

DentalVision Enterprise 19.1

RELEASE GUIDE

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Introduction

This DentalVision Enterprise Release Guide includes a description of the new features and enhancements available in the 19.1 release.

Upgrade Instructions

Complete the steps explained in the following sections to perform a successful upgrade of the DentalVision Enterprise program:

- Before You Upgrade
- Upgrade Overview
- Getting Help

Before You Upgrade

Complete the following before upgrading:

1. The server must be running SAP SQL Anywhere version 16 or 17 to upgrade your DentalVision Enterprise program. If you are using a SQL Anywhere version prior to version 16, DO NOT upgrade. Contact the Support department at (800) 323-3370, option 1.
2. Review the latest hardware specifications included with this document, or go to www.DentalVisionEnterprise.com and then click **Support** and **System Requirements**.
3. Log all users off DentalVision Enterprise, and exit the program on all computers.
4. On the server, back up the entire **dvwin** folder (which includes the database file, **dv.db**). It is very important that you have backed up **dv.db**.

Note: You must stop the database engine before you back up your DentalVision Enterprise database.

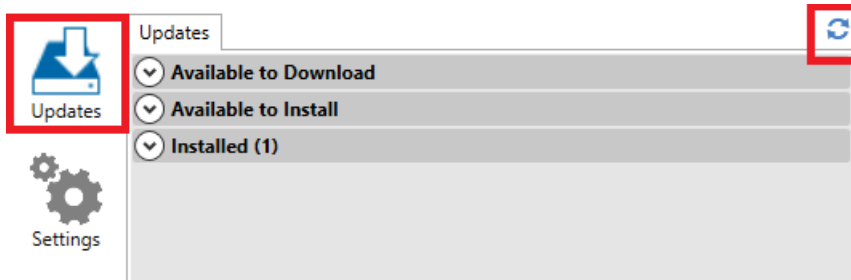
5. Still at the server, verify that the workstation number is one (1) by completing the following steps:
 - a. Open DentalVision Enterprise.
 - b. From the **Utilities** menu, click **Preferences**.
The **Preferences** dialog box appears.
Note: If **Preferences** is not available, you do not have a security access level high enough.
 - c. Click the **Program** tab.
 - d. Verify that the value in the **WorkStation** box is one (1).
 - e. Click **Ok** to exit the **Preferences** dialog box.
6. Exit DentalVision Enterprise.


Upgrade Overview

The amount of time the upgrade takes depends on the size of your database and **dvwin** folder. A large database takes longer to back up and to upgrade. Please plan appropriately to avoid downtime.

Beginning with version 19.0, DentalVision Enterprise includes a new Vision Update Utility that simplifies the software update process. To help you understand the update process, the following brief update is provided. For detailed information on installing DentalVision Enterprise and using the Vision Update Utility, see the *DentalVision Enterprise Installation Guide*.

1. Double-click the Vision Update Utility icon on your desktop and click the Updates icon:



2. Click the Check for updates icon  .
3. Click either **Available to Download** or **Available to Install**.
4. Click the software update you want to download or install.

Getting Help

If you have any questions, please contact the DentalVision Enterprise Customer Support department at (800) 323-3370 option 2. Support hours are Monday through Friday, 8:00 A.M. – 7:00 P.M. Eastern Time.

To avoid office downtime, allow enough time to perform the upgrade on all computers in your office during Support hours in case you require assistance from a support technician.

DentalVision Enterprise 19.1

Overview

The DentalVision Enterprise 19.1 Release Guide provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release.

Features

- **Insurance**
 - **Improved Bulk Insurance Payment Processing** - A new **Bulk Insurance Payments** options was added to the **Utilities** menu. When you click this option, a new **Bulk Insurance Payments** window provides an easier way for you to process bulk insurance payments from payors.
 - **You Can Add Pre-authorizations to All Selected Lines of a Treatment Plan** - You can now add pre-authorization information to all lines of a patient's treatment plan on the Patient Information Center's **Treatment Plans** tab (instead of having to update this information one line at a time.)
 - **New Pre-authorization Box in Resubmit Procedure Dialog Box** - A new **Pre-authorization** box was added to the bottom of the **Resubmit Procedure** dialog box to simplify the process of adding pre-authorizations. When you type a number in this box and resubmit the claim, the new number is used as the per-authorization number on the claim and appears in the corresponding **Pre-authorization** box.
 - **A Warning Appears When Adding Duplicate Insurance Profile** - When you add a new insurance profile on the **General** tab of the **Edit Insurance Profile** dialog box, after typing the **Carrier** and **Employer** information, DentalVision Enterprise now checks to see if that data combination already exists in the database. If it does, a warning message and warning icon appear, and the **OK** button is disabled. If that carrier and employer do not exist in the database, the **OK** button is enabled, and you are allowed to proceed with creating a new insurance profile. This quick data check can prevent wasted time when entering new insurance profiles.
 - **Advanced Insurance Deductibles are More Visible and Easier to Use** - Previously, you could only define and view advanced insurance deductibles (as defined on the **Benefits and Limits** tab of the **Edit Insurance Profile** dialog box) by clicking an **Advanced** button, making it difficult to access and see all the defined coverage exceptions. The new **Benefits and Limits** tab includes an **Advanced** checkbox which, when selected, displays all deductibles by category and all deductibles by code on the same **Benefits and Limits** tab for easy viewing.
 - **Create a New Insurance Profile From an Existing Profile** - You can now create a new insurance profile using an existing insurance profile as a starting point, so you don't have to retype duplicate information, such as employer, group number, and so forth.
 - **Insurance Profile Exceptions are More Visible and Easier to Use** - Previously, you could only define and view insurance coverage exceptions for specific codes (as defined on the **Estimates-Percents** tab of the **Edit Insurance Profile** dialog box) by clicking an **Exception** button next to each category, making it difficult to access and see all the defined coverage exceptions. The new **Estimates-Percents** tab displays all exceptions in a scrollable list.
 - **Changes to the Combine Insurance Plans Dialog Box Make it Easier to Combine Plans** - When combining insurance plans, you can now filter which results appear in the list and select from the results list which plans get combined. A new confirmation window also makes it easier to review and confirm changes before making them.
- **Miscellaneous**
 - **Appointments Now Show Adjusted Treatment Plan Estimates** - The **Amount** box in the **Edit Appointment** dialog box, which shows the total amount owed for the visit, now reflects any adjustments applied in the treatment plan (instead of showing the unadjusted entire treatment plan total).
 - **Verifying Users at Login** - When you type a user name in the DentalVision Enterprise log in dialog box, DentalVision Enterprise now quickly verifies that the user account exists and displays a confirmation icon before you click **OK** to proceed with the login.

