



ICD-10 Software Remediation

Part I

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VHA Health Information Management (HIM)
ICD-10 Program Management Office (PMO)



ICD-10 has a wide-reaching impact

ICD-9 Codes
Used/Stored

The diagram consists of three main elements. At the top, there are two large blue arrows pointing outwards to the left and right. Each arrow has a rectangular box in its center containing text. Below these two arrows is a central orange arrow pointing upwards, which is attached to a rectangular box containing a date. The entire diagram is set against a plain white background.

ICD-10 Codes
Used/Stored

Date of Service
Oct 1, 2015

Visit Date

in CPRS

Encounter Form fo Mar 19,2016@15:35

Visit Type | Diagnoses | Procedures | Vitals | Immunizations | Skin Tests | Patient Ed | Health Factors | Exams

Type of Visit	Section Name	Modifiers

Service Connection & Rated Disabilities

Service Connected: 10%
TINNITUS (10% SC)
IMPAIRED HEARING (0% SC)

Available providers

(Mar 19,2016@15:35)

Visit Date

in Vista

PCE Update Encounter Oct 19, 2015@11:57:30
Clinic:
Encounter Date 9/15/2015 05:00 Clinic Stop: 203
1 Encounter Date and Time: SEP 15, 2015@05:00

2 Provider: PRIMARY Physician Assis
3 ICD-9 Code or Diagnosis: 250.00 DMII WO CMP NT S
Provider Narrative: DIABETES MELLITUS WITHOUT MENTIO

PCE Update Encounter Oct 19, 2015@
Encounter Date 9/15/2015 05:00 Cli s
1 Encounter Date and Time: SEP 15, 2015@

EN Encounter

PE Patient Ed

IN C

Inpatient Discharge Date in Vista

[1] Facility: [2] Marit Stat: DIVORCED
Source of Adm: OTHER DIRECT Ethnic: Race:
Source of Disch: [3] Veteran: NO Sex: MALE
[5] Date of Disch: DEC 23, 1986
[5] Type of Disch: DEATH WITHOUT AUTOPSY
POW: NO Zip Code:
POW SRV: County: CARBON
Ion Rad Exp: NO
AD Exp/Loc: NO PROJ 112/SHAD: NO
Claims MST: UNKNOWN N/T Radium: UNKNOWN
Combat Veteran: NO
[5] Date of Disch: DEC 23, 1986 18:54 Disch Specialty: GENERAL(ACUTE MED)
Type of Disch: DEATH WITHOUT AUTOPSY Disch Status: BED OCCUPANT
Place of Disp: [6] Out Treat:
Means Test: NOT DONE/COMPLETED VA Auspices:
[7] Receiv facil: [Other Fields]
C&P Status: COMP/SC COND >10% Income: \$0
ASIH Days: SC Percentage: 20%
Period Of Serv: WORLD WAR II



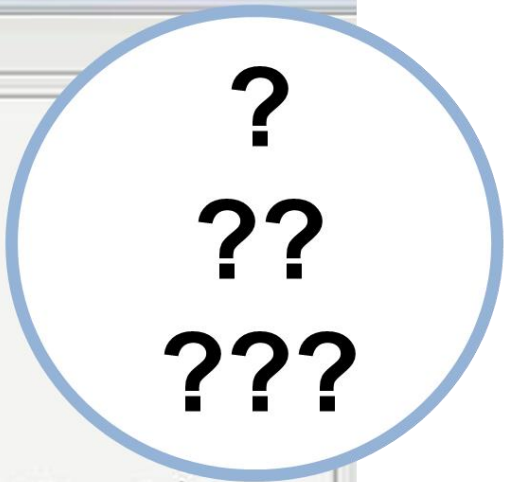
Enter code or "text" for more information.

Select AUTOPSY ICD CODE: ??

Answer with ICD DIAGNOSIS

Choose from:

- D63.1 Anemia in chronic kidney disease
- N17.2 Acute kidney failure with medullary necrosis
- S06.816D Inj r int crd,inter w LOC >24 hr w/o ret consc w surv, subs



Enter a "free text" term or part of a term such as "femur fracture"

or

Enter a "classification code" (ICD/CPT etc) to find the single term associated with the code.

or

Enter a "partial code". Include the decimal when a search criterion includes 3 characters or more for code searches.

HELP

G I A D B R I F E T T I C
I C L I M T C A K E S C Q
P D Y C U O D I N S P L V
M T P V D I A G N O S I S
R E Z E P Y F E G J A E R
A N O D E

Search

ICD

Include All
 Selected only

Code Set: ICD-10

Search by: Code

Search: S06.816D

Full Code Search

ICD

Include All
 Selected only

Code Set: ICD-10

Search by: Code

Search: S06

Partial Code Search

ICD

Include All
 Selected only

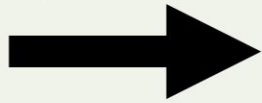
Code Set: ICD-10

Search by: Description

Search: HEADACHE,

Text Search

User
enters
request



List presented
for user
selection

Select AUTOPSY ICD CODE: CHRONIC KIDNEY

30+ Search Results...

21 matches found

- 1. D63.1 Anemia in Chronic Kidney Disease
- 2. E08.2- Diabetes mellitus due to underlying condition with kidney complications (3)
- 3. E09.2- Drug or chemical induced diabetes mellitus with kidney complications (3)
- 4. E10.2- Type 1 diabetes mellitus with kidney complications (3)
- 5. E11.2- Type 2 diabetes mellitus with kidney complications (3)
- 6. E13.2- Other specified diabetes mellitus with kidney complications (3)
- 7. I12.0 Hypertensive Chronic Kidney Disease with Stage 5 Chronic Kidney Disease or end Stage Renal Disease
- 8. I12.9 Hypertensive Chronic Kidney Disease with Stage 1 through Stage 4 Chronic Kidney Disease, or unspecified Chronic Kidney Disease

Select AUTOPSY ICD CODE: CHRONIC KIDNEY

30+ Search Results...

21 matches found

- 1. D55.1 Anemia in Chronic Kidney Disease
- 2. **E08.2-** Diabetes mellitus due to underlying condition with kidney complications (3)
- 3. E09.2- Drug or chemical induced diabetes mellitus with kidney complications (3)
- 4. E10.2- Type 1 diabetes mellitus with kidney complications (3)
- 5. E11.2- Type 2 diabetes mellitus with kidney complications (3)
- 6. E13.2- Other specified diabetes mellitus with kidney complications (3)
- 7. I12.0 Hypertensive Chronic Kidney Disease with Stage 5 Chronic Kidney Disease or end Stage Renal Disease
- 8. I12.9 Hypertensive Chronic Kidney Disease with Stage 1 through Stage 4 Chronic Kidney Disease, or unspecified Chronic Kidney Disease

Select AUTOPSY ICD CODE: CHRONIC KIDNEY

21 matches found

1. D63.1 Anemia in Chronic Kidney Disease
2. E08.2- Diabetes mellitus due to underlying condition with kidney complications (3)
3. E09.2- Drug or chemical induced diabetes mellitus with kidney complications (3)

Press <RETURN> for more, "^" to exit, or Select 1-8: 2

3 matches found

1. E08.21 Diabetes Mellitus due to Underlying Condition with Diabetic Nephropathy
2. E08.22 Diabetes Mellitus due to Underlying Condition with Diabetic Chronic Kidney Disease
3. E08.29 Diabetes Mellitus due to Underlying Condition with other Diabetic Kidney Complication

5
se
specified

Select AUTOPSY ICD CODE: S06.816

3 matches found

1. S06.816A Injury of right Internal Carotid Artery, Intracranial Portion, not elsewhere classified with Loss of Consciousness greater than 24 Hours without return to pre-Existing Conscious Level with Patient Surviving, Initial Encounter
2. S06.816D Injury of right Internal Carotid Artery, Intracranial Portion, not elsewhere classified with Loss of

Injury of right Internal Carotid Artery,
Intracranial Portion, not elsewhere classified with Loss of
Consciousness greater than 24 Hours without return to
pre-Existing Conscious Level with Patient Surviving,
Initial Encounter

sequela

Last 100 Signed Notes (Total: 0)

[-] New Note in Progress

[-] Mar 19, 15 AMBULATORY/OUTPATIENT CARE NOTE

[-] No Matching Documents Found

AMBULATORY/OUTPATIENT CARE NOTE , (

Date	Title	Author	Location
------	-------	--------	----------

/ Templates

Encounter

New Note

Meds

Orders

Notes

Consults

Surgery

D/C Summ

Labs

Reports

/ Templates

Encounter

New Note

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Encounter Form for (Mar 19, 2015@15:35)

Visit Type **Diagnoses** Procedures Vitals Immunizations Skin Tests Patient Ed Health Factors Exams

Diagnoses Section

Problem List Items

Chronic congestive heart failure (SCT 88805009) R69.

Other Diagnosis...

Other Diagnosis...

Problem List Items
future icd10 codes
future icd10 codes

Add to PL Primary Selected Diagnoses

Add to Problem list

Primary

Remove

Comments Select All

OK Cancel

Lookup Diagnosis

Search for Diagnosis

E08.

Partial Code Search

Search

Select from one of the following items:

/	Term	ICD-10-CM
-	Diabetes Mellitus due to Underlying Condition with unspecified Compli...	E08.8
-	Diabetes Mellitus due to Underlying Condition without Complications	E08.9
<input checked="" type="checkbox"/>	Diabetes mellitus due to underlying condition with circulatory complicat...	E08.5
-	Diabetes Mellitus due to	
-	Diabetes Mellitus due to underlying condition with hyperosmolarity	E08.0
-	Diabetes Mellitus due to underlying condition with ketoacidosis	E08.1
<input checked="" type="checkbox"/>	Diabetes mellitus due to underlying condition with kidney complications	E08.2
<input checked="" type="checkbox"/>	Diabetes mellitus due to underlying condition with neurological compli...	E08.4
<input checked="" type="checkbox"/>	Diabetes mellitus due to underlying condition with ophthalmic complicat...	E08.3

<input checked="" type="checkbox"/>	Diabetes mellitus due to underlying condition with circulatory complicat...	E08.5
-	Diabetes Mellitus due to	
-	Diabetes Mellitus due to underlying condition with hyperosmolarity	E08.0
-	Diabetes Mellitus due to underlying condition with ketoacidosis	E08.1

Lookup Diagnosis

Search for Diagnosis:

HYPERTENSION

Text Search

Search

Select from one of the following items:

Term

- Abnormal blood-pressure reading, without diagnosis
- Cardiovascular disorders originating in the perinatal period
- Chronic kidney disease (CKD)
- Diabetes mellitus due to underlying condition
- Drug or chemical induced diabetes mellitus
- Essential (Primary) Hypertension
- Gestational [pregnancy-induced] hypertension without significant proteinuria
- Glaucoma
- Hypertensive chronic kidney disease
- Hypertensive heart and chronic kidney disease
- Intraoperative hypotension
- Other diagnosis
- Other diagnosis
- Other diagnosis
- Other diagnosis
- Other diagnosis
- Other diagnosis
- Drug or chemical induced diabetes mellitus
- Essential (Primary) Hypertension
- Gestational [pregnancy-induced] hypertension without significant proteinuria
- Glaucoma
- Hypertensive chronic kidney disease
- Hypertensive heart and chronic kidney disease

22 matches found by ICD-10-CM Diagnosis Search.

Lookup Diagnosis

Search for Diagnosis:

HYPERTENSION

Search

Select from one of the following items:

Term

- Abnormal blood-pressure reading, without diagnosis
- Cardiovascular disorders originating in the perinatal period

Description: Abnormal blood-pressure reading, without diagnosis
ICD-10-CM: R03.

- Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified
- Other diseases of liver
- Other disorders of brain
- Other disorders of veins
- Other pulmonary heart diseases
- Other specified diabetes mellitus

Description: Abnormal blood-pressure reading, without diagnosis
ICD-10-CM: R03.

OK

Cancel

22 matches found by ICD-10-CM Diagnoses Search.

Lookup Diagnosis

Search for Diagnosis

ab

Search

Select from one of the following items:

Warning



Searching for "AB" requires inspecting 35,308 records to determine if they match the search criteria.

This could take quite some time.

Suggest refining the search by further specifying "AB".

(WARNING: If you do continue with the current search, the Group Notes application could time out.)

