eRAD RIS

RELEASE ANNOUNCEMENT

Build 4.2025.060

UPDATED NOVEMBER 28, 2025

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PUBLICATION HISTORY

Revision	Author	Description
November 28, 2025	Kevin Brooks	▪ Commercial release.

SUMMARY

Release Announcement

This release of ERAD RIS 4.2025.060 updates Insurance Eligibility to support sending HC codes rather than the service type when making eligibility requests for visits with Medicare Limit dates, and resolves several Insurance Eligibility issues.

New Features

This release introduces the following features and enhancements:

Category	Redmine #	Subject	Description
Insurance Eligibility	36911	Eligibility Request/Responses need to include limit dates as returned with Medicare	This enhancement to Insurance Eligibility introduces the ability to send HC codes instead of the service type when making eligibility requests for visits with Medicare Limit dates.

Refer to the FEATURE DETAILS section below for configuration and usage information.

Resolved Issues

This release resolves the following issues:

Category	Redmine #	Subject
Insurance Eligibility	37417	Resolved Eligibility issue where an unhandled error dialog was presented.
Insurance Eligibility	37664	Resolved Insurance Eligibility issue where requests to reprocess eligibility jobs without re-submitting the payor were incorrectly re-submitting with the payer.
IVT / Precert	37418	Resolved IVT / Precert issue where pre-cert for "day of" items were incorrectly expired.

SORTED BY CATEGORY AND REDMINE

New Known Limitations

While no new known limitations were identified with this release, the following expected behaviors were noted:

- UNABLE TO DISABLE CASCADE REMOVAL OF EXPIRED CARRIERS FUNCTIONALITY (FROM FEATURE #36718)
    - Previously, feature #36718 updated Insurance Management carrier handling in RIS to remove an expired carrier from other visits. However, it did not provide a configuration option to disable this new functionality. An upcoming enhancement is planned to add that configuration option via FEATURE #37881 - CONFIG TO DISABLE CASCADE REMOVAL OF EXPIRED CARRIERS FUNCTIONALITY.
- EXPECTED BEHAVIOR BY DESIGN – ASSEMBLIES ARE NOT DIGITALLY SIGNED
    - This build is not digitally signed as we transition to SECTIGO signing authority for future builds.
    - Customers validating certificates should postpone upgrades to a future signed release.

FEATURE DETAILS

Insurance Eligibility

Feature #36911 – Eligibility Request/Responses need to include limit dates as returned with Medicare

Summary

This enhancement to Insurance Eligibility introduces the ability to send HC codes instead of the service type when making eligibility requests for visits with Medicare Limit dates.

Feature Description

With this change, Insurance Eligibility now:

- Allows sending HC codes when making eligibility requests for visits with Medicare Limit dates.
- Accommodates customers who wish to present returned validation warnings and keep the approved eligibility.
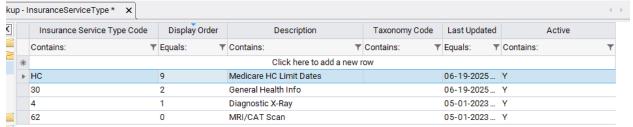
Configuration Instructions

System Administrators must complete the following actions to enable this feature:

Send HC Codes With Eligibility Requests

To send HC codes instead of the service type when making eligibility requests for visits with Medicare Limit dates:
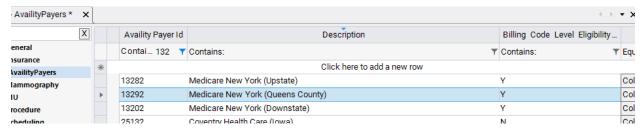
- From the `InsuranceServiceType` configuration table, create an entry for `Insurance Service Type Code` = `HC` and set a high `Display Order` to ensure it will be used before a room is selected if the billing code matches and runs with the specific service type earlier in the workflow.

Insurance Service Type Code	Display Order	Description	Taxonomy Code	Last Updated	Active
Contains:	Equals:	Contains:	Contains:	Equals:	Contains:
		Click here to add a new row			
HC	9	Medicare HC Limit Dates		06-19-2025 …	Y
30	2	General Health Info		06-19-2025 …	Y
4	1	Diagnostic X-Ray		05-01-2023 …	Y
62	0	MRI/CAT Scan		05-01-2023 …	Y

- From the `InsuranceServiceTypeRule` configuration table, ensure that service type code is only used in rules defined by billing codes as shown in the following:

Find:

