

5.32 INTERMEDIATE Release Features

In preparation for the 5.32 Release in July, 2023, CareStack has implemented essential features significantly across Medical Claim Forms to enhance user experience and reduce probable instances of claim rejection. Additionally, there are a few UI modifications and inclusion of pivotal features within Clinical CareNotes as well as Production goals to enable users to save time and increase productivity.

Clinical

1. Smart Phrases

Building narratives for a successful claim submission could not get any easier for oral surgery practices!

The best part is that you need not switch between tabs anymore or lose time searching for and selecting the required portion from multiple dental narratives. You can now efficiently pre-set templates of clinical narratives within **Practice Settings** as well as have the ability to pull up a list; select the intended narrative; and incorporate it within **CareNotes** while raising insurance claims.

a. Set Up

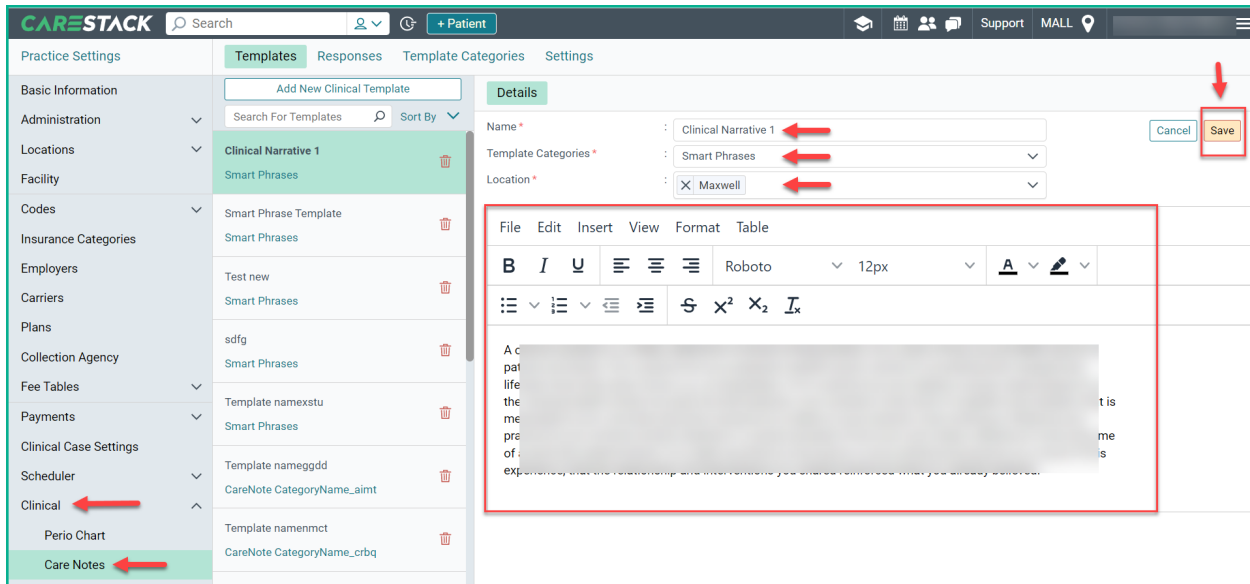
Here's a quick look at the incredible CareStack **Smart Phrases** feature integrated within the PMS to aid practices quickly set up narratives that aptly describe patient specific dental problems and procedures.

Enabling this feature within the system, lets users create and save a stock of easy-to-use, built-in narrative templates within **Practice Settings > Clinical > CareNotes** > where users need to select the **Templates** tab on the top left to get started.

Once that is done, go ahead and input a relevant **name** for the **narrative** > select **Smart Phrases** for the **category** > choose the **location(s)** from the dropdown for which the narrative should be enabled for > type in and format the body text of the descriptive paragraph(s) using **text settings** > click the **Save** button.

Note: Practices can view the newly included **Smart Phrases** category by selecting

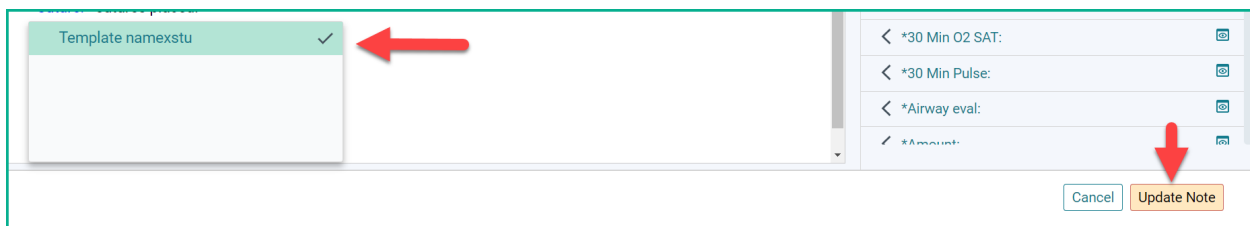
the **Template Categories** under **CareNotes** section within **Practice Settings**.



b. Execution

The advantage is that users can select from among the stock of pre-written templates **by simply typing the plus symbol +**. This will open up a **smart phrases menu** from which users can instantly **select the check mark against the desired template**.

Tip: Choose from among the preset templates available that comprises necessary information which the user is looking to incorporate into the patient's **CareNote**.



