

VitalKnowledge® Classic

User Guide

September 14, 2023



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Web: <http://www.vitalware.com>

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.

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Chapter 1: VitalKnowledge Overview

What is VitalKnowledge?

VitalKnowledge is a referential coding, reimbursement, and compliance software as a service (SaaS) that provides audit, revenue cycle, and coding teams with the latest medical coding information critical to revenue cycle management and medical services reimbursement.

CodeValidate

Provides verification of medical necessity requirements based upon NCD and LCD policies, and checks for NCCI edit violations to ensure a clean claim.

Add-on modules include:

- Billable Units Calculator
- MS-DRG Grouper
- OPPS Calculator Outlier
- VitalABN
- Claim Input Validation

Code Lookup	<ul style="list-style-type: none"> • Enables code search and referential lookups across APC, CPT[®]/HCPCS, MS-DRG, Modifiers, Revenue, ICD-10-CM, ICD-10-PCS, ICD-9-CM, NDC, UB-04 Billing, and HIPPS codes. • ICD-10 Coding Intelligence using Vitalware's Sherpa engine. • Regulatory information such as CMS Transmittals, LCD & NCD Policies, MedLearn Matters, and other information to help you prepare for future compliance audits.
Multiple Referential Libraries in a Single View	<p>Makes the painstaking process of code review simple and intuitive.</p> <ul style="list-style-type: none"> • Single source review payment information, coding guidelines, wage-adjusted tables, and modifiers into a single interface eliminating visual clutter.
Reference Libraries	<ul style="list-style-type: none"> • Real-time access to over 100+ reference libraries updated by our unmatched team of content professionals, dedicated to staying on top of relevant regulatory changes to help ensure accuracy and compliance.
MyAdvisor	<ul style="list-style-type: none"> • Enables users to post questions and get answers from Vitalware's team of experienced subject matter experts on coding and compliance.

Add-ons	<ul style="list-style-type: none">• OPPS Calculator• MS-DRG Grouper• Billable Units Calculator• Lay Descriptions (CPT)• AHA Coding Clinics for HCPCS and ICD• CPT Assistant• Pharmacy Database• VitalABN• Dr. Z Coding Series• TruCode, 3M
Benchmarking and Peer Comparisons	Provides financial pricing information based on defined peer hospital groups for CPT/HCPCS codes or through professional specialty peer pricing.

For more information about VitalKnowledge, click [here](#).

Signing In to Vitalware

1. Navigate to <http://www.vitalware.com>.
2. Click **Sign in** in the upper right corner.
3. Enter your Vitalware **Username** and **Password**.



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**.

4. Click **Sign in**. The Vitalware main dashboard displays. The main dashboard includes hyperlinks to product training, a way to provide feedback on

Vitalware products, product and content alert notifications, and user guides.

The screenshot shows the Vitalware Main Dashboard for user James. The dashboard is divided into several sections:

- Header:** "Hello, James" and "Thu Jul 16 2020".
- Live Training:** A table with columns for Pacific Time PST, Training Name, and Host Name. Two training sessions are listed:

Pacific Time PST	Training Name	Host Name	Register
07/23/2020 11:00 AM	VitalCDM - Reports - MAX	Max H	Register
08/05/2020 7:30 AM	VitalKnowledge - Code Lookup - Tes	Ronnie W	Register
- Reference Documents:** A table with columns for Updated Date and Title. One document is listed:

Updated Date	Title	Download
06/23/2020	CMS 70	Download
- Resources:** A banner for "COVID-19 CODING & BILLING RESOURCE CENTER" with a "VISIT RESOURCE CENTER" button.
- We're Listening!** A feedback section with a text input field "I would like to say..." and a "Submit" button.
- We'd Love Your Help!** A volunteer sign-up section with a "Sign Up" button.

5. Select **Products > VitalKnowledge**, and then click the module you want to open.

The screenshot shows the Vitalware Products dropdown menu. The "VitalKnowledge" option is highlighted, and its sub-menu is open, showing the following options:

- Code Lookup
- CodeValidate
- Library
- MyAdvisor
- Policy Manager - View Only
- VitalABN
- VitalAlerts

The Vitalware Dashboard

You can sign up for training classes, find information on code updates, download user guides, provide feedback, and open your Vitalware product from the Vitalware dashboard.

The screenshot shows the Vitalware Main Dashboard for user James. The dashboard is divided into several sections:

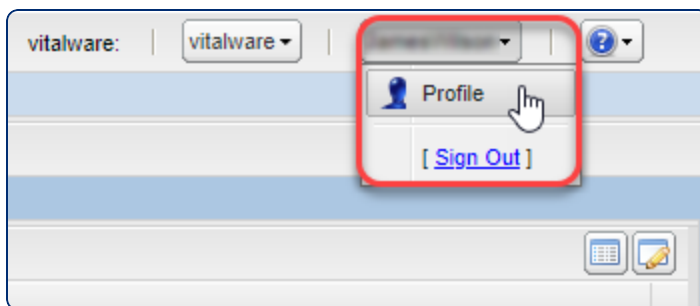
- Header:** "Hello, James" on the left and "Thu Jul 16 2020" on the right.
- Training Section:** A table with tabs for "Live Training" and "Recorded Training". The table has columns for "Pacific Time PST", "Training Name", and "Host Name".

Pacific Time PST	Training Name	Host Name	
07/23/2020 11:00 AM	VitalCDM - Reports - MAX	Max H	Register
08/05/2020 7:30 AM	VitalKnowledge - Code Lookup - Tes	Ronnie W	Register
- Resources Section:** A banner for "COVID-19 CODING & BILLING RESOURCE CENTER" with a "VISIT RESOURCE CENTER" button.
- Reference Documents Section:** A table with columns for "Updated Date" and "Title".

Updated Date	Title	
06/23/2020	CMS 70	Download
- We'd Love Your Help! Section:** A call to action for volunteers to spend 30-45 minutes evaluating new ideas, with a "Sign Up" button.
- We're Listening! Section:** A section for client feedback, with a text input field and a "Submit" button.

Editing Your Profile

You can view and edit your Vitalware account profile by clicking your user name in the top right corner and selecting **Profile**.



User Account Information

ID: 9999999

EPIC Recipient ID:

Username:

First, Middle, Last Name:

Title, Preferred Pronoun: he/him/his

Department/Job Area: 0

User Frequency: 0

Contact Information

Email:

Phone Number, Ext.:

Street, Suite:

City, State, Zip: Choose a state...

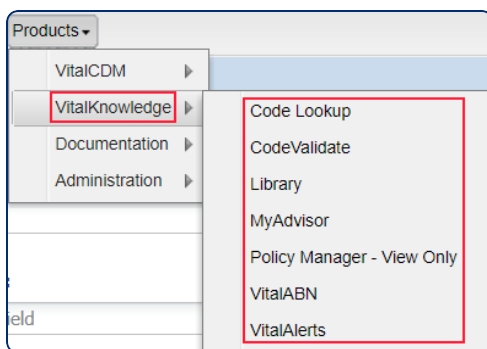
Comments:

Reset Password... Save User Cancel

Close

Opening VitalKnowledge

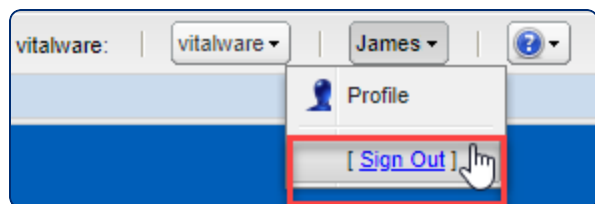
Select **Products** > **VitalKnowledge**, and then click the module you want to open.



Signing Out of Vitalware

To sign out of your Vitalware session:

1. Click on the **Profile** icon in the dashboard navigation bar.
2. Select **Logout** from the list.



Note: 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.

System Requirements

Minimum Specifications

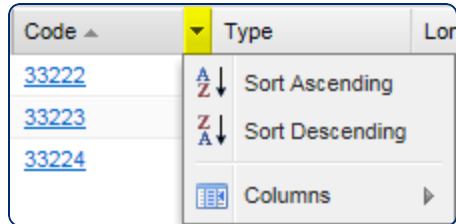
- CPU: Intel Pentium 4+ or 1.3 GHz Pentium processor or equivalent
- RAM: 1 GB (more RAM improves review speed)
- Minimum free disk space: 1 GB
- Printing: Printer required to output report data
- Monitor: Resolution of at least 1024 x 768

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

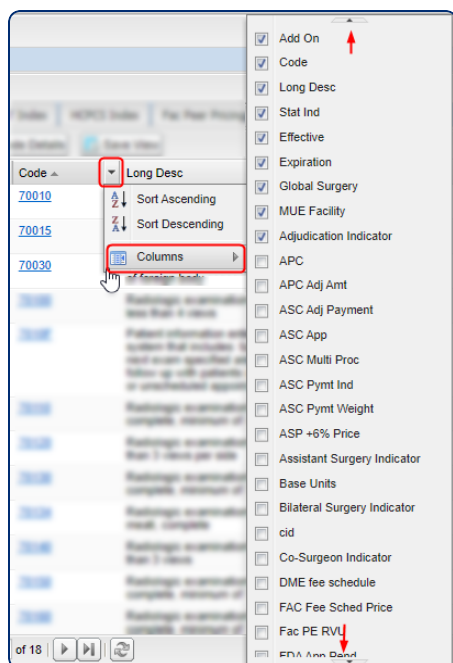
Customizing the Main Grid

Sort columns in any row and column tab by clicking on the column header or the down arrow.



Customize the columns displayed in the results table:


- Click on any column header arrow.
- Add columns to your view by checking them in the list.
- Remove columns from your view by unchecking them in the list.
- Use the up and down arrows to scroll the list of available columns.
- Move columns by clicking anywhere in the column header and dragging it to the desired position. Drop the column when the green check mark appears.

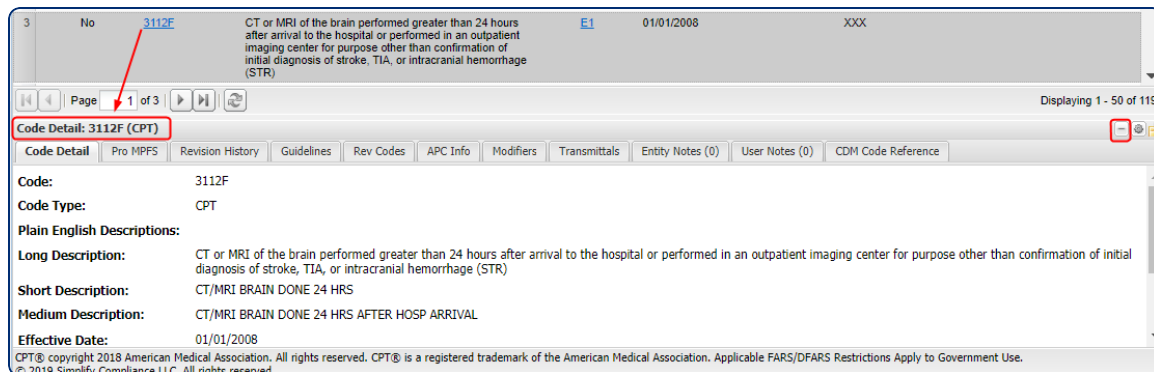


Using Code and Document Hyperlinks

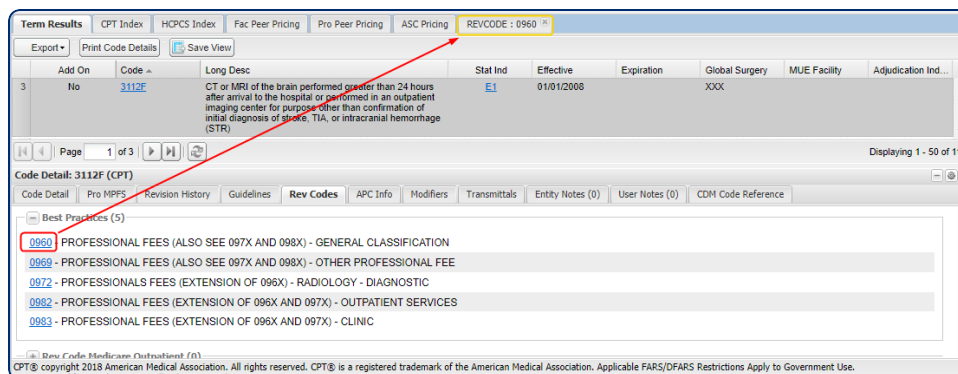
The blue codes and documents in VitalKnowledge are hyperlinks. Click on a hyperlinked code or document to open the details. Clicking a code will open the code's details. Clicking a document will usually open the document in a new tab within VitalKnowledge. Some document hyperlinks open in a new browser tab.


Opening and Closing Code Hyperlinks

- All codes with a blue hyperlink will open the **Code Detail** pane when clicked.
- Close the code detail panel by clicking the **minus**  icon.

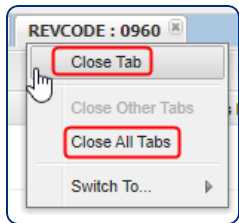


Clicking a code within the **Code Detail** pane opens a new tab containing the detail of the newly clicked code.



- Close the code detail tab by clicking the **X**  icon on the tab, or right-click and choose **Close Tab**.

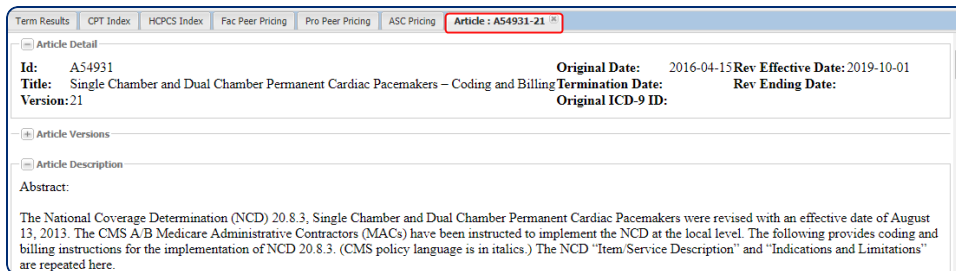
- Close all open tabs by choosing **Close All Tabs**.



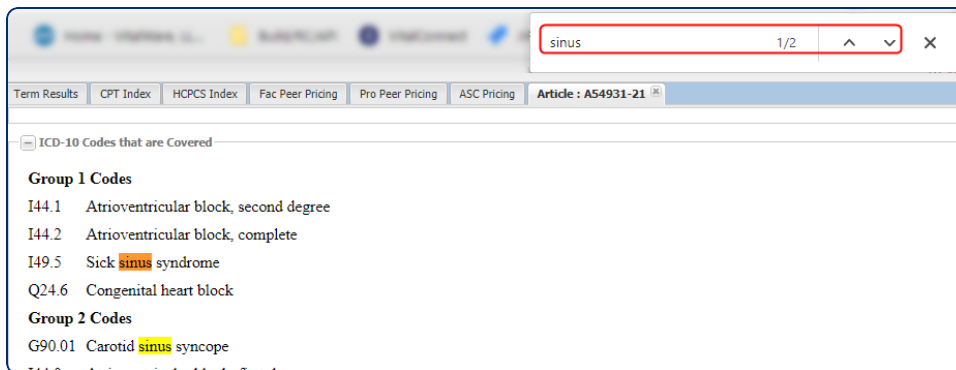
Opening and Closing Document Hyperlinks

All documents such as Local Coverage Determinations (LCD), National Coverage Determinations (NCD), Transmittals, and MedLearn Matters (MLN) that are hyperlinked will either open the document in a new tab in VitalKnowledge or in a new browser tab when clicked.

- Click the **plus and minus** icons in a document to expand or collapse sections, or simply scroll the page.



- Search for a word or code in a document by clicking **CTRL + F** and entering the word or code in the pop-up box.



- Closing document tabs works the same way as closing code tabs.

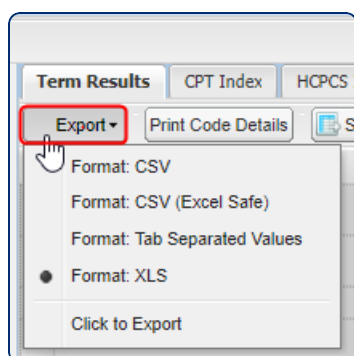
Exporting Data from the Results Grid

Export selected codes or the entire Results table:

1. Highlight the codes you'd like to export.
2. Click the **Export** button.
3. Choose the export format.
4. Click **Click to Export**.

Grid export format differences:

- **CSV and Tab Separated Value format:** Exports all available columns of data.
- **XLS format:** Exports the columns in your current table.



Printing Code Details to PDF

How to export a printable PDF of code details:

1. Highlight one code line or use the **Shift** key to select multiple codes.
2. Click the **Print Code Details** button.
3. Choose the detail sections you want to include in the PDF.

