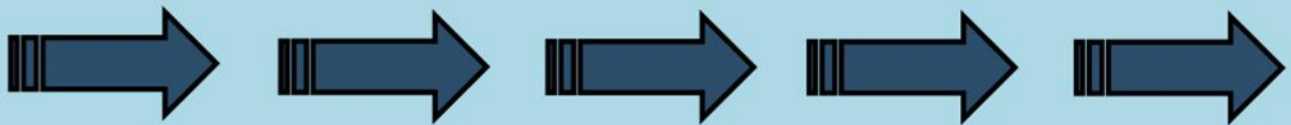


# Medical Clinic Workflow



Learn by Doing

using the  
Electronic Health Record

MedTrak *learning*

Rick Schanhals

edited by David A Blaszak

Software licensed by:

## **MedTrak Learning**

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### **Publications with integrated MedTrak usage include:**

**Published by MedTrak Learning** — written by Rick Schanhals

**Medical Clinic Workflow** • 8th Edition (2024)

**Billing and Reimbursement** • 8th Edition (2024)

**Administrative Medical Assisting** • 1st Edition (2021)

**Clinical Medical Assisting** • 1st Edition (2021)

**Clinical and Administrative Medical Assisting** • 3rd Edition (2021)

**Care Pathways** • 5th Edition (2020)



## What's New in Edition 8

Dear Students and Instructors,

Welcome to the latest edition of MedTrak Learning's *Medical Clinic Workflow* book. As we present this 8th Edition, we are pleased to share with you results of our ongoing commitment to providing an exceptional learning resource. Each new edition of this book includes suggestions and feedback from educators and students. Here are the new features and upgrades included in this edition:

1. We updated Chapter 1 to include the latest progress in **Meaningful Use** for physician practices.
2. Over the years, we received requests from instructors for case studies that required their students to research the appropriate ICD-10 and CPT codes. Because MedTrak is a clinical assisted coding (CAC) system, the system automatically applies the correct ICD-10 and CPT codes to patient visits for billing purposes. **We added five additional case studies to this edition that do not include the ICD-10 or CPT codes.** These case studies require the students to read the patients' charts to learn what the provider diagnosed and what orders were performed. Students then use this information to look up the correct ICD-10 and CPT codes, enter the codes into MedTrak, and then produce the CMS1500 invoice.
3. Based on a request from the State of Washington on behalf of visually impaired students, MedTrak modified the **reading tab order on the Chapter title pages**. This was the only visual accessibility issue they discovered after testing this book and the MedTrak system with screen readers. MedTrak also added an **appendix for the function keys and commands** for the visually impaired.

To all of you who have made suggestions and comments regarding MedTrak's books and software, thank you. We appreciated your input.

Don't hesitate to contact us. We are always open to suggestions.

Sincerely,

Rick Schanhals  
MedTrak Learning

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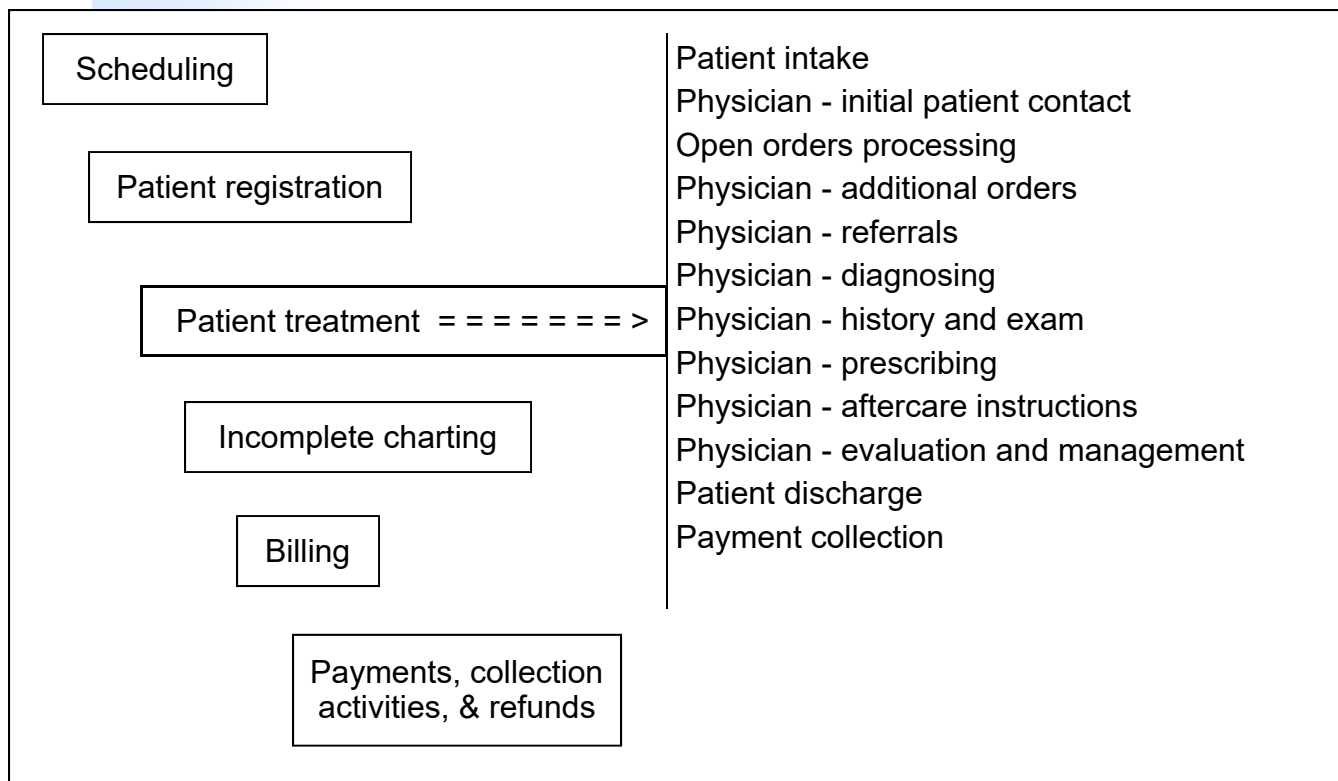
# Preface

## What is this book about?

The goal of this book is to provide the health care student with the experience of using MedTrak’s integrated electronic health record and practice management system to understand the medical clinic workflow process from scheduling an appointment through payment collections and refunds. With millions of patient visits processed, MedTrak’s internet-based system is proven technology that enables the student to operate their own medical facility.

The student will do every step in the medical clinic workflow process including the clinical staff’s use of a point-of-care electronic health record. In the future, medical clinic workflow will include new tools and systems for the clinicians, but the basic workflow will most likely remain the same. The administrative staff will still need to accurately identify the patient for scheduling and registration, the clinical staff will prepare the patient for the physician, the physician will analyze, treat, and advise the patient, the clinical staff will discharge the patient with the proper documentation and aftercare instructions, the administrative staff will complete the patient’s medical records, and the billing staff will bill for the services and collect the money. This book addresses all of those steps in detail using MedTrak’s fully integrated electronic health record and practice management system.

Most of us have experienced a health care visit of some type. Our basic perspective is that of a patient. This book gives students the opportunity to experience the health care visit from the perspective of each member of the medical facility, including the physician. The flowchart below illustrates each of the steps described above.



## Curricular Features

Students and instructors alike state that MedTrak’s integrated EHR and practice management system is "*easy to learn*", "*easy to use*", and provides a great tool for students to learn "*medical workflow*".

MedTrak is  
*easy to learn*

MedTrak is  
*easy to use*

Students learn  
*medical workflow*

Estimated  
Duration

- **Estimated duration** is the amount of time typically needed to complete the chapter.

Learning  
Outcomes

- **Learning outcomes** are directly related to the content and case studies covered in the chapter and will be demonstrated by the student through their work products and review activities.

Key Concepts

- **Key concepts** identify the major topics covered.

Self assessments

- **Self assessments** provide feedback to students to correct any errors and grades for the instructors.

Instructor dash-  
board

- **Instructor dashboard** provides up to the second information regarding students’ activity, progress, and grades.

Work Products

- **Work products** provide a way for the student to demonstrate their completion of the chapter.

Review  
Activities

- **Review activities** enable students to reinforce the material that they learned in each chapter.

Meaningful  
Use

- **Meaningful Use** connects the student's work with Meaningful Use objectives.

## Note to Students

### IMPORTANT

This book and associated MedTrak activities use a building block approach to learning the medical clinic workflow processes. Read carefully and do all of the steps and you will successfully complete the activities and understand the material covered in this book.



## Self Assessment Functionality .....

MedTrak provides each student with an assessment functionality to check their work before they turn in their assignments. This **Self Assessment** process compares the student's work to the expected input for each chapter and provides a report of the results of the comparison identifying any errors.

Self Assessment  
processing

The student activates the **Self Assessment** processing by entering a command on either the Patients screen, the Scheduling screen, the Clinic Status screen, or the Further Review Needed dashboard.

In addition to the identification of any errors made by the student, MedTrak provides a percentage grade for each chapter and case study attempt.

Below is an example of how the student activates the **Self Assessment** for Chapter 3 - **Adding Patients**.

**This is only an example.**

**Do NOT run the Self Assessment for Chapter 3 at this time.**

## Example of Self Assessment Process .....

1. You should be on the Patients screen
2. Type **SA03** in the Search or any command field  
(SA stands for self assessment and 03 is the chapter #)
3. Press the **ENTER** key  
("Self Assessment sent to printer/queue..." appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA03** report.
7. You must have a 100% (error-free) report before continuing.

In this **Self Assessment** example, the student made the following four errors when adding the three patients in Chapter 3 (shown below).

Self Assessment errors

Error correction Information

How To fix errors

---

PAGE - 1 Self Assessment - Medical Clinic Workflow - Chapter 3  
Roger T Menton (RTM)

---

After fixing your errors, YOU MUST RUN A NEW SELF ASSESSMENT REPORT

1. Start from Main Menu
2. Click 'Patient Registration'
3. Type SA03 and press ENTER
4. Verify that top message says 'Self Assessment sent to printer/queue...'

---

Patient: ANDERSON, CHARLES T.  
ERROR #1: Address line 2: ' 1234 S Main St ' should be ' 123 S Main St '  
ERROR #2: City: ' North Muskegone ' should be ' North Muskegon '  
ERROR #3: Zip: ' 49446 ' should be ' 49445 '  
ERROR #4: Marital Status: ' Single ' should be ' Married '

---

\*\* You have 4 errors. \*\*

Chapter 3 --- Attempt #1 score: 93%

Note: You have unlimited attempts - but MedTrak only grades the first 5 attempts of each chapter / case study.

---

Fix errors by using HOW TO instructions and VIDEO links below.

After fixing your errors, YOU MUST RUN A NEW SELF ASSESSMENT REPORT.

Note: You must achieve 100% on this chapter before proceeding to the next chapter.

---

HOW TO: Change Patient data  
Start at Main Menu  
Click 'Patient Registration'  
Search and place cursor next to the correct patient  
Click 'Change Patient' --- or type 'ch' and press ENTER  
Correct the data  
Note: Use correct uppercase and lowercase letters

After reviewing this report, the student went back into the patients' demographics and fixed the errors. It actually took two more tries. Then the student ran the **Self Assessment** report again to turn in (shown below).

Self Assessment no errors

Assessment Summary

Percentage grading

---

PAGE - 1 Self Assessment - Medical Clinic Workflow - Chapter 3  
Roger T Menton (RTM)

---

\*\* No errors - OK to proceed. \*\*

Chapter 3 --- Attempt #3 score: 100%

Note: You have unlimited attempts - but MedTrak only grades the first 5 attempts of each chapter / case study.

---

There is no reset for Chapter 3.

---

Assessment Summary						
Chapter	Attempt 1	Attempt 2	Attempt 3	Attempt 4	Attempt 5	Average
3	93%	98%	100%			97%

Running Score: 97%

---

\*\*\* END OF PRINT - Roger T Menton \*\*\*

# ABHES - Accrediting Bureau of Health Education Schools

## Competencies included in this book:

### 7 Basic Keyboarding / Computer Concepts

- a. Perform basic keyboarding skills
- b. Identify and properly utilize office machines, computerized systems and medical software such as:
  - 2) Apply computer application skills using variety of different electronic programs including both practice management software and EMR software.

