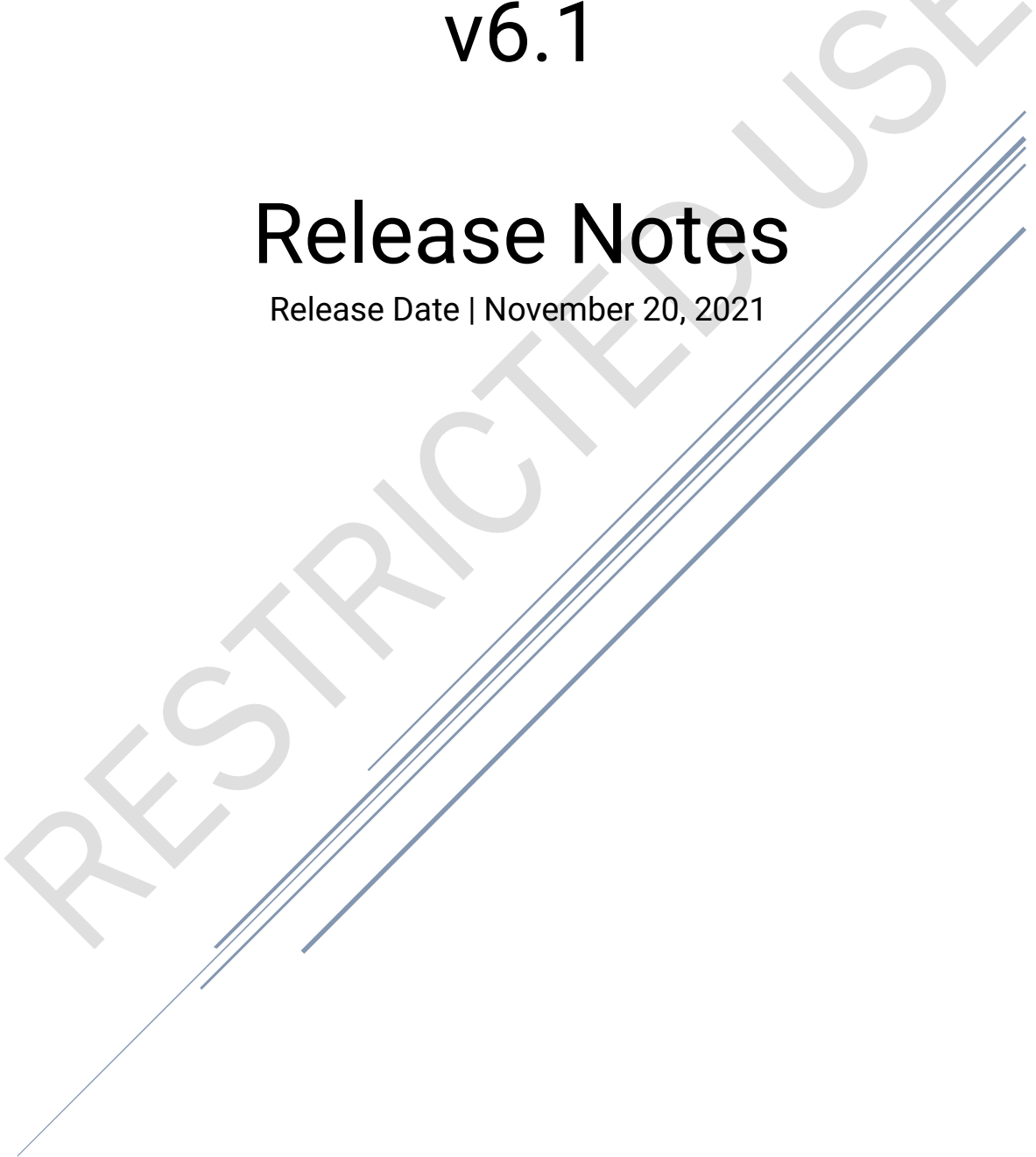


# expEDlum Medical Billing v6.1

## Release Notes

Release Date | November 20, 2021



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## expEDlum Medical Billing v6.1 Release Notes

This release note describes tickets that are enhancements, new features, or bug fixes. Some tickets may refer to other tickets from previous releases. These tickets are a combination of change requests from our partners, clients, and internally identified at iTech. A summary of tickets is provided in the last page of this release note. On request, we can provide any specific release note for any earlier release. This release note is also available from our website at <http://www.itechws.com/releasenote>.

We have a help server available at <https://help.expedium.net>. We have user manuals that cover all aspects of the expEDlum on the help server. Access to help server needs logon credentials. If you need one, please request for one at [support@itechws.com](mailto:support@itechws.com).

### 1. [Ticket #13342] iTech: (For PostgreSQL 10.15) Rewrite Old Report SPs using optimized ways - using JSON

In this version, we have modified the Stored Procedures used in some of the reports. The reports were enhanced to use JSON format for better code maintenance and performance optimization.

The optimization was done for the reports listed below:

- 1) Practice Analysis By Claims
- 2) Practice Analysis By Procedures
  - By Procedure
  - By Procedure and Modifiers
  - Provider Summary
- 3) Insurance Analysis By Payer
- 4) Insurance Analysis Totals
- 5) Insurance Analysis By Procedure
  - By Procedure
  - By Procedure and Modifiers
- 6) Activity Summary By Provider
  - By Provider
  - By Provider and Serviced By Provider
- 7) Activity Summary By Insurance

- By Insurance
- By Insurance By Program

## **2. [Ticket #14528] iTech: 2021-08 ER-VUL#6 - XSS | Mitigation - Source Code - Auto-Complete Off on pages with password**

During the previous quarter Application Penetration Test on eMB, there was a mitigation action suggested to suppress auto-complete option (a feature provided by browsers) on text fields on screens where User ID and Password fields are present. The mitigation is done in this version for these screens.

## **3. [Ticket #14573] PH: Contract Payer Invoices | Unable to export PDF due to special Characters present in CPT Code short description**

One of the clients reported an issue in exporting the Contracted Payer Invoice report in PDF format.

In Admin Module, if the CPT/HCPSC Description fields had characters # or &, the system was not allowing to add/update the entry. This is fixed in this version.

Also, if the CPT/HCPSC short description contains special characters such as @, #, &, < or >, a blank screen was appearing after these special characters were printed in the Glossary Section in the invoice. The invoice module is enhanced to handle all these special characters.

Now, the user can successfully export the contracted payer invoice to PDF.

## **4. [Ticket #14576] iTech: Aging filter in Transmission Tasks**

There was an internal request to set the date range value for 10 days for the Created Date filter in the Payer Transmission Task List screen. Previously, our system was designed to fetch all the Transmission Task files till date (with 10 records at a time in a page) and the page was taking time to load the data.

Now, in this version, the date range in the filter will be auto selected for 10 days and the transmission tasks for this default date filter will be fetched and displayed. However, the administrator can select the date range of his choice to fetch files for more than 10 days.

**Transmission Tasks** Print

Task Type : All Status : All Created Date : 10/29/2021 11/08/2021 ← Clear Search

Task ID	Task Type	Task Status	Created Date	Processed Date	Total Files	Status

## 5. [Ticket #14577] iTech: Fix: Admin Module | Account Edit/List Screen - Incorrect username displayed in "Updated By"

There was an issue reported in the "Updated By" column of the Account List screen. In the admin module the "Updated By" column was displaying incorrect username. It was noticed that the username displayed in the Updated By column was same as Created By column. This issue was happening due to a bug in the Account List screen and Account List Print screen in fetching the data for "Updated By" column. This is now fixed. The "Updated By" column will display the name of the last user who edited/updated the account.