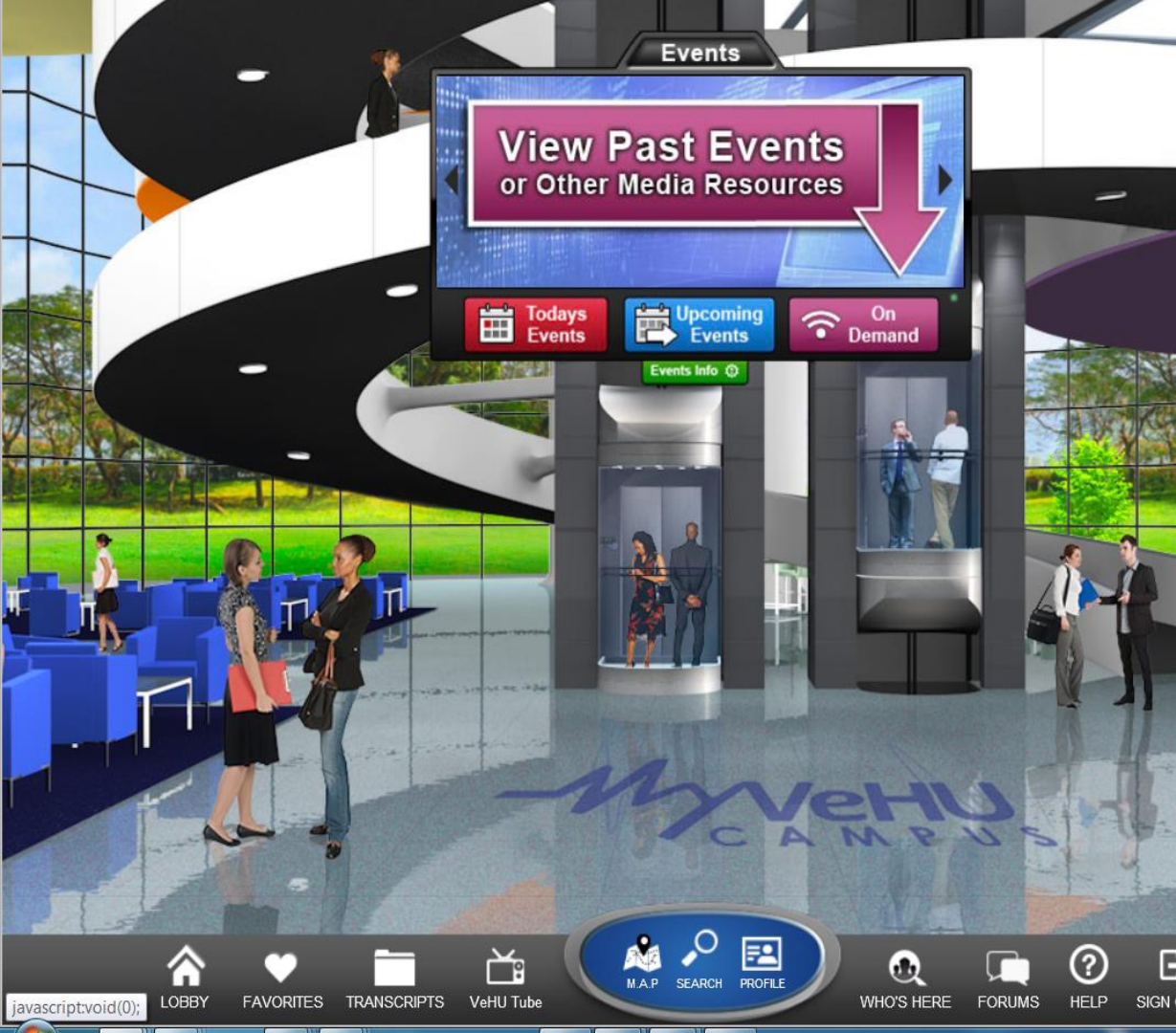
Do you wish to continue?

Yes

No

ICD-10-CM

Cancel



14019
The Basics:
Building and Editing
Encounter Forms

14089
ICD-10 and Clinical
Reminders

314
ICD-10 Clinical
Reminders and
Encounter Forms

Lexicon Utility Module

Global Coding

**Decision Support
System**

**Oncology
Module**

**Enrollment System
Redesign**

CISS/OHRS

File Registry Reports Window Help

Task Manager | Tec

Refresh

Sche...

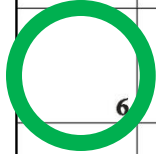
- BMI by Range
- Clinic Follow Up
- Combined Meds and Labs
- Current Inpatient List
- DAA Lab Monitoring**
- Diagnoses
- General Utilization and Demographics
- Inpatient Utilization
- Lab Utilization
- List of Registry Patients
- Liver Score by Range
- Outpatient Utilization
- Patient Medication History
- Pharmacy Prescription Utilization

Reports

REPORTS

September 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			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		
<small>AUGUST 2015</small>	<small>OCTOBER 2015</small>					

START DATE



October 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					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						
<small>SEPTEMBER 2015</small>	<small>NOVEMBER 2015</small>					

ICD-10



END DATE

COMPLIANCE DATE CROSSOVER ALLOWED

REPORTS

September 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START DATE		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
END DATE						
27	28	29	30			
<small>AUGUST 2015</small>	<small>OCTOBER 2015</small>					
<small>S M T W T F S</small>	<small>S M T W T F S</small>					
<small>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</small>	<small>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</small>					

October 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			ICD-10	X		
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
END DATE						
25	26	27	28	29	30	31
<small>SEPTEMBER 2015</small>	<small>NOVEMBER 2015</small>					
<small>S M T W T F S</small>	<small>S M T W T F S</small>					
<small>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</small>	<small>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</small>					

COMPLIANCE DATE CROSSOVER **NOT** ALLOWED

Data Error

Date range beginning and ending dates must both be prior to 10/1/2015 (ICD-9) or on or after 10/1/2015 (ICD-10).

Press 'OK' to continue.

OK

October 2015

day	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3
5	6	7	8	9	10
12	13	14	15	16	17
19	20	21	22	23	24
25	26	27	28	29	30
31					

ICD-10



END DATE



START DATE

COMPLIANCE DATE CROSSOVER **NOT** ALLOWED

Hepatitis C Registry Report

Diagnoses

Date Range
Type Year Fiscal

Scheduled to Run on
Day 5/ 1/2014 at 14:33:35 Repeat

Comment

Include patients confirmed in the registry
 Before the date range During the date range After the date range

Report Type
 Complete Summary

ICD
 Include All
 Selected only

Divisions
 Include All
 Selected only

Include only those patients who had utilization in the selected division(s)

All Divisions

Clinics
 Include All
 Selected only

Include only those

Report Type
 Complete Summary

ICD
 Include All
 Selected only

Code Set Search by Search
ICD-9 Description

Name	Code	Description
------	------	-------------

Generic
instead of
specific

Allows for selection of ICD9 or ICD10

Hepatitis C Registry Report

Diagnoses

Type | Year | Fiscal

Scheduled to Run on

Day 5/ 1/2014 at 14:33:35 Repeat

Comment

Include patients confirmed in the registry

Before the date range During the date range After the date range

Report Type

Complete Summary

ICD

Include All Selected only

Code Set Search by Search

Group Name

Report Type

Complete Summary

ICD

Include All Selected only

Code Set ICD-10 Search by Description Search

Name	Code	Description

LABELS & OPTIONS

Specific versus Generic

Most Frequent 50 IP CPT Codes (IP6)

Most Frequent 50 IP ICD-9-CM Codes (IP7)

Most Frequent 20 IP Practitioner Types (IP8)

Visits and Unique IP SSNs by County (IP9)

Enc. by DSS ID/DSS ID by Freq. (OP0)

Means Test Visits & Uniques (OP3,

Most Frequent 50 CPT Codes (OP6)

Most Frequent 50 ICD-9-CM Codes (OP7)

Most Frequent 20 Practitioner Types (OP8)

Most Frequent 50 IP CPT Codes (IP6)

Most Frequent 50 IP ICD Diagnosis Codes (IP7)

Most Frequent 20 IP Practitioner Types (IP8)

Visits and Unique IP SSNs by County (IP9)

Enc. by DSS ID/DSS ID by Freq. (OP0, OP1, OP2)

Means Test Visits & Uniques (OP3, OP4, OP5)

Most Frequent 50 CPT Codes (OP6)

Most Frequent 50 ICD Diagnosis Codes (OP7)

Most Frequent 20 Practitioner Types (OP8)

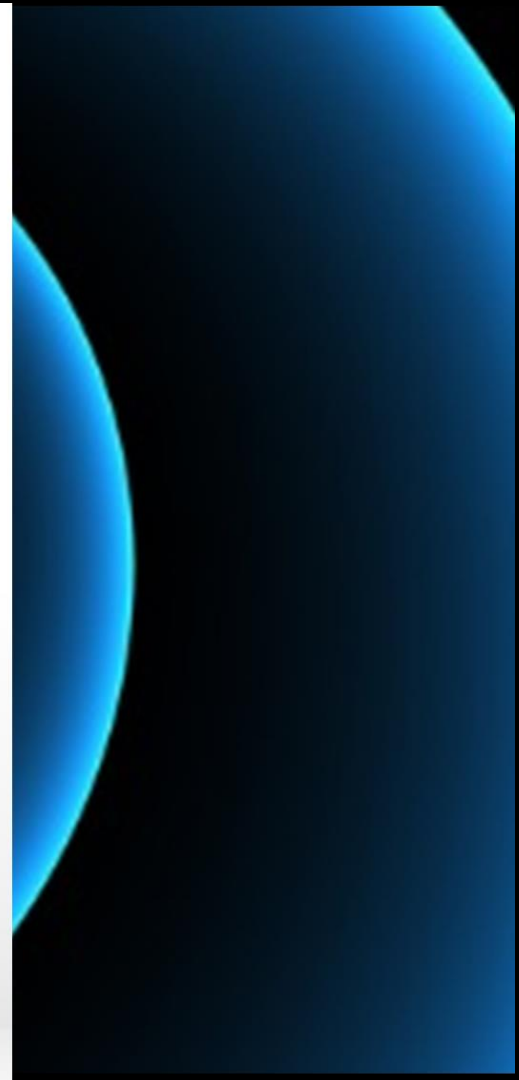
Veterans Health Information Systems Applications Remediation

- Admission, Discharge, and Transfer (ADT)
- Ambulatory Care Reporting (ACR)
- Anticoagulation Management Tool (AMT)
- Automated Information Collection System (AICS)
- **CISS/OHRS Application**
- Clinical Case Registries (merges Hepatitis C, HIV) (CCR)
- CPRS Clinical Reminders
- CPRS Consult Request Tracking (CPT)
- CPRS Health Summary
- CPRS Order Entry/Result Reporting (OE/RR)
- CPRS Problem List
- CPRS Text Integration Utility (TIU)
- **Decision Support System (DSS)**
- **Diagnostic Related Group (DRG)**
- Emergency Department Integration Software (EDIS)
- **Enrollment System Design**
- **Global Code System**
- Group Notes
- Home Based Primary Care (HBPC)
- Laboratory: Anatomic Pathology (AP)
- Laboratory: Emerging Pathogens (Epi)
- **Lexicon Utility Module (STS)**
- Patient Care Encounter (PCE) Module
- Pharmacy: Benefits Management (PBM)
- Quality: Audiology and Speech Analysis and Reporting (QUASAR)
- Social Communication and Disorders Outcome (SCIDO)
- **Vista Accounts Receivable Module (AR)**
- Vista Clinical Procedures Module
- Vista Inventory Management
- **Vista Integrated Billing Module (IB)**
- Vista Medicine Module
- Vista Mental Health Assistant Module
- Vista National Prosthetics Module
- **Vista Non-VA Fee Basis Medical System (FEE)**
- **Vista Oncology Module**
- Vista Scheduling Module
- Vista Surgery Module

37 applications
with remediation activities

Oct 2014 **Oct 2015** Oct 2016

TIME





Clinical Case Registries

Status	Selection Site	Selected	Selection Rule
Pending		09/27/2012	ICD-10 code in problem list
Pending		10/17/2015	ICD-10 code in outpatient file
Pending		08/01/2015	ICD-10 code in outpatient file
Pending		08/01/2015	ICD-10 code in problem list
Pending		10/03/2015	ICD-10 code in problem list
Pending		09/11/2015	ICD-10 code in inpatient file
Pending		09/14/2015	ICD-10 code in inpatient file
Pending		10/15/2015	ICD-10 code in problem list
Pending		10/15/2015	ICD-10 code in inpatient file
Pending		10/15/2015	ICD-10 code in outpatient file
Pending		04/22/2015	ICD-10 code in problem list
Pending		04/22/2015	ICD-10 code in problem list
Pending		11/07/2015	ICD-10 code in outpatient file
Pending		03/11/2015	ICD-10 code in outpatient file
Pending		03/15/2012	ICD-9 code in inpatient file
Pending		10/12/2015	ICD-10 code in outpatient file
Pending		10/15/2015	ICD-10 code in outpatient file

- 10/03/2015 ICD-10 code in problem list
- 09/11/2015 ICD-10 code in inpatient file
- 09/14/2015 ICD-10 code in inpatient file
- 10/15/2015 ICD-10 code in problem list
- 10/15/2015 ICD-10 code in inpatient file
- 10/15/2015 ICD-10 code in outpatient file
- 04/22/2015 ICD-10 code in problem list
- 04/22/2015 ICD-10 code in problem list
- 11/07/2015 ICD-10 code in outpatient file
- 03/11/2015 ICD-10 code in outpatient file
- 03/15/2012 ICD-9 code in inpatient file
- 10/12/2015 ICD-10 code in outpatient file

Patients selected from **problem list**, **inpatient file**, **outpatient file**

Personal History of Surgery (ICD-9-CM V15.2)
trucut needle biopsy L neck mass - 29878

Problems

Problem Contains Inactive Code



The “#” character next to the code for this problem indicates that the problem references an ICD code that is not active as of the date of this encounter.

Before you can select this problem, you must update the ICD code it contains via the Problems tab.

OK

#

Problem List Items

- TOBACCO USE DIS
- Elevated Prostate S
- Hypertrophy (Benig
- Old Myocardial Infa
- Diabetes (ICD-9-CM
- Hyperlipidemia (IC
- # Personal History
- Coronary Artery Dis
- Gastroesophageal

Other Diagnosis...

Problem List Items

- | | |
|--|-------|
| <input type="checkbox"/> Hyperlipidemia (ICD-9-CM 272.4) | 272.4 |
| <input checked="" type="checkbox"/> # Personal History of Surgery (ICD-9-CM V15.2) | V15.2 |
| <input type="checkbox"/> Coronary Artery Disease (ICD-9-CM 414.9) | 414.9 |

Notes

ICD-9

799.9

=

R69.

