vitalware®

VitalAuditor™

User Guide

January 10, 2023

©Vitalware, LLC. All rights reserved.

Copyright 2022

Vitalware, LLC. All rights reserved

Vitalware's mid-cycle revenue product portfolio is the healthcare industry's best solution for providing visibility and continuity in chargemaster management, documentation, charge capture, and regulatory code references.

Information in this document is subject to change without notice. The software described in this document is furnished under a license agreement or nondisclosure agreement. The software may be used or copied only in accordance with the terms of those agreements.

Vitalware, LLC

10897 South River Front Parkway, Suite 300

South Jordan, Utah 84095

855-309-6800 https://www.vitalware.com

Table of Contents

Chapter 1: Getting Started

- What is VitalAuditor™? 5
- Signing in to Vitalware 6
- The Vitalware Dashboard 7
- Opening My Vitalware Product 8
- Signing out of Vitalware 9

Chapter 2: Managing Claims

- Viewing Claims 10
  - Table View 11
- Searching Claims 14
  - Primary Searching 14
  - Advanced Searching 16
- Selecting Claims for Batch or Audit 20
- Creating and Managing Claim Batches 21
  - Adding Claims to a Batch 22
  - Viewing and Updating Batches 22
- Assigning Claims 24
- Viewing Claim Details 26
  - Demographics 27
  - Audit Details 27
  - Original and Audit Panes 28
- Closing Claim Details 31
- Product Reports 32
- Column Data Descriptions 35

Chapter 3: Auditing Claims

- Preparing to Audit 37
- Updating Audit Details 38
- Performing Your Audit 41
  - Original Pane 41
  - Audit Pane 44
- Validating Your Audit 55
- Closing Validation Results 60
- Completing Your Audit 61
- Managing Audit Notes 62

Chapter 4: Administration

- Did You Know? 65
  - Product Release Schedule 65
  - Troubleshooting a Blank Dashboard Screen 65
- Release Notes 70
- Contact Us 71

System Requirements 72
Minimum Specifications 72
Recommended Specifications 72
Licenses And Disclaimers 73
VitalKnowledge®Disclaimer & 3rd Party License Agreement 73

Chapter 1: Getting Started

Information about using your product to manage case results, including how to update case values, search case results, add case notes, view case history, export case data, and more.

What is VitalAuditor™?

VitalAuditor empowers hospital revenue cycle and compliance professionals to confidently take charge of their real-time post-bill batch auditing to reduce costly denials and delayed reimbursement.

VitalAuditor is the only medical coding audit tool that examines both soft- and hard-coded claims, individually or in batches. It enables clear, easy tiered reporting at the claim, manager, and executive level, to help with buy-in and ensure everyone in the hospital is on the same page.

VitalAuditor enables revenue cycle team members to efficiently audit by:

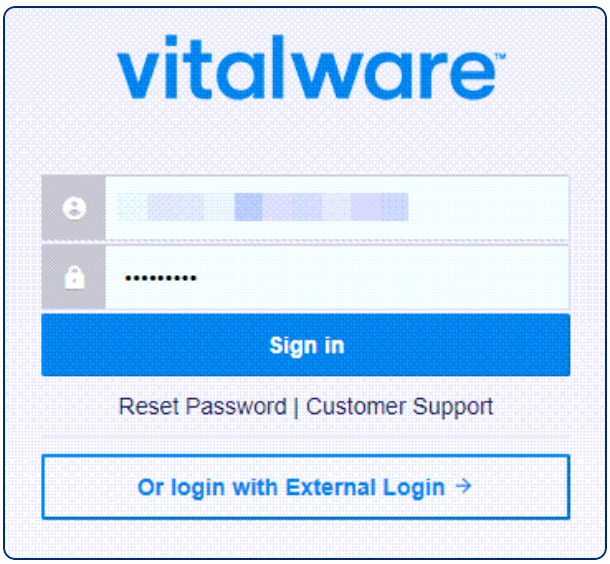
- Individuals
  - Coders
  - Providers
  - Billers
- Data Types
  - Individual DRG and DRG range
  - Service type
  - Individual code, modifier, and unit of service
  - Specificity
  - Known risk areas
  - And more...

Signing in to Vitalware

The Vitalware dashboard is the home screen and access point for your Vitalware products.

To open the dashboard:

1. Browse to www.vitalware.com and select **Sign in** at the upper-right corner of your screen.
2. Enter your Vitalware **username** and **password** and select **Sign in**.



Note: If your organization uses single sign-on (SSO) credentials, select **Or login with External Login** and enter your single sign-on **username** and **password**.

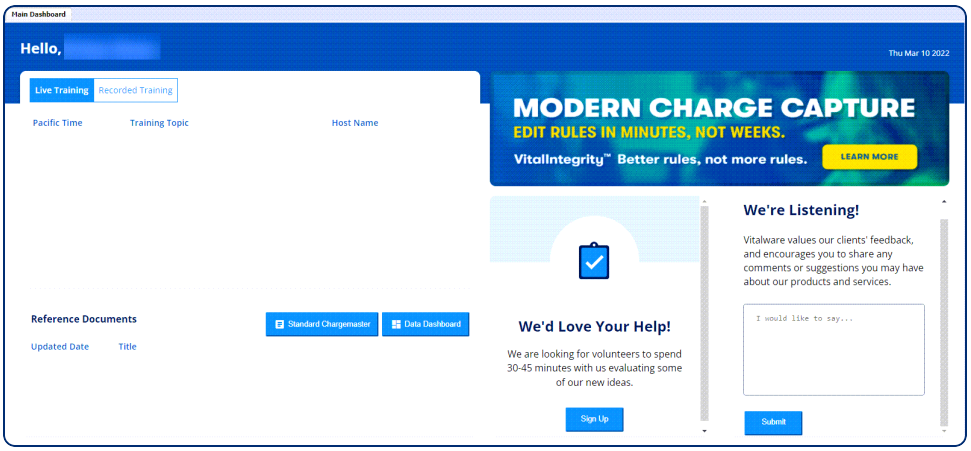
The Vitalware sign in dialog box also allows you to:

- Reset your password
- Display customer support contact information

The Vitalware Dashboard

From the Vitalware dashboard you can:

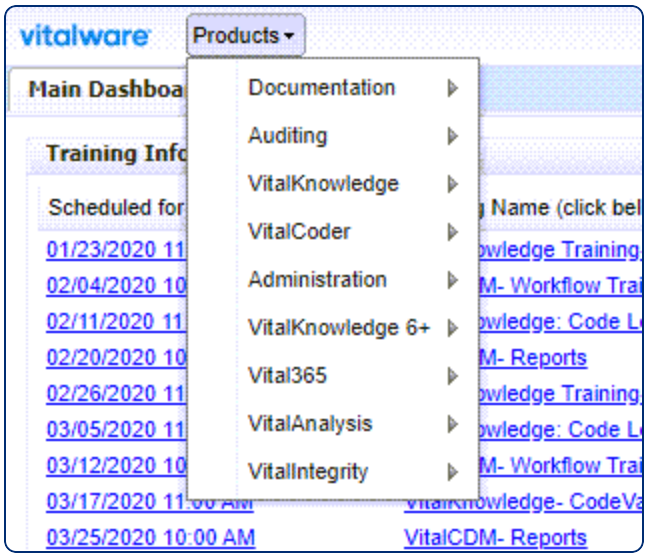
- Open your products
- Sign up for future live training classes
- View recorded training classes
- Find Vitalware data reference versions, effective dates, update dates, and scheduled update dates
- View examples of standard chargemaster data
- Send comments or feedback to Vitalware
- Sign up for volunteer product evaluations



Opening My Vitalware Product

To open your product from the Vitalware dashboard:

1. Select **Products**.
2. Click your product name in the drop-down list.

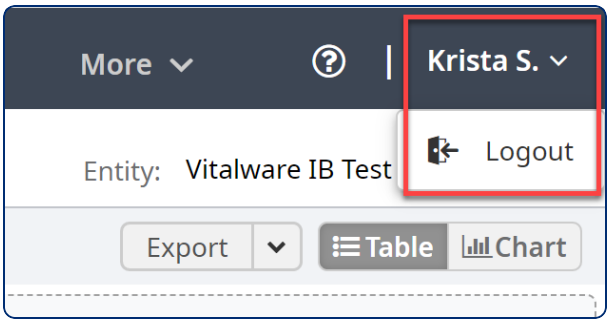


Note: Only the products you are licensed for will appear in your product list.

Signing out of Vitalware

To sign out of your Vitalware session:

1. Click the **Profile** icon in the dashboard title bar.
2. Select **Logout** from the drop-down list.



Warning: It is important to sign out of your Vitalware product to clear your **username** and **password** from the browser session and avoid a potential security risk.

Chapter 2: Managing Claims

Find details about using your product to manage claims.

Viewing Claims

The claims that display in your **Claims** table belong to an **Entity**, or organization that owns the set of claims. You may have access to one or more entities in your role.

If you only have access to one **Entity**, then its claims automatically display in your table when you open VitalAuditor. If you have access to multiple entities, then you must select one in the **Select Entity** box to display claims in your table.

To select an **Entity**:

1. Click the **Caret** icon in the **Select Entity** box on the left side of your toolbar.
2. Select an **Entity** from the drop-down list to display its claims on your table.

You can open additional **Entity** claim sets in order to move rapidly between them as you work. The claims for each open **Entity** appear in their own table view.

To open an additional **Entity**:

1. Click the **Plus** icon next to the **Select Entity** box.
2. Select another **Entity** from the list to open an additional box on your toolbar, and display its claims on your table.

3. Click on the **Entity** boxes on your toolbar to move back and forth between **Entity** table views. The **Entity** box turns blue to indicate which claims are visible on your table.

Click the **X** next to an entity's name on your toolbar to close that entity.

Note: Options on your **Entity** drop-down list are determined by your access rights.

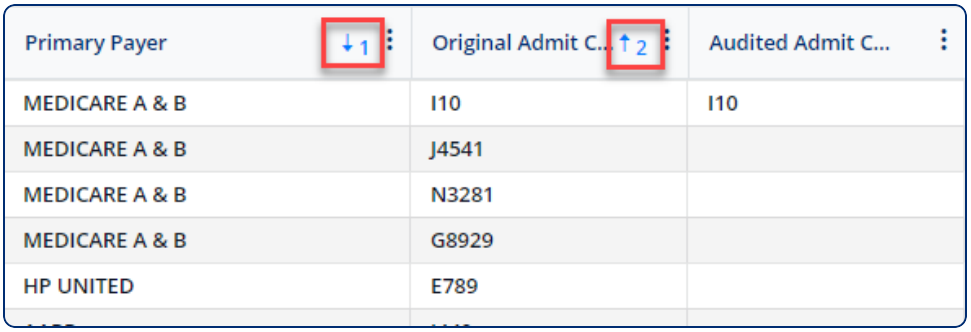
Table View

After selecting an option in the **Select Entity** drop-down list, a default case set will display in your **Case Results** table. The claims are default sorted by descending **Admit Date**, and then **Claim ID**. You can customize your table view by moving, hiding, and sorting columns.

Sorting Table Columns

To sort columns in a table, click on a **Column Title** one or more times. Arrow and number sorting indicators display in the column header to indicate the sort direction and multicolumn sort level.

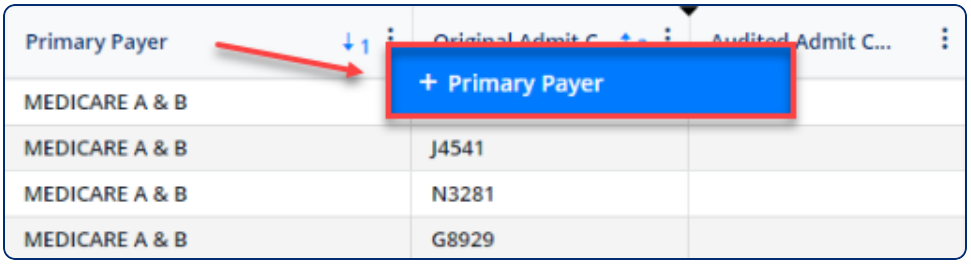
Remove column sorting by clicking each sorted **Column Title** until the sort indicators disappear.



Note: Sorting on a column will sort all rows in your claim set, including those not visible on the open page.

Moving Table Columns

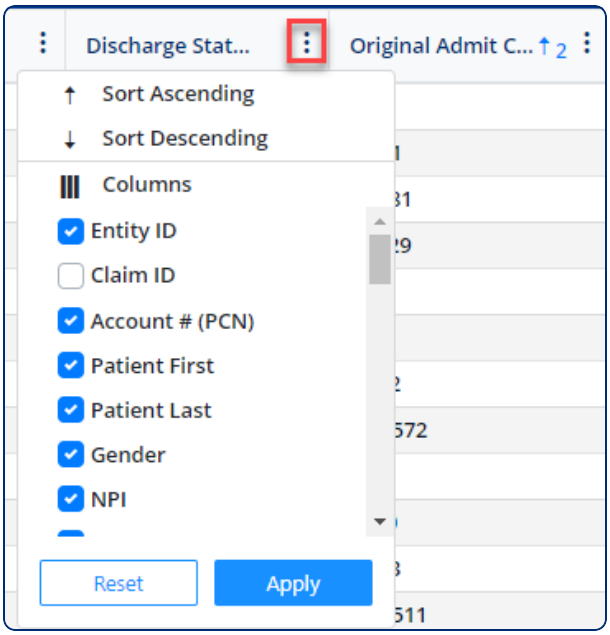
To move columns in a table, drag a **Column Title** to a new location in the table header row.



Hiding Table Columns

To hide columns in a table:

1. Click the **Column Menu** icon ⋮ in the column header that you want to hide.
2. Clear the check mark next to the column you want to hide in the drop-down list.
3. Click **Apply**.



Note: Clicking **Reset** on the drop-down list will recheck all columns.

The number of claims displayed in the table can be found in the **Pagination** bar at the bottom of the table. You can use the **Pagination** bar arrows to move through the table pages.

Searching Claims

The primary **Search Options** pane opens on the left side of your **Claims** screen. It includes a **More Search Options** button which opens the **Advanced Search** pane. Make selections or entries in either pane to refine the claim set displayed in your table.

Primary Searching

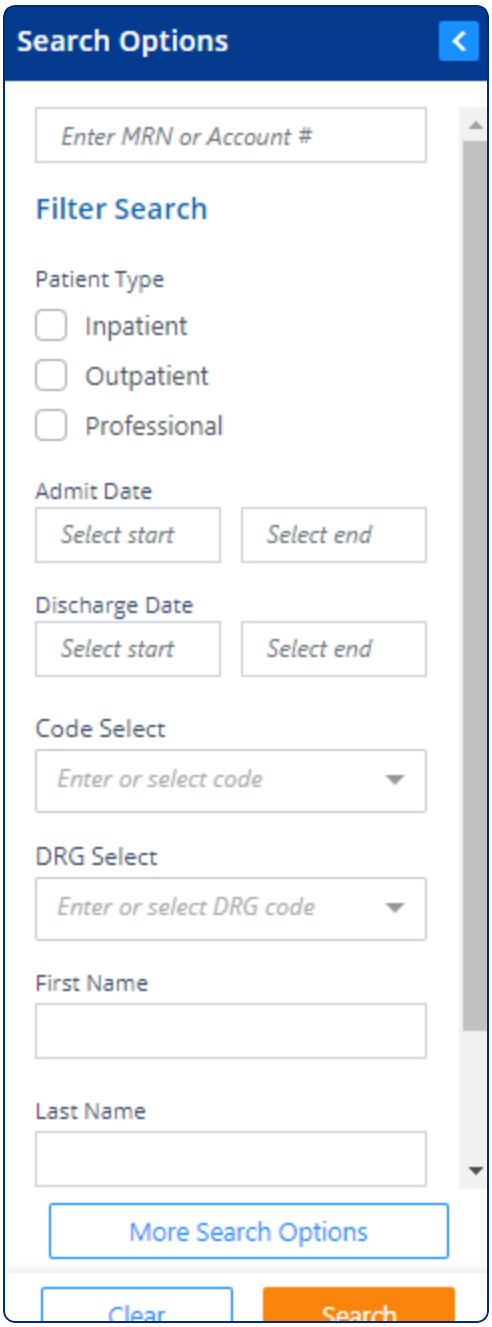
The **Search Options** pane allows you to:

- Enter an **MRN** number in the **Search MRN or Account** box to display the claims in your **Claims** table (disregards other search options).
- Enter an **Account** number in the **Search MRN or Account** box to open the **Claim Details** screen for the account (disregards other search options).
- Make selections or entries *in one or more* of the following check boxes, drop-down lists, date ranges, and text boxes to refine the claim set in your table. The claim set displayed will meet *all* the following options you enter or select.
  - **Patient Type** - check one or more types (selecting all *or none* includes all types)
  - **Admit Date** - enter a **Start Date** and **End Date**
  - **Discharge Date** - enter a **Start Date** and **End Date**
  - **Code Select** - enter a complete code, or a minimum of three characters to select from a drop-down list
  - **DRG Select** - enter a complete DRG, or a minimum of three characters to select from a drop-down list
  - **First Name** - enter a patient first name
  - **Last Name** - enter a patient last name

- **Number of Random Claims** - enter the number of random claims to display that meet *all* your search criteria
- **More Search Options** - click this button to open the **Advanced Search** pane for additional search options

Click **Enter** on your keyboard, or **Search** at the bottom of the search pane, to perform your search. A **Search Criteria Applied** notification appears when your search is active.

Clear your search by selecting **Clear** at the bottom of the pane.



Note: Collapse and expand the **Search Options** pane and the **Advanced Search** pane using the **Caret** icon in the pane headers.

Advanced Searching

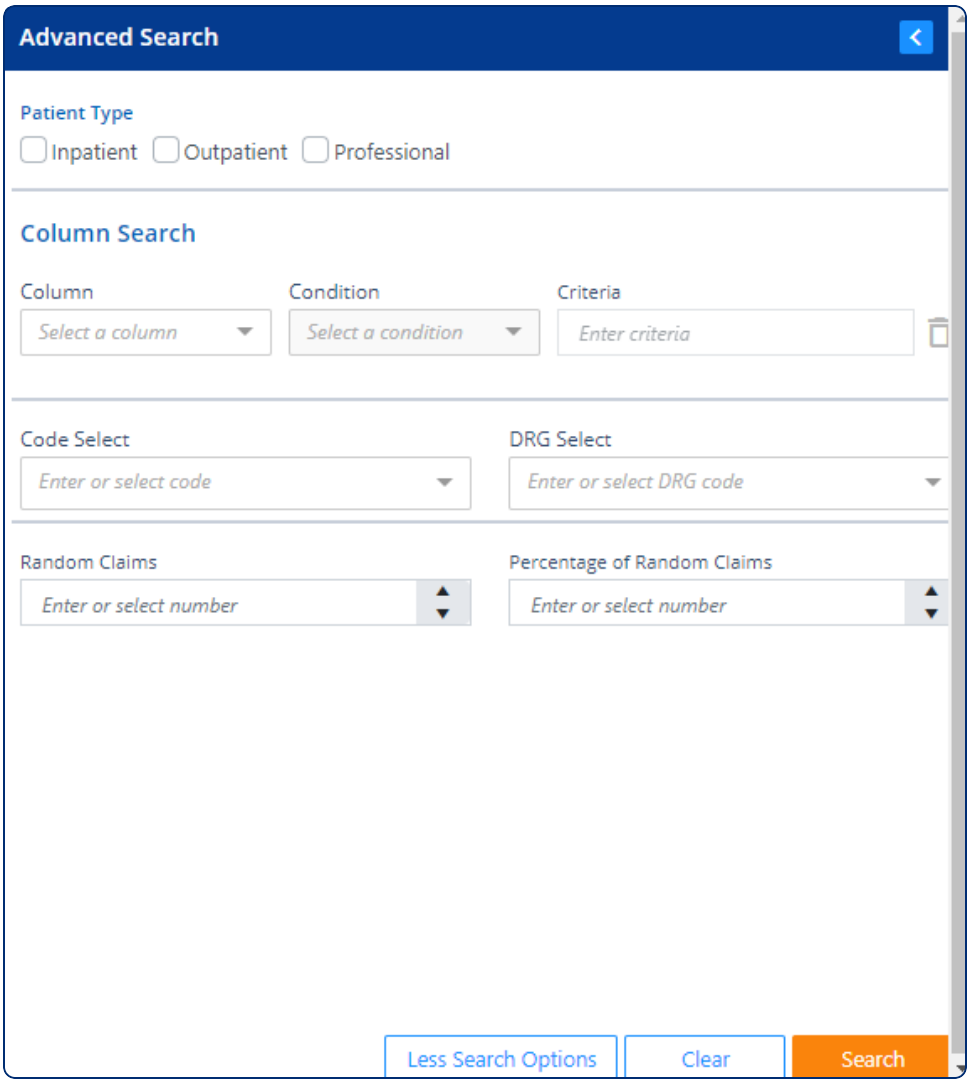
The **Advanced Search** pane opens when you click **More Search Options** on the **Search Options** pane.

Note: Options you have selected or entered on the primary **Search Options** pane are present on the **Advanced Search** pane when you open it.

The **Advanced Search** pane allows you to make selections, or add **Column Search** rows, to refine the claim set in your table. The claim set displayed will meet *all* the following options you have entered or selected:

- **Patient Type** - check one or more types (selecting all *or none* includes all types)
- **Column Search** - select a **Field** (Column), a **Condition** (Operator), and the **Criteria** (Value)
- **Code Select** - enter a complete code, or a minimum of three characters to select from a drop-down list
- **DRG Select** - enter a complete DRG, or a minimum of three characters to select from a drop-down list
- **Number of Random Claims** - enter the number of random claims to display that meet *all* your search criteria
- **Percentage of Random Claims** - enter the percentage of random claims to display that meet all your search criteria

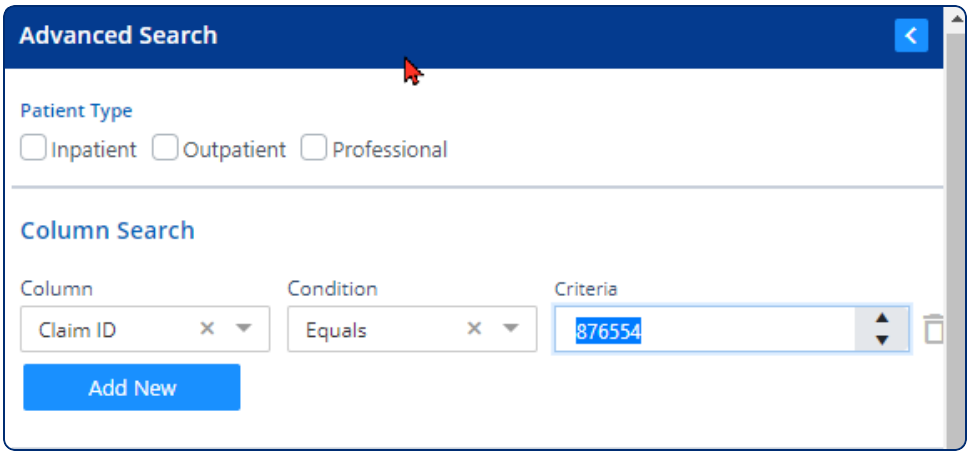
Note: You can choose either a number *or* percentage of random claims for your search result, but not both.



Multiple **Column Search** rows can be added for more complex searches. If you add multiple rows, the resulting claim set must satisfy the criteria in *all of the rows combined*.

To add **Column Search** rows:

1. Click **Add New** in the **Column Search** section
2. Select a **Field** (Column), a **Condition** (Operator), and the **Criteria** (Value)
3. Repeat Steps 1-2 for additional rows
4. Click **Enter** on your keyboard, or **Search** at the bottom of the search pane to perform your search.



Column Search rows can be deleted by clicking on the **TrashCan** icon at the end of each row. Click **Clear** to clear your search options and start over.

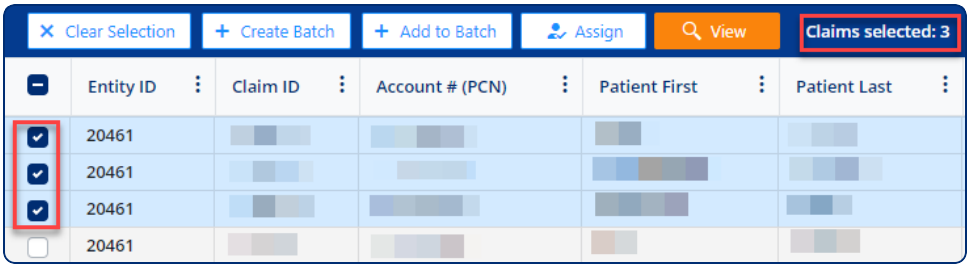
Note: When using **Between** as a **Condition** on the **Advanced Search** pane, the value or date entered in the first **Criteria** box must be less than, or earlier than, your second value.

Close the **Advanced Search** pane by clicking **Less Search Options**.

Selecting Claims for Batch or Audit

Select one or more claims to view **Claim Details**, create a batch, or perform an audit.

Select a claim by clicking a **Select** check box, or select all claims on a page by clicking the **Select All** check box in the column header. The table **Action** bar displays the number of claims selected.



Note: You can select up to ten claims for viewing or auditing on the **Claim Details** screen.

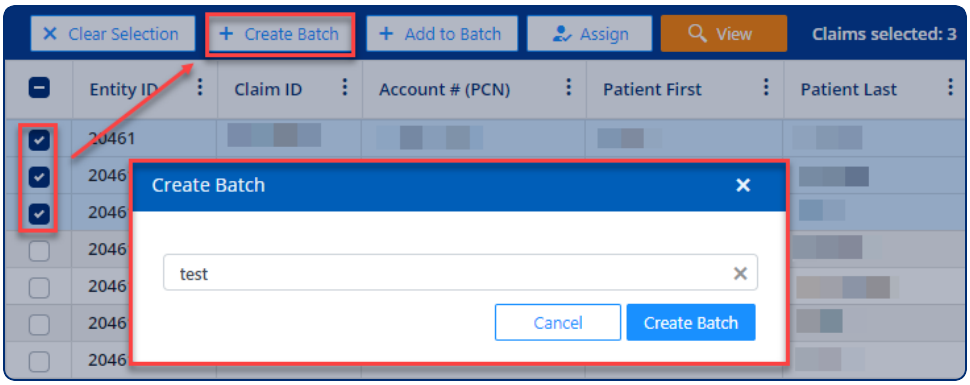
Clear selected claims by clicking each **Select** check box again, or clicking the **Clear Selection** button to clear all selected claims.

Creating and Managing Claim Batches

You can create one or more claim batches to organize your claims for audit. Audit (batch) names and workflow status can be customized to satisfy your needs, and notes can be added.

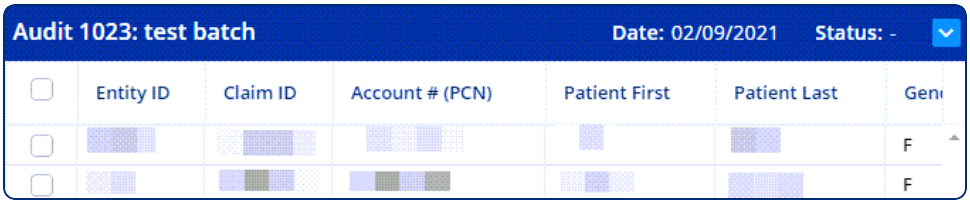
To create a **Claim Batch**:

1. Select one or more claims using the **Select** check boxes.
2. Click the **Create Batch** button in your table **Action** bar to open the **Create Batch** dialog.
3. Enter a batch name and click the **Create Batch** button in the dialog.



View your batches by selecting the **Batch View** icon in your **Claims** table **Action** bar.

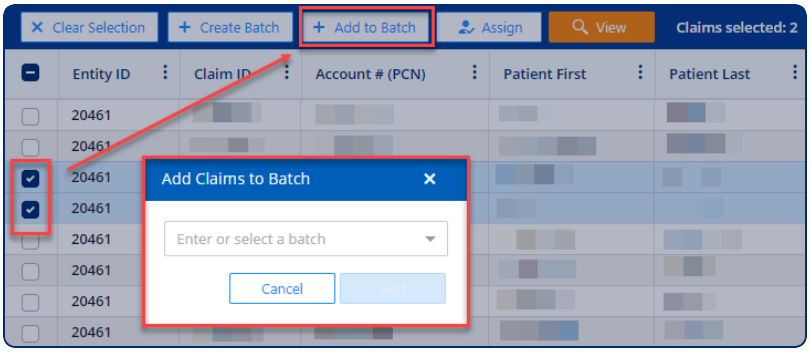
The **Batch View** displays new and existing collapsed claim batches. Each batch header includes the name, creation date, status of the batch, and a drop-down **Caret** icon to open the batch.



Adding Claims to a Batch

You can add claims to an existing **Batch** with the following instructions.

1. Select one or more claims using the **Select** check boxes.
2. Click the **Add to Batch** button in your table **Action** bar to open the **Add Claims to Batch** dialog.
3. Enter or select a batch name and click the **Add** button in the dialog.



