Release 25.141 - October 16, 2025

Last Modified on 10/02/2025 8:52 pm EDT

New features | **Enhancements** |**Resolutions**

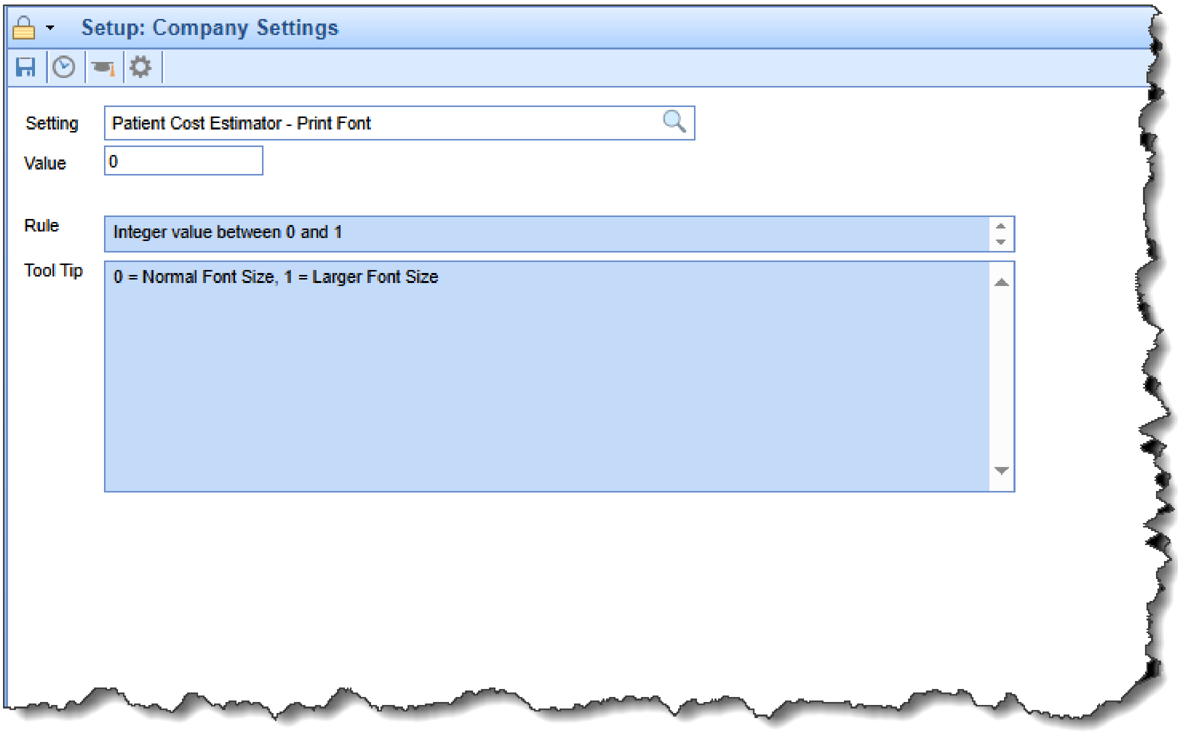
Highlights

New features

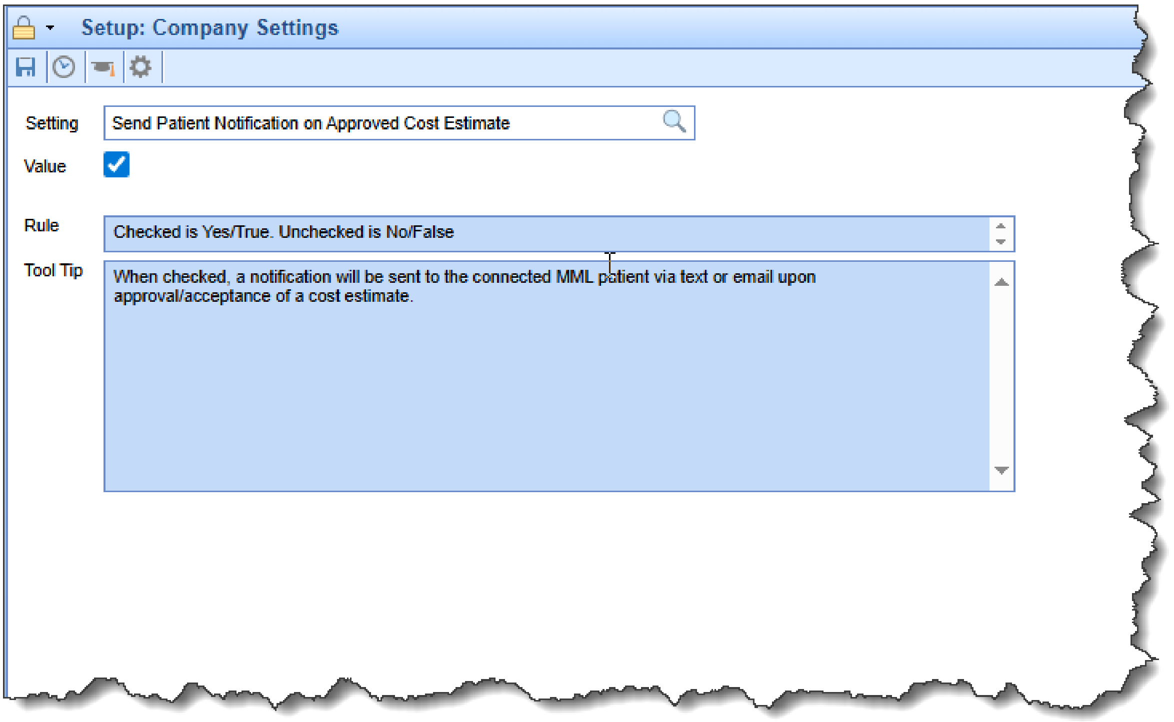
New Patient Cost Estimator Company Settings

U17670: In this release, we added a couple of new company settings to our Patient Cost Estimator. A new company setting within **Setup > Administrative Setup > Company Settings** has been created to toggle between the current (default) font and a larger font. When set, Company Setting: *Patient Cost Estimator - Print Font* will allow the printed patient cost estimate font to be increased, making it more legible for the elder demographics. This setting has 2 options:

