Release Notes - September 30, 2025

Last modified on 10/07/2026 9:00 pm EDT

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Highlights

New Features
Insurance Submission Report

Coming Soon
Improved Patient Chart Documents
No Show Predictor
Multiple Dashboard Views
Intelligent claim rejection messages

New features

Insurance Submission Report

The Insurance Claims Submission Report provides a clear overview of all claims submitted within a selected time period, along with their current status. It is designed to help you track and monitor claim activity efficiently, ensuring greater visibility into your billing process. The report includes two tabs: Summary, for an at-a-glance view of overall submission activity, and Details, for a deeper look at individual claim information.

Knowledge base article

Enhancements

Carisk Partners Payer List

We have updated the system with the current Carisk Partners (formerly iHCFA) payer list to ensure it is complete and up to date, allowing claims to be routed properly.

Q4 2025 HCPCS list

We've updated our system with the HCPCS 2025 Q4 code set, effective 10/01/2025. This update includes all newly released codes, revised descriptions for modified codes, and deleted codes that cannot be added to dates of service on or after 10/01/2025.

Additional Condition Code

Condition code 63 has been added to the DrChrono system and can be included on patient claims.

ICD-10 2026 Codes

We've updated our system with the ICD-10 2026 code set, effective 10/01/2025. This update adds all new codes,

notes deleted codes, and revises descriptions where applicable, ensuring accurate coding for claims dated on or after 10/01/2025. Codes that are listed as being deleted cannot be added to claims dos 10/01/2025 forward.

CPT code 76705 description

The description for CPT code 76705 has been updated to match CMS and AMA records.

CPT 0963T

CPT 0963T has been added to the DrChrono system and is now available for inclusion in your fee schedule and on patient claims.

Character count for single and multi-select form fields

We added a character counter to the answer options in single select and multi-select form elements. The character count displays below each option and updates in real-time as users type (characters/950). To ensure consistent input formatting, each option is limited to 950 characters.

If this limit is exceeded:

- The field is outlined in red.
- A message appears: Please adjust field value to be 950 characters or less.
- Users are prevented from saving until all values meet the limit.

Knowledge base article

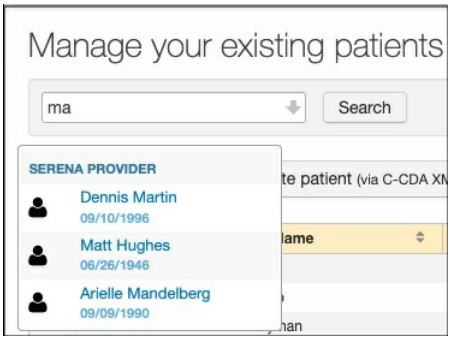
Character limit for Custom Procedure Codes

The character limit for custom procedure codes has been increased to 20.

Knowledge base article

Patient search performance improvements

The patient search functionality now returns only names that start with the search term, excluding those that merely contain it, resulting in improved search performance. For example, a search for "rya" will return Ryan Diaz and Maria Ryan, but will exclude Bryan Brown and Mel Bryant.



Update hardcoded application links from www.drchrono.com to app.drchrono.com

To maintain the highest standards of resilience, functionality, and security for our APIs, we require API partners and customers to ensure their API traffic is not routed through unsupported subdomains.

Ensure that you are not using www.drchrono.com in your integrations before November 1, 2025.

- If you are not using www.drchrono.com, no action is required.
- Starting November 1, 2025, we will intermittently reject API traffic on www.drchrono.com as a “brownout” measure to prompt API partners and customers to notice and actively resolve errors.
- On December 1, 2025, www.drchrono.com will no longer be supported.

Knowledge base article

Enhanced Statement Status

We’ve enhanced the patient statements screen by adding a new Statement Status column and an option to view each statement’s activity history. The Type column now indicates how the statement was sent (Print, Text, Email, or Mail), while the new Status column displays its current status. Users can click the activity icon to view a detailed history of each statement’s actions for improved tracking and transparency.

Date Displayed in EOBs

We have fixed an issue where the EOBs accessed via the ERA button in remittance reports displayed the current date instead of the actual Date of Service. This update ensures the correct Date of Service is now shown, helping prevent confusion during claim audits and ensuring accurate reporting.

Generating a Patient Statement

We’ve resolved an issue where generating patient statements for certain accounts failed and displayed the error “Failed generating 1 patient statements” in the Message Center. Patient statements will now generate and export to the Message Center as expected.

Updated OnPatient password requirements

OnPatient passwords must now be between 12 and 50 characters long. We removed the requirement to change your password every 90 days.

Knowledge base article

Viewing data transmitted on a specific claim

We’ve enhanced the Billing Log to include a new “View HCFA / UB04” option for claims transmitted via the 837 file. When selected, this option displays the corresponding HCFA or UB04 form generated from the exact 837 data sent at the time of submission. This update provides clearer visibility into submitted claim details directly from the Billing Log.

Knowledge base article

Claim Filing Indicator Codes

We have updated the list of Claim Filing Indicator Codes. When added to the patient's chart, they will transmit to the payer in loop 2000B SBR09 segment on the 837/EDI files.

Knowledge base article

Two hour delay for email changes by Support team

When the Support team updates a user's email address, there is now a two-hour delay before the new email takes effect. This delay helps prevent unauthorized changes by allowing time to detect suspicious activity.

- The previous email address receives a notification with links to deny or verify the email change. If the user selects the verification link, the new email is activated immediately, and the user can access their account with it.
- If the user doesn't select the verification link within two hours, the new email address will receive a verification email with a link to access the account.

Email address not required when force SSO is enabled for practice groups

You can create new accounts without requiring an email address if your practice group has the practice-wide enforced single sign-on authentication feature (force SSO) enabled. Create a support case to enable force SSO for your practice group.

Knowledge base article

Updated DrChrono password length requirement

DrChrono passwords must now be at least 12 characters long.

Knowledge base article

EHI Export Updates – Version 1.5

As part of the EHI Export update to Version 1.5, several fields previously stored in the **auto_accident_insurance** table have been removed and are now represented in a new Patient exporter table.

New Table added:

- **auto_accident_insurance_accident**

Field Mapping:

- **auto_accident_insurance → auto_accident_insurance_accident**

The following fields have been moved:

OLD Field	NEW Field
auto_accident_case_number	case_number
auto_accident_date_of_accident	date_of_accident
auto_accident_state_of_occurrence	state_of_occurrence
auto_accident_notes	notes
auto_accident_claim_rep_is_insurer	claim_rep_is_insurer
auto_accident_claim_rep_name	claim_rep_name
auto_accident_claim_rep_address	claim_rep_address
auto_accident_claim_rep_zip	claim_rep_zip
auto_accident_claim_rep_city	claim_rep_city
auto_accident_claim_rep_state	claim_rep_state
auto_accident_had_similar_condition	had_similar_condition
auto_accident_similar_condition_date	similar_condition_date
auto_accident_similar_condition_notes	similar_condition_notes
auto_accident_significant_injury	significant_injury
auto_accident_disabled_from_date	disabled_from_date
auto_accident_disabled_to_date	disabled_to_date
auto_accident_significant_injury_notes	significant_injury_notes
auto_accident_still_under_care	still_under_care
auto_accident_treatment_duration	treatment_duration
auto_accident_will_require_therapy	will_require_therapy
auto_accident_will_require_therapy_rec	will_require_therapy_rec
auto_accident_return_to_work_date	return_to_work_date
Bulk Export	insurance_id

Patient Header updates

- **Compact Header:** The patient header is now more streamlined, freeing up screen space for better workflow focus.
- **Faster Loading:** Improved loading performance ensures smoother, quicker access to patient charts.
- **Interactive Patient Balance:** For practices using DrChrono Payments, the patient balance in the header is now clickable—send a Text to Pay request or collect payments directly from the chart, simplifying collections and saving staff time.
- **Enhanced Preferred Pharmacy Management:** Quickly edit the patient's preferred pharmacy from the header—add, remove, or set default pharmacies with ease to keep prescription info accurate.

Upcoming October enhancements

- User-level permission removals will reset to default settings based on role or practice configuration.
- New insurance tooltips will display Primary Member ID and Group Number for easier reference.

Care Plan enhancements

- **Add Care Team members on the fly:** Easily add Care Team members directly from the **Care Plan** widget without leaving your workflow, speeding up care team setup.
- **Data safety improvements:** New warning prompts help prevent accidental data loss when managing Care Plans.
- **New Manage Care Plan permission:** A new permission is now available, allowing practices to enable Care Plan and Care Team features more securely and efficiently.

