

DENTRIX ENTERPRISE 5.0

IHS SUPPLEMENTAL USER'S GUIDE



Publication date

November 2010

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Introduction

This is a supplement guide for Dentrix Enterprise for the IHS EDR project. The following is not a comprehensive list of features and reports for the Dentrix Enterprise software, but a list of the features developed for this project:

- RPMS and Dentrix
- National Configuration Settings
- Office Manager
- Appointment Book
- New Patients in the Family File
- Procedures in the Patient Chart & Ledger
- DXOne Reporting

RPMS and Dentrix

Before setting up your Electronic Dental Record (EDR) in Dentrix Enterprise, it is important to understand the relationship between RPMS and Dentrix. An interface has been installed that allows information to flow or be “pushed” from one program to the other. RPMS will push each patient’s demographics ONLY (name, address, birth date, SS#, and so on) into Dentrix.

If dental staff enter a change of address into Dentrix it will not be saved because the demographic information DOES NOT flow from Dentrix back into RPMS. Once that new information is entered into RPMS, however, within seconds, the new information will be displayed in Dentrix because it will automatically flow over to Dentrix from RPMS.

At this time, the only information that is pushed from Dentrix over to RPMS are the completed procedures done in the Patient Chart—the “coding” is sent for billing purposes from the work done in the Patient Chart.

RPMS > Patient Information > Dentrix

Dentrix > Completed ADA and IHS Procedures in Patient Chart > RPMS

National Configuration Settings

The Indian Health Service (IHS) National Configuration meeting was held September 15 – 17, 2009, at the Henry Schein Practice Solutions (HSPS) building in American Fork, UT. Representatives from HSPS, Science Applications International Corporation (SAIC), and IHS met to decide upon a national configuration to be used for installation at future clinics as a part of the IHS EDR project. The national configuration established a suggested pattern for installation, while also allowing for some decisions to be made by the local clinic being installed. The purpose of this section is to list the standards established by the national configuration, as well as to establish those settings that will be decided by the local clinic.

The standardized configurations listed in this document have been set up in the default database that is installed at all installations of Indian Health Clinics that are participating in the IHS EDR Project. You will refer back to these configuration settings as your site is set up with Dentrax.

National Settings

- Within the clinical notes feature of the Dentrax chart there is an “approve” button to lock a clinical note. This approval will lock the note so that the original note cannot be edited. It will allow for appended notes, but not an edit of the actual note that existed when the “approve” button is utilized.

Those in attendance at the National Configuration meeting decided that this button needs to be enabled through the global settings utility that is used when a clinic is installed with Dentrax Enterprise.

- In regards to password security settings, it was decided that the security rights settings that are used in RPMS should be followed in the installation of Dentrax Enterprise:
 - A new password must be established every 90 days.
 - A user cannot use any password that has been used as one of the user’s previous 6 pass-words.
 - The password must be “strong”, meaning at least 8 characters in length, consisting of a combination of upper case letters, lower case letters, numbers and special characters.
 - After three attempts, the user is to be locked out for an automatic stay of 1 hour. Another user with appropriate permissions may unlock the user sooner than the one hour.
- Another setting to be established in the Global Setting utility at the time of installation is the enabling of the medical history review option. This option will enable a window that will appear the first time each day that a patient’s record is accessed through the Patient Chart.
- In the Appointment Book, it was decided to create a standard list of definitions to be used as Appointment Statuses. This list is not comprehensive, allowing the local clinic to customize the list to meet the needs of the clinic.

The appointment statuses that were added to the National Configuration are as follows, including the colors to be assigned:

- | | |
|---------------------|------------|
| • Confirmed | Dark Blue |
| • Left Message | Light Blue |
| • Unable to Contact | Brown |
| • Patient Here | Green |
| • ER/Walk In | Red |
| • Special Needs | Orange |

- As Initial Reasons used for scheduling appointments, also found in the Definitions area of the Office Manager, the following procedures were decided upon:
 - New Patient
 - Comprehensive Exam
 - Pano
 - 4 Bitewings
 - 2 Bitewings
 - FMX
 - Prophy
 - Child Prophy
 - Fluoride
 - Oral Hygiene Instructions
 - Periodic Exam
 - Limited Exam
 - Under 3 Exam
 - Consult
 - Office Visit (Follow Up)
 - Palliative Tx
 - Perio Maintenance Therapy
- Also found in the Appointment Book is the Continuing Care List.

Date	Type	Appt?	Status	Prior Treat.	Name	Age	Prov.	Clinic	Phone
01/15/2002	RECARE				*Gleason, Gary N	43	Prov1	MESA IHC	(801)37
01/15/2002	RECARE				*Hansen, Corey L	44	Prov1	MESA IHC	225-17
01/15/2002	RECARE				Johnson, Adria	28	Prov1	MESA IHC	(801)37
01/15/2002	RECARE				*Johnson, Mary	49	Prov1	MESA IHC	(801)37
01/15/2002	RECARE				*Kenner, Spencer	46	Prov1	MESA IHC	373-85
01/15/2002	RECARE				*Little, Dean	49	Prov1	MESA IHC	(801)37
04/08/2002	RECARE	10/27/1998	6M		*Wade, C. E.	107	HYG2	MESA IHC	(743)32
04/14/2002	RECARE		6M	10/13/1997	Valgardson, Gunther	23	HYG1	MESA IHC	226-18

It was decided to include the following standard lists as a part of the National Configuration:

- Last month of patients who were due for treatment but never seen.
- Last 3 months of patients who were due for treatment but never seen.
- Last 6 months of patients who were due for treatment but never seen.
- All patients that have been due for treatment but never seen.
- The list of available continuing care types that can be tracked automatically by Dentrix Enterprise is to include the following:
 - Space Maintainer to be tracked at every 6 months and attached to ADA codes D1510 and D1515.
 - High Risk Caries to be tracked at every 3 months. The attached code is to be determined.
 - Oral Path to be tracked at every 1 month. The attached code is to be determined.
 - Hygiene is to be tracked at every 6 months and attached to ADA codes D1110, D1120, and D4910.
 - Ortho is to be tracked at every 1 month and attached to ADA code D8670.
- In the **Procedure Code Setup** dialog box, which can be accessed from the Office Manager, the only change to be established on the national level is the op site(treatment area) for ADA code D0220 and D0230 is to be set to tooth, thereby requiring a tooth number.

-
- In the letter merge area of Dentrix Enterprise, there will be templates included that will provide post-op instructions for the following codes and letter names:
 - SSC sscpost.doc
 - Dental Surgery surgery.doc
 - Simple Extraction simpext.doc
 - Pedodontic Extraction pedoext.doc
 - Trauma trauma1.doc
 - Dentures denture.doc
 - Pulpotomy pulppop.doc
 - Sinus Opening sinusop.doc
 - Excuse Letter exclip.doc

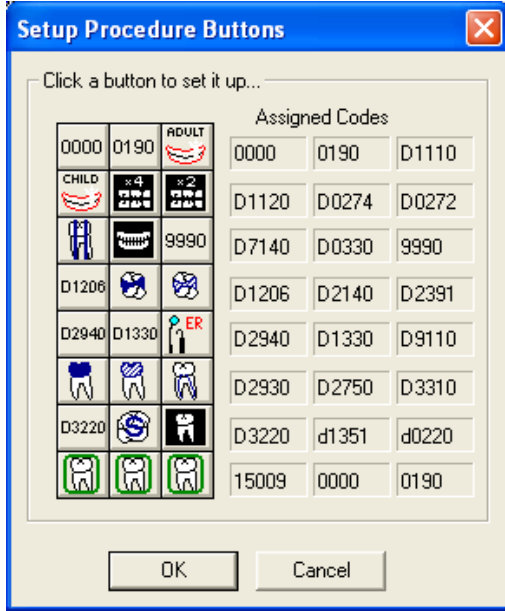
 - It was decided that prescriptions will continue to be entered as they currently are, meaning that they will be entered through the EHR.

 - It was decided to include the following as allergies within the practice definitions:
 - Latex
 - Penicillin
 - Amoxicillin
 - Clyndamycin
 - Sulfa
 - Ibuprofen
 - Local Anesthetic
 - Tylenol/Acetaminophen
 - Aspirin
 - Codeine
 - Hydrocodone
 - Iodine
 - Erythromycin
 - Tetracycline
 - See Notes

 - It was decided to include the following as medical alerts (in addition to those already included in the installation):
 - Bisphosphonates
 - Auto Immune Disorders
 - Hepatitis C

 - In the Patient Chart, it was decided to use the following color scheme to represent the associated treatment type:
 - Treatment Plan – Red
 - Completed – Blue
 - Existing – Blue
 - Existing Other – Blue
 - Conditions – Black

- Also in the Patient Chart, it was decided to establish 21 of the 24 procedure buttons.



The following codes and icons are used:

- 0000 1st Visit This Fiscal Year (10/1)
- 0190 All Subsequent Visits
- D1110 Adult Prophylaxis
- D1120 Child Prophylaxis
- D0274 4 BWX
- D0272 2 BWX
- D7140 Tooth Extraction, erupted/uncomplicated
- D0330 Panorex
- 9990 Treatment Plan Completed
- D1206 Fluoride Varnish
- D2140 Amalgam Restoration (use for anterior and posterior, any number of surfaces)
- D2391 Comp/Resin Restoration (use for anterior/posterior, any number of surfaces)
- D2940 Sedative Filling
- D1330 OHI
- D9110 Palliative Treatment
- D2930 Stainless Steel Crown
- D2750 Porcelain Fused to High Noble Crown
- D3310 RCT – any area of the mouth
- D3220 Pulpotomy
- D1351 Sealant
- D0220 Periapical X-ray, first one
- Site Decision The clinic can decide which code and icon to use
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- Within the **Password Administration - Setup Users** dialog box, it was agreed to include five employee password templates that would be used to base the assignment of password rights for all other employees. These five templates will be assigned to “users” with the following names and roles:
 - FD Template Front Desk
 - DA Template Dental Assistant
 - Prov Template Dentist
 - FA Template Full Access
 - RDH Template Dental Hygienist

The rights assigned to each are as follows:

Security Option	FD	DA	Prov	FA	RDH
Appointment Day Notes, Modify	X	X	X	X	X
Appointment Lists	X	X	X	X	X
Appointment Views, Add New	X			X	
Appointment Views, Delete	X			X	
Appointment Views, Edit	X			X	
Appointments, Break	X	X	X	X	X
Appointments, Delete	X	X	X	X	X
Appointments, Edit	X	X	X	X	X
Appointments, Open	X	X	X	X	X
Appointments, Purge				X	
Appointments, Schedule New	X	X	X	X	X
Appointments, Set Complete				X	
Appointments, Setup Clinic				X	
Appointments, Setup Providers	O			X	
Appointments, Setup Schedule	O			X	
Approval Status	X	X	X	X	X
Appt Lists, View All Clinics	X	X	X	X	X
ApptBook, Change Prov Color	X			X	
ApptBook, Copy View	X			X	
ApptBook, Copy Views to Users	X			X	
ApptBook, Remove Prov	X			X	
Auto Chart Number Setup	Set up to not assign				
Batch Processor, Delete Reports	X			X	
Batch Processor, Print/Display Reports	X	X	X	X	X
Billing/Payment Agreement, Modify	X			X	
Chart Setup				X	
Chart, Open	X	X	X	X	X
Clinic Admin				X	
Clinic ID Change				X	
Clinic Resource Setup	O			X	
Clinical Notes, Append			X	X	X

Security Option	FD	DA	Prov	FA	RDH
Clinical Notes, Approve			X	X	X
Clinical Notes, Delete			X	X	X
Clinical Notes, Modify		O	X	X	X
Collections Manager, Open				X	
Completed Procedures, Delete		X	X	X	X
Completed Procedures, Edit		X	X	X	X
Completed Procedures, Enter	X	X	X	X	X
Conditions / Diagnosis, Delete		X	X	X	X
Conditions / Diagnosis, Edit		X	X	X	X
Conditions / Diagnosis, Enter		X	X	X	X
Continuing Care, Clear Patients	X	X	X	X	X
Continuing Care, Edit Patients	X	X	X	X	X
Continuing Care, Open	X	X	X	X	X
Continuing Care, Setup				X	
Credit Adjustment, Delete				X	
Credit Adjustment, Edit				X	
Credit Adjustment, Enter				X	
Customize Toolbars				X	
Database Mode Setup				X	
Debit Adjustment, Delete				X	
Debit Adjustment, Edit				X	
Debit Adjustment, Enter				X	
Dunning Messages, Modify				X	
DXOne Report, Launch	X		X	X	X
Employers, Add New/Edit Info					
Existing Procedures, Delete		X	X	X	X
Existing Procedures, Edit		X	X	X	X
Existing Procedures, Enter		X	X	X	X
Family File, Open	X	X	X	X	X
Fast Checkout				X	
Fee Schedule, Setup				X	
Guarantor Notes, Modify				X	
Guarantor Payment, Delete				X	
Guarantor Payment, Edit				X	
Guarantor Payment, Enter				X	
Image, Open	X	X	X	X	X
Ins Payments, Delete				X	
Ins Payments, Edit				X	
Ins Payments, Enter				X	
Insurance Claims, Create New				X	
Insurance Claims, Delete				X	

Security Option	FD	DA	Prov	FA	RDH
Insurance Claims, Edit				X	
Insurance Claims, Open				X	
Insurance Coverage, Modify				X	
Insurance Payment Tables, Modify				X	
Insurance Plans, Add New/Edit Info	X			X	
LC/FC, Delete				X	
LC/FC, Edit				X	
LC/FC, Enter				X	
Ledger + History				X	
Ledger Setup				X	
Ledger, Open				X	
Ledger, Open Treatment Plan				X	
Letters, Add New	X	X	X	X	X
Letters, Birthday				X	
Letters, Collection				X	
Letters, Continuing Care	X	X	X	X	X
Letters, Delete				X	
Letters, Edit	X	X	X	X	X
Letters, Inactive Patient				X	
Letters, Misc.	X	X	X	X	X
Letters, Referral	X	X	X	X	X
Letters, Welcome	X	X	X	X	X
Medical Alerts, Edit	X	X	X	X	X
Medical Alerts, View	X	X	X	X	X
Medical Consultation		X	X	X	X
Month End - Charges				X	
Month End - Payment Plan				X	
Month End - Update				X	
More Info / Family Appointment List	X	X	X	X	X
Multi-Clinics, Purge Appt				X	
Multi-Codes Setup				X	
Office Journal, Add En-tries	X	X	X	X	X
Office Journal, Delete Entries	X	X	X	X	X
Office Journal, Edit Entries	X	X	X	X	X
Office Journal, Open	X	X	X	X	X
Office Manager, Open	X	X	X	X	X
Office, Report Multiple Clinics				X	
Password Administration				X	
Password, Multi-Clinic				X	
Patient Alerts, Modify	X	X	X	X	X
Patient Notes, Modify	X	X	X	X	X

Security Option	FD	DA	Prov	FA	RDH
Patient Notes, View	X	X	X	X	X
Patient Prescriptions, Delete				X	
Patient Prescriptions, New				X	
Patient Prescriptions, Open				X	
Patient Questionnaire Setup				X	
Patient Questionnaire, Edit				X	
Patient Questionnaire, New				X	
Patient Questionnaire, Open				X	
Patient Quick Letters	X	X	X	X	X
Patient Referrals, Delete	X	X	X	X	X
Patient Referrals, Open	X	X	X	X	X
Patients, Add New					
Patients, Archive					
Patients, Delete					
Patients, Edit Family Relations					
Patients, Edit Information	X	X	X	X	X
Payment Agreement Types, Setup				X	
Payment Plans, Add New / Edit Info				X	
Perio Chart, Open	X	X	X	X	X
Practice Definitions Setup				X	
Practice Preferences Setup				X	
Prescriptions Setup				X	
Prescriptions, View				X	
Presenter, Open	X	X	X	X	X
Print Appointment Book Views	X	X	X	X	X
Print Billing Statements				X	
Print Charts or Progress Notes	X		X	X	X
Print Continuing Care Lists	X	X	X	X	X
Print Day Sheets				X	
Print Day Sheets, MTD/YTD				X	
Print Future Due Payment Plans				X	
Print Insurance Aging Reports				X	
Print Insurance Claims				X	
Print Office Journal Reports	X	X	X	X	X
Print Patient Notes	X	X	X	X	X
Print Patient Prescriptions				X	
Print Patient Questionnaire				X	
Print Payment Agreements				X	
Print Perio Chart Letters or Charts	X	X	X	X	X
Print Route Slips	X	X	X	X	X
Print Treatment Plans	X	X	X	X	X

Security Option	FD	DA	Prov	FA	RDH
Procedure Code Setup				X	
Procedure-Instructor, Enter / Edit				X	
Providers, Inactivate				X	
Purge Insurance / Employers				X	
Referral Analysis, Open	X	X	X	X	X
Referrals, Add New/Edit Info	X	X	X	X	X
RVU, Auto Changes				X	
Sched Reports, Delete Any				X	
Sched Reports, Print/View Any				X	
Send Electronic Billing				X	
Send Electronic Claims				X	
Suspended Credits, Apply				X	
Treatment Plan, Delete		O	X	X	O
Treatment Plan, Edit		O	X	X	O
Treatment Plan, Enter		O	X	X	O
Trojan, Import				X	
User Self Setup	X	X	X	X	X
View All Operatories	X	X	X	X	X
View All Patients	X	X	X	X	X
View All Providers	X	X	X	X	X
View Database Users				X	

*Any option listed with an O in the box is to be left for the local clinic to decide.

Local Settings

As a part of the National Configuration Meeting, it was decided that there were aspects of the software setup that should be left to the local clinic for decision making, including the following:

- Production Types
- Appointment Checklist
- Appointment Book time increments
- Multi-codes
- Approval Status for Treatment Plans
- Appointment Types
- Billing Types
- Medications

The local clinics are also to have the ability to add to any of the lists of standardized configurations to make the software apply more effectively to the local clinic.

Office Manager

This section covers the following topics for the Office Manager:

- Setting Up Clinic Information
- Setting Up Provider Information
- Updating Relative Value Units

Setting Up Clinic Information

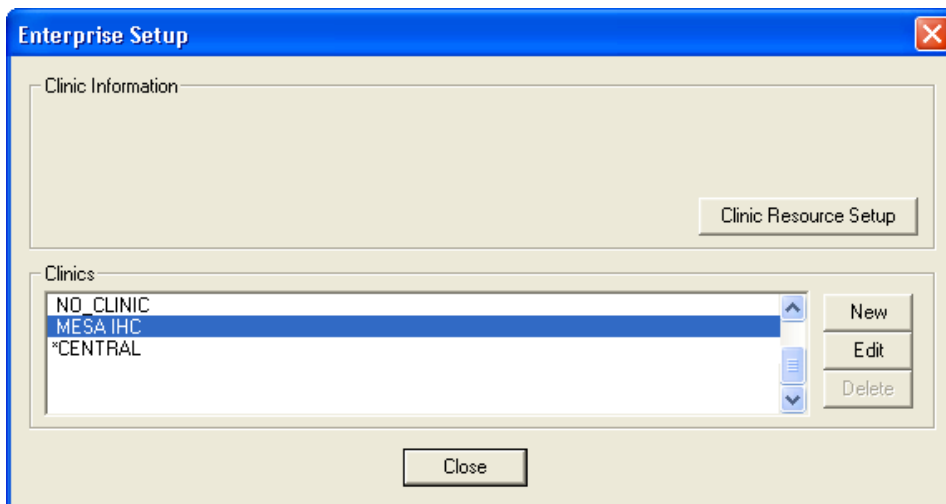
You do not need to add any clinics to Dentrix Enterprise; however, you can edit each clinic's details.

Note: Providers are assigned to the appropriate clinics in Dentrix Enterprise.

To set up clinic information

1. In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Enterprise Setup**.

The **Enterprise Setup** dialog box appears.



2. Select your clinic (for example, "MESA IHC"), and then click **Edit**.

The **Clinic Information** dialog box appears.

The screenshot shows a 'Clinic Information' dialog box with the following fields and values:

- Descriptive ID: MESA IHC
- Internal ID: 2
- Financial Number: (empty)
- Merchant ID: (empty)
- Clinic TIN: (empty)
- Entity ID Code: (empty)
- Title: (empty)
- Address: (empty)
- Street: (empty)
- City: (empty)
- ST: (empty)
- Zip: (empty)
- Phone: (empty)
- Ext.: (empty)

The **Descriptive ID** for the clinic is pre-populated.

3. Edit the rest of the clinic details as needed, and then click **OK**.

Setting Up Provider Information

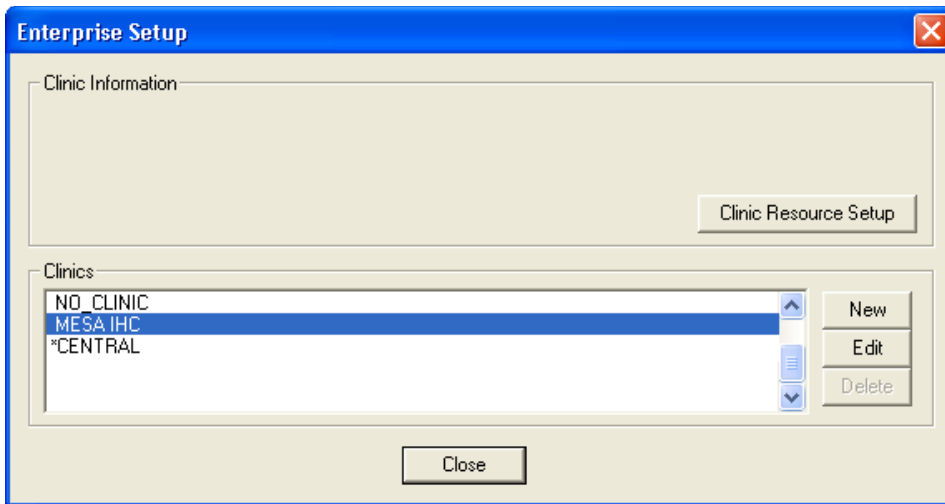
During the initial push of information, all doctors (primary providers) will be moved into Dentrrix from RPMS. This initial information will need to be edited so that Dentrrix contains appropriate User ID's, logon information, site address, NPI numbers, and so forth.

Hygienists do not get pushed over from RPMS. There will be one "place holder" hygienist in the **Clinic Resource Setup** dialog box that can be modified to contain a dental hygienist's information. Additional hygienists can be added and mapped into Dentrrix, allowing that production to move back to RPMS under the Dental Chief's Dentrrix ID for billing purposes.

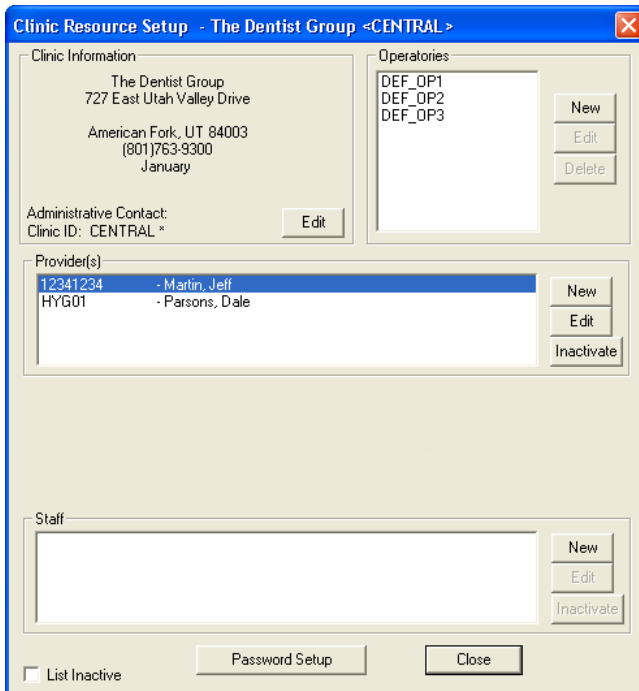
Important: To add a primary provider not listed in Dentrrix, you **MUST** have that provider set up in RPMS first, then call Dentrrix Technical Support to have a technician "map" the provider in RPMS to Dentrrix. After that, the new doctor can be pushed to Dentrrix.

To set up provider information

1. In the Office Manater, from the **Maintenance** menu, point to **Practice Setup**, and then click **Enterprise Setup**.
The **Enterprise Setup** dialog box appears.



2. Select your clinic (for example, “MESA IHC”), and then click **Practice Resource Setup**. The **Clinic Resource Setup** dialog box appears.



3. Select a provider, and then click **Edit**. The **Provider Information** dialog box appears.

4. The **Provider ID** is pre-populated with the provider's NPI number. Change the ID to something more descriptive (for example, DRWROBERTS, for Dr. Wesley Roberts; or HYMJONES, for Mary Jones, RDH).
5. Edit the rest of the provider information as needed, and then click **OK**.

Updating Relative Value Units

You may choose from multiple RVU schedules. The RVU schedule defaults to the first RVU schedule on the list until a new RVU schedule is specified.

Note: RVUs in Dentrix are pre-configured.

If an RVU schedule needs to be updated, you can use a utility to change the entire RVU Schedule rather than changing one fee at a time. To access this utility, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Auto RVU Schedule Changes**.

Appointment Book

This section covers the following topics for the Appointment Book:

- Scheduling a New Patient Appointment
- Moving an Appointment
- Breaking or Canceling an Appointment
- Rescheduling a Broken or Canceled Appointment

Scheduling a New Patient Appointment

You can schedule an appointment for a new patient before he or she is registered in RPMS.

To schedule a new patient appointment

1. Find an available appointment time, and the double-click that time slot.

The **Select Patient** dialog box appears.

2. Click **New Pat.**

The **Enter New Patient Information** dialog box appears.

The screenshot shows a dialog box titled "Enter New Patient Information". It contains the following fields and controls:

- Name:** Three input fields labeled "Last", "First", and "MI".
- Phone:** One input field.
- Address:** One input field labeled "Street".
- City, ST, Zip:** Three input fields.
- Referred By:** One input field, a ">>" button, and a "Remove" button.
- Buttons:** "OK" and "Cancel" buttons at the bottom.

3. Type the **Name**, **Address**, and **Phone** for the patient.

4. Click **OK**.

The **New Appointment Information** dialog appears.

5. Enter the appropriate appointment information, and then click **OK**.

To start posting treatment for this patient

Important: All demographics for the patient come from RPMS. Do not add a patient or change patient information in Dentrix.

1. Once the patient has been registered in RPMS and pushed across to Dentrix, double-click his or her new patient appointment.

2. Click **Change Pat**, and then select the patient.
You can now post treatment for this patient.

Moving an Appointment

Use the Pin Board to move an appointment to a new date, time, and/or operator.

To move an appointment

1. Drag an appointment to the Pin Board.



2. Using the search arrows, find a time you want to move the appointment to. You can also use the Find Appointment Time feature to find an appointment time.
3. Drag the appointment from the Pin Board to the new appointment time.
A message appears.
4. Click **Yes** to move the appointment.

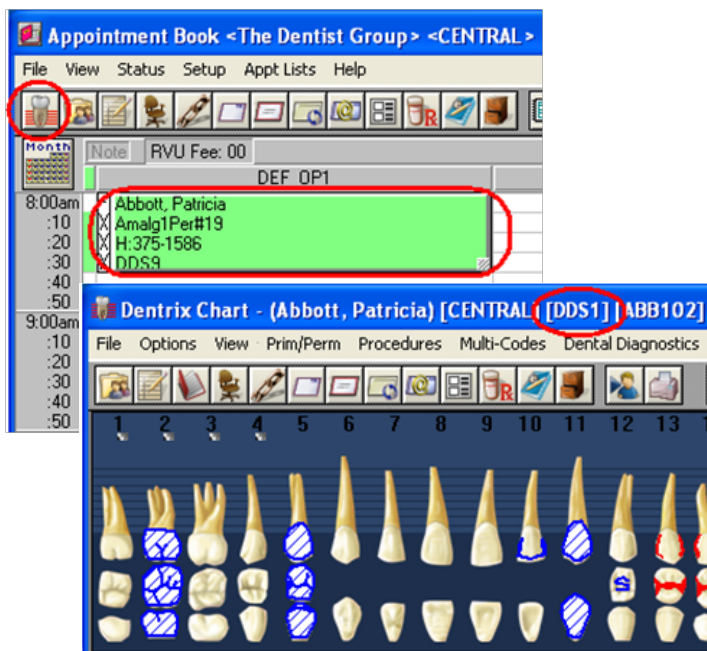
Breaking or Canceling an Appointment

When a patient misses or cancels an appointment. You must break or cancel the appointment in Dentrix Enterprise.

Any time you break an appointment for a patient, the date and the number of times they have missed an appointment is recorded in the patient's Family file and in the Office Journal record.

To break or cancel an appointment

1. Select a patient's appointment on the schedule, and then click the Patient Chart button on the toolbar to open the Patient Chart module.

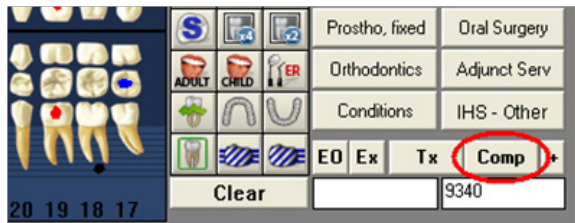


2. Verify that the provider with whom the patient was scheduled is displayed on the title bar of the Patient Chart window. If the correct provider is shown, skip step c.
3. If you need to change the provider being displayed in the Patient Chart, from the **File** menu, click **Change Provider** to open the **Select Provider** dialog box. Select the correct provider, and then click **OK**.
4. Click the **IHS - Other** procedure code category button to open the **Select Procedure Code** dialog box. Select the broken or canceled appointment code, and then click **OK**.



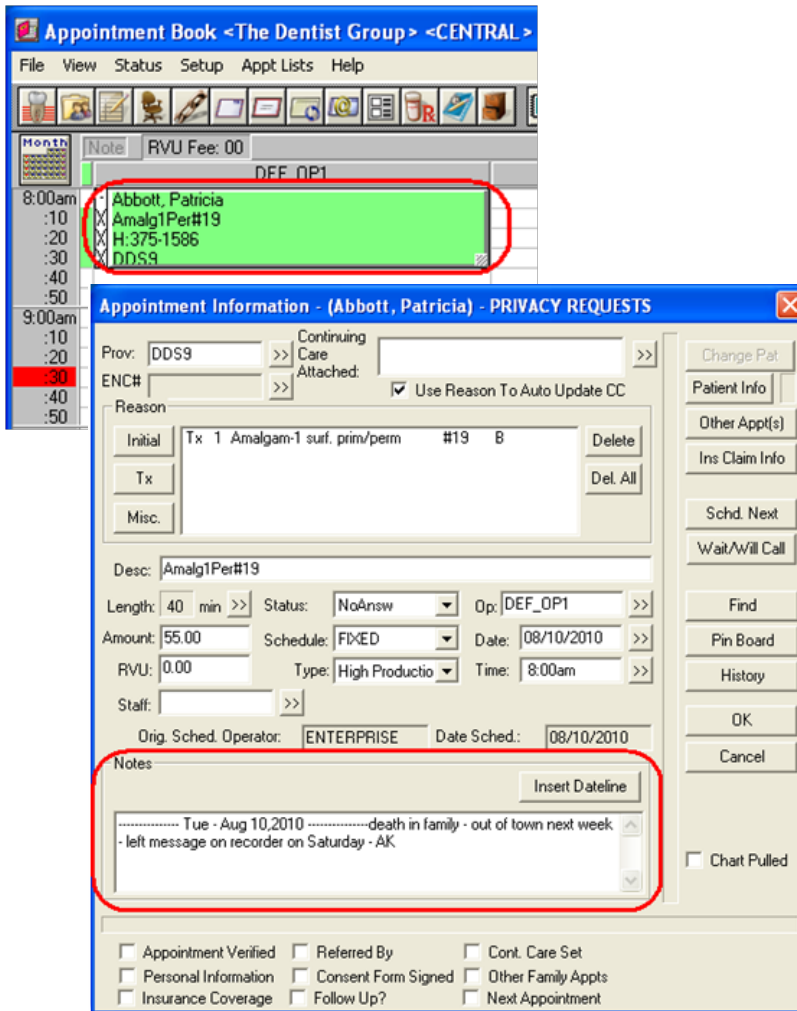
5. Click **Comp** to complete the code.

The code and description are displayed in the progress notes, and the code will be sent to RPMS like any other completed code.



Date	Tooth	Surf	Proc	Prov	Description	Stat	AP	Amount
11/16/1995			D1110	DDS1	Prophylaxis-adult	C		48.00
11/16/1995			D0274	DDS1	Bitewings-four films	C		32.00
11/16/1995			D0150	DDS1	Comp oral eval-new/estab pat	C		36.00
05/14/2010	16	0	D2391	DDS1	Resin composite-1s, posterior	C		90.00
05/14/2010	17	0	D2391	DDS1	Resin composite-1s, posterior	C		90.00
06/08/2010	32		D2761	DDS1	Crown Insert	C		110.00
07/13/2010			D1110	DDS1	Prophylaxis-adult	C		80.00
07/13/2010			D0274	DDS1	Bitewings-four films	C		97.00
07/13/2010			D0210	DDS1	Intraoral complete series (bw)	C		100.00
08/10/2010			9340	DDS9	Cancelled Appointment	C		0.00

6. Update the appointment note:
 - a. Double-click a patient's appointment to open the **Appointment Information** dialog box.



- b. Under **Notes**, click **Insert Dateline**, and then type the reason for the broken or canceled appointment. Be sure to add your initials at the end of the note.

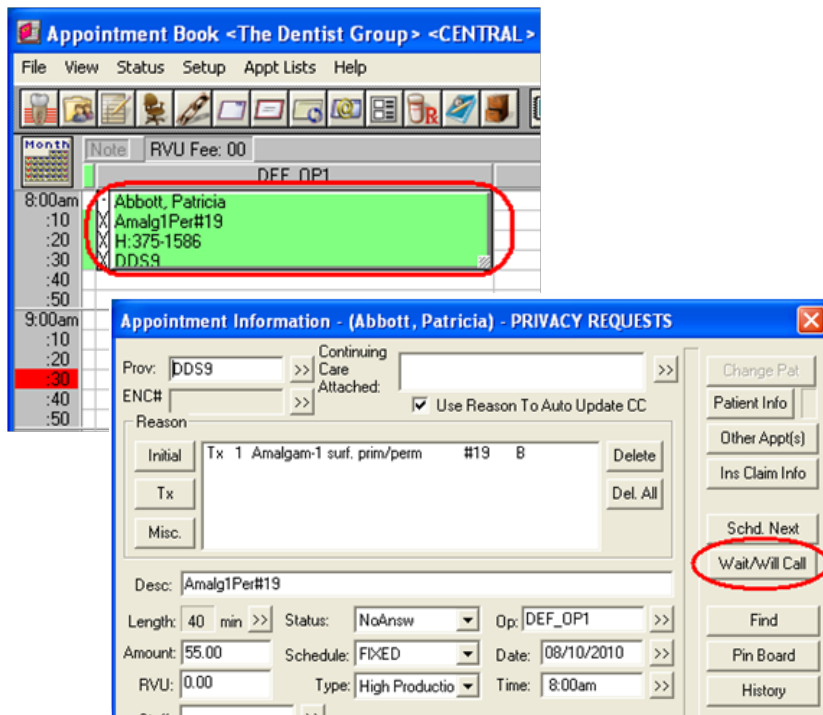
Also, as part of the note, type the number of times this appointment has been missed and the next date the patient is allowed to be seen.

- c. Click **OK** to save the note.

The information in the note will stay with this appointment, for your reference, when you reschedule the patient.

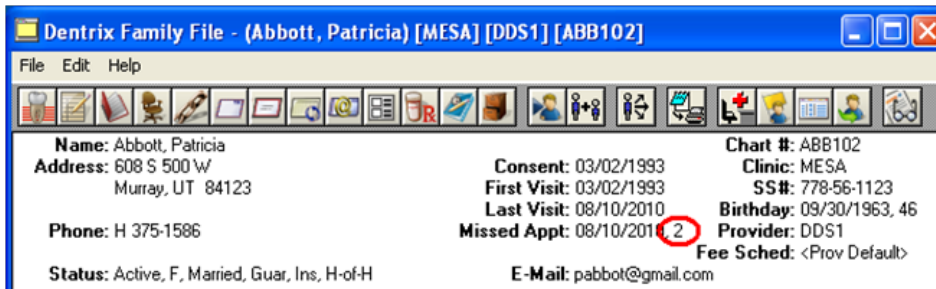
7. Move the appointment to the **Unscheduled List**:

- **Using the Wait/Will Call Method** – When a cancellation is made with advanced notice or you must reschedule the appointment, use this method to move the appointment to the **Unscheduled List**:
 - a. Double-click a patient's appointment to open the **Appointment Information** dialog box.



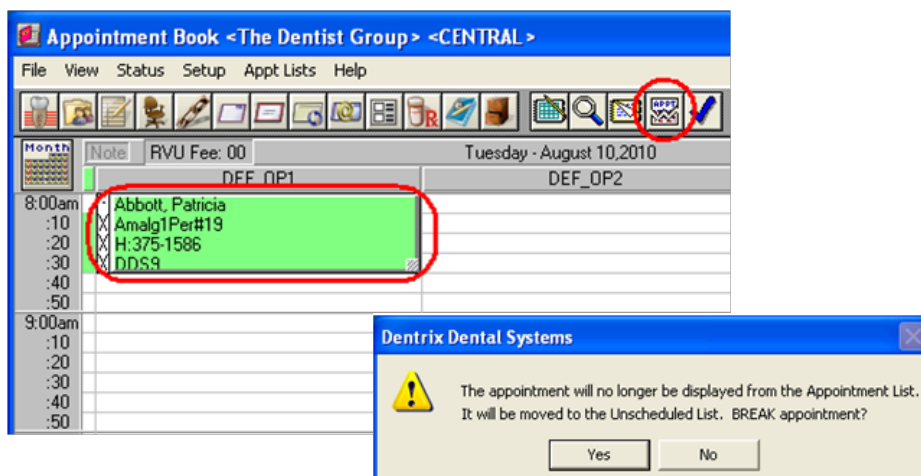
b. Click **Wait/Will Call** to move the appointment to the Unscheduled List.

Note: The number of missed appointments for the patient is increased by one in the Family File.



• **Using the Break Appointment Method** – For no shows, last-minute cancellations with short notice, and patients arriving too late to be seen, use this method to move the appointment to the Unscheduled List:

a. Select a patient's appointment on the schedule, and then click the Break Appointment button on the toolbar; or right-click the appointment, and then click **Break Appointment**.



- b. On the confirmation message that appears, click **Yes** to move the appointment to the **Unscheduled List**. This appointment will not be shown anywhere in the Appointment Book except on the **Unscheduled List**.

Note: The number of missed appointments for the patient is increased by one in the Family File, and the date for the last missed appointment is updated to reflect the date this appointment was broken.

Dentrix Family File - (Abbott, Patricia) [MESA] [DDS1] [ABB102]

File Edit Help

Name: Abbott, Patricia
 Address: 608 S 500 W
 Murray, UT 84123
 Phone: H 375-1586
 Status: Active, F, Married, Guar, Ins, H-of-H

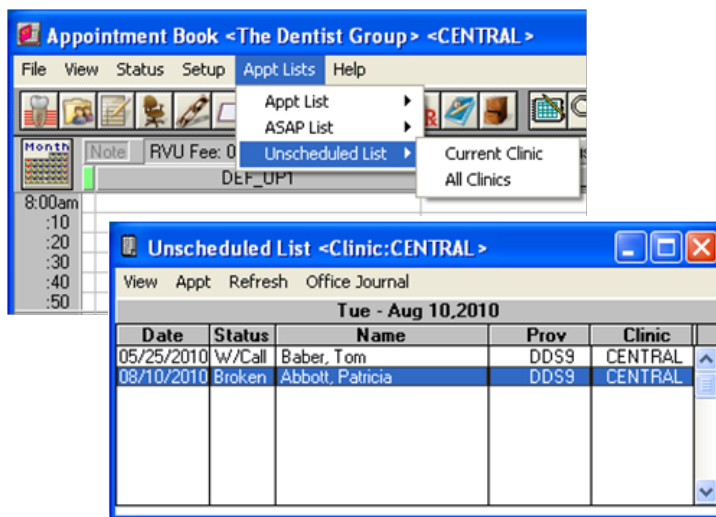
Consent: 03/02/1993
 First Visit: 03/02/1993
 Last Visit: 08/10/2010
 Missed Appt: 08/10/2010, 2
 E-Mail: pabbot@gmail.com

Chart #: ABB102
 Clinic: MESA
 SS#: 778-56-1123
 Birthday: 09/30/1963, 46
 Provider: DDS1
 Fee Sched: <Prov Default>

Rescheduling a Broken or Canceled Appointment

You can reschedule a broken or canceled appointment from either of the following areas:

- The **Unscheduled List**
 - In the Appointment Book, from the **Appt. Lists** menu, point to **Unscheduled List**, and then click **Current Clinic** or **All Clinics** to open the **Unscheduled List** window.



- Double-click an unscheduled appointment you want to schedule to open the **Appointment Information** dialog box. The information from the original appointment, including the notes, is displayed.

Appointment Information - (Abbott, Patricia)

Prov: DDS9 >> Continuing Care Attached: >> Use Reason To Auto Update CC

Reason: Initial Tx: 1 Amalgam-1 surf. prim/perm #19 B Delete Del. All

Desc: Amalg1Per#19

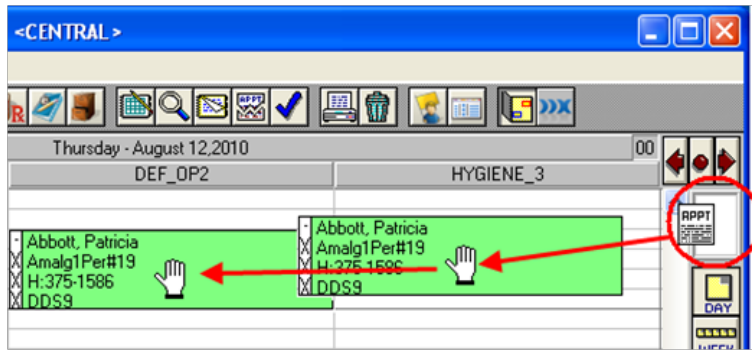
Length: 40 min >> Status: <none> Op: >>

Amount: 55.00 Schedule: FIXED Date: >>

RVU: 0.00 Type: High Productio Time: >>

Buttons: Change Pat, Patient Info, Other Appt(s), Ins Claim Info, Schd. Next, Wait/Will Call, Find, Pin Board, History

3. Click **Pin Board** to place the appointment on the Pin Board in the Appointment Book.
4. To schedule the appointment, navigate to a date in the Appointment Book, and then drag the appointment from the Pin Board to the operator and time slot where you want to schedule the appointment.



- The Family Appointment List
 1. In the Appointment Book, navigate to a date, and then double-click in the operator and time slot where you want to schedule an appointment to open the **Select Patient** dialog box. Select a patient with an unscheduled appointment.
 2. On the message that appears and states that the patient has unscheduled or broken appointments, click **Yes** (always click Yes when this message appears) to open the **Family Appointment List** dialog box.

Family Appointment List

Guar	Abbott, Patricia	46	CC: PROPHY 01/14/2011
Spouse	Abbott, James S	48	CC: PROPHY 04/09/2002 +
Child	Smith, Timothy	25	CC: PROPHY 05/08/2002

Appointment	Op	Clinic	Continuing Care
<Unscheduled Appt>	DDS9		
[No Appointment]			CC: PROPHY 01/14/2011
*08/02/2010 Mon 9:30am	DDS9	DEF_OP1	CENTRAL

Treatment Plan

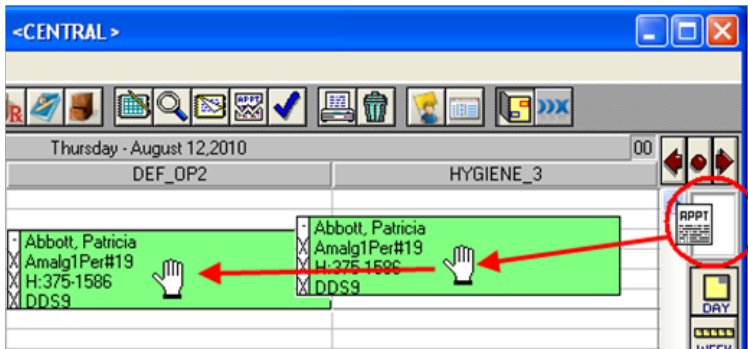
?	05/13/2010	D1201	Prophylaxis with fluoride-child	3
1	05/13/2010	D0150	Comp oral eval-new/estab pat	1
1	05/13/2010	D1201	Prophylaxis with fluoride-child	3
1	05/13/2010	D1201	Prophylaxis with fluoride-child	3

Buttons: View Appt., Create New Appt., Close

3. For the selected patient, in the middle list box, select the “<Unscheduled Appt>” item, and then click **View Appt.** to open the **Appointment Information** dialog box.

The screenshot shows the 'Appointment Information - (Abbott, Patricia)' window. It includes fields for 'Prov: DDS9', 'ENCH#', 'Reason', 'Desc: Amalg1Per#19', 'Length: 40 min', 'Status: <none>', 'Op:', 'Amount: 55.00', 'Schedule: FIXED', 'Date:', 'RVU: 0.00', 'Type: High Productio', and 'Time:'. A 'Pin Board' button is circled in red on the right side of the window.

4. Click **Pin Board** to place the appointment on the Pin Board in the Appointment Book.
5. To schedule the appointment, drag the appointment from the Pin Board to the operatory and time slot where you want to schedule the appointment.



New Patients in the Family File

When you register a patient in RPMS, the patient and corresponding demographics are pushed to Dentrrix. If you want to add a patient in Dentrrix, contact Dentrrix Technical Support.

Note: The current functionality of an HL7 interface is to transfer data from a 'host' system (RPMS) to a 'secondary' system (Enterprise). This means that any changes to some patient demographic fields you make in Enterprise may be overridden the next time the HL7 interface is processed and an update message comes across.

Procedures in the Patient Chart & Ledger

For an IHS-completed procedure, do not edit the procedure; delete it, and then re-enter it.


DXOne Reporting

This section covers the following topics for the DXOne Reporting module:

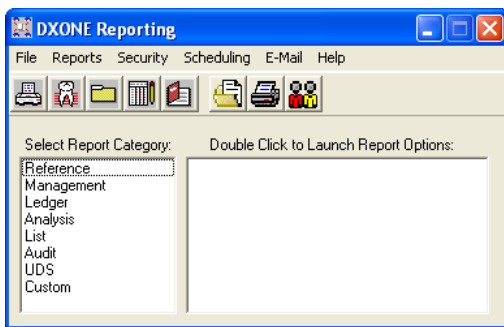
- Running Custom Reports
- Using Report Templates

Running Custom Reports

To run a custom report

1. On the Office Manager toolbar, click the DXOne Reports button .

The DXOne Reporting window appears.



2. In the **Select Report Category** list box, select **Custom**.

The custom reports appear in the right list box.



3. Double-click the report you want to run.

The subsections that follow explain how to generate each report and what information each report contains.

Dental Hygienists Activity reports

The Dental Hygienists Activity reports display the number of patients seen by each secondary provider and the types of treatment given. Also, the report displays the RVUs (relative value units) and RVU percentages for the treatment provided. The values on the report are calculated using certain ADA codes set up from the Office Manager.

1. Do the first or any of the following:

- Click the **Job Name** search button **>>** to select a job name from a list of available jobs and templates to apply the corresponding settings. You can leave the settings that are applied or change any of them as needed.
- Set up the following options:
 - **Clinic Selection** – Click the search button **>>** to select a clinic(s) from a list of available clinics, or select **All** to include all clinics.
 - **Provider Selection** – Click the search **>>** button to select a provider(s) from a list of available providers, or select **All** to include all providers.
 - **Time Periods** – Select any of the following to indicate the time periods for which you want to run the report:
 - **Monthly** – Select a month, and then type a year. The number of services and the RVUs for the selected month of the specified year will appear on the report.
 - **Quarterly** – Select a quarter, and then type a year. The number of services and the RVUs for each month of the selected quarter for the specified year will appear on the report.
 - **Yearly** – Type a year. The number of services and the RVUs for each quarter of the specified year will appear on the report.

2. Do any of the following:

- To save these settings for future uses of this report, click **Save as Default**.
- To schedule the report to run at a later time or on a recurring basis, click **Schedule**.
- To clear any changes you have made to the settings and start over, click **Clear Defaults**.

3. Click **OK** to preview the report.

Each report provides the following details for the specified time period:

- **Services** – **MTD / Month 1, Month 2, Month 3 / QTR 1, QTR 2, QTR 3, QTR 4**
 - For each secondary provider listed, services performed by that provider are listed under the corresponding procedure code categories.
 - For each service, the number of times that service was performed is given.
 - For each procedure code category, the number of times all listed services in that category were performed is given.
 - For each secondary provider, the number of times all listed services in all listed categories were performed is given.

- **RVUs**
 - For each secondary provider listed, services performed by that provider are listed under the corresponding procedure code categories.
 - For each service, the number of RVUs is given.
 - For each procedure code category, the number of RVUs for all listed services in that category is given.
 - For each secondary provider, the number of RVUs for all listed services in all listed categories is given.

- **Percent RVUs**

For each provider listed, the RVU percentage for a procedure code category and for all procedure code categories are given:

- For each procedure code category, the RVU percentage for all listed services in that category is calculated by dividing the number of RVUs in that category by the total number of RVUs for all categories with services performed by that provider.
- For each secondary provider, the RVU percentage will always equal 100% (it is the sum of the RVU percentages of each category for that provider).

Dental Hygienists Monthly Activity Report for period beginning Nov 2010			
Clinics: <ALL>			
11/11/2010 12:53:15PM			
Page 1			
Series	Total Services		Percent RVUs
	MTD	RVUs	
Hayes,Sally			
Persons Served			
Diagnostic			
D0180	1	40	
Sub-Total	1	40	28.57%
Periodontics			
D4910	1	70	
Sub-Total	1	70	50.00%
Preventive			
D1330	1	30	
Sub-Total	1	30	21.43%
Total	3	140	100.00%
McClure,Angela			
Persons Served			
Diagnostic			
D0140	1	35	
Sub-Total	1	35	26.12%
Periodontics			
D4910	1	78	
Sub-Total	1	78	58.21%
Preventive			
D1204	1	21	
Sub-Total	1	21	15.67%
Total	3	134	100.00%

Dental Hygienists/Dental Auxiliary Quarterly Activity Report for period beginning Oct 2010
Clinics: <ALL>

11/11/2010 12:58:06PM

Page 1

Series	Total Services			RVUs	Percent RVUs
	Month 1	Month 2	Month 3		
Hayes,Sally					
Persons Served					
Diagnostic					
D0180	1	1	1	40	
Sub-Total	1	1	1	40	28.57%
Periodontics					
D4910	1	1	1	70	
Sub-Total	1	1	1	70	50.00%
Preventive					
D1330	1	1	1	30	
Sub-Total	1	1	1	30	21.43%
Total	3	3	3	140	100.00%
McClure,Angela					
Persons Served					
Diagnostic					
D0140	1	1	1	35	
Sub-Total	1	1	1	35	26.12%
Periodontics					
D4910	1	1	1	78	
Sub-Total	1	1	1	78	58.21%
Preventive					
D1204	1	1	1	21	
Sub-Total	1	1	1	21	15.67%
Total	3	3	3	134	100.00%

Dental Hygienists/Dental Auxiliary Yearly Activity Report for period beginning 2010
 Clinics: <ALL>

11/11/2010 12:59:35PM

Page 1

Series	Total Services				RVUs	Percent RVUs
	QTR 1	QTR 2	QTR 3	QTR 4		
Hayes,Sally						
Persons Served						
Diagnostic						
D0180	1	1	1	1	40	
Sub-Total	1	1	1	1	40	28.57%
Periodontics						
D4910	1	1	1	1	70	
Sub-Total	1	1	1	1	70	50.00%
Preventive						
D1330	1	1	1	1	30	
Sub-Total	1	1	1	1	30	21.43%
Total	3	3	3	3	140	100.00%
McClure,Angela						
Persons Served						
Diagnostic						
D0140	1	1	1	1	35	
Sub-Total	1	1	1	1	35	26.12%
Periodontics						
D4910	1	1	1	1	78	
Sub-Total	1	1	1	1	78	58.21%
Preventive						
D1204	1	1	1	1	21	
Sub-Total	1	1	1	1	21	15.67%
Total	3	3	3	3	134	100.00%

Dentist Activity reports

The Dentist Activity reports display the number of patients seen by each provider and the types of treatment given. Also, the report displays the RVUs (relative value units) and RVU percentages for the treatment provided. The values on the report are calculated using certain ADA codes set up from the Office Manager.

1. Do the first or any of the following:

- Click the **Job Name** search button **>>** to select a job name from a list of available jobs and templates to apply the corresponding settings. You can leave the settings that are applied or change any of them as needed.
- Set up the following options:
 - **Clinic Selection** – Click the search button **>>** to select a clinic(s) from a list of available clinics, or select **All** to include all clinics.
 - **Provider Selection** – Click the search **>>** button to select a provider(s) from a list of available providers, or select **All** to include all providers.
 - **Time Periods** – Select any of the following to indicate the time periods for which you want to run the report:
 - **Monthly** – Select a month, and then type a year. The number of services and the RVUs for the selected month of the specified year will appear on the report.
 - **Quarterly** – Select a quarter, and then type a year. The number of services and the RVUs for each month of the selected quarter for the specified year will appear on the report.
 - **Yearly** – Type a year. The number of services and the RVUs for each quarter of the specified year will appear on the report.

Each selected item will produce a separate report.

2. Do any of the following:

- To save these settings for future uses of this report, click **Save as Default**.
- To schedule the report to run at a later time or on a recurring basis, click **Schedule**.
- To clear any changes you have made to the settings and start over, click **Clear Defaults**.

3. Click **OK** to preview the report.

Each report provides the following details for the specified time period:

- **Services** – **MTD / Month 1, Month 2, Month 3 / QTR 1, QTR 2, QTR 3, QTR 4**
 - For each provider listed, services performed by that provider are listed under the corresponding procedure code categories.
 - For each service, the number of times that service was performed is given.
 - For each procedure code category, the number of times all listed services in that category were performed is given.
 - For each provider, the number of times all listed services in all listed categories were performed is given.

-
- **RVUs**
 - For each provider listed, services performed by that provider are listed under the corresponding procedure code categories.
 - For each service, the number of RVUs is given.
 - For each procedure code category, the number of RVUs for all listed services in that category is given.
 - For each provider, the number of RVUs for all listed services in all listed categories is given.

- **Percent RVUs**

For each provider listed, the RVU percentage for a procedure code category and for all procedure code categories are given:

- For each procedure code category, the RVU percentage for all listed services in that category is calculated by dividing the number of RVUs in that category by the total number of RVUs for all categories with services performed by that provider.
- For each provider, the RVU percentage will always equal 100% (it is the sum of the RVU percentages of each category for that provider).

Dentist Monthly Report for period beginning Nov 2010
Clinics: <ALL>

11/11/2010 12:40:51PM

Page 1

Series	Total Services		Percent RVUs
	MTD	RVUs	
Robb,David			
Persons Served			
Diagnostic			
D0120	1	25	
D0210	1	60	
Sub-Total	2	85	5.79%
Oral Surgery			
D7140	1	500	
Sub-Total	1	500	34.06%
Prosth, remov			
D5120	1	828	
Sub-Total	1	828	56.40%
Restorative			
D2140	1	55	
Sub-Total	1	55	3.75%
Total	5	1,468	100.00%
Smith,Dennis			
Persons Served			
Diagnostic			
D0120	2	50	
D0210	1	50	
Sub-Total	3	100	4.00%
Oral Surgery			
D7230	1	400	
Sub-Total	1	400	16.00%
Prosth, remov			
D5110	1	2,000	
Sub-Total	1	2,000	80.00%
Restorative			
D2140	1	0	
Sub-Total	1	0	0.00%
Total	6	2,500	100.00%

Dentist Quarterly Report for period beginning Oct 2010
Clinics: <ALL>

11/11/2010 12:43:47PM

Page 1

Series	Total Services			RVUs	Percent RVUs
	Month 1	Month 2	Month 3		
Robb,David					
Persons Served					
Diagnostic					
D0120	1	1	1	25	
D0210	1	1	1	60	
Sub-Total	2	2	2	85	5.79%
Oral Surgery					
D7140	1	1	1	500	
Sub-Total	1	1	1	500	34.06%
Prosth, remov					
D5120	1	1	1	828	
Sub-Total	1	1	1	828	56.40%
Restorative					
D2140	1	1	1	55	
Sub-Total	1	1	1	55	3.75%
Total	5	5	5	1,468	100.00%
Smith,Dennis					
Persons Served					
Diagnostic					
D0120	2	2	2	50	
D0210	1	1	1	50	
Sub-Total	3	3	3	100	4.00%
Oral Surgery					
D7230	1	1	1	400	
Sub-Total	1	1	1	400	16.00%
Prosth, remov					
D5110	1	1	1	2,000	
Sub-Total	1	1	1	2,000	80.00%
Restorative					
D2140	1	1	1	0	
Sub-Total	1	1	1	0	0.00%
Total	6	6	6	2,500	100.00%

Dentist Yearly Report for period beginning 2010

Clinics: <ALL>

11/11/2010 12:45:54PM

Page 1

Series	Total Services				RVUs	Percent RVUs
	QTR 1	QTR 2	QTR 3	QTR 4		
Robb,David						
Persons Served						
Diagnostic						
D0120	1	1	1	1	25	
D0210	1	1	1	1	60	
Sub-Total	2	2	2	2	85	5.79%
Oral Surgery						
D7140	1	1	1	1	500	
Sub-Total	1	1	1	1	500	34.06%
Prosth, remov						
D5120	1	1	1	1	828	
Sub-Total	1	1	1	1	828	56.40%
Restorative						
D2140	1	1	1	1	55	
Sub-Total	1	1	1	1	55	3.75%
Total	5	5	5	5	1,468	100.00%
Smith,Dennis						
Persons Served						
Diagnostic						
D0120	2	2	2	2	50	
D0210	1	1	1	1	50	
Sub-Total	3	3	3	3	100	4.00%
Oral Surgery						
D7230	1	1	1	1	400	
Sub-Total	1	1	1	1	400	16.00%
Prosth, remov						
D5110	1	1	1	1	2,000	
Sub-Total	1	1	1	1	2,000	80.00%
Restorative						
D2140	1	1	1	1	0	
Sub-Total	1	1	1	1	0	0.00%
Total	6	6	6	6	2,500	100.00%

Endodontic Tooth Access Report

The Endodontic Tooth Access Report displays, for each provider, the number of teeth accessed, accessed and completed, accessed and extracted, accessed and restored, and accessed and crowned in a specified date range.

1. Do the first, both, or either of the following:

- Click the **Job Name** search button to select a job name from a list of available jobs and templates to apply the corresponding settings. You can leave the settings that are applied or change any of them as needed.
- Set up the following options:
 - **Clinic Selection** – Click the search button to select a clinic(s) from a list of available clinics, or select **All** to include all clinics.
 - **Provider/Staff Selection** – Click the search button to select a provider(s)/staff from a list of available personnel, or select **All** to include all providers and staff members.
 - **Select Date Range** – Select **Date Range**, and then type a date range in the **From** and **To** fields; or select **Relative Date Range**, and then select a date range. The report uses the procedure date of Ledger transactions.

Note: Using a relative date range is ideal when saving your report settings as default. Then, you don't have to manually enter a date range each time you run the report.

2. Do any of the following:

- To save these settings for future uses of this report, click **Save as Default**.
- To schedule the report to run at a later time or on a recurring basis, click **Schedule**.
- To clear any changes you have made to the settings and start over, click **Clear Defaults**.

3. Click **OK** to preview the report.

The report provides the following details for the specified time period:

- For each provider, the tooth categories are listed: anterior teeth for teeth 6 – 11, 22 – 27; first molars for teeth 3, 14, 19, 30; other molars for teeth 1, 2, 15 – 18, 31, 32; and premolars for teeth 4, 5, 12, 13, 20, 21, 28, 29.
- For each tooth category, the following statistics are given:
 - **Total Accessed** – The number of teeth on which a pulpal debridement has been performed. A tooth is counted as accessed if the ADA code D3321 has been posted on that tooth.
 - **Accessed Completed** – The number of teeth on which a pulpal debridement and endodontic therapy have been performed. A tooth is counted as accessed and completed if the ADA code D3321 and any of the following ADA codes have been posted on that tooth: D3310, D3320, or D3330.
 - **Extracted** – The number of teeth on which a pulpal debridement and an extraction have been performed. A tooth is counted as accessed and extracted if the ADA code D3321 and any of the following ADA extraction codes have been posted on that tooth: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250.

- **Restored** – The number of teeth on which a pulpal debridement and a restoration have been performed. A tooth is counted as accessed and restored if the ADA code D3321 and any restorative ADA code that is not a crown procedure included under “Accessed plus Crowned” have been posted on that tooth.
- **Crowned** – The number of teeth on which a pulpal debridement and a crown placement has been performed. A tooth is counted as accessed and crowned if the ADA code D3321 and any of the following ADA codes have been posted on that tooth: D2390, D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794, D2799, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794, or D6793.

Endodontic Tooth Access All Sites 08/01/2010 - 10/31/2010					
Date: 11/11/2010					Page 1 of 2
Tooth Category	Total Accessed	Accessed Completed	Extracted	Restored	Crowned
Bright, Sally					
Anteriors	10	10	10	10	10
First Molars	10	10	10	10	10
Other Molars	8	8	8	8	8
Premolars	31	31	31	31	31
Brown, Mary					
Anteriors	10	10	10	10	10
First Molars	10	10	10	10	10
Other Molars	8	8	8	8	8
Premolars	31	31	31	31	31
Erickson, Tracy					
Anteriors	10	10	10	10	10
First Molars	10	10	10	10	10
Other Molars	8	8	8	8	8
Premolars	31	31	31	31	31

Example scenarios

The following examples explain a few ways tooth counts are calculated for the columns on the report:

- The date range of the report is February 1 through February 28. A provider has performed a D3221 on tooth 11 on the 2nd and then extracted that same tooth on the 20th. On the report, tooth 11 will be counted once in the Total Accessed column and once in the Extracted column.
- The date range of the report is February 1 through February 20. A provider has performed a D3221 on tooth 11 on the 2nd and then a performed a D3310 on the same tooth on the 27th. On the report, tooth 11 will be counted once in the Total Accessed column but not in the Accessed Completed column because the D3310 code was posted outside of the date range of the report.
- The date range of the report is February 1 through February 20. Provider #1 has performed a D3221 on tooth 11 on the 2nd, and then Provider #2 performed a D3310 on the same tooth on the 20th. On the report, the D3221 will be counted once in the Total Accessed column for Provider #1, and the D3310 will be counted once in the Accesed Completed column for Provider #2.

RVU by Provider Report

1. Do the first, both, or either of the following:

- Click the **Job Name** search button to select a job name from a list of available jobs and templates to apply the corresponding settings. You can leave the settings that are applied or change any of them as needed.
- Set up the following options:
 - **Clinic Selection** – Click the search button to select a clinic(s) from a list of available clinics, or select **All** to include all clinics.
 - **Provider/Staff Selection** – Click the search button to select a provider(s)/staff from a list of available personnel, or select **All** to include all providers and staff members.
 - **Select Date Range** – Select **Date Range**, and then type a date range in the **From** and **To** fields; or select **Relative Date Range**, and then select a date range. The report uses the procedure date of Ledger transactions.

Note: Using a relative date range is ideal when saving your report settings as default. Then, you don't have to manually enter a date range each time you run the report.

2. Do any of the following:

- To save these settings for future uses of this report, click **Save as Default**.
- To schedule the report to run at a later time or on a recurring basis, click **Schedule**.
- To clear any changes you have made to the settings and start over, click **Clear Defaults**.

3. Click **OK** to preview the report.

RELATIVE VALUE UNITS BY PROVIDER

Date Range: 8/1/2010 - 10/31/2010

Clinics: <ALL>

Providers: <ALL>

Date: 11/11/2010

Report Generated By: enterprise

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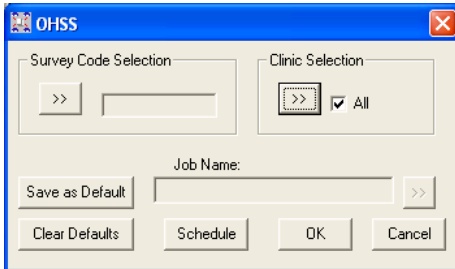
Brown, Mary D. D.D.S. (DDS2)	SERVICES	RVU's
LEVEL 0:	30	0
LEVEL 1:	47	376
LEVEL 2:	44	868
LEVEL 3:	25	384
LEVEL 4:	0	0
LEVEL 5:	0	0
LEVEL 9:	0	0
TOTAL LEVEL 1-5:	116	1628

Hayes, Sally H. Hygienist (HYG1)	SERVICES	RVU's
LEVEL 0:	40	0
LEVEL 1:	35	412
LEVEL 2:	59	1544
LEVEL 3:	26	356
LEVEL 4:	0	0
LEVEL 5:	0	0
LEVEL 9:	0	0
TOTAL LEVEL 1-5:	120	2312

TOTALS:	SERVICES	RVU's
LEVEL 0:	70	0
LEVEL 1:	82	788
LEVEL 2:	103	2412
LEVEL 3:	51	740
LEVEL 4:	0	0
LEVEL 5:	0	0
LEVEL 9:	0	0
TOTAL LEVEL 1-5:	236	3940

OHSS Report

The OHSS (Oral Health Status Survey) Report indicates, for various ages and age ranges, the percent of patients who have caries and how many do not, the percent of patients with certain conditions, and the percent of patients with certain pocket depths and clinical attachment levels. The values on the report are calculated using the IHS condition codes and sometimes the ADA codes set up from the Office Manager.



1. Do the first, both, or either of the following:
 - Click the **Job Name** search button if you want to select a job name from a list of available jobs and templates to apply the corresponding settings. You can leave the settings that are applied or change any of them as needed.
 - Set up the following options:
 - **Survey Code Selection** – Click the search button to select a survey code. These codes are supplied by the Department of Health (DOH).
 - **Clinic Selection** – Click the search button to select a clinic(s) from a list of available clinics, or select **All** to include all clinics.
2. Do any of the following:
 - To save these settings for future uses of this report, click **Save as Default**.
 - To schedule the report to run at a later time or on a recurring basis, click **Schedule**.
 - To clear any changes you have made to the settings and start over, click **Clear Defaults**.
3. Click **OK** to preview the report.

This report prints on three pages with statistics for five age groups:

- The age group 2 - 5 years is on the first page.
- The age groups 6 - 14 years and 15 - 19 years are on the second page.
- The age groups 35 - 44 years and 55 years and older are on the third page.

Be familiar with the following terms before reading this report:

- **Caries Free** – No decayed, missing, or filled teeth
- **CPITN** – Community Periodontal Index of Treatment Needs
- **Dmfs** – Decayed, missing, or filled surfaces on primary teeth
- **DMFS** – Decayed, missing, or filled surfaces on permanent teeth
- **Dmft** – Decayed, missing, or filled primary teeth
- **DMFT** – Decayed, missing, or filled permanent teeth
- **Dentate** – Having teeth (i.e. a patient who does not have a full set of dentures)
- **Fluorosis** – An abnormal condition of the tooth enamel caused by excessive exposure to fluoride

Notes:

- The report considers a condition in its calculations only if that condition is marked as existing, existing other, or completed. Invalidated conditions are not considered.
- The reports is based on the procedure date.
- The report considers a patient in its calculations only if that patient has a valid survey code posted on the same date. Age group counts are based on patients that have a valid survey code posted.

Preschool children (2-5 years)

Preschool children (2-5 years):	
dmfs / dmft	20 / 12
Mean dmfs for Max. Incisors & Posterior teeth	133.33
Percent with history of decay on...	
anterior teeth	66.67%
posterior teeth	66.67%
both anterior and posterior teeth	66.67%
Percent with caries history on >= 1 maxillary incisors	33.33%
Percent with caries history on >= 2 maxillary incisors	0.00%
Percent with caries history on >= 1 maxillary incisors or dmft >= 6	66.67%
Percent with dmfs > 0	
maxillary incisor decay only	66.67%
posterior decay only	66.67%
both posterior and incisor decay	66.67%
Percent caries free children by individual ages and age cohorts	
2 Years:	50.00%
3 Years:	0.00%
4 Years:	0.00%
5 Years:	0.00%
2-4 Years:	50.00%
3-5 Years:	0.00%
2-5 Years:	50.00%

- **dmfs** – The sum of the following:
 - The total number of primary tooth surfaces with one or more untreated caries conditions (15104, 15105, 15106, 15107) for every patient in this age group.
 - The total number of primary tooth surfaces with a restorative code posted for that tooth (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) for every patient in this age group.
The maximum number of filled surfaces per tooth for codes D2930, D2932, D2933, D2934 are as follows: 4 surfaces for anterior teeth (c – h, m – r), and 5 surfaces for posterior teeth (a,b,i,j,k,l,s,t).
 - The total number of primary tooth surfaces that have missing teeth conditions (15100, 15101, 15204 – 15211) or extraction codes (D7111 – D7250) for every patient in this age group.
The maximum number of surfaces per tooth for missing teeth and extractions are as follows: 4 surfaces for anterior deciduous teeth (c – h, m – r), and 5 surfaces for posterior deciduous teeth (a,b,i,j,k,l,s,t).

Each patient, tooth, and surface combination is counted only once.
- **dmft** – The sum of the following:
 - The total number of primary teeth with one or more untreated caries conditions (15104, 15105, 15106, 15107) for every patient in this age group.
 - The total number of primary teeth with a restorative code posted for that tooth (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) for every patient in this age group.
 - The total number of primary teeth that have missing teeth conditions (15100, 15101, 15204 – 15211) or extraction codes (D7111 – D7250) for every patient in this age group.

Each patient and tooth combination is counted only once. If a particular patient has both a caries code as well as a restorative code for the same tooth, the caries code takes precedence.
- **Mean dmfs for Max. Incisors & Posterior teeth** – The dmfs of primary maxillary incisors (c – h) and primary posterior teeth (a, b, i, j, k, l, s, t) for all patients in this age group divided by the number of patients in this age group. A surface

with an untreated caries code that has been fixed later is counted only once. An untreated caries is a surface with an untreated caries code that has not had either a procedure that covers the same surface posted after the caries code was

- **Percent with history of decay on anterior and posterior teeth and both**
 - **History of decay on anterior teeth** – The total number of patients with a caries code (15104, 15105, 15106, or 15107), a missing due to caries code (15204), or restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) on any primary anterior tooth (c – h, m – r) divided by the total number of patients in this age group.
Each patient is counted only once.
 - **History of decay on posterior teeth** – The total number of patients with a caries code (15104, 15105, 15106, or 15107), a missing due to caries code (15204), or restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) on any primary posterior tooth (a, b, i, j, k, l, s, t) divided by the total number of patients in this age group.
Each patient is counted only once.
 - **History of decay on both anterior and posterior teeth** – The total number of patients with a caries code (15104, 15105, 15106, or 15107), a missing due to caries code (15204), or restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) on any primary anterior tooth (c – h, m – r) and on any primary posterior tooth (a, b, i, j, k, l, s, t) divided by the total number of patients in this age group.
Each patient is counted only once.
- **Percent with caries history on ≥ 1 maxillary incisors** – The total number of patients with a caries code (15104, 15105, 15106, or 15107), a missing due to caries code (15204), or restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) on one or more primary maxillary incisors (c – h) divided by the total number of patients in this age group.
Each patient is counted only once.
- **Percent with caries history on ≥ 2 maxillary incisors** – The total number of patients with a caries code (15104, 15105, 15106, or 15107), a missing due to caries code (15204), or restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) on two or more primary maxillary incisors (c – h) divided by the total number of patients in this age group.
- **Percent with caries history on ≥ 1 maxillary incisors OR dmft ≥ 6 (severe ECC)** – The total number of patients with either of the following: a caries code (15104, 15105, 15106, or 15107), a missing due to caries code (15204), or restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) on primary maxillary incisors; or a dmft ≥ 6 divided by the total number of patients in this age group.
Each patient is counted only once.
- **Percent caries free children by individual ages and age cohorts** – For each age group (2, 3, 4, 5, 2 – 4, 3 – 5, 2 – 5), the total number of patients without caries conditions (15104, 15105, 15106, 15107), restorative codes (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999), missing teeth conditions (15100, 15101, 15204-15211) or extraction codes (D7111-D7250) posted on any primary teeth.
- **Percent with dmfs > 0**
 - **Maxillary incisor decay only** – The total number of patients with a caries code (15104, 15105, 15106, or 15107) on any primary maxillary incisor (c – h) divided by the number of patients in this age group.
Each patient is counted only once.
 - **Posterior decay only** – The total number of patients with a caries code (15104, 15105, 15106, or 15107) on any primary posterior tooth (a, b, i, j, k, l, s, t) divided by the number of patients in this age group.
Each patient is counted only once.
 - **Posterior and incisor decay** – The total number of patients with a caries code (15104, 15105, 15106, or 15107) on any primary posterior tooth (a,b,i,j,k,l,s,t) or primary maxillary incisor (c – h, m – r).
Each patient is counted only once.

Ages 6-14 Years

	←Percent Caries Free→		←Percent with→								Mean # of sealed teeth	Mean dmft / DMFT
	Prim & Perm Teeth	Perm Teeth Only	Untreated Decay Prim & Perm teeth	Untreated Decay Perm teeth	Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar		
6 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 8.00
7 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
8 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
9 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
10 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 2.00
11 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
12 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
13 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
14 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
6-8 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 8.00
9-11 Years:	80.00	80.00	20.00	20.00	0.00	20.00	20.00	20.00	20.00	20.00	0.20	0.00 / 0.40
12-14 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
6-14 Years:	86.67	86.67	13.33	13.33	46.67	13.33	13.33	13.33	13.33	13.33	0.13	0.00 / 0.67

- **Percent Caries Free** – For each age or age group (6, 7, 8, 9, 10, 11, 12, 13, 14, 6 – 8, 9 – 11, 12 – 14, 6 – 14), the following percentages appear:
 - **Primary & Permanent Teeth** – The total number of patients without caries conditions (15104, 15105, 15106, 15107), restorative codes (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999), missing teeth conditions (15100, 15101, 15204-15211) or extraction codes (D7111-D7250) posted on any primary (a – t) and permanent teeth (2 – 15, 18 – 31) divided by the number of patients in the age group.
Each patient is counted only once.
 - **Permanent Teeth Only** – The total number of patients without caries conditions (15104, 15105, 15106, 15107), restorative codes (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999), missing teeth conditions (15100, 15101, 15204-15211) or extraction codes (D7111-D7250) posted on any permanent teeth (2 – 15, 18 – 31) divided by the number of patients in the age group.
Each patient is counted only once.
- **Percent with** – For each age or age group (6, 7, 8, 9, 10, 11, 12, 13, 14, 6 – 8, 9 – 11, 12 – 14, 6 – 14), the following percentages appear:
 - **Untreated Decay Primary & Permanent Teeth** – The total number of patients that have a caries condition (15104, 15105, 15106, 15107) but not a restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) posted on the same tooth for both for primary and permanent teeth in the age group divided by the number of patients in the age group.
Each patient is counted only once.
 - **Untreated Decay Permanent Teeth** – The total number of patients with a caries condition (15104, 15105, 15106, 15107) but not a restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) posted on the same tooth for permanent teeth in the age group divided by the number of patients in the age group.
Each patient is counted only once.
 - **Using Tobacco** – The total number of patients with a condition code 15203 Tobacco Use in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
 - **Dental Fluorosis** – The total number of patients with a condition code 15200 Dental Fluorosis in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
 - **Sealants** – The total number of patients with a sealant code (D1351) divided by the number of patients in the age group.
Each patient is counted only once.

- Sealants on 1st Molars** – The number of patients with a sealant code (D1351) on tooth numbers 3, 14, 19, or 30 in the age group divided by the total number of patients in the age group.
 Each patient is counted only once.
- Sealants on 2nd Molars** – The total number of patients with a sealant code (D1351) on tooth numbers 2, 15, 18, or 31 in the age group divided by the total number of patients in the age group.
 Each patient is counted only once.
- Percent with Sealants 1st or 2nd Molars** – The total number of patients with a sealant code (D1351) on tooth numbers 2, 3, 14, 15, 18, 19, 30, or 31 in the age group divided by the total number of patients in the age group.
 Each patient is counted only once.
- Mean Number of Sealed Teeth** – The total number of teeth with a sealant code (D1351) for patients in the age group divided by the total number of patients in that age group.
 Each patient is counted only once.
- Mean dmft/DMFT** – The dmft/DMFT of primary/permanent teeth for all patients in the age group divided by the total number of patients in the age group.
 Each patient and tooth combination is counted only once. If a particular patient has both a caries code as well as a restorative code for the same tooth, the caries code takes precedence.

Ages 15-19 Years

Ages 15-19 Years:										
	Percent with									
	Caries Free Prim & Perm teeth	Untreated Decay Prim & Perm teeth	Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean DMFT
15 Years:	92.31	7.69	7.69	7.69	7.69	7.69	7.69	7.69	0.08	0.38
16 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17 Years:	96.67	3.33	3.33	3.33	3.33	3.33	3.33	3.33	0.03	0.13
18 Years:	96.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	0.04	0.16
19 Years:	96.15	3.85	3.85	3.85	3.85	3.85	3.85	3.85	0.04	0.12

	Percent with					
	Perio Pockets < 4mm	Perio Pockets >= 4mm & < 6mm	Perio Pockets >= 6mm	Loss of Attachment < 3mm	Loss of Attachment >= 3mm and < 5mm	Loss of Attachment >= 5mm
15 Years:	0.00	0.00	0.00	0.00	0.00	0.00
16 Years:	0.00	0.00	0.00	0.00	0.00	0.00
17 Years:	3.33	3.33	3.33	3.33	3.33	3.33
18 Years:	4.00	4.00	4.00	4.00	4.00	4.00
19 Years:	3.85	0.00	0.00	3.85	3.85	0.00

Percent with Highest CPITN of 0,1,2,3,4	CPITN	Percent
	4	1.77
	3	0.00
	2	0.88
	1	0.00
	0	0.00

- Percent with** – For each age or age group (6, 7, 8, 9, 10, 11, 12, 13, 14, 6 – 8, 9 – 11, 12 – 14, 6 – 14), the following percentages appear:
 - Untreated Decay Primary & Permanent Teeth** – The total number of patients that have a caries condition (15104, 15105, 15106, 15107) but not a restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) posted on the same tooth for both for primary and permanent teeth in the age group divided by the number of patients in the age group.
 Each patient is counted only once.
 - Untreated Decay Permanent Teeth** – The total number of patients with a caries condition (15104, 15105, 15106, 15107) but not a restorative code (D1352, D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, D7999) posted on the same tooth for permanent teeth in the age group divided by the number of patients in the age group.
 Each patient is counted only once.

- **Using Tobacco** – The total number of patients with a condition code 15203 Tobacco Use in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
- **Dental Fluorosis** – The total number of patients with a condition code 15200 Dental Fluorosis in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
- **Sealants** – The total number of patients with a sealant code (D1351) divided by the number of patients in the age group.
Each patient is counted only once.
- **Sealants on 1st Molars** – The number of patients with a sealant code (D1351) on tooth numbers 3, 14, 19, or 30 in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
- **Sealants on 2nd Molars** – The total number of patients with a sealant code (D1351) on tooth numbers 2, 15, 18, or 31 in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
- **Percent with Sealants 1st or 2nd Molars** – The total number of patients with a sealant code (D1351) on tooth numbers 2, 3, 14, 15, 18, 19, 30, or 31 in the age group divided by the total number of patients in the age group.
Each patient is counted only once.
- **Mean Number of Sealed Teeth** – The total number of teeth with a sealant code (D1351) for patients in the age group divided by the total number of patients in that age group.
Each patient is counted only once.
- **Mean DMFT** – The DMFT of permanent teeth for all patients in the age group divided by the total number of patients in the age group.
Each patient and tooth combination is counted only once. If a particular patient has both a caries code as well as a restorative code for the same tooth, the caries code takes precedence.
- **Perio Pockets < 4 mm** – The total number of patients with a probing depth (PD or Pocket Depth) less than 4 mm for any tooth in the age group divided by the total number of patients in the age group.
To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.
- **Perio Pockets ≥ 4 mm and < 6 mm** – The total number of patients with a probing depth (PD or Pocket Depth) greater or equal to 4 mm and less than 6 mm for any tooth in the age group divided by the total number of patients in the age group.
To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.
- **Perio Pockets > 3 mm and < 6 mm** – The total number of patients with a probing depth (PD or Pocket Depth) greater than 3 mm and less than 6 mm for any tooth in the age group divided by the total number of patients in the age group.
To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.
- **Perio Pockets ≥ 6 mm** – The total number of patients with a probing depth (PD or Pocket Depth) for any tooth higher than 6 mm in the age group divided by the total number of patients in the age group.
To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.
- **Loss of Attachment < 3 mm** – The total number of patients with a clinical attachment level of less than 3 mm in the age group divided by the total number of patients in the age group.
To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.

- **Loss of Attachment ≥ 3 and < 5 mm** – The total number of patients with a clinical attachment level greater than or equal to 3 mm and less than 5 mm in the age group divided by the total number of patients in the age group.

To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.

- **Loss of Attachment ≥ 5 mm** – The total number of patients with a clinical attachment level greater than or equal to 5 mm in the age group divided by the total number of patients in the age group.

To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.

- **Percent with Highest CPITN of 0, 1, 2, 3, 4** – For each category, the percentage of patients in the age group that fall into that category divided by the total number of patients in the age group. Which category a patient corresponds to comes from his or her perio exam, using the following criteria:

- A patient with a probing depth (PD or Pocket Depth) for any tooth higher than 6 mm pertain to category 4.
- A patient with a probing depth (PD or Pocket Depth) for any tooth of 4 – 6 mm pertain to category 3.
- A patient marked as having only calculus (not set to “0 – None”) and a probing depth (PD or Pocket Depth) less than 4 mm for any tooth pertain to category 2.
- A patient marked as having only bleeding for any tooth pertain to category 1.
- Any remaining patients pertain to category 0.

To be included, a patient must have a perio exam on the same date the selected survey code for the report was posted.

Ages 35-44 & 55+ Years

Ages 35-44 & 55+ Years:										
	Percent with									
	Caries Free Prim & Perm teeth	Untreated Decay Prim & Perm teeth	Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean DMFT
35 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38 Years:	98.04	0.00	1.96	1.96	0.00	0.00	0.00	0.00	0.00	0.08
39 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40 Years:	97.78	2.22	2.22	2.22	0.00	0.00	0.00	0.00	0.00	0.22
41 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55 Years:	1,600.00	1.27	1.27	0.00	0.00	0.00	0.00	0.00	0.00	0.10

	Percent with Perio Pockets			Percent with Loss of Attachment			Percent with				Percent of Dentate Adults with		
	< 4mm	>= 4 and < 6mm	>= 6mm	< 3mm	>= 3mm and < 5mm	>= 5mm	Diabetes	Need Biopsy	All 28 Teeth	20+ Teeth	No Natural Teeth	Untreated Decay	Root Caries
35 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
36 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
37 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
38 Years:	1.96	1.96	1.96	1.96	1.96	1.96	0.00	1.96	100.00	100.00	0.00	0.00	0.00
39 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
40 Years:	2.22	2.22	2.22	2.22	2.22	2.22	0.00	2.22	97.78	100.00	0.00	2.22	0.00
41 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
42 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
43 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
44 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
55 Years:	1.27	1.27	1.27	1.27	1.27	1.27	0.00	0.00	1,600.00	1,601.27	0.00	1.27	0.00

Ages 35-44 Years:			Ages 55+ Years:		
Percent with Highest CPITN of 0,1,2,3,4	CPITN	Percent	Percent with Highest CPITN of 0,1,2,3,4	CPITN	Percent
	4	0.52		4	0.15
	3	0.00		3	0.00
	2	0.00		2	0.00
	1	0.00		1	0.00
	0	0.00		0	0.00

This section has the same columns as for 15 – 19 year olds plus the following:

- **Percent with diabetes** – The total number of patients with a code 15201 Diabetes in the age group divided by the number of patients in the age group for the report.
Each patient is counted only once.

-
- **Percent need biopsy** – The total number of patients with the code 15202 Needs Biopsy or biopsy code (D7255 – D7258) in the age group divided by the number of patients in the age group.
Each patient is counted only once.
 - **Percent with all 28 teeth** – The total number of patients without extractions (existing, existing other, or completed) or with extraction codes (D7111 – D7250) for teeth other than wisdom teeth (1, 16, 17, 32), and without condition codes (15100 Missing Tooth > 1 year or 15101 Missing tooth) in the age group divided by the number of patients in the age group.
Each patient is counted only once.
 - **Percent with 20 or more teeth** – The total number of patients with 8 or less missing teeth (not counting wisdom teeth) in the age group divided by the number of patients in the age group. A missing tooth (15100, 15101) can be posted as an extraction, a condition, or an existing/existing other code.
Each patient is counted only once.
 - **Percent with no natural teeth** – The total number of patients missing all 32 teeth in the age group divided by the number of patients in the age group. A missing tooth (15100, 15101) can be posted as an extraction, a condition, or an existing/existing other code.
Each patient is counted only once.
 - **Percent of dentate adults with untreated decay** – The total number of patients who do not have the denture codes D5110 and D5120 posted and have untreated decay (any condition code 15104 – 15107) in the age group divided by the number of patients in the age group.
Each patient is counted only once. All teeth are considered.
 - **Percent of dentate adults with root caries** – The total number of patients who have the deep dentinal/cemental caries condition code 15104 posted in the age group divided by the number of patients in the age group.
Each patient is counted only once. All teeth are considered.

Visits By reports

The Visits By reports display the number of visits to an office or clinic by community, dentist and facility, and tribal membership. All the procedure(s) for a given patient on a given day in the Ledger are counted as one visit. On the report, the first visit, revisit, broken appointment, and PTC (planned treatment completed) values are calculated from the IHS condition codes and sometime the ADA codes set up from the Office Manager.

1. Do the first or any of the following:

- Click the **Job Name** search button if you want to select a job name from a list of available jobs and templates to apply the corresponding settings. You can leave the settings that are applied or change any of them as needed.
- Select how you want to run the report:
 - **Community** – The report will include visits by patients according to the community entered in the **Current Community** field of the **Additional Info** dialog box, which can be opened by clicking the **Additional Info** button in the Family File.
 - The communities will be listed on the report alphabetically; visits for patients without a community entered in the Family File will be given as well.
 - **Facility and Dentist** – The report will include visits by patients according to the provider and clinic assigned to a procedure in the Ledger.
 - The dentists and clinics will be listed on the report alphabetically.
 - **Tribal Membership** – The report will include visits by patients according to the tribe entered in the **Tribe of Membership** field of the **Additional Info** dialog box, which can be opened by clicking the **Additional Info** button in the Family File.
 - The tribes will be listed on the report alphabetically; visits for patients without a tribe entered in the Family File will be given as well.
- Set up the following options:
 - **Clinic Selection** – Click the search button to select a clinic(s) from a list of available clinics, or select **All** to include all clinics.
 - **Provider/Staff Selection** – Click the search button to select a provider(s)/staff from a list of available personnel, or select **All** to include all providers and staff members.
 - **Select Date Range** – Select **Date Range**, and then type a date range in the **From** and **To** fields; or select **Relative Date Range**, and then select a date range. The report uses the procedure date of Ledger transactions.

Note: Using a relative date range is ideal when saving your report settings as default. Then, you don't have to manually enter a date range each time you run the report.

2. Do any of the following:

- To save these settings for future uses of this report, click **Save as Default**.
- To schedule the report to run at a later time or on a recurring basis, click **Schedule**.
- To clear any changes you have made to the settings and start over, click **Clear Defaults**.

3. Click **OK** to preview the report.

VISITS BY COMMUNITY

Date Range: 8/1/2010 - 10/31/2010

Clinics: <ALL>

Providers: <ALL>

Date: 11/11/2010

Report Generated By: enterprise

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COMMUNITY	FIRST VISIT	REVISIT	BROKEN APPTS	PTC
WESTERN CREEK	1	1	1	1
DELAWARE	1	0	1	1
NON-INDIAN	3	2	1	3

TOTALS:	FIRST VISIT	REVISIT	BROKEN APPTS	PTC
	5	3	3	5

VISITS BY FACILITY AND DENTIST

Date Range: 8/1/2010 - 10/31/2010

Clinics: <ALL>

Providers: <ALL>

Date: 11/11/2010

Report Generated By: enterprise

Page 1 of 2

Dentist	FIRST VISIT	REVISIT	BROKEN APPTS	PTC
AF	20	20	20	20
AMCCURE	20	20	20	20
CENTRAL	20	20	20	20
DDS1	20	20	20	20
DDS2	20	20	20	20
DRAPER	20	20	20	20
DROBB	20	20	20	20

TOTALS:	FIRST VISIT	REVISIT	BROKEN APPTS	PTC
	140	140	140	140

VISITS BY TRIBAL MEMBERSHIP

Date Range: 5/1/2006 - 8/31/2006

Clinics: <ALL>

Providers: <ALL>

Date: 8/30/2006

Report Generated By: ENTERPRISE

Page 1 of 1

TRIBE	FIRST VISIT	REVISIT	BROKEN APPTS	PTC
CHEROKEE NATION OF OKLAHOMA	1	1	1	1
CHOCTAW OF OKLAHOMA	1	1	1	1
CREEK NATION OF OKLAHOMA	1	1	1	1
DELAWARE TRIBE OF WESTERN OK	1	0	1	1
NON-INDIAN BENEFICIARY	3	2	1	3

TOTALS:	FIRST VISIT	REVISIT	BROKEN APPTS	PTC
	7	5	5	7


Using Report Templates

You can have multiple templates for the custom IHS reports. For each of these reports, you can select a template (a **Job Name**) to run that report without having to change the options for filtering the report when certain variations of the report are frequently required. Also, if an existing scheduled job or template is changed, it can be saved as a different template or job while preserving the original.

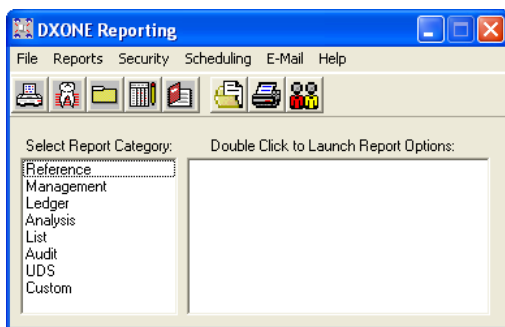
Creating a Report Job Template

You can create a template for running a custom IHS report.

To create a report job template

1. On the Office Manager toolbar, click the DXOne Reports button .

The DXOne Reporting window appears.



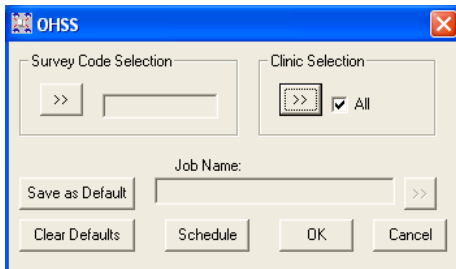
2. In the **Select Report Category** list box, select **Custom**.

The custom reports appear in the right list box.



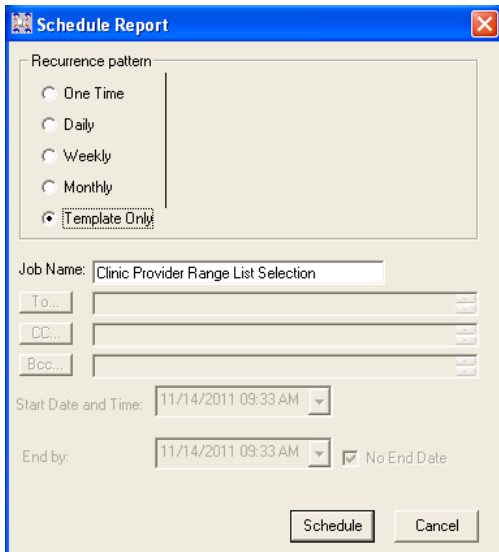
3. Double-click the report for which you want to create a template.

The corresponding report dialog box appears.



4. Set up the options for filtering the report results.
5. Click **Save as Default** to save the current settings for future uses of the report.
6. Click **Schedule**.

The Scheduling Report dialog box appears.




7. Under **Recurrence pattern**, select **Template Only** to indicate that the report job will serve as a template.
8. Type a **Job Name** for the report job (up to 50 characters in length). The job name will be visible for the scheduled report job in the **Manage Scheduled Jobs** dialog box.
9. Click **Schedule** to save the report job as a template and schedule the report job. The report job will appear in the **Manage Scheduled Jobs** dialog box.

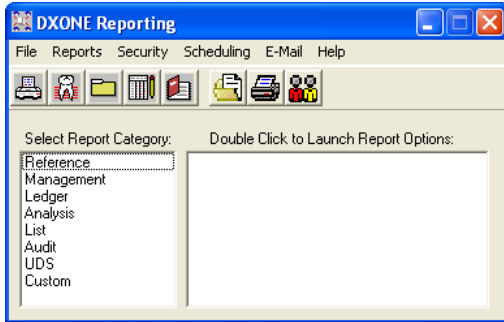
Scheduling a Report Job from a Template

You can schedule a report job from a template for an IHS custom report.

To schedule a report job from a template

1. On the Office Manager toolbar, click the DXOne Reports button .

The DXOne Reporting window appears.



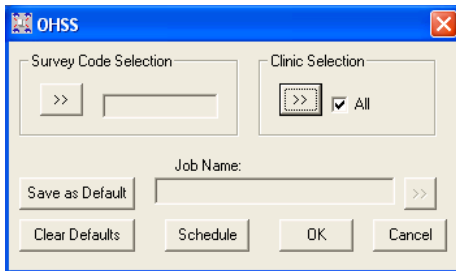
2. In the **Select Report Category** list box, select **Custom**.

The custom reports appear in the right list box.



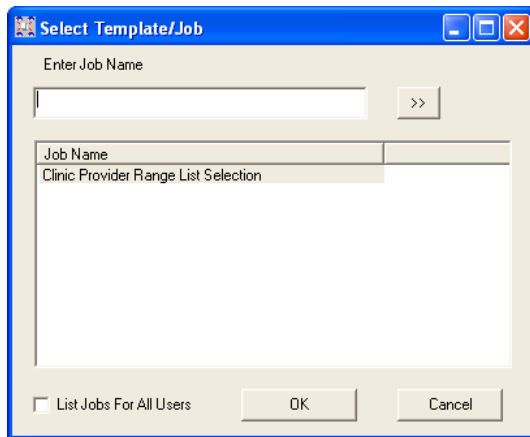
3. Double-click the report you want to schedule from a template.

The corresponding report dialog box appears.



4. Select a template:
 - a. Click the **Job Name** search button. The search button is only enabled if templates have been created or jobs have been schedule for this report.

The **Select Template/Job** dialog box appears.



Any existing templates/jobs that have been created for the report by the user you are currently logged on as are shown in the list box.

- b. Select **List Jobs for all users** if you want to view templates for all users for this report. If this option is selected, a **User ID** column appears to the left of the **Job Name** column and displays the user ID for each job/template. The **List Jobs for all users** check box is available only if the current user has the “Scheduled Jobs – Manage All Users” DXOne Reporting security right enabled; in other words, the current user has rights to view reports or jobs for other users.
- c. The templates are listed alphabetically in ascending order by default. To reverse the order, click the **Job Name** column header of the list box. Then, to change the order from descending to ascending, click the list box’s **Job Name** column header again.
- d. Select the appropriate report job template in the list box (if more templates exist than can be displayed at one time in the list box, you might have to click and drag the list box’s scroll bar slider down to find the template). Or, type all or part of the template name for which you want to search in the **Enter Job Name** field, click the search button to show the closest matching template(s) in the list box, and then select the appropriate report job template.
- e. Click **OK** to assign the selected template to the report job.

The filter options associated with the selected template are applied to the report job.

5. Click **Save as Default** to save the current settings for the next time the report options are accessed. The current job name will not be saved as the default.
6. Click **OK** to schedule the report. The report job will appear in the **Manage Scheduled Jobs** dialog box.

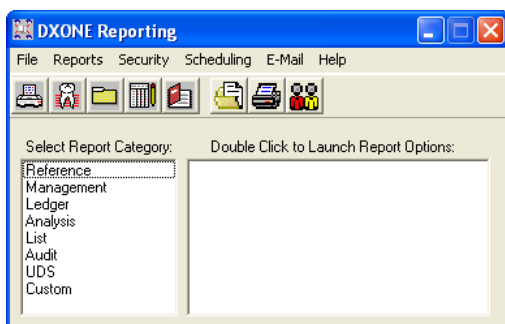
Editing a Report Job Template

You can edit a report job template for an IHS custom report.

To edit a report job template

1. From the Office Manager toolbar, click the **DXOne Reports Module** button.

The DXOne Reporting window appears.



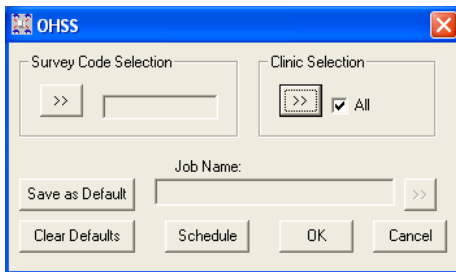
2. In the **Select Report Category** list box, select **Custom**.

The custom reports appear in the right list box.



3. Double-click the report you want to schedule from a template.

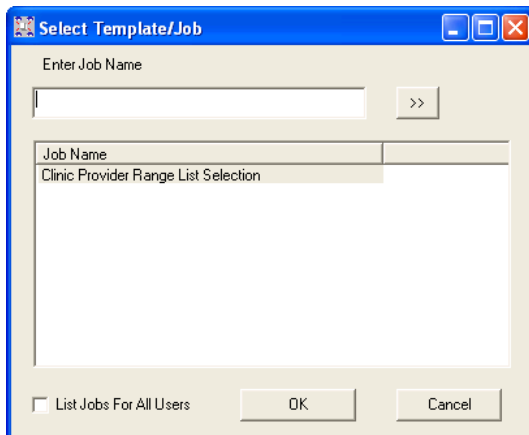
The corresponding report dialog box appears.



4. Select a template:

- a. Click the **Job Name** search button. The search button is only enabled if templates have been created or jobs have been schedule for this report.

The **Select Template/Job** dialog box appears.



Any existing templates/jobs that have been created for the report by the user you are currently logged on as are shown in the list box.

- b. Select **List Jobs for all users** if you want to view templates for all users for this report. If this option is selected, a **User ID** column appears to the left of the **Job Name** column and displays the user ID for each job/template. The **List Jobs for all users** check box is available only if the current user has the “Scheduled Jobs – Manage All Users” DXOne Reporting security right enabled; in other words, the current user has rights to view reports or jobs for other users.
- c. The templates are listed alphabetically in ascending order by default. To reverse the order, click the **Job Name** column header of the list box. Then, to change the order from descending to ascending, click the list box’s **Job Name** column header again.

- d. Select the appropriate report job template in the list box (if more templates exist than can be displayed at one time in the list box, you might have to click and drag the list box's scroll bar slider down to find the template). Or, type all or part of the template name for which you want to search in the **Enter Job Name** field, click the search button to show the closest matching template(s) in the list box, and then select the appropriate report job template.
- e. Click **OK** to assign the selected template to the report job.

The filter options associated with the selected template are applied to the report job.

5. Edit the options for filtering the report results as necessary.
6. Click **Save as Default** to save the current settings for the next time the report options are accessed. The current job name will not be saved as the default.
7. Click **Schedule**.

The **Schedule Report - Edit** dialog box appears.

8. Edit the **Job Name**.
9. Do one of the following:
 - Click **Save** to save any changes to the template (its job name and report filters).
 - Click **Schedule New** to save the changes as a new report job that will appear in the **Manage Scheduled Jobs** dialog while preserving the original template (its job name and report filters). The new job name must be different than the original to add the template as a new template.