- **Receipts Print All Transactions that were Posted That Day** - Patient receipts that you print from DentalVision Enterprise now include all the patient transactions that were posted on that day.
- **New Contact Tracing Utility** - A new utility allows you to facilitate patient contact tracing for Covid-19 (and other communicable diseases).
- **New Payment Tracer Utility Replaces the Former Check Tracer Utility** - The Check Tracer Utility has been renamed to Payment Tracer Utility (on the **Utilities** menu and in the title bar). The new utility includes similar functionality as the former utility and also allows you to search for payments by specifying a payment amount range.
- **EHR Review Allows Access to Narratives Without EHR Being Enabled** - The **EHR** button in the **EHR Case Review** window (used to open EHR narratives for that patient) is now enabled and visible as long as EHR narratives are enabled in the system/demo mode. (Previously, this button did not appear and could not be clicked to view narratives if EHR was not enabled, even if narratives were enabled.)

Using the New Features and Enhancements

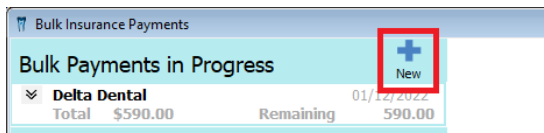
IMPROVED BULK INSURANCE PAYMENT PROCESSING

A new **Bulk Insurance Payments** options was added to the **Utilities** menu. When you click this option, a new **Bulk Insurance Payments** window provides an easier way for you to process bulk insurance payments from payors.

To use the Bulk Insurance Payments utility

1. From the **Utilities** menu, click **Bulk Insurance Payments**.

The **Bulk Insurance Payments** window appears.



2. Next to **Bulk Payments in Progress**, click **New**.

Bulk Insurance Payment Setup

Setup Steps: **Payment Information** | Select Claims | Summary

Select Profiles

Filter by Name, Employer and Group Gumber

- AETNA
 - INTERNATIONAL TRUCK & ENGINE
 - NORFOLK SOUTHERN
- AETNA MEDICAL
 - INTERNATIONAL TRUCK & ENGINE
- ANTHEM
 - FFA
- ANTHEM MEDICAL
 - RETIRED
 - FFA
- DELTA DENTAL MI
 - INDIANA PUBLIC SCHOOLS

Bulk Payment Name *
Delta Dental

Payment date *
01/12/2022

Amount *
\$ 590.00

Payment Method *
Check/Money Order

Check # *
11111

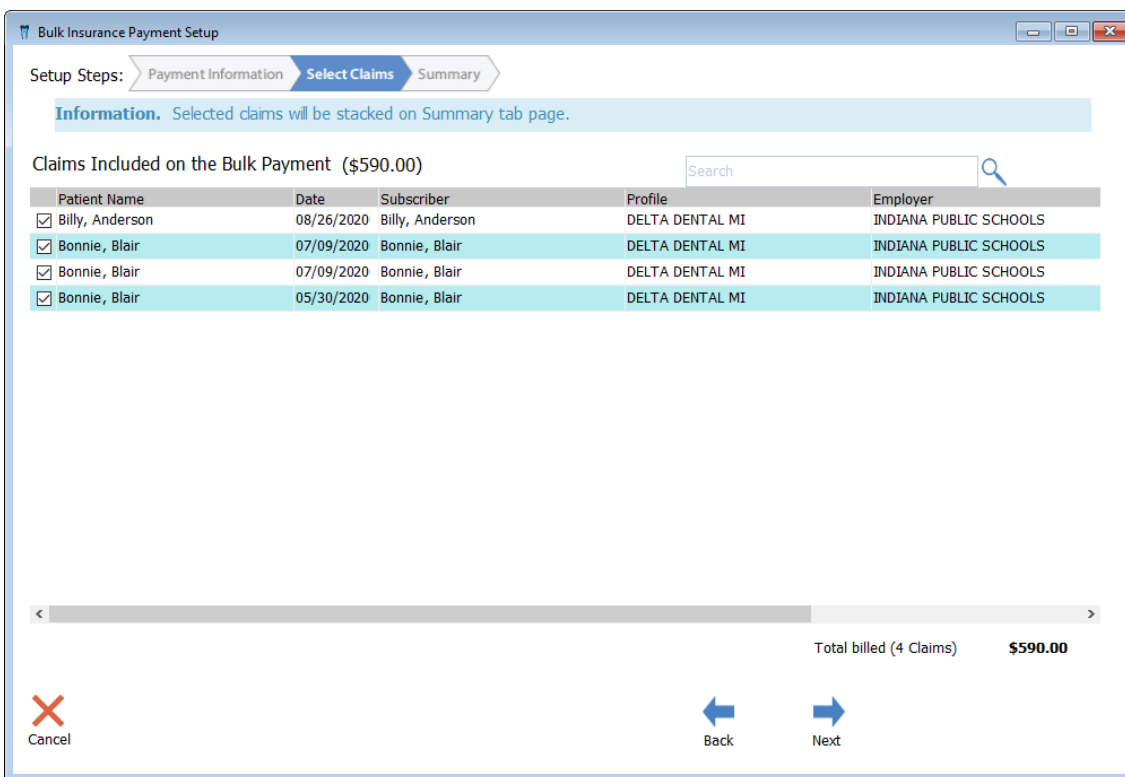
Bank # *
11111

Cancel Next

3. Under **Select Profiles**, select the insurance profile you want to use for a bulk insurance payment.

Tip: To select a series in the list, hold the Shift key while selecting; to select multiple items in the list, hold the Ctrl key while selecting.

4. Under **Bulk Payment Name**, specify a name for this bulk payment.
5. In the respective boxes, select a **Payment date**, **Amount**, **Payment Method**, **Check #**, and **Bank #**.
6. Click **Next** to move to the **Select Claims** tab.



Setup Steps: Payment Information **Select Claims** Summary

Information. Selected claims will be stacked on Summary tab page.