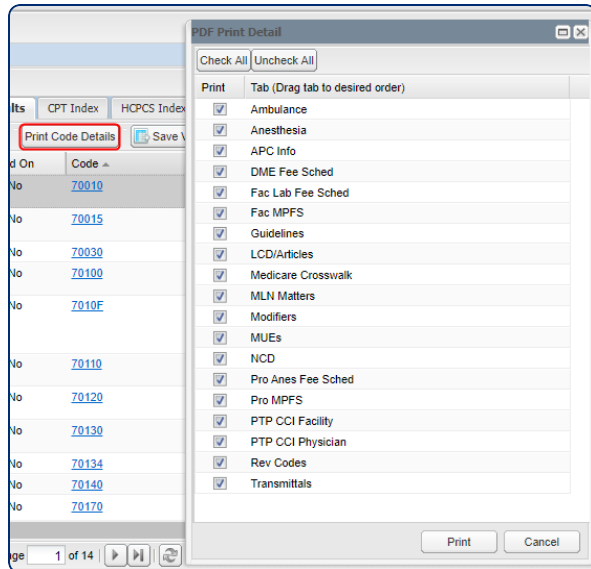


Note: If more than one code is selected, each code will have its own



page in the PDF.

4. Rearrange the order of your PDF by dragging sections up or down.



Chapter 2: Code Lookup

Code Lookup provides code referential search and look-up services for APC, CPT/HCPCS, Modifier, Revenue, ICD-10-CM, ICD-10-PCS, MS-DRG, NDC/Pharmacy, Devices, and UB-04 Billing codes, Procedure and Diagnosis codes, and ICD-10 Coding Intelligence, which leverages Vitalware's Sherpa engine.

Regulatory information such as CMS Transmittals, LCD and NCD Policies, MedLearn Matters and other regulatory information is included in the to assist facilities with regulatory compliance.

Accessing Code Lookup

Click **Products** > **VitalKnowledge** > **Code Lookup**.

The **Code Lookup** user interface consists of Search, Results table, and Code Detail panes.

The screenshot displays the Vitalware Code Lookup application interface. On the left is the **Search Panel**, which includes search options, data sets (CPT/HCPCS), search text, and search criteria. The main area is the **Results Grid**, a table with columns for Add On, Code, Long Desc, Stat Ind, Effective, Expiration, Global Surgery, MUE Facility, and Adjudication Ind. The table lists several codes, with code 71111 highlighted. Below the grid is the **Code Detail Panel**, which shows the details for code 71111 (CPT), including its code type and plain English descriptions.

Add On	Code	Long Desc	Stat Ind	Effective	Expiration	Global Surgery	MUE Facility	Adjudication Ind...
1 No	71045	Radiologic examination, chest, single view	Q3	01/01/2018		XXX	4	3 Date of Servic...
2 No	71046	Radiologic examination, chest, 2 views	Q3	01/01/2018		XXX	3	3 Date of Servic...
3 No	71047	Radiologic examination, chest, 2 views	Q1	01/01/2018		XXX	2	3 Date of Servic...
4 No	71048	Radiologic examination, chest, 2 views	Q1	01/01/2018		XXX	1	3 Date of Servic...
5 No	71100	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	Q1	Pre-1990		XXX	2	3 Date of Servic...
6 No	71101	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 3 views	Q1	Pre-1990		XXX	2	3 Date of Servic...
7 No	71110	Radiologic examination, ribs, bilateral; 3 views	Q1	Pre-1990		XXX	1	3 Date of Servic...
8 No	71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	Q1	Pre-1990		XXX	1	3 Date of Servic...

Using the Search Panel

The **Search** panel is where you can search and filter data sets. The data set selected will drive what filter criteria is available.

Search panel

Searchable Code data sets:

- APC
- CPT/HCPCS
- CDT Dental Codes (Add-on data set)
- Modifiers
- ICD-9-CM Diagnosis
- ICD-9 Procedure
- ICD-10 CM
- ICD-10 PCS
- Medicaid (CA or OH) (Add-on Data Set)
- DRG (MS-DRG and MS-LTC-DRG)
- NDC/Pharmacy (Add-on Data Set)
- Revenue Codes
- Supplies and Devices
- Billing Codes (Condition, Discharge Status, Occurrence Span, Patient Relationship, Place of Service, Point of Origin, Priority of Admission Visit, Type of Bill, and Value codes)
- HIPPS Codes

Data Set Filter Options

For CPT/HCPCS, you can exclude expired codes by clearing the box. By default, expired codes are included in the search.

Data Sets:
 CPT/HCPCS

Include expired codes

Search Text:
 Enable Search Suggestions
 Enter your search criteria here...

What to Search

CPT:
 HCPCS:

Filter your search to return either **CPT** or **HCPCS** codes in the **CPT/HCPCS** data sets. By default, both are returned.

Data Sets:
 CPT/HCPCS

Include expired codes

Search Text:
 Enable Search Suggestions
 Enter your search criteria here...

What to Search

CPT:
 HCPCS:

The NDC/Pharmacy data set **Type of Code** filter allows filtering for either NDC or CPT/HCPCS codes. The default uses NDC codes.

Data Sets:
 NDC/Pharmacy

Search Text:
 Enable Search Suggestions
 Enter your search criteria here...

Type Of Code

CPT/HCPCS:
 NDC:

Code Search

Enter a single, partial, or range of codes after selecting your data set.

Examples that use the options of single, partial, or range:

- **Single code:** C1725 returns just that code
- **Partial code:** C17 returns all codes starting with C17
- **Range:** C1720 to C1730 returns only the codes that fall within that range
- The **In List** option searches on multiple complete codes. Codes must be separated by a comma when using this option.

Data Sets:

CPT/HCPCS ▼

Include expired codes

Search Text:

Enable Search Suggestions

Enter your search criteria here...

What to Search

CPT:

HCPCS:

Code Search: ⓘ

Single or Range In List

List:

33206,45380,c1725

Date Search

The **Date Search** defaults to the current date as the **Date of Service**. All information in your search results apply to the date of service chosen. The other filter options are **Effective Date**, **Revised Date**, and **Expiration Date**.

Date Search:

Date of Service ▼

Date of Service

Effective Date

Revised Date

Expiration Date

Select the type of Date Search, and then use a **single date** or a **date range** to search:

Date Search:

Effective Date ▼

From: 05/01/2015 To:

Data Sets:

CPT/HCPCS

+ What to Search

Search Text:

Enter your search criteria

Today

May 2015

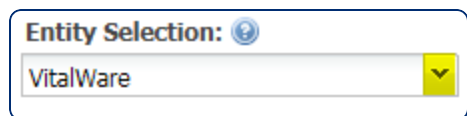
S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Examples of how each filter is used:

- **Date of Service** for all data sets.
- **Effective Date** to get a list of all codes effective on a certain day such as 01/01/2020.
- **Revised Date** to get a list of all codes that were revised on a certain day such as 01/01/2020.
- **Expiration Date** to get a list of all codes that were on a certain day such as 12/31/2019.

Entity Selection

Entity Selection is for users with access to more than one facility to render the correct information such as APC Payment, LCD information, and other regulatory information that is location specific.

A screenshot of a web interface showing a dropdown menu. The label "Entity Selection:" is followed by a help icon. The dropdown menu is open, showing "VitalWare" as the selected option. A yellow arrow points downwards from the right side of the menu.

Entity selection defaults to the parent account for users with more than one facility. Use the drop-down list to change facilities.

Field Search

The **Field Search** filter is an option available in most data sets. The fields available to search vary by data set. The operators also vary by field.

Searchable Fields

APC

- Stat Ind

CPT/HCPCS

- Add On
- APC
- ASC App
- ASC Multi Proc
- ASC Payment Indicator
- Assistant Surgery Indicator
- Bilateral Surgery Indicator
- Co-Surgeron Indicator
- FDA App Pend
- Global Surgery
- MC Alt Available
- Mod 51 Exempt
- Mod 63 Exempt
- Mod Sed

- Multiple Procedure Indicator
- OPPS Dev Dep
- PC/TC Indicator
- Stat Ind
- Status Code
- Team Surgeon Indicator

ICD-9-CM Diagnosis, ICD-9-CM Procedure, ICD-10 CM, and ICD-10-PCS

- Age Range
- E-Code Indicator
- Gender Indicator
- Manifestation Indicator
- Mental Health Dx
- Questionable Admission Dx
- Unacceptable Principal Dx

NDC/Pharmacy

- Code Source
- Labeler Name
- Pharm Class
- Product Type
- ROA
- SD/MD per each

Devices

- HCPCS Category
- Manufacturer

- Model Number
- UPN

HIPPS Codes

- Payment System Indicator

All search filters work in conjunction with one another.

Click **Search** after selecting search filters. Results will populate in the results table.

Minimize or close the Search panel temporarily by clicking the small arrow in the middle of the panel's right edge.

The image shows a search filter panel with a list of HIPPS codes on the left and a 'Field Search' configuration window on the right. The list of codes includes: Add On, APC, ASC App, ASC Multi Proc, ASC Pymt Ind, FDA App Pend, MC Alt Avail (highlighted), Mod 51, Mod 63, Mod Sed, OPPS Dev Dep, and Stat Ind. Below the list is a search operator dropdown menu with the text 'Select a Search Operator' and an input field with the placeholder 'Enter your search criteria here...'. The 'Field Search' window shows the selected field 'MC Alt Avail', the operator '= (Equals)', and the search criteria 'Yes'.

Click **Clear** to remove all search selections except Data Set and Entity.

The **Date Search** type returns to Date of Service using the current date.

Search Text

The **Search Text** filter accepts keywords, partial keywords, single letters or numbers found in the short, medium, or long description.

For example, entering **j** returns codes containing "j" and search results for descriptions containing the letter "j." Entering the number **4** returns all codes with that number in the description.

A screenshot of a search interface. At the top, it says "Search Text:". Below that is a checkbox labeled "Enable Search Suggestions" which is unchecked. Underneath the checkbox is a text input field containing the letter "j" and a small "x" icon to clear the text.

Enable search spelling suggestions by clicking the check box. When enabled, typing a few letters in the search field will generate a list of potential matches.

A screenshot of the search interface with "Enable Search Suggestions" checked. The search field contains "plur". Below the field, a list of suggestions is shown: "Pleura", "pleural", "Pleurisy", and "Pleurodynia". At the bottom of the interface, there are navigation controls including "Page 1 of 1" and arrows for navigating between pages.

ICD-9-CM Diagnosis and ICD-10-CM searches use Inclusion terms (clinical concepts) in the Search Text filter. For example, entering **malnutrition** in the ICD-10 CM data search will pull code E42 for Marasmic Kwashiorkr, because malnutrition is included in the clinical concepts tied to that code.

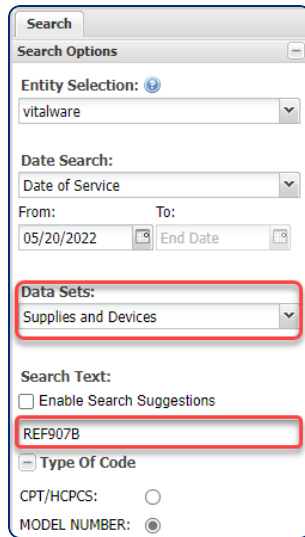
Tips for Searching Supplies and Devices

Searching by Model Number

The following is the best practice when searching the Supplies and Devices data set for a model number:

1. Select the **Supplies and Devices** data set.
2. In the **Search Text** field, enter the model number without dashes, slashes, parentheses, or spaces. For example, enter model number "REF 907-B" as

REF907B.



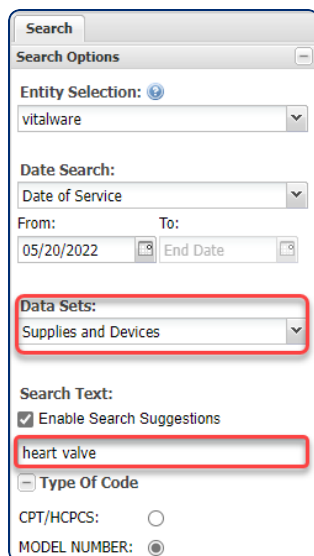
The screenshot shows the 'Search' dialog box with the following settings:

- Entity Selection: vitalware
- Date Search: Date of Service
- From: 05/20/2022, To: End Date
- Data Sets: Supplies and Devices
- Search Text: REF907B
- Enable Search Suggestions:
- Type Of Code:
- CPT/HCPCS:
- MODEL NUMBER:

Searching by Product Name or Manufacturer

The following is the best practice for searching Supplies and Devices by product name or manufacturer name:

1. Select the **Supplies and Devices** data set.
2. Enter the name of the product or manufacturer in the **Search Text** field.
The more specific your input, the more closely the results will match what you are looking for.



The screenshot shows the 'Search' dialog box with the following settings:

- Entity Selection: vitalware
- Date Search: Date of Service
- From: 05/20/2022, To: End Date
- Data Sets: Supplies and Devices
- Search Text: heart valve
- Enable Search Suggestions:
- Type Of Code:
- CPT/HCPCS:
- MODEL NUMBER:



Note: You can also search for a manufacturer's name by selecting **Manufacturer** under Field Search. However, if you search using this method, you must enter the manufacturer's name **exactly** as it appears in the database, or no search results will be returned.

Results Grid Tabs

The tabs that populate content at the top of the **Results** table will vary, depending on the data set searched. Results are in a column and row format, much like Microsoft Excel.

Term Results Tab

Term Results is the default tab for all search results. It contains columns of information that can be customized.



CPT® Index Tab

The **CPT Index** tab populates when the CPT/HCPCS data set is searched. It displays the CPT Index book view of the term searched with an index type of layout.

Click the  icon to expand and show items related.

The screenshot shows the VitalWare search interface. On the left, the 'Search Options' panel includes 'Entity Selection' (VitalWare), 'Date Search' (Date of Service), 'Data Sets' (CPT/HCPCS), and 'Search Text' (biopsy). The 'CPT Index' tab is selected, displaying a list of medical terms. The term 'Fine Needle Aspiration (FNA) Biopsy' is highlighted with a red box. Other terms include 'Biopsy - see Brush Biopsy; Needle Biopsy', 'Bronchial Brush Biopsy', and 'Needle Biopsy - see Biopsy'.

HCPCS Index Tab

The **HCPCS Index** tab populates when the CPT/HCPCS data set is searched. It displays the HCPCS Index book view of the term searched with an index type of layout.

Click the  icon to expand to show items related.

The screenshot shows the VitalWare search interface with the 'HCPCS Index' tab selected. The search text is 'knee'. The results list various HCPCS codes related to knee prostheses and orthosis. The term 'Knee disarticulation, prosthesis' is highlighted with a red box. Other terms include 'Hip-knee-ankle-foot orthosis (HKAFO)', 'Knee-ankle-foot orthosis (KAFO)', and 'Thoracic-hip-knee-ankle (THKAO)'.

FAC Peer Pricing Tab

The **FAC Peer Pricing** tab is optional and populates when the CPT/HCPCS data set is searched.

- Average prices displayed are aggregated from the Outpatient Standard Analytical File (SAF) using the most recent four quarters of data available from CMS. By default, national charge percentiles by CPT/HCPCS code are displayed. The current SAF version is shown in the upper right hand corner for reference.
- Average charges may also be viewed by state, Core Business Statistical Area (CBSA), or by specific peer hospital.

Code	Long Desc	APC Adj Amt	FAC Fee Sched...	SAF 25	SAF 50	SAF 75	San Francisco-Re...	San Luis Obispo-P...
1 71045	Radiologic examination, chest, single view	\$62.30	\$15.27	\$190.00	\$266.70	\$398.40	\$754.53	\$489.78
2 71046	Radiologic examination, chest, 2 views	\$62.30	\$20.15	\$229.04	\$320.64	\$473.07	\$956.64	\$785.42
3 71047	Radiologic examination, chest, 3 views	\$62.30	\$25.03	\$252.19	\$360.00	\$540.32	\$506.06	\$0.00
4 71048	Radiologic examination, chest, 4 or more views	\$112.51	\$26.07	\$314.40	\$455.00	\$666.47	\$679.21	\$0.00

PRO Peer Pricing Tab

The **Pro Peer Pricing** tab is optional and populates when the CPT/HCPCS data set is searched.

- Average prices displayed are aggregated from the Carrier Standard Analytical File (SAF) using the most recent four quarters of data available from CMS. By default, national charge percentiles by CPT/HCPCS code are displayed. The current SAF version is shown in the upper right hand corner for reference.
- The search panel contains a **Specialties** list to render prices for a particular specialty. By default, the results are a combination of all specialties.

Code Search: [?]

Single or Range In List

From: 904 To: Ending Code...