### 8 Medical Office Business Procedures / Management

- a. Perform basic clerical functions
- b. Prepare and maintain medical records
- c. Schedule and manage appointments
- d. Apply concepts for office procedures
- i. Perform billing and collection procedures
- k. Perform accounts receivable procedures
- m. Post adjustments
- n. Process credit balance
- o. Process refunds
- p. Post non-sufficient funds (NSF)
- q. Post collection agency payments
- u. Prepare and submit insurance claims
- w. Use manual or computerized bookkeeping systems

## 9 Medical Office Clinical Procedures

- a. Obtain chief complaint, recording patient history
- c. Take vital signs
- g. Maintain medication and immunization records

# CAAHEP - Commission on Accreditation of Allied Health Education Programs (2022 standards)

## Competencies included in this book:

### I Anatomy & Physiology

- I.P.1 Accurately measure and record:
  - a. blood pressure
  - b. temperature
  - c. pulse
  - d. respirations
  - e. height
  - f. weight
- I.P.9 Assist provider with a patient exam

### VI Administrative Functions

- VI.P.1 Manage appointment schedule using established priorities
- VI.P.2 Schedule a patient procedure
- VI.P.3 Input patient data using an electronic system

### VII Basic Practice Finances

- VII.P.1 Perform accounts receivable procedures to patient accounts, including posting:
  - a. charges
  - b. payments
  - c. adjustments
- VII.P.2 Input accurate billing information in an electronic system
- VII.P.4 Inform a patient of financial obligations for services rendered

### VIII Third Party Reimbursement

- VIII.P.4 Complete an insurance claim form

## **IX Procedural and Diagnostic Coding**

- IX.P.1 Perform procedural coding
- IX.P.2 Perform diagnostic coding
- IX.P.3 Utilize medical necessity guidelines

## **X Legal Implications**

- X.P.2 Apply HIPAA rules in regards to:
  - a. privacy
  - b. release of information
- X.P.3 Document patient care accurately in the medical record

# Introduction

Medical Clinic Workflow  
Revenue Cycle Management  
Meaningful Use

1

Estimated Duration  
45 Minutes



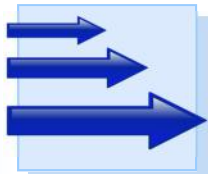
## Learning Outcomes

- ▶ A brief understanding of medical workflow systems and their complications
- ▶ Knowledge of the categories of medical workflow and their major processes
- ▶ Familiarity with MedTrak's rules based methodology for medical workflow
- ▶ A brief understanding of what revenue cycle management means
- ▶ Knowledge of the basic need for the federal government's Meaningful Use Act
- ▶ An understanding of the core and menu objectives included in Meaningful Use
- ▶ An understanding of the Quality Payment Program

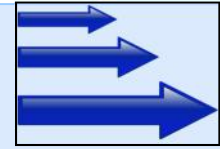


## Key Concepts

- ▶ Medical workflow
- ▶ Medical processes
- ▶ Rules-based methodology
- ▶ Revenue cycle management
- ▶ Computer assisted coding
- ▶ Computerized provider order entry
- ▶ Meaningful Use
- ▶ Certification for Meaningful Use
- ▶ Recovery Act (ARRA)
- ▶ Core Objectives for eligible professionals
- ▶ Menu Objectives for eligible professionals
- ▶ Clinical quality measures



# Medical Clinic Workflow



Medical  
workflow

Integrating the electronic medical record into the practice management system provides the basis for efficient **medical workflow**. When done in a logical and smooth flowing manner, this type of system enables clinicians to better care for their patients while lowering the cost of the patient's treatment. The result is improved patient care by integrating rules-based problem solving with evidence-based medical actions. This reduces patient treatment time, while producing accurate and timely billing.

### Medical workflow efficiencies focus on:

- Supporting the collaboration of the medical staff.
- Improving communications both within the medical facility and with outside resources and agencies.
- Reducing or eliminating the paperwork where appropriate.
- Integrating evidence-based actions at every step of treatment while using rules-based problem solving.

Medical  
processes

**Medical processes** are like business and manufacturing processes that can be broken down into the detailed steps needed for completion. By performing these detailed medical steps the same way each time, the medical staff is able to diagnose and treat each patient in a consistent, thorough, and efficient manner. Medical workflow systems enable the clinicians to always complete every step in the patient's care without missing anything. It does not matter whether the clinician is experienced or new on the job, using a medical workflow system will help ensure that each patient's care is consistent with the standards set by the medical facility.

### Medical workflow systems enable the clinical staff to know:

- What clinical process step (action) the patient needs next
- How long the patient has been waiting for the next step
- Who is responsible for performing the next step

Medical workflow systems also help to reduce the stress level in a medical facility by providing up-to-the-second patient tracking information for each patient in the medical facility. This information makes it easier for new employees to perform their job with the same consistency and efficiency as the experienced clinicians. This information also makes it easier for physicians and administration to manage the medical facility.





Each one of these major categories can be broken down into processes that can be further broken down into the detailed steps that make up the processes.

## Scheduling

### Scheduling:

- ◆ Add an appointment for a new patient
- ◆ Schedule an appointment for an existing patient
- ◆ Change an appointment's time and/or day
- ◆ Block time for meetings, lunch, etc. on physician's schedule
- ◆ Add a note concerning the patient to an appointment

## Patient Registration

### Patient registration:

- ◆ Register a patient from the Scheduler
- ◆ Add a patient's demographic information
- ◆ Register a patient using the Patient Registration process
- ◆ Add a new patient
- ◆ Select an existing patient
- ◆ Select a company (if it is an occupational medicine case)
- ◆ Create a new case for the patient
- ◆ Select a patient's payers (for patient responsibility patients)
- ◆ Select the type of patient visit (primary care, orthopedic, rehab, etc.)
- ◆ Select the presenting problems to initiate the problem-focused medical workflow

## Electronic Health Record

### Patient treatment:

- ◆ Patient intake - answers clinical notes (brief history and vital signs)
- ◆ Physician - initial patient contact and places orders for diagnostics
- ◆ Order processing of open diagnostic orders
- ◆ Physician places orders for treatments (including referrals)
- ◆ Physician selects patient's diagnoses
- ◆ Physician documents patient's history
- ◆ Physician documents patient's physical examination (SOAP notes)
- ◆ Physician orders medications - both dispensed and prescription
- ◆ Physician selects patient's aftercare instructions
- ◆ Physician confirms level of service (evaluation and management)
- ◆ Clinical staff delivers paperwork to patient
- ◆ Administrative staff collects any payments due



**2** Screen sequences that automatically step users through data capture:

- ◆ Scheduling appointments
- ◆ Registration processing for private pay (group health) patients
- ◆ Registration processing for workers' compensation and employee health patients
- ◆ Payment processing

**3** Functionality attached to clinical objects to complete their characteristics

- ◆ Attaching payers with subscriber information to patients
- ◆ Attaching worker's compensation insurance to companies
- ◆ Attaching initial injury drug screens and physical examinations to companies
- ◆ Attaching company contacts by responsibility to companies
- ◆ Building employee health rules for companies
- ◆ Building specific care rules for a patient
- ◆ Rates assigned by billing codes to specific procedures

**4** Orders that trigger sequences of questions to enable evidence-based action:

- ◆ Imaging orders including x-rays, MRIs, and CT scans
- ◆ Laboratory orders including drug screens and blood tests
- ◆ Ancillary orders including hearing tests, eye tests, pulmonary function test
- ◆ Treatments for injuries including surface traumas and orthopedics
- ◆ Treatments for systems including HEENT, cardiology, and dermatology
- ◆ Follow-up treatments including dressing changes and suture removals
- ◆ Medication treatments including injections and vaccinations
- ◆ Referrals to outside specialists
- ◆ Dispense and prescribe medications
- ◆ Administrative orders including form completion and extra services



# Revenue Cycle Management

## Understanding the Revenue Cycle

Revenue cycle management in health care refers to the control of the patient's health care information from the time that they schedule an appointment until their account is paid in full. The health care facility needs to take the necessary steps to be sure that they get paid in a timely manner for the services that they furnish to the patient. Money keeps the health care facility in business. Every phase of the revenue cycle is critical, from scheduling to collecting the final payment.



Management of revenue in health care is complicated by the fact that typically the patient does not pay out-of-pocket for services at the time that they are rendered. Services are delivered by a health care provider to the patient, but the bill is usually sent to a third party for payment.

To reduce the length of time for the revenue cycle for each patient, every step in the care and treatment of the patient must be captured at the point-of-care and in real-time. This means that everyone in the medical facility who cares or treats the patient needs to be sure that the information they enter into the patient's health record is accurate and timely. Every member of the health care team has to take responsibility for their part in the revenue cycle to help keep the medical facility financially viable.

Revenue  
Cycle  
Management

Major Steps  
in the  
Revenue Cycle

## Importance of registration accuracy .....

Patient recognition

The first step in the revenue cycle is patient recognition. This means accurately verifying the patient's name and address, phone numbers, and insurance information. If this first step is not done correctly, then the revenue cycle for the patient will be flawed from the beginning and the medical facility might never receive payment for the services rendered to the patient. This means that the scheduler initiates revenue cycle management for each patient and must record the correct billing address, insurance subscriber information, and social security number.

Eligibility verification

Before the visit, eligibility verification is also a best practice that all medical facilities should endeavor to attain. Knowing that a patient's insurance plan will cover the potential health care services that might be rendered eliminates the possibility that the insurance claim will be denied due to an eligibility issue. More than half of denied insurance claims are due to eligibility issues. This not only results in the medical facility not receiving payment for services rendered but also causes the medical facility to spend extra billing personnel time working on the insurance claim denials to get the rejected claims paid.

## Importance of billing accuracy .....

Computer assisted coding

Automating the charge posting process (**computer assisted coding - CAC**) to eliminate the need to use charge slips is an efficient way to accurately record the charges needed for billing. Using a point-of-care electronic health record (like MedTrak) that drives the charges directly from the clinical activity completely removes the need for a charge slip. For example, if the clinical staff orders an x-ray for the patient, the placing of the x-ray order in the **computerized provider order entry (CPOE)** system automatically creates a charge for the x-ray with the correct CPT code. In like fashion, as the clinical staff records any other clinical activity that is billable, the electronic health record system automatically creates the appropriate charges with accurate CPT codes. This type of processing eliminates the need for manual charge posting. The initial billing activity then becomes one of editing billing information to ensure that the billing data is complete and reasonable.

Computerized provider order entry

Another aspect of automated charge posting by the electronic health record is that the charges will exactly match the clinical activity, thus ensuring that the bill is 100% in agreement with the services performed for the patient. Additionally, if the electronic health record is problem-focused then the most likely orders for the presenting problem will appear first for selection by the provider. For example, if the patient presents with a left ankle injury, the x-rays for the left lower extremity display for selection. This helps make the selections of orders by the providers more efficient and accurate to the patient's reasons for being seen at the medical facility.

Using electronic claim submission and electronic remittance payment posting are two more ways to achieve accurate and efficient billing. Automating both of these functions in addition to automatic charge posting saves billing department time that can then be used to follow up on unpaid bills.

You will learn more about automated charge posting using MedTrak's problem focused electronic health record as you complete the case studies in this book.

Charges must  
match the  
clinical activity

Electronic  
submission  
and  
remittance



# Meaningful Use

## What is it, and why is it important?

The advent of **Meaningful Use** has transformed healthcare technology and improved patient care. From its inception by the HITECH Act (Health Information Technology for Economic and Clinical Health) of 2009, **Meaningful Use** has helped to improve patient outcomes, streamlined healthcare processes, and empowered patients and providers.

The **Meaningful Use** program promoted the use of electronic health record systems (EHRs) in healthcare settings.

Below is a short summary of its history:

### **Phase 1:** Incentivizing EHR adoption (2009-2013)

The HITECH Act was the beginning of **Meaningful Use**. This act encouraged eligible healthcare professionals and hospitals to adopt EHR systems through financial incentives. In order to qualify for the money, providers were required to show “meaningful use” of electronic health record systems by meeting benchmarks of data capture, data sharing, and patient engagement.

### **Phase 2:** Enhancing clinical processes (2014-2017)

In this phase, the emphasis shifted towards clinical outcomes, health information exchange, and interoperability across the healthcare system. To reduce medical errors, healthcare providers were required to use computerized provider order entry, e-prescribing, and secure messaging.

### **Phase 3:** Fostering patient engagement (2018-Present)

Now this emphasis is on patient empowerment through digital health technology. Healthcare organizations should now be promoting patient-centric care by enabling patient access to their health information and facilitating patient-provider communication.

