

User Release Notes

for eRAD RIS
Version 2
Build 44.3

Table of Contents

1. Purpose..... 3

2. Intended Audience 3

3. Installing/Accessing the Application 3

4. Existing Access Strings Required for New Feature in B2.44.3 4

5. New Features and Enhancements 5

 Insurance Eligibility – Payment Receipt Showing Insurance and Pricing 5

 Insurance Eligibility – Payments Exceeding Amount to Collect Warning..... 9

 Insurance Eligibility – Collect Copay When it Exceeds Amount to Collect 11

 Self-Pay Option “Do not share with insurance provider” 12

 Referring Doctor Affiliations Included With MIRTH Messages 13

 Interface to Create Internal System ID for External ID via External System..... 14

6. Code Stream..... 15

7. eRAD RIS Release Version Numbers 16

8. Resolved Defects 17

9. Known Limitations 19

1. Purpose

This document describes some of the new features and changes implemented in eRAD RIS as of the end of Sprint 44.3 and subsequent server releases. This version of eRAD RIS is referred to as Build 2.44.3

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 2.44.3 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. Existing Access Strings Required for New Feature in B2.44.3

| Setting Placeholder | Setting | Default | Purpose / Controls Access to |
|----------------------|----------------------------------|---------|--|
| System Configuration | EligibilityReceiptPath | None | (value = string) Determines the relative path on the report server for eligibility payment receipts |
| System Configuration | MaxPaymentAboveAmountToCollect | 999 | (value = int) Max \$ above the amount to collect that will be allowed. |
| System Configuration | MaxPaymentAmount | 6000 | (value = int) Max \$ amount that can be paid in a single payment. |
| System Configuration | ShowKeepSelfPayPrivate | False | (value = bool) Determines if RIS will present the 'Do not share with insurance provider' option in the case of self-pay. |
| System Configuration | UsualAndCustomaryInsuranceNumber | None | Insurance number to use when looking up the usual and customary rate, which is displayed on the patient's receipt. |

5. New Features and Enhancements

Insurance Eligibility – Payment Receipt Showing Insurance and Pricing

It can be difficult explaining charges to the patient. A report showing the breakdown of the amount to collect is required.

For payment made on visits, where RIS had used eligibility to calculate an amount to collect, RIS will display an alternate receipt. The receipt will list the CPTs and their Usual & Customary rates and the eligibility verified co-insurance, co-pay and deductible portions, plus payment information such as total payments and estimated balance. The receipt creation process archives all this information, so that when we re-print the receipt, it prints exactly the same.

To get the Usual & Customary amount, the new system configuration setting of **“UsualAndCustomaryInsuranceNumber”** (no default value) must be set to the NPD’s insurance company for the usual rate fee schedule. If this is not set, then the costs in the report will display as blank. The usual rate is stored for every CPT, even those which do not have Eligibility enabled carrier.

To enable the auto printing and reprinting of the Eligibility Payment Receipt, set the new system configuration setting of **“EligibilityReceiptPath”** (no default value) to the new payment form as shown in the following.

| System Config Code | Value | Default | Description |
|----------------------------------|--|---------|--|
| UsualAndCustomaryInsuranceNumber | 100 | | Insurance number to use when looking up the usual and customary rate, |
| EligibilityReceiptPath | /kevin/Forms/Eligibility Payment Receipt | | (value = string) Determines the relative path on the report server for eligi |
| ReceiptPath | /kevin/Forms/Payment Receipt | | (value = string) Determines the relative path on the report server for paym |

Figure 5.1 – Displaying new system configuration settings

The Eligibility Payment receipt will get printed after saving a screen such as Registration or View Edit when there was one or more payments made during the edit. Or receipts can be reprinted by right clicking on one of the payment and choosing “reprint” as shown in the following:

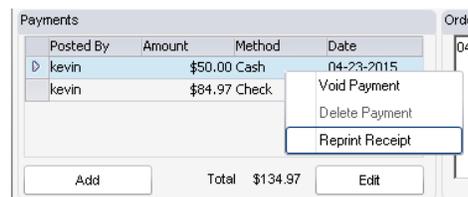


Figure 5.2 – Reprinting receipt

There are two variations on the Eligibility Payment Receipt.

- 1) A simple receipt where the patient paid for their services in full.
- 2) Payment estimate change, CPTs could have changed during the exam and patient either needs to be either refunded or pay an additional amount.

In these two cases the receipt will look similar but in the second case will have additional fields such as ‘**Current Payments**’ and ‘**Previous Payments for this Visit**’.

The following shows a simple receipt where the patient paid using both Cash and Cheque:

| | | | | |
|--|--------------------------------------|--|---------------|--------------------|
| LOGO | | RECEIPT | | |
| | | April 23, 2015 9:13 AM RECEIPT # EL-102-39110 | | |
| Insurance Payments are an Estimate Only Please write this number on your check: 39110 Make checks payable to: Advanced Radiology | | Mol, Kevin 343 Central St Summerside, MD 90210 MRN #24742PE | | |
| Service Date | Description | Units | Charge | Total |
| 04/23/2015 | CT ORBIT SELLA/POST FOSSAWEAR C-/IC+ | 1 | \$ 430.17 | \$ 430.17 |
| | | | | \$ 430.17 |
| | | Deductible Portion | Copay | Coinsurance |
| Estimated Patient Responsibility | | \$ 100.00 | \$ 10.00 | \$ 24.97 |
| | | | | Total |
| | | | | \$ 134.97 |
| Method | Notes | | | Amount |
| Cash | | | | \$ 50.00 |
| Check #2123 | | | | \$ 84.97 |
| Total Payments | | | | \$ 134.97 |
| Estimated Patient Balance | | | | \$ 0.00 |

Thank you for your business!

Figure 5.3 – Payment receipt display different modes of payment

After the initial registration, additional CPTs were added and the patient had to return to pay the additional amount. The following is the second payment receipt for this visit:

RADNET Inc. – eRAD RIS Release Notes

| Service Date | Description | Units | Charge | Total |
|--------------|--|-------|-----------|-----------|
| 04/23/2015 | CT ORBIT SELLA/POST FOSSAE AR C-IC+ | 1 | \$ 430.17 | \$ 430.17 |
| 04/23/2015 | RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS | 1 | \$ 47.13 | \$ 47.13 |
| 04/23/2015 | RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW | 1 | \$ 29.26 | \$ 29.26 |
| | | | | \$ 506.56 |

| | Deductible Portion | Copay | Coinsurance | Total |
|----------------------------------|--------------------|----------|-------------|-----------|
| Estimated Patient Responsibility | \$ 100.00 | \$ 10.00 | \$ 31.96 | \$ 141.96 |

| Method | Notes | Amount |
|--------------------|--|----------------------------------|
| CreditCard MC 3322 | XR ABDOMEN AP was added after inital registration. Patient paid remaining ESTIMATED balance. | \$ 6.99 |
| | | Current Payments |
| | | \$ 6.99 |
| | | Previous Payments for This Visit |
| | | \$ 134.97 |
| | | Total Payments |
| | | \$ 141.96 |
| | | Estimated Patient Balance |
| | | \$ 0.00 |

Figure 5.4 – Second payment required for additional services receipt

The Usual and Customary amount is often different from the contracted rate. To help our staff understand how the amount to collect was calculated, we have updated the “Amount to Collect – Details” popup to include a list of CPTs and their rates.

| CPT | Units | Usual & Customary | Actual Rate | Total |
|-------------------------------------|-------|-------------------|-------------|--------|
| 70482 - CT ORBIT SELLA/POST FOSS... | 1 | 430.17 | 359.70 | 359.70 |
| 74000 - RADIOLOGIC EXAMINATION,... | 1 | 29.26 | 28.20 | 28.20 |
| 74010 - RADIOLOGIC EXAMINATION,... | 1 | 47.13 | 41.74 | 41.74 |

| | | | |
|----------------------|---------------------------------------|----------------------|---------------------------------------|
| Estimated visit cost | <input type="text" value="\$429.64"/> | | |
| Co-pay | <input type="text" value="\$10"/> | Co-pay portion | <input type="text" value="\$10.00"/> |
| Remaining Deductible | <input type="text" value="\$100"/> | Deductible portion | <input type="text" value="\$100.00"/> |
| Co-insurance | <input type="text" value="10%"/> | Co-insurance portion | <input type="text" value="\$31.96"/> |
| | | Amount to collect | <input type="text" value="\$141.96"/> |

