

Release 26.163 - June 25th, 2026

Last Modified on 06/17/2026 9:45 pm EDT

[New features](#) | [Enhancements](#) | [Resolutions](#)

Highlights

New Features

New Authorization Required Flag in Appointment Type Setup
New Down-Coding Report

Enhancements

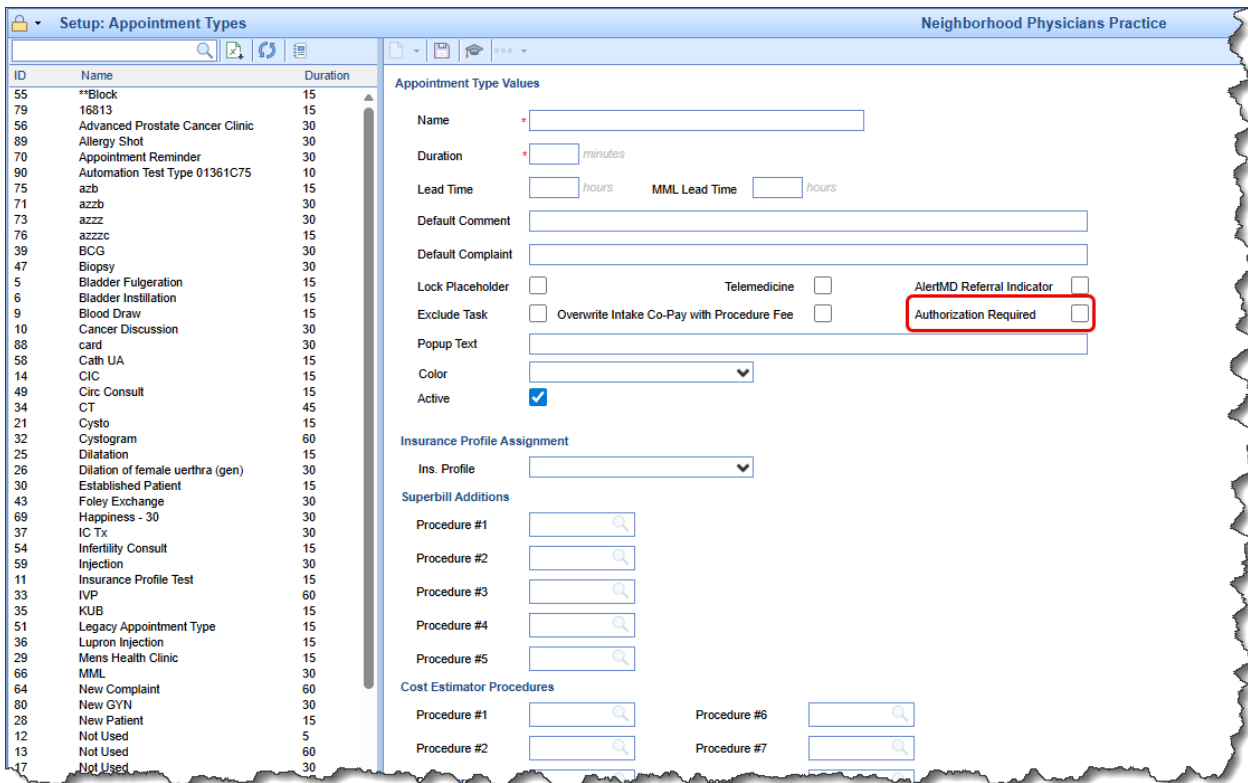
Recall Button Added to Patient Appointment List
eDocuments Added to Print Queue
Procedure-Level Rendering Provider Now Reflected on HCFA (CMS-1500) Claims
New Fields Added to "Expired Claims" Connect Report

New features

New: Authorization Required Flag in Appointment Type Setup

ISL- 8572: We added a new **Authorization Required** flag to Appointment Type Setup, giving practices greater control over scheduling validation for appointment types that require prior authorization. When this flag is enabled, the system will trigger a validation warning if an appointment is scheduled without an authorization on file. This helps prevent appointments from being booked without the necessary authorization in place.

The **Authorization Required** flag can be found under **Appointment Type Setup > Appointment Type Values** and can be updated by your team as needed.



New: Down-Coding Report Now Available

ISL-8415: We have added a new **Down-Coding Report** to the Reports Portal under the **Billing** section. The report includes two tabs: A Down-Coding Summary and an Advanced Search.

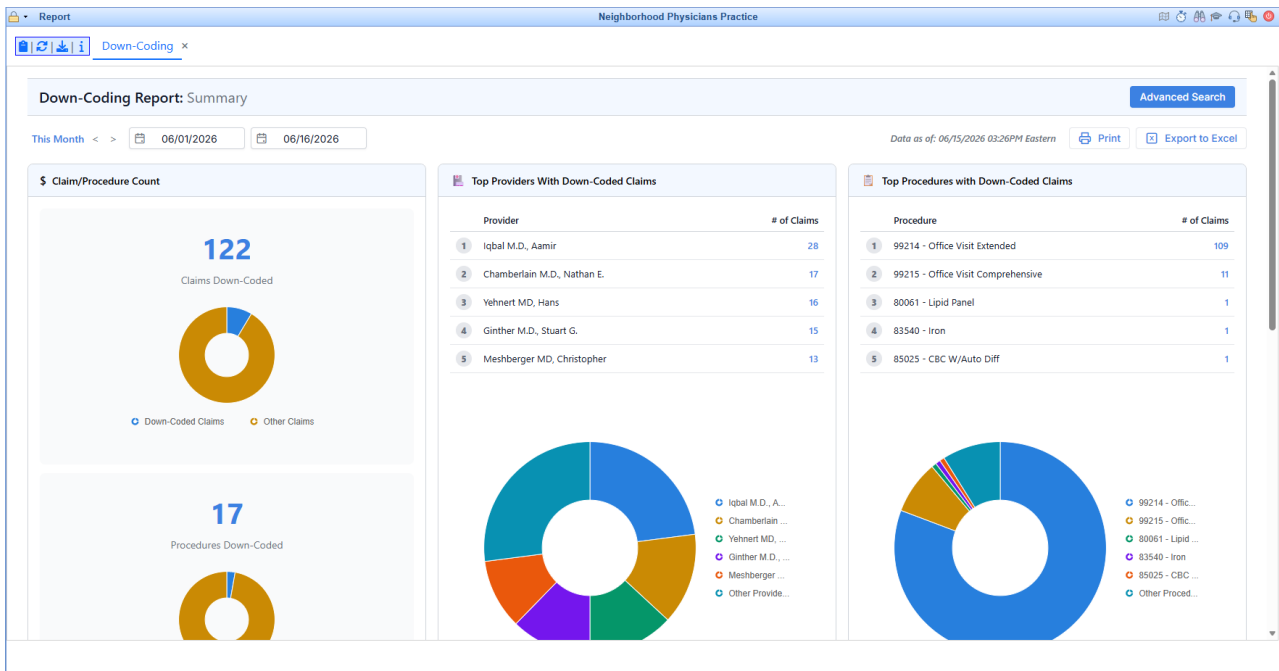
Down-Coding Summary Dashboard: (Default View) The summary dashboard provides an at-a-glance overview of down-coding activity for the current month (first of the month through today), including:

- Total down-coded claims and procedure counts
- Top providers, procedures, and payers with down-coded claims
- Top CARC and Remark Codes associated with down-coded claims

The dashboard also includes a calendar option to adjust the date range and an option to export or print the report.

Advanced Search: The Advanced Search tab allows for a more in-depth analysis by filtering results across a wide range of criteria, including:

- Post Dates, Payers, Providers, Locations, and Financial Class
- CPT Codes, CARC Codes, and Remark Codes
- Specific grouping and subgrouping categories



Enhancements

Recall Button Added to Patient Appointment List

ISL-8375: Based on beta feedback, we have added a new **Recall** button to the Patient Appointment List, making it easier to view and manage recalls without leaving the appointment screen. The new Recall button is located to the right of the appointment status button and displays a counter showing the number of active recalls for the patient (where active is defined as recalls with a future due date that are currently in a Recall status). This gives you an at-a-glance view of whether a patient has any upcoming recalls assigned.

When clicked, the button will open the Recall Search pre-filtered with the patient's chart number and today's date, allowing you to quickly review existing recalls or create a new one as needed.

Patient Appointments - Work - Microsoft Edge

https://qatest.isalushealthcare.com/OfficeMd/App/Schedule/PatientAppointments/842445/9fb67ada-8d86-408f-a05c-7e9c22b862ec

tes efg abc CMT 28-Sep-2025 (8m) M

Available Filters

Start Date: [Calendar icon] [] End Date: [Calendar icon] []

All No Show 1 Cancelled 21 Checked Out 6 **Recall (4)**

Status: [] Type: [] Resource: [] Location: [] Reset Filters []

Appointments

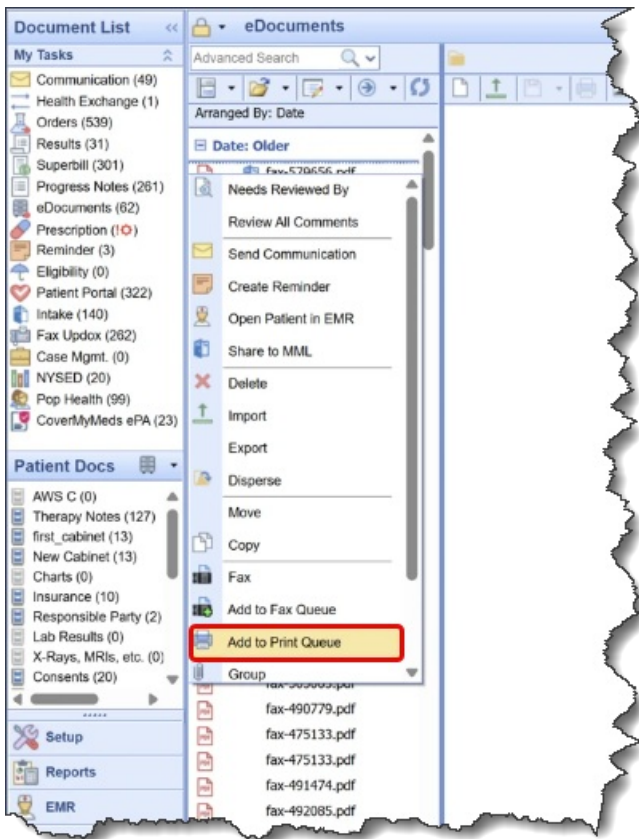
Start	End	Scheduled	Location	Status	Type	Chief / Comment	Cancel Comment	Action
Future								
06/24/26 4:45:00 PM	06/24/26 5:00:00 PM	[]	EverHealth M					View []
06/19/26 1:15:00 AM	06/19/26 1:30:00 AM	[]	EverHealth M					View []
Today								
06/17/26 4:45:00 PM	06/17/26 5:00:00 PM	[]	EverHealth Medical ...	Scheduled	Allergy Shot			View []
Last two weeks								
06/15/26 11:50:00 A...	06/15/26 12:05:00 PM	[]	EverHealth Medical ...	Checked...				View []
06/10/26 4:45:00 PM	06/10/26 5:00:00 PM	[]	EverHealth Medical ...	Scheduled	Allergy Shot			View []
06/09/26 4:45:00 PM	06/09/26 5:00:00 PM	[]	EverHealth Medical ...	Scheduled	Allergy Shot			View []
Older								
05/15/26 3:00:00 PM	05/15/26 3:15:00 PM	[]	EverHealth Medical ...	Scheduled	Botox Follow-up			View []

149 records

eDocuments Added to Print Queue

ISL-4537: Previously, the ability to add a document to a patient's print queue was available in most areas of the system, but was not supported in eDocuments — where only faxing or adding to the fax queue was available.

With this release, you can now add documents to the patient's print queue directly from either the **EMR > eDocuments chart tab** or the **eDocuments portal**, bringing the print queue functionality in line with the rest of the system.



Procedure-Level Rendering Provider Now Reflected on HCFA (CMS-1500) Claims

ISL- 8387: When documenting claims, you have always had the ability to assign a rendering provider at both the claim level and the procedure level via **Right-click on Procedure > Additional Information > Providers**. This allows a specific rendering provider to be designated for an individual procedure that differs from the claim-level provider. While this procedure-level provider was already being correctly applied to electronic (837P) claim submissions, it was not being carried over to paper (HCFA/CMS-1500) claims.

With this release, the HCFA claim now applies the same logic as the 837P for procedure-level rendering providers. When a procedure-level rendering provider is specified, their NPI will now correctly populate in **Box 24J** of the CMS-1500 form.

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSON Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER							
1	06	04	26	06	04	26	54		87804		AB	100.00	1	NPI	1346585296		
2	06	04	26	06	04	26	54		87635		AB	150.00	1	NPI	0123456789		
3														NPI			
4														NPI			
5														NPI			
6														NPI			

Rendering Provider and Service Location Added to "Expired Claims" Connect Report

ISL 8359: We have added two new fields to the **Expired Claims Connect Report**. The new fields are **Rendering Provider** and **Service Location** — available as both search parameters and display fields. You can now filter the report by either of these criteria and view them as columns in the report results, allowing for more targeted and detailed analysis of expired claims.

Wizards

Connect Report Edit

Edit a Connect Report - Step 1 of 3

Please enter the information below to edit a connect report.

Report: Expired Claims

Description: Expired Claims 06 May

Parameters

Category: * All *

Priority: *** All

Financial Class: *** All

Provider List: *** All

Location: *** All

Back Next Cancel

Resolutions

Fixed: My Medical Locker Status Icon Now Updates Correctly After Reconnection

ISL-13802: We resolved an issue where the **My Medical Locker (MML)** indicator in the patient header continued to display **red** (opted out) even after a patient had successfully reconnected to MML at a subsequent visit. While the connection was being established correctly and was visible in the My Medical Locker Manager screen, the patient header icon was not updating to reflect the new connected status.

With this release, when a patient successfully connects to MML, any prior opted-out status will be cleared and the MML header icon will now correctly update to **green** (Connected), ensuring the indicator accurately reflects the patient's current MML status.

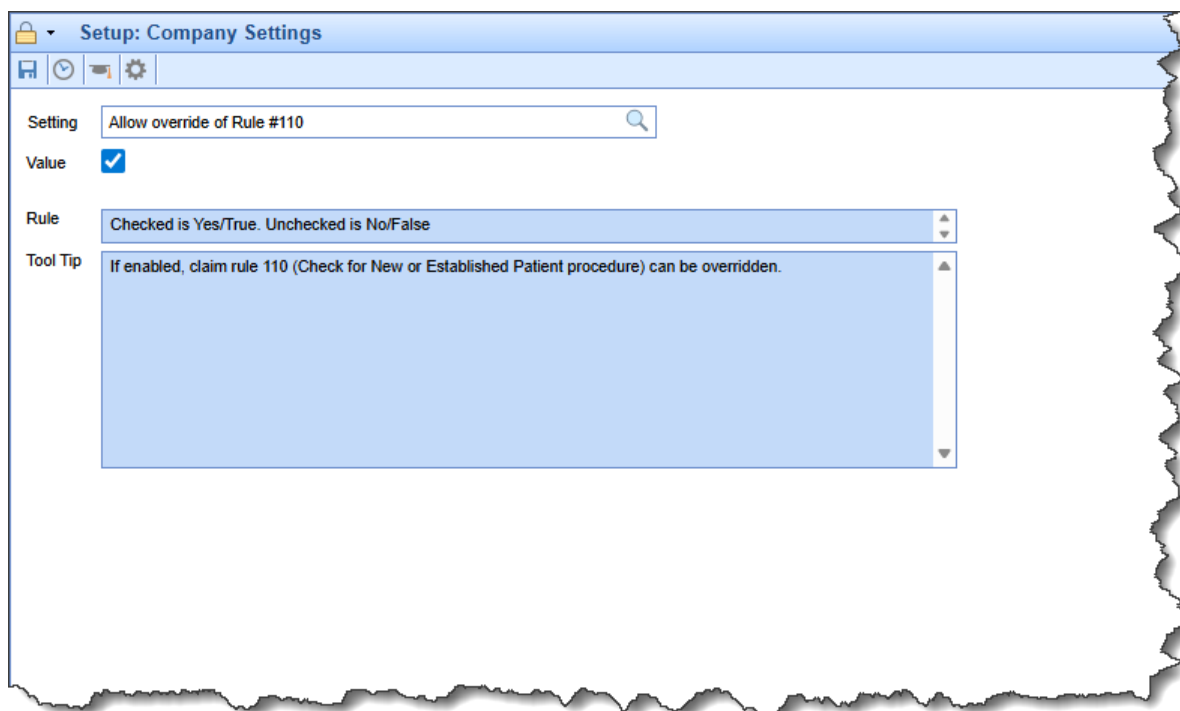
Fixed: Claim Validation Rule #110 Updated for New Patient Indicator

ISL-13758: We resolved an issue where Claim Validation Rule #110 was incorrectly failing claims when at least one procedure code on the claim lacked a new patient indicator, even if other codes on the same claim did have the indicator. The validation was requiring all codes on the claim to have the new patient indicator rather than at least one.

Additionally, certain codes – such as hospital and consult codes (e.g., 99243) can be billed for both new and established patients and do not carry a new patient indicator. Previously, this was causing Rule #110 to fail for these codes when the patient had no claims within the last three years.

The following updates have been made to address both scenarios:

- **Validation Logic Update** – Rule #110 will now pass if at least one code on the claim has a new patient indicator, rather than requiring all codes to have it.
- **Bypass for Dual-Use Codes** – A bypass has been added for codes that can be billed for both new and established patients, preventing them from incorrectly triggering a Rule #110 failure.
- **New Company Setting** – A new setting, "**Allow Override of Rule #110**," has been added and will be enabled by default, giving practices additional flexibility in managing this validation rule.



Fixed: Payment Import Timeout Not Displaying an Error Notification

ISL-12201: We resolved an issue where a payment import that failed due to a server timeout was not surfacing any error message to the user. Because the server was returning a success response code despite the failure, the client-side code was not recognizing the failure and no notification was being displayed – leaving users unaware that their import had not completed successfully.

With this release, the system will now correctly detect when a payment import has timed out and display an appropriate error notification, ensuring you are informed if an import fails and can take the necessary steps to retry or investigate.

Fixed: Procedure Code Order Now Preserved in Appointment Type Setup

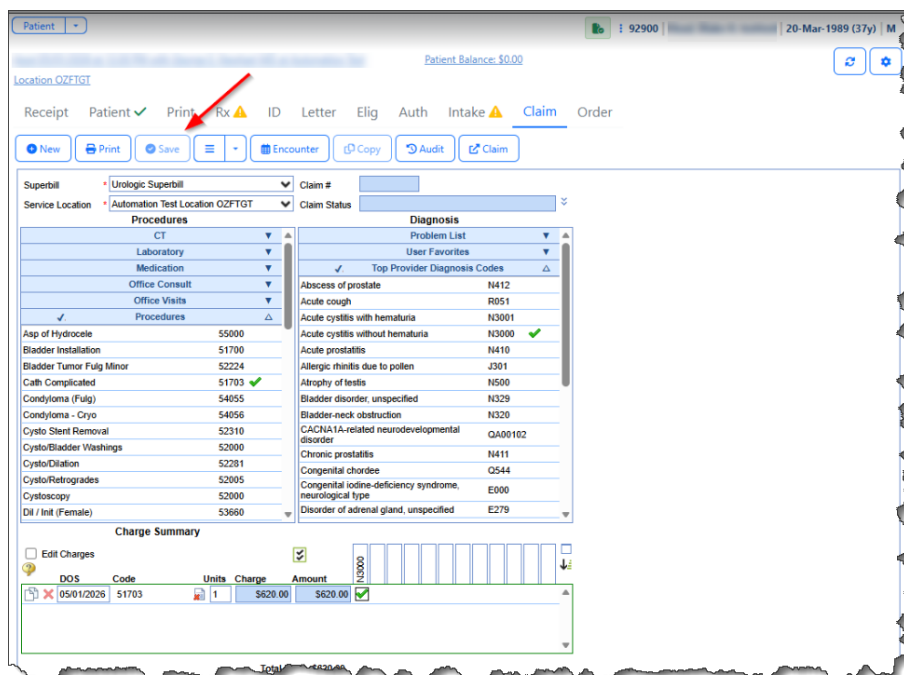
ISL-13792: We resolved an issue where procedure codes added to the **Superbill Additions** or **Cost Estimator Procedures** in Appointment Type Setup were being automatically reordered in ascending order upon saving, rather than maintaining the order in which they were entered by the practice. In some cases, this was causing claim denials due to the primary procedure code not appearing first on the superbill or claim.

With this release, the order in which procedure codes are entered will now be preserved upon saving, ensuring that your primary procedure code remains in the correct position and reducing the risk of denials related to procedure code ordering.

Fixed: Claim Save Button Grayed Out in Check In/Out Dashboard

ISL-13776: We resolved an issue where the **Save** button on the Claim tab within the Check In/Out Dashboard was remaining grayed out, preventing users from creating a claim from that screen. This issue was isolated to the Check In/Out Dashboard, as the same action could be completed without issue from Quick Pay or the EMR.

With this release, the Save button will now enable correctly on the Claim tab in the Check In/Out Dashboard, allowing claims to be created as expected.



Improved: Payment Batch Search Button Now Disabled Until Valid Date Range is Entered

ISL-13737: We recently improved the date validation behavior on the Payment Batch search screen. Previously, while an error was displayed when invalid or missing dates were entered, a search request was still being sent to the server in the background (which could impact performance unnecessarily).

With this release, the **Search** button will now remain disabled until a valid date range has been entered, preventing unnecessary server requests and ensuring that searches are only executed when the required date criteria are in place.

Fixed: Communication Task Unexpectedly Losing Focus in My Tasks

ISL-14026: We resolved an intermittent issue in **My Tasks > Communication** where using the **Own Task** action could cause the active task to be silently replaced with a task belonging to a different patient. This switch occurred without any visible indication or warning, meaning the issue may have gone unnoticed unless the user recognized that the patient name had changed.

With this release, the Own Task action will now correctly maintain the context of the originally selected task,

ensuring that the patient associated with your active communication task does not change unexpectedly.
