



CGM LYTEC User's Guide

December 2024

CGM LYTEC

Practice Management and EHR

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Preface

Where to Find Help

Online Help

Access the online Help screens to find detailed information on each feature in CGM LYTEC. Online Help is available in two different ways:

- **Context-Sensitive Help:** For help in a particular part of CGM LYTEC, click the area for which you need help and press F1. The help topic for that area will appear.
- **Main Help File:** To access the main help file, click Help and Help Topics. The main help file will appear displaying the Contents tab. Use the Contents tab to view categorized topics for CGM LYTEC. Use the Index and Search tabs to find out additional or specific information about CGM LYTEC.

Training

There are various training options available. Please contact your local Value-Added Reseller or the CGM LYTEC Sales Department at 800-333-4747 for information concerning these options.

Independent Value-Added Resellers

There are Value-Added Resellers in your market area who are knowledgeable and efficient in selling, installing, troubleshooting, and supporting your CGM LYTEC program. You can contact the CGM LYTEC Sales Department at 800-333-4747 for the name of a qualified Value-Added Reseller in your area to give you hands-on help.

Technical Support

Call Support at (800) 895-6700 between the hours of 8:00 a.m. and 8:00 p.m Eastern Standard Time.

Chapter 1 - CGM LYTEC at a Glance

This chapter provides a brief overview of the setup and use of CGM LYTEC, in the general order in which you will want to set up your practice. For instance, you will first want to enter the basic information on your practice, such as name and address, and then you'll move on to entering information on the physicians in your practice (providers), the insurance companies, and then diagnosis and procedure codes.

More detail for each of these processes is provided in the following chapters of this guide.

What is CGM LYTEC?

CGM LYTEC is a practice management system that enables you to manage the scheduling, billing, and revenue management of your practice. CGM LYTEC will accurately capture all of the data required to process patient visits, including

- track patients, physicians, insurance companies, and facilities
- schedule appointments
- enter charges and payments
- process claims
- report on the state of your practice

Your workstation login must be either part of the Windows Admin group or Power Users group to use CGM LYTEC.

Setting up Your Practice Overview

To begin using CGM LYTEC, define demographic information for your practice, such as the address and phone number. Information from the Practice screen appears in reports, statements, and insurance claims.

The screenshot shows a software window titled "Practice Information" with three tabs: "Practice Settings", "Practice IDs", and "Practice Pay To". The "Practice Settings" tab is active. It contains three main sections: "Practice", "Claims", and "Reporting".

Practice Section:

- Practice Name: Centertown Offices
- Address 1: 123 Professional Avenue
- Address 2: Suite 146
- City: Salt Lake City
- State: UT
- ZIP Code: 84124
- Telephone: (801) 555-4444
- Ext:
- Fax: (801) 555-4445
- Email:

Claims Section:

- Practice Type: ☒ Individual ☐ Group Practice
- Entity Type: ☒ Person ☐ Non-Person

Reporting Section:

- Bank Account: XX-525-985244
- Sales Tax Rate: 0.000 %
- New Rate: //
- Effective Date: //
- Old Tax Rate: 0.000 %
- Practice Type: Solo Practice
- Practice Category: Medical

On the right side of the window, there are "OK" and "Cancel" buttons.

Figure 1. Practice screen

Use the Providers screen to establish a record of information for each physician. The system uses some of this information when insurance claims are submitted.

Providers

Provider Code:

Provider Information | Provider IDs | Custom Fields

Provider

Full Title:

Last Name:

First Name:

Middle Name:

Address 1:

Address 2:

City:

State: ZIP Code: -

Telephone: Ext:

Fax:

Main Phone:

Mobile Phone:

Pager Phone:

Other Phone:

Home Email:

Work Email:

Reference

Social Security #:

Tax ID:

State License:

Specialty License:

DEA Number:

UPIN:

Claim

☐ Hospice Employed

☒ Medicare Participating Provider

☒ Allow Eligibility Verification

☐ Signature on File

Default Location Code:

New

Save

Delete

Close

☐ Inactive

Figure 2. Providers screen

The Referring Physicians screen contains information about the physicians to whom you might refer patients. Some of the information from referring physician records is used to submit claims.

Referring Physicians

Ref Physician Code: JONES

Referring Physician Information | Referring Physician IDs | Custom Fields

Full Title: Dr. Indy N. Jones

Last Name: Jones

First Name: Indy

Middle Name: N

Address 1: 123 Temple Drive

Address 2:

City: Raidersville

State: NY ZIP Code: 64565

Telephone: () - Ext:

Fax: () -

Main Phone: () -

Mobile Phone: () -

Pager Phone: () -

Other Phone: () -

Home Email:

Work Email:

New

Save

Delete

Close

☐ Inactive

Figure 3. Referring Physicians screen

Use the Insurance Companies screen to establish a record of information for each insurance company.

The screenshot displays the "Insurance Companies" window. At the top, there is a search bar for "Insurance Code:" with the value "5STAR0000" and a magnifying glass icon. Below this are three tabs: "Information", "Claims", and "Custom Fields". The "Information" tab is active, showing a form with two main sections: "Carrier" and "Additional".

Carrier Section:

- Name: 5 Star Life Ins Co
- Address 1: 909 N. Wash Street
- Address 2: (empty)
- City: Alexandria
- State: VA ZIP Code: 22314 - (empty)
- Telephone: (800) 776-2322 Ext: (empty)
- Fax: () - (empty)
- Email: (empty)
- Type: Commercial (dropdown menu)
- Fee Schedule Type: (empty)

Additional Section:

- ☐ Send Ordering Provider in Loop 2420E
- ☐ Send Practice Taxonomy in Loop 2000A
- Accept Assignment: Y-Yes (dropdown menu)
- Insurance Category 1: (empty)
- Insurance Category 2: (empty)
- Insurance Category 3: (empty)
- EDI Special Processing Agreement: ☐
- ERA Match ID: (empty)

On the right side of the window, there are navigation buttons: "New", "Save", "Delete", "Required Fields...", and "Close". At the bottom right, there is an "Inactive" checkbox.

Figure 4. Insurance Companies screen

Use the Facilities screen to establish a record of information for facilities, such as labs that your practice works with.

Facilities

Facility Code:

Facility Information | Facility IDs | Custom Fields

Full Title: Fax:

Last Name:

First Name:

Middle Name:

Address 1:

Address 2:

City:

State: ZIP Code: -

Telephone: Ext:

New
Save
Delete
Close

☐ Inactive

Figure 5. Facilities screen

The Patients screen is the main space for entering/editing patient information. Several tabs provide fields to enter complete information so that tracking patient care, as well as submitting and processing claims, is simple and reliable.

Patients - Steve Lyashtuck

Patient Chart: 0000000100

Responsible Party: <Self>

Claim Information | Diagnosis/Reminders | Contacts | Appointments | Patient Images | Custom Fields

Patient Information | P=National Mutua... | Secondary Insurance | Tertiary Insurance | Associations

Last Name: Lyashtuck
 Suffix:
 First Name: Steve
 Middle Name:
 Nickname:
 Address 1: 123 Bradford Way
 Address 2: Apt 12
 City: Hollywood
 State: CA ZIP Code: 12345 - 6789
 Home Phone: (808) 555-4444
 Work Phone: (808) 555-5555 Ext: 100
 Mobile Phone: (808) 555-1234
☒ Bill patient automatically
 Social Security: 123-45-6789
 Sex: Male Birth Sex:
 Race:
☐ I - American Indian or Alaska Native
☐ A - Asian
☐ B - Black or African American
☐ P - Native Hawaiian or Other Pacific Islander
☒ W - White
☐ E - Other
☐ 7 - Declined
 Ethnicity: N - Not Hispanic or Latino
 Language: English
 Marital Status: Single
 Co-pay: \$10.00
 Home Email: stevel@email.com
 Patient Code: HMOPA0000
 Patient Type: ESTAB0000
 Birth Date: 07/04/1943 78 years, 2 months
 New Patient Date: 08/12/2003 18 years, 0 months

Number of Visits Allowed/Used: P = 0 S = 0
 Primary Insurance Balance: \$97.00
 Secondary Insurance Balance: \$0.00
 Tertiary Insurance Balance: \$0.00
 Prepayment Balance: \$0.00
 Patient Balance: \$40.00
 Next Appointment: 09/09/2021
 Previous Appointment: 08/04/2021

Buttons: New, Save, Delete, Responsible Party..., Patient, Family, Patient Ledger, Edit Patient Notes..., A/R Mgmt Notes..., Print, Get Card Data..., Save and Query, CONNECTION Prefs, Close, Inactive, Do Not Perform Account Balance Calculation, Calculate Now

Figure 6. Patients screen

Scheduling Appointments Overview

Scheduling appointments is simple using CGM LYTEC's integrated appointment scheduling feature.

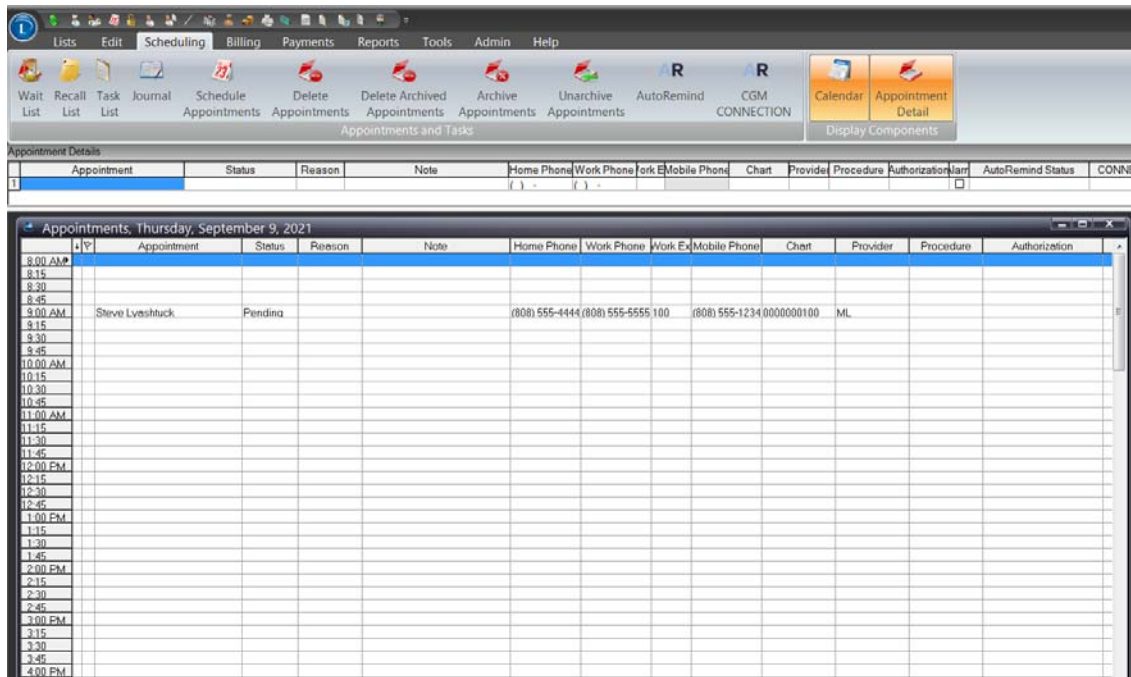


Figure 7. Appointments screen

Entering Charges

You enter charges on the Charges and Payments screen. Here is where you enter what procedures were performed for tracking and billing purposes.

Charges and Payments

Billing Information

Patient Chart: 0000000100 Lyashtuck, Steve

Billing: 36 Created: 09/09/2021

Provider: ML Co-Pay: \$10.00

Location: Facility:

A/R Status: Billing Status:

Pending Transactions:

Next Appointment: 09/09/2021

Bill To:	Bill	First Bill...	Last Bill...
Patient	☒		
National M...	☒		
Secondary...	☐		
Tertiary Ins...	☐		

Detail Items: ☐ Show item payments

Print	Pmt	Date From	Date To	Provide	Diagnosis	TX Code	M1	M2	PoS	Amount	Units	Extended	Expected	Ppy
☒		09/09/202	09/09/202	ML						0.00	1.00	0.00	0.00	

Provider: Dr. Michelle Lynn Code: (None selected) Tax: \$0.00

Diagnosis: (None selected) Reference: (None specified) Tax Paid: \$0.00

Patient Portion: \$0.00

Insurance Portion: \$0.00

Billing Balance: \$0.00

Prepay Balance: \$0.00

Account Balance: \$137.00

Billing Detail Print New Save Close Window Reset Office Pay

Figure 8. Charges and Payments screen

Entering Payments from Patients

You enter payments from patients using the Apply Patient Payment routine. Use the first screen to enter the payments.

This wizard will help you post a patient payment quickly and easily.

Enter payment and code information, then click Next.

From:

- ☒ Patient: 0000000100
- ☐ Guarantor:
- ☐ Include all family members

Prepayment information

Prepay Total: \$0.00

Prepay Balance: \$0.00

Payment information

Payment date: 09/09/2021

Reference:

Payment amount: \$100.00

☐ Show zero and negative balance billings

Codes

Patient payment: CASH

Write-off: FWO

Sales Tax Payment: STP

Select Prepay... eView Office Pay < Back Next > Post Close

Figure 9. Apply Patient Payments screen - Enter Payments

Use the second screen to apply the payments to specific charges.

Prepay Amount: \$0.00 Prepay Unapplied: \$0.00 Amount: \$100.00 Unapplied: \$100.00

To apply payments at a billing level, enter information here:

Chart	Billing #	Date	Charges	Payments	Apply	Write-Off	Prepay	Balance
0000000100	13	08/12/2003	47.00	0.00				47.00
	16	08/16/2003	47.00	0.00				47.00
	33	06/18/2020	25.00	0.00				25.00
	34	09/24/2020	18.00	0.00				18.00

To apply payments at an item level, enter information here:

Chart	Billing #	Date	TX Code	Charge	Payments	Apply	Write-Off	Prepay	Balance
0000000100	13	08/12/2003	99213	47.00	0.00				47.00
	16	08/16/2003	99213	47.00	0.00				47.00
	33	06/18/2020	97010	25.00	0.00				25.00
	34	09/24/2020	90718	18.00	0.00				18.00

Patient: Steve Lyashtuck Code: 99213, Office Visit Level 3

Billing Detail

Select Prepay... eView < Back Next > Post Close

Figure 10. Apply Patient Payments screen - Apply to Charges

Entering Payments from Insurance Companies

Use Apply Insurance Payments to enter and apply payments from insurance companies to specific charges. Use the first screen to enter the payments.

This wizard will help you post an insurance payment quickly and easily.

Enter payment and code information, then click Next.

Payment information

Payment date: 09/09/2021

Reference:

Amount: \$0.00

Total charge backs: \$0.00

Total payments: \$0.00

☐ Show zero and negative balance billings

☐ EFT Payment

Codes

Primary payment: PIP

Secondary payment: SIP

Tertiary payment: TIP

Partial primary payment: PPIP

Partial secondary payment: PSIP

Partial tertiary payment: PTIP

Write-off 1: WO

Write-off 2: WO

Charge back: ICB

< Back Next > Navigate Post eView Close

Figure 11. Apply Insurance Payment screen - Enter Payments

Use the second screen to apply the insurance payment to specific charges.

Apply Insurance Payment

Patient: 0000000100 Lyeshtuck, Steve Ins 1: NM National Mutual Amount: \$0.00

Insurance: NM National Mutual Ins 2: [None] (None selected) Unapplied: \$0.00

Ins 3: [None] (None selected)

To apply payments at a billing level, enter information here:

Billing #	Date	Charges	Payments	Apply	Part	Write-Off 1	Write-Off 2	Balance
13	08/12/2003	47.00	0.00	☐				47.00
16	08/16/2003	47.00	0.00	☐				47.00
33	06/18/2020	25.00	0.00	☐				25.00
34	09/24/2020	18.00	0.00	☐				18.00

To apply payments at an item level, enter information here:

Billing #	Date	TX Code	Units	Charge	Payments	Apply	Part	Write-Off 1	Write-Off 2	Expected	Balance
13	08/12/2003	99213	1.00	47.00	0.00	☐				45.53	47.00
16	08/16/2003	99213	1.00	47.00	0.00	☐				45.53	47.00
33	06/18/2020	97010	1.00	25.00	0.00	☐				0.00	25.00
34	09/24/2020	90718	1.00	18.00	0.00	☐				0.00	18.00

Insurance: Primary Code: 99213, Office Visit Level 3

Billing Detail

< Back Next > Navigate Post eView Close

Figure 12. Apply Insurance Payment screen - Apply to Charges

Reports

CGM LYTEC offers a rich list of reports to manage office functions and analyze your practice's performance. These include summary reports by month and year, aging reports, an audit trail that shows activity in the practice, various list reports specific to patients, custom reports, and label printing capability.

Chapter 2 - Navigating in CGM LYTEC

This chapter provides an overview of basic navigation in CGM LYTEC, including a brief description of menu options.

There are nine tabs available in CGM LYTEC, each one containing menu options associated with the tab.

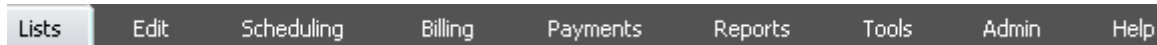


Figure 13. CGM LYTEC tabs

Clicking a tab will display the options for that tab, stretching across the display.

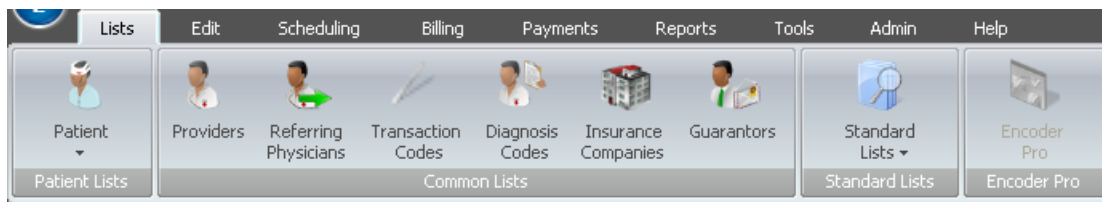


Figure 14. Lists tab with menu displayed

Lists Tab



Figure 15. Lists menu

Patient Lists Group - Patient Drop-Down Menu

Element/Command	Definition/Function
Patients	Opens the Patients screen with the last accessed patient displayed. For more information on the Patients screen, see “Patients” on page 81 .

Merge Patients	Opens the Merge Patient feature, which will allow you to merge two patient records.
Hold Codes	Opens the Hold Code screen. Use the Hold Codes screen to display message boxes when scheduling appointments for a patient. You can use these for a variety of purposes, such as notifying you of the patient's co-pay amount.
Notes Reminder	Opens the Notes Reminders screen. Use Notes Reminders to remind you when patient notes have been added to a patient record.
Patient Codes	Opens the Patient Codes screen. Use Patient codes to categorize patients into groups, for reporting and sorting purposes.
Patient Types	Opens the Patient Types screen. Create different types for patients so that you can categorize them for reporting purposes.
Default Patients	Opens the Default Patient screen, which you can use to specify default values on the Patient Entry screen when you create a new patient. This feature can save you data entry time if certain fields are always the same when you create patient records.
List Family Members	Opens the List Family Members screen, which allows you to see all the members in a family.
EDI Notes	Opens the Select Patients screen initially and highlights the last patient who was accessed. After you select a patient, the EDI Notes screen for that patient will open. Use this screen to attach extra information to the claims submitted for the patient.
Patient Notes	Opens the Find Patient screen and highlights the last patient who was accessed.
Delete Inactive Patients	Opens the Delete Inactive Patients screen, which allows you to purge inactive patients from the practice.
Archive Inactive Patients	Opens the Archive Inactive Patients screen, which allows you to archive inactive patients. Archiving allows for later retrieval. For more information, see "Inactive/Archived Patients" on page 156.
Unarchive Inactive Patients	Opens the Unarchive Patients screen, which allows you to retrieve archived patients.
Delete Archived Patients	Opens the Delete Archived Patients screen, which allows you to delete archived patients.

Common Lists Group

Element/Command	Definition/Function
Provider	Opens the Provider screen. For more information, see “Provider Information” on page 59 .
Referring Physicians	Opens the Referring Physicians screen. For more information, see “Referring Physician Information” on page 61 .
Transaction Code	Opens the Transaction Code screen. For more information, see “Transaction Codes” on page 63 .
Diagnosis Code	Opens the Diagnosis Code screen. For more information, see “Diagnosis Codes” on page 68 .
Insurance Companies	Opens the Insurance Company screen. For more information, see “Insurance Company Information” on page 55 .
Guarantors	Opens the Guarantor screen. For more information, see “Guarantors” on page 81 .

Standard Lists Group - Standard Lists Drop-Down Menu

Element/Command	Definition/Function
Practice	Opens the Practice Information screen on which practice address information is stored. For more information, see “Entering and Editing Practice Information” on page 50 .
EDI Receivers	Opens the EDI Receivers screen on which you can enter information for your receivers. For more information see “EDI Receivers” on page 53 .
Appointment Reason Codes	Opens the Appointment Reason Codes Edit/Entry screen. Use this screen to enter reason codes for appointments.
Billing Status Codes	Opens the Billing Status Codes Edit/Entry screen. These are user-defined codes that you can use to flag patient charges (for instance Appealed, Rebilled, WC Claim, More Information).
Addresses	Opens the Addresses screen. For more information, see “Attorney, Employer, or Other Addresses” on page 79 .
A/R Management Status	Opens the A/R Management Status screen. Use the A/R Management Status screen to display messages when scheduling appointments for a patient, entering new transactions for a patient, or any time a patient record is accessed. For instance, if the patient is in collections, you can create one of these codes to notify you when the patient calls to set up a new appointment.

A/R Management Tasks	Opens the A/R Management Tasks screen. Use A/R management tasks to perform activities in the A/R Work List.
Locations	Opens the Locations screen. If you have multiple locations for your practice, create them here and use the Location value to filter reports by location. Also, you can specify a location for a fee schedule.
Fee Schedule Types	Opens the Fee Schedule Types screen. Fee schedule types help simplify assigning yearly fee schedules to the appropriate insurance company.
Fee Schedules	Opens the Fee Schedules screen. Fee schedules make data entry simpler by automatically populating certain fields when entering charges. They also show you what allowed amounts are expected from the insurance company.
Facilities	Opens the Facilities screen. Use this screen to create different facilities associated with your practice, such as labs or clinics.
Linked Transactions	Opens the Linked Transaction Lines screen. Linked transaction lines are a group of transaction codes you can create to save data time for procedures that involve multiple activities
Laboratories	Opens the Laboratories screen. Use this screen to enter information for labs associated with your practice.
Place of Service	Opens the Places of Service screen. Use this screen to create places of service that you add to transaction codes.
Insurance Categories	Opens the Insurance Category screen. CGM LYTEC provides three user-defined classes or categories that you can use when generating electronic claims, printing claims, or generating certain reports.

Edit Tab



Figure 16. Edit tab

Clipboard Group

Element/Command	Definition/Function
Undo	Allows you to undo the last action performed in the system.
Cut	Cuts the currently highlighted value and places it on the clipboard.
Copy	Copies the currently highlighted value and places it on the clipboard.
Paste	Pastes the data in the clipboard into the field that currently has focus (as long as the value is valid for that field).
Select All	Selects all records in the currently active set.

Search Group

Element/Command	Definition/Function
Find	Searches the selected data for a value.
Replace	Replaces all values with a specified value within a specific record.

Records Clipboard Group

Element/Command	Definition/Function
Copy Record	Copies the currently selected record and places it on the clipboard.
Cut Record	Cuts the currently selected record and places it on the clipboard.
Past Record	Pastes the record that is currently in the clipboard.

Scheduling Tab

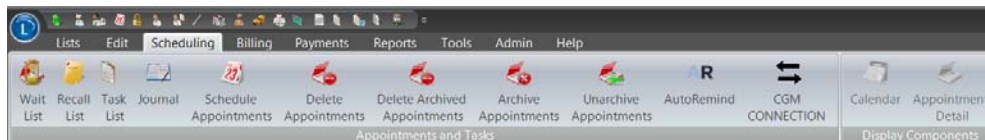


Figure 17. Scheduling tab

Appointments and Tasks Group

Element/Command	Definition/Function
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Wait List	Opens the Wait List screen used to place people on a Wait List for an appointment.
Recall List	Opens the Recall List that shows all appointments with a status of recall. For more information on this list, see “Recalling a Patient” on page 144 .
Task List	Opens the Task List specific to the current day's tasks.
Journal	Opens the Journal, which is used for free-form notes related to appointments. For instance, you might make a note on when modifications will be made to one of the examining rooms.
Schedule Appointments	Opens the Appointment Scheduler to today's date.
Delete Appointments	Opens the Delete Appointments screen, which allows you to purge appointments from the data. For more information, see “Delete Appointments” on page 158 .
Delete Archived Appointments	Opens the Delete Appointments screen, which allows you to delete appointments that have been archived. For more information, see “Delete Appointments” on page 158 .
Archive Appointments	Opens the Archive Appointments screen, which allows you to archive appointments. Archiving allows for later retrieval.
Unarchive Appointments	Opens the Unarchive Appointments screen, which allows you to retrieve appointments that have been archived.
Auto Remind	Click this button to open the Auto-Remind login screen.
CGM CONNECTION	Click this button to launch CGM CONNECTION in your browser.

Display Components Group

Element/Command	Definition/Function
Calendar	Toggles viewing of the calendar on the Appointment Grid when you click it.
Appointment Detail	Toggles viewing of the Appointment Details section of the Appointment Grid when you click it.

Billing Tab



Figure 18. Billing menu

Billing and Collections Group - Charges and Payments Drop-Down Menu

Element/Command	Definition/Function
Charges and Payments	Opens the Charges and Payments screen to the last patient accessed. Use this screen to enter procedures performed on patients. For more information, see “Entering Charges and Payments” on page 93 .
Generate Finance Charges	Opens the Generate Finance Charges screen used to charge interest to patients with overdue accounts.
Delete Paid Billings	Opens the Delete Paid Billings screen, which allows you to purge billings that have been paid.
Archive Paid Billings	Opens the Archive Paid Billings screen, which allows you to archive billings that have been paid. Archiving allows for later retrieval.
Unarchive Billings	Opens the Unarchive Billings screen, which allows you to retrieve billings that have been archived.
Delete Archived Billings	Opens the Delete Archived Billings screen, which allows you to delete billings that have been archived.

Billing and Collections Group

Element/Command	Definition/Function
Pending Transactions	Opens the Pending Transactions screen used for processing transactions that enter CGM LYTEC from an EMR or mobile device.
Pending Tx from Appointments	Use this button to create pending transactions from Completed appointments. For more information, see “Pending Transactions from Appointments” on page 95.
A/R Management Tool	Opens the Filter A/R Management Tool screen so you can filter collection (A/R Management) tasks. Once you select the filters, the AR Management screen will open, allowing you to proceed with the patient/insurance collection process.
A/R Work List	Automatically launches the AR management screen with a filter for the currently logged in user. Allows you to proceed with the patient/insurance collection process.
A/R Management Notes	Opens the Find Patient screen and highlights the last patient who was accessed.
View Eligibility Results	Opens the Eligibility Verification screen, which will display all the results of the Eligibility checks done in the practice. For more information, see “On the Reports menu, click Audit Trail.” on page 141.
Statement Messages	Opens the Statement Messages screen, where you can create custom messages for patient statements, including global messages, dunning messages, and any other message you want to send.
Revenue Management	Select this option to open Revenue Management, which you can use to send claims electronically.
Charge Entry Messages	Use this feature to create messages that will pop up when you save billings. For more information, see “Charge Entry Messages” on page 101.