Specialties: Family practice

Code	Long Desc	PRO Fac Price	PRO Ofc Price	SAF 25 Pro	SAF 50 Pro	SAF 75 Pro
1 90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections), 1 vaccine (single or combination vaccine/toxoid)	\$16.51	\$16.51	\$31.00	\$40.00	\$51.00
2 90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional, first or only component of each vaccine or toxoid administered	\$16.51	\$16.51	\$30.00	\$38.00	\$50.50
3 90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional, each additional vaccine or...	\$12.66	\$12.66	\$27.00	\$30.00	\$32.02

ASC Pricing Tab

The **ASC Pricing** tab is optional and populates when the CPT/HCPCS data set is searched.

- Average prices displayed are aggregated from the Carrier Standard Analytical File (SAF) using the most recent four quarters of data available from CMS. By default, national charge percentiles by CPT/HCPCS code are displayed. The SAF version being utilized is reflected in the upper right hand corner for reference.
- The **Ambulatory Surgery Center** prices shown are an average amount per state. Up to 10 states may be selected by the account administrator.

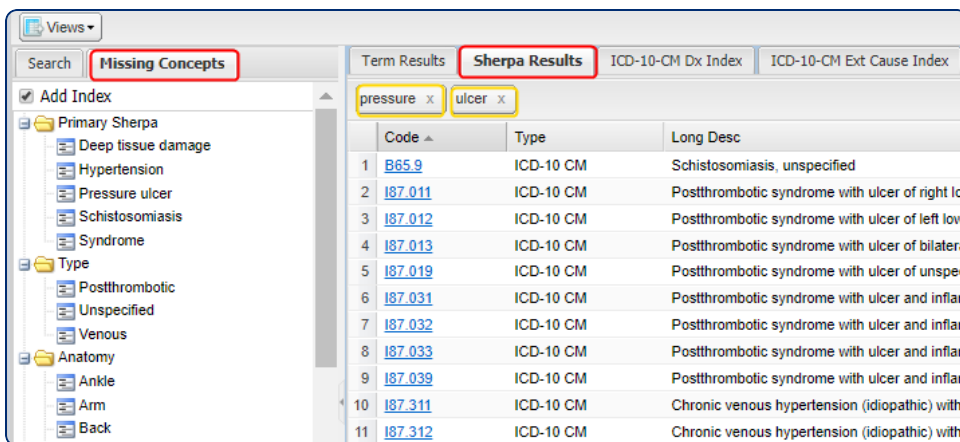
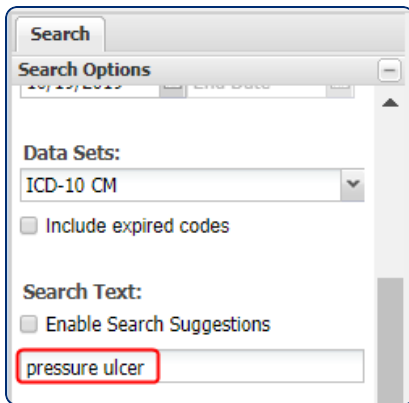
Term Results		CPT Index	HCPCS Index	Fac Peer Pricing	Pro Peer Pricing	ASC Pricing	Values generated using 2018Q2-2019Q1 SAF Data			
Code	Long Desc	Alabama	Georgia	Arizona	New Jersey	Ohio	Pennsylvania	Washington	California	
1 66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	\$3,848.85	\$4,818.10	\$2,660.59	\$5,730.89	\$3,572.47	\$3,439.52	\$2,362.93	\$5,912.77	
2 66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in	\$3,794.63	\$4,350.97	\$2,298.01	\$5,426.93	\$2,894.51	\$3,138.51	\$2,504.48	\$6,554.59	

Sherpa Results Tab

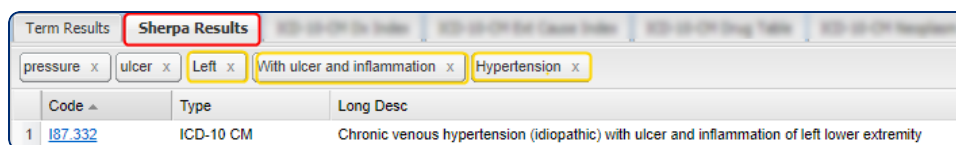
The **Sherpa Results** tab displays when the ICD-9-CM Diagnosis or ICD-10-CM data sets are searched. Sherpa is Vitalware's ontology database that ties clinical concepts to specific codes, even when the term isn't contained in the code description. Sherpa also uses the terms given to return a list of all other terms (missing concepts) that need to be identified in order to get down to the most specific code.

1. Search the **ICD-9-CM Diagnosis** or **ICD-10-CM** data set.
2. Enter a term in the **Search Text** field.
3. The results grid displays all codes that have your search term in the description.
4. Click the **Sherpa Results** tab.

- Narrow down the remaining codes by double clicking on clinical concepts in the **Missing Concepts** tab.



- The concepts will continue to populate on the **Sherpa** tab until there is only one code remaining that fits all the criteria.



ICD-10-CM Drug Table

The **ICD-10-CM Drug Table** tab populates when the **ICD-10-CM** data set is searched, when applicable. The tab displays the **ICD-10 Drug Table** in a table format

Click the ▶ icon to expand the term related codes

Term Results	Sherpa Results	ICD-10-CM Dx Index	ICD-10-CM Ext Cause Index	ICD-10-CM Drug Table	ICD-10-CM Neoplasm Table	
ICD-10-CM Drug Table						
Index	Adverse effect	Poisoning Accidental (unintentional)	Poisoning Assault	Poisoning Intentional self-harm	Poisoning Undetermined	Underdosing
+ Hydrocarbon gas		T58.891A	T58.893A	T58.892A	T58.894A	
		T58.891D	T58.893D	T58.892D	T58.894D	
		T58.891S	T58.893S	T58.892S	T58.894S	
incomplete combustion of - see Carbon, monoxide, fuel, utility						
+ Liquefied (mobile container)		T59.891A	T59.893A	T59.892A	T59.894A	
		T59.891D	T59.893D	T59.892D	T59.894D	
		T59.891S	T59.893S	T59.892S	T59.894S	

ICD-10-CM Dx Index Tab

The **ICD-10-CM Dx Index** tab populates when the **ICD-10-CM** data set is searched. This tab searches the **ICD-10 Diagnosis Alphabetic Index**.

Click the  icon to expand items related to the term.

Term Results	Sherpa Results	ICD-10-CM Dx Index	ICD-10-CM Ext Cause Index	ICD-10-CM Drug Table
ICD-10-CM Dx Index				
Bravais-jacksonian epilepsy - see Epilepsy, localization-related, symptomatic, with simple partial seizures				
+ Epilepsy, epileptic, epilepsia (attack) (cerebral) (convulsion) (fit) (seizure) G40.909				
Kozhevnikov's, epilepsy - see Kozhevnikov's epilepsy				
+ Kozhevnikov's epilepsy G40.109				
+ intractable G40.119				
with status epilepticus G40.111				
without status epilepticus G40.119				
+ not intractable G40.109				
Limbic epilepsy personality syndrome F07.0				
MERRF syndrome (myoclonic epilepsy associated with ragged-red fiber) E88.42				
Unverricht disease or epilepsy (-Lundborg) - see Epilepsy, generalized, idiopathic				

ICD-10-CM Ext Cause Index Tab

The **ICD-10-CM Ext Cause Index** tab populates when the **ICD-10-CM** data set is searched. It displays the search results of the **ICD-10 External Cause Index**.

Click the  icon to expand items related to the term.

Term Results	Sherpa Results	ICD-10-CM Dx Index	ICD-10-CM Ext Cause Index
ICD-10-CM Ext Cause Index			
Index	Code		
Bite, bitten by			
alligator	W58.01XA		
arthropod (nonvenomous) NEC	W57.XXXA		
bull	W55.21XA		
cat	W55.01XA		
cow	W55.21XA		
crocodile	W58.11XA		
dog	W54.0XXA		
goat	W55.31XA		
hoof stock NEC	W55.31XA		
horse	W55.11XA		
human being (accidentally)	W50.3XXA		
insect (nonvenomous)	W57.XXXA		
lizard (nonvenomous)	W59.01XA		

ICD-10-CM Neoplasm Table

The **ICD-10-CM Neoplasm Table** tab populates when the **ICD-10-CM** data set is selected. It displays the search results of the **ICD-10 Neoplasm Table** shown in a table format.

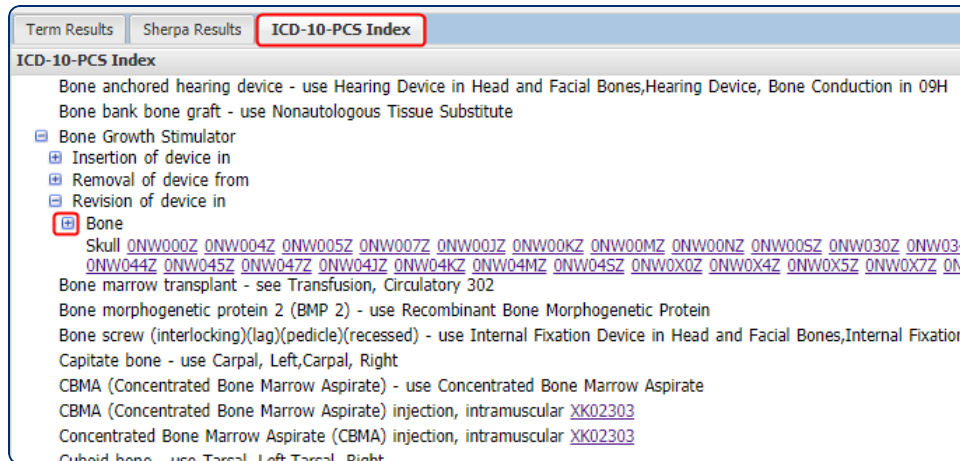
The symbol indicates that a term can be expanded to display term related items.

Term Results	Sherpa Results	ICD-10-CM Dx Index	ICD-10-CM Ext Cause Index	ICD-10-CM Drug Table	ICD-10-CM Neoplasm Table		
ICD-10-CM Neoplasm Table							
Index	Neoplasm	Malignant Prim...	Malignant Sec...	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
bone (periosteum)		C41.9	C79.51		D16.9	D48.0	D49.2
carpus (any bone)		C40.10	C79.51		D16.10		
		C40.11			D16.11		
		C40.12			D16.12		
marrow (bone) NEC		C96.9	C79.52			D47.9	D49.89
metacarpus (any bone)		C40.10	C79.51		D16.10		
		C40.11			D16.11		
		C40.12			D16.12		
metatarsus (any bone)		C40.30	C79.51		D16.30		
		C40.31			D16.31		
		C40.32			D16.32		
pubic bone		C41.4	C79.51		D16.8	D48.0	D49.2
tarsus (any bone)		C40.30	C79.51		D16.30		
		C40.31			D16.31		
		C40.32			D16.32		
turbinate (bone)		C41.0	C79.51		D16.4	D48.0	D49.2

ICD-10-PCS Index Tab

The **ICD-10-PCS Index** tab populates when the **ICD-10-PCS** data set is searched. It displays the search results from the **ICD-10 Procedure Alphabetic Index**.

Click the symbol to expand related items.



Saving Views in Tabs

Save a customized column view in any of these tabs:

- **Term Results:** CPT/HCPCS, Modifiers, ICD-10 CM and PCS, MS-DRG, NDC/Pharmacy, Revenue Codes, Devices, HIPPS Codes.
- **Fac Peer Pricing:** CPT/HCPCS
- **Pro Peer Pricing:** CPT/HCPCS

Saving Views for Code Lookup Tabs

When saving a new view in **Code Lookup**, the tab name populates in the view naming box.

Once the display is modified in the format best suited for your workflow, you can save the view by clicking **Save View**. The **Save View** window appears so you can save the view name and select **Set Column Model Default**, **Make Public**, or both.

Once a view has been saved, you can select the view by clicking **Views**.

- Default views are displayed in bold.
- Public views have a bold **P** in front of the name.
- If a view is no longer used, you can delete the view by clicking the red **X** next to the name of the view.




Note: Views created before November 2019 will not have this naming convention, but the view name will populate the tab.

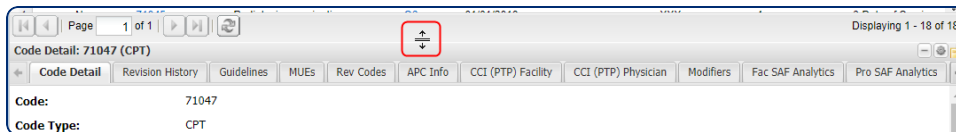
Chapter 3: Code Detail Pane

The **Code Detail** panel contains referential and payment information in separate tabs. The tabs vary depending upon the type of code selected.

Customizing the Code Detail Pane

Extending the height of the **Code Detail** pane:

Hover over the line that separates  the **Code Detail** pane from the **Results** table. Click the divider icon and drag it up or down to adjust the height.



Display only the tabs you want to see and in the order you want them in:

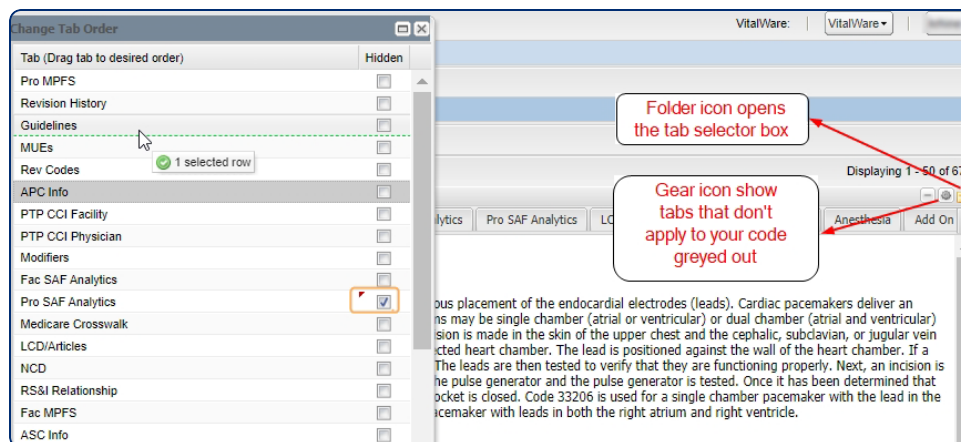
1. Click the **folder** icon at the top of the panel.
2. In the **Change Tab Order** window, select the tabs you want to remove from your view.
3. Drag tabs in the order you want.



Note: The **Change Tab Order** pop-up contains all tabs that apply to every code type. The selections you make won't apply to the codes that don't contain that information.

4. Click **Save**. The selections you make are applied until manually updated again.

View the tabs in your **Code Detail** panel that don't apply to your chosen code by clicking the **gear** icon. The hidden tabs are not available.



Understanding the Tabs in the Code Detail Pane

Code Detail Tab

The **Code Detail** tab is visible by default and is the first tab on the left. The information it contains varies by code type.

CPT/HCPCS code details:

- Code Type
- Plain English Descriptions
- Long Description
- Medium Description
- Consumer Friendly Description
- Effective Date
- Deleted Date

Inclusion Terms and Instructional Notes are included on the ICD-10 CM **Code Details** tab.

Code Detail: 89050 (CPT)

Code Detail Pro MPFS Revision History Guidelines MUEs Rev Codes

Code Type: CPT

Plain English Descriptions: A laboratory procedure is performed on miscellaneous sample. An examination of body fluid for type and number of cells, including neoplasm, and inherited degenerative processes. A saline fluid is applied to a glass slide and the cells are stained by visualization. A differential cell count further examines the fluid as histocytes, macrophages, and mesothelial cells. The 89051 reports cell and differential count of miscellaneous body fluids.

Long Description: Cell count, miscellaneous body fluids (eg, cerebrospinal fluid)

Short Description: BODY FLUID CELL COUNT

Medium Description: CELL COUNT MISCELLANEOUS BODY FLUIDS

Consumer Friendly Description: Body fluid cell count

Effective Date: Pre-1990

Deleted Date: N/A

Stat Ind: Q4

Status Ind Desc: Conditionally packaged laboratory tests.

Paid under OPFS or CLFS. (1) Packaged APC payment SI=A and payment is made under the CLFS.

Code Detail: I09.2 (ICD-10 CM)

Code Detail Revision History Guidelines LCD/Articles GEM Fwd Map (1) GEM

Code: I09.2

Code Type: ICD-10 CM

Plain English Descriptions: Rheumatic fever is an inflammatory disease that appears as fever and joint pain. Rheumatic fever can permanently damage tissue, especially the heart and/or its valves from this long-term inflammation. Symptoms include fatigue, shortness of breath, and coughing. Rarely, it develops into constrictive pericarditis causing heart failure when inflammation affects the outermost layer of heart. Chest x-ray can show calcium deposits in the pericardium.