As healthcare systems advance, the **Meaningful Use** program will continue to be the benchmark for better patient outcomes through value-based treatment and more effective patient communication.



## Improving Patient Care and the Nation's Health ●●●●●

### Improving Patient Care

There are many economic benefits derived from using an EHR that are dependent on the features of the EHR, but the most significant benefits derived from physicians using an EHR that is certified for *Meaningful Use* are in improving patient care as described on the U.S. Department of Health & Human Services website (<http://healthit.hhs.gov>):

#### **With the help of health IT, health care providers will have:**

- Accurate and complete information about a patient's health. That way they can give the best possible care, whether during a routine visit or a medical emergency.
- The ability to better coordinate the care they give. This is especially important if a patient has a serious medical condition.
- A way to securely share information with patients and their family caregivers over the Internet, for patients who opt for this convenience. This means patients and their families can more fully take part in decisions about their health care.
- Information to help doctors diagnose health problems sooner, reduce medical errors, and provide safer care at lower costs.

### Improving the Nation's Health

Improving patient care through the use of an EHR will improve our nation's overall health care system, one patient at a time. Shown here is another excerpt from the U.S. Department of Health & Human Services website, related to this goal:

#### **Widespread use of health IT can also:**

- Make our health care system more efficient and reduce paperwork for patients and doctors.
- Expand access to affordable care.
- Build a healthier future for our nation.

## Why was the Meaningful Use Act necessary? ...●

### Inconsistencies

Ever since multiple electronic health records came on the market many years ago, there have been issues with **inconsistencies** in functionality and data structure in addition to the **inability** of the systems to share their respective data. These issues continued to manifest over the ensuing years as more and more EHR systems were developed. Most EHR systems are “closed-systems”, meaning that the data structures and programming code are proprietary to the company who developed them. This information is privately held by the inventors and is considered their “intellectual property”. This “closed-system” approach leads to a lack of interoperability between the systems, thus making it difficult if not almost impossible for physicians to share clinical information.

### Evolution

Early EHR systems typically **evolved** from a previously existing health care IT system. Some EHR systems were added to the front end of billing systems. Other EHR systems were modified versions of a lab or imaging system. Many of the early EHRs solved only part of the physician’s need for a health care information.

### Acquisition

Some systems **grew through acquisition** by purchasing other EHR companies that had needed functionality to build out their usability. For example, to add scheduling to their EHR, an EHR company would buy another company that specialized in scheduling systems. These companies then faced the daunting task of integrating disparate database structures and functionality that in many cases duplicated functionality that they already had.

### Organic Growth

Some EHR systems (such as MedTrak) **grew organically** over time. Organic growth meant that they continued to add functions and features to their EHR using their own design and programming team. One of the advantages to having the same development team adding and modifying functionality is the consistency of the EHR look and feel. The major disadvantage to this type of development is that it takes a long time. Complicated systems like an EHR need to be built linearly with each part functioning in a similar fashion and connecting to the other parts seamlessly. EHR systems cannot be effectively built with separate teams simultaneously working on separate parts.

## What did health care leaders do to fix this? ...●

After a few years, it became apparent to some health care leaders that a new service was needed. With hundreds of EHR choices on the market, physicians and medical facilities needed help deciding what EHR they should be using. In 2004, a group of volunteer health care leaders formed the non-profit **CCHIT** (Certification Commission for Health Information Technology) to review and certify the functionality of EHR systems. Because CCHIT was the first organization of its kind, they developed the standard definition through a voluntary consensus-based process engaging diverse stakeholders for what an EHR should contain. CCHIT not only certified EHR functionality, but they also rated the usability of an EHR. What does usability mean? Just because an EHR contains certain functionality, like computerized provider order entry (CPOE), does not mean that it is easy to use the CPOE in the medical setting. Experience reveals that the easiest EHR systems to use are the ones that follow medical process workflow.

Over time, physicians came to have many choices for an EHR. For physicians who worked in a health care system controlled by a hospital or group of hospitals, a committee of users would choose the EHR system. If you worked in that health care system, you were obligated to use the chosen EHR system. However, this decision would be difficult because many of the hospital's current health care IT vendors would purport to have the best EHR system. To make things easy, the hospital might choose to stay with their current health care IT vendor and use their EHR. Other hospital systems looked outside their current vendors to seek an EHR. Some systems chose the "**single vendor**" method to reduce the amount of system integration work necessary. Other systems chose the "**best of breed**" method to be sure that every department in the health care system had the very best EHR functionality available for their particular needs. Both of these methods work. There is no one-size-fits-all EHR.

### Early EHR Hurdles

Quick Review

- **Inconsistencies** in functionality
- **Inconsistencies** in data structure
- **Inability** to share system data
- **Acquisition** breeds disjointed systems
- **Organic growth** requires a long time

Physicians had been slow to adopt EHR systems for a number of reasons, including:

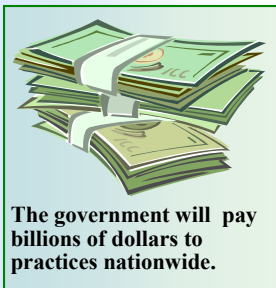
- Resistance to change
- Cost of implementation
- Complexity of the implementation
- Concern for confidentiality of the patient's health care information
- Physicians view the patient's health care information as proprietary

## Electronic Health Records (EHR) Incentive Programs

Many health care and political leaders recognized how important it is for our nation to have improved health care, and they pushed hard for a **legal solution** to increase the adoption rate of EHR's. In 2009, the United States federal government decided to require physicians to use an electronic health record system in order to treat patients whose care is paid by Medicare or Medicaid (HITECH act). The following is taken from the government's website related to *Meaningful Use*:

“ *The American Recovery and Reinvestment Act of 2009 (Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming “meaningful users” of certified electronic health record (EHR) technology. The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology. The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years.*

[ Source: <http://healthit.hhs.gov> ]



This meant that to get physicians, who treat Medicare or Medicaid patients, to use an electronic health record, **the government would pay the physicians** for some of the cost of doing so. Over a five-year period of time, the government would pay a physician annually for using a system that was certified for *Meaningful Use*. It was the physician's responsibility to use EHR solutions that were certified for *Meaningful Use* in order to receive government money. Physicians would attest that they are using such systems, and then produce the required documentation to prove it.

### Cash Incentives

Eligible physicians (EP) who met all required objectives could receive as much as **\$44,000** over five years from Medicare, or **\$63,750** over six years from Medicaid. Hospitals could receive millions of dollars for *Meaningful Use* under both Medicare and Medicaid. 2014 was the last year that an EP could begin to receive incentive payments.

## Ambulatory Objectives for Meaningful Use .....

The Centers for Medicare & Medicaid Services (CMS) established the benchmark for an EHR to be certified for Meaningful Use by measuring their performance across the following core and menu objectives. The core objectives must be included in the CEHRT, while the only some of the menu objectives must be included.

### Core Objectives (all are required):

1. Computerized provider order entry
2. ePrescribing
3. Record demographics
4. Record vital signs
5. Record smoking status
6. Clinical decision support
7. Electronic copy of health information
8. Clinical summaries
9. Protect electronic health information
10. Clinical lab test results
11. Generate list of patients
12. Reminders for follow-up care
13. Patient specific education
14. Medication reconciliation
15. Summary care record
16. Data to immunization registries
17. Secure electronic messaging

### Menu Objectives (3 required):

1. Syndromic surveillance data
2. Electronic notes
3. Imaging results
4. Family health history
5. Report cancer cases
6. Report specific cases

[ Source: <https://questions.cms.gov> ]

In keeping with the workflow nature of this book, the core and menu objectives will be described as they occur in the patient workflow processing. Throughout the course of this book, you will encounter and fulfill some of these objectives; in these cases, examples are provided, illustrating the objectives you completed.

## Chapter 1 - Review Activities

Answer the following questions:

1. **Clinical workflow efficiencies focus on which of the following?**

- A. Supporting the collaboration of the clinical staff
- B. Improving communications
- C. Automating paperwork
- D. Fully integrating rules-based problem solving
- E. All of the above

2. **Clinical workflow processes enable the clinical staff to know which of the following?**

- A. The number of seats needed in the patient reception area
- B. What clinical process step the patient needs next
- C. Who is responsible for performing the next step
- D. How long the patient has been waiting for the next step
- E. All of the above

3. **Who has direct responsibility for the patient's care?**

- A. Clinic administrator
- B. Physician
- C. Case manager
- D. Nurse
- E. All of the above

4. **The front desk person's primary responsibilities might include?**

- A. Collecting copayments
- B. Scheduling patients
- C. Dispensing medications
- D. Registering patients
- E. All of the above

5. **Clinical workflow is complicated by the nature of the patient's presenting problems.**

- True
- False

6. **Which of the following are a part of the health care revenue cycle?**

- A. Billing review
- B. Copayment collection
- C. Collection activity
- D. Scheduling
- E. Payment posting
- F. Registration
- G. Patient care
- H. All of the above

7. Which of the following processes help increase the efficiency and accuracy of health care billing thus improving the results of the revenue cycle?
- A. Electronic claims submission
  - B. Electronic remittance posting
  - C. Point of care clinical processing
  - D. Automated charge posting
  - E. Automated insurance eligibility checking
  - F. Computer assisted coding
  - G. All of the above
8. Which of the following was NOT an early EHR hurdle?
- A. Inconsistencies in functionality / data structure
  - B. Inability to share system data
  - C. Government regulations
  - D. Disjointed or lengthy EHR growth process
9. The Meaningful Use incentives for adoption of an EHR apply only to medical facilities treating Medicare and Medicaid patients.
- True
  - False
10. Which of these terms describes the set of Meaningful Use objectives, all of which are required for meaningful use?
- A. Core objectives
  - B. Menu objectives
  - C. Ambulatory objectives
  - D. Inpatient objectives

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# Logging into MedTrak

# 2

Estimated Duration  
15 Minutes



## Learning Outcomes

- ▶ How to access MedTrak
- ▶ Using your browser
- ▶ Important checkpoints



## Key Concepts

- ▶ Application service provider (ASP)
- ▶ Meaningful Use Objectives:  
Core #9 - Protect electronic health information

## Logging into MedTrak

- ▶ MedTrak is an internet-based, fully integrated EHR (electronic health record) and practice management system that can be accessed anywhere there is an internet connection. While completing the exercises in this book, MedTrak is your **Application Services Provider (ASP)**, thus enabling you to use the same programs and database servers as other students.
- ▶ You do not need to install any software. Every time that you click a button in MedTrak, your work is saved.
- ▶ Write down your MedTrak username and password, and keep it somewhere safe. Protecting electronic health information through the use of unique names and passwords is part of Core Objective #9 of Meaningful Use.
- ▶ Log out of MedTrak by clicking the **Log Off** button.

## Browsers and devices .....

Although MedTrak works with most modern browsers, it works best when run in Google Chrome.



*Chrome, Internet Explorer, and Mozilla Firefox are recommended.*

Not all of MedTrak’s functionality may work as designed when using other browsers, such as Internet Explorer, Mozilla Firefox, Safari, and Opera.



*Other major browsers will work with MedTrak, but functionality may differ.*

The use of mobile devices is discouraged. Traditional computers are recommended, due to efficiency of data entry, cursor precision, and internet connectivity.



*Mobile devices can access MedTrak, but it is best to use a computer.*

## Using your browser with MedTrak .....

When you access your virtual clinic in MedTrak, you should not use your browser buttons for navigation. In order to move from one part of the system to another, you will use MedTrak’s internal links and buttons.



*Back button*



*Favorites & Bookmarks*



*Refresh button*

*Please do not use your browser’s navigation functions in MedTrak.*

## Keys to successful completion of this book .....

Follow the directions

This book has successfully guided tens of thousands of students in the completion of realistic, hands-on EHR exercises. If you follow the directions carefully, you will complete these exercises with ease.

Complete each step

However, keep in mind that MedTrak uses a building block approach to the exercises in this book. Many of the later exercises are dependent upon successful completion of the exercises that preceded them. Every step is important. Read carefully, and be sure to complete each step in the order presented.

## Important Checkpoints by Chapter .....●

**Chapter 5 - Attaching Payers to a Patient** Be sure to use the patient, Mr. Anderson, that you added in Chapter 3 and attach all three payers in the correct order. Also, be sure that the copayment for Blue Cross / Blue Shield of Michigan is \$25.00.

