

Release 15.18.0 - September 15, 2025

Updated Modified on 09/11/2025 5:19 pm EDT

New features | Enhancements

Highlights

New Features	Enhancements
New Task Management in A/R Control	New Admitting Diagnosis Default Duplicate Remittance Codes Now Allowed if Group Code is Different Custom Statuses Now Available as Report Filters

New features

New Task Management in A/R Control

We previously added the ability to add task reminders associated with specific records within more sections of the application (e.g., Claim Control, Claim Tracker, and Statement Tracker) to keep track of items that need to be completed. These tasks can have due dates, links, descriptions, statuses, and priorities, and can be assigned to yourself or to specific users/groups within your business. In this release, we added a new **Task Options** feature within the A/R Control section of the application. This feature allows users to create, manage, reassign, and delete tasks associated with a patient's A/R simply by checking them off. These tasks can also be linked (batched) to multiple patients simultaneously. Please be aware that these task management options are available in Plan 3 and above. Visit our [A/R Control Task Options Help Article](#) for more information.

The screenshot displays a patient management interface. On the left is a sidebar with navigation options: Home, Reports, Appointments, Patient (selected), Patient, Manage Account, Payment Plans, A/R Control (highlighted), Batch Eligibility, Statement Batch Print, Statement Tracker, Label Batch Print, Communications..., Settings, Claim, Payment, and Documents. The main area shows a table of patients with columns: Patient Name, Last Payment, Account #, Balance, Last Seen, and Last Statement. Two 'Task Options' dropdown menus are highlighted with red circles. The first is at the top of the table, and the second is over the table rows. A red arrow points from the top dropdown to the one over the table.

<input type="checkbox"/>	Patient Name	Last Payment	Account #	Balance	Last Seen	Last Statement
<input type="checkbox"/>	DOE, JANE	02/23/2021	10716111	\$25.00	02/23/2021	06/05/2021
<input type="checkbox"/>	JR, WALLEY		13372666	\$17.33	09/09/2009	09/25/2009
<input type="checkbox"/>	SPARK, BABY	06/19/2008	13661949	\$12.31	07/16/2008	05/11/2008
<input type="checkbox"/>	JOHNSON, CAROL L		14768408	\$10.00	01/01/2024	
<input type="checkbox"/>	TEST, JIM			\$20.91	03/24/2025	03/29/2019
<input type="checkbox"/>	MEESEKES, MISTER			\$3.12	03/20/2025	08/17/2021
<input type="checkbox"/>	GROOT, IAM			\$3.10	12/19/2022	10/20/2024
<input type="checkbox"/>	KUMAR, TEST	03/15/2024		\$30.00	03/15/2024	
<input type="checkbox"/>	LEGAULT, DEANA	11/17/2022	51549103	\$49.00	11/17/2022	
<input type="checkbox"/>	PATIENTTWENTYSEVEN, ALEXTEST	09/19/2023	56336989	\$15.00	09/19/2023	
<input type="checkbox"/>	LUSH, LEON	01/02/2024	58180747	\$25.00	01/02/2024	
<input type="checkbox"/>	PERALTA, JACOB	07/28/2024	60905778	\$10.70	07/28/2024	
<input type="checkbox"/>	HUNT, ETHAN	08/14/2024	61114428	\$35.70	08/14/2024	
<input type="checkbox"/>	HOPKIRK, MAFALDA	02/03/2025	62805378	\$15.00	12/11/2024	
<input type="checkbox"/>	LOPEZ, JENNY		62904819	\$45.00	12/15/2024	
<input type="checkbox"/>	SILVERTONGUE, LYRA	01/05/2025	63169687	\$35.00	01/05/2025	
<input type="checkbox"/>	LOPEZ, IVETTE	04/13/2025	64674394	\$20.00	04/13/2025	
<input type="checkbox"/>	ROSS, BOB	05/13/2025	65165922	\$24.00	05/13/2025	

Enhancements

New Admitting Diagnosis Default

We previously added a new "Institutional" Default Codes tab within the patient's Claim Defaults section, allowing users to set default Principal Diagnosis, POA, Other Diagnosis, CPT Codes, or Value Codes to be added to any new institutional claim for the patient. In this release, we added the "Admitting Diagnosis" as a patient claim default for institutional claims. When the default admitting diagnosis is set and the user has enabled the claim setting to "automatically apply the patient's default diagnosis codes on new claims," the admitting diagnosis will automatically be set on new claims created for that patient. For more information on default codes, visit our [Configure Patient Claim Defaults Help Article](#).

