

dentrix

MAGAZINE



Don't Leave Money on the Table

**Find procedures and
claims that should have
been billed to insurance
but weren't**

page 12

Dentrix G6.2 Sneak Preview
page 6

**Stop Scanned Documents
from Filling Up Your Hard Drive**
page 20

How Does ICD-10-CM Affect You?
page 26

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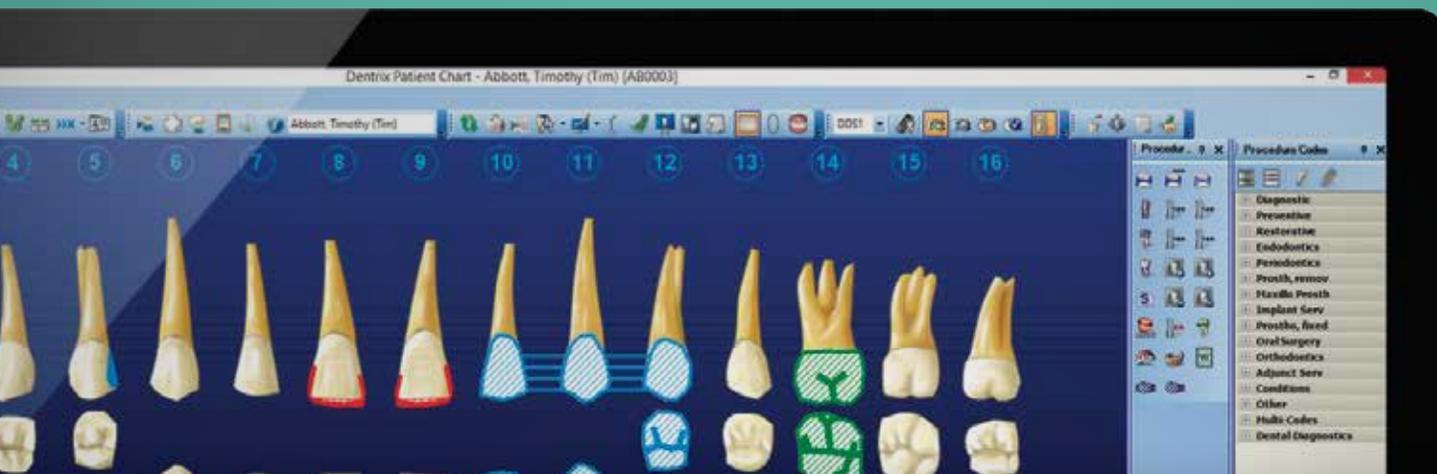
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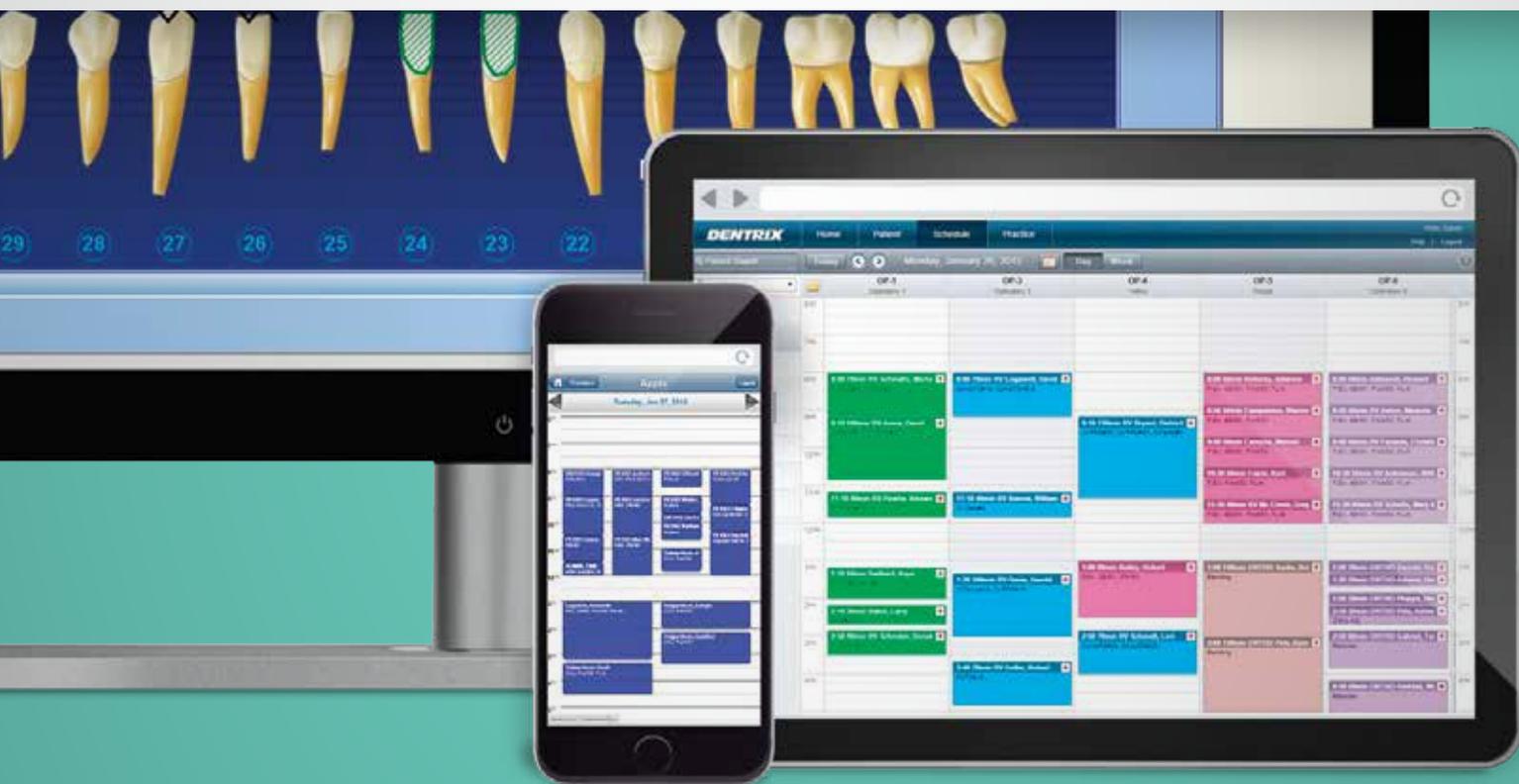


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CONTENTS

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MAGAZINE

03 DENTRIX MASTERY TRACKS SPOTLIGHT

04 DENTRIX NEWS

06 PRODUCT MANAGEMENT

Dentrix G6.2 Sneak Preview

Find out what's coming in Dentrix G6.2.

08 TIPS & TRICKS

12 COVER STORY

Don't Leave Money on the Table

Discover three Dentrix reports you can use to find procedures and claims that should have been billed to insurance but weren't.

20 FEATURE STORY

Stop Scanned Documents from Filling Up Your Hard Drive

Learn how to reduce the file size of documents you scan into the Dentrix Document Center.

24 THE DENTRIX OFFICE MANAGER

Find Patients with Missing Email Addresses

Learn two ways Dentrix can help you identify patients with a missing email address.

26 BUSINESS OF DENTISTRY

How Does ICD-10-CM Affect You?

Diagnostic coding requirements are becoming more mainstream, and they could affect your practice. Find out how you can prepare for the change.

28 TECHNOTES

Why You Need a Hybrid Backup Solution

Discover the most common and growing threats to your practice data and what you can do about it.

30 CONNECTED SOLUTION SPOTLIGHT

DDX and Dentrix: Integrate Lab Case Management into Dentrix

DDX Lab Case Management integrates with Dentrix and makes it easy to manage your lab cases.



Is Your Team Ready for Your Success?

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To get started, visit [Dentrix.com/Mastery](https://www.dentrix.com/mastery)



Dentrix Mastery Tracks

SPOTLIGHT

Dentrix Mastery Tracks™ allows dental professionals to test how well they understand and can use Dentrix. Read on to find out about LaVerne McNeil, a regional director who has completed six Mastery Tracks tests and earned three specialist certificates.



LAVERNE MCNEIL | REGIONAL DIRECTOR

Where do you work?

Lane and Associates D.D.S., P.A. in Angier, NC

What is your title?

Regional Director

What are some of the duties you're responsible for in your practice?

I travel to seven offices making sure production and collection goals are on pace. I am responsible for training managers and front desk employees and hiring new managers and front desk staff. I ensure that insurance claims are sent out efficiently and accurately. I also keep the office up to date with the software and make sure both the administrative and clinical staff are getting the most out of Dentrix.

How long have you worked with Dentrix?

6 years

Which certificates have you earned?

Dentrix Practice Analysis Specialist, Dentrix Front Office Specialist, and Dentrix Financial Specialist

What got you interested in Dentrix Mastery Tracks?

Dr. Lane of Lane and Associates has the largest single-owned practice in North Carolina, with 26 offices. It took us a little over

two years to convert 21 of those offices to Dentrix. This has been an exciting experience for me to be on the ground floor of new software for our offices and helping everyone to see the benefits of using Dentrix. There is still so much that Dentrix has to offer, and by challenging myself with Dentrix Mastery Tracks I can see where I need improvement and find tips to help our offices.

How has participating in Mastery Tracks helped you use Dentrix?

I've learned how to maneuver within the software more proficiently. My goal is to master all the tracks.

How has becoming a Dentrix specialist improved your career?

Earning the specialist certificates has made me more valuable to the company and it keeps me excited about my career choice.

What is your favorite Dentrix tip or trick?

I found Dentrix Tip Tuesday on Pinterest, which gives me the latest tips. I LOVE the Continuing Care module! When it's used correctly you can keep up with recall patients and those that have fallen through that ever-present "black hole." To keep abreast of the progress of the individual offices I refer to the Practice Advisor Report and the Daily Huddle reports.

Is your team ready for your success? Visit Dentrix.com/Mastery and start using Dentrix Mastery Tracks to give your team the tools they need to measure and improve their Dentrix skills.

▼ Announcing New Insurance Payor Connections



Dentrix has eClaims connections with several new payors. For patients using the following insurance carriers, you can reduce paper claims by submitting electronic claims through Dentrix instead.

Payor ID	Payor Name
CXBMD	BEAM Dental Insurance
CBMN1	Blue Cross Blue Shield of Minnesota
74234	CompuSys/Erisa Group Inc.
34145	Klais and Company
35162	Managed Care Services LLC
81883	Municipal Health Benefit Fund (Little Rock, AR)
18840	MyDecision HealthSmart
J1410	Ohio Dept. of Corrections - Careworks
23213	Partners Health Plan
77153	Southern Indiana Health Organization
31144	TriState Benefit Solutions
23281	UPMC Dental Advantage

For more information about Dentrix eClaims, visit www.dentrix.com/products/eservices/eclaims.