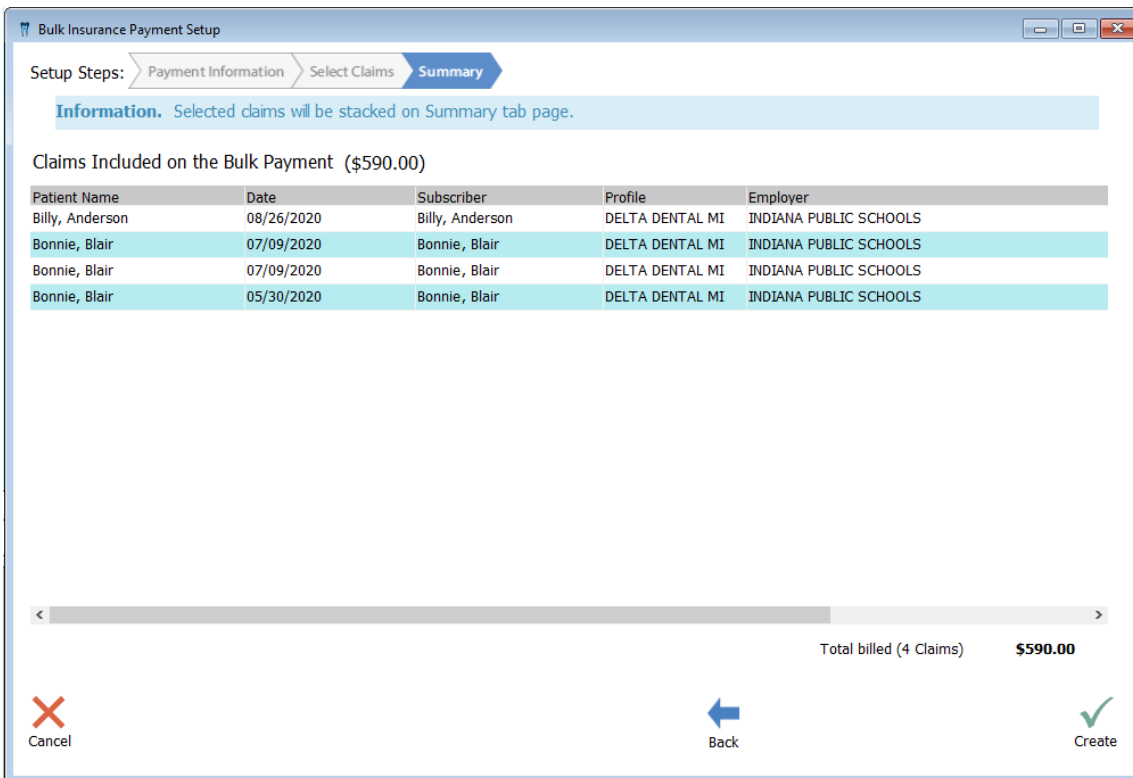
Claims Included on the Bulk Payment (\$590.00)

| Patient Name | Date | Subscriber | Profile | Employer |
|---|------------|-----------------|-----------------|------------------------|
| <input checked="" type="checkbox"/> Billy, Anderson | 08/26/2020 | Billy, Anderson | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |
| <input checked="" type="checkbox"/> Bonnie, Blair | 07/09/2020 | Bonnie, Blair | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |
| <input checked="" type="checkbox"/> Bonnie, Blair | 07/09/2020 | Bonnie, Blair | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |
| <input checked="" type="checkbox"/> Bonnie, Blair | 05/30/2020 | Bonnie, Blair | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |

Total billed (4 Claims) **\$590.00**

Cancel Back Next

- Under **Claims Included on the Bulk Payment**, select the check box next to each claim you want to include in the bulk payment.
- Click **Next** to move to the **Summary** tab.



Setup Steps: Payment Information Select Claims **Summary**

Information. Selected claims will be stacked on Summary tab page.

Claims Included on the Bulk Payment (\$590.00)

| Patient Name | Date | Subscriber | Profile | Employer |
|-----------------|------------|-----------------|-----------------|------------------------|
| Billy, Anderson | 08/26/2020 | Billy, Anderson | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |
| Bonnie, Blair | 07/09/2020 | Bonnie, Blair | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |
| Bonnie, Blair | 07/09/2020 | Bonnie, Blair | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |
| Bonnie, Blair | 05/30/2020 | Bonnie, Blair | DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS |

Total billed (4 Claims) **\$590.00**

Cancel Back Create

- After verifying that the bulk payment list is correct, click **Create**.

The bulk insurance payment is created and submitted. You can view the details in the **Bulk Insurance Payments** window by clicking the down chevron arrows and selecting the individual patient payments whose details you want to view.

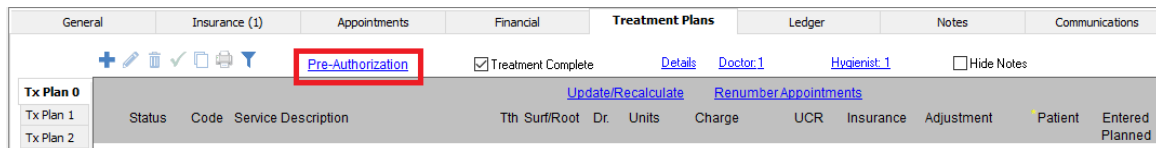
| Bulk Insurance Payments | | | |
|---------------------------|-----------------|------------|----------|
| Bulk Payments in Progress | | | New |
| Delta Dental | | 01/12/2022 | |
| Total | \$590.00 | Remaining | 590.00 |
| 1 | Anderson, Billy | | \$270.00 |
| 2 | Blair, Bonnie | | \$90.00 |
| 3 | Blair, Bonnie | | \$75.00 |
| 4 | Blair, Bonnie | | \$155.00 |

YOU CAN ADD PRE-AUTHORIZATIONS TO ALL SELECTED LINES OF A TREATMENT PLAN

You can now add pre-authorization information to multiple procedure lines of a patient's treatment plan on the Patient Information Center's **Treatment Plans** tab (instead of having to update this information one line at a time.) To make this easier to do, a new **Pre-Authorization** link was added to the top of the **Treatment Plans** tab. Clicking this link with multiple lines selected opens a new **Tx Plan Pre-Estimate** dialog box where you can apply pre-authorization information to all selected lines.

To add pre-authorizations to multiple lines of a treatment plan


1. In the Patient Information Center's **Treatment Plans** tab, select the lines of the treatment plan where you want to update pre-authorization information.
2. Click the **Pre-Authorization** link at the top of the window.



3. In the **Tx Plan Pre-Estimate** dialog box, provide the new pre-authorization information:

- **Submitted** - The date the claim form was submitted. You can enter a date in a mm/dd/yyyy format.
- **Status** - The status of the treatment plan. From the list, select the desired status: None, Waiting/Submitted, Approved, Rejected, or Returned.
- **Returned** - The date the pre-treatment estimate was returned (in a mm/dd/yyyy format).
- **Approved/Rejected** - The date the pre-treatment estimate was approved or rejected. Enter a date in a mm/dd/yyyy format.

Note: This date is for office reference and doesn't appear on any reports or forms.

- **Code** - The denial code for rejected claims. If the status of the pre-treatment estimate is Rejected, select the appropriate code. You can click the **Remove** button  to clear any previous selection.
- **Pre Auth #** - The pre-authorization number provided by the insurance company. Type the pre-authorization number if needed.
- **Expires** - The date the pre-authorization expires. Enter the expiration date of the pre-authorization in a mm/dd/yyyy format.

4. When finished, click **OK**.

Note:

- If a single procedure line is selected when you click **Pre-Authorization**, this dialog box will open with that procedure's pre-estimate information already entered. Any authorization changes you make will affect only that selected line.
- If multiple procedures are selected when you click **Pre-Authorization**, this dialog box will open with blank/zero data filled in, and only the data you change will be updated to the treatment plan procedure lines when you click **OK**.

NEW PRE-AUTHORIZATION BOX IN RESUBMIT PROCEDURE DIALOG BOX

A new **Pre-Authorization** box was added to the bottom of the **Resubmit Procedure** dialog box to simplify the process of adding pre-authorizations. When you type a number in this box and resubmit the claim, the new number will be used as the pre-authorization number on the claim and will appear in the corresponding **Pre-Authorization** box.

To specify a new pre-authorization number

1. On the Patient Information Center's **Ledger** tab, select the procedure that you want to view related transactions for.
2. Double-click that procedure on the Ledger, or right-click the procedure item, and then click **Magnify** on the shortcut menu.
3. Click **Resubmit** to open the **Resubmit Procedure** dialog box.

Resubmit Procedure - (Code: 007220)

1. Select a method to send claim

Printed Electronic Print now
 Update claim *

2. Use which carriers

Current Original Choose

3. Select what to submit

Primary Secondary Tertiary Quaternary

| | |
|------------------------|-----------|
| ACME DENTAL INSURANCE | Primary |
| ACME MEDICAL INSURANCE | Secondary |

Submit all completed work for this claim

4. Customize claim

Place of Service: 11 - Office

Box 38 on ADA claim form

Office Hospital ECF Other

Claim Extras... Narrative... Attachments

CMS-1450 claim

Pre-Authorization #

* If you want to view a claim without having the software recognize that it was sent, uncheck this box

OK Close

4. In the **Pre-Authorization** box, type the new pre-authorization number.
5. Click **OK** to save any changes and resubmit the procedure.

For more information about resubmitting a procedure with an insurance claim, see "Related transactions" in the DentalVision Enterprise Help.

A WARNING APPEARS WHEN ADDING DUPLICATE INSURANCE PROFILE

When you add a new insurance profile on the **General** tab of the **Edit Insurance Profile** dialog box, after typing the **Carrier** and **Employer** information, DentalVision Enterprise now checks to see if that data combination already exists in the database. If it does, a warning message and warning icon appear, and the **OK** button is disabled.

The screenshot shows the 'Edit Insurance Profile' dialog box for 'AETNA/INTERNATIONAL TRUCK & ENGINE'. The 'General' tab is active. The 'Carrier' field contains 'AETNA' and the 'Employer' field contains 'INTERNATIONAL TRUCK & ENGINE'. Both fields have a red warning icon to their right. Below these fields, a red message states: 'Carrier and Employer combination already exists.' The 'Address' section contains 'P. O. Box 5367', 'Rockford', 'IL', and '61125-'. Other fields include 'Group: 000003', 'Plan: Indemnity (default)', 'Type: Dental' (selected), 'Claim Type: Group Dental', 'Claim Filing Indication Code: MH', 'We participate with this plan' (checked), 'Phone: (800) 435-2969', 'Fax: () -', 'E-mail:', and 'Pt. Type: P'. The 'OK' button is disabled.

If that carrier and employer do *not* exist in the database, the **OK** button is enabled, and you can create a new insurance profile. This quick data check can prevent wasted time when entering new insurance profiles.

For more information about using the the **General** tab of the **Edit Insurance Profile** dialog box, see "General tab (Edit Insurance Profile)" in the DentalVision Enterprise Help.

ADVANCED INSURANCE DEDUCTIBLES ARE MORE VISIBLE AND EASIER TO USE

Previously, you could only define and view advanced insurance deductibles (as defined on the **Benefits and Limits** tab of the **Edit Insurance Profile** dialog box) by clicking an **Advanced** button, making it difficult to access and see all the defined coverage exceptions. The new **Benefits and Limits** tab includes an **Advanced** checkbox which, when selected, displays all deductibles by category and all deductibles by code on the same **Benefits and Limits** tab for easy viewing.

Edit Insurance Profile (New)

General
Benefits and Limits
Estimates-Percents
Estimates - Estimator
Claims (basic)
Claims (advanced)

Carrier:

Employer:

Benefits

Renewed Annually
 Not renewed (lifetime benefit)
 Unlimited Benefits

Maximum:

Renew on:

Family Benefits No Family Maximum

Renewed Annually
 Not renewed (lifetime benefit)
 Unlimited Benefits

Maximum:

Renew on:

Reduce Benefits Based On Which Amount

Estimates Billed (Posted)
 UCR (Fee)

Deductible

Amount: Advanced

Age and Time Limitations

| | Only on patients from Age thru Age | Not more than x times in # of months | Per Tooth or Quadrant |
|--|------------------------------------|--------------------------------------|--------------------------|
| | | | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> |

Deductible By Category

| | | | |
|------------------------|--------------------------------------|---------------------------|--------------------------------------|
| Preventive/Diagnostic | <input type="text" value="\$0.00"/> | Removeable Prosthetics | <input type="text" value="\$25.00"/> |
| Amalgams | <input type="text" value="\$25.00"/> | Fixed Prosthetics | <input type="text" value="\$25.00"/> |
| Anterior Composites | <input type="text" value="\$25.00"/> | Oral Surgery | <input type="text" value="\$25.00"/> |
| Posterior Composites | <input type="text" value="\$25.00"/> | Orthodontics | <input type="text" value="\$25.00"/> |
| Crowns, Inlays, Onlays | <input type="text" value="\$25.00"/> | Miscellaneous / Emergency | <input type="text" value="\$25.00"/> |
| Endodontics | <input type="text" value="\$25.00"/> | Office Codes | <input type="text" value="\$25.00"/> |
| Periodontics | <input type="text" value="\$25.00"/> | Anesthesia | <input type="text" value="\$25.00"/> |

Deductible By Code

Note: Deductible by Code will take precedence over Deductible by Category

Search:

| Code | Ins Code | Deductible | Category | Service |
|--------|----------|------------|-----------------------|--------------------------|
| 000120 | 00120 | \$25.00 | Preventive/Diagnostic | periodic oral evaluation |

Coverage active between: and Hint: Jan-Dec = always

Recalls limited to: per year, every months

For more information about the **Benefits and Limits** tab, see “Adding and editing insurance profiles” in the DentalVision Enterprise Help.

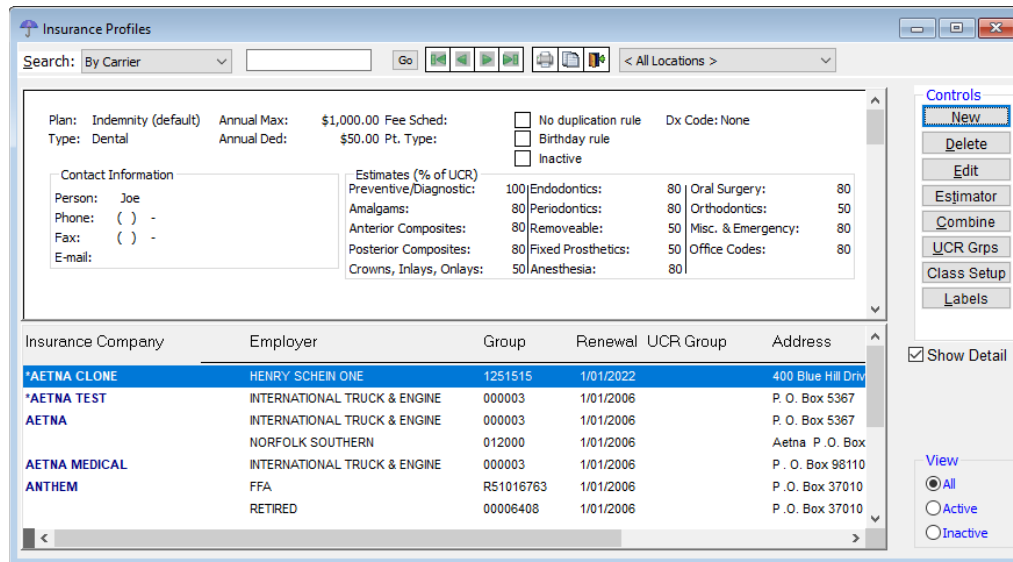
CREATE A NEW INSURANCE PROFILE FROM AN EXISTING PROFILE

You can now create a new insurance profile using an existing insurance profile as a starting point, so you don't have to retype duplicate information, such as employer, group number, and so forth.

To create a new insurance profile from an existing one

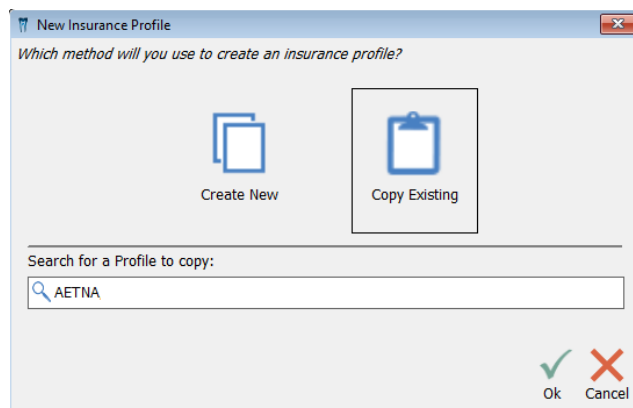
1. From the **File** menu, click **Insurance Profiles**.

The **Insurance Profiles** window appears.



2. Click **New**.

The **New Insurance Profiles** dialog box appears.



3. Click **Copy Existing**.
4. Under **Search for a Profile to copy**, click in the box and select the desired profile.
5. Click **OK**.

The **Edit Insurance Profile** dialog box appears, where you can specify a new **Carrier** and **Employer** and edit the existing insurance profile information that was copied from the existing profile.

For more information, see Adding and editing insurance profiles in the DentalVision Enterprise Help.

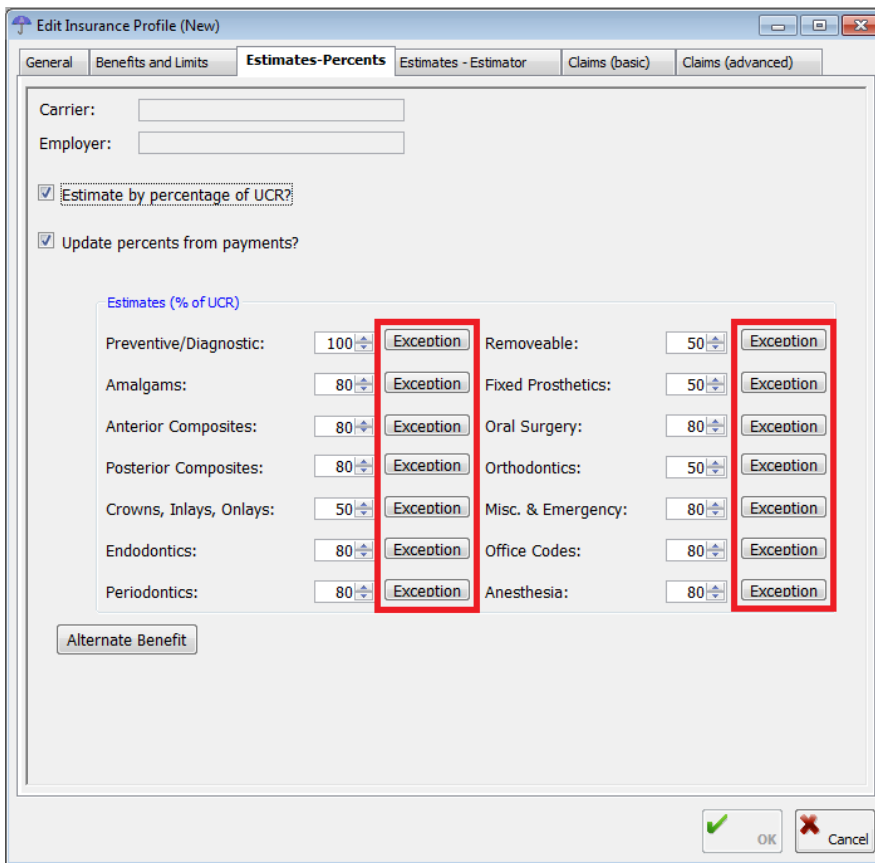
- When finished, click **OK**.

INSURANCE PROFILE EXCEPTIONS ARE MORE VISIBLE AND EASIER TO USE

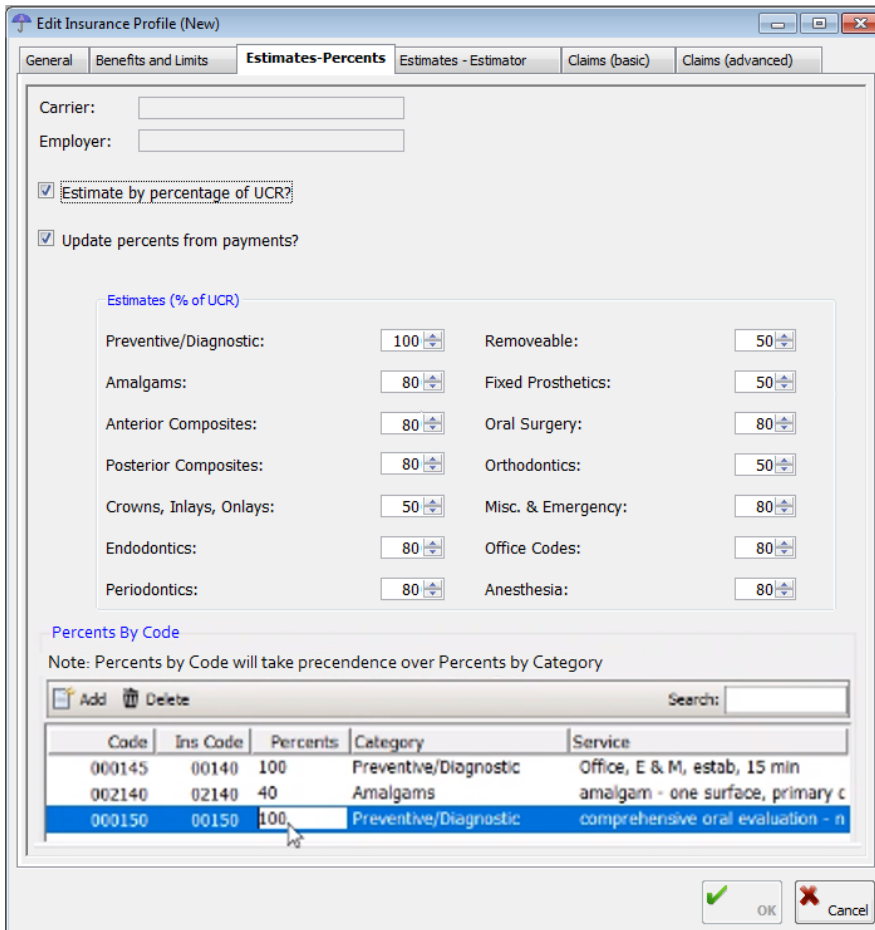
Previously, you could only define and view insurance coverage exceptions for specific codes (as defined on the **Estimates-Percents** tab of the **Edit Insurance Profile** dialog box) by clicking an **Exception** button next to each category, making it difficult to access and see all the defined coverage exceptions. The new **Estimates-Percents** tab displays all exceptions in a scrollable list.

To add/view/manage insurance profile exceptions

- From the **File** menu, click **Insurance Profiles**.
The **Insurance Profiles** window appears.
- Do one of the following:
 - To add an insurance profile, click **Add**.
 - To edit an existing insurance profile, select an insurance profile, and then click **Edit**.
The **Edit Insurance Profile** dialog box appears.
- Click the **Estimates-Percents** tab.
The former **Estimates-Percents** tab looked like this:



The new **Estimates-Percents** tab looks like this:



4. Under **Percents By Code**, do any of the following:

- To add a new insurance profile exception, click **Add**, and then use the **Fee Schedule** dialog box to add the code exception and related information.
- To edit an existing insurance profile exception, click the box you want to edit and make the needed change.
- To delete an existing insurance profile exception, select the exception you want to delete, and then click **Delete**.
- To search for a specific insurance profile exception, in the **Search** box on the right, type the code.

For more information about using the **Estimates-Percents** tab of the **Edit Insurance Profile** dialog box, see “Estimates-Percents tab” in the DentalVision Enterprise Help.

COMBINE INSURANCE PLANS DIALOG BOX IS EASIER TO USE

When combining insurance plans, you can now filter which results appear in the list and select from the results list which plans get combined. A new confirmation window also makes it easier to review and confirm changes before making them.

To combine insurance plans

1. From the **File** menu, click **Insurance Profiles**.

The **Insurance Profiles** window appears.

2. Click **Combine**.

| Carrier | Employer | Group |
|--|------------------------------|-------|
| <input type="checkbox"/> AETNA | INTERNATIONAL TRUCK & ENGINE | |
| <input type="checkbox"/> AETNA | NORFOLK SOUTHERN | |
| <input type="checkbox"/> AETNA MEDICAL | INTERNATIONAL TRUCK & ENGINE | |
| <input type="checkbox"/> ANTHEM | FFA | |
| <input type="checkbox"/> ANTHEM | RETIRED | |
| <input type="checkbox"/> ANTHEM MEDICAL | FFA | |
| <input type="checkbox"/> ANTHEM MEDICAL | RETIRED | |
| <input type="checkbox"/> DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS | |
| <input type="checkbox"/> MEDICARE | MEDICARE | |
| <input type="checkbox"/> SAGAMORE MEDICAL | INDIANAPOLIS PUBLIC SCHOOLS | |
| <input type="checkbox"/> TRICARE | U. S. NAVY | |
| <input type="checkbox"/> UNITED HEALTH CARE MEDICA | NORFOLK SOUTHERN | |

| Carrier | Employer | Group |
|----------------------------|------------------------------|-------|
| AETNA | INTERNATIONAL TRUCK & ENGINE | |
| AETNA | NORFOLK SOUTHERN | |
| AETNA MEDICAL | INTERNATIONAL TRUCK & ENGINE | |
| ANTHEM | FFA | |
| ANTHEM | RETIRED | |
| ANTHEM MEDICAL | FFA | |
| ANTHEM MEDICAL | RETIRED | |
| DELTA DENTAL MI | INDIANA PUBLIC SCHOOLS | |
| MEDICARE | MEDICARE | |
| SAGAMORE MEDICAL | INDIANAPOLIS PUBLIC SCHOOLS | |
| TRICARE | U. S. NAVY | |
| UNITED HEALTH CARE MEDICAL | NORFOLK SOUTHERN | |

3. In the list on the left and the list on the right, select the plans you want to combine.

Tip: To filter either list, type part of the insurance plan name in the Filter Results list.

4. Click **Next**.

All patients listed currently have at least one of the selected profiles; these patient's insurance profile will be changed to AETNA / INTERNATIONAL TRUCK & ENGINE.
Click "Finish" to proceed - this process cannot be undone!

| Carrier | Employer | Group |
|---------|------------------|-------|
| *AETNA | HENRY SCHEIN ONE | |

| Patient Name | Carrier | Employer |
|--------------|---------|----------|
|--------------|---------|----------|

5. After viewing the list of **Patients Affected**, click **Finish** to combine the two plans.

APPOINTMENTS NOW SHOW ADJUSTED TREATMENT PLAN ESTIMATE

The **Amount** box in the **Edit Appointment** dialog box, which shows the total amount owed for the visit, now reflects any adjustments applied in the treatment plan (instead of showing the unadjusted entire treatment plan total).

The **Amount** box on an appointment now shows the total of the treatment plan items selected, minus any write-offs. For example, this treatment plan shows a write-off adjustment of \$12 to reflect the difference between Charge Code amount and Insurance payment.

| Status | Code | Service Description | Tth Surf/Root | Dr. | Units | Charge Appt. Instruction Code | UCR | Insurance | Adjustment | Patient | Entered Planned | Submitted | Returned Approved/Rejected | Status Expires |
|--------------------------------------|--------|-------------------------------------|---------------|-----|-------|----------------------------------|----------|-----------|------------|---------|------------------------|-----------|-------------------------------|-------------------|
| Planned | 000140 | limited oral evaluation - problem f | | | 1 | \$56.00 | \$118.00 | \$44.00 | \$12.00 | \$0.00 | 5/31/2019 5/31/2019 | | | None |
| Override Unit Total: | | | | | 1 | \$56.00 | \$118.00 | \$44.00 | \$12.00 | \$0.00 | | | | |
| Procedures for this Appt / Phase = 1 | | | | | | | | | | | | | | |

In the **Edit Appointment** dialog box, the **Amount** box now shows the adjusted amount of \$44 dollars instead of the entire treatment plan total of \$56.

The screenshot shows the 'Edit Appointment [ANN 0]' dialog box. The 'Amount' field is highlighted with a red box and contains the value '\$44.00'. Other fields include Patient Name (ANN 0), DOB (11/12/1996), Date (Tuesday, August 4, 2020), Time (01:40 pm), Service (Tx Pln Apt 1), and Units (1). The 'Account Balances' table at the bottom shows a total of (\$330.00) for patient ANN 0.

| Name | Patient | Insurance | Total |
|----------|--------------------|------------|-------------------|
| ANN 0 | (\$330.00) | \$0.00 | (\$330.00) |
| Totals-> | Patients Listed: 1 | (\$330.00) | \$0.00 (\$330.00) |

For information about making adjustments, see "Posting adjustments" in the DentalVision Enterprise Help. For information about making appointments, see "Making and editing appointments" in the DentalVision Enterprise Help.

VERIFYING USERS AT LOGIN

When you type a user name in the DentalVision Enterprise log in dialog box, DentalVision Enterprise now does a quick verification that the user account exists and displays a confirmation icon before you click **OK** to proceed with the login.

To log in to DentalVision Enterprise

1. Double-click the program icon on the Desktop.



The **Login** dialog box appears.

2. Enter your **User Name** and **Password**.

Note: DentalVision Enterprise does a quick verification that the user account exists. If it does, the right side of the **Login** box displays a green checkmark icon.

If the user account does *not* exist, the right side of the **Login** box displays a red X icon.

3. If the user account was verified, click **OK**.

For information about logging in, see “Logging in” in the DentalVision Enterprise Help.

NEW CONTACT TRACING UTILITY

A new utility allows you to facilitate patient contact tracing for Covid-19 (and other communicable diseases).

To use the Contact Tracer

1. From the **Utilities** menu, click **Contact Tracer**.

The **Contact Tracer** dialog box appears.

2. Type the infected patient's **Name** and **Date of Birth** in the designated boxes.
3. In the **Test Date** box, specify the date when the patient tested positive for the infection.
4. Click **Search**.

Note: If more than one patient is found matching the search criteria, those patients' names, ZIP Codes, and phone numbers are listed, and you are asked to select the desired patient from the list.

The Contact Tracer will then search a time window from two days before the infected patient's test date to 14 days after the patient's test date and list any other patients who had appointments that overlapped with this patient's appointment (regardless of operatory).

NEW PAYMENT TRACER UTILITY REPLACES THE FORMER CHECK TRACER UTILITY

The Check Tracer Utility has been renamed to Payment Tracer Utility (on the **Utilities** menu and in the title bar). The new utility includes similar functionality as the former utility and also allows you to search for payments by specifying a payment amount range.

To trace payments

1. From the **Utilities** menu, click **Payment Tracer**.

The **Payment Tracer** window appears.

2. Do one of the following:
 - To trace a check payment, click **Check**, and then type the check number in the **Check** box.
 - To trace an EFT payment, click **EFT**, and then type the electronic funds transfer number in the **EFT** box.
 - To trace an other type of payment, click **Other**, and then use the **Other** box to specify the type of payment you want to trace.

Tip: Use the **Other** option if you don't know what type of payment was made.

3. In the **Min \$** and **Max \$** boxes, specify a payment range that you want to search for.
4. Select the **Payor Type: Insurance** or **Patient/Guarantor**.
5. In the **From Date** and **To Date** boxes, type the date range between which the payment was posted.

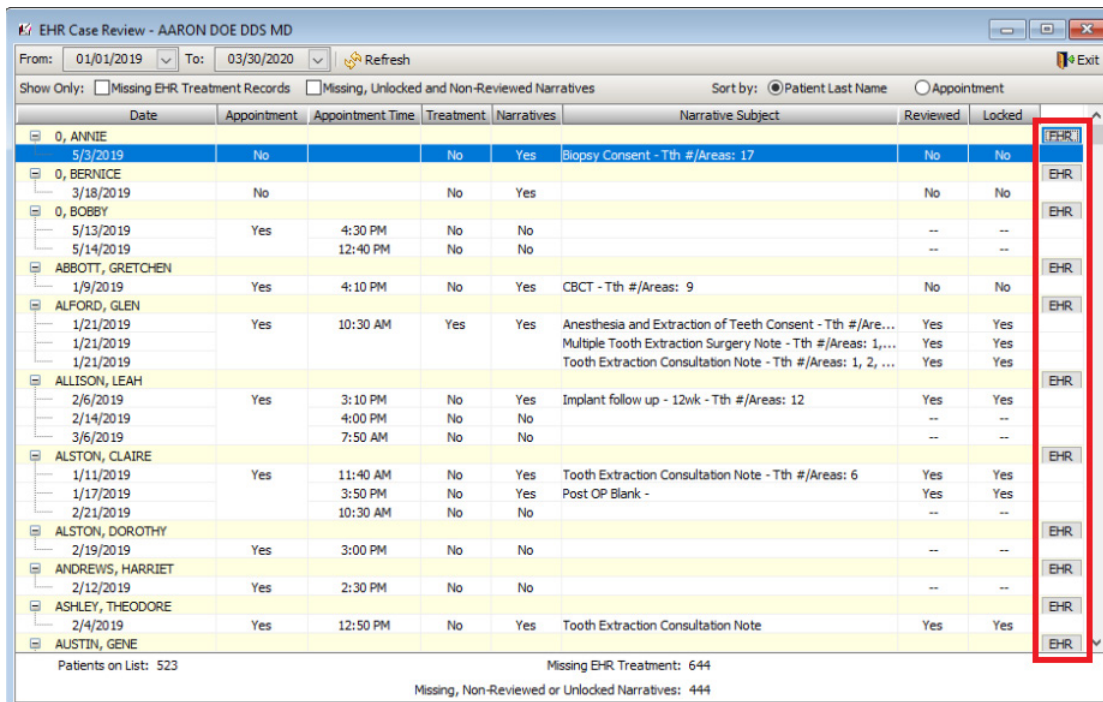
6. Click **Search** to view the matching results and check details.

For information about this utility, see “Payment Tracer” in the DentalVision Enterprise Help.

EHR REVIEW ALLOWS ACCESS TO NARRATIVES WITHOUT EHR BEING ENABLED

The **EHR** buttons in the **EHR Case Review** window (used to open EHR narratives for that patient) are now enabled and visible as long as EHR narratives are enabled in the system/demo mode. (Previously, the **EHR** buttons did not appear and could not be clicked to view narratives if EHR was not enabled, even if narratives were enabled.)

Note: Only a customer support representative or trainer can access the system/demo mode setup to activate on features your office has purchased, such as EHR and narratives.



