

User Release Notes

for eRAD RIS
Version 2
Build 44.1

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1. Purpose

This document describes some of the new features and changes implemented in eRAD RIS as of the end of Sprint 44.1 and subsequent server releases. This version of eRAD RIS is referred to as Build 2.44.1

Only features which can be visually demonstrated to the user will be outlined in this document.

2. Intended Audience

This document is created by the RIS Development team for the RadNet RIS management team.

3. Installing/Accessing the Application

The installation guide for the eRAD RIS client have been posted to the RadNet Wiki page at <http://mdbal01rdtweb/Wiki/>

Under the RIS menu click on the rRIS page. The credentials to access the page are:

Username: rRIS

Password: Summerside

Please note that Build 2.44.1 is considered a new release of the application. It does not require a reinstallation of eRAD RIS. If users choose to reinstall, this is accomplished by navigating to the eRAD RIS shared installation drive and running the CoreInstall.bat file (ex: I:\RISDeployment\CoreInstall.bat)

If you experience difficulties accessing the application please do not hesitate to contact Darcy Noye with the PEI RIS Development Team.

4. New Access Strings and Configuration Settings 44.1

Setting Placeholder	Setting	Default	Purpose / Controls Access to
Access string / User Group Permission tables	Clinical.RepostToBilling	None	Enables access to the billing confirmation / Repost context menu action
Access string / User Group Permission tables	WL.BillingConfirmation	None	WL access for Billing Confirmation work list under Administration menu
Access string / User Group Permission tables	Clinical.Billing.ShowCodingColumns	None	Controls the ability to see the billing confirmation coding columns in the Billing Codes grid. See the view edit screen, for an example of the Billing Codes grid.
SystemConfig lookup	BillingConfirmationWLLag	60	The number of minutes Lag after which the billing code(s) that has not been finalized will display in the Billing Confirmation WL.
SystemConfig lookup	RISOrderSourceDescription	RIS	Describes RIS generated orders
SystemConfig lookup	ICodeExpirationDays	5	The number of days from the time an ICode is created to when it will expire, negative value will provide no expiry date.
SystemConfig lookup	TechContrastRequired	False	Disables the Contrast Required feature. The Contrast grid on the Perform Exam window and also on the View/Edit window will not require an entry.

5. New Features and Enhancements

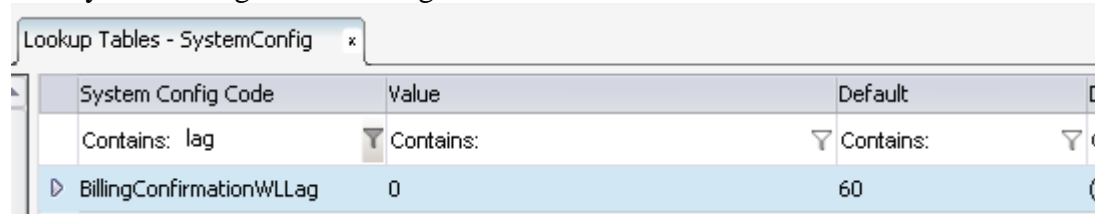
Billing Integrity

The eRAD RIS sends “billing” messages to Zotec when an exam reaches a final state. A final state occurs when either the diagnostic report for the exam is signed (identified with a status of “Signed”) or when only the technical component (acquisition) of an exam is to be performed (identified with a status of “ExamDoneTechOnly”). Once either of these states is reached a final validation is done on the exam’s data, such as insurance details, referring physician details, etc. If the validation passes the study’s billing status is changed to “Billed”. If not the study is put on the Billing Exception WL. A RIS user can work this work list to correct the failed edits and subsequently push the study to a “Billed” status. Once the study reaches “Billed” status then eRAD RIS will send a “StudyBilled” message to Mirth. Mirth will then encode the message to appropriate format, likely HL7, and send it to the desired billing system for processing.

Although the eRAD RIS status suggests the study has been “Billed” the truth is RIS actually does not know if it has been billed or not. This status actually means the study has been pushed to an external billing system for post billing activity. eRAD RIS currently does not get any feedback from external billing systems to indicate the status of post billing activity. Without this it is very difficult to identify studies that have been reimbursed compared to those studies that still need reimbursement.

In build 44.1 a new work list titled Billing Confirmation WL has been added. Access to this work list is controlled by access string **“WL.BillingConfirmation”** which has a default of None. The work list is available under the Administration menu. This work list shows studies that have a billing code with the coding status of *Not Understood, Not Sufficient, Tentative*.

In addition to the coding status, the study won’t display until the Lag in the work list exceeds the system configured value for **“BillingConfirmationWLLag”** which is set in minutes. This is a new system configuration setting for this feature. It has a default value of 60 minutes.



The screenshot shows a window titled "Lookup Tables - SystemConfig" with a table of system configuration settings. The table has four columns: "System Config Code", "Value", "Default", and "Description". The row for "BillingConfirmationWLLag" is highlighted in blue.

