

PerioVision 19.1

RELEASE GUIDE

Includes information about new features, enhancements,
and fixes in the following versions of PerioVision:

19.0, 19.1

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Introduction

This PerioVision 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 PerioVision 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 PerioVision 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.PerioVision.com and then click **Support** and **System Requirements**.
3. Log all users off PerioVision, 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 PerioVision database.

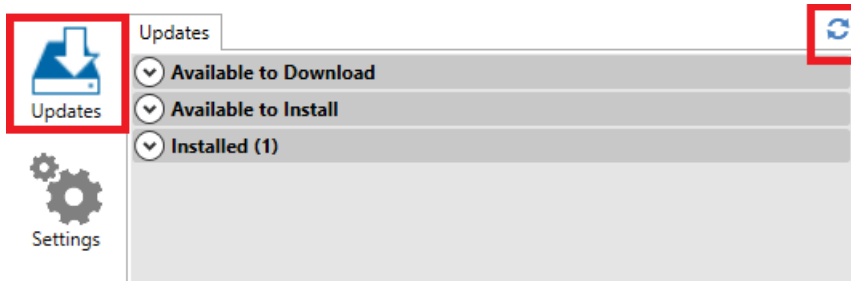
5. Still at the server, verify that the workstation number is one (1) by completing the following steps:
 - a. Open PerioVision.
 - b. From the **Utilities** menu, click **Preferences**.
The **Preferences** dialog box appears.
Note: If **Preferences** is not available, you do not have a security access 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 PerioVision.


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, PerioVision 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 PerioVision and using the Vision Update Utility, see the *PerioVision 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 PerioVision 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.

PerioVision 19.1

Overview

The PerioVision19.1 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, PerioVision 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 PerioVision log in dialog box, PerioVision 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 PerioVision 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

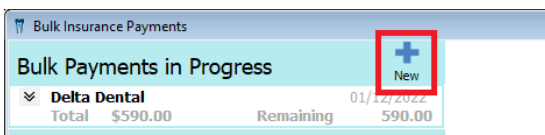
IMPROVED BULK INSURANCE PAYMENT PROCESSING

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**.

The screenshot shows the "Bulk Insurance Payment Setup" window with the "Payment Information" tab selected. The window is divided into two main sections: "Select Profiles" on the left and "Payment Information" on the right.

Select Profiles: A list of insurance profiles is shown, including AETNA, ANTHEM, and DELTA DENTAL MI. The "DELTA DENTAL MI" profile is selected.

Payment Information:

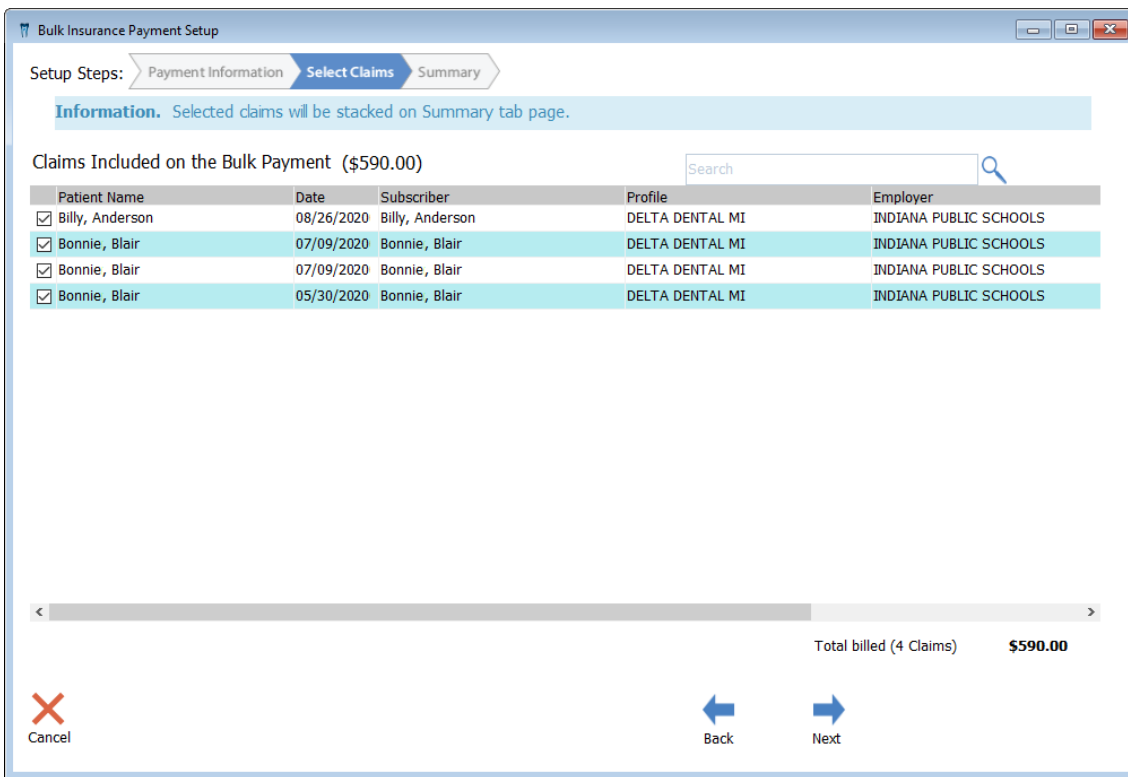
- Bulk Payment Name:** Delta Dental
- Payment date:** 01/12/2022
- Amount:** \$ 590.00
- Payment Method:** Check/Money Order
- Check #:** 11111
- Bank #:** 11111

