Feature enhancements

'Surgeon' Provider Type

What's new

'Surgeon' is now available as a selectable option in the Provider Type dropdown on the Provider Setup INFO tab. It behaves identically to 'Dentist' in all respects — taxonomy codes, claim submissions, and permission and workflow scoping are unchanged. All existing provider types are unaffected.

Why this matters

'Dentist' is not an appropriate label for oral surgeons, and practices have flagged this as a compliance and accuracy concern. This change lets practices correctly identify their surgical providers without any downstream impact to claims or clinical workflows.

Who this affects

Practices with Oral Surgery providers, particularly specialty practices where accurate provider type labeling matters.

What to expect

No behavior changes. The 'Surgeon' option is now available in Provider Setup > INFO tab > Provider Type dropdown.

Action required: For any Oral Surgery providers currently set to 'Dentist', admins can update the Provider Type to 'Surgeon' in Provider Setup. This is optional but recommended for practices where accurate labeling matters.

Estimation Engine — Missing Tooth Clause

What's new

A Missing Tooth Clause toggle has been added to Insurance Plan Setup. When enabled for a plan, the Estimation Engine checks the patient's dental history for pre-existing missing teeth before calculating coverage for replacement procedures such as bridges, implants, dentures, and related restorations. When disabled, the plan estimates coverage without applying the missing tooth restriction.

Why this matters

Many insurance plans exclude or limit coverage for replacing teeth that were missing before the patient's coverage began. Without this setting, the Estimation Engine had no way to account for this restriction — leading to estimates that overstated coverage. Practices can now configure plans accurately, reducing patient billing surprises and post-claim discrepancies.