System Config Code	Value	Default	Description
Contains: lag	Contains:	Contains:	
BillingConfirmationWLLag	0	60	(v

Figure 5.1 – New system configuration setting BillingConfirmationWLLag

The following is an example of the work list. Lag is a calculation of the minutes between <now> and coding_submitted_date. You can see the new columns of Coding Status, Coding Submitted

Date, Coding Last Action Date and Lag that have been created and included on this work list. All new columns are list further in this document

Flags	Coding Status	Coding Submitted Date	Coding Last Action Date	Lag	Status	Procedures
	Not Sufficient	01-27-2015 7:08 PM	01-27-2015 7:08 PM	3745	Signed	CT 4 Phase [ct0...
	Not Sufficient	01-27-2015 7:08 PM	01-27-2015 7:08 PM	3745	Signed	CT Abdomen Wc
	Tentative	01-27-2015 7:08 PM	01-27-2015 7:08 PM	3745	Signed	CT 3 Phase [CT1

Figure 5.2 – Billing Confirmation WL

From the billing confirmation you can open the study in View Edit, then on the Billing Codes tab you can change the coding status to “not remitting” and document the reason in the coding_notes field.

AEN	Units	PreCert #	Expiry Date	Billing Code	PreCert Status	BISN	Coding Status	Coding Notes	Added by Billing	Submitted	Last Coding
Parent Procedure : CT 3 Phase (CT13)											
	50			74170 (COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST...	Not Required	29	Final	N		01-26-2015 8:20 AM	01-26-2015 8:20 AM
	5			70482 (CT ORBIT SELLA/POST FOSSA/EAR C-/C+)	Not Required	28	Tentative	N		01-26-2015 8:20 AM	01-26-2015 8:20 AM

Figure 5.3 – View/edit window access from Billing Confirmation displaying Billing Codes tab

Looking at the Billing Codes tab above there are new columns added. The columns of BISN, Coding Status, Coding Notes, Added by Billing, Change Reason, Submitted, Last Coding and Downcoded Procedure (which is not displayed by default but can be added via column chooser. To access the column chooser right click on a column header)

From the billing confirmation you can also Repost items back to billing. This feature supports multi select and is accessible from the right-click “Repost” context menu.

Flags	Coding Status	Coding Last Action Date	Lag	Status	Procedures
	Tentative	01-25-2015 3:49 PM	3	Signed	MA Digital Mammo CB Di
	Tentative		3	Signed	CT 3 Phase [CT13]

Figure 5.4 – Repost from Billing Confirmation WL

The following is the list of new columns added that appear on the Billing Confirmation WL or on the Billing Codes tab of View/Edit

bisn – (billing item serial number)

Identity column, generated upon saving a billing code. It is required to have a value in the DB. It should be unique for the entire database. Its purpose is to uniquely identify a billing item. To be used with in the interface with an external billing system.

coding_status

Billing code's coding status, which defaults to null. The external billing system will send messages to update the status. The coding status will be one of the following values:

- Submitted
- Not Understood
- Not Sufficient
- Tentative
- Final
- Not Remitting

If 'Not Understood' or 'Not Sufficient' the coding_notes field will contain an explanation. If the status is 'Final' and it is a new billing code the coding_notes field will contain an explanation

coding_notes

A general notes field to be used by eRAD RIS to add comments regarding billing items that needed an action.

added_by_billing_flag

A flag to indicate that the diagnosis code was "downcoded"

downcoded_procedure_code

A procedure code assigned by the external billing/coding system

coding_submitted_date

A date time to indicate when the coding was sent to the billing system

coding_recieved_date

A date time to indicate when the coding was received in the billing system

coding_last_action_date

A date time to indicate last processing action by the external billing system, which will be used to calculate the lag column in the billing confirmation worklist.

Insurance Eligibility – Tier 2 and Advanced and Complex Parsing

If the insurance return's Xray section contains line items with "TIER 2" or "TIER TWO" we will move those line items so they only exist in the CT/MRI section of the return. For "TIER 2" and "TIER TWO", this is the default functionality. We have seen several cases where this is necessary.

For additional cases, where there is a need to move line items between service sections, we have introduced configuration via the `c_eligibility_special_conditions` as shown in the following.

Code	Matching String	Exclude Line Item Flag	Description
ns:	Contains:	Contains:	Contains:
here to add a new row			
	{MOVE 4-62: PET SCAN PCP OP FACILITY}	Y	Moves line items with the ... PET SCAN PCP OP FACILITY from the "XRAY" section to the "CT/MRI" section

Figure 5.5 – Configuring Eligibility Special Condition

To meet the other requirements, customers can create new rules such as:

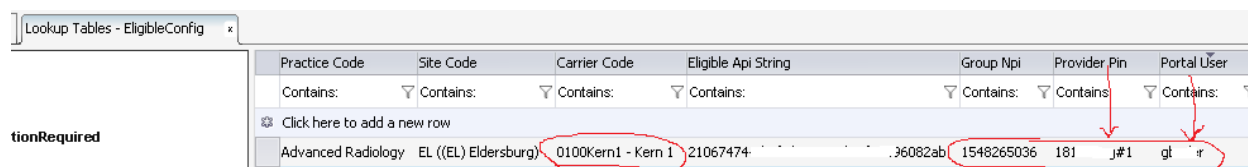
<move 4-62: Radiology Advanced>

<move 4-62: Complex Imaging >

Insurance Eligibility – Store Carrier User and Pin for Eligible

Eligible now requires eRAD RIS to store and forward a user and pin to connect to a particular carrier. Although it is only for one carrier today, the number of carriers that eligible will require this for will increase in the future.

