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New features | **Enhancements**

ighlights

New Features	Enhancements
Claim Workflow Enhancements: New Combining Claims Feature	Claim Workflow Enhancements: New Situational Modifier Options
Claim Workflow Enhancements: New Institutional Defaults	
New Task Automation for AutoPay	
Custom Claim Scrubbing Edits	

ew features

ew Claim Workflow Enhancements: Combining Claims

Ve added a new feature within Claim Control section that allows users to find and combine claims (as long s the claims are for the same patient/payer/provider). CollaborateMD's new **Combine Claims** feature llows users to merge two or more separate claims into one, consolidating all charges and removing the uplicate claims automatically. This is useful for customers who need to combine encounters into a single laim due to the EHR separating the encounter into multiple claims, payer bundling requirements, or any ther reason. Simply select your claims and click the *Combine Claims* button to start the process.

Update Status | Submit Claims | Review Claims | Update Claims | Combine Claims | Close

	Claim #	DOS	Current Payer	Patient
☐	253287625	01/10/2025	SEDGWICK (Primary)	TEST, COURTNEY
☑	264008360	05/05/2025	AETNA (Primary)	DASS, SYLVESTER
☑	264008583	05/06/2025	AETNA (Primary)	DASS, SYLVESTER
☐	254274882	01/22/2025	AARP (Primary)	PIERRE, AARON
☐	254274900	01/22/2025	AARP (Primary)	PIERRE, AARON

'ou will be presented with a list of charges that will be combined into the new claim where you can reorder ne charges before combining them into a new claim.

Below is the list of charges that will be combined into a new claim.
After the combine claim process is completed, all the original claims will be deleted.

From	To	Procedure	POS	TOS	Mod 1	Mod 2	Mod 3	Mod 4	Unit Price	Units	Amount	Status	Inventory
05/05/2025	05/05/2025	99213	11	1	52				200.00	1.00	200.00	SEND TO AETNA VIA CLEARINGHOUSE	
05/05/2025	05/05/2025	99214	12	3	1	2	3	4	50.00	1.00	50.00	SEND TO AETNA VIA CLEARINGHOUSE	
05/06/2025	05/06/2025	99213	11	1	52				200.00	1.00	200.00	SEND TO AETNA VIA CLEARINGHOUSE	
05/06/2025	05/06/2025	99214	12	3	1	2	3	4	50.00	1.00	50.00	SEND TO AETNA VIA CLEARINGHOUSE	

Combine Claims Cancel

)nce combined, you can save the new claim, and only the new combined claim will exist, while the individu: nes will be deleted. For more information on combining claims, visit our Combine Claims Help Article.

Jew Claim Workflow Enhancements: New Institutional Defaults

ı this release, we have added updates to the patient and payer claim defaults for institutional claims. First, /e separated the Patient Claim defaults into Professional and Institutional categories. The availability of rofessional or Institutional claim default options depends on whether the default provider for the patient ends professional claims, institutional claims, or both. The claim default options for Professional Claims ıclude **ICD** and **CPT Codes**. For Institutional Claims, the options are**Principal Diagnosis**, **POA**, **Other)iagnosis**, **CPT Codes**, and **Value Codes** to provide more flexibility when setting your defaults.For more ıformation on setting up institutional patient claim defaults, visit our Patient Claim Defaults Help Article.

Patient Info | Insurance Info | Billing Info | Claim Defaults

Default Codes

Institutional

Principal Diagnosis: M25.561 — POA: N-No

Other Diagnosis

Code	Description	POA
M25.562	PAIN IN LEFT KNEE	

POA options: 1-Unreported, Y-Yes, N-No, U-Unknown, W-Undetermined

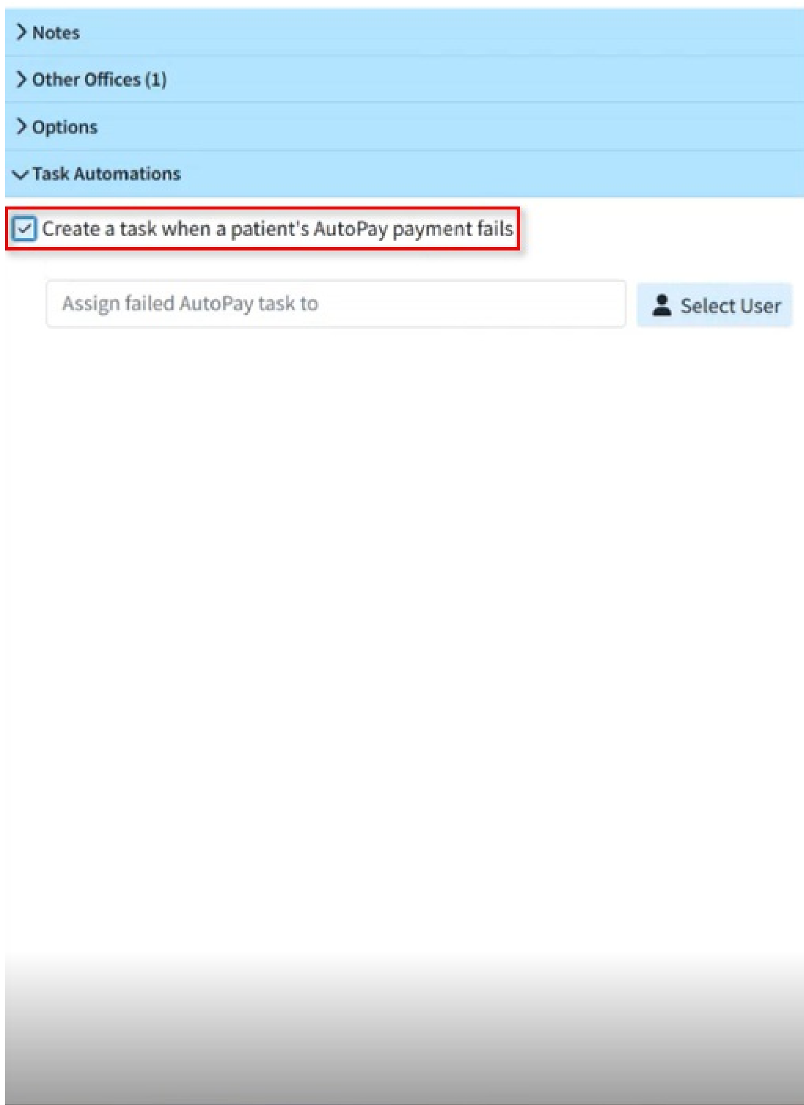
CPT #1: 99212 — CPT #2: J3475 — CPT #3 — CPT #4

Ve also added 2 payer billing options for claims. Within the General Billing Options tab, we introduced a ew option to select a **Default Value Code** to be included on institutional claims for this payer. Additionally nder the Provider Billing Options, we added an option to select a Default Referring Provider for every

laim under this provider. Visit our General Billing Options and Provider Billing Options Help Articles for ıore information.

Jew Task Automation for AutoPay

Ve added a new Task Automation feature allowing customers to configure their practice to automatically reate a new task for any payment failures during the daily AutoPay process. This task will be linked to the atient and assigned to a pre-selected user or group. Customers that use the AutoPay feature can now set p the "*Create a task when a patient's AutoPay payment fails*" task automation from the practices right-hand ide panel. Visit our Task Automations Help Article for more info on setting up this automation.



Custom Claim Scrubbing Edits & Claim Scrubbing Specialty

n this release, we added two significant enhancements to our Claim Scrubbing. First, we introduced an ption within the Claim Scrubbing configuration screen that allows customers to set up (or change) their pecialty to receive more tailored edits for their specific claims. Visit our Manage Claim Scrubbing Help rticle for more information on setting your Specialty.

Claim Scrubbing for Customer

Usage of this feature will result in additional charges to your invoice. Click here for complete pricing information.

☑ Enable Claim Scrubbing

Claim Scrubbing Settings

Specialty

Multi-Specialty Change *Select your specialty to tailor Claim Scrubbing to your Practice*

Automatically scrub new claims as they are entered?

◉ Yes ◯ No

Automatically scrub existing claims when coding changes are made?

◉ Yes ◯ No

Only perform automatic claim scrubbing for claims that contain more than one charge?

◯ Yes ◉ No

Exclude procedure codes marked as Retail or Other Medical from the code scrubbing process?

◯ Yes ◉ No

Save Copy Configuration Cancel

econdly, we introduced a new **Claim Scrubbing Custom Edits & Analytics**service that provides customers ccess to the ClaimStaker® application, allowing them to review existing claim scrubbing edits, create new nes, and review detailed analytics. This is a paid service that can be requested from **Services** > **Other ervices** and includes one initial training session on how to use ClaimStaker® to create custom edits and eview analytics.

Other Services

Submit a request for one of the following services which can be purchased for a one-time fee (pricing information):

Service	
Interfaces	Request
One-on-One Training	Request
Claim Scrubbing Custom Edits & Analytics	Request
Custom Report	Request
Data Copy	Request
Data Move	Request
Data Conversion (Import)	Request
One-Time Data Snapshot	Request

or more information on requesting this service, visit ourRequest Claim Scrubbing Custom Edits &

ınalytics Help Article.

:nhancements

ʲew Claim Workflow Enhancements: New Situational Modifier Options

ı this release, we have added a couple of updates to the situational modifiers for procedure codes. First, w ıtroduced two new options within the Procedure Codes to set Situational Modifiers.

1. A new option to create a situational modifier based on **"A specific type of service"** to set a specific TOS code that the modifier should apply to.

2. A new option to create a situational modifier based on **"A specific other procedure code on the claim"** to select a procedure code that will trigger the modifier only when this other procedure is present on claim.

ʲe also updated the **Dates of Service**, **Primary Payer**, **Facility**, **Rendering Provider**, **Rendering Provider :redentials**, and **TOS** situational modifier options to be multi-select, making it easier for practices with a ırge number of records to manage these modifiers. For more information on adding these modifiers, visit ur Add Situational Modifiers Help Article.

ʲew Claim Workflow Enhancements: Claim Status Updates

ʲe updated our Real-Time Claim Status results window to allow users to update the claim charge status irectly from the results screen. Users can now also enter any follow-up notes pertaining to the claim, as ʲell as any expected payment information from the status result (paid amount, check date, and check umber). This update will automatically override any existing data in Expected Payment Info with ıformation from the Claim Status if the payer made a payment. For more information visit our Claim Statu: ʲelp Article.

Claim Status Results

Claim Status | **Follow Up Notes** | **Expected Payment Info**

Claim Status Response from UNITED COMMUNITY HEALTH PLAN

Status Category:
Finalized/Payment-The claim/line has been paid.

Status:
Claim/line has been paid.

Detailed Status

Date of Denial/Approval:	03/15/2025
Check Issued/Funds Available:	03/22/2025
Check/EFT #:	
Claim Payment Amount:	$183.01

> Charge-Level Info

Payload ID:

Set all charges to
NO CHANGE

This information will be available from the Claim Tracking section for future reference. Done Cancel