



**What's New in
CGM DAQBILLING v8.0.1
Release Notes
May 2026**

CGM DAQbiling

Practice Management

Release Notes v8.0.1

Release Date: May 2026

The latest version of DAQbilling supports electronic attachment submission, removing the need to manually upload files to eMEDIX. It also makes it easy to identify claims that must be printed in-house. The Statement ID can now be viewed in the Activity Log, updates to the Interface Review screen, and a new Patient Outstanding Balance report is available.

Contents

Patient Outstanding Balance Report.....	3
Add the Patient Outstanding Balance Report to the Patient Reports Menu	3
Interface Review	4
Statement ID Display on Activity Log	5
Electronic Attachments.....	5
Scan Library Encounter	5
Change Scan Encounter.....	6
eMEDIX Online Payer List	7
Review Pending Encounters	8
Printing Scans.....	8
Review Pending Encounters	8
Claim Statuses	10
Ready to Print Scan.....	10
Self Print	11
Self Print Claims	11
Insurance Company	11
Encounter	12
Printing Claims	12
Review Pending Encounters	12
Attachment Review Report	13
eMEDIX Status Codes.....	14
eMEDIX Status Messages	15

Patient Outstanding Balance Report

Patient Outstanding Balance Report (*Reports > Patient > Patient Outstanding Balance [1002]*)

This report shows patients who have an outstanding patient balance, have not had a patient payment within the past 90 days, and have received 3 statements. It can be printed on the screen, on a printer, or exported.

Patient ID	Patient Name	Statement Sent Date No1	Statement Sent Date No2	Statement Sent Date No3	Last Payment Received Date	Last Payment Applied Amount	Patient Balance	Payment Type
1210	GAETA, JOHN	05/15/2024	04/15/2024	03/15/2024	06/04/2021	0.00	331.25	Other Ins Payment
1500	REESE, RICHARD	05/15/2024	04/15/2024	03/15/2024	01/31/2019	50.00	175.00	Credit Card
372	WAGNER, GERALD L	05/15/2024	04/15/2024	03/15/2024	12/04/2017	80.00	191.25	Credit Card

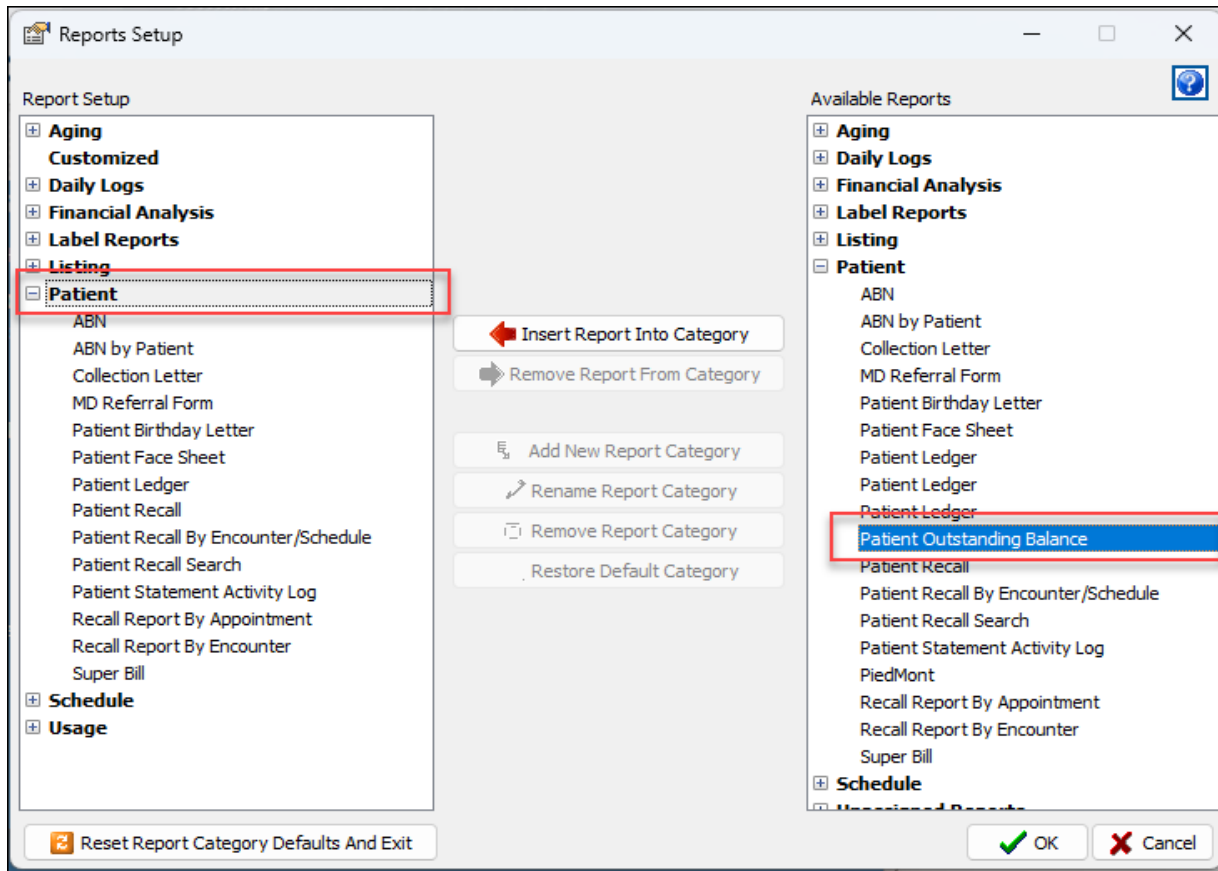
Patient ID	Patient account number
Patient Name	Patient last name, first name
Statement Sent Date No1	Date of the first of three most recent statements sent to the patient.
Statement Sent Date No2	Date of the second of three most recent statements sent to the patient.
Statement Sent Date No3	Date of the third of three most recent statements sent to the patient.
Last Payment Received Date	Date of last payment received. This payment date will be prior to 90 days of report generation since a payment received within 90 days would disqualify the patient from the report parameters.
Last Payment Applied	Dollar amount applied of last payment received
Patient Balance	Patient's current balance
Payment Type	Type of payment made

Add Patient Outstanding Balance to the Patient Reports Menu

Reports Setup (*Reports > Report Options > Reports Setup [RS]*)

The new **Patient Outstanding Balance** Report, described in the **Patient Outstanding Balance Report** section of this document, can be added to the **Patients Reports** menu. Click the + icon next to **Patient** in the **Report Setup** section to expand the list, then click on **Patient** so that it is highlighted in gray. Click the + icon next to **Patient** in the **Available Reports** section to expand the list, then click on **Patient Outstanding Balance** so that it is highlighted in blue.

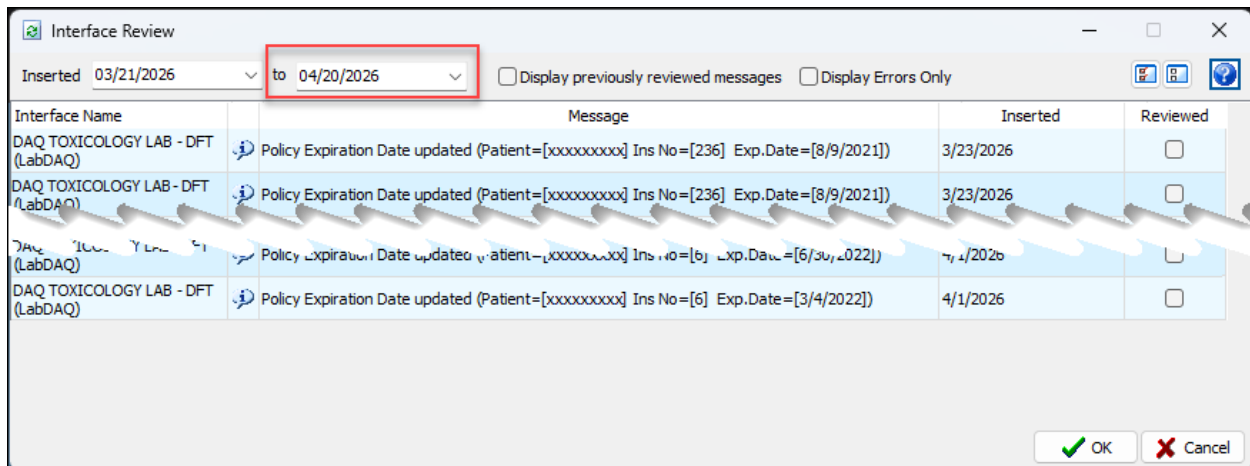
Click on the **Insert Report Into Category** button displayed in the center of the screen. Click **Ok** to add the report and exit the **Reports Setup** screen.



Interface Review

Interface Review (Claim Control > Claim Management > Interface Review [IR])

When this screen is accessed, it will now display only the past 30 days of messages to prevent issues with memory errors. A new date field has been added so that a range of dates can be entered.



Statement ID Display on Activity Log

Activity Log (*Encounters > Encounter Management > Encounter Maintenance [NN] > Activity Log > Patient Statement tab*)

When a statement is sent electronically to eMEDIX, a unique **Statement ID** is added. This ID can now be viewed in the **Statement ID** column of the **Activity Log** on the **Patient Statement** tab.

Inserted	Printed	Balance at Print	Statement ID
2/10/2026 10:39:11 AM	2/11/2026 12:50:53 PM	120.00	AWY-924
2/21/2026 11:26:28 AM	3/1/2026 10:28:58 AM	200.00	AWY-3028
3/26/2026 2:25:12 PM	4/1/2026 11:46:38 AM	280.00	AWY-9593



Note

The unique Statement ID is used with the eMEDIX Patient Payment Portal. This is a contracted service that allows patients to pay their patient statement balance online.

For more information contact Support.

Electronic Attachments

Scan Library (*Encounters > Encounter Management > Encounter Maintenance [NN] or Create Encounter [NE] > Scans*)

After selecting the **Scan Type**, click on the **F2 - Add Scan** button to open the *Scan Viewer* screen. Or a file can be attached by clicking **F3 - Add File** and selecting the file.

The *Scan Library* screen has been enhanced with columns to display additional information related specifically to the attachment.

Description	Type	Enc. ID	Insurance	Date	Attach	Scn ID	Control No.	Trans Code	Scn Printed	Scn Sent
Referral Form	Referral Fo	31790		3/17/2026		137508	137508	BM	3/17/2026	

Scn ID	The internal ID that was stored when the scan was saved.
Control No. (PWK)	The same number as the Scn ID unless a specific entry was made in the <i>Change Scan</i> screen.
Trans Code	The Transmission Code indicates how the attachment will be sent to the payer. EL - The attachment will be sent electronically. BM - The attachment will be mailed as paper documentation.
Scn Printed	The most recent date that the scan was printed on paper.
Scn Sent	The most recent date that the scan was sent electronically.



Note

If CGM Claim Attachments is not currently activated, all attachments must be sent by mail.

Change Scan (*Encounters > Encounter Management > Encounter Maintenance [NN] or Create Encounter [NE] > Scans > F7 - Change Scan*)

Changes to the following can be made from the *Change Scan* screen; Scan Type, Description, Control Number (Paperwork) and Transmission Code.

Scan Library : CHARLES WEAVER

Scan Type

Filter by selected Scan Type Scanning Color

Description	Type	Enc. ID	Insurance	Date	Attach	Scn ID	Control No.	Trans Code	Scn Printed	Scn Sent
Referral Form	Referral Fo	31790		3/17/2026		137508	137508	BM	3/17/2026	

Change Scan

Scan Type

Description

Control Number (Paperwork)

Transmission Code

Scan Type	This dropdown includes a list of standard Attachment Report Types. This information is used in the paperwork segment (PWK01) of the electronic claim to identify the document type.
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Description	This description is for informational purposes and displays within DAQbilling only.
Control Number (Paperwork)	This identifier is used in the paperwork segment (PWK06) of the electronic claim. It is used by the payer to match the attachment to the claim.
Transmission Code	This information is used in the paperwork segment (PWK02) of the electronic claim to identify how the attachment will be sent to the payer. EL- The attachment will be sent electronically. BM- The attachment will be mailed as paper documentation. The default value displayed is stored in a table maintained by CGM based on the eMEDIX Online Payer List .



Note

A default value of **BM** cannot be changed to **EL**. If you have verified that a payer has started accepting electronic attachments, please notify Support so the table can be updated.

eMEDIX Online Payer List (*eMEDIX Online > Administration > Payer List*)

To qualify to go electronically, the payer must accept electronic attachments. As payers can start allowing this at any time, you should regularly check the **eMEDIX Payer List** for **Electronic Unsolicited Attachments**. You can enter a specific **eMEDIX Payer Code** or leave it blank to get a list of all payers. It will either show Not Available or Electronic. If the payer's Transmission Code in DAQbilling shows BM but the Payer List shows Electronic, notify DAQbilling support and they can update the setting in DAQbilling.

Search Payers

Transaction Type: Claims
 Line of Business:
 Payer Name:
 State:
 Payer Type:
 Enrollment Required Claims:
 CTMail:
 eMEDIX Payer Code:
 Solicited Attachments: Electronic
 Unsolicited Attachments:
 Enrollment Required Remits:
 Clear Search

PDF Show 50 entries Search: Previous 1 2 3 4 5 6 7 Next

Line of Business	eMEDIX Payer Code	Payer Name	State	Payer Type	Solicited Claim Attachments	Unsolicited Claim Attachments	Enrollment Required Claims	Enrollment Required Remits	CTMail
Institutional	10111	AL Medicare A (PGBA-JJ)	AL	MEDICARE	Electronic	Electronic	Yes	Yes	No

Review Pending Encounters *(Claim Control > Claim Management > Encounter Review [ER])*

Additional column options are available in *Review Pending Encounters* to display helpful information related to attachments.

Display the new column options by clicking on the icon at the far left of column headers. Then check the boxes next to the columns you wish to display.

The screenshot shows the 'Review Pending Encounters' window. At the top, there are filters for Claim Date, Date Of Service, Claim Status (set to ALL), and Order By (set to Encounter ID). Below the filters is a table with columns: Encounter, Date, Status, Patient No, Patient Name, Provider Name, Insurance, Total, and E/P. Two rows are visible, both with a status of 'Ready To Print Scan'. A red box highlights the 'Encounter' and 'Date' column headers, with a tooltip that says 'Click here to show/hide/move columns'. Below the table, a column selection menu is open, showing a list of checkboxes for: (All), (Sorted), Routing ID, Payer ID, Scn ID, Trans Code, Control No. (PWK), and Scn Printed. The 'Routing ID', 'Payer ID', 'Scn ID', 'Trans Code', 'Control No. (PWK)', and 'Scn Printed' options are highlighted with a red box.

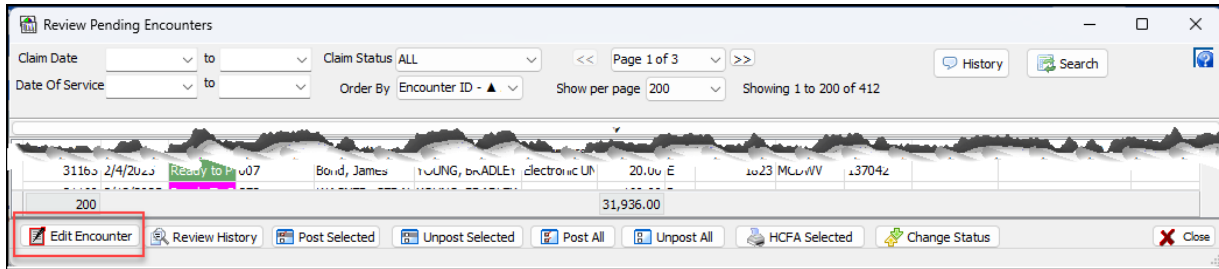
Encounter	Date	Status	Patient No	Patient Name	Provider Name	Insurance	Total	E/P
31067	5/16/2022	Ready To Print Scan	2732	PELKEY, ALYSSA	WALKER, PHILIP	UB04 Paper GEICO	550.00	P
		Ready To Print Scan	007	Bond, James	YOUNG, BRADLEY	Paper MEDICARE PART	20.00	P

Routing ID	The Routing ID that is associated with the payer.
Payer ID	The eMEDIX Payer ID associated with the payer.
Scn ID	The internal ID stored when the scan was saved.
Trans Code	The Transmission Code indicates how the attachment will be sent to the payer. EL - The attachment will be sent electronically. BM - The attachment will be mailed as paper documentation.
Control No. (PWK)	The same number as the Scn ID unless a specific entry was made in the <i>Change Scan</i> screen.
Scn Printed	The most recent date that the scan was printed.

Printing Scans

Review Pending Encounters *(Claim Control > Claim Management > Encounter Review [ER])*

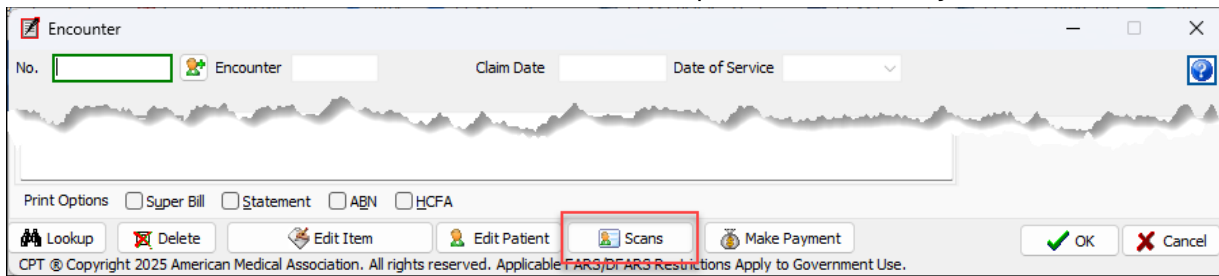
Select the encounter with the scan to be printed. Edit the encounter by either double clicking on the selected row or using the **Edit Encounter** button.



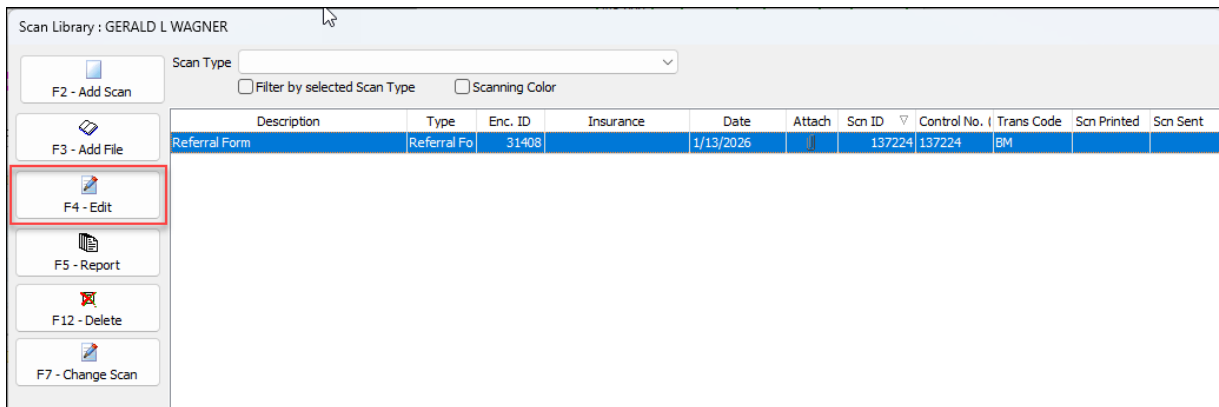
Tip

Use the **Claim Status** filter at the top of *Review Pending Encounters* to display all encounters with the **Ready to Print Scan** status at one time.

In the *Encounter* screen, click on the **Scans** button to open the *Scan Library*.



Select the scan and click **F4 – Edit** to open *Scan Viewer*.

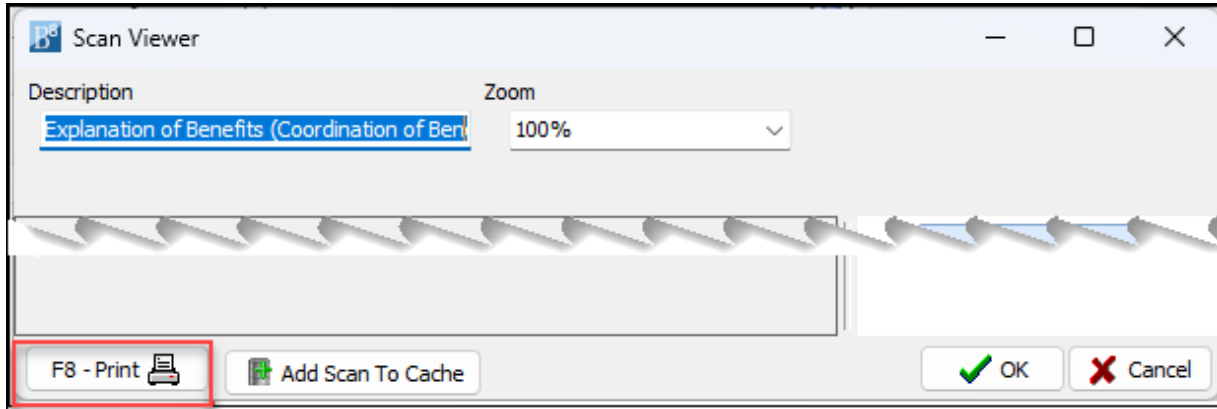


Tip

You can also right-click on the selected row to display a menu of additional options.

- Print Scan
- Print
- Export To Excel
- Export To HTML
- Export To Text
- Export To XML

Use the **F8 – Print** button at the bottom left side of the screen to print it.



Close out of *Scan Viewer*, *Scan Library* and *Encounter*. The encounter status will be advanced and the **Scn Printed** column will be stamped with the current date.

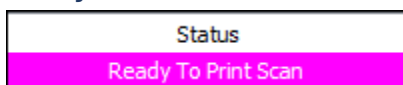
Encounter	Date	Status	Patient Nk	Patient Name	Provider Name	Insurance	Total	E/I	Routing	Payer	Scn ID	Trans Code	Control No. (PWK)	Scn Printed
31407	1/7/2026	Ready to Post	372	WAGNER, GERALD	YOUNG, BRAC	HUMANA	160.00	E	9371	61101	137223	BM	137223	3/25/2026

Claim Statuses

New claim statuses have been added to assist with printing of attachments as well as printing claims in house.

For claims with attachments, the new statuses workflow is as follows:

Ready to Print Scan



Claims will have this status when the following conditions exist:

- The attachment has not been printed
and
- The Payer ID is either **HPRNT** or **SPRNT**
or
- The **Self Print** box has been checked on either the Encounter or the Insurance company



Note

The **Ready to Print Scan** status is only used when CGM Claim Attachments is enabled.

Self Print

When a claim is to be printed in house and not sent to eMEDIX, the claim status will be **Self Print**.

Status
Self Print

Claims will have this status when the following conditions exist:

- The **Self Print** box has been checked on either the Encounter or the Insurance company
or
- The attachment has been printed
and
 - The Payer ID is either **HPRNT** or **SPRNT**
or
 - The **Self Print** box has been checked on either the Encounter or the Insurance company



Note

For claims without attachments, the claim status will be **Self Print** only when the **Self Print** box has been checked on either the Encounter or the Insurance company.

Self Print Claims

Insurance Company (Setup > Other Setup > Insurance [IN])

New check boxes have been added for users to determine when a claim should be printed in house.

When the **Self Print** check box is selected on the *Insurance Company* screen, all encounters created for the insurance will not be sent electronically, regardless of the **Payer ID**. This applies to Primary, Secondary and Tertiary claims. They will be included in the new **Self Print** status (see the Claim Statuses section of this document for more information).

The screenshot shows the 'Insurance Company' setup window. It contains various input fields for company information. The 'Self Print' checkbox is located at the bottom right of the form and is highlighted with a red rectangular box. Other visible fields include 'No.', 'Name', 'Routing ID', 'Plan Type' (set to COMMERCIAL), 'Timely Filing Period', 'Timely Filing Warn Days', 'Payer ID' (07205), 'External ID', 'Ins Group No', 'Price Level', 'Address 1', 'Address 2', 'City, St ZIP', 'Phone', 'Ext', and 'Inactive' checkbox.

Encounter (*Encounters > Encounter Management > Encounter Maintenance [NN] or Create Encounter [NE]*)

Three new **Self Print** check boxes have been added and correspond to the adjacent **Primary**, **Secondary**, and **Tertiary** fields. When one or more check box is selected, the encounter will be set to **Self Print** for the corresponding payer responsibility sequence.

The screenshot shows the 'Encounter' form with fields for No., Encounter, Claim Date, Date of Service, Provider, Primary, Secondary, Tertiary, Location, ICD Type, and Diag Codes. Three checkboxes labeled 'Self Print' are highlighted with a red box, corresponding to the Primary, Secondary, and Tertiary fields.

Printing Claims

Review Pending Encounters (*Claim Control > Claim Management > Encounter Review [ER]*)

Claims can be printed by selecting an encounter or multiple encounters and then clicking on the **HCFA Selected** button at the bottom of the screen.

The screenshot shows the 'Review Pending Encounters' screen with a table of encounters. The 'Claim Status' filter is set to 'Self Print'. The 'HCFA Selected' button is highlighted with a red box.

Encounter	Date	Status	Patient No.	Patient Name	Provider Name	Insurance	Total	E/A	Routing	Payer	Scn ID	Trans Code	Control No. (PWK)	Scn Printed
31684	1/17/202	Self Print	1594	WEAVER, CHARLE	WALKER, PHII	MEDICARE TRAVELERS	300.00	P	10	SPRINT				
31685	1/19/202	Self Print	1594	WEAVER, CHARLE	WALKER, PHII	MEDICARE TRAVELERS	300.00	P	10	SPRINT	137425	BM	137425	3/9/2026
31688	1/20/202	Self Print	1594	WEAVER, CHARLE	WALKER, PHII	MEDICARE TRAVELERS	300.00	P	10	SPRINT				
31693	1/23/202	Self Print	1594	WEAVER, CHARLE	WALKER, PHII	MEDICARE TRAVELERS	300.00	P	10	SPRINT	137431	BM	137431	3/9/2026
31807	2/3/2026	Self Print	2510	WALKER, MARK	WALKER, PHII	BCBS - BlueSelect Commercial	160.00	P	1	SPRINT				
31810	1/20/202	Self Print	2266	WILLIAMS, BILLY	WALKER, PHII	BCBS - BlueSelect Commercial	160.00	P	1	SPRINT				
31814	2/17/202	Self Print	1911	RADCLIFF, JOSEF	WALKER, PHII	BCBS - BlueSelect Commercial	160.00	P	1	SPRINT	137523	BM	137523	3/19/2026
31818	2/19/202	Self Print	1911	RADCLIFF, JOSEF	WALKER, PHII	BCBS - BlueSelect Commercial	160.00	P	1	SPRINT	137529	BM	137529	3/19/2026
31819	1/26/202	Self Print	1958	SADLER, GORDON	WALKER, PHII	AETNA MEDICARE	160.00	E	1404	WR441	137530	EL	137530	3/19/2026

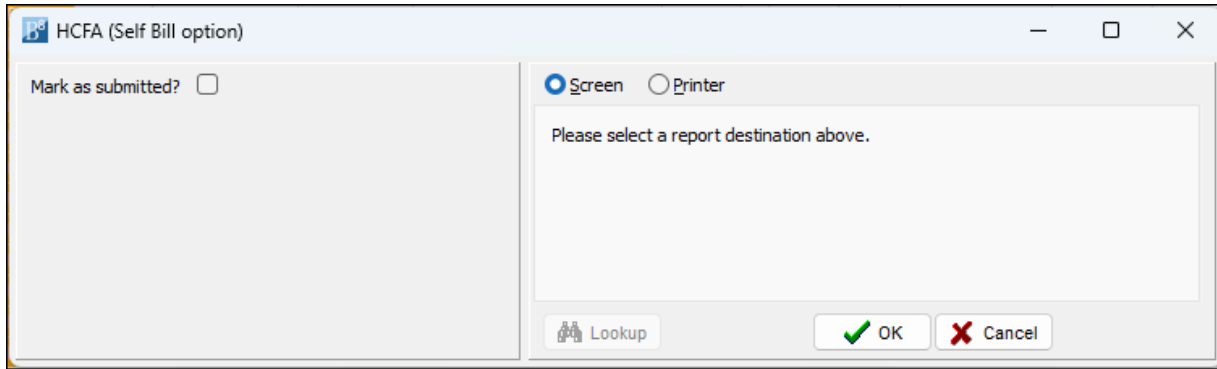


Tip

Use the **Claim Status** filter at the top of *Review Pending Encounters* to display all encounters with the **Self Print** status at one time.

Check the **Mark as submitted?** box on the *HCFA (Self Bill option)* screen to advance the claim status to **Submitted** which removes the encounter from *Review Pending Encounters*.

The claim can be printed on the screen or on a printer.

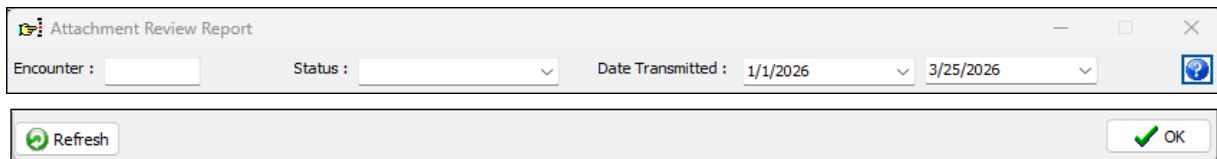


Attachment Review Report

Attachment Review Report *(Claim Control > Claim Management > Attachment Review [ZR])*

Attachments sent electronically can be reviewed using this new report.

Each step of the process from transmission to eMEDIX through acceptance at the payer is identified so one encounter can have several rows of data. For this reason, the screen allows filtering of the displayed data.



Encounter	Enter a specific encounter number to display only attachments submitted associated with that encounter.
Status	<p>These statuses are returned to DAQbilling from eMEDIX.</p> <p>Errored – There was a problem sending the attachment. Contact DAQbilling Support for assistance.</p> <p>Pending – The attachment is pending until eMEDIX has received the claim it is associated with.</p> <p>Transmitted – The attachment has been transmitted from eMEDIX to the payer.</p> <p>Acknowledged – The attachment has been acknowledged by the payer but has not yet been accepted.</p> <p>Accepted – The attachment has been accepted by the payer.</p>
Date Transmitted	Enter the date range in these fields to limit or extend the displayed results.
Refresh	Use this button to update the data displayed after updating filters, or when the screen shows <No data to display>.

