

Interface FAQs

Last Modified on 04/23/2026 11:43 am EDT

How are a patient's first/last name, gender, DOB matched between systems?

CollaborateMD first validates that all of the mandatory items that would cause us to reject a superbill are valid. Once validated, the system performs a patient matching algorithm. If unable to find the patient (and all the required items are valid), we will create a NEW patient record within CollaborateMD. This record will be populated with ALL of the information received on the superbill. It is possible that this claim will be marked as "**INCOMPLETE**" if it is missing a patient's first name, date of birth, address line 1 or any of our other required patient fields.

How do I identify claims that come over to CollaborateMD through the interface?

You can easily see if the interface messages were received successfully and if CollaborateMD was able to find an existing patient, create a new patient and generate a claim via the [Interface Tracker](#) screen. Be sure to use your desired filter options on the left side to include all of your desired results. Please note, not all interfaces support all message types.

It looks like duplicate claims were generated, why?

Duplicate claims are generated through the interface when a superbill/note/encounter has been submitted more than once. Each time a superbill/note/encounter is submitted, CollaborateMD will generate a new claim for each successful interface message received.

To delete the duplicate claims, right click on the desired claim, select the option to Open Claim and click the **Delete** button.

Why aren't my appointments showing up in my EMR/EHR?

Most interfaces that support CollaborateMD sending appointment data will require that each [Appointment Resource](#) within your Scheduler is linked as a "Provider Resource". The provider selected in this drop-down should match the Resource being created and should only be linked to one Resource in order to appropriately send the appointment information through the interface.

After sending over the superbill/note/encounter '*****' is appearing in the patient information, what does this mean?

The patient name is masked for certain errors, which could be a result of incorrect message routing, in order to prevent a scenario with a PHI breach. For example, if a vendor sends messages to CollaborateMD using the wrong customer credentials, CollaborateMD will reject them for unable to find provider and mask the patient information.

Why is the warning saying 'unable to locate provider'?

In most cases, this means the provider on the superbill/note/encounter was not integrated between CollaborateMD and your vendor. It is best practice to first identify the provider listed on the superbill/note/encounter and verify that this same provider exists in CollaborateMD's [Provider](#) section.

Can the procedure code's Default Units override the units sent via the interface?

If units are sent in an interface message, we will use what is sent. If there is no value sent in the interface message, we will use the Procedure Code claim default. If there is nothing in the interface message sent and no default, we will default the units to 1.00

Why are my Interface Tracker results not accurate when filtering by Payers?

That the payer search field and column will only work for interface messages sent after 09/18/2023. Messages received prior to this date will not match the payer filter or show the payer information in the payer column.

What does the error message, "You do not have permission to reprocess more than one message at a time. Please select only one message to reprocess," mean?

This message means that you are trying to "reprocess" while selecting more than one interface message. While the interface allows for the selection of multiple messages, the system is designed to permit reprocessing of only one message at a time. This is intentional and helps prevent potential issues that can arise when reprocessing large volumes of messages simultaneously.

Reprocessing messages individually also ensures that any errors are properly reviewed and addressed on a claim-by-claim basis. This helps prevent overlooking message-specific issues or broader system concerns that may require further investigation.

If there is a scenario where multiple messages are impacted by a known issue, we recommend submitting a case with our Support team. This allows us to review the situation in detail and provide appropriate guidance or assistance."
