Detail is accessed when a check is loaded through Billing | AutoPost, select the check to load and click the  to generate the report. The AutoPost Exceptions Report is accessed through Billing | AutoPost Exceptions and click the  to generate the report.

Cannot Find the KeyID for Claims that have been Deleted (9.5.08)

If an item is placed on the AutoPost Exceptions list and the claim was deleted, users will receive a message when editing the claim through the AutoPost Exceptions that eTHOMAS cannot find the KeyID. These items will remain on the AutoPost Exceptions until removed.

Pop-Up Message Indicating the Number of Checks and the Payer (9.5.08)

A pop up-message will now be displayed within the AutoPost Items (Billing | AutoPost) indicating the number of checks and from which payer the check(s) are from when clicking the Post button. The user will be prompted to indicate yes or no to continue.



Complete Claims Placed on the AutoPost Exceptions (9.5.08)

When an item is being AutoPosted to a claim in a Complete Status, that item will be placed on the AutoPost Exceptions List and will not be AutoPosted. The AutoPost Exceptions message will be listed as "Claim in a Complete Status".

Claims Not Found Placed on the AutoPost Exceptions (9.5.08)

When an item is being AutoPosted to a claim that is not found within eTHOMAS, that item will be placed on the AutoPost Exceptions List and will not be AutoPosted. The AutoPost Exceptions message will be listed as "Claim Not Found".

Claims Forwarded to Other Payers that are Not Listed Placed on the AutoPost Exceptions (9.5.08)

When an item is being AutoPosted to a claim that is then being forwarded on to another payer, if the payer is not listed on the claim in a secondary, tertiary policy; that item will be placed on the AutoPost Exceptions List and will not be AutoPosted. This will allow for the addition of the other insurance in eTHOMAS before payment from the other insurance arrives. The AutoPost Exceptions message will be listed as "Other Insurance Not in eTHOMAS".

Remove All AutoPost Exceptions from the List (9.5.08)

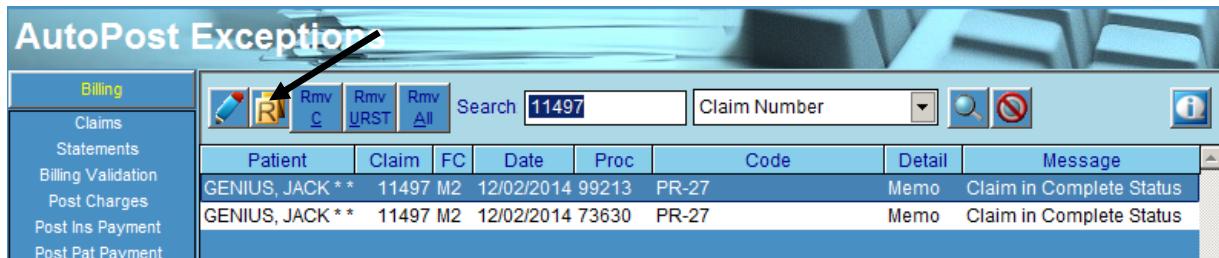
Within the AutoPost Exceptions, there is now a button to Remove All Exceptions. Users now have three different ways in which to remove items en masse.

- Use the Rmv C button  to remove those claims that are in a Complete status.
- Use the Rmv URST  to remove claims in an Unbilled, Rebilled, Secondary, and Tertiary status.

- Use the Rmv All  to remove all claims listed within the Exceptions list.

AutoPost Exceptions Report Displays User Search Results (9.5.08)

Within the AutoPost Exceptions, the Report button will print a listing of items that are displayed on the screen. If a search was performed, an AutoPost Exception Report may be generated with just the searched information. This feature could prove helpful for offices when searching for items within the Exceptions, a report may be generated with just those results.



Patient	Claim	FC	Date	Proc	Code	Detail	Message
GENIUS, JACK **	11497	M2	12/02/2014	99213	PR-27	Memo	Claim in Complete Status
GENIUS, JACK **	11497	M2	12/02/2014	73630	PR-27	Memo	Claim in Complete Status

GENIUS SOLUTIONS INC

AutoPost Exceptions Report Printed on 08/25/2015 Tuesday 16:40:21

Check:	385495079	Check Date:	08/15/2015	WISCONSIN PHYSICIANS	
Name	Claim	Date	Proc	Paid	Error
GENIUS, JACK **	11497	12/02/2014	99213	Claim in Complete Status	
PR-27	\$ 92.00				
Expenses incurred after coverage terminated.					
GENIUS, JACK **	11497	12/02/2014	73630	Claim in Complete Status	
PR-27	\$ 52.00				
Expenses incurred after coverage terminated.					
				Total Paid:	0.00

Reports

We have made some modifications and improvements to some of our reports within eTHOMAS. All new reports in eTHOMAS, users must give themselves access in order to run from Utility | Settings | Groups. Select the group(s) that is attached to the user(s) and scroll down to the Reports Category. Scroll to the end of the Reports Category and change the Diagnosis Summary from None to Full in order to utilize the report. Make sure to save the changes made.

Transaction Billing/Payment Report (9.5.02 & 9.5.07)

We have created a new report for our users called the Transaction Billing/Payment Report. The report is designed to provide a one-line transaction summary. This report was not designed to match any other totals in eTHOMAS. The report is ordered by the Service Date. Details include the date of service, procedure code, claim number, account number and patient name, charged and approved (from the insurance payment line), participating adjustments, insurance and patient payments, patient credits, insurance credits and debits, transfer balance, cash and insurance balance , and the most recent billed date for each policy for the claim in which the transaction is associated. In addition, the provider of the line of service will be listed along with the referring provider from the claim header in which the transaction is associated.

Because this report is gathering information from many different areas within the program, it may take longer to run than other reports.

GENIUS SOLUTIONS													
TRANSACTION BILLING/PAYMENT RPT													
Location System Summary Doctor System Summary											Printed on: 07/28/2015 Tuesday 09:38:18		
Transaction Date From 04/28/2015 To 04/28/2015 Use Service Date													
Date of Service	CPT	Description	Qty	Claim#	Acct#	Patient Name	Charge	Approved	Collected	ParAdj	InsBal	CashBal	
Payer Information				Billed Date	Pay Date	Pay Amount	C-Adj Amt	I-Adj Amt	Trabal				
04/28/2015	99212	OFFICE VISIT	LOW	1	2146	627060	SMITH, DANIELLE	72.00	65.00	41.30	7.00	0.00	23.70
										25.88			
PATIENT PAYMENT					07/23/2015	10.00	Provider:	03	GREGORY HOUSE				
1MR/MR	MEDICARE				04/30/2015	04/28/2015	Claim Header:	0V	OFFICE VISIT				
							Referring Physician:	YANGCH	CHRISTINA YANG				
							Facility:	SG	SEATTLE GRACE HOSPITAL				
04/28/2015	0014T	MENISCAL		1	2147	310	SMITH, SALLY	1900.00	1750.00	1720.00	150.00	0.00	30.00
										30.00			
1BC/BC	BCBSM				05/05/2015	05/14/2015	Provider:	03	GREGORY HOUSE				
2MR/MR	MEDICARE				05/15/2015	05/25/2015	Claim Header:	050415	05/04/2015				
3MD/MD	MEDICAID				06/01/2015	06/27/2015	Referring Physician:	01	SALLY SUE				
							Facility:	SG	SEATTLE GRACE HOSPITAL				
							Grand Totals:	1972.00	1761.30	157.00	0.00	53.70	

Here is a breakdown of the report fields:

Column Name	Where it pulls from
Date of Service	The Date of Service from the Transaction line
CPT & Description	The "Code" from procedures and the Procedure Description
Qty	The Quantity of the Procedure from the Transaction line
Claim #	Patient claim number associated with the transaction
Acct# / Patient Name	Patient Account Number, Last Name, First Name, Middle Initial
Charge	The charged amount from the transaction line
Approved	The approved amount from the transaction line. If there isn't an insurance payment made, the approved amount will be zero.
Collected	The amount of insurance payment & patient pay collected (minus any negative or reverse insurance / pat pays)
Paradj	The total participating adjustment for all carriers for that line of service
InsBal	The total insurance balance for that line of service
CashBal	The total cash balance for that line of service
Payer Information: Policy 1, 2, 3	Policy 1, 2, and/or 3 from the claim
Billed Date	The most recent billed date from db1-3 of each policy
Pay Date	The last pay date from each payment source (patient, policy 1, 2, 3), including negative insurance payments, withhold, and take backs
Pay Amount	The combined payment amount from each payment source (patient, policy 1, 2, 3)
Patient Payment	Patient Payment amounts, including reverse and negative payments
C-Adj Amt	Patient Credits applied to the transaction line
I-Adj Amt	Insurance Debits and Credits applied to the transaction line
Trabal	Transfer balances applied to the transaction line
Provider	The doctor code and name of the doctor on the line of service
Claim Header	The Claim Header code and Description associated with the claim for the line of service reported
Referring Provider Name	The Referring Doctor code and the name from the claim header
Facility	The Facility code and the name from the claim header
Grand Totals	Charges, Collected, ParAdj, InsBal, CashBal

Patient Visits (9.5.07)

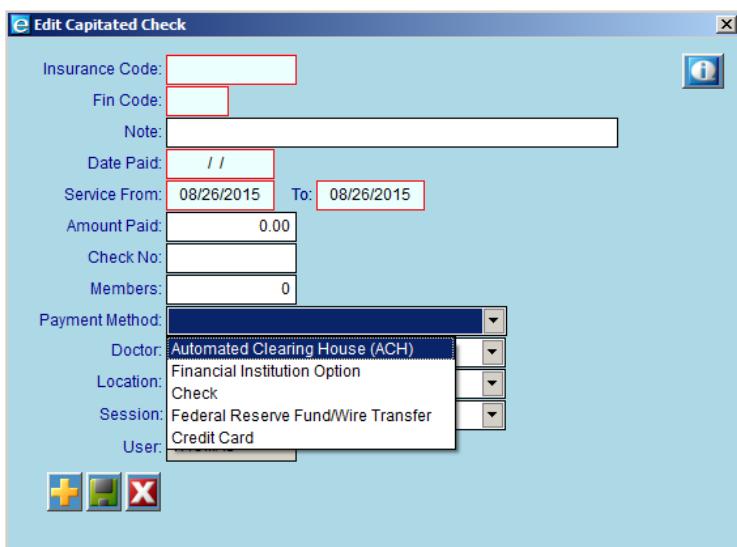
The Patient Visits report accessed through Patient | Utility | Patient Visits has been modified to accommodate patients with longer names. The address and phone number line has been moved to a separate line under the patient name.

Procedure Code Look-up on Reports (9.5.08)

In a recent release we inadvertently added a Procedure Code Look-up box. We have since removed that option since it was not intended to work with these reports. The option was there but did not produce any results. The affected reports include: Procedure Summary, Procedure A/R Report, Referring Procedure Summary, RVU Summary Report, and Transaction Detail Report.

Capitated/Misc Checks to Include a Payment Method Drop-Down (9.5.02)

The Capitated Checks/Misc Checks under the Billing tab has been modified to include a drop-down with the following Payment Methods: Automated Clearing House (ACH), Financial Institution Option, Check, Federal Reserve Fund/Wire Transfer, and Credit Card. These are the same options available for insurance payment posting. The Deposit Sheet will reflect the "Other Payments" (those payments other than Check) on the second page of the Deposit Sheet listed under "Other Payments".



System Settings

We have added three new System Settings to eTHOMAS.

Store Path Settings (9.5.08)

Two new System Settings have been added to eTHOMAS. Both of these settings should only be activated with the guidance of Genius Solutions. These settings were added so that offices could have more control of where the patient pictures and media are stored within eTHOMAS.

- **PicStorePath:** To customize the location where Patient Picture scans/uploads and Policy Picture scans/uploads indicate the path to store these files. By default, eTHOMAS stores these files in the appropriate medsys in a folder called pictures. To customize, add a path. Example: \\server\thomaspictures\medsys01\

- **MediaStorePath:** To customize the location where Multimedia is stored indicate the path to store these files. By default, eTHOMAS stores these files in the appropriate medsys in a folder called Media. To customize, add a path. Example: <\\server\\thomasmedia\\medsys01>

Updating Policies from Import Setting (9.5.08)

A new System Setting called ImpUpdatePol has been created to work with importing of patients and policies from HL7 files. When importing patient information, this setting will replace the patient's existing policy instead of adding a new one. To enable this setting, enter the value as 1, otherwise to disable setting, leave value blank.