Attachment Review Report										
Encounter :		Status :		Date Transmitted :		2/2/2026		3/30/2026		
Encounter	Patient Control Number	Charges	Payer Name	Date Transmit	Status Code	Status	Status Message	Control No. (PWK)	Trace ID	
31637	31637C1006X	300	AETNA	2/26/2026 2:24:22 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137381	800	
31637	31637C1006X	300	AETNA	2/26/2026 2:24:22 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137381	800	
31637	31637C1006X	300	AETNA	2/26/2026 2:24:22 PM	EE	ERRORED	There was a problem sending your attachment.	137381	800	
31619	31619C1006X	110	AETNA	2/26/2026 2:24:22 PM	P1	PENDING	Attachment is pending until matching claim received.	137370	801	
31619	31619C1006X	110	AETNA	2/26/2026 2:24:22 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137370	801	
31619	31619C1006X	110	AETNA	2/26/2026 2:24:22 PM	EE	ERRORED	There was a problem sending your attachment.	137370	801	
31644	31644C1006X	110	AETNA	2/26/2026 2:57:21 PM	P1	PENDING	Attachment is pending until matching claim received.	137386	804	
31644	31644C1006X	110	AETNA	2/26/2026 2:57:21 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137386	804	
31644	31644C1006X	110	AETNA	2/26/2026 2:57:21 PM	EE	ERRORED	There was a problem sending your attachment.	137386	804	
31644	31644C1006X	110	AETNA	2/26/2026 2:57:21 PM	P1	PENDING	Attachment is pending until matching claim received.	137387	805	
31644	31644C1006X	110	AETNA	2/26/2026 2:57:21 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137387	805	
31644	31644C1006X	110	AETNA	2/26/2026 2:57:21 PM	EE	ERRORED	There was a problem sending your attachment.	137387	805	
31715	31715C1006X	160	AETNA	3/9/2026 5:31:49 PM	P1	PENDING	Attachment is pending until matching claim received.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 5:10:35 PM	P1	PENDING	Attachment is pending until matching claim received.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 3:58:52 PM	P1	PENDING	Attachment is pending until matching claim received.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 5:31:49 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 5:10:35 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 3:58:52 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 5:31:49 PM	EE	ERRORED	Attachments are not available with this payer at this time.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 5:10:35 PM	EE	ERRORED	Attachments are not available with this payer at this time.	137448	806	
31715	31715C1006X	160	AETNA	3/9/2026 3:58:52 PM	EE	ERRORED	Attachments are not available with this payer at this time.	137448	806	
31828	31828C1006X	160	AETNA	3/23/2026 4:07:18 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	539	819	
31828	31828C1006X	160	AETNA	3/23/2026 4:07:18 PM	P3	PENDING	Attachment is pending claim transmission to the payer.	137540	820	

Encounter	Encounter number associated with the attachment.
Patient Control Number	Patient Control Number sent with both the claim and the attachment.
Charges	The dollar amount of charges sent on the encounter.
Payer Name	Insurance name.
Date Transmit	Date the attachment was transmitted to eMEDIX
Status Code	Status code returned from eMEDIX. See list of eMEDIX Status Codes below.
Status Message	Status messages returned from eMEDIX. See list of eMEDIX Status Messages below.
Control No. (PWK)	The control number sent with the claim in the PWK segment. This is the internal Scn ID unless a specific entry was made in the <i>Change Scan</i> screen.
Trace ID	This is the trace number assigned by eMEDIX.

eMEDIX Status Codes

Value	Description
AA	Attachment transmitted successfully.

EE	There was a problem sending your attachment.
P1	Attachment is pending until matching claim received.
P2	Attachment is pending claim correction (Claims must pass eMEDIX edits.)
P3	Attachment is pending claim transmission to the payer.
P4	Attachment is pending until claim is no longer in HOLD.
02	Attachment accepted for processing.
04	Attachment delivered to the payer.
05	Attachment acknowledged by the payer.
06	Attachment accepted by the payer.
11	Attachment reached print/fax facility.
12	Attachment rejected print/fax facility.
13	Attachment faxed successfully.
14	Attachment failed to fax.
15	Attachment failed to mail.
16	Attachment mailed to the payer.
19	Attachment contained errors but was accepted by the payer.
51	Attachment rejected for processing.
52	Attachment rejected by the payer.
53	There was a problem processing your attachment. <details>

eMEDIX Status Messages

Status	Description
TRANSMITTED	Attachment successfully submitted.
ERRORED	Attachment submission failed. See errors field for details.
ACKNOWLEDGED	Attachment has been received for processing.
ACCEPTED	Attachment has been accepted by the payer electronically or successfully sent to them via mail/fax.
REJECTED	Attachment could not be processed or the payer rejected the attachment.
PENDING	Attachment does not match claim (P1) or Attachment is pending claim correction (P2).

HOLD	Attachment is not available for payers with no default routing (P1).
HOLD ADDL INFO REQUIRED	Attachment is required for the claim and claims in this status cannot be edited or transmitted until the necessary document is uploaded. This status applies specifically to WC/AM claims and once the attachment is uploaded, the claim status changes to READY TO SEND with the attachment moving to P2 status.



Tip

Attachment information can also be viewed on eMEDIX Online.