1. **0** = Current Font Size (default)
2. **1** = Larger Font Size

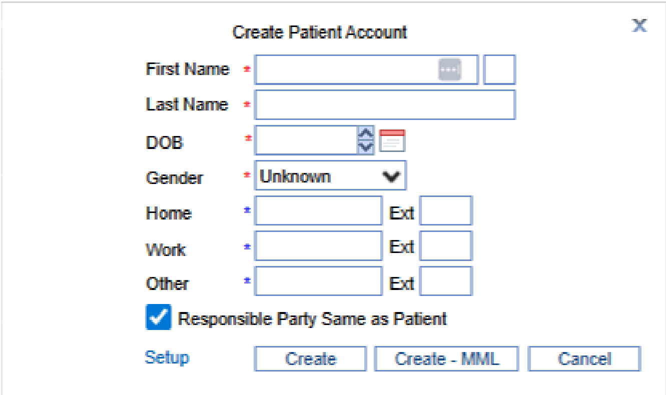


We also created another company setting to notify the patient when the practice has approved a patient cost estimate. When set, Company Setting: *Send Patient Notification on Approved Cost Estimate* will send an MML message informing the patient that a new estimate has been added to their MML account.

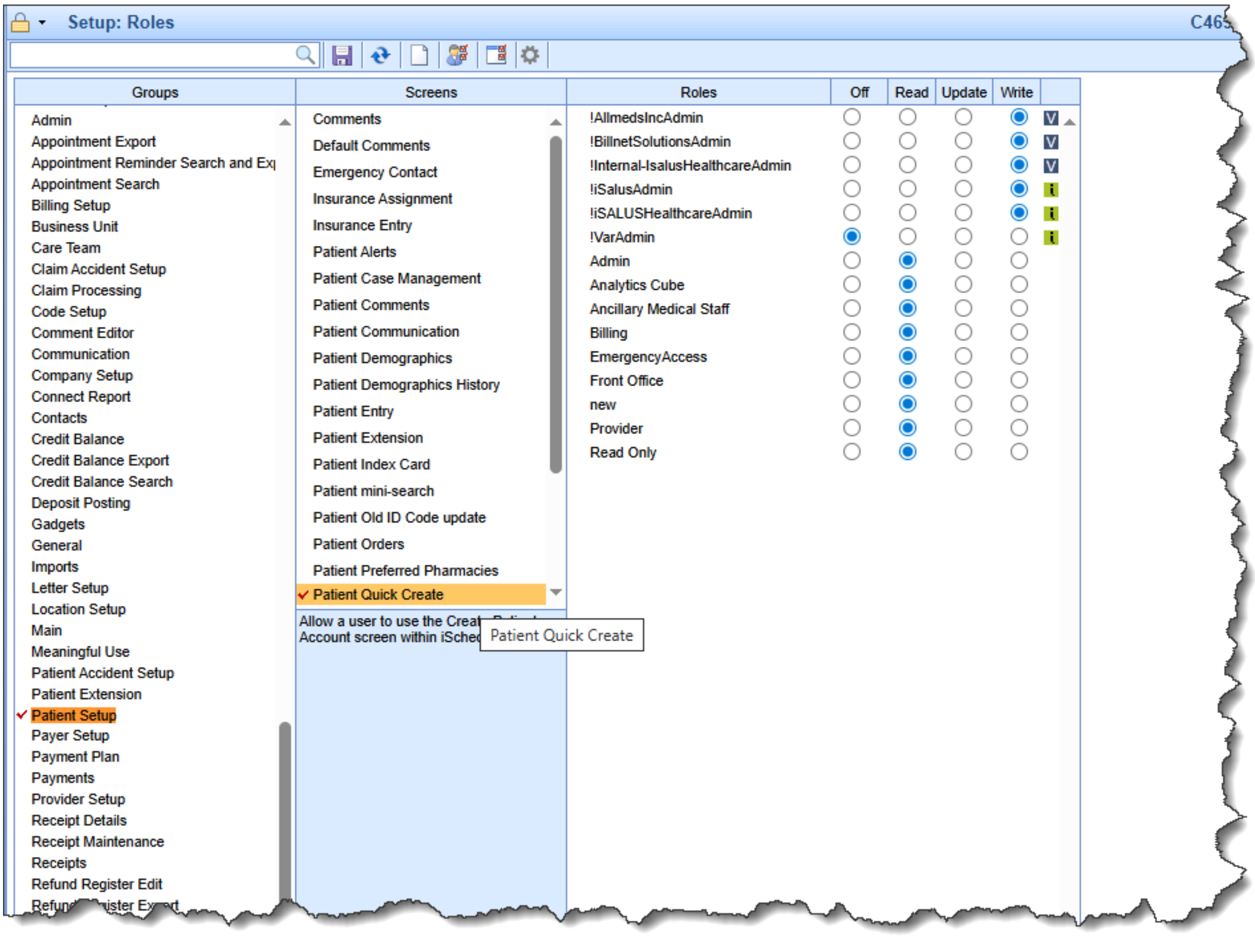


New Patient Quick Create Security Role

U17410: When creating a patient from iScheduler, users have the option to "Quick Create," which allows for patient creation with limited data. However, this has proven challenging for some practices with staffing issues, as these patient records are not appropriately updated afterward.