**Account List** Print

Additional Tax IDs / NPIs	Account Type	File Type	Patient Payload Type(Inbound)	Patient Payload Type(Outbound)	Created Date	Updated Date	Created By	Updated By
	Practice	XML	expEDIum XML	expEDIum XML	2021-10-20 17:44:29		PETER DOE (admin1)	
	Practice	XML	expEDIum XML	expEDIum XML	2021-10-05 12:25:59	2021-10-19 12:07:48	PETER DOE (Support11)	PETER DOE (admin2)
	Practice	XML	expEDIum XML		2021-08-24 15:47:09	2021-09-22 10:37:38	PETER DOE (admin1)	PETER DOE (admin1)
	Practice	XML 4010A1	expEDIum XML		2021-08-23 13:01:20	2021-10-05 12:13:32	PETER DOE (admin1)	PETER DOE (Support11)
	Practice	837P 4010A1	expEDIum XML		2021-08-23 12:29:03	2021-10-19 12:07:40	PETER DOE (admin1)	PETER DOE (admin2)
	Practice	XML	expEDIum XML	expEDIum XML	2021-07-19 05:12:20	2021-07-23 06:30:04	PETER DOE (Support15)	PETER DOE (Support15)
	Practice	XML	expEDIum XML	expEDIum XML	2021-07-14 12:14:25	2021-10-19 12:08:03	PETER DOE (Support16)	PETER DOE (admin2)
	Practice	XML	expEDIum XML	expEDIum XML	2021-06-21 09:20:05	2021-10-19 12:08:11	PETER DOE (Support16)	PETER DOE (admin2)
	Practice	XML	expEDIum XML	expEDIum XML	2021-06-15 04:20:02	2021-09-27 13:10:45	PETER DOE (Support15)	PETER DOE (admin1)

## 6. [Ticket #14578] iTech: Admin Module | Account ID based filter in ERA File Search screen

There was an internal request to add the “Account ID” filter in the Search ERA files screen. In this version, we have introduced the Account ID filter in the Search ERA Files screen in admin module. This is available under the menu **Claim Response >> Posting >> ERA File View | Filter: Account ID dropdown.**

By default, “All” option will be selected in the Account ID filter and ERAs irrespective of the account will be filtered (backward compatible behavior). The administrator can choose the Account ID from the drop-down option and search for ERA/835 files for the Account ID chosen in the filter.

The screenshot shows the "Search ERA Files" form. The "Account ID" field is highlighted with a red arrow pointing to the "All" dropdown menu. The form includes various search criteria such as Batch ID, Batch Name, File Name, Total Claims, Type, Payee (NPI and TAX ID), Payer/Plan ID, Payer Name, Check/EFT Date, Check/EFT Number, Check/EFT Amount, Received Date, and Batch Status. Below the form is the "Age Criteria" section, which allows searching in batches received in the last 10 days. A "Search" button is located at the bottom of the form.

Search ERA Files	
Account ID	All
Batch ID *	Equals
Batch Name	Equals
File Name *	Equals
Total Claims	Equals
Type	All
Payee	NPI : TAX ID :
Payer/Plan ID	
Payer Name	Custom Type at least 3 letters
Check/EFT Date *	From To
Check/EFT Number *	Equals
Check/EFT Amount *	All
Received Date *	From To
Batch Status	All

**Age Criteria**

Search in batches received in last 10 days (Not applicable to fields marked with \*)

Search

Also, we have added a new column “Account ID” in the ERA/835 Files List screen. If “All” option is chosen in the Account ID filter, the respective Account IDs for each of the 835 Batch file will be displayed in the ERA/835 Files List screen.

[Print](#)

**ERA/835 Files List**  
[ Account ID : All, Type : All, Payer ID : All, Payer Name : All, Batch Status : All, Age : 10 Days ]

Batch ID	Manual Batch Name/File Name ⓘ	Account ID	Payer/Payee	Received Date	Processed Date	Total Remits	Total Posted Claims	Total Unique Claims Posted	Status
1318927153	Bat11092021115355	FOKIDODI	<a href="#">List</a>	2021-11-09 11:58:45	2021-11-09 11:58:45	2	2	2	Processed
1973589221	Bat11092021111910	FOKIDODI	<a href="#">List</a>	2021-11-09 11:25:20	2021-11-09 11:25:20	3	3	3	Processed
1893146588	Bat11092021105951	DDD	<a href="#">List</a>	2021-11-09 11:01:16	2021-11-09 11:01:16	1	1	1	Processed
2004779271	testing_NPHD	UAIDIEDJ	<a href="#">List</a>	2021-11-08 11:40:59	2021-11-08 11:40:59	1	1	1	Processed
0679096412	testing_QA	MEDONID	<a href="#">List</a>	2021-11-08 11:17:38	2021-11-08 11:17:38	3	3	3	Processed
0801063625	Bat11082021110757	EYEE	<a href="#">List</a>	2021-11-08 11:08:08	2021-11-08 11:08:08	1	1	1	Processed
1606089436	Bat11082021102634	EYEE	<a href="#">List</a>	2021-11-08 10:26:55	2021-11-08 10:26:55	1	1	1	Processed
1845120308	Bat11042021170848	EYEE	<a href="#">List</a>	2021-11-04 17:09:00	2021-11-04 17:09:00	4	4	4	Processed
0300754583	Bat11022021153343	UAIDIEDJ	<a href="#">List</a>	2021-11-02 15:34:01	2021-11-02 15:34:01	8	8	8	Processed

Total Records 9      Page 1      Records Per Page 10      Page 1 of 1      [Go](#)

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On mouse hover on the Account ID field, the “Account Name” will be shown on the ERA/835 Files list screen for each of the 835/ERA file. Also, this enhancement is made in Print ERA/835 Files List screen.

[Print](#)

**ERA/835 Files List**  
[ Account ID : LEMDE, Type : All, Payer ID : All, Payer Name : All, Batch Status : All, Age : >90 Days ]

Batch ID	Manual Batch Name/File Name ⓘ	Account ID	Payer/Payee	Received Date	Processed Date	Total Remits	Total Posted Claims	Total Unique Claims Posted	Status
1478962921	10/2/20RB	LEMDE	<a href="#">List</a>	2020-10-02 13:18:33	2020-10-02 13:18:33	0	0	0	Processed
2110669496	9/9/20RB	LEMDE	<a href="#">List</a>	2020-09-09 10:41:50	2020-09-09 10:41:50	16	16	16	Processed
1653138918	8/26/20RB	WESTERN HOSPITAL	<a href="#">List</a>	2020-08-26 11:15:41	2020-08-26 11:15:41	8	8	8	Processed
0624737925	8/19/20RB	LEMDE	<a href="#">List</a>	2020-08-19 13:19:14	2020-08-19 13:19:14	9	9	9	Processed
1973260453	8/12/20RB	LEMDE	<a href="#">List</a>	2020-08-12 12:22:19	2020-08-12 12:22:19	12	12	12	Processed
0028373559	8/5/20RB	LEMDE	<a href="#">List</a>	2020-08-05 10:19:41	2020-08-05 10:19:41	17	17	17	Processed
0853619844	7/29/20RB	LEMDE	<a href="#">List</a>	2020-07-29 12:46:59	2020-07-29 12:46:59	18	18	18	Processed
1482143716	7/22/20RB	LEMDE	<a href="#">List</a>	2020-07-22 11:55:21	2020-07-22 11:55:21	31	31	31	Processed
1278216464	7/15/20RB	LEMDE	<a href="#">List</a>	2020-07-15 10:49:27	2020-07-15 10:49:27	4	4	4	Processed
2005060281	7/13/20RB	LEMDE	<a href="#">List</a>	2020-07-13 10:57:37	2020-07-13 10:57:37	24	24	24	Processed

Total Records 634      Page 1 2 3 4 5      Records Per Page 10      Page 1 of 64      [Go](#)