Figure 5.5 – Amount to Collect Details changes

A new column titled “Charge For Each Unit Flag” has been added to the Billing Code lookup table. By default we will not charge for multiple units. The RIS will only bill for multiple units if the billing_code lookup's field charge_for_each_unit_flag is set to 'Y'. If charge_for_each_unit_flag is 'N' then the visit cost will only include one charge for the CPT and the Eligibility Payment Receipt and the above Amount to Collect Details will only show that the CPT was charged once.

| Billing Code | Description | Charge For Each Unit Flag | Version |
|--------------|--|---------------------------|---------|
| 74000 | RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOS... | Y | 1 |
| 77053 | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, R... | N | 1 |
| 77055 | MAMMOGRAPHY; UNILATERAL | N | 1 |

Figure 5.6 – New column on the Billing Code tab

Administrators can update multiple billing code in a batch as outlined in the following steps:

1. Filter on the types of billing codes you would like to set to ‘Y’

| Billing Code | Description | Charge For Each Unit Flag |
|--------------|--|---------------------------|
| 74000 | RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOS... | N |
| 77053 | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, R... | N |

Figure 5.7 –Filtering billing code table

2. Set one of the entries to ‘Y’
3. Press <CTRL>+A on the keyboard to select all rows
4. Right click on the cell that has the ‘Y’ from step 2 and select “Assign Cell To Selected Rows”

| Billing Code | Description | Charge For Each Unit Flag | Version | Display |
|--------------|--|---------------------------|---------|---------|
| 74000 | RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOS... | Y | 1 | 1 |
| 77053 | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, R... | N | | |
| 77055 | MAMMOGRAPHY; UNILATERAL | N | | |
| 75571 | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MAT... | | | |
| 71260 | COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATER... | | | |

Figure 5.8 – Assigning multiple rows in billing code with attribute

Insurance Eligibility – Payments Exceeding Amount to Collect Warning

A popup warning is now displayed, if the amount entered is greater than the remaining amount to collect. The warning is displayed when the cursor focus moves away from the Amount textbox.

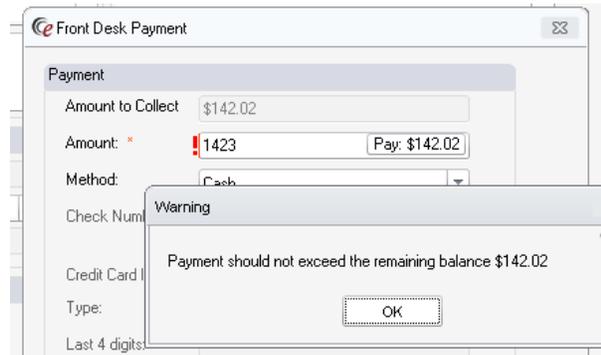


Figure 5.9 –Warning if payment exceeds amount to collect

To help users key in the correct remaining balance, we have introduced the “Pay” button. When clicked, the “Amount” text box will get set to the remaining balance. In the above example, clicking the “Pay: \$142.02” button sets the amount to 142.02.

Two new system configuration settings have also been introduced. The first is “**MaxPaymentAmount**” that has a default of 6000. This setting will limit the user’s ability to enter an amount more than the value set for this configuration setting.

| System Config Code | Value | Default | Description |
|--------------------------------|-----------|-----------|--|
| Contains: maxp | Contains: | Contains: | Contains: |
| MaxPaymentAboveAmountToCollect | 99 | 999 | (value = int) Max \$ above the amount to collect that will be allowed. |
| MaxPaymentAmount | 4000 | 6000 | (value = int) Max \$ amount that can be paid in a single payment. |

Figure 5.10 – new configuration settings for payment amounts

In the example below the user tried to enter a payment amount of \$5000.00. The amount to collect is \$142.02. Because the value set above for MaxPaymentAmount is \$4000.00, we will display a message and inform the user they cannot enter this payment amount.