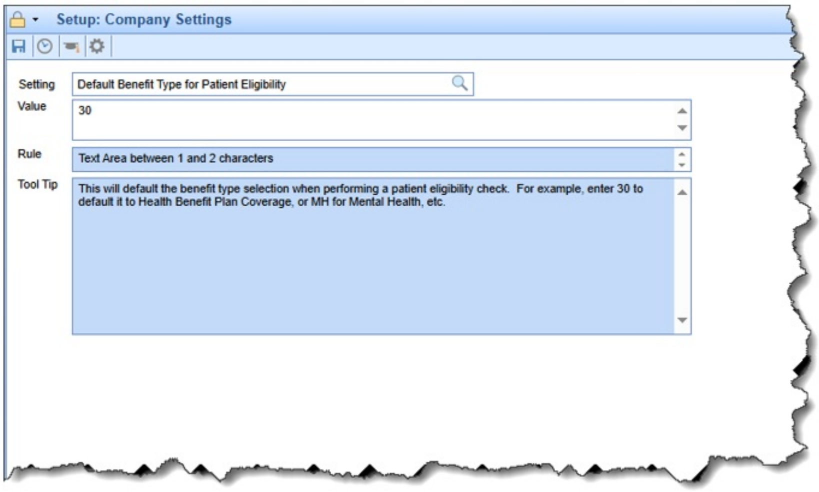


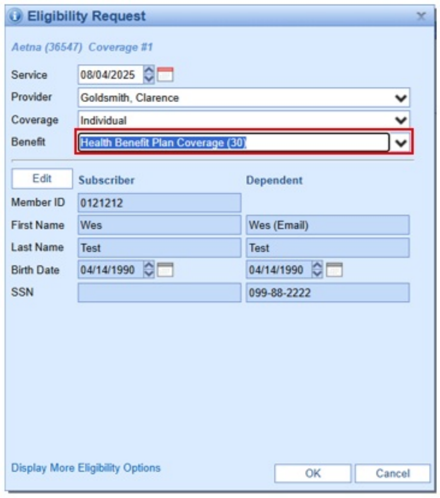
To address this, we implemented a security role to limit users who can utilize the Quick Create option. This new "Patient Quick Create" screen is accessible within the Setup Portal > Roles > Groups (under Practice - General Role > Patient Setup Screen) and will have the same roles as the "Patient Setup" screen by default. If a user does not have write privileges for this screen, an informational message will be displayed indicating that they do not have the correct privileges.



New Setting to Default the Benefit Selection for Patient Eligibility

U20361: Previously, specialists who wanted to run eligibility for applicable benefits had to manually update it each time because the eligibility benefit was hard-coded to "Health Benefit Plan Coverage (30)". For example, a behavioral health specialist, who would typically run eligibility with the "Mental Health (MH)" benefit, had to manually select it from the Eligibility Request Benefit dropdown. In this release, we introduced a company setting to default the eligibility benefit selection for the database. When set, Company Setting *Default Benefit Type for Patient Eligibility* will default the benefit type selection when performing a patient eligibility check. For instance, entering "30" will default to "Health Benefit Plan Coverage," while "MH" will default to "Mental Health."





BETA RELEASE: Modernized Patient Setup Screen

U20039: The Patient Setup screen has been modernized to establish a consistent UI foundation across all tabs. This update ensures smoother navigation and improves visibility of key patient information.

What to Expect

- Persistent patient header visible on all tabs.
- Updated left-hand navigation with location indicators.
- Patient flag display improvements across the entire screen.
- Foundational work for future enhancements.

Learn more here.

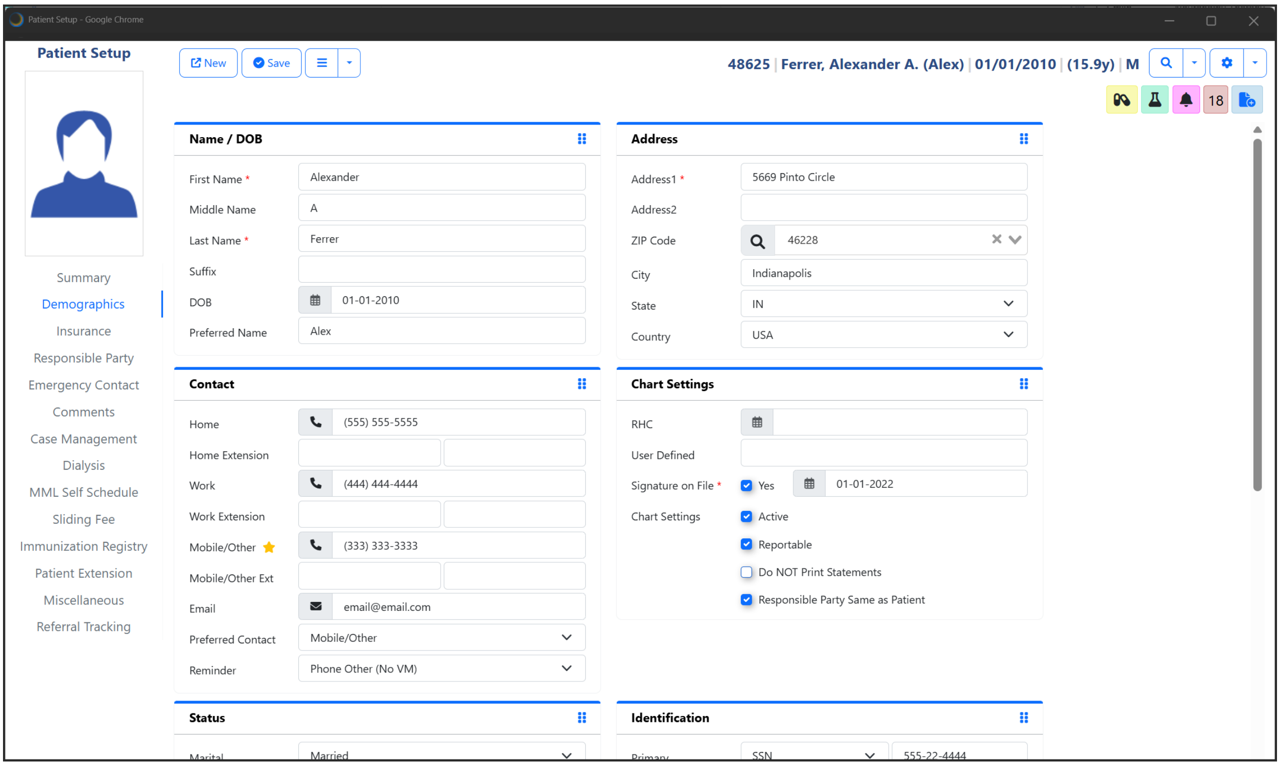
BETA RELEASE: Modernized Patient Demographics Tab

U20093: The Patient Demographics tab screen within Patient Setup has been redesigned to improve usability while meeting USCDI v3 requirements. Users can now organize information to match their workflow, designate a preferred contact number, and capture new standardized data.

What to Expect

- Component-based layout with drag-and-drop ordering (sticky user preference).
- New preferred contact phone number designation highlights a patient's preferred contact number with a gold star.
- New Occupation & Industry section added allowing practices who choose to capture data based on USCDIv3 data set values.
- Consolidated chart settings for easier access and improved visibility.

Learn more here.



