

Release Notes for DrChrono Web

2024-02-16

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What's New

Billing and Payments

Summary	Description	Knowledge Base Article
Eligibility Checks with alternate payer	We have added an exciting new feature for those claims where the eligibility information comes from one company, and the claim goes to another payer for processing. This scenario is most common in the chiropractic and mental health fields. There are now 2 separate fields that hold the information, eliminating the need to change the information to obtain eligibility information.	Alternative payer eligibility
Insurance Credit Card Payments	If you utilize DrChrono Payments for your credit card payments, you will also have access to a new feature to process credit cards sent by insurance payers. The feature will automatically be available under the Billing menu.	Insurance Credit Cards
EDI Enrollment Status Changes	Within enrollment details, we will be capturing the date, time, user, and status change so a full picture of the enrollment can be followed.	ePS Enrollment Module Activity Log
Patient Payment Plans	For patients who need to spread out their balance due over time, you can now set them up on a patient payment plan within DrChrono	Patient Payment Plans
Reorder Diagnostic, Procedure, and Custom Codes	ICD-10 diagnosis codes, CPT, HCPCS and custom codes can now be easily rearranged in the patient's clinical note and the patient's appointment on the schedule.	Patient's Clinical Note Patient's appointment
Optimize payer search	For accounts utilizing clearinghouse ePS, the payer search will show payers for whom enrollment has been initiated and/or completed, will be shown first.	ePS Optimize payer search
Additional HCPCS codes	HCPCS codes, M1196 and M1204 have been added to the DrChrono system and can be added to your fee schedule and included on patient claims.	
Additional HCPCS code	HCPCS code J0576 was added to the DrChrono system and can be added to your fee schedule and included on patient claims.	
Additional HCPCS code	HCPCS code M1159 has been added to the DrChrono system and can be added to your fee schedule and included on patient claims.	
Additional HCPCS code	HCPCS code C7522 has been added to the DrChrono system and can be added to your fee schedule and included on patient claims.	

Additional HCPCS code	HCPCS code M1153 has been added to the DrChrono system and can be added to your fee schedule and included on patient claims.	
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Clinical and Regulatory

Summary	Description	Help Center Article
Patient chart header and clinical notes header	DrChrono has updated the charting experience by providing the ability to view patient flags in all sections of the patient chart. Both the new patient chart and clinical notes headers will have the patient flags displayed within them. For the new patient chart header, we will also have a new green icon indicating if onPatient was enabled for the patient. You can refer to the following article to gain more information on the new design changes:	Patient Chart and Clinical Notes Header

Practice Management

Summary	Description	Help Center Article
Reminder Report Update for Text Message Segment Information	The Reminder Report now includes information related to reminder segments.	

API

Summary	Description	Resources
Updated Documentation for /api/appointments Resources	We have updated our documentation for to include sample code on how to read and write appointments for /api/appointments.	API appointment list
Updated Documentation for /api/patients_list Resources	We have updated the API documentation for /api/patients_list to clarify how GET /api/patients_list functions.	API Patient List
Updated API Documentation for Recurring Appointments on appointments_create	We have updated our API documentation to include recurring appointment updates for appointments_create.	API Recurring Appointments

Resolutions

Product Area	Summary	Description
Billing and Payments	Box 32A (Facility NPI) transmitted in loop 2310C	The Facility NPI was being transmitted in loop 2310C when the Facility and Billing NPI are identical. This has been updated so when the two NPIs are identical, Box 32A will be blank when transmitted via EDI.
Billing and Payments	Claims for patients living outside of the U.S.	Information transmitted in N401 should be the patient's home city and N404 should be the patient's home country. The state and zip code fields should be left blank.