The Insurance Manager allows you to verify insurance eligibility in real time or to perform automatic insurance eligibility uploads. You can now verify patient insurance eligibility electronically with the following payors.

Payor ID	Payor Name
00580	Blue Cross Blue Shield of Maryland - Care First
47570	Blue Cross of Alaska & Washington
CBAR1	Blue Cross of Arkansas
47570	Blue Cross of Washington & Alaska
00580	Care First
00580	Care First Inc. Maryland BCBS
47570	NorthStar Administrators
47570	Premera
47570	Premera Blue Cross

For more information about automated insurance eligibility verification or to register, visit www.dentrix.com/products/eservices/central/insurance-manager.



After you have sent claims and attachments to payors electronically, complete the electronic claim round trip by accepting electronic explanation of benefit statements (eEOBs) that the insurance carrier sends back to you. The following payors now send eEOBs.

Payor ID	Payor Name
44357	Benefits Administration Corporation Inc.
56205	MedCost Benefit Services (MBS)
J1410	Ohio Dept. of Corrections - Careworks
76342	Sierra Health & Life

For more information about eEOBs or to register, visit www.dentrix.com/products/eservices/eclaims/eeob.

View the entire list of electronic payor connections using the Payer Search Tool at www.dentrix.com/products/eservices/eclaims/payor-search. You can search for specific payors or download the complete payor list.

Call 800-734-5561 for help setting up any of these services.

▼ Mark Your Calendars for Business of Dentistry 2017

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 HENRY SCHEIN®

Dentrix G6.2 Sneak Preview

Find out what's coming in Dentrix G6.2.

I am very excited about the next release of Dentrix, version G6.2. In this issue of the *Dentrix Magazine*, I want to update you on some of the key changes that you can expect in Dentrix G6.2. Before I get into the features, however, I want to express my appreciation to you, our customers, for the ideas and suggestions on how to make Dentrix even better. Your feedback, along with the assistance of our Advisory Committee, is what drives the improvements in Dentrix.

Questionnaires Updates

The biggest and most exciting changes in G6.2 are those in the Questionnaires module. As with other areas of Dentrix, the Questionnaires module previously used Adobe Flash. In G6.2, each of those areas of Dentrix has been refactored to use other technology. Making this change in the Questionnaires module gives a cleaner appearance to



Figure 1 Questionnaires have been improved in Dentrix G6.2.

the form and simplifies the experience for the patient (Figure 1).

What's more, when you use online forms via the eCentral Website Manager, you will find that the new and improved website forms are also available for patients to fill out. Since the forms follow a responsive design, the patient can

use any device to complete the questionnaire including their phone, tablet, PC, or Mac. Finally, with the new and improved Update Patient Information dialog box (Figure 2), you can easily reconcile your patient's information from a questionnaire with their Family File information using a side-by-side comparison.

New Passphrase Requirement

Before installing Dentrix G6.2, you will need to think of a passphrase to use to connect Dentrix to the Faircom-ACE

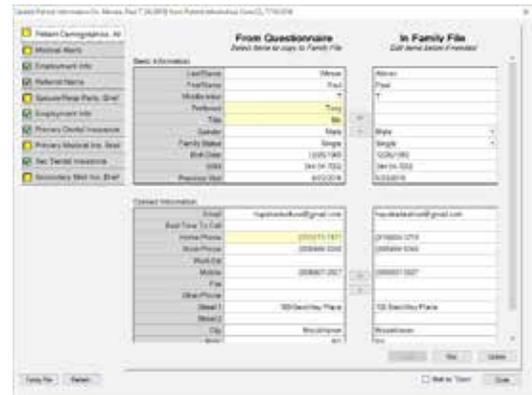


Figure 2 Compare new questionnaire data against existing Family File information.

database. This passphrase needs to be at least 10 characters in length and must contain at least one uppercase letter, one lowercase letter, one number, and one special character (Figure 3). This passphrase will be needed before starting the server update and will then be needed on each of the workstations in the practice after the installation to establish the connection to the database. It is important that you don't lose this passphrase as it will be required for any new installations or reinstallations of Dentrix.

Additional Enhancements

Dentrix G6.2 includes a number of additional smaller enhancements as well. These include some changes to the split payment feature (introduced in Dentrix G6) that are based on feedback from our Dentrix customers. In addition, you can now run Dentrix using a standard Windows user account. Finally, Dentrix G6.2 includes various bug fixes. More information on Dentrix G6.2 is available in the *Dentrix G6.2 Release Guide*.

In order to get G6.2, you will first need to be on G6 or G6.1. If you do not yet have G6, please request your copy today at www.dentrix.com/g6. **DM**

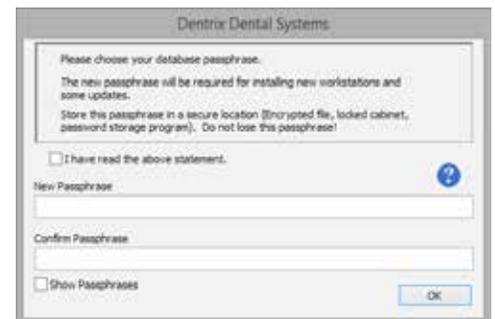


Figure 3 Dentrix G6.2 requires a database passphrase.

BRAD ROYER
Dentrix Product Manager



TIME TO START LISTENING

DATA CAN TELL YOU
WHAT'S RIGHT AND
WRONG IN YOUR
PRACTICE

Practice Advisor Report



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Front Office



Financial



Practice Analysis



Clinical



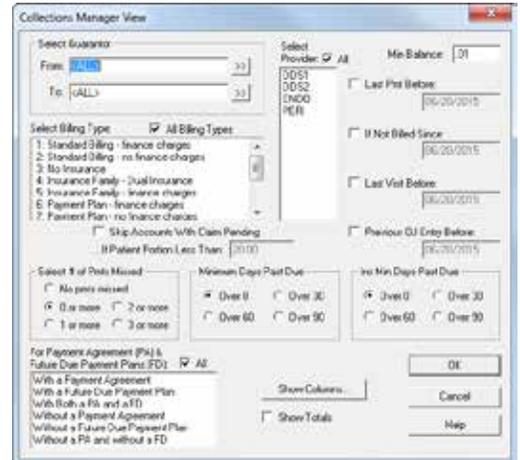
Generate a List of Patients with Outstanding Balances



With the Dentrix Collections Manager, you can quickly generate a list of patients with overdue balances based on criteria you select. Do you want to find patients with a specific minimum balance due? Or do you want to find only the patients 60 days or more past due? It's easy with the Collections Manager. Plus, not only can you generate a list of patients, you can merge a collection letter, create a new email message, or have all the information you need to make a collections phone call right from the Collections Manager.

You launch the Collections Manager from the Office Manager. Click the **Collections Manager** button or click **Analysis > Collections Manager**. The Collections Manager View dialog box appears, allowing you to filter the patient accounts you want to see in the list.

For more information on setting filters for the Collections Manager, see the "Setting Up a View for the Collections Manager" topic in the Dentrix Help.



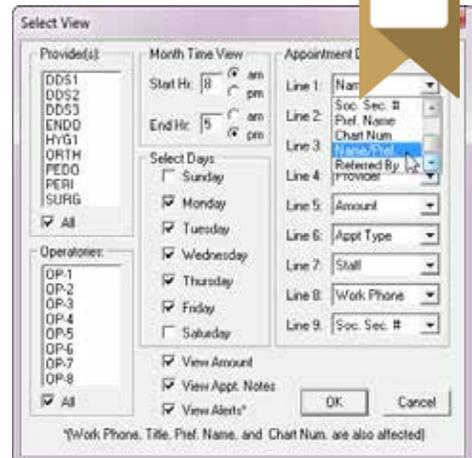
Showing Preferred Names on Appointments

You all have that patient who wants to be called by a different name than the one on their account (a Robert who wants to be called Bob, or a Rebecca who wants to be called Becky, etc.). By default, Dentrix displays patient first and last names in the Appointment Book as they appear in the **Patient Information** dialog box in the Family File. There is also a field in this dialog box where you can enter a preferred name.

You can set up the Appointment Book to look at that **Preferred Name** field and display it on patient appointments, so that when you are speaking with a patient about his or her appointment, you're using the name they prefer.

To show a patient's preferred name on appointments:

1. From the Appointment Book, click **View**. The **Select View** dialog box appears.
2. Select the view you want to display preferred names and click **Edit**. A different **Select View** dialog box appears.
3. In the **Appointment Display Info** group box on the right, click the arrow to open the drop-down list for **Line 1** (or whichever line currently displays the word **Name**). Scroll down the list of options and select **Name/Pref**.
4. Click **OK** to save your changes.





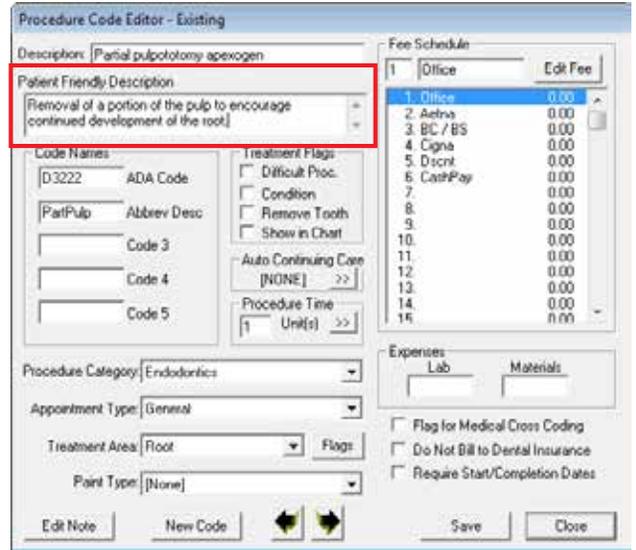
Using Patient Friendly Procedure Descriptions

There is a setting in Dentrix where you can replace the technical description of a procedure with one that is more patient-friendly, because “removal of a portion of the pulp to encourage continued development of the root” will make more sense to a patient than “partial pulpotomy apexogen” does. Patient-friendly descriptions can help patients understand the procedures you have treatment planned for them and can make them feel better informed about the kind of treatment they are signing up for.

