## Release 25.136 - June 5, 2025

Last Modified on 06/03/2025 11:08 am EDT

New features | Enhancements |Resolutions

### Highlights

#### **New Features**

New RecordSync (Record Locator) Feature New Company Setting: Prompt Insurance Assignment on Appointments Missing Insurance New Company Setting: Send Receipt Detail to MML Account Enhancements 2025 MIPS Dashboard Certification Update New User-Level Support PIN & User Validation

### New features

### New RecordSync (Record Locator) Feature

U19936: RecordSync is a bi-directional document exchange feature that leverages the Surescripts Record Locator & Exchange network to access documents from connected health systems through a national health data exchange framework called Carequality. This feature removes barriers for specialists looking for medical records related to visits outside their organization, allowing them to review their patient's clinical history, including previous encounters, lab results, diagnoses, allergies, immunizations, medications, and other treatments, by querying trusted data sources across different healthcare systems and pulling the relevant records into OfficeEMR.

Simultaneously, it allows outside providers working with your patients to retrieve pertinent data related to visits within your clinic (as long as they are also using Carequality) by using the HL7® FHIR® standard transactions employed by RecordSync. This integration also allows practices to attest to the Merit-based Incentive Payment System (MIPS) Promoting Interoperability (PI) performance category for the Health Information Exchange (HIE) requirement by taking part in the RecordSync bi-directional exchange.

#### **Key Features**

- Retrieve outside records from members of CareQuality & Surescripts Record Locator & Exchange national HIE network
- Import & Reconcile CCDs reducing the burden of Allergies, Medications, and Problem management
- Save PDFs, and other documents to the patients eDocuments and assign them for review
- Share CCDs with other participants automatically (patient must consent) & view the records shared in the Sharing History

Save 🕄 History 👻 📑 Defaults 🔛 Patient 👻 *** More 👻			: 🕻
d <u>Sync &amp; Consent</u> <b>ord List</b> nent Search has returned <b>28 results.</b>			Sharing History Refresh Reco
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#### New Surescripts Record Locator Setup Role

A new Role within **Setup > Roles** has been created to allow users to use RecordSync. When set, the Setup Role: *Surescripts Record Locator* allows users to see/use the Surescripts Record Locator chart tab.

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User Setup	ROS						
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Processing	<ul> <li>Surescripts Record Locator</li> </ul>						
Reporting	Treatment Plans						
Setup	Vitals	*					
EMR - Prescriptions Management	Surescripts Record Locator						
Chart Tabs							
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External - FHIK							
Reporting							
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ToDo							
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Please note that the Surescripts Record Locator must also be added to your Chart Tabs Setup Favorites for it to be displayed within your Chart Tabs.

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	Surescripts Record Locator	<b>V</b>	Ŧ

#### Knowledge base articles

- RecordSync Overview
- Getting Started
- Retrieving Documents Using RecordSync
- Merging CCDs With RecordSync & Reconciliation
- Viewing Requested Records (Sharing History)
- MIPS Reporting & RecordSync
- Indexing & Tasking eDocuments

#### New "Record Locator Organization Information" Screen

U19924: Added a new "Record Locator Organization Information" screen (**Record Locator Profile**) as an alternative address and contact info screen for practices using our Record Locator (RecordSync) feature. Customers whose details in the "Company Profile" do not meet Surescripts' requirements, such as practices with a PO box instead of a physical address, an alternative public name, or an alternative phone number for medical records requests, can use this screen to update that information. The default values on this screen initially use the company profile data. However, once any field is updated, it becomes independent. The data from this screen will then be used by the Surescripts record locator feature.