Order	Description	Insurance Service Type C…	Taxonomy Code	Availity Payer	Eligibility Payer	Carrier	Procedure	Billing Code	N
			Click here to add a new row						
1	For MC Limi…	HC (Medicare HC Limit Da…	13202	(all)	(all)	(all)	77080, G0102	(a

- To ensure this feature works with multiple billing codes on a visit where only some of them apply to HC limits, set `Billing Code Level Eligibility` = `Y` for the payer:
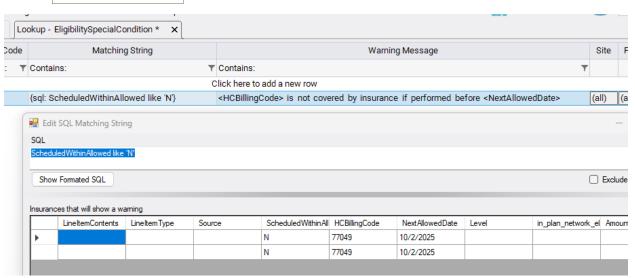
A new section is now displayed in the RIS insurance details for the next insurance covered date for the billing code:

Next Allowed Date

Billing Code	Date
77002	2025-08-02

Plan Maximums and Deductibles

				Na	
Network	Additional Information	Deductible	Deductible Remaining	Maximum	Maximum Remaining
IN	Medicare Part B	$ 257	$ 0		

When editing `EligibilitySpecialConditions` or `Payment Rules`, the `Edit SQL` option for eligibility now supports filtering on the following new columns:

- `ScheduledWithinAllowed`
- `HCBillingCode`
- `NextAllowedDate`

Also note in the above that the warning message for `HCBillingCode` and `NextAlllowedDate` can be customized.

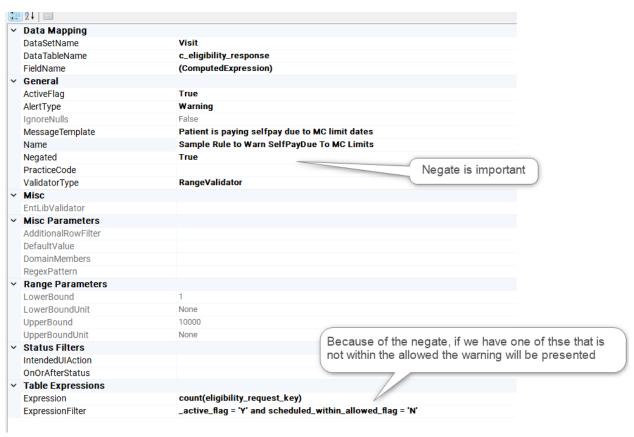## Present Returned Warnings and Keep Approved Eligibility

By default, the workflow will push all items with "not allowed due to limit date" validation warnings to the IVT worklist, where they await as self-pays without review. However, a new configuration setting provides an alternate workflow to create such warnings that don't go to the IVT worklist.

An update to `EligibilitySpecialConditions` introduces a new `warnings_fall_to_ivt_flag` to support this:

Warning Message	Site	Practice	Display Order	Description	Exclude Line Item Fl...	Warnings Fall To Ivt Flag	
▼			Equals: ▼	Contain... ▼	Contains: ▼	Contains: ▼	E
Click here to add a new row							
d by insurance if performed before <NextAllowedDate>	(all)	(all)	1		N	N	0

When set to N, warnings will be displayed, but the approved eligibility status icon will remain as a green check.

Then, rather than relying on the IVT worklist, warnings can be configured to display to the user with a custom validation rule such as:

Data Mapping	
DataSetName	**Visit**
DataTableName	**c_eligibility_response**
FieldName	**(ComputedExpression)**
General	
ActiveFlag	**True**
AlertType	**Warning**
IgnoreNulls	False
MessageTemplate	**Patient is paying selfpay due to MC limit dates**
Name	**Sample Rule to Warn SelfPayDue To MC Limits**
Negated	**True**
PracticeCode	
ValidatorType	**RangeValidator**
Misc	
EntLibValidator	
Misc Parameters	
AdditionalRowFilter	
DefaultValue	
DomainMembers	
RegexPattern	
Range Parameters	
LowerBound	1
LowerBoundUnit	None
UpperBound	10000
UpperBoundUnit	None
Status Filters	
IntendedUIAction	
OnOrAfterStatus	
Table Expressions	
Expression	**count(eligibility_request_key)**
ExpressionFilter	**_active_flag = 'Y' and scheduled_within_allowed_flag = 'N'**

Negate is important

Because of the negate, if we have one of thse that is not within the allowed the warning will be presented

VERSION DETAILS

Code Stream

The following source code branches have been merged into this release: