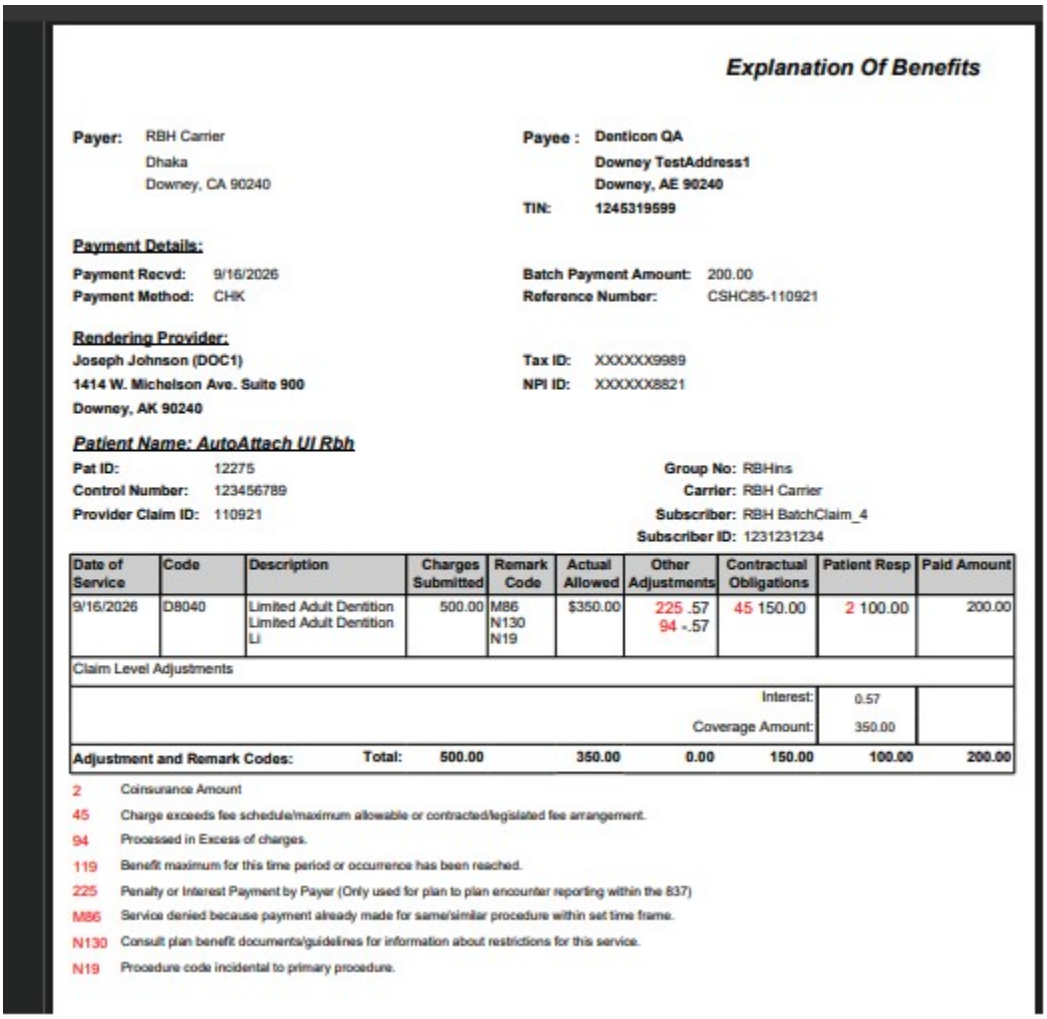
Feature enhancements

835 EOB Interest Payment Visibility

What's new

Enhanced 835 EOBs to display claim-level interest payments associated with adjustment reason code 225, providing clearer payment details on EOBs rendered by Denticon.



Explanation Of Benefits

Payer: RBH Carrier
Dhaka
Downey, CA 90240

Payee : Denticon QA
Downey TestAddress1
Downey, AE 90240
TIN: 1245319599

Payment Details:
Payment Recvd: 9/16/2026
Payment Method: CHK
Batch Payment Amount: 200.00
Reference Number: CSHC85-110921

Rendering Provider:
Joseph Johnson (DOC1)
1414 W. Michelson Ave. Suite 900
Downey, AK 90240
Tax ID: XXXXXX9989
NPI ID: XXXXXX8821

Patient Name: AutoAttach UI Rbh
Pat ID: 12275
Control Number: 123456789
Provider Claim ID: 110921
Group No: RBHins
Carrier: RBH Carrier
Subscriber: RBH BatchClaim_4
Subscriber ID: 1231231234

Date of Service	Code	Description	Charges Submitted	Remark Code	Actual Allowed	Other Adjustments	Contractual Obligations	Patient Resp	Paid Amount
9/16/2026	D8040	Limited Adult Dentition Limited Adult Dentition Li	500.00	M86 N130 N19	$350.00	225 .57 94 -.57	45 150.00	2 100.00	200.00
Claim Level Adjustments									
								Interest: 0.57 Coverage Amount: 350.00	
Adjustment and Remark Codes:		**Total:**	**500.00**		**350.00**	**0.00**	**150.00**	**100.00**	**200.00**

2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
94 Processed in Excess of charges.
119 Benefit maximum for this time period or occurrence has been reached.
225 Penalty or Interest Payment by Payer (Only used for plan to plan encounter reporting within the 837)
M86 Service denied because payment already made for same/similar procedure within set time frame.
N130 Consult plan benefit documents/guidelines for information about restrictions for this service.
N19 Procedure code incidental to primary procedure.

Why this matters

Previously, interest information was excluded from EOBs and users were required to check DXC separately. This change gives billing staff direct visibility into interest payments within Denticon.

Who this affects

Denticon practices using 835 posting with carriers that report interest payments.

What to expect

Interest payments now appear on 835 EOBs within Denticon. No additional steps are needed to view this information.

Action required: No action required.

Responsible Party Preferred Language in External API

What's new

The External API now exposes a responsible party's preferred language, mirroring how patient preferred language is surfaced. Consuming systems can read this value to support language-preference workflows.

Why this matters

Practices and integrations that communicate with responsible parties in their preferred language can now access this field directly through the External API.

Who this affects

Denticon practices using the External API.

What to expect

The responsible party's preferred language field is now accessible via the External API. No changes are required to existing configurations.

Action required: No action required.

Defects resolved

- **Claims**: Denticon ERA now displays all remittance remarks, adjustments, and contractual obligations received from DXC during 835 processing, improving ERA accuracy.
- **Claims**: Predetermination of benefit claims can no longer be electronically sent to medical carriers, as these carriers do not support this claim type via 837. Denticon now guides users to the payer portal for pre-determination and clearly marks these claims as unavailable for transmission.
- **Claims**: Validation has been added to ensure service lines contain only valid modifier codes for medical billing orders.
- **Progress Notes**: XChart Progress Notes now display the appointment date and time using the office time zone, ensuring the date of service matches the scheduled appointment date.
- **Appointments**: Appointment saves and Find Family Slot bookings now include a transactional availability check. When a selected slot has already been booked, Denticon blocks the second booking and prompts users to choose another slot.
- **Billing**: Same-day bundling rule notes now clearly state 'on the same day as,' reducing ambiguity for billing staff when reviewing benefit availability.
- **Billing**: Bundling rule notes now appear when applicable, including when Re-Estimate At Posting is unchecked. The note indicates the procedure fee was not adjusted.
- **Billing**: Fixed an issue where updating an orthodontic contract could create duplicate periodic billing charges. Charges now post only when a matching billing detail exists, keeping billing details and the ledger aligned.
- **Insurance**: Employer searches containing an apostrophe now return consistent results between Insurance Plan Setup and Patient Add/Edit Insurance.
- **Medical History**: Fixed an issue that prevented saving new medical history entries when existing records contained incorrectly formatted dates.
- **Patient Management**: Fixed an issue during patient creation from External Incoming Referrals where an invalid middle name character could prevent saving patient information.

- **Smart Assist**: The Smart Assist HIPAA/Consent Forms report now correctly reflects consent forms completed through MyTooth. Previously, the report only counted forms signed within Denticon.
- **Treatment Planning**: Copying services between treatment plans now preserves all estimation data, including fees, insurance estimates, attachment requirements, limitations, exclusions, and notes.