**Chapter 6 - Patient Scheduling**  
Be sure to remember that appointments can only be added to a staff member.

**Chapter 7 - Patient Registration**  
Be sure to select **..Patient Responsibility** on the Company: Select screen.  
Be sure to select a left ankle muscles, joints, and bones presenting problem.

**Chapter 10 - Physician - Initial Contact** Be sure to order a three-view left ankle x-ray and an instant ice pack.

**Chapter 11 - Open Orders Processing**  
Be sure to say yes that an x-ray overread is needed.

**Chapter 20 - Patient Discharge**  
Be sure to select a medium lace-up left ankle brace.  
Be sure that the Visit Charges total \$454.50.

**Chapter 22 - Pending - Results**  
Be sure to watch for several steps where the Reviewed By question should not be answered at that time.

**Chapter 25 - Printing Bills**  
Be sure to write down your invoice number.

**Chapter 27 - Accounts Receivable**  
Be sure to only balance bill the Blue Cross / Blue Shield of Michigan invoice once.

**Appendix - Additional Case Studies**  
Be sure to read each case study carefully. You will be required to create some of your own data in order to complete each case study.

Meaningful Use—Core Objective #9  
**Protect Electronic Health Information**

**Access  
Control**

Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information.

***You did this!***

You signed into MedTrak using a unique sign-on that MedTrak then tracked and recorded during your clinical processing. Your access level was set to be that of a physician with global password authority, thus giving you access to all functionality in MedTrak.



***Why is this needed?***

To properly secure health care information, EHR's need to be set up with access control and authority level processing.



**IMPORTANT**

**Providing your password to another person, thus enabling access to medical records under your name, is a violation of HIPAA and could result in your dismissal from your health care job and significant fines to your employer.**

# Adding Patients

# 3

Estimated Duration  
45 Minutes



## Learning Outcomes

- ▶ How to add a new patient to the patient database in MedTrak



## Key Concepts

- ▶ Audit log
- ▶ Meaningful Use Objectives:
  - Core #3 - Record demographics
  - Core #6 - Clinical decision support
  - Core #9 - Protect electronic health information

## Adding a Patient

After logging into MedTrak, the MedTrak Main Menu appears (shown below).

*Patient Registration* button

To add a patient to the patient database, the administrative assistant clicks the *Patient Registration* button. The Patients screen (shown below) appears.

*Add Patient* button

*** BEGINNING OF PATIENTS ***					
	Aamodt, Richard T.	12/02/1975	374-67-2782	(231)	555-7737
	Aaron, Alice J.	03/22/1981	468-32-9333	(231)	555-5885
	Abbott, Sandy L.	06/14/1984	357-44-9393	(231)	555-6996
	Amaro, Scott C.	05/11/1987	635-76-3833	(231)	555-3737

This screen type is called a list processor. List processor screens in MedTrak present the contents of a database of records. In this case, the Patients list processor presents the database of patients.

For this example, the administrative assistant is going to add Charles T. Anderson to the patient database using the information found on Mr. Anderson's patient registration form located at the end of this chapter.

To add a new patient to the patient database, the administrative assistant clicks the **Add Patient** button. The next screen to appear is the Patient: Add by SSN screen.

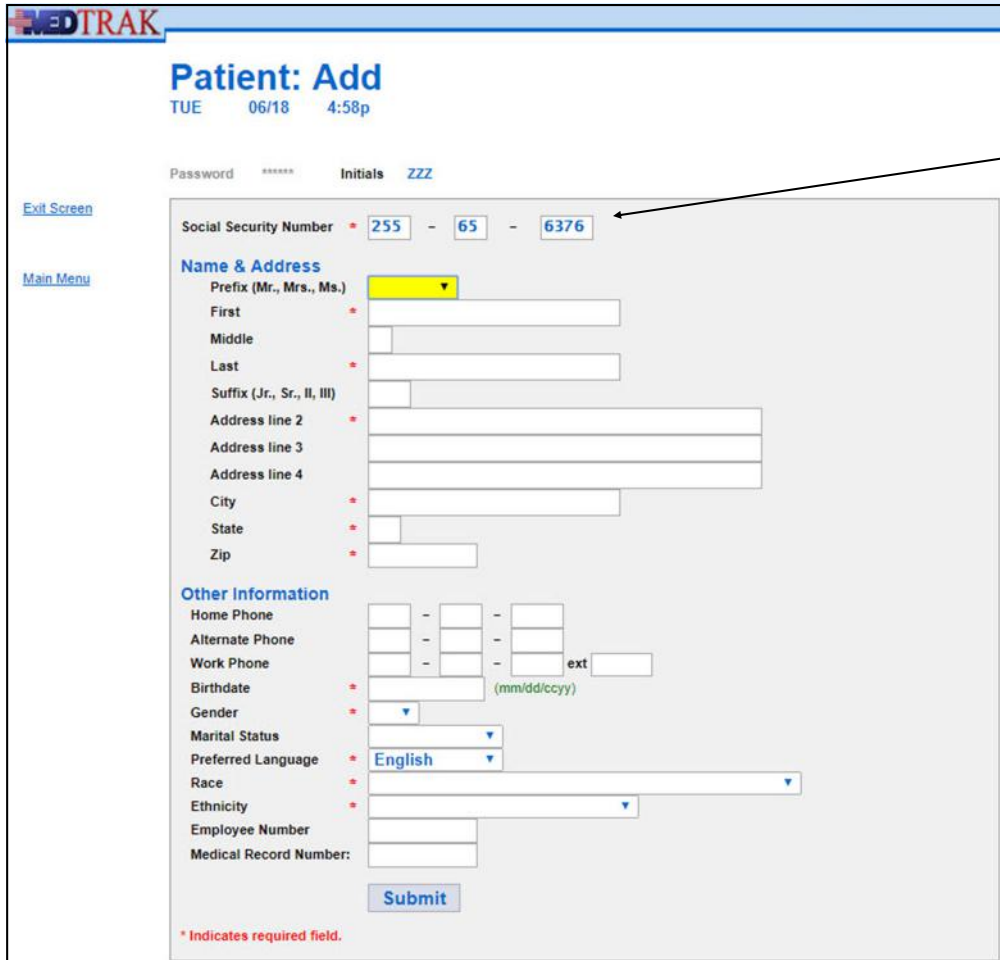
After entering Mr. Anderson’s social number **255-65-6376** (shown on the right), the administrative assistant clicks the **Submit** button.

Some patients will not provide their social security number, and some patients do not have one. If the social security number is unavailable, the administrative assistant enters **999-99-9999** in this field.



Mr. Anderson’s social security number

The next screen to appear is the Patient: Add demographic screen (shown below). If the social security number is already in the patient database, the patient’s demographic information is shown for review. Otherwise, only the social security number is pre-populated. In this example, Mr. Anderson is not in the patient database so only his social security number is on the screen.



Social security number pre-populated

On the Patient: Add demographics screen, red asterisks appear next to the fields that are required. If a required field is not completed, a message appears in **red** below the date and time at the top of the screen and the cursor is placed next to the field that needs information.

Required fields on the screen include the ones for recording demographics which complies with Core Objective #3 of **Meaningful Use**:

Required fields for Meaningful Use

- Date of birth (Birthdate on the MedTrak screen)
- Gender
- Preferred language
- Race
- Ethnicity

The administrative assistant types the information from Mr. Anderson’s patient registration form on the Patient: Add screen (shown below) using appropriate punctuation and capitalization. For example, when entering a street name, the administrative assistant enters “258 West Olive Street” instead of “258 west olive street” or “258 WEST OLIVE STREET.”

The screenshot shows the MedTrak 'Patient: Add' form. The form is titled 'Patient: Add' and shows the date and time as 'TUE 06/18 4:58p'. There are fields for 'Password' (masked with asterisks) and 'Initials' (ZZZ). The form is divided into several sections:

- Name & Address:**
  - Social Security Number: 255 - 65 - 6376
  - Prefix (Mr., Mrs., Ms.): Mr.
  - First: Charles
  - Middle: T
  - Last: Anderson
  - Suffix (Jr., Sr., II, III):
  - Address line 2: 123 South Main Street
  - Address line 3:
  - Address line 4:
  - City: North Muskegon
  - State: mi
  - Zip: 49445
- Other Information:**
  - Home Phone: 231 - 555 - 7537
  - Alternate Phone: 231 - 555 - 9010
  - Work Phone: 231 - 555 - 4552 ext
  - Birthdate: 12/02/1975 (mm/dd/ccyy)
  - Gender: M
  - Marital Status: Married
  - Preferred Language: English
  - Race: White
  - Ethnicity: Not Hispanic or Latino
  - Employee Number: (highlighted in yellow)
  - Medical Record Number:

A 'Submit' button is located at the bottom of the form. A red asterisk indicates required fields. A note at the bottom states: '\* Indicates required field.'

Mr. Anderson’s demographic information

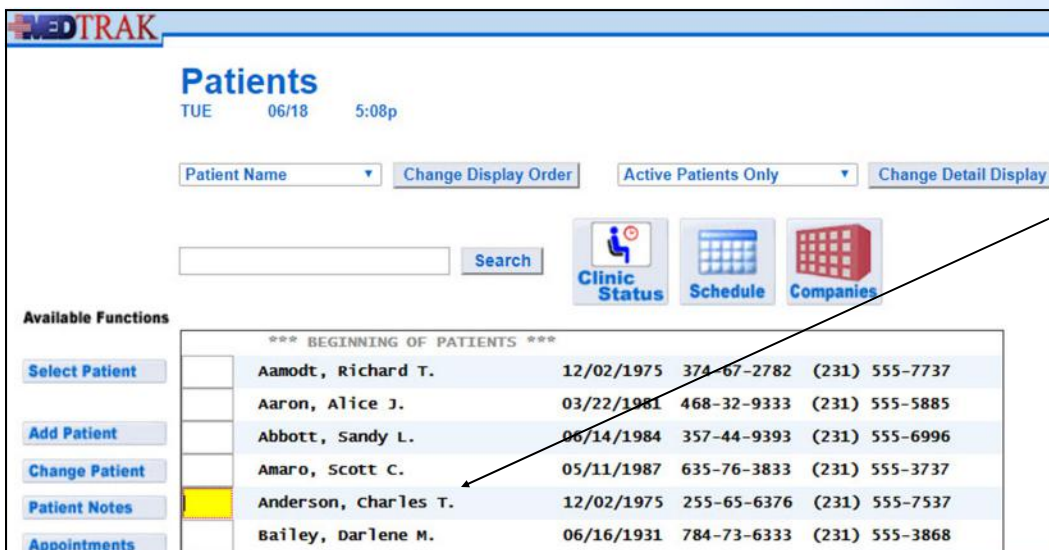


When finished, the administrative assistant clicks the *Submit* button. The next screen to appear is the Company: Select screen (shown below).



No company selection at this time

If simply adding a new patient, company selection is not necessary. The administrative assistant clicks the *Exit Screen* button to return to the Patients screen (shown below). Mr. Anderson's name now appears in the list.



Mr. Anderson is now in the patient database

Remember, this book uses a building block approach. All of these steps must be completed carefully, and in the correct order. Please read carefully and complete every step in the correct order.

**IMPORTANT**

1. Sign into **MedTrak**  
(You should be on the MedTrak Main Menu)
2. Click the **Patient Registration** button  
(You should be on the Patients screen)
3. Click the **Add Patient** button  
(You should be on the Patient: Add by SSN screen)

Do These Steps  
<==== 3.01

Do These Steps  
3.02 =====>

1. Type **255 65 6376** in the SSN fields
2. Click the **Submit** button  
(You should be on the Patient; Add screen)
3. Enter **Charles T. Anderson's** patient demographic data  
(His registration form is at the end of this chapter)
4. Review his demographic data
5. Click the **Submit** button  
(You should be on the Company; Select screen)
6. Click the **Exit Screen** button  
(You should be back on the Patients screen)  
(Mr. Anderson is now in your patient database)
7. Add **Paula M. Carrey** to the patient database using the same steps as you did for Mr. Anderson  
(Her social security number is **354 23 5310**)  
(Her registration form is at the end of this chapter)
8. Add **Frank P. Ellis** to the patient database using the same steps as you did for Mr. Anderson and Ms. Carrey  
(His social security number is **915 66 8043**)  
(His registration form is at the end of this chapter)

## Self Assessment

Do These Steps  
3.03 =====>

1. You should be on the Patients screen
2. Type **SA03** in the Search or any command field  
(**SA** stands for self assessment and **03** is the chapter #)
3. Press the **ENTER** key  
(“Self Assessment sent to printer/queue...” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA03** report.
7. You must have a 100% (error-free) report before continuing.