Figure 5.11 – Message displayed when Amount to Collect exceeds MaxPaymentAmount

In the next example the user is trying to enter a payment amount that exceeds the set value for the next new system configuration setting of “**MaxPaymentAboveAmountToCollect**” which has a default of 999. In figure 5.10 the value is set to \$99 and the amount to collect is \$142.02. Since the payment amount exceeds \$99 the user is prevented from entering that amount and the value displayed with these two values added together.

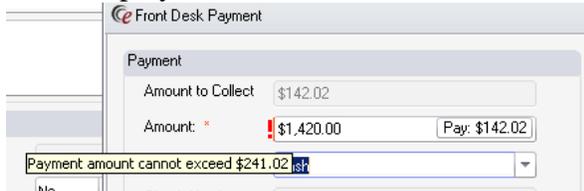


Figure 5.12 – Amount entered exceeds MaxPaymentAboveAmountToCollect

Insurance Eligibility – Collect Copay When it Exceeds Amount to Collect

If the amount to collect is less than the copay, the amount to collect will now be that of the copay amount. In the example below you can see that the amount to collect is \$56, but the Copay portion is \$99. The amount to collect will be \$99.

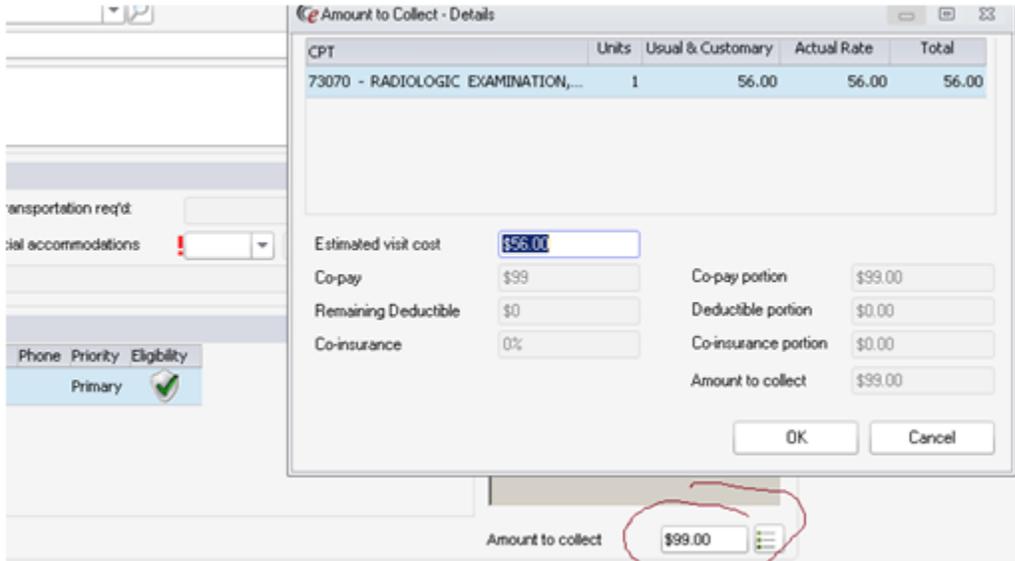


Figure 5.13 – Amount to Collect will now be the Copay amount.

Self-Pay Option “Do not share with insurance provider”

When the exam is to have a self-pay method selected from the Billing Method section on the Order tab a new check box will appear. This check box is labeled “Do not share with insurance provider”. Functionally in eRAD RIS, it will not affect anything. The flag is set to Y when selected, which is then passed to an external system that will share/not share data with the insurance company.