ICD-10

Encounter Form for (Mar 19,2016@15:35)

Visit Type | Diagnoses | Procedures | Vitals | Immunizations | Skin Tests | Patient Ed | Health Factors | Exams

Diagnoses Section

Problem List Items

General Injury

Respiratory

future icd10 codes

<input type="checkbox"/>	Contusion of unspecified hip, subsequent encounter	\$70.00XD
<input type="checkbox"/>	Contusion of unspecified hip, sequela	\$70.00XS

Diagnoses Section

Problem List Items

General Injury

Respiratory

future icd10 codes

<input type="checkbox"/>	Contusion of unspecified hip, subsequent encounter	\$70.00XD
<input type="checkbox"/>	Contusion of unspecified hip, sequela	\$70.00XS

Other Diagnosis...

Add to PL | Primary | Selected Diagnoses

Add to Problem list

Primary

Remove

Comments

Select All

OK | Cancel

Last 100 Signed Notes (Total: 0)
New Note in Progress
Mar 19, 15
No Matching Documents Found

Date	Title	Author	Location
------	-------	--------	----------

Encounter Form

Visit Type | Diagnoses | Procedures | Vitals | Immunizations | Skin Tests | Patient Ed | Health Factors | Exams

Diagnoses Section

- General Injury
- Respiratory

Other Diagnosis...

Problem List Items

- Chronic congestive heart failure (SCT 88805009) 150.33

Add to PL | Primary | Selected Diagnoses

Add to PL	Primary	Selected Diagnoses	Add to Problem list
<input type="checkbox"/>	Primary	Chronic congestive heart failure (SCT 88805009) - Acute on chronic diastolic (congestive)	<input type="checkbox"/>
<input type="checkbox"/>	Secondary	Human Immunodeficiency Virus (HIV) Disease (ICD-10-CM B20.)	<input type="checkbox"/>
<input type="checkbox"/>	Secondary	Essential (Primary) Hypertension (ICD-10-CM I10.)	<input type="checkbox"/>

Comments | Select All | Primary | Remove

Add to Problem list

Add to PL | Primary | Selected Diagnoses

Add to PL	Primary	Selected Diagnoses	Add to Problem list
<input type="checkbox"/>	Primary	Chronic congestive heart failure (SCT 88805009) - Acute on chronic diastolic (congestive)	<input type="checkbox"/>
<input type="checkbox"/>	Secondary	Human Immunodeficiency Virus (HIV) Disease (ICD-10-CM B20.)	<input type="checkbox"/>
<input type="checkbox"/>	Secondary	Essential (Primary) Hypertension (ICD-10-CM I10.)	<input type="checkbox"/>

Add to Problem list

Lookup Other Diagnosis

Addition of a diagnosis to the problem list requires a SNOMED CT code. Please select the SNOMED CT concept which best describes the diagnosis.

Search for Diagnosis:

Term

Add to PL	Primary	Selected Diagnoses	
<input type="checkbox"/>	Primary	Chronic congestive heart failure (SCT 88805009) - Acute on chronic diastolic (congestive)	<input type="checkbox"/> Add to Problem list
<input type="checkbox"/>	Secondary	Human Immunodeficiency Virus (HIV) Disease (ICD-10-CM B20.)	
<input type="checkbox"/>	Secondary	Essential (Primary) Hypertension (ICD-10-CM I10.)	
Comments			<input type="button" value="Select All"/>
			<input type="button" value="OK"/> <input type="button" value="Cancel"/>



Add to Problem list

Encounter Form for (Mar 19,2016@15:35)

Visit Type | Diagnoses | Procedures | Vitals | Immunizations | Skin Tests | Patient Ed | Health Factors | Exams

Diagnoses Section

Problem List Items

<input checked="" type="checkbox"/>	Chronic congestive heart failure (SCT 88805009)	150.33
-------------------------------------	---	--------

General Injury
Respiratory

Other Diagnosis...

Add to PL | Primary | Selected Diagnoses

Primary	Chronic congestive heart failure (SCT 88805009) - Acute on chronic diastolic (congestive)	<input checked="" type="checkbox"/>	Add to Problem
Secondary	Human Immunodeficiency Virus [HIV] Disease (ICD-10-CM B20.)		

L | Primary | Selected Diagnoses

Primary	Chronic congestive heart failure (SCT 88805009) - Acute on chroni
Secondary	Human Immunodeficiency Virus [HIV] Disease (ICD-10-CM B20.)

--- MIS Managers Menu ---

```
1 Individual Patient Document
2 Multiple Patient Documents
3 Print Document Menu ...
4 Search for Selected Documents
5 Statistical Reports ...
6 Unsigned/Uncosigned Report
7 Missing Text Report
9 Signed/unsigned PN report and
10 UNKNOWN Addenda Cleanup
11 Missing Expected Cosigner Repo
12 Mark Document as 'Signed by SU
13 Mismatched ID Notes
14 TIU 215 ANALYSIS ...
15 Transcription Billing Verifica
```

```
+ Next Screen - Prev Screen ??
Find Reassign
Print Quit
Select Action: Reassign// R Reassign

Are you sure you want to REASSIGN this OTP
YES

The status of this document is: COMPLETED
```

You may now clean up the encounter data for the ORIGINAL Visit

Patient: _____
Visit: JUN 25, 2014@12:28 to PULMONARY PROCEDURES

Do you wish to do this now? NO// 4

Enter either 'Y' or 'N'.

Text Integrated Utilities (TIU)

New Consult

Consult: Consult Request
Provisional Diagnosis: Chronic Fatigue, unsp
Reason For Request:
testing

New Consult

Status: PENDING
Last Action: EDIT/RESUBMITTED

Consults Request Tracking

Notes Consults Surgery

CANCELLED 06/25/14 13:43

06/25/14 13:44

EDIT/RESUBMITTED 06/25/14 13:44

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

All Consults Mar 18,14 (c) CARDIOLOGY CLINIC Cons

Lookup Diagnosis

Search for Diagnosis:

Search

Term

Close

Attention

Earliest appropriate date:
TODAY

Patient will be seen as an:
 Inpatient Outpatient

Place of Consultation: HUC

Provisional Dx (REQUIRED)

Lexicon

Accept Order Quit

Provisional Dx (REQUIRED)

Lexicon

File Edit View Action Options Tools Help

Primary Order a Consult

Consult to Service/Specialty
Cardiology Clinic
Card <cardiology Inpatient>

Urgency: ROUTINE
Attention:
Earliest appropriate date: TODAY
Patient will be seen as an: Inpatient Outpatient
Place of Consultation:
Provisional Dx (REQUIRED)
Heat Fatigue, Transient, Sequela (T67.6XXS) Lexicon

Accept Order Quit

Lookup Diagnosis

Search for Diagnosis:

Search

Term

Provisional Dx (REQUIRED)
Heat Fatigue, Transient, Sequela (T67.6XXS) Lexicon

Cover Sheet Problems

Edit/Resubmit a Cancelled Consult

Consult to Service/Specialty

Urgency

Cardiology Clinic

Cardiology Clinic

Cardiology Inpatient

Cardiology Non-Inv

Care Coordination

Care Manager C

Display Comments:

Cancellation

Other

Patient will be seen as an:

Inpatient

Outpatient

CONSULTANT'S CHOICE

Provisional Dx (REQUIRED)

Heat Fatigue, Transient, Sequela (T67.6XXS)

New Comments:

edit this error for test

Data Entry

Provisional Dx (REQUIRED)

Heat Fatigue, Transient, Sequela (T67.6XXS)

Data Display

Consult:

Consult Request

Provisional Diagnosis: Chronic Fatigue, unspecified (ICD-10-CM R53.82)

Reason For Request:



Available Reports

- ▶ Clinical Reports
- ▶ Health Summary
- ▶ HDR Reports
- ▶ Dept. of Defense Reports
 - Imaging (local only)
 - Graphing (local only)
 - Lab Status
 - Blood Bank Report
- ▶ Anatomic Pathology
 - Dietetics Profile
 - Nutritional Assessment
 - Vitals Cumulative
 - Procedures (local only)
- Daily Order Summary
- Order Summary for a Date Range
- Chart Copy Summary
- Outpatient RX Profile
- Med Admin Log (BCMA)
- Med Admin History (BCMA)
- Surgery (local only)
- ▶ Event Capture

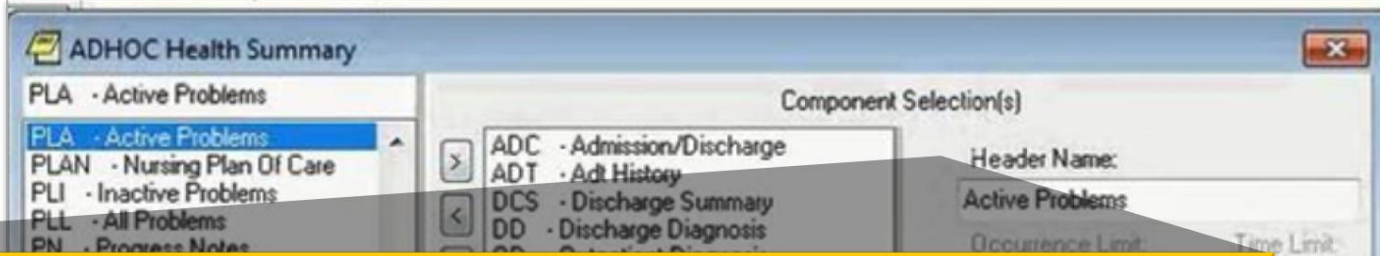
Available Reports

- ▶ Clinical Reports
- ▶ Health Summary
- ▶ HDR Reports
- ▶ Dept. of Defense Reports
 - Imaging (local only)
 - Graphing (local only)
 - Lab Status
 - Blood Bank Report

Reports

Health Summary

- Adhoc Report
- Specialty Reports
- Nursing Care Report
- Clinical Reminders Due
- Clinical Reminders History
- Clinical Reminders Summary
- Clinic Visits
- Advance Directive Notes
- Depression Information
- Dnr Notes
- Foot Status
- Gaf - Global Assess Funct
- Hypertension Clinic
- Pain Agreement Status
- Immunizations Brief
- Immunizations Detailed



Component Selection(s)

- > ADC - Admission/Discharge
- < ADT - Adt History
- << DCS - Discharge Summary
- DD - Discharge Diagnosis
- OD - Outpatient Diagnosis
- OE - Outpatient Encounter
- PLA - Active Problems**

Header Name:

Active Problems

Occurrence Limit:

Time Limit:

Display Hospital Location

Display Provider Narrative

ICD Text Display:

Long text

Will support display of ICD codes

----- OE - Outpatient Encounter (max 10 occurrences or 8 years) -----

Date	Facility	Hospital Location	Encounter Elig.
------	----------	-------------------	-----------------

05/15/2014

Provider:

Diagnosis: (ICD-10-CM S13730); Fatigue fracture of vertebra (SNOMED CT 202831001) (P)

Procedure: 93000-ELECTROCARDIOGRAM COMPLETE; Ekg (1)

----- PLA - Active Problems -----

4 Active Problems

PROBLEM	LAST MOD	PROVIDER
Fatigue fracture of vertebra (SCT 202831001) (ICD-10-CM M48.42XA)	05/15/2016	
Hyperthyroidism with Hashimoto disease (SCT 190256007) (ICD-10-CM E05.30), Onset 02/14/2014	05/15/2016	
Benign hypertension (SCT 10725009) (ICD-10-CM I10.)	05/14/2016	

Group Notes

The screenshot shows a medical software interface. On the left, there is a 'Patient List' sidebar with radio buttons for 'Providers', 'Clinics', 'Team/Personal', 'Wards', 'Specialties', and 'All'. The main area displays a list of patients under the heading 'Patients (all)'. The patient 'Gnpatient.Two' is selected and highlighted in blue. To the right of the patient list, there are several dropdown menus: 'Group Encounter Provider:', 'Group Visit Location:', and 'Group Visit Date/Time:'. The 'Group Visit Date/Time:' dropdown is highlighted with a yellow box. Below these dropdowns, the patient's details are shown: 'Gnpatient.Two', 'SSN:', and 'DOB:'. At the bottom of the interface, there is a table with columns: 'Name', 'SSN', 'Age', 'Sex', 'Location', 'Admission', 'Primary Team', and 'Primary Provider'. The table is currently empty. In the bottom right corner, there is a button labeled 'Group Notes' with a right-pointing arrow.