Viewing and Updating Batches

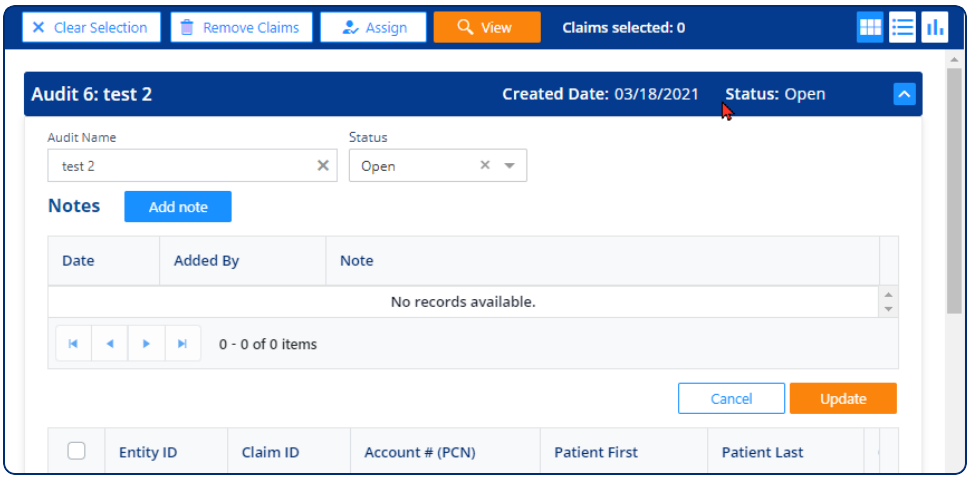
Expand or collapse a **Batch** by clicking the **Caret** icon on the right side of each **Batch** header.

The **Batch Details** section allows you to:

- Rename a **Audit** (Batch)
- Select a batch **Status**
- Add or view batch **Notes**

The **Batch** table displays the claims you selected for your batch. You can remove one or more claims from your **Batch** by selecting them on the **Batch** table, then clicking **Remove Claims** on your **Action** bar.

Click the **Update** button If you update details or remove claims, and **Cancel** to close the section without updates.

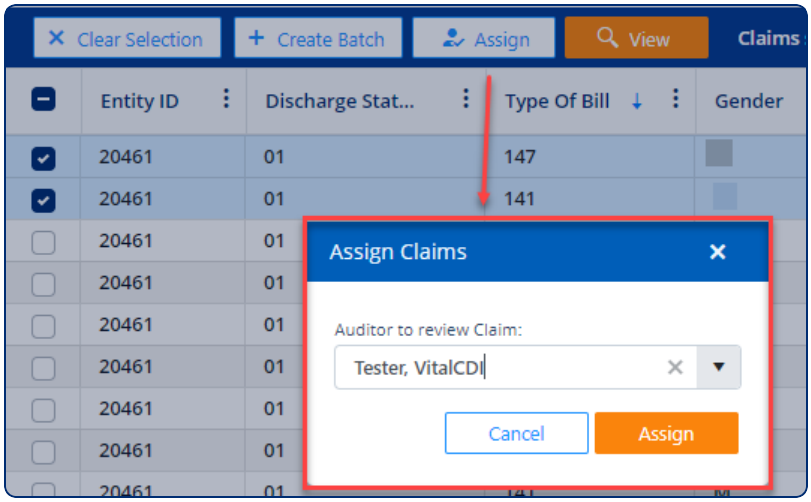

Clear Selection
Remove Claims
Assign
View
Claims selected: 0
Audit 6: test 2
Created Date: 03/18/2021
Status: Open
Audit Name
test 2
Status
Open
Notes
Add note
Date
Added By
Note
No records available.
0 - 0 of 0 items
Cancel
Update
Entity ID
Claim ID
Account # (PCN)
Patient First
Patient Last

Assigning Claims

There are several ways to assign claims to a specific auditor. It can be done in the **Claims** table, the **Batch View**, or in the **Audit Details** section of the **Claim Details** screen.

To assign one or more claims at a time:

1. Select one or more claims on the **Claims** table, or in a batch on the **Batch View**.
2. Click the **Assign** button on the **Claims** table or **Batch View Action** bar, to open the **Assign Claims** dialog.
3. Click the drop-down icon in the **Auditor to review Claim** box, select a name from the list, then click **Assign**.

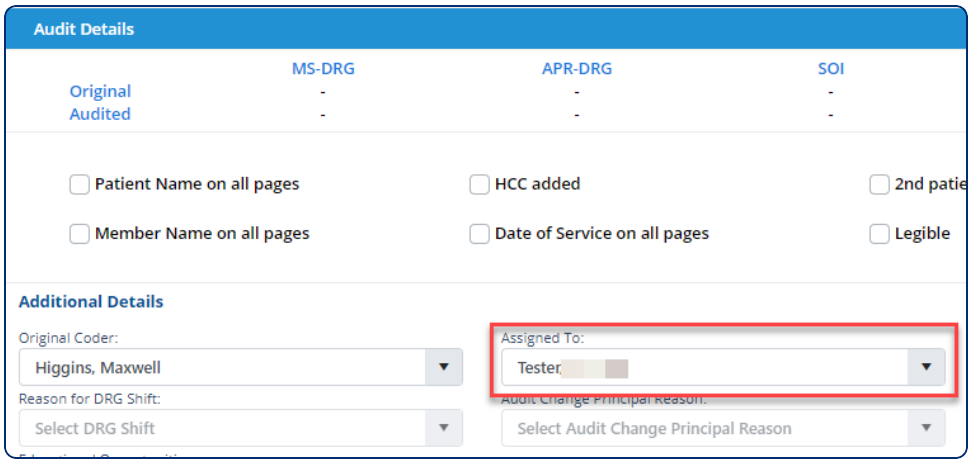


You can also assign a single claim to an auditor in the **Audit Details** section on the **Claim Details** screen.

To assign a single claim on the **Claim Details** screen:

1. Select a claim on the **Claims** table and click **View**.
2. Click the **Caret** icon on the right side of the **Audit Details** header to open the section.

3. Click the drop-down icon in the **Assigned To** box, select a name from the list, then click **Save** in the **Audit Details** header.



Viewing Claim Details

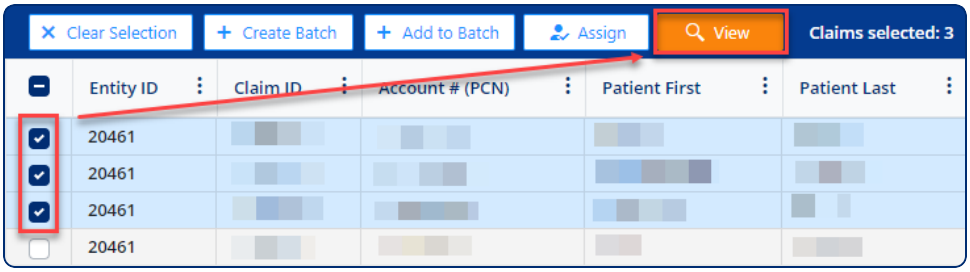
The **Claim Details** screen includes claim specific information and options for use in auditing a claim. There are several methods for opening the screen.

Use one of the following methods to open the **Claim Details** screen for a single claim:

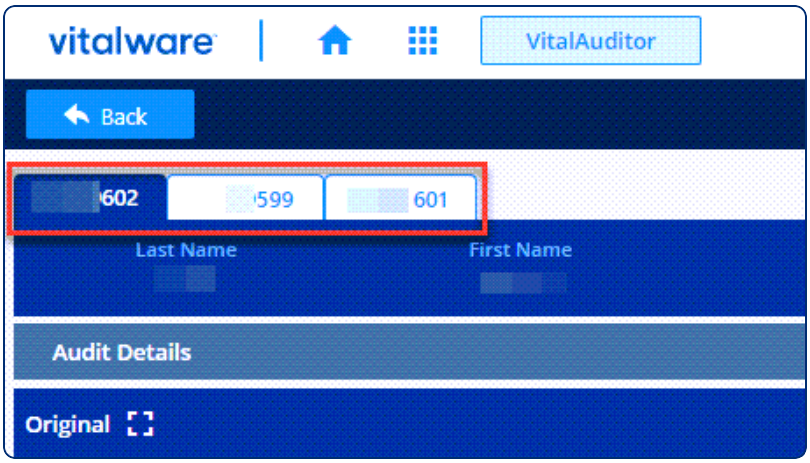
- Double-click on a claim row in the **Claims** table.
- Enter an **Account # (PCN)** in the **Search MRN or Account** box on the **Search Options** pane, then click **Search**.

To open the **Claim Details** screen for up to ten claims:

1. Check the **Select** check box next to one or more claims in the **Claims** table.
2. Select the **View** button on the table header.



Each claim you select appears as a **Claim ID** tab at the top of the **Claim Details** screen. Click on a tab to bring a specific claim to the front. Click on the **Back** button to return to the previous screen.

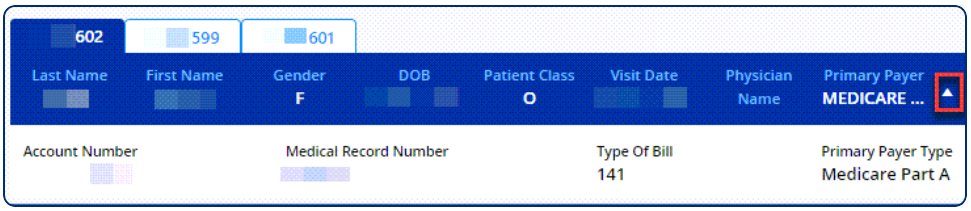


The **Claim Details** screen is divided into the following sections.

Demographics

Each tab header displays patient and claim demographic information for a single claim. Click on a tab to open a specific claim.

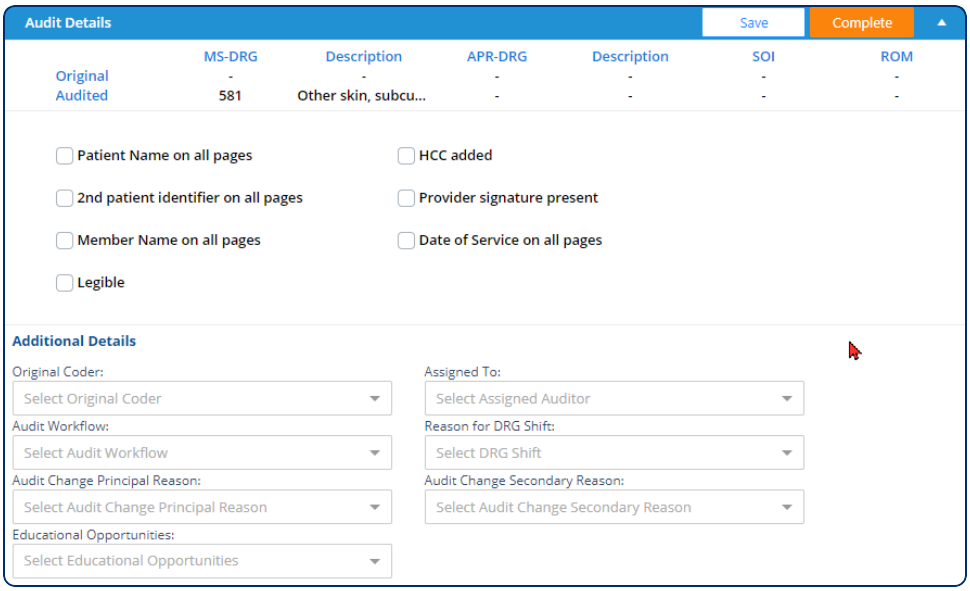
Additional demographic information displays when you click the **Caret** icon on the right side of the tab header. The icon expands and collapses the data.



Audit Details

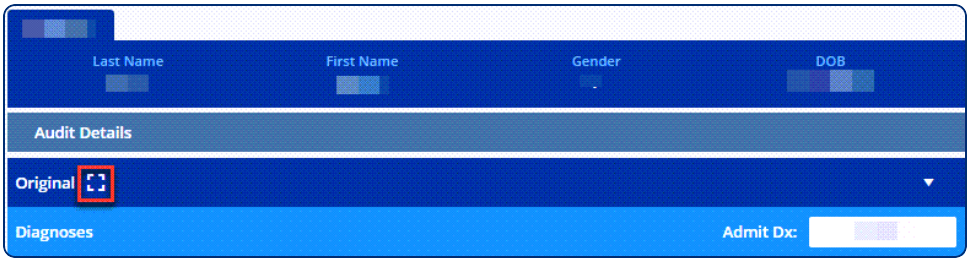
The **Audit Details** section is the second header on the screen. Click the **Caret** icon on the right side of the header to open or close the section. This section allows you to:

- Compare Inpatient claim **Original** and **Audited** diagnosis codes (after you validate)
- Choose options for your audit report
- Provide or update additional audit details
- View or enter claim level notes for the audit



Original and Audit Panes

The bottom part of the **Claim Details** screen is where you view original claim information and perform your audit. It is divided into two panes, **Original** and **Audit**. Expand or collapse either pane across your screen using the **Expand/Collapse** icon on the left side of each pane header.

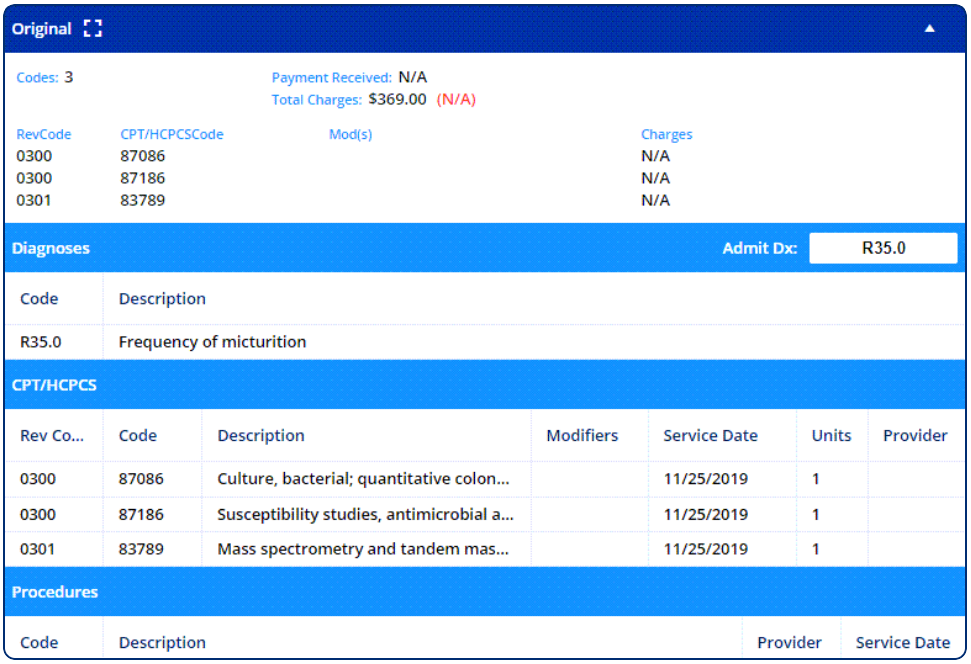


The **Original** pane contains information from the original claim. The information in this pane can't be changed.

The **Original** pane displays:

- Original charge and payment data (opened via the **Caret** icon on the right side of the pane header)
- Original diagnosis codes with related information

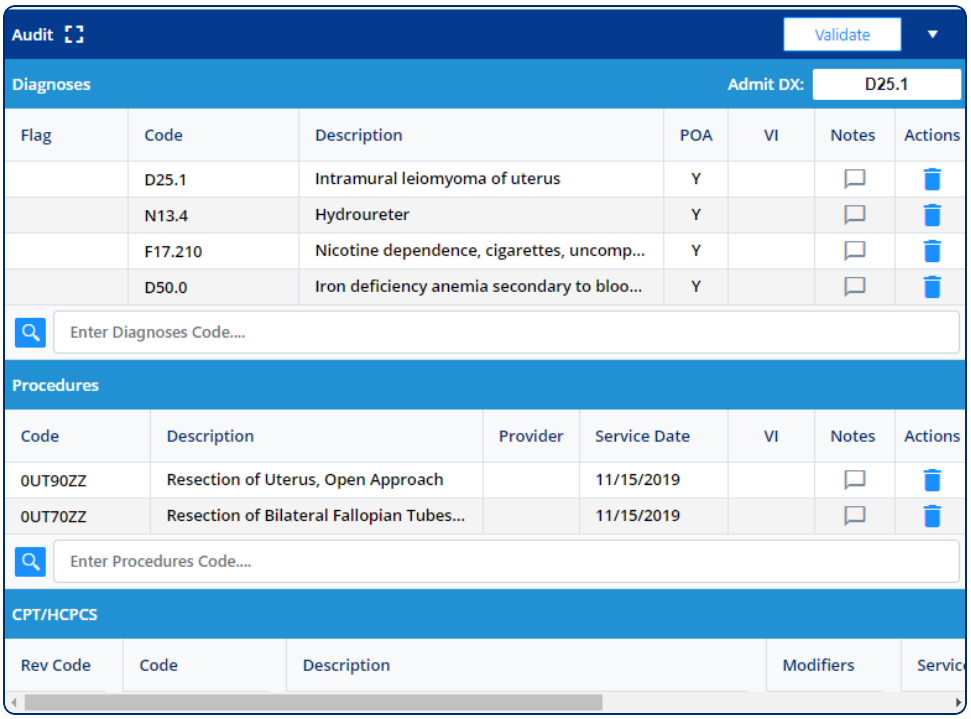
- Original CPT®/HCPCS codes with related information
- Original procedure codes (Inpatient, Outpatient) with related information



The **Audit** pane initially reflects the original audit information and is where you perform your audit.

The **Audit** pane allows you to:

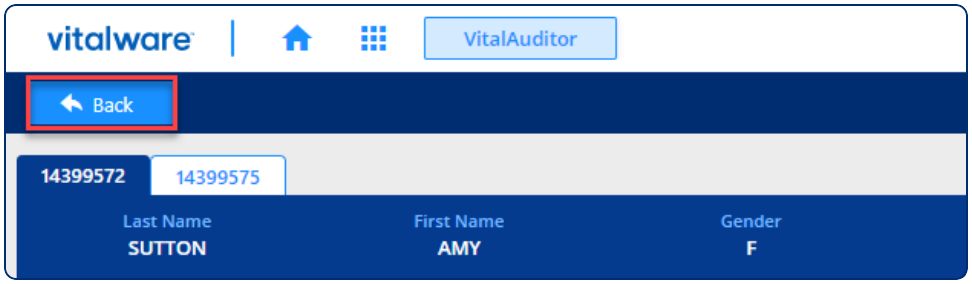
- Add and remove diagnosis, CPT/HCPCS, and procedure codes
- Add or change code modifiers, service dates, units, validation indicators(VI) codes, and present on admission (POA) codes..
- Drag and drop code rows within each code section to rearrange their order
- Search for coding information
- Validate your audit changes and view the results
- View or enter notes at the code level


Audit
Validate
Diagnoses
Admit DX: D25.1
Flag
Code
Description
POA
VI
Notes
Actions
D25.1
Intramural leiomyoma of uterus
Y
N13.4
Hydroureter
Y
F17.210
Nicotine dependence, cigarettes, uncomp...
Y
D50.0
Iron deficiency anemia secondary to bloo...
Y
Enter Diagnoses Code....
Procedures
Code
Description
Provider
Service Date
VI
Notes
Actions
0UT90ZZ
Resection of Uterus, Open Approach
11/15/2019
0UT70ZZ
Resection of Bilateral Fallopian Tubes...
11/15/2019
Enter Procedures Code....
CPT/HCPCS
Rev Code
Code
Description
Modifiers
Servic

Closing Claim Details

Close individual **Claim** tabs on your **Claim Details** screen by clicking the **X** that displays when you hover on the tab.

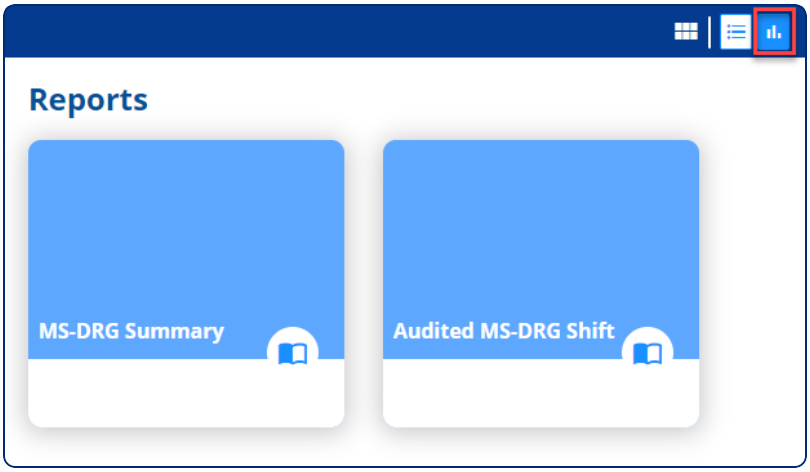
Close the entire **Claim Details** screen and return to your previous screen by clicking the **Back** button on the left side of the toolbar.



Product Reports

Several VitalAuditor reports are available on the **Reports** page. Open the page by clicking on the **Reports** icon in your **Action** bar.

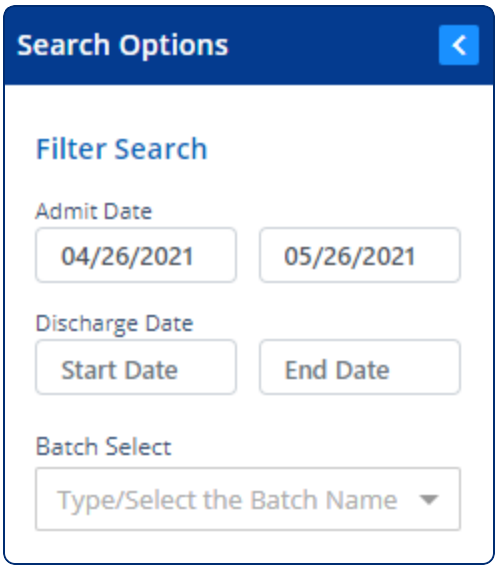
Open a report by clicking its tile on the **Reports** page. By default, reports reflect all claims on your **Claims** table with an **Admit Date** in the last 30 days.



You can use *one or more* of the options in the **Search Option** pane to alter the claims reflected in your report. Options include the ability to:

- Enter or select an **Admit Date** range for your report.
- Enter or select a **Discharge Date** range for your report.
- Enter or select a **Batch Name**, to narrow your report to claims in a specific **Batch**.

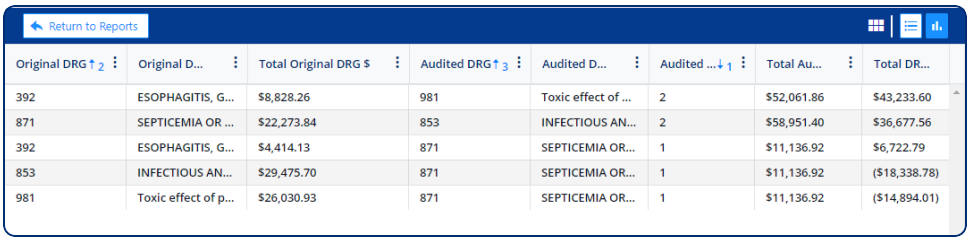
Click **Search** to reproduce your report after altering your report search options.



The following reports are available on the page:

- **MS-DRG Summary** - summary of original DRG's
- **Audited MS-DRG Shift** - original and audited DRG comparison
- **Inpatient Claim Comments** - list of inpatient claim related comments
- **Inpatient Code Comments** - list of inpatient code related comments
- **Outpatient Claim Comments** - list of outpatient claim related comments
- **Outpatient Code Comments** - list of outpatient code related comments
- **Case Mix Index** - Medicare and non-Medicare case counts with related information
- **DRG CC/MCC Capture Rate** - a break-down of CC (Complication or Comorbidity) and MCC (Major Complication or Comorbidity) DRG counts
- **DRG NOS Summary** - summary of NOS (Not Otherwise Specified) DRGs.
- **Total Financial Impact by MS-DRG** - a break-down of potential financial impacts for each MS-DRG

Click **Return to Reports** to return to the **Reports** page from an open report, and click the **Table** icon to return to your **Claims** table.



Original DRG ↑2	Original D...	Total Original DRG $	Audited DRG ↑3	Audited D...	Audited ... ↓1	Total Au...	Total DR...
392	ESOPHAGITIS, G...	$8,828.26	981	Toxic effect of ...	2	$52,061.86	$43,233.60
871	SEPTICEMIA OR ...	$22,273.84	853	INFECTIOUS AN...	2	$58,951.40	$36,677.56
392	ESOPHAGITIS, G...	$4,414.13	871	SEPTICEMIA OR...	1	$11,136.92	$6,722.79
853	INFECTIOUS AN...	$29,475.70	871	SEPTICEMIA OR...	1	$11,136.92	($18,338.78)
981	Toxic effect of p...	$26,030.93	871	SEPTICEMIA OR...	1	$11,136.92	($14,894.01)

Column Data Descriptions

Claims table column descriptions are listed below:

- **Account # (PCN)** - patient control number
- **Admit Date** - patient admission date
- **Attending Phys** - primary physician responsible for patient's care
- **Audit Workflow** - the claims state in the workflow process
- **Audited Admit Code** - post-audit diagnosis code
- **Audited APR-DRG** - post-audit All Patient Refined Diagnosis Related Group calculated by 3M™ grouper
- **Audited APR-DRG ROM** - post-audit Risk of Mortality score provided by 3M™
- **Audited APR-DRG SOI** - post-audit Severity of Illness score provided by 3M™
- **Audited MS-DRG** - post-audit Medicare Severity Diagnosis Related Group
- **Audited MS-DRG ALOS** - post-audit Average Length of Stay
- **Audited MS-DRG GMLOS** - post-audit Geometric Mean Length of Stay
- **Audited MS-DRG Reimbursement** - post-audit Estimated Reimbursement
- **Auditor** - the auditor assigned to audit a claim
- **Calculated Net Payment** - calculated net payment of the account
- **Change Reason Principal ID** - the reason the principal diagnosis was changed
- **Claim ID** - unique code identifier for a claim (assigned by Vitalware)
- **Discharge Date** - patient discharge date
- **Discharge Status Code** - account discharge disposition
- **DRG Shift** - indicates if the diagnosis was changed in the audit

- **DRG Shift Reason** - indicates the reason the diagnosis changed in the audit
- **Entity ID** - unique code identifier for an entity (assigned by Vitalware)
- **Gender** - patient gender
- **MRN** - medical record number
- **NPI** - National Provider Index
- **Original Admit Code** - pre-audit diagnosis code
- **Original APR-DRG** - pre-audit All Patient Refined Diagnosis Related Group
- **Original APR-DRG ROM** - pre-audit Risk of Mortality score
- **Original APR-DRG SOI** - pre-audit Severity of Illness score
- **Original Coder** - ID of original claim coder
- **Original MS-DRG** - post-audit Medicare Severity Diagnosis Related Group
- **Original MS-DRG ALOS** - pre-audit Average Length of Stay
- **Original MS-DRG GMLOS** - pre-audit Geometric Mean Length of Stay
- **Original MS-DRG Reimbursement** - pre-audit estimated reimbursement
- **Patient First** - patient's first name
- **Patient Last** - patient's last name
- **Payment Variance** - the difference between the pre-audit and the post-audit payment
- **Primary Payer** - primary insurance carrier or payer responsible for account payment
- **Primary Payer ID** - code indicating primary insurance carrier or payer responsible for account payment
- **Total Payment** - the total payment before adjustments
- **Type of Bill** - code identifying facility type, care type, and a frequency designation

Chapter 3: Auditing Claims

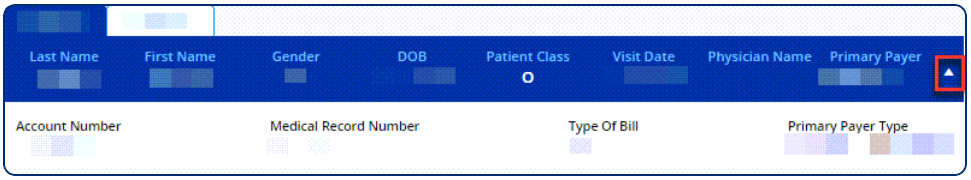
Find details about using your product to audit claims.

Preparing to Audit

Prepare to audit by selecting claims for audit on the **Claims** table or in the **Batch View**, and viewing them on the **Claim Details** screen.

To select claims and prepare to audit:

1. Select one or more **Select** check boxes on the **Claims** table or a **Batch** view table.
2. Click the **View** button to open the selected claims on the **Claim Details** screen.
3. Click the **Claim ID** tab for the claim you want to audit.
4. Open the extended **Demographics** by selecting the **Caret** icon on the right side of the **Claim ID** header.
5. Inspect the claim demographics to ensure the claim identity matches your other audit resources.



Chapter 3: Auditing Claims

Updating Audit Details

The **Audit Details** section allows you to select audit detail options at anytime during your audit, and compare original and audited DRG information after your audit is complete.

To view or update **Audit Details**:

1. Click the **Caret** icon on the **Audit Details** header to open the section.
2. If you have validated or completed an Inpatient claim audit, review the information in the **Audit Comparison** section, otherwise skip this step.
3. Review or select one or more of the following reporting detail check boxes:
    a. **Patient Name on all pages**
    b. **HCC added** (Hierarchical Condition Code)
    c. **2nd patient identifier on all pages**
    d. **Provider signature present**
    e. **Member Name on all pages**
    f. **Date of Service on all pages**
    g. **Legible** (legible doctor's notes)
4. Review or update one or more of the **Additional Details** boxes:
    a. **Original Coder** - the identity of the original coder for the claim
    b. **Assigned To** - the auditor assigned to perform the claim audit
    c. **Audit Workflow** - indicates where a claim stands in your audit work-flow (**None**, **Open**, **Assigned**, **In Process**, **Completed**, **Rejected**)
    d. **Reason for DRG Shift** - standard reason for a change to the original DRG (**None**, **Coding**, **Documentation**, **Grouper**)
    e. **Audit Change Principal Reason** - principal reason for audit changes

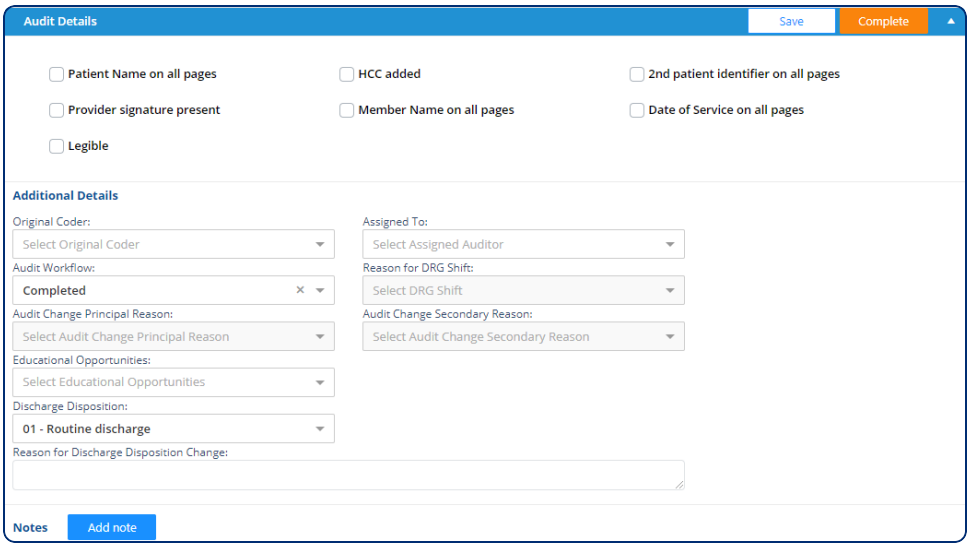
f. **Audit Change Secondary Reason** - secondary reason for audit changes

g. **Educational Opportunities** - standard educational opportunities derived from the audit (**Yes - for Billing, Yes - for Coding**, **Yes - for CDI**, **Yes - for Physicians**, **No**)

h. **Discharge Disposition** - discharge disposition or status code

i. **Reason for Discharge Disposition Change** - reason the discharge disposition code was changed

5. View notes in the **Notes** section, or click the **Add note** button to add a note at the claim level.
6. Click the **Save** button on the right side of the **Audit Details** header if you make updates.



Notes:

- **Original Coder** may be pre-populated, if the client provided the data.
- **Reason for DRG Shift**, **Audit Change Principal Reason**, **Audit Change Secondary Reason** , and **Reason for Discharge Disposition Change** boxes are inactive unless audit changes have been made.
- Clicking the **Complete** button in the section header changes your audit **Workflow Status** to **Complete** and closes the account's **Claim Details** tab.

Performing Your Audit

The **Original** and **Audit** panes on the **Claim Details** screen provide information and features to assist you with performing an audit.

Original Pane

The **Original** pane contains the original coding information and details from a claim. It serves as a static record of the original claim data and does not allow updates. The section order and information in the pane vary slightly depending on the claim's **Patient Class** (Inpatient, Outpatient, or Professional).

The pane sections and audit features are described below.

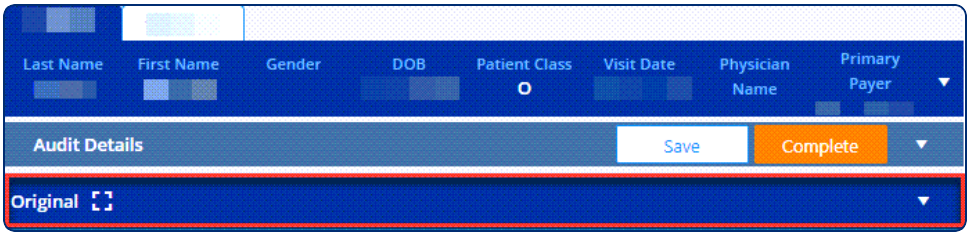
Original Pane Header

- **Expand/Collapse** icon - expands and collapses audit pane size

> **Audit Tip**: Expand the **Original** pane across the width of your screen for a better view of the original claim information.

- **Caret** icon (Outpatient, Professional) - opens and closes the **Charges and Payments** section

> **Audit Tip**: Open the **Charges and Payment** section for Outpatient and Professional claims to view the original charges and payments information.

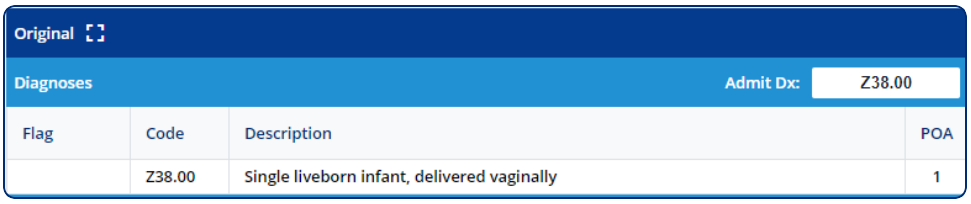


Charges and Payments Section (Outpatient, Professional)

The **Charges and Payments** section displays claim charge and payment information for Outpatient and Professional claims. A red amount next to **Total Charges** indicates a discrepancy between the line item total and the payment received.

Diagnoses Section

The **Diagnoses** section displays the original **Admit DX** (Inpatient, Professional), or **Reason for Visit** (Outpatient) in the header, and the original claim diagnosis codes in a table.



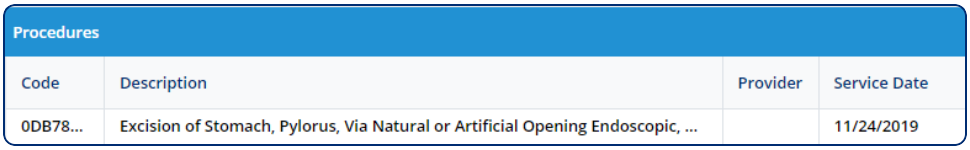
Columns and features are:

- **Admit DX** (Inpatient, Professional) - original admitting diagnosis code
- **Reason for Visit** (Outpatient) - original reason for visit code
- **P** (Professional) - indicates position (order) of diagnosis
- **Flag** - colored icons CC indicate significant code details that affect the DRG, outline icons CC indicate that the DRG is not affected (hover over a **Flag** to display its label) Flags are:
  - CC (Inpatient) - complication or comorbidity
  - FL (Outpatient) - first listed diagnosis code
  - HAC (Inpatient) - hospital acquired conditions

  - » HCC (Inpatient, Outpatient, Professional) - hierarchical condition category
  - » MC (Inpatient) - major complication or comorbidity
  - » P (Inpatient) - primary diagnosis
- **P** (Professional) - position or order of diagnosis codes
- **Code** - original diagnosis codes
- **Description** - original diagnosis code descriptions (hover over a description to see its entire text)
- **POA** (Inpatient) - original **Present on Admission** codes (hover over a code to see its definition) Codes are:
  - » **Y** - present at time of inpatient admission
  - » **N** - not present at time of inpatient admission
  - » **U** - insufficient documentation on admission
  - » **W** - clinically undetermined
  - » **1** - exempt from POA reporting

Procedures Section (Inpatient, Outpatient)

The **Procedures** section displays the original **Procedure** codes in a table.

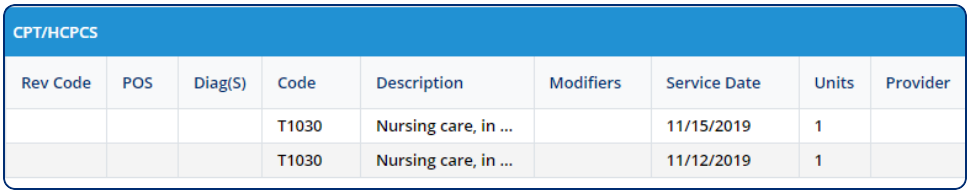


Columns and features are:

- **Code** - original procedure codes
- **Description** - original procedure code descriptions (hover over a description to see its entire text)
- **Provider** - original procedure providers
- **Service Date** - original procedure service dates

CPT/HCPCS Section

The **CPT®/HCPCS** section displays the original **CPT/HCPCS** codes in a table.



CPT/HCPCS

Rev Code	POS	Diag(S)	Code	Description	Modifiers	Service Date	Units	Provider
			T1030	Nursing care, in ...		11/15/2019	1	
			T1030	Nursing care, in ...		11/12/2019	1	

Columns and features are:

- **Rev Code** - original revenue codes
- **POS** *(Professional)* - original places of service
- **DXP** (Professional) - diagnosis pointer
- **Code** - original CPT/HCPCS codes
- **Description** - original CPT/HCPCS code descriptions (hover over a description to see its entire text)
- **Modifiers** - original CPT/HCPCS code modifiers (hover over a code to see its definition)
- **Service Date** - original code service dates
- **Units** - original units of service
- **Provider** - original service providers

Audit Pane

The **Audit** pane is where you make audit updates. The pane initially includes the original coding information to serve as the baseline for your audit. The section order and information in the pane vary slightly depending on the **Patient Class** (Inpatient, Outpatient, or Professional).

The pane sections and audit features are described below.

Audit Pane Header

- **Expand/Collapse** icon - expands and collapses audit pane size

> **Audit Tip**: Expand the **Audit** pane across the width of your screen for a better view of the audit claim information.

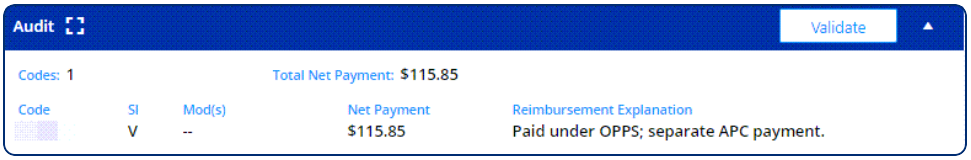
- **Validate** button - validates audit updates and displays results

> **Audit Tips**:
>
> » Click the **Validate** button after you have made audit updates to validate them and open the **Validation Results** pane.
>
> » If information required for validation is missing, a pop-up notification will provide details.

- **Caret** icon - opens and closes **Audit Results** section below header

Audit Results Section

The **Audit Results** section displays audit result information after you **Validate** your audit.



Diagnoses Section

The **Diagnoses** section displays audit diagnosis codes, including the **Admit DX** (Inpatient, Professional) or **Reason for Visit** (Outpatient) in the header.

Audit Tip: You can rearrange the section row order by left-clicking a **Description** value and dragging the entire row to a new location in the table.

Columns and features are:

- **Admit DX** (Inpatient, Professional) - add or update an admitting diagnosis code
- **Reason for Visit** (Outpatient) - add or update a reason for visit code

  Audit Tip: Type a new admitting diagnosis code directly in a **Admit DX** or **Reason for Visit** box, then click **Save.**

- **P** (Professional) - indicates position (order) of diagnosis
- **Flag** - colored **Flag** icons CC indicate significant code details that affect the DRG, outline **Flag** icons CC indicate that the DRG is not affected. (hover over a **Flag** to display its label) Flags are:
  - » CC (Inpatient) - complication or comorbidity
  - » FL (Outpatient) - first listed diagnosis code
  - » HAC (Inpatient) - hospital acquired conditions
  - » HCC (Inpatient, Outpatient, Professional) - hierarchical condition category

  - » MC (Inpatient) - major complication or comorbidity
  - » P (Inpatient) - principle diagnosis
- **P** (Professional) - position or order of diagnosis codes
- **Code** - diagnosis codes and **New** icons NEW to indicate codes added during an audit.

> **Audit Tips**:
> - » You can drag a diagnosis **Code** value from the **Diagnoses** section, drop it in the **Admit DX** or **Reason for Visit** header box , then click **Save**.
> - » Duplicate diagnosis codes entered into the **Code** column are not saved.

- **Description** - diagnosis code descriptions (hover over a description to see its entire text)
- **POA** (Inpatient) - **Present on Admission** codes (hover over a code to see its definition) Codes are:
  - » **Y** - present at time of inpatient admission
  - » **N** - not present at time of inpatient admission
  - » **U** - insufficient documentation on admission
  - » **W** - clinically undetermined
  - » **1** - exempt from POA reporting

> **Audit Tip**: Click in the **POA** cell to open a drop-down list, select a **POA** code, then click **Save**.

- **VI** - validation indicator codes (hover over a code to see its definition)

> **Audit Tip**: Click in the **VI** cell to open a drop-down list, select a **VI** code, then click **Save**.

- **Notes** - **Note** icons (no notes) (existing notes) for adding notes and viewing existing notes

> **Audit Tips**:
>
> » Click any **Note** icon to open the **Notes** dialog and add notes.
>
> » Click *a blue* **Note** icon to open the **Notes** dialog and view existing notes.

- **Actions** - **Trashcan** icons and **Plus** icons for adding or removing diagnosis codes

> **Audit Tips**:
>
> » Click a **Trashcan** icon to remove a diagnosis code from your audit.
>
> » Removed *original* codes sink to the bottom of the table where they remain in grey font with a strike-through.
>
> » Click a **Plus** icon to return a removed original diagnosis code to the claim.
>
> » Removed non-original codes (added during audit) are removed from the table.

- **Magnifier** icon - opens **Code Search** dialog to allow searching for and adding diagnosis codes

> **Audit Tips**:
>
> » Click the **Magnifier** icon to open the **Code Search** dialog and
>
> » In the **Code Search** dialog, type a code, description, or keyword,

- In the **Code Search** dialog, click a **Plus** icon to select a code, and the **Add Codes** button to add the code.
- In the **Code Search** dialog, click a **Plus** icon to select a code, and the **Add Codes** button to add the code.

- **Code Entry** box - enter potential diagnosis codes

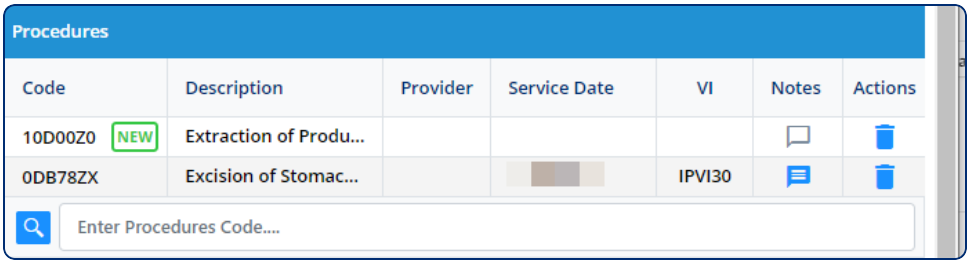
Audit Tips:

- Type a code in the **Code Entry** box and click **Enter** on your keyboard to add the code.
- Type a partial code (three characters) in the **Code Entry** box, select a code from the suggestion drop-down list, and click **Enter** on your keyboard to add the code.

