Claim Status: What Do They Mean?

Last modified on 09/28/2026 11:35 am EDT

DrChrono uses statuses on appointments/claims to know, at a glance, where your claims are in the RCM process.

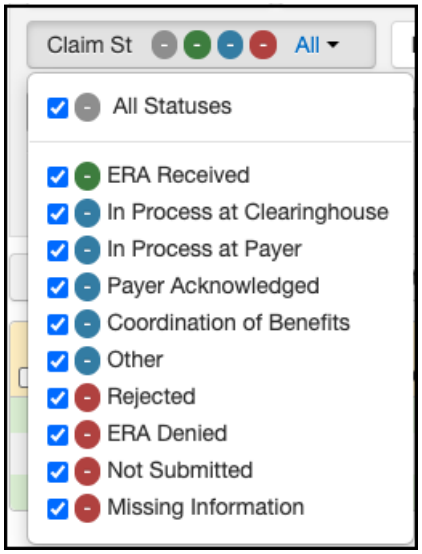
You will see these statuses in your Live Claims Feed.

1. Navigate to **Billing > Live Claims Feed**.
    a. "Claim St" will be near the top of the gray shaded area; under your offices and just above the patient name search box.

2. Once you select your date range, if you press the blue **Calculate Counts** button, the system will fill in the colored bubbles to let you see a count of how many claims are in that particular status at that time.



Please note that these figures can and do change during the day as claims are submitted, patient payments posted, and ERAs are received.



ERA Received: The claim was processed by the payer; however, there is at least 1 item on the claim that needs manual review. Additional details can be found within the appointment by pressing on the green words ERA Received.



In Process at Clearinghouse: The claim has been received at the clearinghouse and is being scrubbed before being

sent to the payer.

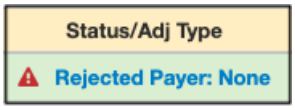
In Process at Payer: The payer has received the claim from the clearinghouse and is conducting an upfront scrub of the claim before accepting it into their system for processing.

Payer Acknowledged: The payer has accepted the claim into their system for processing.

Coordination of Benefits: The claim has been processed by the patient's primary insurance and is now with the secondary insurance for consideration.

Other: These are claims in other statutes, including Paid in Full, Faxed/Mailed Claim or Appeal, Balance Due, and Pending Info Practice. Details for these claims can be found under **Billing St**, just to the right of Claim St. (Billing > Live Claims Feed > Billing St)

Rejected: Upfront rejection. If you press the blue "Rejected Payer" within the appointment, you will be able to see additional information regarding the denial. This claim has not made it into the payer's system for processing.

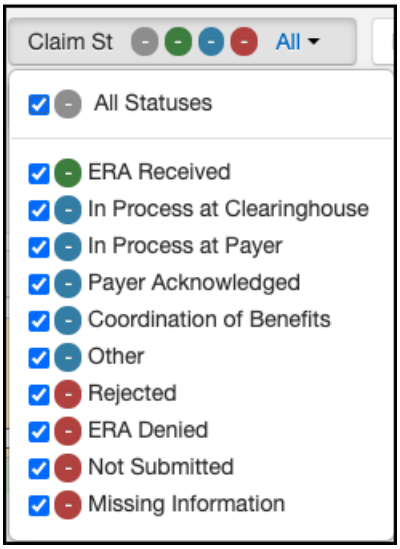


ERA Denied: The claim has been processed by the payer; however, there is a portion(s) that has been denied. Details on the denial can be found on the actual ERA posting within the appointment.

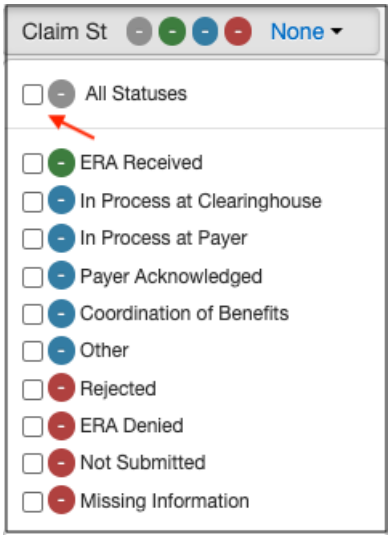
Not Submitted: These are appointments for which there is no status. The claim has not been billed to insurance. This could include appointments from the current or future dates.

Missing Information: Upfront rejection for information missing that is imperative to submit the claim. Additional information on the rejection and clarity on what information is missing can be seen by selecting the blue "missing information" within the appointment.

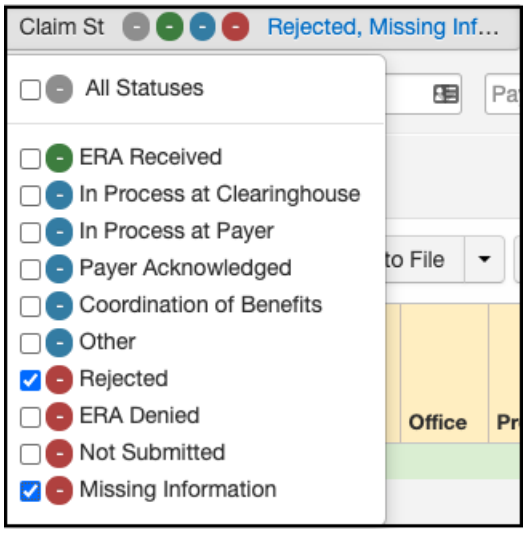
By default, all Claim Statuses will be selected when you sign in, as noted by the blue check mark to the left of the status name.



You can select just the ones you want to view by first selecting the blue check next to the top "Claim St". That will unselect all of the options.



Then, select the box to the left of the status(es) you would like to view.



Once selected (you can select one or multiple), press the blue **Update Filter** on the right of the screen.



The system will update and show you just the status(es) you selected.