Problem List (Chart-wide) Display: All Statuses Edit

Status	Problem	Problem Note	Onset	Resolved

Social History (Chart-wide) No Saved Notes Edit

Medication History (Chart-wide) Last Modified N/A Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed fineprintLbl

PCC eRx Allergies (Chart-wide) Last Modified N/A Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

Mark as Reviewed fineprintLbl

Visit Documents

HPI: location|timing|quality|severity|context|modify factors

Referral

Order select a referral

Referral

Make All: **Yes** **No** **N/A**

Yes No N/A

○ ○ ○ Time Frame of Referral

notes

○ ○ ○ Are notes necessary?

notes

○ ○ ○ Any associated labs/radiology?

notes

○ ○ ○ Any associated screens?

notes

○ ○ ○ add item

notes

Transitional Care Management

Select All

- [ ] 1 face-to-face within 7 (99496 - high complexity only) or 14 (99495) calendar days of discharge

notes

- [ ] 1 non-face-to-face - discharge instructions, labs, referrals, education

notes

- [ ] Patient transitioning from facility to home

notes

- [ ] Provider oversees management/Coordination

notes

- [ ] Medication reconciliation has been completed during face-to-face (1111F)

notes

- [ ] add item

notes

Chronic/Complex Care Management

Select All

- [ ] Per Calendar Month (adding up the times)

notes

- [ ] Patient with 2 or more complex chronic conditions lasting >12mos

notes

- [ ] Provider coordinates or oversees management

notes

- [ ] Complex CCM requires 60min of clinical staff time under physician supervision

notes

- [ ] 99490 20+ min of clinical staff time --> 99439 each additional 20 min

notes

- [ ] 99491 30-59 min physician time --> 99437 60-89 min

notes

- [ ] 99487 Complex MDM with 60+ min of physician/staff time --> 99489 each additional 30min

notes

add item

notes

Principal Care Management

Select All

- Monthly service

notes

- Provider management/coordination not required

notes

- Single complex chronic condition expected to last 3 mos with a care plan that is developed/revised/monitored and shared with patient

notes

- 99424 30+ min by physician --> 99425 each additional 30 min

notes

- 99426 30+ min of staff time --> 99427 each additional 30 min

notes

add item

notes

Care Plan Oversight

Select All

- Per Calendar Month (adding up the times)

notes

- Face-to-face within 6 mos of CPO services

notes

- Provider supervising patient who is UNDER health care services (therapists, home health, hospice)

notes

- Patient has at least 1 chronic condition

notes

- 99374 15-29 min, 99375 30+ min

notes

☐ add item

notes

Prolonged Services

Select All

☐ Non face-to-face before or after patient care

notes

☐ Has to be on Service Date

notes

☐ 99358 30-74min + 99359 75-104 min (up to 2 times)

notes

☐ add item

notes

General Behavioral Health Integration

Select All

☐ Psychologist or Psychiatrist is integrated into the practice

notes

☐ Clinical staff spending at least 20min in calendar month

notes

☐ Time spent in contact with patient and psychologist to assess progress using standardized rating scales and coordinating care

notes

☐ add item

notes

Medical Test

Order Chronic Care Management Provider

Order Chronic Care Management Staff

Order Principal Care Management Provider

Order Principal Care Management Staff

Order select a medical test

Time of visit/Records

Select All

- [ ] Start Time

notes

- [ ] End Time

notes

- [ ] Time spent discussing with patient family/caregivers/other professionals/community services/agencies

notes

- [ ] Referrals made (to insurance, to facility, special forms completed)

notes

- [ ] Assessment and support for adherence to the care plan

notes

- [ ] Medication reconciliation

notes

- [ ] Identifying community and health resources

notes

- [ ] Ongoing review of patient status including labs and other studies

notes

- [ ] Facilitating other access to care

notes

- [ ] Updating of Careplan

notes

- [ ] add item

notes

Diagnoses

- [ ] select diagnosis

notes

Care Plan (Chart-wide)

Print Display: All Statuses Edit

No Interventions

Care Coordination and Care Plan Management

Followup

Order | select a followup

Navigational Anchors in D2C Care-Coordination Non Face-Face Nurse

1. Prescriptions
2. Visit Documents
3. HPI: location|timing|quality|severity|context|modify factors
4. Referrals
5. Referral
6. Transitional Care Management
7. Chronic/Complex Care Management
8. Principal Care Management
9. Care Plan Oversight
10. Prolonged Services
11. General Behavioral Health Integration
12. Counting Minutes per Month
13. Time Spent
14. Diagnoses