Enhancements

Modernized Emergency Contact Tab

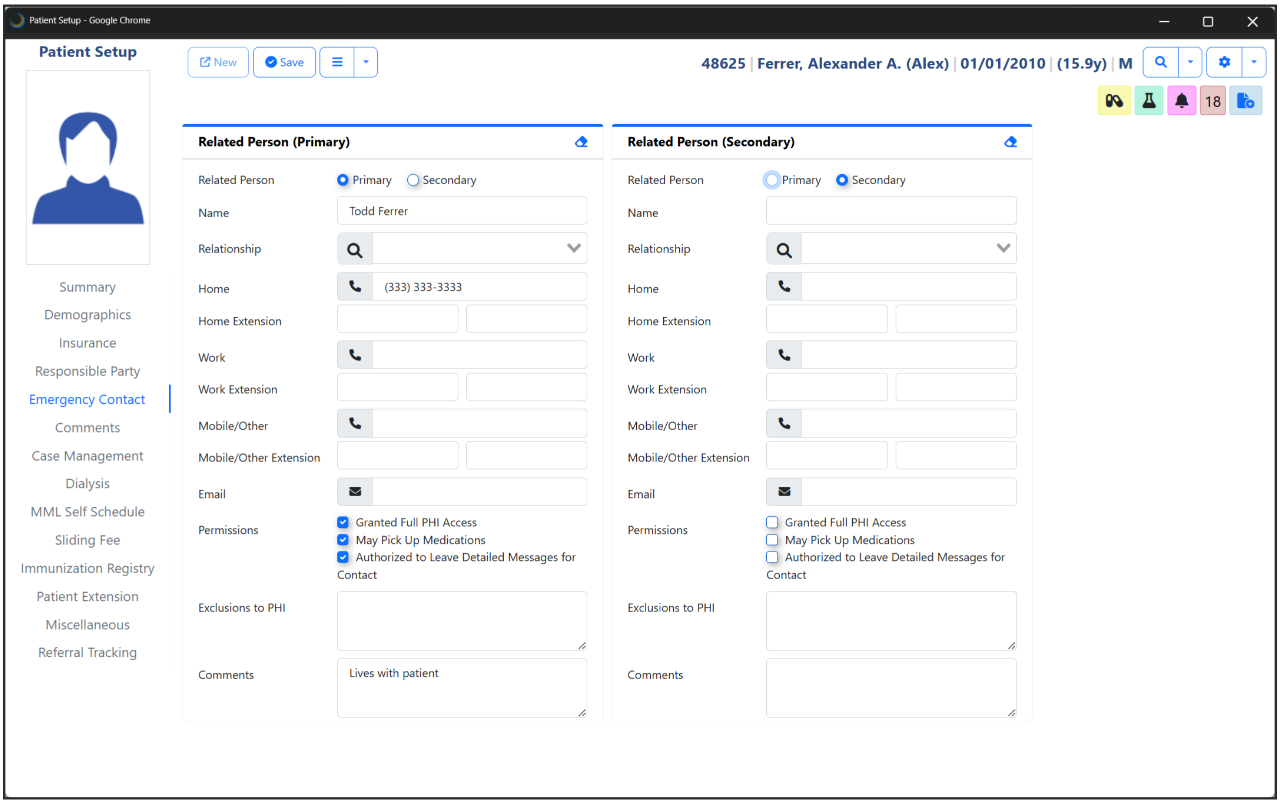
U20412: The Emergency Contact screen has been updated to align with USCDI v3 standards and renamed to reflect “Related Person” relationships. This ensures more accurate and standardized data capture.

What to Expect

- Relationship dropdown updated to USCDI v3 value set.
- Modernized screen layout consistent with other Patient Setup tabs.
- Primary and secondary contact fields remain supported.

Important Note: This screen is only visible to those clients participating in the Patient Setup/Modernized Patient Demographics BETA testing

Learn more here.



Enhanced Miscellaneous Tab

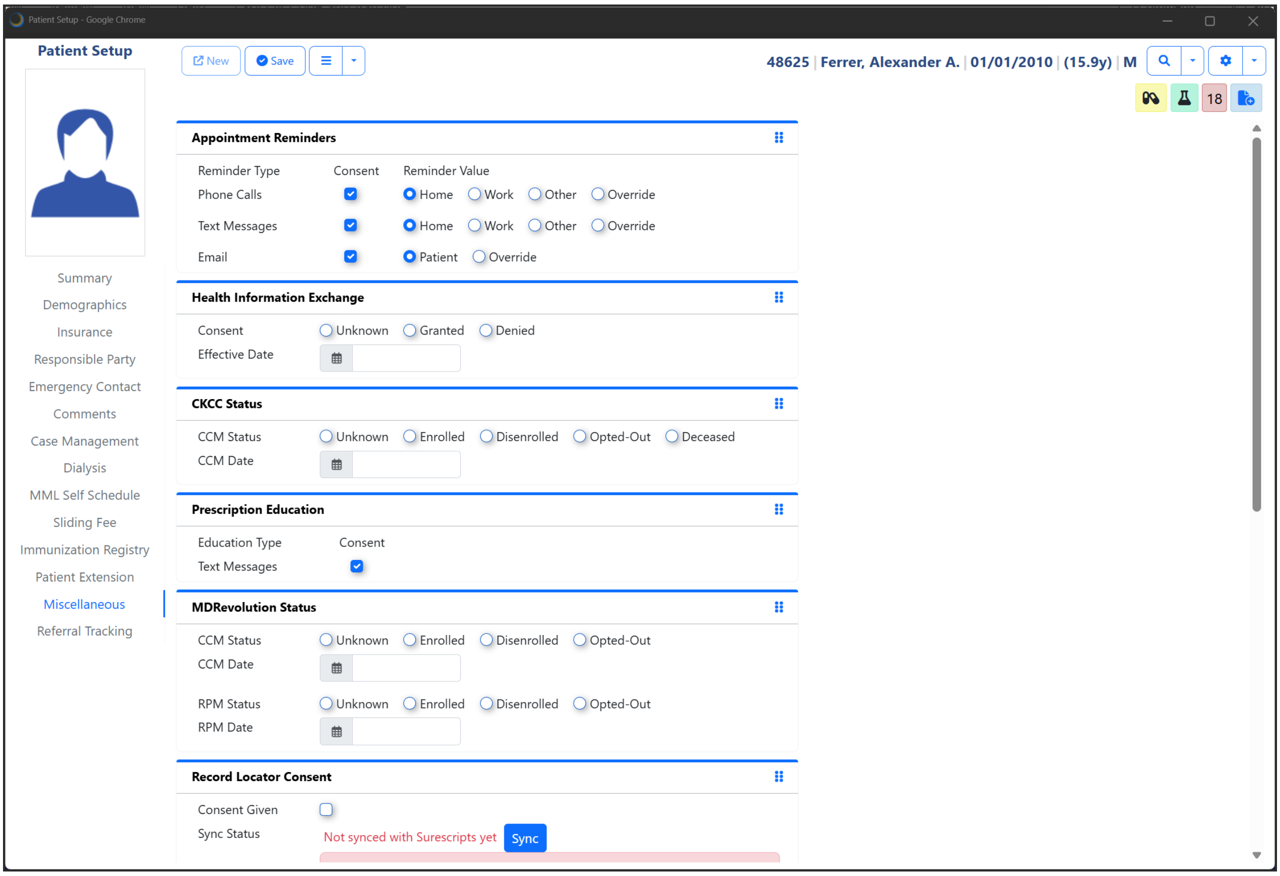
U20093: The Miscellaneous tab has been updated to use the same design components as the modernized Patient Setup screens. This ensures consistency and ease of use across all sections.

