

DENTRIX ASCEND

Release Notes: February 14, 2022 (Prod 387)

The product update released February 14, 2022 features a new workflow for managing predeterminations. This update includes the ability to run the Day Sheet by modified date and a redesigned Patient Follow-Up page. This update introduces changes to select power reports. Billing statement postage has changed for the Print & Mail for Me feature.

Insurance

Manage Predetermination Requirements

Dentrix Ascend has a new feature set designed especially for treatment or insurance coordinators. You can select which procedures require predetermination, and Dentrix Ascend will automatically prompt team members to create a predetermination claim when they add one of the selected procedures to a treatment plan case. Sending predetermination claims can help you avoid financial surprises when working with an insurance carrier.

Predetermination management starts in a new Manage Predeterminations window. To open this window, open an insurance plan, and click **Predeterminations**.

The screenshot shows the 'Insurance Carriers' management interface. At the top, it says 'Edit Plan: Cigna Dental Health PPO - 03C8590E3E944EA1'. The form is divided into several sections:

- Plan/Employer name ***: 03C8590E3E944EA1
- Group #**: 754E355
- Benefit renewal month ***: January
- Claim mailing address ***: PO Box 188037
- Source of payment**: Commercial Insurance
- City ***: Chattanooga
- State ***: TN
- ZIP code ***: 37422-8037
- Type**: Dental
- Phone number**: (800) 537-8204
- Ext**: [Empty]
- Fax number**: (xxx) xxx-xxxx
- Max allowable amount fee schedule**: Select a Fee Schedule
- Contact**: [Empty]
- Email**: user@mydomain.com



At the bottom right, there are four buttons: 'Coverage Table', 'Benefits', 'Coordination of Benefits', and 'Predeterminations'. The 'Predeterminations' button is highlighted with a red rectangular box.

In the Manage Predeterminations window, select the procedures that require predeterminations for this specific plan. Note that the entire organization will share the plan settings.

Manage Predeterminations ✕


Information. By checking procedures in this list, users will be prompted to create a predetermination claim and send it to the payer when they are arranging the patient's treatment plan in the Treatment Planner. You may also search for another plan that has already been configured with predetermination settings, to replace the settings for this plan.

Search for procedure Replace with or

<input checked="" type="checkbox"/> Required	Code	Description	Treatment Area
<input type="checkbox"/>	D0145	Evaluation of Young Patient	Mouth
<input checked="" type="checkbox"/> 	D0150	Comprehensive Evaluation	Mouth
<input type="checkbox"/>	D0160	Detailed & Extensive Evaluation	Mouth
<input type="checkbox"/>	D0170	Problem Focused Re-Evaluation	Mouth
<input type="checkbox"/>	D0171	Re-eval - Post-op Office Visit	Mouth
<input checked="" type="checkbox"/> 	D0180	Periodontal Evaluation	Mouth
<input type="checkbox"/>	D0190	Screening of Patient	Mouth
<input type="checkbox"/>	D0191	Assessment of Patient	Mouth

Require predetermination for procedures over \$

When you select a procedure, an icon appears next to that procedure code.

<input checked="" type="checkbox"/> Required	Code	Description	Treatment Area
<input type="checkbox"/>	D0145	Evaluation of Young Patient	Mouth
<input checked="" type="checkbox"/> 	D0150	Comprehensive Evaluation	Mouth

The window has three tools to help speed up the configuration of your insurance plans.

- Load Defaults
- Require predetermination for procedures over \$ amount
- Replace with existing plan

Load Defaults

Based on a survey of eighteen months' worth of data, Dentrix Ascend engineers came up with a list of procedures for which most carriers requested predeterminations. We consider these procedures "common" procedures. To load this list of preselected procedures, click **Load Defaults**.

WARNING: Loading the defaults replaces any work you have done to this point. The recommended workflow is to load the defaults first and then refine your selections.

Require predetermination for procedures over \$ amount

The **Require predetermination for procedures over** field allows you to set predetermination requirements based on a financial threshold, as directed by the carrier. Select the check box and enter a dollar amount. Unlike the other tools in this window, applying a financial threshold will *not* wipe out any configuration you may have already done.

Note: This method does NOT select or highlight any procedures. You will not see the effects of this setting until you are in the Treatment Planner.