Group Visit Date/Time:

allows multiple notes entry

Name	SSN	Age	Sex	Location	Admission	Primary Team	Primary Provider
------	-----	-----	-----	----------	-----------	--------------	------------------

Group Notes

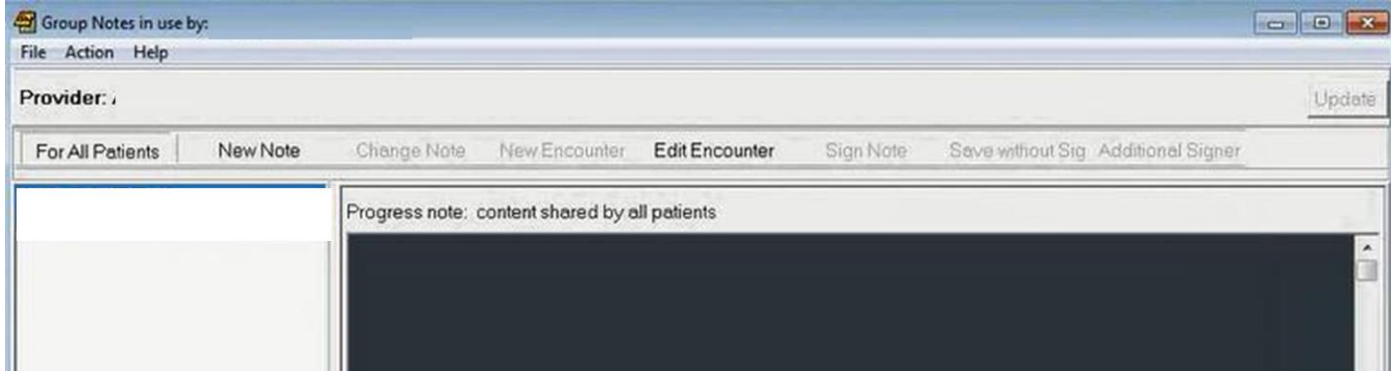
Group Notes in use by:

File Action Help

Provider: [] Update

For All Patients | New Note | Change Note | New Encounter | Edit Encounter | Sign Note | Save without Sig | Additional Signer

Progress note: content shared by all patients



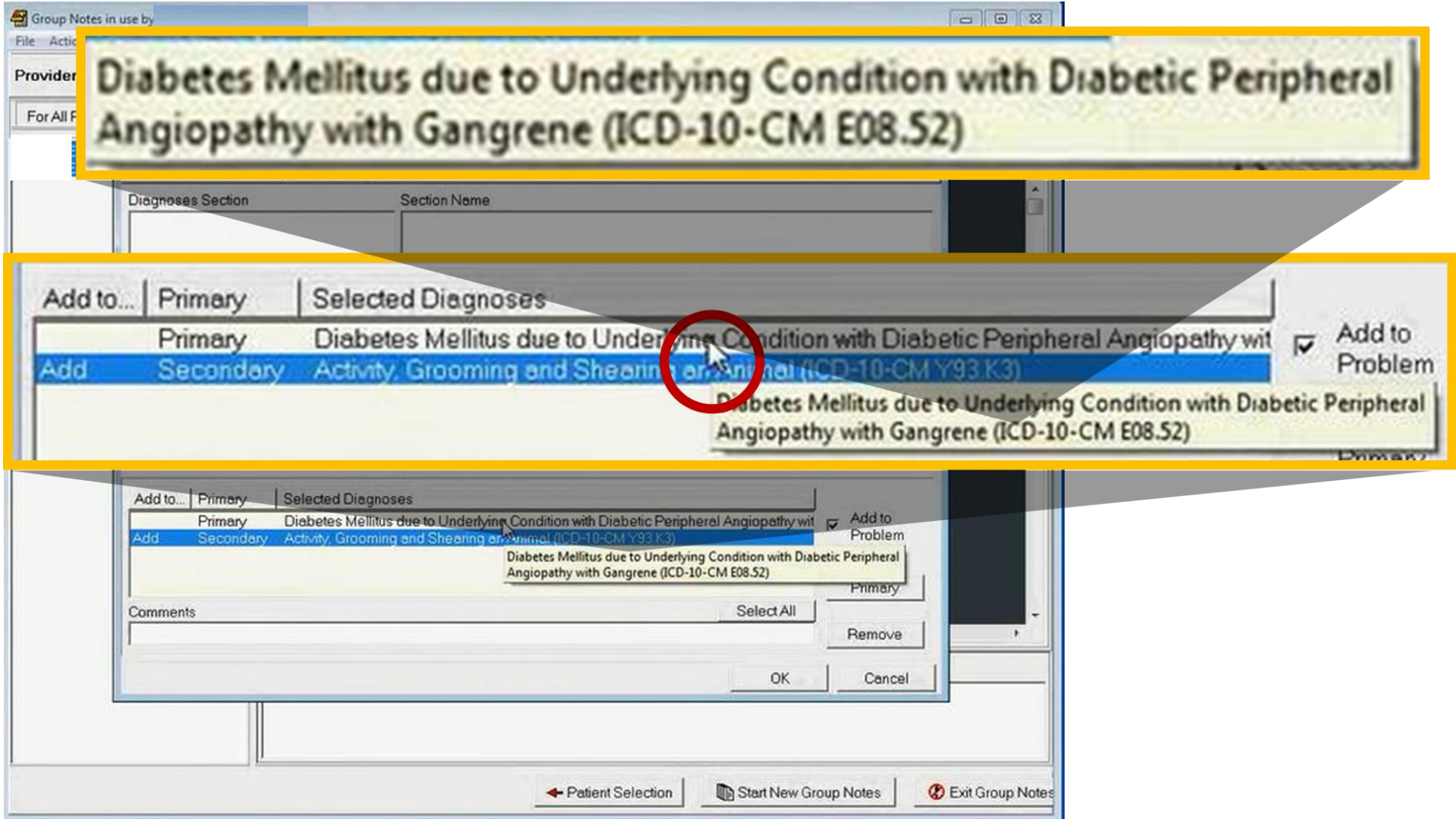
Encounter Data for all patients

Diagnoses: Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with Gangrene (ICD-10-CM E08.52) (Primary), Activity, Grooming and Shearing an Animal (ICD-10-CM Y93.K3)

Encounter Data for all patients

Diagnoses: Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with Gangrene (ICD-10-CM E08.52) (Primary), Activity, Grooming and Shearing an Animal (ICD-10-CM Y93.K3)

I



Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with Gangrene (ICD-10-CM E08.52)

Add to...	Primary	Selected Diagnoses	
	Primary	Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with	<input checked="" type="checkbox"/> Add to Problem
Add	Secondary	Activity, Grooming and Shearing of Animal (ICD-10-CM Y93.K3)	
		Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with Gangrene (ICD-10-CM E08.52)	

Add to...	Primary	Selected Diagnoses	
	Primary	Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with	<input checked="" type="checkbox"/> Add to Problem
Add	Secondary	Activity, Grooming and Shearing of Animal (ICD-10-CM Y93.K3)	
		Diabetes Mellitus due to Underlying Condition with Diabetic Peripheral Angiopathy with Gangrene (ICD-10-CM E08.52)	

Comments

Select All

Remove

OK Cancel

Pt has a signed agreement

Primary Indication: Long Term (Current) Use Of Anticoagulants (V58.61)

Pt has a signed agreement

Primary Indication: Long Term (Current) Use Of Anticoagulants (V58.61)

Home Phone:
Work Phone:

Last INR: 3.4 6/23/14

Add'l Indication: Hypercoagulability state, I INR Goal: 3.0-3.4

Return for INR Draw

+ 14 days 6/25/2014 08:00
+ 28 days next day callback

Labs
 Order Local INR draw
 Order Local CBC

PCE Data
Add'l Indication:
Phone: simple
Visit: initial office
 orientation class
Letter: letter sent
 Do not file data for this visit

Add'l Indication: **Other**

- DVT
- Enctr for Tx Drug Monito
- Hypercoag State
- PE
- TIA
- Valve-Mech
- Valve-Tissue
- Other

Letters:

Missed Appointment

Progress Notes:

Intake Note

D/C Note

Temp Save

Anti-Coagulation Management

Clinic Name: _____

OK to leave anticoag information on answering machine.

Pt has a signed agreement

Primary Indication: Long Term (Current) Use Of Anticoagulants (V58.61)

Last INR: 3.4 **6/23/14** Add'l Indication: Hypercoagulability

Return for INR Draw

+ 14 days 6/25/2014 08:00

+ 28 days next day callback

Labs

Order Local INR draw

Order Local CBC

PCE Data

Add'l Indication: 289.89

Phone: simple complex

Visit: initial office subsequent office

orientation class

Letter: letter sent

Do not file data for this visit

Lookup Diagnosis

Search for Diagnosis:
long-term use anticoag [Search]

Select from one of the following items:
Term

Long Term (current) use of Anticoagulants

Lexicon Search

Description: Long Term (current) use of Anticoagulants
ICD-9-CM: V58.61

1 matches found by ICD-9-CM Diagnoses Search.

[OK] [Cancel]

PCE Data

Add'l Indication: 289.89

Letters:

Missed

Com

Emergency Department Information System

CPE

Clinical Practice Environment.

Edit Closed

Edit a closed record.

Display Board

Dis

Assign Staff

Cre

Reports

Ad

Configure

Co

Visit

EDIS v2.1.2

EDIS CPE

Display Board Assign Staff Reports Configure

Visit Assess Visit Assess

<< Board

Visit

Complaint

Source Not Set

Long Complaint (optional) Visit set for testing

Complaint for Display Board Visit set for testing

Vitals Vitals :

Update Vitals Update Vitals : Expand to enter data

Status/Responsibility

Room / Area Triage (Triage)

Acuity 2

Status In Triage

Provider

Nurse None

Disposition Disposition : Referred to Primary Care Delay Reason : Diagnosis :

CPE Edit Closed Display Board Assign Staff Reports Configure

<< Board

Visit Assess Visit Assess Visit Assess

+ New Patient

Visit

Room / Area	Triage (Triage)
Acuity	2
Status	In Triage
Provider	
Nurse	None

Disposition

Comments																	
Disposition	Referred to Primary Care																
Delay Reason	Not Set																
Diagnosis Coded	<table border="1"> <thead> <tr> <th>Diagnosis</th> <th>Search</th> <th>Add ></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td></td> <td></td> </tr> </tbody> </table>	Diagnosis	Search	Add >	<input type="text"/>												
Diagnosis	Search	Add >															
<input type="text"/>																	
<table border="1"> <thead> <tr> <th colspan="2">Selected Diagnoses</th> </tr> <tr> <th>Diagnosis</th> <th>Primary?</th> </tr> </thead> <tbody> <tr> <td>Mixed hyperlipidemia (ICD-10-CM E78.2)</td> <td>no</td> </tr> <tr> <td>ESSENTIAL (PRIMARY) HYPERTENSION (ICD-10-CM I10.)</td> <td>no</td> </tr> <tr> <td>Fatigue fracture of vertebra, site unsp, init for fx (ICD-10-CM M48.40XA)</td> <td>yes</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Selected Diagnoses		Diagnosis	Primary?	Mixed hyperlipidemia (ICD-10-CM E78.2)	no	ESSENTIAL (PRIMARY) HYPERTENSION (ICD-10-CM I10.)	no	Fatigue fracture of vertebra, site unsp, init for fx (ICD-10-CM M48.40XA)	yes						
Selected Diagnoses																	
Diagnosis	Primary?																
Mixed hyperlipidemia (ICD-10-CM E78.2)	no																
ESSENTIAL (PRIMARY) HYPERTENSION (ICD-10-CM I10.)	no																
Fatigue fracture of vertebra, site unsp, init for fx (ICD-10-CM M48.40XA)	yes																
<input type="button" value="Set as Primary Diagnosis"/>																	

Diagnosis entry for ICD10 will be determined based on visit dates on and after 10/1/2015

Entry saved.

Diagnosis

M1A.0710

Search

Idiopathic chronic gout, right ankle and foot, w/o tophus (ICD-10-CM M1A.0710)

Nurse None

Disposition

Comments

Disposition Referred to Primary Care

Delay Reason Not Set

Diagnosis Coded

M1A.0710

Idiopathic chronic gout, right ankle and foot, w/o tophus (ICD-10-CM M1A.0710)

Add >

Selected Diagnoses

Diagnosis

Mixed hyperlipidemia (ICD-10-CM E78.2)

ESSENTIAL (PRIMARY) HYPERTENSION (ICD-10-CM I10.)

Diagnosis	Primary?
Mixed hyperlipidemia (ICD-10-CM E78.2)	no
ESSENTIAL (PRIMARY) HYPERTENSION (ICD-10-CM I10.)	no
Fatigue fracture of vertebra, site unsp, init for fx (ICD-10-CM M48.40XA)	yes

Set as Primary Diagnosis

Entry saved.

Save & Remove from Board

Restore

Cancel

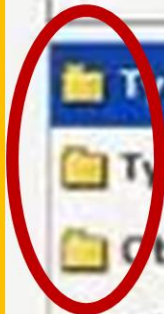
Save

<< Board

Diagnosis

e1

- Type 1 diabetes mellitus (ICD-10-CM E10.) (40)**
- Type 2 diabetes mellitus (ICD-10-CM E11.) (40)
- Other specified diabetes mellitus (ICD-10-CM E13.) (42)
- Nondiabetic hypoglycemic coma (ICD-10-CM E15.)
- Other disorders of pancreatic internal secretion (ICD-10-CM E16.) (7)



Visit

Room / Area: Triage (Triage)

Acuity: 2

Status: In Triage

Provider:

Nurse: None

Disposition

Comments:

Disposition: Referred to Prima

Delay Reason: Not Set

Diagnosis Coded

Diagnosis: e1

Search Add >

- Type 1 diabetes mellitus (ICD-10-CM E10.) (40)**
- Type 2 diabetes mellitus (ICD-10-CM E11.) (40)
- Other specified diabetes mellitus (ICD-10-CM E13.) (42)
- Nondiabetic hypoglycemic coma (ICD-10-CM E15.)
- Other disorders of pancreatic internal secretion (ICD-10-CM E16.) (7)

Diagnosis	Primary?
Mixed hyperlipidemia (ICD-10-CM E78.2)	no
ESSENTIAL (PRIMARY) HYPERTENSION (ICD-10-CM I10.)	no
Fatigue fracture of vertebra, site unsp, init for fx (ICD-10-CM M48.40XA)	yes

Set as Primary Diagnosis

Entry saved.

Save & Remove from Board Restore

Cancel Save

<< Board

Diagnosis

e1

Type 1 diabetes mellitus (ICD-10-CM E10.) (40)

Type 2 diabetes mellitus (ICD-10-CM E11.) (40)

e1

Type 1 diabetes mellitus (ICD-10-CM E10.) (40)

Type 1 diabetes mellitus with ketoacidosis without coma (ICD-10-CM E10.10)

Type 1 diabetes mellitus with ketoacidosis with coma (ICD-10-CM E10.11)

Type 1 diabetes mellitus with diabetic nephropathy (ICD-10-CM E10.21)

Type 1 diabetes mellitus w diabetic chronic kidney disease (ICD-10-CM E10.22)

Type 1 diabetes mellitus w oth diabetic kidney complication (ICD-10-CM E10.29)

Type 1 diabetes w unsp diabetic retinopathy w macular edema (ICD-10-CM E10.311)

AM

Appointment Management

Evaluation/Admission Data Entry

Discharge Data Entry

Reports Menu ...