Patient Communicator (9.5.08)

Genius Solutions has partnered with Patient Communicator™, an online Communications and Marketing tool which allows for two-way texting, patient reviews & referrals, patient marketing, and much more. To request more information and to speak to a Patient Communicator representative, fill out the Signup Form. The Signup Form may be accessed from Messaging | Patient Communicator, click the Patient Communicator Information link.



White Plume CSV File Creations (9.5.08)

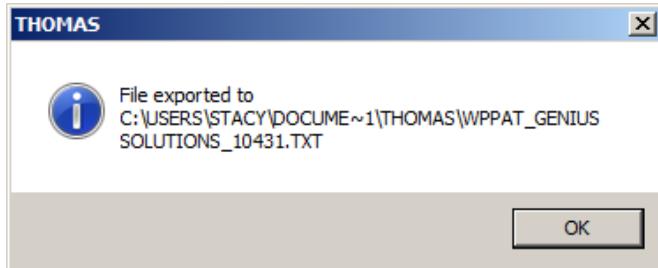
White Plume says they can train a physician in 45 minutes and that your office can convert to ICD-10 in one day. White Plume's AccelaCAPTURE 6.0 can take your ICD-9 superbill and turn it into an active, clickable, ICD-10 superbill that is connected to your eTHOMAS. Click your way through to ICD-10 coding and billing success in minutes. Don't think it's possible? Find out more about White Plume and watch their two minute overview video to find out how. Visit our website at www.geniussolutions.com select your specialty, click on Partners and then White Plume to watch the White Plume video and to find out more.

We have created several different areas in which a CSV (comma separated values) file may be created in preparation for our partnership with White Plume. These CSV Files are created, by default, the CSV file will be saved in the c:\\users\\...\\documents\\thomas\\ directory. Activate the Computer Setting (Utility | Settings | Computer Setting) to define the path for each computer. Please note, this computer setting also acts as the path for Custom Reports (Reports | Custom) and Patient Merge (Patient | Utility | Merge).

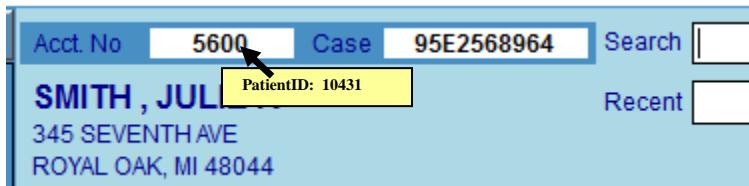
Users will notice a new button  in the Patient, Patient List Export, Appointment Schedule, and a drop-down from within the Appointment Reports for White Plume that will create a CSV file.

Single Patient Export

To export a CSV file for a single patient, navigate to the desired patient. From the Patient screen, click the export button . When the CSV file is exported, a message will pop up with the location and the name of the file.

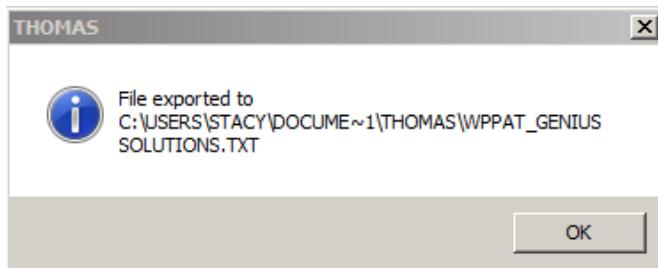


The naming convention for the Single Patient Export ends with the internal patient identification number (not the account number). Hover your mouse over the patient's account number, the Patient ID will be displayed similar to the image below.



Multi-Patient Export

To export a CSV file for all patients in eTHOMAS, navigate to the Patient tab, then the Patient List. From within the Patient List, click the Export button . From within the Export Fields screen, click the export button . When the CSV file is exported, a message will pop up with the location and the name of the file.

