

NextStep Solutions Version 7.1 Release Notes  
All content is subject to change.

This is pre-release documentation, and all content is subject to change.

**Release Date:** July 17, 2023

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### Improved Functionality

#### Activity Code Service Bundle Form- Removed Arrows

*Maintenance and Setup > Activity Codes > Activity Code Bundle Set-up > Activity Code Bundle Form*

The toggle arrows and records loaded have been removed as they are not applicable to this workflow.

The screenshot shows a web application window titled "Activity Code Service Bundle Form". The form contains the following elements:

- Activity Code:** A dropdown menu with "CRISIS" selected and a text input field containing "CRISIS CALL".
- Insurance ID:** A dropdown menu with "ALL" selected and a text input field containing "ALL".
- Party Type:** A dropdown menu with "ALL" selected and a text input field containing "ALL".
- Agency:** A dropdown menu with "ALL" selected and a text input field containing "ALL".
- Program:** A dropdown menu with "ALL" selected and a text input field containing "ALL".
- Screen:** A text input field.
- Daily:** A checkbox that is currently unchecked.
- Bundle Time?:** A checkbox that is currently unchecked.
- Bundled Activity Code:** A dropdown menu with "G2078" selected and a text input field containing "Uranalysis Take Home".
- User Id:** A text input field containing "tprithviraj".
- Control Date/Time:** A text input field containing "06/26/2023 04:43:37 AM".
- Buttons:** "Add", "Edit", "Delete", "Exit (Esc)", and "Back to List".

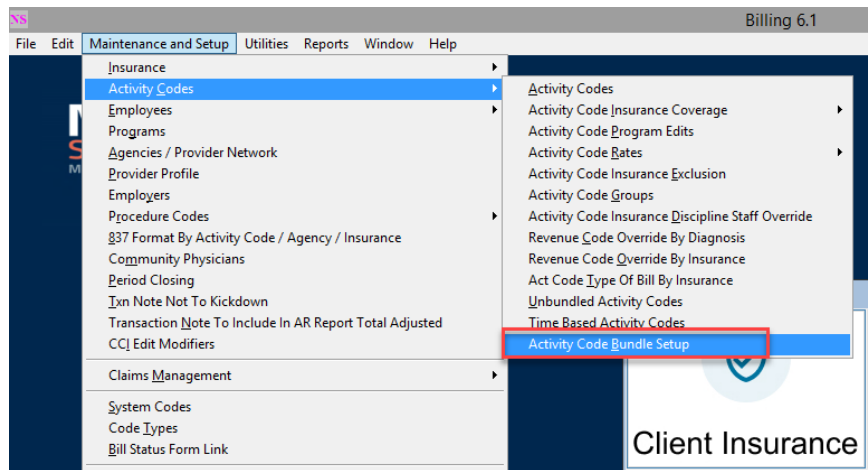
**Activity Code Service Bundle List- Renamed D/W/M column**

*Maintenance and Setup> Activity Codes> Activity Code Bundle Set-up*  
 The D/W/M Column has been relabeled to **Daily?** and will show a Y if the Daily checkbox is checked and N if the Daily checkbox is not checked.

Base Code	Base Description	Bundle Code	Bundle Description	Daily?	Party Type	Insurance ID	Program ID	Agency ID
CRISIS	CRISIS CALL	G2078	Uranalysis Take Home	N	ALL	ALL	ALL	ALL
9072	IBHRS: Assessment Interview	9072	IBHRS: Assessment Interview (with	N	ALL	AARP MEDIC	ALL	ALL
9072	IBHRS: Assessment Interview	9072	IBHRS: Assessment Interview (with	N	ALL	ALL	ALL	ALL
90832	Ind psychotherapy, 30 min	90832	Ind psychotherapy, 30 min	N	ALL	ALL	ALL	ALL
LUNCH	Lunch with Rep	19127	Manayunk	N	ALL	12345689	ALL	ALL
LUNCH	Lunch with Rep	LUNCH	Lunch with Rep	N	ALL	ALL	5	1
19127	Manayunk	19127	Manayunk	N	ALL	ALL	ALL	ALL
19127	Manayunk	19127	Manayunk	N	ALL	ALL	17	24
19127	Manayunk	19127	Manayunk	N	ALL	ALL	ALL	ALL
19127	Manayunk	90791	Diagnostic Interview Examination	N	ALL	AAA INSURAN	ALL	ALL
19127	Manayunk	19128	Philly	N	ALL	AAA INSURAN	ALL	ALL
MEDRF	Med Refill	19127	Manayunk	N	ALL	AAA INSURAN	ALL	1
MEDRF	Med Refill	19128	Philly	N	ALL	HUMANA	ALL	ALL

**Activity Code Service Bundle - Menu Name Change**

*Maintenance and Setup> Activity Codes> Activity Code Bundle Set-up*  
 The **Activity Code Rollup** menu option has been renamed to Activity Code Bundle Setup.



**Private Pay Insurance - ATP by Activity Code 0**

Users are now able to configure Activity code ATP values at 0 so that when private pay or private pay percentage line items for those activity codes are created they are automatically adjusted so that the balance on the line item is 0.

**Private Pay Insurance - Deleting Payments Applied to Line Items**

Users can no longer delete a private payment record if a partial amount has been applied to a line item.

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## Resolved Issues

Previously, line items not associated with a bundled service were getting closed when the service bundler was run. Now, only the line items associated with the bundled service will be closed when running the Service Bundler by bundle code.

*Path: File > Billing > Balance Inquiry Form*

Previously, the **unapplied private payment** field in the balance inquiry form was not updating when a payment was applied to a line item. Now, when a payment is applied to a line item, the unapplied private payment field in the balance inquiry form will update.

Previously, services were split up on the 837s because the POS (place of service) is different on line items, the Charge Amount on the CLM line did not match the sum of the services in the corresponding SV1 segments. The Charge amount on the CLM lines was the sum of all the services that were split into the two CLMs being separated because of POS. Now, the charge amount on the CLM lines will match the sum of the services in the SV1 segments.

Previously, If the procedure code requiring the CLIA number was not listed first in the claim then the CLIA number would not populate on the claim file. Now, the CLIA number will populate on a claim file regardless of the procedure code order.

*Path: Maintenance and Setup > Configuration Options > System Tab > CTB Tab > Page 1 Tab*

Previously, Contractual Adjustments (CO-45) were kicking down to the next payer, whether it be the secondary insurance or private payer. This should have only been occurring if the **Always kickdown billed-paid to next insurance** was checked in the configuration options. Now, when the **Always kickdown billed-paid to next insurance** box is **not checked**, any contractual adjustment (CO-45) will no longer appear as part of the charge on any secondary or private pay line items.

Configuration Options - (CONFIGO)

Personal	System	Paths
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**Note - Changes made to settings on this page only take effect when this application starts. It will be necessary for all users to exit and re-run the application before any changes will take effect for that user.**

CTB	CR	Sched	Meds Mod
Page1	Page2	Page3	Page4

Bill "Incident To"     Physician Shortage Area (QU)  
 OPC Provider     Allow Multiple Instances Of Application  
 Security     ATP not used in SVC/ATD Original Billed Amount Override  
 Populate ICD9 From Axis 1  
 Do not bill secondary insurance if primary insurance exists but can't be billed  
 Do not bill Private Pay if other insurance exists but can't be billed  
 Allow Service/Attendance With No Admissions  
 Warehouse used to send 837 files  
 Do not adjust off Private Pay Line Item if no ATP exists  
 Always kickdown billed - paid to next insurance  
 Don't reflect actual Line Item amounts on AR Report  
 Do Transactions Form Copay/Deduct/Patient Pay math  
 Keep last Transactions Form Remittance Date and Receipt Number

NextStep Database	NextStep_Dev
Default Site ID	<input type="text"/>
Default Staff	<input type="text"/>
Exported Date/Time	// : : AM
Default Agency	1    Test Agency
Default Program	10    Outpatient
Default Act Code	<input type="text"/>
Default Place Of Contact	<input type="text"/>

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