Resolutions

Split button missing in incoming faxes

We fixed an issue where the **Split** button was missing in incoming faxes. The button now appears as expected.

OnPatient video visit improvements

We resolved an issue that caused an unexpected application error after joining an OnPatient video visit. This error no longer occurs.

Require new user email verification setting prevented new user logins

We fixed an issue caused by the **Require new user email verification** setting turned by default for new practice groups, preventing new users from receiving activation emails and logging in. New users can now receive activation and password reset emails and log in successfully.

Claim by Claim Status Widget

We've resolved an issue where the Claim-by-Claim Status widget failed to load for large practices. The widget now loads as expected, ensuring seamless access to claim status information.

Last Statement Date in the Patient's Chart

We've fixed an issue where clicking "Show PDF" for a patient statement incorrectly updated the Last Statement Date in the patient chart. The Show PDF option is now view-only and will no longer change or overwrite the recorded Last Statement Date. This ensures accurate tracking of statement history in the patient's Balance tab.

Proximity Display Restored in Web Interface

The proximity (distance) information is now correctly displayed next to pharmacies on the Send eRx page and in the Favorite Pharmacy section of the Patient Chart > Demographics tab. This fix restores expected functionality, allowing users to view pharmacy distance details when prescribing or reviewing preferred pharmacies.

Print ERA (835 file) Functionality

We resolved an issue where selecting the new "Print ERA (835)" option under the Remittance Report resulted in an error message ("Something went wrong") instead of generating the ERA. With this fix, the feature now functions as expected, allowing users to print ERA (835) files successfully.

Eligibility Dashboard CSV Export

We fixed an issue that prevented CSV reports from being exported in the Eligibility Dashboard.

Notification for Web Payments

We fixed an issue that prevented notifications of patient payments made through OnPatient. Notifications will include the payment status (successful or failed), amount paid, patient name, date and time of transaction, and the transaction ID.

Patient Payment Error Messages

We have updated the system to provide more detailed denial reasons when a patient's credit card payment cannot be processed.

Dashes in insurance group numbers prevented printing demographics

We fixed an issue that prevented you from printing demographics because dashes in the insurance group number were misinterpreted as dates. You can now print demographics using various insurance ID formats without errors.

Task category improvements

We resolved an issue that caused an error when creating task categories with the same name as archived ones. You can now create new task categories using names that were previously archived.

Skip reminder address setting removed ICS attachments in telehealth reminder emails

We fixed an issue where turning on the **Skip reminder address setting** in Doctor Settings unintentionally removed the ICS file attachment from telehealth reminder emails. Now, only the office address is excluded as intended.

Staff member deactivation improvements

We fixed an issue that prevented staff accounts from being deactivated. Affected accounts were incorrectly listed as active, leading to authorization errors. Inactive staff members now appear correctly in the inactive staff list.

Refunding payments made through OnPatient with DrChrono Payments

We have resolved a bug that prevented patient refunds from being processed through DrChrono Payments. While a payment is still processing, you can now return the full paid amount using the Void function. Partial refunds can be issued once the payment has been fully processed, which typically occurs within approximately 24 hours.

Knowledge base article

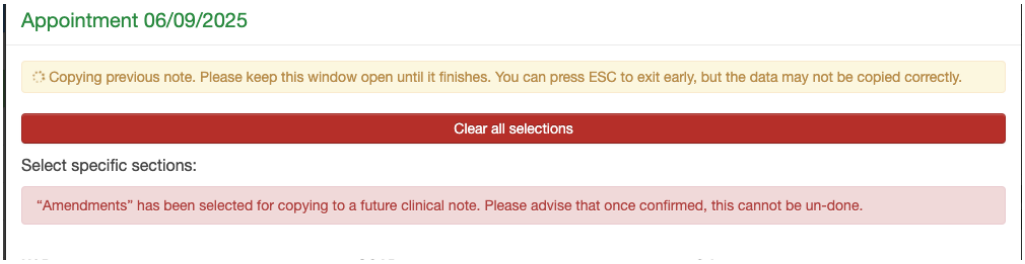
ConnectEHR setup for FHIR improvements

We fixed an issue where some providers couldn't access the **ConnectEHR Setup for FHIR** page. This page now opens without issue.