Payments Tab



Figure 19. Payments tab

Payments Group

Element/Command	Definition/Function
Apply Patient Payment	Opens the Apply Patient Payment screen used for entering and applying a patient payment to the charges in a patient account. For more information, see “Apply Patient Payments” on page 110 .
Apply Insurance Payment	Opens the Apply Insurance Payment screen used for entering payments from a single insurance company for multiple patients. For more information, see “Pending Transactions” on page 94 .
Small Balance Write Off	Opens the Small Balance Write-off screen used to write off patient balances that the office no longer wishes to collect.
Insurance Ledger	Opens the Insurance Ledger screen used to review all transactions posted to a specific insurance company.
Patient Ledger	Opens the Patient Ledger screen used to review a patient, guarantor, or family account.

Quicken - Quickbooks Group

Element/Command	Definition/Function
Quicken	Allows you to export a file for use in posting payments into Quicken.
QuickBooks	Allows you to export a file for use in posting payments into Quick Books.

Reports Tab

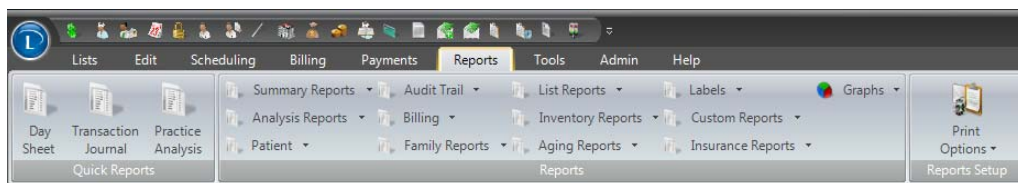


Figure 20. Reports tab

Quick Reports Group

Element/Command	Definition/Function
Day Sheet	Opens the Print Day Sheet screen on which you can select options and ranges for the report. Click Print or Preview when you are done. Use this report to view the day's activity.
Transaction Journal	Opens the Print Transaction Journal screen on which you can select options for the report. Click Print or Preview when you are done. The Transaction Journal prints a list of transactions entered during a specific time period.
Practice Analysis	Opens the Print Practice Analysis screen on which you can select options for the report. Click Print or Preview when you are done. The Practice Analysis reflects information about the financial status and service performance of the practice.

Reports Group - Summary Reports drop-down list

Element/Command	Definition/Function
Monthly Summary	Opens the Print Monthly Summary screen on which you can select options for the report. Click Print or Preview when you are done. The Monthly Summary Report summarizes financial activity for each day of the current (or specified) month.
Yearly Summary	Opens the Print Yearly Summary screen on which you can select options for the report. Click Print or Preview when you are done. The Yearly Summary Report summarizes financial activity for each month in the year.
Sales Tax Report	Opens the Print Sales Tax Report screen on which you can select options for the report. Click Print or Preview when you are done. The Sales Tax Report prints a list of the sales tax charges and sales tax payments.
Refund Report	Opens the Print Refund Report screen on which you can select options for the report. Click Print or Preview when you are done. This report shows you a list of all refunds sent to patients.

A/R Management Summary	Opens the Print A/R Management Summary Report screen on which you can select options for the report. Click Print or Preview when you are done. This report provides a summary view of A/R Management for a specific date range that includes all the A/R agents' activities.
Executive Collection Summary	Opens the Ranges screen on which you can select options for the report. Click Print or Preview when you are done. This report shows you a summary of collections, grouping all patients and displaying total amount collected, average days to pay, and minimum and maximum amounts.
Executive Practice Summary	Opens the Ranges screen on which you can select options for the report. Click Print or Preview when you are done. This report shows you collections, charges, and adjustments by provider, including the average number of days it took patients to pay each provider.

Reports Group - Analysis Reports drop-down list

Element/Command	Definition/Function
Procedure Code Analysis Detail	Opens the Print Procedure Code Analysis - Detail screen on which you can enter options for printing this report. The Procedure Code Analysis Detail report prints financial information for procedure codes used in patient billings. It groups all charges entered for a specific procedure code and gives totals for the procedure code, the provider, and the entire report.
Procedure Code Analysis Summary	Opens the Print Procedure Code Analysis - Summary screen on which you can enter options for printing this report. The Procedure Code Analysis Summary totals financial information by procedure code: the number of units, charges, payments, and adjustments.
Diagnosis Code Analysis Detail	Opens the Print Diagnosis Code Analysis - Detail screen on which you can enter options for printing this report. The Diagnosis Code Analysis prints financial information for diagnosis codes used for patient visits. It groups charges entered for a specific diagnosis code and gives totals for the diagnosis code, the provider, and the entire report.
Diagnosis Code Analysis Summary	Opens the Print Diagnosis Code Analysis - Summary screen on which you can enter options for printing this report. The Diagnosis Code Analysis Summary totals financial information by diagnosis code: number of units, charges, payments, and adjustments.
Referring Physician Analysis	Opens the Print Referring Physician Analysis screen on which you can enter options for printing this report. Use the Referring Physician Analysis to view financial information for referring physicians. This report is helpful to identify profitable resources.

Appointment Eligibility Analysis - Detail	Opens the Print Appointment Eligibility Analysis – Detail screen on which you can enter options for printing this report. Use this report to see which appointments have had eligibility requests sent. This is valuable for showing meaningful use.
Appointment Eligibility Analysis - Summary	Opens the Print Appointment Eligibility Analysis – Summary screen on which you can enter options for printing this report. Use this report to see which appointments have had eligibility requests sent. This is valuable for showing meaningful use.
Electronic Claims Analysis - Detail	Opens the Print Electronic Claims Analysis - Detail screen on which you can enter options for printing this report. Use this report to see which claims have been sent. This is valuable for showing meaningful use.
Electronic Claims Analysis - Summary	Opens the Print Electronic Claims Analysis - Summary screen on which you can enter options for printing this report. Use this report to see which claims have been sent. This is valuable for showing meaningful use.

Reports Group - Patient drop-down list

Element/Command	Definition/Function
Wait List	Opens the Print Wait List screen on which you can enter options for printing this report. Use this report to show you a list of those who are on the wait list.
Patient Ledger	Opens the Print Patient Ledger screen on which you can enter options for printing this report. Shows you detailed information on the patient's account.
Patient Balances	Opens the Print Patient Balance screen on which you can enter options for printing this report. This report shows you the patient's balance.
Patient Procedure Report	Opens the Print Patients by Procedure screen on which you can enter options for printing this report. Use this report to see a list of patients who have had a certain procedure performed.
Patient Diagnosis Report	Opens the Print Patients by Diagnosis screen on which you can enter options for printing this report. Use this report to see a list of patients who have been diagnosed with the same problem.
Patient Statistics	Opens the Print Patient Statistics screen on which you can enter options for printing this report. The Patient Statistics report prints the demographic data for the specified range of patients.

Patient By Hold Code	Opens the Print Patients by Hold Code screen on which you can enter options for printing this report. The Patients by Hold Code report displays patients who have appointments scheduled in the appointment grid and have hold codes assigned to them.
Prepayment Activity	Opens the Print Prepayment Activity screen on which you can enter options for printing this report. Use this report to see a list of prepayments and the patients who paid them.
Patient Payment Annual Detail	Opens the Print Patient Payment Annual Detail (Tax) screen on which you can enter options for printing this report. This report is particularly helpful for patient tax purposes.

Reports Group - Audit Trail drop-down list

Element/Command	Definition/Function
Audit Trail	Opens the Print Audit Trail screen on which you can enter options for printing this report. Use this report to see the activity of each user in the system.
Billing Reconciliation To Appointments	Opens the Print Billing Reconciliation to Appointments screen on which you can enter options for printing this report. The Billing Reconciliation Report helps you ensure that claims have been sent for each patient seen.
Login History	Opens the Print Login History screen on which you can enter options for printing this report. This report shows you all login attempts and all log outs by a user.

Reports Group - Billings drop-down list

Element/Command	Definition/Function
Waiting Claims	Opens the Print Waiting Claims Report screen on which you can enter options for printing this report. This report shows you a list of claims that have a status of Waiting.
Pending Claims	Opens the Print Pending Claims screen on which you can enter options for printing this report. This report shows you a list of claims that have a status of Pending.
Statement Pre-Run	Opens a Select screen that you can use to find a form to print. After you select a form and click OK, the Print Statements screen opens and you can select options for printing. This report shows you the statements before you actually print them or send them electronically.
Billing History	Opens the Print Billing History screen on which you can enter options for printing this report. This report prints the billing history for each billing.
Item Billing History	Opens the Print Item Billing History screen on which you can enter options for printing this report. The Item Billing History report prints an itemized listing of the billing history for each transaction on each billing.

Reports Group - Family Reports drop-down list

Element/Command	Definition/Function
Responsible Party	Opens the Print Family Responsible Party screen on which you can enter options for printing this report. The Responsible Party Report is a list of responsible parties and their dependents.
Dependent	Opens the Print Family Dependent screen on which you can enter options for printing this report. The Dependent Report prints a list of patients who are dependents and identifies each dependent's responsible party.

Reports Group - List Reports drop-down list

Element/Command	Definition/Function
Patients	Opens the Print Patient List screen on which you can enter options for printing this report. This report shows you a list of patients.
Archived Patients	Opens the Print Archived Patients List screen on which you can enter options for printing this report. This report shows you a list of archived patients, using the Archive Inactive Patients routine.

Inactive Patients	Opens the Print Inactive Patients List window on which you can enter options for printing this report. This report shows you a list of patients whose records have been marked as inactive in their record.
Guarantors	Opens the Print Guarantor List screen on which you can enter options for printing this report, which shows you a list of guarantors.
Providers	Opens the Print Provider List screen on which you can enter options for printing this report, which shows you a list of providers.
Insurance Companies	Opens the Print Insurance Company List screen on which you can enter options for printing this report. This report shows you a list of insurance companies set up in the practice.
Transaction Codes	Opens the Print Transaction Code List screen on which you can enter options for printing this report, which shows you a list of all transaction codes in the practice.
Diagnosis Codes	Opens the Print Diagnosis Code List screen on which you can enter options for printing this report, which shows you a list of all diagnosis codes.
Hold Codes	Opens the Print Hold Code List screen on which you can enter options for printing this report. This report shows you a list of all hold codes.
Notes Reminder	Opens the Print Notes Reminders List screen on which you can enter options for printing this report, which shows you a list of all notes and reminders set up for the practice.
Facilities	Opens the Print Facilities List screen on which you can enter options for printing this report, which shows you a list of facilities used by the practice.
Referring Physicians	Opens the Print Referring Physicians List screen on which you can enter options for printing this report. This report shows you referring physicians who are set up in the practice.
Addresses	Opens the Print Address List screen on which you can enter options for printing this report, which shows you a list of addresses set up in the practice.
Laboratories	Opens the Print Laboratories List screen on which you can enter options for printing this report. This report shows you a list of labs that are used by the practice.
Place of Service	Opens the Print Place of Service List screen on which you can enter options for printing this report. This report shows you a list of the places of service.
Patient Codes	Opens the Print Patient Codes List screen, on which you can enter options for printing this report which shows you a list of patient codes.

Patient Types	Opens the Print Patient Type List screen on which you can enter options for printing this report, which shows a list of patient types that are set up in the practice.
Billing Status Code	Opens the Print Billing Status Codes List screen on which you can enter options for printing this report. Use billing status codes to associate a particular code (for instance Appealed, Rebilled, WC Claim, More Information, and so on) with a patient or a billing.
Insurance Categories	Opens the Print Insurance Category List screen on which you can enter options for printing this report, which shows you a list of all insurance categories set up for the practice.
Appointment Reason Codes	Opens the Print Appointment Reason Code List screen on which you can enter options for printing this report, which shows you a list of appointment reasons and their codes.
Locations	Opens the Print Location List screen on which you can enter options for printing this report, which shows you a list of locations.
EDI Receivers	Opens the Print EDI Receiver List screen on which you can enter options for printing this report. This report shows you a list of receivers set up for the practice.
Fee Schedule Types	Opens the Print Fee Schedule Type List screen on which you can enter options for printing this report, which shows you a list of fee schedule types.
Fee Schedules	Opens the Print Fee Schedule List screen on which you can enter options for printing this report, which shows you a list of fee schedules set up for insurance companies.
A/R Management Status	Opens the Print A/R Management Status List screen on which you can enter options for printing this report, which shows you a list of the user-defined statuses with their code and description.
A/R Management Tasks	Opens the Print A/R Management Tasks List screen on which you can enter options for printing this report. This report shows you a list of A/R Management tasks.
User Security	Opens the Print Security List screen on which you can enter options for printing this report. The User Security Report lets you print or preview information for each user, such as user code, full name, account expiration date, account status, user type, password expiration date, and the last login time.

Reports Group - Inventory Reports drop-down list

Element/Command	Definition/Function
Inventory Sales	Opens the Print Inventory Sales screen on which you can enter options for printing this report. The Inventory Sales report tracks the number of inventory items you sell.
Inventory Re-Order	Opens the Print Inventory Reorder screen on which you can enter options for printing this report. The Inventory Reorder report will show you how many of an item are currently on hand and what the reorder quantity is. You can use this report to see which inventory items you need to reorder.

Reports Group - Aging Reports drop-down list

Element/Command	Definition/Function
Patient Aging	Opens the Print Patient Aging screen on which you can enter options for printing this report. Use Patient Aging to print a report providing a breakdown of the patient balances and charges accrued during a specified aging period.
Insurance Aging	Opens the Print Insurance Aging screen on which you can enter options for printing this report. Use Insurance Aging to print a report providing a breakdown of the insurance company balances and charges accrued during a specified aging period.
Service Aging	Opens the Print Service Aging screen on which you can enter options for printing this report. The Service Aging report provides a combined Insurance Aging and Patient Aging report so you can determine your accounts receivable for a specific aging period.
Credit Balance Aging	Opens the Print Credit Balance screen on which you can enter options for printing this report. The Credit Balance report is an aging report that shows only those patients whose total balance is a credit.
AR Totals Aging	Opens the Print AR Totals screen on which you can enter options for printing this report. The AR Totals report is an aging report that shows the aging for both insurances and patients. It breaks down the aging totals by what is the insurance's responsibility and what is the patient's responsibility.

Reports Group - Labels drop-down list

Element/Command	Definition/Function
Patient Labels	Opens the Print Patient Labels screen on which you can enter options for printing labels. Use this option to print labels for mailing information to patients.

Insurance Companies Labels	Opens the Print Insurance Company Labels screen on which you can enter options for printing labels. Use this option to print labels for mailing information to insurance companies.
Facility Labels	Opens the Print Facility Labels screen on which you can enter options for printing labels. Use this option to print labels for mailing information to facilities.
Referring Physician Labels	Opens the Print Referring Physician Labels screen on which you can enter options for printing labels. Use this option to print labels for mailing information to referring physicians.
Address Labels	Opens the Print Address Labels screen on which you can enter options for printing labels. Use this option to print address labels.

Reports Group - Custom Reports drop-down list

Element/Command	Definition/Function
Create Custom Reports	Opens the CGM LYTEC Report Designer that you can use to create or edit custom reports.
Print Custom Report	Opens the Select Custom Form screen, on which you can select a custom form to print.

Reports Group - Insurance Reports drop-down list

Element/Command	Definition/Function
Charge Analysis	Opens the Print Insurance Charge Analysis screen on which you can enter options for printing this report. The Insurance Charge Analysis report will provide a breakdown by primary, secondary, and tertiary coverage of the charges billed to each company.
Payment Analysis	Opens the Print Insurance Payment Analysis screen on which you can enter options for printing this report. The Insurance Payment Analysis report will run an analysis providing a breakdown by primary, secondary, and tertiary coverage of the payments received from each company.
Reimbursement Analysis	Opens the Print Insurance Reimbursement Analysis screen on which you can enter options for printing this report. The Insurance Reimbursement Analysis report displays the differences between charges billed to an insurance company and the amount reimbursed from the insurance company on a per transaction code basis.
Policy Report	Opens the Print Insurance Policy Report screen on which you can enter options for printing this report. The Insurance Policy Report prints a list of insurance companies and the patients associated with each company.
Manage Care Analysis	Opens the Print Managed Care Analysis screen on which you can enter options for printing this report. To analyze the managed care costs for services provided against the insurance reimbursement received through contract services, print a Managed Care Analysis report.

Transaction Code Analysis	Opens the Print Transaction Code Analysis screen on which you can enter options for printing this report. The Transaction Code Analysis reports the differences between charges billed to an insurance company and the amount reimbursed from the insurance company on a per transaction code basis. This report is nearly identical to the Insurance Reimbursement Analysis, but it lists the transaction code reimbursement by transaction code and then insurance company.
Insurance Lag Report	Opens the Print Insurance Lag Report screen on which you can enter options for printing this report. This report shows you charges to patients, how much the insurance company paid for them, and how long it took to pay.
Authorization Referral List	Opens the Print Authorization/Referral List screen on which you can enter options for printing this report. The Authorization/Referral list prints a list of all the authorizations/referrals in the system.
Authorization Referral Detail	Opens the Print Authorization/Referral Detail screen on which you can enter options for printing this report. The Authorization/Referral Detail report prints a detailed list of all the authorizations/referrals in the system.

Reports Group - Graphs drop-down list

Element/Command	Definition/Function
Charges By Transaction Code	Opens the Graph Charges by Transaction screen on which you can select options for printing. Use this report to create pie and bar graphs for transaction codes. You will be able to see what percentage of charges is generated by each transaction code.
Charges By Diagnosis Code	Opens the Graph Charges by Diagnosis screen on which you can select options for printing. Use this report to create pie and bar graphs for diagnosis codes. You will be able to see what percentage of the charges is generated from each diagnosis code.
Charges By Provider	Opens the Graph Charges by Provider screen on which you can select options for printing. Use this report to create pie and bar graphs for providers to see what percentage of charges is being received by each provider.

Reports Setup Group - Print Options drop-down menu

Element/Command	Definition/Function
Label Options	Opens the Print Labels Options screen, which allows you to configure the label type, margins, fonts, and label specifications for the labels that are printed from CGM LYTEC.
Graphic Categories	Opens the Graphics Categories screen on which you can create categories for transaction and diagnosis codes to better group the transactions on the graphs printed in CGM LYTEC.
Print Setup	Opens the Print Setup screen on which you can configure the default printer used by the reports, claims, and statements printed in CGM LYTEC.
Predefined Reports	Opens the Print Report Options screen on which you can configure settings and margins for reports.

Tools Tab

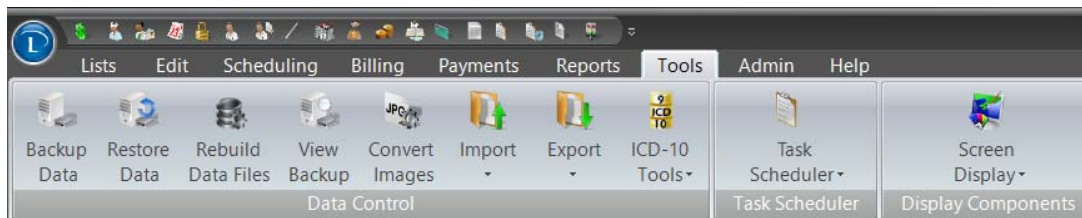


Figure 21. Tools tab

Data Control Group

Element/Command	Definition/Function
Backup Data	Initiates the backup process.
Restore Data	Initiates the process for restoring a backup of CGM LYTEC data for your practice.
Rebuild Data Files	Opens the Rebuild Data Files screen on which you can make selections for rebuilding the data files in your process. This includes re-indexing, recalculating balances, and compressing the data.
View Backup	Opens the View Backup screen on which you can see a list of the backups made in CGM LYTEC. Select a backup and see information on it.
Convert Images	Initiates a process that converts the images stored in CGM LYTEC from one format to a standard JPG format so that the images can be printed on reports.

Data Control Group - Import Drop-Down Menu

Element/Command	Definition/Function
Procedure Code	Opens the Import Procedure Code screen on which you can search for a file to import. When you click OK, these codes are imported into CGM LYTEC.
Diagnosis Code	Opens the Import Diagnosis Code screen on which you can search for a file to import. When you click OK, these codes are imported into CGM LYTEC.
Patient	Opens the Import File screen on which you can search for a file to import. When you click OK, patient data is imported into CGM LYTEC.
Guarantor	Opens the Import File screen on which you can search for a file to import. When you click OK, guarantor data is imported into CGM LYTEC.
Insurance	Opens the Import File screen on which you can search for a file to import. When you click OK, insurance data is imported into CGM LYTEC.
Transaction Code File	Opens the Import File screen on which you can search for a file to import. When you click OK, transaction code data is imported into CGM LYTEC.
Diagnosis File	Opens the Import File screen on which you can search for a file to import. When you click OK, diagnosis code data is imported into CGM LYTEC.
Address	Opens the Import File screen on which you can search for a file to import. When you click OK, address data is imported into CGM LYTEC.
Billing Header	Opens the Import File screen on which you can search for a file to import. When you click OK, billing header data is imported into CGM LYTEC. This includes such data as the patient name and address and insurance companies.
Billing Detail	Opens the Import File screen on which you can search for a file to import. When you click OK, billing detail data is imported into CGM LYTEC. The includes transaction lines in charges, as well as payment information.
Transaction	Opens the Import File screen on which you can search for a file to import. When you click OK, transaction data is imported into CGM LYTEC. This includes both billing header and billing detail. Depending on what type of files you have available, you can use either type of files.

Data Control Group - Export Drop-Down Menu

Element/Command	Definition/Function
Patient	Opens the Export Patient File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Patient Connect Export	Opens the Save a File screen on which you can set a location and file name for a comma-separated value file for your email addresses and patient data. This file can be opened with spreadsheet programs and marketing programs.
Guarantor	Opens the Export Guarantor File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Insurance	Opens the Export Insurance File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Transaction Code File	Opens the Export Transaction Code File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Diagnosis File	Opens the Export Diagnosis File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Address	Opens the Export Address File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Billing Header	Opens the Export Billing Header File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Billing Detail	Opens the Export Billing Detail File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.
Transaction	Opens the Export Transaction File screen on which you can select criteria for exporting records to a text file. You can use this text file to import CGM LYTEC data into another system or program such as Microsoft Excel.

Admin Tab

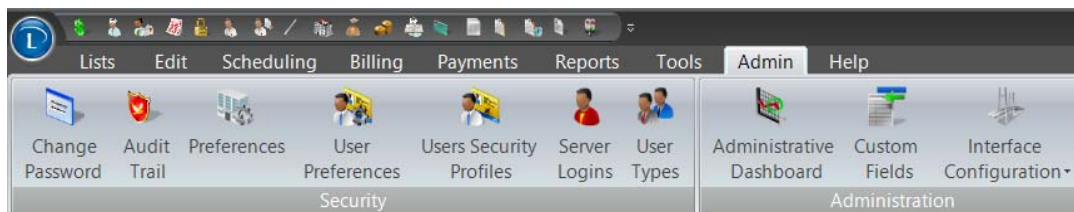


Figure 22. Admin tab

Security Group

Element/Command	Definition/Function
Change Password	Opens the Change Password screen on which you can change your password.
Audit Trail	Opens the Audit Trail Settings screen on which you can select what types of activities you want included on the Audit Trail Report.
Preferences	Opens the preferences screen on which you can specify and select a variety of options that control how CGM LYTEC works. Several tabs provide options for different aspects of the practice.
User Preferences	Opens the User Preferences screen on which you can select options for your use of CGM LYTEC.
Users Security Profiles	Opens the Users screen on which you can create, edit, or delete users from the practice.
Server Logins	Opens the Manage Logins screen, which shows the Admin and Report passwords used to access the database outside of CGM LYTEC using features in the SQL management suite that is installed behind the scenes when CGM LYTEC is installed.
User Types	Opens the User Type list screen on which you can add, edit, or delete user types. This allows you to configure security access permissions for a large number of users without requiring the administrator to set up each individual user. The administrator can set up groups and then assign the groups to individual users.

Administration Group

Element/Command	Definition/Function
Administrative Dashboard	Opens the Administrative Dashboard, a tool you can use to monitor key practice data, such as the number of appointments, outstanding claims, the users who are in the system, and trends in the practice.
Custom Fields	Opens the Custom Fields screen, which allows you to set up custom data fields within the Patient, Provider, Insurance, Address, Billing, and Billing Detail lists.

Help Tab

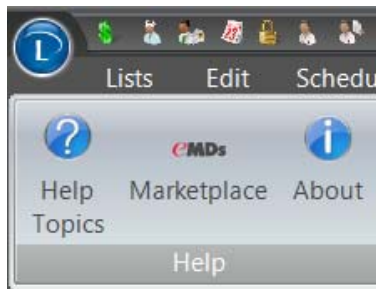


Figure 23. Help tab

Help Group

Element/Command	Definition/Function
Help Topics	Opens the CGM LYTEC Help file.
eMDs Marketplace	Opens the eMDs Marketplace web page.
About	Opens a screen that shows the version of CGM LYTEC.

Shortcut Bar

CGM LYTEC also has a toolbar for quick access to key functions. Moving the mouse pointer over a button on the toolbar reveals the name of the command.

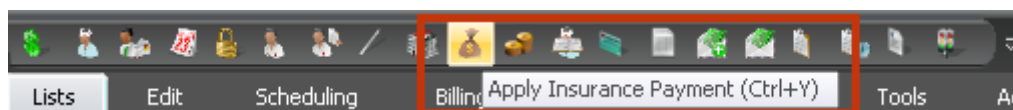


Figure 24. CGM LYTEC Toolbar

You can also use keyboard shortcuts to activate functions in CGM LYTEC. Highlight a ribbon icon or tab header and press the ALT or F10 key to display the pop-up shortcuts. Then, press the keyboard shortcut to launch a screen or open a submenu (from the submenu, press another keyboard shortcut button to launch a screen).

Using keyboard shortcuts

To open the Scheduling tab and view the Wait List

1. Click and release the ALT key or F10. The available shortcuts appear on the menu items.



Figure 25. CGM LYTEC ribbon with keyboard shortcuts displayed

2. Since the Wait List is available on the Scheduling tab, click the **S** key as this is the keyboard shortcut for that tab. The ribbon for the Scheduling tab appears.

