

DENTRIX ASCEND

Release Notes: April 14, 2020 (Prod 353)

The product update released April 14, 2020, rolls out the ability to update fee schedules by file import. This update also introduces copayment coverage tables and coordination of benefits options. A new reporting concept—patient health—makes its debut.

Billing

Update Fee Schedule from File

Next time you are ready to update your Fee Schedules, you now have the option to perform the update speedily and in bulk by importing a .CSV file. You still have the option to update procedure code amounts manually.

To update fees from file, open the Fee Schedules page (**Settings > Fee Schedules**) and select the fee schedule you wish to update (you can also populate a new fee schedule using the same method after first creating the name). Click the new **Update Fees from File** button at the bottom of the page.

The screenshot shows the 'Fee Schedules' management interface. On the left, a list of fee schedules includes 'Current Office Fees', which is selected. The main area shows the configuration for 'Current Office Fees', including a 'Name of fee schedule' field, a 'Set End Date' button, and an 'Increase all by' section with a dropdown set to '0' and a 'Round up resulting values to the nearest dollar' checkbox. Below this is a table of procedure codes with their current and new fees. At the bottom, the 'Update Fees from File' button is highlighted with a red box.

Code	Description	Current Fee	New Fee
D0180	Periodontal Evaluation	\$111.00	\$ 0.00
D0190	Screening of Patient	\$96.00	\$ 0.00
D0191	Assessment of Patient	\$94.00	\$ 0.00

There are several steps to updating a fee schedule, and a wizard walks you through it.

The first thing to do is acquire the file. You can do this by dragging the file into the work area or using the **Browse** button in the middle of the panel to open an explorer window. Note that your file format and extension *must* be .CSV, which is an Excel or text file option. Only two columns are required: the procedure code, and the amount. Dentrix Ascend ignores any additional columns of information. After the file uploads, the wizard automatically advances to the next step.

<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
D0120	Periodic Evaluation	29.4
D0140	Limited Evaluation	\$14.16
145	Evaluation of Young Patient	0
D0150	Comprehensive Evaluation	18.4

In the **Select Code Column** step, click the radio button of the column that contains the procedure code. The procedure code format must *exactly* match the ADA codes in your Procedure Codes & Conditions page (for example no space allowed between the D and the number). Multi-codes do not import. Click **Next**.

Update Fee Schedule from File: "Current Office Fees.csv" ✕

Steps File Upload Select Code Column Select Fee Column Missing Procedure Codes

Table has header row Off

<input checked="" type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
D0120	Periodic Evaluation	29.4
D0140	Limited Evaluation	\$14.16
145	Evaluation of Young Patient	0
D0150	Comprehensive Evaluation	18.4

← Back Next → Cancel

In the **Select Fee Column** step, click the radio button of the column that contains the procedure amount. It doesn't matter if the amount format can contain a "\$" or not. If your calculated fee amount extends out several decimals, Ascend will round the amount up to the nearest cent. Click **Next**.

Update Fee Schedule from File: "Current Office Fees.csv" ✕

Steps File Upload Select Code Column Select Fee Column Missing Procedure Codes

Information. Below you can decide what will be done with procedure codes that may be missing in the uploaded file. Any fee amounts that contain invalid characters will be assigned a value of 0.00.

Fees to use for missing procedure codes

Use current fees in this fee schedule

Use existing fees from

Fill missing fees with \$

← Back Import Cancel

In the **Missing Procedure Codes** step, you have a choice to make. The message asks you what you want to do *if* there are any procedure codes in your database that are not included in the file. Your choices are:

- **Use current fees in this fee schedule** – if you are updating an existing fee schedule, Dentrix Ascend will use the procedure amount already in place. In other words, no change.
- **Use existing fees from** – use the amounts from another fee schedule already in your list.

- **Fill missing fees with** – specify a default amount. This will apply to all missing procedure codes.

Make your selection and click **Import**. Be patient while the wizard works. Watch for the green success message. Once the import is complete, Dentrix Ascend reports any errors it encountered.

Fees for Current Office Fees
Associations

Name of fee schedule *

Set End Date
i

Increase all by

\$
 Round up resulting values to the nearest dollar
Apply

Warning. The following procedure codes do not exist in the database and were skipped during the import:
145 / D 0160 / 4 / 2BW2OCC

The last step in the update is to review the import results. As the new legend states, updated fees have a green border while in this review mode. You can make manual adjustments if needed at this time. When you finish the review, click **Save**.

– Fees marked in green have been updated.

Code	Description	Current Fee	New Fee
D0140	Limited Evaluation	\$88.00	\$ 14.16
D0145	Evaluation of Young Patient	\$79.00	\$ 79.00
D0150	Comprehensive Evaluation	\$101.00	\$ 18.40
D0160	Detailed & Extensive Evaluation	\$182.00	\$ 182.00
D0170	Problem Focused Re-Evaluation	\$86.00	\$ 0.00
D0171	Re-eval - Post-op Office Visit	\$0.00	\$ 0.00
D0180	Periodontal Evaluation	\$111.00	\$ 0.00

Save
Update Fees from File
Cancel
Delete

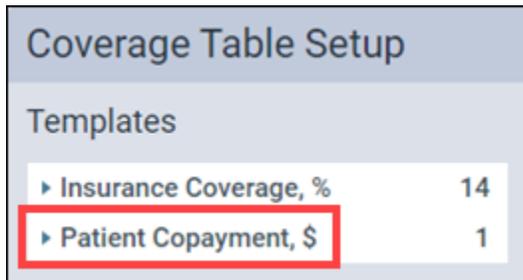
Insurance

Copayment Coverage Tables

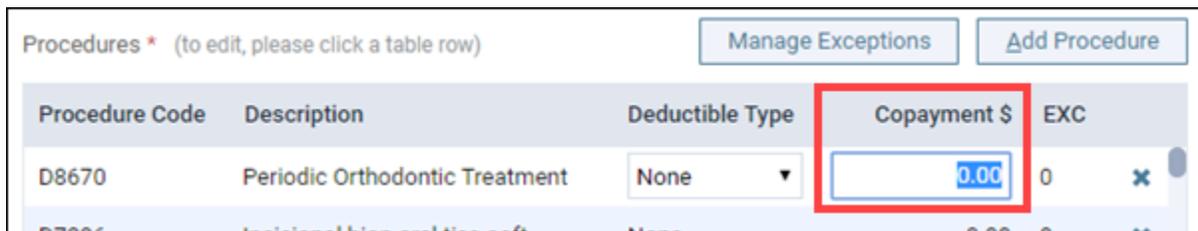
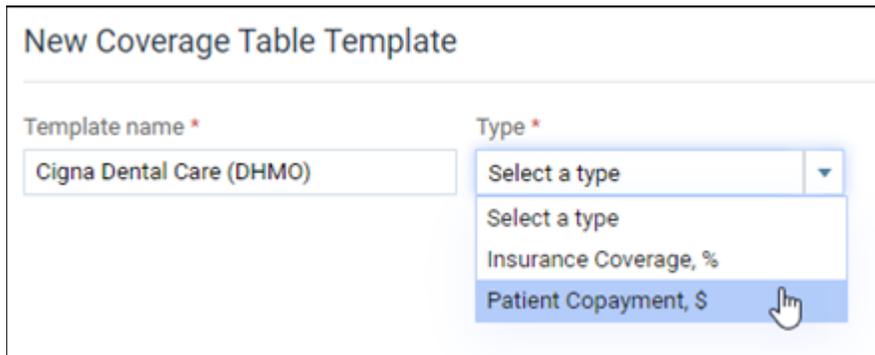
A typical DHMO-type plan doesn't have any deductibles or maximums. Instead, patients pay a fixed amount, known as the copayment, for dental services. (Often, diagnostic and preventive services have no copayment.) With this update, Dentrix Ascend supports fixed patient copay coverage tables.

Create and edit copayment coverage tables exactly as you would percentage-based coverage tables; the only difference is in specifying whether a table type is by percentage or by a fixed amount.

Dentrix Ascend has several default coverage tables, including one for copayment, which you can use as templates for setting up the coverage tables of insurance plans.



You can create templates for your organization as needed. Click **New Coverage Table**, provide a name, and select the Patient Copayment, \$ table type. Add procedures and specify the copayment amount. When you finish, click **Create**. For a detailed description of this process, read [Creating coverage table templates](#) in the Resource Center.



To edit an existing coverage table, open the individual plan and its coverage table. Click the **Type** dropdown and select Patient Copayment, \$.

Coverage Table for Cigna Dental Care Access

Type: Insurance Coverage, %

Type	Description
Insurance Coverage, %	Insurance portion is calculated as a percentage of the max allowable fee (if any), and patient portion is what remains.
Patient Copayment, \$	Patient portion is a specific dollar amount, and insurance portion is the difference between patient portion and the max allowable (if it exists and is higher than the copay).

Coverage Table for Cigna Dental Care Access

Type: Patient Copayment, \$

Replace with

Procedures * (to edit, please click a table row)

Procedure Code	Description	Deductible Type	Copayment \$	EXC	
00096	Seps	None	0.00	0	✕
0979	Kids Sonicare Brush Heads 2 pk	None	<input type="text" value="15.00"/>	0	✕

You can update the copayment amounts from a template, or manually adjust any procedure code. For a detailed description of this process, read [Editing coverage tables](#) in the Resource Center.

Tip: For easy data entry, the coverage table accepts using Tab, Enter, and Shift+Enter shortcut keys.

Coordination of Benefits

There are several methods insurance companies use to coordinate the distribution of benefits when more than one dental plan provides coverage to a patient. Up to this point, Dentrix Ascend has only supported the Traditional method. With this release, Dentrix Ascend supports two additional methods: Maintenance of Benefits and Carve Out/Non-duplication. Each method follows slightly different rules for determining the insurance payment calculation, which determines the patient portion. You must contact the carrier to discover which method they use.

You configure Coordination of Benefits (COB) from within the *secondary* insurance plan. Locate the carrier (**Home > Carriers**) and then select the patient's **Plan/Employer** name. Note that *all* patients with the same secondary coverage plan will use the same COB methods once you configure them the first time.

Insurance Carriers

Edit Plan: Aetna - 22B9953E

Plan/Employer name * Group #

Benefit renewal month *

Claim mailing address *

Source of payment

City * State * ZIP Code *

Type

Phone number Ext Fax number

Max allowable amount fee schedule

Contact Email

[Coverage Table](#) [Benefits](#)

[Coordination of Benefits](#)

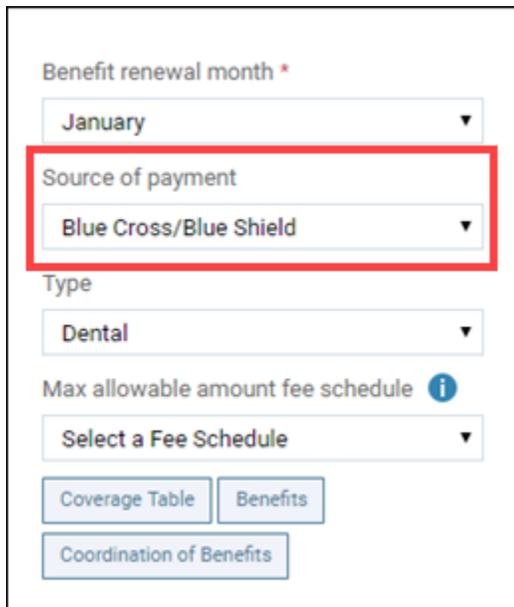
Click **Coordination of Benefits** to open the **Coordination of Benefits** window.

Coordination of Benefits for Aetna - 22B9953E

Information. Specify the method to use for Coordination of Benefits between primary and secondary insurance calculation when this plan functions as the patient's secondary insurance.

Source of Payment for Primary Insurance Plan	Method for Coordination of Benefits
Blue Cross/Blue Shield	<input type="text" value="Maintenance of Benefits"/>
Champus	<input type="text" value="Traditional (default)"/>
Commercial Insurance	<input type="text" value="Traditional (default)"/>
Commercial Insurance (PPO)	<input type="text" value="Traditional (default)"/>
Commercial Insurance (DHMO)	<input type="text" value="Traditional (default)"/>
Medicare Part B	<input type="text" value="Traditional (default)"/>
Medicaid	<input type="text" value="Traditional (default)"/>

The window invites you to associate a coordination method for any of several “primary” payment sources. Meaning, the **Source of payment** type selected in the *primary* insurance plan determines where Dentrix Ascend will look in the *secondary* insurance plan to select the coordination of benefits.



The screenshot shows a web form with the following fields and buttons:

- Benefit renewal month *: January
- Source of payment: Blue Cross/Blue Shield (highlighted with a red box)
- Type: Dental
- Max allowable amount fee schedule ⓘ: Select a Fee Schedule
- Buttons: Coverage Table, Benefits, Coordination of Benefits

If you don’t specify a different method, the Traditional method continues to apply. Select from the dropdown corresponding to the primary payment source. When you finish, click **Save**. Back on the Insurance Plan page, click **Save** again.

The Audit Log does not report changes to coverage tables or the coordination of benefits at this time. No new rights are required to configure either fixed copay tables or coordination of benefits.

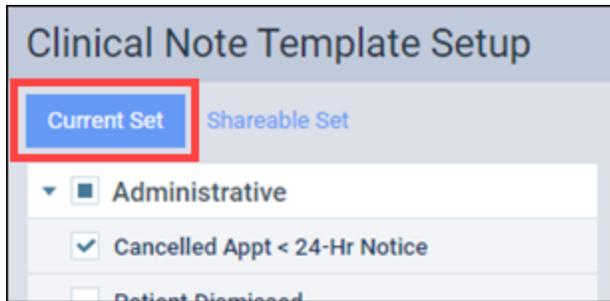
For more information on coverage tables and coordination of benefits, [click here](#).

Clinical

Clinical Note Templates Shareable Set

This new feature supplements and complements the template distribution function that appeared in the last software release. It allows for more power and control over sharing templates among the entire organization.

A “shareable set” is a list of existing templates that you define as distributable to the entire organization. To create the list, in the new **Current Set** tab of the Clinical Note Templates page, select the templates you want to be shareable.



When you are ready, click the **Copy to Shareable** button at the bottom of the page. Watch for the green success message when the copy is complete. All locations will see the shareable set.

Your user account must have access to all locations in order to distribute the shareable set to all locations in the organization. Open the **Shareable Set** tab and select the templates you wish to distribute (you do not have to push the entire set). Click **Distribute**. The distribution wizard opens and guides you through the process and helps you resolve any conflicts.

A new **Manage Shareable Set** right allows you to create, edit, or delete clinical note templates in the shareable set, and choose how to resolve template conflict should any arise during copying. Users with the **Distribute clinical note templates** right can see and select from the shareable set for template distribution.

The Audit Log tracks the creation of a shareable set and the distribution of clinical note templates.

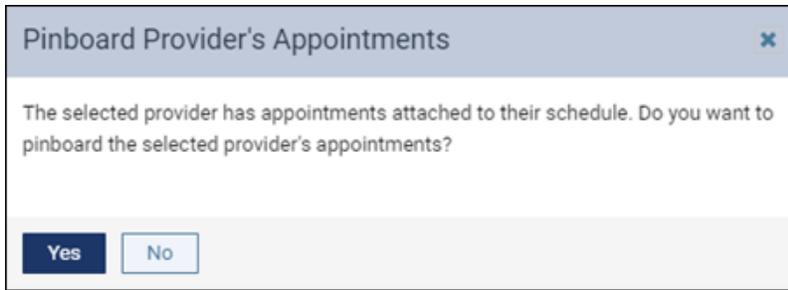
Scheduling

Provider Visibility and Availability

This enhancement is for those of you who run the Calendar in **Provider** view. The first thing you will notice is that the provider name is now a hyperlink.



There are two options available from the hyperlink. If the provider has working hours that day, the link is **Make Provider Unavailable for a day**. The provider becomes unavailable for scheduling that day (the column grays out in the Calendar). If the provider has patients scheduled for that day, you will get the option to move those appointments to the Pinboard for rescheduling.



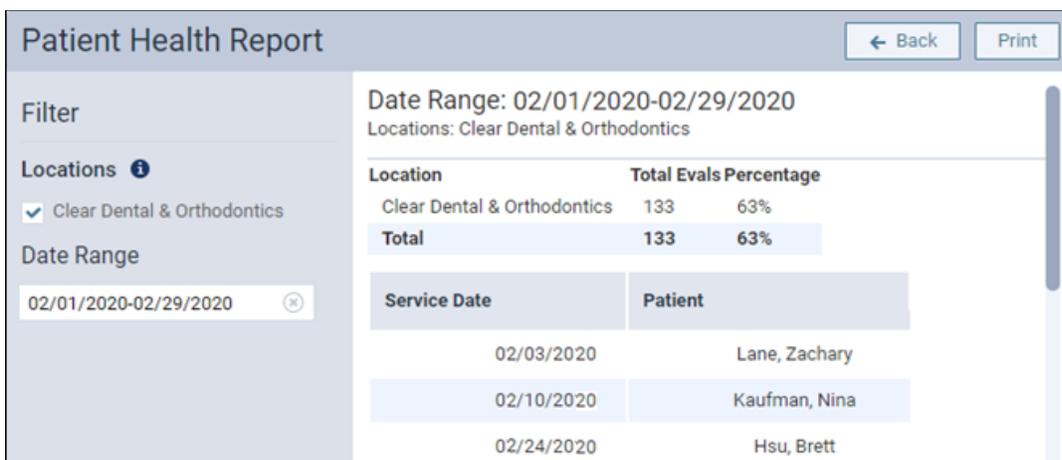
Insights Dashboard

Patient Health Report

“Look Ma, no cavities!” Have you considered using the oral health of your patients as a marketing tool, for example, to claim that 75% of your patients don’t have cavities? Well, that number is now readily available. The new Patient Health report shows the number of patients categorized as healthy— meaning that with an evaluation, there are no caries diagnosed or restorative procedures required. To see the report, follow **Home > Insights > Patient Health**.



The report looks and acts like a standard report—you can select the location(s) and a date range and re-run the report. The default view is the last calendar month.



Patient Health Report

← Back Print

Filter

Date Range: 02/01/2020-02/29/2020
Locations: Clear Dental & Orthodontics

Location	Total Evals	Percentage
Clear Dental & Orthodontics	133	63%
Total	133	63%

Service Date	Patient
02/03/2020	Lane, Zachary
02/10/2020	Kaufman, Nina
02/24/2020	Hsu, Brett

Filter

Locations ⓘ

Clear Dental & Orthodontics

Date Range

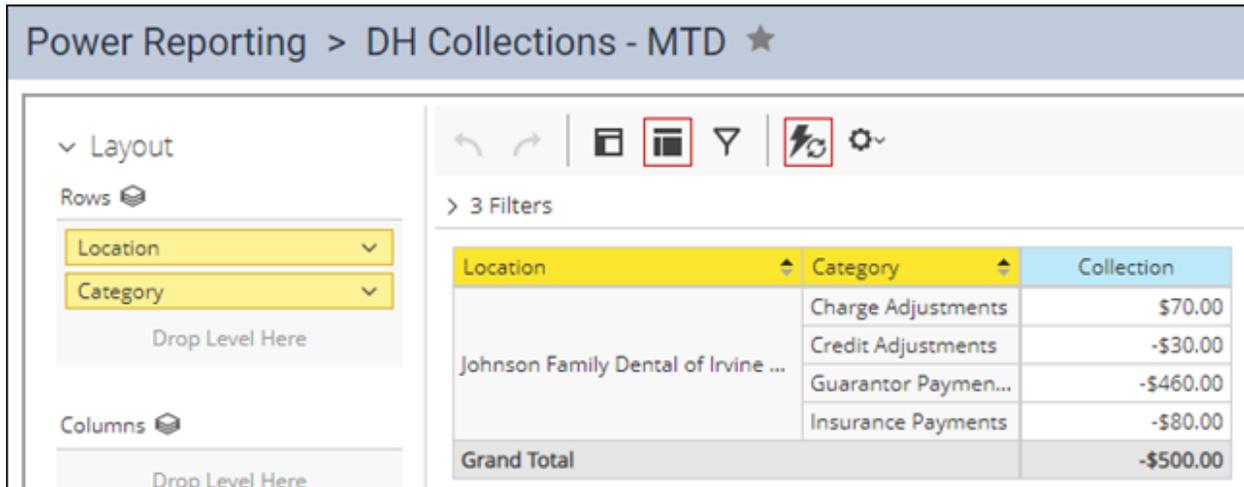
02/01/2020-02/29/2020

This is phase one of this report, with more refinements coming.

Power Reporting

Daily Huddle Collections

The suite of Daily Huddle (DH) Collections reports have received two enhancements to the default version of the report. The first is the addition of a **Category** column to add visibility to the collection types. The second is a **Grand Total** field.



Power Reporting > DH Collections - MTD ★

Layout

Rows

- Location
- Category

Drop Level Here

Columns

Drop Level Here

> 3 Filters

Location	Category	Collection
Johnson Family Dental of Irvine ...	Charge Adjustments	\$70.00
	Credit Adjustments	-\$30.00
	Guarantor Payment...	-\$460.00
	Insurance Payments	-\$80.00
Grand Total		-\$500.00

Usability

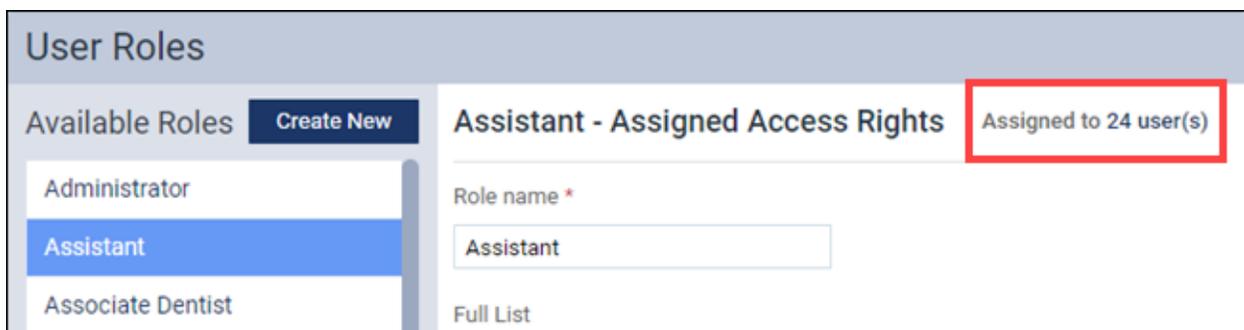
Location Sorting

The location drop-down now sorts locations alphabetically. The sort includes any abbreviation added to the location name.

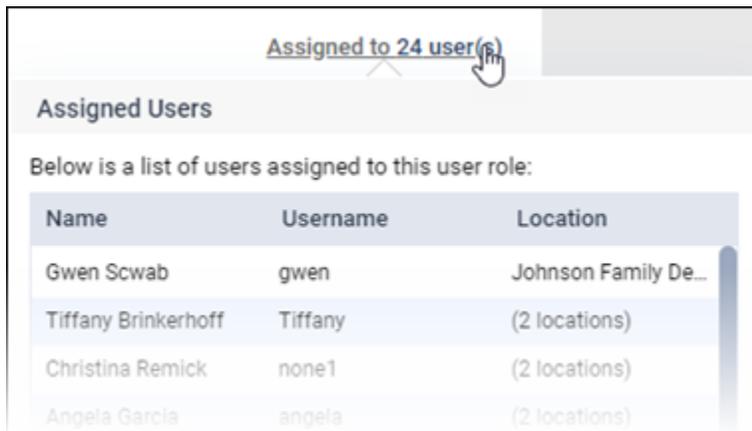


Role Assignments

An enhancement to the User Roles page shows how many users share any given role.



The count represents Active users. If you want to see who those users are, click the count to see a list.



User Rights

The following changes to user rights are included in this release:

- **Manage Shareable Set** (in the **Settings** category) allows the user to copy selected clinical note templates from the **Current Set** to the **Shareable Set** in the Clinical Note Template Setup page. This right requires that **Distribute clinical note templates** be enabled, which in turn requires that **Manage clinical note templates** be enabled.

New Learning Content

Did you know that, in addition to the Resource Center, Dentrix Ascend hosts a [blog page](#)? Each week you'll find a new tip for getting the most out of your practice management platform. Here is a sampling of popular posts; click a title to open the link.

[Mass Communications with Your Patients](#)

Need to send a bulk email communication to your patients? Dentrix Ascend does not currently offer this as an integrated feature, but you can still get your message out.

[9 Ways to Effectively Use Your Office Downtime](#)

Here are some examples of things you and your staff can do when the practice is not bustling with patients.

[Using Appointment Task Reminders to Schedule Recare](#)

Is it your goal to schedule recare appointments before the patient checks out? The routing panel can help with that through its unique appointment task reminder system.

[Adding a Custom Recare Type](#)

Dentrix Ascend comes with several recare types predefined, but one size does not fit all. What if, for example, your practice needs to automate scheduling and reminders for, say, scaling and root planing?

[Building a Procedure Code Billing Report](#)

Have you ever wondered, “Can I generate a report of all patients where I have billed a specific procedure code?” Yes, you can.