## Patient Log

MedTrak records all user actions related to any additions, corrections, and deletions of the patient’s demographic information in a Patient Log. This patient demographics **audit log** enables users to review who made what changes to the patient’s demographics, what changes were made, and when they were made. Recording this health care data in an audit log is part of Core Objective #9 of Meaningful Use.

Audit log

To view the Patient Log for the first patient added, Mr. Anderson, the administrative assistant accesses the patient database by clicking the **Patient Registration** button on the MedTrak Main Menu.

On the Patients screen (shown below), the administrative assistant places the cursor in the command field next to Mr. Anderson and clicks the **More Functions** button.

The screenshot shows the MedTrak Patients interface. At the top, it displays 'Patients' with the date 'TUE 06/18' and time '5:08p'. Below this are several filters: 'Patient Name' (dropdown), 'Change Display Order', 'Active Patients Only' (dropdown), and 'Change Detail Display'. There is a search bar with a 'Search' button and three icons for 'Clinic Status', 'Schedule', and 'Companies'. On the left, under 'Available Functions', there are buttons for 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', 'View Prints', and 'More Functions...'. The main area contains a table of patients with columns for name, birth date, and phone numbers. The row for 'Anderson, Charles T.' is highlighted in yellow, and a cursor is positioned in the empty command field to its left. A callout box points to this cursor with the text 'Cursor next to Anderson'. Another callout box points to the 'More Functions...' button with the text 'More Functions... button'.

*** BEGINNING OF PATIENTS ***				
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737	
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885	
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996	
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737	
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537	
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868	
Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442	
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844	
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894	
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424	
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772	
Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548	
Dolley, Phillip R.	11/17/1985	943-73-9822	(231) 555-3773	
Edwards, Charles L.	03/09/1975	232-86-7444	(231) 555-7474	

Cursor next to Anderson

More Functions... button

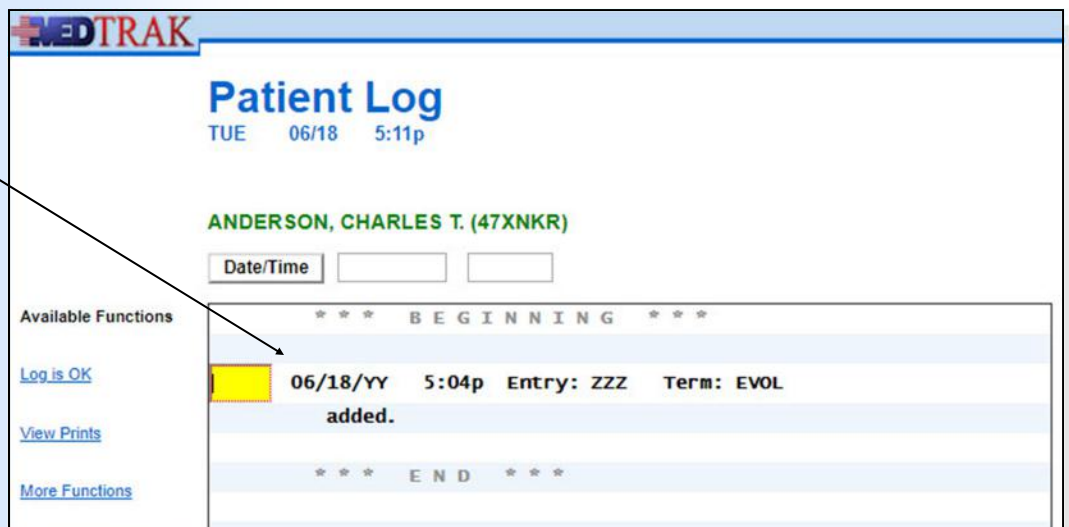
The next screen to appear is the Command Help screen (shown on the next page) for the Patients screen.

Commonly used functionality is available using the buttons on the left side of the screen. All functionality for the MedTrak screen that you are on is available by clicking the **More Functions...** button. The Patient Log functionality is not commonly used, therefore it does not have a button.



On the Command Help screen for the Patients screen, the administrative assistant selects the Log command either by clicking the checkbox next to it or by clicking the Log command itself (it is a web link button).

The Patient Log for Mr. Anderson appears (shown below). This screen displays the audit log record for the addition of Mr. Anderson’s patient record.



As you can see on this screen, Mr. Anderson’s patient demographics record was added by ZZZ at 5:04p on June 18th.



To view your report, click the *Exit Screen* button on the Patient Log. The next screen to appear is the Patients screen (shown below).

**Available Functions**

*** BEGINNING OF PATIENTS ***				
Select Patient	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Add Patient	Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Change Patient	Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Patient Notes	Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Appointments	Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537
Payers	Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Schedule	Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442
View Prints	Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844
	Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
	Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
	Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772

View Prints button

On the Patients screen, click the *View Prints* button. This will open up the Available User Reports screen (shown below) in another window.

**Available Functions**

- View Report

Log\_Report\_20YY0618\_514p.pdf

Patient Log print for Anderson

View Report button

For this example, the only print that is currently available is the Patient Log report for Mr. Anderson. With the cursor in command field next to this report, click the *View Report* button. The PDF formatted print (shown below) will open up in another window for you to either print or save.

=====

PAGE - 1 Patient Log 06/18/YY 5:14p

ANDERSON, CHARLES T. (47XNKR)

=====

06/18/YY 5:04p Entry: EZE Term: EVOL added.

\*\*\* END OF PRINT 06/18/YY 5:14p - Healthcare Student \*\*\*

Patient Log PDF for Anderson

From the PDF window, you may print a physical copy if you have a printer attached to your computer, or you may save a copy to your hard drive or memory stick.

After printing or saving your patient log, close the PDF window, then close the Available User Reports window.

1. **Be sure that you are still on Anderson's Patient Log**
2. **Place the cursor next to the "added" log record**
3. **Type the print command "pr"**
4. **Press the *ENTER* key**  
(The Patient Log screen refreshes)  
("Report sent to printer/queue - use View Prints link..." message appears)
5. **Your report, as a PDF, will be available shortly**
6. **Click the *Exit Screen* button**  
(You should be back on the Patients screen)
7. **Click the *View Prints* button**  
(The Available User Reports window opens)
8. **Find your report (If it does not appear, click the *Refresh* button)**
9. **Place the cursor next to the Log print**
10. **Click the *View Print* button**  
(The Patient Log PDF opens in another window)
11. **Print the report or save / download it to your computer**
12. **Close the PDF window**
13. **Close the Available User Reports window**  
(You should be back on the Patients screen)
14. **Using this same process, print Ms. Carrey's log**
15. **Using this same process, print Mr. Ellis' log**

Do These Steps  
<==== 3.05

## Meaningful Use—Core Objective #3

**Record Demographics**

Record demographics including preferred language, gender, race, ethnicity, and date of birth.

***You did this!***

For each new patient, you recorded the patient's demographic information including their date of birth, gender, preferred language, race, and ethnicity.

Demographics

***Why is this needed?***

For the United States to be able to improve health care across the nation, health care IT needs to provide accurate and timely data that is searchable using the required demographics in this objective. Farming health care data across preferred language, gender, race, ethnicity, and date of birth will produce valuable information that will aid in determining where the government should direct funds for improving our population's health.



## Meaningful Use—Core Objective #9

**Protect Electronic Health Information****1. Record actions.**

Record actions related to electronic health information in accordance with the standard specified in 170.210 b.

**2. Generate audit log.**

Enable a user to generate an audit log for a specified period and to sort entries in the audit log according to any of the elements specified in the

***You did this!***

standard at 170.210 b.

All of your actions were recorded, while processing your data in MedTrak's



Audit log

***Why is this needed?***

visit log and other user logs including billing.

To properly secure health care information, EHR's need to be set up with the ability to review who did what and when. This logging and auditing process enables health care systems to efficiently investigate breaches in health care information security, but also deters some breaches because the users are aware of the logging activity.





## Meaningful Use—Core Objective #6

**Clinical Decision Support****1. Implementation**

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

**2. Notification**

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

***You did this!***

You recorded the gender of the patient. Using the gender recorded during registration, MedTrak automatically includes or excludes questions for the clinical notes, orders, and provider's checklist. For example, for x-rays, the question related to possible pregnancy only appears for female patients.



Gender

***You did this!***

You recorded the age of the patient (based on their date of birth). Using the age recorded during registration, MedTrak automatically includes or excludes questions for the clinical notes, orders, and provider's checklist. For example, the blood pressure questions in the vital signs only appear for patients who are at least 5 years old.



Date of Birth

***Why are these needed?***

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.



# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **255 - 65 - 6376**

### **Name & Address**

**Prefix (Mr., Mrs., Ms.)**      **Mr.**  
**First name**                      **Charles**  
**Middle initial**                  **T**  
**Last name**                        **Anderson**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**                  **123 South Main Street**  
**Address line 3**  
**Address line 4**  
**City**                                **North Muskegon**  
**State**                               **MI**  
**Zip**                                 **49445**

### **Other Information**

**Home phone**                      **(231) 555-7537**  
**Alternate phone**                **(231) 555-9010**  
**Work phone**                      **(231) 555-4552**  
**Date of birth**                      **12/02/1975**  
**Gender**                              **Male**  
**Marital Status**                  **Married**  
**Preferred language**            **English**  
**Race**                                **White**  
**Ethnicity**                         **Not Hispanic or Latino**

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **354 - 23 - 5310**

### **Name & Address**

**Prefix (Mr., Mrs., Ms.)**      **Ms.**  
**First name**                      **Paula**  
**Middle initial**                  **M**  
**Last name**                         **Carrey**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**                  **1421 Wilson Ave**  
**Address line 3**  
**Address line 4**  
**City**                                **North Muskegon**  
**State**                                **MI**  
**Zip**                                 **49445**

### **Other Information**

**Home phone**                      **(231) 555-6885**  
**Alternate phone**                **(231) 555-7715**  
**Work phone**                      **(231) 555-9189**  
**Date of birth**                      **03/05/1966**  
**Gender**                              **Female**  
**Marital Status**                  **Single**  
**Preferred language**            **English**  
**Race**                                 **White**  
**Ethnicity**                         **Not Hispanic or Latino**

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **915 - 66 - 8043**

### **Name & Address**

**Prefix (Mr., Mrs., Ms.)**      **Mr.**  
**First name**                      **Frank**  
**Middle initial**                  **P**  
**Last name**                         **Ellis**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**                  **106 E Pearl St**  
**Address line 3**  
**Address line 4**  
**City**                                 **North Muskegon**  
**State**                                **MI**  
**Zip**                                  **49445**

### **Other Information**

**Home phone**                      **(231) 555-1391**  
**Alternate phone**                 **(231) 555-0039**  
**Work phone**                       **(231) 555-1401**  
**Date of birth**                      **02/09/1954**  
**Gender**                              **Male**  
**Marital Status**                  **Divorced**  
**Preferred language**             **English**  
**Race**                                 **Black**  
**Ethnicity**                          **Not Hispanic or Latino**

## Chapter 3 - Review Activities

Answer the following questions:

- 1. All patients have a social security number and provide it.**
  - True
  - False
- 2. Which of the following patient demographic fields is NOT required for Meaningful Use?**
  - A. Ethnicity
  - B. Race
  - C. Gender
  - D. Patient name
  - E. Preferred language
  - F. Date of birth
- 3. In your own words, state why you think that it is important for the government to track patient demographics for health care purposes.**
- 4. In your own words, state why you think that it is important for EHR systems to keep audit logs.**
- 5. MedTrak keeps which of the following patient information in a log?**
  - A. When a patient is registered.
  - B. When patient demographics are changed.
  - C. Who registered a patient.
  - D. Who changed a patient's demographic information.
  - E. All of the above

```
=====
PAGE - 1                               Patient Log                               06/18/YY
                                ANDERSON, CHARLES T. (47XNKR)                       5:14p
=====
```

```
06/18/YY  5:04p  Entry: ZZZ  Term: EVOL
added.
```

```
*** END OF PRINT 06/18/YY 5:14p - Healthcare Student ***
```

```
=====
PAGE - 1                               Patient Log                               06/18/YY
                                CARREY, PAULA M. (47XNKS)                       5:31p
=====
```

```
06/18/YY  5:29p  Entry: ZZZ  Term: EVOL
added.
```

```
*** END OF PRINT 06/18/YY 5:31p - Healthcare Student ***
```

```
=====
PAGE - 1                               Patient Log                               06/18/YY
                                ELLIS, FRANK P. (47XNKT)                       5:32p
=====
```

```
06/18/YY  5:31p  Entry: ZZZ  Term: EVOL
added.
```

```
*** END OF PRINT 06/18/YY 5:32p - Healthcare Student ***
```

# Helpful Tips and Navigation

# 4

Estimated Duration  
30 Minutes



## Learning Outcomes

- ▶ How to identify the common elements on a MedTrak screen
- ▶ How to use the function keys
- ▶ How to use the tab key
- ▶ How to select an item in a list
- ▶ How to select a command from the Help screen
- ▶ How to enter a command
- ▶ How to use multiple commands on the same screen
- ▶ How to search
- ▶ How to use selection boxes



## Key Concepts

- ▶ User Guide
- ▶ Common elements
- ▶ Function keys
- ▶ Basic navigation
- ▶ Selecting items
- ▶ Entering commands
- ▶ Searching
- ▶ Selection boxes

## MedTrak's Online User Guide



This chapter utilizes the **User Guide** on the MedTrak Main Menu. Because you will reference the **User Guide** throughout the exercises in this chapter, keep it open on your desktop (it is in its own window).

Do These Steps  
4.01 =====>

1. Sign into **MedTrak**  
(You should be on the MedTrak Main Menu)
2. Click the **User Guide** button  
(The **User Guide** will open in a new window)
3. Move the **User Guide** aside to keep it accessible
4. In the MedTrak window:  
Click the **Patient Registration** button  
(You should be on the Patients screen)

## Section 1 - Common Screen Elements



Do These Steps  
4.02 =====>

1. In the **User Guide** window:  
Read **Section 1 - Common Elements**
2. In the **MedTrak** window:  
Review the different elements on the Patients screen

## Section 2 - Function Keys



Do These Steps  
4.03 =====>

1. In the **User Guide** window:  
Read **Section 2 - Function Keys**
2. In the **MedTrak** window:  
Try the different function keys on the Patients screen



## Section 3 - Basic Navigation

1. In the **User Guide** window:  
Read **Section 3 - Basic Navigation**
2. In the **MedTrak** window:  
Press the **Tab** key to move the cursor down the screen
3. Hold the **Shift** key down and press the **Tab** key to move the cursor up the screen

Do These Steps  
<==== 4.04

## Section 3.1 - Selecting Items

1. Place the cursor in the command field next to a patient
2. Press the **ENTER** key
3. On the next screen, click the **Exit Screen** button (**F3** key)
4. Type an "x" and press the **ENTER** key
5. On the next screen, click the **Exit Screen** button (**F3** key)
6. Click the **Select Patient** button under **Available Functions** on the left side of the screen
7. On the next screen, click the **Exit Screen** button (**F3** key)

Do These Steps  
<==== 4.05

## Section 3.2 - Entering Commands

1. Place the cursor in the command field next to a patient
2. Click the **Change Patient** button under **Available Functions** on the left side of the screen
3. On the next screen, click the **Exit Screen** button (**F3** key)

Do These Steps  
<==== 4.06

Do These Steps  
4.07 =====>

1. Place the cursor in the command field next to a patient
2. Type the *Change* command - “**ch**”
3. Press the *ENTER* key
4. On the next screen, click the *Exit Screen* button (**F3** key)

Do These Steps  
4.08 =====>

1. Place the cursor in the command field next to a patient
2. Click the *More Functions...* button under **Available Functions** on the left side of the screen (**F1** key)
3. Click the *Change* checkbox
4. On the next screen, click the *Exit Screen* button (**F3** key)

Do These Steps  
4.09 =====>

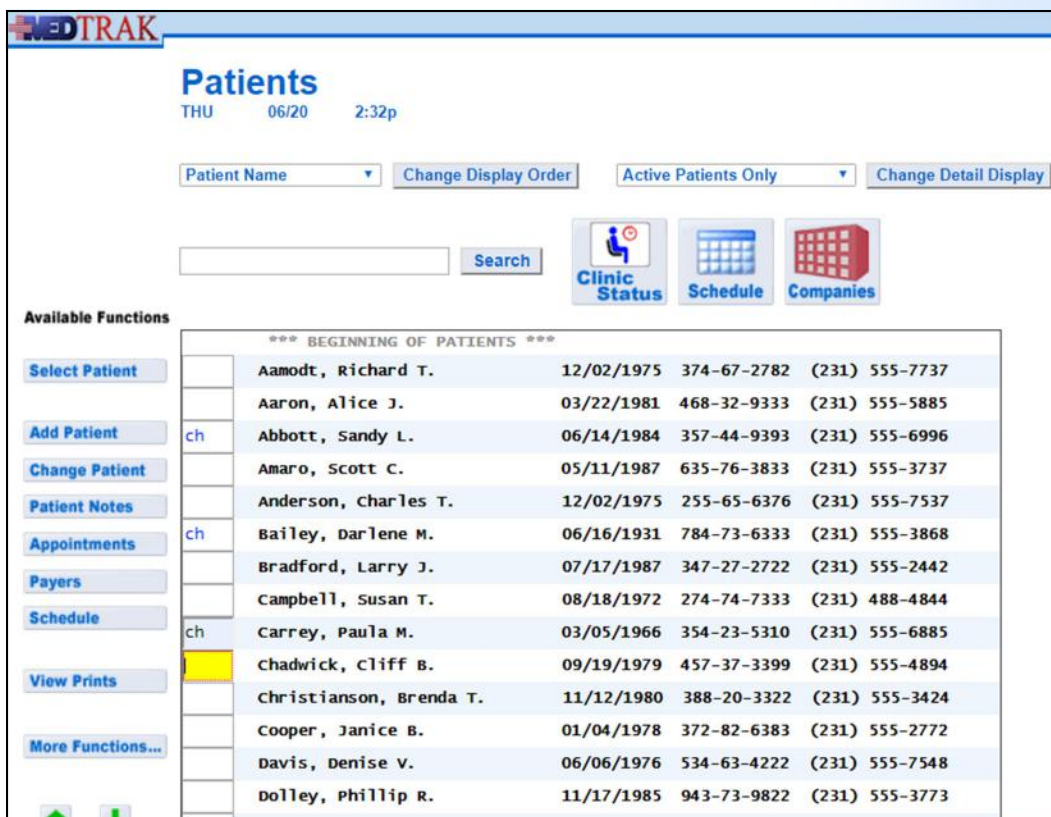
1. Place the cursor in the command field next to a patient
2. Click the *More Functions...* button under **Available Functions** on the left side of the screen (**F1** key)
3. Click the *Change* web link button
4. On the next screen, click the *Exit Screen* button (**F3** key)

### Multiple Commands on a Screen



Manual entry offers an additional benefit of being able to run several commands on records consecutively. To change three patient's records using the change command, type **ch** in three command fields (shown on the next page) and press the *ENTER* key. Use the *Tab* key to move to the next field. The change program processes three times in a row - once for each selected record, thus saving time.

You can navigate nearly every screen without taking your hands away from the keyboard.



1. On the Patients screen, type the “ch” command next to three patients
2. Press the *ENTER* key
3. When the 1st patient screen appears, click the *Exit Screen* button (*F3* key)
4. When the 2nd patient screen appears, click the *Exit Screen* button (*F3* key)
5. When the 3rd patient screen appears, click the *Exit Screen* button (*F3* key)

Do These Steps  
<==== 4.10

## Section 4 - Selection Boxes

1. In the **User Guide** window:  
Read **Section 4 - Selection Boxes**  
(You will use selections boxes during patient registration and clinical processing.)

Do These Steps  
<==== 4.11

## Searching

Do These Steps  
4.12 =====>

1. In the **User Guide** window:  
Read **Section 7 - Searching**
2. In the **MedTrak** window:  
Practice searching for some patient names

## Browsers and Devices

Do These Steps  
4.13 =====>

1. In the **User Guide** window:  
Read **Section 8 - Browsers and Devices**

## Self Assessment

There is no **Self Assessment** report for this chapter.

# Attaching Payers to a Patient

5

Estimated Duration  
30 Minutes



## Learning Outcomes

- ▶ A brief understanding of the different types of payers
- ▶ How to add a payer to a patient
- ▶ How to add multiple payers to a patient
- ▶ How to add a guarantor to a patient
- ▶ How to prioritize the payer order—primary, secondary, tertiary, and quaternary
- ▶ How to add insurance subscriber and policy information



## Key Concepts

- ▶ Patient responsibility
- ▶ Financial classes
- ▶ Subscriber
- ▶ Primary payer
- ▶ Secondary payer
- ▶ Tertiary payer
- ▶ Quaternary payer

## Attaching Payers to a Patient

Patient  
responsibility

For **patient responsibility** patients (either the patient or guarantor or their health insurance company will be paying for their medical services), MedTrak allows up to four simultaneous payers to be associated with the patient.

Financial class

Payers are categorized by **financial class**. These financial classes (to name just a few) include the following:

- Self pay
- Guarantor
- Commercial insurance
- Medicare
- Medicaid
- Tricare (formerly known as Champus)

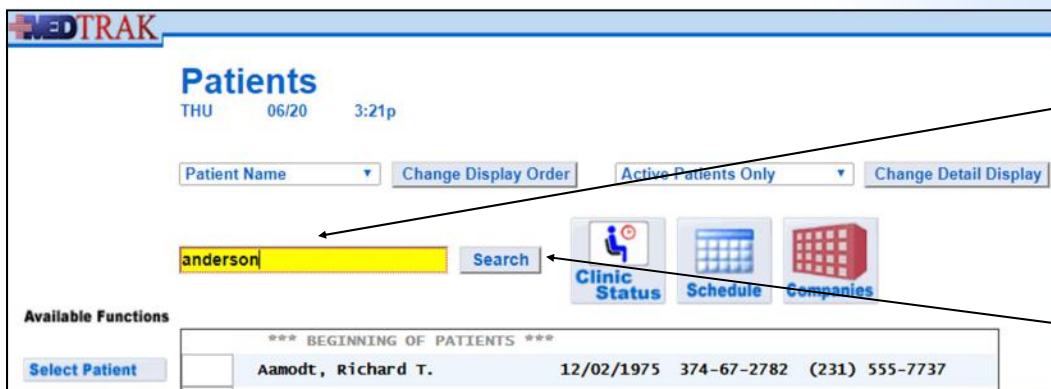
Health care organizations track their financial information by the individual payers and by the financial class of the payer. It is important to the financial viability of the health care organization that the mix of patients that visit their facilities are in the financial classes based on their budget projections. Just like an airline company that needs to sell a certain portion of their seats to the last minute travelers at a higher rate than the passengers who book their seats well in advance, a health care organization needs to meet their budget based on the mix of patients by financial class.

Some financial classes of patients pay for their medical services at a higher rate than do other financial classes. The rates paid by Medicare and Medicaid are based on national payer tables that vary by geographic location and are typically the lowest rates. The rates paid by commercial insurance carriers vary from one company to another and are higher rates than paid by the government. Usually the highest rates for medical care are for self pay and guarantor patients. A guaranteed patient is under the age of 18 or incapable of paying for their own medical care, and the guarantor is the person who takes responsibility for paying for the patient's care.

In this chapter, the administrative assistant will attach three payers to the first patient added into MedTrak in Chapter 3, Mr. Charles T. Anderson. Mr. Anderson's primary insurance carrier is Blue Cross / Blue Shield of Michigan and he is the subscriber. Mr. Anderson's secondary insurance is with Nationwide Insurance and his wife is the subscriber. Mr. Anderson will personally pay for all charges not covered by the primary and secondary insurance carriers, so the tertiary payer is self pay.

## Locating the Patient

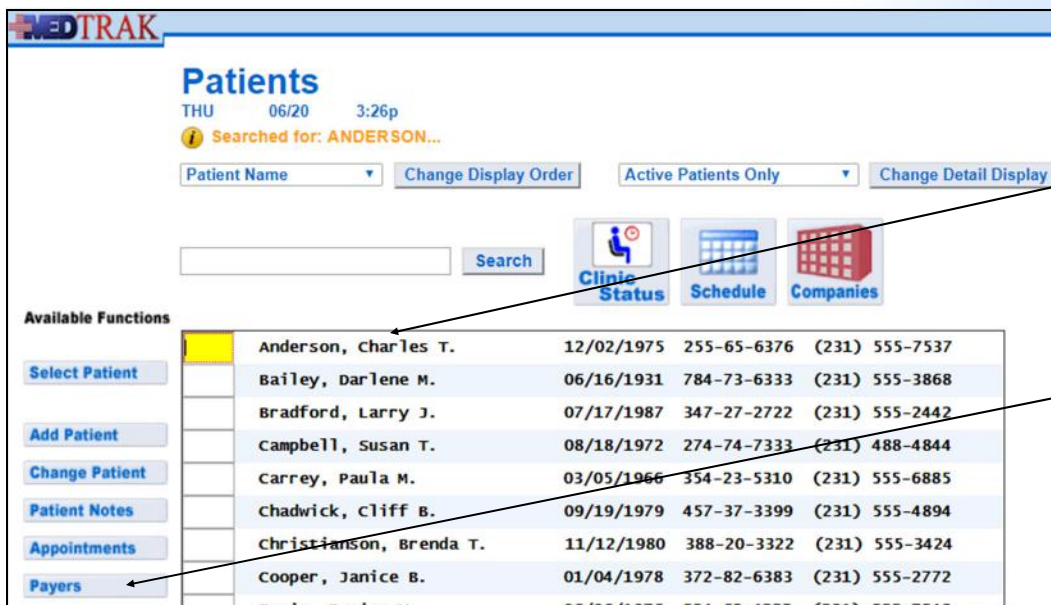
From the MedTrak Main Menu, the administrative assistant clicks the *Patient Registration* button. The Patients screen appears. To locate a patient, the administrative assistant types the last name in the search field and clicks the *Search* button. If there are a number of patients with the same last name, the administrative assistant puts a comma at the end of the last name then a space, and then types the first name before clicking the Search button. Even though Mr. Anderson’s patient record appears on the first screen, the administrative assistant types “**Anderson**” in the search field (shown below).



Anderson typed in the Search Field

Search button

Then the administrative assistant clicks the *Search* button. The Patients screen refreshes with Anderson at the top of the list of patients (shown below).



Patient list reset to Anderson

Payers button

To attach the three payers to Mr. Anderson, the administrative assistant places the cursor in the command field next to Mr. Anderson and clicks the *Payers* button. Because Mr. Anderson does not have any payers attached yet, the next screen to appear is the Entity / Payers: Select screen (shown on the next page).

This screen displays all of the authorized payers for the entity that owns the health care facility.

Cursor next to  
Blue Cross /  
Blue Shield  
of Michigan

Select Payer  
button

**Entity / Payers: Select**  
THU 06/20 3:28p  
No patient/payers yet...  
ANDERSON, CHARLES T. (47XNKR)  
Password \*\*\*\*\* Initials ZZZ

Available Functions  
Select Payer  
Page Up  
Page Down  
Exit Screen

<input type="checkbox"/>	SELF PAY	
<input type="checkbox"/>	GUARANTOR	
	*** BEGINNING ***	
<input type="checkbox"/>	AARP / Medicare complete	COMM INS
<input type="checkbox"/>	AARP Health Care Options	COMM INS
<input type="checkbox"/>	Aetna	COMM INS
<input type="checkbox"/>	Assurant Health	COMM INS
<input type="checkbox"/>	Bankers Life and Casualty Company	COMM INS
<input type="checkbox"/>	Blue Cross / Blue Shield of Arizona	COMM INS
<input type="checkbox"/>	Blue Cross / Blue Shield of Michigan	COMM INS

Mr. Anderson’s primary insurance is with Blue Cross / Blue Shield of Michigan. To attach this insurance to Mr. Anderson, the administrative assistant places the cursor in the command field next to **Blue Cross / Blue Shield of Michigan** and clicks the *Select Payer* button. For payers other than Self Pay and Guarantor, the next screen to appear is the Patient / Payer: Add screen (shown below).

Relationships  
button

**Patient / Payer: Add**  
THU 06/20 3:29p  
ANDERSON, CHARLES T. (47XNKR)  
Blue Cross / Blue Shield of Michigan (195)  
Password \*\*\*\*\* Initials ZZZ

Available Functions  
Relationships  
Exit Screen

**Subscriber**  
Relationship  Relationships  
Last name   
First name   
Middle initial   
Birthdate  (mm/dd/ccyy)  
Gender

**Policy**  
Effective date  (mm/dd/yy)  
Termination date  (mm/dd/yy)  
ID number   
Group name   
Group number   
Plan type   
Coinsurance %   
Copayment   
Note



The administrative assistant enters the subscriber and insurance policy information on this screen. If the subscriber is the patient, the administrative assistant types “self” in the **Relationship** field and then places the cursor in the **Policy Effective** date field. To select a subscriber relationship other than **Self**, the administrative assistant clicks the *Relationships* button. Any subscriber relationship other than **Self** will require the subscriber demographics of last name, first name, middle initial, date of birth (**Birth date** on the MedTrak screen), and gender of the subscriber. For Mr. Anderson’s Blue Cross / Blue Shield of Michigan insurance, he is the subscriber, so the administrative assistant types “self” in the **Relationship** field.

The following describes the remaining fields on this screen:

- **Effective date** is when coverage begins.
- **Termination date** is when coverage ends.
- **ID number** is the individual subscriber’s contract number assigned by the payer and appears on the front of their insurance card.
- **Group name** is the name of the subscriber’s insurance group.
- **Group number** is the number assigned by the insurance company to the subscriber’s group.
- **Plan type** identifies the type of insurance purchased by the group. In this example, Mr. Anderson’s Blue Cross / Blue Shield of Michigan insurance plan type is PPO. PPO stands for preferred provider organization and is the most common type of managed care insurance. The managed care company contracts with a network of physicians to provide services at a discounted rate. If the subscriber chooses to see a provider that is not part of the managed care network, the subscriber will be responsible for the portion of the fees that are higher than the contracted rate of the network. The plan type might also be a number and would be indicated on the front of the subscriber’s insurance card.
- **Coinsurance %** (percent) is the percentage of the charges that the subscriber must pay for the services. The patient’s coinsurance percentage typically applies to the doctor’s portion of the charges for the office visit.
- **Copayment** is the amount that the subscriber must pay for each office visit. The copayment is applied to the charge for the provider’s time to see the patient.
- **Note** is used to record any special notes about the copayment amount.

For this example, the administrative assistant enters Mr. Anderson’s Blue Cross / Blue Shield of Michigan subscriber and policy information as follows:

### Subscriber

**Relationship**            *self* (indicating that the patient is the subscriber)

(Skip the remaining subscriber fields because MedTrak knows the patient’s name, birth date, and gender.)

### Policy

**Effective date**            01/01/10

**Termination date**        (leave blank)

**ID number**                 3976392893

**Group name**                Acme Manufacturing

**Group number**             73932

**Plan type**                  ppo

**Coinsurance %**            (leave blank)

**Copayment**                25

**Note**                         (leave blank)

After entering this information on the Patient / Payer: Add screen (shown below), the administrative assistant clicks the *Submit* button.

**MedTRAK**

## Patient / Payer: Add

THU 06/20 3:32p

**ANDERSON, CHARLES T. (47XNKR)**  
Blue Cross / Blue Shield of Michigan (195)

Password \*\*\*\*\*    Initials ZZZ

Available Functions  
[Relationships](#)  
[Exit Screen](#)

**Subscriber**

Relationship:  Relationships

Last name:

First name:

Middle initial:

Birthdate:  (mm/dd/ccyy)

Gender:

**Policy**

Effective date:  (mm/dd/yy)

Termination date:  (mm/dd/yy)

ID number:

Group name:

Group number:

Plan type:

Coinsurance %:

Copayment:

Note:

Mr. Anderson’s  
Blue Cross /  
Blue Shield  
of Michigan  
information

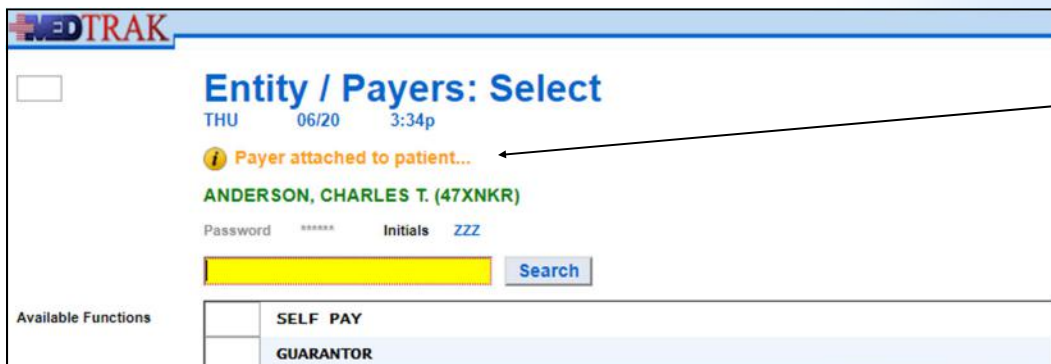
Submit button

1. Sign into **MedTrak**  
(You should be on the MedTrak Main Menu)
2. Click the *Patient Registration* button  
(You should be on the Patients screen)
3. Type **Anderson** in the **Search** field
4. Click the *Search* button  
(The Patients screen refreshes set to Anderson)
5. Place the cursor next to **Anderson**
6. Click the *Payers* button  
(You should be on the Entity / Payers: Select screen)
7. Place the cursor next to **Blue Cross / Blue Shield of Michigan**
8. Click the *Select Payer* button  
(You should be on the Patient / Payer: Add screen for Mr. Anderson’s Blue Cross / Blue Shield of Michigan policy)
9. Type his subscriber policy information using the information on the previous page
10. Click the *Submit* button  
(You should be back on the Entity / Payer: Select)  
(The “**Payer attached to patient...**” message appears at the top)

Do These Steps  
<==== 5.01

## Attaching a Secondary Payer

MedTrak returns to the Entity Payers: Select screen (shown below) with the message “**Payer attached to patient...**”.



Payer attached message

As previously indicated, Mr. Anderson’s secondary insurance is with Nationwide Insurance and his wife is the subscriber. His wife’s name is Susan K. Anderson, and she was born on January 16, 1980. She works for National Forestry Products, Inc. Her subscriber and policy information is as follows:

### Subscriber

**Relationship** spouse  
**Last name** Anderson  
**First name** Susan  
**Middle initial** K  
**Birth date** 01/16/1980  
**Gender** Female

### Policy

**Effective date** 03/01/10  
**Termination date** (leave blank)  
**ID number** 87497933  
**Group name** National Forestry Products, Inc.  
**Group number** 48749  
**Plan type** ppo  
**Coinsurance %** (leave blank)  
**Copayment** 20  
**Note** (leave blank)

To add Nationwide Insurance as Mr. Anderson’s secondary payer, the administrative assistant types “Nationwide” in the **Search** field and clicks the **Search** button. MedTrak refreshes the Entity / Payer: Select screen (shown below) reset to Nationwide Insurance.



Payers set to  
Nationwide  
Insurance

Select Payer  
button

Then the administrative assistant places the cursor in the command field next to Nationwide Insurance and clicks the *Select Payer* button. The Patient / Payer: Add screen appears for Mr. Anderson's Nationwide Insurance information. The administrative assistant clicks the *Relationships* button and selects **Spouse** as the relationship. Then the administrative assistant enters the rest of the subscriber and policy information as shown on the Patient / Payer: Add screen (shown below) and clicks the *Submit* button.

**MEDTRAK**

### Patient / Payer: Add

THU 06/20 3:38p

**ANDERSON, CHARLES T. (47XNKR)**  
 Nationwide Insurance (209)

Password \*\*\*\*\* Initials ZZZ

Available Functions

[Relationships](#)

[Exit Screen](#)

**Subscriber**

Relationship:  Relationships

Last name:

First name:

Middle initial:

Birthdate:  (mm/dd/yyyy)

Gender:

**Policy**

Effective date:  (mm/dd/yyyy)

Termination date:  (mm/dd/yyyy)

ID number:

Group name:

Group number:

Plan type:

Coinsurance %:

Copayment:

Note:

Mrs. Anderson's  
**Nationwide  
 Insurance**  
 information

*Submit* button

1. Type **Nationwide** in the **Search** field  
 (You should still be on the Entity / Payer: Select)
2. Click the *Search* button  
 (The Entity / Payers: Select resets to Nationwide)
3. Place the cursor next to **Nationwide Insurance**
4. Click the *Select Payer* button  
 (You should be on the Patient / Payer: Add screen)
5. Type his wife's subscriber policy information using the information on the previous page
6. Click the *Submit* button  
 (You should be back on the Entity / Payer: Select)  
 (The payer attached message appears at the top)

Do These Steps  
 <==== 5.02

## Attaching a Tertiary Payer

MedTrak returns to the Entity Payers: Select screen with the message at the top “**Payer attached to patient...**”.