The EligibleConfig lookup table has 2 new columns added titled Portal User and Provider Pin. The Portal User will store the username required for Eligible to connect to the carrier and the Provider Pin is similar to a password that the Carrier will also require to be passed over.



Practice Code	Site Code	Carrier Code	Eligible Api String	Group Npi	Provider Pin	Portal User
Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾	Contains: ▾
Click here to add a new row						
Advanced Radiology	EL ((EL) Eldersburg)	0100Kern1 - Kern 1	21067474	.36082ab	1548265036 181	j#1 gl ir

Figure 5.6 – EligibleConfig lookup displaying new columns

CD Burning Enhancements

Improved Detection of Not Enough Disk Space

In previous builds in which we supported CD Exporting (or CD Burning) from the RIS we would gather an estimated size of the images to be burned. The estimated sizes could vary greatly and the end result could be a significant size difference. This made it difficult to determine what media type to use (CD or DVD).

To improve the Burn CD process we will no longer use the estimated size and will no longer present message at beginning of burn process informing that you might want to consider using DVD. Instead we will now wait until 2/3 of the burn process (around 66%) is complete and we have an actual size of the image(s) that have been requested to be copied.

If the size of the image(s) exceeds 650MB we will present the user with a message "There are too many studies to fit on a CD. Would you like to burn these studies to a DVD?"

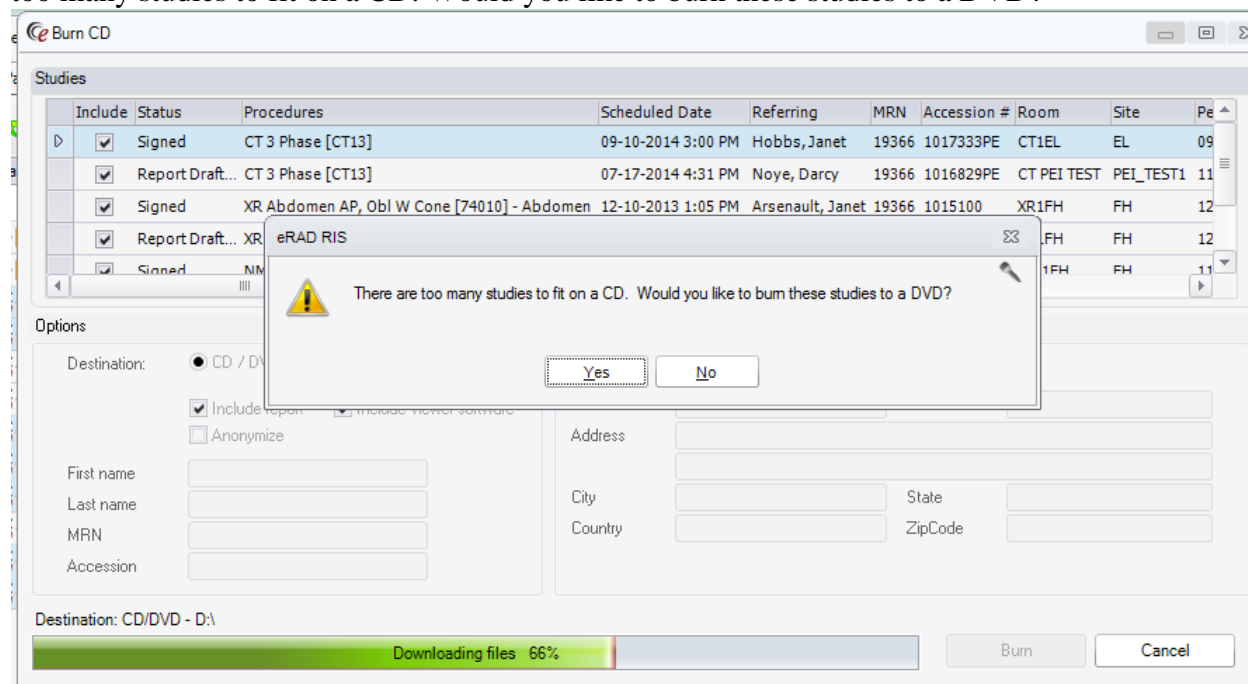


Figure 5.7 – Burn CD prompt for too many studies for a CD

With the message presented the user must change the media before selecting Yes. If they leave the CD in and select Yes they will immediately get an error of Not enough space and the Burn process will not resume. The user will need to start again.

Selecting No will abort the Burn CD process and close the window.

Remember Previous Destination

Another enhancement is the Burn CD window will remember the user previous destination selection. If you are a user that uses Disc Producer only, that destination radio button will be selected the next time you open the Burn CD window. Also if there happens to be multiple Disc Producers, the last one selected will also be remembered.

CD Burner User Profile

Lastly a new field was added on the Practice table that will allow for a “CD burner user profile” to be added and will be the default layout used when burning CDs.

A user account is created in eRAD PACS with a defined hanging protocol that will be the default layout of images displayed from burned CD will be presented. The username of the eRAD PACS account is then added to the CD burner user profile field. This is accessed under the Administration > Configure > System > Organization, select the practice that you want to have the profile associated with and open for edit. On the PACS and Reporting tab enter in the User ID that was created in the PACS in the CD burner user profile field. Save the Organization lookup table.

The screenshot shows the 'Add/Edit Practice' form with the 'PACS and Reporting' tab selected. The 'CD burner user profile' field is highlighted with a red box. The form includes sections for Details, Contact, Address, Logo, PACS, and Reporting.

Details	Contact
Practice code: ADV	Contact name: [redacted]
Description: [redacted]	Phone #: [redacted]
Phone #: [redacted]	Mobile #: [redacted]
Fax #: [redacted]	Fax #: [redacted]
Time zone: [redacted]	Email: [redacted]
Practice notes: sdf gab gab	Contact notes: jim@mail.com

Address	Logo
Address 1: [redacted]	[redacted]
Address 2: [redacted]	[redacted]
City: [redacted]	[redacted]
State: [redacted]	[redacted]
Zip code: [redacted]	[redacted]
Country: US	[redacted]

PACS	Reporting
PACS server: PEI eRAD PACS	CDS object ID: [redacted]
CD burner user profile: darcyn	

Figure 5.7 – CD burner user profile field on Practice lookup table

Show Patient Notes of Merged Patients

In previous versions of eRAD RIS, when a patient was merged with another, the source patients, patient notes didn't display on the destination patients, patient notes. In Build 44.1 a new hyperlink has been added to the Patient Notes tab. When looking at the figure below the Previous patient notes hyperlink will open a new Previous Patient Notes window and display the notes for all of the patients that have been merged to the current patient.

The notes will be grouped under a header that shows the previous patient name, MRN, and the date of the merge. The user can then use the mouse to highlight the text they want to extract and press Control+C to copy the text to the clipboard so that it can be pasted into the notes section and saved.

All screens that allow the user to add patient notes have had the Previous Patient Notes added.

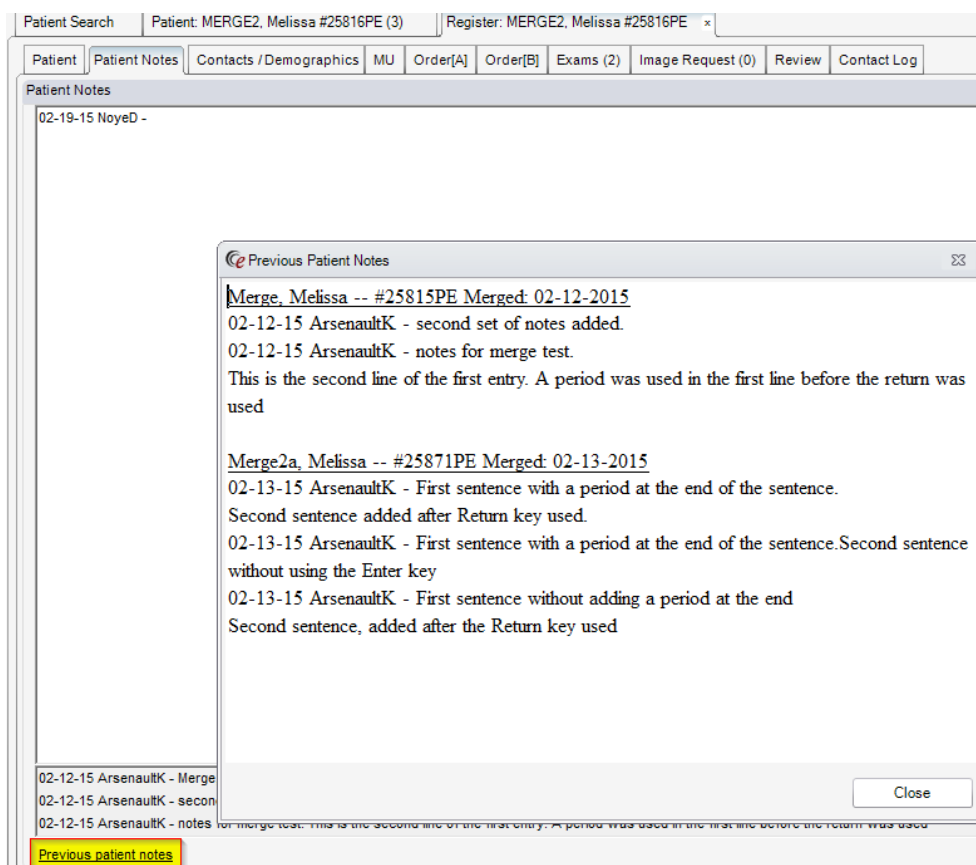


Figure 5.8 – Displaying previous patient notes of merged patients

Display Issuer of Order on Existing Orders Pop-Up Window

A new column titled Order Source has been added to the Existing Orders window prompt that will display the Issuer of the Order.