In Dentrix G6.1, patient-friendly descriptions are listed in the **Procedure Code Editor** dialog box, where they can be edited as needed.

To edit a patient-friendly description for a procedure:

1. In the Office Manager select **Maintenance > Practice Setup > Procedure Code Setup**. The **Procedure Code Setup** dialog box appears.
2. Select the **Procedure Code Category** and individual procedure within the category you'd like to edit, and click the **Edit** button. The **Procedure Code Editor** dialog box appears.
3. The **Description** field displays the “technical” description that is sent to insurance, and **SHOULD NOT** be edited. Many procedures already have text in the **Patient Friendly Description** field, which is the less-technical description for the procedure. Edit the information in this field as needed (150 character limit). For example, the default patient-friendly description for procedure D2161 is “Silver-colored filling of a cavity of four or more surfaces of a tooth, typically caused by tooth decay,” but could be simplified even further to just read “Silver-colored filling.”
4. Click **Save** to save your changes.
5. Click **Close** to return to the **Procedure Code Setup** dialog box.

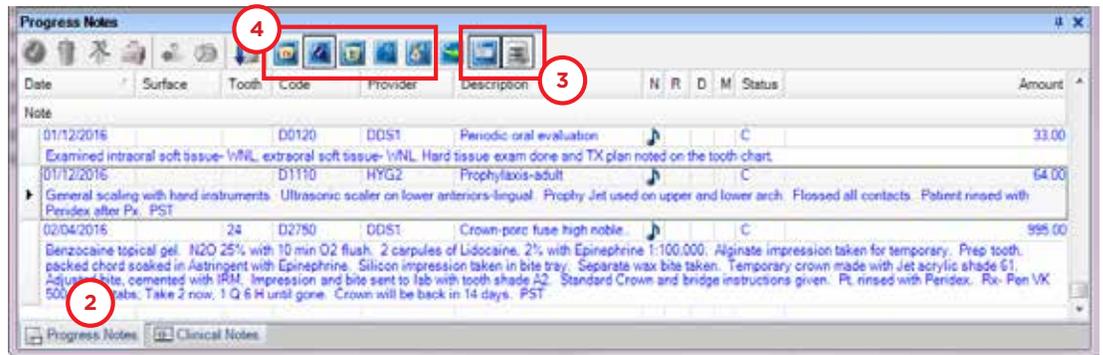


Complete Patient Clinical Notes at Your Fingertips

Many doctors and hygienists like to review their past clinical notes for a patient at the beginning of an appointment. That way they can see any notes they made about the patient's health or treatment in the past. You can open a list that displays all of the clinical notes at once, so the provider can review them the same way they would in a paper chart.

To view all clinical notes at once:

1. Select the appropriate patient in the Patient Chart module.
2. Click the **Progress Notes** tab to open the Progress Notes panel.
3. On the Progress Notes toolbar, select the **Clinical Notes** and **Expand Notes** view options. All of the clinical notes for the patient will be displayed within the Progress Notes list, with the notes expanded so you can see the full text of each one.
4. If desired, deselect any other view options so the only things being displayed are the expanded clinical notes.



Bonus Tips:

- You can sort the columns of information in the Progress Notes panel by clicking the column heading. For example, if you want to see a specific provider's notes, click the Provider column heading and then scroll to the beginning of that provider's notes.
- You can expand the Progress Notes panel to be taller so it's easier to read several notes at a time. To expand the panel, hover over the top edge of the panel until your cursor changes to an expanding arrow. Click and drag the panel to the desired height. When you are done reading the notes, you can resize the panel back to its original height so you can focus on the tooth chart.



Making Billing Statements Easier for Patients to Understand

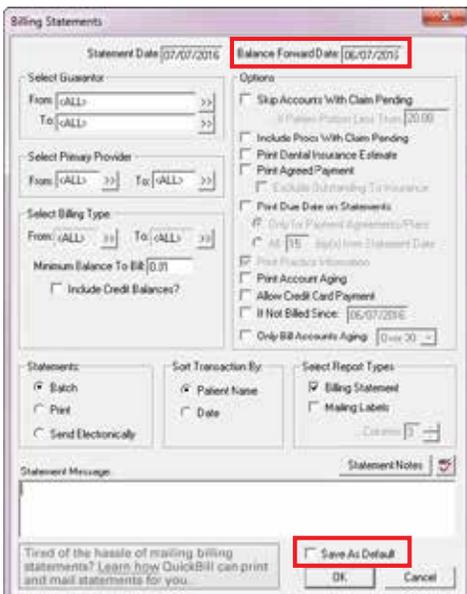
Do patients call your office with questions about their billing statements, and wonder what the charges listed as “Balance Forward” actually are?

When you generate billing statements, the balance forward date defaults to one month ago. Any patient balance prior to this date gets grouped into a lump sum labeled as “Balance Forward” on the billing statement. If you want to be able to see a more itemized list of charges on your billing statements, change your balance forward date to something different, such as three months ago.

Be judicious about how far back you set the balance forward date, because if you move it back too far, some patients may receive statements with several pages of itemized procedures. Work to find a “sweet spot” with the balance forward date, where you give patients as much recent data as they need but not so much that they get confused or overwhelmed by the number of pages included in their billing statement.

To adjust the balance forward date on billing statements:

1. From the Office Manager, click **Reports > Billing**. The **Billing Statements** dialog box appears.
2. The **Balance Forward Date** field defaults to one month ago. Adjust this date as needed.
3. Modify other setting and filters as needed.
4. In the **Statements** group box, select whether to send statements to **Batch**, **Print**, or **Send Electronically**.
5. To save your changes as the default settings for future billing statements, check the **Save as Default** box.
6. Click **OK** to generate the statements.



What does OPEN mean in the Appointment Book?

Do you have patients with flexible schedules? Willing to come in sooner than scheduled, or maybe even willing to be rescheduled to accommodate another patient? If so, you're in luck. Dentrax has a special place for this kind of patient, and it's called the Open List.

To move a patient's appointment to the Open List, in the **Appointment Information** dialog box, set their **Schedule Type** to **OPEN**. This places the patient's appointment on the Open List, but does not remove it from the Appointment Book. Patients on the Open List are patients who you know ahead of time have a flexible schedule, and could be moved around. When you have a patient who has limited flexibility and are having a hard time finding an opening for them, check the Open List to see if you can create a space for them by moving a more flexible, open patient.

The Open List is part of the ASAP List. When you open the ASAP List, you can toggle between ASAP and Open.

To reschedule an appointment on the Open List:

1. From the Appointment Book toolbar, select **Appt Lists > ASAP List**. The Dentrax ASAP List window appears.
2. Select **View**. The **Dentrax ASAP List View** dialog box appears.
3. In the **Types of Search** group box, select **Open**.
4. Change the **Span of Search** and other filters as desired, then click **OK**. The Dentrax ASAP List window will display the Open appointments that fit your filter criteria.



Date	Status	Emp	Name	Prov/Op	Reason	Ln	Phone
08/09/2016			Magrus, Erica	HYG2/OP-3	PeriodoX, Proph	50	(986)555-2525
09/16/2016			Karim, Azizee M	HYG1/OP-3	PeriodoX, 4BWX	60	(798)555-4148
09/23/2016			Kamal, Jane	HYG1/OP-3	PeriodoX, 4BWX	60	(798)555-4854
09/30/2016			Pekins, Corinne	HYG2/OP-4	PeriodoX, Proph	50	(986)555-4854

5. Use this list to contact patients. When you contact a patient who is willing to reschedule, you can either drag the appointment from the ASAP List to the Appointment Book to fill a hole, or drag it to the Pinboard while you find a new appointment time.
6. Confirm that you want to move the appointment. Moving the appointment creates an opening in the Appointment Book that you can now use for a less flexible patient.

For additional information on other Appointment Book Lists, see the “Appointment Lists Overview” topic in the Dentrax Help.

STEP UP & STAKE YOUR CLAIM



If you're a Dentrix Essentials customer, it's time to step up your game. Right now you can claim deep discounts when you upgrade your service bundle to Momentum or Optimum.

Both bundles include eClaims so you can submit and track insurance claims electronically, directly from Dentrix. Upgrade now to add:

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DENTRIX

WORKSHOP WISDOM



This excerpt from the Insurance Billing & Collections workshop will teach you how to find claims that weren't created or procedures that weren't billed to insurance so you don't leave money on the table. Follow along with the step-by-step instructions and advice in this article to improve the claims workflow in your office.

DON'T LEAVE MONEY ON THE TABLE

Insurance companies will only pay for the procedures that you send them, and if you don't send them within a specific time frame, some insurance companies will refuse to pay. If you aren't sending all eligible procedures to both primary and secondary insurance and sending them in a timely manner, you are leaving money on the table that you could have collected from insurance. Luckily, it's easy to track those things in Dentrix and solve any problems quickly before insurance refuses to pay on the procedures or claims.



THE PROBLEM: Your total reimbursements from insurance are lower than expected. Patients are calling your office saying that they received a bill for a procedure that was never sent to insurance, or they tell you that their secondary insurance was never billed.

This happens when claims are not created for procedures that should have been billed to primary or secondary insurance or when claims are created but not sent. This can happen when staff members are out of the office and someone less experienced is covering for them or when you have new staff members who have not yet mastered all of their duties and make mistakes. This problem is also common in offices where different people create and send claims.

For example, if the front desk manager creates the claims as patients are checking out and the office manager sends a batch of insurance claims every night, it's common for mistakes to happen because two different people are involved at different points in the process.

Not identifying these problems means you won't collect money that is available to you. And since some insurance companies have only a small window in which they will pay for claims, this can be a costly mistake.



THE SOLUTION: Run the following three key Dentrix reports to find any procedures that were not attached to claims, claims that were not created, and claims that were not printed or sent.

1. **Procedures Not Attached to Insurance Claims Report**—Finds procedures that were completed that week but were not attached to an insurance claim.
2. **Secondary Insurance Claims Not Created Report**—Finds any patients who have secondary insurance and for whom the primary claim payment was received but a secondary claim was not created.
3. **Insurance Claims to Process Report**—Finds any claims that were created but not printed or sent electronically.

You can run these reports daily or weekly depending on what fits best in your office workflow, but you should run them at least weekly so that you don't let your procedures and claims age too much before you send them.





FOLLOW

A L O N G

OPEN YOUR DENTRIX SYSTEM AND USE THE FOLLOWING STEPS TO FIND PROCEDURES THAT WEREN'T BILLED TO INSURANCE, SECONDARY CLAIMS THAT WEREN'T CREATED, AND CLAIMS THAT WERE NEVER PRINTED OR SENT ELECTRONICALLY SO YOU CAN CORRECT THE MISTAKES AND SUBMIT THE CLAIMS FOR REIMBURSEMENT.