The screenshot shows the 'EHR Case Review - AARON DOE DDS MD' window. It features a search bar with 'From: 01/01/2019' and 'To: 03/30/2020', a 'Refresh' button, and an 'Exit' button. Below the search bar are checkboxes for 'Missing EHR Treatment Records' and 'Missing, Unlocked and Non-Reviewed Narratives', and a 'Sort by:' dropdown set to 'Patient Last Name'. The main table has columns for Date, Appointment, Appointment Time, Treatment, Narratives, Narrative Subject, Reviewed, and Locked. A red box highlights the 'EHR' button in the rightmost column of each row. At the bottom, it shows 'Patients on List: 523' and 'Missing EHR Treatment: 644'.

| Date | Appointment | Appointment Time | Treatment | Narratives | Narrative Subject | Reviewed | Locked | EHR |
|-----------|-------------|------------------|-----------|------------|---|----------|--------|-----|
| 5/3/2019 | No | | No | Yes | Biopsy Consent - Tth #/Areas: 17 | No | No | EHR |
| 3/18/2019 | No | | No | Yes | | No | No | EHR |
| 5/13/2019 | Yes | 4:30 PM | No | No | | -- | -- | EHR |
| 5/14/2019 | | 12:40 PM | No | No | | -- | -- | EHR |
| 1/9/2019 | Yes | 4:10 PM | No | Yes | CBCT - Tth #/Areas: 9 | No | No | EHR |
| 1/21/2019 | Yes | 10:30 AM | Yes | Yes | Anesthesia and Extraction of Teeth Consent - Tth #/Are... | Yes | Yes | EHR |
| 1/21/2019 | | | | | Multiple Tooth Extraction Surgery Note - Tth #/Areas: 1,... | Yes | Yes | EHR |
| 1/21/2019 | | | | | Tooth Extraction Consultation Note - Tth #/Areas: 1, 2, ... | Yes | Yes | EHR |
| 2/6/2019 | Yes | 3:10 PM | No | Yes | Implant follow up - 12wk - Tth #/Areas: 12 | Yes | Yes | EHR |
| 2/14/2019 | | 4:00 PM | No | No | | -- | -- | EHR |
| 3/6/2019 | | 7:50 AM | No | No | | -- | -- | EHR |
| 1/11/2019 | Yes | 11:40 AM | No | Yes | Tooth Extraction Consultation Note - Tth #/Areas: 6 | Yes | Yes | EHR |
| 1/17/2019 | | 3:50 PM | No | Yes | Post OP Blank - | Yes | Yes | EHR |
| 2/21/2019 | | 10:30 AM | No | No | | -- | -- | EHR |
| 2/19/2019 | Yes | 3:00 PM | No | No | | -- | -- | EHR |
| 2/12/2019 | Yes | 2:30 PM | No | No | | -- | -- | EHR |
| 2/4/2019 | Yes | 12:50 PM | No | Yes | Tooth Extraction Consultation Note | Yes | Yes | EHR |

For information about accessing this **EHR Case Review** window, see “Reviewing EHR cases by provider” in the DentalVision Enterprise Help. For information about system / demo mode, see “System / demo mode setup” in the DentalVision Enterprise Help.

DentalVision Enterprise 19.0

Overview

The DentalVision Enterprise 19.0 Release Guide provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release.

Features

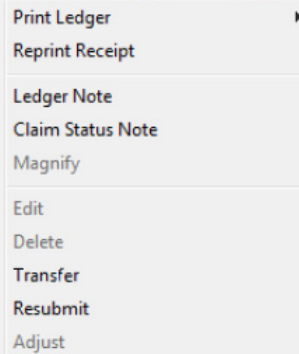
TRANSFERRING MULTIPLE LINES FROM THE LEDGER TO INSURANCE

You can now select multiple lines on the **Ledger** tab (for a single date of service) and transfer them all simultaneously to the patient or to the insurance. (Previously when right-clicking transactions in the Ledger, if multiple lines were selected, the **Transfer** button was unavailable.)

To select all multiple lines from the Ledger tab and transfer them to insurance

1. In the Patient Information Center, on the **Ledger** tab, select all the lines you want to transfer to insurance (they much have the same date of service).
2. Right-click the selection, and then click **Transfer**.

| Posted | Complete | Code | Insurance | Provider | Tth | Surf/Rt | Billed | UCR | Paid |
|------------|------------|--------|-----------|----------|-----|---------|----------|----------|---------|
| 05/30/2003 | 05/30/2003 | 007210 | 07210 | | 1 | 31 | \$155.00 | \$155.00 | \$31.00 |
| | 05/30/2003 | 000330 | 00330 | | 1 | | \$0.00 | \$75.00 | \$0.00 |
| 05/30/2003 | | | | | | | \$155.00 | \$230.00 | \$31.00 |
| 07/09/2003 | 07/09/2003 | 000151 | 00150 | | 1 | | \$90.00 | \$90.00 | \$0.00 |
| | 07/09/2003 | 000330 | 00330 | | 1 | | \$75.00 | \$75.00 | \$0.00 |
| | 07/09/2003 | 000152 | 00150 | | 1 | | | | |
| | 07/09/2003 | 000330 | 00330 | | 1 | | | | |
| 07/09/2003 | | | | | | | | | |
| 08/01/2003 | 08/01/2003 | 007431 | 07431 | | 1 | | | | |
| | 08/01/2003 | 000150 | 00150 | | 1 | | | | |
| 08/01/2003 | | | | | | | | | |
| 05/14/2018 | 05/14/2018 | 000003 | 000003 | | 1 | | | | |
| | 05/14/2018 | 000002 | 000002 | | 1 | | | | |
| 05/14/2018 | | | | | | | | | |
| 05/16/2018 | 05/16/2018 | 000120 | D0120 | | 1 | | | | |
| 05/16/2018 | | | | | | | | | |
| 06/06/2018 | 06/06/2018 | 900001 | 900001 | | 1 | | | | |
| | 06/06/2018 | 000011 | | | 1 | | | | |



The **Insurance Transfer** dialog box appears.

Insurance Transfer for Brent Crosby

This window allows you to move money between the insurance carrier's balance and the patient balance. You can move the money either way. Here are the rules:

1. You can only move the amount of positive patient or insurance balance that exists now.
2. You can transfer money from the patient to insurance only up to the amount of insurance benefits currently remaining.
3. If there was no coverage at the time of

Transfer to...

Insurance

Patient

Which Carrier...

Primary

Secondary

Tertiary

Quaternary

Amount:

Acceptable range is \$0.00 to \$260.00

Create Claim

2. Enter the **Amount** to be transferred, and select **Create Claim**.
3. Click **OK**.
4. In the **Balance Transfer Details** dialog box, specify where you want to transfer the balance (**Patient** or **Insurance**), which carrier you want to transfer the balance to, whether or not you want to create a claim, and then click **OK**.

NEW INSTALLER

DentalVision Enterprise 19.0 includes a new Vision Update Utility. Some of the changes and improvements include the following:

- Once per day, the DentalVision Enterprise server will check for software updates (between the hours of 7:00 p.m. and 5:30 a.m.).
- The workstation installation checks to see if an existing DentalVision Enterprise server exists on the network; if one is found, that server name is automatically filled in for you.
- If multiple DentalVision Enterprise servers are found on the network, a selection screen now allows you to choose which database you want to update.
- A new DentalVision Enterprise Updater utility lists all software updates that are available to install or download.
- The DentalVision Enterprise Updater utility updates the DentalVision Enterprise database, followed by the DentalVision Enterprise software, and displays a progress bar.
- The End User License Agreement (EULA) and Business Associate Agreement (BAA) documents no longer appear during workstation installations/updates; they only appear with server installations/updates.

For more information, please refer to the DentalVision Enterprise *19.0 Installation Guide*.