What to Expect

- Aligned look and feel with Demographics, Summary, and Related Person tabs.
- Consistent drag-and-drop layout where applicable.
- Clearer grouping of sections such as Chronic Care Management and Preschool Billing.

Important Note: This screen is only visible to those clients participating in the Patient Setup/Modernized Patient Demographics BETA testing

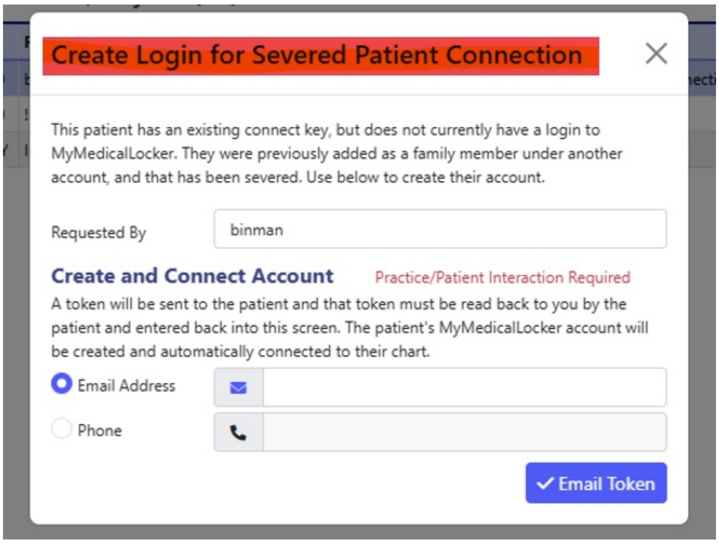
Learn more here.



New Option to Add/Remove a Family Member in MML

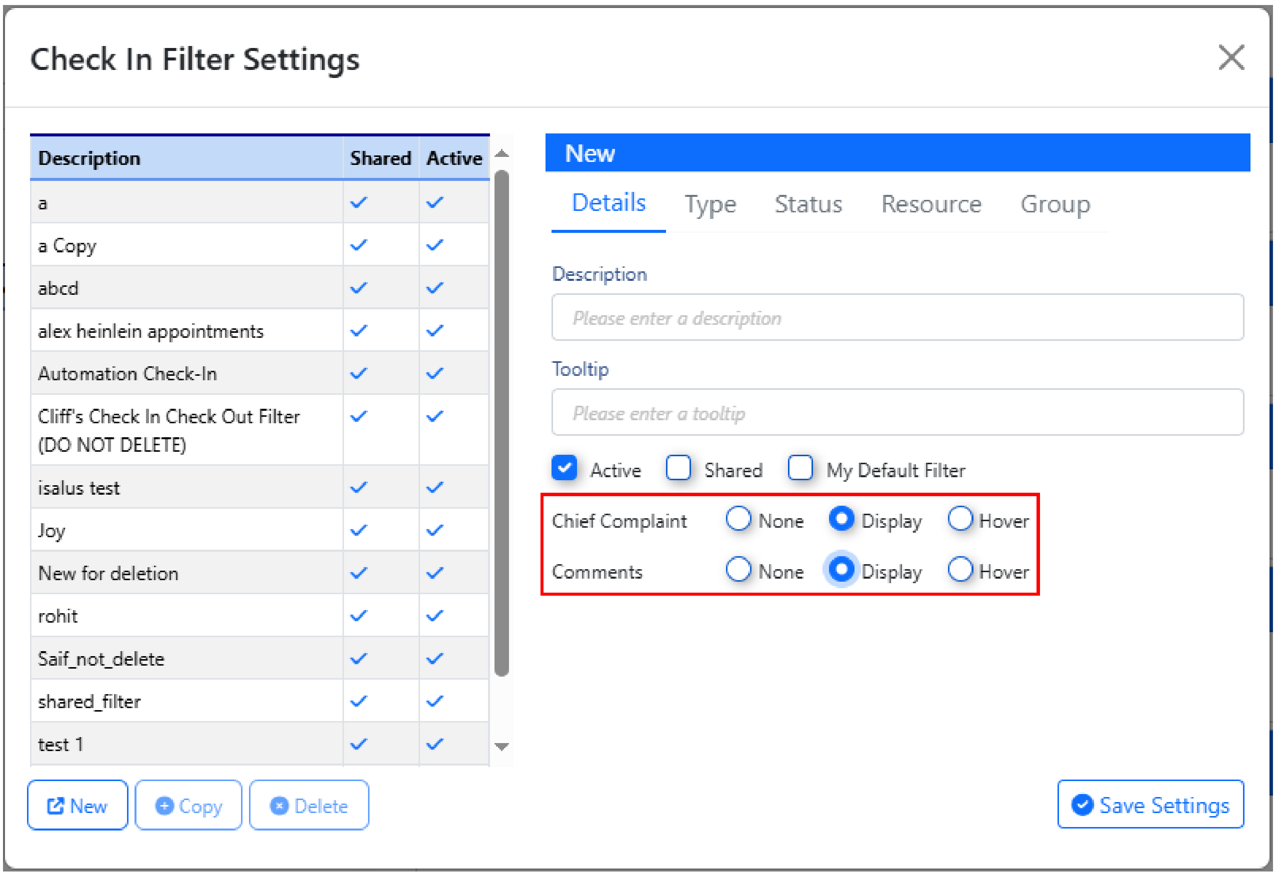
U20163: There are some scenarios where users may need the ability to dissociate a family member's account in MML. For example, a child may outgrow the need for a parent-managed account (e.g., turning 18), granting the parent access to records they may no longer be entitled to. Similarly, divorcing couples may need to remove access to their records from the Family Member functionality. Previously, patients could not remove family members from their accounts.

In this release, we added a remove option (X) next to family members that allows users to remove an associated family member who is 18 years or older. If the removed family member has a login, they will receive a notification. If the removed family member does not have a login, we will log the removal with their key. This ensures that they can be reconnected to the same key in the future, preserving their history and maintaining continuity.



Appointment Chief Complaint and Comments as Display Options in Check In/Out Dashboard

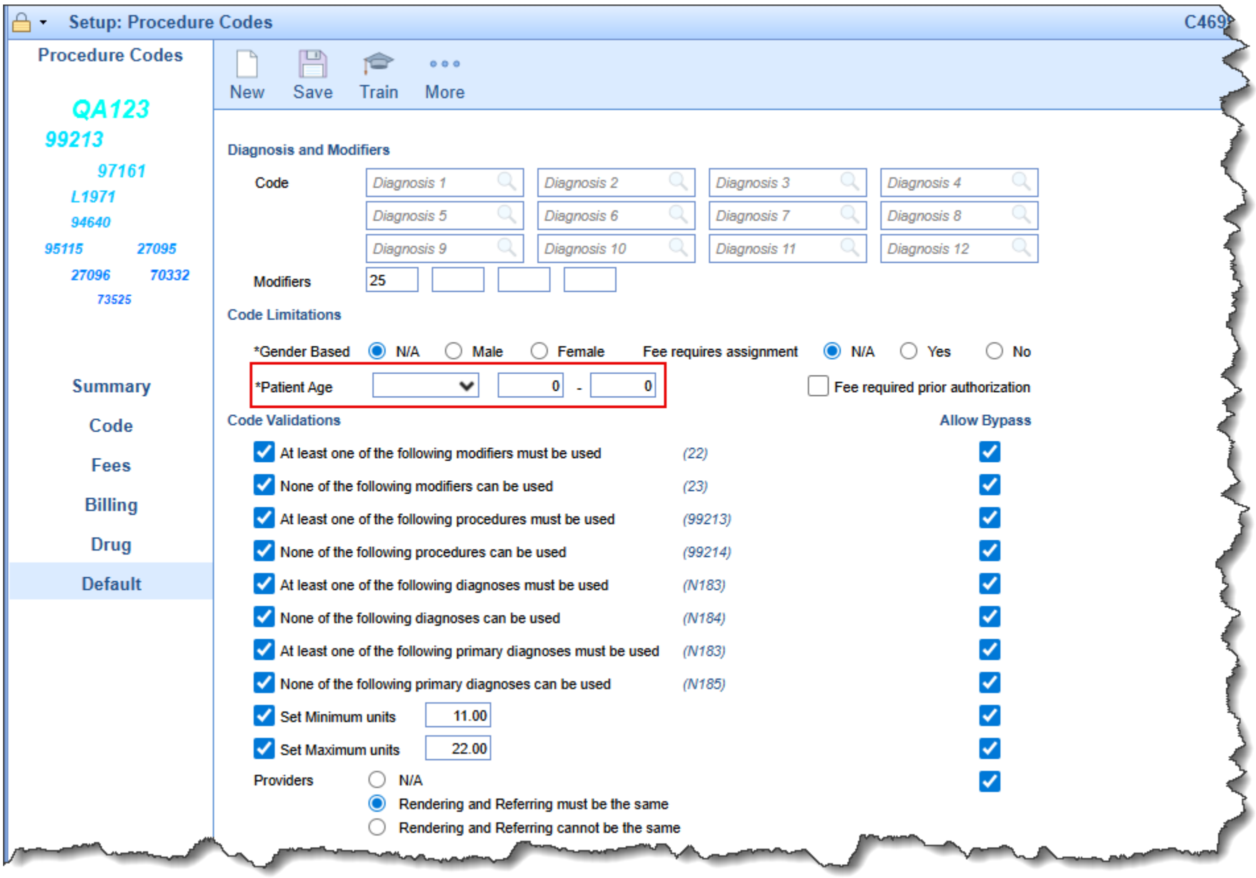
U18649: Some practices use the appointment Chief Complaint and/or Comments to document vital information needed at check-in/out. In this release, we added two new Check-in/out Filter Setting options to display these within the Check-in/out dashboard. These new checkbox options will allow chief complaints and/or comments to be displayed, displayed on hover, or not displayed. When checked, the selected option(s) will appear on the left side of the Check-in/out dashboard.



For more info visit our User Settings Written Tutorials Help Article.

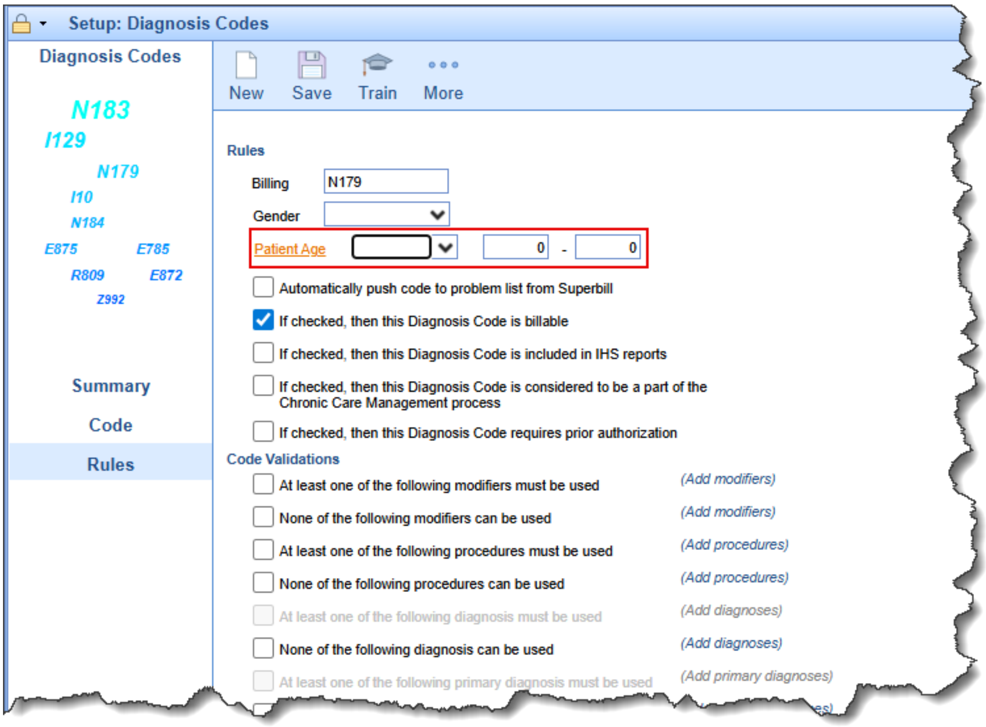
Procedure Code Validation For Patient Age

U20268: A new Procedure Code Validation has been implemented for patient age. This validation will trigger if a patient's age falls outside the established range for a specific procedure code, as some codes have patient age billing limitations. The new Patient Age field is located within Code Validations in the Procedure Code Setup window, under the Default tab. Users can now set a patient age range in years, months, or days. Once set, the Procedure Code validation on the claim will trigger an error message if the patient's age falls outside the specified date range.