Transmission Menu ...

Manager Menu ...

Medical Foster Home (MFH) Menu ...



Select HBPC Information System Menu <TEST ACCOUNT> Option: re

Home Based Health Care

DISCHARGE DATE: NOV 5, 2015/

DATE: SEP 25, 2015/

STATE COD @ ADMISSION
COUNTY CO
ZIP CODE:

ELIGIBILITY @ EVALUATION: Other Non-Service Connected (00)

//

//

TYPE OF LAST CARE AGENCY: Not Determined (9)//

ADMIT/REJECT ACTION: Admit to HBHC (1)//

PRIMARY DIAGNOSIS @ ADMISSION: B33.0 Epidemic myalgia//

ELIGIBILITY @ DISCHARGE: Other Non-Service Conn

//

MARITAL STATUS @ DISCHARGE: Never Married (5)/

LIVING ARRANGEMENTS @ D/C: Not Determined (9)/

DISCHARGE STATUS: Not Determined (9)//

PRIMARY DIAGNOSIS @ DISCHARGE: Q25.4 Other con

No data found

ANATOMIC PATHOLOGY MENU

D Data entry, anat path ...
I Inquiries, anat path ...
L Log-in menu, anat path ...
P Print, anat path ...
R SNOMED field references ...
S Supervisor, anat path ...
V Verify/release menu, anat path ...
C Clinician options, anat path ...
W Workload, anat path ...

Laboratory Anatomic Pathology

*No admission OR
discharge dates...*

Autopsy

DIED Apr 22, 2014

Assign AUTOPSY (AU) accession #: 3? YES// (YES)

Enter Weights & Measurements ? NO// (NO)

AUTOPSY DATE/TIME: |

Assign SURGICAL PATHOLOGY (SP) accession #: 4? YES// (YES)

Date/time Specimen taken: NOW// 04/23/14 (APR 23, 2014)

Surgical Pathology

Lab EPI Primary Menu

- ENH Lab EPI Manual Run (Enhanced)
- VR Print Detailed Verification Report
- LO Local Pathogen Menu ...
- PI Pathogen Inquiry
- UP Lab EPI Parameter Setup
- Lab EPI Protocol Edit
- LK Antimicrobial Link Update



Laboratory Emerging Pathogens

Select Lab EPI Primary Menu <TEST ACCOUNT> Option: up , Lab EPI Parameter Setup

Select LAB SEARCH/EXTRACT NAME:

NAME: MALARIA

ICD Coding System [ICD-9 or ICD-10]? (9/10): ICD-10

Laboratory Test

MALARIA SMEAR

MALARIA SMEAR

MALARIA FORMS

ICD Coding System

ICD Code	Cd Set	ICD Description
+M25.571	ICD-10	Pain In Right Ankle And Joints Of Right Foot
Q25.4	ICD-10	Other Congenital Malformations Of Aorta

ICD Code	Cd Set	ICD Description
+M25.571	ICD-10	Pain In Right Ankle And Joints Of Right Foot
Q25.4	ICD-10	Other Congenital Malformations Of Aorta

COMMAND:

Press <PF1>H for help

Insert

Prompt allows selection of ICD-9 or ICD-10



* - New GAF Score Required

Encounter	Clinic	Appointment Status
1 10/1/2012 08:00	AUDIOLOGY	

Vista Patient Care Encounter

+ Next Screen		- Prev Screen		?? More Actions	
UE	Update Encounter	CD	Change Date Range	DD	Display Detail
LI	List by Appointment	CC	Change Clinic	GF	GAF Score
AD	Add Standalone Enc.	IN	Check Out Interview		
HI	Make Historical Enc.	PC	PC Assign or Unassign	QU	Quit
		TI	Display Team Info		

Oct 17, 2015@10:44:28

1 Encounter Date and Time: OCT 01, 2012@08:00

Patient Name:

Hospital Location: AUDIOLOGY

Clinic Stop:

2 Provider: DDIMADV Physician/Physician/Osteopath

3 ICD9 P

Encounter Date and Time: OCT 01, 2012@08:00

Primary/Secondary Diagnosis for the Encounter: PRIMARY

Ordering/Resulting Diagnosis: BOTH O&R

4 ICD9 Code or Diagnosis: 401.0 MALIGNANT HYPERTENSION

Provider Narrative: MALIGNANT ESSENTIAL HYPERTENSION

+ + Next Screen - Prev Screen ?? More Actions

Signature Code

OK Cancel

er on Cover Sheet)
er "No Known Allergies" on Cover Sheet)

TESTING HE ENTRY OF PROGRESS NOTE FOR AN OUTPATIENT VISIT POST 10/1/2014 TO SHOW ICD10 CODE ENTRY.

Diagnoses:

Chronic congestive heart failure (SCT 88805009) – Acute on chronic diastolic (congestive) heart failure (ICD-10-CM I50.33) (Primary)

/ Templates

Encounter

New Note

Diagnoses:

Chronic congestive heart failure (SCT 88805009) - Acute on chronic diastolic (congestive) heart failure (ICD-10-CM I50.33) (Primary)

Consults | Surgery | D/C Summ | Labs | Reports

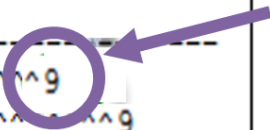
Modified Outpatient Visits – Detail Report Message

```

Subj: V. 4.0          1/1 0 [#33424] 03/02/12@11:42 23
From:                In 'IN' basket.   Page 1
-----
^0^O^3001016^xxxxxxxxxx^5000000019V796730^800.00^          9
^0^O^3000101^xxxxxxxxxx^500000000V196703^291.9^          32160^          9
^0^O^3000101^xxxxxxxxxx^5000000019V796730^800.00^          32100^          9
^0^I^3010604^xxxxxxxxxx^5000000003V639492^800.00^          20924^          9
^0^O^3010606^xxxxxxxxxx^144.1^          00100^          9
^0^O^3010606^xxxxxxxxxx^850.1^          85002^          9

```

Outpatient Code Set Indicator



Modified Inpatient PTF Records – Detail Report Message

```

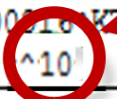
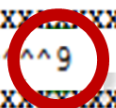
Subj: V. 4.0          1/1 0 [#33424] 03/02/12@11:42 23
From:                In 'IN' basket.   Page 1
-----
^0^04^3020802^3030113^xxxxxxxxxx^500000000^          9
^0^06^3020830^3031006^xxxxxxxxxx^500000000^          9
^0^08^3040421^3061026^xxxxxxxxxx^500000000^          9
^0^014^3120227^3120227^xxxxxxxxxx^5000000008V200216^KZ^A20.7^Q27.8^V70.2XX
D^          0016070^0016378^          10

```

Pharmacy Benefit Management

Inpatient ICD-9 Code Set Indicator

Inpatient ICD-10 Code Set Indicator



Version 3.0

QUASAR

has a file that
contains ***all of the codes that
can be used*** for encounter
completion

Set Up/Maintenance ...
Audiology & Speech Visit Tracking System ...
Management Reports A&SP ...
C&P Exam Adequation
Delete an A&SP Clinic Visit

This option can be used to list entries from the CDR ACCOUNT file, A&SP PROCEDURE CODE file, or the A&SP DIAGNOSTIC CONDITION file.

Select number for the file from which you wish to print.

1. CDR ACCOUNT file (#509850)
2. A&SP DIAGNOSTIC CONDITION file (#509850.1)
3. A&SP PROCEDURE CODE file (#509850.4)

ICD-10

CODE

DIAGNOSIS

ALLOWABLE MODIFIERS

DESCRIPTION

ACTIVE

Available for use?

E08.00	DIAB D/T UNDRL COND W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA	INACTIVE
F07.0	PERSONALITY CHANGE DUE TO KNOWN PHYSIOLOGICAL CONDITION	INACTIVE
F07.81	POSTCONCUSSIONAL SYNDROME	ACTIVE
F07.89	OTH PERSONALITY & BEHAVRL DISORD DUE TO KNOWN PHYSIOL COND	INACTIVE
F80.1	EXPRESSIVE LANGUAGE DISORDER	INACTIVE
F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	INACTIVE

Select number for the file from which you wish to print.

1. CDR ACCOUNT file (#509850)
2. A&SP DIAGNOSTIC CONDITION file (#509850.1)
3. A&SP PROCEDURE CODE TITLE (#509850.4)

ICD-10

CODE	DIAGNOSIS	ALLOWABLE MODIFIERS	DESCRIPTION	ACTIVE
------	-----------	---------------------	-------------	--------

Available for use?

E01.0	DIAB UNDRL COND W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA			INACTIVE
F07.0	PERSONALITY CHANGE DUE TO KNOWN PHYSIOLOGICAL CONDITION			INACTIVE
F07.81	PERSONALITY & BEHAVRL DISORD DUE TO KNOWN PHYSIOL COND			ACTIVE
F07.89	PERSONALITY & BEHAVRL DISORD DUE TO KNOWN PHYSIOL COND			INACTIVE
F80.1	DEPRESSIVE LANGUAGE DISORDER			INACTIVE
F80.2	DEPRESSIVE LANGUAGE DISORDER			INACTIVE



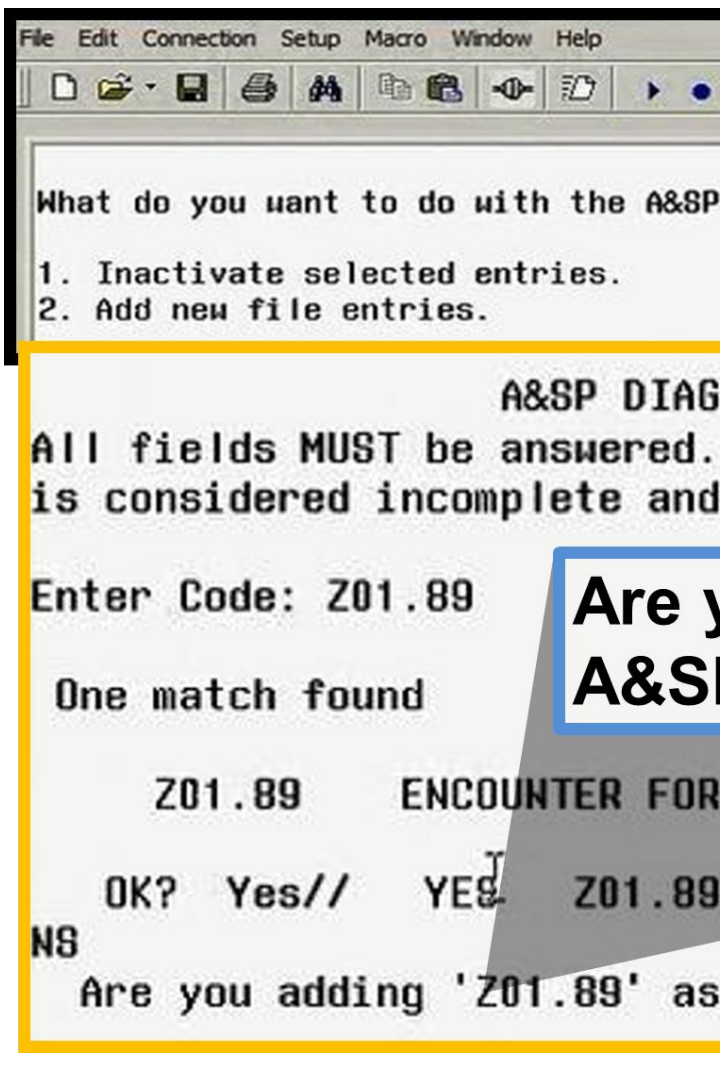
There's a code missing from the file.



What do I do?

Select number for the file for which you wish to print.

1. CDR ACCOUNT file (#509850)
2. A&SP DIAGNOSTIC CONDITION file (#509850.1)
3. A&SP PROCEDURE CODE TITLE (#509850.4)



2. Add new file entries.

What do you want to do with the A&SP DIAGNOSTIC CONDITION file (#509850.1)?

- 1. Inactivate selected entries.
- 2. Add new file entries.

A&SP DIAGNOSTIC CONDITION file (#509850.1)

All fields MUST be answered. Otherwise a new entry is considered incomplete and will be deleted.

Enter Code: Z01.89

Are you adding 'Z01.89' as a new A&SP DIAGNOSTIC CONDITION?

One match found

Z01.89 ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS

OK? Yes// YES Z01.89 ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS

Are you adding 'Z01.89' as a new A&SP DIAGNOSTIC CONDITION (the 1273RD)?

Enter Visit Date: TODAY// (OCT 30, 2015)

'Visit Date'
determines code set
to be used

Patient Diagnostic History

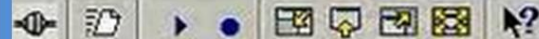
QUASAR

DIAGNOSIS

H69.00	Patulous Eustachian tube, unspecified ear
H72.00	Central perforation of tympanic membrane, uns
H92.02	Otalgia, left ear
S06.0X3S	Concussion w LOC of 1-5 hrs 59 min, sequela
Z01.89	Encounter for other specified special examina

Press return to continue.

Set Up/Maintenance ...
 Audiology & Speech Visit Tracking System ...
Management Reports A&SP ...
 C&P Exam Adequation
 Delete an A&SP Clinic Visit



04
 Audiology & Speech Pathology
 Capitation Report
 for DIVISION: _____
 March 2014

Generic header

ICD	CLINIC VISITS	TELEPHONE VISITS	UNIQUE
-----	---------------	------------------	--------

Mix of
 ICD-9 and ICD-10
 codes

Audiology:			
F07.81	2	0	1
I69.023	1	0	1
S01.301A	1	0	1
Z96.29	1	0	1

Audiology Total:	5	0	4
Speech Pathology:			
141.9	1	0	1
387.9	1	0	1

Speech Pathology Total:	2	0	2

Patient Search

Spinal Cord Injury and Disorders Outcomes

Logout

SCIDO

Neuro. Level:
Employment:

ASIA:
Bladder Drainage:

Next AE Due:
Pressure Ulcer:

Cover Sheet

Recent Diagnoses

Date	ICD	Description
05/11/2014	0D19074	Bypass Duodenum to Cutaneous with Auto Approach
05/11/2014	3E0R3NZ	Introduce Analg Hypnot Sedat in Spinal Car
05/11/2014	0LBM3ZX	Excision of Left Upper Leg Tendon, Perc A1 Diagn
05/10/2014	A41.51	Sepsis due to Escherichia coli [E. coli]
05/10/2014	J98.11	Atelectasis
05/10/2014	Z20.81	Immuniz not crd out due to patient having h

Recent CPT Codes

Date	CPT	Description
------	-----	-------------

Medical Complications

Pneumonia in Past Year: Yes

Pressure Ulcers: Most Severe Stage:

UTIs in Past Year: 2

Bladder Drainage:

Recent Pain Rating:

Participation

Education:

Employment:

Hours of Attendant Care/Day:

Paid Attendant Care/Day:

Unpaid Attendant Care/Day:

Activities

Total FIM:

Motor FIM:

Cognitive FIM:

Print Help

Patient Search

Spinal Cord Injury and Disorders Outcomes

Logout

Neuro. Level: ASIA:
Employment: Bladder Drainage: Next AE Due: Pressure Ulcer:

Recent Diagnoses

Recent Diagnoses

Date	ICD	Description
05/11/2014	0D19074	Bypass Duodenum to Cutaneous with Auto Approach
05/11/2014	3E0R3NZ	Introduce Analg/Hypnot/Sedat in Spinal Car
05/11/2014	0LBM3ZX	Excision of Left Upper Leg Tendon, Perc At Diagn
05/10/2014	A41.51	Sepsis due to Escherichia coli [E. coli]
05/10/2014	J98.11	Atelectasis
05/10/2014	J70.01	Immuniz not crd out due to patient having h

Medical Complications

Pneumonia in Past Year: Yes
Pressure Ulcers: Most Severe Stage:
UTIs in Past Year: 2
Bladder Drainage:
Recent Pain Rating:

Medical Complications

Participation

Education:
Employment:
Hours of Attendant Care/Day:
Paid Attendant Care/Day:
Unpaid Attendant Care/Day:

Activities

Print Help

Recent CPT Codes

Date	CPT	Description
------	-----	-------------

**ICD-10
Procedures**

0D19074
3E0R3NZ
0LBM3ZX

**ICD-9
Procedures**

42.52
44.32
43.19
03.1
83.43

Recent Diagnoses - Windows Internet Explorer

http://10.113.13.2:7001/scidoWeb/cov

Date	ICD-10	ICD-9	Description
	0D19074	42.52	Bypass I
	3E0R3NZ	44.32	Introduce
	0LBM3ZX	43.19	Excision
	A41.51	03.1	Sepsis du
	J98.11	83.43	Atelectas
	Z28.81	480.2	Immuniz
	J12.81	010.80	Pneumon
	Z53.9	V64.01	Procedur
	N34.3	098.0	Urethral s
	M46.20	682.1	Osteomy
	M86.129	038.9	Other acu
	B95.5	V03.9	Unsp str
	A41.51	038.9	THORAC
	J98.11	038.9	PERCUT
	Z28.81	038.9	OTHER
	J12.81	038.9	INTRAS
	Z53.9	038.9	MUSC F
	N34.3	038.9	PARINE
	M46.20	038.9	PRIM PE
	M86.129	038.9	NO VAC
	B95.5	038.9	ACUTE
	A41.51	038.9	CELLUL
	J98.11	038.9	SEPTICE
	Z28.81	038.9	VACCIN

Close

ICD-10 Diagnoses

A41.51
J98.11
Z28.81
J12.81
Z53.9
N34.3
M46.20
M86.129
B95.5

ICD-9 Diagnoses

480.2
010.80
V64.01
098.0
682.1
038.9
V03.9

Date	ICD
05/11/2016	0D19074
05/11/2016	3E0R3NZ
05/11/2016	0LBM3ZX
05/10/2016	A41.51
05/10/2016	J98.11
05/10/2016	Z28.81
05/10/2016	J12.81
05/10/2016	Z53.9

Secondary Conditions

Pre-Existing Diagnoses

05/11/2016	0LBM3ZX
10/2016	A41.51
05/10/2016	J98.11
05/10/2016	Z28.81
05/10/2016	J12.81
05/10/2016	Z53.9
05/10/2016	N34.3
05/10/2016	M46.20
05/10/2016	M86.129
05/10/2016	B95.5
04/20/2016	42.52

Impairments

Secondary Conditions:

Date	ICD	Description
		Bypass Duodenum to

Swallowing Status: _____

Dehydration Signs: _____

Pre-Existing Diagnoses:

Date	ICD	Description
		Bypass Duodenum to

Brain Injury?: Yes No

Other Injury?: Yes No

Describe Other: _____

Pre-Existing Procedures:

Date	CPT	Description
------	-----	-------------

Assessment Entry Forms

Scores / Date Scores / Date

AGS DAST

DUSOI 0.0, 05/15/2014 ST

DUSOI-A

CES-D PRIME-MD

CYH SF-8

Medical Complications Activities Participation & SWLS

pull both 9 and 10 data



Impairments

Secondary Conditions:

Date	ICD	Description
		Bypass Duodenum to

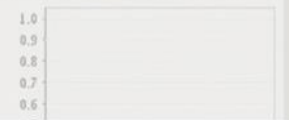
Pre-Existing Diagnoses:

Swallowing Status:

Dehydration Signs:

Brain Injury?: Yes No

SF-8 Changes Over Time



AUDIT **DUSOI** 0.0, 05/15/2014 ST

Body Mass Index (BMI)

Weight: 0.0 Pounds

Height: 0.0 Inches

Body Mass Index: 0.0

BMI History

BMI:

Scores / Date

ASIA DAST

AUDIT DUSOI 0.0, 05/15/2014 ST

CAGE DUSOI-A

CES-D PRIME-MD

CYH SF-8

DUSOI Changes Over Time



Print Reset Submit Help

Duke Severity of Illness (DUSOI) Checklist

Name: _____ * Record Date: 05/15/2014

Division: 442

* Care Type: Protocol 9 Care Start Date: _____

Score: 0.0 * Score Type: Start (not available)

Health Problem or Diagnosis

Enter information about co-existing health problems or diagnoses using a separate DUSOI checklist for each. You can enter as many diagnoses or problems as you deem necessary.

Diagnosis or Health Problem Score: 0

* Diagnosis or Health Problem: _____

* 1. Symptoms (past week): _____

* 2. Complications (past week): _____

* 3. Prognosis (next six months without treatment): **Disability** _____

* 4. Treatability: _____

No

Yes

(If Yes) Expected Response to Treatment: _____

ICD Sequence

Care Start Date:

drives code set

Related Diagnoses

Health Problem	Score	Record Date
Fever	0	05/15/2014
	0	05/15/2014

Add More Diagnoses

Add More Diagnoses

Add More Diagnoses

SCI WEB - Windows Internet Explorer

http://10.113.13.2:7001/scidoWeb/searchIcd9Code.do?recordDt=05/

Spinal Cord Injury & Disorders Outcomes SCI ICD Search

ICD Code	Short Name	Long Name
<input type="text"/>		

Select ICD Code:

Spinal Cord Injury & Disorders Outcomes SCI ICD Search

ICD Code	Short Name	Long Name
A01.00	Typhoid Fever, unspecified	TYPHOID FEVER, UNSPECIFIED
A01.01	Typhoid Meningitis	TYPHOID MENINGITIS
A01.02	Typhoid Fever with Heart Involvement	TYPHOID FEVER WITH HEART INVOLVEMENT
A01.03	Typhoid Pneumonia	TYPHOID PNEUMONIA
A01.04	Typhoid Arthritis	TYPHOID ARTHRITIS

Ventilator Equip./Supplies?: N

Nutrition or Dietary Precautions:

Date	Description

PEG and Gastrostomy Tube ICD Codes:

Date	ICD	Description
05/11/2014	0D19074	Bypass Duodenum to Cutaneous with Autol Sub, Open Approach
04/20/2014	42.52	THORAC ESOPHAGOGASTROST
04/20/2014	44.32	PERCUTANEOUS [ENDOSCOPIC] GASTROJEJUNOSTOMY

Supply Orders for Nasogastric and Feeding Tubes:

Date	Name	Code

Pneumonia and Respiratory Report

Select date range. The default is five years.
Five Years

Pneumonia-Related Diagnoses (# of Dx: 3)

Date	ICD	Description
05/10/2014	A41.51	Sepsis due to Escherichia coli [E. coli]
05/10/2014	J12.81	Pneumonia due to SARS-associated coronavirus
04/19/2014	480.2	PARINFLUENZA VIRAL PNEUM

Atelectasis Incidents (# of Dx: 2)

Date	ICD	Description
04/19/2014	010.80	

Intubation P

Date	CPT

Chest Radiology Results:

--

Sputum Laboratory Results:

--

Pneumonia-Related Diagnoses (# of Dx: 3)

Date	ICD	Description
2016	A41.51	Sepsis due to Escherichia coli [E. coli]
2016	J12.81	Pneumonia due to SARS-associated coronavirus
2016	480.2	PARINFLUENZA VIRAL PNEUM

PEG and Gastrostomy Tube ICD Codes:

Date	ICD	Description
05/11/2016	0D19074	Bypass Duodenum to Cutaneous with Autol Sub, Open Approach
04/20/2016	42.52	THORAC ESOPHAGOGASTROST
04/20/2016	44.32	PERCUTANEOUS [ENDOSCOPIC] GASTROJEJUNOSTOMY

Codes pre-determined for inclusion criteria

Instrument Data: Appointment/Visit Date/Time have met.
PCCNY ROOM

Select Save

Current Treatment Date: 10/16/2015

Service Confirm

Treatment Summary

Started: 00:00:00

Finished:

Duration (Instrument):

Duration (Adjusted):

Averages and Totals

Total UF: 0

Total LP: 0

Mean UFR: 0

Mean TMP: 0

Average BFR: 0

Average DFR: 0

Mean Dialysis Temp: 0

Mean Conductivity: 0

Total KT: 0

Total KT/V: 0

URR:

Estimated Urea Vol:

Vascular Access

Intra-Access BF:

VP at Zero BF:

AVP at Zero BF:

VP at 200 ml/min:

PCE Data

Location

Healthcare Providers

No providers found

Diagnoses (ICD Codes)

A78: Q fever Primary

B95.62 Methicillin Resistant Staphylococcus Aureus Infection as the Cause of Diseases classified elsewhere (ICD-10-CM B95.62) | 5000842

B17.10 Acute Hepatitis C without Hepatic Coma (ICD-10-CM B17.10) | 5000542

Procedures (CPT Codes)

No procedures found

Service Connection/Rated Disabilities

Service Connected Condition -- Yes

Military Sexual Trauma (MST) -- n/a

Agent Orange Exposure -- n/a

Ionizing Radiation Exposure -- n/a

Head and/or Neck Cancer -- n/a

Environmental Contaminants -- n/a

Combat Veteran -- n/a

SC Percent: 10%

Rated Disabilities: NONE STATED

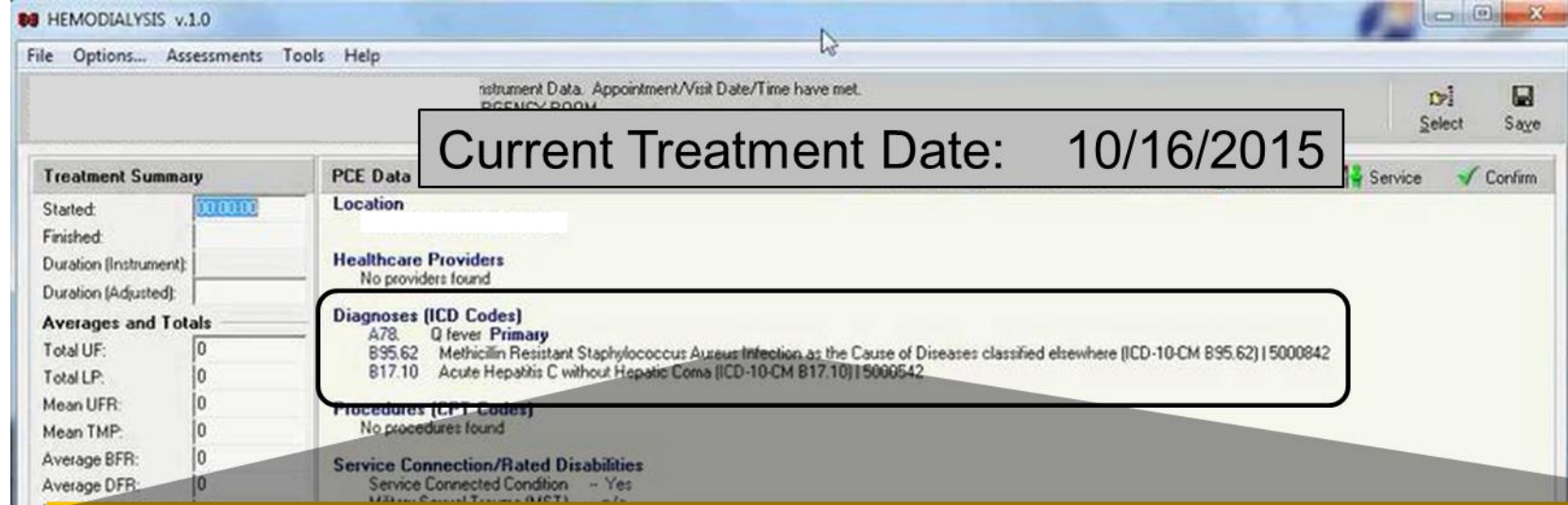
*only the **hemodialysis** graphical user interface is impacted by ICD-10*

UPDATED On 05/07/2014 12:41:25

Comments

New... Edit... View...

Clinical Procedures



Current Treatment Date: 10/16/2015

Diagnoses (ICD Codes)
A78. Q fever **Primary**
B95.62 Methicillin Resistant Staphylococcus Aureus Infection as the Cause of Diseases classified elsewhere (ICD-10-CM B95.62) | 5000842
B17.10 Acute Hepatitis C without Hepatic Coma (ICD-10-CM B17.10) | 5000542

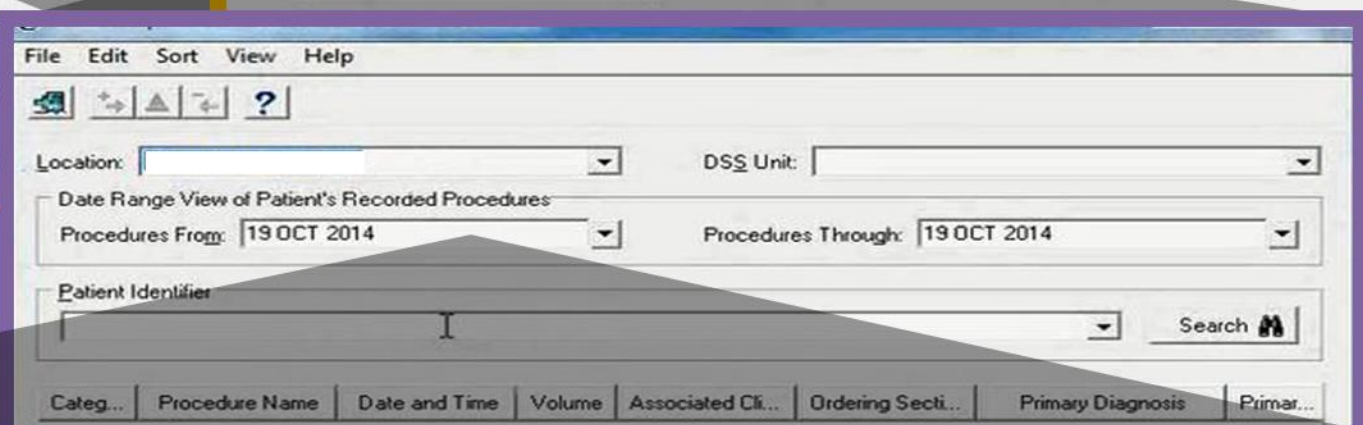
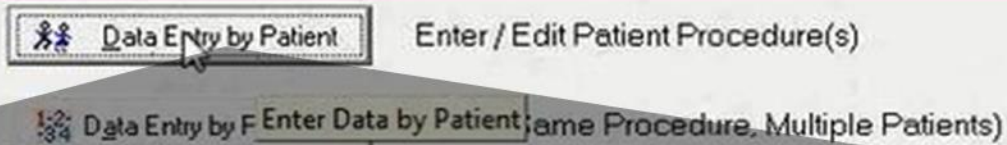
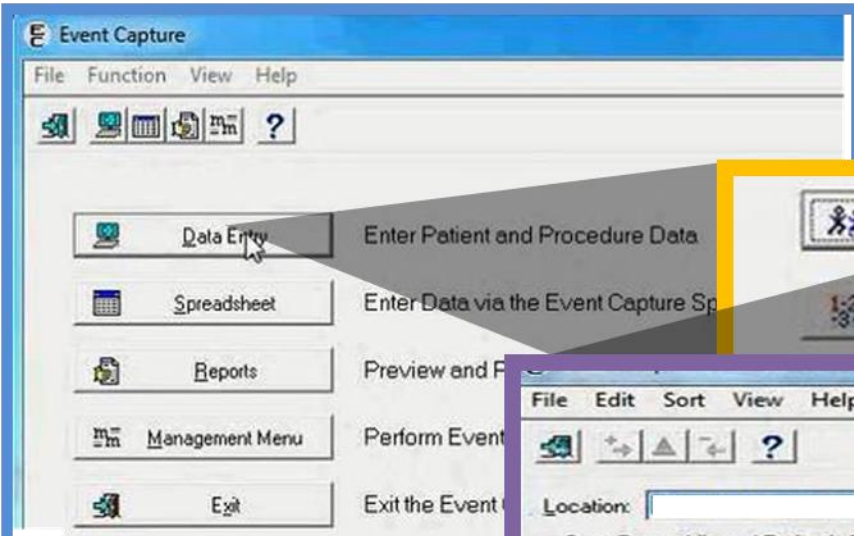
Diagnoses (ICD Codes)

A78. Q fever **Primary**

B95.62 Methicillin Resistant Staphylococcus Aureus Infection as the Cause of Diseases classified elsewhere (ICD-10-CM B95.62) | 5000842

B17.10 Acute Hepatitis C without Hepatic Coma (ICD-10-CM B17.10) | 5000542

Event Capture



Date Range View of Patient's Recorded Procedures

Procedures From: 19 OCT 2015

Procedures Through: 19 OCT 2015

Close Add Update Delete Topic Help

Event Capture - Add Patient Procedure

Location: _____ DSS Unit: _____ Category: No Categories

Procedure Date & Time: 19 OCT 2014 @1204 Status: Outpatient Eligibility Code: NSC Procedure Name: 99090 COMPUTER DATA ANALYSIS [NON-VIDEO MONITORIN] Volume: 1

Modifiers Available:
23 UNUSUAL ANESTHESIA
47 ANESTHESIA BY SURGEON
52 REDUCED SERVICES
53 DISCONTINUED PROCEDURE

Modifiers Selected: _____

Reasons:
1: _____
2: _____
3: _____

Service Connected? _____ Combat Veteran? _____ Agent Orange? _____ Ionizing Radiation? _____ SW Asia Conditions? _____ Military Sexual Trauma? _____ Head/Neck Cancer? _____ Project 112/SHAD? _____

Ordering Section:
SOCIAL WORK
SOCIAL WORK
SPEECH PATHOLOGY

Diagnoses:
Primary: Type 2 Diabetes Mellitus without Complications [ICD-10-CM E11.9]
Secondary Dx 1: _____

Description may not be fully displayed



Diagnoses

Primary: Type 2 Diabetes Mellitus without Complications [ICD-10-CM E11.9]

Exclude

OK Cancel Add Help

Searching 'E11.9' - Done. 1 - items found

- 1 Diagnosis Edit
- 2 Add NEW visit/display Patient Background Info.
- 3 History Narrative Edit
- 4 Display Serial Laboratory Info.
- 5 Display/Print Drug Treatment Program
- 6 Health Assessment (HAQ) Edit
- 7 Health/Physical History Edit
- 8 Physical Examination Edit
- 9 Death Admin Edit
- 10 Print Menu ...
- 11 Line Enter/Edit Menu ...
 **> Out of order: OUT OF ORDER
- 12 Problem Oriented Consult Menu ...
- 13 Image Capture
- 14 Summary of Patient Procedures
- 15 Rheumatology Management Menu ...

Vista Medicine

Rheumatology patient diagnosis

1 DATE/TIME(R): Oct 1, 2015

Date determines code set

2 RHEUMATOLOGY PATIENT(R):

3 DIAGNOSIS(M): acute

Enter search term

4 PROCEDURE SUMMARY:.....

5 SUMMARY:.....

6 PRIMARY PROVIDER:.....

**Select from
predefined list**

*Associated code
values linked to list
– code will be
stored upon
selection*

1 ACUTE RHEUMATIC ENDOCARDITIS

2 ACUTE RHEUMATIC FEVER

CHOOSE 1-2: █

1 Clinical Record ...
GAF Global Assessment of Functioning ...
PIT Psych Inpatient Tracking ...
PN Progress Notes/Discharge Summary [TIU] ...

*** MENTAL HEALTH ***
Clinical Record

3 Diagnosis ...
13 Seclusion/Restra

Vista Mental Health

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

Select Clinical Record <TEST ACCOUNT> Option: █

Select Clinical Record <TEST ACCOUNT> Option: 3 Diagnosis

- 1 Enter Diagnosis
- 2 Print Diagnoses
- 3 Print DXLS History

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

Select Diagnosis <TEST ACCOUNT> Option:

Data entry order has changed – Date must be entered first to determine code set used in diagnosis

MEANS TEST REQUIRED

Means Test required for workload credit.

DATE/TIME OF DIAGNOSIS: NOW//



ENTRY OF DIAGNOSIS

SEE, ICDFOUR

ACTIVE ICD DIAGNOSES (AXIS 1)

DIAGNOSIS -

1 (ICD-10) F60.0

Paranoid personality

--- VERIFIED

2 (ICD-10) T39.016S

Underdosing of aspirin

--- VERIFIED

3 (ICD-9) 295.24

CATATONIC-CHR/EXACERB

--- VERIFIED

4 (ICD-9) 295.33

PARAN SCHIZO SUBCHR/EXAC

--- VERIFIED

8 (Axis 3):

1:18

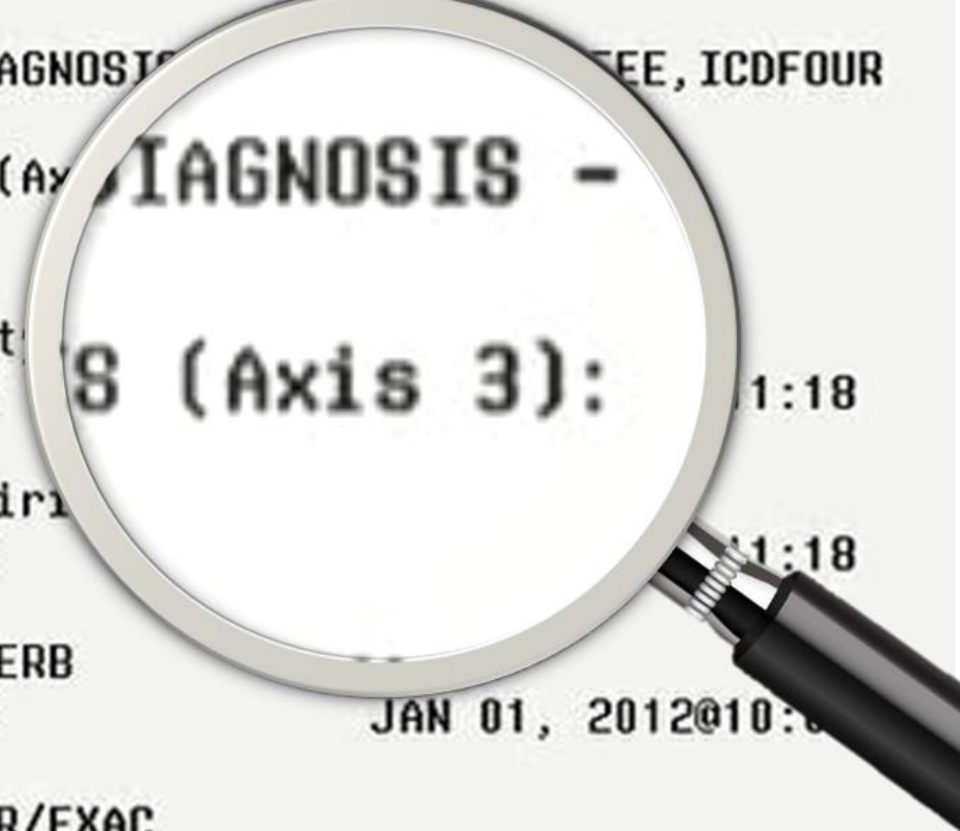
1:18

JAN 01, 2012@10:00

JAN 01, 2012@10:00

Enter ICD-10 DIAGNOSIS:

**Contains
ICD-9 and
ICD-10
codes**



Vista Prosthetics

PU	Purchasing ...
DD	Display/Print ...
UT	Utilities ...
SU	Suspense ...
CO	Correspondence ...
SC	Home/Liaison Visits ...
PS	Process Form 2529-3 ...
EL	Eligibility Inquiry
ET	PSC/Entitlement Records ...
HO	Home Oxygen Main Menu ...
ND	NPPD Tools ...
VR	VERIFY/REPAIR PURCHASE CARD NUMBER

ED Add/Edit Home Oxygen Patien
BI Billing Matters
RE Reports ...nsactions
RE Reports ...
SI Site Parameters Enter/Edit
PB Verify Posted Billing Transactions
SO Purchase Card Sign Off



Select PROSTHETICS PATIENT NAME: PROSPATIEN

HOME OXYGEN ELIGIBILITY: NSC/OP//
HOME OXYGEN CONTRACT LOCATION: CHEYENNE VA MEDICAL CEN
//
HOME OXYGEN ACTIVATION DATE: APR 11 2014//

Select HOME OXYGEN PRESCRIPTION DATE: Oct 1, 2015 |

Item Description	Vendor	ICD	CS+
1 OXYGEN, REFILL, E, 22CF CYLINDER		E10.9	10+
2 LIQUID OXYGEN		786.05	9
3 REGULATOR-OXYGEN-ID32			

* = Primary Item

CS = Code Set for ICD Diagnosis code

+ = Item with active ICD code on start date of prescription

Select ACTION: (A/D/E):

ICD	CS+
E10.9	10+
786.05	9

* = Primary Item

CS = Code Set for ICD Diagnosis code

+ = Item with active ICD code on start date of prescription

Item Description	Vendor	ICD	CS†
1 OXYGEN, REFILL, E, 22CF CYLINDER		E10.9	10+
2 LIQUID OXYGEN		786.05	9
3 REGULATOR-OXYGEN-1D32			

* = Primary Item
 CS = Code Set for ICD
 + = Item with active

Select ACTION: (A/D/

```

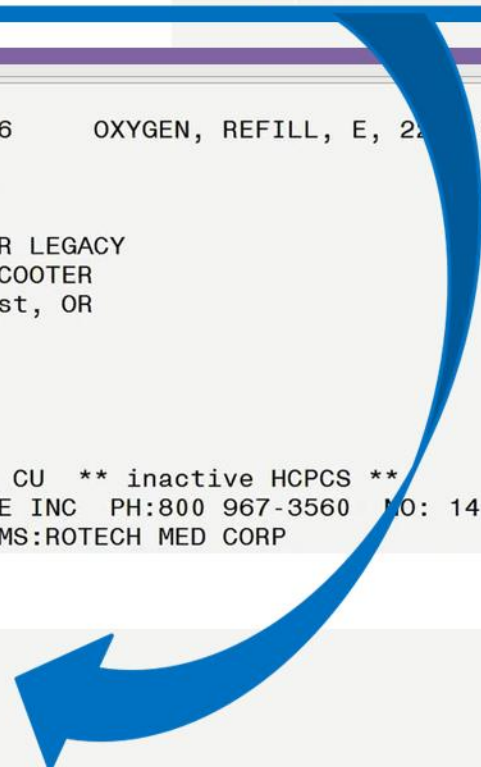
Select PROS ITEM MASTER NAME: OXYGEN
  1  OXYGEN, REFILL, E, 22CF CYLINDER  33716      OXYGEN, REFILL, E, 22CF CYL
INDER
  2  OXYGEN  6734      REGULATOR-OXYGEN-1D32
  3  OXYGEN  8258      LIQUID OXYGEN
  4  OXYGEN  10450     HOLDER OXYGEN MAXI OR LEGACY
  5  OXYGEN  31147     HOLDER OXYGEN TANK SCOOTER
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 3  8258      LIQUID OXYGEN
          ...OK? Yes//  (Yes)

PRIMARY ITEM: Y  YES
ITEM: LIQUID OXYGEN//
HCPCS CODE: E1381      OXYGEN CONCENTRAT TO 1220 CU  ** inactive HCPCS **
VENDOR: ROTECH HEALTHCARE INC  ROTECH HEALTHCARE INC  PH:800 967-3560  MO: 14107
ORD ADD:2600 TECHNOLOGY DR STE 300
          FMS:ROTECH MED CORP
  
```

ICD-10 DIAGNOSIS CODE:

```

QUANTITY: 1
UNIT COST: .20
UNIT OF ISSUE: EACH EA      EACH
ICD-10 DIAGNOSIS CODE:
  
```



Select ACTION: (A/D/E): Edit
Select an ITEM: (1-4): 2 2 LIQUID OXYGEN

This item contains the ICD Diagnosis Code: 786.05 which was inactive based on the start date of the currently selected prescription.

You may 1) select a different item with no ICD code or with an active ICD code, 2) enter a new item or 3) proceed with this item. If you proceed with this item, the existing ICD Diagnosis code 786.05 will be DELETED.

You may then enter an active ICD-10 Diagnosis code or you may leave the ICD Diagnosis field blank.

Do you wish to continue? y YES

PRIMARY ITEM: NO//
ITEM: LIQUID OXYGEN//
HCPCS CODE: E1353//
VENDOR: ROTECH HEALTHCARE INC//
QUANTITY: 1//
UNIT COST: 35//
UNIT OF ISSUE: FA//
ICD-10 DIAGNOSIS CODE: s06.816D



PU Purchasing ...
DD Display/Print ...
UT Utilities ...
SU Suspense ...
CO Correspondence ...
SC Home/Liaison Visits ...

Appliance Transactions display has changed

Enter ?? for more actions

VR View Request	AD Add Manual	CR Cancel Request
PC Post Complete	AA Auto Adaptive	EW Forward Consult
PI Post Initial Action	CC Clone CPRS	23 Display 2319
OT Post Other	CA Clothing Allowance	CD CPRS Display
		PR Print Consult

Select one of the following:

- 1 PATIENT DEMOGRAPHICS
- 2 CLINIC ENROLLMENTS/CORRESPONDENCE
- 3 ENTITLEMENT INFORMATION
- 4 APPLIANCE TRANSACTIONS
- 5 AUTO ADAPTIVE INFORMATION
- 6 CRITICAL COMMENTS
- 7 ADD/EDIT DISABILITY CODE
- 8 HOME OXYGEN ITEMS

DELIVERY DATE: SUSPENSE DATE: APR 11, 2014@14:52:08

TO .00 OBL: P15925

ICD-10 Identifier

ICD-10 Code

RE: JICKIE REFURBISHED

IT: REFURBISHED

APPLIANCE: WHEELCH

CONTRACT #:

EXCLUDE/WAIVER:

ICD-10 CODE: S06.816D INJURY OF RIGHT INTERNAL CAROTID ARTERY, INTRACRANIAL PORTION, NOT ELSEWHERE CLASSIFIED WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL WITH PATIENT SURVIVING, SUBSEQUENT ENCOUNTER

CPT MODIFIER:

DESCRIPTION: PO SG 10

EXTENDED DESCRIPTION:

Code Description

Enter RETURN to continue or '^' to exit: █

 [VISTA Sign-On](#)



[Processing](#)



[Delayed Order Report](#)

[\\$ View Prosthetic Billing Information](#)



[NPPD Detail Display Report](#)



[Orthotic Lab & Work Order](#)

Prosthetics

[? Help](#)

[Close](#)

[About](#)

Please Select . . . a Site

The Status: Oper Pend

Done	Type	Station
	ROUTINE	442

Appliance Transaction Detail

Qty: 1 Ex/Wav: Disability: NSC/OP

ICD-10 Code: S06.816D Inj r int crtd,inter w LOC >24 hr w/o ret consc w surv, s

Source: COMMERCIAL

Deliver To: PROSTHETICS Delivery Date:

ICD-10 Code: S06.816D Inj r int crtd,inter w LOC >24 hr w/o ret consc w surv, s

ROUTINE 442

Remarks:

Extended Description

Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Earliest Appr. Date:
 Orderable Item: PROSTHETICS REQUEST
 Consult: Consult Request
 Provisional Diagnosis: Injury of right Internal Carotid Artery, Intracranial
 Portion, not elsewhere classified with Loss of
 Consciousness greater than 24 Hours without return
 to pre-Existing Conscious Level with Patient
 Surviving, Subsequent Encounter (ICD-10-CM S06.816D)
 Reason For Request:

 (Describe PROSTHETIC APPLIANCE or REPAIR above LINE)

ISSUING INSTRUCTIONS:

Please enter a range of dates to View Prosthetic Billing Information . . .

Beginning Date:

Ending Date:

Print

Excel

Display

Item	Qty	Total C..	HCPCS	HCPCS Desc	ICD Code	ICD Desc	ICD Code Set	IEN
PO SG 10	1	10.00	HS100	HISA RAMP, WOODEN	506.816D	Inj r int crtd,inter w LOC >24 hr w/o ret consc w surv, subs	ICD-10	375412
PO MANUAL	1	5.00	HS101	HISA RAMP, CEMENT				375413

ICD Code

Code Description

ICD Code Set Identifier
New

Enter ?? for more actions

CI	Check In	CD	Change Date Range	DX	Diagnosis Update
UN	Unscheduled Visit	EP	Expand Entry	DL	Wait List Display
MA	Make Appointment	AE	Add/Edit	DE	Delete Check Out
CA	Cancel Appointment	RT	Record Tracking	WD	Wait List Disposition
NS	No Show	PD	Patient Demographics	CP	Procedure Update
DC	Discharge Clinic	CO	Check Out	PC	PCMM Assign or Unassign
AL	Appointment Lists	EC	Edit Classification	RR	Recall Reminder Action
PT	Change Patient	PR	Provider Update	TI	Display Team Information
CL	Change Clinic	WE	Wait List Entry		

Select Action: Quit// D

Select Appointment(s):

Vista Scheduling

Clinic Installation Checklist

May 15

Default (ICD9)

Clinic	ICD9 Code(s)	Short Description	Default
	389.10	SENSORNEUR HEAR LOSS NOS	N
	V72.6	LABORATORY EXAMINATION	Y
	V70.0	ROUTINE MEDICAL EXAM	N
	145.9	MALIG NEOPLASM M	
	471.0	POLYP OF NASAL C	
	301.7	ANTISOCIAL PERSON	
	296.50	BIPOL I CUR DEPR	
	300.02	GENERALIZED ANXI	
	300.3	OBSESSIVE-COMPUL	
	295.70	SCHIZOAFFECTIVE	
	V70.0	ROUTINE MEDICAL	
	789.00	ABDOM PAIN, UNSP	
	724.5	BACKACHE NOS	

N
Y

New Report Capability:
Clinic Installation Checklist

Select CLINIC NAME:

NAME: / ^DIAGNOSIS

Select DIAGNOSIS: █

1

Select CLINIC NAME:

NAME: CHY EMERGENCY ROOM// ^DIAGNOSIS

Select DIAGNOSIS: FEVER

2

Select DIAGNOSIS: FEVER

61 matches found

1. Q Fever (CC) (A78.)
2. Lassa Fever (A96.2)

3

Set Up Clinic:

Add a default diagnosis...

Are you adding 'B95.5' as a new DIAGNOSIS (the 1ST for this HOSPITAL LOCATION)

? No// Y (Yes)

DEFAULT DIAGNOSIS: █

I

4

Fever (CC) (A79.0)

Fever (CC) (A93.1)

lley Fever (CC) (A92.4)

Select Outputs <TEST ACCOUNT> Option: ROUTING Slips
ROUTING SLIPS FOR WHICH DIVISION: //

****CURRENT APPOINTMENTS****

TIME	CLINIC	LOCATION
10:23 AM	<input type="text"/> EMERGENCY ROOM	EMERGENCY ROOM

List diagnosis (ICD10)



Routing Slips

W	Maintain Surgery Waiting List ..
R	Request Operations ...
LR	List Operation Requests
S	Schedule Operations ...
LS	List Scheduled Operations
O	Operation Menu ...
A	Anesthesia Menu ...
PO	Perioperative Occurrences Menu .
NON	Non-O.R. Procedures ...
C	Comments
SR	Surgery Reports ...
L	Laboratory Interim Report
CH	Chief of Surgery Menu ...
M	Surgery Package Management Menu
RISK	Surgery Risk Assessment Menu ...
CODE	CPT/ICD Coding Menu ...
TP	Transplant Assessment Menu ...



Vista Surgery

OPERATION REQUEST: OTHER INFORMATION

SURGERYPAT

OCT 5, 2015

Principal Preoperative Diagnosis: INJURY OF RIGHT CAROTID ARTERY

Principal Pre-OP ICD Diagnosis Code (ICD10):

█

Operation Date: OCT 5, 2015

1. Indications for Operation:

INJURY OF RIGHT CAROTID ARTERY

2. Principal CPT Code: NOT ENTERED

Assoc. DX(ICD10): 1. S15.091A-Other specified

3. Principal Procedure: REPAIR CAROTID ARTERY

4. Other Procedures:

5. Postoperative Diagnosis: INJURY OF RIGHT CAROTID ARTERY

6. Intraoperative Occurrences: NO OCCURRENCES HAVE BEEN ENTERED

7. Principal Pre-OP Diagnosis: INJURY OF RIGHT CAROTID ARTERY

8. Principal Pre-OP Diagnosis Code (ICD10): S15.091A Other specified injury of right carotid artery, init encntr

ICD-10



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Super Users & Test Sites

Clinical Documentation Improvement

Coding Resources ▸

HIM Metrics

ICD-10 Project ▸

PTF Resources

ICD-10 Project

Code Sets & Descriptions

Super Users & Test Sites

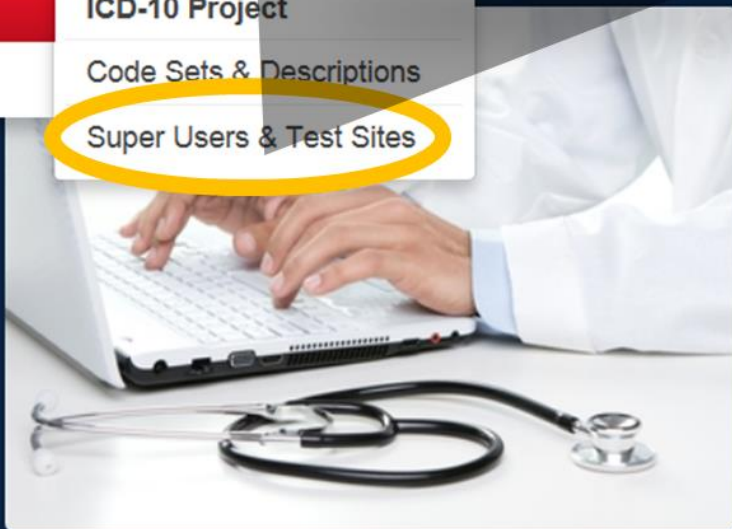
Health

HIM includes
areas of:

- Computerized patient record system (CPRS)
- Medical Coding (ICD-9, ICD-10, CPT, HCPCS)
- HIM Metrics
- Release of Information
- Clinical Documentation Improvement (CDI)
- VHA Records Management

The Health Information Management (HIM) Program Office, as the custodian of the health record, is responsible for assuring an accurate,

Management





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Ask the Presenter