<input type="checkbox"/>	D6063	Full Cast Base Crown	Tooth
<input type="checkbox"/>	D6064	Full Cast Noble Crown	Tooth
<input type="checkbox"/>	D6065	Full Porcelain/C Crown-Implant	Tooth

Require predetermination for procedures over * \$

Replace with existing plan

If you have already done the work of configuring which procedures require predeterminations in one plan, you can import those settings to another plan using the **Replace with** search box. Open the plan you want to import the settings to. Use the **Replace with** search box to find the plan with the desired settings. When you select the plan in the search box, the current settings are replaced with the settings from the selected plan.

WARNING: As with the **Load Defaults** option, you will be instructing Dentrix Ascend to replace any existing selections. The best workflow is to import the settings of another plan and then make your adjustments.

<input type="checkbox"/> Required	Carrier Name	Group Plan/Employer	Group #
<input type="checkbox"/>	Anthem Blue Cross CA	4679275770	18AFA80F96A
<input type="checkbox"/>	Anthem Blue Cross CA	80B2E638	7D2915
<input type="checkbox"/>	Anthem Blue Cross CA	B64FA8FD21774D61952EE2F4D	9AFE8E
<input type="checkbox"/>	Anthem Blue Cross CA	C2E57686CB294	4BB0C8
<input type="checkbox"/>	Anthem Blue Cross MN	1D3A147FE968434BAAD0AB	B10706
<input type="checkbox"/>	Anthem Blue Cross MN	537DEF1DE1B745199D714	AD7800
<input type="checkbox"/>	Anthem Blue Cross MN	558502848	0B597BBA850

Search for procedure **Replace with** or

To manually select procedure codes, use the **Search for procedure** field to find a procedure by code number or description (for example, “crown” or “2721”). When you find the desired code, select the procedure to add it to the list. Click **Save** to save the settings to the insurance plan.

Distribute Settings

Another tool to help speed up the configuration of your insurance plans is the **Distribute Settings** button.

<input type="checkbox"/>	D2150	Amalgam 2 Surface
<input type="checkbox"/>	D2160	Amalgam 3 Surface
<input type="checkbox"/>	D2161	Amalgam 4 Surface

Require predetermination for procedures over * \$

Click **Distribute Settings** to open the **Distribute Predetermination Settings** dialog box. In this box, select other plans belonging to the currently selected carrier that you know have the same requirements for predeterminations. Then, click **Distribute & Save** to copy the procedure code selections of this plan to those plans. If you have chosen to enter an amount in the **Required predetermination for procedures over** field, that configuration will be distributed as well.

Distribute Predetermination Settings ✕

Information. No procedures have been checked. You are going to distribute an empty list of procedures. Select plans of this insurance carrier to which you would like to distribute predetermination settings.

Destination Plan(s)

<input type="checkbox"/>	Plan/Employer Name	Group #
<input checked="" type="checkbox"/>	05FDFC839C8D455FA2C2A	8D6F3AA112
<input checked="" type="checkbox"/>	0D49292DFEB04B9B9EF31653963F5ACC	CE56C9A
<input checked="" type="checkbox"/>	0D66AE93823C4E35A83F88	

To clarify the difference between replace and distribute, the **Replace with** tool lets you copy in selections from any plan across *all* carriers, while the **Distribute** tool lets you copy out selections to plans *within* the same carrier.


Predetermination Notifications in the Treatment Planner


Once you have configured which procedures require predeterminations, you will start seeing predetermination warnings in the treatment planner. You will see two warnings:

- A warning banner at the top of the page

Tx Planner Clinical Notes



Crown #3 Status New Signatures Preview

Warning: Tx Case has procedures which require predetermination.  Created on 01/24/2022 [Send consent form](#)

Tx total 1,300.00 Expiration MM/DD/YYYY  Show on form


- A predetermination icon next to the specific procedure that requires the predetermination







Visit 1 Total - 1,300.00 Appointment length (hh:mm) 1:00

Date	Code	Th	Surface	Description	Provider	Amount	Appointment
01/24/2022	D2751	3		Porcelain/Base Crown	Columb	1,300.00	 

This same icon appears in the treatment planner preview and the case list.

Planned Procedure



Code	Th	Surfaces	Description
D2751 	3		Porcelain/Base Crown

▼ Active	2
Unassigned	
Case 2 	 
Crown #3 	 
▶ Completed	1
▶ Rejected	0

When you see the predetermination icon in the treatment plan case or in the case preview, position your pointer over the icon to see whether the primary and/or secondary insurance requires a predetermination.