Long Description: Chronic rheumatic pericarditis

MS-DRG CC/MCC: CC

Inclusion Term(s): Adherent pericardium, rheumatic
Chronic rheumatic mediastinopericarditis
Chronic rheumatic myopericarditis

Instructional Note(s): Excludes 1:
chronic pericarditis not specified as rheumatic (I31.-)

Effective Date: 10/01/2015



Note: All **Code Detail** tab information applies to the Date Of Service indicated in the **Search** panel. If a code is deleted as of that date, **[Deleted]** will display in red font and any replacement codes will be listed.

[DELETED] Code Detail: 10022 (CPT)						
Code Detail	Revision History	Guidelines	Rev Codes	APC Info	Modifiers	Fac SAF
Replacement Codes:	10006, 10007, 10008, 10009, 10010, 10011, 10012, 10005					
Effective Date:	01/01/2002					
Deleted Date:	12/31/2018					

Add On Tab

The **Add On** tab shows related codes for common add on services related to the code.

Codes on this tab can be billed in conjunction with the primary code selected if add on services were provided and documented.

Code Detail: 33217 (CPT)			
Code	Long Desc	Effective Date	Expiration Date
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List...	04/01/2013	

AHA Coding Clinic



Note: The **AHA Coding Clinic** tab is available only for users who have purchased this content.

The **AHA Coding Clinic** tab displays links to ICD-9, ICD-10 and HCPCS coding guidance for the selected code, using the American Hospital Association's quarterly newsletter.

AMA CPT Assistant



Note: The **AMA CPT Assistant** tab is available only for users who have purchased this content.

The **AMA CPT Assistant** tab displays links to relevant articles from the American Medical Association's official online newsletter, providing guidance for the selected code.

Ambulance Tab

The **Ambulance** tab includes information from the Ambulance Fee Schedule as determined by the ZIP Code of a facility.

- Ambulance Rural Base Rate/Rural Mileage
- Ambulance Rural Base Rate/Lowest Quartile
- Ambulance Rural Ground Miles 1-17
- Ambulance Base Rate
- Ambulance RVU
- Ambulance Urban Base Rate/Urban Mileage

The collapsed bar at the bottom of the tab can be expanded to display a list of all ambulance modifiers.

Item	Payment Amount
Ambulance Rural Base Rate/Rural Mileage	231.34
Ambulance Rural Base Rate/Lowest Quartile	
Ambulance Rural Ground Miles 1-17	0.00
Ambulance Base Rate	229.91
Ambulance RVU	1.00
Ambulance Urban Base Rate/Urban Mileage	229.09

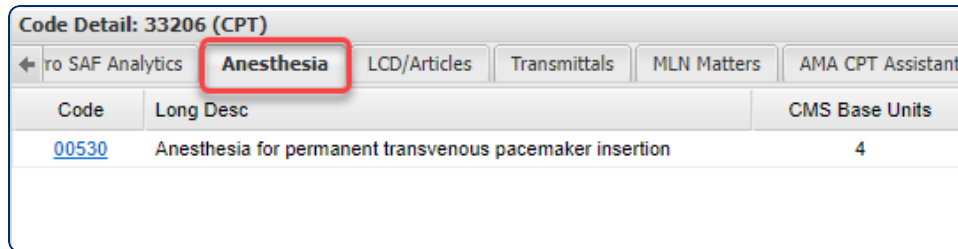
Anesthesia Tab

The **Anesthesia** tab contains anesthesia information from CMS.

Information on the tab for procedures (CPT codes) that typically require anesthesia:

- Anesthesia code appropriate for the procedure
- Primary Code - yes or no
- Long Desc
- CMS Base Units
- Conversion Factor

- Add On
- Comments
- Instructions



Information on the tab for anesthesia codes that are typically assigned to procedures.

CPT code and its description appropriate for the Anesthesia code.

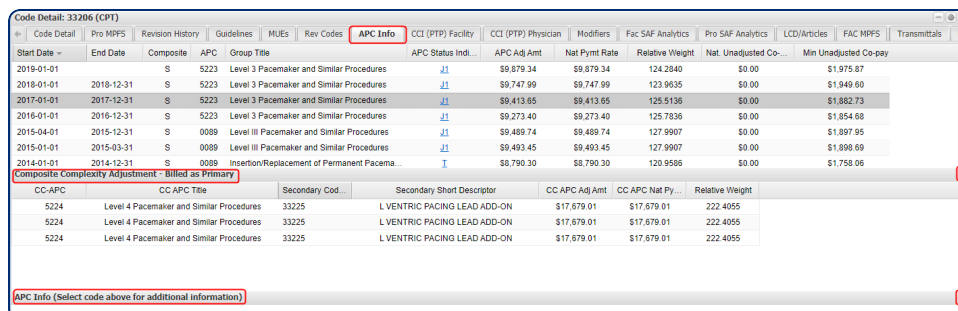
APC Info Tab

The **Medicare Ambulatory Payment Classifications (APC)** tab includes:

- APC Group Status Indicators
- National and Wage Adjusted Payment Rates
- Relative Weights and Co-pay

And two additional grids that include:

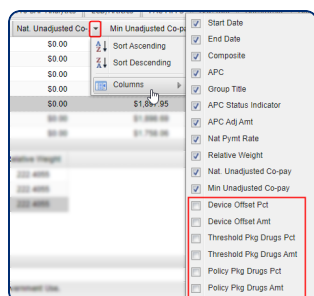
- Composite complexity adjustment when the code is billed as primary
- Secondary for codes that have complexity adjustments



If a code can group to multiple APCs, the **APC Info** tab will display the history for all applicable APCs, with active APCs at the top.

If the CPT/HCPCS code is related to devices or drugs, additional columns can be brought in by clicking on any tab column header and choosing them.

- Device Offset Percent
- Device Offset Amount
- Threshold Pkg Drugs Percent
- Policy Pkg Drugs Amount



ASC Info Tab

The **Ambulatory Surgery Center (ASC)** tab includes:

- Payment indicator
- ASC Notes
- Multi Proc Disc
- Payment weight
- ASC wage index used for the calculation
- National and adjusted payment amounts based on your facility's ASC wage index

Code Detail: 10080 (CPT)						
Multi Proc Disc	Notes	Payment Indicator	Payment Weight	ASC Adj Payment	National Unadjusted Payment	ASC Wage Index
Y	Payment indicators for "office-based" procedures (P2, P3) are based on a comparison of the final rates according to the ASC standard ratesetting methodology and the MPFS final rates for January 1, 2019. Via note that these payment rates and indicators reflected the 0.25% increase to the final MPFS payment rates effective January 1, 2019 as a result of the Medicare Access and CHIP Reauthorization Act of 2015, as modified by the Bipartisan Budget Act of 2018. For a discussion of the MPFS rates, we refer readers to the CY 2019 MPFS final rule.	P3	0.0000	\$138.38	\$138.38	1.0000

CCI (PTP) Facility Tab

The sections of the **CCI (PTP) Facility** tab contain the Correct Coding Initiative Procedure to Procedure rules related to the CPT/HCPCS code being reviewed for Facility billing.

Click the plus icon  to expand the sections.

- **PTP CCI Version:** Shows the version of CCI rules based on the date of service in the Search.
- **Selected Code as Column 1 Code (0):** Shows a list of codes that indicate there are no circumstances in which a modifier would be appropriate.
- **Selected Code as Column 1 Code (1):** Shows a list of codes that indicate that a modifier is allowed in order to differentiate between the services provided.
- **Selected Code as Column 2 Code (0):** Shows a list of codes that indicate there are no circumstances in which a modifier would be appropriate.
- **Selected Code as Column 2 Code (1):** Shows a list of codes that indicate that a modifier is allowed in order to differentiate between the services provided.

Code Detail: 71045 (CPT)						
Code Detail	Revision History	Guidelines	MUES	Rev Codes	APC Info	CCI (PTP) Facility
PTP CCI Facility						
<input checked="" type="checkbox"/> PTP CCI Version						
<input checked="" type="checkbox"/> Selected Code as Column 1 Code						
(0) Indicates that there are no circumstances in which a modifier would be appropriate.						
95523						
(1) Indicates that a modifier is allowed in order to differentiate between the services provided.						
VV Instructional Note: When considering inclusion of a code from the list below on the same claim with the same date of service as the SELECTED code 71045, and documentation supports billing both codes together, append the appropriate modifier to the code from the list below.						
0175T						
<input checked="" type="checkbox"/> Selected Code as Column 2 Code						
(0) Indicates that there are no circumstances in which a modifier would be appropriate.						
(1) Indicates that a modifier is allowed in order to differentiate between the services provided.						
VV Instructional Note: When considering inclusion of a code from the list below on the same claim with the same date of service as the SELECTED code 71045, and documentation supports billing both codes together, append the appropriate modifier to the SELECTED code 71045.						
0491T 0496T 11520 12550 12621 12654 12655 12656 12657 12658 12659 12660 12661 12662 12663 12664 12665 12666 12667 12668 12669 12670 12671 12672 12673 12674 12675 12676 12677 12678 12679 12680 12681 12682 12683 12684 12685 12686 12687 12688 12689 12690 12691 12692 12693 12694 12695 12696 12697 12698 12699 12700 12701 12702 12703 12704 12705 12706 12707 12708 12709 12710 12711 12712 12713 12714 12715 12716 12717 12718 12719 12720 12721 12722 12723 12724 12725 12726 12727 12728 12729 12730 12731 12732 12733 12734 12735 12736 12737 12738 12739 12740 12741 12742 12743 12744 12745 12746 12747 12748 12749 12750 12751 12752 12753 12754 12755 12756 12757 12758 12759 12760 12761 12762 12763 12764 12765 12766 12767 12768 12769 12770 12771 12772 12773 12774 12775 12776 12777 12778 12779 12780 12781 12782 12783 12784 12785 12786 12787 12788 12789 12790 12791 12792 12793 12794 12795 12796 12797 12798 12799 12800						

CCI (PTP) Physician Tab

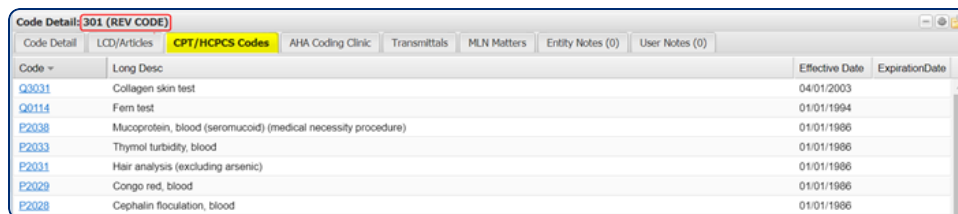
The sections of the **CCI (PTP) Physician** tab contain the Correct Coding Initiative Procedure to Procedure rules related to the CPT/HCPCS code being reviewed for Physician billing.

Click the plus icon  to expand the sections.

- **PTP CCI Version:** Shows the version of CCI rules based on the date of service in the Search.
- **Selected Code as Column 1 Code (0):** Shows a list of codes that indicate there are no circumstances in which a modifier would be appropriate.
- **Selected Code as Column 1 Code (1):** Shows a list of codes that indicate that a modifier is allowed in order to differentiate between the services provided.
- **Selected Code as Column 2 Code (0):** Shows a list of codes that indicate there are no circumstances in which a modifier would be appropriate.
- **Selected Code as Column 2 Code (1):** Shows a list of codes that indicate that a modifier is allowed in order to differentiate between the services provided.

CPT/HCPCS Codes Tab

The **CPT/HCPCS Codes** tab populates only when searching the Revenue Codes data set and lists all CPT/HCPCS codes that may fall into the revenue code selected.



Code	Long Desc	Effective Date	ExpirationDate
Q3031	Collagen skin test	04/01/2003	
Q0114	Fern test	01/01/1994	
E2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)	01/01/1986	
E2033	Thymol turbidity, blood	01/01/1986	
E2031	Hair analysis (excluding arsenic)	01/01/1986	
E2029	Congo red, blood	01/01/1986	
E2028	Cephalin flocculation, blood	01/01/1986	

CPT to ICD-10-PCS Tab

The **CPT to ICD-10-PCS** tab provides a crosswalk from the selected CPT code to possible ICD-10-PCS Procedure codes.

ICD-10-PCS code	Description	Start Date	End Date	Notes
1 0KBL0ZZ	Excision of Left Abdomen Muscle, Open Approach	09/30/2015		
2 0KBR0ZZ	Excision of Right Abdomen Muscle, Open Approach	09/30/2015		

CPT to ICD-9 Px Tab

The **CPT to ICD-9-Px** tab provides a crosswalk from the selected CPT code to possible ICD-9 Px Procedure codes.

Devices Tab

The **Devices** tab shows all of the devices that are mapped to the selected CPT/HCPCS code. Information includes:

- Model Number
- UPN (if available)
- Device Name
- Manufacturer
- Manufacturer Subdivision
- CPT/HCPCS mapped
- Multiple HCPCS Device - Yes indicates that the product contains two or more devices, each with a separate HCPCS code.

Device Name	Model Number	HCPCS Code	VW ID	Manufacturer	GTIN	Case GTIN	UNSPSC	UNSPSC Descr...	GMDN	UDI
1 Reveal LINO Mobile Manager Implantable cardiac device management application software	MSW001	C1764	16813	Medtronic, Inc.	00643169545519		42203504	Cardiac recorders	61680	006431695

ICD9CM to CPT Px Tab

The ICD-9 CM to CPT Px tab provides a crosswalk from the selected ICD-9 CM code to possible CPT Px procedure codes.

Related Devices Tab

The related devices listed on a procedure **Related Devices** tab are maintained by Vitalware and based on reasonableness (for dates of service after 1/1/2015). This proprietary list does not represent any official payer claim edits in effect on or after 1/1/2015.

- Device Code and long description
- Device Intensive - yes or no
- Device Overrides Edit - yes or no
- Start and End Date of Device Code
- Notes regarding the date of service

Code	Long Desc	Device Intensi...	Device Overrides Edit	Start Date	End Date	Notes
1 C1759	Guide wire	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
2 C1779	Lead, pacemaker, transvenous vdd single pass	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
3 C1789	Pacemaker, single chamber, rate-responsive (implantable)	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
4 C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
5 C1882	Catheter, guiding (may include infusion/perfusion capability)	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
6 C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
7 C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
8 C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
9 C1898	Lead, pacemaker, other than transvenous VDD single pass	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.
10 C2620	Pacemaker, single chamber, non rate-responsive (implantable)	Yes	Yes	01/01/2015		Procedure was added to the device-intensive procedure list, effective 1/1/2015.

Dates of Service prior to 01/01/2015 have a **Device Dependent** tab and list codes that reflect the CMS procedure to device edits for the date of service used in the search.

DME Fee Sched Tab

The **Durable Medical Equipment (DME) Fee Sched** tab data includes:

- Jurisdiction
- Category
- Payment amount based upon reported modifiers
- Floor and ceiling amounts

HCPCS	Mod	Mod2	Juris	Catg	Payment Amt	Ceiling Amt	Floor Amt
L1810			D	PO	\$102.21	\$121.91	\$91.43

FAC Lab Fee Sched Tab

For dates of service on or after 1/1/2018, the FAC Lab Fee Sched tab contains the national payment amount based on the date of service indicated in the search criteria, or a local payment indicator for those codes that are priced individually by each MAC. For dates of service prior to 1/1/2018, the tab contains the locality-specific payment rates based upon the facility and the date of service indicated in the search criteria.

Code Detail: 82010 (CPT)						
←	Fac SAF Analytics	Pro SAF Analytics	Pro MPFS	Transmittals	MLN Matters	Fac Lab Fee Sched
Status Indicator	Lab Fee	Modifier	Payment Indicator			
Q4	\$9.08		National			


FAC MPFS Tab

The FAC fee schedule tab returns reimbursement information for outpatient hospital procedures that are reimbursed via fee schedule. For example, procedures performed in an off-campus, provider-based department of a hospital and reported with modifier PN are reimbursed under the MPFS.

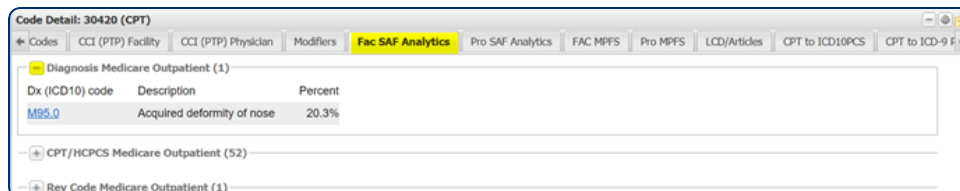
Date Search:		Page 1 of 1	
Date of Service	▼	←	→
From:	To:	Code Detail: 77054 (CPT)	
07/22/2019	End Date	←	Analytics
			FAC MPFS
			Pro MPFS
			Medicare Crosswalk
			LCD/Articles
Item	Payment amount		
FAC reimbursement with PN modifier	\$92.22		

FAC SAF Analytics Tab

The **FAC SAF Analytics** tab (Facility Standard Analytical File) displays statistics about the code selected in relation to its use in the facility setting. The SAF file contains detailed claims information about health care services rendered to Medicare beneficiaries in the outpatient setting. Information is aggregated from the most recent four quarters of data available for CMS and is updated on a quarterly basis.

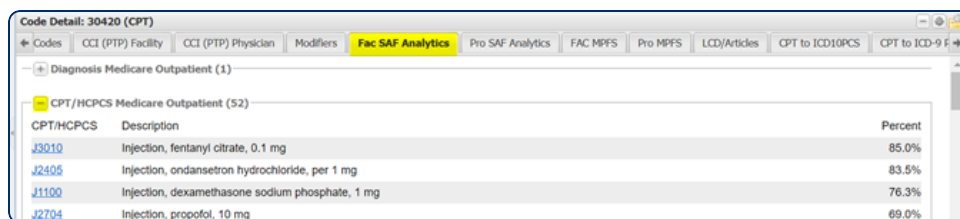
The data is separated into three sections whose default view is collapsed by default. Expand the sections by clicking on the plus  icon.

1. **Diagnosis Medicare Outpatient:** Contains statistics about the ICD-10-CM codes most frequently billed with the CPT/HCPCS code being reviewed. In the example below, Medicare outpatient bills that include CPT code 30420 also included ICD-10-CM Code M95.0 20.3% of the time in the SAF data.



Dx (ICD10) code	Description	Percent
M95.0	Acquired deformity of nose	20.3%

2. **CPT/HCPCS Medicare Outpatient:** Contains statistics about other CPT/HCPCS codes that are most frequently billed with the CPT/HCPCS code being reviewed.



CPT/HCPCS	Description	Percent
J3010	Injection, fentanyl citrate, 0.1 mg	85.0%
J2405	Injection, ondansetron hydrochloride, per 1 mg	83.5%
J1100	Injection, dexamethasone sodium phosphate, 1 mg	76.3%
J2704	Injection, propofol, 10 mg	69.0%

3. **Rev Code Medicare Outpatient:**

- **RevCode Billed Count:** The number of times the revenue code was billed with the CPT/HCPCS being reviewed based on the SAF data.
- **Total CPT/HCPCS Billed Count:** The total number of times the CPT/HCPCS code being reviewed was billed.
- **Percent RevCode Billed:** The percent of times that the revenue code was billed with the CPT/HCPCS being reviewed.



Note: The percentage totals may not add up to 100% for the following reasons:

- Code pairings less than 2% are not displayed.
- We cannot display claims information in which fewer than 11 claims are found in the data.

RevCode	Description	RevCode Billed Count	Total CPT/HCPCS Billed Count	Percent RevCode Billed
0370	Anesthesia - General Classification	64	68	94.1%

GEM Fwd Map Tab

The **GEM Fwd Map** tab is visible only when searching the ICD-9 or ICD-10 data sets.

It contains the codes identified through General Equivalence Mappings (GEM) to map forward to either:

- The ICD-9 code searched on to the resulting ICD-10 codes
- The ICD-10 code searched on to the resulting ICD-9 codes

The **GEM Fwd Map** tab shows a number in parenthesis (2) indicating the number of codes that are mapped.

In the example below, ICD-9 code 823.40 is mapped to two different target ICD-10 codes.

Mapped Code	ICD Code	Long Description
Scenario 0 : Choose one of the following 2		
1	S82.169A	Torus fracture of upper end of unspecified tibia, initial encounter for closed fracture
2	S82.319A	Torus fracture of lower end of unspecified tibia, initial encounter for closed fracture

GEM Rev Map Tab

The **GEM Rev Map** tab is visible only when searching the ICD-9 or ICD-10 data sets.

It contains the codes identified through Generally Equivalency Mapping (GEM) to map in reverse to the code searched:

- The ICD-9 code searched on to the resulting ICD-10 codes
- The ICD-10 code searched on to the resulting ICD-9 codes

The **GEM Rev Map** tab shows a number in parenthesis (6) indicating the number of codes that are mapped.

In the example below, there are six ICD-10 codes that map to the single ICD-9 code 823.40.

Code Detail: 823.40 (ICD-9-CM Diagnosis)		
←	Code Detail	Revision History
	Guidelines	NCD
	Transmittals	GEM Fwd Map (2)
		GEM Rev Map (6)
Source Code	Source Description	
Scenario 0 : Choose one of the following 6		
1	S82.161A	Torus fracture of upper end of right tibia, initial encounter for closed fracture
2	S82.162A	Torus fracture of upper end of left tibia, initial encounter for closed fracture
3	S82.169A	Torus fracture of upper end of unspecified tibia, initial encounter for closed fracture
4	S82.311A	Torus fracture of lower end of right tibia, initial encounter for closed fracture
5	S82.312A	Torus fracture of lower end of left tibia, initial encounter for closed fracture
6	S82.319A	Torus fracture of lower end of unspecified tibia, initial encounter for closed fracture

Guidelines Tab


The **Guidelines** tab contains the official CPT guidelines as published by the AMA. The sections include Tabular Notes, Coding Tips, and Citations.

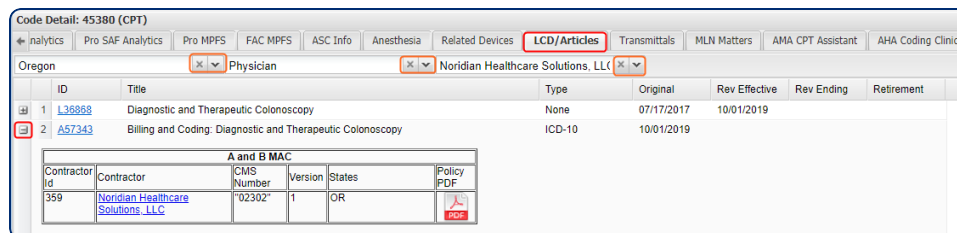
Code Detail: 33206 (CPT)							
←	Code Detail	Revision History	Guidelines	MUEs	Rev Codes	APC Info	CCI (PTP) Facility
							CCI (PTP) Physician
Guidelines							
Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial							
(Codes 33206-33208 include subcutaneous insertion of the pulse generator and transvenous placement of electrode[s])							
(Do not report 33206, 33207, 33208 in conjunction with 33216, 33217)							
(Do not report 33206-33208 in conjunction with 33227-33229)							
(Do not report 33216 in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33227, 33228, 33229, 33230,							

LCD/Articles Tab


- The **LCD/Articles** tab contains all Local Coverage Determinations and Articles for a particular Contractor related to the code selected.
- The tab defaults to the state and contractor set up for your facility.
- Change the state, provider type, and contractor in the drop-down fields to research LCDs and Articles related to the code from other Medicare Contractors.
- Click the **LCD** or **Article** hyperlink to open the document in a new tab.

OR

- Click the **plus**  icon to access the document PDF print file option.
- The Contractor name hyperlinks direct you to the contractor's website.



ID	Title	Type	Original	Rev Effective	Rev Ending	Retirement
1 L38888	Diagnostic and Therapeutic Colonoscopy	None	07/17/2017	10/01/2019		
2 A57343	Billing and Coding: Diagnostic and Therapeutic Colonoscopy	ICD-10	10/01/2019			

A and B MAC					
Contractor Id	contractor	CMS Number	Version	States	Policy PDF
359	Noridian Healthcare Solutions, LLC	02302	1	OR	

Alt Code Relationships Tab

The **Alt Code Relationships** tab shows CPT/HCPCS to CPT/HCPCS relationships, including Medicare Alternate, suggested replacements for deleted codes, Radiological S&I relationships, and See Also recommendations to ensure complete and accurate billing for procedures that require additional codes. It contains:

- The type of code-to-code relationships and effective dates.
- Which type of provider applies to this relationship in the fields FAC, PRO and ASC Applicable, along with guidelines.

In the example below, **G0279** is a Medicare alternate for **77061**.

Code Detail: 77061 (CPT)										
Code Detail	Revision History	Guidelines	APC Info	ASC Info	DME Fee Sched	Rev Codes	CCI (PTP) Facility	CCI (PTP) Physician	Modifiers	Alt Code Relationships
Relationship Type	CPT/HCPCS	Relationship...	Relationship...	CPT/HCPCS Long Description	Desc Start					
Medicare Alternate	G0279	01/01/2015	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 ...						01/01/2018	

MLN Matters Tab

The **MLN Matters** tab contains links to all MedLearn Matters articles that relate to the code selected.

Code Detail: G0279 (HCPCS LVL II)										
Pro MPFS	FAC MPFS	Primary Code	LCD/Articles	NCD	Transmittals	MLN Matters	AHA Coding Clinic	Entity Notes (0)	User Notes (0)	CDM Code Reference
Article Number	Subject	Release Date	Revised Date	Implementation Date	Replaced By	Rescinded D				
1 MM9771	Annual Update of HCPCS Codes Used for Home Health Consolidated Billi... Note: This article was revised on January 12, 2017, to correct in the table o...	11/17/2016	01/12/2017	01/03/2017						
2 MM9191	Claims Processing Instructions for Diagnostic Digital Breast Tomosynthesis	08/11/2015		01/04/2016						
3 MM9104	Quarterly Update to the Medicare Physician Fee Schedule Database (MPF...	03/04/2015	06/15/2015	04/06/2015						

Click the **MLN article number** hyperlink to open it in a new tab. The new tab contains a hyperlink at the bottom to open a PDF version of the article in a new browser tab.

Term Results	CPT Index	HCPCS Index	Fac Peer Pricing	Pro Peer Pricing	ASC Pricing	Article Number : MM9771
Note: This article was revised on January 12, 2017, to correct in the table on page 2. The table incorrectly listed HCPCS code 97177. The correct HCPCS code is HCPCS 97167 (OT EVAL HIGH COMPLEX 60 MIN). All other information is unchanged.						
<input type="checkbox"/> Provider Types Affected						
This MLN Matters® Article is intended for Home Health Agencies (HHAs) and other providers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries in a home health period of coverage.						
<input type="checkbox"/> Need To Know						
<input type="checkbox"/> Action General						
Change Request (CR) 9771 provides the 2017 annual update to the list of HCPCS codes used by Medicare systems to enforce consolidated billing of home health services. Make sure that your billing staffs are aware of these changes.						
<input type="checkbox"/> Action Stop						
<input type="checkbox"/> Action Caution						
<input type="checkbox"/> Action Go						
<input type="checkbox"/> MLN Matters Links						
MM9771 (Updated 01/19/2017)						
MM9771						

Modifiers Tab

The **Modifiers** tab includes Information on which modifiers are applicable to the selected code for the billing type; facility, professional, or ASC.

Detailed in the image below:

- The **Overrides PTP Edit** column that contains **Yes** means that modifiers 59, 91, XE, XP, and XU will override the NCCI edit for code 80053 for facility and professional claims. CPT code 80053 is not on the list of approved ASC

procedures; therefore all modifiers are marked as N/A for the ASC setting.

- The **No** in the **Overrides PTP Edit** column indicates that the selected modifier will not override NCCI edits.
- For Modifier GC, the **Yes** under the **FAC** column means the modifier may be appropriate for some other use with CPT code 80053, but not to alleviate NCCI issues.

	Overrides PTP Edit	FAC	PRO	ASC	Code	Description	Start Date	End Date
1	Yes	Yes	Yes	N/A	S9	Distinct Procedural Service	07/01/20...	
2	Yes	Yes	Yes	N/A	91	Repeat Clinical Diagnostic Laboratory Test	01/01/19...	
3	Yes	Yes	Yes	N/A	XE	Separate Encounter, A Service That Is Distinct Because It Occurred Duri...	07/01/20...	
4	Yes	Yes	Yes	N/A	XP	Separate Practitioner, A Service That Is Distinct Because It Was Perform...	07/01/20...	
5	Yes	Yes	Yes	N/A	XU	Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct...	07/01/20...	
6	No	N/A	Yes	N/A	GC	This service has been performed in part by a resident under the direction...	01/01/19...	
7	No	Yes	N/A	N/A	AY	Item or service furnished to an esrd patient that is not for the treatment of...	01/01/2011	

MUE Tab

The **MUE** tab contains the Medically Unlikely Edit information for the code you selected. It includes:

- Type of MUE - DME, Facility or Professional
- MUE Value
- Adjudication Indicator
- Rationale
- Adjudication Indicator Definition

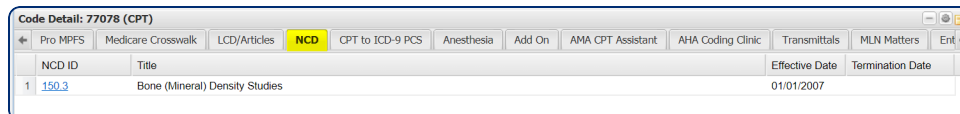
Type	Value	Adjudication Indicator	Rationale
DME	0	3 Date of Service Edit: Clinical	CMS Policy
Facility	100	3 Date of Service Edit: Clinical	Prescribing Information
Professional	100	3 Date of Service Edit: Clinical	Prescribing Information

Adjudication Indicator Definition

- MAI 1 - HCPCS codes with an MAI of 1 will continue to be adjudicated as a claim line edit.
- MAI 2 - HCPCS codes with an MAI of 2 will be date of service edits. These are "per day edits based on policy".
- MAI 3 - HCPCS codes with an MAI of 3 will be date of service edits. These are "per day edits based on clinical benchmarks".

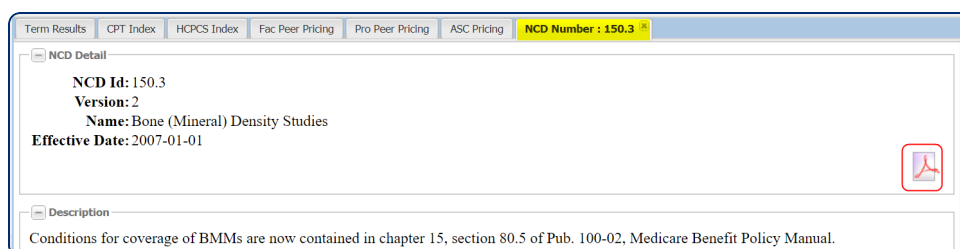
NCD Tab

The **NCD** tab contains a list of all National Coverage Determination documents that contain the code you selected.



Code Detail: 77078 (CPT)				
Pro MPFS Medicare Crosswalk LCD/Articles NCD CPT to ICD-9 PCS Anesthesia Add On AMA CPT Assistant AHA Coding Clinic Transmittals MLN Matters Ent				
NCD ID	Title	Effective Date	Termination Date	
1 150.3	Bone (Mineral) Density Studies	01/01/2007		

Click the **NCD ID** hyperlink to open the document in a new tab. The new document tab contains a link to open a printable PDF version of the NCD.



Term Results	CPT Index	HCPCS Index	Fac Peer Pricing	Pro Peer Pricing	ASC Pricing	NCD Number : 150.3
<p>NCD Detail</p> <p>NCD Id: 150.3 Version: 2 Name: Bone (Mineral) Density Studies Effective Date: 2007-01-01</p> <p>PDF</p> <p>Description</p> <p>Conditions for coverage of BMMs are now contained in chapter 15, section 80.5 of Pub. 100-02, Medicare Benefit Policy Manual.</p>						

NDC Tab

The **NDC** tab shows a list of **National Drug Codes** mapped to the CPT/HCPCS code selected and are generally for injectable drugs. The list is not all inclusive as many over-the-counter (OTC) drugs are not listed. The NDC number is a hyperlink that opens in a new tab at the top of the page and contains a crosswalk to the drugs assigned to it.

The default tab columns are:

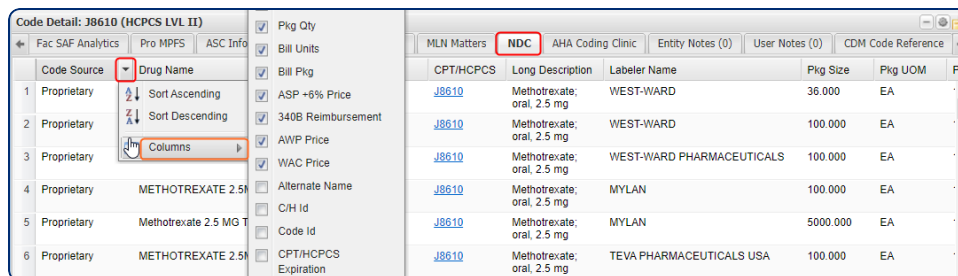
- Code Source
- Drug Name
- NDC
- CPT/HCPCS
- CPT/HCPCS Description
- Labeler Name
- Pkg Size

- Pkg UOM
- Pkg Qty
- Bill Units
- ASP +6% Price
- 340B Reimbursement
- AWP Price
- WAC Price

Click on any tab column header to pull in other applicable columns:

- Alternate Name
- C/H ID
- CPT/HCPCS Code Expiration and Description
- Facility MUE
- Mfg End Date
- NDC Code Expiration
- Pharm Class
- Pro MUE
- Product Type
- ROA
- SD/MD (Single Dose/MultiDose) Per Each and per Pkg

Use the scroll bar at the bottom lower panel to view additional columns.



Primary Code Tab

The **Primary Code** tab is visible when the code selected is considered add-on code that must be billed in conjunction with a primary code. The codes listed on the tab are eligible primary codes for the CPT code selected.

Code Detail: 15276 (CPT)				
Code...		Long Desc	Effective Date	Expiration Date
1	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, e...	04/01/2013	

Pro Anesthesia Fee Schedule Tab

The **Pro Anesthesia Fee Schedule** tab provides helpful information for anesthesia billing.

The anesthesia conversion factor is published by CMS, and is used to compute allowable amounts for anesthesia services under CPT codes 00100 through 01999. CMS base units is the anesthesia base unit published by CMS to compute allowable amounts for anesthesia services for CPT codes 00100 through 01999. Average billed time increments represents the average billed units per CPT code calculated from the most recent four quarters of data published in the Carrier LDS Standard Analytical file.

Code Detail: 00326 (Anesthesia Procedures)	
Item	Response
Conversion Factor	\$21.26
CMS Base Units	7
Time Eligible	Yes
Avg Billed Time Increments	3.9

Pro MPFS Tab

The **Pro MPFS** tab includes locality-specific payment information from the Medicare Physician Fee Schedule in relation to the selected code based upon the DOS indicated that include:

- Status Code
- Work RVU (Relative Value Units)
- Non-Facility Practice Expense RVU
- Non-Facility NA Indicator
- Facility Practice Expense RVU
- Facility NA Indicator
- Malpractice RVU
- Total Non-Facility RVU
- Total Facility RVU
- PRO Facility Price
- PRO Office Price
- Professional-Technical Component Indicator
- Global Surgery
- Preoperative Percentage (Modifier 56, 54 and 55)
- Multiple Procedure Indicator
- Bilateral Surgery Indicator
- Assistant Surgery Indicator
- Co-Surgeon Indicator (Modifier 62 and 66)
- Endoscopic Base Codes
- Team Surgeons Indicator (Modifier 66)
- Conversion Factor
- Physician Supervision of Diagnostic Procedures
- Facility Practice Expense RVU Used for OPSS
- Non-Facility Practice Expense RVU Used for OPSS
- Malpractice RVU Used for OPSS

The **Item Description** column is hidden by default and can be added by clicking on any column header in the tab to open the column selector.

Item	Item Description	Response	TC	26	Response Description
Status Code	Indicates whether the code is in the fee schedule and whether it is separately payable if the service is covered. Only RVUs associated with status codes of "A", "R", or "T", are used for Medicare payment.	A	A	A	Active Code. These codes are paid separately under the physician fee schedule if covered. These will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.
Work RVU	Reflects the relative time and intensity associated with providing a service and equal approximately 50 percent of the total payment.	0.45	0.00	0.45	
Non-Facility Practice Expense RVU	Reflects costs such as renting office space, buying supplies and equipment, and staff.	1.63	1.46	0.17	
Non-Facility NA Indicator	An NA in this field indicates that this procedure is rarely or never performed in the non-facility setting.	0	0	0	
Facility Practice Expense RVU	Reflects costs such as renting office space, buying supplies and equipment, and staff.	1.63	1.46	0.17	
Facility NA Indicator	An NA in this field indicates that this procedure is rarely or never performed in the facility setting.	1	1	0	
Malpractice RVU	Reflects the relative costs of purchasing malpractice insurance.	0.04	0.01	0.03	
Total Non-Facility RVU	This is the maximum amount a beneficiary can be charged for the service - By nonparticipating health care professionals - Who do not accept assignment, and - When the service is performed in an office setting.	2.12	1.47	0.65	

Pro SAF Analytics Tab

The **Pro SAF Analytics** tab (Professional Standard Analytical File) displays statistics about the code selected in relation to its use in the professional setting. The SAF file contains detailed claims information about health care services rendered to Medicare beneficiaries. Each file contains one year of claims information and the SAF is released bi-yearly. The data is separated into two sections. Expand the sections by clicking on the plus icon.

- **Diagnosis Medicare Outpatient:** contains statistics about the ICD-10-Dx codes most frequently billed with the CPT/HCPCS code being reviewed.
- **CPT/HCPCS Medicare Professional:** contains statistics about other CPT/HCPCS codes that are most frequently billed with the CPT/HCPCS code being reviewed.

Diagnosis Medicare Professional (4)		
Dx (ICD10) code	Description	Percent
N13.5	Crossing vessel and stricture of ureter without hydronephrosis	22.8%
N13.1	Hydronephrosis with ureteral stricture, not elsewhere classified	19.1%
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	8.8%
N20.1	Calculus of ureter	8.8%

CPT/HCPCS Medicare Professional (5)		
CPT/HCPCS	Description	Percent
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	50.7%
74420	Urography, retrograde, with or without KUB	44.9%
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	19.9%

Initial hospital care per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive



Tip: The percentage totals may not add up to 100%, because code pairings less than 2% are not displayed.

Revision History Tab

The code **Revision History** is listed from newest to oldest in a stacked view.

Code Detail: 33206 (CPT)								
Code Detail		Revision History	Guidelines	MUEs	Rev Codes	APC Info	CCI (PTP) Facility	CCI (PTP) Physician
Start	End	Long Desc	Short Desc	Medium Desc				
01/01/2012		Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	INSERT HEART PM ATRIAL	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL				
Pre-1990	12/31/2011	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	INSERT HEART PM ATRIAL	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL				

Rev Codes Tab

The **Rev Codes** tab includes two lists of revenue codes that might be appropriate for the CPT/HCPCS code being reviewed.

- **Best Practices:** Provides a list of the revenue codes that Vitalware has determined are most suitable for the code selected. In most standard-use cases, the appropriate revenue code will be listed here. There are some unusual cases in which facilities may find that their specific use calls for a revenue code that is not listed here.
- **Rev Code Medicare Outpatient:** Provides the following:
 - » **RevCode Billed Count** represents the number of times the revenue code was billed with the CPT/HCPCS code based on the SAF data.
 - » **Total CPT/HCPCS Billed Count** represents the total number of times the CPT/HCPCS code being reviewed was billed.
 - » **Percent Rev Code Billed** is the percent of times that the revenue code was billed with the CPT/HCPCS being reviewed. The percentage totals

may not all add to 100% as code pairings less than 2% are not displayed.

Both of the revenue code lists can be expanded by clicking the **plus**  icon.

Code Detail: 33206 (CPT)

Code Detail | Revision History | Guidelines | Fac SAF Analytics | Pro SAF Analytics | FAC MPFS | Pro MPFS | MUEs | **Rev Codes** | APC Info | CCI (PT)

Best Practices (11)

Rev Code Medicare Outpatient (5)

RevCode	Description	RevCode Billed Count	Total CPT/HCPCS Billed Count	Percent RevCode Billed
0361	Operating Room Services - Minor Surgery	215	672	32.0%
0481	Cardiology - Cardiac Cath Lab	200	672	29.8%
0360	Operating Room Services - General Classification	139	672	20.7%
0480	Cardiology - General Classification	90	672	13.4%
0761	Specialty Services - Treatment Room	24	672	3.6%

RS & I Relationship Tab

The **RS&I Relationship** tab (Radiological Supervision and Interpretation Relationship) contains related RS&I codes when the code selected is a procedure which typically utilizes separately reportable radiological guidance or requires a separately reportable radiological supervision and interpretation code for complete reporting.

Code Detail: 62291 (CPT)

analytics | Medicare Crosswalk | **RS&I Relationship** | Pro MPFS | ASC Info | Anesthesia | Transmittals | AMA CPT Assistant | Entity Notes (0) | User Notes (0) | Dr Z Coding

Guideline	Code	Long Desc	Effective Date	ExpirationDate
For the RS&I Component of discography during the cervical or thoracic injection procedure use PCT Code 72285	72285	Discography, cervical or thoracic, radiological supervision and interpretation	01/01/2000	

Transmittals Tab

The **Transmittals** tab contains all transmittals that are related to the code selected.

Click on any column header to add the related MLN Matters Number, CR Release, or Effective Date.

Code Detail: 75956 (CPT)

Transmittal Nu...	Issue Date	Subject	Implementati...	CR Number	Publication	Replaced By	Rescinded D...
1 R727CP	10/28/2005	Annual Type Of Service (TOS)			100-04		
2 A-03-066	08/08/2003	Hospital Outpatient Prospective Payment System (OP...			60A		
3 R1746B3	04/01/2002	Section 4630, Correct Coding Initiative					
4 A-00-23	04/01/2000	Hospital Outpatient Prospective Payment System (OP...				A-03-066	08/08/2003

Columns menu:

- Transmittal Number
- Issue Date
- Subject
- Implementation Date
- CR Number
- CR Release Date
- CR Effective Date
- Publication
- MLN Article Number

Click the **Transmittal** hyperlink to open the document in a new tab. The new tab contains a hyperlink at the bottom to open a PDF version of the article in a new browser tab.

Term Results | CPT Index | HCPCS Index | Fac Peer Pricing | Pro Peer Pricing | ASC Pricing | **Transmittal Number : R1746B3**

Note
Subject Section 4630, Correct Coding Initiative
Change Summary NEW/REVISED MATERIAL--EFFECTIVE DATE: April 1 2002 IMPLEMENTATION DATE: April 1 2002 Section 4630, Correct Coding Initiative, revises the correspondence language.
General Information
Note 1
Note 2
Transmittal Links Original Transmittal
MLN Matters Links

Chapter 4: CodeValidate

CodeValidate enables searching for Medical Necessity issues and CCI edits in a single entry panel. CodeValidate includes the following modules:

- Billable Units Calculator
- MS-DRG Grouper
- OPPS Calculator Outlier Payments
- VitalABN (Advanced Beneficiary Notice)

Accessing CodeValidate

To access CodeValidate, select **Products > VitalKnowledge > CodeValidate**.

Claim Input Validation Walkthrough

The **Claim Input** panel on the left defaults to your primary entity, state and contractor.

1. Choose the type of bill you are validating: **Facility, Physician, DME, or Home Health**.
2. Choose **CCI, Medicare Med Nec, Commercial Med Nec**, or a combination to validate.



Note: If you select **Commercial Med Nec**, the following payers are available:

- Aetna
- Anthem
- BCBS Alabama
- BCBS Empire
- BCBS Excellus
- BCBS Illinois
- BCBS Massachusetts
- BCBS Mississippi
- BCBS Montana
- BCBS New Mexico
- BCBS Oklahoma
- BCBS Rhode Island
- BCBS Texas
- BCBS Wyoming
- CA Medi-Cal
- Capital BCBS
- Cigna
- ConnectiCare
- Highmark BC PA
- Highmark BCBS of Delaware
- Horizon BCBS of New Jersey
- Humana
- Husky Health



- Independence BCBS
- MassHealth
- NH Healthy Families
- Regence
- UnitedHealthcare

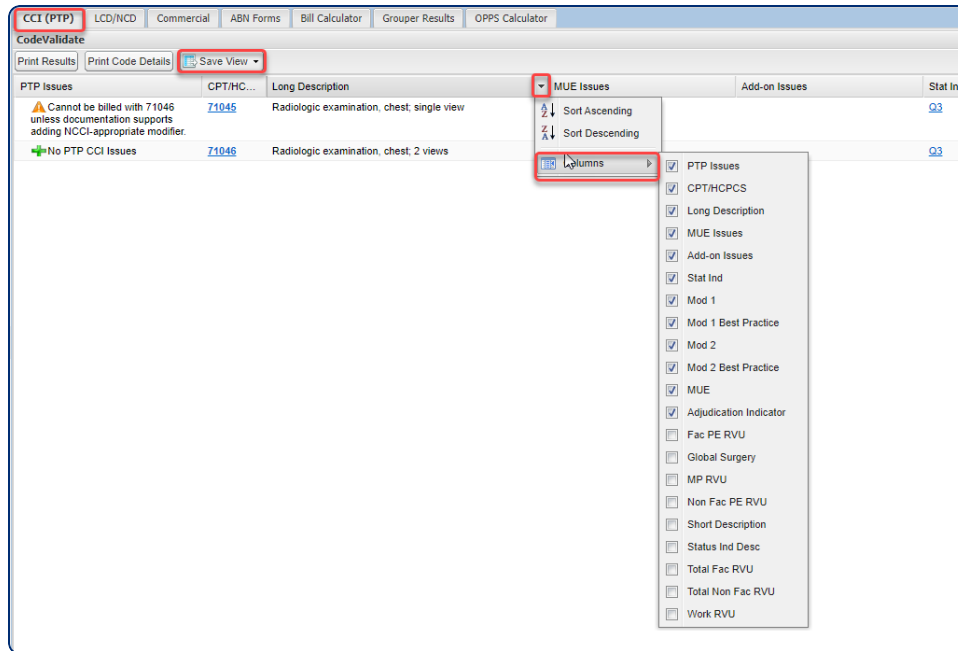
3. Change the **Effective Date** to the claim date of service.
4. If necessary, change the **State**. The appropriate contractor will be assigned using the type of bill and state selected.
5. Enter the **CPT codes** on the claim. If you have more than the default six, more fields will populate as you input codes.
6. Enter the **Modifiers** assigned to each code.
7. Enter the number of **Units** to check for MUE issues.
8. Enter the **ICD-10 Diagnosis** codes on the claim. Capitalization and decimal points are not necessary.
9. Click **Validate** to populate results.
10. If you need to look up a code to add to the validation, click **Code Search** in the bottom left corner to open Code Lookup.
11. After you search and find the code you want to add, select it and click **Add Selected** at the bottom of the window, then click close.

CCI and LCD/NCD results will appear on separate tabs to the right of the **CodeValidate** panel.

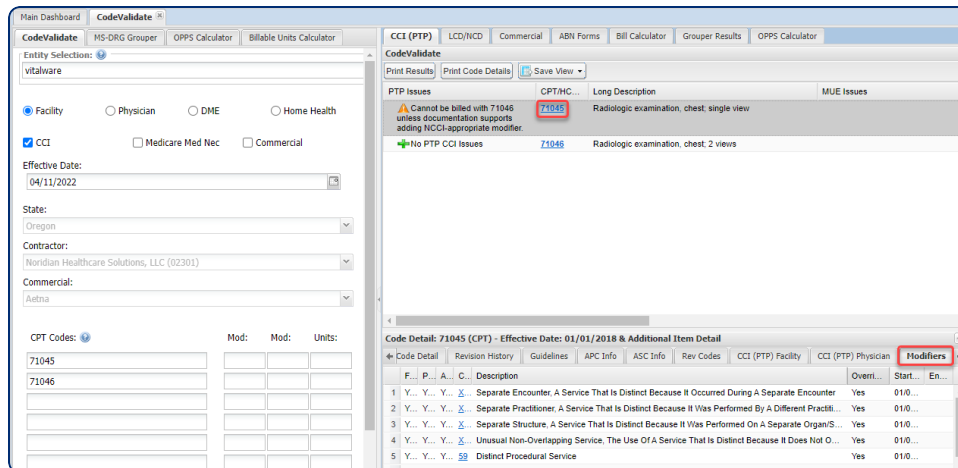
The **CCI** tab provides information on any CCI issues found based on the **CPT/HCPCS** codes you entered. It will also validate that the Modifiers used are best practice and will alleviate the CCI issues.

PTP Issues	CPT/HCP...	Long Description	Mod 1	Stat Ind
PTP CCI Issue Has Been Resolved By Use of NCCI-Eligible Modifier	71045	Radiologic examination, chest, single view	59	Q3

Customize the columns you would like in your view by clicking any column header. Select the columns you want to see, drag the columns into the order you prefer, and then click **Save View**.

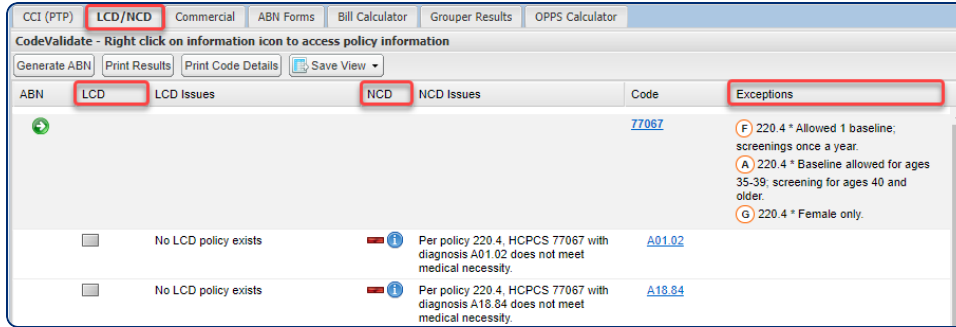



Click any blue **CPT code** to open the **Modifiers** tab of the **Code Details** panel at the bottom of your screen.

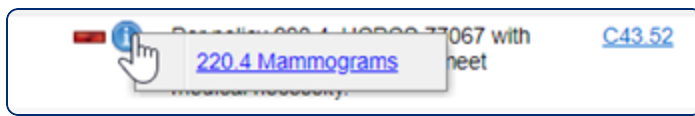


The **LCD/NCD** tab provides information on Local and National Coverage Determinations found based on the CPT and Diagnosis codes you entered.

The **Exceptions** column displays any age, gender, or frequency limitations on a code.



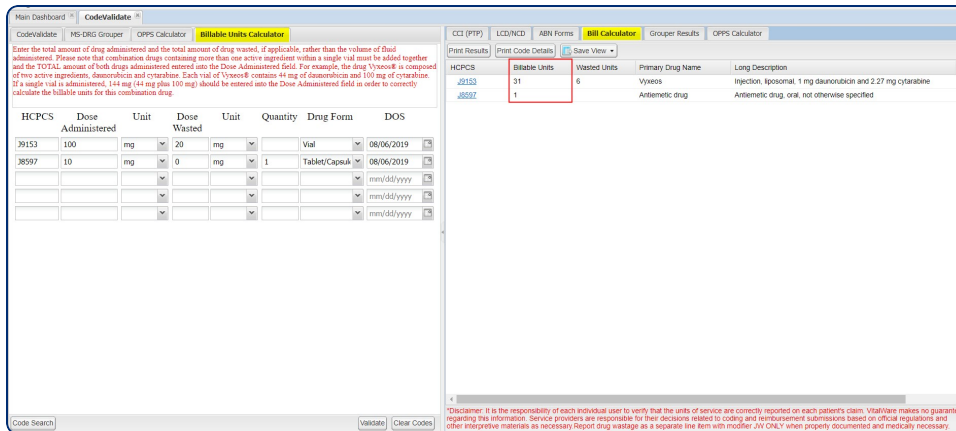
Right-click any  icon to access a hyperlink that opens the entire policy in a new tab.



Billable Units Calculator

Code Validate includes the Billable Units Calculator tab available as an add-on module that calculates results for allowed Billable Units.

When you enter **Codes, Doses Administered, Units of Measure, Wasted Doses, Quantity, Drug Form** and **Date of Service**, the calculator renders the allowed number of billable units based on the HCPCS code description.



Required data that is missing for a calculation is indicated by a yellow highlight on the line item with an issue.

HCPCS	Dose Administered	Unit	Dose Wasted	Unit	Quantity	Drug Form	DOS
J1133	31	mg			6	Vyxeos	08/06/2019
J8527	1	mg			1	Antiemetic drug	08/06/2019

This feature provides clear financial calculations in complex and potentially costly areas insuring more accurate and timely billing.

MS-DRG Grouper

The **MS-DRG Grouper** tab provides the MS-DRG assignment based on the codes and data entered in the left panel.

This function defaults to ICD-10, but can be toggled to ICD-9 as well. Several fields are required to display the results and are highlighted in a pink shade with a red outline.

Code Type: ICD-9 ICD-10

Admit Date: 01/03/2023 Discharge Date: 01/13/2023

LOS (in days): 10 Gender: Unspecified

Discharge Status: 01 - DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)

Birthdate: 07/05/1952 Age in Years: 70

Admitting Dx: I01.9

Enter the appropriate ICD-10 or ICD-9 Diagnosis and Procedure Codes into the lower portion of the left panel.

Dx *

z00

	Code	Short Desc.
1	I10	Essential (primary) hypertension
2	I42.9	Cardiomyopathy, unspecified
3	Z00	Encntr for general exam w/o complaint, susp...

Px

00P600z

	Code	Short Desc.
1	00P6...	Removal of Drainage Device from Cereb ...

Clicking the **Grouper Results** tab will display the results in the results section to the right.

CCI (PTP)	LCD/NCD	ABN Forms	Grouper Results	OPPS Calculator
DRG	Description			Weights
982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC			2.7416
Admitting Dx:	I10	Essential (primary) hypertension		Aff.
Principal Dx:	I10	Essential (primary) hypertension		Aff.
Secondary Dx:	I42.9	Cardiomyopathy, unspecified		N/R
Secondary Dx:	Z00	Encounter for general examination without complaint, suspected or reported diagnosis		N/R
Principal Px:	00P600z	Removal of Drainage Device from Cerebral Ventricle, Open Approach		Procedure is an OR procedure

OPPS Calculator Outlier Payments

The **OPPS** (Outpatient Prospective Payment System) Calculator module is a pre/post bill analysis and research tool for hospital outpatient claims that assists with the constantly changing reimbursement rules.

OPPS Calculator includes coding and reimbursement analysis using the rules that were or are in effect for the date of the claim; wage and locality adjustment payment rates; I/OCE edits including reported special processing conditions applied to outpatient claims; outlier reimbursement where appropriate and details of potential line item/claim level denials or rejections.

Accessing OPPS Calculator

OPPS Calculator is accessed via **Products > VitalKnowledge > CodeValidate**.

Date of Service
Date when service was provided

Gender-Specific Procedures
Examines gender-specific for appropriateness

Line Item Information
Each field is validated against multiple edits and used for calculations

Discharge Disposition
-Validates discharge disposition code and calculates in reimbursement

Condition, Occurrence & Value Codes
-Provides listing and description for all valid condition codes, occurrence codes
-Condition code assignment may alter expected reimbursement and/or claim edits.

OPPS Calculator Input

- When you click **Validate**, the results are calculated and made available in OPPS Calculator grid on the right side of the screen under the Outlier Payment column.

CPT/HCPCS	Mod 1	Mod 2	Units	Revenue Code	Net Payment	Outlier Payment	Copay Wage Adjusted	Long Description
721			1		\$0.00	\$0.00	\$0.00	
720			1		\$0.00	\$0.00	\$0.00	
90911			1		\$0.00	\$0.00	\$0.00	Biofeedback training, perineal muscles, an
95207			1		\$0.00	\$0.00	\$0.00	
Total					\$0.00	\$0.00	\$0.00	

OPPS Calculator Output

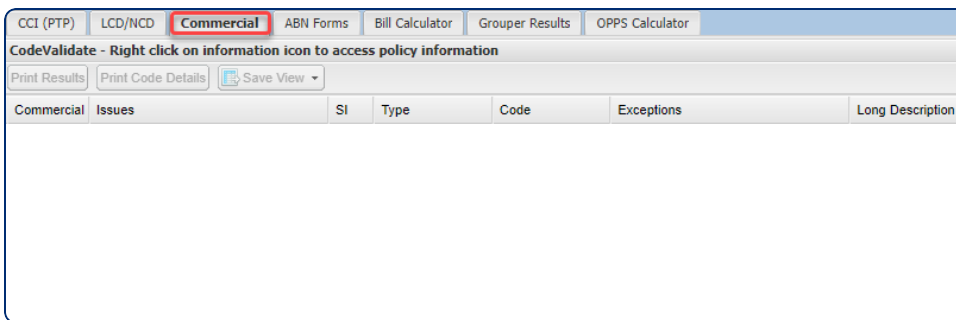
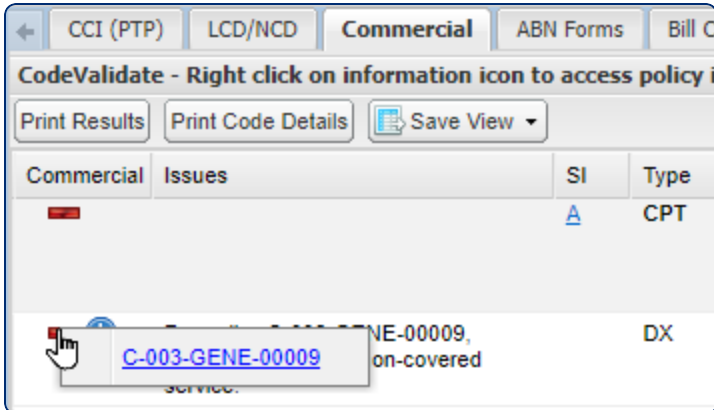
Disclaimer: Reimbursement information is gathered from the CMS website and is presented for illustrative purposes only. This information provides no assurance of coverage or reimbursement and does not constitute official coding or billing guidance. This information reflects payment estimates only and is not a guarantee of payment. VitalWare makes no guarantee regarding this information or its applicability with respect to any particular patient or third party payer. Service providers are responsible for their decisions related to coding and reimbursement submissions based on the official regulations and other interpretive materials as necessary.

Commercial

The **Commercial** tab displays if you are licensed for commercial payers.

Commercial	Issues	SI	Type	Code	Exceptions	Long Description

You can right-click in the **Commercial** column to view policies to review.



This tab includes medical necessity edits for select commercial payers.

The screenshot shows the CodeValidate interface with the 'Commercial Med Nec' checkbox selected. The 'Entity Selection' dropdown is set to 'vitalware'. The 'Effective Date' is '07/28/2022', the 'State' is 'Oregon', and the 'Contractor' is 'Noridian Healthcare Solutions, LLC (02301)'. The 'Commercial' dropdown is also highlighted.

These payers can be viewed and selected within CodeValidate:

- Aetna
- Anthem

- BCBS Alabama
- BCBS Empire
- BCBS Excellus
- BCBS Illinois
- BCBS Massachusetts
- BCBS Mississippi
- BCBS Montana
- BCBS New Mexico
- BCBS Oklahoma
- BCBS Rhode Island
- BCBS Texas
- BCBS Wyoming
- CA Medi-Cal
- Capital BCBS
- Cigna
- ConnectiCare
- Highmark BC PA
- Highmark BCBS of Delaware
- Horizon BCBS of New Jersey
- Humana
- Husky Health
- Independence BCBS
- MassHealth
- NH Healthy Families
- Regence
- UnitedHealthcare

VitalABN

VitalABN (Advanced Beneficiary Notice of Non-coverage) enables you to quickly validate medical necessity and create the required Medicare ABN forms that utilizes up-to-date Local and National Coverage Decision information.

The screenshot displays the VitalABN software interface. At the top, there are tabs for 'Main Dashboard' and 'VitalABN'. Below the tabs, there are dropdown menus for 'LCD/NCD' and 'ABN Forms: Radiology'. A search bar is present with 'Radiology' selected and 'Price' as a filter. A 'Save View' button is also visible.

The main section is titled 'CPT/HCPCS Code Settings'. It includes an 'Add' dropdown, a 'Search Text:' input field, and 'Find' and 'Clear' buttons. Below this is a table with columns for 'Code', 'Price', and 'Short Description'. The table lists various radiology codes and their corresponding prices.

Below the CPT/HCPCS section is the 'ICD-10 CM Code Settings' section, which also includes an 'Add' dropdown, a 'Search Text:' input field, and 'Find' and 'Clear' buttons. It lists ICD-10 codes and their descriptions.

	Code	Price	Short Description
1	70010	\$449.69	CONTRAST X-RAY OF BRAIN
2	70015	\$449.68	CONTRAST X-RAY OF BRAIN
3	70460	\$265.02	CT HEAD/BRAIN W/DYE
4	70470	\$265.02	CT HEAD/BRAIN W/O & W/DYE
5	70450	\$112.73	CT HEAD/BRAIN W/O DYE
6	70320	\$225.91	FULL MOUTH X-RAY OF TEETH
7	70336	\$225.91	MAGNETIC IMAGE JAW JOINT
8	70355	\$59.86	PANORAMIC X-RAY OF JAWS
9	77299	\$117.59	RADIATION THERAPY PLANNING
10	77280	\$117.59	SET RADIATION THERAPY FIELD
11	77285	\$311.57	SET RADIATION THERAPY FIELD
12	77290	\$311.57	SET RADIATION THERAPY FIELD
13	70371	\$225.91	SPEECH EVALUATION COMPLEX
14	70370	\$112.73	THROAT X-RAY & FLUOROSCOPY
15	70190	\$59.86	X-RAY EXAM OF EYE SOCKETS
16	70200	\$112.73	X-RAY EXAM OF EYE SOCKETS
17	70140	\$59.86	X-RAY EXAM OF FACIAL BONES
18	70150	\$112.73	X-RAY EXAM OF FACIAL BONES
19	70110	\$112.73	X-RAY EXAM OF JAW 4/> VIEWS
20	70100	\$59.86	X-RAY EXAM OF JAW <4VIEWS
21	70332	\$225.91	X-RAY EXAM OF JAW JOINT
22	70338	\$59.86	X-RAY EXAM OF JAW JOINT

	Code	Short Description
1	K00.2	Abnormalities of size and form of teeth
2	K00.0	Anodontia
3	K00.9	Disorder of tooth development, unspecified
4	K00.6	Disturbances in tooth eruption
5	K00.4	Disturbances in tooth formation
6	K00.5	Hereditary disturbances in tooth structure, NEC
7	R10.32	Left lower quadrant pain
8	C60.2	Malignant neoplasm of body of penis
9	C60.4	Malignant neoplasm of glans penis

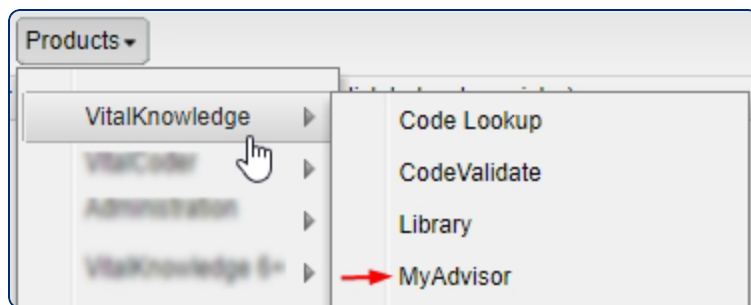
Chapter 5: MyAdvisor

MyAdvisor is a question and answer forum that enables users to post questions to Vitalware's coding and compliance team and search the questions and answers from other users.



Tip: All users can search MyAdvisor, but asking questions is limited by contractual constraint and administrative privileges in X-Admin.

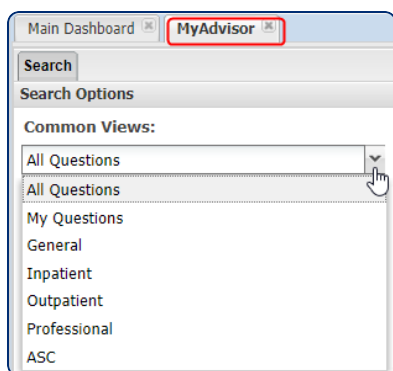
To access MyAdvisor, select **Products > VitalKnowledge > MyAdvisor**.



MyAdvisor search can be narrowed down in the Common Views field by:

- **General**
- **Inpatient**
- **Outpatient**
- **Professional**
- **ASC**

Leaving the default **All Questions** selection returns every Coding type.



In most cases it is not necessary to use the question and answer Date field. The **Search Text** field accepts words or specific codes.

 A detailed view of the 'Search Options' panel. It includes a 'Common Views:' dropdown menu with 'All Questions' selected. Below that is a 'Limit By Date:' section with a dropdown menu labeled 'Select a Date Field'. Underneath are 'From:' and 'To:' date input fields. The 'Search Text:' section has a dropdown menu with 'All' selected and a text input field containing the word 'infusion'. At the bottom of the panel are 'Search' and 'Clear' buttons.

In the example below, a text search for **Infusion** returned 148 results. When you see a question and answer you want to read, click the plus icon to open it. Print a question and answer in PDF format by right-clicking on the row or within the question detail panel.

The screenshot shows the MyAdvisor Q & A interface. On the left, there is a search sidebar with 'Search Options', 'Common Views' (set to 'All Questions'), and a 'Limit By Date' section. The 'Search Text' field contains 'infusion'. The main area displays a table of questions with columns for 'Alt', 'Title', 'Subject', 'Question Date', and 'Answer Date'. A context menu is open over the question 'HIGHLY COMPLEX DRUGS', showing options like 'Reject Question...', 'Approve Question...', 'Edit Answer...', 'Ask Question on this Answer', 'View History for question', and 'Print Question and Answer'. The 'Print Question and Answer' option is highlighted with a red box.

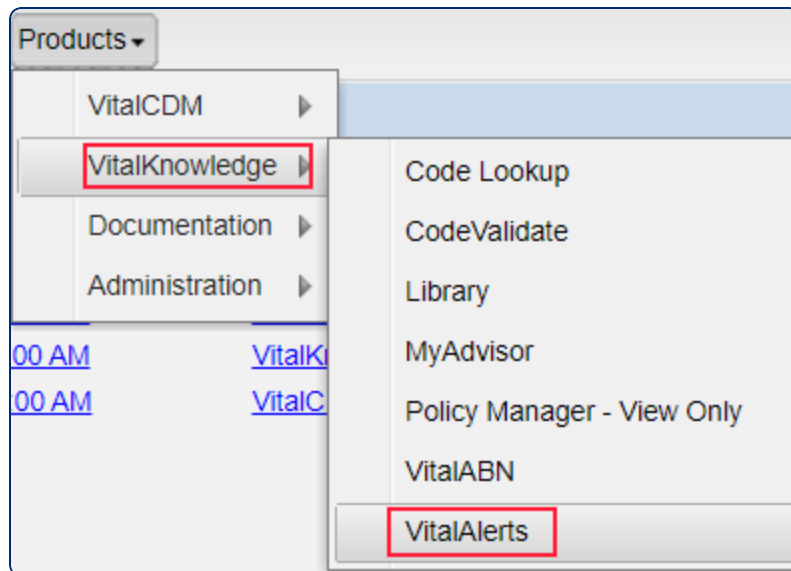
Alt	Title	Subject	Question Date	Answer Date
	BILLING FOR THE DRUG HELMIXIN	Outpatient	2018-03-16 09:18:57 AM	2018-03-16 10:39:58 AM
	INFUSION CHARGING AT END OF DAY	Outpatient	2018-03-13 12:21:32 PM	2018-03-13 12:51:43 PM
	CHARGING FOR PRE-SURGICAL PREP STAFF AND RESOURCES	General	2018-03-23 12:03:04 PM	2018-03-26 08:26:35 AM
	PLASMAPHERESIS AND INFUSION	General	2018-03-21 12:04:30 PM	2018-03-21 02:48:20 PM
	OPPS	Outpatient	2018-02-01 09:44:39 AM	2018-02-02 09:25:34 AM
	HEART FAILURE CLINIC	General	2018-01-24 10:54:33 AM	2018-01-24 02:54:59 PM
	LUMBAR PLEXUS SINGLE SHOT	Outpatient	2018-01-08 07:20:00 AM	2018-01-08 11:09:54 AM
	ER INJECTIONS AND INFUSIONS	Outpatient	2018-01-04 11:15:34 AM	2018-01-08 09:55:40 AM
	ED PATIENTS WHO RECEIVE INFUSION ON AN INFUSION SUITE AND DISCHARGED	Outpatient	2017-12-15 11:55:04 AM	2017-12-18 08:24:22 AM
	ALBUMIN INFUSION WITH PARACENTESIS	Outpatient	2017-12-07 10:19:24 AM	2017-12-07 02:08:04 PM
	HIGHLY COMPLEX DRUGS	Outpatient	2017-10-18 02:52:32 PM	2017-10-19 03:01:39 PM

Disclaimer: The responses provided in MyAdvisor are for general information purposes related to coding, billing, and reimbursement. Vitalware does not accept any responsibility or liability with regard to any errors, omissions, misuse(s), or misinterpretation by the reader. This information does not constitute legal/medical advice or recommendation for submitting any particular claim(s) for payment. It is the responsibility of the provider to determine coverage and to submit appropriate codes, modifiers, and charges for medically necessary services rendered. Though the information contained within has been researched and validated for accuracy at the time the question was posed, it is subject to modification without notice due to frequently changing laws, rules, and regulations. For definitive clarification of coding, coverage, and reimbursement policies, contact your local compliance department, reimbursement specialists, and/or legal counsel, as necessary.

Chapter 6: VitalAlerts

VitalAlerts are email alert notifications sent to specified users referencing coding and reimbursement update information.

To access VitalAlerts, select **Products > VitalKnowledge > VitalAlerts**.



- The **Search** panel enables search on alerts using keywords, codes or date values.
- The **Inbox** tab contains all the VitalAlerts sent to you.
- Open the Alert by clicking on the line of the Alert you want to read. It will open in a new tab and includes an option to print a PDF.
- All related codes and documents are hyperlinked at the bottom of the alert.

Sample VitalAlert

VitalAlert™

Nov 6 2019 | 2019-1103

Health Professional Shortage Area Bonus Payments for All Mental Health Specialties

Summary

The Centers for Medicare & Medicaid Services (CMS) has issued Transmittal 4431, Change Request (CR) 11327, to inform Medicare Administrative Contractors (MACs) to update the list of specialties to receive the Health Professional Shortage Area (HPSA) bonus payments for mental health services.

CMS will make HPSA bonus payments for all mental health specialties, but only one specialty is currently listed to receive the bonus.

Discussion

Currently, the claims manual indicates that for mental health HPSA bonus payments, only specialty 26 is set up to receive the bonus. Although specialty 26 is correctly eligible to receive the bonus, mental health specialties 27, 86, and any of the future psychiatry provider specialties are also bonus payment eligible when services are rendered in a mental health HPSA. Per this change request, CMS instructs the MACs to update their systems and allow all the physician psychiatric specialties, beginning with claims processed on or after 90 days after issuance of CR11327 to receive the HPSA bonus payment.

Effective Date:

Feb 4 2020

Implementation Date:

Feb 4 2020

Department(s):

Department
Hospital (Acute Med/Surg) All Hospital Alerts
Hospital (Acute Med/Surg) CDM Management
Hospital (Acute Med/Surg) Compliance
Other Critical Access Hospital
Hospital (Acute Med/Surg) Health Information Management/Med Rec
Hospital (Acute Med/Surg) Patient Financial Services
Other Physician Billing
Other Psychiatric



Note: If you're not receiving the VitalAlerts that apply to you, contact your account administrator or your dedicated Vitalware Account Manager. Alerts are broken down into many departments within the Hospital, ASC, DME, Home Health, Lab, Rehabilitation, and Physician setting.

VitalCoverage Alerts for LCD and NCD Updates

VitalCoverage alerts for LCD and NCD updates are similar to VitalAlerts but focused on providing Medicare coverage notification updates to **LCD and NCD** policies.

Sample VitalCoverage Alert



VitalCoverage Alert Notification <cs@vitalware.com> [View Profile](#)
 VitalCoverage Policy Alert for (First Coast Service Options, Inc.)



VitalCoverage Alert™

VitalCoverage Alert for First Coast Service Options, Inc. CMS Release Date: 10/17/2019

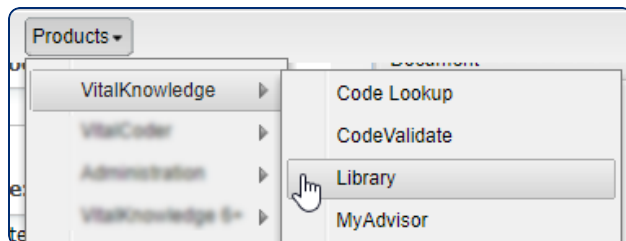
LCD	L33405
LCD Title	Polysomnography and Sleep Testing
Contractor Type	A and B MAC
Revision Number	8
Revision Effective Date	10/03/2018
Reason For Change	Policy Guidelines Revision
Revision Details	All coding information has been removed from LCD and placed into the related billing and coding article, A57496.

LCD	L33914
LCD Title	Iridotomy by Laser Surgery
Contractor Type	A and B MAC
Revision Number	1
Revision Effective Date	10/03/2018
Reason For Change	Policy Guidelines Revision
Revision Details	All coding information has been removed from LCD and placed into the related billing and coding article, A57507.

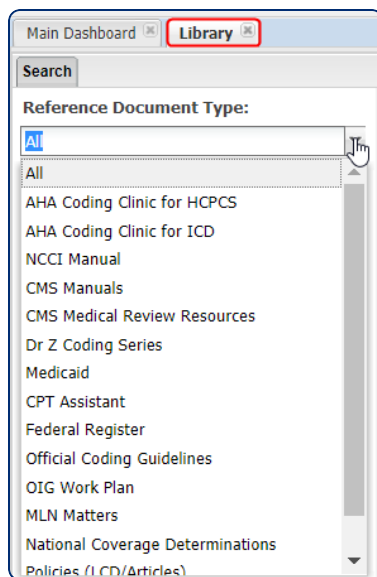
Chapter 7: Reference Library

The **Reference Library** module displays reference documents and data sets using a date range, text, code or keyword.

To access the Library, select **Products > VitalKnowledge > Library**.

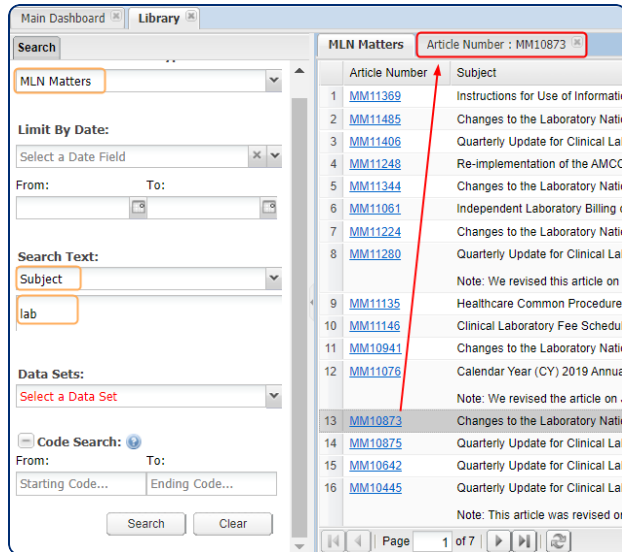


Choose the type of reference document you're looking for from the **Reference Document Type** drop-down list.

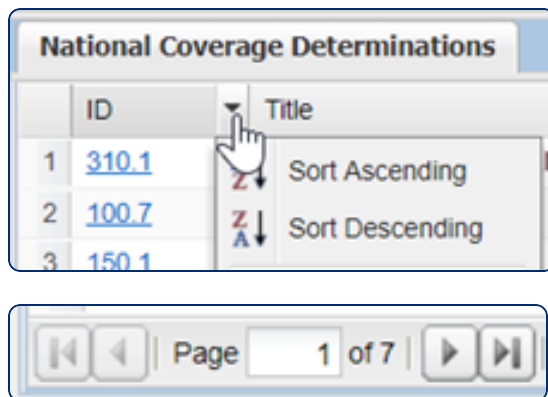


The filters differ depending on document type. Greyed out filters indicate that every document for that source is showing and results are not filterable.

- Clicking **Search** opens a new tab showing the results you defined.
- Each document includes a blue hyperlink that will open the document directly from the source.



- Each column header is sortable
- Navigate results with more than one page using the browse control at the bottom of the page



Appendix: Troubleshooting/Did You Know?

Product Release Schedule

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

The next three **Release Dates** are:

- September 28, 2023
- October 12, 2023
- October 26, 2023

RT and LT Modifiers for Bilateral Codes

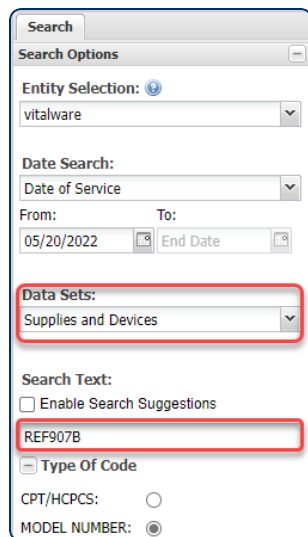
Some CPT codes represent a unilateral or a bilateral procedure based on the description. As such, modifier 50 would not be appropriate, but modifiers RT and LT could be used to indicate which side of the body the procedure is performed on when performed unilaterally. Some payers may wish to have this information provided to them and some facilities may wish to track this information internally. Additionally, it's important to remember that the bilateral indicator applies to physician reimbursement and does not necessarily correspond to appropriate coding for facilities.

Searching Supplies and Devices

Searching by Model Number

The following is the best practice when searching the Supplies and Devices data set for a model number:

1. Select the **Supplies and Devices** data set.
2. In the **Search Text** field, enter the model number without dashes, slashes, parentheses, or spaces. For example, enter model number "REF 907-B" as **REF907B**.



The screenshot shows a search interface with the following fields and options:

- Search Options** (collapse icon)
- Entity Selection:** vitalware (dropdown)
- Date Search:** Date of Service (dropdown)
- From:** 05/20/2022 (calendar icon)
- To:** End Date (calendar icon)
- Data Sets:** Supplies and Devices (dropdown, highlighted with a red box)
- Search Text:** REF907B (text input, highlighted with a red box)
- Enable Search Suggestions
- Type Of Code** (collapse icon)
- CPT/HCPCS:**
- MODEL NUMBER:**

Searching by Product Name or Manufacturer

The following is the best practice for searching Supplies and Devices by product name or manufacturer name:

1. Select the **Supplies and Devices** data set.
2. Enter the name of the product or manufacturer in the **Search Text** field.
The more specific your input, the more closely the results will match what you are looking for.

Search

Search Options

Entity Selection: vitalware

Date Search: Date of Service

From: 05/20/2022 To: End Date

Data Sets: Supplies and Devices

Search Text: heart valve

Enable Search Suggestions

Type Of Code

CPT/HCPCS:

MODEL NUMBER:



Note: You can also search for a manufacturer's name by selecting **Manufacturer** under Field Search. However, if you search using this method, you must enter the manufacturer's name **exactly** as it appears in the database, or no search results will be returned.

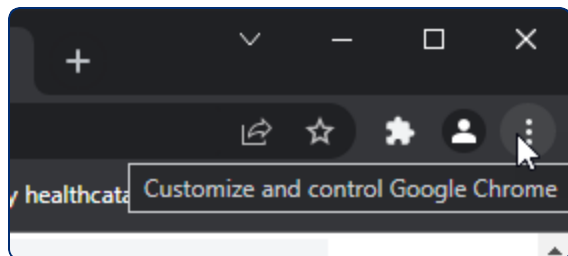
Troubleshooting a Blank Dashboard

If the Vitalware dashboard appears blank, there are several steps you can take to resolve the issue. In addition to the following, you may also restart your computer if you have not done so recently.

Chrome: Clearing Your Browser Cache

If you are using Chrome, clearing your cache and cookies may resolve this issue. To clear your cache and cookies in Chrome, do the following:

1. Click the **vertical ellipsis** : in the top right corner of Chrome.

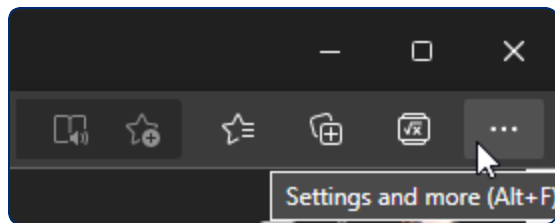


2. Select **More tools** > **Clear browsing data**.
3. Select a **Time range**. To delete all data, choose **All time**.
4. Select both **Cookies and other site data** and **Cached images and files**.
5. Click **Clear data**.

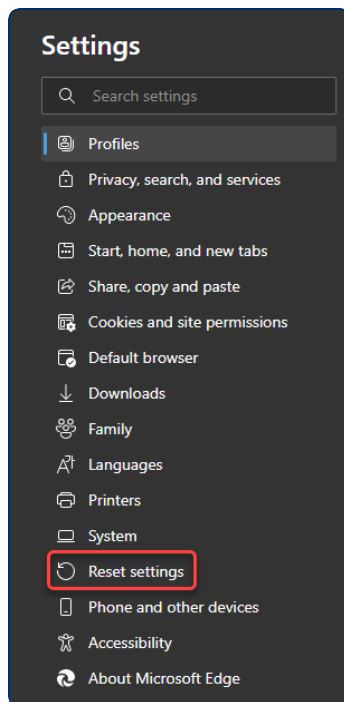
Microsoft Edge: Restore Settings to Default

If you are using Microsoft Edge, you can try restoring your settings to the defaults.

1. Click the **ellipsis ...** in the top right corner of Microsoft Edge.



2. Select **Settings**.
3. Click **Reset Settings**.



4. Click **Restore settings to their default values**.
5. Relaunch Edge.

Hard Refresh May Solve Several Issues

A hard refresh is a way of clearing your browser's cache and forcing it to load the newest version of a product screen (webpage).

If you receive an error such as "Http failure response..." when attempting to open your product, or you don't see release updates in your product, you should do a hard reload to clear your browser cache.

Use the following command for your operating system to perform a hard reload:

- **Windows** (Chrome, IE, Edge, Firefox)
 - » **Ctrl + Shift + R**
- **Mac** (Chrome, IE, Edge, Firefox)
 - » **Command + Shift + R**



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

Checking VPN

If clearing your cache/cookies and performing a hard refresh do not resolve your issue, see if you are logged in to the company VPN. If you are, then log out, or try logging in to the Vitalware site on a device that is not logged in to the company VPN. If you can log in from an alternate device and the dashboard appears normal, you may need to reach out to your IT department.