Notification banner warning display

The modal now correctly shows the updated warning message when copying a previous note:

"Copying previous note. Please keep this window open until it finishes. You can press ESC to exit early, but the data may not be copied correctly."



Related Articles

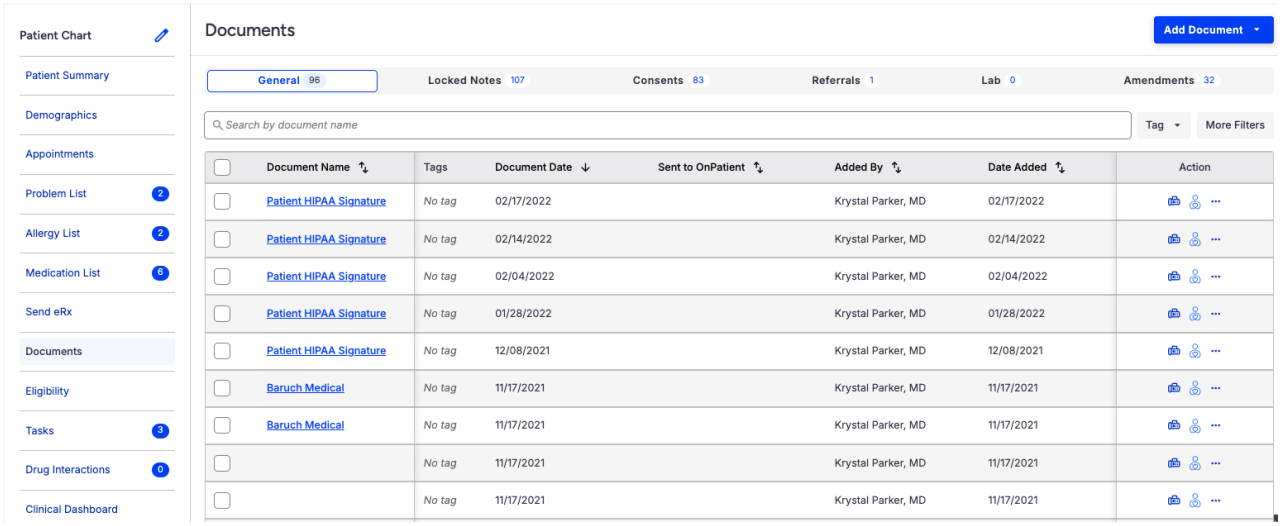
Copying a Previous Note (Web)

Copying a Previous Note on the iPad

Copying a Previous Note on the iPhone

Coming soon

Improved Patient Chart Documents



We're updating the **Documents** section in the patient chart to help you work more efficiently. New features include advanced sorting and filtering, better tag management, and faster batch actions like faxing. The labs section has also been redesigned for easier navigation of requisitions and results.

These improvements will help you organize and access documents more quickly, so you can focus on patient care.

Knowledge base article

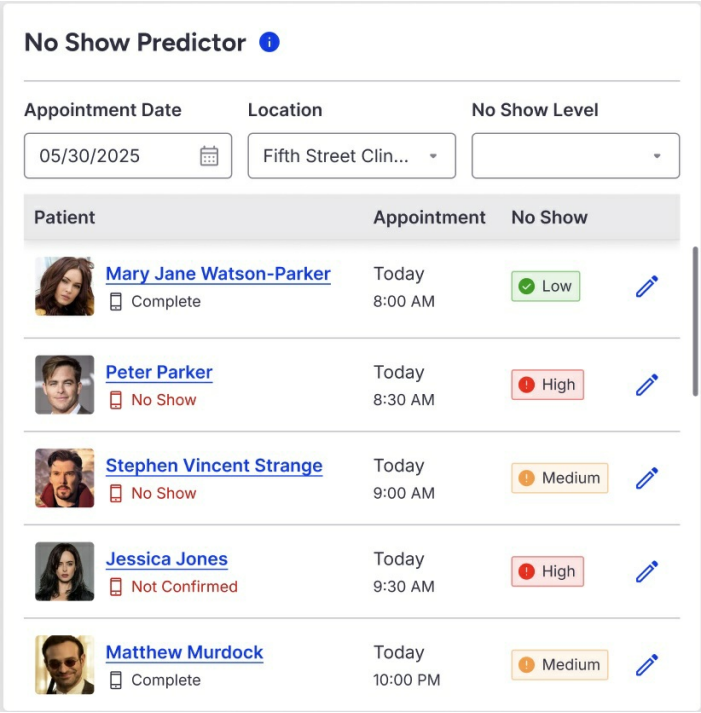
No Show Predictor

No Show Predictor uses AI to assign a risk score to each appointment, helping your practice identify which upcoming visits are most at risk of a no-show. This score displays on the **No Show Predictor** widget on the **Dashboard**, giving your staff clear visibility into potential no-shows and allowing you to take proactive steps.