At the bottom left, there is a "Cancel" button with a red X icon. At the bottom right, there is a "Next" button with a blue arrow icon.

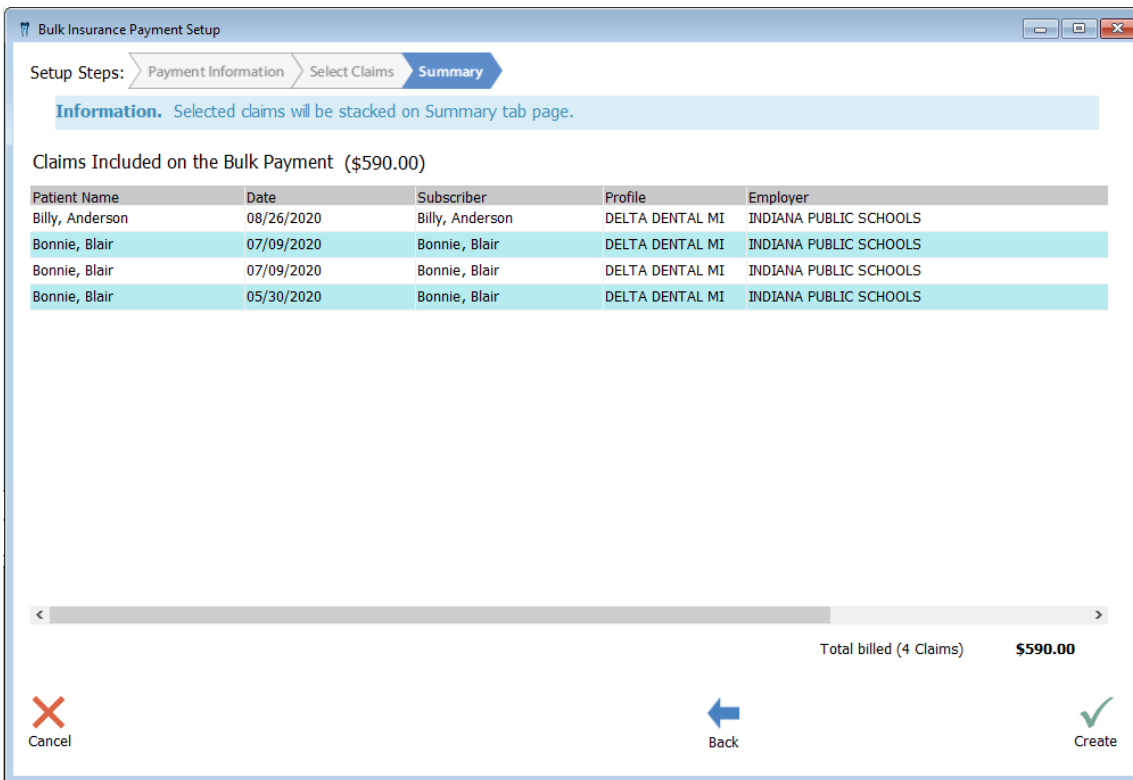
3. Under **Select Profiles**, select the insurance profile you want to use for a bulk insurance payment.

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.



- 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.



- 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.

