

Release 15.9.0 - May 12, 2025

Modified on 06/17/2025 1:49 pm EDT

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Highlights

New Features

- New Split Claim Feature
- Enhanced Auditing for Fee Schedules & Customer-level Settings

Enhancements

- A/R Control Payer Filter Renamed

New features

New Split Claim Feature

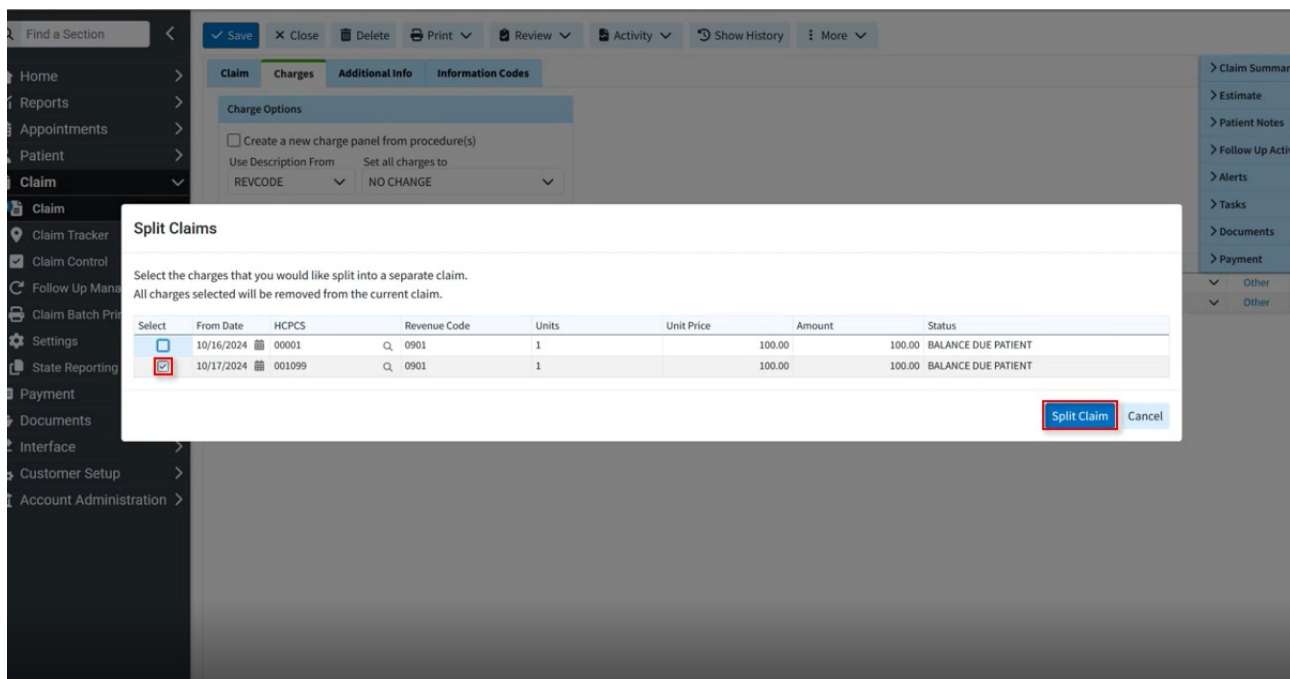
There are certain scenarios where claims need to be split. This could occur when an interface sends a single visit that should have been billed as multiple claims, or when a secondary payer has different bundling requirements than the primary payer. In these cases, users previously had to delete and re-enter payments or completely recreate the claim and duplicate the payments. To streamline this process, we released a new **Split Claim** feature that allows users to take a single claim and quickly split it into multiple claims. This option within the **More** menu in a claim enables users to move selected charges, including any existing payments, to a new claim, saving a significant amount of time.

The screenshot displays the software interface for managing claims. At the top, there is a toolbar with buttons for Save, Close, Delete, Print, Review, Activity, Show History, and a More menu. The 'More' menu is open, showing options: Convert Claim to Professional, Copy Claim, Split Claim (highlighted with a red box), Check Claim Status, Track Claim Submission History, View Charge History, Preview Electronic Claim, Update Other Claims w/ Insurance Info, and Update Patient w/ Insurance Info. The main area shows a 'Claim' tab with 'Charges' and 'Additional Info' sub-tabs. The 'Charges' tab is active, displaying a table with columns: Service Date, HCPCS, Mod 1, Mod 2, Mod 3, Mod 4, Rev Code, and Description. The table contains two rows of charges. To the right of the table, there is a 'Status' section with a table showing 'BALANCE DUE PATIENT' and 'Other'.

Service Date	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	Rev Code	Description
10/16/2024	00001	Q	Q	Q	Q	0901	BEHAVIORAL HEALTH TRE
10/17/2024	001099	Q	Q	Q	Q	0901	BEHAVIORAL HEALTH TRE

Status	Other
1.00 BALANCE DUE PATIENT	Other
1.00 BALANCE DUE PATIENT	Other

This new option allows users to select which charges will transfer to the new claim simply by checking them. Once moved, any associated payment history is automatically transferred, even if the claim has already been submitted. Please note that you are only able to split one claim into two. If you wish to split it further, you can reopen the claim after splitting it once.



Knowledge base articles

- [Split a Claim \(Prof\)](#)
- [Split Claim \(Inst\)](#)

New Enhanced Auditing (Show History) for Fee Schedules & Customer-level Settings

CollaborateMD has been working on a new enhanced auditing project that will provide offices with an easy and transparent way of auditing changes made in the application. We previously released our new enhanced User Auditing feature in the Customer Setup, Patient, Claim, Appointment, Payment Profiles, and Interface Settings sections of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

In this release, we are expanding our Enhanced Auditing functionality to the **Fee Schedules** and all **Customer-level Payment, Claim, and Patient settings**, enabling users to track modifications, changes, and updates made to fee schedules and settings for better auditing and accountability. With the new "**Show History**" feature, you can now determine which user changed/updated a specific setting or fee schedule in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date, time, and the record changed.

The screenshot shows a web application interface. On the left is a dark sidebar with a search bar labeled 'Find a Section' and a list of menu items: Home, Reports, Appointments, Patient, Claim (expanded), Claim, Claim Tracker, Claim Control, Follow Up Management, Claim Batch Print, Settings (expanded), State Reporting, Payment, Documents, Interface, Customer Setup, and Account Administration. The main content area has a top bar with 'Edit' and 'Show History' buttons. Below this, there are two sections: 'Claims Settings for Customer: COLLABORATEMD (#10001911)' and 'Claims Settings for User: danielgoldsmith'. The customer settings section includes text about claim processing, a dropdown for 'Apply Fee Schedule pricing for Institutional claims based on the: HCPCS Code', and a radio button for 'Allow users to override the charge total amount?'. The user settings section includes two sets of margin controls for CMS-1500 and CMS-1450 forms, and a note about print units.

These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, Claim, Appointments, Payment Profiles, Interface Settings, Fee Schedules, and Customer-level Setting sections, and we will be systematically adding it to other sections of the application.

Knowledge base articles

- [Enhanced Auditing \(Show History\)](#)

Enhancements

A/R Control Payer Filter Renamed

Previously, the existing A/R Control "Payer" filter could potentially confuse users who might expect it to show any claims with this payer on it" instead of "showing claims currently at this payer," which is what it actually checks. In this release, we updated the filter name from "Payer" to "**Current Payer**" to better reflect its actual use. Please note that only the name has changed; the filter itself remains the same.

The diagram illustrates a UI change where a filter is renamed. On the left, under the heading 'Claim Search Options', there is a section titled 'Old Filter Name'. It contains a search input field labeled 'Payer' with a magnifying glass icon, a 'Charge Balance' dropdown menu set to 'Any', a 'Charge Status' dropdown menu with options 'Balance Due Patient, Pending Patient, Collection, Claim At Insu...', and two more search input fields labeled 'Rendering Provider' and 'Referring Provider', each with a magnifying glass icon and an information icon. On the right, under the same heading, there is a section titled 'New Filter Name'. It contains a search input field labeled 'Current Payer' with a magnifying glass icon, the same 'Charge Balance' and 'Charge Status' dropdowns, and the same 'Rendering Provider' and 'Referring Provider' search fields. A red arrow points from the 'Payer' field on the left to the 'Current Payer' field on the right, indicating the transition.

Knowledge base articles

- [Search for Patient Balances](#)

Resolutions

ERA Contract Updates

When a contract warning appears in the ERA section, we will no longer allow users to update the contract from the ERA warning if the allowed amount is \$0.00. Previously, this could allow users to incorrectly update their contracts based on a \$0.00 allowed amount, when it was actually a claim denial or rejection or not a reflection of a contract needing to be updated. The warning itself, if your contract amount doesn't match the allowed amount, will still show (alongside informational items stating that the payer did not pay) however, the system will not allow you to update the contract directly from the warning.