STEP / 1

RUN THE PROCEDURES NOT ATTACHED TO INSURANCE CLAIMS REPORT

It's easy to forget that you haven't created a claim for a patient's completed procedures. Office interruptions can distract you from your routine, clinicians could chart additional treatment after you have already created a claim, or you could simply miss a procedure when you create a claim. To find the procedures that were completed for patients with insurance but not attached to an insurance claim, run the Procedures Not Attached to Insurance Claims Report.

To generate this report, from the Office Manager, click **Reports > Ledger > Procedures Not Attached to Insurance**. Choose whether you want to look at procedures not attached to dental claims, medical claims, or both. (The most common setting is a dental claim with or without a medical claim so that the report will find all dental claims regardless of whether they are attached to medical insurance.)

If desired, select a range of patients or providers. Select the procedure dates you want to include on the report (the default range is for the last week). Dentrix uses the date the procedure was set complete to determine if the procedure falls in this range. Click **OK** to generate the report (Figure 1).

The report is grouped by patient name and lists the date of the procedure along with the pertinent procedure information. Use this report to open each patient's Ledger and determine whether the procedures should have been billed to insurance. If so, create a claim for the procedure(s).

Note: The **Expires** column in this and other reports pulls the claim expiration date from the **Claim**

Deadline field in the **Insurance Coverage** dialog box for the insurance plan. If you have not customized this deadline, the expiration date will be the same as the claim creation date. This date is coming from Dentrix and is not necessarily an indication that the insurance company will not pay on the claim.

There may be cases where you have a reason for not attaching a procedure for a claim, so read this report carefully to determine which procedures should have been sent to insurance. In the Ledger, edit any procedures you don't want to send to insurance and mark them as **Do Not Bill to Dental Insurance** in the Ledger so they do not show up on this report.

PROCEDURES NOT ATTACHED TO INSURANCE CLAIMS							
DENTAL CLAIMS - WITH OR WITHOUT MEDICAL CLAIMS							
09/01/2016 - 09/20/2016							
Date:	09/19/2016					Page:	1
PATIENT NAME	DATE	TOOTH	CODE	DESCRIPTION	AMOUNT	EXPIRES	
Aicela, Meguca	09/18/2016		D0120	Periodic oral evaluation	33.00	09/18/2016	
	09/18/2016		D0274	Bleewings-four films	43.00	09/18/2016	
	09/18/2016		D1110	Prophylaxis-adult	64.00	09/18/2016	
				Total:	140.00		
Bulter, Claudia S	09/16/2016	5	D0160	Amalgam-3 surf. prim/poem	118.00	09/16/2016	
				Total:	118.00		
Harati, Gary	09/01/2016	23	D0332	Resin-three surfaces, anterior	160.00	09/01/2016	
				Total:	160.00		
Ironload, John	09/09/2016	21	D0292	Crown-full cast noble metal	766.00	09/09/2016	
	09/09/2016	21	D0950	Cone buildup, include any pers.	192.00	09/09/2016	
				Total:	978.00		
COMPLETED PROCEDURES TOTAL:					1396.00		

Figure 1 Use this report to find procedures you need to bill to insurance.

STEP / 2

RUN THE SECONDARY CLAIMS NOT CREATED REPORT

If you don't create a secondary claim at the time you enter the payment on the primary claim, it's easy to forget to go back and create that claim. If you don't create the secondary insurance claim then there's no chance of getting additional reimbursement on the procedures. To find the patients who have secondary insurance for whom a primary claim was created and received but no secondary claim was created, run the Secondary Claims Not Created Report.

From the Office Manager, click **Reports > Ledger > Secondary Ins Claims Not Created**. Choose whether you want to look for dental or medical claims. If desired, narrow the search by patient, insurance carrier, or provider. Enter the primary claim dates you want to include on the search (the default date range is for the past year). This is the date the payment was entered on the primary claim. You can also choose to have the report list primary claims that have not yet been

received so you can follow up on those claims. Click **OK** to generate the report (Figure 2).

This report shows all the patients who have secondary insurance but for whom no secondary claim was created, listed in ascending order from oldest primary claim date to newest. Use the information on this report to create the secondary claims and submit them to insurance.

Tip: You can prevent this problem in the future by using the Auto-Create Secondary Claim feature. In the Ledger, click **File > Insurance Payment Setup**. Check **Auto-Create Secondary Claim with Primary Payment**. Dentrix will automatically make a secondary claim when you enter the payment on the primary claim. Check **Auto-Receive Secondary Claim if No Pending Ins Estimate** to have Dentrix automatically close the secondary claim if the claim amount is \$0.00.

DENTAL SECONDARY INS CLAIMS NOT CREATED REPORT				
Fall 2016 Workshops - Dentrix G6.1				
07/15/2015 - 07/14/2016				
Date:	07/19/2016			Page: 1
PRM CLAIM DATE	PATIENT NAME	SECONDARY INSURANCE COMPANY	CLM AMOUNT	EXPIRES
09/28/2016	Ian, Corey G	Principal Financial Group	105.00	09/28/2016
09/05/2016	Hill, Beta	Ameritas	88.00	09/05/2016
09/05/2016	Jacobsen, Hel	Aetna	256.00	09/05/2016
09/11/2016	Iwasaki, Tina	Blue Cross Blue Shield	140.00	09/11/2016
TOTAL OF CLAIMS NOT CREATED:			589.00	

Figure 2 Use this report to find the secondary claims that haven't been created.

“ IF YOU AREN'T SENDING ALL ELIGIBLE PROCEDURES TO BOTH PRIMARY AND SECONDARY INSURANCE AND SENDING THEM IN A TIMELY MANNER, YOU ARE LEAVING MONEY ON THE TABLE. ”



STEP / 3

RUN THE INSURANCE CLAIMS TO PROCESS REPORT

One of the most common claims errors offices make is simply forgetting to submit the claim to insurance. This is usually due to an oversight, but when it happens it means that even though you created the claim it is just sitting in Dentrix and the insurance company will never pay on the claim. To find the claims that were created but not printed or sent electronically, run the Insurance Claims to Process Report.

From the Office Manager, click **Reports > Ledger > Insurance Claims to Process**. Select whether you want

to look for dental or medical claims. Narrow your search by patient, insurance carrier, or provider, if desired. Leave those settings set to <ALL> to find all of your outstanding claims. Set the date range you want to search, and click **OK** to generate the report (Figure 3).

This report lists all the procedures that were not attached to insurance claims, sorted from oldest claim date to newest. Use the report to find the claims that have been created but have not been submitted and send them to insurance for payment.

DENTAL INSURANCE CLAIMS TO PROCESS						
Date:		09/01/2016 - 09/20/2016			Page: 1	
CLAIM DATE	TYPE	PATIENT NAME	INSURANCE COMPANY NAME	STATUS	AMOUNT	EXPIRES
09/02/2016	Prm.	Irvine, Howard	MetLife	ejected	761.00	09/02/2016
09/09/2016	Prm.	Willis, Lawrence	Blue Cross Blue Shield	eValidated	97.00	09/09/2016
09/13/2016	Prm.	Shah, Aekash	Delta Dental Plan	Created	140.00	09/13/2016
09/20/2016	Sec.	Hill, Bela	Ameritas	Created	232.00	09/20/2016
TOTAL OF PRIMARY TO PROCESS:					998.00	
TOTAL OF SECONDARY TO PROCESS:					232.00	
TOTAL OF CLAIMS TO PROCESS:					1230.00	

Figure 3 Use this report to find claims that have been created but not printed or sent electronically.



DENTRIX

WORKSHOP WISDOM



N E X T STEPS

USE THE FOLLOWING CHECKLIST
TO HELP YOU IMPLEMENT IDEAS FROM
THIS ARTICLE IN YOUR PRACTICE

- ✓ Generate the Procedures Not Attached to Insurance Report. Meet with the members of your team who work with insurance claims, decide which of those procedures should be billed to insurance, and create claims for those procedures. Then send the claims.
- ✓ Generate the Secondary Insurance Claims Not Created Report. Meet with the members of your team who work with insurance claims, decide which secondary claims should be created, create the claims, and send them to insurance.
- ✓ Generate the Insurance Claims to Process Report. Meet with the members of your team who work with insurance claims, decide which claims on the report need to be sent to insurance, and send those claims.
- ✓ Meet with the members of your team who work with insurance claims. Create a protocol for who will run the reports discussed in this article and how often. Assign one team member to be responsible for creating and sending the missing claims.
- ✓ If there are procedures that you regularly set complete and do not want to send to insurance, edit the procedure code for each of those procedures and mark it as **Do Not Bill to Insurance** so that it doesn't show up on the Procedures Not Attached to Insurance report.

Dentrix workshops offer you a chance to practice using Dentrix in a hands-on, trainer-led class. Workshops offer examples of best practices for using Dentrix in your office, ideas for incorporating lesser-used features into your workflow, and advice about how to customize Dentrix to suit your preferences.

LEARN MORE



For more tips like the ones in this article and to get in-depth training on managing your insurance claims in Dentrix, attend the Insurance Billing & Collections workshop. Visit www.Dentrix.com/Workshops for more information about this and other training workshops, including the full course list, course descriptions, and schedule.

Put more of Dentrix to work for you.

Ever wonder if you're doing things the hard way? Find out what tools you're not using at a Dentrix workshop. Coming to 35 cities nationwide this fall!!

Insurance: Billing and Collections

Do it right to get paid faster

6 CE CREDITS

Gain an in-depth understanding of how to correctly bill insurance in order to increase claim acceptance and collect more quickly and easily. Includes new G6 Ledger!

\$299 per person 1-day class for experienced Dentrix users
9 am-5 pm | AGD subject code: 554

Accounts Receivable Management

Take control of your patient A/R

6 CE CREDITS

Learn to simplify the billing statement process, enhance the effectiveness of collections efforts, and properly track and manage important A/R routines. Includes new G6 Ledger!

\$299 per person 1-day class for experienced Dentrix users
9 am-5 pm | AGD subject code: 550

Continuing Care Management

Optimize your continuing care system

6 CE CREDITS

Improve patient care, retention and revenue by gaining an in-depth understanding of how to set up and maintain an effective continuing care system.