A new system configuration setting of “**ShowKeepSelfPayPrivate**” which has a default of false will control whether or not this check box will appear when selecting a self-pay option

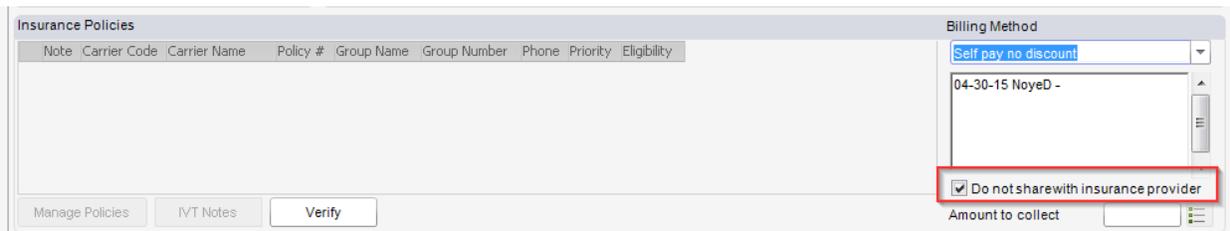


Figure 5.14 – Check box displayed when self-pay option used and config setting ShowKeepSelfPayPrivate=Y

Referring Doctor Affiliations Included With MIRTH Messages

Logic was added to the RIS outbound external interface to include identifiers for the doctors affiliations as part of the expanded study container sent to MIRTH.

The referring doctors affiliation will be included in the `c_order.requested_by_address_key.l_person_address` node within the study container. A new node called `affiliation_list` is now a child node of `l_person_address`. If there are no affiliations this node would be empty. If there 1 or more then a child node called `<affiliation_code>` node would repeat for each occurrence. See examples below.

```
<report_cc_delivery_emr_flag>N</report_cc_delivery_emr_flag>
<report_delivery_do_not_deliver_flag>N</report_delivery_do_not_deliver_flag>
<report_cc_delivery_do_not_deliver_flag>N</report_cc_delivery_do_not_deliver_flag>
<report_delivery_email_flag>N</report_delivery_email_flag>
<report_cc_delivery_email_flag>N</report_cc_delivery_email_flag>
  <affiliation_list />
</l_person_address>
</requested_by_address_key>
<indication>DAT</indication>
  <report_cc_delivery_emr_flag>N</report_cc_delivery_emr_flag>
  <report_delivery_do_not_deliver_flag>N</report_delivery_do_not_deliver_flag>
  <report_cc_delivery_do_not_deliver_flag>N</report_cc_delivery_do_not_deliver_flag>
  <report_delivery_email_flag>N</report_delivery_email_flag>
  <report_cc_delivery_email_flag>N</report_cc_delivery_email_flag>
  <affiliation_list>
    <affiliation_code>1</affiliation_code>
  </affiliation_list>
</l_person_address>
</requested_by_address_key>
  <report_cc_delivery_emr_flag>N</report_cc_delivery_emr_flag>
  <report_delivery_do_not_deliver_flag>N</report_delivery_do_not_deliver_flag>
  <report_cc_delivery_do_not_deliver_flag>N</report_cc_delivery_do_not_deliver_flag>
  <report_delivery_email_flag>N</report_delivery_email_flag>
  <report_cc_delivery_email_flag>N</report_cc_delivery_email_flag>
  <affiliation_list>
    <affiliation_code>1</affiliation_code>
    <affiliation_code>109</affiliation_code>
  </affiliation_list>
</l_person_address>
</requested_by_address_key>
<indication>DAT</indication>
```

Interface to Create Internal System ID for External ID via External System

The RIS Services were updated so that if the c_child_patient node has an attribute called create_internal set to Y then if no internal patient is found or is already associated to the external MRN, a new row will be created.

The MIRTH mapping line required to create the attribute looks like:

```
tmp['Patient']['c_child_patient'].@create_internal = 'Y';
```

With this attribute on (Y), and the message sent to RIS with only the external identifier and a match is not found we will create an internal MRN for this patient. Alternatively if the attribute is “N” it will behave as it does today, sending the message to RIS and an internal ID will not be created.