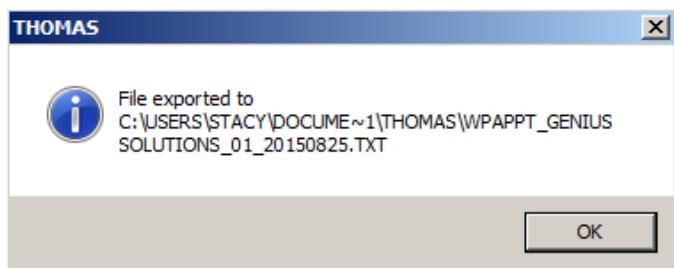


The format of the Single and Multi-Patient Export CSV file is as follows:

BusinessEntity, PatientCode, PatientName, FirstName, MiddleName, LastName, Suffix, Prefix, PatientMedRecNo, Address1, Address2, City, State, Zip, DateOfBirth, Gender, Phone, GuarantorName, GuarantorPrefix, GuarantorAddress1, GuarantorAddress2, GuarantorCity, GuarantorState, GuarantorZip, GuarantorPhone, HL7PatientExternalID, HL7AlternatePatientID, HL7PatientAccountNumber

Single Day Appointment Schedule Patient Export

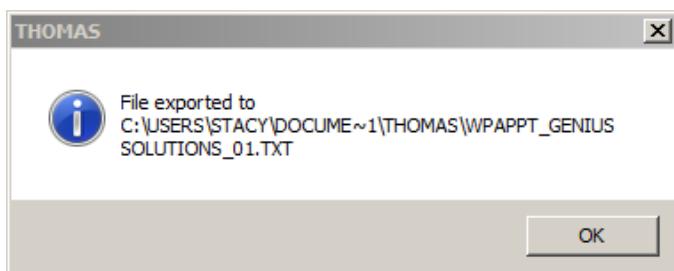
To export a CSV file from a single day within the Appointment book, navigate to the Appointments tab, then click Schedule. From within the Appointment Schedule, click the export button . When the CSV file is exported, a message will pop up with the location and the name of the file.



The naming convention for the Single Day Appointment Schedule Patient Export ends with the Appointment Book Code followed by the date in YYYYMMDD format.

Multi-Day Appointment Schedule Patient Export

To export a CSV file for multiple days within an Appointment book, navigate to the Appointments tab, then click Reports. Select White Plume from the Report Type drop-down menu. From here, select the desired parameters and then click the Run button. When the CSV file is exported, a message will pop up with the location and the name of the file.



The naming convention for the Multi-Day Appointment Schedule Patient Export ends with the Appointment Book Code.

The format of the Single and Multi-Appointment Schedule Patient Export CSV file is as follows:

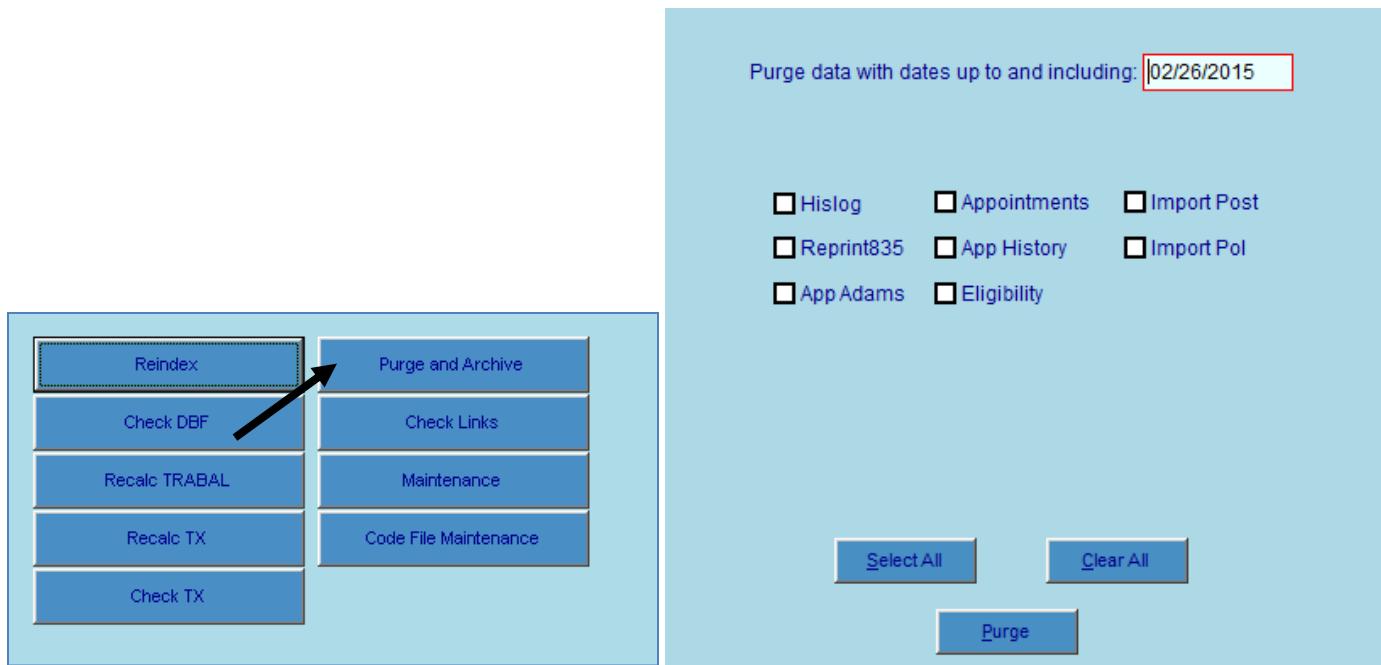
BusinessEntity,EncounterNumber,LocationCode,PatientCode,ProviderCode,Date,Time,DateTime,InsName1,InsCode1,PolPlan1,InsName2,InsCode2,PolPlan2,InsName3,InsCode3,PolPlan3,

Purge and Archive Eligibility (9.5.03)

Within the Purge and Archive in eTHOMAS Maintenance, there is a new option called Eligibility. When selected, the system will purge and archive information in the Eligibility database up to and including the date specified.

Everyone must be logged out of the eTHOMAS system in order to enter into the Maintenance program. Log into Maintenance with the username and password used for eTHOMAS.

Once logged into eTHOMAS Maintenance, select the Purge and Archive button.



Once selected, choose the desired database to purge and archive. Once selected, click the Purge button. eTHOMAS defaults to six months from the current date. eTHOMAS Maintenance will Archive and Purge the items out of the specified database. The archived database will be saved in an Archive folder within the Medsys folder in which the Purge took place. The naming convention for the archived database will include ARCH in front of the database name. The items available to purge include:

Database	Where it is in eTHOMAS
Hislog	Hislog.dbf: This history of items added, saved, deleted within eTHOMAS.
Reprint835	Reprint835.dbf: 835 reports attached to patient claims when the System Setting Show835 is activated.
App Adams	Appadams.dbf: Patient Appointments that have been sent to ADAMS for processing.
Appointments	Appinfo.dbf: Patient Appointments scheduled from the Appointment Schedule.
App History	Apphis.dbf: The Patient Appointment History of what was done to the patients (modified, deleted, rescheduled, marked missed, marked cancelled, marked verified) from the Appointment Schedule.
Eligibility	Elig.dbf: Eligibility history of patients loaded within a Patient Policy.
Import Post	Importpost.dbf: Charges and patients sent to AutoCharge through a third party system that have a "created date" on or prior to the purge date.
Import Pol	ImportPol.dbf: Policies imported into eTHOMAS that have a "created date" on or prior to the purge date.

Genius Solutions strongly urges users to have a current backup of their data prior to purging ANY data.

Third Party Invoice Billing (9.5.08)

eTHOMAS has had the ability to create Invoices for many years. Over time we have improved and modified the Invoice production and preparation. We have added an additional module for Third Party Invoice Billing. Invoices allow the user to send a bill to an entity on an invoice form. Third Party Billing has the functionality of Invoices and allows the user to specify a different Fee Schedule based upon Financial, Insurance, and Procedure code. We have created a supplemental document for Third Party Invoice Billing which may be accessed and downloaded here:

<http://www.media.geniussolutions.com/95/ThirdPartyInvoiceBilling.pdf>