The Existing Orders prompt is displayed when creating a New Appointment or Walk-In for a patient that has pre-existing orders in the system.

IT will show either the value of the “issuer_of_placer_order_number” column in the order (when specified, this is generally the emr code), or the value from the new system configuration setting of “**RISOrderSourceDescription**” that has a default of “RIS” for an internally generated order.

If the “issuer_of_placer_order_number” matches an EMR code in the EMR lookup table, the tool tip for the Order Source column will show the full description of the EMR as well as the EMR code.

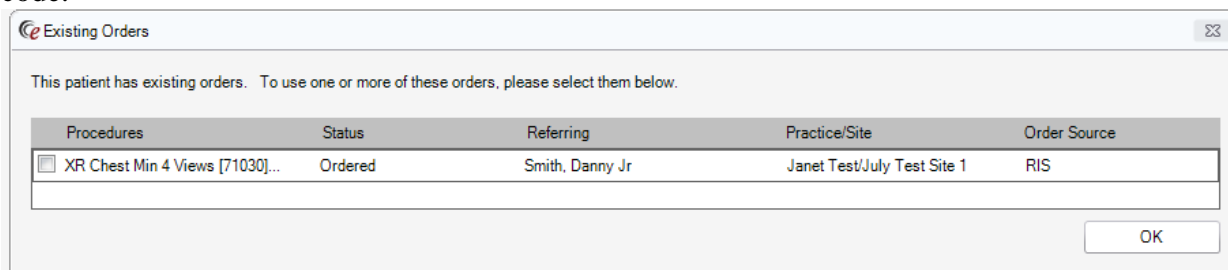


Figure 5.9 – Issuer of Order “Order Source” added to Existing Orders window

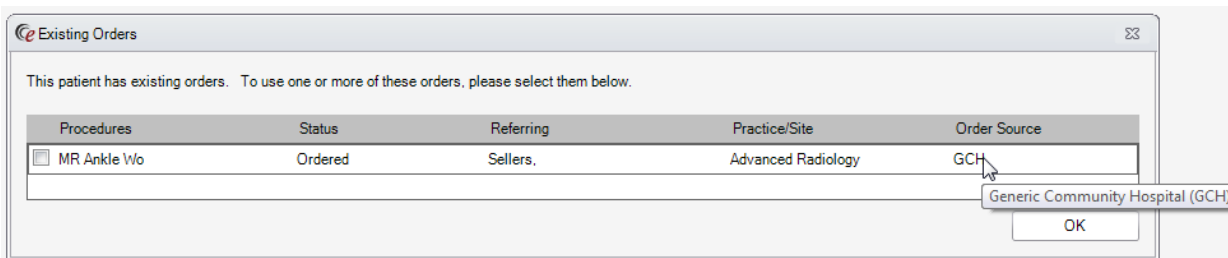
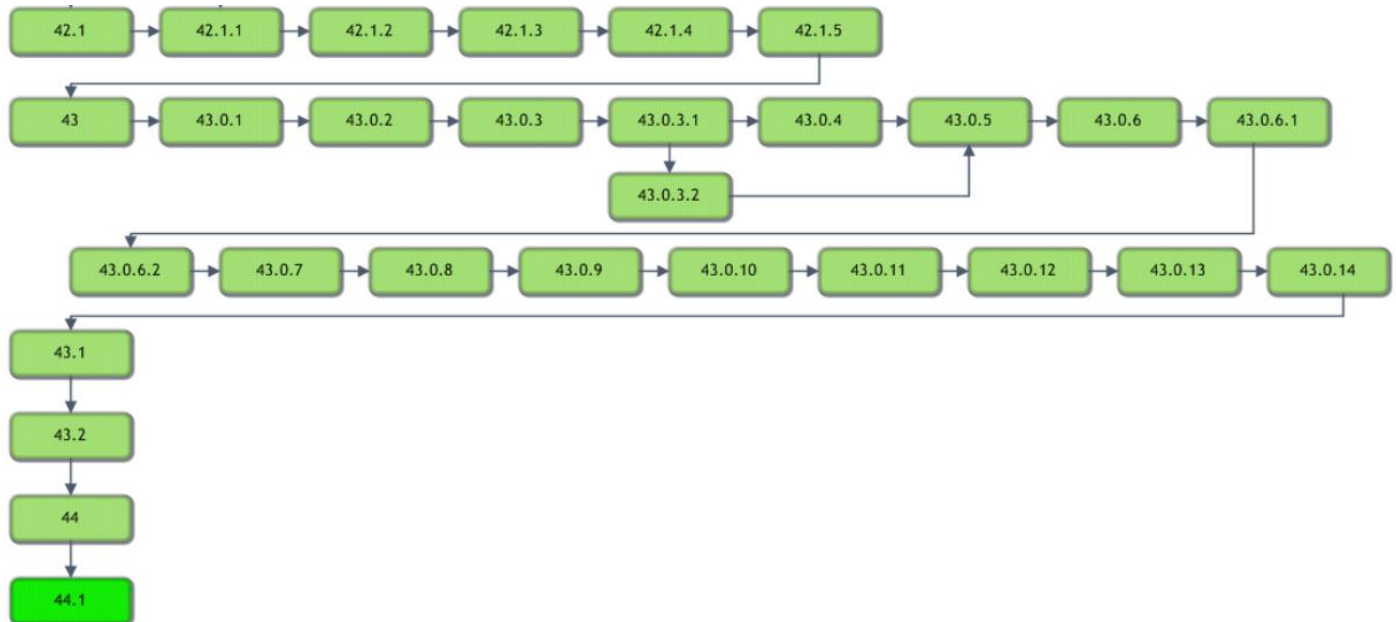