Diagnosis Code Validation For Patient Age

U20394: We also implemented a new Diagnosis Code Validation for patient age. This validation will also be triggered if a patient's age falls outside the established range for a specific diagnosis code, addressing patient age billing limitations. The new Patient Age field is located in the rules section of the Diagnosis Code Setup window. Users can now set a patient age range in years, months, or days. Once set, the Diagnosis Code validation on the claim will generate an error message if the patient's age is outside the specified range.

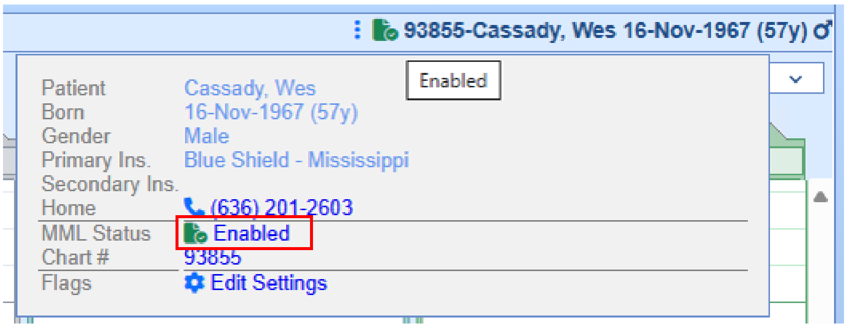


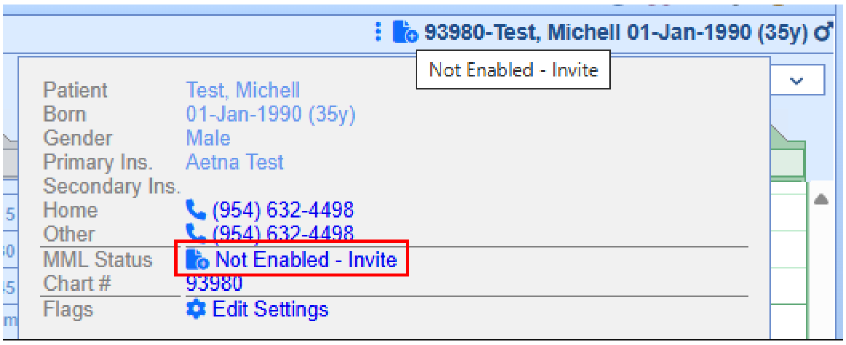
Added Paging to Text to Pay Patient History

U20280: Previously, the Text to Pay Patient History did not have a limit of how many rows were displayed. In this release, we added paging to the Text to Pay History window. Pages will default to displaying 100 rows, ensuring easier navigation for patients with numerous Text to Pay links.

Estimate Approval and Cost Estimate MML Indicator

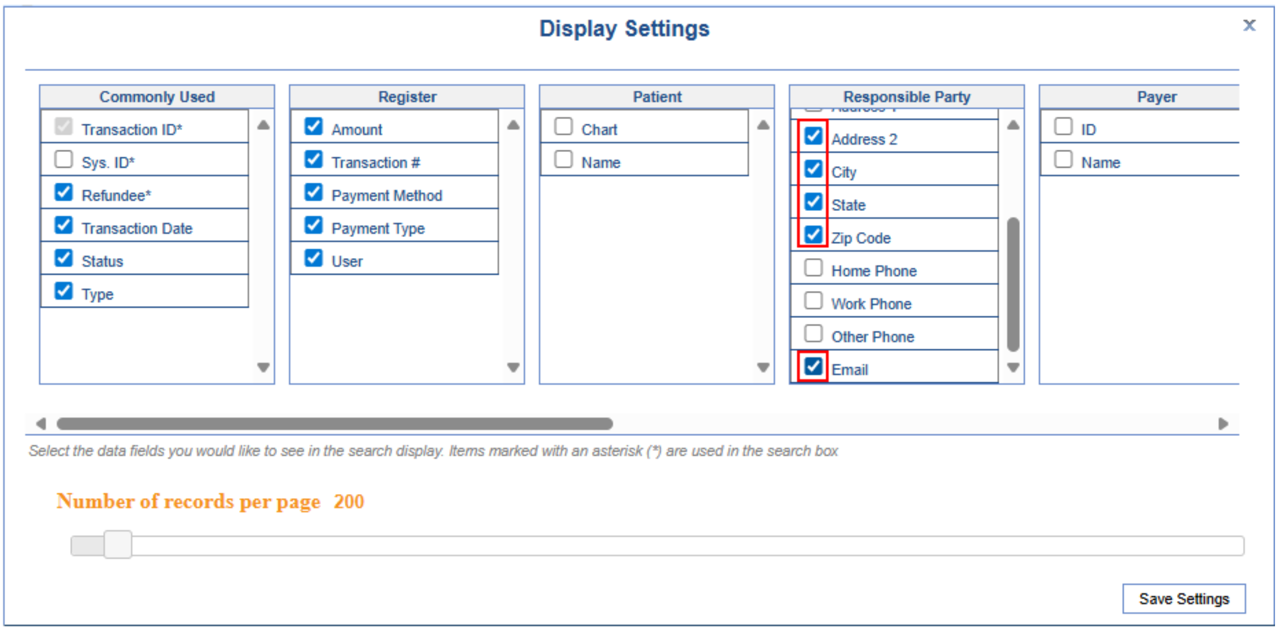
U20276: When a patient estimate is approved, it is added to their MML account. If the patient does not have an MML account, some customers prefer to print the estimate to mail it or provide it to the patient at the time of the appointment. In this release, we added an MML indicator to the Estimate Approval and Cost Estimate screens, enabling users to quickly identify patients who require printed estimates. In the Estimate Approval window's *display settings*, "Yes" indicates a connected MML account, and "No" indicates no MML account connected. In the Cost Estimate window, the MML status field will display a green icon with a checkmark for a connected patient and a blue icon with a plus sign for a patient that is not connected to an MML account.