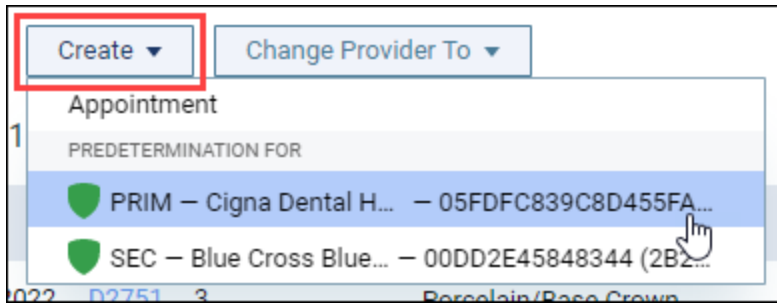
Appointment length (hh:m

Amount Appointment

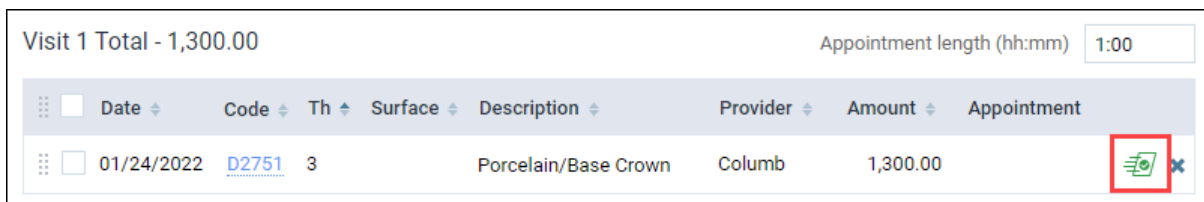
1,300.00  

Predetermination required under the primary plan

Select the procedure, open the **Create** menu, and then select a carrier to create a predetermination for the primary (PRIM) or secondary (SEC) insurance carrier.



The **Predetermination Detail** window opens. Make any changes as usual, and then submit the predetermination. Once you submit the predetermination, the predetermination icon changes from red to green as a visual indicator that the task was completed. The warning banner goes away when all required predeterminations have been submitted.



The procedures you select in the Manage Predeterminations window trigger warnings in the treatment planner. You can still select and create a predetermination for any procedure, whether or not it was set up to trigger a predetermination warning.

The Audit Log records the creation, modification, or deletion of predetermination claims.

Reports

Run Day Sheet by Modified Date

In the past, you could only run the Day Sheet by transaction date. Now, you can choose whether to run the Day Sheet by transaction date or modified date. When you choose to run the Day Sheet by modified date, the metrics in the Day Sheet take into account the changes, corrections, and transfers of responsibility made to transactions in the Ledger. Run the Day Sheet by modified date to check entries made for the current day to make sure that backdating or corrections have been recorded.

Day Sheet Report

Filter

Locations

All

Cottonwood Dental Sales

No other locations are selected

Select Locations

Include Summary ?

Date Range

01/24/2022-01/24/2022 ✕

Run By

Transaction date

Modified date

Report Type

All ▼

Provider

All providers ✕

Note: When you run the Day Sheet by transaction date, you have the option to include charge adjustments or unapplied credit adjustments in the calculation of Estimated Net Production. You do not have this option when you run the Day Sheet by modified date.

Day Sheet Report

Filter

Locations

All

Cottonwood Dental Sales

No other locations are selected

Select Locations

Include Summary ?

Date Range

01/24/2022-01/24/2022 ⊗

Run By

Transaction date

Modified date

Include in Estimated Net Prod. ?

Charge adjustments

Unapplied credit adjustments

Report Type

All ▼

Provider

All providers ×

Patient Information

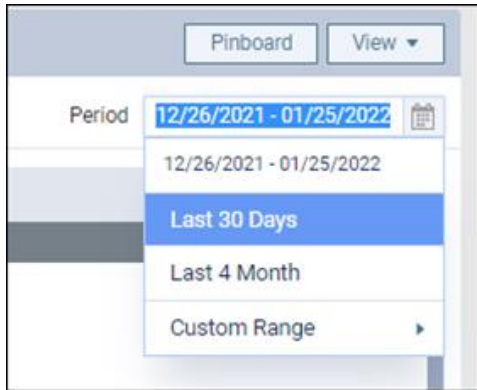
Patient Follow-Up Page Updates

With this release, the Patient Follow-Up page has been redesigned with a date range filter, status tabs, a button to mark follow-ups complete, and pagination. These updates focus on giving you quicker access to your patient appointment follow-ups.