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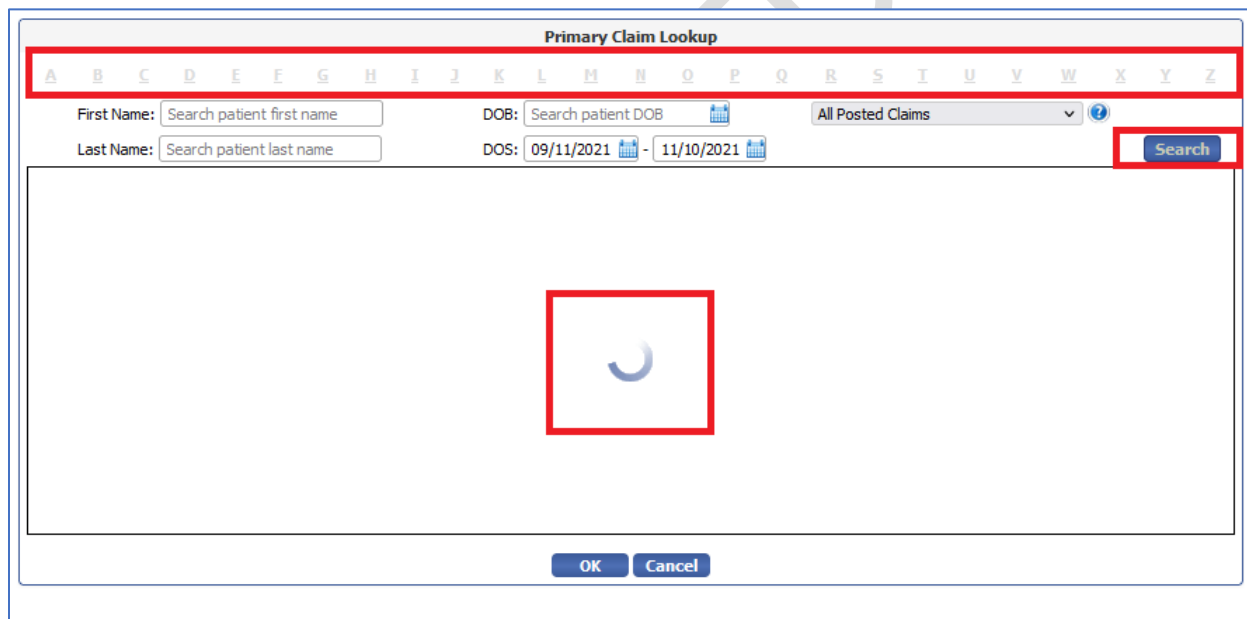
[Print](#)

**ERA/835 Files List**  
[ Account ID : LEMDE, Type : All, Payer ID : All, Payer Name : All, Batch Status : All, Age : >90 Days ]

Batch ID	Manual Batch Name/File Name	Account ID	Payer Name	Received Date	Processed Date	Total Remits	Total Posted Claims	Total Unique Claims Posted	Status
1478962921	10/2/20RB	LEMDE	NOT AVAILABLE	2020-10-02 13:18:33	2020-10-02 13:18:33	0	0	0	Processed
2110669496	9/9/20RB	LEMDE	NOT AVAILABLE	2020-09-09 10:41:50	2020-09-09 10:41:50	16	16	16	Processed
1653138918	8/26/20RB	LEM WESTERN HOSPITAL	WESTERN HOSPITAL	2020-08-26 11:15:41	2020-08-26 11:15:41	8	8	8	Processed
0624737925	8/19/20RB	LEMDE	NOT AVAILABLE	2020-08-19 13:19:14	2020-08-19 13:19:14	9	9	9	Processed
1973260453	8/12/20RB	LEMDE	NOT AVAILABLE	2020-08-12 12:22:19	2020-08-12 12:22:19	12	12	12	Processed
0028373559	8/5/20RB	LEMDE	NOT AVAILABLE	2020-08-05 10:19:41	2020-08-05 10:19:41	17	17	17	Processed
0853619844	7/29/20RB	LEMDE	NOT AVAILABLE	2020-07-29 12:46:59	2020-07-29 12:46:59	18	18	18	Processed
1482143716	7/22/20RB	LEMDE	NOT AVAILABLE	2020-07-22 11:55:21	2020-07-22 11:55:21	31	31	31	Processed
1278216464	7/15/20RB	LEMDE	NOT AVAILABLE	2020-07-15 10:49:27	2020-07-15 10:49:27	4	4	4	Processed
2005060281	7/13/20RB	LEMDE	NOT AVAILABLE	2020-07-13 10:57:37	2020-07-13 10:57:37	24	24	24	Processed
2144503392	7/8/20RB	LEMDE	NOT AVAILABLE	2020-07-08 11:13:18	2020-07-08 11:13:18	2	2	2	Processed
0996136325	7/6/20RB	LEMDE	NOT AVAILABLE	2020-07-06 13:31:55	2020-07-06 13:31:55	10	10	10	Processed

## 7. [Ticket #14579] iTech: New Secondary Claim | Primary Claims Lookup Enhancements - Loader and Auto Populated DOS Range Filter

- 1) In the secondary professional claim form and secondary Institutional claim form when the user tries to fetch the primary posted claims using the look up and clicks on the Search button, the Primary Claim Lookup window was blank and there was no indication of the activity - if the data is getting fetched in the window and was causing confusion to the user. In this version, we have added a "Loader" in the Primary look up window for both secondary professional claim form and secondary Institutional claim form to notify the user that the page is loading the data as per the search criteria. Also, the "Search" button and the Alphabet List in the window will be disabled. Once the result is loaded, the search button and the alphabet list will be enabled.



The screenshot displays the 'Primary Claim Lookup' window. At the top, there is an alphabet list from A to Z. Below this, there are input fields for 'First Name' (with placeholder 'Search patient first name'), 'Last Name' (with placeholder 'Search patient last name'), 'DOB' (with placeholder 'Search patient DOB' and a calendar icon), and 'DOS' (with placeholder '09/11/2021' and '11/10/2021', each with a calendar icon). A dropdown menu is set to 'All Posted Claims' with a help icon. A 'Search' button is highlighted with a red box. The main content area is empty except for a large blue circular loading spinner, also highlighted with a red box. At the bottom, there are 'OK' and 'Cancel' buttons.

- 2) Previously, the DOS filter in the Primary Claim Lookup window did not have the date range option to enter the From and To date. The user had to select single DOS without the date range and was getting the result only for that date. In this version we have added a date filter as To date in DOS. Now the user can select the dates the From and To date calendar in the DOS filter to fetch the Primary claims based on the date range. By default, the DOS filter will be auto populated for a date of range of last two month from the current date. The user can select the date of his choice using the date calendar provided.



The From date is a mandatory field. If the From date is not selected in the DOS filter, an alert message “Specify DOS from date” will appear on screen. For backward compatibility, when the To date is not specified in the date field then the system will auto populate the same date as From date to perform the search criteria.

The screenshot shows the 'Primary Claim Lookup' interface. At the top, there are search fields for 'First Name', 'Last Name', 'DOB', and 'DOS'. The 'DOS' field is set to 'From' and '11/10/2021'. A red box highlights the 'From' field, and a red arrow points to it from the right. Below the search fields, a calendar is displayed for the year 2021, with the date 10/11 selected. A red box highlights the calendar area, and a red message box says 'Specify DOS from date'. At the bottom of the interface, there are 'OK' and 'Cancel' buttons.