Figure 5.10 – Order Source with tooltip displayed

Disable Contrast Required

The feature of Contrast, Sedation and CT Dosage Tracking was included with Build 44. The means to turn this feature off was on each individual procedure code using the Requires Contrast Flag. In Build 44.1 we have added a global configuration setting of “**TechContrastRequired**” which has a default of False. When using the default the Contrast grid will still be present in the Perform Exam and View/Edit windows but the user will not be required to enter a contrast to save the study. When a value of True is added, the feature will work as intended when released with Build 44.

6. Code Stream



Legend:

Light Green = Released software

Gray = Will not be released

Bright Green = Current Release

7. eRAD RIS Release Version Numbers

Build	Patch	UI Version	Core Version	WS Version	DB Version	Notes
42.1	-	2.42.1.0.22744	2.42.0.0.21261	2.42.1.0.22744	2.42.1.0.22736	GUI.zip, Web Service, DB updates and Management Report Deployment
42.1	1	2.42.1.1.22963	2.42.0.0.21261	2.42.1.1.22963	2.42.1.1.22864	GUI.zip, Web Service, DB updates
42.1	2	2.42.1.2.23007(3GB)	2.42.0.0.21261	2.42.1.2.23007	2.42.1.1.23007	GUI.zip, Web Service, DB updates
42.1	3	2.42.1.3.23237(3GB)	2.42.0.0.21261	2.42.1.3.23237	2.42.1.1.23007	GUI.zip, Web Services
42.1	4	2.42.1.4.23348(3GB)	2.42.0.0.21261	2.42.1.4.23348	2.42.1.1.23007	GUI.zip, Web Services
42.1	5	2.42.1.5.23406(3GB)	2.42.0.0.21261	2.42.1.5.23406	2.42.1.1.23007	GUI.zip, Web Services
43	-	2.43.0.0.23715(3GB)	2.43.0.0.23171	2.43.0.0.23715	2.43.0.0.23743	Full Version Release
43	1	2.43.0.1.23798(3GB)	2.43.0.0.23171	2.43.0.1.23798	2.43.0.1.23770	GUI.zip, Web Service, DB updates
43	2	2.43.0.2.24017(3GB)	2.43.0.0.23171	2.43.0.2.24017	2.43.0.2.24023	GUI.zip, Web Service, DB updates and Management Report Deployment
43	3	2.43.0.3.24298(3GB)	2.43.0.0.23171	2.43.0.3.24298	2.43.0.3.24283	GUI.zip, Web Service, DB updates and Management Report Deployment
43	3.1	2.43.0.3.24450(3GB)	2.43.0.0.23171	2.43.0.3.24298	2.43.0.3.24421	GUI.zip, and DB updates
43	3.2	2.43.0.3.24450(3GB)	2.43.0.0.23171	2.43.0.3.24298	2.43.0.3.24421a	DB updates
43	4	2.43.0.4.24447(3GB)	2.43.0.0.23171	2.43.0.4.24447	2.43.0.4.24442	GUI.zip, Web Service, DB updates and Management Report Deployment
43	5	2.43.0.4.24632(3GB)	2.43.0.0.23171	2.43.0.4.24632	2.43.0.4.24560	GUI.zip, Web Service and DB updates
43	6	2.43.0.4.24(3GB)	2.43.0.0.23171	2.43.0.4.24	2.43.0.4.24	GUI.zip, Web Service and DB updates
43	6.1	2.43.0.6.24937(3GB)	2.43.0.0.23171	2.43.0.6.24937	2.43.0.6.24914	GUI.zip, Web Service
43	6.2	2.43.0.6.24970(3GB)	2.43.0.0.23171	2.43.0.6.24970	2.43.0.6.24914	GUI.zip, Web Service
43	7	2.43.0.7.25258(3GB)	2.43.0.0.23171	2.43.0.7.25258	2.43.0.7.25226	GUI.zip, Web Service, DB updates and Management Report Deployment
43	8	2.43.0.8.25440(3GB)	2.43.0.0.23171	2.43.0.8.25440	2.43.0.8.25425	GUI.zip, Web Service, DB updates and Management Report Deployment
43	9	2.43.0.9.25477(3GB)	2.43.0.0.23171	2.43.0.9.25477	2.43.0.8.25425	GUI.zip and Web Service
43	10	2.43.0.9.25477(3GB)	2.43.0.0.23171	2.43.0.10.25477	2.43.0.8.25425	Web Service
43	11	2.43.0.11.25512(3GB)	2.43.0.0.23171	2.43.0.11.25512	2.43.0.8.25425	GUI.zip and Web Service
43	12	2.43.0.12.25554(3GB)	2.43.0.0.23171	2.43.0.12.25554	2.43.0.12.25536	GUI.zip Web Service and DB Updates
43	13	2.43.0.12.25610(3GB)	2.43.0.0.23171	2.43.0.12.25610	2.43.0.12.25536	GUI.zip and Web Service
43	14	2.43.0.14.25644(3GB)	2.43.0.0.23171	2.43.0.13.25610	2.43.0.12.25536	GUI.zip
43.1	-	2.43.1.0.25850(3GB)	2.43.0.0.23171	2.43.1.0.25850	2.43.1.0.25771	GUI.zip Web Service and DB Updates
43.2	-	2.43.2.0.26864(3GB)	2.43.0.0.23171	2.43.2.0.26864	2.43.1.0.25771	GUI.zip and Web Service
44	-	2.44.0.0.26570(3GB)	2.44.0.0.26405	2.44.0.0.26570	2.44.0.0.26475	Full Version Release
44.1	-	2.44.0.0.26984(3GB)	2.44.0.0.26405	2.44.0.0.26984	2.44.0.0.27145	Gui.zip, Web Service, and DB