\$299 per person 1-day class for experienced Dentrix users
9 am-5 pm | AGD subject code: 560

Treatment Planning and Case Presentation

Create and present treatment options effectively

6 CE CREDITS

Learn in-depth how to create, customize, present and manage patient treatment plans for improved patient education, case acceptance and documentation.

\$299 per person 1-day class for experienced Dentrix users
9 am-5 pm | AGD subject code: 738

Essentials Workshop

Master the basics

12 CE CREDITS

Become familiar with the essential Dentrix features that will help you work more effectively in your practice, and make your daily routines easier and more efficient.

\$449 per person 2-day class for newer Dentrix users
9 am-5 pm | AGD subject code: 550

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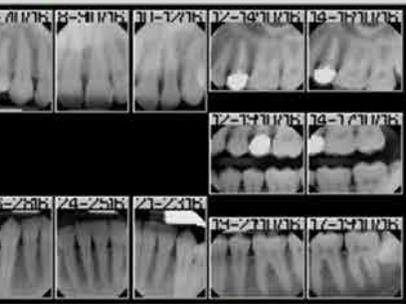
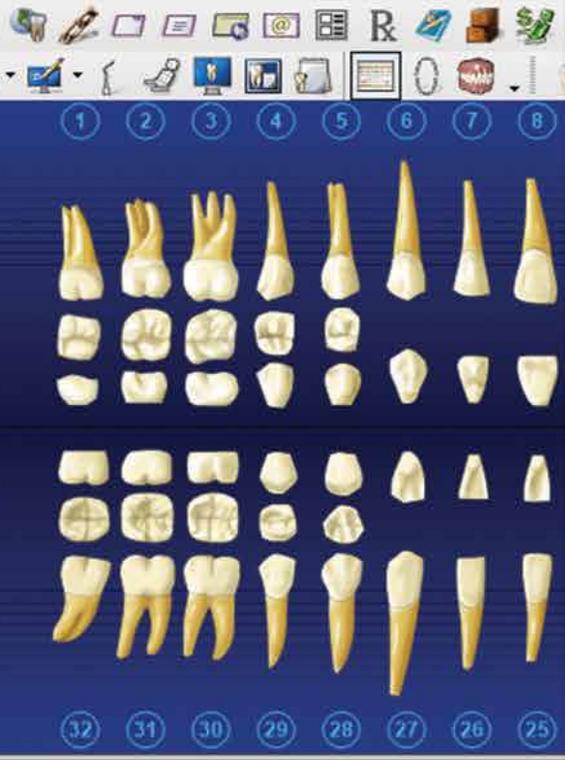
INTEGRATION WITHOUT FRUSTRATION

Sure, DEXIS gives you the best digital imaging, but did you know it integrates directly into Henry Schein Dentrax to help you diagnose and treat patients faster? DEXIS is Dentrax Connected, which means no more headaches. No more frustration with technology that doesn't work together. Your technology and Dentrax work as one solution, making your staff more efficient and you more profitable.

Get connected.

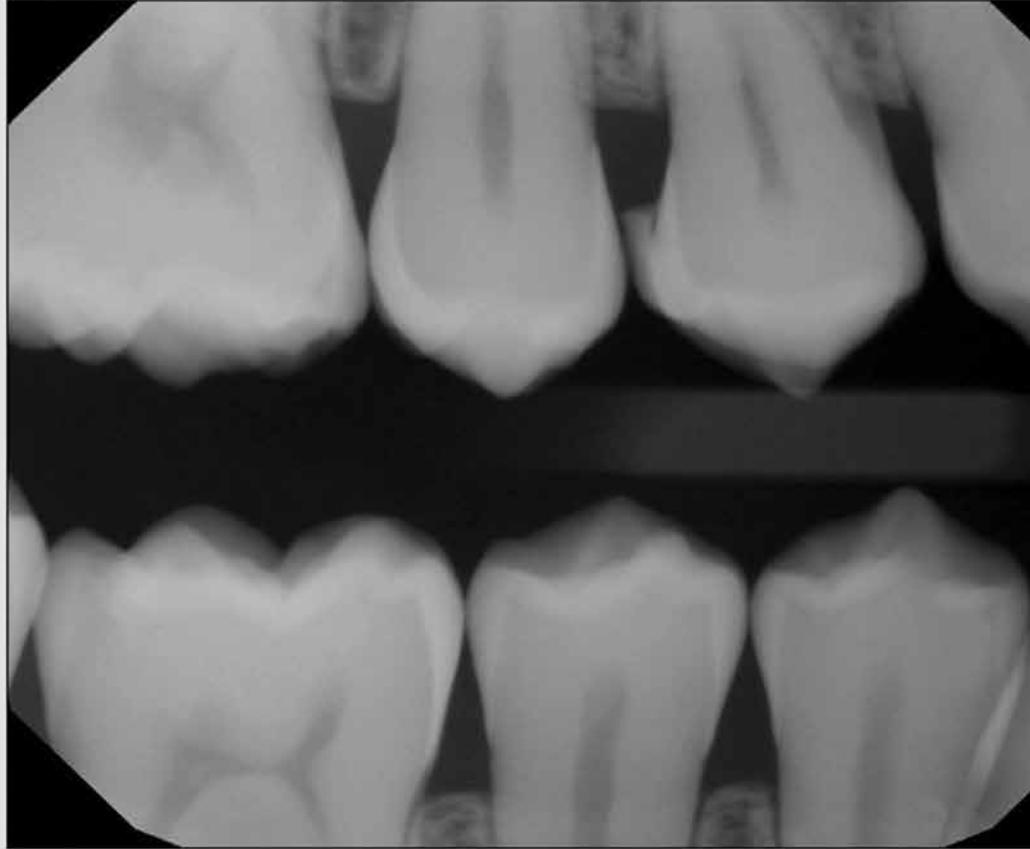
Visit Dentrax.com/DEXIS to learn how the DEXIS + Dentrax connection delivers proven results for Dr. Gerald Bittner.

View Image Setup Help



Demo, Patient (1)
Tooth 3-28 2/10/2016

Image 16 of 18
c262a9e0-8211



Clinical Notes Image



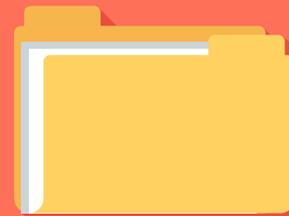


BRAD ROYER
Dentrix Product Manager

STOP SCANNED DOCUMENTS FROM FILLING UP YOUR HARD DRIVE

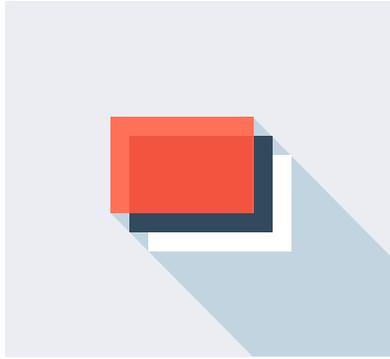


USE THE CORRECT SCAN SETTINGS WHEN SCANNING TO THE DENTRIX DOCUMENT CENTER TO PREVENT LARGE SCAN FILES FROM FILLING UP YOUR HARD DRIVE.



You've seen a lot of patient information pass through your dental office, much of which probably ends up in the Dentrix Document Center. And with a simple document scanner, you can even scan printed documents right into Dentrix. But beware! If you're not careful with your scan settings, you may be generating scan files that are unnecessarily large. Over time, your Dentrix Document Center may fill up your hard drive with hundreds or thousands of bloated scan files that are many times larger than they need to be.

For most needs, your scanner's dots-per-inch (dpi) setting should be 600 or lower. How you set this depends on how you are scanning documents. There are three ways to scan documents into the Dentrix Document Center using a scanner, and I'll cover each one.



Using Dentrax Quick Scan

Using Quick Scan makes it relatively easy to select the correct scan option and may be the easiest way to keep scan file sizes under control. To use the Dentrax Quick Scan method, open the Dentrax Document Center for a patient or provider. From the **Acquire** menu, point to **From Device**, and then click the scanner model to display the **Dentrax Quick Scan** dialog box (Figure 1). Under **Select Scan Type**, select the setting that best describes the type of document you are scanning. Your selection determines the dpi setting that will be used for scanning, as follows:

BLACK & WHITE TEXT	200 dpi
TEXT WITH GRAPHICS	300 dpi
COLOR IMAGE	600 dpi
BLACK & WHITE IMAGE	600 dpi
HIGH QUALITY BLACK & WHITE	900-1200 dpi, depending on your scanner

The larger the dpi setting, the larger the file size. So if you are scanning a document that is only black and white text (which will appear very sharp and easy to read at 200 dpi), you don't want to choose **Black & White Image** (600 dpi), and you especially don't want to select **High Quality Black & White** (900-1200 dpi). If you do, the resulting file will be three to six times larger than it needs to be, and you will be wasting space in the Dentrax Document Center (and on your hard drive). Remember, if you're concerned about saving disk space, the first two options in the dialog box (going from left to right) are your best options, followed by the next two. Avoid using **High Quality Black & White** unless scanning diagnostic images, so your scan files stay under 600 dpi. After selecting the scan type, click **Quick Scan**.

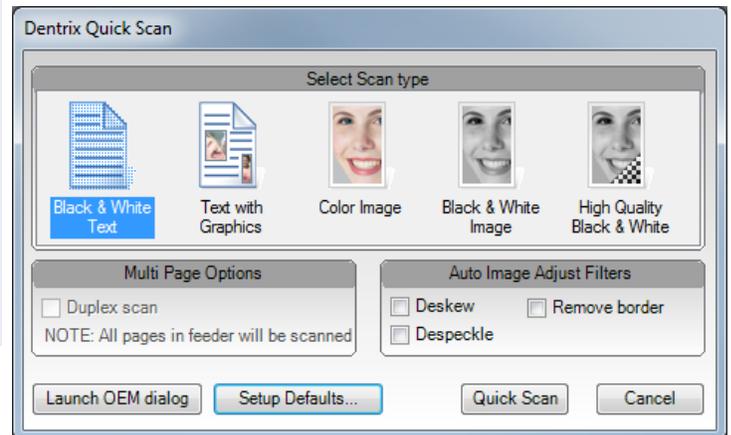


Figure 1 The Dentrax Quick Scan dialog box.

Using OEM Settings

This option uses the settings from your scanner to determine the dpi and compression settings, so you may need to refer to your hardware documentation to make sure your scanner is configured to use the dpi and compression settings you want.

From the **Acquire** menu, point to **From Device**, and then click the scanner model to display the **Dentrix Quick Scan** dialog box (Figure 1). Click **Launch OEM dialog** to open your scanner's software. Use your scanner's software to set the dpi, file format, compression, and other scan settings (remember to keep the dpi under 600) and scan your document.