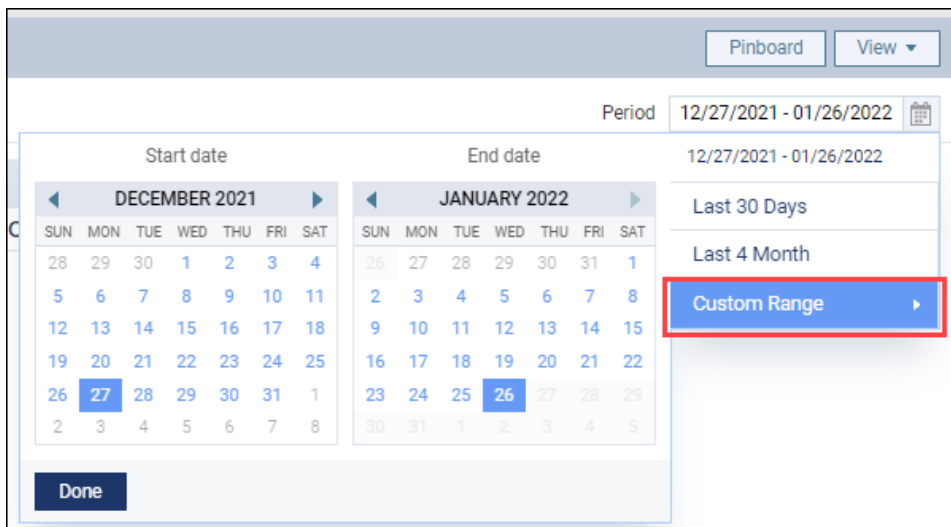
Date Range Filter

With this update, a new **Period** filter has been added so you can review and follow-up on patient appointments within a specific date range. It allows you to filter appointments by:

- Last 30 days
- Last 4 months
- A Custom Date Range (start and end date)



To change the date range, click in the **Period** field, and select the desired date range. By default, the Last 30 days is selected. If you select Custom Range, you can choose a specific start date and end date from the calendars that appear. Then, click **Done** to generate the appointments within the date range you selected.



Note: When you select a date range, Dentrix Ascend remembers the selection on this device for the next time the Patient Follow-Up page is accessed.

Status Tabs and Complete Button

Also included in the Patient Follow-Up page redesign are two status tabs: a **Needs Follow-up** tab and a **Complete (Last 7 Days)** tab. Additionally, there is a new **Complete** button. Now when you have followed up on a patient appointment, click **Complete** to move the appointment from the Needs Follow-up tab to the Complete (Last 7 Days) tab.

Patient Follow-Up				Pinboard	View ▾
Needs Follow-Up		Complete (Last 7 Days)		Period 12/26/2021 - 01/25/2022	
Appointment	Notes	Patient Information	Phone Number		
01/12/2022					
8:00 AM 60 min Sarah		Samantha Rogers 01/11/1971 (51)	M (800) 336-8749 Complete		
8:00 AM 60 min Rach		Isaac Chiltepin 04/20/1965 (56)	M (800) 336-8749 Complete		

Pagination

In addition to the other updates, a new pagination feature has been added to the Patient Follow-Up page. By default, you can view 50 appointments at one time. This allows for faster load times because it limits the initial viewable list to 50 entries. You can change the view to show up to 100 appointments by selecting **100** from the **Showing** list. To navigate the pages of patient appointments, you can either click the page numbers or click the **Previous** or **Next** links.

8:00 AM 60 min Tabi		Kate Smith 09/03/1982 (39)	M (800) 336-8749 Complete		
11:00 AM 60 min Jes		David Rogers 03/13/1971 (50)	M (800) 336-8749 Complete		
Showing 50 of 53 entries		← Previous 1 2 Next →			