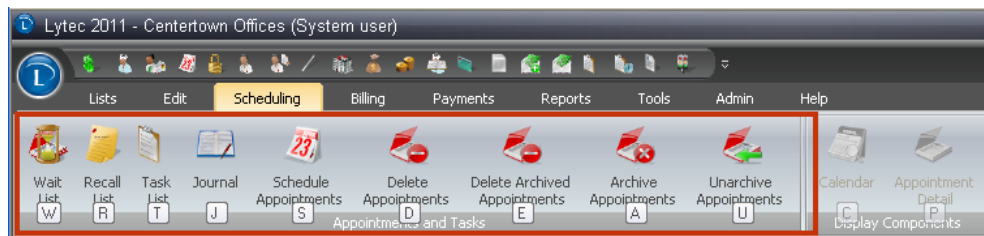


Figure 26. CGM LYTEC Scheduling ribbon with keyboard shortcuts displayed

3. Click the **W** key, because that letter is the keyboard shortcut for that option. The Wait List screen appears.

Remove a shortcut from the toolbar

Remove a shortcut from the toolbar by right-clicking the shortcut on the toolbar and selecting Remove from Quick Access Toolbar. For instance, to remove AR Work List

1. Right-click the shortcut on the toolbar
2. Click **Remove from Quick Access Toolbar**.

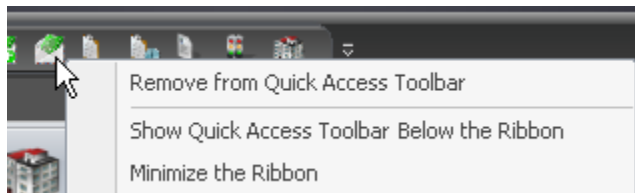


Figure 27. Remove from Quick Access Toolbar

Add Buttons to the Shortcut Bar

Add an option listed on the tabbed menus by right-clicking the option and selecting Add to Quick Access Toolbar. For instance, to add Hold Codes

1. On the Lists menu, click **Patient**.
2. Right-click **Hold Codes**.
3. Click **Add to Quick Access Toolbar**.

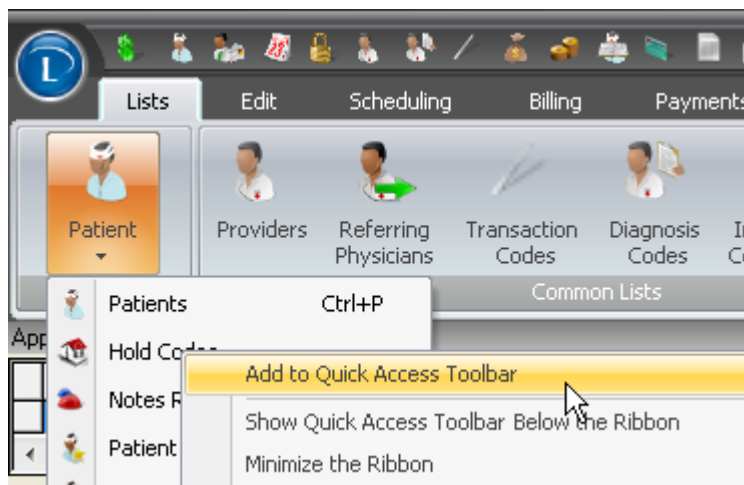


Figure 28. Add to Quick Access Toolbar

Restoring Default Buttons

Restore default buttons that were deleted from the toolbar.

1. On the Tools menu, click **Screen Display**.
2. Click **Reset Quick Access Toolbar**.

Chapter 3 - Setting up the Practice

Creating your practice is the first step of setting up CGM LYTEC. You might only need to create one practice, but you can create multiple practices if necessary.

Your workstation login must be either part of the Windows Admin group or Power Users group to use CGM LYTEC.

Creating a Practice

To create a practice:

1. On the CGM LYTEC screen, click **New Practice**. The New Practice screen appears.
2. Complete the fields. When you log into your practice the first time, the user name will be SYSTEM and the password will be the password you create here.

Important: Do NOT include apostrophes in the Practice Name.

3. Click the **OK** button.

Opening a Practice

To open an existing practice:

- On the Practice List screen, highlight the practice and click **Open Practice**.

Field	Description
Open Practice	Open a Practice from a list of existing practices.
New Practice	Create a practice that does not appear in the list.
Browse	Open an existing practice that is not in the Practice List screen.
Delete	Remove the selected practice from the Practice List screen. When you click the Delete button, you are not deleting the actual data files. You are just removing the name of the practice from the Practice List screen and, therefore, from access in CGM LYTEC.
Rebuild Index	Rebuild the database list index.

Field	Description
Add Tutorials	Add the tutorial practice, Centertown Offices, to the Practice List screen. When you add the tutorial practice to the Practice List screen, this button will disappear. It reappears if you delete the tutorial practice from the Practice List screen.

Once you have the practice created and opened, the next step is to enter data into each of the different areas of CGM LYTEC, that is, entering insurance company records in the Insurance Companies screen, entering transaction codes in the Transaction Codes screen, and so on. Here is a sequence for practice setup that will help you enter your practice information without moving back and forth between screens.

1. Determine provider considerations for solo versus group practices.
 2. Set up security.
 3. Set up preferences.
 4. Enter practice information on the Practice Information screen, Practice Settings tab.
 5. Set up EDI Receivers.
 6. Enter insurance company records.
 7. Enter facility records.
 8. Enter practice information on the Practice Information screen, Practice IDs tab.
 9. Enter provider records.
 10. Enter referring physician records.
 11. Enter transaction codes.
 12. Enter diagnosis codes.
 13. Enter other address records.
 14. Enter guarantor records.
 15. Set up patient records.
- Keeping in mind your practice structure and your filing needs will help you set up your practice.

Provider Considerations

Creating Rules Overview

CGM LYTEC claim processing for both print and electronic claims depends on a series of flexible rules that you define. When setting up your practice, you will create a series of grid entries (rules) on the Practice IDs screen (see [“Entering a Practice ID Entry” on page 50](#)) and Provider IDs screen (see [“Entering Provider ID Rules” on page 59](#)). Depending on your practice, you may also use the Facility IDs screen (see [“Entering Information on the Facility IDs screen” on page 57](#)) and Referring Physician IDs screens (see [“Entering Information on the Referring Physicians IDs screen” on page 61](#)). These rules contain your basic practice information, such a group or individual NPI numbers, taxonomy, tax IDs, claim filing status (group or individual). They also connect this information to the insurance companies that your patients use and the physicians in your practice.

You begin by creating rules for each provider on the Provider IDs screen and at least one rule on the Practice IDs screen. These rules will contain information that would apply to the most generic situations. Then, you will create other rules that apply to a specific insurance company, insurance

category, facility, provider, and so on. See [“If you are a solo provider \(file claims as an individual\)” on page 43](#) and [“If you are a group \(file claims as a group\)” on page 45](#) for more detailed information.

When you create claims using Revenue Management (see [“Revenue Management” on page 160](#)), CGM LYTEC gathers data for each claim using these rules, looking first at rules that apply to an insurance company or provider. It will compare these rules against rules set up for facilities or referring physicians. The specific order in which CGM LYTEC analyzes rules follows the order of fields on the level it is working on. For instance, when looking at practice information, it will look first at Providers, then Insurance Company, and so on, moving from left to right on the grid. ghlighted

For instance, if you are setting up a group practice with three physicians,

1. Create at least one rule on the Practice IDs screen for general information that is common to all claims. For this rule, apply it to all providers, all insurance companies, and all facilities (assuming you have no facilities associated with your practice or all facilities would use the same details). Include your group NPI, taxonomy, and tax ID numbers.
2. Second, create one rule on the Providers IDs screen for each provider (a total of three rules). You must include one rule for each provider on the Provider IDs screen since claim filing status (individual or group) is specified there. Each of these rules entries would be general and could apply to all insurance companies and facilities. Select Group for your claim type and select From Practice to pull NPI, taxonomy, and Tax IDs from the Practice IDs screen.
3. If one of the insurance companies requires a legacy identifier, create a second entry on the Practice IDs screen. By creating a second entry on this screen instead of the Provider IDs screen, you save time and effort, since one rule can be applied to all the providers at the practice level, instead of creating a rule for each provider at the provider level. To do this, for this second Practice IDs rule, select the *specific* insurance company and select *all* providers. Importantly, include your NPI, taxonomy, and Tax IDs since each rule needs to be complete. Finally, enter the legacy number the insurance company requires. When the application gathers claim data, it will select this row for the specific insurance company and pull the data for the claim.

If you are a solo provider (file claims as an individual)

As a solo provider, you have two options when entering key ID numbers, such as NPI, taxonomy, and tax ID/social security number.

- Enter this information at the practice level using the Practice IDs screen (see [“Entering a Practice ID Entry” on page 50](#)). With this method, enter these numbers on the Practice ID screen. Then, select From Practice for all values on the Provider IDs screen (see [“Entering Provider ID Rules” on page 59](#)).
- Enter this information at the provider level using the Provider IDs screen (see [“Entering Provider ID Rules” on page 59](#)). In this case, on the Practice IDs screen, select None for NPI, taxonomy, tax ID/social security number, and so on, and enter a minimal amount of information. Then, on the Providers screen, specify your NPI, taxonomy, tax ID/social security number, and so on. Also, select Individual for the Claim Type.

The result will be the same and CGM LYTEC will pull these IDs when filing claims.

NPI Considerations

If you have the same pay-to address as your billing address, you can enter your NPI information on the Practice IDs screen. Then, select From Practice on the Providers IDs screen. This will ensure that the NPI number appears on all claims.

If you have different billing information and pay to information (see [“Entering and Editing Practice Information for a Billing Service” on page 51](#)), enter your NPI information on the Practice IDs screen. Also, enter any unique NPI on the Provider IDs screen.

If you have insurance companies that require mixed NPI numbers (some require individual while some require a group), enter your *group* NPI number on the Practice IDs screen. Then, create several rules on the Provider IDs screen specific to the insurance companies that require mixed NPI numbers. For insurance companies that require the group NPI, select From Practice for the NPI number. This will pull that number from the Practice IDs screen. For insurance companies that require an individual NPI number, select National Provider ID and enter the number on the Provider IDs screen.

Insurance Company Considerations

You might only need one rule (grid entry). Most likely though, you will probably have at least one or more insurance companies that require different information. In that case, you must create other rules that are specific to that insurance company and the information needed, for instance a legacy qualifier such as a medicare number.

Each of these additional rules needs to be complete since the claims processing pulls all the information in a rule and not just one field. An incomplete rule (for instance, no NPI number) will leave fields empty in the claim, causing rejection. In the case of Each of these additional rules needs to be complete since the claims processing pulls all the information in a rule and not just one field. An incomplete rule (for instance, no NPI number) will leave fields empty in the claim, causing rejection. In the case of , you would need to include the NPI number, Taxonomy number, and Social Security Number since those were included in the initial rule using the Provider IDs screen (see The result will be the same and CGM LYTEC will pull these IDs when filing claims.). If you used the Practice IDs screen, you could select From Practice for these numbers and you would not need to specify them on the Provider IDs screen since CGM LYTEC would pull these values from the Practice IDs screen., you would need to include the NPI number, Taxonomy number, and Social Security Number since those were included in the initial rule using the Provider IDs screen (see The result will be the same and CGM LYTEC will pull these IDs when filing claims.). If you used the Practice IDs screen, you could select From Practice for these numbers and you would not need to specify them on the Provider IDs screen since CGM LYTEC would pull these values from the Practice IDs screen.

If an insurance company requires taxonomy, you must create a rule on the Practice IDs screen for that insurance company and enter the taxonomy number there. Then, open the Insurance Companies screen and select the Send Practice Taxonomy in Loop 2000A check box. If your practice company requires dual taxonomy, then you must also create a rule on the Provider IDs screen for that number, specifying the provider and insurance company.

Facility Considerations

If you have facilities attached to your practice, you must create rules on the Facility ID screen for any numbers that are specific to that facility. If you have entered a separate NPI number for a facility and need to send facility billing information, specify the type of facility and qualifier, including the unique facility NPI number. If this information is sent on the claim, select the Send Facility on Claim check box on the Facilities IDs screen and do not include any other data.

Referring Physician Considerations

If your practice has referring physicians, create records for them on the Referring Physicians screen and use the Referring Physician IDs screen to enter any numbers unique to a referring physician.

If you are a group (file claims as a group)

First, complete at least one rule on the Practice IDs screen for the practice. Then, create at least one rule on the Provider IDs screen for each provider. Set your claim filing status on the Provider IDs screen by selecting Group for each provider in your practice.

If you have a provider that files claims using a personal NPI number for a specific insurance company, create an extra rule for this provider, specifying that particular insurance company. Enter the unique NPI number for that rule.

NPI Considerations

Enter your NPI information on the Practice IDs screen. Then, on the Provider IDs screen, select From Practice.

If you have insurance companies that require mixed NPI numbers (some require individual while some require a group), enter your *group* NPI number on the Practice IDs screen. Then, create several rules on the Provider IDs screen specific to the insurance companies that require mixed NPI numbers. For insurance companies that require the group NPI, select From Practice for the NPI number. This will pull that number from the Practice IDs screen. For insurance companies that require an individual NPI number, select National Provider ID and enter the number on the Provider IDs screen.

Insurance Company Considerations

If an insurance company requires dual taxonomy, you must create a rule on the Practice IDs screen for that insurance company and enter the taxonomy number there. Then, open the Insurance Companies screen and select the Send Practice Taxonomy in Loop 2000A check box.

Most likely though, you will probably have at least one or more insurance companies that require different information. In that case, you must create other rules that are specific to that insurance company and the information needed, for instance a legacy qualifier such as a medicare number.

Each of these additional rules needs to be complete since the claims processing pulls all the information in an rule and not just one field. An incomplete rule (for instance, no NPI number) will leave fields empty in the claim, causing rejection. In the case of [NPI Considerations](#), you would need to include the NPI number, Taxonomy number, and Social Security Number since those were included in the initial rule using the Provider IDs screen (see [The result will be the same and CGM LYTEC will pull these IDs when filing claims.](#)). If you used the Practice IDs screen, you could select From Practice for these numbers and you would not need to specify them on the Provider IDs screen since CGM LYTEC would pull these values from the Practice IDs screen.

Facility Considerations

If you have facilities attached to your practice, you must create rules on the Facility ID screen for any numbers that are specific to that facility. If you have entered a separate NPI number for a facility and need to send facility billing information, specify the type of facility and qualifier, including the unique facility NPI number. If this information is sent on the claim, select the Send Facility on Claim check box on the Facilities IDs screen and do not include any other data.

Referring Physician Considerations

If your practice has referring physicians, create records for them on the Referring Physicians screen and use the Referring Physician IDs screen to enter any numbers unique to a referring physician.

Setup Activities After Data Conversion

If you are converting data from an existing CGM LYTEC practice, then you will need to review/select your claim filing status (individual or group) for each provider in your practice.

To provide the highest level of data integrity and accuracy, the conversion process for CGM LYTEC provider/practice setup, does not delete information while creating rules that might still be needed, such as legacy information (Blue Cross provider numbers, Medicare provider numbers, and so on). Instead, it converts this data to a rule on a screen. Before filing claims, you will also need to finalize your rules, making sure to remove unnecessary data, such as legacy numbers.

This activity is especially important for any data entered on Insurance IDs tab of the Providers screen in previous versions of CGM LYTEC and also if you used the NPI Only check box on the Insurance Companies tab in CGM LYTEC. Since data was converted instead of deleted, you will need to remove out-of-date legacy numbers from the new rules.

You will also need to examine each IDs screen (Practice, Provider, Referring Physician, and Facility) before completing print or electronic claims. This step is critical for success with multiple legacy numbers. For instance, if your practice in CGM LYTEC had a referring physician record that had entries in National Provider ID, Insurance Code 1, Insurance Code 2, Other ID, and Taxonomy Code on the Address screen, the conversion process will create four rules in the Referring Physicians IDs screen. All of these rules will be generic rows without any selection of an insurance company or insurance company. The system will create a row with NPI and taxonomy, and then three more rows that combine NPI and taxonomy with each of the legacy numbers. These rules, however, need modification since all four would be generic rows in which All is selected for insurance company and insurance company.

Before filing claims, you will need to first examine the legacy numbers and see if all are still needed. Then, begin adding, deleting, or editing rules to match your claim filling needs. For instance, you might keep the generic row since this information is needed for most of the insurance companies you file claims with. Then, you might select one of the other legacy rows (the rows in which All insurance companies and All insurance categories are selected) and apply this rule to a specific insurance company or category. If needed, you could add a second legacy number if the insurance company required it. You could delete the other rules or apply an insurance company or category to the entry.

Security

Basic security in CGM LYTEC is practice-based, with each practice having various users and groups. Multiple practices require security setup for each database. Setting up security is a two-step process:

1. Create users, giving them a login name and password.

2. Assign a security profile to each user. This profile controls which sections of CGM LYTEC each user has access to.

To set up users:

- On the Admin menu, click **Users/Security Profiles**. The Users screen appears.

Click the buttons to add a new user, to edit the selected user, to delete the selected user, or to set the security profile for the selected user.

User Types

If you want multiple users to have the same security profile, set up user types. A user type creates a template of what users can and cannot access. Create a user type, set its security profile, and then assign it to the appropriate users.

User Preferences

With the User Preferences screen, you can enter specific settings for the user currently logged into the system.

Preferences

Use the Preferences screen to set specific global settings in CGM LYTEC.

To open the Preferences:

- On the Admin menu, click **Preferences**. The Preferences screen appears showing you several tabs with options you can set.

Figure 29. Preferences screen

Tab	Description
General	Generate patient chart numbers. You can also set how you want to use the ENTER key and how to generate the next superbill number. For more information on superbills, see “Superbill” on page 160 .
Charges and Payments	Change multiple options on the Charges and Payments screen. See “Entering Charges and Payments” on page 93 for more information on entering charges.
Aging	Change how CGM LYTEC handles the aging of patient balances. For instance, you can decide when you want insurance and patient balances to begin aging, either the date the charge was created, the date the insurance company was billed, or the actual date of service.

Tab	Description
Aging Buckets	Create aging periods here. You can have up to five aging periods. The settings here affect the Aging reports (see “Reports Group - Aging Reports drop-down list” on page 29 for more information on the Aging reports).
Reports	Choose how you want to preview your reports and whether to print report header pages.
Year-to-Date	Set default filter values for three reports that display Month-to-Date and Year-to-Date data: The Day Sheet report, Transaction Journal report, and Practice Analysis report.
Billing Cycle	Set how CGM LYTEC calculates exclusion dates in the billing cycle. These dates are loaded in the Exclude tab when printing statements.
Passwords	Control the use and application of program passwords.
Patient Package	Create a group of custom reports that can be printed when a patient comes in for an appointment.
Image Formats	Specify the format in which images will be stored in your practice database. You can also indicate the amount of compression, and hence, the size of the files as they are stored. eMDs recommends that you select CMP, as this format allows the greatest amount of compression to keep your database smaller. However, if you store your images in this format, you will NOT be able to use them as part of custom reports. If you use images in custom reports, select either jpg, gif, or tif.
BillFlash	Control what prints on your statements when you use BillFlash to prepare, print, and send them. For more information on BillFlash, see “BillFlash” on page 159 .

Entering and Editing Practice Information

Set up basic practice information, such as practice name, address, phone numbers, as well as basic claims and legal data.

Entering Practice Information

1. On the Lists menu, click **Standard Lists**.
2. Select **Practice**. The Practice Information screen appears.
3. Enter contact information, including practice name, address, telephone number, and so on.
4. In the Claims section, select your practice type and entity type. These selections are usually based on your business's legal organization.
5. Select **Individual** or **Group Practice**.
6. Select **Person** or **Non-Person**.
7. In the Reporting section, enter/select banking, tax, and practice information.
8. On the Bank Account field, enter the practice's bank account number. This will enable the bank account number to print on the bank deposit sheet.
9. On the Sales Tax Rate field, enter the sales tax rate currently applicable to your practice.

TIP: If you have the taxable option checked in the transaction code's Defaults tab or in the More Detail screen, the system will automatically calculate the sales tax from the rate in this field. For more information on Transaction Codes, see ["Transaction Codes" on page 63](#).

10. On the New Rate Effective Date field, enter the date on which the sales tax rate became effective. This field is necessary if your sales tax rate changes and you enter the old tax rate in the next field. On the Old Tax Rate field, enter the old sales tax in this field.
11. From the Practice Type drop-down list, select the best description for your practice.
12. From the Practice Category drop-down list, select either **Medical** or **Chiropractic**, depending on which category is applicable to your practice.

When you choose Chiropractic, three more fields become available: Use AutoDoc box, a browse field, and the **Clear** button. If you use AutoDoc (a third party application specializing in reports for chiropractic offices) in conjunction with CGM LYTEC, click Use AutoDoc. Click the magnifying glass button to the right of the bottom field to choose the folder in which the patient demographic information will be deposited. When you have multiple practices and use AutoDoc for more than one of them, all patient demographic information will only go to the one folder you select here. Click the **Clear** button to take the selected folder out of the field.

Entering a Practice ID Entry

Use the Practice IDs tab and Practice IDs screen to enter or edit key data elements associated with your practice (tax ID/social security number, NPI, taxonomy, legacy numbers). The Practice IDs tab displays all current rules. The New/Edit Practice ID screen allows you to edit or create rules that appear on the Practice IDs tab. The Practice IDs tab displays insurance company, insurance category, facility, NPI, Taxonomy, tax ID/ social security number and legacy data.

You must set up at least one rule on the Practice IDs screen and associate this information to all providers, insurance companies or insurance categories, and all facilities or a particular provider or company, and an insurance category or any combination of these elements.

1. Select the **Practice IDs** tab.

2. Click the **New** button to create a new rule.

--OR--

To edit a rule, select the record on the grid and click the **Edit** button.

3. Select either **All** or **Provider**. Selecting **All** will apply the rule to all providers; selecting **Provider** will ensure the rule is applied only to that provider.
4. Select **All**, **Insurance Company**, or **Insurance Category**.
5. Select either **All** or **Facility**.
6. Select either the **None** or **National Provider ID** button.
TIP: if your practice has a group NPI number, enter it here. Then, if providers in your office need to file claims as individuals, create a rule for that provider (on the Provider IDs screen) using the provider's individual NPI number.
7. Select either **None** or **Taxonomy**. Select **Taxonomy** and enter a taxonomy number to associate that taxonomy number with the rule. If an insurance company requires this taxonomy number on a claim, select the **Send Practice Taxonomy in Loop 2000A** box on the Information tab of the Insurance Companies screen.
8. Select the **None**, **Tax Identifier**, or **Social Security Number** button.
9. If needed, enter up to two legacy numbers and qualifiers. Use these fields to customize your rule to meet filing requirements with an insurance company(s).

Entering and Editing Practice Information for a Billing Service

If you are a billing service or have a different billing address from the pay to address, you must complete the Practice Pay To tab. The pay to address on claims is populated from information entered on this tab.

Chapter 4 - EDI Receivers

Before you can file claims, you must define EDI receivers and their parameters for transmitting information to a clearinghouse or payer for electronic claims. The settings in CGM LYTEC on the EDI Receivers screen are used for setting rules for electronic claims generation. Revenue Management actually files the claims using these settings.

To create an EDI receiver:

1. On the Lists menu, click **Standard Lists**.
2. Select **EDI Receivers**. The EDI Receivers screen appears.
3. In the EDI Receiver field, enter a code for the new EDI receiver or leave the field blank and let CGM LYTEC create a unique code based on the Name field.
4. In the Name field, enter a name for the receiver.
5. Complete the remaining fields in the EDI Receivers screen. This information will populate in Revenue Management as well.
6. Click the **Save** button.

Chapter 5 - Insurance Company Information

Each insurance company requires a record in the database. This record consists of two parts: general contact information and claims-specific information. Use the Information tab for general contact data. Claim-specific data also goes on this tab on the Claims tab. Many of the fields on the Claims tab are used for electronic claims only.

Entering Data on the Information Tab

1. On the Lists menu, click **Insurance Companies**. The Insurance Companies screen appears.
2. Click the **New** button.
3. Enter the insurance company's contact information, such as Name, Address 1, Address 2, City, State, ZIP Code, Telephone, Fax, and Email.
4. From the Type list, select an insurance type.

If your practice accepts assignments directly from the payor, select Yes in the Accept assignment field.

5. If you want to associate the insurance company with any or all of the insurance categories that you have created, click the Insurance Category 1, 2, or 3 magnifying glass and select an insurance category. Companies can have multiple categories.

Select the **Send Ordering Provider in Loop 2420E** check box if you submit claims with ordering provider information.

Select the **Send Practice Taxonomy in Loop 2000A** check box if you file electronic claims and your company requires your practice's taxonomy number in Loop 2000A. Contact your company for taxonomy requirements. For more information, see ["Insurance Company Considerations" on page 44](#).

NOTE: the EDI Special Processing Agreement box is only used for Tricare (Champus) claims.

Entering Data on the Claims tab

The Claims tab is mostly used for electronic claims.

1. Click the **Claims** tab.
2. In the Primary Receiver section, select the primary EDI receiver you use when sending electronic claims. If you do not enter an EDI receiver in the EDI Receiver when Primary field, electronic claims will not be created or sent for this insurance company.
3. In the Payer ID field enter the payer ID for the insurance company. Refer to the enrollment information you received from the clearinghouse and look up the commercial identification number/ submitter identification numbers assigned to the insurance company by the clearinghouse.

Option: For the RelayHealth clearinghouse, click the Payer ID magnifying glass to look this up using the pre-loaded database, which contains many payer IDs.

4. Enter the Payer ID if you use the eligibility verification service and want to verify eligibility with this insurance company (for some companies, the eligibility payer ID is different from the payer ID). Refer to the enrollment information you received from the clearinghouse and look up the commercial identification number/ submitter identification numbers assigned to the insurance company by the clearinghouse.

Option: For the RelayHealth clearinghouse, click the Payer ID magnifying glass to look this up using the pre-loaded database, which contains many payer IDs.

5. If you file secondary claims with the insurance company, select/enter values on the Secondary Receiver section.
6. The insurance company may specify a maximum number of transactions per claim. If the company does have a maximum threshold, click the up or down arrows on the Max Transactions Per Claim field to set a value. If you leave this field blank, the max transactions per claim defaults to 50.
7. The Payee ID field is only used for electronic claims for Illinois Medicaid. Check the enrollment information you received from the payer for the payee ID and enter this value in this field.
8. The Submitter ID field is only used for electronic claims. Enter the submitter ID assigned by the clearinghouse/payer. Refer to the enrollment information you received from the clearinghouse/payer and look up the submitter identification number assigned.

NOTE: Close the Insurance Companies screen before you use the Set Insurance Code Set screen. If the Insurance Companies screen is open when you click Update Selected on the Set Insurance Code Set screen, you will receive an error.

9. Click the **Save** button.

Chapter 6 - Facility Information

Create a record for each facility, such as a lab, that is affiliated with your practice. There are two components to the record: contact/demographic data entered on the Information tab, and billing-specific information entered on the Facility IDs tab.

If you have a separate NPI number for your facility and need to send facility billing information, you can specify the type of facility and qualifier along with a separate facility NPI number. If this information is sent on the claim, select the Send Facility on Claim check box. For more information on entering NPI numbers, see [“NPI Considerations” on page 43](#).

Entering Facility Information

1. On the Lists menu, click **Standard Lists**.
2. Select **Facilities**. The Facilities screen appears.
3. Enter data associated with the facility, including a name, address, telephone number, and so on.
4. Click the **Save** button.