Refund Register Report Add Responsible Party Email Address and Break Address Into Separate Columns

U20314: We added the responsible party email to the Refund Register Report, accessible from the "More" menu within the Credit Balance window. The responsible party's address, previously a single field, has also been separated into five independent fields: Address 1, Address 2, City, State, and Zip Code. This breakdown allows for improved reporting and accommodates diverse customer refund processing requirements. For more info on the available fields, visit our Refund Register Report Screen Help Article.



Immunization Codes - CDC Update

U20553: To ensure the immunization documentation up to date, the list of NDC to CVX to MVX codes has been updated for the current year. This update, based on the latest CDC attachments, is essential for all Fall 2025 immunizations. Please note, that there are no changes from the CDC to the CVX to VIS data at this time.

Resolutions

Patient Balance Displaying Regardless of Company Setting Value

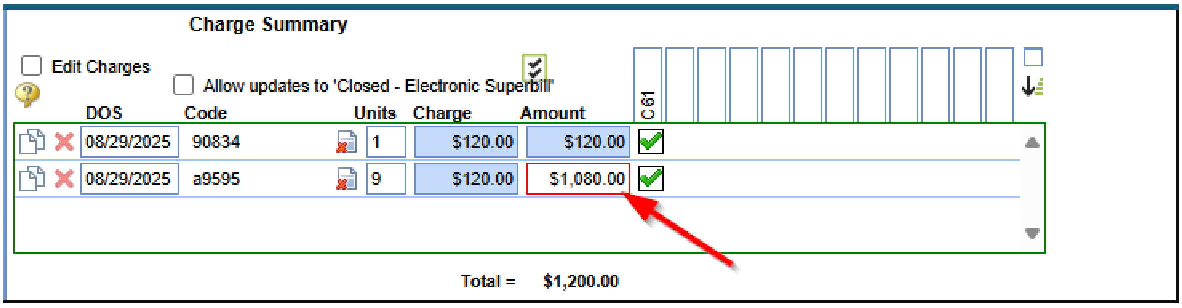
B20151: Corrected an issue where the company setting "Patient account balance can be seen within MyMedicalLocker" was not being respected within MML and the patient balance would display regardless of the setting's value. When the company setting was configured not to display the patient balance, an error occurred in the `claim_report` procedure, which was not retrieving the correct number of columns. This has been corrected to the expected functionality, displaying "Contact Your Practice" in the Balance tile in MML if this setting is No/False.

Auto merge of images on Intake not occurring in certain situations.

B20391: Resolved an issue where, when an intake is set up for auto-merge, image changes were not recognized, and the updated images did not transfer to the patient chart. When a photo is loaded into the intake, a change value is set to 1. However, navigating to another section and returning to the photo would reset this value to 0. Consequently, when submitted, the system did not recognize the photo as changed, despite alterations having been made. We corrected this so this value does not get reset when navigating away, preventing issues when auto-merging images.

Superbill Amount Outlining With a Red Indicator When the Amount is Greater than 1,000

B20446: Corrected an issue where, when creating a superbill, if the procedure selected has an amount greater than 1,000, the amount is outlined in red. This was due to the comma in the thousands place. We updated the code to now remove commas when comparing values to avoid the red outline.



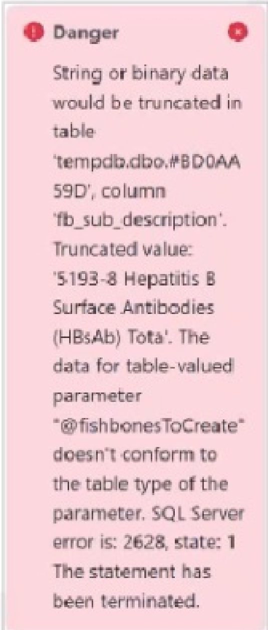
Receipt Analysis Report Date Totals Details Out Of Order

B20370: Corrected an issue in a specific database where date groups for the Receipt Analysis report under Date

Totals Details were not displaying in descending order. This was resolved by updating each area in the detail report (Date, Service Location, User, and Payment Method) to be sorted by its respective area. For example, the Date detail will now be in chronological order, and the Service Location detail will be in alphabetical order by service location name.

Save Error on Fishbones When Item Description Exceeds Maximum Length

B20517: Corrected an issue where users encountered a save error when saving a new fishbone with a description exceeding the maximum character length. Previously, saving a new Fishbone failed with a SQL error 2628, "*String or binary data would be truncated in table*" if the description value exceeded the column length defined in the table's valued parameter. This prevented valid Fishbone items with longer descriptions from being saved. An update has been implemented to prevent further input once the maximum column length is reached, eliminating the need for truncation.



Intake Receipts Not Linked to Appointments from the Intake

B20564: Corrected an issue stemming from release 25.139 where payments were not being correctly linked to the appointment tied to the intake reminder. Consequently, the payment was not displayed under Receipt Transactions in Quick Pay for the appointment.

EMR Prescription Refill Matched to Wrong Patient

B20427**:** This code was hot-fixed in 25.139 release (September 16, 2025). Report of a single instance of refill request allowing send to wrong pharmacy when inbound and outbound patient data did not fully match; this was not reproducible. **Fix:** Validation logic updated to block mismatched requests, preventing potential patient mismatches and ensuring refill patient match accuracy.

Problem List Favorites Performance Issue post release

B20524 This code was hot-fixed at the time of the report. Issue reported by several clients in the late afternoon that Problem List Favorites drop-down was experiencing long load times. **Fix:** Added a database index to improve lookup speed for SNOMED-coded problems for a faster, stable loading of favorites when accessing the

Problem List.

Low Impact Issue Affecting Global Fishbone Admin Portal Setup for Item Description

B20517: Global Fish Bones (Admin Portal Limited Access) – Following our modernization of Global Fish Bones we had a reported issue that the item description field allowed more characters than supported, causing errors. **Fix**: Implemented character limit contraint to prevent invalid entries. Impact was limited to the creation of new fishbone items (which is rare) and the workaround was to limit the description length to successfully save

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