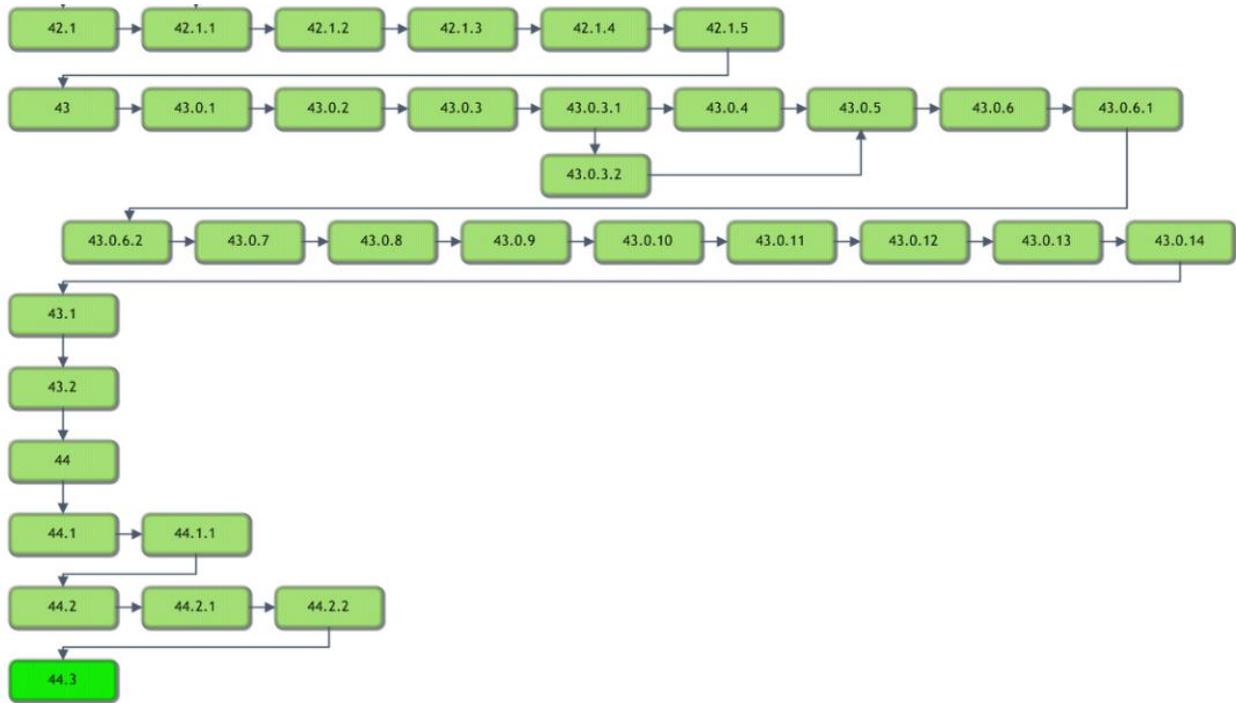
In addition to the create_internal attribute, we also included the attributes of require_phone_match and require_gender_match, both valued with 'N'.

Examples:

```
tmp['Patient']['c_child_patient'].@require_phone_match = 'N';
```

```
tmp['Patient']['c_child_patient'].@require_gender_match = 'N';
```

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 |
|-------------|-------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 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 | 2.44.0.0.26906 | Gui.zip, Web Service, and DB |
| 44.1 | 1 | 2.44.1.1.27093(3GB) | 2.44.0.0.26405 | 2.44.1.0.26984 | 2.44.1.0.26906 | Gui.zip |
| 44.2 | | 2.44.2.0.27410(3GB) | 2.44.0.0.26405 | 2.44.2.0.27410 | 2.44.2.0.27365 | Gui.zip, Web Service, and DB |
| 44.2 | 1 | 2.44.2.1.27959(3GB) | 2.44.0.0.26405 | 2.44.2.1.27959 | 2.44.2.1.27909 | Gui.zip, Web Service, and DB |
| 44.2 | 2 | 2.44.2.1.27959(3GB) | 2.44.0.0.26405 | 2.44.2.2.28094 | 2.44.2.1.27909 | Web Service |
| 44.3 | - | 2.44.3.0.28292 | 2.44.0.0.26405 | 2.44.3.0.28277 | 2.44.3.0.28138 | Gui.zip, Web Service, and DB |