Procedures Section (Inpatient, Outpatient)

The **Procedures** section displays the audit **Procedure** codes in a table.

Audit Tip: You can rearrange the section row order by left-clicking on a **Description** and dragging the row to a new location in the table.



Columns are:

- **Code** - procedure code and **New** icons NEW to indicate codes added during an audit.

- **Description** - procedure code description (hover over a **Description** to see its full text)
- **Provider** - procedure provider
- **Service Date** - procedure service date

> **Audit Tip**: Double-click a **Service Date** cell, click the **Calendar** icon that appears to select a new date, then click **Save**.

- **VI** - validation indicator codes (hover over a code to see its definition)

> **Audit Tip**: Click in the **VI** cell to open a drop-down list, select a **VI** code, then click **Save**.

- **Notes** - **Note** icons (no notes) (existing notes) for adding notes and viewing existing notes

> **Audit Tips**:
>
> - Click *any* **Note** icon to open the **Notes** dialog, add a note, and click **Save**.
> - Click a blue **Note** icon to open the **Notes** dialog and view existing notes.

- **Actions** - **Trashcan** icons and **Plus** icons for adding or removing procedure codes

> **Audit Tips**:
>
> - Click the **Trashcan** icon to remove a procedure code from your audit.
> - Removed *original* codes sink to the bottom of the table where they remain in grey font with a strike-through.
> - Click the **Plus** icon to return a removed original procedure code

- Non-original codes (added during audit) are not retained in the table if you remove them.
- Non-original codes (added during audit) are not retained in the table if you remove them.

- **Magnifier** icon - opens **Code Search** dialog to allow searching and adding diagnosis codes

Audit Tips:

- Click the **Magnifier** icon to open the **Code Search** dialog and search for codes to add or remove.
- Click a **Plus** icon to select a code in the **Codes Found** section of the dialog, then the **Add Codes** button to add the code to your audit..

- **Code Entry** box - enter procedure codes

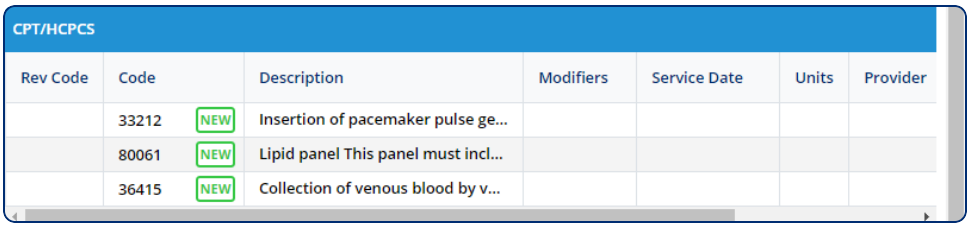
Audit Tips:

- Type a code in the **Code Entry** box and click **Enter** on your keyboard to add the code.
- Type a partial code (three characters) in the **Code Entry** box, select a code from the suggestion drop-down list, and click **Enter** on your keyboard to add the code.

CPT/HCPCS Section

The CPT/HCPCS section displays the audit CPT/HCPCS codes.

Audit Tip: You can rearrange the section row order by left-clicking on a **Description** and dragging the row to a new location in the section.



Columns and features are:

- **Rev Code** - revenue code
- **POS** (Professional) - place of service
- **DXP** (Professional) - diagnosis pointer
- **Code** - CPT/HCPCS codes and **New** icons NEW to indicate codes added during an audit.
- **Description** - CPT/HCPCS code descriptions (hover over a **Description** to see its full text)
- **Modifiers** - CPT/HCPCS code modifiers (hover over a code to see its definition)

  Audit Tip: Click in a **Modifier** cell to open a drop-down list, select a **Modifier** code, then click **Save**.

- **Service Date** - code service date

  Audit Tip: Double-click a **Service Date** cell, click the **Calendar** icon that appears to select a new date, then click **Save**.

- **Units** - units of service

  Audit Tip: Click in a **Units** cell to add or update unit values.

- **Provider** - service provider

> **Audit Tip**: Type a partial code (three characters) in the **Code Entry** box, select a code from the suggestion drop-down list, and click **Save**.

- **VI** - validation indicator codes (hover over a code to see its definition)
- **Notes** - **Note** icons (no notes) (existing notes) for adding notes and viewing existing notes

> **Audit Tips**:
>
> » Click a blue **Note** icon to open the **Notes** dialog, add a note, and click **Save**.
>
> » Click *any* **Note** icon to open the **Notes** dialog, and view existing notes.

- **Actions** - **Trashcan** icons and **Plus** icons for adding or removing CPT/HCPCS codes

> **Audit Tips**:
>
> - Click the **Trashcan** icon to remove a CPT/HCPCS code from your audit.
> - Removed *original* codes sink to the bottom of the table where they remain in grey font with a strike-through.
> - Click the **Plus** icon to return a removed original CPT/HCPCS to the claim.
> - Non-original codes (added during audit) are not retained in the table if you remove them.

- **Magnifier** icon - opens **Code Search** dialog to search for and add CPT/HCPCS codes

Audit Tips:

- Click the **Magnifier** icon to open the **Code Search** dialog and search for codes to add or remove.
- In the **Code Search** dialog, type a code, description, or keyword and adjust the **Code Type** if necessary, to search for a code.
- Click a **Plus** icon to select a code, then the **Add Codes** button in the dialog to add the code to your audit.

- **Code Entry** box - enter potential CPT/HCPCS codes

Audit Tips:

- Type a code in the **Code Entry** box and click **Enter** on your keyboard to add the code.
- Type a partial code (three characters) in the **Code Entry** box, select a code from the suggestion drop-down list, and click **Enter** on your keyboard to add the code.

Validating Your Audit

As you perform or complete your audit, you can validate your audit changes with a variety of groupers. The comparison occurs and the results are displayed when you click the **Validate** button in the **Audit** pane header.

When you validate, the **Validation Results** pane appears on the right side of your screen, and the **Audit** pane is moved to the left.

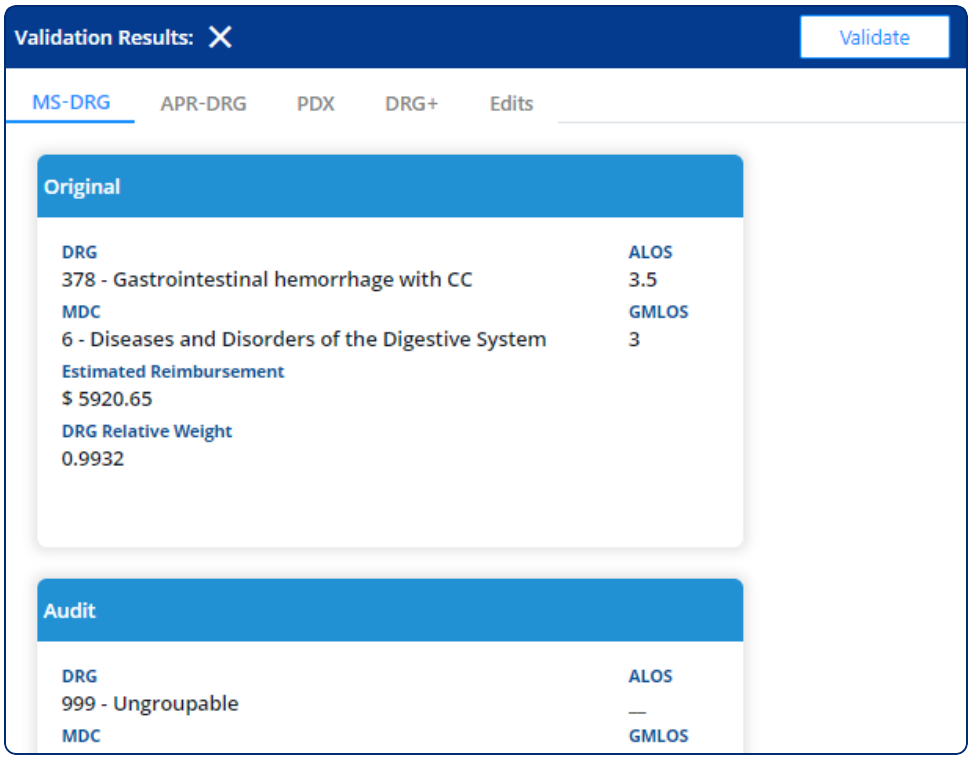
Audit Tip: If information required for validation is missing, a pop-up notification will provide details.

The **Validation Results** pane provides information about how your audit changes have affected the claim. The information in the pane varies slightly depending on the claim's **Patient Class** (Inpatient, Outpatient, or Professional).

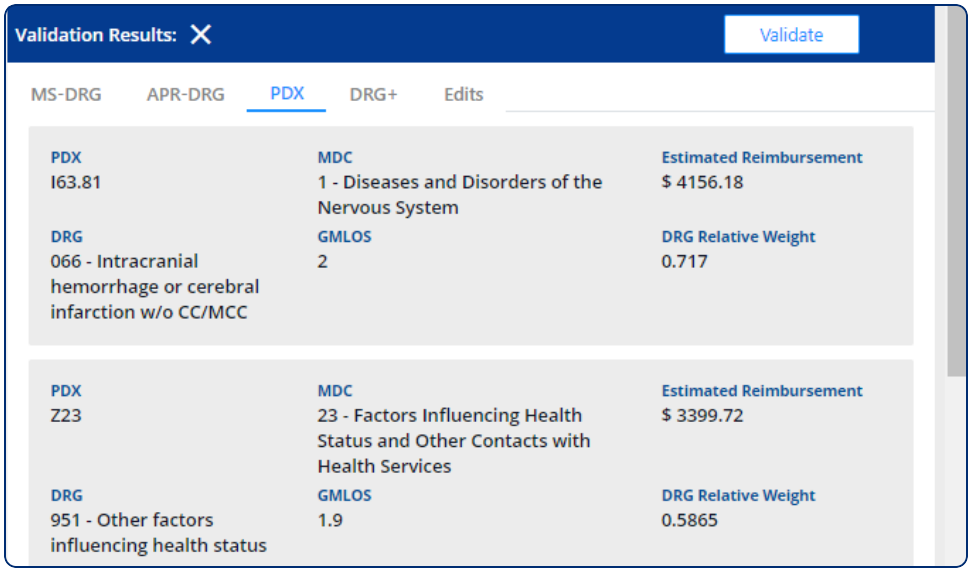
Inpatient Claims

The **Validation Results** pane for Inpatient claims includes the following information tabs:

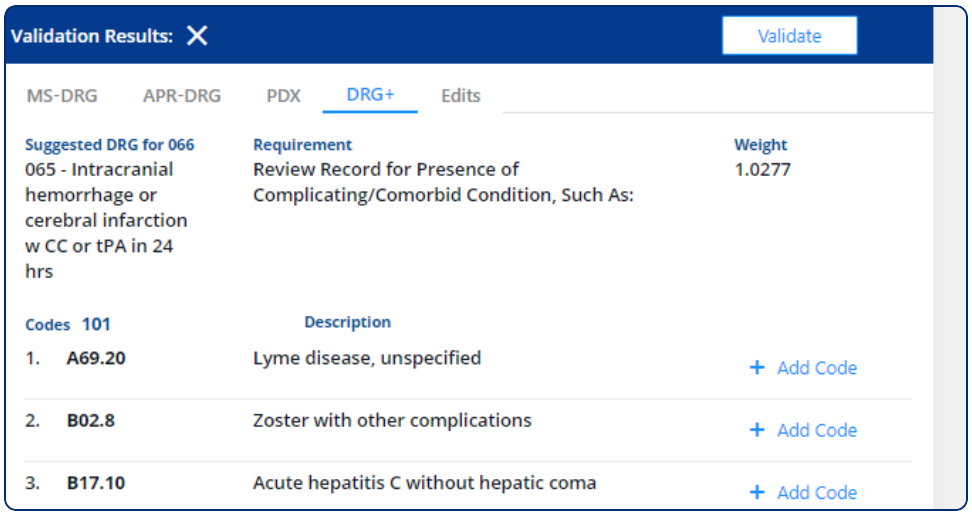
- **MS-DRG** - displays original and audit information grouped by MS-DRG, including ALOS, GMLOS, Estimated Reimbursements, and DRG relative weight.



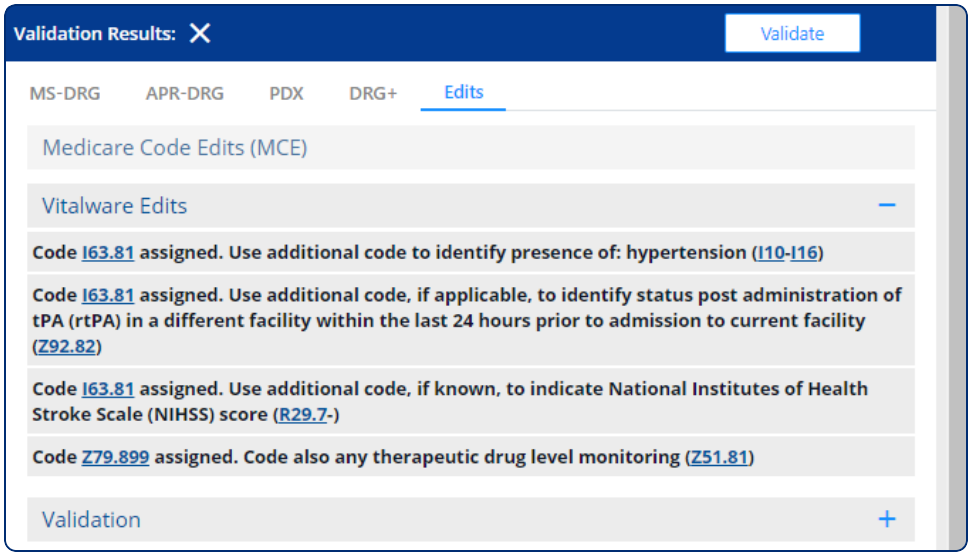
- **APR-DRG** - [Under Development]
- **PDX** - displays information about how **Primary Diagnosis** changes affect reimbursements, including DRG, MDC, Estimated Reimbursement, GMLOS, and DRG Relative Weight.



- **DRG+** - displays basic DRG information, a list of codes with potential for DRG improvement, and **Add CodePlus** icons, so you can add codes to the claim directly from the tab.