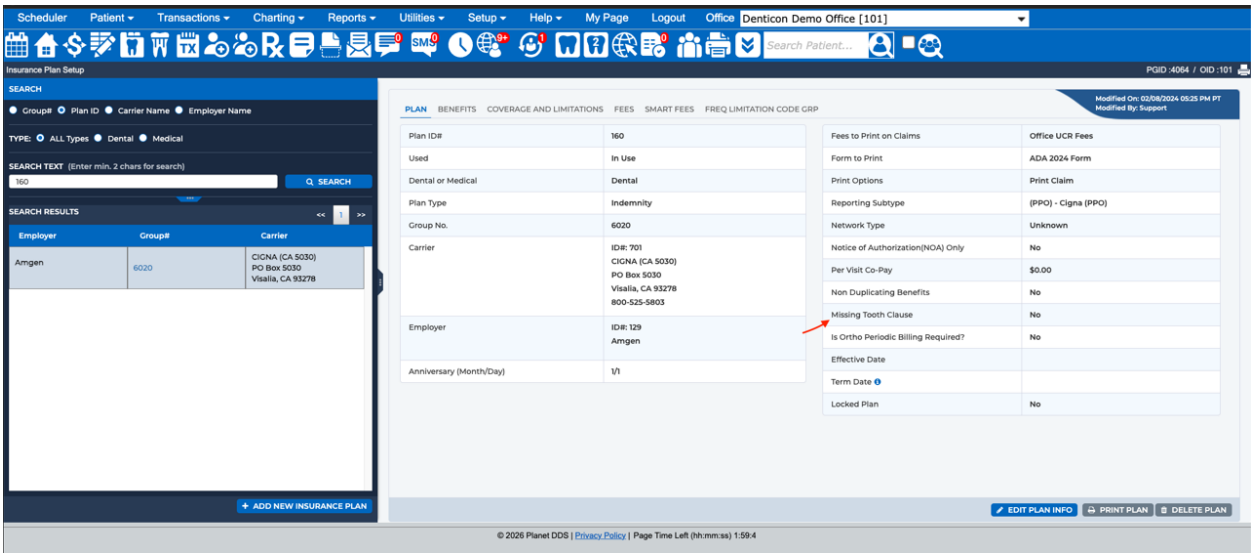
Who this affects

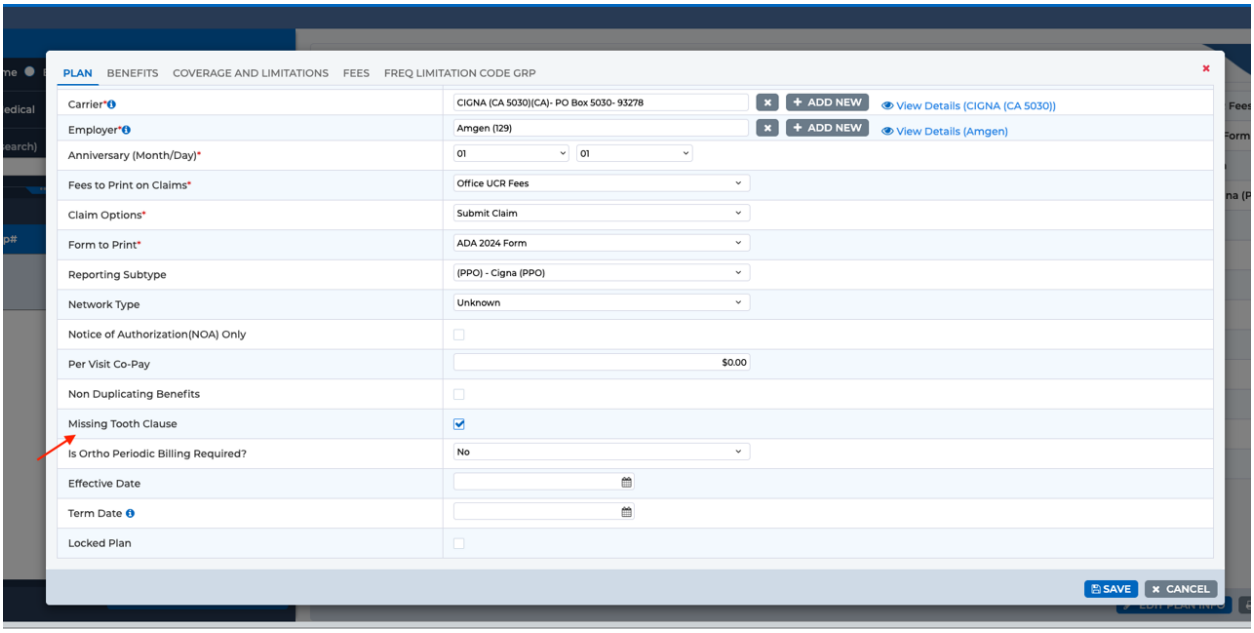
Office administrators and billing teams who configure insurance plans, and treatment coordinators who rely on cost estimates for replacement procedures.

What to expect

A Missing Tooth Clause option is now available in Insurance Plan Setup. When enabled, the Estimation Engine checks the patient's charting history — including bridges, implants, full and partial dentures, and related categories — before calculating coverage.

Action required: Review your insurance plans in Plan Setup and enable the Missing Tooth Clause where your plans enforce this restriction. No additional system changes required.





PlanetDDS Pay — Device List Limit Indicator

What's new

A device count indicator and warning message have been added to the PlanetDDS Pay device list screen. Administrators can now see how many devices are currently registered out of the 100-device maximum. A warning displays as the limit is approached, and a clear message is shown when the limit is reached.

Why this matters

Previously, the device list silently removed the oldest registered device when a new one was added beyond the 100-device limit — with no UI indication this was happening. Administrators had no way to

know the limit existed or that devices were being dropped. This update makes the limit visible upfront so practices can manage their device list proactively.

Who this affects

Office administrators who manage PlanetDDS Pay devices in Denticon.

What to expect

In the PlanetDDS Pay device list screen, a counter shows the current number of registered devices alongside the 100-device maximum. A warning appears as you approach the limit. If the limit is reached and a new device is added, the oldest device will be removed — and this is now clearly communicated in the UI.

Action required: No action required. The device count and warning are visible automatically in the PlanetDDS Pay device list screen.

Defects resolved

- **Patient Communications**: Improved ZIP code handling to prevent processing errors in automated campaigns.
- **Patient Communications**: Fixed an issue where some patients were incorrectly excluded from campaigns.
- **Patient Communications**: Fixed an issue where Appointment Campaigns sent a reminder to only one patient when multiple new patients shared the same appointment date.
- **Patient Communications**: Improved campaign processing to prevent errors when an appointment no longer exists.
- **Patient Communications**: Enabled the Business Type field during Toll-Free number registration.
- **Patient Communications**: Fixed an issue where timestamps in Campaign Detail Reports did not match the Messaging Hub.
- **Patient Communications**: Fixed an issue where campaigns showed a misleading error message for patients opted out of automated SMS or email.
- **Patient Communications**: Updated automated campaign registration to comply with current messaging requirements.
- **Patient Communications**: Improved performance for Appointment campaigns on larger practices to prevent timeouts that could delay patient messages.
- **Patient Communications**: Improved campaign registration to prevent duplicate submissions for the same account.
- **Charting**: The Edit Date of Service popup in Advanced Charting's pre-existing conditions had a fixed height — when a condition spanned many teeth (e.g. Braces), content overflowed and the Save and Cancel buttons were cut off. The modal now dynamically resizes to fit its content, keeping all buttons visible regardless of how many teeth are listed.
- **Charting**: Improved treatment plan document handling to prevent reprocessing errors.
- **Messaging Hub**: Fixed an issue where the Messaging Hub failed to load a patient's email history.
- **AI Assist**: A Pearl AI assessment value for Endodontic Retreatment was being returned without a mapped display name, causing it to appear unmapped in the AI Assist patient assessment grid. This value is now correctly mapped and displays as 'Endodontic Retreatment'.