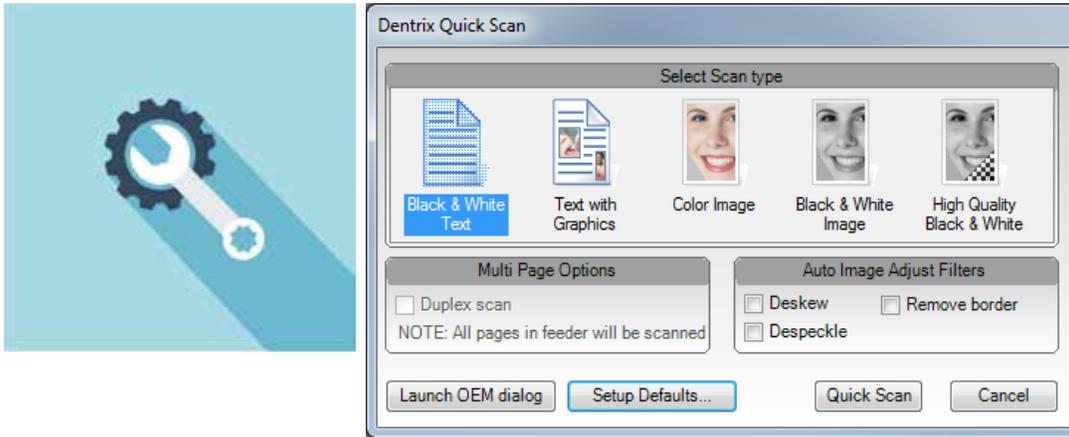


Figure 1 The Dentrix Quick Scan dialog box.

Using Auto File Acquire

Using this method, your scanner settings again determine the dpi, compression, and so forth. Dentrix simply “watches” the directory specified for scan files that need to be imported into the Document Center. When they appear, Dentrix zips and saves them into the Document Center as .zed files similar to the other two methods mentioned above. The file size is based on the scanning method you use and the type of file selected when acquiring from your scanner (black and white, full color, and so forth).

To use the Auto File Acquire method, from the **Acquire** menu, click **Auto Directory File Acquire**. The **Setup Acquisition Method Defaults** dialog appears (Figure 2). Make sure **Select Acquisition Method** is set to **Auto File Acquire**, and under **Set Default Scanner Import Folder**, specify the folder you want to use to monitor and import scan files into the Dentrix Document Center. When finished, click **Save and Close**. Now any time you scan documents with a patient selected in the Document Center, they will be added to the patient's Dentrix Document Center using your scanner's settings. If the Document Center is not open when you scan the file, the file will be placed in Unfiled Documents so you can move it to the appropriate patient at a later time.

With each of the three methods discussed, if you take time to set your scan options correctly, you can keep scan file sizes to a minimum in your Dentrix Document Center.

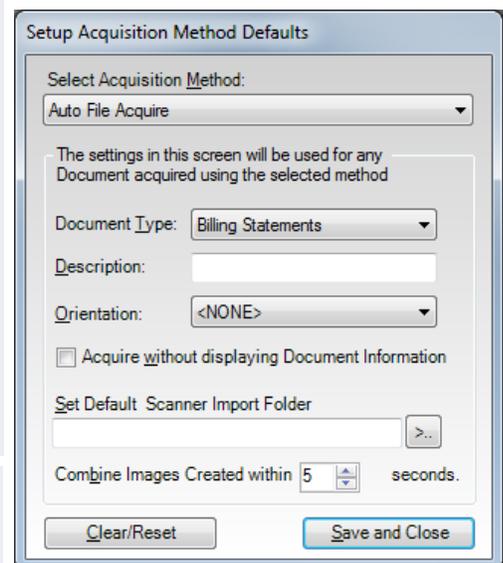


Figure 2 The Setup Acquisition Method Defaults dialog box.



To learn more about scanning documents into the Dentrix Document Center, see the “Acquiring documents” and “Setting up auto file acquire” topics in the Dentrix Help.

“I knew the advantages of the different technologies I had. What I didn’t know was how much more powerful they are when they are connected. That’s a game changer.”

Gary Kaye, DDS, FAGD
New York, NY



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Find Patients with Missing Email Addresses



Learn two ways Dentrrix can help you identify patients with a missing email address.

In our age of technology, more and more people are tethered to their mobile phones, tablets, and laptops 24/7. I am not only a practice management coach and trainer, but I am also a dental patient. Like an estimated 88 percent of smartphone owners¹, if you want to contact me and confirm my appointment, the preferred method of contact is email or text message. Many times, the practice is calling patients to confirm their appointments from a back office phone line, and the patient might not recognize the phone number, so the call goes to voicemail. In our busy lives, we might not check our voicemail until that evening or a couple days later. By then, it is more than likely after office hours or too late to call back.

If you are using software automation for email and/or text messaging, you need to make sure that you are reaching out to as many patients as possible. If you have been spotty on asking for email addresses, Dentrrix can help you find patients who have a missing email address. This will help you grow your email list and connect with patients in a more efficient and effective way. You will save time, and your patients will appreciate it.

There are two ways you can search for patients without an email address. The first way you can search for patients without an email address is on a daily basis using the Daily Huddle Report. In the Office Manager,

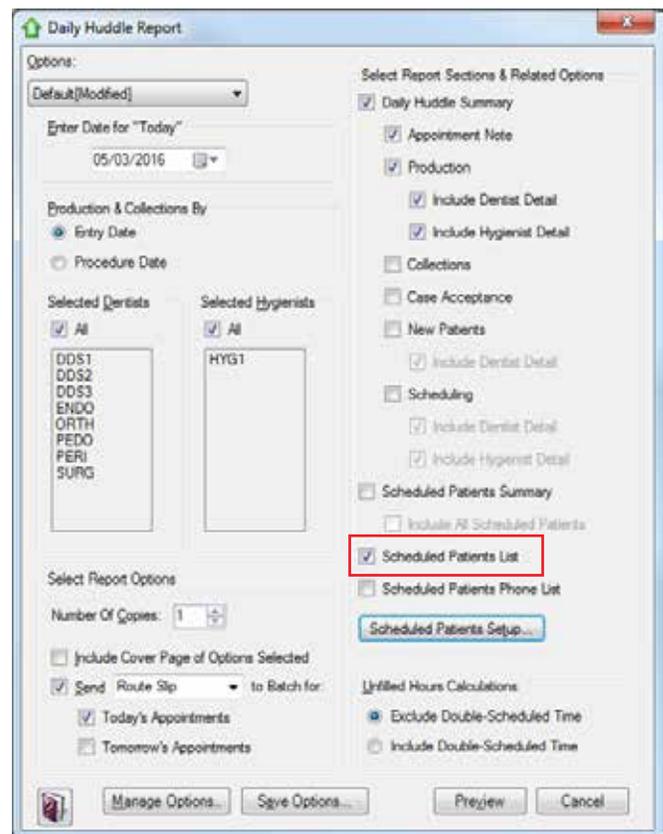


Figure 1 The Daily Huddle Report dialog box.

¹ www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015

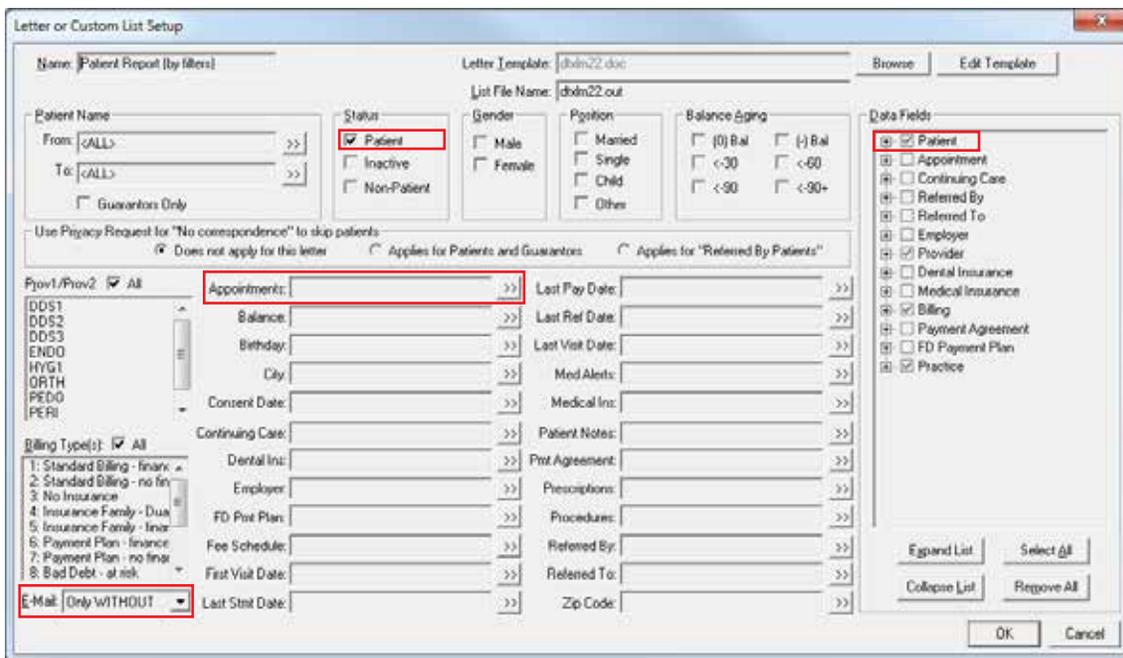


Figure 2 The Letter or Custom List Setup dialog box.

from the Analysis menu, click Practice Advisor, and then click Daily Huddle Report to display the Daily Huddle Report dialog box (Figure 1). Under Select Report Sections & Related Options, select Scheduled Patients List. Click Scheduled Patients Setup, and under Select Report Sections & Order, select Patients who have No Email Address. Click OK, and then Preview. This option generates a page on the Daily Huddle Report that will give you a list of patients coming in today. If there is an “x” in the No Email column, then you can ask those patients for their email address when they’re in your office.

“ Like an estimated 88 percent of smartphone owners, if you want to contact me and confirm my appointment, the preferred method of contact is email or text message. ”

The second way is using the Dentrix letter merge feature to generate a list of patients. In the Office Manager, click Letters & Custom Lists on the menu bar, and then click Misc. Select Patient Report (by filters), and then click Edit to display the Letter or Custom List Setup dialog box (Figure 2). In the lower left corner, set the E-Mail option to Only WITHOUT. Under Status, select Patient. If you want to make sure your list includes phone numbers for your patients, under Data Fields, expand Patient, and verify that Home Phone is selected. If you want a

complete list of patients without email addresses, don’t filter by any other options. Or, if you want to see only those patients with an appointment coming up in the next few weeks, use the Appointments option to select an appointment date range.

