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 Physician

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