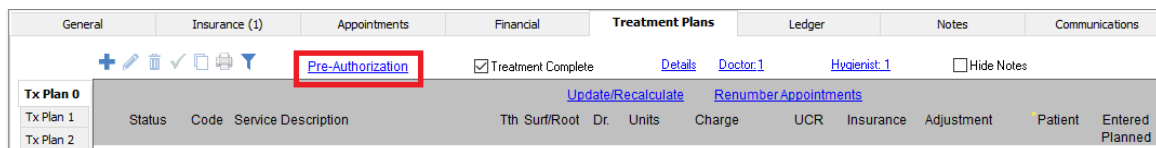
Bulk Insurance Payments			
Bulk Payments in Progress			New
Delta Dental		01/12/2022	
Total	\$590.00	Remaining	590.00
1	Anderson, Billy		\$270.00
2	Blair, Bonnie		\$90.00
3	Blair, Bonnie		\$75.00
4	Blair, Bonnie		\$155.00

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 PerioVision 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, PerioVision 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'. A red warning message states: 'Carrier and Employer combination already exists.' There are red exclamation mark icons next to both the Carrier and Employer fields. 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' (empty), and 'Pt. Type' (P). The 'Address' section contains 'P. O. Box 5367', 'Rockford', 'IL', and '61125-'. The 'Location' is set to 'My Dental Practice - Main'.

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 PerioVision 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"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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Deductible By Category

Preventive/Diagnostic	\$0.00	Removeable Prosthetics	\$25.00
Amalgams	\$25.00	Fixed Prosthetics	\$25.00
Anterior Composites	\$25.00	Oral Surgery	\$25.00
Posterior Composites	\$25.00	Orthodontics	\$25.00
Crowns, Inlays, Onlays	\$25.00	Miscellaneous / Emergency	\$25.00
Endodontics	\$25.00	Office Codes	\$25.00
Periodontics	\$25.00	Anesthesia	\$25.00

Deductible By Code

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

Add Delete 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 PerioVision Help.

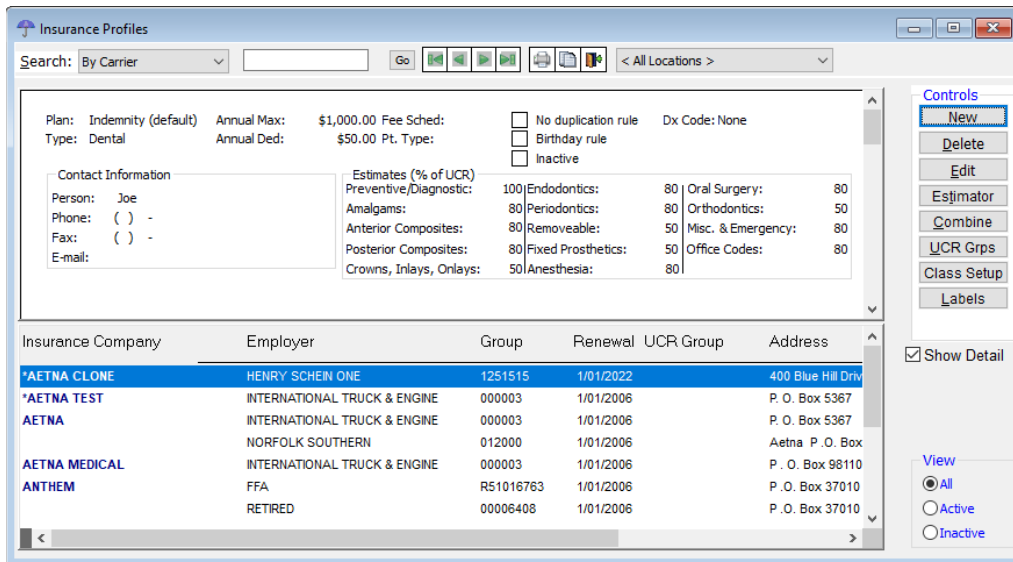
CREATE A NEW INSURANCE PROFILE FROM AN EXISTING PROFILE

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

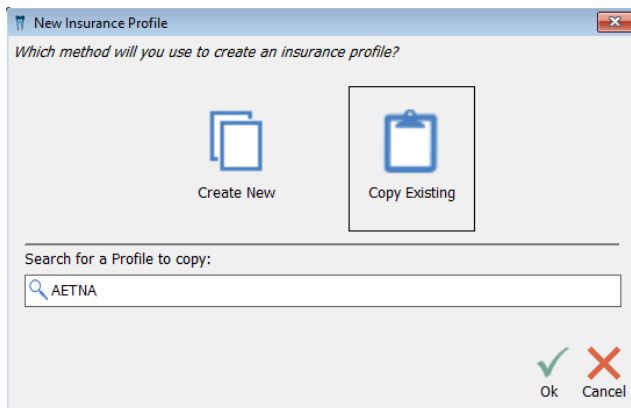
1. From the **File** menu, click **Insurance Profiles**.