When you’re finished in the Letter or Custom List Setup dialog box, click OK, and then click Open List Manager. This will give you a list of patient names in your Dentrix database that do not have email addresses included. You can then either contact these patients by phone to request a current email address, or use this list to remind you which patients to ask about an email address when they come in for their next appointment.

Communicating with patients using today’s technology and in a way that is more convenient for your patients will increase your appointment confirmations and help increase your patient retention. **DM**

LEARN MORE

Dayna Johnson, founder and principal consultant of Rae Dental Management, helps dental offices improve patient care, increase collections, and reduce staff headaches by implementing efficient management systems. With 20 years of experience in the business and technical side of dental offices, Dayna’s passion for efficient systems is grounded in both personal understanding and professional expertise. Dayna can be reached at dayna@raedentalmanagement.com or visit her website at www.raedentalmanagement.com.

DAYNA JOHNSON
Certified Dentrix Trainer



How Does ICD-10-CM Affect You?



Diagnostic coding requirements are becoming more mainstream, and they could affect your practice. Find out how you can prepare for the change.

October 1, 2015 was a date that forever changed how diagnoses codes are submitted for both medical and dental claims. This is the date that the long awaited ICD-10-CM code set was implemented. Prior to the introduction of ICD-10-CM, dentists only reported a diagnosis code when submitting a medical claim. Since that date, there has been a growing trend toward requiring dentists to report diagnoses codes on dental claims.

This change has been driven by a mandate from the Centers for Medicare and Medicaid Services (CMS) which stated that effective October 1, 2015, all HIPAA-covered entities were required to implement the ICD-10-CM diagnosis code set. Medicaid is a HIPAA entity, as are medical and dental clinics. This mandate has been interpreted to include Medicaid dental claims. Medicaid plans started implementing this requirement early, and since October 1, 2015 many other states have followed suit. At the time of this writing at least 13 states are requiring ICD-10-CM codes to be reported on

all Medicaid dental claims (Figure 1). Dental claims received without at least one diagnosis code are rejected.

In addition to Medicaid, health insurance purchased under the Affordable Care Act (ACA) includes mandated pediatric dental benefits. These benefits are sometimes administered as embedded benefits through a medical policy. Some of these plans allow the dentist to file claims on the 2012 ADA Dental Claim Form (the latest dental claim form) using dental codes. However, an ICD-10-CM diagnosis code may also be required, and ADA claim forms submitted without a required diagnosis code may be rejected. Moreover, other government payors such as BCBS Federal are now also requiring diagnoses codes to adjudicate dental claims.

“Government payors were the first to require diagnoses codes for dental claims, but it is expected that private payors will also adopt the requirement in the future.”

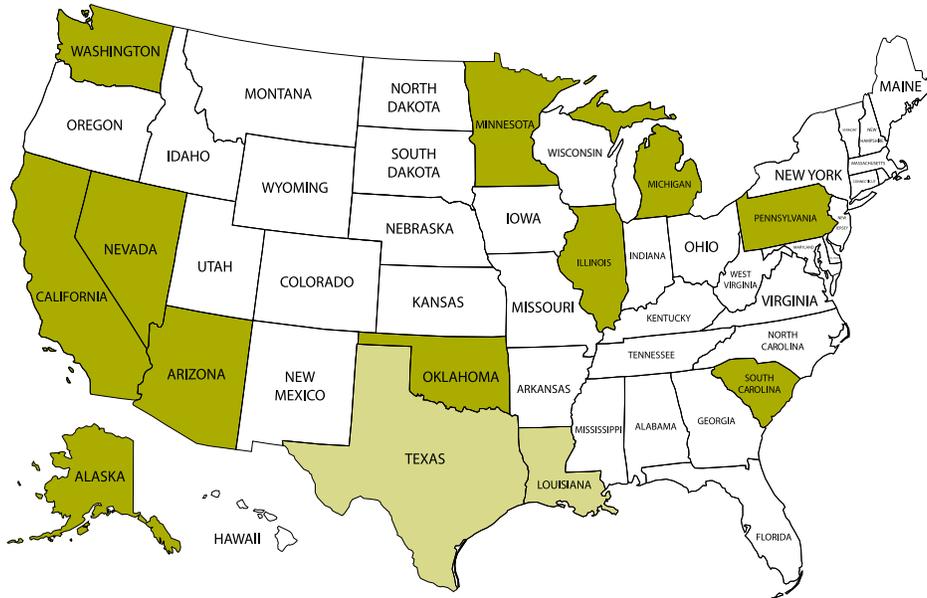


Figure 1 States in green require ICD-10-CM codes for Medicaid claims. Texas and Louisiana have implemented requirements on a county-by-county basis rather than state-wide.

2. Make sure the ICD-10-CM codes that apply to your practice are installed and cross-coded on your system. The CDT 2016 update for an office on G6.1 will install 1,884 ICD-10 codes. The install will also have 6,822 cross codings between ICD-10 and CDT.
3. Develop a protocol to allow communication between providers and staff members regarding accurate reporting of ICD-10 codes. Ultimately it is the treating dentist's responsibility to ensure that most accurate diagnosis code is reported, not a selection by a staff member.
4. Review your clinical documentation. Accurate clinical documentation is important to patient care and to reporting a correct diagnosis code. ICD-10-CM coding requires detailed, specific information from the clinical notes, not a verbal discussion with the dentist.

RECORD OF SERVICES PROVIDED																			
24. Procedure Date (MM/DD/YYYY)	25. Area of Care (City/County)	26. Teeth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Diag. Pointer	30b. Qty	30. Description					31a. Other Fee(s)						
1					D0150	A	1	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED											
2					D0274	A	1	BITEWINGS – FOUR RADIOGRAPHIC IMAGES											
3					D1110	A	1	PROPHYLAXIS – ADULT											
4					D0330	A	1	PANORAMIC RADIOGRAPHIC IMAGE											
5					D1206	B	1	TOPICAL FLUORIDE – VARNISH											
6					D0603	A	1	CARIES RISK ASSESSMENT – HIGH RISK											
7																			
8																			
33. Missing Teeth Information (Place an "X" on each missing tooth.)											34. Diagnosis Code List Qualifier	A B (ICD-9 = B) (ICD-10 = AB)	31a. Other Fee(s)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)	A. Z01.20	C.	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	(Primary diagnosis in A's)	B. Z41.8	D.	32. Total Fee

Figure 2 The 2012 ADA Dental Claim Form has a field for up to four ICD-10-CM diagnoses codes.

Government payors, including Medicaid, were the first to require diagnoses codes for dental claims, but it is expected that private payors will also adopt the requirement in the future. In fact, some Delta Dental plans began to require the 2012 ADA Claim Form from providers as of October 1, 2015 (dates of implementation vary by plan). That claim form has a field for up to four ICD-10-CM diagnoses codes (Figure 2). While this notification doesn't include a requirement for using diagnoses codes, it is an indicator that this requirement is tied to ICD-10-CM implementation.

What should I do to prepare?

If you do not currently report ICD-10-CM diagnoses codes on your dental claims, it is possible that your practice may be minimally impacted by ICD-10-CM. However, with the understanding that most dentists will eventually need to report a diagnosis code, you should follow these steps to prepare for the time when you may be required to do so:

1. Become familiar with the most common ICD-10-CM codes used in dentistry. There are 69,000 diagnosis codes but only a small percentage pertain to dentistry.

Understanding the basics of ICD coding is the first step in preventing claim rejections. Remember, you are communicating to the insurance payor not only the procedures performed but also why the procedures are necessary, without having to submit wordy narratives and other supporting documentation. If you do this, when your payors start requiring diagnoses codes you can keep getting paid without interruption. **DM**

Dr. Charles Blair is the publisher of several publications, including Coding with Confidence, Administration with Confidence, Diagnostic Coding for Dental Claim Submission, Medical Dental Cross Coding with Confidence, and the Insurance Solutions Newsletter. He is the founder of www.practicebooster.com, which optimizes insurance administration and aids in maximizing reimbursement.

You can purchase Dr. Blair's books from Henry Schein Dental (www.henryscheindental.com). For guidance on submitting ICD-10-CM codes on the 2012 ADA Dental Claim Form look for item code 368-2108. For guidance on completing the CMS-1500 (02-12) Medical Claim Form look for item code 368-2213.

DR. CHARLES BLAIR
CEO of Dr. Charles Blair & Associates



Why You Need a Hybrid Backup Solution



Discover the most common and growing threats to your practice data and what you can do about it.

There are many threats to your practice data, coming from natural, accidental, and intentional sources.

While the prospect of hacking, theft, a flood, or fire are all strong and valid motivators for dental practitioners to back up their practice's valuable data, the reality is some dangers are more probable than others. Let's look at two: the most common and the fastest growing.

Human Error

Employees can be the number one threat to data security. Often, your staff's experience with technology is limited. Recognize any of the following problems? When your staff gets busy, manual backups can sometimes slip through the cracks. Sometimes data even gets deleted unintentionally. According to a 2016 survey by IT PRO, accidental deletion—not a catastrophic event—was the number one cause of data loss in an enterprise environment.

Cryptolocker Ransomware

Do your staff use the Internet, or send and receive emails? Do they sometimes download to their workstation? Without proper precautions, these otherwise normal activities can be risky. Increasingly, dental practices are falling victim to ransomware viruses that "lock" files on local desktops and servers and make them unavailable until a ransom is paid. This is a serious threat that doesn't discriminate between big and small organizations. More than \$200 million in ransomware payments were made in the first three months of 2016 in the US alone.

What Can I Do?

The first step toward protecting yourself is to set up a reliable, modern backup method. Traditional single backup methods aren't enough. With traditional backup methodologies, such as multi-disk manual backup, online only backup, portable hard drives, tape backups,

etc., mitigating either of the above situations is difficult, cumbersome, or may require a computer science expert. Cloud-based backup and data recovery tools have matured and will continue to improve, making it easier to protect your data and recover any version of data from anywhere at any time. However, cloud-based storage is not enough.

Fortunately, there are new approaches to data backup and recovery. If you're looking for the best next-generation backup strategy, consider a hybrid backup service.

Hybrid Backup Services Deliver On-Site Performance and Off-Site Assurance

A hybrid strategy provides a combination of cloud data backup and storage with local backup. What makes this a good strategy?