Search/Add

JOHNNY TEST

×

Save

Close

Print

Merge

Eligibility

Activity

View All Appointments

Show History

More

Last Name

TEST

First Name

JOHNNY

MI

Suffix

Gender

Male

Date of Birth

01/16/1982

(43 y)

Date of Death

SSN

581-55-8885

☐ Make this patient inactive
☒ Patient is complete

Patient Info

Insurance Info

Billing Info

Claim Defaults

Default Codes

Professional

Institutional

Principal Diagnosis

Q

POA

Admitting Diagnosis

Q

Other Diagnosis

Code	Description
Q	
Q	
Q	
Q	
Q	
Q	
Q	
Q	
Q	
Q	

Duplicate Remittance Codes Now Allowed if Group Code is Different

Previously, the system prevented adding duplicate adjustment codes on manual insurance payments. In this release, we updated the duplicate checking of remittance codes on insurance payments to account for differing group codes (e.g., OA-109 and PR-109). If a group code is present, the system will prevent a new code entry if that code already exists within the same group or without a group. However, entry is permitted if the group code is different.

- Home
- Reports
- Appointments
- Patient
- Claim
- Payment**
- Post
- Apply Credit
- View
- ERA
- Payment Tracker
- Settings
- Documents
- Interface
- Customer Setup
- Account Administration

Search **Payment from UNITED HEALTHCARE**

Done

Cancel

Activity

Actions

Options

Payment - Check from UNITED HEALTHCARE received on 03/02/2017 for ADAMS, SAMUEL J (#10238335)

Claim # 93707879 | Rendering HOWSER, DOUGLAS MD

Action: Processed TCN (User) Sent to (paper) on 03/02/2017 (#697116867)

Status: SEND TO UNITED HEALTHCARE VIA CLEARINGHOUSE Claim Control / Original Ref. #

DOS	Proc	Amount	Start Balance	Allowed	Paid	Remarks	Adj. Reasons	Adjusted	Unpaid Reasons	Unpaid	Deductible	Status
03/02/2017	99212	\$250.00	\$250.00	150.00	100.00		CO-45 ✕	100.00	PR-45 ✕ OA-45 ✕	0.00 0.00	0.00	SEND TO UNITED ...
03/02/2017	0030T	\$50.00	\$50.00	0.00	0.00			\$0.00		\$0.00	0.00	SEND TO UNITED ...
03/03/2017	99212	\$44.00	\$44.00	0.00	0.00			\$0.00		\$0.00	0.00	SEND TO UNITED ...
03/03/2017	0030T	\$0.00	\$0.00	0.00	0.00			\$0.00		\$0.00	0.00	SEND TO UNITED ...
Total:		\$344.00	\$344.00	\$150.00	\$100.00			\$100.00		\$0.00	\$0.00	

Apply Discount
 Apply Credit Adjustment
 Apply Debit Adjustment
 Apply Account Credit (\$20.00)
 Use Unapplied Copy

Payment Memo
 PAYMENT BY UNITED HEALTHCARE
 Adjustment Memo
 ADJUSTMENT BY UNITED HEALTHCARE
 This charge uses the claim-level memo line.

Custom Statuses Available as Report Filters

We added support to allow default filter selections and static filter selections on reports to work with custom statuses. This means that when selecting "Claim Status" as a filter on a report, you will be able to select from both standard and custom claim statuses as options for static or default filters.

- Home
- Reports
- Viewer
- Builder**
- Settings
- Appointments
- Patient
- Claim
- Payment
- Documents
- Interface
- Customer Setup
- Account Administration

Save Cancel

Title: Claim Reports

Report Fields

Search for fields
 CLAIM STATUS

Claim Activity Status Data
 Claim Data
 Status (w/ Payer)
 Status (w/o Payer)
 Electronic Payer Data
 Payer Data

Columns

TCN
 Activity Claim ID
 Claim Activity Patient ID
 Claim Submitted Date
 Claim From Date
 Patient Full Name

Groups

Drag & drop fields here to add report groups

Default Filter Value Selection

- ☐ Rejected At Clearinghouse
- ☐ Rejected At Insurance
- ☐ Denied At Insurance
- ☐ Appeal At Insurance
- ☐ Incomplete
- ☐ On Hold
- ☐ Pending Patient
- ☐ Pending Physician
- ☐ Paid
- ☐ User Print & Mail To Insurance
- ☐ Collection
- ☐ Deleted
- ☐ Test Claim Status
- ☐ Hold For Patient
- ☐ Pending Review

Select All or None

Done Cancel