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 PerioVision Help.

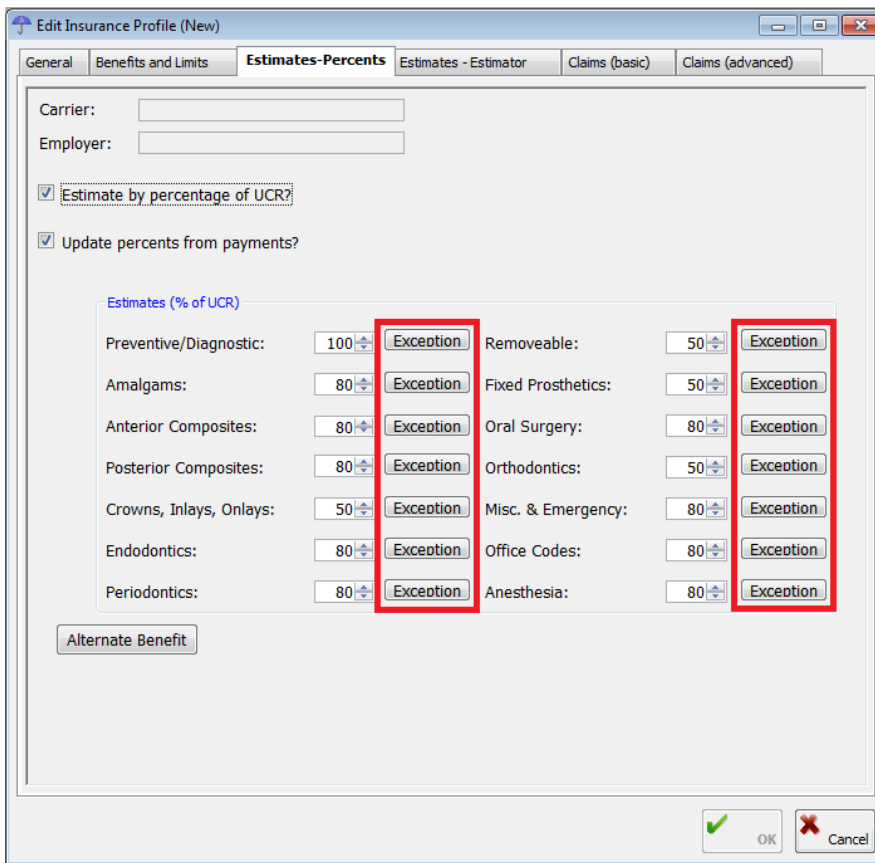
- When finished, click **OK**.

INSURANCE PROFILE EXCEPTIONS ARE MORE VISIBLE AND EASIER TO USE

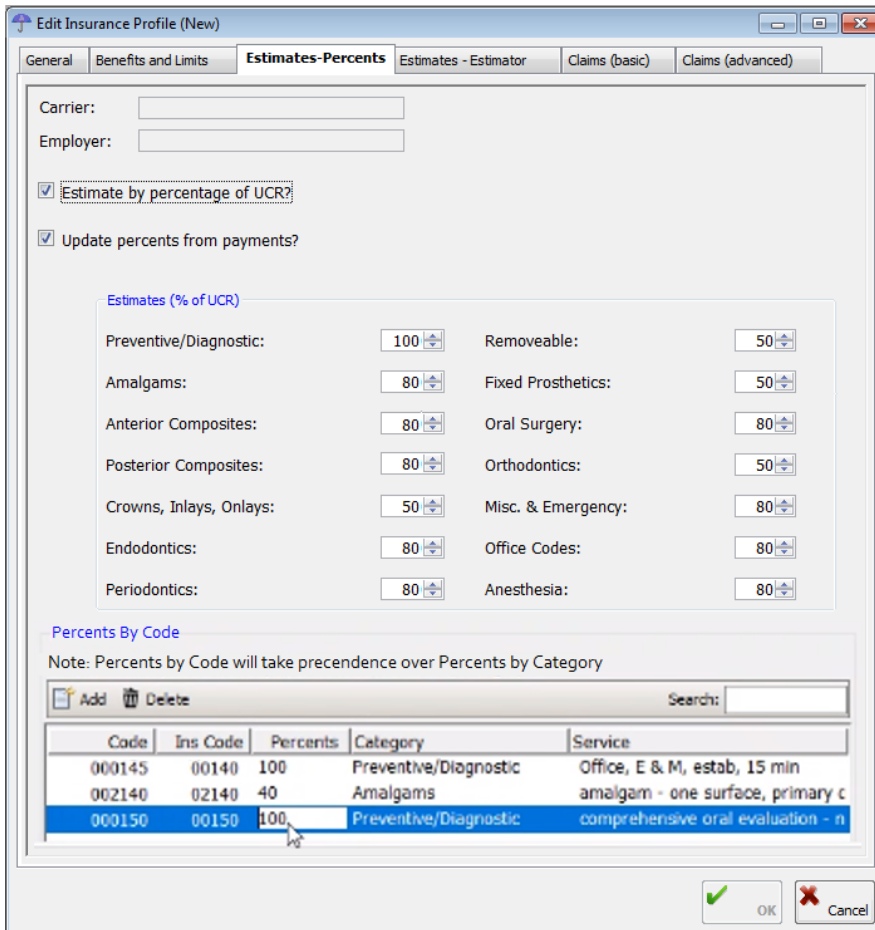
Previously, you could only define and view insurance coverage exceptions for specific codes (as defined on the **Estimates-Percents** tab of the **Edit Insurance Profile** dialog box) by clicking an **Exception** button next to each category, making it difficult to access and see all the defined coverage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