Entering Information on the Facility IDs screen

Use the Facility IDs tab to enter or edit important data, such as NPI number, taxonomy number, CLIA number, legacy numbers, and so on. If your practice is associated with a facility, set up at least one rule on the New/Edit Facility IDs screen and enter any unique numbers, as well as the insurance company to which these numbers apply.

1. Select the Facility IDs tab.
2. Click the **New** button to create a new rule.

--OR--

To edit an entry, select the rule and click the **Edit** button.

3. Select either All, Insurance Company, or Insurance Category. If there is a unique number for the facility when filing claims to a particular insurance company, select Insurance Company. Otherwise, select All.
4. To include facility information on a print or electronic claim (box 32 CMS 1500 form), select Send Facility on Claim and the select an ID Qualifier. Leave the box unchecked if you do not want to include facility information on a claim.
5. Select either None or National Provider ID.
6. Select either None or Taxonomy.
7. Select either None or CLIA.

8. If necessary, enter up to two legacy numbers and qualifiers for the rule. Use these fields to customize your rule to meet filing requirements with an insurance company(s).

Chapter 7 - Provider Information

Create records for each of the physicians/providers in your practice. In each record, enter key information for the provider for reports and filing claims. For instance, you can enter key data, such as NPI, taxonomy, and tax ID/social security number.

Entering Provider Information

1. On the Lists menu, click **Providers**. The Providers screen appears.
2. Click the **New** button.
3. In the Provider section, enter demographic information for the provider.
4. In the **Reference** section, enter business related information, such as the provider's social security number, tax ID, state license number, DEA number, and UPIN.

Complete the following options as they apply to your practice:

In the Claim section, select the **Hospice Employed** check box if the provider is an employee of a hospice.

Select the **Medicare Participating Provider** check box if the provider is considered a Medicare participating provider. A Medicare participating provider agrees to accept assignment on all Medicare claims for covered services and supplies. This field is generally used with electronic claims.

Select the **Allow Eligibility Verification** check box to allow eligibility verification for this provider's patients. A patient is assigned to this provider either in the Associations tab of the patient's record or the patient's appointment.

Select the **Signature on File** check box to indicate that the provider's signature is on file.

From the Default Location Code list, select a default location code for the provider. If the practice has more than one location, you can generate reports based on each location.

Entering Provider ID Rules

Use the New/Edit Provider IDs screen to enter or edit key data associated with a provider (tax ID/ social security number, NPI, taxonomy, legacy numbers, and so on). Set up at least one rule on the Provider IDs screen for each provider in your practice. Then, if there are numbers unique to an insurance company, create additional rules for this provider, specifying that insurance company and number.

For more information on entering data for rules, see [“Provider Considerations” on page 42](#).

To create a rule for a provider:

1. On the Lists menu, click **Providers**.

2. Select the **Provider IDs** tab. The tab appears with a listing of existing rules in the grid.
Figure 30.

3. Click the **New** button to create a new rule.

--OR--

To edit a rule, highlight it on the grid and click the **Edit** button. The Edit Provider IDs screen appears.

4. Select either **All**, **Insurance Company**, or **Insurance Category**. If a particular insurance company has numbers unique to it, select **Insurance Company** and then select the company from the drop-down list.
5. Select either **All** or **Facility**.
6. Select either **Claim Type Individual** or **Claim Type Group**.
7. Select either **From Practice** or **National Provider ID**.
TIP: If you do not want to send an NPI number on a claim, select **From Practice** and then on the **Practice IDs** screen, create a matching entry for the provider in which you select **None** for the NPI option.
8. Select either **From Practice** or **Taxonomy**.

TIP: If you do not want to send a taxonomy number on a claim, select **From Practice** and then on the **Practice IDs** screen, create a matching entry for the provider in which you select **None** for the **Taxonomy** option.

9. Select **From Practice**, **Tax Identifier**, or **Social Security Number**.

Other Options:

- If you file mammography claims, select **Mammography Cert** and enter the certificate number to associate with the rule.
- If you file laboratory claims using a CLIA number, select **CLIA** and enter the CLIA number to associate with the rule.
- If the insurance company requires a care plan oversight number, select **Care Plan Oversight**, select an **ID qualifier**, and enter the care plan oversight number to associate with the rule.
- Enter up to three legacy numbers and qualifiers for the rule. Use these fields to customize your rule to meet filing requirements with an insurance company(s).

Chapter 8 - Referring Physician Information

If you have referring physicians affiliated with your practice, create a record for each referring physician. In this record, you can link the physician to a particular insurance company/category and include other billing details, such as the referring physician's NPI, taxonomy, and other legacy IDs.

1. On the Lists menu, click **Referring Physicians**. The Referring Physician screen appears.
2. On the Referring Physician Information tab, enter demographic information for the referring physician, such as last name, first name, title, and so on.
3. Click the **Save** button.

Entering Information on the Referring Physicians IDs screen

Use the Referring Physician IDs tab and grid to enter or edit key data for the referring physician (NPI, taxonomy, legacy numbers, and so on). Set up at least one rule on the New Referring Physician IDs screen for each referring physician that works with your practice and associate this information to insurance companies or insurance categories.

1. Select the Referring Physician IDs tab.
2. Click the **New** button.

--OR--

To edit an entry, select the rule on the grid and click the **Edit** button.

3. Select either All, Insurance Company, or Insurance Category.
4. Select either Person or Non-Person. Select Person if the referring physician is a person and not an organization.
5. Select either None or National Provider ID. Select National Provider ID and enter an NPI number to associate that NPI number with the rule if the number is unique for this physician.
6. Select either None or Taxonomy. Select Taxonomy and enter a taxonomy number to associate that taxonomy number with the rule.
7. If needed, enter up to two legacy numbers. Use these fields to customize your rule to meet filing requirements with an insurance company(s).

Chapter 9 - Transaction Codes and Diagnosis Codes

Use Transaction Codes and Diagnosis Codes for properly entering and documenting activities that your practice has with patients and insurance companies. When you file claims, the information that makes up these codes is used to ensure correct filing and completeness.

Transaction Codes

Transaction codes are all the different types of financial codes that you enter in the system: CPT

Description Tab

Field	Description
Transaction Code	Enter a short identifier code. For procedure codes, this is usually the CPT code. For other transaction codes, enter a code that you will be able to identify easily.
Inactive	Select this check box if you want to mark the transaction code as unavailable for use throughout CGM LYTEC.
Description	Enter a brief but clear description to identify the code. What you enter here prints on patient statements as the code's description.
CPT Description	This is a read-only field that is populated when you select a code from the CPT Code Search screen.
Type	Select a value here. Each value has an effect on the Insurance Portion or Patient Portion available in the Charges and Payments screen. In addition, certain selections will enable other sections of CGM LYTEC. For instance, selecting Inventory enables the fields on the Inventory tab. For more information on this tab, see "Inventory Tab" on page 66 .
Payment Type	Select what type of payment this code is for. This field is only available when the transaction code type is Patient Payment.
Unique Type of Service	Enter up to three characters to define a unique type of service. For future reference, maintain a list with the code and its related type of service.
Standard Cost	Enter the dollar amount in labor and supplies that it costs for the physician to perform the procedure. This field is used when generating a Managed Care Analysis report.
Purchased Service Cost	Use this field to report the direct cost of purchased services, like outside laboratory fees.
This is a Lab Procedure which Requires a CLIA Number where Applicable	Click this check box if you want the CLIA number appear on an insurance claim when the transaction code is used.

Defaults Tab

Field	Description
Place of Service	Enter the place of service for the transaction code.
Type of Service	Enter the type of service for the code.
CPT Code	Enter the CPT code that will appear on insurance claims when this transaction code is entered.
Charge	Enter the charge amount.
Code	Use this field for the eleven digit prescription code.
Units	Use this field to enter the units associated with the medication.
Measurement	Use this field to select the measurement for the medication.
Taxable	Select this check box if sales tax needs to be calculated for the transaction code. When you check this option, sales tax will be automatically calculated based on the Sales Tax Rate field in the Practice Settings screen. For more information on this screen, see “Entering Practice Information” on page 50 .
Print on Claims	Select this check box if you want to select the Print check box in the Charges and Payments screen by default. A check in the Print check box ensures the charge will appear on an insurance claim.
Charge Patient Only	Select this check box for procedures that are not covered by the insurance company. This will bill the entire charge amount to the patient account.

Appointments Tab

Field	Description
Appointment Colors	Select colors in the Text Color and the Background Color fields to use the color-coded transaction codes in the Appointment grid. Transaction codes can be set up to color-code the Appointment grid. This can help you identify which procedure will be performed for a patient during an upcoming appointment.

Field	Description
Appointment Length	Enter a default appointment length in hours and/or minutes. When you enter this procedure code in an appointment, the appointment length will default to what you enter here.
Auto Recall	Use this section to schedule recall appointments automatically. If you enable this feature, CGM LYTEC schedules a recall appointment when this transaction code is used in Charges and Payments.

Inventory Tab

If you have inventory items that you sell to your patients, such as vitamins, you can set up inventory tracking for each item. This feature helps you keep track of how many units you have of each item. It also helps you keep track of the number of units you sell and how much revenue you generate. Information can only be entered on this tab if you choose Inventory as the Transaction Type on the Description tab.

Fee Schedules Tab

If you have multiple locations/facilities set up with unique locality and company numbers, you will have a fee schedule for each location. You can enter individual fee schedule information for the transaction code when it is performed at different locations.

If there is a locality number or a company number in the fee schedule, you must enter the appropriate location when entering charges to apply the fee schedule correctly.

CPT Code Search

Note: This is an add-on feature to CGM LYTEC 2018 and will work only for CGM LYTEC 2018 and above. For information on purchasing CPT Code Search, contact your Value-Added Reseller. Once you purchase CPT Code Search, you must register it to activate it. It will require a Serial Number and Registration Code.

You must have an Internet connection for this feature.

Single Select

There is a new CPT Code Search screen that you can use to search for CPT codes, either by code or by description.

The table below describes the fields and options on this screen.

Element	Description
Search for	Use this field to type in characters that you want to search for.

Element	Description
Effective Date	Select an Effective Date for when the code will become active for your practice.
Show Matches Only check box	Select this check box if you want to see exact matches only.
Search button	Click this button to perform the search for the code you entered. When you click this button, the “tree” listing of codes in the code section will expand to show you the code you searched for.
OK button	Click this button to add the code to your list of Transaction Codes.
Cancel	Click this button to cancel your search and close the screen.

Multi-Select

Use this screen to add many CPT codes at once to your code set.

The table below describes the fields and elements on this screen.

Element	Description
Search for	Use this field to type in characters that you want to search for.
Effective Date	Select an Effective Date for when the code will become active for your practice.
Show Matches Only check box	Select this check box if you want to see exact matches only.
Search button	Click this button to perform the search for the code you entered. When you click this button, the “tree” listing of codes in the code section will expand to show you the code you searched for.
Check boxes in grid	Select the check boxes in the grid for the codes you want to add. Selecting a check box for an entire group of codes will add the entire group to your database at one time.
Select All button	Click this button to select all of the codes in the grid. In this way, you can add the codes at one time.
OK button	Click this button to add the codes to your list of Transaction Codes.
Cancel	Click this button to cancel your search and close the screen.

Diagnosis Codes

To enter diagnosis codes:

- On the Lists menu, click **Diagnosis Codes**.

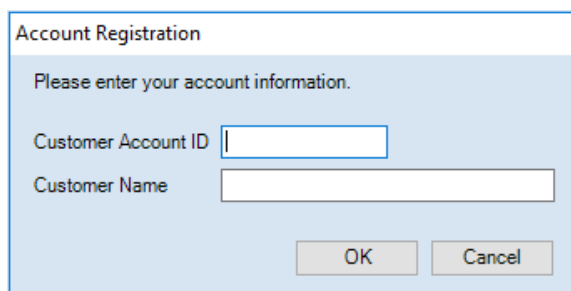
Field	Description
Diagnosis Code	Enter a short identifier code. This is usually the ICD-9 code. For more information on ICD-9 codes, see “ICD-9 codes” on page 159 .
Version Type	Use this to indicate which code version the Diagnosis Code field is: ICD-9, ICD-10, or other.
Description	Enter a description to identify the diagnosis code.
ICD-9 Code	Enter the ICD-9 code (even if it is the same as that used in the Diagnosis Code field).
ICD-9 Description	Use this to enter a description of the ICD-9 code. You can enter up to 40 characters.
ICD-10 Code	Use this to enter an ICD10 code for this diagnosis code. You can enter up to 9 characters.
Description	Use this to enter a description of the ICD10 code. You can enter up to 40 characters.

MO - Enhanced ICD Search

The current ICD-10 code search tool for CGM LYTEC has been replaced by Intelligent Medical Objects® (IMO®).

You must be registered to use this feature. When you first use this feature, you'll see a screen for registration information. Enter the information you received from your Value-Added Reseller (VAR). The Account ID is case-sensitive

For the Value-added reseller: The Customer Account ID in Salesforce is the Customer Account ID in CGM LYTEC.



Account Registration

Please enter your account information.

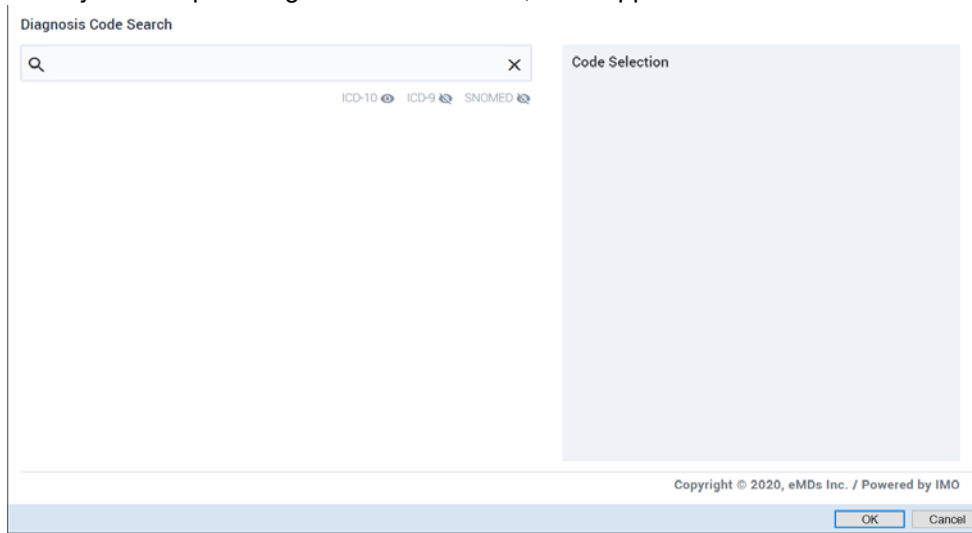
Customer Account ID

Customer Name

OK Cancel

Figure 31. Account Registration screen

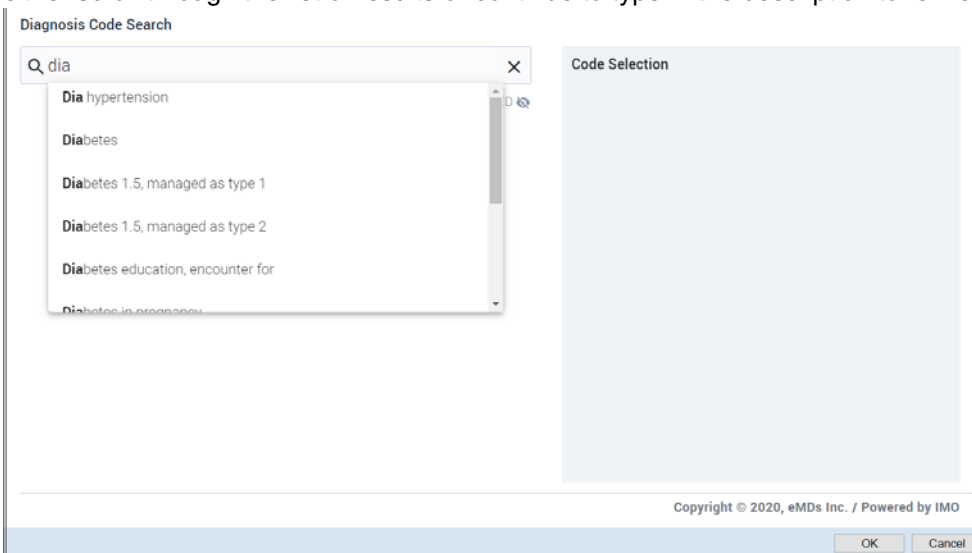
When you first open Diagnosis Code Search, it will appear like this:

*Figure 32. Diagnosis Code Search screen*

Searching for and selecting codes

Searching for codes

Search for a code by entering the code description or part of the description. The type ahead search feature will display codes automatically after you have entered three characters. Then, either scroll through the list of results or continue to type in the description to refine the search.

*Figure 33. Diagnosis Code Search screen - type ahead results*

You also can type a search term or partial search term (for instance, one or two characters) and press **Enter**.

Diagnosis Code Search

Search:

ICD-10 ICD-9 SNOMED

☐	Di (detrusor instability)	N32.81	
☐	Di (diabetes insipidus)	E23.2	HCC
☐	Di George syndrome	D82.1	HCC
☐	Di George's syndrome	D82.1	HCC
☐	Di Guglielmo disease	C94.00	HCC
☐	Di Guglielmo syndrome	C94.00	HCC
☐	Di Guglielmos disease	C94.00	HCC
☐	Di Guglielmo's disease	C94.00	HCC
☐	Di Guglielmo's syndrome	C94.00	HCC

Code Selection

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OK Cancel

Figure 34. Diagnosis Code Search screen - Enter key pressed

Codes that were located appear in the section below the Search field. When the search results include a diagnosis with multiple ICD-10 codes, a plus sign (+) displays next to the diagnosis code.

Diagnosis Code Search

Search:

ICD-10 ICD-9 SNOMED

☐	Latent diabetes mellitus affecting pregnancy	O99.810	+
-----------------------	--	---------	---

Figure 35. Diagnosis Code Search screen - + sign highlighted

Selecting such a code by clicking the radio button to the left of it will display all diagnoses associated with that item.

Diagnosis Code Search

Search:

ICD-10 ICD-9 SNOMED

***	Diabetes mellitus affecting pregnancy	O24.919	
☐	Diabetes mellitus affecting pregnancy in first trimester	O24.911	
☐	Diabetes mellitus affecting pregnancy in second trimester	O24.912	
☐	Diabetes mellitus affecting pregnancy in third trimester	O24.913	
☐	Diabetes mellitus affecting pregnancy, antepartum	O24.919	
☒	Latent diabetes mellitus affecting pregnancy	O99.810	+
***	Secondary diabetes mellitus affecting pregnancy	O24.819	
☐	Secondary diabetes mellitus affecting pregnancy in first trimester	O24.811	
☐	Secondary diabetes mellitus affecting pregnancy in second trimester	O24.812	

Code Selection

Latent diabetes mellitus affecting pregnancy

☐ O99.810 - Abnormal glucose complicating pregnancy

☐ R73.03 - Prediabetes

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OK Cancel

Figure 36. Diagnosis Code Search screen - Code Selection section highlighted

You can also hover over or click the plus sign (+) to display a screen that shows the **additional ICD-10 codes** for the diagnosis code.

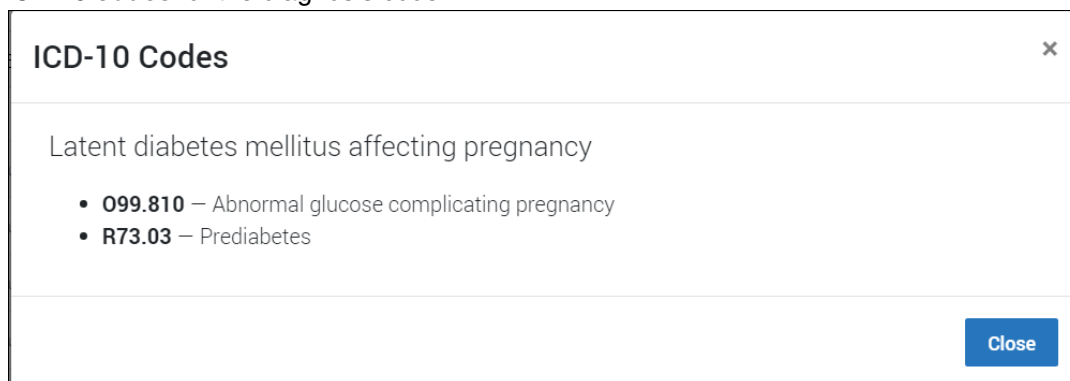


Figure 37. ICD-10 Codes modal

Selecting codes

To select a code, click the radio button to the left of the code in the main search section.

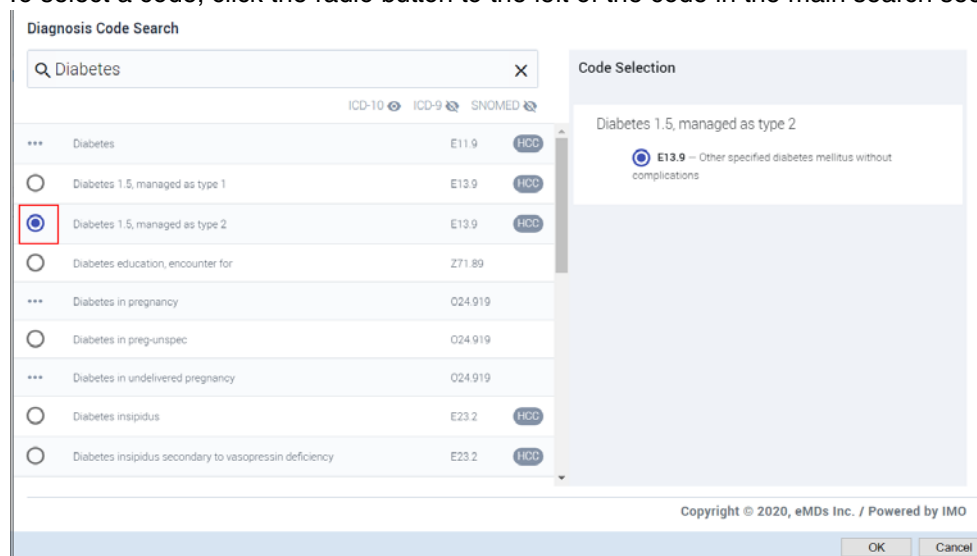


Figure 38. Diagnosis Code Search screen

The selected code will appear at the right in the Code Selection section, with the radio button selected there (if there is only one item for the selected code).

To add the code to your list of codes in CGM LYTEC, click the OK button in the bottom right. On the CGM LYTEC Find Diagnosis screen the ICD-10 Code and Description fields will be populated.

Then, click the OK button on the Find Diagnosis screen in CGM LYTEC.

Note: if you enter an ICD-10 code in the CGM LYTEC Find Diagnosis screen before you click the ICD-10 Lookup, the Search screen will be scoped to related items when you launch it.

For items that have multiple codes, when you click the radio button to the left of the item in the search, all codes for that item will appear in the Code Selection section on the right.

Diagnosis Code Search

Q Diabetes mellitus affecting pregnancy X

ICD-10 ICD-9 SNOMED

***	Diabetes mellitus affecting pregnancy	O24.919
☐	Diabetes mellitus affecting pregnancy in first trimester	O24.911
☐	Diabetes mellitus affecting pregnancy in second trimester	O24.912
☐	Diabetes mellitus affecting pregnancy in third trimester	O24.913
☐	Diabetes mellitus affecting pregnancy, antepartum	O24.919
☒	Latent diabetes mellitus affecting pregnancy	O99.810 +
***	Secondary diabetes mellitus affecting pregnancy	O24.819
☐	Secondary diabetes mellitus affecting pregnancy in first trimester	O24.811
☐	Secondary diabetes mellitus affecting pregnancy in second trimester	O24.812

Code Selection

Latent diabetes mellitus affecting pregnancy

☐ 099.810 -- Abnormal glucose complicating pregnancy

☐ R73.03 -- Prediabetes

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OK Cancel

Figure 39. Diagnosis Code Search screen

In this case, to select a code, select one of the radio buttons in the Code Selection section. Then, click the OK button.

Note that you can add only one code at a time to your CGM LYTEC Diagnosis Code list.

To de-select a code, select a different radio button or click the Cancel button on the bottom right to close the Diagnosis Code Search screen.

Viewing and hiding code types

By default, only ICD-10 codes will display in the search results when opening the Diagnosis Code Search screen. However, you can choose to view ICD-9 and SNOMED codes by clicking the View (Show/Hide) icon shaped like an eye.

- The View (show) icon will display for code types that are marked for display.
- The View icon with a slash (hide) will display for code types that are hidden.



Figure 40. Code Types

When all code types are displayed, the screen will appear like this:

Diagnosis Code Search

Q Diabetes X

ICD-10 ICD-9 SNOMED

	ICD-10	ICD-9	SNOMED
***	Diabetes	E11.9	250.00 73211009
☐	Diabetes 1.5, managed as type 1	E13.9	250.00 426875007
☐	Diabetes 1.5, managed as type 2	E13.9	250.00 426875007
☐	Diabetes education, encounter for	Z71.89	V65.49 305058001

Code Selection

Figure 41. Diagnosis Code Search screen

Hovering over an ICD-10 code will display the information for that code.

...	Diabetes in pregnancy	O24.919	ICD-10 Codes Diabetes in preg-unspec • O24.919 — Unspecified diabetes mellitus in pregnancy, unspecified trimester
☐	Diabetes in preg-unspec	O24.919	
...	Diabetes in undelivered pregnancy	O24.919	

Figure 42. Diagnosis Code Search screen - hover over displayed

Click the ICD-10 code and a modal screen will open showing the information.

ICD-10 Codes		×
Diabetes in pregnancy		
• O24.919 — Unspecified diabetes mellitus in pregnancy, unspecified trimester		
		Close

Figure 43. ICD-10 Codes modal

Viewing and selecting modifiers

The More Options button (ellipsis) indicates that there are modifiers available for the diagnosis code. The use of the term modifier refers to qualifying, or refining, the diagnosis code and has no impact on billing.

Diagnosis Code Search					
Diabetes		X			
		ICD-10 ☒ ICD-9 ☐ SNOMED ☐			
...	Diabetes	E11.9	250.00	73211009	HCC
☐	Diabetes 1.5, managed as type 1	E13.9	250.00	426875007	HCC
☐	Diabetes 1.5, managed as type 2	E13.9	250.00	426875007	HCC
☐	Diabetes education, encounter for	Z71.89	V65.49	305058001	

Figure 44. Diagnosis Code Search screen - with More Options button highlighted

Click the More Options button to open a screen that displays modifier groups that allow you to refine the search results.

Diagnosis Modifiers

Diabetes

Diabetes mellitus type

- type 1
- type 2
- due to underlying condition

Diabetes mellitus long term insulin use

- with long term use
- without long term use
- unspecified long term insulin use status

Diabetes mellitus complication status

- without complication
- with circulatory complication
- with diabetic

Diabetes mellitus complication detail

- with diabetic retinopathy
- with cataract
- with diabetic macular

Diabetic retinopathy severity

- with mild nonproliferative retinopathy
- with moderate nonproliferative

Proliferative retinopathy type

- stable
- with traction retinal detachment involving macula

Diabetes mellitus macular edema

- with macular edema
- without macular edema
- macular edema presence unspecified

Laterality

- right
- left
- bilateral
- unspecified laterality

Chronic kidney disease stage

- stage 1
- stage 2 (mild)
- stage 3 (moderate)
- stage 4 (severe)

Results (0)

Figure 45. Diagnosis Modifiers screen

When you select a modifier item in one of the category boxes, a more specific list of modifier results will display in the Results section. The system will hide all incompatible modifier items in the other modifier groups, as well as all items in the active modifier container. Only one selection per modifier group is allowed.

To de-select a modifier, click it again. All of the modifiers and categories will be restored.

Diagnosis Modifiers

Diabetes

Diabetes mellitus type

- type 1

Diabetes mellitus complication status

- without complication
- with circulatory complication
- with diabetic

Diabetes mellitus complication detail

- with diabetic retinopathy
- with cataract
- with diabetic macular

Diabetic retinopathy severity

- with mild nonproliferative retinopathy
- with moderate nonproliferative

Results (118)

- Select Type 1 diabetes mellitus with ketoacidosis without coma E10.10
- Select Type 1 diabetes mellitus with ketoacidotic coma E10.11
- Select Type 1 diabetes mellitus with nephropathy E10.21

Figure 46. Diagnosis Modifiers screen - Results highlighted

Note in the figure above that the selected item is now highlighted in light blue.

You can continue to make selections to narrow the results. For instance, after selecting type 1 or type 2 in the Diabetes mellitus type category box, selecting **without complication** from the

Diabetes mellitus complication status box will reduce the results to a single item and **without complication** is also highlighted.

The screenshot shows the 'Diagnosis Modifiers' window. On the left, under the 'Diabetes' category, the 'Diabetes mellitus complication status' dropdown is set to 'without complication'. On the right, the 'Results (1)' section shows a single result: 'Type 1 diabetes mellitus without complication' with code 'E10.9' and an 'HCC' button.

Figure 47. Diagnosis Modifiers screen

Selecting modifiers

Click all necessary diagnosis modifiers in the category boxes to refine the search. Then, click the Select button in the Results section to select the desired code. You can select only one code.

The screenshot shows the 'Diagnosis Modifiers' window with multiple modifiers selected. Under 'Diabetes', 'Diabetes mellitus type' is 'type 1'. Under 'Diabetes mellitus complication status', 'without complication' is selected. Under 'Diabetes mellitus complication detail', 'with diabetic retinopathy' and 'with cataract' are selected. Under 'Diabetic retinopathy severity', 'with mild nonproliferative retinopathy' is selected. Under 'Proliferative retinopathy type', 'stable' is selected. Under 'Diabetes mellitus macular edema', 'with macular edema' is selected. Under 'Laterality', 'right' is selected. Under 'Chronic kidney disease stage', 'stage 1' is selected. On the right, the 'Results (118)' section shows a list of codes, with 'Type 1 diabetes mellitus with ketoacidosis without coma' (E10.10) selected.

Figure 48. Diagnosis Modifiers screen

Then, the Diagnosis Modifier screen will close and the selected code will display in the Code Selection section of the Diagnosis Code Search screen. If multiple codes appear, select the one you want in the Code Selection section.

The screenshot shows the 'Diagnosis Code Search' window. The search term is 'Diabetes'. The results table shows several codes, including 'Diabetes mellitus due to underlying condition with hyperosmolarity without coma, with long-term current use of insulin' (E08.00). The 'Code Selection' section on the right shows the selected code, 'E08.00', and its description.

Figure 49. Diagnosis Code Search

Then, click the OK button to add the code on the Diagnosis (new) screen.

Finally, click the Save button on the CGM LYTEC Find Diagnosis screen.

Risk Score display

If an IMO diagnosis code has risk score results, an HCC (for Hierarchical Condition Categories) icon appears at the far right of the description. Hover your mouse pointer over this icon to display the risk results data. The data displays in two columns: **RxHCC Information** and **HCC Information**.

<u>RxHCC Information:</u>	<u>HCC Information:</u>
Model category - 31	Model category - 19
Non low income, 65 and over - .27	Community factors - .105
Non low income, under 65 - .256	Institution factors - .178
Low income, 65 and over - .32	
Low income, under 65 - .394	
Institutional - .322	

On the right side of the table, there are three circular icons, each labeled 'HCC'.

Figure 50. Diagnosis Code Search screen - Risk hover over

Although the HCC Risk Category information is displayed for some codes, this information is not included in nor automatically carried over to the Diagnosis Code list in CGM LYTEC. It is provided for information and not used elsewhere for a selected diagnosis.

Set Insurance Code Set

The Set Insurance Code Set will show all existing insurance companies and the current default diagnosis code set for each one. Select which companies you want to change to ICD-10.

When you are ready, click the Update Selected button to update your practice settings.

Code	Name	Type	Code Set	ICD-10 Effective Date
☐ 5STAR0000	5 Star Life Ins Co	Commercial	ICD-9	
☐ AAALI0000	AAA Life Ins Co	Commercial	ICD-9	
☐ FH	First Healthcare	Commercial	ICD-9	
☐ FHMC	First Healthcare Managed Care	Commercial	ICD-9	
☐ GMEDICARE	Medicare (Group Practice)	Medicare	ICD-9	
☐ MEDICAID	Medicaid	Medicaid Physician	ICD-9	
☐ MEDICARE	Medicare	Medicare	ICD-9	
☐ NM	National Mutual	Commercial	ICD-10	
☐ SUPHEALTH	Supplemental Health	Commercial	ICD-9	
☐ WKCOMP	Worker Comp	Worker's Compensation	ICD-9	

For the selected insurance companies:

Set the default code set for claims to

☒ Use the ICD-9 code set for claims with a date of service prior to

☐ Clear the ICD-10 effective date

Figure 51. Set Insurance Code Set screen

NOTE: Close the Insurance Companies screen before you use the Set Insurance Code Set screen. If the Insurance Companies screen is open when you click Update Selected on the Set Insurance Code Set screen, you will receive an error.

Chapter 10 - Attorney, Employer, or Other Addresses

Use the Addresses screen to enter information for attorneys, employers, and other entities.

Address Code:

Address Information Custom Fields

Type: ☐ Attorney ☒ Employer ☐ Other

Full Title:

Last Name:

First Name: Middle:

Address 1:

Address 2:

City:

State: ZIP Code: -

Telephone: Ext:

Fax:

Main Phone:

Mobile Phone:

Pager Phone:

Other Phone:

Home Email:

Work Email:

☐ Inactive

Figure 52. Addresses screen

To set up address records,

1. On the Lists menu, click **Standard Lists**.

2. Select **Addresses**. The Addresses screen appears.

Address Code:

Address Information **Custom Fields**

Type: ☐ Attorney ☒ Employer ☐ Other

Full Title: Fax:

Last Name: Main Phone:

First Name: Middle: Mobile Phone:

Address 1: Pager Phone:

Address 2: Other Phone:

City: Home Email:

State: ZIP Code: - Work Email:

Telephone: Ext:

☐ Inactive

New Save Delete Close

Figure 53. Addresses screen

3. In the Address Code field, enter a code for a new address record, or leave the field blank and let CGM LYTEC create a unique code based on the Full Title field.
4. From the Type list, select either Attorney, Employer, or Other.
5. Enter other demographic data such as last name, first name, telephone number, and so on.
6. Click the **Save** button.

Chapter 11 - Guarantors and Patients

Before you can file a claim or collect payment for a patient, you must create a record for that patient. In addition, you can create records for guarantors.

Guarantors

A guarantor is a responsible party and/or insured party who is not a patient of the practice.

Guarantors

Guarantor Code: If the code is left blank, one will be generated automatically.

Guarantor Information

Last Name: Suffix: First Name: Middle Name: Address 1: Address 2: City: State: ZIP Code: -

Social Security: Birth Date: Sex:

Race

- ☐ I - American Indian or Alaska Native
- ☐ A - Asian
- ☐ B - Black or African American
- ☐ P - Native Hawaiian or Other Pacific Islander
- ☐ W - White
- ☐ E - Other
- ☐ 7 - Declined

Entity Type: ☒ Person ☐ Non-Person

Home Phone: () - Work Phone: () - Ext: Mobile Phone: () -

Home Email: Work Email:

Employer: (None selected)

New Save Delete Family Contact Prefs... Close

☐ Inactive

Figure 54. Guarantors screen

Patients

Use the Patients screen to track information on your patients. The Patients screen contains much of the information that appears on the insurance form, as well as other information used throughout CGM LYTEC. This section gives pointers on setting up a patient record, but does not cover every field that exists in the Patients screen.

Patient Information Tab

Patient Chart:

Responsible Party: <Self>

Claim Information	Diagnosis/Reminders	Contacts	Appointments	Patient Images	Custom Fields
Patient Information	P=National Mutua...	Secondary Insurance	Tertiary Insurance	Associations	

Last Name: Race: ☐ 1 - American Indian or Alaska Native
☐ A - Asian
☐ B - Black or African American
☐ P - Native Hawaiian or Other Pacific Islander
☐ W - White
☐ E - Other
☐ 7 - Declined

Suffix:

First Name: Ethnicity:

Middle Name: Language:

Nickname: Marital Status:

Address 1: Co-pay:

Address 2:

City: Home Email:

State: ZIP Code: - Patient Code:

Home Phone: Ext: Patient Type:

Work Phone: Birth Date: 80 years, 4 months

Mobile Phone: New Patient Date: 20 years, 2 months

☒ Bill patient automatically Social Security: Gender: Birth Sex:

Gender Identity: Sexual Orientation:

Number of Visits Allowed/Used: P = 0 S = 0 Prepayment Balance: \$0.00 Last Eligibility Request:

Primary Insurance Balance: \$82.00 Patient Balance: \$25.00 Co-Pay:

Secondary Insurance Balance: \$0.00 Next Appointment: No Next Appointment Co-Insurance:

Tertiary Insurance Balance: \$0.00 Previous Appointment: 09/18/2023 Remaining Deductible:

Buttons: New, Save, Delete, Responsible Party..., Patient..., Family..., Patient Ledger, Edit Patient Notes..., A/R Mgmt Notes..., Print..., Get Card Data..., Save and Query, Contact Prefs..., Statements..., Close, Inactive, Do Not Perform Account Balance Calculation, Calculate Now

Figure 55. Patients screen - Patient Information tab

Field/Button	Description
Patient Chart	Enter a short identifier code. If you want to let CGM LYTEC create a unique code based on the Last Name field, leave the field blank and make sure the Generate from name field is clicked in the Preferences screen available from the Settings menu. For more information on preferences, see "Preferences" on page 47 .
Responsible Party	The responsible party is generally the person who will be billed for the patient's portion of the charges on a statement. If a patient is not responsible for his or her own financial obligations, one of the first things you will do is assign the patient a responsible party.

Insurance Tabs

Each patient can have up to three insurance companies set up in their record. Complete fields on the Primary Insurance tab first. If appropriate, complete fields on the Secondary Insurance tab second, followed by the Tertiary Insurance tab.

Patient Chart: **COLLIN0000**

Responsible Party: <Self>

Claim Information | Diagnosis/Reminders | Contacts | Appointments | Patient Images

Patient Information | **P=Aetna** | Secondary Insurance | Tertiary Insurance | Associations

Insurance

Insurance Code: **AETNA0000** Authorization:

Insurance Name: **Aetna** Claim Number:

Type: **Employer** Accept Assignment: **Y - Yes**

Group Number: **A1000-0000-110001** ☐ Bill insurance automatically

Group Name:

Insured ID Number: **AETNA/0123886445666** Effective Dates: From: **07/01/2012** To:

Insured

Insured: **Collins, Sean** **Set Insured...**

Relation to Insured: **Spouse (01)**

Number of Visits Allowed/Used: P = 0 S = 0 Prepayment Balance: \$10.00

Primary Insurance Balance: \$0.00 Patient Balance: \$0.00

Secondary Insurance Balance: \$0.00 Next Appointment: No Next Appointment

Tertiary Insurance Balance: \$0.00 Previous Appointment: No Previous Appointment

Buttons: New, Save, Delete, Responsible Party..., Patient, Family, Patient Ledger, Add Patient Notes..., A/R Mgmt Notes..., Print, Close, Inactive, Do Not Perform Account Balance Calculation, Calculate Now

Figure 56. Patients screen - Primary Insurance tab

Field	Description
Insurance Code	Identify the patient's insurance company in the Insurance Code field.
Type	Select the appropriate insurance type. Note: The insurance type for Medicare companies is Nongroup.
Insured ID	Enter the patient's insured ID number.
Insured	Click the Set Insured button to set the insured person this patient: self for the patient, or a guarantor. If the insured person is not listed or is incorrect, click Set Insured to select the patient, another patient, or a guarantor as the insured person. Then click the drop-down arrow to the right of the Relation to Insured field to select the appropriate relationship.

Field	Description
Authorization	Shows you the authorization, if any, for this patient.
Bill Insurance Automatically – Primary Insurance Tab	Select this check box if you want the Bill column on the Charges and Payments screen checked automatically when you enter charges for the patient. In this way, you save data entry time when you enter charges.
Bill Automatically after Primary – Secondary Insurance Tab	Click this check box to bill the secondary insurance after you have applied an insurance payment for the primary insurance. You must use a payment code with the code type Insurance Payment to apply the payment. After you have processed an insurance payment for the primary insurance, the checkbox in the Bill column on the Charges and Payment screen will be selected for the secondary insurance.
Bill Automatically after Primary – Tertiary Insurance Tab	Click this check box to bill the secondary insurance after you have applied an insurance payment for the primary insurance. You must use a payment code with the code type Insurance Payment to apply the payment. After you have processed an insurance payment for the primary insurance, the checkbox in the Bill column on the Charges and Payment screen will be selected for the tertiary insurance.
Accept Assignment	Select Yes to accept assignment for the patient.

Associations Tab

Patient Chart:   

Responsible Party: <Self>

Claim Information	Diagnosis/Reminders	Contacts	Appointments	Patient Images	Custom Fields
Patient Information	P=Aetna	Secondary Insurance	Tertiary Insurance	Associations	

Employer:  (None selected)

Provider: 

Facility:  (None selected)

Referring Physician:  (None selected)

Referring Patient:  (None selected)

Attorney:  (None selected)

Supervising Physician:  (None selected)

Outside Primary Care Provider (PCP):  (None selected)

Date Last Seen by PCP:  Referral Date: 

Billing Status Code:  (None selected)

Number of Visits Allowed/Used: P = 0 S = 0 Prepayment Balance: \$0.00

Primary Insurance Balance: \$0.00 Patient Balance: \$200.00

Secondary Insurance Balance: \$0.00 Next Appointment: No Next Appointment

Tertiary Insurance Balance: \$0.00 Previous Appointment: 08/16/2012

Navigation:    

New

Save

Delete

Responsible Party...

Patient 

Family 

Patient Ledger

Add Patient Notes...

A/R Mgmt Notes...

Print 

Close

☐ Inactive

☐ Do Not Perform Account Balance Calculation

Calculate Now

Figure 57. Patients screen - Associations tab

Field	Description
Provider	Select a provider who treats the patient.
Date Last Seen PCP	Enter the date that the patient was last seen by the primary care provider.

Claim Information Tab

Patient Chart: COLLIN0000

Responsible Party: <Self>

Patient Information P=Aetna Secondary Insurance Tertiary Insurance Associations

Claim Information Diagnosis/Reminders Contacts Appointments Patient Images Custom Fields

Symptom
Type: Illness ☐ Similar Symptom
Date: 09/04/2012 Date:

Status/Death
Status: Able to carry on normal activity
Date of Death:

Lab
☐ Lab Charges Amount: \$0.00

Employment Status: Full time
Student Status:

☐ Signature on File / Assign Payments
☐ Patient Signature Source
☐ Release of Information Authorized
Date:

More Information...
Champus Information...

Number of Visits Allowed/Used: P = 0 S = 0
Primary Insurance Balance: \$0.00
Secondary Insurance Balance: \$0.00
Tertiary Insurance Balance: \$0.00
Prepayment Balance: \$0.00
Patient Balance: \$200.00
Next Appointment: No Next Appointment
Previous Appointment: 08/16/2012

New
Save
Delete
Responsible Party...
Patient
Family
Patient Ledger
Add Patient Notes...
A/R Mgmt Notes...
Print
Close
☐ Inactive
☐ Do Not Perform Account Balance Calculation
Calculate Now

Figure 58. Patients screen - Claim Information tab

Field	Description
Type	Specify a symptom type. Choose between Illness or LMP (Last Menstrual Period)
Date	Enter the date of the last symptom.
Status	Select the patient's status from the drop-down list. If you select Death as the status, the Date of Death field will become available.
Lab Charges	Select the Lab Charges check box and enter the amount of the charges in the Amount field.
Signature on File / Assign Payments	Select this check box if the patient's signature is on file for assignment of payment.
Patient Signature Source	Select this check box if the source of the patient's signature is on file.

Field	Description
Release of Information Authorized	Select this check box to indicate that a release of the patient's information has been authorized. Enter the date the release was authorized in the Date field below.

Diagnosis / Reminders Tab

Patient Chart: COLLIN0000

Responsible Party: <Self>

Patient Information P=Aetna Secondary Insurance Tertiary Insurance Associations

Claim Information Diagnosis/Reminders Contacts Appointments Patient Images

Permanent Diagnosis Codes

1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12:

Hold Codes

1: 2: 3: 4: 5:

Notes Reminder Code: NOTES0000 A/R Mgmt Status:

Images Reminder Code: IMAGE0000

(None selected)

Number of Visits Allowed/Used: P = 0 S = 0 Prepayment Balance: \$10.00

Primary Insurance Balance: \$0.00 Patient Balance: \$0.00

Secondary Insurance Balance: \$0.00 Next Appointment: No Next Appointment

Tertiary Insurance Balance: \$0.00 Previous Appointment: No Previous Appointment

Buttons: New, Save, Delete, Responsible Party..., Patient, Family, Patient Ledger, Add Patient Notes..., A/R Mgmt Notes..., Print, Close, Inactive, Do Not Perform Account Balance Calculation, Calculate Now

Figure 59. Patients screen - Diagnosis/Reminders tab

Click the magnifying glass icon in the numbered fields of the Permanent Diagnosis Codes section to assign up to twelve permanent diagnoses for the patient. Permanent diagnoses are helpful when you have patients who come in often with the same health issues, such as diabetes.

Contacts Tab

Use the fields on this tab to keep track of additional information that will help in contacting the patient. You can also use this tab to enter emergency contact information for the patient.

Patient Chart:   

Responsible Party: <Self>

Patient Information	P=Aetna	Secondary Insurance	Tertiary Insurance	Associations
Claim Information	Diagnosis/Reminders	Contacts	Appointments	Patient Images

General

Main Phone: () -

Fax Phone: () -

Pager Phone: () -

Other Phone: () -

Work Email:

Emergency Contact

Name: Sean Collins

Phone: (770) 555-1000

Note: Spouse

Number of Visits Allowed/Used: P = 0 S = 0 Prepayment Balance: \$10.00

Primary Insurance Balance: \$0.00 Patient Balance: \$0.00

Secondary Insurance Balance: \$0.00 Next Appointment: No Next Appointment

Tertiary Insurance Balance: \$0.00 Previous Appointment: No Previous Appointment

Navigation:    

New

Save

Delete

Responsible Party...

Patient

Family

Patient Ledger

Add Patient Notes...

A/R Mgmt Notes...

Print

Close

☐ Inactive

☐ Do Not Perform Account Balance Calculation

Calculate Now

Figure 60. Patients screen - Contacts tab

Appointments Tab

This tab shows the patient's future and/or past appointments.

Patient Chart: COLLIN0000   

Responsible Party: <Self>

Patient Information	P=Aetna	Secondary Insurance	Tertiary Insurance	Associations
Claim Information	Diagnosis/Reminders	Contacts	Appointments	Patient Images

Patient: Collins, Anorie L

☒ Future Appointments ☒ Past Appointments

Date	Time	Status	Provider	Resource	Reason	Note
Tue, Jul 31, 2012	8:00 AM	Pending		Appointments		

Number of Visits Allowed/Used: P = 0 S = 0

Primary Insurance Balance: \$0.00

Secondary Insurance Balance: \$0.00

Tertiary Insurance Balance: \$0.00

Prepayment Balance: \$10.00

Patient Balance: \$0.00

Next Appointment: No Next Appointment

Previous Appointment: No Previous Appointment

Buttons: New, Save, Delete, Responsible Party..., Patient, Family, Patient Ledger, Add Patient Notes..., A/R Mgmt Notes..., Print, Close, Inactive, Do Not Perform Account Balance Calculation, Calculate Now

Figure 61. Patients screen - Appointments tab

Patient Images Tab

The Patient Images tab displays the images that you have saved for the selected patient. This tab is for display only. To scan, import, export, print, or edit an image, click the Patients button and select Images.

Patient Chart:

Responsible Party: <Self>

Patient Information	P=Aetna	Secondary Insurance	Tertiary Insurance	Associations
Claim Information	Diagnosis/Reminders	Contacts	Appointments	Patient Images

Image Name

Description:
☐ Fit Within Window

New
Save
Delete

Responsible Party...

Patient ▼
Family ▼

Patient Ledger
Add Patient Notes...
A/R Mgmt Notes...

Print ▼
Close

☐ Inactive
☐ Do Not Perform Account Balance Calculation
Calculate Now

Number of Visits Allowed/Used: P = 0 S = 0	Prepayment Balance: \$10.00
Primary Insurance Balance: \$0.00	Patient Balance: \$0.00
Secondary Insurance Balance: \$0.00	Next Appointment: No Next Appointment
Tertiary Insurance Balance: \$0.00	Previous Appointment: No Previous Appointment

Figure 62. Patients screen - Patient Images tab

Custom Fields Tab

Use this tab to complete custom fields for the patient. Custom fields are those that you create and define.

Patient Chart: COLLIN0000

Responsible Party: <Self>

	Description	Value
1	Secondary Email	

Number of Visits Allowed/Used: P = 0 S = 0
 Primary Insurance Balance: \$0.00
 Secondary Insurance Balance: \$0.00
 Tertiary Insurance Balance: \$0.00

Prepayment Balance: \$10.00
 Patient Balance: \$0.00
 Next Appointment: No Next Appointment
 Previous Appointment: 07/31/2012

Figure 63. Patients screen - Custom Fields tab

NOTE: The Custom Fields tab will not appear until you use the Custom Fields screen on the Admin tab to create the custom field descriptions.

Chapter 11 - Entering Charges

Charges and payments are the basis for the rest of the activities that you perform, such as filing claims, printing statements, and printing financial reports. You will enter transactions in the Charges and Payments screen, as well as enter insurance payments in the Insurance Payment wizard and patient payments in the Patient Payment wizard.

Entering Charges and Payments

Open Item Transaction Entry

CGM LYTEC uses an open item transaction entry method that groups a set of related transactions into a single billing number. A “billing,” hence, is a collection of charges and/or payments entered on the Charges and Payments screen. The billing number determines what charges will be billed together on an insurance claim. You can access existing billings and create new ones in the Charges and Payments screen by using the Billing field.

Creating Billings

To create a billing, follow these steps:

1. On the Billing menu, click **Charges and Payments**.
2. Select **Charges and Payments**. The Charges and Payments screen appears.

Billing Information

Patient Chart: COLLIN0000 Collins, Anorie L

Billing: 7 Created: 07/31/2012

Provider: SMITH0000 Co-Pay: \$0.00

Location: Billing Status Code:

Pending Transactions:

Next Appointment: <None>

Bill To:	Bill	First Billed	Last Billed
Patient	☒		
Aetna	☐		
Secondary In...	☐		
Tertiary Insura...	☐		

Detail Items: ☐ Show item payments

Print	Pmt	Date From	Date To	Provider	Diagnosis	TX Code	M1	M2	PoS	Amount	Units	Extended	Expected	Ppy.
☒		07/31/2012	07/31/2012	SMITH0	252	STREP00				50.00	1.00	50.00	0.00	

Summary:

Provider: Doctor Code: Strep Throat Tax: \$0.00

Diagnosis: Strep Throat Reference: (None specified) Tax Paid: \$0.00

Patient Portion: \$50.00

Insurance Portion: \$0.00

Billing Balance: \$50.00

Prepay Balance: **\$10.00**

Account Balance: \$50.00

Buttons: Billing, Detail, Print, New, Save, Close, Window Reset, Office Pay

Figure 64. Charges and Payments screen

3. In the Patient Chart field, click the magnifying glass icon to select the patient for whom you want to enter charges and press **ENTER**.
4. The pointer will go down to the Billing field and a billing number will automatically appear in the field. The billing number will be the next available billing number in the practice. The first billing that you create will be 1, the second will be 2, and so on.
5. Click the **New/Open** button to begin entering charges in the Detail Items section.
6. In the Date From column, enter the date of service for the procedure performed. The provider code that appears in the Provider column is the provider you entered in the Associations tab of the patient's record.
7. Complete the remaining fields on the transaction line.
8. If you want to enter another charge for the billing, press **ENTER** and a new transaction line will be created.
9. When you are finished entering all the transactions for the billing, click the **Save** button.

Pending Transactions

Transactions imported into CGM LYTEC from an EMR service or your mobile device (see [“Charges and CGM LYTEC Mobile” on page 106](#)) are held as Pending Transactions until they can be processed by a CGM LYTEC user. Click Billing and click Pending Transactions to open the Pending Transactions window. Or, click the Pending Transactions icon in the Charges and Payments window.

If multiple instances of the Pending Transactions window are opened by multiple users, it is recommended to divide the list of pending transactions between users to avoid the potential of the same patient being selected by multiple users and duplicating entries for that patient. There is no record-locking on a patient basis.

To process pending transactions:

1. On the Billing menu, click **Pending Transactions**. The Pending Transactions screen appears.

Figure 65. Pending Transactions screen

2. In the Patient Chart field, click the magnifying glass icon to select the patient for whom you want to enter charges and press **ENTER**.
3. The pointer will move to the Billing field and a billing number will automatically appear in the field. The billing number will be the next available billing number in the practice. The first billing that you create will be 1, the second will be 2, and so on.
4. Press **TAB**. The screen will populate with any charges for the patient.
5. Process the transaction you would normal transactions.
6. Click the **Save** button. This will remove the transaction from Pending Transactions and apply it to the patient's account.

Pending Transactions from Appointments

Note: For this feature to work ensure that Crystal Reports has been installed during your CGM LYTEC installation on the CGM LYTEC Components screen.

In addition, this feature is not available for Client-Server users if the user's installation of CGM LYTEC 2023 is running Microsoft SQL 2012. The SQL must be upgraded to 2017 or 2019. Again, this does not affect CGM LYTEC 2023 Single-User, Multi-User or Professional, as they already will install MS SQL 2017 Express. It only affects Client-Server versions.

You can create Pending Transactions from appointments that have a Status of Completed. CGM LYTEC will create a pending transaction using the CPT code from the appointment's Procedure field and/or from the new Linked Transaction field to save you time by not having to create each billing individually

The table below shows the requirements for successfully creating Pending Transactions from appointment data.

Requirement	Details
Appointment Status	The appointment MUST have a Completed status.
Transaction Code and/or Linked Transaction Code	The appointment must have a Transaction Code or Linked Transaction Code entered in the Procedure and/or the new Linked Transaction field of the appointment. You can have both a selected Procedure and a selected Linked Transaction Code to create a Pending Transaction. For more information on using Linked Transactions, see “Additional Rules for Linked Transactions” on page 97.
Permanent Diagnosis Code	The created Pending Transaction will use the Permanent Diagnosis from the Patient Demographics unless Linked Transaction Codes are used. In the latter case, CGM LYTEC will use the Diagnosis selected for each CPT code in the Linked Transaction. • If a Transaction Code is selected from the appointment, CGM LYTEC will use the Permanent Diagnosis from the Patient. • If a Linked Transaction Code is selected from the appointment, CGM LYTEC will use the Diagnosis in the Linked Transaction details for each CPT/Procedure that has one. • If any of the Linked Transaction CPTs/Procedures do not have a Diagnosis assigned, CGM LYTEC will use the Permanent Diagnosis from the Patient. (it will use Permanent Diagnosis even when the Linked Transaction details is not checked to "Use Patient's Permanent Diagnosis Code".
Provider	• Add the Provider from the Appointment (if one is populated) to the new Pending Transaction. • Override any Provider from the Linked Transaction Code details and use the Provider populated on the appointment. • If there is no Provider selected on the appointment, CGM LYTEC will create the Pending Transaction without a Provider. In that case, you must select a Provider before saving the Pending Transaction.

Additional Rules for Linked Transactions

- If a Linked Transaction Code is used to create charge lines in the Pending Transaction, it will use all defaults that are set up with the Linked Transaction Code EXCEPT for Use Permanent Diagnosis, Provider, Amounts, and Place of Service.
- If a Linked Transaction exists in the appointment, when creating the Pending Transaction, CGM LYTEC will create the detail lines for all the components of the Linked Transaction Code.
- If BOTH a Transaction Code AND a Linked Transaction code are used in the appointment, CGM LYTEC will create detail lines for both the Transaction Code AND all the components of the Linked Transaction Code.
- The Transaction Code will always be the first charge line created in a Pending Transaction and then followed by the detail component charges from a Linked Transaction Code.

Creating Pending Transactions from Appointments and Record Locking

When using this feature make sure no other users are adding or editing appointments on the dates you are creating. If any users are adding or entering appointments on a date in the range of the Pending being created, the user trying to create the pending transactions will get the below error and no transactions in that date range will be created.

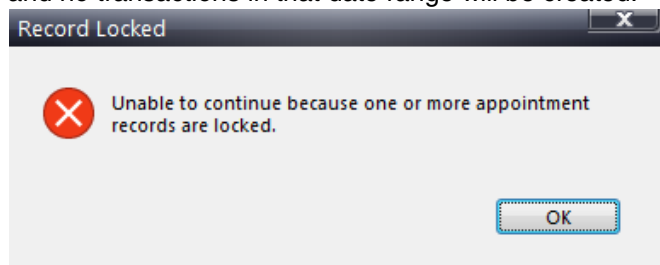


Figure 66. Record Locked message

Copying/Cutting and Pasting Appointments

If you copy/cut and paste appointments that already have Pending transactions created using the new feature to future appointment dates, those appointments will retain the Pending Transaction Status of Created from the copied/cut appointment. CGM LYTEC will NOT create Pending Transactions for those pasted appointments because it does not create pending transactions once the status is Created.

However, you can copy/cut and paste appointments to future appointment dates as normal when the Pending Transaction status is not Created.

Exception report

Any pending transactions that fail to create due to not meeting defined criteria due to not having a Procedure or Linked transaction or Appointment status other than Completed, will be listed in an Exception report that can be displayed or printed. This report will be produced at the end of the Pending Transaction creation process. For more information, see [“Pending Transactions Exception report” on page 101](#)). The exception report may also, optionally, be produced without actually creating Pending Transactions as a "preview" of what will be created and will fail/error, if proceeding.

Create Pending Transactions from Appointments selection screen

Use this screen to select criteria for creating pending transactions from Completed appointments.

The screenshot shows a software window titled "Create Pending Transactions from Appointments". Inside, there are two rows of input fields. The first row, labeled "Appointment Dates:", contains two date pickers with values "08/01/2022" and "08/05/2022". The second row, labeled "Appointment Providers:", contains two text boxes with "DDL" and magnifying glass icons. To the right of these fields are "OK" and "Cancel" buttons. Below the "Cancel" button is a checkbox labeled "Preview Report Only". At the bottom left, there is a button labeled "Change to: Multi-Select".

Figure 67. Create Pending Transactions from Appointments selection screen

The table below describes the options on this screen.

Element	Description
Appointment Dates	Select a date range using the From and To fields. These are required fields. Note that you cannot select a future date.
Appointment Providers	Select a provider or range of providers. Leave the fields blank to select all providers, which will include appointments that do not have a provider selected.
Change to Multi-select button	Use this to switch to multi-select, which you can use to select a non-contiguous range of providers. When you select this option, the Appointment Providers field will become a single field. Click the magnifying glass to open the Select Providers screen, on which you can select providers.
OK button	Click this button to create the transactions.
Cancel button	Click this button to cancel your selections and close the screen.
Preview Report	Select this check box if you want to see a preview of the Exception report that will show you the transactions that will be created. NOTE: If you select this check box, clicking the OK button will ONLY create a preview of the report. NO actual pending transactions will be created. To create the actual transactions, clear the check box and click the OK button.

Linked Transaction field

Use this field to add a Linked Transaction to the appointment.

Figure 68. Insert Appointment screen

Procedure

To create Pending Transaction from Completed appointments:

1. On the Billing menu, select Pending Tx from Appointments. The Create Pending Transactions from Appointments screen opens.
2. Select the Date Range and Providers.
3. If you want to preview the Exception report first, select the Preview Report check box and click OK. Otherwise, click OK. The transactions will be created. If there are appointments that lack all of the required information the Exception Report notification screen will appear.

Exception Report notification screen

When there are appointments that do not have all of the required information in them and you attempt to create Pending Transactions from them, you will see the Exception Report notification screen. This screen will show you the number of Pending Transactions that could not be created. You can

- Print the Exception report
- Preview the Exception report to screen

- Click Cancel to close the notification screen. If you cancel, you cannot print the report at a later time.)

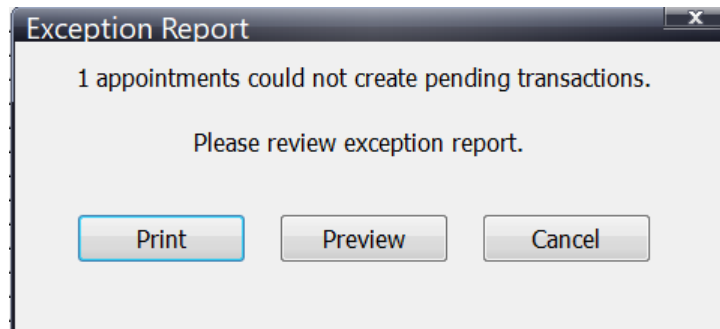


Figure 69. Exception Report notification screen

Recommendation

For a faster report preview, CGM recommends that you select the check box for Print report header pages on the Reports tab of Admin > Preferences.

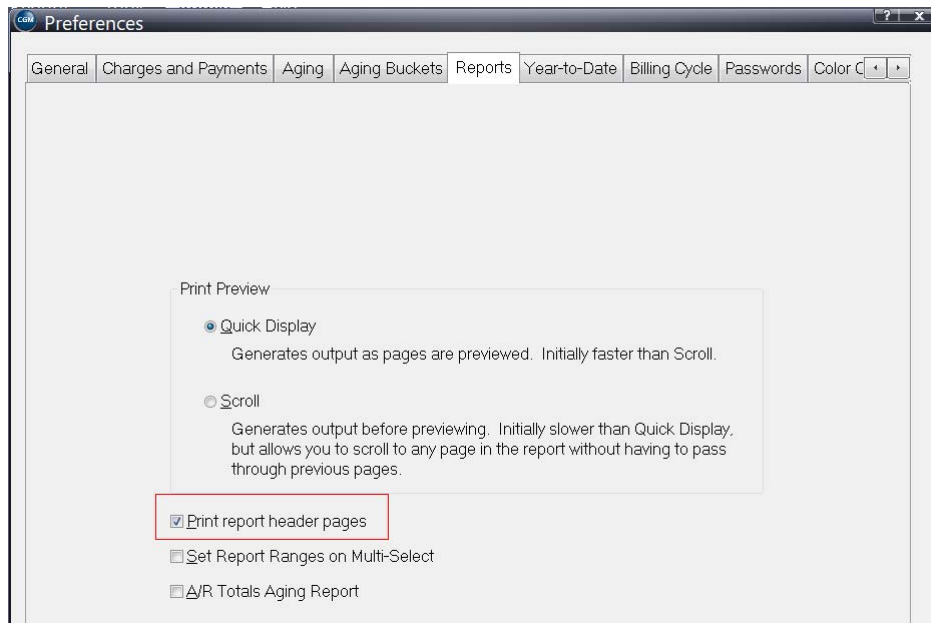


Figure 70. Preferences - Reports tab

Pending Transactions Exception report

This report will show you appointments that failed to create Pending Transaction for some reason (wrong Status, missing information, and so on).

Pending Transactions from Appointments - Exception Report

ELIGIBILITY Lytec

Appt Date	Appt Time	Chart	Patient	Provider	Tx Code	Status
09/08/2022	01:00 PM	AUDET0000	AUDET, LIETTE B	ROBERT LEER MD	99214	Pending
09/08/2022	01:30 PM	BESTRY0000	BUCKINGHAM, HOLLYWOOD B	ROBERT LEER MD		Completed

Figure 71. Pending Transactions Exception report

Charge Entry Messages

You can create messages that will appear when you save billings, to remind you of issues or information to verify. These messages can be set to trigger off of several different kinds of information in CGM LYTEC, such as Insurance Codes, Diagnosis Codes, Transaction Codes, Billing Providers, and several others.

Charge Entry Message Manager screen

Use the Charge Entry Message Manager screen to set up and manage messages that will appear when the conditions of the message are met.

[illegible]

Figure 72. Charge Entry Message Manager screen

The table below describes the fields and options on this screen.

Element	Description
Grid	The grid area shows you the details of each message that has been created. If multiple items were selected for a criterion, you can see them in the columns. You can double-click an item in the grid to open the Edit Charge Entry Message screen for that item.
New button	Click this button to open the New Charge Entry Message screen, which you can use to create a new message. For more information on this screen, see “Charge Entry Message screen” on page 103 .
Edit button	Click this button to edit an existing message. Highlight the message you want to edit and click this button.
Delete button	Click Delete to delete a selected message in the grid.
Move Up button	Click this button to move the selected message up in the grid. If multiple rules are generated when you save a billing, the order on this grid will control the order in which they appear on the pop-up message that appears when the billing is saved.
Move Down button	Click this button to move the selected message down in the grid.
Import button	Click this button to import a set of messages from another practice. When you click the button, the Import Rules screen will open and you can search for a file to import (extension will be *.rules).
Export button	Click this button to export the set of messages to another practice. When you click the button, the Export Rules screen will open. Enter a name for the file and select a folder on the computer where the file will be placed.
Save button	Click Save to save any changes you made on this screen.
Close button	Click this button to close the screen.

When you save a billing, CGM LYTEC will check the billing against the rules that have been created. If the criteria for a rule are met, you will see the message you created.

All of the criteria of the rule must be met before the pop up message will appear. For instance, if you created a message that includes a particular Insurance Code and a particular Transaction Code, the billing MUST have both that Insurance Code AND Transaction Code for the message to trigger when you save the billing.

If a billing meets multiple rules, all messages will appear in a single pop-up. They will appear in the order that they are listed in the grid.

Charge Entry Message screen

Use this screen to create a new message. You can complete as many or as few of the fields as you need when you create a message. The only required field is the Message Text field. For instance, you can create a message that will appear any time a billing with a particular Insurance Code is saved. Or you can create a message that will appear any time a particular Transaction Code and Diagnosis Code are part of a billing.

You can also select multiple items for each field on the screen. For instance, you can select several insurance codes that will trigger the same message. In this way, whenever any of the Insurance Codes in the message are used in a billing, the message will be triggered.

Insurance Code [] [] [X]

Insurance Category [] [] [X]

Facility [] [] [X]

Location [] [] [X]

Insurance Priority ☒ Any ☐ Primary ☐ Secondary ☐ Tertiary

Billing Provider [] [] [X]

Rendering Provider [] [] [X]

Diagnosis Code [] [] [X]

Transaction Code [] [] [X]

Modifier [] [X]

Message Text []

OK Cancel

Figure 73. New Charge Entry Message screen

The table below describes the fields and options on this screen.

Element	Description
Insurance Code	Use the Lookup button to select Insurance Codes to trigger a message. You can select one or more codes. - To select all items in the lookup, use the Shift key and click the top and bottom items in the list. - To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Insurance Code field, click the X icon to the right.
Insurance Category	Use the Lookup button to select Insurance Categories to trigger a message. You can select one or more categories. - To select all items in the lookup, use the Shift key and click the top and bottom items in the list. - To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Insurance Category field, click the X icon to the right.
Facility	Use the Lookup button to select Facilities to trigger a message. You can select one or more facilities. - To select all items in the lookup, use the Shift key and click the top and bottom items in the list. - To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Facility field, click the X icon to the right.
Location	Use the Lookup button to select Locations to trigger a message. You can select one or more locations. - To select all items in the lookup, use the Shift key and click the top and bottom items in the list. - To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Location field, click the X icon to the right.
Insurance Priority	Select the Insurance Priority if it is applicable to your message. The default is Any.

Element	Description
Billing Provider	Use the Lookup button to select Billing Providers to trigger a message. You can select one or more providers. • To select all items in the lookup, use the Shift key and click the top and bottom items in the list. • To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Billing Provider field, click the X icon to the right.
Rendering Provider	Use the Lookup button to select Rendering Providers to trigger a message. You can select one or more providers. • To select all items in the lookup, use the Shift key and click the top and bottom items in the list. • To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Rendering Provider field, click the X icon to the right.
Diagnosis Code	Use the Lookup button to select Diagnosis Codes to trigger a message. You can select one or more codes. • To select all items in the lookup, use the Shift key and click the top and bottom items in the list. • To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Diagnosis Code field, click the X icon to the right.
Transaction Code	Use the Lookup button to select Transaction Codes to trigger a message. You can select one or more codes. • To select all items in the lookup, use the Shift key and click the top and bottom items in the list. • To select multiple non-contiguous items, hold the Ctrl key and click each item in the lookup. To clear the Transaction Code field, click the X icon to the right.

Element	Description
Modifier	Enter a Transaction Code modifier if you want messages to trigger when it is used in a billing. You can enter multiple modifiers, separated by a comma.
Message Text	Enter the text of the message as you want it to appear when it is triggered. There is no limit to the number of characters you can enter, but a very long message might not appear fully in the pop-up message itself. This is a required field.
OK button	Click this button to save the message.
Cancel button	Click this button to cancel any changes and close the screen.

Charges and CGM LYTEC Mobile

You can enter charges in CGM LYTEC using a configured mobile device. These charges will appear in Pending Transactions (see [“Pending Transactions” on page 94](#)), where they can be saved and update patient accounts.

Features

With your mobile device you can:

- **Perform Patient Intake:** Use the mobile device to allow patients to enter demographic information.
- **View Appointments:** See a list of appointments by day or by the week. Tap an appointment to see details on the patient. You can also see multiple providers in a single view. However, you will be able to see a Day view only.
- **Enter Charges:** Select a patient, facility, procedure and diagnosis codes, and submit charges for existing visits or new visits.
- **Update Superbill Templates:** Tapping Setup will allow you to update the template you use for entering charges on your mobile device. You can create multiple templates and select which one you want to use. Templates created and saved in Landscape or Portrait format will automatically display on the mobile screen in that format.

Installation

The installer installs all of the files, application services, and settings necessary to support the implementation of CGM LYTEC Mobile in a client/server environment.

Configuration

You must configure your mobile device before you can use it to link to your practice data. See the CGM LYTEC installation guide for step-by-step information.

Apply Insurance Payments

The Apply Insurance Payment screen is where you enter bulk insurance payments and then apply them to multiple patient billings. This screen is useful when an insurance company sends a single payment that will be applied to several billings for a patient or for several patients.

Applying Insurance Payments

Follow these steps to enter an insurance payment:

1. On the Payments menu, click **Apply Insurance Payment**. The Apply Insurance Payment screen appears.

Figure 74. Apply Insurance Payment screen

2. Enter the date for which you are entering the payment in the Payment date field.
3. Enter a reference number for the payment in the Reference field. Usually, this is the check number for the payment.
4. Enter the amount of the check you received from the insurance company in the Check Amount field.
The Total payments field adds the amount in the Total Charge Backs field to the amount in the Check amount field. The Total payments field cannot be edited.
5. Click the Show zero and negative balance billings check box if you want to show all patient billings when applying the payment, even those with zero and negative balances.
6. Enter the appropriate codes in the Codes section that you are going to use when applying the payment. Once you have applied and posted a complete first payment, the Apply Insurance Payment screen will automatically enter the codes you used in this section.

7. Enter primary, secondary, and tertiary insurance payment codes in the Primary payment, Secondary payment, and Tertiary payment fields, respectively.
8. Enter the appropriate partial primary, partial secondary, and partial tertiary insurance payment codes in the Partial primary payment, Partial secondary payment, and Partial tertiary payment fields, respectively. Depending on which partial payment codes that you enter in these fields, the transaction code types need to be Partial Primary Insurance Payment, Partial Secondary Insurance Payment, or Partial Tertiary Insurance Payment. Only use a partial payment if you think the insurance company will send further payments for a procedure.
9. Enter the appropriate write-off code in the Write Off 1 and Write Off 2 fields.
10. If necessary, enter the appropriate charge back code in the Charge back field.

Figure 75. Apply Insurance Payment screen

11. Click the **Next** button. The second Apply Insurance Payment screen appears. If there are charge-backs to apply, CGM LYTEC requires you to apply them before applying payments. To apply a charge-back, select the correct Patient and Billing. Enter the correct amount in the Charge Back column.
12. Select the patient to whose account you want to apply an insurance payment.
13. The Insurance field automatically displays the insurance company responsible for the payment. However, if you need to change the insurance company, select the insurance from which you received the payment.
14. Once the patient and insurance fields are populated, the billings available for applying insurance payments will appear in the lower section of the screen. The Ins1, Ins2, and Ins3 area shows the insurance companies assigned to the patient. When you scroll through the patient's billings, the insurance company currently responsible for that billing will be highlighted.
15. The To apply payments at a billing level section of the screen lets you apply a payment for an entire billing to the entire billing. Click the **Apply** column and enter the payment amount for the entire billing. If it is a partial payment, click the box in the Part column. If there is a write-off, enter the amount in the Write Off 1 column. If there is a second write-off, enter the amount in the Write Off 2 column. The Balance column calculates the billing balance according to what you entered in the Apply, Write Off 1, and Write Off 2 columns.
16. The To apply payments at an item level section of the screen lets you apply a payment amount for each charge in the billing. This type of payment entry is necessary if you want to process the Insurance Reimbursement Analysis report. The TX Code column shows the transaction code to which you are applying a payment. The Units column shows how many units are assigned to that transaction line.

17. Click the **Apply** column for the appropriate line item and enter the payment amount for that transaction. If it is a partial payment, click the box in the Part. column. If there is a write-off, enter the amount in the Write Off 1 column. If there is a second write-off, enter the amount in the Write Off 2 column. The Expected column pulls the facility or non-facility amount from the fee schedule.
18. The Balance column calculates the line item balance according to what you entered in the Apply, Write Off 1, and Write Off 2 columns.

ePay Remittance List

N/A

Prepay Amount: \$10.00 Prepay Unapplied: \$10.00 Amount: \$50.00 Unapplied: \$0.00

To apply payments at a billing level, enter information here:

Chart	Billing #	Date	Charges	Payments	Apply	Write-Off	Prepay	Balance
COLLIN0000	7	07/31/2012	50.00	0.00				0.00

To apply payments at an item level, enter information here:

Chart	Billing #	Date	TX Code	Charge	Payments	Apply	Write-Off	Prepay	Balance
COLLIN0000	7	07/31/2012	STREP00	50.00	0.00	50.00			0.00

Patient: Anorie L Collins Code: Strep Throat

Fetch New Unselect Select Prepay... eView < Back Next > Post Close

Figure 76. Apply Insurance screen

19. Click the **Next** button to go on to the next patient.
20. Repeat the steps until the amount in the Unapplied field is \$0.00.
21. Once you are done applying the entire insurance payment, click the **Post** button.

Apply Patient Payments

The Apply Patient Payment screen is where you enter patient payments and apply them to billings.

Figure 77. Apply Patient Payment screen

Applying a Patient Payment

Follow these steps to apply a patient payment:

1. On the Payments menu, click **Apply Patient Payment**. The Apply Patient Payments wizard opens. If the payment you are applying is from a patient, select **Patient** and click the magnifying glass icon to select the appropriate patient.
2. If the payment you are applying is from a guarantor, select **Guarantor** and click the magnifying glass icon to select the appropriate guarantor.
3. Click Include all family members to show all the patients who have the selected patient or guarantor as their responsible party.
4. Enter the date for which you are entering the payment in the Payment date field.
5. Enter a reference number for the payment in the Reference field. Usually, this is the check number for the payment.
6. Enter the total payment amount that you received from the patient or guarantor in the Payment Amount field.
7. Click the Show zero and negative balance billings check box if you want to show all patient billings when applying the payment, even those with zero and negative balances.
8. In the Codes section, enter the payment and write-off codes to use when applying the payment. Once you have applied and posted a complete payment, the Apply Patient Payment screen will automatically enter the codes you used in this section.
9. Enter the appropriate code in the Patient Payment field. The payment code that you enter in this field needs to have Patient Payment as its transaction code type.
10. Enter the appropriate write-off code in the Write Off field. The write-off code that you enter in this field needs to have Adjustment - Credit as its transaction code type.

11. Enter the appropriate code in the Sales Tax Payment field. The payment code that you enter in this field needs to have Sales Tax Payment as its transaction code type.

ePay Remittance List
N/A

This wizard will help you post a patient payment quickly and easily.
Enter payment and code information, then click Next.

From:

☒ Patient: COLLIN0000

☐ Guarantor:

☐ Include all family members

Prepayment information

Prepay Total: \$10.00

Prepay Balance: \$10.00

Payment information

Payment date: 07/31/2012

Reference: 234

Payment amount: \$50.00

☐ Show zero and negative balance billings

Codes

Patient payment: CHECK

Write-off: WRITEOFF

Sales Tax Payment: SALES

Fetch New

Unselect

Select Prepay... eView Office Pay < Back Next > Post Close

Figure 78. Apply Patient Payment screen

12. Click the **Next** button to go to the second Apply Patient Payment screen.
13. The To apply payments at a billing level section of the screen lets you apply a payment to the entire billing. Click the Apply column and enter the payment amount for the entire billing. If there is a write-off, enter the amount in the Write Off column. The Balance column calculates the billing balance according to what you entered in the Apply and the Write Off columns.
14. The To apply payments at an item level section of the screen lets you apply a payment amount for each charge in the billing. Click the Apply column for the appropriate line item and enter the payment amount for that transaction. If there is a write-off, enter the amount in the Write Off column. The Balance column calculates the line item balance according to what you entered in the Apply and the Write Off columns.

ePay Remittance List
N/A

Prepay Amount: \$10.00 Prepay Unapplied: \$10.00 Amount: \$50.00 Unapplied: \$0.00

To apply payments at a billing level, enter information here:

Chart	Billing #	Date	Charges	Payments	Apply	Write-Off	Prepay	Balance
COLLIN0000	7	07/31/2012	50.00	0.00				0.00

To apply payments at an item level, enter information here:

Chart	Billing #	Date	TX Code	Charge	Payments	Apply	Write-Off	Prepay	Balance
COLLIN0000	7	07/31/2012	STREP00	50.00	0.00	50.00			0.00

Patient: Anorie L Collins Code: Strep Throat

Billing Detail

Fetch New

Unselect

Select Prepay... eView < Back Next > Post Close

Figure 79. Apply Patient Payment screen

15. Once you are done applying the entire payment, click the **Post** button. If you have not applied the entire check, a message will appear that says, "An unapplied amount remains. Payment batch does not match balance."

Prepayments

When a patient pays a copay or pays for a series of visits, you can set up that payment as a prepayment and then apply money from it as you enter each charge. You can also print the Prepayment Activity report to view all the prepayments entered for each patient.

NOTE: You can use any patient payment code to enter prepayments, but eMDs recommends that you set up a prepayment code that you only use for prepayments.

Entering Prepayments

To enter a prepayment for a patient, follow these steps:

1. On the Lists menu, click **Patient**.
2. Select **Patients**. The Patient screen appears.
3. In the Patient Chart field, enter the patient for whom you are setting up prepayments.
4. Click the **Patient** button and select **Prepayment**. The Setup Prepayment screen appears.

Date	TX Code	Amounts	Applied	Balance	Reference	Prepay
07/31/2012	CHECK	10.00	0.00	10.00	2312	1

Figure 80. Setup Prepayment screen

5. Click the **Add** button. The Add New Prepayment screen appears.

Figure 81. Add New Prepayment screen

6. Enter the prepayment amount, date entered, payment transaction code, and a reference (if applicable).
7. Click the **OK** button.
8. Click the **Save** button to save the prepayment to the database.
9. Click the **Close** button.

Applying Prepayments in the Apply Patient Payment Screen

After you enter a prepayment, you need to apply it to charges or billings.

To apply a prepayment, follow these steps:

1. On the Payments menu, click **Apply Patient Payment**.
2. Select the patient for whom you want to apply the prepayment. The Prepayment section will show the patient's current prepayment balance.

Figure 82. Apply Patient Payment screen with prepayments

3. Click the **Next** button. Before you can apply the prepayment, you have to select the prepayment and designate how much money you want to apply.
4. Click **Select Prepay**. The Select Prepay screen appears.

Apply	Ppy.	Prepay Date	TX Code	Reference	Amount	Remain	Apply	Balance
☒	1	07/31/2012	CHECK	2312	10.00	10.00	10.00	0.00
☒	2	07/31/2012	CHECK		10.00	10.00	10.00	0.00

Figure 83. Select Prepayment screen

5. This screen displays all the available prepayments for the patient. Leave a check in the Apply column for any prepayments you want to apply money from.
6. Enter the amount you want to apply in the second Apply column. You can enter the entire prepayment balance, or you can enter partial amounts. If you have selected more than one prepayment, enter the amount you want to apply from each prepayment.
7. Click the **OK** button. Back on the Apply Patient Payment screen, notice that the Prepay Amount field reflects the amount you selected in the previous step. From here, you apply prepayments like you apply regular payments in the Apply Patient Payment wizard.

8. Enter an amount in the Prepay field in the top section to apply the prepayment to an entire billing or enter an amount in the Prepay field in the bottom section to apply the prepayment to specific line items.
9. You have to apply the entire amount in the Prepay Amount field before you can post. Once you are finished applying the prepayment, click the **Post** button.

Applying Prepayments to a Billing in Charges and Payments

There are two ways to apply a prepayment in Charges and Payments: to a billing and to a detail item. This section tells you how to apply a prepayment to a billing in **Charges and Payments**.

1. On the Billing menu, click **Charges and Payments**.
2. Select **Charges and Payments**. The Charges and Payments screen appears.
3. In the Patient Chart field, enter the patient for whom you want to apply the prepayment.
4. In the Billing field, select the billing for which you want to apply the prepayment.
5. Click **Billing** and select **Apply Prepay**. The Apply Bill Prepay screen appears.
6. Change the date entered in the Apply Date if necessary.
7. Enter the amount you want to apply in the Apply column.
8. If you just want to apply from the oldest prepayment in the list, click the **Apply from Oldest** button.
9. Click the **OK** button to apply the payment. CGM LYTEC then creates a prepayment line item in the Detail Item section.
10. Click the **Save** button.

Applying Prepayments to a Detail Item in Charges and Payments

To apply a prepayment to a line item in Charges and Payments, follow these steps:

1. On the Billing menu, click **Charges and Payments**.
2. Select **Charges and Payments**. The Charges and Payments screen appears.
3. In the Patient Chart field, enter the patient for whom you want to apply the prepayment.
4. In the Billing field, select the billing for which you want to apply the prepayment.
5. In the Detail Items section, select the line item for which you want to apply the prepayment.
6. Click **Detail** and select **Apply Prepay**. The Apply Item Prepay screen appears.
7. Change the date entered in the Apply Date if necessary.
8. Enter the amount you want to apply in the Apply column.
9. If you just want to apply from the oldest prepayment in the list, click **Apply from Oldest**.
10. Click the **OK** button. CGM LYTEC then creates a prepayment line item in the Pay Item screen like if you applied a regular payment.
11. Click the **Save** button.

Printing a Prepayment Receipt

You can print a prepayment receipt from the Enter Copay as Prepayment screen. This screen can be accessed from the Appointment button on the Scheduler screen or from the Patient button on the Patients screen. To print a prepayment receipt, follow these steps:

1. From the Enter Copay as Prepayment screen, click **Print**.
2. Select the **Print** button.
3. Click the **Yes** button. The Print screen appears.
4. Select your desired printer and print settings.
5. Click the **OK** button.

Move Credits

You can now move a patient credit from one billing to another.

Move Credit screen

Use the Move Credit screen to move patient credits from one billing to another.

Move Credit From:
 WARNING: The following items may not be true credit balances. This section pulls a list of billings that have a patient portion credit balance.
 Select a billing from which you would like to move a credit.

Patient Chart: 0000000100

Billing	Create Date	Provider	Charges	Balance	Billing Status																		
34	9/28/2017	ML	\$18.00	(\$8.00)																			
<table border="1"> <thead> <tr> <th>Service Date</th> <th>TX Code</th> <th>Amount</th> <th>Created Date</th> <th>Rendering Provider</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>9/28/2017</td> <td>90718</td> <td>\$18.00</td> <td>9/28/2017</td> <td>ML</td> <td></td> </tr> <tr> <td>3/29/2018</td> <td>ADJC...</td> <td>(\$18.00)</td> <td>9/28/2017</td> <td></td> <td></td> </tr> </tbody> </table>						Service Date	TX Code	Amount	Created Date	Rendering Provider	Note	9/28/2017	90718	\$18.00	9/28/2017	ML		3/29/2018	ADJC...	(\$18.00)	9/28/2017		
Service Date	TX Code	Amount	Created Date	Rendering Provider	Note																		
9/28/2017	90718	\$18.00	9/28/2017	ML																			
3/29/2018	ADJC...	(\$18.00)	9/28/2017																				
39	4/9/2018	ML	\$18.00	(\$40.00)																			

Move Credit To:
 Apply balance to either a billing or item.

Patient Chart: 0000000100

Billing	Create Date	Charges	Payments	Apply	Balance	Billing Status
16	8/16/2003	\$47.00	(\$7.00)		\$3.00	
33	9/28/2017	\$10.00	\$0.00		\$10.00	
35	10/24/2017	\$18.00	\$0.00		\$10.00	
36	1/19/2018	\$21.00	\$0.00		\$10.00	
37	3/30/2018	\$68.00	\$0.00		\$60.00	

Transaction Codes:
 Move Credit From: Adjustment Charge Move Credit To: Adjustment Credit

Post Close

Figure 84. Move Credit screen

The table below describes the elements on this screen.

Element	Description
Move Credit From section	
Patient Chart	Select a patient whose account you are moving the credit from. If the patient you select does not have any billings with patient portions available, you will receive a message.
Grid	After you select a patient, the grid will show you the billing and item details for the patient portion balances that are available. You can see the billing number, date of the billing, charges for the billing, the balance, and the billing status. Click the + sign on the left of the billing to see the line item details for the billing. You cannot enter data in fields that are shaded.
Move Credit To section	

Element	Description
Patient Chart	Select the patient that you want to move the credit to. If the patient does not have any billings with a balance, you will receive a message.
Grid	After you select a patient, the grid will show you the billing and item details for the patient portion balances that are available. Billings appear with the oldest at the top and the newest at the bottom. Click the + sign to the left of the billing to see the line item details of the billing. You cannot enter data in fields that are shaded.
Transaction Codes section	
Move Credit From	Select a transaction code. The last code used will be retained for the next transfer. Only transaction codes with a Type "Adjustment-Charge" will be allowed.
Move Credit To	Select a transaction code. The last code used will be retained for the next transfer. Only transaction codes with a Type "Adjustment-Credit" will be allowed.
Post button	Click this button to post the credit transfer. This will update balances on the selected billings.
Close button	Click this button to close the screen without making any changes.

Record locking

If another user has a billing open in CGM LYTEC, you will receive a warning that the record is locked if you select the billing on the Move Credits screen. Also, billings that appear in the Move Credits screen will not appear for other users.

Billing updates

When you post a move credit, the billings in Charges and Payments update as follows:

- On the Move From patient/Billing: A billing item line will be added with the Move from Adjustment code selected in the footer with the Amount equaling the total amount that has been placed on all Move To billings
- On the Move To patient/billing: A billing item line will be added with the Move To Adjustment code selected in the footer for the amount entered in the Move Credits screen for that billing (or for each item line)

Procedure

To move a credit from one billing to another:

1. On the Billing menu, select Move Credit. The Move Credit screen appears.

2. Select a patient in the Patient Chart field in the Move Credit From section. A list of the billings with a patient portion negative amount appears.
3. Select a patient in the Patient Chart field in the Move Credit To section. The patient's billings that have a positive patient portion appear.
4. For the billing that you want to apply to credit to, click the cell in the Apply column for that billing in either the billing or item level.
5. Enter the amount you want to apply.
6. Optional: Repeat the previous two steps as necessary until the total amount of the credit has been applied.
7. In the Transaction Codes section, select an option for Move Credit From.
8. Select an option for Move Credit To.
9. Click the **Post** button.

Chapter 12 - Filing Claims and Statements

After you have entered transactions in the Charges and Payments screen, you will be ready to file insurance claims and process patient statements.

Filing Insurance Claims

There are two methods to file insurance claims. You can print them, or you can electronically submit a claim file to the appropriate insurance carrier or a claims clearinghouse.

Technical Criteria for Processing Insurance Claims

CGM LYTEC will generate claims for billings that meet these criteria.

- Be sure that you have complete records for the following:

For...	see...
your practice	“Entering Practice Information” on page 50.
EDI receivers	“EDI Receivers” on page 53.
insurance companies	“Insurance Company Information” on page 55
facilities	“Facility Information” on page 57.
providers	“Provider Information” on page 59.
referring physicians	“Referring Physician Information” on page 61.
transaction codes and diagnosis codes	“Transaction Codes and Diagnosis Codes” on page 63.
guarantors and patients	“Guarantors and Patients” on page 81.

- Make sure that information unique to providers, insurance companies, and facilities is set up in various rules. For more information, see [“Provider Considerations” on page 42.](#)
- In the Charges and Payments screen, there must be a check next to the insurance company’s name in the Bill To section.
- The claim you want to print must have an assigned insurance company in the Billing Options screen of the Charges and Payments screen. You can see the assigned insurance company from the Charges and Payments screen by selecting Bill Options from the Billing menu.

Paper Claims

There are two options for printing insurance claims.

- Select Print Insurance Claims from the Billing menu.
- Click Print in the Charges and Payments screen.

Printing Claims from the Billing Menu

The advantage to this option is that you can print multiple claims at once.

1. On the Billing menu, click **Print Insurance Claims**.
2. Select **Print Insurance Claims**. The Select Custom Form screen opens.

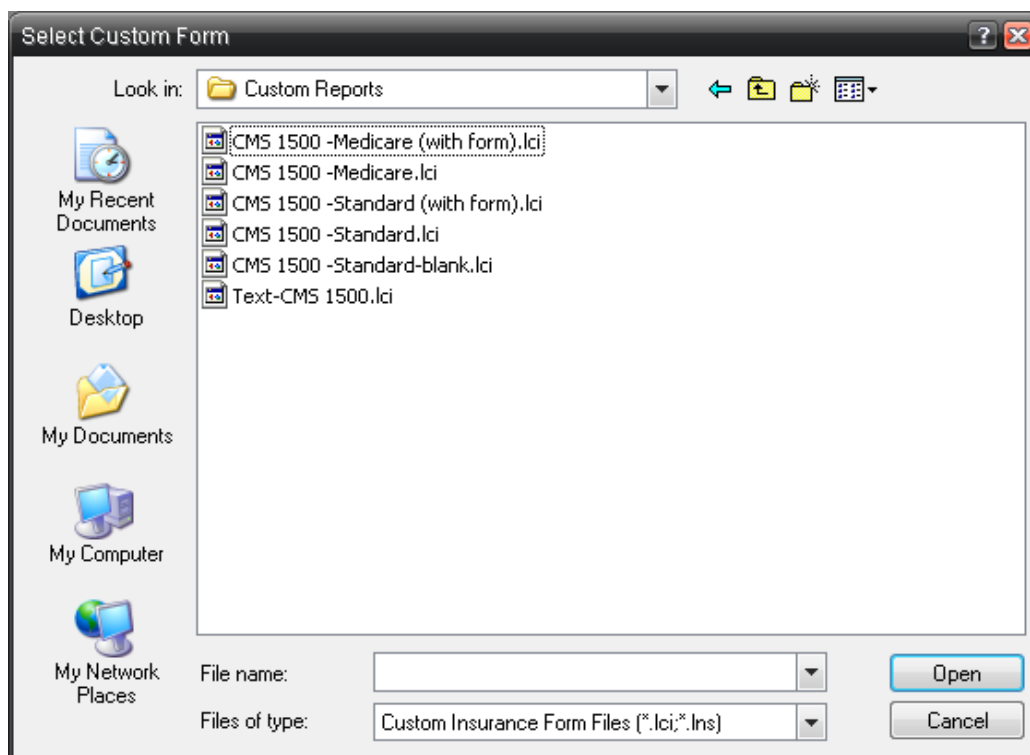


Figure 85. Select Custom Form screen

3. Select the appropriate form, for instance, CMS 1500-Standard. If you cannot see the forms in the Select Custom Form screen, you may have to navigate to the default location (Custom Reports folder) of the forms. CGM LYTEC will remember where the forms are stored once you have navigated to the correct folder and selected a form.
4. Select the form you want to use and click the **Open** button. The Print Insurance Claims screen appears.
5. Select the appropriate options on the Options, Include, and Exclude tabs.
6. Click the **Print** button.

Printing Claims from the Charges and Payments screen

When you print insurance claims through Charges and Payments, you print the claim for the selected billing/charges only.

1. From the **Charges and Payments** screen, click **Print**.
2. Select the appropriate insurance (primary, secondary, or tertiary). The Select Custom Form screen appears.
3. Select the form and click the **Open** button.
4. Select the options you want on the tabs.
5. Click the **Print** button. The single claim for these charges is printed.

Electronic Claims

Note: Before you can send claims electronically, you have to complete registration/enrollment activities with a clearinghouse and/or an insurance company.

Revenue Management sends your insurance claims online either directly to the insurance company or to a clearinghouse. The clearinghouse in turn sends the claims to the insurance company.

Revenue Management provides a flexible tool that lets you manage your claims processing environment and, if necessary, make changes without completely replacing your EDI software.

Revenue Management seamlessly fits your established workflow. After you enter records and charges and create claims, Revenue Management retrieves the claim data from the CGM LYTEC database and creates electronic claim files. Then, it transmits the files to the payers. You can also receive reports and remittances. These you can post, along with updating claim status for crossover claims.

Processing Statements

You can either print statements on paper or send them electronically. In addition, you can view a Statement Pre-Run Report before you print or send a batch of statements.

Paper Statements

Like printing insurance claims, there are two options you can use to print patient statements:

- Select Print Statements from the Billing menu.
- Click Print in the Charges and Payments screen.

Through the Billing Menu

1. On the Billing menu, click **Print Statements**.
2. Select **Print Statements**. The Select Custom Form screen appears.
3. Select the appropriate form. If you cannot see the forms in the Select Custom Form screen, you may have to navigate to the default location of the forms using the Look In field. CGM LYTEC will remember where the forms are stored once you have navigated to the correct directory and selected a form.
4. Select the form you want to use and click the **Open** button.
5. Select the options you want on the Options, Exclude, and Include tabs.
6. Click the **Print** button.

Printing Statements from the Charges and Payments screen

When you print patient statements through Charges and Payments, you print either a walkout statement or a full statement. A walkout statement only prints transactions for the selected billing.

1. From the Charges and Payments screen, click **Print**.
2. Select either Full Statement or Walkout Statement. The Select Custom Form screen appears.
3. Select the form and click the **Open** button.
4. Select the options you want on the tabs.
5. Click the **Print** button. The single claim for these charges is printed.

Electronic Statements

Before you can send statements electronically, you must enroll with BillFlash. BillFlash is the online website that CGM LYTEC uses to print and send statements to customers.

Enrolling with BillFlash

To enroll:

1. On the Billing menu, click **Statement Processing**.
2. Select **Enroll** and follow the enrollment wizard at the BillFlash web site.

When you close the BillFlash website, CGM LYTEC will create an EDI Receiver record for BillFlash and file your new user name and password. After you have enrolled, you can begin sending electronic statements.

Transmitting an Electronic Statement File to BillFlash

1. On the Billing menu, click **Statement Processing**.
2. Select **Transmit Statement**. The Select Transmit Statement Form screen appears.
3. Navigate to the forms available (usually in the Custom Reports folder) and select a form.
4. Click the **Open** button.
5. On the Transmit Statement screen, select your options. These options are the same as on the Print Statement screen.
6. Click the **Transmit** button. The file is created and uploaded to BillFlash. The BillFlash eApprove Files page opens.

NOTE: uploaded files will be saved locally to C:\Documents and Settings\All Users\Application Data\CGM LYTEC\2018\Custom Reports\BillFlash.

7. Use the eApprove Files page to review the files that were uploaded and then select Approve to approve them.
8. On the Confirm Approval page, click **Approve File**.
9. Close the BillFlash web page and click the **Yes** button on the Did the statement upload correctly and has been approved? message.

Statement Pre-Run Report

The Statement Pre-Run Report displays information about a batch of statements before you actually print it. It displays a chart number, responsible party, patient responsible amount, insurance responsible amount, charge amount, payment amount, balance, and number of pages for each statement. It also totals all the amounts and the number of statements in the batch.

To run the Statement Pre-Run Report:

1. On the Reports menu, click **Billing**.
2. Select **Statement Pre-Run**. The Select Custom Form screen appears.
3. Choose the report format you want to use and click the **Open** button. The Print Statements screen appears.
4. Select the options and ranges.
5. Click the **Print** or **Preview** button. The report then prints or displays accordingly.

Chapter 13 - Managing Overdue Balances

A/R Tracking screen

This is the main screen for the A/R Tracking feature. It displays the filter settings; and the grid shows you the information that meets the filter requirements.

The table below describes the fields and options on this screen.

Element	Description
Selected Filters	This section shows you the selected filters that were used for the data in the grid. You can see the Filter Name, the Starting Level, as well as all other filters entered on the Filters and Groupings screen. For more information on this screen, see “Filters and Options screen” on page 129). Clicking any one of the links that appear in this section will open the Filters and Groupings screen.
Selected Groupings	This field will appear when you click the Skip this level link. It shows you the previous levels that were displayed.
Skip this level	Click this link to “skip” the level that is currently showing, for instance, Provider. The “highest” level is Provider, followed by Insurance, Patient, and finally Billing. As you skip levels, the “higher” level appears in the Selected Groupings section.
Show Details of Selected Billing(s)	Click this link to display the details on all of the selected billings. The selected billings will appear at the top and the detail will appear below in a second grid. This link is available only when billings appear in the grid.
Export	Click this link to open the Export Results window. You can save the information in the grid to a *.csv (comma separated variable) file that you can open in a spreadsheet application.
Select All	Click this link to select all of the billings in the grid. This link is available only when billings appear in the grid.

Element	Description
Clear All	Click this link to clear all of the selected billings in the grid. This link is available only when billings appear in the grid.
Grid	The grid shows you the data that meets the filter requirements you set up. Click a line item to select that item. You can also select the check box to the right of the line item when the A/R Tracking screen is displaying billings. You can right-click on a grid line to open a menu that gives you additional options. For more information, see “Right-click menu” on page 128). when you right-click on an item, it is automatically selected. <u>Sorting</u> Click a column header to sort alphanumerically by that column. Any line items that were previously selected will remain selected after sorting. <u>Double-clicking a line item</u> Double-clicking a line item will drill-down on the details of that line item, in the same manner as clicking the Skip this level link. For instance, drilling down on a patient will open the billings for that patient. Or drilling down on a billing will open the Charges & Payments screen for that billing.

Selected Billings grid

When you are viewing billings and select one or more, the link Show Details of Selected Billings will become active. Click the link to see the details of the billing(s) in a second grid below.

Selected Filters

[Filter name: default](#)
[Age By: Insurance](#)
[Starting level: Provider](#)

Selected Groupings

[Provider: all](#)
[Insurance: all](#)
[Patient: all](#)

[Go back to billings](#)
[Select all](#)
[Clear all](#)

Billing	Chart	Patient	Insured ID	Created Date	Last Billed	Provider	Balance	A/R Status	Assigned To	Task	Due
☐ 1	ADAMS0000	Adams, George F	2588545428	06/09/2003	10/04/2004	Dr. Danny Little	\$47.00				

[Select all](#)
[Clear all](#)

Billing	DOS	Tx	Units	Amount	Billing Provider	Rendering Provider	M1	M2	M3	M4	Detail Note	Dx1	Dx2	Dx3	Dx4	D
☐ 1	06/09/2003	99213	1	\$47.00	DDL	DDL						786.2				

Figure 86. A/R Tracking screen with selected billings grid

This grid shows you the provider, procedure codes, diagnosis codes, and modifiers for the selected billings. You can double-click a billing in the second grid to open the Charges and Payments screen for that billing.

Refreshing the data

In most cases, the data on the screen will refresh automatically as you make changes. However, there are two cases for which you must re-run the query to refresh the screen data (by opening the Filters and Groupings screen and clicking the Run button).

- If you launch a screen and change some information so that it no longer matches the list based on the filters you used, A/R tracking will not automatically remove the item from a grid.
Example: You run a query with the filters set to exclude Billing A/R Status "Never." Then, you right-click on a grid item and select Change A/R Billing Status and you change an item to "Never." The grid will not automatically remove the item that you changed. When you re-run the query, however, the item will no longer appear.
- When something is changed on a screen that can be opened and used at the same time as other screens and that screen is opened from the A/R Tracker.
Example: You have run a query with a Due Date between 10/17 and 10/19 and you select a grid item, right-click and select A/R Tracking Details. If you change the Due Date on the A/R Management Detail screen (by clicking Tasks > Change Due Date) to 10/20, the grid will not refresh.

Right-click menu

When you right-click on a grid line on the A/R Tracking screen, this menu appears. The options are described in the table below:

Depending on which level you are viewing, the options will change.

Option	Description
Open Insurance/Patient/Billing	Select this option to view information on the item selected (insurance, patient, billing).
A/R Tracking Details	Select this option to open the A/R Management Detail screen.
Add A/R Note	Select this option to open the Append Note to Billings screen, on which you can add a note. If a billing already has a note, the new note is appended to it after a new line. The Append Note to Billing screen will always be blank initially, since this could affect many notes. You are not editing a note; rather you are appending this new fragment to all existing notes.
Assign Agent and Task	Select this option to open the Assign Selected Billings to A/R Management Agent screen. Here, you can select an agent to whom you assign the billing. The following rules apply: • The original open task is marked completed and a new one is added if the TASK is changed on the new task. • The original open task is left open and Updated when the Task remains the same and only the Agent and or due date is changed Note: you must have Admin permission to use this option.
Change Agent/Task/Due Date	Select this option to open the Assign Selected Billings to A/R Management Agent screen. Here, you can change the assigned agent, task, or due date. This will only affect billings that currently have an open (non-completed) task.

Option	Description
Remove Task	Select this option to remove open tasks from the selected billing. This will only affect billings that currently have an open (non-completed) task. This will only affect billings that currently have an open (non-completed) task. It will mark the task as completed, with reason code 'removed from A/R management'.
Change Billing A/R Status	Select this option to open the Change A/R Status screen, on which you can change the status.
Change Patient A/R Status	Select this option to open the Change A/R Status screen, on which you can change the status.
eView	Select this option to open the eView page of BillFlash's web site with this patient's data displaying. You must be enrolled in BillFlash. To learn more about BillFlash, see the Online Help.
Rebill Insurance	Select this option to rebill insurance for the selected billings. You can rebill multiple billings at once with this option. Click Yes on the confirmation screen to finish the process.

Filters and Options screen

Use this screen to set up and save filtering options for your A/R tracking. You can also save your settings with a specific filter name and later select that filter name to automatically make your selections.

To open this screen, click the Filter Name_____ link on the A/R Tracking screen.

Figure 87. Filters and Options screen

The table below describes the fields and options on this screen.

Element	Description
Saved Filters	Use this drop-down to select a saved filter name.
Save as	Click this button to save your settings. The Save As screen will open and you can enter a name for your filter.
Delete	Click this button to delete the selected saved filter.
Age By	Select which type of payer that you want to age by: patient or insurance.

Element	Description
Clear Fields	Click this button to clear all of the filter selections.
Run	Click this button to run the filtering on your practice data. Results will appear on the A/R Tracking screen.
Starting Level	Select the starting level for the filter: provider, insurance, patient, billing. When the filter results appear on the A/R Tracking screen, you will be able to drill down on levels from this starting point.
Include Aging	Select which aging bracket you want to display.
Insurance	Use this field to select which insurance companies you want to include. - Click the Lookup icon to open the screen on which you can select insurance companies. You can select multiple insurances. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Insurance Category	Use this field to select which insurance categories you want to include. - Click the Lookup icon to open the screen on which you can select insurance categories. You can select multiple categories. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Insurance Type	Use this field to select the insurance type.
Insurance Priority	Select which insurance priorities you want to include. To clear the selection, click the X icon at the far right.
Patient	Use this field to select which insurance companies you want to include. - Click the Lookup icon to open the screen on which you can select insurance companies. You can select multiple insurances. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.

Element	Description
Patient Code	Use this field to select which patients you want to include. - Click the Lookup icon to open the screen on which you can select patients. You can select multiple patients. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Patient Type	Use this field to select which patient types you want to include. - Click the Lookup icon to open the screen on which you can select patient types. You can select multiple types. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Patient Hold Code	Use this field to select which hold codes you want to include. - Click the Lookup icon to open the screen on which you can select hold codes. You can select multiple codes. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Billing Status Code	Use this field to select which billing status codes you want to include. - Click the Lookup icon to open the screen on which you can select codes. You can select multiple codes. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Balance	Enter dollar amounts here if you want to filter by a balance range. To clear the selection, click the X icon at the far right. Tip: If you are looking for a specific balance, enter an amount only in the left field and run your filter.
Days to File Primary Overdue check box Billed check box	Use this field to specify a range of dates for Timely Filing Days. You can also select if you want to include overdue or billed billings.

Element	Description
Patient A/R Status	Use this field to select which patient A/R statuses you want to include. - Click the Lookup icon to open the screen on which you can select the status. You can select multiple statuses. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Billing A/R Status	Use this field to select which billing A/R statuses you want to include. - Click the Lookup icon to open the screen on which you can select statuses. You can select multiple statuses. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Date of Service	Use this field to filter by the Date of Service of the billing.
Billing Created	Use this field to filter by the date the billing was created.
Last Billed	Use this field to filter based on the last billed date.
Appointments	Use this field to filter based on a range of appointment dates.
Transaction Code	Use this field to select which transaction codes you want to include. - Click the Lookup icon to open the screen on which you can select transaction codes. You can select multiple codes. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Diagnosis Code	Use this field to select which billing Diagnosis codes you want to include. - Click the Lookup icon to open the screen on which you can select diagnosis codes. You can select multiple codes. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Assignment Status	Use these buttons to select an assignment status.

Element	Description
Assigned to	Use this field to select which users you want to include. - Click the Lookup icon to open the screen on which you can select users. You can select multiple codes. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Task	Use this field to select which tasks you want to include. - Click the Lookup icon to open the screen on which you can select tasks. You can select multiple tasks. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Task Due Date	Use this field to filter by a range of dates for tasks.
Location	Use this field to select which locations you want to include. - Click the Lookup icon to open the screen on which you can locations. You can select multiple locations. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Facility	Use this field to select which facilities you want to include. - Click the Lookup icon to open the screen on which you can select facilities. You can select multiple facilities. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.
Rendering Provider	Use this field to select which providers you want to include. - Click the Lookup icon to open the screen on which you can select providers. You can select multiple providers. - Click the Toggle icon to include or exclude this filter. - Click the X icon to clear the field.

Chapter 14 - Checking Eligibility

The Eligibility Verification feature lets you check a patient's insurance coverage online. Contact the CGM LYTEC sales department at 800-333-4747 for information on pricing. You must have broadband internet service to make eligibility verification inquiries, which are made using Revenue Management.

Eligibility Verification Setup

To set up CGM LYTEC for eligibility requests, you must make sure the Tax ID is entered on the Practice Information screen, Practice IDs screen ([“Opening a Practice” on page 41](#)). You must also enter information in the Providers, Insurance Companies, and Patients screens.

Providers

Open the **Providers** screen and view the provider whose patients you want to verify. Make sure the following situations are in effect:

Tab	Selection
Provider Information	Allow Eligibility Verification is selected.
Provider IDs	The Practice Tax ID field is populated.

