

# VistA-Edge™ PMS

## User Manual

Version 0.9

(Beta Release – NOT for Production use)

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**Edgeware Technologies**

Cutting Edge in Healthcare Information Technology Solutions

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**Introduction**

The **VistA-Edge™ PMS** is designed to register patients for a visit, to schedule patient visits (creating and canceling appointments) and capture billing data sent from VistA to generate Form CMS-1500 for billing.

**VistA-Edge™ PMS** is can also be used independent of VistA, by manually entering the billable services provided to the patient.

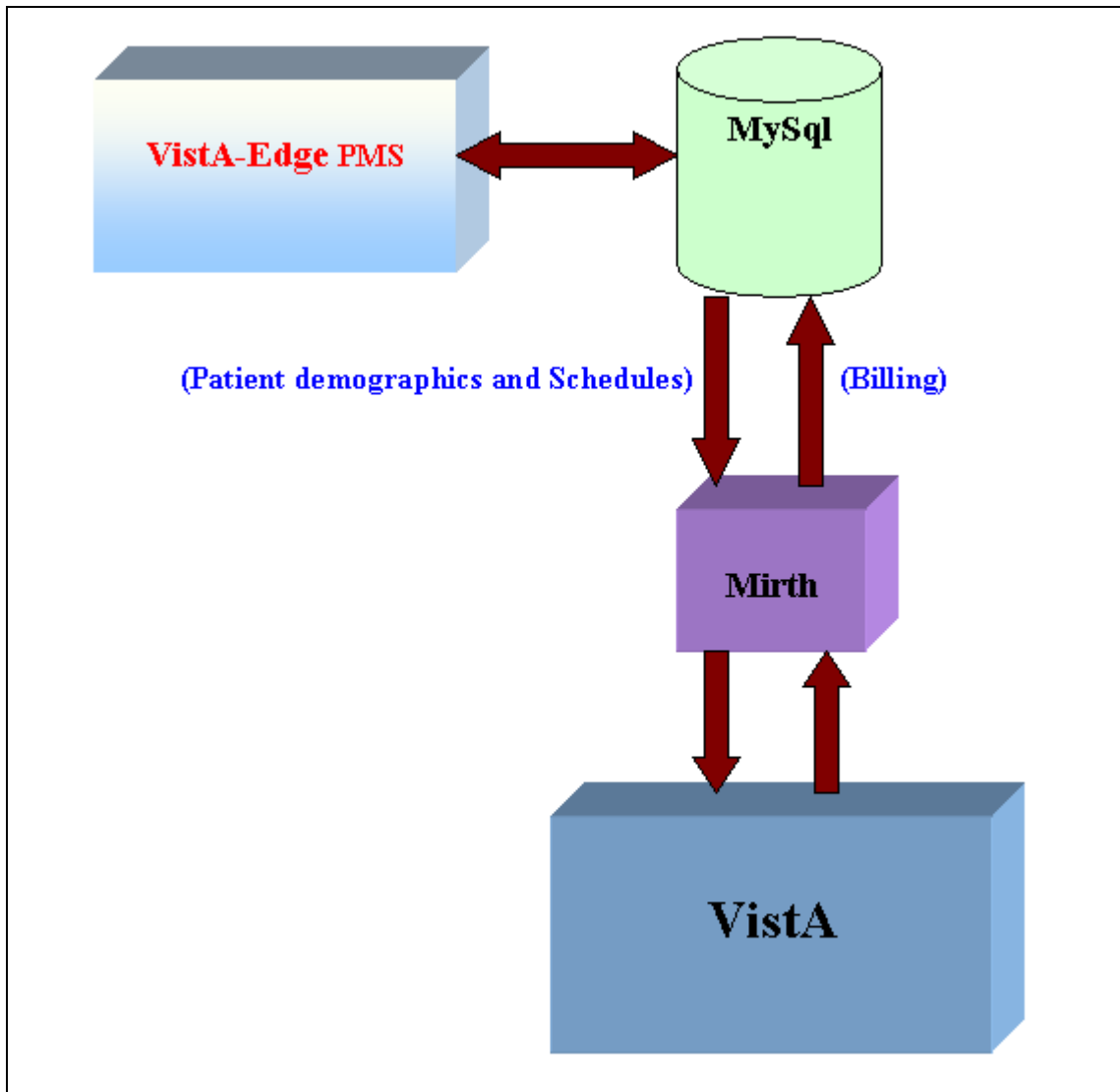


Figure 1: Data Flow diagram

The Open Source HL7 Engine - Mirth is used to send Patient registrations and appointments to VistA. The appointment interface assumes that the 'Providers' setup in the PMS is mapped to the required Clinics in VistA. Details on Location mapping can be found later in this manual.

Mirth is also used to receive, billing details (Procedures and Diagnosis) entered in CPRS, sent out from VistA.

This manual is organized in the way most people will use the **“Practice Management System”**. It begins with how to log on to the system and how to work step by step on different tasks you will perform.

**Working with the system**

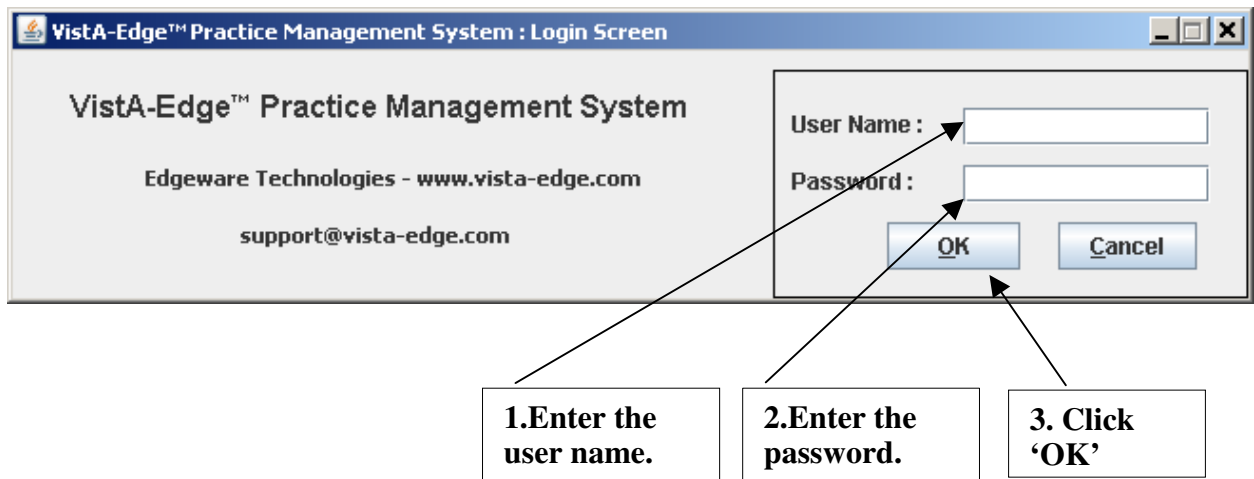
**Logging in to the VistA-Edge™ PMS**

On startup the following Login screen will pop up.

Enter the User Name and Password and click the 'OK' button to log in. The default login credentials are:

Username: admin  
Password: admin

**Note: Password is case sensitive.**



### The Main Screen

After successful login, the Main screen, as shown below, will be visible. The Screen title will Display the username of the login account used.

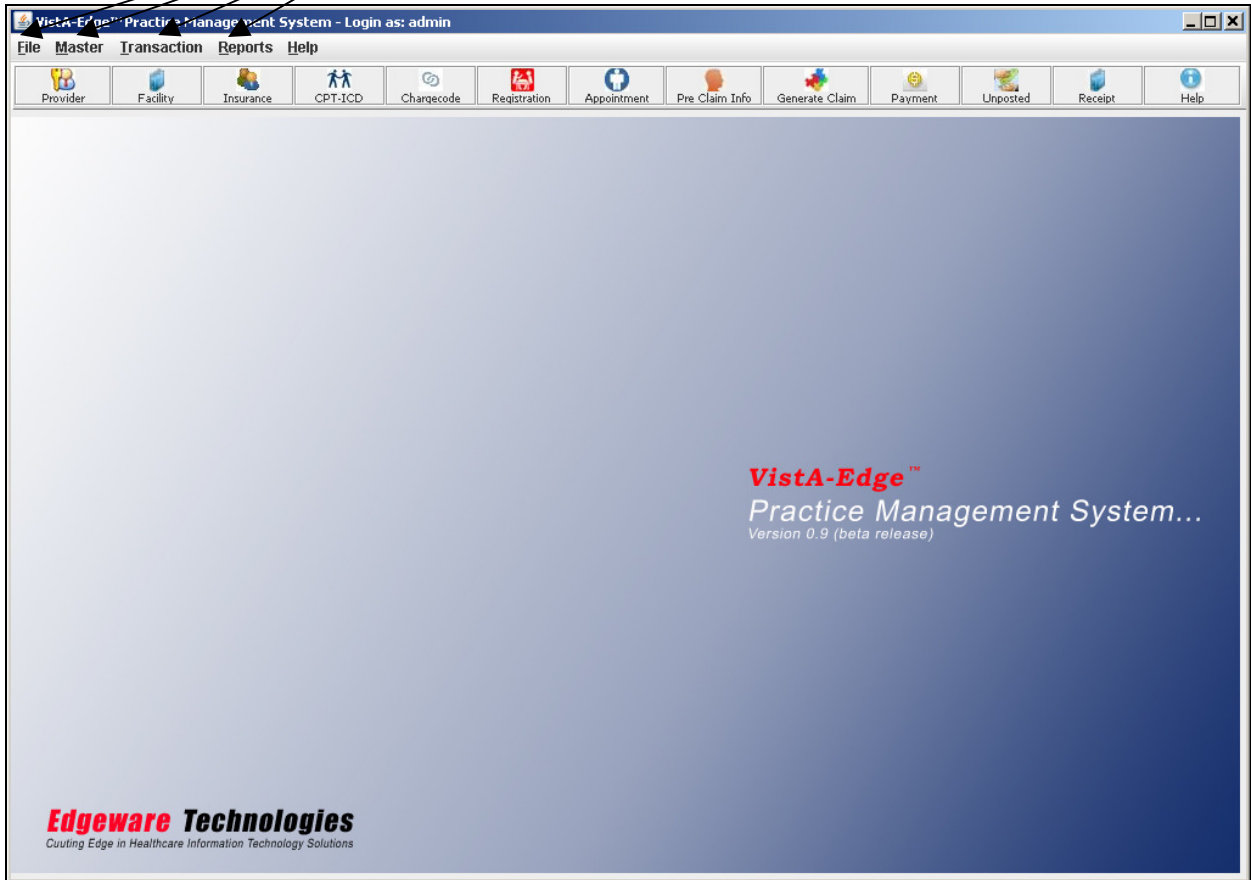
This screen has various menus:

- The File Menu,
- Masters Menu,
- Transactions Menu,
- Reports Menu, and
- Help Menu

In addition to the Menu's there are quick links to frequently used options made available on the main screen.