Setup «	Arrow Setup: Record Locator Profile	C4699 QAs	a 🕈 👭 🗢 🖓 🖷 🥝
My Tasks 🔅	Record Locator Organization Information		
Health Exchange (0)	Record Educator Organization information		
Corders (257)	Home community (D: 2.16.840.1.113885.3.6628.000.0 Surescripts Org (D: 1234567		
Superbill (0) SOAP Notes (0) eDocuments (20) Prescription (30)	The following fields are used to ensure Surescripts Record Locator can connect and function proper	ty.	
Reminder (0)	Organization Name		
Patient Portal (244)	C4699 QAs		
<ul> <li>Fax (0)</li> <li>Fax Updox (0)</li> </ul>	Phone Number		
Case Mgmt. (0)	(847) 555-2525		
Pop Health (0) CoverMyMeds ePA (197)	Street		
eDocument Setup	PO BOX 123		
Unsolicited Documents	City	State	Zip Code
Immunization Registry	Skokie	Illinois × V	60076-5542
SMART on FHIR			
Text to Pay	Save		
TPS Claims			
updox Fax Setup Record Locator Profile			
Call Reminder Setup			
Report Setup Export Demographics			
CKCC Setup			
Administration			
Setup			
Reports			
EMR			
iScheduler			
E Billing			
eDocuments			
Desktop			

#### New Company Setting for Prompt Insurance Assignment on Appointments Missing Insurance

U15407: A new company setting within **Setup > Administrative Settings > Company Settings** has been created to prompts the user to update current and future appointments missing insurance with the recently added insurance. When set, Company Setting: *Prompt Insurance Assignment for Appointments Missing an Insurance* alerts the user if they want to update the insurance on current and future appointments after adding a new insurance.

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	¢	
Setting Pro	ompt Insurance Assignment for Appointments Missing an Insurance	
Value 🗸		
Dulo		
Kule C	checked is Yes/True. Unchecked is No/False	Ŷ
Tool Tip If ad	checked, you will be prompted whether you want to update insurance on current and future appointments after dding a new insurance.	*
		▼

Checking this setting will eliminate the need for users to manually assign newly added insurances to the patient's current and future appointments. It provides a prompt if the coverage of the new insurance is set to 1,

2, or 3. The prompt offers options to update all current and future appointments, only those missing insurances, or none.

Assign Insurance to Appointment
Would you like to update current and future existing appointments with this insurance?
<ul> <li>Update all current and future appointments</li> <li>Update all current and future appointments with missing insurances</li> </ul>
Do not update current and future appointments
Submit

#### New Company Setting to Send Receipt Detail to MML Account

U13621: A new company setting within **Setup > Administrative Settings > Company Settings** has been created to display patient receipts in the patient's MML account. When set, Company Setting: *Send Receipt Detail to MML Account* allows receipts to be pulled within the MML account regardless whether they were generated from MML or from the office.

🔒 - Set	up: Company Settings	
Setting	end Receipt Detail to MML Account	
Value		
Rule	Checked is Yes/True. Unchecked is No/False	× v
Tool Tip	If checked, receipts created in the office will be sent to the patient's MML account	A
		•

Checking this setting will add patient receipts to the Payment History section under Billing within the MML account. The receipts are displayed similarly to the Statement History, showing the amount and date of payment, where "View Details" generates a receipt printout as stored in the database.

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	Appointments	
	Forms	
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G	Sign Out	

#### New Company Setting to for New vs Established Patient Procedure

U12062: A new company setting has been created to allow users to determine when charges should be classified as a New Patient Visit or an Established Patient Visit. When set, the Company Setting for Claim Validation Rules: *Check for New or Established Patient Procedure* will apply claim validation rules based on the New Patient indicator on the procedure code. This setting will automatically check the new patient indicator during claim validation and fail the claim validation if there are existing claims for them, as they are not considered a new patient.



Please note that since we don't show claim validation rules within Company Settings, this setting should be accessed by right-clicking anywhere within an open claim and selecting **Claim Rules > Procedure** to select this

### Enhancements

#### Added the ability to print Patient Letters from the Ready to Send screen

U12060: We added the Patient Letters option to the Ready To Send table search window within **Billing** > **Statement** > **Ready To Send**. This functionality is available under the **More** option within the Ready to Send Screen and functions like the Letters option from Claim Account Query > Patient, allowing users to print Patient Letters for the selected patients.