These enhancements are available in the following screens:

- 1) Primary Claims Lookup in New Professional Secondary Claim
- 2) Primary Claims Lookup in New Institutional Secondary Claim Screen

## 8. [Ticket #14619] iTech: EDI Claim Notes | Enhancement - Supporting additional note segments (2300 Loop and 2400 Loop)

From our internal analysis it was found that claims for Laboratories, Tele medicines required additional notes supported by the X12N Implementation Guide. Hence, the Professional and Institutional claim forms/payloads are enhanced to support these notes.

### Professional Claims

#### Claim Level

There are no additional notes supported at claim level for Professional Claims. Hence, there are no enhancements here.

## Service Line Level

We were supporting only one occurrence of EDI Notes in the service line. In this version we have added the additional notes entry for each service line. By default, the qualifier will be chosen as “TPO” in the Additional Notes.

The data will be populated in 2400 NTE segment as Service Line TPO notes. The notes must be 80 characters or less. If line TPO notes is present, it will be populated along with the Notes Reference Code/Qualifier “TPO”.

The screenshot shows a dialog box titled "Service Line Notes/Additional Notes : 1". It contains three main sections:

- Service Line Notes [2400 NTE] : 1**: Includes an "ADD" dropdown menu and a text input field containing "Service Line Notes1".
- Additional Notes [2400 NTE] : 1**: Includes a "TPO" dropdown menu and an empty text input field. This section is highlighted with a red border.
- Internal Notes/Annotations : 1**: A large, empty text area for internal notes.

At the bottom of the dialog are "OK" and "Cancel" buttons.

## Institutional Claims

### Claim Level

A new option “Additional Claim Notes” is added under the Individual Providers section of the institutional claim form.

**Individual Providers**

**Y4. Rendering Provider**

Last Name: DOE  
Middle Initial: T  
First Name: Clonnehs  
NPI: 1528999999  
ID Qual:   
ID:   
Taxonomy: 1041C0700X

**Y5. Serviced by**

Last Name:   
First Name:   
Middle Initial:   
NPI:   
Y6. Supplement Information **View** **Additional Claim Notes View**  
EDI Billing Notes: EDI Billing notes EDI Billing notes EDI Billing notes  
Y7. Incident Number:

When the user clicks on the “View” icon, a new window “Additional Claim Notes (2300 NTE)” will be displayed on screen. This window will have the qualifiers column and the Notes column with the “OK” and “Cancel” button.

**Additional Claim Notes (2300 NTE)**

Qual	Notes
ALG	Additional claim notes 3
DME	Additional claim notes 4
UPI	Additional claim notes 5
SFM	Additional claim notes 6
MED	Additional claim notes 7
RHB	Additional claim notes 8
RNH	Additional claim notes 9
DGN	Additional claim notes 10
ALG	Additional claim notes 1
ODT	Additional claim notes 2

OK Cancel

The user can configure the additional claim EDI notes in this section. Maximum of 10 additional notes can be specified using the 14 notes reference code/qualifier available in the drop down.

Note: If any changes are made by adding/editing/deleting notes from this screen, please click on OK button to save the info temporarily so that when the claim is submitted, they are persisted. If any changes are made, and if the user want to ignore them, please click on Cancel button, or close the window so that system ignores it.

The data will be populated in 2300 NTE segment as additional set of Notes. The Notes must be 80 characters or less. The user must specify the qualifier for each of the note's text. If the notes field is left empty, it will get discarded when the claim is saved. Also, the qualifiers used should be unique. A validation error will be reported if duplicate notes qualifiers are used.

Also, we have added new rules for all the institutional claims in the drools file to validate the usage of Additional Claim EDI notes.

The following rules are added for Additional Claim notes with the error code and description.

5148	Invalid Additional Claim Notes Qualifier
5149	Qualifier should be present if Notes is present
5150	Notes should be present if Qualifier is present
5151	Duplicate Qualifiers found

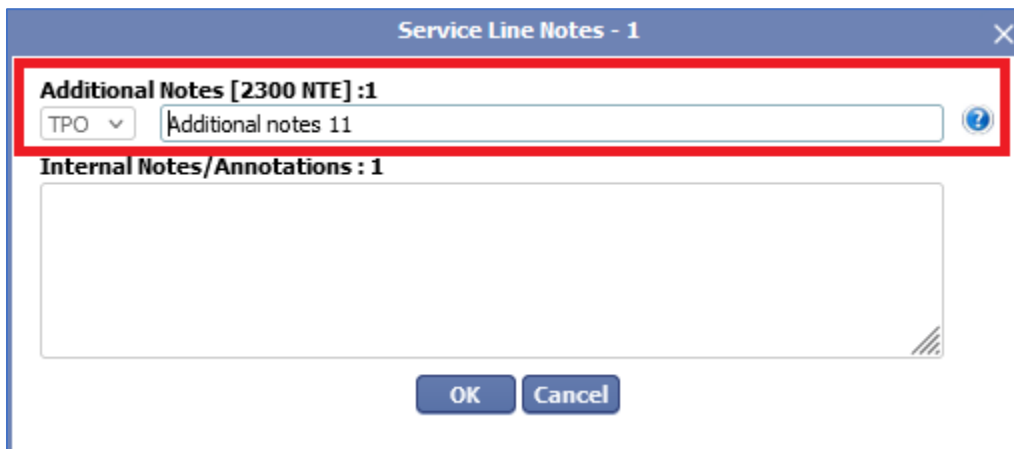
Note: The system will add Claim additional notes only if the Notes are not empty. When a claim is submitted the system validates the claim with the above-mentioned logic and if any error is found then the system will list those errors in the claim form. The user can click on the link in the error field the cursor will jump to the Claim Additional EDI Notes "View" link.

The EDI Billing Notes already supported in the institutional claim will continue to be populated with "ADD" qualifier if the note is present.

#### **Service Line Level**

Institutional Claims were not having EDI Notes support at Service Line Level. In this version we have added the additional notes entry for each service line. By default, the qualifier will be chosen as "TPO" in the Additional Notes.

The data will be populated in 2400 NTE segment as Service Line TPO notes. The notes must be 80 characters or less. If line TPO notes is present, it will be populated along with the Notes Reference Code/Qualifier "TPO".



### Generate Secondary Claim

The additional notes available in the primary claim will be carried forward to the secondary claim as it is if the claim type is the same - professional primary to professional secondary AND institutional primary to institutional secondary.

However, there is a change in the mapping in the case of

- 1) Professional Primary to Institutional Secondary
- 2) Institutional Primary to Professional Secondary

### Cross walk of Claim Notes from Professional Primary to Institutional Secondary

Claim Level	
Professional	Institutional
Claim EDI Notes with ADD or Empty qualifier	EDI Billing notes with ADD qualifier
Claim EDI Notes with DCP qualifier	Additional Claim EDI Notes with DCP qualifier
Claim EDI Notes with DGN qualifier	Additional Claim EDI Notes with DGN qualifier
Claim EDI Notes with qualifier CER, TPO	No Place Holder. Data Ignored.

Service Line Level	
Professional	Institutional
Line EDI Notes (ADD qualifier)	No Place Holder. Data Ignored.
Additional Line EDI Notes with TPO qualifier	Additional Line EDI Notes with TPO qualifier

**Cross walk of Claim Notes from Institutional claim to Professional claim**

Claim Level	
Institutional	Professional
EDI Billing Notes (implicit ADD qualifier)	Claim EDI Notes with ADD qualifier
Additional Claim EDI Notes with DCP qualifier	Claim EDI Notes with DCP qualifier
Additional Claim EDI Notes with DGN qualifier	Claim EDI notes with DGN qualifier
All Other Additional Claim EDI Notes with qualifier	No Place Holder. Data Ignored.

Service Line Level	
Institutional	Professional
Additional Line EDI Notes with TPO qualifier	Additional Line EDI Notes with TPO qualifier

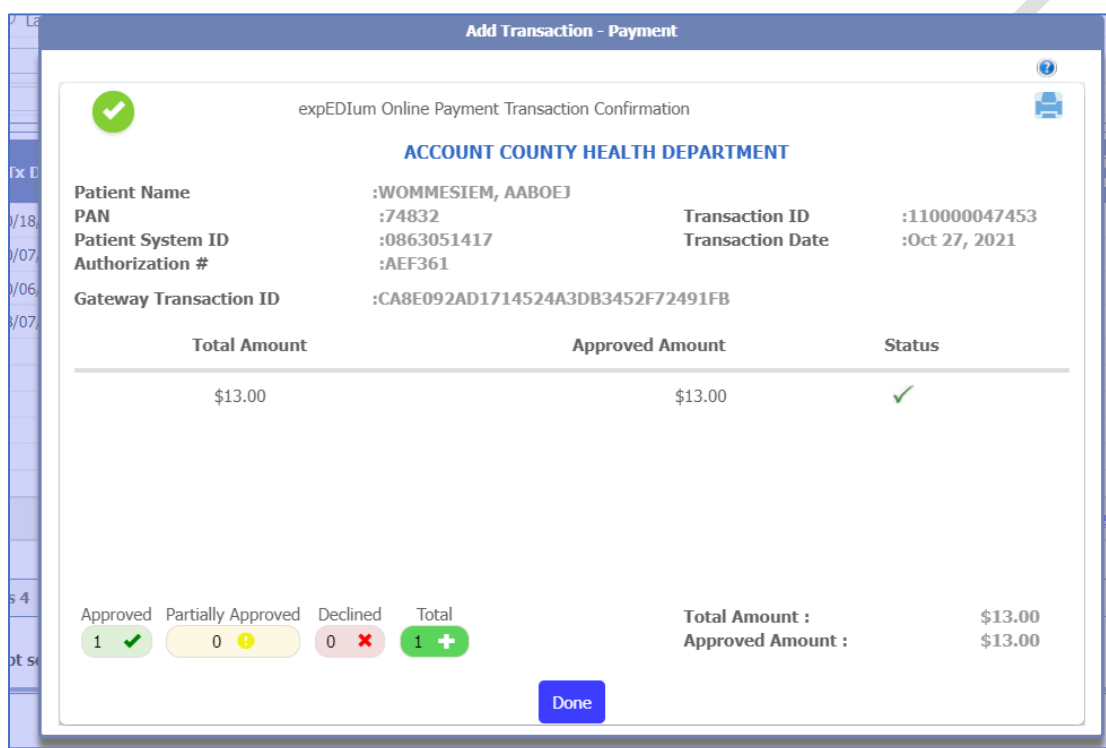
This enhancement in the system for supporting additional EDI notes at claim and service line level is available in the following modules -

- 1) expEDlum Professional Claim XML – Inbound Payload
- 2) expEDlum Institutional Claim XML – Inbound Payload
- 3) Primary/Secondary Professional and Institutional Claim Screens
- 4) X12N 5010 837P – Outbound EDI Payload
- 5) X12N 5010 837I – Outbound EDI Payload
- 6) expEDlum Professional Claim XML –Claim Export
- 7) expEDlum Professional Claim XML –Claim Export
- 8) Generate Secondary Claim (Professional and Institutional)
- 9) Primary Claim Clone (Professional and Institutional)
- 10)X12N 5010 837P – Inbound EDI Payload
- 11)X12N 5010 837I – Inbound EDI Payload

**Note:** For EMR Vendors, the latest XML Schema Files for expEDlum Professional Claim XML and expEDlum Institutional Claim XML payloads will be provided by iTech Support Team on request.

**9. [Ticket #14660] iTech: UI issue in expEDlum Pay (InstaMed) Online Payment Receipt**

There was an UI issue reported in the InstaMed online payment receipt during our internal testing. It was noticed that the container size of the receipt was reduced and did not fit the window. This issue was happening for both patient and claim level online payment transaction receipts. In this version, we have increased the size of the receipt div as per the parent modal size. Now the expEDIum Online Payment Transaction receipt is fitting correctly into the window.



## 10. [Ticket #14674] (Hot Patch=v6.0.1) iTech: Reports | Maximum Date Range on Non-Public Health Aging Reports

Earlier, we were allowing data to be searched for longer than 1 year using date range filters in the Non-Public health aging reports. In this version, we are limiting the date range search criteria to 1 year or less.

While selecting the date range with the radio button, the user will be allowed to specify the dates that can be within the range of maximum of one year. If the user selects the date range exceeding one year, an alert message "Date Range should not exceed more than one year" will appear on screen to notify the user.

The screenshot shows a filter interface for an Aging Report. The 'Claim Received Date' field is highlighted with a red box and contains the date range '09/01/2020' to '09/17/2021'. A red callout box with the text 'Date range should not exceed more than one year' points to this date range. Other filter fields include 'Billing Provider', 'Claim Service Date', 'Claim Submitted Date', 'Claim Amount Range', 'Patient Paid Amount', 'Diagnosis Code Version', 'Diagnosis Code', 'Procedure Code', and 'Claim Status'. A calendar widget is visible on the right side of the interface.

This enhancement is implemented in the following Aging Report screens:

- 1) Reports >> Aging >> Insurance claims
- 2) Reports >> Aging >> Self-pay claim
- 3) Reports >> Payment Analysis >> Claims by RA date and Provider

## 11. [Ticket #14675] (Hot Patch=v6.0.1) iTech: Admin Module | Fix: SFS List - Print Preview Issue

There was an internal issue reported in the SFS Programs List Print screen of the admin module. When the user clicks on the print button in the SFS Program list screen it was noticed that the page was displaying only 10 values as per the records per page value instead of printing the all the SFS program for the filter. In this version, we have added a new code in the print option to display the total number of SFS Programs in the Print Page irrespective of the value chosen in the Records Per Page dropdown.

A hot patch (eMB v6.0.1) was deployed on all production servers with the above fix.

## 12. [Ticket #14680] (Hot Patch=v6.0.1) iTech: Multiple Screens including Patient Edit/Real time IEV screen - Wrong Updated By format causing UI issue

Right after expEDlum v6.0 release, users faced an issue wherein Patient Demographics details would not appear on the Edit Patient Screens. This was happening only for specific operators. This issue was happening due to a minor glitch in database due to



time stamp handling. This is now fixed, and the Patient Demographics details are appearing on the screen.

A hot patch (eMB v6.0.1) was deployed on all production servers with the above fix.

### **13. [Ticket #14683] (Hot Patch=v6.0.1) iTech: Posting Module | Fix: Search Claim Screen - Sort by Patient First Name, Last Name not working**

There was an issue reported in the Add Claims Search screen of the Posting module. The Search criteria was not working for "Patient Last Name, First Name" and "Patient First Name, Last Name" in the Sort By filter for both descending and ascending. This issue was happening due to a glitch in the Sort By option and by default the program was considering the sort in ascending order always.

In this version, we have fixed the Sort By filter for the options "Patient Last Name, First Name" and "Patient First Name, Last Name" – both Ascending and Descending Orders - in the Add Search claims screen of the posting module.

A hot patch (eMB v6.0.1) was deployed on all production servers with the above fix.

### **14. [Ticket #14728] PH: Practice Analysis By Claims Report | Amount Format Issue**

One of the clients reported an amount format issue in the "Practice Analysis By Claims" report. The payer paid amount and the claim amount was same. The amount displayed in the report had a discrepancy of \$0.01 less. This was due to an amount conversion issue in the stored procedure of this report. In this version, we have optimized the stored procedure and now the amount conversion is also fixed. The amount is correctly displayed in the report now.

### **15. [Ticket #14729] PH: Feature request to add Check/EFT in Report Claims By RA Date and Payer**

One of the clients requested us for a new sub filter option in the Check/EFT Number field of the Claims by RA Date and Payer report search screen. The clinic asked us to add sub-option to filter the claims based on the Check/EFT Number.

This version introduces a sub-option in the Check/EFT Number filter. The filter will now have options such as **Equals**, **Starts With**, **Contains** and **Ends With**. By default, the "Equals" option will be selected in the sub filter. The user can enter the Check/EFT Number in the text box and select the wild card option to fetch the report.

This enhancement is made in two report search screens –

- 1) Claims by RA Date and Payer Report  
(Menu: Reports >> Payment Analysis >> Search Claims by RA Date and Payer)
- 2) Insurance Payment Activity Report  
(Menu: Reports >> Activity >> Insurance Payment Activity)

This is available for both Public and Non-Public Health accounts.

The enhanced Check/EFT number filter in the Insurance Payment Activity Report is shown below:

**Insurance Payment Activity Report**

Posted Date:     
 Daily  Weekly/Date range  Monthly  Yearly  
NOV Year 2021 2021

**Check/EFT Number** Equals

Posting Type: All  
Insurance Type: All  
Claim Type: All  
Rendering Provider: All  
Location: All  
Posted Amount: All

Payer ID: IN   
Payer Name:

Site Code: All

Show Patient Details:  All selected  
Show Date Of Service:   
Show Procedure Codes:

SFS Program:

Sort By: Posted Date  
Report type: Default

The “Check/EFT Number” column will appear in the Insurance Payment Activity Report for the following report types/flavors.

- 1) Default
- 2) By Program
- 3) By Provider
- 4) By Provider By Serviced-By Provider

Insurance Payment Activity Report																
WESTERN HOSPITAL																
[ Posted between : 09/01/2021 To 09/30/2021, Insurance type : All, Posting type : All, Provider : All, Location : All, Site Code: All, Show Patient Name: Yes, Show Patient Account Number: Yes, Show Patient DOB: Yes, Show Date Of Ser Show Procedure Code: No, SFS Program : All, Posted Amount : All, Sort By : Posted Date ]																
	Claim ID	Patient Name	PAN	DOB	DOS	Payer ID	Payer Name	Claim Charge	Ins. Payment	Type	Posted Date	Check/EFT Number	Check/EFT Date	Check Receipt Date	RA Date	SFS Program
P	1012720768	MIED JNEP, KYIPOID	47939	1942-08-13	2021-07-23	52563	Meridian Health Plan Michigan Medicaid	\$40.00	\$0.00	Manual	2021-09-15 15:27:28	1234	2020-09-16	2020-09-17	2020-09-17	IMM
P	1044621974	MIED JNEP, NIEFUQ	61490	1961-02-17	2021-07-23	52563	Meridian Health Plan Michigan Medicaid	\$40.00	\$0.00	Manual	2021-09-15 15:27:28	1234	2020-09-16	2020-09-17	2020-09-17	IMM
P	2098333130	YEOZI, RUFE	34018	1974-09-15	2021-07-22	52563	Meridian Health Plan Michigan Medicaid	\$69.00	\$0.00	Manual	2021-09-15 15:26:25	1234	2020-09-16	2020-09-17	2020-09-17	IMM
P	0948575147	YLOIAL, MOEG	77152	1966-06-30	2021-07-22	52563	Meridian Health Plan Michigan Medicaid	\$29.00	\$0.00	Manual	2021-09-15 12:44:31	1234	2020-09-16	2020-09-17	2020-09-17	IMM
<b>Total</b>		<b>4</b>						<b>\$178.00</b>	<b>\$0.00</b>							

The “Check/EFT Number” column will **NOT** appear in the Insurance Payment Activity Report for the following report types (as designed).

- 1) By Payer (Summary)
- 2) By Payer (Detail)
- 3) By Program By Payer (Summary)

The enhanced Check/EFT number filter in the Claims By RA Date and Payer is shown below:

**Search Claims by RA Date and Payer**

Posted Date	▼	11/08/2021	11/08/2021
Post Type		All ▼	
SFS Program			▼
Billing Provider		All ▼	?
Claim Type		All ▼	
Claim Closure Status		All ▼	
Check/EFT Number		Equals ▼	
Payer ID		IN ▼	🔍
Payer Name			🔍
Site Code		All ▼	
Exclude Services With Zero Charges		<input checked="" type="checkbox"/>	
Exclude Services With Zero Payments		<input checked="" type="checkbox"/>	
Report type		Default ▼	
<input checked="" type="radio"/> Summary <input type="radio"/> Detail			

**Search**

The “Check/EFT Number” column will appear in the Claims by RA Date and Payer Report only for the Detailed report type.

- 1) Claims by RA Date and Payer report (Detail)
- 2) Claims by RA Date, by Payer and by Site Code report (Detail)

Claims by RA Date, by Payer and by Site Code report (Detail)													
WESTERN HOSPITAL													
Post Type: All, Claim Closure Status: All, Posted Date From: 07/01/2021 To 11/08/2021													
SFS Program: All													
Site Code : All													
Zero Charges Excluded : Yes ,													
Zero Payments Excluded : Yes ,Show Patient Name: Yes, Show Patient Account Number: Yes, Show Patient DOB: Yes, Show Date Of Service: Yes													
COUNTY:	WESTERN HOSPITAL												NPI: 1205999999   TaxID: 381999999
PAYER:	00111 - MEDICAID - MICHIGAN												
SITE CODE:	06501												
PROGRAM TYPE:	MHP - MCH - Maternal & Infant Health												
Number of Services & Amount													
	Billed			Paid			Adjustments						
	No. of Services	Amount		No. of Services	Amount		No. of Services	Amount					
Service Code Total: 99402	4	\$355.00		4	\$66.79		1	\$28.21					
Service Code Total: S0215	2	\$69.60		2	\$69.60		0	\$0.00					
<b>Service Code Total:</b>	<b>6</b>	<b>\$424.60</b>		<b>6</b>	<b>\$136.39</b>		<b>1</b>	<b>\$28.21</b>					

Patient ID	Patient Name	DOB	Service Date	Service Code	Modifiers	Site Code	Posted Date	Check/EFT Number	Payer Claim ID	eMB Claim ID	Billed Amount	Paid/Reversal Amount	Adjustment Amount
P SI 16	JANWBOHMUM, CLIEHHE	2003-06-28	10/16/2020	99402	gt	06 11	07/14/2021	2021K 36691	41211	65000 208 3087	\$70.00	-\$66.79	-\$3.21
P BK 13	COFFM, KIVEMNOEH	1985-06-11	02/17/2021	99402	GT	06 11	07/14/2021	2021K 36691	31211	13000 167 8551	\$95.00	\$66.79	\$28.21
P BK 13	COFFM, KIVEMNOEH	1985-06-11	02/17/2021	99402	GT	06 11	07/14/2021	2021K 36691	41211	17000 167 8551	\$95.00	-\$66.79	-\$28.21
P GI 37	IALHIL, PENALI MII	2019-06-24	06/22/2021	99402	gt	06 11	07/07/2021	2021K 12425	31211	70000 149 5370	\$95.00	\$66.79	\$28.21
P BK 73	COFFM, ILEWS	2008-06-26	01/05/2021	99402	gt	06 11	07/14/2021	2021K 36691	41211	14500 097 4511	\$95.00	-\$66.79	-\$28.21
P SI 16	JANWBOHMUM, CLIEHHE	2003-06-28	10/16/2020	99402	gt	06 11	07/14/2021	2021K 36691	31211	19600 208 3087	\$70.00	\$66.79	\$3.21

The "Check/EFT Number" column will **NOT** appear in the Claims by RA Date and Payer Report for report type Summary (as designed).

- 1) Claims by RA Date, by Payer and by Site Code report (Summary)
- 2) Claims by RA Date and Payer Report (Summary)

## 16. [Ticket #14730] MDR: Excluding reporting codes in Search Denial Screen

One of the clients requested us to add "Exclude Reporting Code" filter in the Search Denials screen.

In this version, we have added "Exclude Reporting Code" filter in the Search Denials screen of the user module. This is available under **Search >> Denials >> Exclude Reporting Code**.

By default, this option will be disabled. When the user enables the "Exclude Reporting Code" checkbox, the claims having service lines with reporting procedure codes will be excluded in the result screen. This enhancement is implemented only in practice and operator modules

### Search Denials

(Only production claims in Posted status are considered)

Insurance Type	Primary	▼
Claim Type	All	▼
Claim Closure Status	All	▼
Claim ID*	<input type="text"/>	
Patient First Name	<input type="text"/>	
Patient Last Name *	<input type="text"/>	
Patient Date of Birth *	<input type="text"/>	
Insured ID *	<input type="text"/>	
Insured First Name	<input type="text"/>	
Insured Last Name *	<input type="text"/>	
Rendering Provider	All	▼
Location	All	▼
Procedure Code	IN	▼ <input type="text"/>
Exclude Reporting Code	<input type="checkbox"/>	
Diagnosis Code Version	All	▼

Denials Search Result screen.

#### Denials Search Result

(Remark Code View)

[Insurance Type: Primary, **Exclude Reporting Codes: Yes**, Confidential : All, SFS Program: All, Age: >90 Days, Having Remark Code : Yes, Site Code: All, Claims Eligible For Status Inquiry : No]

Remark Code	Remark Code Description	# of claims	% of claims
N30	Patient ineligible for this service. Start: 01/01/2000   Last Modified: 06/30/2003 Notes: (Modified 6/30/03)	4830	22.73%
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed. Start: 01/01/2000   Last Modified: 02/28/2003 Notes: (Modified 2/28/03)	4077	19.19%
N198	Rendering provider must be affiliated with the pay-to provider. Start: 02/25/2003	2717	12.79%
M80	Not covered when performed during the same session/date as a previously processed service for the patient. Start: 01/01/1997   Last Modified: 10/31/2002 Notes: (Modified 10/31/02)	2123	9.99%
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information. Start: 10/12/2001	2088	9.83%
N362	The number of Days or Units of Service exceeds our acceptable maximum. Start: 11/18/2005	1842	8.67%
M54	Missing/incomplete/invalid total charges. Start: 01/01/1997   Last Modified: 02/28/2003 Notes: (Modified 2/28/03)	1769	8.33%
M86	Service denied because payment already made for same/similar procedure within set time frame. Start: 01/01/1997   Last Modified: 06/30/2003 Notes: (Modified 6/30/03)	1369	6.44%

Total Remark Codes: 157      Page 1 2 3 4 5      Records Per Page 10      Page 1 of 16     

[Back to Search](#)

## 17. [Ticket #14741] iTech: Claim Closure | Claim is getting closed when adding an informational/Payment transaction

During one of the internal feature analysis sessions, it was noticed that the claim was getting closed automatically if the amount entered in the Add Transaction window is greater than or equal to the balance amount for Informational Payment Transaction Types from Claim Ledger.

In this version, we have changed the claim closure functionality in the claim ledger screen for informational payment transaction type. Now the user will not be able to close claims for any of the informational transactions made from the claim ledger window.

Add Transaction Details	
This transaction will not be used in the balance due calculation	
Transaction Date *	11/09/2021
Transaction Type *	Test Info
Receipt No.	Auto
Amount *	
SFS Program *	IMM - Immunizations
Notes	
Add Cancel	

Also, there was an unexpected behavior reported in the “Close Claim” checkbox in Add Transaction Window from the Claim Ledger Screen. When the claim is pending for insurance posting or waiting for the payment to be posted, the “Close Claim” option was getting enabled automatically once the user enters the amount in the Add Transaction window for Accountable - Payment and Accountable - Adjustment Transaction Types.

In this version, we have changed the functionality of the “Close Claim” option to keep it unchecked for claims that are pending for insurance/payment posting. Now when an accountable payment or adjustment payment transaction is added for pending claims, the “close claim” option will remain unchecked.

## 18. [Ticket #14807] PH: Request to extend the date range for 3 years in aging reports

In v6.0, in the ticket “[Ticket #14178] iTech: Multiple Modules | Adding Restriction on Maximum Date Range on Date Search Filters”, we had restricted the date range search criteria to 1 year or less in the Date filter for the aging reports. However, the clinic requested us to extend the date range for maximum of 3 years. In this version, we have extended the date range for 3 years. Now the user can select date range for maximum 3 years in the date filter.

While selecting the date range with the radio button, the user will be allowed to specify the dates that can be within the range of maximum of three years. If the user selects the date range exceeding three years, an alert message “Date Range should not exceed more than three years” will appear on screen to notify the user.

This enhancement is made in the following aging reports:

- 1) Aging By Program By Payer - Insurance Claims
- 2) Aging By Program By Payer - Self Pay Claims

The screenshot shows a web application interface for filtering aging reports. The 'Date Range' section is highlighted with a red box, showing the start date '08/01/2018' and the end date '11/10/2021'. A red error message box is overlaid on the interface, stating 'Date range should not exceed more than three years'. The interface includes various filter options such as 'Location', 'Payer ID', 'Insurance Type', and 'Insurance Program'. A calendar widget is visible on the right side of the interface, showing the date '10' selected.

This feature change is application to all the clinics.

## 19. [Ticket #14808] Practice Module | Filters to be added for the "Show Claim Balance" column in claim search screen



There was an internal request to add “Claim Balance” filter in the Search Claims screen.

In this version, we have added a filter “Claim Balance” in the Search Claims screen. This filter will appear in the search screen only when the “Show Claim Balance” check box is enabled. This is available under **Search >> Claims >> Show Claim Balance >> Claim Balance**. This enhancement is implemented for both Public Health and Non-Public Health accounts.

The users can now filter claim balance based on the sub- filters. This filter will now have options such as Equals, Less Than, Greater Than, and Between. By default, the “All” option will be selected in the drop-down filter. The user can select the sub-option and enter the value in the text field to fetch claims based on claim balance criteria.

Others	
Show Clone option	<input type="checkbox"/>
Diagnosis Code Version	All ▾
Site Code	All ▾
Sort By	Patient Last Name ▾ Ascending ▾
Invoice Number *	<input type="text"/>
Show Invoice Number	<input type="checkbox"/>
Show Claim Balance	<input checked="" type="checkbox"/>
Claim Balance	All ▾

Age Criteria

Search in claims received in last 15 ▾ days (Not applicable to fields marked with \*)

The Claim Balance filter is also applicable in the Saved Search feature. The user can select the drop-down option from the Claim Balance filter and save the search criteria to fetch claims based on the saved criteria.

The claims search result screen will display the criteria chosen in the Claim Balance filter.

**Claims Search Results** Print

[ Insurance Type : All, Claim Status : All, Provider : All, Referring Provider : All, Location : All, Show Other Payer ID : No, App : DD, Date : , Claim Mode: Production, Claim Close Option: No, Confidential : All, Site Code : All, SFS Program: All, Sort By: Patient Last Name(Ascending), Show Invoice Number : No, Show Claim Balance : Yes, Claim Balance Amount greater than 100 ]

				Claim ID	Batch ID	DOS	Copay	Amount	Payer Paid	Patient Paid	Claim Balance	Patient Name	Payer	Date Received	Created By	Locked By
				P 079 0474	10	1998	2021-06-04	\$0.00	\$665.00	\$471.66	\$157.22	CEWOMUH EGEH-E	84146	2021-06-07 22:55:31	Account	
				P 139 6556	02	1456	2021-02-26	\$0.00	\$834.00	\$0.00	\$129.00	GAFFLNUH KQNB	00710	2021-03-12 01:03:15	Account	
				P 057 11906	21	1832	2021-07-06	\$0.00	\$491.00	\$0.00	\$982.00	HEFZE LFOPOE	00710	2021-07-06 04:55:12	Account	
				P 165 0433	06	1826	2021-03-01	\$0.00	\$175.50		\$175.50	KBULN EGS	SELF	2021-03-12 00:42:14	Account	
				P 140 6473	03	1853	2020-11-24	\$0.00	\$533.00	\$0.00	\$533.00	KHDOHM MUZBH	00710	2020-11-24 04:42:35	Account	
				S 212 8343	06	1015	2020-11-24	\$0.00	\$533.00	\$0.00	\$533.00	KHDOHM MUZBH	52563	2021-06-03 01:55:47	PETER	
				P 055 6937	10	1549	2021-07-09	\$0.00	\$115.00	\$0.00	\$115.00	KHJHL EOXOMLH	00710	2021-07-14 02:04:30	Account	
				P 122 9674	19	1924	2021-06-21	\$0.00	\$108.98	\$108.98	\$217.96	LICMPIL LEMMOXS	52563	2021-06-25 03:17:16	Account	
				P 149 9439	02	1159	2021-05-26	\$0.00	\$95.00	\$16.13	\$161.00	NONHBSPP LBNFIDH	08202	2021-06-08 02:44:20	Account	
				P 139 8543	16	1418	2021-02-23	\$0.00	\$143.25		\$143.25	NAJOLH KQ-E	SELF	2021-03-12 00:41:57	Account	

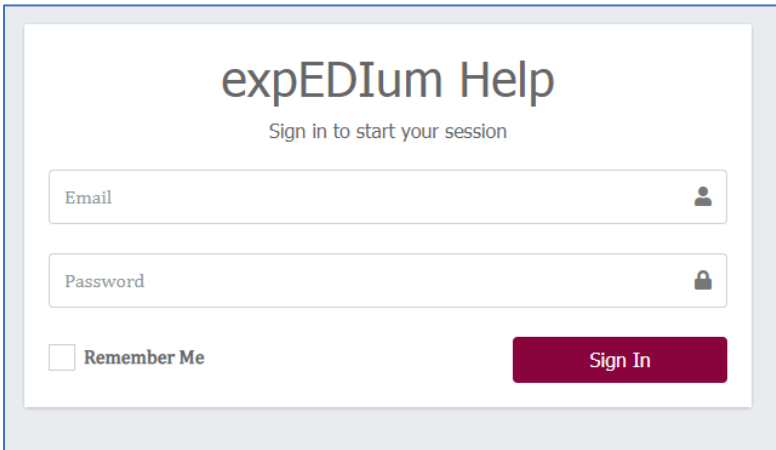
Total Claims 11      Page 1 of 2      Records Per Page 10      Page 1 of 2      Go

## 20. [Ticket #14810] PH: Help Icon | Redirecting to expEDlum User Manual

The “Help” icon beside the Log off button in the expEDlum Home page was redirecting the user to the old help page (<https://<domain-name>/eMBHelp-Provider.html>).


Now, we have a new expEDlum Help Portal. In this version, we have the expEDlum Help Portal URL (<https://help.expedium.net/login>) linked with Help icon shown in the eMB Practice, Admin and the Manager screens. Now, when the user clicks on the eMB Help icon, the page will be redirected to expEDlum Help Portal where the user can enter the registered email ID and Password and pursue the User Manual.






expEDIum Help

Sign in to start your session

Email 

Password 

Remember Me

Sign In

## 21. [Ticket #14883] MDR2: Claim Validation Edit | Change in Claim Charge/Service Line Charge Amount Limit

There was an issue reported in the Service Line charge amount and the Total Claim Charge amount in the edit claim form when the claim is sent for validation. This issue was happening only with the professional claims.

It was noticed that the claims were erred out because of the Claim Charge Range Validation Edit we have in place. We had added a CMS Edit to restrict service line charges to be in the range \$0.00 – \$99999.99 (Error Code: 5143). This edit was also applied at Total Claim Charges too (Error Code: 5142) when it was implemented. We were receiving claims having total claim charges greater than \$99999.99, and the system was giving validation error on those claims.

In this version, we have relaxed the Total Claim Charge edit to Greater than \$0.00 (from the earlier (\$0.00 – \$99999.99) and retained the Service Line edit without any changes.

The description of the error code “**5142**” is also changed from “**Claim charges should be in the range 0 - 99999.99**” to “**Claim charges should be greater than 0**” as part of this edit relaxation.

## Bugzilla List of Tickets

#	ID	Client	Ext. Ticket #	Summary	Version
1	13342	iTech	Internal	iTech: (For PostgreSQL 10.15) Rewrite Old Report SPs using optimized ways - using JSON	V6.1
2	14528	iTech	Internal	iTech: 2021-08 ER-VUL#6 - XSS   Mitigation - Source Code - Auto-Complete Off on pages with password	V6.1
3	14573	PH	900898	PH: Contract Payer Invoices   Unable to export PDF due to special Characters present in CPT Code short description	V6.1
4	14576	iTech	Internal	iTech: Aging filter in Transmission Tasks	V6.1
5	14577	iTech	Internal	iTech: Fix: Admin Module   Account Edit/List Screen - Incorrect username displayed in "Updated By"	V6.1
6	14578	iTech	Internal	iTech: Admin Module   Account ID based filter in ERA File Search screen	V6.1
7	14579	iTech	Internal	iTech: New Secondary Claim   Primary Claims Lookup Enhancements - Loader and Auto Populated DOS Range Filter	V6.1
8	14619	iTech	Internal	iTech: EDI Claim Notes   Enhancement - Supporting additional note segments (2300 Loop and 2400 Loop)	V6.1
9	14660	iTech	Internal	iTech: UI issue in expEDlum Pay (InstaMed) Online Payment Receipt	V6.1
10	14674	iTech	Internal	(Hot Patch=v6.0.1) iTech: Reports   Maximum Date Range on Non-Public Health Aging Reports	V6.0.1
11	14675	iTech	Internal	(Hot Patch=v6.0.1) iTech: Admin Module   Fix: SFS List - Print Preview Issue	V6.0.1
12	14680	iTech	Internal	(Hot Patch=v6.0.1) iTech: Multiple Screens including Patient Edit/Real time IEV screen - Wrong Updated By format causing UI issue	V6.0.1
13	14683	iTech	Internal	(Hot Patch=v6.0.1) iTech: Posting Module   Fix: Search Claim Screen - Sort By Patient First Name, Last Name not working	V6.0.1
14	14728	PH	907072	PH: Practice Analysis By Claims Report   Amount Format Issue	V6.1
15	14729	PH	905513	PH: Feature request to add Check/EFT in Report Claims By RA Date and Payer	V6.1
16	14730	MDR	Via Email	MDR: Excluding reporting codes in Search Denial Screen	V6.1
17	14741	iTech	Internal	iTech: Claim Closure  Claim is getting closed when adding an informational/Payment transaction	V6.1
18	14807	PH	907608	PH: Request to extend the date range for 3 years in aging reports	V6.1
19	14808	iTech	Internal	Practice Module   Filters to be added for the "Show Claim Balance" column in claim search screen	V6.1
20	14810	PH	-	PH: Help Icon   Redirecting to expEDlum User Manual	V6.1
21	14883	MDR	Via Email	MDR2: Claim Validation Edit   Change in Claim Charge/Service Line Charge Amount Limit	V6.1

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