To accomplish this task, let's walk you through a familiar scenario:

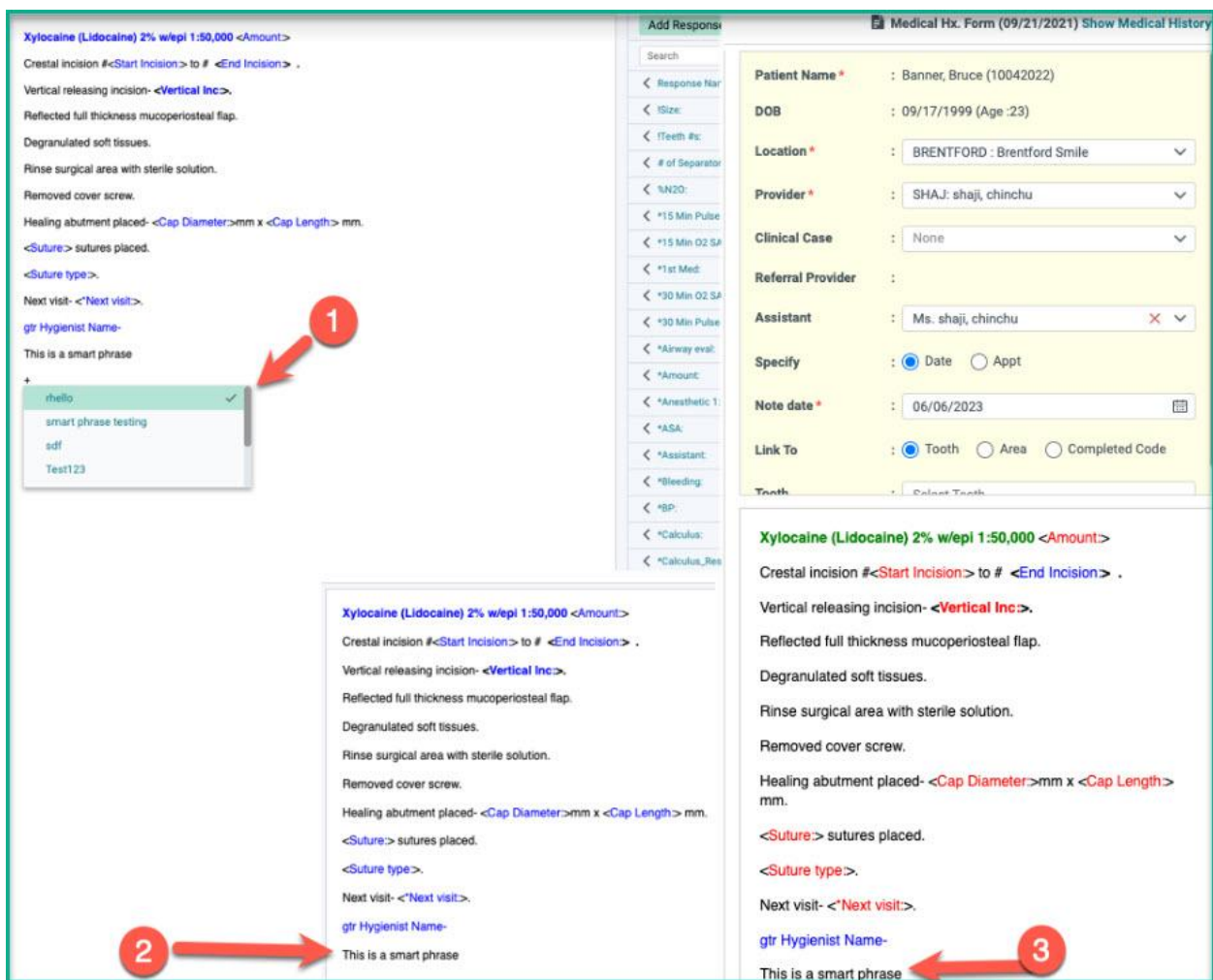
Navigate to the **Patient's Clinical Chart** > click the **+ Note** > select **Template** > **Add Note** > **Edit** > type in the **plus symbol +** > browse through the **Smart Phrases menu** and select the **check symbol** against the desired narrative > click the **Update Note** button.

Tip: The selected narrative will appear on the right of the **CareNote** slideout right below the **Carenote Properties** section.

Note: To **view and select narratives** from the **Smart Phrases** menu, make sure they are **enabled for that location**.

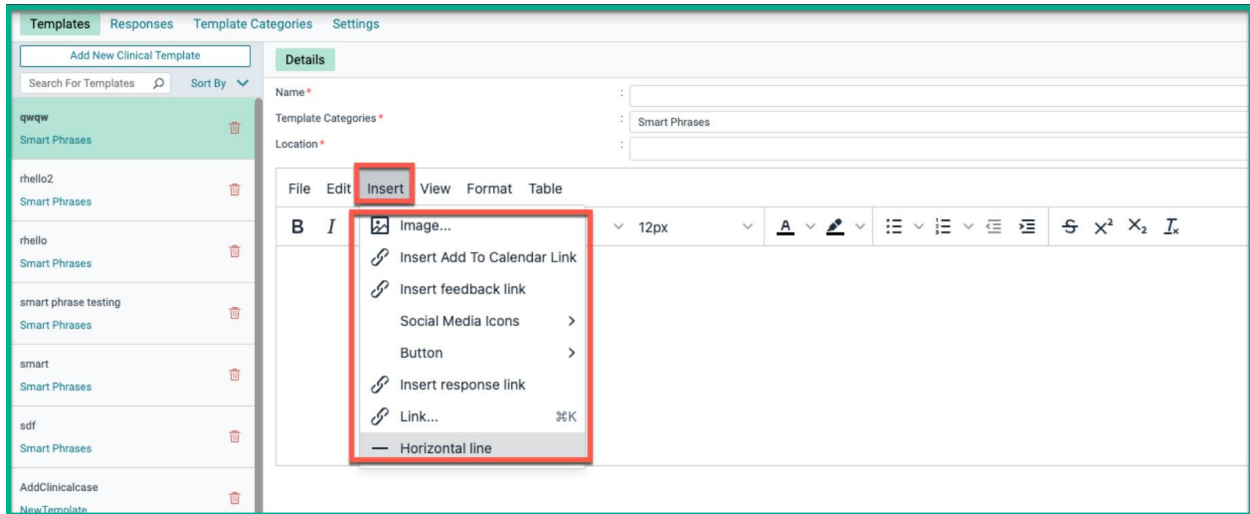
Refer to the illustration below to view the representation of the **Smart Phrases** feature:

- 1 highlights what happens when you select the + and choices for smart phrases.
- 2 demonstrates what smart phrases look like.
- 3 shows the inclusion of the smart phrase under the property section post its editing.