8. Resolved Defects

Bugs Suggested Features and Support Issues resolved in build 2.44.3. The extract is taken from Redmine bug tracking system and only displays defects resolved in 2.44.3.

| Bug # | Priority | Subject | Category | Found Version |
|-------|----------|--|----------------------------|---------------|
| 6032 | Normal | Scheduling - New Appointment Calendar - Selecting time on calendar does not check for room availability. | Thick Client GUI | 1.42 |
| 7270 | Normal | Note column in personel causing errors | Admin-Clinical Data | 2.43 |
| 7497 | Normal | biopsy surgeon selection shows referrals and other personnel that are not surgeons | Mammography | 2.43.0.5 |
| 7932 | Normal | An error in the image caching process can terminate RIS | PACS (eRAD) Int - RIS only | 2.43.0.12 |
| 8428 | High | Collection was modified error related to worklist views | Radiology Reporting | 2.43.1 |
| 9150 | High | Insurance Eligibility - CPT costs needed to be multiplied by units | | 43.1 |
| 9323 | High | IVT - MRN isn't read-only on patient tab. | Thick Client GUI | 2.43.2 |
| 9425 | Normal | Amount to collect not updating on Schedule Order/Review screens when blanked out | Billing | 2.44 |
| 9448 | High | Review Tab - Estimated responsibilities when zero should be handled better | Billing | 43.1 |
| 9471 | Normal | Warning needed if selected insurance has a blank policy number | Insurance Eligibility | 43.1 |
| 9480 | Low | Reporting Radiologist - PowerScribe error and crash opening report with powerscribe integration | Radiology Reporting | 2.43.1 |
| 9513 | Normal | AppointmentBook is showing cancelled studies | Scheduling | 2.44.2 |
| 9523 | Urgent | Old layout for dictation/editing are not maintained into the 44 upgrade. | Radiology Reporting | 44 |
| 9524 | Urgent | Bacode scanner not opening PS360 report when set to Diagnose on accession number | Powerscribe Integration | 2.44.2 |
| 9525 | Normal | Assigned Radiologist is not recognized as assigned in the Assign to Radiologist window | Radiology Reporting | 2.44 |

RADNET Inc. – eRAD RIS Release Notes

| | | | | |
|------|--------|--|-----------------------|--------|
| 9530 | High | Error arriving studies from same order | Reception | 2.44.2 |
| 9532 | Normal | error changing pre-cert info on registration | Reception | 2.44.2 |
| 9543 | High | Reporting Radiologist - M*Modal interactive dictation performance issues when using encrypt audio method | Radiology Reporting | 2.44.2 |
| 9554 | High | the wedge should not expand the virtual table c_order_ref_addresses | Web Services/DB | 2.44.2 |
| 9555 | Urgent | Post message routine in RIS Services (wedge) fails | Web Services/DB | 2.44.2 |
| 9559 | Normal | validate MS-SQL Server 2008 R2 SP3 | DB | 2.44.2 |
| 9574 | High | Insurance Eligibility - Performance issue as we add more eligibility configurations | | 44.2 |
| 9586 | Normal | DD Engine updates pending lay letters to be cancelled is a causing database blocking | DB | 2.44.2 |
| 9608 | Normal | Reporting Radiologist - Exception on application exit using Powerscribe | Radiology Reporting | 2.44.2 |
| 9632 | Normal | Assigning an exam to a chair in Pending Dictation WL produced an error. | Chair/County workflow | 2.44.3 |
| 9646 | High | Insurance Eligibility - Amount to collect issue in "Perform Exam" | | 44.2 |

9. Known Limitations

The following are Bugs Suggested Features and Support Issues found in build 2.44.3. Bugs reported in previous versions are not captured as Known Limitation in this document.

| # | Status | Priority | Subject |
|----------|---------------|-----------------|--|
| 9634 | New | High | Contrast is being deleted when View/Edit is opened |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |