

Release 15.10.0 - May 27, 2025

at Modified on 05/29/2025 3:37 pm EDT

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Highlights

New Features

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New features

New Task Assignment to Contact Groups

Capitalizing on our recently released Shared Contact Groups feature, users can now assign tasks to individuals within a Contact Group. You can create Contact Groups for teams (denials, billing, specific offices, payments, etc.) and assign tasks to those groups to ensure work is completed. All users in the group will see the tasks assigned to the group, and once completed, the system will track which user completed the task via the User Productivity by Tasks Completed Report, allowing you to monitor user productivity. For more information creating Shared contact groups, visit our [Create a Shared Contact Group](#) Help Article. For info on assigning tasks to a contact group, visit our [Assign a Task to a Contact Group](#) Help Article.

✓ Save


✕ Cancel

Task Title

Review Follow ups for BCBS today

Due Date

05/27/2025



Status

Not Started

▼

Priority

Normal

▼

Description

Please Review all BCBS follow ups before EOD today.


Task Links

+ Add Link

No links have been added yet.

Assign this task to

Billing ✕

 Select User

New Prior Authorization Requirements & Billing Alerts Update

In this release, we have added a couple of updates to the billing alerts for procedure codes. First, we introduced a new option within the Procedure Codes setup window to set a Prior Authorization requirement as a default on the code. You can set the Prior Authorization Requirement on a code for all payers or a list of specific payers. When there is a pre-authorization requirement and no authorization number is set on a claim, you will now receive a warning during the claim review. For more information on setting up a prior authorization requirement, visit our [Add CPT/HCPCS Codes](#) Help Article.

Find a Section

Home >

Reports >

Appointments >

Patient >

Claim >

Payment >

Documents >

Interface >

Customer Setup >

Practices

Providers

Facilities

Referring Providers

Payers

Payer Agreements

Collection Agencies

Codes...

Alert Control

Procedure Codes

Save

Close

Show History

Narrative Notes

Modifiers (Global & Situational)

Global 1

Global 2

Global 3

Global 4

Create situational modifiers

Billing Alerts

Global Surgery Period ⓘ

Default (0 days) ▾

Same or Similar Codes ⓘ

Codes	Period	Delete
+ Add New Same/Similar Code List		
Prior Authorization Requirements ⓘ		
<div><div><input type="radio"/> None</div><div><input checked="" type="radio"/> All Payers</div><div><input type="radio"/> Certain Payers Only</div></div>		

Drug Information

We also updated the placement of billing alert warnings within the application. Billing alerts will now be displayed not only in the claim section, but also in the claim control area when running the claim review process. This change is intended to help our interface customers more easily access these billing alerts, as they are now integrated into the claim review workflow.

Claim Review Result

Claim ID 228334650 Run Date 05/21/2025 12:11 PM

Results

✗ Claim reviewed for Billing Alerts. An issue was found.

The following procedures require prior authorization:

- 11055 - TRIM SKIN LESION.

⚠ Claim not analyzed by CollaborateMD Edits.

✗ Claim processed by the code scrubbing engine. Issues were found.

❗ *Reject Claim*

9999999999 (PROV) The billing provider NPI is either missing, contains invalid characters or is malformed. The billing provider NPI is required.

❗ *Line Item Rejected*

00001 (CPT/HCPCS) The CPT/HCPCS code is not valid for the date of service.

ℹ *Actionable*

11055 (MN-PROP) This CPT/HCPCS and diagnosis code combination may be clinically questionable for medical necessity and might benefit from clinical review.

Run date: May 21, 2025, 12:11:35 PM JOB ID: 1637578969

✗ Claim analyzed by Clearinghouse Edits. An issue was found.

Errors were found that will prevent this claim from being successfully processed at the

New Appointment Type Default Codes

We previously added claim defaults for POS and TOS within the Appointment Types configuration. In this release, we introduced Appointment Type Default Codes, allowing users to set default procedure codes on appointment types. When creating claims from the appointment scheduler, these default codes will be used. New estimates created from the appointment scheduler will also use default procedures from the appointment Type, making estimates faster and easier than ever.

Please note that these default codes apply only to claims created from an appointment. Patient Default Procedure Codes won't be used if the Appointment Type has a default procedure, though patient default diagnosis codes will still be used. Claims created from the claim section will not use these Appointment Type default codes, only Patient Defaults if available. Visit our [Add New Appointment Type](#) Help Article for more info on adding default codes to an Appointment Type.

Appointment Types

✓ Save
✕ Close
🕒 Show History

Code

NEW PT ☐ Make this type inactive

Description

NEW PATIENT

Icon

Color

Length (minutes)

45

Make Appointment Type Available in:

☒ All Departments (Global)

☐ Specific Department(s) ▼

☐ Disable automatic appointment reminders for this appointment type

☐ Specify the hours of operation for this appointment type

Claim Defaults

Place of Service Type of Service

Default Codes

CPT #1	CPT #2	CPT #3
01420 ✕ <input type="text"/>	A4770 ✕ <input type="text"/>	G0483 ✕ <input type="text"/>
CPT #4 <input type="text"/>	CPT #5 <input type="text"/>	CPT #6 <input type="text"/>

[Intake Forms](#)

Enhancements

New Report Fields

Previously, users could add fields related to the taxonomy specialty and the taxonomy specialty description for Providers and Practice, but not for Referring Providers. In this release, we added fields to report on taxonomy codes (specialties) and its description for Referring Providers.

- Referring Data → Taxonomy Specialty
- Referring Data → Taxonomy Specialty Description

Report Fields

Search for fields

TAXONOMY ▼

- Facility Data
- Practice Data
- Provider Data
- ✓ Referring Data

⚙ Taxonomy Specialty
 ⚙ Taxonomy Specialty Description

New Prior Claim Status Checks

We have long supported viewing prior claim status checks from the Claim section, but this ability was not available for claim follow-ups. In this release, we added this capability to the Claim Follow-Up Management section.

<div> <div>▼</div> <div> <div>+ Add Note</div> <div>📅 Set Follow Up</div> <div>⚡ Check Claim Status</div> <div>⋮ Task Options</div> <div>📄 Export</div> <div>✕ Close</div> <div>View Applied Filters</div> <div> <div>↑</div> <div>↓</div> </div> </div> </div>									
DOS	Last Note	Claim Follow Up Date	Current Payer	Last Note C	Task Assignr	Last Billed Date	Task Status	Status	Task Due Date
12/04/2024		02/25/2025	AARP			02/10/2025		CLAIM AT AARP	
12/06/2019		05/06/2025	AETNA	04/09/2020		05/01/2025		CLAIM AT AETNA	
02/11/2024		03/05/2025	BCBS			02/03/2025		CLAIM AT BCBS	

Web API Updates

In this release, we made a few enhancements to our WebAPI. On professional claims, we support the "Charge To Date" to represent charges over a period of time. This "to date of service" can be sent in the T1.5 segment. However, on institutional claims, there is no location on the claim form for the "To Date of service" for any particular charge, so we do not support it. Since some payers require sending one charge with multiple units to cover multiple days, and individual charges are the only way to send dates, and institutional claims don't support the "To Date of Service," it becomes difficult to set a "Statement Covers to" date that extends beyond the last charge's date of service. In this release, we updated our WebAPI to internally store a "To Date" of service and use it to determine the claim's statement covers "To" and "From" dates when a single charge covers multiple days.

We also added the ability to add payments via the WebAPI. Previously, when we received payments from the WebAPI, they were applied as a credit, and users had to access the application to apply the payment. In this release, we updated the WebAPI to allow users to apply a patient payment directly to specific claims instead of as a credit. Users can now use the Activity or Charge History APIs to get charge details and use that information to choose where to apply new payments (only new payments, not existing credits).

Resolutions

ERA Secondary OA-23 Adjustments Update

The process of applying a secondary adjustment on an ERA has been updated to no longer allow the OA-23 adjustment. This adjustment, related to prior payers' payments and adjustments, should never be applied as it can incorrectly affect the balance and cause an incorrect account credit.

Update from Release 15.9 (Net Amount available in the Activity Report)

We recently added a new user-level setting to the Patient Settings to display the Net Amount (based on the allowed or contracted amount) in the Patient Activity section. When set to "Yes," the Net Amount and Net balance would be shown in the Claim listing in the Patient Activity. In this release, we removed this setting due to an issue found with the feature. We will correct this and re-release it in the June-July timeframe.

✓ Save

✕ Cancel

↺ Show History

set) whenever creating a new Payment Plan?

☒ Yes ☐ No

Show an alert when opening patient records for patients older than 65?

☐ Yes ☒ No

Display an option in the Patient screen to copy the patient's default Facility as their primary address? (This can be useful for practices that work directly with nursing homes and other residential treatment facilities.)

☐ Yes ☒ No

Show whether a claim is professional or institutional in the Patient Activity?

☐ Yes ☒ No

Show the Net Amount and balance (based on the allowed or contracted amount) in Patient Activity?

☒ Yes ☐ No

Set margins to use when printing the addresses on the Enhanced Statement payment slip.

i Changes to these margins will only adjust that that address.

Each unit represents 1/72 of an inch.

Return Address label:

Left Margin

Top Margin

0

0

Patient Address label:

Left Margin

Top Margin

0

0