8. Resolved Defects

Bugs Suggested Features and Support Issues resolved in build 2.44.1. The extract is taken from Redmine bug tracking system and only displays defects resolved in 2.44.1.

Bug #	Priority	Subject	Category	Found Version
9269	Immediate	B44.1 upgrade scripts are taking too long to run on large database	DB	2.44.1
9012	Immediate	missing reply to information for the secure message	Connect Patient Portal 1.x	2.44
8223	Urgent	IVT WL queries are terribly slow for a 3 Radnet data centers	IVT / Precert	2.43
8759	Urgent	Pending Dictation WL is taking a long time to process results.	Worklists	2.43.1
9010	Urgent	Insurance Eligibility - NPD pricing is missing some billing codes	Insurance Eligibility	44
7256	High	CD Burning - Improve detection of "not enough space"	CD Burning	2.43
8463	High	Insurance Eligibility - Eligibility is preventing scheduling of follow-up	Insurance Eligibility	43.1
8653	High	Insurance Eligibility - update on the order resulting in wrong IVT Intervention flag on the order table.	Insurance Eligibility	43.1
8659	High	All signed pending QA context menu option for verify reports doesn't open proper action and report can be released	Radiology Reporting	2.44
8761	High	QA flag is not removed after verifying edit	Radiology Reporting	2.44
9023	High	Activation issue when using next workflow in dictation screen with reuse on.	Radiology Reporting	2.44
9024	High	Possibility that when you open a reporting screen, RIS get relocated to cursor position.	Radiology Reporting	2.44
3538	Normal	Reception / Technologist wl Precert required column not updated correctly	Worklists	1.4
4394	Normal	Signed pending release WL context menu item missing.	Radiology Reporting	1.4
7917	Normal	CD Burning generate may generate http requests for status updates every second	CD Burning	2.43.0.11

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7967	Normal	Insurance Eligibility - Tier 2 and advanced / complex parsing.	Insurance Eligibility	43.0.6
8025	Normal	Insurance Eligibility - Remaining Copay is incorrectly taken as co-payment amount	Insurance Eligibility	43.0.12
8116	Normal	CD Burning - remember users previous destination preference	CD Burning	43.1
8273	Normal	Burn CD - Destination path label doesn't display path if Auto Select is used	CD Burning	2.44
8680	Normal	MU - Generating of the Icode code needs to be expanded to generate the Icode code at Check-In Status	Meaningful Use	2.43
8760	Normal	ICode expiration date is currently hard codes to 5 days needs to be changed	Connect Patient Portal 1.x	2.44
9157	Normal	Unable to make contrast not required for techs without affecting MU contrast alerts	Technologist	2.44
4617	Low	Expired Insurances	Insurance Managment	1.41

9. Additional Defects Resolved

The following list of defects was reviewed\retested in 2.44.1 and could no longer be reproduced. These defects may have been resolved with a duplicate defect logged in Redmine, resolved inadvertently with the resolution of another defect or work flow has changed so that the logged defect is no longer an issue or a defect was logged against a workflow that no longer is supported (Example – Bug 2124 – We no longer allow orders to be opened in registration window)