Note: You can also add graphics in a smartphrase.





2. Smart Answers

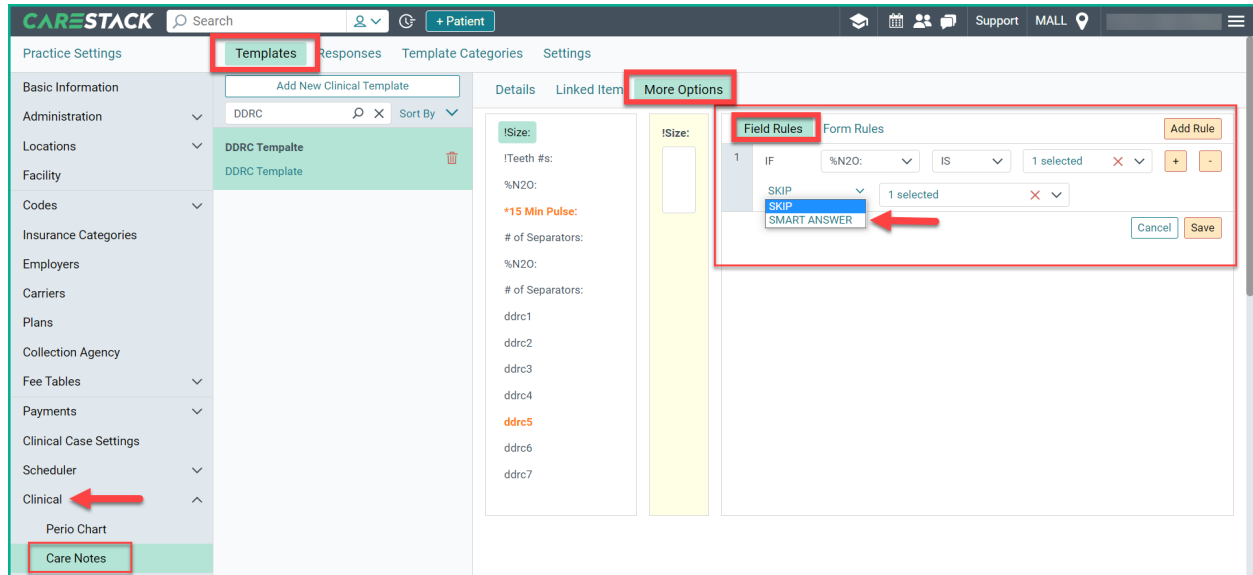
Clinical forms filled out for surgeries have been made easier! You can pre-set answers to the main clinical assessment question(s) within the **CareNotes** so that the desired option for the questions grouped under it shall be automatically selected. To have this automated, you need to select the right options for each of those questions within **Practice Settings**.

a. Set-up

For the efficient use of this functionality, it is necessary that an output is selected for the primary question which will trigger the set of questions tagged under it to be pre-populated with the expected option based on the setting.

- i. To set it up, navigate to **Practice Settings > Clinical > CareNotes > Templates** > select a **Template**.
- ii. Click on the **More options** tab > select **Field Rules**.
- iii. Set the **IF condition** with the answer for the primary question.
- iv. Select the dropdown under the **IF condition** > Choose **SMART ANSWER**.
- v. Set the answers for the sub group of questions attached to it.
- vi. Click **Save**.





b. Execution

Once you have saved the **SMART ANSWERS**, navigate to the **Patient's Clinical Chart** > click **+ Note** > select the **Template** > **Add Note**. Choose the main answer to the primary question for which the **IF condition was set**. Immediately all the sub questions tagged to the main question for which you had set the smart answer for will be auto selected.

c. Example

For Anesthetic as a smart answer: if you select no anesthetic, your rule would be **question one** is Anesthetic 1: answered no anesthetic used then **question 2** would auto answer as no anesthetic.

The screenshot displays a medical form interface. On the left, a list of questions is shown with status indicators: 'Reviewed Medical History' (X), '*Tooth/Teeth #s:' (checkmark), 'Chief Complaint' (X), '*Anesthetic 1:' (checkmark), 'Amount:' (checkmark), 'Amount_Response10:' (X), 'Composite' (X), 'Composite Materials' (X), 'Shade Of Composite' (X), 'Composite tooth #'s (with detail)' (X), '*Post TX Resp:' (X), '*Next visit:' (X), and 'Provider Name' (X). The main form area contains a checked 'Tooth/Teeth #'s-' field with a comment box, a '3 Chief Complaint' section with radio buttons for 'pain', 'Swelling', and 'Pericoronitis', a '4 *Anesthetic 1:' section with radio buttons for 'Carbocaine 3% plain', 'Citanest Plain 4%', 'No anesthetic used.' (selected), 'Xylocaine 2% w/epi 1:100,000', 'Citanest Forte 4% w/epi1:200,000', 'Marcaine.5% w/epi 1:200,000', 'Septocaine 4% w/epi1:100,000', and 'Xylocaine 2%w/epi 1:50,000', and a '5 Amount:' section with checkboxes for '1 Carpule' through '7 Carpule' and a checked 'No Anesthetic' option. A comment box is at the bottom. The right panel shows patient information: 'Patient Name *', 'DOB', 'Location *', 'Provider *', 'Clinical Case', 'Referral Provider', 'Assistant', 'Specify', and 'Note date *'. A summary panel at the bottom right lists the form's content: '<Reviewed Medical H...', 'Tooth/Teeth #'s-', '<Chief Complaint>', 'No anesthetic used.', 'No Anesthetic', '<Amount_Response...', '<Composite>', '<Composite Material...', '<Shade Of Composi...', '<Composite tooth #'s...', '<*Post TX Resp>', '<*Next visit>', and '<Provider Name>'.

