7.17.0 Release Notes

Last Modified on 09/24/2026 12:00 pm EDT

***Tentative* Beta Release Date: Monday, 9/28/26**
Tentative GA Release Date: Wednesday, 10/7/26

Feature Enhancements:

Release 7.17.0	
Update Master Insurance 2310B Override to be person/non-person	*Maintenance and Setup > Insurance > Insurance* On **Page 3** of the **Master Insurance Form**, a setup option to choose which name, NPI, and optionally, taxonomy to populate in the Rendering Provider (2310B loop) per Insurance. It also provides an option to select a “Person” or “Non-Person”. NOTE: For this override to take effect, “Display Rendering Provider info on 837 in 2310B Loop” must be checked on **Page 2** of the Master Insurance Form.
Change where REF*EI pulls from for Format Types 24 and 25	For claim file Format Type 24 and 25, the 2010AA REF*EI loop now pulls from the Master Agency Form’s **Federal Tax ID No** field instead of the **Site ID**.
Update rules for Activity Code Service Rate import in Billing	*Maintenance and Setup > Import > Activity Code Service Rates* Existing customers can now seamlessly update current rates using the billing import tool without encountering "duplicate code" validation errors. A new **Indicator** column has been added which instructs the system on how to handle incoming records that share an existing activity code. **Indicator Options** • A **(Add):** Adds a brand-new record for an activity code, agency, and discipline combination that does not already exist in the system. • M **(Modify):** Modifies existing activity codes with an **Effective To** date. • I **(Insert):** Inserts a new entry for an existing activity code with the updated **Rate** and new **Effective From** date, preserving historical rate data. See full instructions here: https://nextstep.knowledgeowl.com/help/activity-code-service-rates-import
Allow setup for Billing Provider 'Provider ID Number' per insurance	*Maintenance and Setup > Agencies/Provider Network > Override By Insurance* NextStep Billing users can now set up a Provider ID Number (PIN) by Billing Provider and Insurance. This will populate in Loop 2010AA, Segment REF*G2 of a professional claim file.
Medicare Approved Amount is no longer required on the Transactions Forms	Previously, the Approved Amount was a required field when entering a transaction for a Medicare item, either through the Transactions Form or the Transaction Entry Grid Form. This requirement has been removed. In addition, a Configuration Option has been added to “Do Approved Amount math” which will require the user to have the Approved amount equal the paid amount plus patient responsibility amounts if the box is checked. If this option is left unchecked, the user is able to enter an Approved amount that does not equal the paid amount plus patient responsibility amounts.

Issues Resolved:

Release 7.17.0	
Error message when editing Agency in VFO	*Maintenance and Setup > Agencies / Provider Network > OK* In the VFO billing module, there was an error when trying to **Save** in the Master Agency Form. This has been fixed.
Fix Format Types 24/25/26/28 (used by DWIHN) trigger	Previously, an 835 connected to the 837 Format Types 24-28 could come into NextStep via the 835 Form without the client ID and name. This happened when the remittance had more than 10 claims for the same client. Those 835s now import with the correct client ID and name.
Allow user to fully exit billing when it's stuck loading or frozen	Fixed an issue where the application could become unresponsive during long or stuck loading screens in the billing workflow. Users can now press the ESC key to cancel the search without needing to forcibly terminate the process or contact Support.