Bug #	Priority	Subject	Found Version
4574	High	Outside Reads - history field changed to signs and symptoms	1.41
4731	High	Should not have the ability to click sign twice on a Laterality check message box	1.41
5333	High	Reporting - Attachment viewer "Show More" option doesn't display attachment	1.41.1
2124	Normal	procedure picker does not refresh after checkin	1.1.2.37.14326
2764	Normal	Scheduling - No warning on deleting studies with assigned attachments	1.1.3.39.15389
2880	Normal	Notification for pending signature not displaying when study count is met.	1.39
3065	Normal	Carrier search - Object reference error if search performed more than once	1.4
3135	Normal	Procedure code description in new appointment truncates (the display) of some procedure codes	1.4
3175	Normal	Pending Pacs Correction message needs clean up	1.4
3361	Normal	When cloning multiple Personnel, scrolling loses focus on what you select	1.1.3.39.16026
3524	Normal	Reschedule a multi study second time does not include second study	1.40.004
3537	Normal	@accession number search throws error if patient has cancelled orders	1.4
3582	Normal	Reporting - protect sections and delete table raising exceptions	1.4
3597	Normal	Laterality check message on transcribe	1.4

3600	Normal	Audit log error when more then one patients audit history is opened	1.40.006
3682	Normal	Delete dictation on a study that was signed by contribute A (maybe b too)	1.40.007
3893	Normal	MT Transcribe & Continue/Close user preference not saving	1.40.010
4372	Normal	Creating a new appointment from the patient search window causes error.	1.41
4421	Normal	Shortcut for Tables not working in report editor (CTRL + T)	1.41
4645	Normal	Inactive procedure codes appear in the Procedure Plan table	1.41
4646	Normal	Schedule group lookup needs default column widths	1.41
4901	Normal	Scheduling - reservation needs to happen when picked	1.4
4941	Normal	Reporting - Autosave timing error	1.41.002
4967	Normal	Reporting - Submit audio in minimized mode throws error.	1.41.002
5275	Normal	Reporting - Adding empty space to field will allow user to sign	1.41.1
5319	Normal	Reporting - closing Attachment Viewer Preferences throws error in reporting window.	1.41.1
5320	Normal	Reporting - Attachment viewer in reporting window - double click to open the report will change to the next scan doc.	1.41.1
5502	Normal	Error when opening a patient merge suggestion: "Source patient not found"	1.41.002.1
5519	Normal	Reporting - pending signature on login and pending signature worklist notifications can be shown at the same time	1.42
6033	Normal	Scheduling - Holiday is not displayed in New Appointment Calendar view.	1.42
3886	Low	Reporting - Default button action on Skip/ Close button	1.40.010

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4027	Low	Image request - Remove image request, select edit throws error	1.40.013
4163	Low	Perform Exam - Cancelled studies in patient history list have buttons enabled	1.41.015

10. Known Limitations

The following are Bugs Suggested Features and Support Issues found in build 2.44.1. Bugs reported in previous versions are not captured as Known Limitation in this document.

#	Status	Priority	Subject
9166	New	High	Contrast is required on view/edit when contrast setting is set to true and is required
9181	New	High	Contrast - Perform Exam on non-contrast and contrast study copying contrast/billing codes to non-contrast study
9013	New	Normal	Preferred Site (c_orderRow.filler_site_code) not auto-populating on Scheduling/Walk-ins
9014	New	Normal	Preferred Site (c_orderRow.filler_site_code) isn't required when saving an order through "Schedule Later"
9100	New	Normal	Contrast - If a contrast is made inactive it still is available for selection and could be added to billing codes
9103	New	Normal	Contrast billing- if a BillingCode is not Active it will still be added to the billing code tab if the Contrast associated to it is added to Contrast grid
9106	New	Normal	Rescheduling- choosing Schedule Later from the Appointment Book will not change the status of the procedure in Reception WL or Patient folder
9122	New	Normal	EMR orders - the laterality is sent from external system but is not populated in scheduling window
9139	New	Normal	EMR order does not reflect correct information on Review tab.
9172	New	Normal	Contrast - Billing codes added on Perform Exam window don't get pre-cert status added.
9190	New	Normal	Contrast and Sedation - Manually delete default contrast will remove 2nd contrast code from grid
9117	In Progress	Normal	EMR order - attempt to schedule a 2nd time and schedule window has incorrect information.
9099	Peer Testing	Normal	Verify edits context menu option available from Report Drafted WL
8999	New	Low	Personnel - Domain authentication checkbox being auto-checked with no visual indication
9007	New	Low	IVT Window - Removing Insurance on exam/practice that doesn't require IV isn't adding exam to IVT WL
9158	New	Low	EMR order - the phone number is not displayed correctly in WL
9169	New	Low	System Config code - 'EnableContrastBillingRelation'

			the default is set to True, should be set to False
9184	New	Low	Contrast - Perform Exam - Billing Codes added to empty Billing Code grid do not re-enable the Edit/Delete buttons
9185	New	Low	Outside Read - alert for no billing codes only appears after clicking save
9116	Resolved	Low	EMR orders - schedule - The Map Procedures to EMR order window has a double 'the' in the instructions
9009	Duplicate	Low	Preferred Site dropdown required on scheduling after clicking Save as Order button.