Each Menu has different options under it.

**Menu's to perform a specific task.**



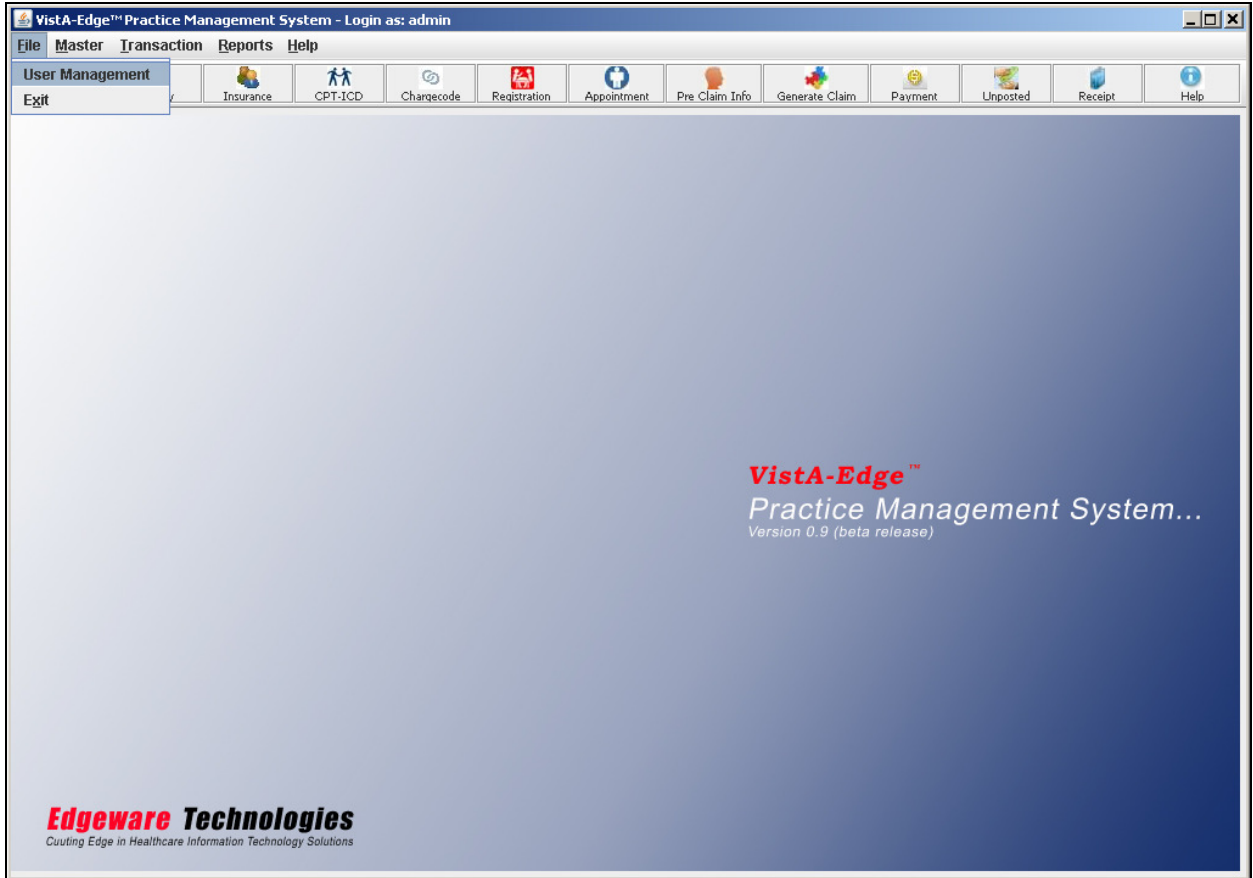
The Quick links provided include:

- [Provider](#)
- [Facility](#)
- [Insurance](#)
- [CPT-ICD](#)
- [Chargecode](#)
- [Registration](#)
- [Appointment](#)
- [Pre Claim Info](#)
- [Generate Claim](#)
- [Payment](#)
- [Unposted](#)
- [Receipt](#)
- Help – link to the User Manual



## The File menu

On clicking the 'File' Menu, the 'User Management' and 'Exit' option will be displayed as seen below:



The **User Management** Option can be used to create additional users, delete existing users and to change password of users in the system. The system comes with a default super user named 'admin' with password 'admin'. There are two possible levels of users in the system:

1. Normal User – cannot create or reset any additional users passwords.
2. Super User – Can create additional users of both user levels.

Use add button to add new user

- **Add user(s)** - To add a user to the system enter the username, password, choose the User Level and click the 'Add' button.
- **Search user(s)** – To search for an existing user enter the username and click the 'Search' button.
- **Change password** – After searching for the user whose password is to be reset, use the 'Click here to change password' link to reset the user password. Enter the new password and use the 'Update' button to save changes.
- **Delete User** - After searching for the user whose account is to be deleted, use the 'Delete' button to remove the user from the system.

The 'User Management' window displays the following information:

- Username \***: test
- Level \***: Normal user
- [Click here to change password](#)
- Buttons: Delete, Reset, Search, Close

User Name	Category
test	N

The 'User Management' window displays the following information:

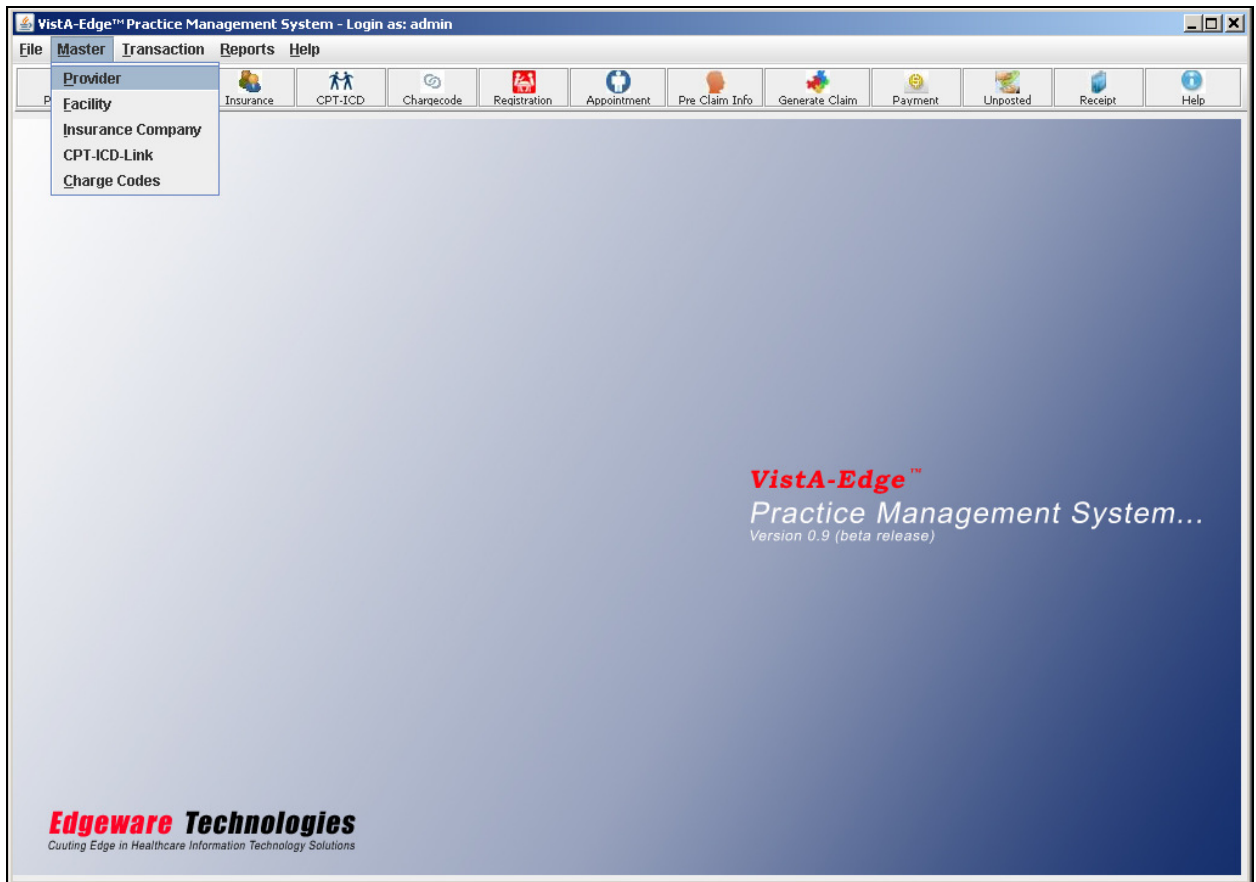
- Cur. Username**: test
- Cur. Password \***: [masked]
- New Password \***: [masked]
- Conf. Password \***: [masked]
- Buttons: Back, Update, Reset, Close

The **'Exit'** option as the name suggests can be used to close and exit from the PMS system.

## The Master Menu

Clicking the ‘Master’ Menu, will display following options as seen below:

1. Provider
2. Facility
3. Insurance Company
4. CPT-ICD Link
5. Charge Codes



**Provider option**

On clicking the “Provider” option, the following screen pops up.

This screen is used to add the details about the Provider in the system.

**1. Enter Code, which is unique for each provider.**

**2. Enter details about the provider like last name, first name, address, city, NPI, IDs and credentials, etc in the respective boxes.**

**3. Click on Save Button to save the given information in Provider Master Table.**

**Click on Search Button to search for existing records from the Provider Master Table, if already entered.**

**Facility Option**

On clicking the “Facility” option, the following screen pops up.

This screen is used to enter the Address and other details of the Facilities and Revenue center.

**1. Enter Unique Charge Code.**

**3. Click on Save Button to save the given information in Facility Master Table.**

**2. Enter the facility name and other details.**

**Click on Search Button to search for the existing records from the Facility Master Table.**

**Billing Facility:** To indicate if the Facility is to be included as a Billing Provider/Facility (section 33 on the 1500 Health Insurance Claim Form)

**Service Facility:** To indicate if the Facility is to be included as a Service Facility (section 32 on the 1500 Health Insurance Claim Form)

A facility can be created as a Billing Service, a Service Facility, or as both depending on the requirement.

### *Insurance Company option*

On clicking the “Insurance Company” option, the following screen pops up.

This screen is used to add the details about the various Insurance Company(s) of patients in the system.

The screenshot shows a web-based form for adding an insurance company. The form is titled "Insurance Company" and is divided into two main sections. The left section, "Insurance Company", contains several input fields: "Code" (with a red asterisk), "Type" (a dropdown menu with a red asterisk), "Name" (with a red asterisk), "Address", "Zip", "City", "State", "Fax" (with a red asterisk), and "Phone". The right section, "Default Codes", contains five dropdown menus: "Payment", "Adjustment", "Deductible", "Take Back", and "With Hold". Below the form are five buttons: "Save", "Delete", "Reset", "Search", and "Close". An arrow points from the "Search" button to a text box below the form.

**Click on Search Button to search for the existing records from the Insurance Company Master Table.**

The Insurance Company Master contains the following fields:

#### ➤ **Company Details Section**

- Code – Enter a unique value assigned to every insurance company.
- Type – From the drop down menu type of insurance is selected. For example Medicare, Medicaid, BCBS etc.
- Name – Enter the Name of the insurance company.
- Address- Enter the Address
- Zip- Enter the Zip code.
- City- Enter the City
- State- Enter the State.

- Fax- Enter the Fax Number.
- Phone- Enter the Phone Number.
- Contact Person: Name of the contact person in the insurance company.

Click on the “Save” button to save the Insurance Company details.

**CPT-ICD Link option**

On clicking the CPT-ICD Link, the following screen will be available. From here we can select CPT’s in the database and link it with corresponding ICD(s). This information once entered can be used in the ‘Generate Claim’ screen to link the CPT’s sent from VistA or entered manually for claims.

The screenshot shows a software window titled "CPT Details" with the following components:

- CPT Details Section:**
  - Procedure Code / Description:** A text input field with a "Search" button to its right.
  - Description:** A text input field.
  - Notes:** A text input field.
  - List of Procedure Codes:** A large empty rectangular area on the right side.
- ICD Details Section:**
  - Diagnosis Code:** A text input field with a "Search" button to its right.
  - List of Diagnosis Codes:** A large empty rectangular area on the left.
  - Diagnosis Codes for:** A text input field on the right.
  - Navigation:** Two buttons, one with a downward arrow (v) and one with an upward arrow (^), positioned between the two list areas.
  - Description:** A text input field at the bottom left.
  - Notes:** A text input field at the bottom right.
- Eligible CPT\_ICD\_Link Section:**
  - Two buttons labeled "Add" and "Reset" at the bottom center.



**Charge Code option**

On clicking the “Charge Codes” option, the following screen pops up.

This screen is used to select the billable services provided by the doctor. It is mandatory to have charge codes associated with the CPT codes used to be able to add them on the patient Bill for a claim.

**1. Enter Unique Charge Code.**

**2. Click on down arrow and choose CPT Code from the list of CPT Codes, it will display the description of that code. Follow the same process for rest of the list boxes on the screen.**

**4 Click on save button to save the information in Charge Code Master Table.**

**3. Enter the Description of Charge Code. Similarly enter for the rest of the descriptions fields as well.**

**5. Enter Comments and Price.**

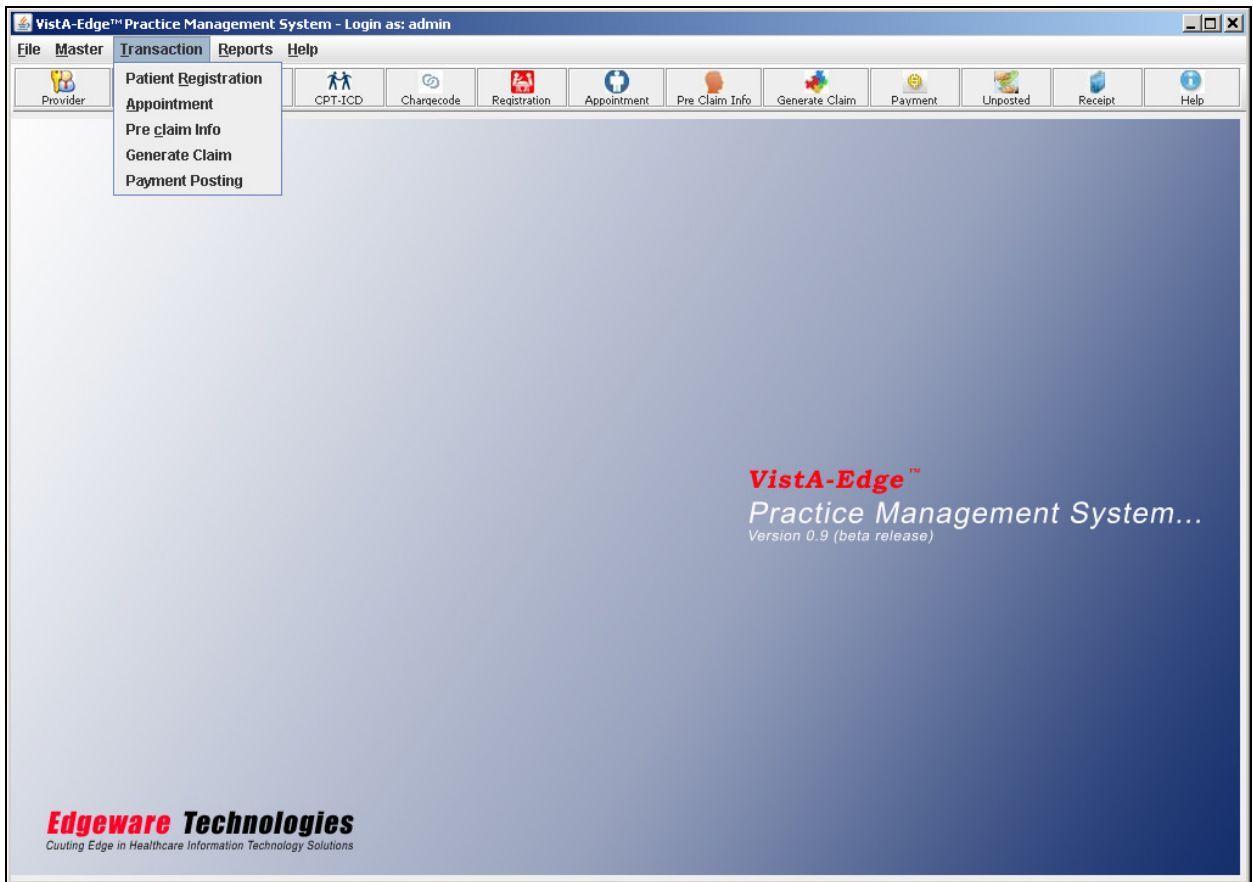
The “Search” button can be used to lookup specific charge codes, if searched according to the parameters selected in the screen. If no parameter is selected or the screen is reset, then clicking the “Search” button will display the complete list of stored charge codes. The “Search” button functions in the same way in other Master options as well, i.e, Facility, Insurance Company and Provider Masters.

**NOTE: Due to licensing issues, CPT codes have not been added to the Database.**

## The Transaction Menu

Clicking the ‘Transaction’ Menu will display five options as seen below:

1. Patient Registration
2. Appointment
3. Pre-claim info
4. Generate Claim
5. Payment Posting



**Patient Registration option**

On clicking the “Patient Registration” option, the following screen pops up. This screen is used to register the patients by adding their details in the system.

The screen has the following three tab buttons:

1. Basic Demographics
2. Additional Demographics
3. Insurance Coverage(s)

**1. Enter the last name, first name, sex and other relevant information about the patient in the boxes.**

**2. After entering the required details about the patient, click on the save button to register the patient.**

**Click on this button if you want to search for the already registered patient.**

We can register a patient by filling all the mandatory fields in all the demographics tabs, marked as (\*). If we try to register a patient without entering any of the mandatory fields, then it will display an error message and the patient will not get registered. A unique patient ID is generated by the system, which will be used in VistA as well.

The patient registration screen also has an option for searching registered patients.

On clicking the “Search Patient” button on this screen, the following screen will pop up. We can edit/update the patient information by selecting the patient by using the “Search Patient” Button.

HRN	<input type="text"/>	SSN	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB (MM/DD/YYYY)	<input type="text" value="//"/>	Isn. Cmp.	<input type="text" value="All"/>
<input type="button" value="Search"/>		<input type="button" value="New Registration"/>	

**1. After entering the Search Parameters, click the 'Search' button to search for the required patient.**

**2. Click on this button if you want to make a new registration. Clicking this button will take you to the patient registration screen.**

Once the patient has been added to the system, the patient demographics can be updated as and when required.

**Additional Demographics tab**

On clicking the “Additional Demographics” tab, the following screen is made available.

This screen has the option for storing more information about the patient.

**1. Enter all the required details about the patient like Address, Phone No., religion, nationality, etc in the respective boxes.**

**2. Click on the save button to save the information about the patient.**

**Insurance Coverage(s) tab**

On clicking the “Insurance Coverage(s)” tab, the following comes up.

This screen is used for storing the Insurance Coverage(s) details of the patient for different Insurance companies and assigning them as Primary, Secondary or Tertiary. It also has the option for storing information about the Policy Holders.

**1. Select the Company and the Plan Type from the down menu and enter other relevant details like Policy Type, Source, Policy Holder's details, etc in the respective boxes.**

**2. Click on the save button to save the Insurance Coverage(s) details of the patient.**

**Appointment option**

On clicking the “Appointment” option, the following screen pops up. To lookup patients, click the “Search Patient” button. Once the patient is selected choose the concerned provider from the “Provider” drop down box, enter the appointment date and time, click the “Book” button to create the appointment.

For new patients, we have to first register them by clicking the “New Registration” button before making the appointment.

The screenshot shows the 'Appointment' window with the following fields and sections:

- Patient Demographics:** HRN, Name, Age, Sex, DOB, Phone.
- Patient Appointments:** Table with columns SNo, Appointment Date/Time, Provider, Visit No.
- Slot Period:** 15 min.
- Appointment Date:** 2/8/2010
- Provider:** (Dropdown menu)
- Provider Booked Appointments:** Table with columns SNo, Appointment Date, From Time, To Time, Patient Name.
- Appointment Details:** From (HH:mm) 08:00, To (HH:mm), Type: New, Status: Open, Referred From, Complaint.
- Visit Details:** Check-in (HH:mm), Check-out (HH:mm), Encounter time (HH:mm), Encounter#, Remarks.
- Buttons:** Book, Save, Search Patient, New Registration, New Appt.

**1. Click on 'Book' button to Book an appointment for the required patient.**

**2. Click on the save button to save the Encounter Details of the patient.**



The Visit details section allows the entry of ‘Check in Time’ and ‘Check out time’.

Please note: If the VistA-Edge™ PMS is not interfaced with VistA (that is the PMS is being used independently for Billing), when the patient arrives at the clinic, the Encounter Time is to be filled in, using this screen.

**Pre Claim Info option**

On clicking the “Pre Claim Info” option, the following screen pops up.

This screen is used to store the visit details of the patient with the concerned provider. After the appointment has been made and the doctor sees the patient, a Visit Number is created. After filling the details mentioned on the screen, a Case Id is generated. The software will automatically assign the Case ID for the first case as “HRN.001”, “HRN.002” for the second visit, so on and so forth.

Only after the Case for the patient is created can the ‘Generate Claim’ option be used for generating the claim.

**2. Enter the required details like Patient Condition details, Current Illness, Facility, Billing Service, etc about the patient in the respective boxes.**

**3. Click on the save/update button to save the visit details of the patient.**

**1. Click on this button to search for the required patient.**

**Generate Claim option**

On clicking the “Generate Claim” option, the following screen pops up. This screen is used to store the billing information. Once the patient is selected, the ‘Patient Demographics’, Insurance Details and ‘List of Visits’ will be populated.

Select the Visit for which the CMS 1500 form is to be generated. The ‘Encounters of’ drop down box can be used to filter the List of visits, for those received from VistA, entered in the PMS, or both.

**Note:** Please refer to [Annexure 1](#) for details on how the Billing details are captured and sent from VistA

In Case billing data is not received from VistA, they can be entered using this screen. First select the visit and then enter the CPT and ICD codes to be billed for the selected visit.

**2. Enter the CPTs and select the ICDs from the drop down menu box of the ICDs.**

**3. Click on the save button to save the Billing information.**

**1. Click on this button to search for the required patient.**

Populated 'Generate Claim' Screen:

'Encounters of' drop down

The 'ICD' block

The Visit Date is the date of service.