Redundancy: When both cloud and local backup are working together, coordinating your data backup, you are ensuring that you can recover specific files, versions of those files, or, in the case of a ransomware attack, fully restore your data set to a time before Cryptolocker was introduced.

Disaster Recovery: Theft, flood, fire, earthquake, and coffee spills have all created some nasty, hard-to-recover-from disasters as each potentially causes full loss of a server and related backup mediums. With a hybrid solution, you have a fully reliant strategy to recover as much as possible, as quickly as possible, and mitigate what might otherwise be complete disaster.

Real-Time / In-Time File Access: The local side of hybrid backup provides access at file-level granularity from any Internet-connected device, providing access without the burden of an extensive or complex restoration process. The cloud side of hybrid allows your dental practice to retain an unlimited number of point-in-time data snapshots, allowing you to go back weeks or perhaps years to recover important data.

A hybrid local/cloud solution can help you provide better protection against accidental data deletion, ransomware, and other disasters. Because there are many backup services on the market, it's important that you fully research your options. Henry Schein TechCentral can help you choose the best service for your practice. For more information about TechCentral Protected Practice Solutions, visit www.henryscheintechcentral.com or contact TechCentral today at 877.483.0382. **DM**

TOM HANKS

Product Manager,
Henry Schein TechCentral



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DDX and Dentrrix: Integrate Lab Case Management into Dentrrix

SANDY MACDONALD
DDX Product Manager

DDX Lab Case Management integrates with Dentrrix and makes it easy to manage your lab cases.

DDX Lab Case Management was introduced into Dentrrix as part of the G5.2 release. Developed as a tool to increase lab management functionality, DDX supports the transition to digital dentistry. It is a web-based solution that integrates with Dentrrix and is free to practices. Because DDX is a web-based solution, you don't have to worry about data backup and much of the administration associated with standard installed software.

For many practices, lab purchases represent their second largest expense after staff salaries. In most jurisdictions, practices are required to store lab prescriptions for a

minimum of seven years. Providing a solution to manage this workflow and archiving requirement represented a tremendous opportunity to add value for our customers.

DDX has the flexibility to support how practices want to manage their lab work. All of the labs that a practice works with can be managed within a single DDX account. DDX allows practices to manage casework being sent to any lab—no software is required by the lab. Since its initial release, DDX has been frequently updated based on user feedback to increase ease of use and introduce innovative functionality.

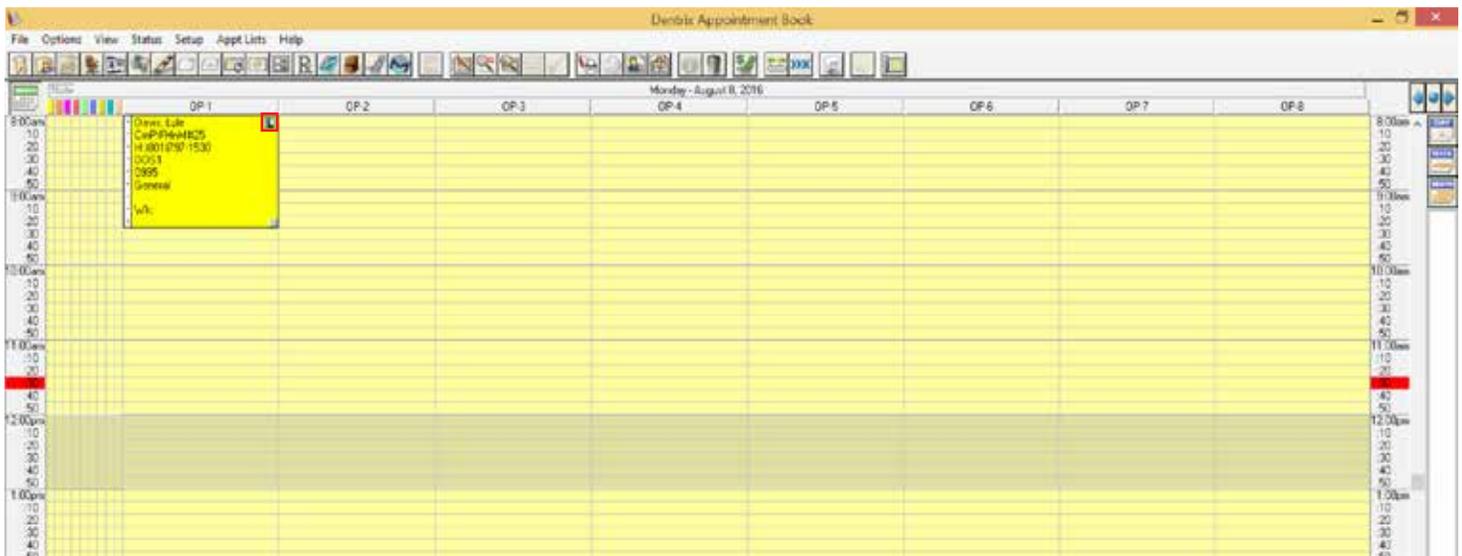


Figure 1 DDX Lab Case in the Dentrrix Appointment Book.

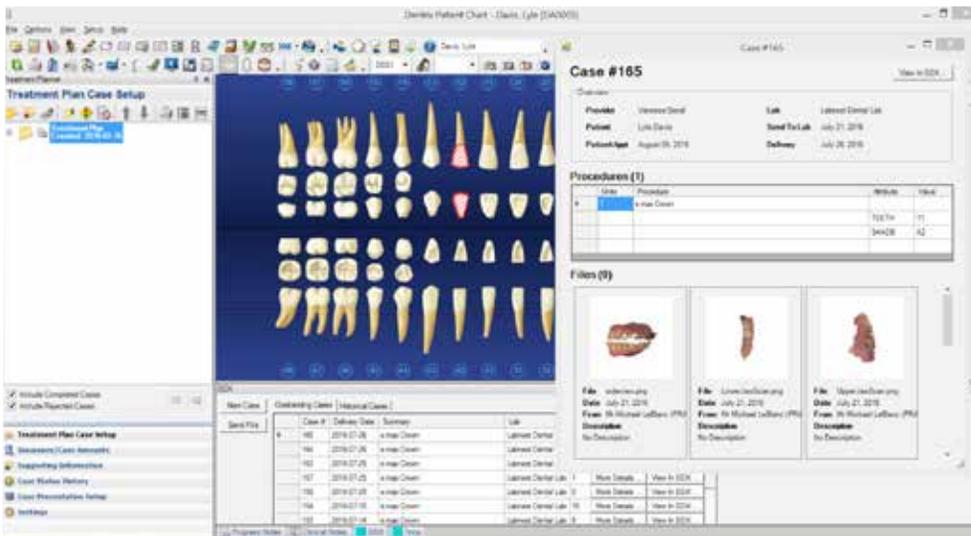


Figure 2 DDX Lab Case in the Dentrix Chart Panel.

After the DDX lab case has been created, it will be associated with the patient's future appointment. If DDX determines that there is a high probability that the lab case will not return before the patient appointment, practice staff are alerted so that necessary adjustments—to the lab schedule or the patient appointment—can be made. When a lab case is associated with an appointment, an “L” icon appears in the Dentrix appointment block. The icon color changes based on the status of the DDX lab case to give practice staff real-time visibility. A PDF summary of each lab case is automatically inserted into the patient's Document Center folder so that the Dentrix practice management software maintains a complete record of the patient's clinical care.

With Dentrix G5.2, DDX was well integrated into the traditional lab case management workflows. With Dentrix G6.1, the integration was improved.

Integration with Dentrix G6.1

With the launch of Dentrix G6.1, DDX is integrated much more deeply into the clinical workflow of the practice management software, providing easier access to a patient's historical lab casework. A Dentrix Chart Panel, similar to the DEXIS Chart Panel, was introduced so that patient's historical lab casework could be conveniently accessed (Figure 2). From the panel, a highlight of each lab case is displayed. More details about the lab case, including image thumbnails, are accessible with a single click, and full access into the DDX application for case management and collaboration is available. A summary of each lab case is also automatically posted into the patient's Clinical Notes (Figure 3).

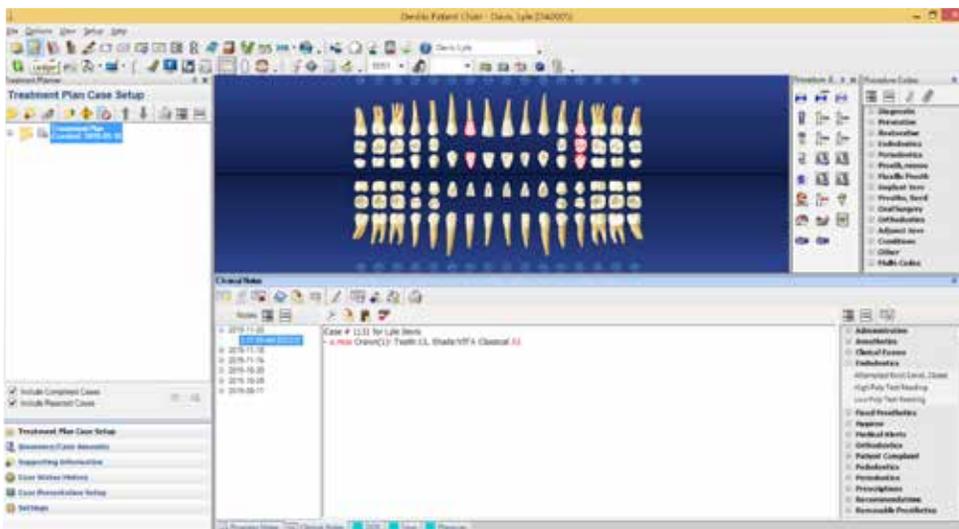


Figure 3 DDX Lab Case in the Dentrix Clinical Notes.

Integration with Dentrix G5.2

Since Dentrix G5.2, DDX has been integrated into the workflow of the practice management software, so a patient's lab casework details are easily accessible throughout the software. DDX lab case creation can be initiated from the Dentrix Appointment Book (Figure 1) or the Dentrix Patient Chart to support the workflow of your practice. DEXIS images can be quickly attached to the lab prescription from within DDX. A patient's Document Center files can also be quickly associated with the lab prescription from within DDX.

Learn More and Get Started

Interested in learning more about DDX, or getting started? Visit www.ddxdental.com or call 877-244-9345. It's free for your practice and only takes approximately five minutes to get going. **DM**





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www.sesamecommunications.com



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