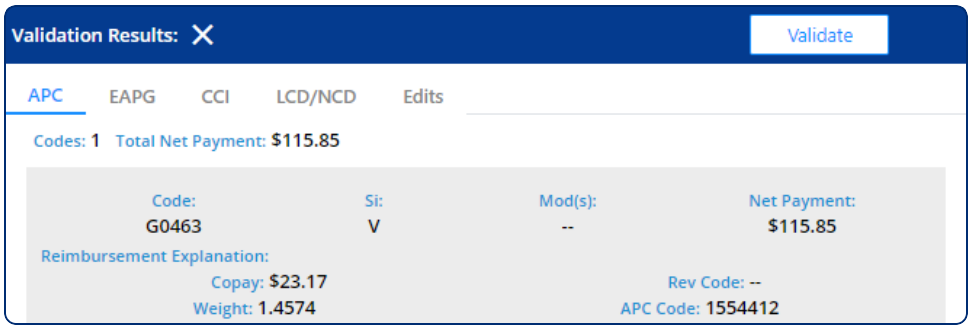
- **Edits** - displays potential issues for a claim in **Medicare Code Edits**, **Vitalware Edits**, and **Validation** sections.



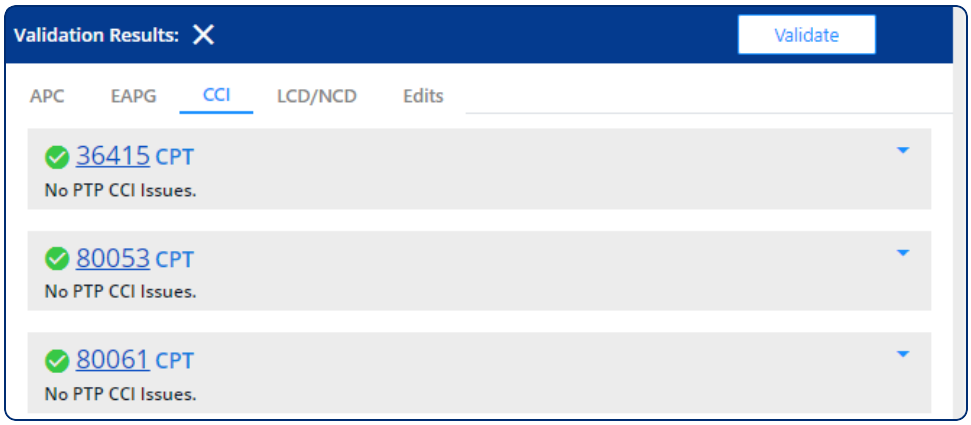
Outpatient Claims

The **Validation Results** for **Outpatient** claims includes the following information tabs:

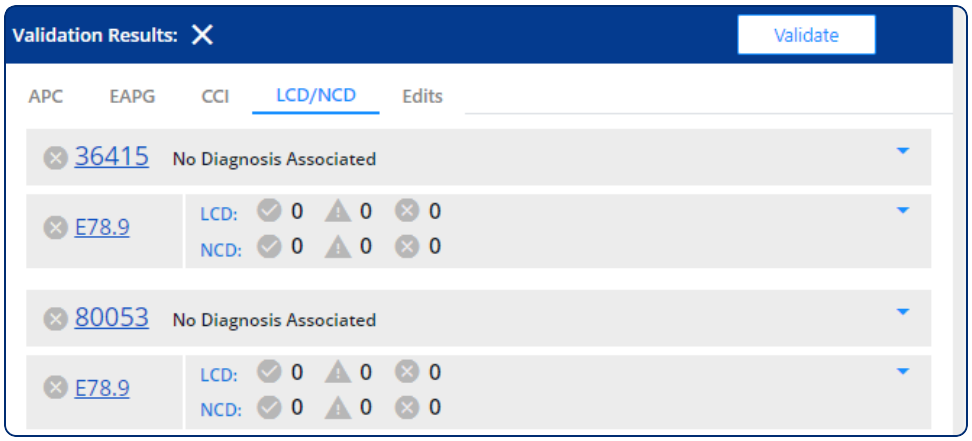
- **APC** - displays **Ambulatory Payment Classifications**, including number of codes, Total Net Payment, CPT®/HCPCS codes, SI, Mod(s), Net Payment, Reimbursement Explanation, Copay, Rev Code, Weight, and APC code.



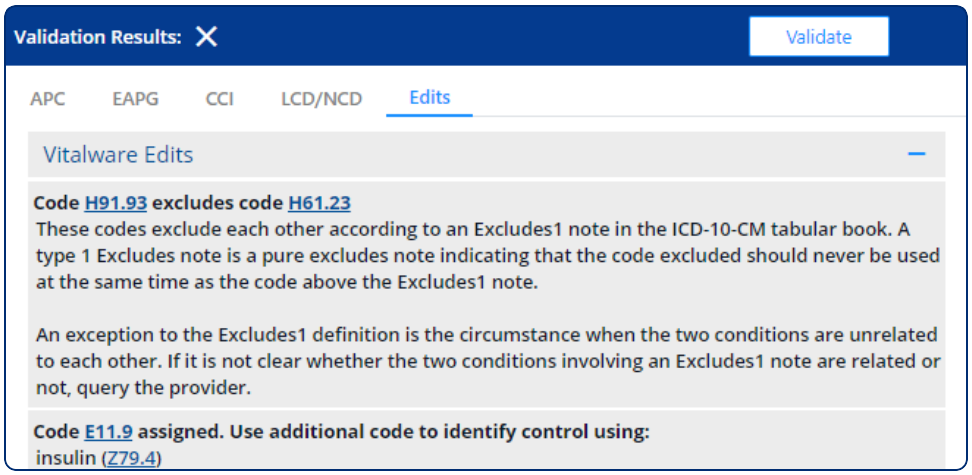
- **EAPG** (only present for clients with appropriate system settings) - [Under Development]
- **CCI** - displays **Coordinated Care Initiative** information



- **LCD/NCD** - displays **Local Coverage Determinations** and **National Coverage Determinations** information



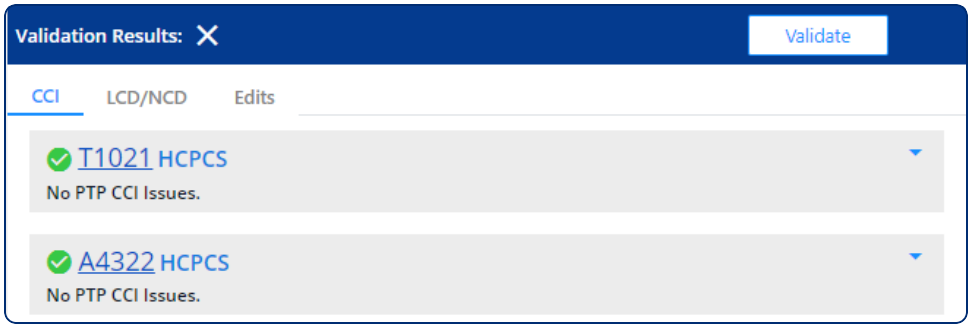
- **Edits** - displays potential issues for a claim under Vitalware Edits



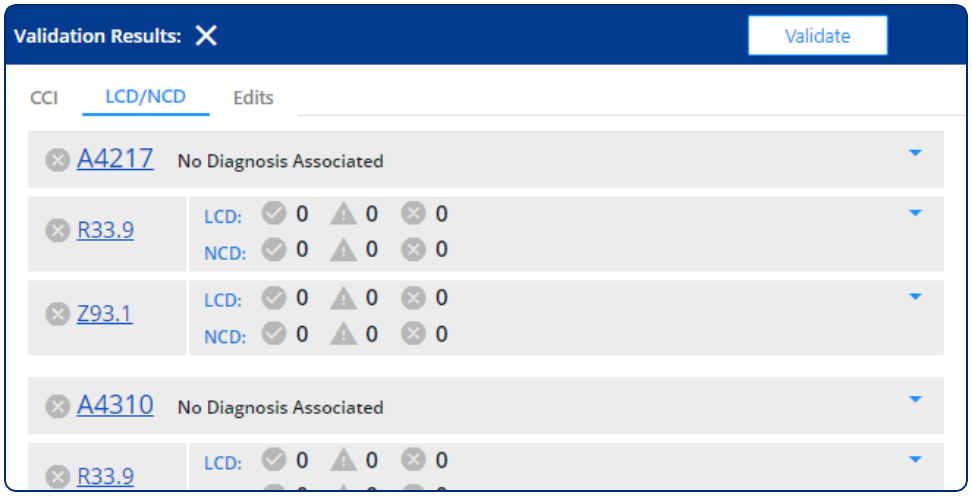
Professional Claims

The **Validation Results** for Professional claims includes the following information tabs:

- **CCI** - displays **Coordinated Care Initiative** information



- **LCD/NCD** - displays **Local Coverage Determinations** and **National Coverage Determinations** information



- **Edits** - [Under Development]

Closing Validation Results

When you have finished reviewing the **Validation Results** pane, click **Save** in the **Audit Details** header, and close the pane by clicking the **X** next to the **Validation Results** pane title. The **Audit** pane returns to its position on the right side of the screen when you close the **Validation Results** pane.

Completing Your Audit

Click the **Complete** button in the **Audit Details** header when you complete your audit. When you click the button it:

- Saves any unsaved updates
- Updates the claim's **Audit Workflow** value to **Complete**
- Closes the **Claim ID** tab on the **Claim Details** screen

Audit Tip: You can update the **Audit Workflow** value, and reopen the claim for audit at any time.

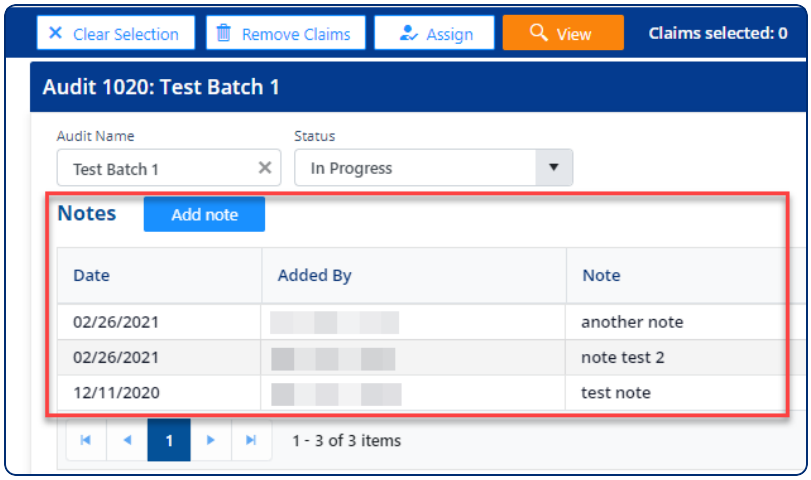
Managing Audit Notes

You can view and add audit notes at the code, claim, or batch level. Notes can be added at anytime during or after an audit.

Batch Level Notes

To add or view batch level notes:

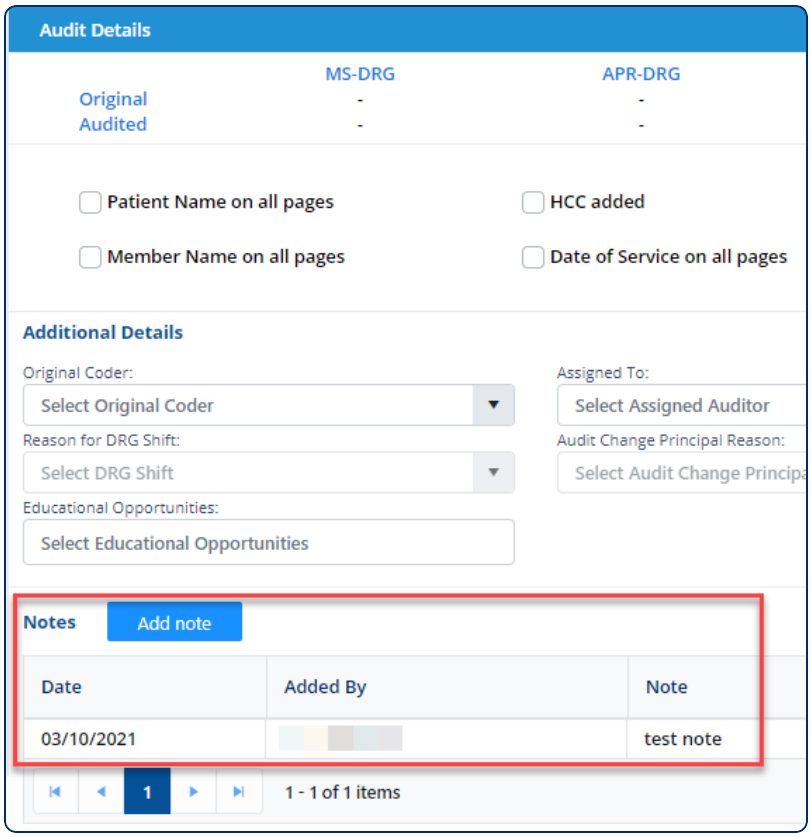
1. Click the **Batch View** icon on the **Claims** table **Action** bar.
2. Click the **Caret** icon on the right side of a **Batch** header to open the **Batch Details** section.
3. Under **Notes** in the expanded batch details:
   a. View a list of existing notes.
   b. Click the **Add Note** button to open the **Notes** dialog, add a note, and **Save**.



Claim Level Notes

To add or view claim level notes:

1. Select one or more claims on the **Claims** table.
2. Click the **View** button on the table header to open the **Claim Details** screen.
3. Click the **Caret** icon on the right side of the **Audit Details** section header to open the section.
4. Under **Notes** in the expanded batch details:
   a. View a list of existing notes.
   b. Click the **Add Note** button to open the **Notes** dialog, add a note, and **Save**.

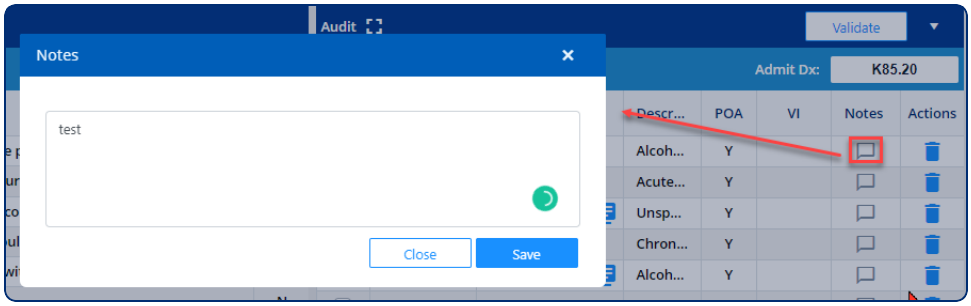


Code Level Notes

To add or view code level notes:

1. Select one or more claims on the **Claims** table.
2. Click the **View** button on the table header to open the **Claim Details** screen.
3. Click a **Notes** icon on a specific code row in the **Audit** pane to open the **Notes** dialog.
4. In the **Notes** dialog:
   a. View existing notes, then click **Close**.
   b. Add a note, then click **Save**.