Another scenario **question one** Anesthetic 1: answered as Septocaine 4% with epi 1:200,000 then the **question two** the smart answer would be set as 1 carpules. (see screenshot below)



Patient Engagement/Patient Services

1. Provider Signature

a. Save Function

CareStack has brought in a workaround for providers when it comes to signing documents. Providers can now save their signature and use it for signing the documents instead of manually signing every single doc.

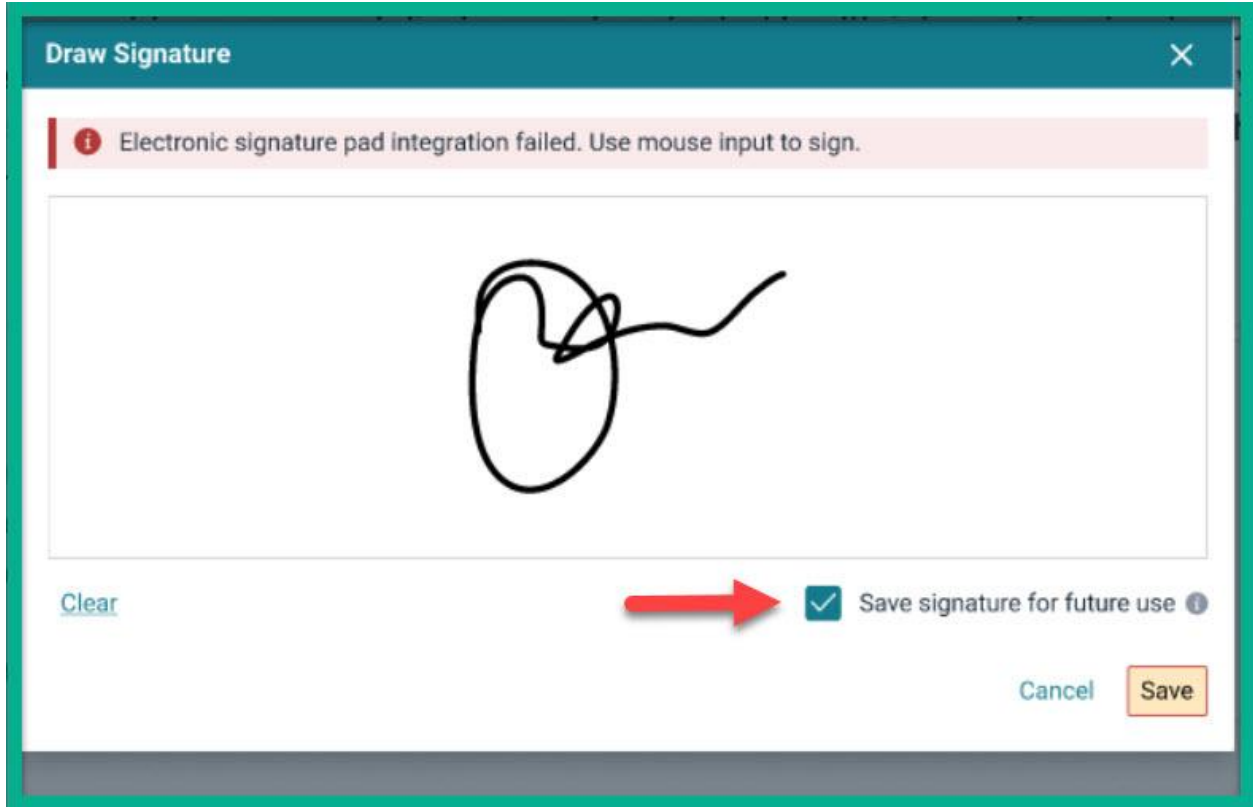
There are two ways to save your signature:



i. Navigate to **Dashboard > Lists > Pending Signature Forms**. Choose a form you want to sign. Click on the **Sign** button under **Provider Signature**.

Once you sign the form, checkmark the **'Save signature for future use'** box. Your signature will now be saved for future use in other forms, eliminating the need to sign each form manually. When unchecked, it does not save the signature.





Note: The checkbox **Save Signature for Future Use** will only appear when the logged-in user matches the provider who is signing the form.

The provider can remove the signature by clicking on the **Clear** button at the bottom left. When the next document is pulled up by the provider to sign, the saved signature will **automatically be populated**, provided that the logged-in user and the provider name match.

ii. Navigate to the **System Menu > User Settings**.

In the **Provider Signature** section, you can **Add New Signature** or remove the existing one. The saved signature will appear on the document when the provider pulls it up to sign.




Contact Details


Address : aadfasdfas
Sartell, MN - 56377

Phone :
Mobile :

[Change Email](#) [Change Password](#) [Edit](#)

Provider Signature



 Remove

Contact Details

Address : aadfasdfas
Sartell, MN - 56377

Phone :
Mobile :

[Change Email](#) [Change Password](#) [Edit](#)

Provider Signature

No signature saved

[+ Add new Signature](#)

Revenue Cycle Management

Medical Claim Form

1. When insurance is for the **self-subscriber**, patient detail segments in **claim Fields 2, 3, 5 & 6** will not be sent out in EDI and printed claim form. This is to avoid duplication as patient and subscriber details are the same in such a scenario.
Note: Users can view this information by hovering over the i icon in field 2.



View Claim : Claim #190487 | Patient: Gerrard, Alisha | Claim Status: Saved With Errors

Details **Claim Form** CDT-CPT CrossWalk Link Ref. Docs Claim History

Claim Channel : Electronic M F

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CIGNA
P.O. BOX 188037
Address 2
CHATTANOOGA TN 37422-0000

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK/UNG OTHER <input type="checkbox"/> (Medicare) <input type="checkbox"/> (Medicaid) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#)		7a. INSURED'S I.D. NUMBER (For Program in Item 1) 847287348
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Patient details will not be sent out in claim (Field 2,3,5 & 6), since the patient is a self subscriber		3. PATIENT'S BIRTH DATE 09/09/1994
5. PATIENT'S ADDRESS HV location 2460 Justin road		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No. Street) 1234 Happy Valley Rd Insured's Address Line #2
6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. RESERVED FOR NUCC USE
CITY HV location 2460 Justin Road	STATE CO	CITY Woods Cross STATE UT
ZIP CODE 84075 - 7070	TELEPHONE 84075 - 7070	ZIP CODE 84087-0000 TELEPHONE (801) 309-4137
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER 1234		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE		11. INSURED'S POLICY GROUP OR FECA NUMBER 12345 a. INSURED'S DATE OF BIRTH 06/17/1992 b. OTHER CLAIM ID OTHER CLAIM ID c. INSURANCE PLAN NAME OR PROGRAM NAME CIGNA
d. INSURANCE PLAN NAME OR PROGRAM NAME CIGNA		10d. CLAIM CODES (Designated by NUCC)
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on file DATE 03/16/2023		

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED Signature on file

13. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO If yes, complete items 9, 9a, and 9d.

Gerrard, Alisha | 03/15/2023, 3:45 AM
Saved With Errors

Claim Flag : Select Claim Flag
Enter comments here

Cancel Create Secondary Claim Put On Hold Save Save & Submit

2. Addition of a new checkbox in the Medical Claim Form at the bottom of the claim form lets you, 'Exclude Service Location while Claim Submission'. The inclusion of this option enables users to decide if field 32 needs to be submitted in the claim. **Note:** When the **Billing Provider Information in field 32** and the **Service Facility Location in field 33** are the same, this causes duplicate submission of data leading to claim rejection.

26. PATIENT'S GROUP NO. 10052130	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	28. TOTAL CHARGE \$ 45	29. AMOUNT PAID \$ 0	30. Rsvd for NUCC Use \$
32. SERVICE FACILITY LOCATION INFORMATION BARBARA : barbaraSOTA 4139 Del Dew Drive Address Line #2 Newton Falls PW 44444-4444		33. BILLING PROVIDER INFO & PH # ALTMAN: Altman, DM, David 514 S. Magnolia St.827 Shirley827 Orlando FL 32300-2222 (919) 116-1651		
a.	b.	a. 1437167376	b. OB	123456789123456

PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Exclude Service Location while Claim submission

Cancel Create Secondary Claim Put On Hold Save Save & Submit

- The Provider dropdown sorting in both Dental and Medical Claim Forms will have **inactive providers** at the bottom of the provider list assigned with a **gray inactive tag**.

The screenshot shows the 'View Claim - Claim #27998 | Patient: TEST | Claim Status: Saved' interface. The 'Claim Form' tab is active, and the '23. PRIOR AUTHORIZATION NUMBER' dropdown is open. The dropdown list contains several providers, with the last one, 'Dental Depot', highlighted in yellow and marked as 'Inactive'. A red arrow points to the 'Inactive' tag next to this provider. The interface includes various input fields for dates, provider information, and service details, along with a 'Claim History' sidebar on the right.

- The **Other Coverage** section is not mandatory and therefore requires not to be sent in the Medical Claim Form, as medical payers do not coordinate with dental insurance carriers. Hence, the Other Coverage section becomes non-mandatory when the **Billing Order** is set as **MD** i.e. when the primary insurance is **Medical** while the secondary insurance is **Dental**.

- Sorting of Codes** will be based on the descending order of the **individual Code Fee** when submitting the claim in EDI. The same will be reflected on the **print version of the claim form**.

Note: The sorting of codes will not be visible on the actual claim form.

- For a seamless user experience, CareStack has brought in the **Merge Code Functionality**. Users can make use of this feature along with the previously existing feature for **Cross Coding** of Dental Codes. Both of these are made available within

the **Take Action** button on the middle right-hand side as illustrated in the screenshot below.

The screenshot shows a web-based form for a 'View Claim : Claim #27993 | Patient: Jenny, Jenny | Claim Status: Saved'. The form is divided into several sections:

- 14. DATE OF CURRENT ILLNESS, INJURY or PREGNANCY (LMP)**: Includes date and quality (QUAL) dropdown.
- 15. OTHER DATE**: Includes date and quality (QUAL) dropdown.
- 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION**: Includes FROM and TO date pickers.
- 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE**: Includes Last Name, First Name and NPI dropdowns.
- 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES**: Includes FROM and TO date pickers.
- 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)**: Includes a text area and a 'Templates' dropdown.
- 20. OUTSIDE LAB?**: Includes YES/NO checkboxes and a \$ CHARGES field.
- 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below(24E)**: Includes dropdowns for A through L and ICD Ind.
- 22. RESUBMISSION CODE**: Includes a dropdown and ORIGINAL REF. NO. field.
- 23. PRIOR AUTHORIZATION NUMBER**: Includes a dropdown.
- 24. A DATE(S) OF SERVICE OF SERVICE**: Includes a table with columns for DATE, PLACE OF SERVICE, EMG, PROCEDURES, SERVICES OR SUPPLIES, DIAGNOSIS POINTER, CHARGES, Days OR UNITS, EPSDT Plan, Family ID, RENDERING QUAL., and PROVIDER ID. #. A 'Take Action' button is located in the rightmost column of this table.
- 25. FEDERAL TAX I.D. NUMBER**: Includes SSN, EIN, and a checkbox.
- 26. PATIENT'S GROUP NO.**: Includes a text field.
- 27. ACCEPT ASSIGNMENT? (For govt. claims, see back)**: Includes YES/NO checkboxes.
- 28. TOTAL CHARGE**: Includes a \$ field.
- 29. AMOUNT PAID**: Includes a \$ field.
- 30. Rsvd for NUCC Use**: Includes a \$ field.
- 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS**: Includes a text area and a 'Signed' field.
- 32. SERVICE FACILITY LOCATION INFORMATION**: Includes HV location, High, CO, and ZIP code fields.
- 33. BILLING PROVIDER INFO & PH #**: Includes Billing Provider Name, Address, City, State, ZIP, and Phone Number fields.

At the bottom of the form, there are buttons for 'Exclude Service Location while Claim submission', 'Cancel', 'Put On Hold', 'Save', and 'Print & Submit'. The 'Take Action' button is highlighted with a red box and a red arrow pointing to it from the right.

a. The **Take Action** button once selected will open up a modal that performs a dual purpose. It allows users the flexibility to **Cross Code Codes** as well as **Merge Codes**. Opting for **Cross Code Codes** enables users to **select Add Medical Codes** to convert dental codes into medical codes.

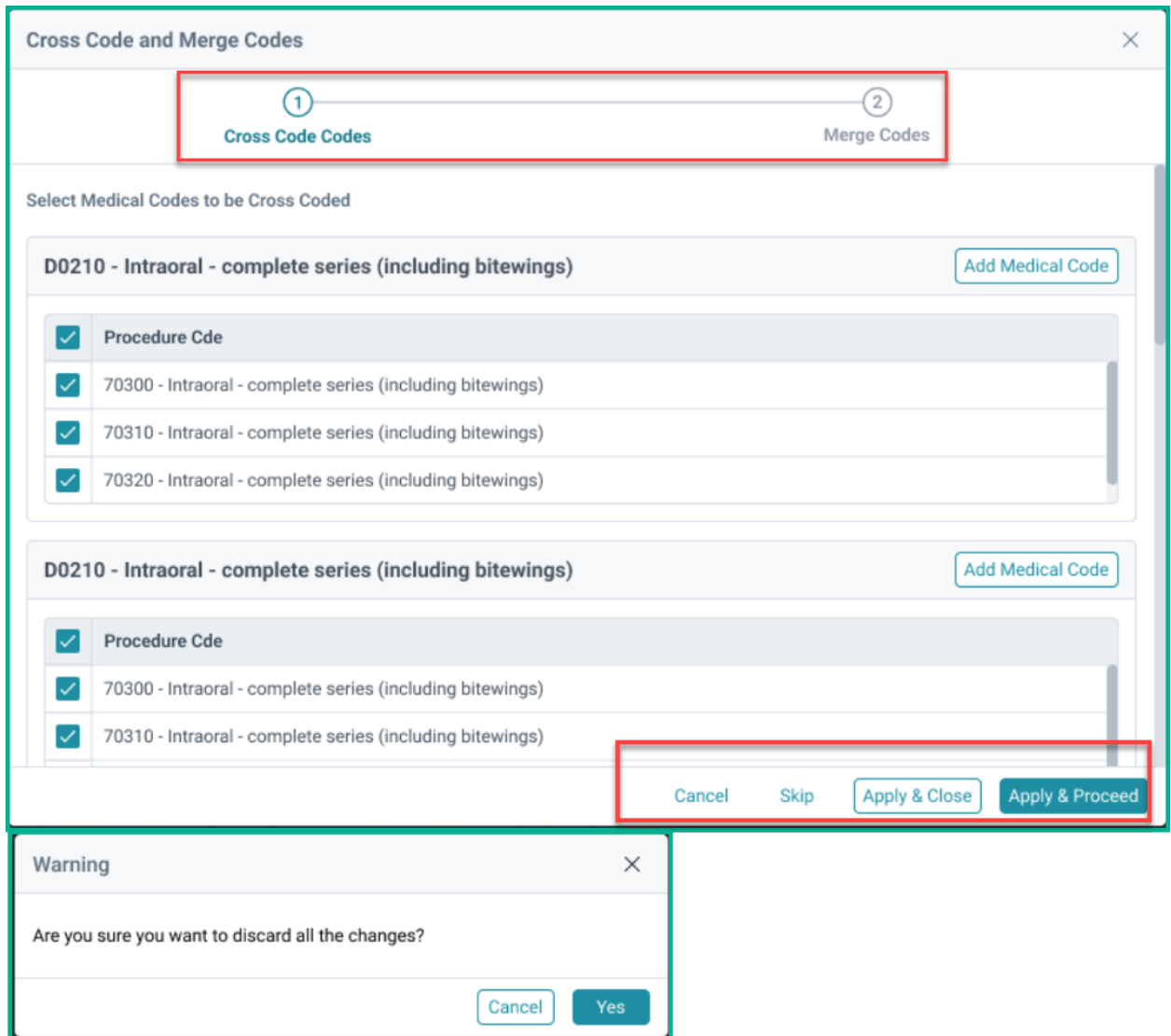
i. Choose the **Skip** functionality to proceed to the next step i.e. **Merge Codes** if you do not wish to take action on the cross coding section.

ii. Select **Apply & Proceed** to apply the cross coded process to the claim form and continue to the next step of Merging codes.

iii. There is also the option to **Apply & Close** which applies the cross code process to the claim form and closes the modal.

iv. If you choose **Cancel** it will cancel the whole process and close the

window. Selecting the cancel action with any changes done inside the modal, will be prompted with the following warning as shown below.



- b. **Merging of Codes** offers users the flexibility to merge treatment (Tx) codes that are grouped under the same criteria such as **DOS, Tooth Area, Surface,** or **ICD Codes**. Based on the requirement, you can make use of **Skip & Apply** or **Merge & Complete**. If you choose to **Cancel**, a warning modal same as the one prompted for Cross Codes Code will appear.



Cross Code and Merge Codes
✕

1
2

Cross Code Codes
Merge Codes

Select the codes that need to be merged

i Tx. Codes are grouped based on DOS, Tooth, Area, Surface, ICD Codes.

Suggested Merge Codes for D210

DOS From : 09/09/2022	Diagnostic Pointer : A
DOS To : 09/09/2022	Rendering Provider : #123456789
Place of Service : 11	

<input type="checkbox"/> Procedure Cde	Days or Units	Charges
<input type="checkbox"/> D0210 - Intraoral - complete series (including bitewings)	1	\$50.00
<input type="checkbox"/> D0210 - Intraoral - complete series (including bitewings)	2	\$50.00
<input type="checkbox"/> D0210 - Intraoral - complete series (including bitewings)	3	\$50.00

Suggested Merge Codes for D210

Previous

Cancel
Skip & Apply
Merge & Complete

- c. Once an action is performed using the **Take Action** button, you will see it replaced by the option to **Reset**. Choosing **Reset** reverts all actions that were performed via the **Take Action** button.



View Claim : Claim #27993 | Patient: Jenny, Jenny | Claim Status: Saved

Details Claim Form CDT-CPT CrossWalk Attach Documents

14. DATE OF CURRENT ILLNESS, INJURY or PREGNANCY (LMP) QUAL: <input type="text"/>		15. OTHER DATE QUAL: <input type="text"/>		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM <input type="text"/> TO <input type="text"/>	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Last Name, First Name		17a. <input type="text"/>	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <input type="text"/> TO <input type="text"/>		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 0/120		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES: 0		22. RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below(24E) ICD Ind: 0		23. PRIOR AUTHORIZATION NUMBER		24. A DATE(S) OF SERVICE OF SERVICE	
B. PLACE OF SERVICE		D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	
F. CHARGES		G. Days OR UNITS		H. EPSDT Family Plan	
I. ID. QUAL.		J. RENDERING PROVIDER ID #		Reset Tx	
02/2 02/2 11 Yes D0120 1 1 1 1 A 50000 5 NPI 1234567891		45678909876			
02/2 02/2 11 No D0120 1 1 1 1 A 50000 5 NPI 1234567891		45678909876			
25. FEDERAL TAX I.D. NUMBER SSN EIN 23-5532353 <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S GROUP NO. 41641		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
28. TOTAL CHARGE \$ 375		29. AMOUNT PAID \$ 0		30. Rsvd for NUCC Use \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) CHINCH: shaji, chinc 03/01/2023 Signed Date		32. SERVICE FACILITY LOCATION INFORMATION HV: Dental Depot of Highland Village HV location 2460 Justin Road High High CO 75077-0000 a. 75077-0000 b. <input type="text"/>		33. BILLING PROVIDER INFO & PH # Dental Depot of Highland Village 5200 S Colony Blvd PO Box 561205 The Colony TX 75056 (231) 243-2545 a. 4234234453 b. <input type="text"/>	

NUCC Instruction Manual Available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Exclude Service Location while Claim submission Cancel Put On Hold Save Print & Submit

- d. Upon selecting **Tx**, the respective modal will present a preview of the **Procedures Codes** as they were initially i.e. the status of procedure codes prior to applying the changes via **Take Action**.
 - i. Selecting **Reset** will revert the procedure codes as displayed in the **Tx (Treatment Procedure)** modal.

Treatment Procedure			
DOS From	DOS To	Procedure Code	ICD Code
05/27/2023	05/27/2023	10121 - Incision, Removal Foreign Body, Subcutns Tis...	ZZzyvb
05/27/2023	05/27/2023	10121 - Incision, Removal Foreign Body, Subcutns Tis...	ZZzyvb

Close

7. **Fee Calculation:** System automatically calculates the product of **UCR** with the **Quantity** and therefore populates the **Charges** field. As for **Total Charges**, it will display the total of the individual charges.

View Claim : Claim #238914 | Patient: COB-pat | Claim Status: Saved

Details Claim Form CDT-CPT CrossWalk Link Ref. Docs

Claim Channel : Electronic

0/80

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below(24E) ICD Ind : 0

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
05/24	81	No	D0003	X A	5.00	1		NPI	1254453453
05/24	81	No	D0003	X A	15.00	1		NPI	1254453453
05/24	81	No	D0003	X A	25.00	1		NPI	1254453453

25. FEDERAL TAX ID. NUMBER: 59-3408806

26. PATIENT'S GROUP NO.: 10052130

27. ACCEPT ASSIGNMENT (For gov. claims, see back): YES NO

28. TOTAL CHARGE: \$ 45

29. AMOUNT PAID: \$ 0

30. Rvd for NUCC Use

8. **The Diagnosis Pointer fields** which are relatable to **Field No 21: Diagnosis or Nature of Illness or Injury** have been made editable. This allows users to configure any value from field 21 against this Diagnosis Pointer making use of the respective drop-down action.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below(24E) ICD Ind : 0

A. S03.4XXA X B. S03.2XXA X C. D. E. F. G. H. I. J. K. L.

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER
02/2	11	No	D0120	A X
02/2	11	No	D0140	B... X

9. Users have the flexibility to pre-set **Qualifier** within the Medical Claim Form to reflect accordingly in **Field No:14**. Once a Qualifier is set, the corresponding **Date of Current Illness, Injury or Pregnancy** becomes **mandatory**.

To configure the same, navigate to **Practice Settings > Payments > Claim Form Defaults > Medical > Edit** > Select the relevant option from the dropdown for **Qualifier for Date of Current Illness, Injury, or Pregnancy** > This will auto trigger the **Date of Current Illness, Injury or Pregnancy** for you to select the desired option > click **Save**.

The screenshot shows the 'Practice Settings' interface for 'Medical Claim Defaults'. The 'Payments' section is expanded to 'Claim Form Defaults'. A dropdown menu is open for 'Qualifier for Date of Current Illness, Injury, or Pregnancy', showing options: '431 - Onset of Current Symptoms or Illness' and '484 - Last Menstrual Period'. A red box highlights this dropdown. An inset window shows a 'View Claim' form for claim #27993, with field 14 highlighted, showing a date picker and a 'QUAL' dropdown menu.

This close-up shows the dropdown menu for 'Qualifier for Date of Current Illness, Injury, or Pregnancy'. The selected option is '431 - Onset of Current Symptoms or Illness'. Below it, another dropdown menu is open for 'Date of Current Illness, Injury, or Pregnancy', showing options: 'Select', 'Date of Service', and 'Date of Birth'. A red box highlights the entire area.

Reporting and Analytics

1. Practices can now decide whether to keep the monthly provider goal fixed or flexible. Navigate to **Dashboard > Production Goals**. Choose the provider for whom you want to make the edits. Choose the day on which you want to change the **Production Goal**.

The screenshot shows a calendar interface for Nelson, Yvette - HYG, a Dental Hygienist. The calendar displays production goals for each day of the month. A modal window is open for June 6, 2023, with the following details:

- 06 June 2023**
- Mark as non-working day
- Production Goal : 576
- Daily Working Hours : 8 Hours 0 Minutes
- Keep Monthly Provider Goal Fixed
- Buttons: Cancel, Save

The calendar data is as follows:

	SUN	MON	TUE	WED	THU	FRI	SAT
28		29	30	31	1 8 H	2 8 H	3 8 H
					\$576.00	\$576.00	\$576.00
4	4	5 8 H	6 8 H	7 8 H	8 8 H	9 8 H	10 8 H
	Non-Working Day	\$576.00	\$576.00	\$700.00	\$576.00	\$576.00	\$576.00
11	11	12 8 H	13				17 8 H
	Non-Working Day	\$576.00	\$576.00				\$576.00
18	18	19 8 H	20				24 8 H
	Non-Working Day	\$576.00	\$576.00				\$576.00
25	25	26 8 H	27 8 H	28 8 H	29 8 H	30 8 H	1
	Non-Working Day	\$576.00	\$576.00	\$576.00	\$576.00	\$576.00	

Assuming that you checked the **'Keep Monthly Provider Goal Fixed'** box. There are three scenarios that can happen. Let's go through each one of them.

- In the monthly calendar, if the production goal is **increased** for future days and the total production goal for the modified days is less than the total production goals for the remaining days, then the goal is **decreased for the remaining days** accordingly to **keep the total monthly goal fixed**.



	SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	9 H	2	9 H
19.55	19.55	19.55	19.55	19.55	19.55	19.55	Non-Working Day
4	5	7 H	6	9 H	7	9 H	8
Non-Working Day	\$15.20	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	Non-Working Day
11	12	7 H	13	9 H	14	9 H	15
Non-Working Day	\$15.20	\$19.55	\$19.55	\$19.55	\$30.00	\$19.55	Non-Working Day
18	19	7 H	20	9 H	21	9 H	22
Non-Working Day	\$500.87	\$16.12	\$20.66	\$20.66	\$20.66	\$20.66	Non-Working Day
25	26	7 H	27	9 H	28	9 H	29
Non-Working Day	\$16.07	\$20.66	\$20.66	\$10.00	\$20.66	\$20.66	1

	SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	28	1	9 H	2
19.55	19.55	19.55	19.55	19.55	19.55	19.55	Non-Working Day
4	5	7 H	6	9 H	7	9 H	8
Non-Working Day	\$15.20	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	Non-Working Day
11	12	7 H	13	9 H	14	9 H	15
Non-Working Day	\$15.20	\$19.55	\$19.55	\$19.55	\$30.00	\$19.55	Non-Working Day
18	19	7 H	20	9 H	21	9 H	22
Non-Working Day	\$501.32	\$16.70	\$21.25	\$21.25	\$21.25	\$21.25	Non-Working Day
25	26	7 H	27	9 H	28	9 H	29
Non-Working Day	\$16.93	\$21.25	\$21.25	\$5.00	\$21.25	\$21.25	1

- b. In the monthly calendar, If a day(s) is marked as a **non-working day** or the production goal is reduced, then the production goals for the current day to the last working day of the month will be increased accordingly on the basis of working hours to keep the monthly provider goal constant.
- c. In the monthly calendar, if the production goal is increased for future days and the **total production goal** for the modified days is more than the total production goals for the remaining days, then the fixed button is overridden, and the total monthly goal is increased to the new value.

2. Yet another incredible helpful update CareStack implemented in the analytics module is that users can now set the location and **provider goals for the current month** even after the month has begun.



Click on **Edit Monthly Provider Goal** and update the entries. A warning will pop-up when you click on **Save Goal**. Click on **Update Provider Goal**.

Users can also edit the **goals for past days** even after the month has begun.

Note: This is valid **only for the current month**. Past month's location goals and daily goals will not be editable.