Patient Follow-Up Page Before

Complete		Needs Follow-up		
Appointment	Notes	Patient Name/DOB (Age)	Phone Number	Status
Needs Follow-up				
<input type="checkbox"/>	01/24/2022 7:00 AM HYG3	Tre Johnson 03/10/1994 (27)	M (000) 000-0000	Needs Follow-up
Complete (Last 7 Days)				
<input type="checkbox"/>	01/15/2022 8:30 AM DDS3	Gen. Harris Anthony 06/14/1958 (63)	H (800) 336-8749	Followed Up 01/24/2022 10:59 AM
<input type="checkbox"/>	01/23/2022 8:00 AM HYG3	Jasen Black 06/27/1966 (55)	H (800) 336-8749	Followed Up 01/23/2022 11:08 PM
<input type="checkbox"/>	01/24/2022 7:00 AM HYG3	Jeremy Jordan 04/06/1999 (22)	M (555) 555-5555	Followed Up 01/24/2022 3:02 PM
<input type="checkbox"/>	01/24/2022 8:15 AM DDS1	Shannon Bennett 03/16/1948 (73)	M (801) 310-0831	Followed Up 01/23/2022 11:45 PM
<input type="checkbox"/>	01/24/2022 8:30 AM HYG2	Mary Sue 09/30/1985 (36)	M (000) 000-0000	Followed Up 01/24/2022 9:51 AM
<input type="checkbox"/>	01/24/2022 10:30 AM HYG3	Jimmy Nix 02/12/1977 (44)	M (801) 123-3456 x801	Followed Up 01/24/2022 11:22 AM

Patient Follow-Up Page After

Patient Follow-Up				Pinboard	View
Needs Follow-Up		Complete (Last 7 Days)	Period 12/26/2021 - 01/25/2022		
Appointment	Notes	Patient Information	Phone Number		
01/12/2022					
8:00 AM 60 min Sarah		Samantha Rogers 01/11/1971 (51)	M (800) 336-8749	Complete	
8:00 AM 60 min Rach		Isaac Chiltepin 04/20/1965 (56)	M (800) 336-8749	Complete	
3:00 PM 60 min tech1		Amy Melton 01/01/1989 (33)	O (666) 666-6666	Complete	
4:00 PM 60 min Sarah		Julie Ross 07/09/1971 (50)	M (800) 336-8749	Complete	
01/13/2022					
8:00 AM 60 min Jess		Sam Jones 12/04/1989 (32)	M (800) 336-8749	Complete	
8:00 AM 60 min Tabi		Kate Smith 09/03/1982 (39)	M (800) 336-8749	Complete	
11:00 AM 60 min Jess		David Rogers 03/13/1971 (50)	M (800) 336-8749	Complete	

Showing 50 of 53 entries

Billing Statements

USPS Postage Price Change

The price of postage for USPS first-class mail has increased from \$0.55 to \$0.58. This change is reflected in the cost of sending billing statements using the Print & Mail for Me feature. Now when you send a patient a billing statement using the Print & Mail feature, you will see the \$0.58 postage rate listed under Price per Statement.

Pricing Details - Print & Mail for Me Option

Information. The price does not include sales tax.
The print format of the statements may differ slightly from the statement preview shown in Ascend.

Total statements	1
Price per Statement	
First page	\$0.33
Each additional page	\$0.20
Postage	\$0.58

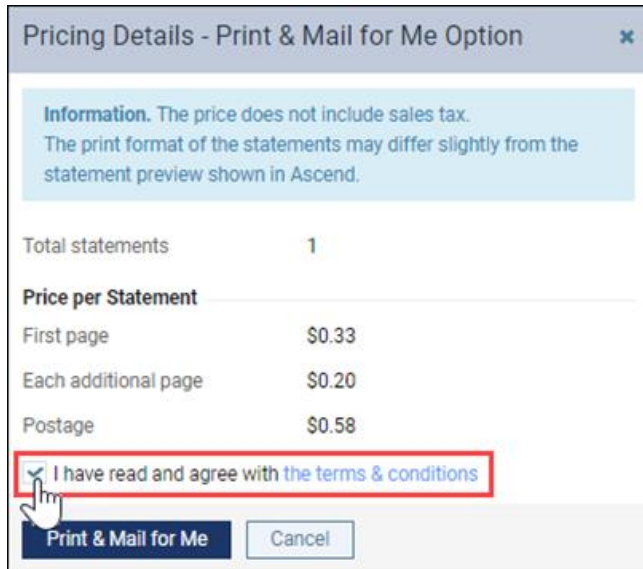
I have read and agree with the terms & conditions

[Print & Mail for Me](#) [Cancel](#)

Because of this USPS postage price increase, you will once again be required to agree to the terms and conditions before using the Print & Mail for Me Feature. You will only need to do this once for each location.

The **Print & Mail for Me** button will remain inactive until you acknowledge the new terms and conditions. Once you select the **I have read and agree with the terms & conditions** check box, the **Print & Mail for Me** button becomes active.

Note: Once you select the check box, you will not be required to select it again unless the terms and conditions are updated again in the future.



Pricing Details - Print & Mail for Me Option ✕

Information. The price does not include sales tax.
The print format of the statements may differ slightly from the statement preview shown in Ascend.

Total statements	1
Price per Statement	
First page	\$0.33
Each additional page	\$0.20
Postage	\$0.58

I have read and agree with the terms & conditions

Print & Mail for Me Cancel

Power Reporting

Modifications to Select Predefined Reports

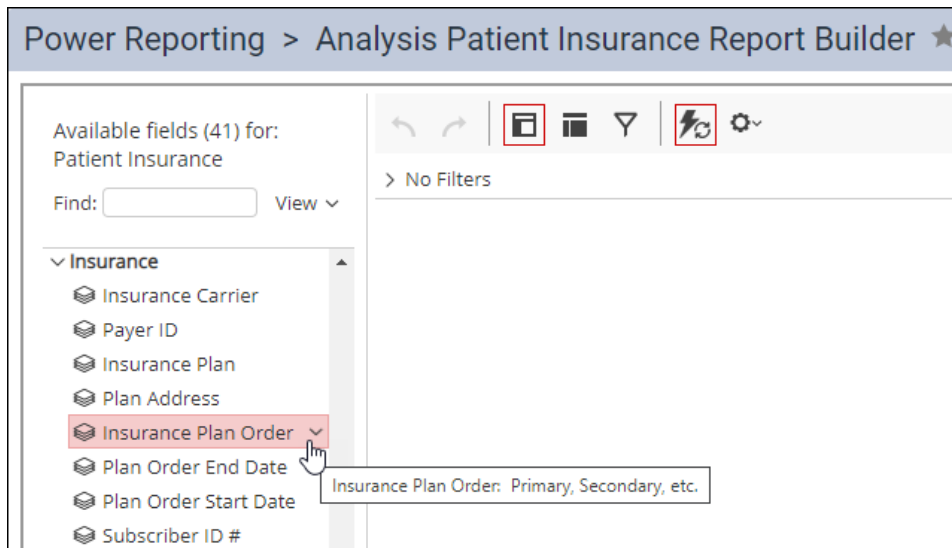
This update brings a shift in focus for several of the Power Reporting reports already built for you. The modifications will help the reports focus more on trends. As you know, many reports make use of the modified date because it is an excellent way to reproduce the same data results without changing past periods. But it does have some practical limitations. Therefore, the following reports now use other dates to achieve a desired result.

- The **Production Trends - Chart** Report now uses the Service Month filter. the report now also uses the Revision History filter to include Current transactions. Combining these filters allows this report to display the latest information. Remember the purpose of the report is not to pinpoint reproducible numbers but to accurately depict production trends.
- The **Daily Huddle Completed Production – MTD** Report now uses the Service Month filter. This lets you see—after all the changes from the previous month are concluded—how this month’s production compares to the previous month. The report now also uses the Revision History filter to include Current transactions so that you can see the latest amounts.
- The **Daily Huddle Collections – Yesterday** report now uses Revision History filter to include Current transactions so that only the latest information is represented.

- The **Daily Huddle Collections – MTD** Report now uses the Transaction Month filter. The report now also uses the Revision History filter to include Current transactions. Therefore, the report numbers are current at the time you run the report and can be expected to change as collection activity continues throughout the month. The same is true of the **Daily Huddle Collection % - MTD** Report.
- The **Daily Huddle New Patients Seen – MTD** Report now uses the Transaction Month filter. The report now uses the Revision History filter to include Current transactions. The report now also uses the Procedures category filter to make sure that the count is correct and matches the regular **New Patients Seen** Report.

New Field Names

[Update 386](#) introduced new fields to the **Analysis Patient Insurance Report Builder** to help show the dates when an insurance plan changed from being secondary to primary and so forth. We have updated the names of those fields to make them more consistent with terminology used elsewhere in Dentrix Ascend. The field names are now **Insurance Plan Order**, **Plan Order Start Date**, and **Plan Order End Date**.



User Rights

No new user rights were introduced in this release.

New Learning Content

As the Dentrix Ascend software continues to change and improve, the Practice Success library also expands and updates when needed. Click the title below for some great new content.

[Block Scheduling in Dentrix Ascend](#)

Our latest Practice Success webinar broke all previous attendance records. Don't miss the opportunity to learn how using block scheduling can help you achieve your production goals. Join many of your peers and watch this on-demand webinar today!