7.10.0 Release Notes

Beta Release Date: Monday, 11/18/24

GA Release Date: **Monday, 12/2/24**

Feature Enhancements:

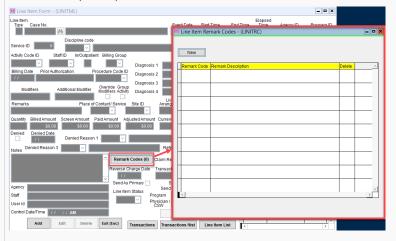| Release 7.10.0	
Carrier Code field added to Master Insurance set up	*Maintenance and Setup > Insurance > Insurance* Due to state requirements, a new field for the Carrier Code has been added to the Master Insurance Form. When this field is filled in, the Carrier Code will be included in the 837 file in the following situations: • When Medicaid is the secondary payer, the Carrier Code connected to the primary payer will be populated in Loop 2430 SVD01 and Loop 2330B NM109. • When Illinois Medicaid is the secondary payer (payer ID IL261), the Carrier Code connected to the primary payer will be populated in the same loops and segments as above. It will also include the 2330B REF segment.
New setup option to create unique Claim IDs	*Maintenance and Setup > Insurance > Insurance > Page2 tab* NextStep Billing makes claim IDs per case/client number. If a client has multiple claim lines within an 837 file, those claim IDs would no longer be unique. To follow the best practice recommendation of ANSI X12, we have released a new setup option checkbox on the Master Insurance level. When checked, your 837 files will have unique claim IDs for each claim line.

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Handling added for 835 Remark Code segments	NextStep Billing has introduced an improvement to our insurance posting workflow. When posting 835s or ERAs, you can now view the Remark Codes along with the Denial Codes.

The Remark Codes can be viewed from a new grid within the Transactions Details pop-up in the 835 Form (shown below) and the Working Queue.

There is also a new button on the Line Item Form labeled "Remark Codes" (shown below) where they can be viewed, added, or deleted from the Line Item.

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Issue Resolved:

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| PR-2 Adjustment Code for Coinsurance being posted as a denial | Previously, when posting a transaction containing a full adjustment by the primary payer, specifically an adjustment code and PR-2 (coinsurance), then the system was marking the claim as denied and not kicking down to the next payer. This issue has been resolved. |