Insurance Companies

Display the insurance company for which you want to verify coverage. Make sure the following is in effect:

Tab	Selection
Claims	Eligibility Payer ID field is populated.

Patients

When the patient is the guarantor, make sure the following fields are populated:

Tab	Field(s)
Patient Information	Last Name, First Name, Date of Birth, and Gender
Primary, Secondary, and/or Insurance	Insurance Code, Insured ID Number, Relation to Insured, Insured (the latter two apply only if the patient is a dependent)

Methods to Verify Eligibility

You can make eligibility verification requests in several places: the Eligibility Verification Results screen, the Patients screen, the Appointment grid, and the Eligibility Verification Scheduled Tasks screen. The type of eligibility inquiry you make, either real-time or scheduled, depends on the screen from which you are making the request.

Eligibility Verification Results screen

1. On the Billing menu, click **View Eligibility Results**.
2. Highlight a patient and click the **Verify** button. This will make a real-time verification.

Patients

To make a real-time eligibility inquiry for a specific patient:

1. From the Patients screen, click **Patient**.
2. Select **Eligibility Verification**. The Eligibility Verification Results screen appears for the selected patient.
3. Click the **Verify** button to make the inquiry.

Appointment Grid

To make a real-time eligibility inquiry for a specific patient from the Appointment grid

1. Right-click the patient's appointment and click **Eligibility Verification**. The Eligibility Verification Results screen appears for the patient.
2. Click the **Verify** button to make the inquiry.

Eligibility Verification Scheduled Tasks

You can use the Scheduled Tasks feature to schedule a daily time to send a batch of eligibility inquiries.

To schedule the batch:

1. On the Tools menus, click **Task Scheduler**.
2. Select **Schedule Eligibility**.
3. Click the **Add** button.
4. Complete the fields and click the **OK** button.
5. The task will automatically make inquiries for patients scheduled in the Appointment screen up to a week in advance.

Chapter 15 - Scheduling Tasks

The CGM LYTEC Scheduled Tasks feature uses the Windows Task Scheduler to schedule a time to make backups and to run reports.

Prerequisites to Running Scheduled Tasks

You can only schedule tasks to which you have permissions. For example, if your user login does not have permissions to print insurance claims, you cannot schedule a time to print insurance claims.

For the scheduled task to run, you do not need to have CGM LYTEC open. However, the following events must occur:

- The computer on which you scheduled the task must be turned on.
- The Windows user who scheduled the task must be logged into the same computer.

The computer can be in the Lock Screen mode, but the correct user must be logged in.

A scheduled task does not count against the number of practice licenses. So a scheduled task can run in the background while you work in another instance of CGM LYTEC.

If any errors occur during a scheduled task, CGM LYTEC stops the procedure until you resolve the problem. For example, when printing claims, statements, and the Day Sheet, CGM LYTEC asks if the reports have printed correctly. When you schedule those reports, CGM LYTEC waits until you have answered the question to complete the task.

Scheduling a Backup

For instructions on making a backup manually, see [“Backup Data” on page 153](#).

If you have previously made a backup on a particular day, the scheduled backup will not run. To schedule a backup, follow these steps:

1. On the Tools menu, click **Task Scheduler**.
2. Select **Schedule Backup**. The Scheduled Tasks screen appears.
3. Click the **Add** button to create a new scheduled backup. The Backup Wizard appears.
4. Follow the steps of the wizard and make your backup.
5. Once you are through the steps of the Backup Wizard, the Schedule Task screen opens.
6. In the Task section, enter a description, a starting date, an ending date, and a time at which to run the backup.
7. In the Repeat Occurrence section, choose how frequently you want the automatic backup to repeat.

8. The Repeat Options section changes according to the option you choose in Repeat Occurrence. Choose when you want the automatic backup to repeat. The Backup Settings tab shows the SQL script CGM LYTEC uses to run the backup but needs no input from you.
9. Click the **OK** button. The scheduled task is saved to CGM LYTEC as well as to the Windows Task Scheduler.

Scheduling a CGM LYTEC Report

To schedule a CGM LYTEC report, follow these steps:

1. On the Reports menu, select the report you want to schedule.
2. Click the Options tab and click **Schedule Report**. The Scheduled Tasks screen appears.
3. Click the **Add** button. The Schedule Task screen appears.
4. In the Task section, enter a description, a starting date, an ending date, and a time at which to run the report.
5. In the Repeat Occurrence section, choose how frequently you want the automatic backup to repeat.
6. The Repeat Options section changes according to the option you choose in Repeat Occurrence. Choose when you want the automatic backup to repeat.
7. Click the **Print Settings** tab.
8. Specify if you want to preview or print the report. If you are printing the report, specify if you want to use the Windows default printer or another printer.
9. Specify if you want to use the default set of ranges or a set of ranges you have saved.
10. Click the **OK** button. The scheduled task is saved to CGM LYTEC as well as to the Windows Task Scheduler.

Viewing Scheduled Tasks

You can view CGM LYTEC tasks in the Windows Task Scheduler.

To open the Windows Task Scheduler:

1. Click the Windows **Start** button.
 2. Select **Settings**.
 3. Select **Control Panel**.
 4. Select **Scheduled Tasks**. The Scheduled Tasks screen appears.
 5. Double-click a task to see its properties.
- If, for some reason, you cannot delete a task in CGM LYTEC, you can delete it here.

Viewing Scheduled Task History

You can view the Scheduled Tasks history through the Audit Report. If a problem occurs when running a scheduled task, you can review the Audit Report and the Windows Task Scheduler program.

To view the Audit Report:

- On the Reports menu, click **Audit Trail**.

Chapter 16 - Scheduling Appointments

You can schedule and manage appointments in CGM LYTEC. This includes creating appointments, editing them, deleting them, rescheduling them, and putting patients on a wait list for future openings. You can also print several reports for tracking appointments with patients.

Entering an Appointment

To enter an appointment, follow these steps:

1. On the Scheduling menu, click **Schedule Appointments**. The Appointment grid appears.
2. Select the date on which you want to schedule an appointment.
3. Double-click the time slot for which you want to schedule an appointment. The Insert Appointment screen appears.
4. Select a patient in the Patient Chart field. The Description, Home Phone, and Work Phone fields list the patient's information.
5. Complete the Provider, Reason, and Procedure fields.
6. Enter an appointment length in hours and minutes.
7. Click the up and down arrows in the Slot field to indicate which slot the appointment will fill. You will only be able to select a slot if you are entering an appointment at a time when there is at least one appointment already scheduled.
8. Click the **OK** button to save the appointment.

Editing an Appointment

You can edit appointments if you need to change information, such as phone number, duration of the appointment, add a note, change the reason, and so on.

To edit an appointment:

1. In the Appointment grid, right-click on the appointment you want to change.
2. Select **Edit** from the menu. The Edit Appointment screen appears.
3. Make your changes.
4. Click the **OK** button.

If you make changes to a phone number, you will see a screen on which you can decide if you want the phone number changed in the patient's record or just for this appointment.

Deleting an Appointment

You can delete appointments if the patient cancels

To delete an appointment:

1. In the Appointment grid, right-click the appointment.
2. Select **Delete**.
3. Click the **Yes** button to confirm.

Rescheduling an Appointment

To reschedule an appointment:

1. In the Appointment grid, right-click the appointment you need to reschedule.
2. Select **Reschedule**. The Reschedule Appointment screen appears.
3. Set your search criteria on the Search Criteria tab.
4. Click the **Find** button. A smaller Reschedule Appointment screen appears.
5. Select the direction and click the **Find Next** button. CGM LYTEC finds the next available time slot based on your criteria and shows it on the Appointment grid.
6. If you want to reschedule to that time slot, click **Set Appointment**. If not, click the **Find Next** button and continue to search for available time slots.

Changing the Status of an Appointment

Keeping the status of appointments will help you keep track of your patients as they enter your office, receive treatment, and leave. You can print several reports that will help you keep your office running smoothly as you treat your patients.

To change the status of an appointment:

1. In the Appointment grid, right-click the appointment whose status you want to change.
2. Highlight **Status**. A second menu appears. Select the status you want.

Recalling a Patient

The **Recall List** screen displays all patients who have been set up for appointment recalls. The recall list provides staff a list of patients who need to be contacted for various reasons, for instance, contacting a patient regarding a follow-up visit or paying a bill.

Adding a patient to the Recall List

1. In the Appointment grid, right-click the patient you want to add to the recall list.

2. Select **Recall**. The patient's status changes to Recall.

Updating Recalled Patients

You can use the Recall List to add new recalls, delete recalls, search for a particular patient, procedure, or date, and go to the appointment in the Appointment Grid.

To open the Recall List:

- On the Scheduling menu, select **Recall List**. The Recall List appears.

Chapter 17 - Reports

Preparing Reports

CGM LYTEC reports help you track finances, analyze revenue, print patient information, and age both patient and insurance balances. Before you begin printing any reports, you will set the printer options that are available.

Printer Setup

To set your printer options:

1. On the Reports menu, click **Print Options**.
2. Select **Print Setup**.
3. Select the printer.
4. Click the **OK** button.

Printing Reports

Once you have the correct printer options set up, you will be ready to print reports.

Filtering Reports

You can filter reports with selections on several tabs. Different reports have different tabs. By filtering a report you can make it give you just the information you want for any given time.

Options tab

Many reports have an Options tab. The selections on this tab will vary widely depending on the report, but usually they will allow you to enter dates and other information for your report.

Range tab

Some reports provide a single Range tab that works like the Include tabs do. Use the Range tab to select ranges of data that you want to include on a report.

Include tab(s)

Use the Include tab(s) to decide what records or data to include in a report.

Exclude tab

Use the Exclude tab to decide what records or data will be excluded from the report. Having both Include and Exclude tabs allows you greater flexibility in customizing reports.

Range filtering vs. Multi-Select filtering

When printing or previewing a report, you have two methods for filtering data: range filtering and multi-select.

Range Filtering

Here, you select the starting and ending points (or ranges) and CGM LYTEC filters for this range, either including or excluding data.

Multi-select filtering

Use Multi-select filtering to build precise search parameters by replacing key From/To ranges parameters on a report with your own filtering criteria. Multi-select filtering does not replace standard filtering for every range on a report. Some fields are only available in a standard To/From format. Even when selected, most reports on which Multi-select is available rely on a combination of standard To/From ranges and Multi-select filtering.

To use Multi-select filtering on a report:

1. On the Print screen of applicable reports, click the **Change to: Multi-Select** button. Fields that support this option will change from To/From ranges to a single Lookup field.
2. To create your custom search criteria, click the magnifying glass icon at the end of a field.
3. In the Lookup screen, hold down the SHIFT key and click the beginning and ending items to create a range. Or hold down the CTRL key to select multiple values not in consecutive order.
4. Click the **OK** button to continue selecting other data for the report.

Depending on your reporting needs, you can set the default search filter to Multi-select for reports using the Set Report Ranges on Multi-Select option on the Reports tab in Preferences.

Saving Ranges

You can create a “customized” report by entering ranges and saving them. To do so,

1. Open the Print screen for the report.
2. Select your ranges on either the Ranges tab or the Include/Exclude tabs.
3. Click **Options** and select **Save Ranges as**. The Save Ranges as screen appears.
4. Enter a name for your saved ranges and click the **OK** button. The Date Selection screen appears.
5. Highlight each line in the box and enter date information for each range.
6. Click the **OK** button. The range is saved.

Loading a Saved Range

When you want to print the report with the saved ranges, follow these steps.

1. Open the Print screen for the report.
2. Click **Options** and select **Load Ranges**. The Load Ranges screen appears.
3. Highlight the saved range you want and click the **OK** button. The saved ranges are loaded and the report is ready to print or preview.

Report Descriptions

Key reports for tracking finances, analyzing revenue, patient information, and aging are central to CGM LYTEC’s reporting abilities.

Tracking Finances

Use the Day Sheet, Transaction Journal, and the Monthly and Yearly Summary reports to track your finances on a daily, monthly, and yearly basis.

Report	Description
Day Sheet	Print a Day Sheet daily to maintain a permanent record of the transaction activity for the practice. If the electronic records or data files are damaged, you can use a well-maintained set of Day Sheets to recreate the transaction activity. NOTE: Once a Day Sheet for a specific period has been printed and closed, the Day Sheet will not print for that period again (if the Close After Printing check box is selected). However, this information will print again in the Transaction Journal.
Transaction Journal	This report prints a list of transactions for a specific period. You can also print a Bank Deposit Sheet with this report. Unlike the Day Sheet, a Transaction Journal can be printed for specific ranges as many times as needed.
Monthly/Yearly Summary	The Monthly Summary summarizes financial activity for each day of the current (or specified) month. The Yearly Summary summarizes financial activity for each month in the year.

Analyzing Revenue

Use the Practice Analysis, Referring Physician Analysis, and the Insurance Reimbursement Analysis to identify the sources of your revenue.

Field	Description
Practice Analysis	This report prints information about the financial status and the service performance of the practice. Many practices use this as one of their monthly reports by entering monthly dates in the Comparison Dates range.
Referring Physician Analysis	This report prints a list of all the referring physicians' information.
Insurance Reimbursement Analysis	To analyze the differences between charges billed to an insurance company and the amount reimbursed from the insurance company on a transaction code basis, print an Insurance Reimbursement Analysis. You must enter line item payments to use this report.

Printing Patient Information

You can use the Patient Ledger, the Patient Statistics report, and the Responsible Party Report to view valuable patient account and demographic information.

Report	Description
Patient Ledger	This prints a Patient Ledger report for a specific period.
Patient Statistics	This report prints the demographic data for the specified range of patients.
Patient Payment Annual Detail	This report is particularly helpful for patient tax purposes.
Responsible Party Report	This report prints a list of responsible parties and the patients who are attached to them. Use this report to see which patients and guarantors are set as responsible parties. You will also be able to see the patients for whom each responsible party is accountable.

Aging Patient and Insurance Balances

The aging reports tell you what charges accrued and when those charges were billed to either the patient or the insurance, depending on which report you print.

Use the Aging tab of the Preferences screen to set up your aging ranges or buckets.

Field	Description
Patient Aging	This report provides a breakdown of the patient charges accrued during a specified aging period. It is important to note that this report only prints the patient portion and not any insurance data.
Insurance Aging	This report provides a breakdown of the insurance company charges accrued during a specific aging period. Once a primary insurance payment is applied to a billing (and the secondary and/or tertiary insurance is not set up to bill after primary), the payment is no longer included in the aging report.
Service Aging Report	This report provides a combined insurance and patient aging report so that you can determine your total accounts receivable for a specific aging period.

Field	Description
AR Totals	The AR Totals report shows the aging for both insurances and patients. It breaks down the aging totals by what is the insurance's responsibility and what is the patient's responsibility. It also shows the amount expected from either the insurance or the patient.

Chapter 18 - Utilities

Various utilities are available to help you manage your data. With these utilities, you can back up and restore your practice data. Also, you can delete, archive, and un-archive patient records and patient billings. Finally, you can delete old managed care payments and old appointments when these files get too large.

NOTE: Some of these functions will delete data that you cannot retrieve. Therefore, eMDs strongly recommends that you create a backup of your data before running any of these utilities.

Backup Data

Backing up your data regularly is essential for maintaining good records and preventing data loss.

To make a backup:

1. On the Tools menu, click **Backup Data**. The Backup Type screen appears.
2. Click the **Next** button. The Backup File screen appears. Enter a name for the backup file.
3. Click the **Next** button. The Backup Options screen appears. Enter data to describe the backup.
4. Select to either overwrite the existing backup (if any) or to append the new backup to the existing backup.
5. Click the **Next** button. The Backup Media screen appears.
6. If you want to enter specific information on the backup, complete the fields here.
7. Click the **Next** button. The Backup SQL Preview screen appears.
8. Click the **Finish** button.

Restore Data

If you need to restore a backup, follow these steps.

1. On the Tools menu, click **Restore Data**. The Restore Wizard starts.
2. Leave Restore from backup file(s) selected and click the **Next** button. The File to Restore screen appears.
3. Click the ellipsis button at the end of the field. The Restore Database browse screen appears.
4. Click the plus signs to expand a folder tree. Once you get to the folder in which the backup file is saved, click the file name. The full path and name should appear in the Selected File field.
5. Click the **OK** button. The Restore File screen opens with the file path and name in Select a file to restore.
6. Click the **Next** button. The Database Name screen appears. The Database Name field defaults to the name from the backup.
7. Select **Replace the existing database**.

8. Click the **Next** button. The Select Files to Restore screen appears. This screen shows all the database backups in the entire backup file. Place a check next to the backups you want to restore.
9. Click the **Next** button. The Generate New File Names screen appears.
10. Click the **Yes** button. The Map File Names screen appears. This is where you indicate the location to which the files will restore. The paths default to the location from which the backup was made. Highlight a file and click **Auto Fix Files** to change the file's path to match the current server's data location automatically. Click the ellipsis button at the end of File Name to choose a location manually.
11. Click the **Next** button. The Commit Restore screen appears. Leave the default.
12. Click the **Next** button. The Restore SQL Preview screen appears. This screen shows you the SQL script the program runs to restore the data. You cannot edit the script.
13. Click the **Finish** button.
14. Click the **OK** button to complete the process.

Back up SharedData

To back up your SharedData:

1. Close any open practices in Lytec.
2. Click the "L" in the top left corner of the Lytec screen.
3. Click Backup and Restore Database.

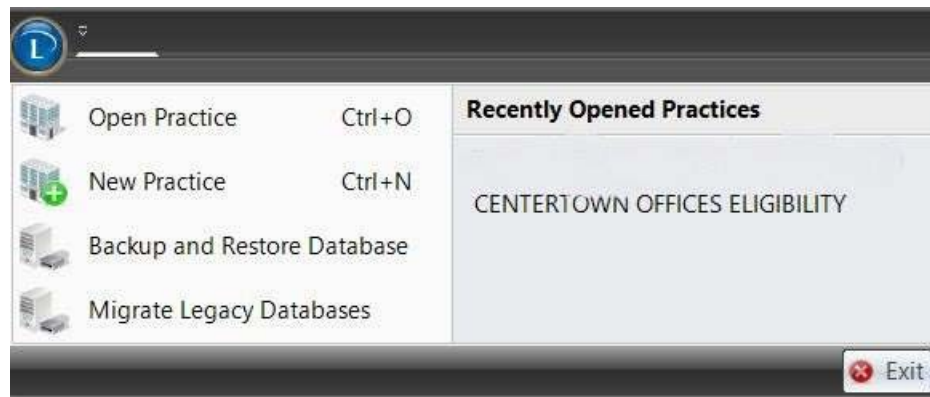


Figure 88. CGM LYTEC screen

The Confirm SQL SysAdmin screen opens.



Figure 89. Confirm SQL SysAdmin screen

4. Enter your credentials and click the OK button. The Manage Backups screen opens.

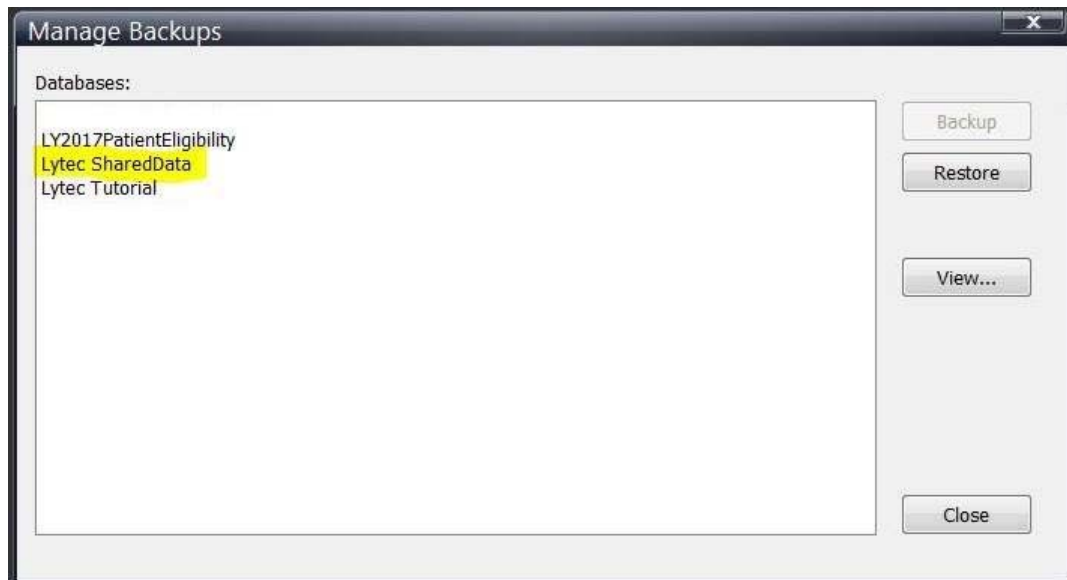


Figure 90. Manage Backups screen

5. Select Lytec SharedData and click the Backup button.
6. Follow the remaining prompts to create the backup.

Inactive/Archived Patients

Before you can delete or archive any patients, the following steps must be taken:

- You must be logged in as the SYSTEM user. (If you do not have any security set up in your program, you are logged in as a SYSTEM user automatically.)
- You must be the only user in the system.
- The patients you want to archive must be marked “Inactive” in the Patients screen.
- All the patients’ billings must be paid. The billings must have a zero balance and all the transactions must have been printed and closed on a Day Sheet.

To run utilities for patients:

- On the Lists menu, click **Patient**.

Delete Inactive Patients

From the Patient drop-down menu, click **Delete Inactive Patients** to completely delete both the patient records that you have marked inactive and their billings.

Once you delete a patient record, you cannot retrieve the data. You must make a backup before you delete.

Archive Inactive Patients

From the Patient drop-down menu, click **Archive Inactive Patients** to archive both the patient records that you have marked inactive and their billings. Once you archive patients, their records will be in a different file from the patients who have not been archived. The patient records will no longer appear in the Patients screen. You can reverse the archival process, but you must make a backup of your data.

Unarchive Patients

From the Patient drop-down menu, click **Unarchive Patients** to put the patient records you previously archived back into the Patient List screen. This utility will only retrieve records that have been archived but not deleted. Before you proceed with this utility, make sure you make a backup of your data in the event of an unforeseen problem.

Delete Archived Patients

From the Patients drop-down menu, click **Delete Archived Patients** to delete both archived patient records and their billings from your practice. This utility will only delete patients that have been previously archived. Once you delete an archived record with this utility, you cannot retrieve the data, so be sure to make a backup before you continue.

Paid/Archived Billings

Before you can delete or archive any billings, the following steps must be taken:

- You must be logged in as the SYSTEM user. (If you do not have any security set up in your program, you are automatically logged in as a SYSTEM user.)
- You must be the only user in the system.
- The billings you intend to delete or archive must be paid billings. They must have a zero balance and the transactions in the billing must have been printed and closed on a Day Sheet.

All utilities for deleting/archiving billings are accessed from the Charges and Payments drop-down menu.

To see this menu:

- On the Billing menu, click **Charges and Payments**.

Delete Paid Billings

Click **Delete Paid Billings** on the Charges and Payments menu to delete selected paid billings that have a zero balance. You can set your ranges on this screen.

NOTE: Once you delete a paid billing with this utility, you cannot retrieve the data. Be sure to make a backup before you continue.

Archive Paid Billings

Click **Archive Paid Billings** from the Charges and Payments menu to archive selected paid billings that have a zero balance.

Once billings are archived, they only appear on certain reports, such as the Patient Ledger, Transaction Journal, and Practice Analysis. They will not appear in the Charges and Payments screen.

Unarchive Billings

Click **Unarchive Billings** from the Charges and Payments menu to put the billings you previously archived back into the active transaction data files. This utility will only retrieve billings that have been archived but not deleted. Before you use this utility, make sure you make a backup of your data.

Delete Archived Billings

Click **Delete Archived Billings** from the Charges and Payments menu to delete selected archived billings. This utility will only delete billings that have been previously archived. Once you delete an archived billing with this utility, you cannot retrieve the data. Be sure to make a backup before you continue.

Delete Managed Care Payments

You can delete managed care payments that you have entered through the Managed Care Payments wizard.

To open the Delete Managed Care Payments screen:

1. On the Payments menu, click **Managed Care Payments**.
2. Select **Delete Managed Care Payments**.

Once you delete managed care payments with this utility, you cannot retrieve the data. Be sure to make a backup before you continue.

Delete Appointments

Select **Delete Appointments** to delete appointments through a certain date. If there are a lot of inactive or outdated appointments in your practice, you can use this option to delete them from the system. Once you delete appointments with this utility, you cannot retrieve the data. Be sure to make a backup before you continue.

To delete appointments:

1. On the Scheduling menu, click **Delete Appointments**. The Delete Appointments screen appears.
2. Enter the date in the Remove appointments through field.
3. Click the **OK** button.

Glossary

This section defines terms used in the CGM LYTEC 2025.

BillFlash

Use BillFlash to process and send statements to patients, as well as verify payments made with credit cards and checks. This is an online service that you subscribe to. You can upload your statement information to the BillFlash web site and BillFlash will create and send the statements to patients.

Billing(s)

A billing in CGM LYTEC is any amount charged to the patient's account for services rendered by the practice. Billings are entered using the Charges and Payments screen.

Care Plan Oversight Number

This is the number physicians have if they have supervision of Medicare patients under the care of hospices or home health agencies that require complex or multidisciplinary care.

Charge Back

A charge back is an amount that the insurance company deducts from the current payment amount when that company overpaid on a previous check.

CLIA Number

This is Clinical Laboratory Improvement Amendment Number. This number is required for all laboratory claims.

EDI Receivers

These are the organizations to which you send claims or eligibility requests.

ICD-9 codes

International Classification of Diseases, Ninth Revision (ICD-9) is a listing of codes for classifying diseases and health problems.

Inactive Record

An inactive record is one that is marked as "Inactive" in the record itself. You can filter reports and data based on the inactive/active status of the record.

Insurance Class

Insurance classes enable you to categorize insurance companies into groups.

Legacy identifier

This refers to a provider number or identification number other than NPI, such as a BCBS provider number, Unique Provider Identification Number (UPIN), Medicare number or Medicaid number.

Mammography Certificate Number

The Mammography Certification Number is assigned to a provider certified to perform a mammography and is required on all mammography claims.

MPIC

This is an interface application can be installed and configured to connect CGM LYTEC with other applications.

National Provider ID

This refers to a unique number for a physician or practice that identifies them.

Open Item Accounting

A type of accounting where charges and payments for patients remain on the books and are not lumped together at the end of a fiscal period or year.

Revenue Management

This is the application that is bundled with CGM LYTEC that enables a user to transmit claims and eligibility requests electronically.

Rules

Rules are logic patterns set up in CGM LYTEC to ensure that claims are processed correctly for providers and practices based on requirements set by the government and insurance carriers.

Superbill

The superbill is designed to be a physician's worksheet. The superbill displays a list of what procedures can be performed by the provider and the diagnoses related to it displayed in a list format.

Taxonomy Number

This is a number that specifies the type of practice the physician is in, for example, family practice or emergency medicine

Unique Physician Identification Number (UPIN)

The Unique Physician Identification Number (UPIN) is a number assigned to physicians and others who are enrolled in the Medicare Program.

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