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# Procedure Code Setup - New Validation so a Code Can Only Be Billed Once Per 30 Days

U17674: Added a new field within **Setup** > **Procedure Codes** that prevents codes from being billed more than once per month (30 days). When selected, the "*Only allow this code to be used once per month (30 days)*" checkbox triggers a claim validation to check if the patient had that code billed within the last 30 days. If so, the claim will fail validation and not be billable. We also added claim validation rules and logic based on this field and updated the description for the code validation "Only allow this code to be used once per month" to specify the timeframe.

🔒 - Setup: Procedure	e Codes
Procedure Codes	
97161	New Save Train More
QA123	Codes
94640	Billing 97161 Only allow this code to be used once per day.
99213 L1971	Only allow this code to be used once per month (30 days).
95115 L1906	Only allow this code to be used once per year.
97010 11104 27095	Revenue Send only revenue code on Institutional claims.
27000	ASA
	Payment
Summary	Global Period 0
Code	Type O Electronic O Paper O Unassigned
Fees	Patient is responsible for payment
Billing	
Drug	
Default	

#### New Authentication Requirement to 'Log a Support Ticket'

U19095: In an effort to enhance security and ensure that only valid users create support tickets, we added a new requirement for users to be logged into OfficeEMR before submitting a support case. Previously, this was publicly accessible, and users were not required to be logged into the system. However, to ensure only valid users enter tickets via this screen, all customers entering support tickets through the portal must be logged into OfficeEMR.



Once the "Log a Support Ticket" screen is accessed, it will automatically populate the User Name/User ID and the iSalus Database ID fields, and these fields will be disabled to prevent the information from being overwritten. For additional information on how to log a Support Ticket refer to our How to Contact Support Help Article.

Norma -	John Dan (lidea)		
Name *	John Doe (Ijdoe)		
Email *	jdoe@email.com	•••	
Phone *			
iSalus Database ID *	C4699		
Case Category	None	~	
Subject *			
Description *			
No PHI is Included *			
Submit			

#### New User-Level Support PIN & User Validation within OfficeEMR

U19097: In an effort to further enhance our security and ensure only authorized users create support tickets, we have implemented a new identity verification step during the support process. When contacting support to create a ticket via phone or email, you will be required to provide a 6-digit PIN, accessible from the main header of the application (next to the icon for creating a case), to validate your identity.



When the "Support PIN" window opens, Click Generate.



Provide the 6-digit PIN to the support representative when requested. Alternatively, include the PIN number in the email request.



Please be aware that this user-level Support PIN is good for 24 hours. Clicking "Regenerate" will generate a new pin and the newly generated pin will be the active pin for validation. For additional information on how to use the Support Pin, refer to our How to Generate the Support Pin Help Article.

#### Payment Plan "Created By" User Added to Display Settings

U19349: We added the "Created By" user to the Display Settings within Payment Plan > More > Change Display Settings window (under the Payment Plan Installment category). When this Payment Plan display option is enabled, the creating user will be visible in the 'Created by' column on the table search screen for Payment Plans and in the payment plan view.

					Display Settings			
Commonly Used	Patient	Payment Plan Installment	Payment Plan Amounts		Payment Plan Dates		Payment Plan Flags	
a 🖬 🔺	Patient Name*	🗆 Туре 🔺	Initial Total	*	Due Date	*	Recurring	A
a ID	D08	Total	Plan Total		Start Date		Payment Due	
Status	RHC	Current	Utiteoff		End Date		Credit Card	
Chart Number*	Address 1	Remaining	Total Payments		Last Payment		Exclude Claims	
	Address 2	Comment	Remaining Total				Do not Send	
	City	Created By	Installment					
	State		Last Installment					
-	🗌 Zip Code 🚽		Last Payment	÷		-		*
t the data fields you would like to	see in the search display. Items marke	d with an asterisk (*) are used in the se	Last Payment	*		Ŧ		<b>v</b>
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#### 2025 MIPS Dashboard Certification Update

U19694: We updated the ONC CMS Certification ID on the MIPS Dashboard, to reflect the 2025 reporting period (CMS EHR Certification ID: 0015CZR826A3XBH). This will be reflected in the MIPS Dashboard when the 2025 Reporting year is selected. For additional MIPS Certification information refer to our Certification ID Help Article.

Reporting Year 2025	♥   D   Ø   %   <b>×</b>   ◄ ▼	QUALITY     Data Exports	¢ ≯ ♀・	E IMPROVEMENT ACTIVITIES Perform up to 4 activities for a minimum	of 90 days	
Individual Paul M.D., Paul Davis's M.D., Thomas Smith MD, Lane C. Davis's M.D., Thomas Group 4560 Edwards, Paul (Aston) Davis DPT, Kinsey Paul M.D., Paul Group 55555 Owens, Duyen	▲           01/01/2025         12/31/2025           01/01/2025         06/29/2025           01/01/2025         06/29/2025           01/01/2025         12/31/2025           01/01/2025         12/31/2025           01/01/2025         12/31/2025           01/01/2025         12/31/2025           01/01/2025         12/31/2025           01/01/2025         12/31/2025           01/01/2025         12/31/2025	▲ Last Build 05/21/2025 11:00PM Admi     ↓     Export Interop 02/20/2025 8:08AM Daou     ↓     Export Interve 02/20/2025 8:08AM Daou     ↓     Export Obser 02/20/2025 8:08AM Daou     ↓     Export Medic 02/20/2025 8:08AM Daou     ↓     Export PM 02/20/2025 8:08AM Daou     ↓     Export Interop 02/14/2025 1:23AM Saini      PROMOTING INTEROPERABILITY	Inistrator Id, Ciliff All Providers Id, Ciliff All Providers Id, Ciliff All Providers Id, Ciliff All Providers Id, Ciliff All Providers I, Monika NPI: 1255402	<ul> <li>Additional improvements in access as a re</li> <li>Administration of the AHRQ Survey of Pati</li> <li>Adopt Certified Health Information Technol</li> <li>Advance Care Planning</li> <li>Anticoagulant Management Improvements</li> <li>Application of CDC's Training for Healthca</li> <li>Behavioral/Mental Health and Substance I</li> <li>Behavioral/Mental Health and Substance I</li> </ul>	sult of QIN/QIC ent Safety Cult ogy for Securit re Providers on Jse Screening Jse Screening	TA ure r Tags Lyme & Refe & Refe
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#### Completing the Transition Away from IdenTrust for ePrescribing

U19144: As we complete our transition away from IdenTrust, the Credential Setup screen has been updated to remove the option to add or renew IdenTrust certificates. Existing IdenTrust credentials will continue to function until they expire. Going forward, users will only see ID.me as the available option when setting up new credentials. A message has been added with instructions to contact Support for assistance in transitioning to ID.me for ePrescribing.

	Q 🖸 🗘			P 10					New User/C	Credential
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U19145: Users with active IdenTrust certificates will now see login alerts starting 100 days before their

certificate expires. These alerts explain that IdenTrust renewals are no longer supported in iSalus and warn users not to respond to renewal emails from IdenTrust, which has a no-refund policy. Instead, users are directed to contact Support to transition to an ID.me certificate for uninterrupted ePrescribing access. As the expiration date nears, the message escalates to an **Immediate Action Required** alert shown daily in the final days before expiration. To proceed with login, users must acknowledge the alert by clicking the **Continue** button.

Login Message	
Action Required: Your IdenTrust cert is expiring. Remember, we no longer accept IdenTrust certificates, to diregard IdenTrust renewal notices as they have "No Refund" policy. Existing, non-expired IdenTrust certificates will remain valid to ID/GrEMN until their expiration date. Noke sure you work with our support team to get started with our IDme certificate for EPCS prescribing. Reach out to Support Team at 877-280-6400 - emaily our request to support Blaukmeather.accem to get started with TDme for ePrescribing. With IDme, you will never have to worry about renewing your EPCS certificate againt	Ismith     a     corrence
Continue	Time Left: 00:04:57
	Support@isalushealthcare.com
Login Message	
Immediate Action Required: You only have a few more days to get enrolled with Ibme to prevent losing electronic present(prior) access. Remember, we no longer accept IdenTruct extrificates as your must transition to Ibme to replace your expiring cert. Also, IdenTruit does not refund your money. To ensure continue access to electronic prescribing reach out to our support term at 877-280-4601 to etter the second	1 Ismith
access to enroll with IDme to replace your repring EPCS certificate. You can also submit a Support Request via email to supportIfisuluterateracons but calling during normal butines hours is recommended for fastest service. With IDme, you will never have to worry about renewing your EPCS certificate again!	Coremc Time Left: 00.04:57
Continue	📽 Status Page 🗃 Knowledge Center

#### CMM - New Patient ePA History Option

U18587: A new **ePA History** option has been added to the Patient Index card drop-down menu in EMR. This feature allows users to view a patient's complete electronic prior authorization (ePA) history in one place. The report displays one line per unique prescription ID and includes key details such as ePA status, prescription (drug short name), SIG, RX start date, prescribing provider, PA case ID, and RX ID. This view makes it easier to track and review all prior authorization activity for a patient.

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« Patient Charts 📄 •	🗋 New 🖾 Save 🗿 History 🔹 🕒 Detauto	Patient * *** More *	: 🌇 277035-Clark, test 11-Sep-1964 (60y) of
Office Schedule	Allergies	Comments	★ 1681 × Q, V
Friday May 23, 2025	Alert Description	Communication	Patient Photograph 🏚 🛠
No Resources Found (0)	Acetaminophen Aretazolamide	Patient Communications	
	? butter	Care Team	
	Elevant Decision Support Intervention Messages	Hospital Round History	Toole Distristed Alerts
	Alert	Open Patient in Billing	
		Open Patient in iScheduler	
		Patient ePA History	
		Room Assignment	· · · · · · · · · · · · · · · · · · ·
Dialysis Rounds 🗧	Encounter History	Print / Fax Queue	
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	04/17/2025 Visit A - Rehab Choic	Reminder	Patient AMP 1 C
	03/27/2025 Note Lane O'Smith, MD	Cost Estimator	Alleraies ^
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		X Close Patient	Field     Field
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	hydrocodone 5 mg-acetaminophen 325 mg tablet 1 G12		Bannokburn Pharmacy No Refils 03/19/2025 Current 0 Problem List
	hydrocodone 5 mg-acetaminophen 325 mg tablet 1 BID		Bannockburn Pharmacy No Refills 03/19/2025 Current  History History
	Patient History		A Margan

#### Claims and Procedure Date Logic Update for "Reconciliation Charge" Connect Report

U20031: With our previous update to optimize the **Reconciliation Charge** Connect Report and enhance its performance, the logic for pulling claims and procedures into this report was inadvertently impacted. It changed from using the specific appointment date to using the date range parameter entered on the report. We have now corrected this issue by modifying the report to ensure the claims and procedures are pulled solely based on the appointment date.

## Resolutions

#### Deposit Showing as Disbursed When Claim Errors Still Exist

B19904: Corrected an issue stemming from release 25.129 where deposits were sometimes showing as "Sent to Posting" and "Disbursed" even when there were unresolved claim errors. We addressed this by creating a function to evaluate if a deposit has unresolved errors before setting the disbursement date, preventing the posting of the claim.

#### Error when Adding Patient Transaction History to Print Queue

B18801: Corrected an issue where adding the Patient Transaction History Report to the patient's Print Queue prevented it from saving. We resolved this by removing an extra character in the code that was preventing the patient ID from being passed.



#### Claim Query Payer Name Filter Not Filtering Payers With (\*) On The Name

B18100: Corrected an issue within the Claim Query Window where the Primary Payer Name filter would not function if the payer name contained an asterisk (\*). This has been resolved, as many users use the asterisk to signify a payer that should be prioritized from a list of the same payer with different addresses or to identify a payer that requires authorizations on medications or other instances.

### Claim Assigned To Claim Query No Yielding Results

B18171: Resolved an issue with the "Claim Assigned To" search filter on the Claim Query screen that was preventing any results from being returned. The problem occurred because the claim assignment was being searched based on the description instead of the ID.

#### Quick Pay - Letters Displaying Invalid Symbol For Spanish Characters

B19685: Corrected an issue in the new Quick Pay window under the Letters tab where, if a user selected a Spanish letter utilizing Spanish characters (á, é, í, ó, ú, ñ, etc.), the characters were displayed as invalid symbols. However, if the same letter was opened from the EMR, the Spanish characters were displayed correctly.

### Quick Pay - Letters Not Populating Appointment Date as Encounter Date

B19728: Resolved an issue within the Quick Pay window where, when opened from an appointment and the Letters tab was accessed, it did not populate the Encounter Date as the appointment date. We updated this to ensure the Encounter Date on the Letters tab is populated with the appointment date by using the provided encounter date instead of attempting to pull it from the parent encounter date.

#### C4837 Scheduler Analytics Built Time Optimization Research

B19790: Corrected an issue causing the Scheduler Analytics average build time to be unexpectedly high, significantly impacting accounts with high data volumes. We optimized the build time by updating the script that loads the facts and dimensions tables behind the cube and replacing several large cursors.

## Company Setting Window Displaying Settings that Are Set to Only Display on the Screen Settings Window

B19817: Resolved an issue where the **Company Setting** window displayed settings intended to be hidden from all users on this particular window. These settings were displayed for bang users despite the flag set to "not display in the Company Setting window." We fixed this by updating the stored procedures so that "super users" cannot access company settings marked as non-display, and by setting super-user = 'N' when retrieving data. Thus, no company setting marked with display\_indicator = 'N' will be displayed.

#### MML | Unable to view Embedded PDFs for Shared Order Results

B19915: Corrected an error occurring for a patient when selecting the "PDF Report" for shared Order Results within their **MML account > Lab Results**.

	Pretty-print 🗌							
Main Lab Result	{"contentType":"","imageBase64":"","error":""}							
Additional PDFs								
PDF Report								

# Claim Entry Diagnosis Codes 5-12 Not Being Copied to Next Procedure Line

B18733: When a new procedure is entered the diagnosis codes listed in the last procedure line is usually copied to the new procedure line. However, if there are diagnoses documented in the 5th through 12th diagnosis fields, those are not being copied into the new procedure line, and only the diagnoses in the 1st through 4th fields are being carried over. We corrected this by adding sql code to look at diagnosis codes 5-12, since those were previously null by default.

#### Procedure Code Advanced Search Errors with Do Not Bill Parameter

B18936: Corrected an error message occurring when utilizing the Advanced Search on the Procedure Code Setup and selecting the "**Do Not Bill**" flag search parameter. We resolved this by fixing a value conversion, as well as copay and time prompt flags that were displaying incorrect data, which made the value non-searchable.

🛞 Request 🛛 🗙 🗙
Unable to get search IDs Conversion failed when converting the varchar value 'Y' to data type int.
ОК

#### Patient Setup Summary tab Patient Balance Credit Color

B18981: Corrected an issue stemming from release 24.122 where patient balances in the Patient Setup > Summary tab were no longer listed in red if the patient had a credit. We updated this so that balances equal to or greater than \$0.00 are shown in black font, and balances less than \$0.00 (credits) are shown in red font and in parentheses. This update applies to both the Summary tab (Patient Setup) and the Check In/Out dashboard.

#### Receipt Hold Date Display Is Being Listed as the Receipt Date

B18999: Corrected an issue within **Billing** > **Receipts** where the Receipt "Hold Date" column was being populated with the Receipt Date instead of the Hold Date. We updated this so that the date shown in the Hold Date column is now the Hold Date from the receipt details screen, not the Receipt Date.

# Claim Assignment is Utilizing the Wrong Insured ID To Determine Assignment

B19731: Corrected an issue where, when a patient had multiple insurances with the same Entity ID, the claim assignment used the first Insured ID to set the "accept assignment" indicator, causing some claims to be sent with the "accept assignment" indicator set to "No" (Loop 2300 - CLM08 set to "N") due to the wrong Insured ID being used.

#### Expired Claims Connect Report Timing Out

B19938: Corrected an issue that caused the Expired Claims Connect report, used by the RCM team, to time out with an error message when run on larger databases. The report was using the wrong audit table to gather the last change to the claim status. We optimized it by creating a new table and updating the claim triggers, allowing it to run on larger databases without timing out.



#### Claim Validation - Required Modifier incorrectly failing on Do Not Bill codes

B18031: Corrected an issue within the claim validation where, if a code was set not to bill but had a modifier requirement, it incorrectly failed on the modifier requirement. We resolved this by adding code so that if a procedure code is set to "do not bill," it will ignore the claim validation rules and always pass validation checks.

#### MIPS and FHIR 2025 reporting year missing in the UI for clients

B19827: We resolved an issue that prevented some clients from accessing 2025 MIPS and FHIR reporting features in the production environment. All eligible clients now have full access to the 2025 reporting tools to

ensure accurate and timely reporting for the current MIPS performance year.

#### VOID Letter option is grayed out despite setting the role

B19937: Resolved an issue where, despite enabling the Role Setting to void letters, users were still unable to void letters because the Void/Auth option remained grayed out.

Key       New       Details       Details       Details       Patient       Image: Comparison of the second of th	⊢ - EMR														
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#### Global Fishbone Lab Result Display Ignoring Custom Item Order

B19987: Our new fishbone enhancements allow iSalus admin users to control the display order of lab result items in the Global Fishbone configuration screen using drag-and-drop in the Items column (default is alphabetical). While the custom order was saving correctly in the global setup screen, it was not being applied when lab results were viewed in practice databases. This has been corrected—lab data now displays in the configured custom order across all patient charts using that fishbone setup.

# Manual Lab Entry Table View – Template Field Does Not Auto-Populate Default Value

B19988: Corrected an issue in the EMR Summary Vitals screen where the Template field did not auto-populate when users opened the Table View for entering manual lab results, requiring a manual selection each time. The Template drop-down now automatically defaults to the first listed template in order to restore the expected behavior from the legacy manual lab entry process.

#### Replaced Google Graphs as a graph option for EMR Order Results

B19720: With Google's decision to discontinue Google Graphs, we were seeing issues where graphs are no longer able to be displayed in some parts of the application. To correct this, we added **HighCharts** as a graphing solution to the EMR order results.



#### Inconsistent Global Period Warning

B12145: We have corrected an issue where the Global Period warning was not being displayed in certain claims. This was happening because the current date was being used in parts of the calculation, causing the global warning to disappear after the day of the claim had passed. We resolved this by removing the code that used the GetDate (current date) field for the calculation, and instead updated the code to calculate the date difference based on the claim dates (dates of service) rather than the current date. Additionally, we have modified the warning message so that the number of days is calculated from the claim dates instead of the GetDate function.

#### Claim Status and Submission Date Being Overwritten by 837 Acknowledgement

B16940: Corrected an issue where, when the clearinghouse sends multiple responses on an 837 claim acknowledgment, the latest data sent overwrites the claim status and claim insurance date. This posed a problem when the practice posts a payment response, as it would shift the claim from a work queue claim status back to the Sent Electronic claim status, causing the claim to sit and age without being worked.

To resolve this, we implemented a method that only allows the claim status to be updated from a claim acknowledgment when the current claim status is a System Status (not a Biller Defined status). This prevents the claim from shifting from a user work queue to a holding queue where it will not be addressed. We achieved this by activating code that uses the *update\_status* field on the table and enabling the field for all Biller Defined statuses. This allows users to select this flag for Biller Defined statuses, but prevents users from checking it when the status is a System Status.

🗸 Claim	Status Claim Sub-status					D • 🖺 🎓 ···		Claim Status #9
	Q 🖪 🖸					Claim Status Values		
Group	Description	Secondary	Statement	Receipt	Update			
System	Done	N	Y	Y	N	Group	System Status	~
System	Ready to Send Primary, Electronic	Y	Y	Y	N			
System	Ready to Send Secondary, Electro	Y	Y	Y	N	Description	<ul> <li>Ready to Send Primary, Electronic</li> </ul>	
System	Ready to Send Tertiary, Electronic	Y	Y	Y	N			
System	Ready to Send Primary, Paper	Y	Y	Y	N	Display Order	11	
System	Ready to Send Secondary, Paper	Y	Y	Y	N	cospoy cross		
System	Ready to Send Tertiary, Paper	Y	Y	Y	N	Flags		
System	Ready to Send, Statement	Y	Y	Y	N			
System	Payment Arrangement	N	Y	Y	N	Secondary	Statement Deceint	Auto Submit Status
System	Sent, Statement	N	Y	Y	N	COLORIDA I	Concern Concern	
System	Sent, Electronic	N	Y	Y	Y	Update Statu	Skip Auto Rece	lipt
System	Sent, Paper	N	Y	Y	N	-		
System	Refund	N	Y	Y	N	Claim Status Usage		
System	Rejected	Y	Y	Y	N	Claim Status Cauge		
Biller Defined	Denial	N	N	N	N	<ul> <li>Claim Status is</li> </ul>	s used on 41 Claim (837) records	
Biller Defined	Appeal	N	Y	Y	N	<ul> <li>Claim Status Is</li> <li>Claim Status is</li> </ul>	s used on 5 Citalm (CMS 1500) records	
Biller Defined	Collection	N	N	N	N	Claim Status is	s used on 773 Denneit avonde	
Biller Defined	Cross Over	N	Y	Y	N	County County in		
Biller Defined	Info. requested from office	N	Y	Y	N			
Biller Defined	Hold	N	Y	Y	N			
Biller Defined	Return Mail	N	Y	Y	N			
Biller Defined	Pending Collection	N	N	N	N			
Biller Defined	Medical Records	N	Y	Y	N			
Biller Defined	Reprocessed	N	Y	Y	N			
Biller Defined	Biller Review	N	N	N	N			
Biller Defined	Out Network Provider	N	N	N	N	*		

Claim Stat	tus/Substatus						×
🖋 Claim	Status Claim Sub-status					🗋 • 💾 🎓 ··· • Claim Status #75	愈
	Q 🖸 🖸					Claim Status Values	
Group	Description	Secondary	Statement	Receipt	Update		_
System	Done	N	Y	Y	N	Group Biller Defined Status	,
System	Ready to Send Primary, Electronic	Y	Y	Y	N		
System	Ready to Send Secondary, Electro	Y	Y	Y	N	Description Denial	
System	Ready to Send Tertiary, Electronic	Y	Y	Y	N		
System	Ready to Send Primary, Paper	Y	Y	Y	N	Display Order 1	
System	Ready to Send Secondary, Paper	Y	Y	Y	N		
System	Ready to Send Tertiary, Paper	Y	Y	Y	N	Flags	
System	Ready to Send, Statement	Y	Y	Y	N		
System	Payment Arrangement	N	Y	Y	N	Secondary Statement Receipt Auto Submit Status	
System	Sent, Statement	N	Y	Y	N		
System	Sent, Electronic	N	Y	Y	Y	Update Status Collection Status Skip Auto Receipt	
System	Sent, Paper	N	Y	Y	N		
System	Refund	N	Y	Y	N	Claim Status Usage	
System	Rejected	Y	Y	Y	N		
Biller Defined	Denial	N	N	N	Y	Glam Status is used on 100 Claim records     Claim Status is used on 100 Claim records	
Biller Defined	Appeal	N	Y	Y	N	<ul> <li>Claim Status is used on TOS Deposit records</li> </ul>	
Biller Defined	Collection	N	N	N	N		
Biller Defined	Cross Over	N	Y	Y	N		
Biller Defined	Info. requested from office	N	Y	Y	N		
Biller Defined	Hold	N	Y	Y	N		
Biller Defined	Return Mail	N	Y	Y	N		
Biller Defined	Pending Collection	N	N	N	N		
Biller Defined	Medical Records	N	Y	Y	N		
Biller Defined	Reprocessed	N	Y	Y	N		
Biller Defined	Biller Review	N	N	N	N		
Biller Defined	Out Network Provider	N	N	N	N		
61 items							P