

# Release 16.4.0 - March 2, 2026

Modified on 03/02/2026 1:15 pm EST

[New features](#) | [Enhancements](#) | [Resolutions](#)

## Highlights

### New Features

[Universal Import - BETA](#)

### Enhancements

[New Option to Stop Showing the All-Inclusive Code Warning](#)

## New features

### Universal Import Updated UI - BETA

**Please be aware that the new universal import options are currently in BETA testing and will be available to all customers soon!**

Our last release introduced the beta version of CollaborateMD's Universal Import feature, allowing users with an EMR/EHR that has not built an interface with us to import encounter, claim, and patient data from any external system. Customers can upload CSV, Excel, TSV, and pipe-delimited files using our Interface Import section. This new feature uses AI-powered field mapping to automatically interpret the structure of CSV/Excel files from other systems and map them into CMD. This allows customers who do not use our WebAPI to automatically import claims and patient data from any EMR/EHR via a report or export from their software.

In this release, we updated the Universal Import user interface to simplify the process and improve readability. We enhanced it by removing unnecessary fields and clutter, renaming file naming conventions, automating the matching of existing templates, and converting mapped preview data into a table. This facilitates scanning either the header or CMD field to ensure accurate field matching.

---

## Universal Import: Template Selection

---



Universal Import detected that you haven't imported a file that looks like this yet. You'll be able to use the below information to select this template the next time you import this kind of file.

EHR / Other System Name

Export / Report Name

Did you expect this file to match a template? Your EHR or other system may have changed its export format. [Show Other Templates](#)

---

[Next](#) [Cancel](#)

---

or more information visit our [Universal Import Help Article](#).

## Enhancements

### Claim: New Option to Stop Showing the All-Inclusive Code Warning

All-inclusive codes are common in Rural Health Clinics and Federally-Qualified Health Centers. In our system, entering a claim with an all-inclusive code triggers a warning. This notification indicates that an all-inclusive code has been selected and explains the impact on other charges. These charges will either not be billed or will be billed with a nominal amount, such as \$0.00 or \$0.01, depending on system configuration.

Because this all-inclusive code prevents users from editing other charges on the claim, the pop-up informs them that these are non-editable amounts. The problem is that this is inconvenient for some customers that work thousands of claims, when it happens for every claim.

To address this, a "Don't show this again" checkbox has been added to the All-Inclusive Code warning message in this release. Checking this box allows users to suppress the All-Inclusive Code warning dialog for the same user when editing or creating a new claim with an inclusive code.

**You have selected an all inclusive code.**  
 All other charges on the claim will be sent with an amount of \$0.00

Don't show me this again

OK

We also added a tooltip under the procedure description so that the information is still available without interrupting or prompting the user to close the warning.

Save Cancel Print Review Activity More

Claim Charges Additional Info Ambulance Info

ICD A ICD B  
 M25.561 M25.562 ICD C ICD D  
 ICD E ICD F ICD G ICD H  
 ICD I ICD J ICD K ICD L

**Charge Options**  
 Update patient ICD & Procedure Code defaults  
 Create a new charge panel from procedure(s)  
 Set all charges to  
 NO CHANGE

From	To	Procedure	POS	TOS	Mod 1	Mod 2	Mod 3	Mod 4	DX Pointers	Unit Price	Units	
02/19/2026	02/19/2026	80048	54	1					AB	50.00	1.00	50.00 SEND
02/19/2026	02/19/2026									0.00	1.00	0.00 DELETE
02/19/2026	02/19/2026									0.00	1.00	0.00 SEND
										0.00	1.00	0.00 SEND

2 Charges

**Description:**  
 BASIC METABOLIC PANEL

**Note:**  
 This is an all-inclusive code. All other charges on the claim will be sent with an amount of \$0.00

Claim Summary  
 Estimate  
 Patient Notes  
 Follow Up Activity  
 Alerts  
 Tasks  
 Documents  
 Payment

## TCN Search Now Ignores the TCN Prefix

We recently added the submitter-level TCN Prefix feature to help the clearinghouse ensure that ERAs are routed correctly and to facilitate ERA splits.

This feature has been very helpful, but it could be inconvenient for some users depending on their workflow because if the full TCN, including the prefix, was copied from a payer report or EOB, users could not search for the correct claim or patient within the application. They would have to carefully copy the number while omitting the prefix, which could be difficult due to the small font on some reports.

In this release, the submitter-level TCN Prefix was updated so the system ignores it when searching by TCN in the claim, claim tracker, patient, insurance check, and ERA searches. This means that copying a TCN number from an EOB will no longer require partial selection for the search to function. This update allows the system to locate claims that include the prefix when copied.

## Resolutions

## WebAPI: Payer & Patient Default Value Codes Not Set on Claims

We have systematically implemented the ability to use more default codes from interface claims (such as value codes from revenue codes), but patient default codes and payer default value codes were still missing.

In this release, we are adding both Patient and Payer default value codes. When a claim is received via the WebAPI, the system will now add the default value codes in the following priority order:

- 1. Value Codes from the interface message (if sent)
- 2. Payer Defaults
- 3. Patient Defaults
- 4. Revenue Code Defaults

At each priority step, the system will only add value codes that have not already been included. For example, if the interface message sends value code 16, and the patient defaults include value code 16 and value code 18, then the message's amount for value code 16 will be used, followed by the patient's amount for value code 18.

## Practice email address is automatically set as the "Reply-To" address for electronic statements

Previously, the practice email address was automatically set as the Reply-To address for electronic statements. Users were often unaware that the practice email was used as the default Reply-To email address when setting up their electronic statements, as this option is part of the electronic statement options. To prevent user error, we updated this release to default the Reply-To address to "No Reply," even when a practice email address is available. This will ensure that any Reply-To address set for electronic statements is added intentionally by the customer. Please note that existing configurations will not change. This applies only to electronic statement setups moving forward.

## ERA: Incorrect Claim Status

We resolved an ERA issue that caused a charge balance with no additional payers to display an incorrect claim status. It showed a "PAID" status instead of "BALANCE DUE PATIENT," despite an existing balance and no other payers.

## ERA & EOB: Incorrect allowed amount on refund/reversal

We corrected an issue within our ERA/EOBs causing an incorrect auto-calculation of the allowed amount on some refund/reversals.

## Universal Import: Support First and Last Names with Spaces

We corrected an issue within our universal import detected during testing where names containing spaces but no hyphens, apostrophes, or symbols (e.g., "De La Cruz," "Van Dyke," "Mary Jane") were not recognized correctly during import.

*s part of this release, we are continuing our ongoing work to assess, monitor, and address any security vulnerabilities.*

---