Key benefits

- **Reduce lost revenue:** Minimize empty appointment slots by identifying and addressing high-risk .
- **Improve care continuity:** Ensure patients receive timely care by identifying those most likely to miss visits.
- **Optimize staff efficiency:** Focus outreach efforts where they matter most instead of calling every patient.
- **Boost patient engagement:** Use personalized reminders or rescheduling strategies for at-risk patients.

Knowledge base article

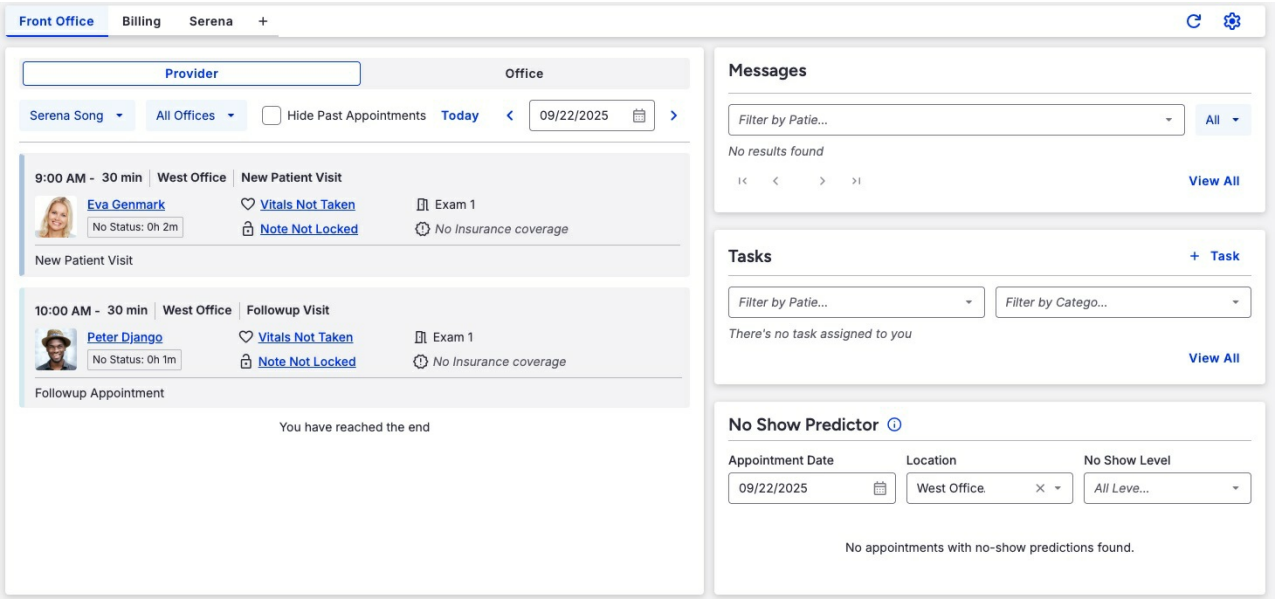


Multiple Dashboard Views

You can create multiple, customized **Dashboard** views to align with different work roles, offering greater flexibility. Each view can be tailored to suit your and your team's specific needs.

- **Front office staff** might use a daily view that highlights the schedule, patient check-ins, open tasks, and unread messages to efficiently manage patient flow.
- **Billing staff** can create a financial view to monitor outstanding claims, denials, and account balances—without needing to navigate through other areas of the system.
- **Providers** can design their own dashboards, focusing on their schedules, clinical tasks, and incoming messages, so they always have the right information at their fingertips.

Knowledge base article



Intelligent claim rejection messages

We are introducing an AI-powered enhancement to make claim rejections easier to understand. For customers using the ePS Clearinghouse, rejection messages will now be displayed in clear, simplified language—helping you to identify issues and take action quickly.

Knowledge base article