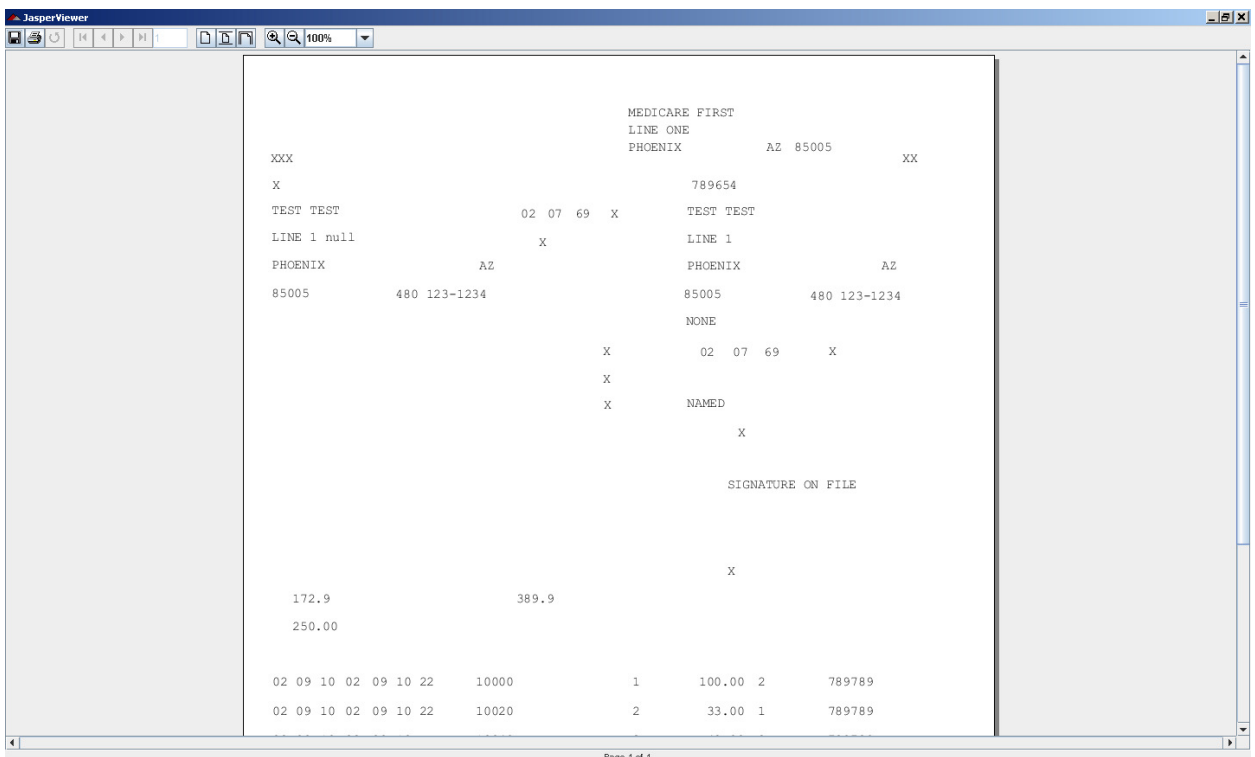
To Generate the CMS Form 1500

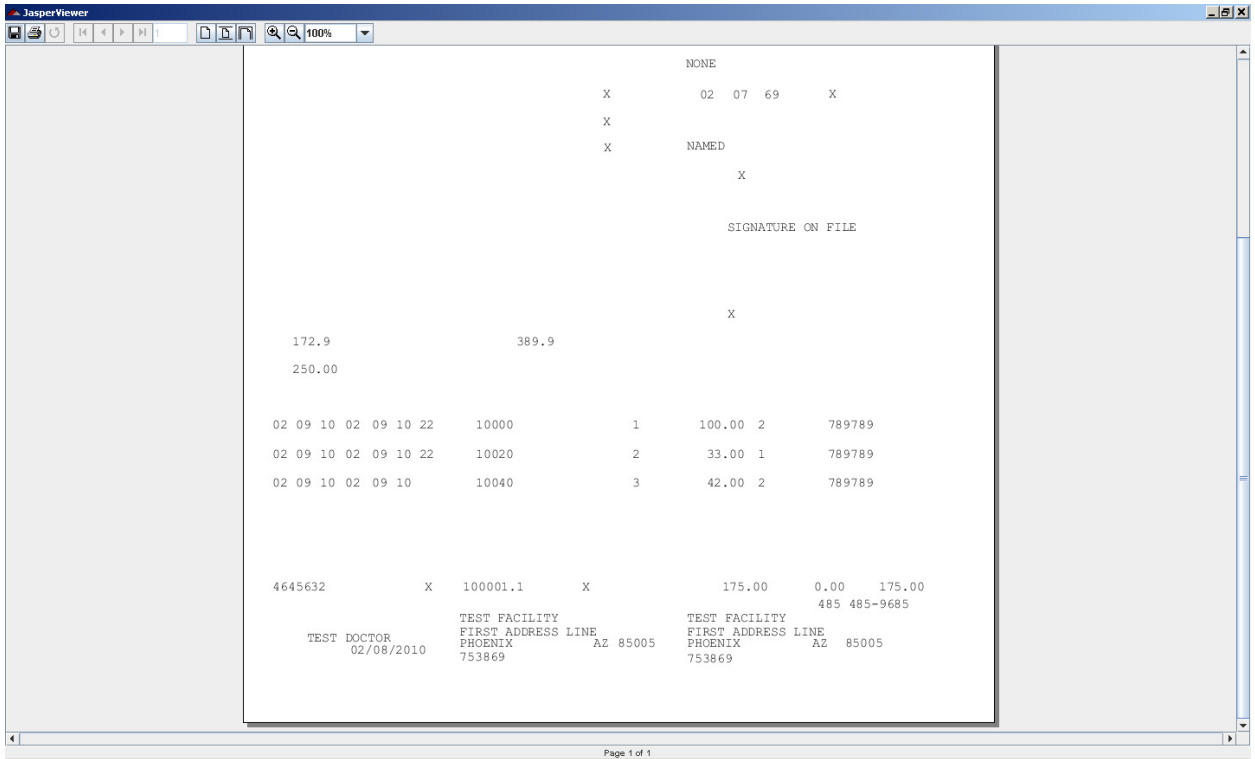
- If PMS is not interfaced with Vista:
  - Select the Visit (created using the 'Pre-Claim info' option)
  - Enter the CPT code for the procedures performed on the patient during the visit. To do so single click the first field in CPT column and type the appropriate CPT
  - Enter additional details (Units of procedure etc.)
  - Assuming that the CPT-ICD Link master is in place, the possible ICD codes can be selected for each entered CPT Code by clicking the drop down menu under ICD.
  - Assuming that the Chargecode master is updated, select the appropriate Chargecode for each CPT/procedure.
  - The charges will be picked up and total calculated automatically.

- Use the 'Save' button to save the claim data entered. This will enable the 'Print Claim' option.
- Use the 'Print Claim' option to print the HCFA 1500 form.
  
- If billing information is sent from Vista:
  - To see the list of CPT's sent from Vista only select 'Vista' from the 'Encounters of' drop down box.
  - The List of Diagnoses sent from Vista will be displayed in the ICD Block.
  - Click on the 'CPT' column to see and select the each CPT to be added to the Claim.
  - For each CPT selected, add the related ICD, units, chargecode and other details.
  - The charges will be picked up and total calculated automatically.
  - Use the 'Save' button to save the claim data entered. This will enable the 'Print Claim' option.
  - Use the 'Print Claim' option to print the HCFA 1500 form.

This form after a thorough check can be printed on a CMS 1500 FORM, which can be sent to the concerned payer.

Sample CMS-1500 Form





**Payment posting option**

This option can be used to enter the receipts of payments into the system and to post the corresponding amount to the patient claim.

Depending on the Payer is Insurance the details of the specific insurance company can also be linked to the receipt.

**Payment Posting**

Receipt | Posting

Receipt Dt Frm: 2/8/2010  
 To: 2/8/2010 [Search]

Payor Type : Select  
 Payment Mode : Select  
 Description : Insurance  
 Payment Amt(\$): Capitation  
 Receipt Code : A  
 Receipt No. :

[Save] [New] [Post] [Delete] [Close]

#	Rec. Date	Rec. No.	Description	Payor Name	Payor Type	Payment	Unposted Amt(\$)

**Payment Posting**

Receipt | Posting

Receipt Dt Frm: 2/8/2010  
 To: 2/8/2010 [Search]

Payor Type : Insurance  
 Payment Mode : Select  
 Description : Check  
 Payment Amt(\$): Cash  
 Receipt Code : Credit Card  
 Receipt No. :

Insurance :  
 Payment Code :  
 Adjustment Code :  
 WithHold Code :  
 Deductible Code :  
 Takeback Code :

[Save] [New] [Post] [Delete] [Close]

#	Rec. Date	Rec. No.	Description	Payor Name	Payor Type	Payment	Unposted Amt(\$)

Payment Posting
\_ □ ×

Receipt
Posting

Receipt Dt Frm:  ▾

To:  ▾

Payor Type :  ▾

Payment Mode :  ▾

Check No. :

Description :

Payment Amt(\$):

Receipt Code :  ▾

Receipt No. :

Insurance :  ▾

Payment Code :  ▾

Adjustment Code :  ▾

WithHold Code :  ▾

Deductible Code :  ▾

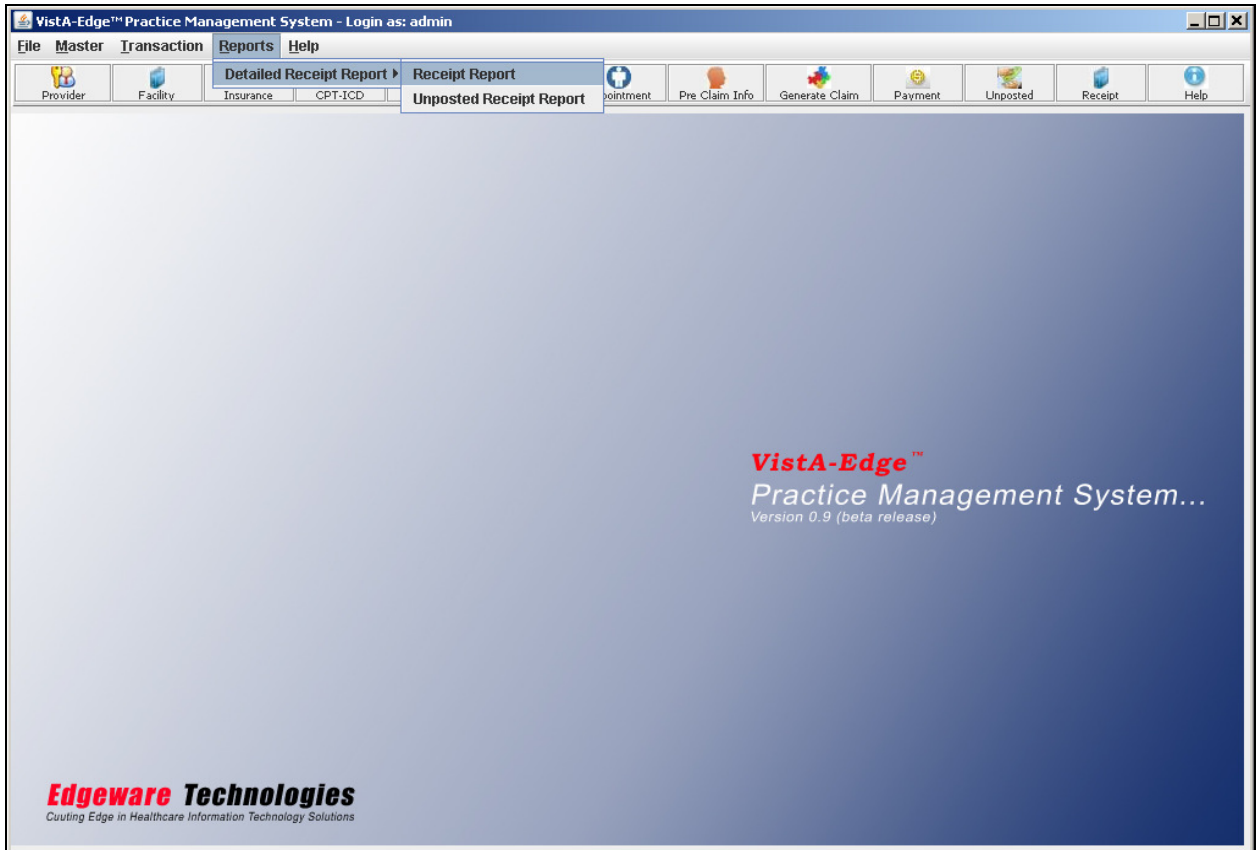
Takeback Code :  ▾

#	Rec. Date	Rec. No.	Description	Payor Name	Payor Type	Payment	Unposted Amt(\$)

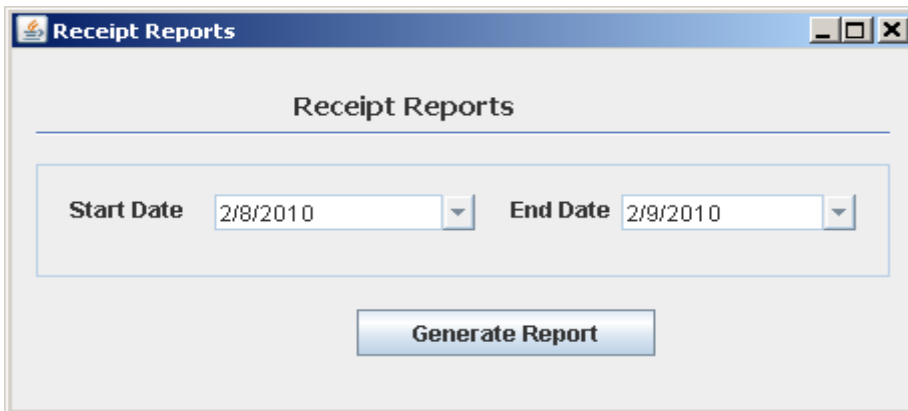
### The Reports menu

Clicking the 'Reports' Menu will display two options as seen below:

1. Detailed Receipt Report
  - (a.) Receipt Report
  - (b.) Unposted Receipt Report



### Receipt Report:





On selecting the report to print, the user can enter the date range for which the report is to be generated.

**Receipt Report**  
February 09, 2010

ReceiptDate	ClaimNo	Payor Code	Charges	Payment	Deductible	Withheld	Allowed	Adjust	Balance
02/08/2010	100001.1P	MC	\$ 578.00	\$ 321.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 147.00
Receipt Code: A 1008020001			Mode: Check	Check No: 456789			Payment Rcpt Amt:	\$ 2,000.00	
Description:							Unposted Rcpt Amt:	\$ 1,699.00	

Page 1 of 1

**Unposted Receipt Report:**

**Unposted Receipt Report**  
February 09, 2010

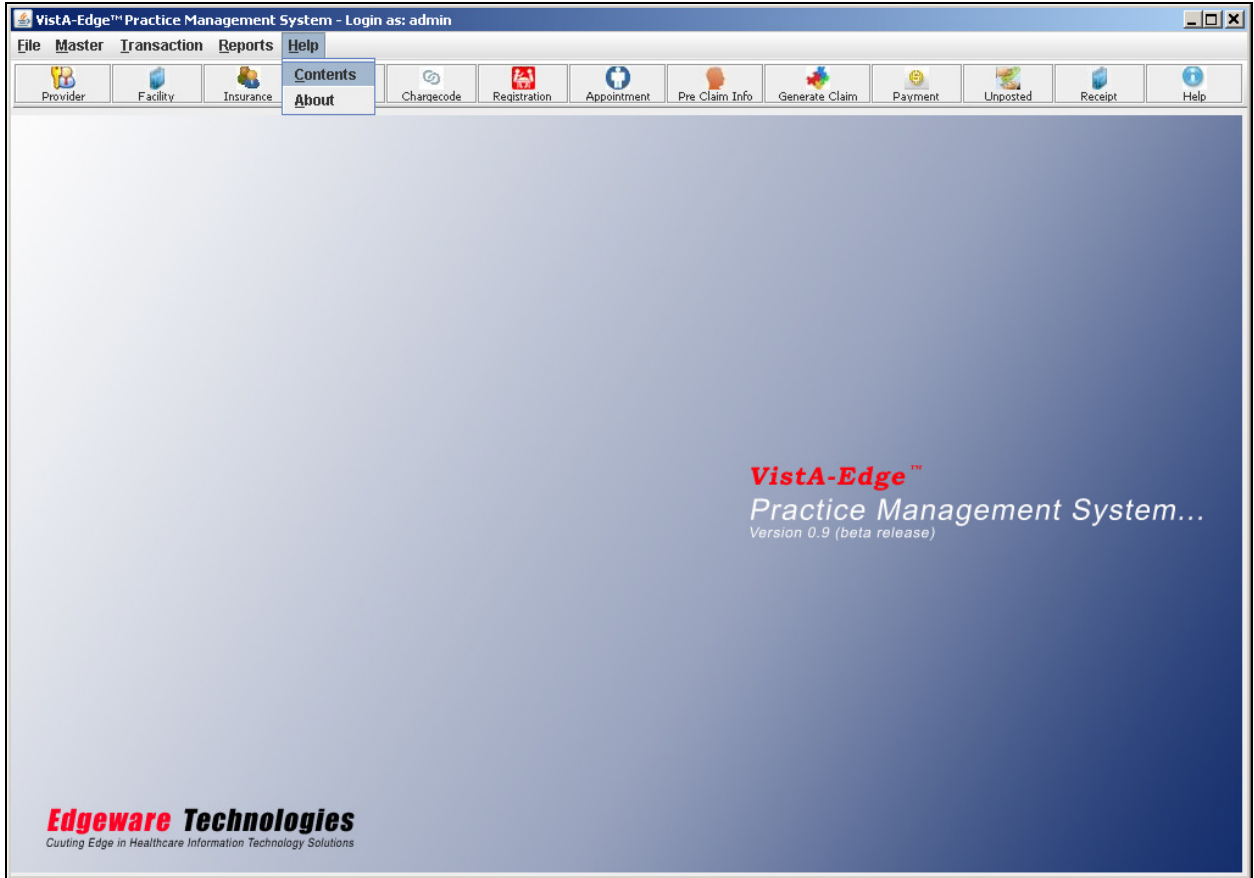
S.No	Receipt Date	Receipt Code	Payor Code	Payor Type	Payment Mode	Receipt Amt	Unposted Amt
1	02/08/2010	A 1008020001	MC	Insurance	Check	2000.00	1699.00
<b>Subtotal</b>						2000.00	1699.00

Page 1 of 1

## The Help menu

Clicking the ‘Help’ Menu will display two options as seen below:

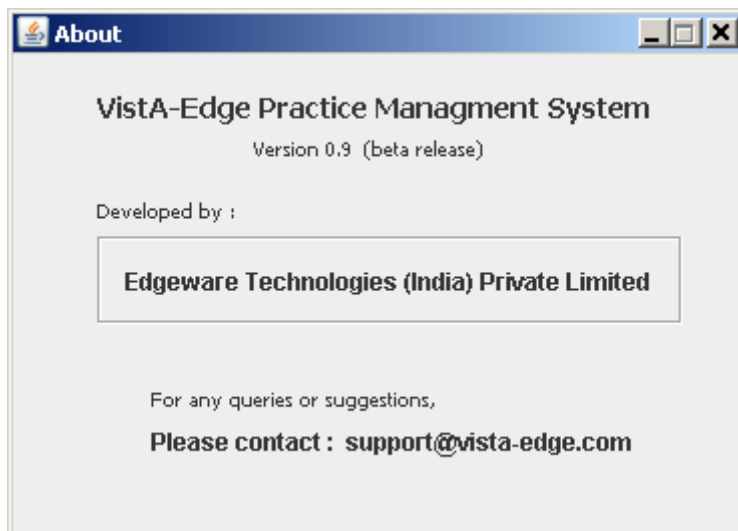
1. Contents
2. About



Clicking the ‘Contents’ option will open up the “**VistA-Edge™ PMS User Manual**”.

### *About option*

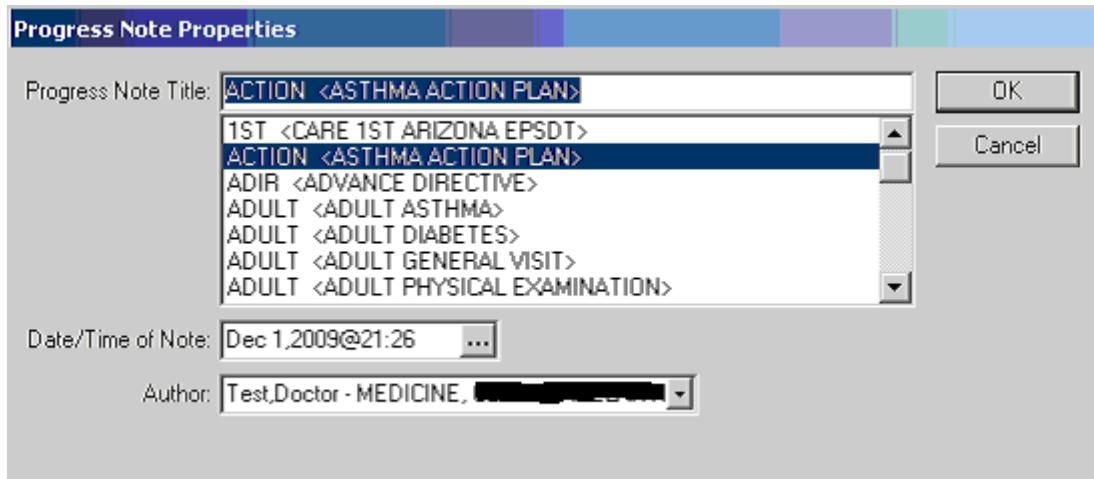
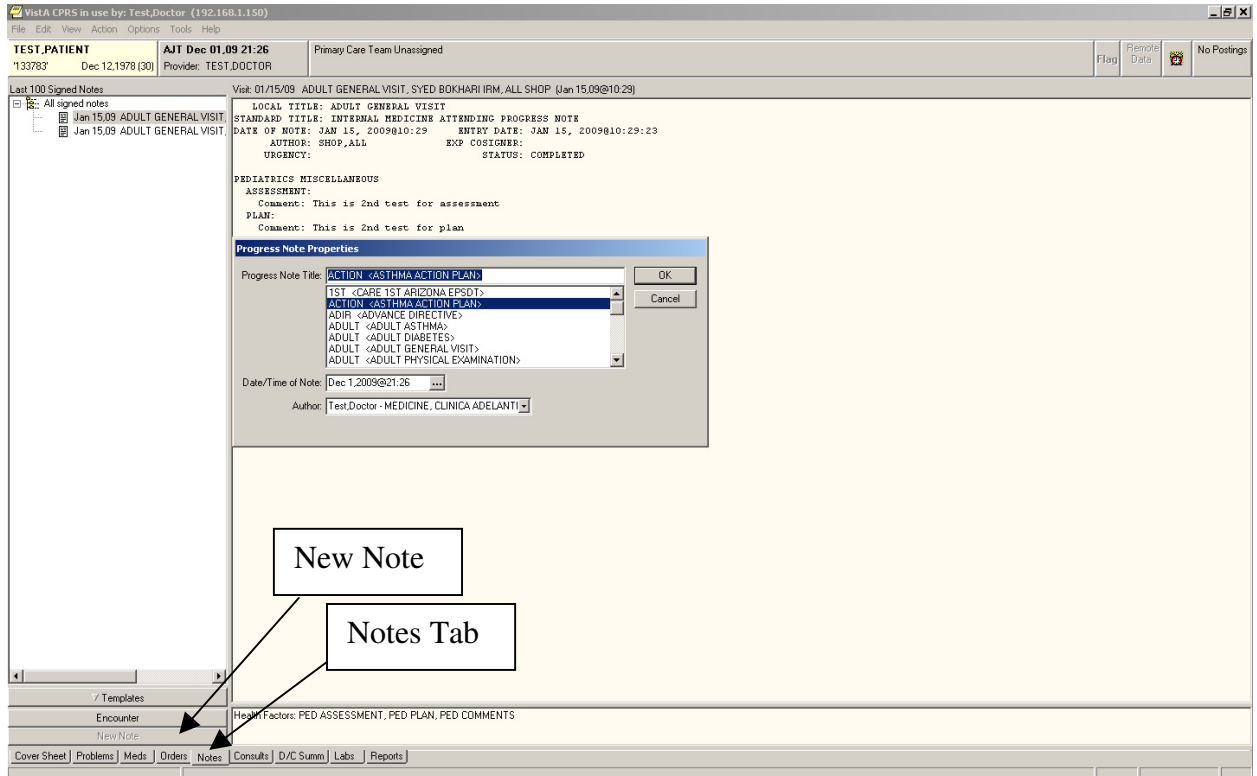
On clicking the “About” option, the following screen pops up. This screen will display the information about the product and the contact details for any type of support required.



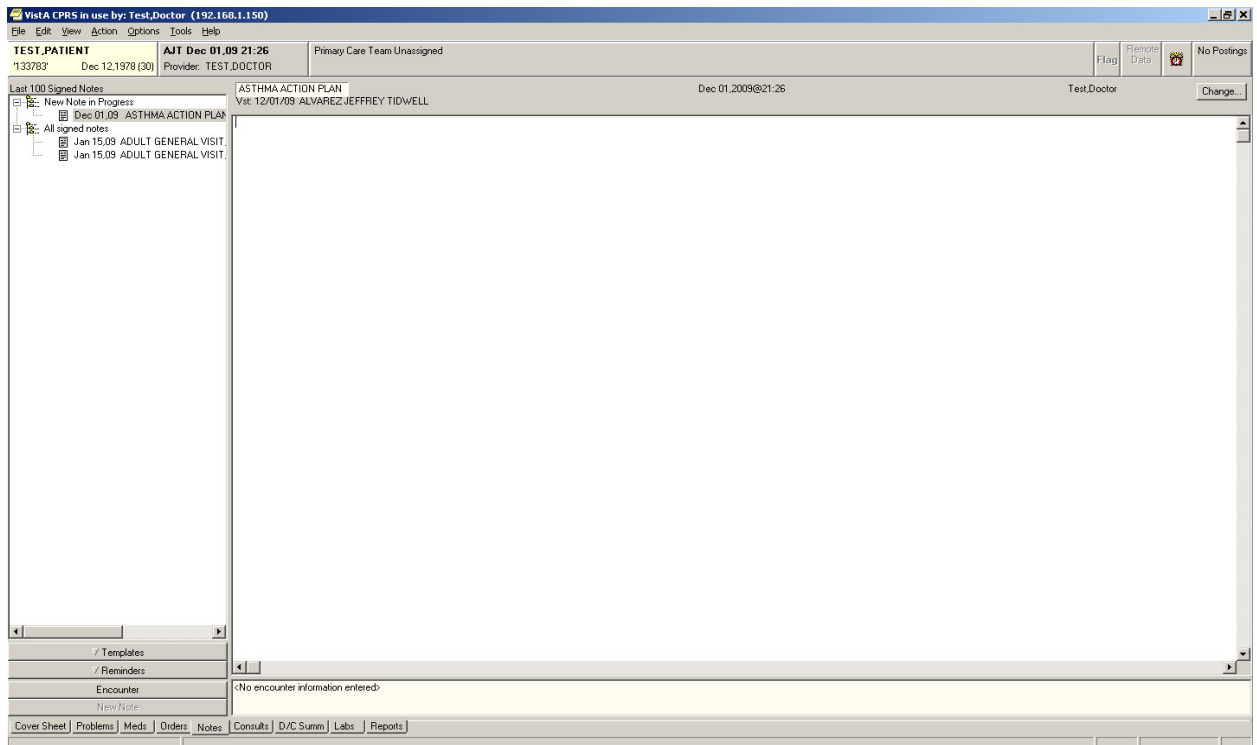
## Annexure I

### Enter Encounter Details in CPRS

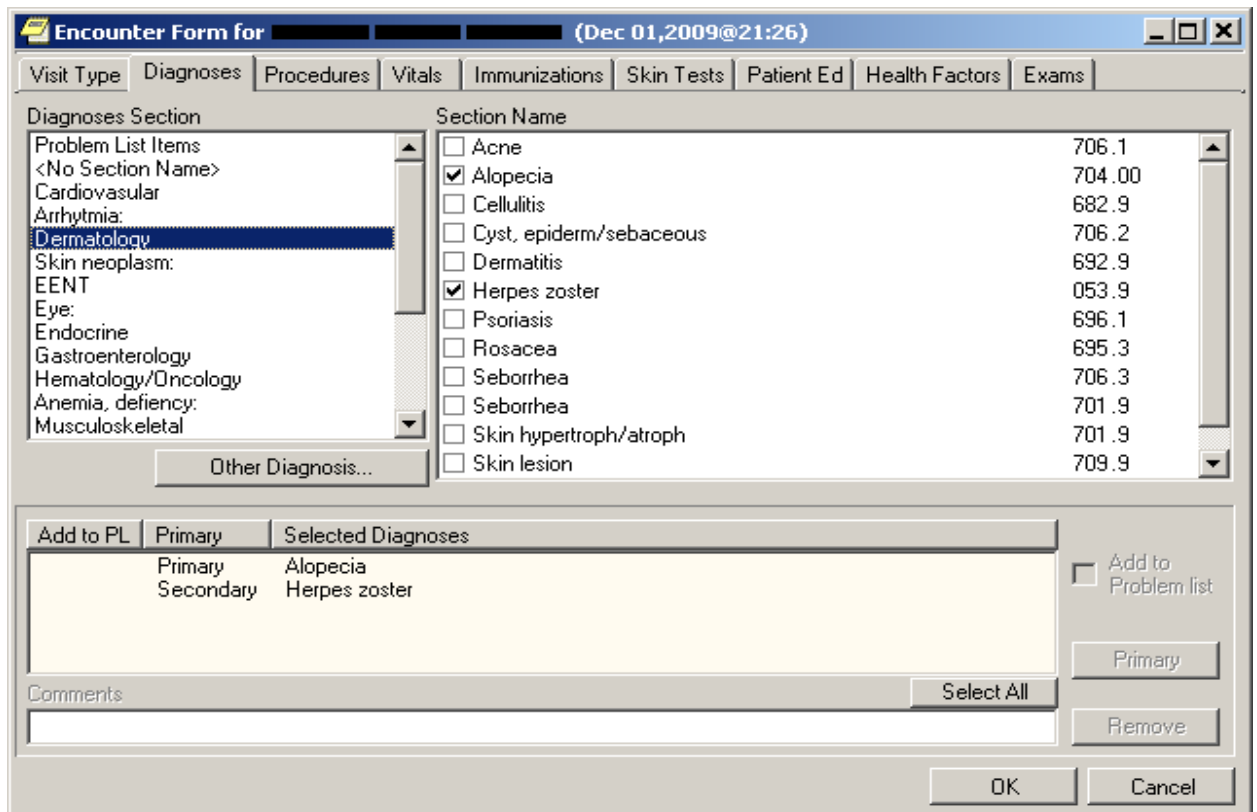
Once logged in to CPRS, go to the 'Notes' Tab and click the "New Note" button to enter a note. Select a suitable note title.



This will open a blank note as can be seen in the screenshot below



Click the ‘Encounter’ button to invoke the Encounter form. Enter the Diagnosis and procedure(s) for the Encounter using the respective tabs.



Ensure you assign a provider for the procedures documented in the Encounter.

The screenshot shows the 'Encounter Form for' window with the following details:

- Section Name:**
  - Aerosol Inhalation, Treatment
  - BIOPSY, SKIN LESION 11100
  - BLOOD DRAW 36415
  - BP CHECK (99211.01) OFF VISIT
  - COLPOSCOPY 57452
  - COLPOSCOPY W/BX 57454
  - DESTRUCT B9 LESION, 1-14
  - DRESS/DEBRID P-THICK BURN
  - EKG PERFORMED IN SUITE
  - EKG TRACING (MEDICARE)
  - EKG REPORT (MEDICARE ONLY)
  - ENDOMETRIAL BIOPSY 58100
  - EXC. BENIGN LES. 05 OR LESS
  - EAR IRRIG/IMPACT WAX 69210
- Modifiers for BLOOD DRAW:**
  - 'opt Out' Phys/Pract Emerg Or Urgent Service
  - Actual Item/Srvc Ordred Phys Item W/Ga/Gz M
  - Anesthesia By Surgeon 47
  - Anesthesia Perf By Anesgst AA
  - Anesthesio Medic Dir 1 Crna QY
  - Beneficiary Request Upgrade Abn > 4 Mod Id C
  - Clia Waived Test QW
  - Crna Svc W/ Md Med Direction QX
  - Crna Svc W/O Med Dir By Md QZ
  - Disc O/P Hosp/Amb Surg Center (asc) Proc Aft
  - Disc O/P Hosp/Amb Surg Center (asc) Proc Pric
  - Discontinued Procedure 53
  - Distinct Procedural Service 59
  - Dressing For Eight Wounds A8
- Selected Procedures:**
  - Aerosol Inhalation, Treatment - Actual Item/Srvc Ordred Phys Item W/Ga/Gz Mod
  - BLOOD DRAW
- Provider:** Test\_Doctor - Medicine, 011
- Quantity:** 1

Click 'OK' when you have finished entering the Encounter details. This will show a popup to confirm the primary provider for the Encounter. If you are the primary provider click 'yes' or use the "Select Primary" button to select the Primary provider for the visit.

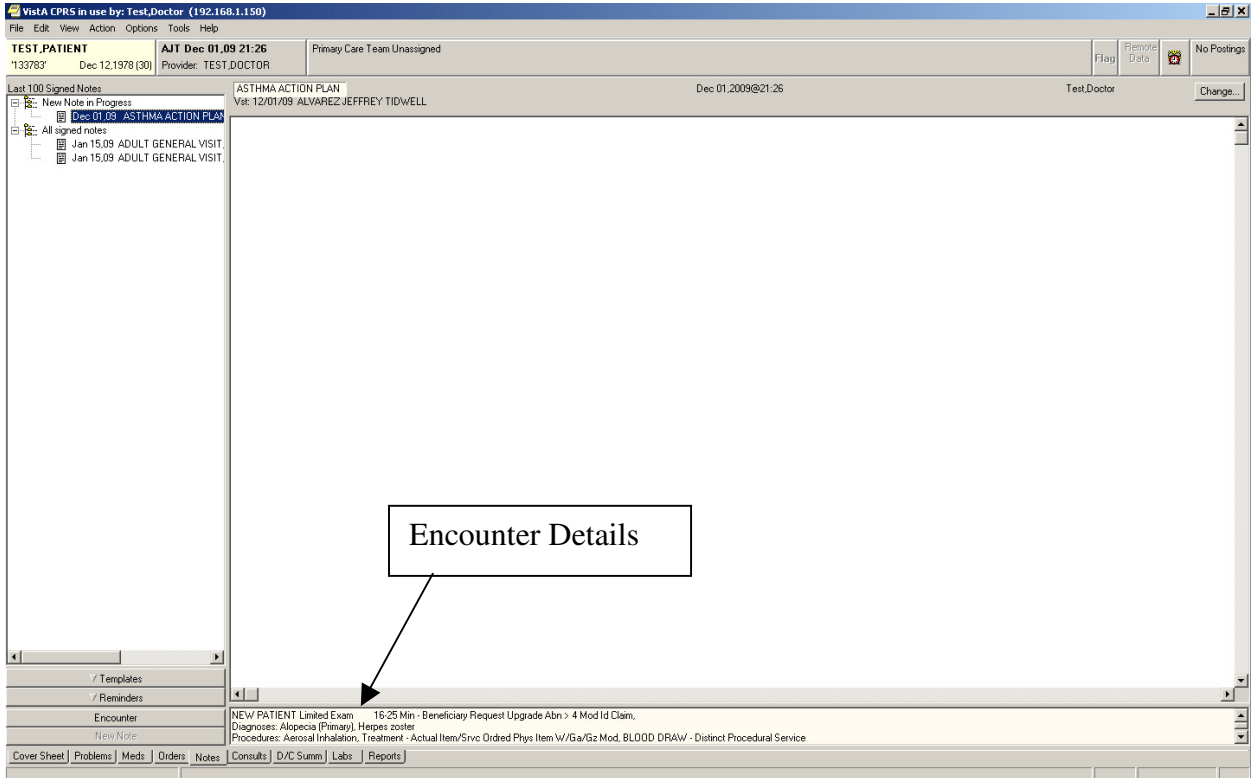
The screenshot shows the VISTA CPRS main interface with a confirmation dialog box open. The dialog box contains the following text:

Are You, TEST.DOCTOR, the Primary Provider for this Encounter?

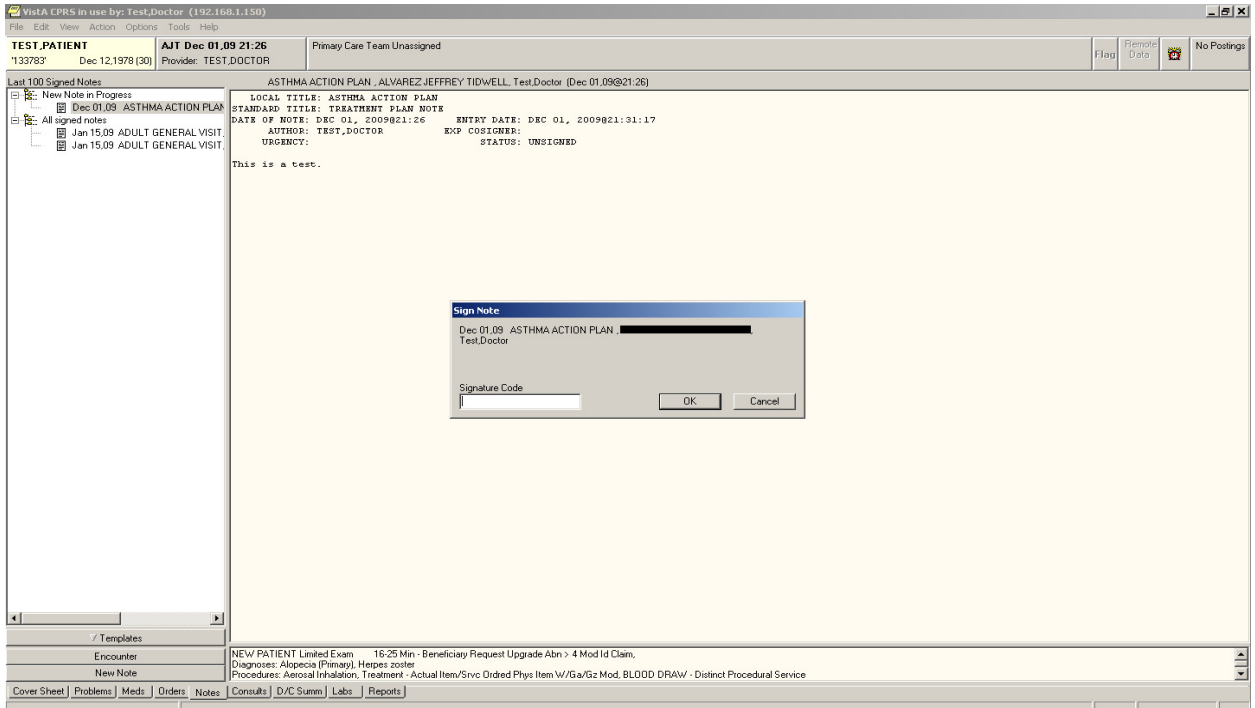
Buttons: Yes, No, Select Primary

The background interface shows the patient's encounter details for 'ASTHMA ACTION PLAN' on Dec 01, 2009 at 21:26, with provider 'TEST.DOCTOR'.

The details entered in the Encounter form will be visible in the bottom of the Notes block.



Add the relevant text to your note (can be done using templates) and Sign the note.



The screenshot shows the VistA CPRS interface. At the top, the window title is "VistA CPRS in use by: Test,Doctor (192.168.1.150)". The menu bar includes "File", "Edit", "View", "Action", "Options", "Tools", and "Help". The patient information bar shows "TEST\_PATIENT '133783' Dec 12,1978 (30)", "AJT Dec 01,09 21:26", and "Primary Care Team Unassigned". There are buttons for "Flag", "Remove Data", and "No Postings".

The main window is divided into two panes. The left pane, titled "Last 100 Signed Notes", contains a tree view with the following items:

- All signed notes
- Dec 01,09 ASTHMA ACTION PLAN
- Jan 15,09 ADULT GENERAL VISIT
- Jan 15,09 ADULT GENERAL VISIT

The right pane displays the details of the selected note, "Vist: 12/01/09 ASTHMA ACTION PLAN, ALVAREZ JEFFREY TIDWELL, DOCTOR TEST (Dec 01,09@21:26)". The text in this pane is as follows:

LOCAL TITLE: ASTHMA ACTION PLAN  
STANDARD TITLE: TREATMENT PLAN NOTE  
DATE OF NOTE: DEC 01, 2009@21:26      ENTRY DATE: DEC 01, 2009@21:31:17  
AUTHOR: TEST,DOCTOR      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

This is a test.  
/es/ DOCTOR TEST  
Signed: 12/01/2009 21:43

At the bottom of the interface, there is a "Templates" section with buttons for "Encounter", "New Note", "Cover Sheet", "Problems", "Meds", "Orders", "Notes", "Consults", "D/C Summ", "Labs", and "Reprints". A status bar at the very bottom displays: "NEW PATIENT Limited Exam 16:25 Min - Beneficiary Request Upgrade Abn > 4 Mod Id Claim. Diagnoses: Alopecia (Primary), Herpes zoster. Procedures: Anosol Inhalation, Treatment - Actual Item/Srvr Ordred Phys Item W/Ga/Sz Mod, BLOOD DRAW - Distinct Procedural Service".

On signing the note the Diagnosis and Procedure information entered in the Encounter form are sent out of VistA to the **Vista-Edge™** PMS, assuming that the interface is setup and functional