Audit Tip: The **Notes** icon is gray when no notes exist, and blue when there are existing notes.



Chapter 4: Administration

View current system specifications, troubleshooting information, and contact details.

Did You Know?

Product Release Schedule

Product enhancements, new features, and bug fixes are normally released to the live software environment every other Thursday afternoon. The next three Release dates are:

- January 26, 2023
- February 9, 2023
- February 23, 2023

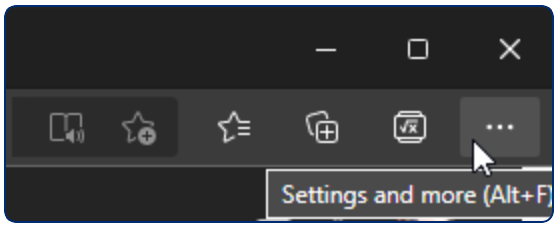
Note: Release dates in November, December, and January may be revised to accommodate holiday scheduling requirements.

Troubleshooting a Blank Dashboard Screen

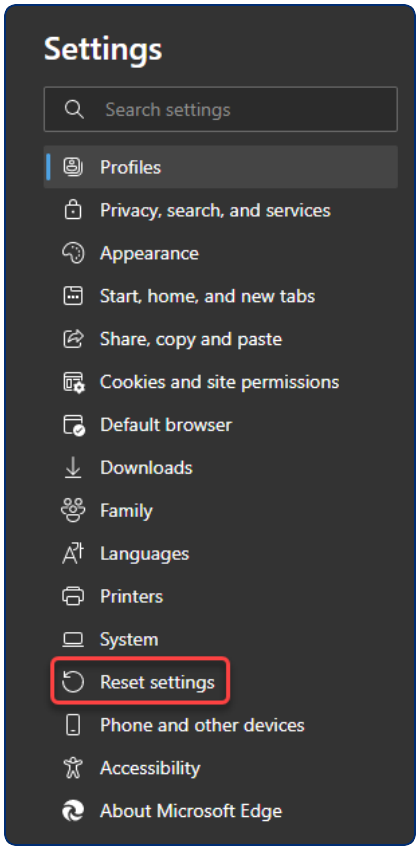
There are several steps you can take if a blank (white) dashboard screen displays when you attempt to sign in to Vitalware. In addition, you may also restart your computer if you have not done so recently. Follow the instructions below for your browser type.

Microsoft Edge Browser Reset

1. Select **Settings and more** (···) on the right side of your browser toolbar.



2. Select **Settings** > **Reset Settings**.

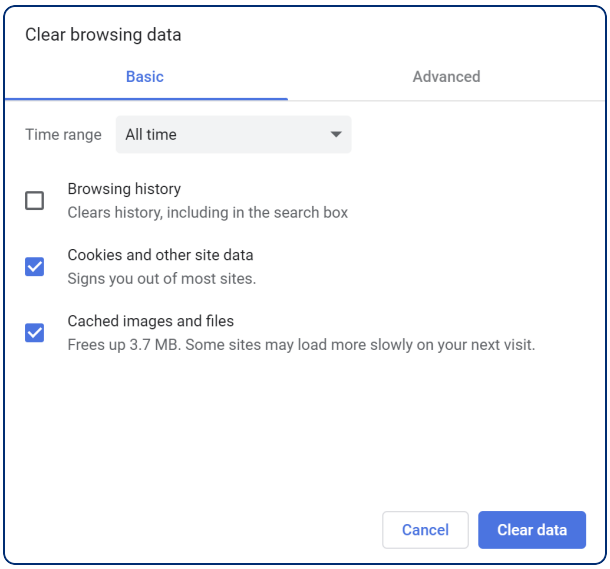


3. Select **Restore settings to their default values**.
4. Close and reopen Microsoft Edge.

Google Chrome Browser Cache Clear

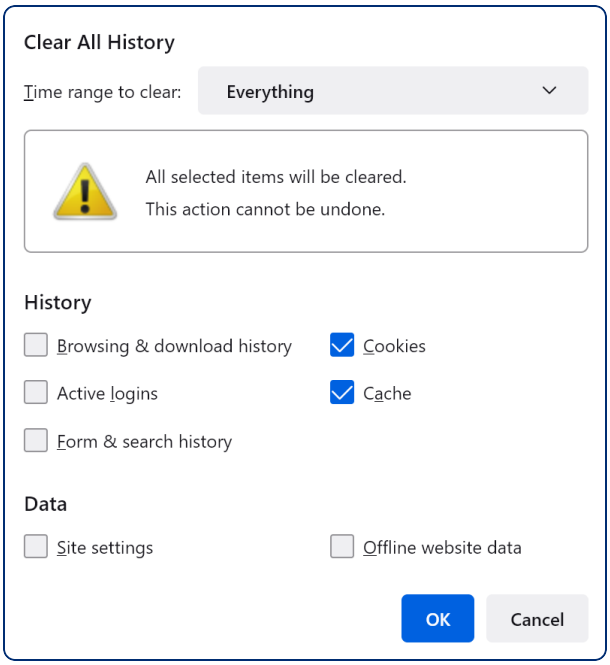
1. Select **Customize and control Google Chrome** (⋮) on the right side of your browser toolbar.
2. Select **More tools** > **Clear browsing data**.
3. Select **All time** in the **Time range** list.

4. Select **Cookies and other site data** and **Cached images and files**.
5. Verify that anything you want to keep is not selected.
6. Select **Clear data**.



Mozilla FireFox Browser Cache Clear

1. Click **Application Menu** (☰) on the right side of your browser toolbar.
2. Select **History** > **Clear recent history...**.
3. Select **Everything** in the **Time range to clear** list.
4. Select **Cookies** and **Cache**.
5. Verify that anything you want to keep is not selected.
6. Select **OK**.



Chrome, Edge, or Firefox Hard Reload

A hard reload clears your browser's cache *and* forces it to load the newest data. Use the appropriate command below for your operating system type:

Windows - **Ctrl** + **Shift** + **R**

Macintosh - **command** + **shift** + **R**

Tip: Commands with plus signs indicate you should hold down each key as you press the additional keys.

Restart Your Device

Turn off and on your device. This common option can often resolve local technical issues.

Check Your VPN Connection

If possible, determine if the issue persists outside of your organization's Virtual Private Network (VPN) by:

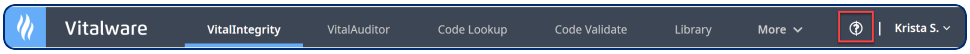
- Disconnecting your device from your VPN and signing in to the Vitalware product
- Accessing an alternate device that is not connected to your VPN and signing in to the Vitalware product

If the issue only exists when using a VPN connection then you may need to contact your organization's IT department.

Release Notes

VitalIAuditor release notes are commonly referred to as "What's New?". The latest release notes can be found at https://help.vitalware.com/vitalauditor/content/resources/pdfs/vitalauditor_whatsnew.pdf or from within VitalAuditor by:

- Selecting **Help** ( ) in the VitalAuditor **Title** bar and choosing **What's New**. This opens a PDF that includes six months of release notes for viewing or downloading.
- Selecting **Help** ( ) in the VitalAuditor **Title** bar and choosing **Online Help**, then clicking on the large blue **What's New?** tile in the screen. This opens an online archive including all release notes for the past year.



Note: Product enhancements, new features, and bug fixes are normally released to the live software environment every other Thursday afternoon.

Contact Us

Client Support

Contact us using the form at https://vitalware.com/client-support if you have questions. Call us at (855) 464-2310 if you have a critical need.

General Information

(855) 464-2310

Ext: 1 - Sales

Ext: 2 - Support

Ext: 8 - Business Partner Support

Sales Inquiry or Demos

The best way to learn about Vitalware's new standard for mid-revenue cycle solutions is to see it in action. Our Sales team is always ready to help with any information you need about our products or services. Schedule a demo at https://vitalware.com/get-started.

System Requirements

Minimum Specifications

- CPU: Intel Pentium 4+ or 1.3 GHz Pentium processor or equivalent
- RAM: 1 GB (more RAM memory improves review speed)
- Minimum free disk space: 1 GB
- Printing: Printer required to output report data
- Monitor: Resolution of at least 1024 x 768

Recommended Specifications

- The most recent supported version of one of the following browsers:
  - Chrome
  - Firefox
  - Microsoft Edge
- CPU: Intel i5 processor or above
- RAM: 4 | 8 GB ideal
- Monitor: 1280 x 1024 Optimal: 1920 x 1080

Licenses And Disclaimers

VitalAuditor™ includes features derived from integration with VitalKnowledge®.

VitalKnowledge®Disclaimer & 3rd Party License Agreement

Vitalware® licenses the use of 3rd party content within its application(s). Vitalware is a technologies solution company that does not directly or indirectly practice medicine or dispense medical services. Content use is at your discretion. By accepting the following terms and conditions below, you acknowledge and agree to comply with the outlined copyright use parameters set by each relevant issuing 3rd party. If you do not agree, do not move forward. Please contact your client experience account manager. (Please note, access of 3rd party licensed data is limited to your organization's Vitalware subscription agreement and therefore you may not have access to all 3rd party licensed data as listed below).

American Medical Association (AMA)

CPT® copyright 2021 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT® is a registered trademark of the American Medical Association.

U.S. Government End Users

CPT is commercial technical data, which was developed exclusively at private expense by the American Medical Association (AMA), 330 North Wabash Avenue, Chicago, Illinois 60611. Use of CPT in connection with this product shall not be construed to grant the Federal Government a direct license to use CPT

based on FAR 52.227-14 (Data Rights - General) and DFARS 252.227-7015 (Technical Data - Commercial Items).

The responsibility for the content of any "National Correct Coding Policy" included in this product is with the Centers for Medicare and Medicaid Services and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, nonuse or interpretation of information contained in this product.

American Hospital Association (AHA) and Health Forum

ICD-9/10-CM/PCS Coding Clinic

AHA CODING CLINIC® FOR ICD-9/10-CM/PCS 2022 is copyrighted by the American Hospital Association ("AHA"), Chicago, Illinois. Except as permitted by this Agreement, no portion of AHA CODING CLINIC® FOR ICD-9/10-CM/PCS may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of the AHA.

HCPCS Coding Clinic

AHA CODING CLINIC® FOR HCPCS 2022 is copyrighted by the American Hospital Association ("AHA"), Chicago, Illinois. No portion of AHA CODING CLINIC® FOR HCPCS may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.

UB-04 Manual

OFFICAL UB-04 DATA SPECIFICATIONS MANUAL, 2022, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.

Miscellaneous

VITALWARE AND ITS LICENSOR PROVIDE THE LICENSED CONTENT "AS IS," AND EXPRESSLY DISCLAIM ALL WARRANTIES, CONDITIONS, REPRESENTATIONS, INDEMNITIES AND GUARANTEES, WHETHER EXPRESS OR IMPLIED, ARISING BY LAW, CUSTOM, OR PRIOR ORAL OR WRITTEN STATEMENTS BY VITALWARE WITH RESPECT TO THE LICENSED CONTENT (INCLUDING, BUT NOT LIMITED TO ANY WARRANTY OF SATISFACTORY QUALITY, MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE, TITLE AND NON-INFRINGEMENT, ACCURACY, TIMELINESS, AND COMPLETENESS) TO THE MAXIMUM EXTENT ALLOWED BY LAW. VITALWARE AND ITS LICENSOR FURTHER DISCLAIM, AND SHALL HAVE NO LIABILITY FOR, ANY ERRORS, OMISSIONS OR INACCURACIES IN THE LICENSED CONTENT OR ANY USES, MISUSES OR INTERPRETATIONS OF THE INFORMATION CONTAINED IN OR NOT CONTAINED IN THE LICENSED CONTENT. VITALWARE AND ITS LICENSOR ALSO DO NOT WARRANT THAT THE LICENSED CONTENT WILL BE ACCESSIBLE IN ANY PARTICULAR HARDWARE/SOFTWARE ENVIRONMENT. CLIENT SHALL BE SOLELY RESPONSIBLE FOR THE USE, EFFICIENCY, AND SUITABILITY OF THE LICENSED CONTENT.

Health Forum and its Affiliates are third-party beneficiaries of the Client Agreement. Nothing in this Agreement shall be interpreted or construed as giving any rights or benefits to anyone other than Health Forum, its Affiliates, Vitalware, Client and its End Users.

The Client will not contest or challenge (or assist others to do so) Vitalware's licensor's rights with respect to the Licensed Content.

U.S. Government Rights Notices

This product contains AHA CODING CLINIC® FOR ICD-9/10-CM content which is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable, which was developed exclusively at private expense by the American Hospital Association, 155 N. Wacker Dr., Suite 400, Chicago, Illinois 60606. U.S.

government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-70 15(b)(2) (November 1995) and/or subject to the restrictions ofDFARS 227.7202-I(a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable, for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (December 2007) and/or subject to the restricted rights provisions of FAR 52.227-14 (December 2007) and FAR 52.227-19 (December 2007), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

This product contains AHA CODING CLINIC® FOR HCPCS content which is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable, which was developed exclusively at private expense by the American Hospital Association, 155 N. Wacker Dr., Suite 400, Chicago, Illinois 60606. U.S. government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions ofDFARS 252.227-7015(b)(2) (November 1995) and/or subject to the restrictions ofDFARS 227.7202-1 (a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable, for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (December 2007) and/or subject to the restricted rights provisions of FAR 52.227-14 (December 2007) and FAR 52.227-19 (December 2007), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

This product contains OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2022 content which is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable, which was developed exclusively at private expense by the American Hospital Association, 155 N. Wacker Dr., Suite 400,

Chicago, Illinois 60606. U.S. government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions ofDFARS 252.227-7015(b)(2) (November 1995) and/or subject to the restrictions ofDFARS 227.7202-1(a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable, for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (December 2007) and/or subject to the restricted rights provisions of FAR 52.227-14 (December 2007) and FAR 52.227-19 (December 2007), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

American Dental Association (ADA)

The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT) Copyright © 2022 American Dental Association (ADA). All rights reserved.

Except as expressly stated herein, the CDT is provided “as is” without warranty of any kind, express or implied including, but not limited to, warranties of performance or merchantability or fitness for a particular purpose. End user bears all risk relating to quality, accuracy and performance of the CDT.

RJ Health Systems

The information provided herein references data supplied by ReimbursementCodes.com and is for informational purposes only. We assume no liability with respect to accuracy of codes, prices, or data contained herein, due to either clerical or typographical error. All prices shown, descriptions of Drug Reimbursement Codes, and all other matters herein are subject to revision.

Simplify Compliance

Plain English Descriptions for ICD-10-CM and Plain English Descriptions for Procedures are provided by DecisionHealth, an HCPro Brand, a division of

Simplify Compliance, LLC. Copyright © 2022.