# Release 15.18.0 - September 15, 2025

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

#### **New features | Enhancements**

#### **lighlights**

**New Features** 

New Task Management in A/R Control

**Enhancements** 

New Admitting Diagnosis Default

**Duplicate Remittance Codes Now Allowed if** 

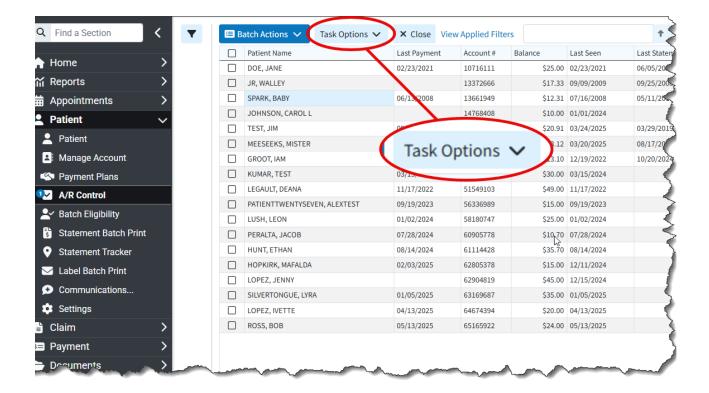
Group Code is Different

Custom Statuses Now Available as Report Filters

### **New features**

#### **Jew Task Management in A/R Control**

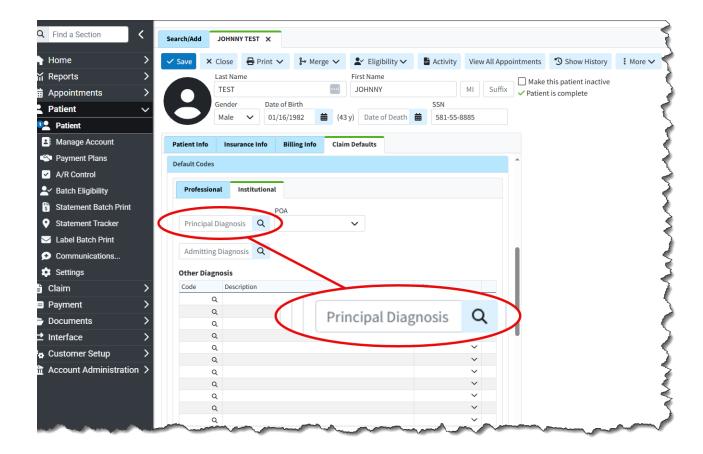
Ve previously added the ability to add task reminders associated with specific records within more section f the application (e.g., Claim Control, Claim Tracker, and Statement Tracker) to keep track of items that eed to be completed. These tasks can have due dates, links, descriptions, statuses, and priorities, and can e 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 creat nanage, reassign, and delete tasks associated with a patient's A/R simply by checking them off. These tasks an also be linked (batched) to multiple patients simultaneously. Please be aware that these task nanagement options are available in Plan 3 and above. Visit our A/R Control Task Options Help Article for nore information.



#### **Enhancements**

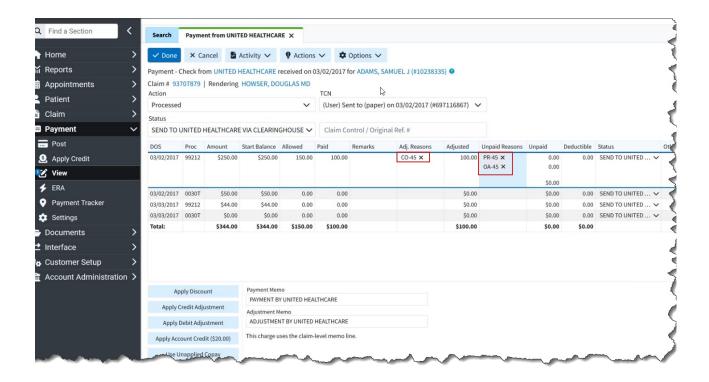
#### **New Admitting Diagnosis Default**

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



#### Suplicate Remittance Codes Now Allowed if Group Code is Different

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



## **Lustom Statuses Available as Report Filters**

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