The screenshot shows the 'Combine Insurance Plans' dialog box with two identical tables side-by-side. Each table has a 'Filter Results...' search box at the top. The tables are organized as follows:

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	

At the bottom right of the dialog box, there are two buttons: a blue arrow labeled 'Next' and a red 'X' labeled 'Cancel'.

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**.

The screenshot shows the 'Combine Insurance Plans' dialog box with a confirmation message at the top: "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!". Below the message are two tables:

Carrier	Employer	Group
*AETNA	HENRY SCHEIN ONE	

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

At the bottom right of the dialog box, there are three buttons: a blue arrow labeled 'Back', a green checkmark labeled 'Finish', and a red 'X' labeled 'Cancel'.

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), 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 PerioVision Help. For information about making appointments, see "Making and editing appointments" in the PerioVision Help.

VERIFYING USERS AT LOGIN

When you type a user name in the PerioVision log in dialog box, PerioVision 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 PerioVision

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



The **Login** dialog box appears.

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

Note: PerioVision 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 PerioVision 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 PerioVision 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.

Date	Appointment	Appointment Time	Treatment	Narratives	Narrative Subject	Reviewed	Locked	EHR
0, ANNIE								
5/3/2019	No		No	Yes	Biopsy Consent - Tth #/Areas: 17	No	No	EHR
0, BERNICE								
3/18/2019	No		No	Yes		No	No	EHR
0, BOBBY								
5/13/2019	Yes	4:30 PM	No	No		--	--	EHR
5/14/2019		12:40 PM	No	No		--	--	EHR
ABBOTT, GRETCHEN								
1/9/2019	Yes	4:10 PM	No	Yes	CBCT - Tth #/Areas: 9	No	No	EHR
ALFORD, GLEN								
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
ALLISON, LEAH								
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
ALSTON, CLAIRE								
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
ALSTON, DOROTHY								
2/19/2019	Yes	3:00 PM	No	No		--	--	EHR
ANDREWS, HARRIET								
2/12/2019	Yes	2:30 PM	No	No		--	--	EHR
ASHLEY, THEODORE								
2/4/2019	Yes	12:50 PM	No	Yes	Tooth Extraction Consultation Note	Yes	Yes	EHR
AUSTIN, GENE								

Patients on List: 523
Missing EHR Treatment: 644
Missing, Non-Reviewed or Unlocked Narratives: 444

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

PerioVision 19.0

Overview

The PerioVision19.0 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

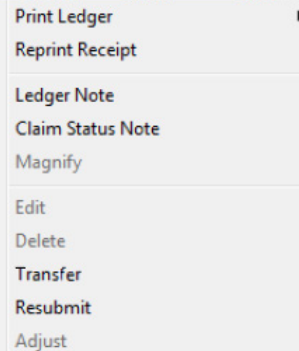
TRANSFERRING MULTIPLE LINES FROM THE LEDGER TO INSURANCE

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

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

- Once per day, the PerioVision 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 PerioVision server exists on the network; if one is found, that server name is automatically filled in for you.
- If multiple PerioVision servers are found on the network, a selection screen now allows you to choose which database you want to update.
- A new PerioVision Updater utility lists all software updates that are available to install or download.
- The PerioVision Updater utility updates the PerioVision database, followed by the PerioVision 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 *PerioVision 19.0 Installation Guide*.