

## **Version History for ANSI Modules**

### **Version 12.04 10/26/07**

#### **All Modules**

**11360** – Loop 2300, Segment AMT was not always being created. The segment is now created if the following conditions are met:

- Insurance Carrier, Type is Medicare
- Provider, Medicare Participating is not checked
- Case, Assignment of Benefits/Accept Assignment is not checked

**11667** – The fifth REF segment of Loop 2010AA was not sending when the calculated qualifier in REF01 was the same as the qualifier in the first REF segment even though the values in REF02 were different. The program now creates the fifth REF segment if the calculated qualifier in REF01 is the same as the qualifier in the first REF segment as long as the values in REF02 are different.

**11689** – When present, Loop 2430, Segment CAS included trailing asterisks that would cause rejections. The asterisks have been removed.

**11849** – The EDI data files are now located under the following default location:  
C:\Medidata\Practice Name\Module Name\EDI. If your practice name is Smith and the module is AVAP, the EDI files will be in C:\Medidata\Smith\AVAP\EDI.

#### **CIGN**

**12001** – The payer is requiring the User Name to go in EDI Receiver, Submitter ID 1 and the File Name (without the .x12 extension) in EDI Receiver, Submitter Password 1. Then when you transmit claims, it will ask for the user name and password.

#### **Claims Manager**

**11499** – A progress window now appears when transmitting claims and receiving reports.

#### **Phoenix BB**

**11841** – When downloading reports, users on Vista were receiving an error, Getting Wrong Number of Arguments. The problem has been fixed.

### **Version 12.03 09/07/07**

#### **All Modules**

**11343** – Users who are on Windows Server 2003 were experiencing problems sending claims. They were getting the error “File Access Denied.” The problem has been fixed.

#### **AVAP**

**11384** – Changed Loop 1000A NM109 to pull the value in Insurance Companies, EDI/Eligibility tab, Submitter ID field. If there is no value in that field, it pulls the value in EDI Receivers, ID tab,

Submitter Password 1. The Submitter ID field is for Noridian Medicare customers who need to enter a unique clinic-level Submitter ID.

**11645** – Users were unable to upload more than one claim file to Availity because the program names all the XMT files the same. Changed the program to name the XMT files dynamically so users can upload multiple claim files.

### **AVAP, Claims Manager, GPNT, and Phoenix**

**11428** – Changed the REF segments of Loops 2010AA, 2010AB, and 2310B to pull the Payee Number field from the Providers, Default PINS tab when sending claims for Illinois Medicaid.

### **Phoenix Dial-Up**

**11647** – The clearinghouse began storing ERA files in a new directory, so users were not getting their ERA files when they clicked Electronic Remittance in the Phoenix dial-up module. The program has been changed to access the new directory for ERA files at the clearinghouse.

### **Remittance**

**7522** – If there is a crossover payer designated in the remittance file, the program will display the crossover payer name on the remittance reports.

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## **Version 12.02 07/20/07**

### **All Modules**

**9612** – The Remittance Tracking window has been resized to fit the information in the window.

**10468** – Some modules were posting blank reports, and the program failed when trying to convert them. The program has been modified to accept blank reports.

**10606 and 10616** – There was a transmission error when downloading reports. It occurred when the program attempted to convert reports to a viewable format. The problem has been fixed.

**11251** – Increased the number of stored reports from 10 to 50.

### **Phoenix Broadband**

**10839** – A communication error, Error: File not sent, was occurring. The problem was fixed by MedAvant.

### **Remittance**

**10408** – A 7057 error was occurring when posting an ERA file with takebacks. The problem has been fixed.

**10712** – There was a problem when posting reversals items with no entry numbers. The problem has been fixed.

**11113** – Changed the program to populate the adjustment and payment date fields in the Deposit List and Transaction Entry with the same date as the deposit from the 835 file.

## **WPS1**

**10580** – There was an error in the scripting from WPS1 when downloading reports. The problem has been fixed.

## **Version 12.01 06/13/07**

### **All Modules**

**10601** – For secondary claims, the program sends the Coordination of Benefits Payer Paid Amount AMT segment of Loop 2320 whenever a payment is applied. Previously the program would not send the segment when a zero dollar payment was applied. It now sends the segment as long as a payment has been applied.

**10798** – For Medicare Secondary claims, the program sends nothing in 2000B SBR03.

**10799** – For Medicare Secondary claims, the program sends 47 if the Case, EDI tab, Insurance Type Code field is a 0.

**10815** – For group claims, the program sends only group NPI numbers in the applicable NM1 and REF segments of 2010AA and 2010AB.

### **CIGN**

**10592** – The module was not uploading claims. The problem has been fixed.

### **GPNT**

**10863** – If the program tries to create a second REF segment with the same value in REF02 in Loops 2010AA, 2010AB, 2310B, 2310C, 2310D, 2310E, 2420A, or 2420B, the identical REF segment will not be sent.

### **INET**

**10797** – The program was having a problem connecting to the BBS. The problem has been fixed.

### **Phoenix**

**10502** – Fixed the error “A matching REC file could not be found.”

### **TNBB**

**9255** – The program no longer sends the taxonomy segment (PRV) in Loop 2000A for payer ID 00390. It still sends the PRV segment in Loop 2310B.

### **UHIN**

**10402** – The program sends the CLIA number REF segment in Loop 2300 for payer ID HT000004-001.

### **WMSC**

**9590** – The module can create a file for manual upload to new processing system.

**Version 12.00 04/02/2007**

Initial Release