As previously indicated, Mr. Anderson will personally pay for all charges not covered by the primary and secondary insurance carriers, so the tertiary payer is **SELF PAY**. The administrative assistant places the cursor in the command field next to **SELF PAY** and clicks the *Select Payer* button. The Entity / Payers screen refreshes with the message “**SELF PAY attached to ANDERSON, CHARLES T...**” at the top of the screen (shown below).

SELF PAY attached message

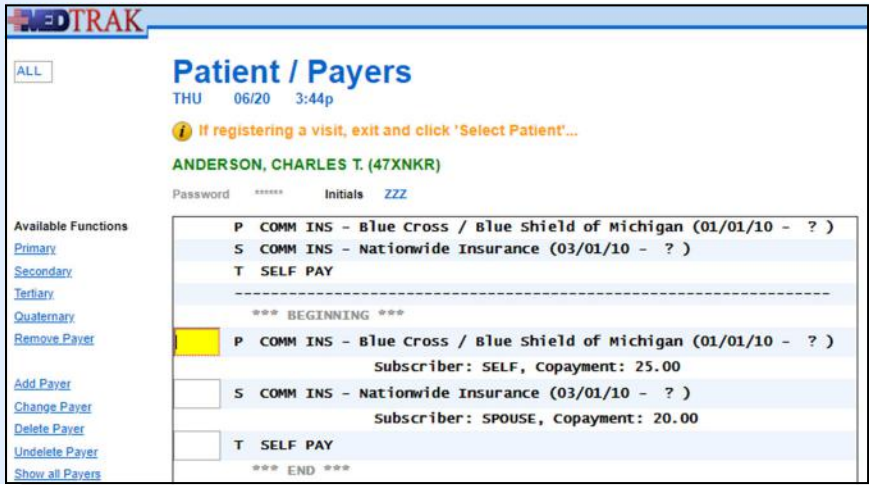


Do These Steps 5.03 =====>

1. Place the cursor next to **SELF PAY**
2. Click the *Select Payer* button  
(The Entity Payers: Select screen refreshes)  
(The message “**SELF PAY attached to ANDERSON, CHARLES T...**” appears)

After attaching the payers, the administrative assistant clicks the *Exit Screen* button. The Patient / Payers screen (shown below) appears displaying the three payers attached to Mr. Anderson.

Mr. Anderson's payers



If the payers are not the right ones or they are not in the right order, the administrative assistant will use the buttons on the left side of the screen to correct them. There must always be a primary payer. Secondary, tertiary, and quaternary payers are optional. If there is more than one payer, then the payers must be ordered in the primary, secondary, tertiary, and quaternary order based on who is responsible for paying the claim first, second, third, and fourth.

After reviewing the payers, the administrative assistant clicks the *Exit Screen* button to return to the list of patients on the Patients screen.

## Guarantors

For patients under the age of 18, there must be a guarantor attached to the patient, even if there is a group health plan. The guarantor is responsible for paying the balance of any charges not covered by the insurance company.

This example does not involve a guarantor, but if it did, the administrative assistant would select the **GUARANTOR** option on the Entity / Payer: Select screen. The next screen to appear would be the listing of patients. On this screen, the administrative assistant would locate the guarantor using the **Search** function. If the guarantor was not in the patient list, then the administrative assistant would add the guarantor just like adding a new patient.

1. You should be on the Entity / Payers: Select screen
2. Click the *Exit Screen* button  
(You should be on the Patient / Payers screen)
3. Review your payers to be sure that they are the correct payers, and that they are in the correct order  
(Make any corrections as needed)
4. Click the *Exit Screen* button  
(You should be on the Patients screen)

Do These Steps  
<==== 5.04

## Self Assessment

MedTrak provides you with an assessment functionality to check your work before you turn in your assignments to your instructor. This **Self Assessment** process compares your work to the expected data input and provides a report of the results of the comparison identifying any errors.

On the following page are instructions for how to do an assessment check of the work you did in this chapter. Be sure to correct any errors before proceeding.

Do These Steps  
5.05 =====>

1. You should be on the Patients screen
2. Type **SA05** in the Search or any command field  
(**SA** stands for self assessment and **05** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA05** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
5.06 =====>

1. Be sure that the cursor is next to **Mr. Anderson**
2. Type the **log** command
3. Press the **ENTER** key
4. Place the cursor next to any log record
5. Type the print command **pr**
6. Press the **ENTER** key  
(The Patient Log screen refreshes)  
(“**Report sent to printer/queue - use View Prints link...**” message appears)
7. Click the **Exit Screen** button  
(You should back be on the Patients screen)
8. Click the **View Prints** button  
(The Available User Reports window opens)
9. Find your report (If it does not appear, click **Refresh**)
10. **Print the report or save / download it to your computer**  
(Your report might not look exactly like the sample at the end of this chapter)
11. **Close the PDF and the Available User Reports windows**  
(You should be back on the Patients screen)
12. Click the **Exit Screen** button  
(You should be on the MedTrak Main Menu)



**Chapter 5 - Review Activities** .....

Answer the following questions:

1. **Charges for services provided to patient responsibility patients are paid by which of the following?**
  - A. Health insurance companies
  - B. Medicare and Medicaid
  - C. Guarantors
  - D. Patients
  - E. All of the above
  
2. **Which of the following are considered financial classes?**
  - A. Students
  - B. Commercial insurance companies
  - C. Guarantors
  - D. Tricare
  - E. All of the above
  
3. **The financial viability of the health care organization depends on which of the following?**
  - A. Mix of patients by financial class
  - B. Volume of patients
  - C. Type of patient visits (presenting problems)
  - D. Time of day that the patients arrive for treatment
  - E. All of the above
  
4. **Which of the following patients usually pay the highest rate for their medical services?**
  - A. Self pay
  - B. Commercial insurance companies
  - C. Guarantors
  - D. Tricare
  - E. All of the above
  
5. **A guarantor is needed for patients under the age of?**
  - A. 21
  - B. 18
  - C. 12

```
=====
PAGE - 1                               Patient Log                               06/20/YY
                                ANDERSON, CHARLES T. (47XNKR)                       3:46p
=====
```

```
06/20/YY  3:43p  Entry: ZZZ  Term: EVOL
Payer 'SELF PAY' added.
```

```
06/20/YY  3:43p  Entry: ZZZ  Term: EVOL
Payer 'COMM INS - Nationwide Insurance (03/01/10-?)' added.
```

```
06/20/YY  3:34p  Entry: ZZZ  Term: EVOL
Payer 'COMM INS - Blue Cross / Blue Shield of Michigan
(01/01/10-?)' added.
```

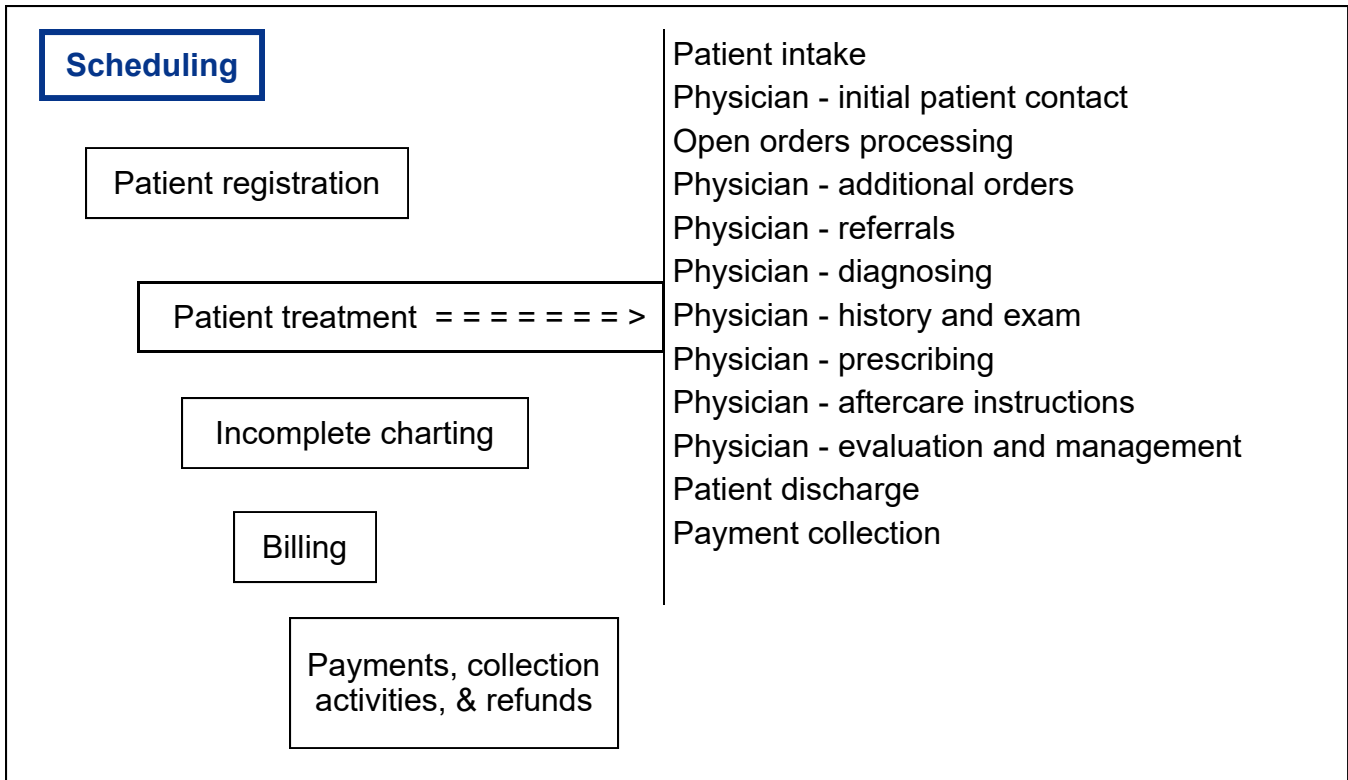
```
06/18/YY  5:04p  Entry: ZZZ  Term: EVOL
added.
```

```
*** END OF PRINT 06/20/YY 3:46p - Healthcare Student ***
```

# Scheduling



Estimated Duration  
**60** Minutes



## Key Concepts

- ▶ Providers
- ▶ Primary care
- ▶ Family doctor
- ▶ Urgent care
- ▶ Employee health
- ▶ Workers' compensation

## Scheduling

Medical facilities use a scheduling system to help control their patient flow. Providers plan their days based on seeing a certain number of patients, returning phone calls, or meeting with patients outside of the office. The medical facility does not want a waiting room full of unhappy patients who are facing long waiting times due to overbooking, nor does the medical facility want providers to be without any patients to treat. Using a scheduling system can help effectively avoid both of these issues. For the purposes of this book, the term **providers** refers to physicians, physician's assistants, nurse practitioners, chiropractors, rehab therapists, and radiologists. In other words, any health care professional who schedules appointments with patients is a provider.

Depending on their type of medical practice, a medical facility will set up their schedule according to the availability of the providers to see patients. Some physicians will only be available to see patients in the office when they are not visiting patients in the hospital, in a care facility, or in surgery.

Your medical office in MedTrak has one division with three providers (two physicians and a physician's assistant) who see patients for primary care, urgent care, employee health, and workers' compensation.

Providers

Primary care

Family doctor

Urgent care

Employee health

Worker's  
compensation

- **Primary care** physicians are commonly referred to as your “**family doctor**” and are concerned with your health over a period of time. In addition to taking care of patients for their everyday health care needs, these physicians handle the management of chronic illnesses such as heart disease, diabetes and high blood pressure.
- **Urgent care** is for the immediate health issues that occur on a daily basis and can be resolved in one or two office visits such as colds, bladder infections, and cuts. Urgent care treatment is typically done at an urgent care clinic or in the emergency department of a hospital.
- **Employee health** includes the review and preventative care for the employees of companies through the use of pre-employment examinations, annual physicals, drug testing, TB testing, and immunizations such as vaccinations and flu shots.
- **Workers' compensation** physicians work with injured employees who are hurt on the job whether it is musculoskeletal injury or an exposure to heat or a chemical. These physicians are contracted by the employer to provide this care.

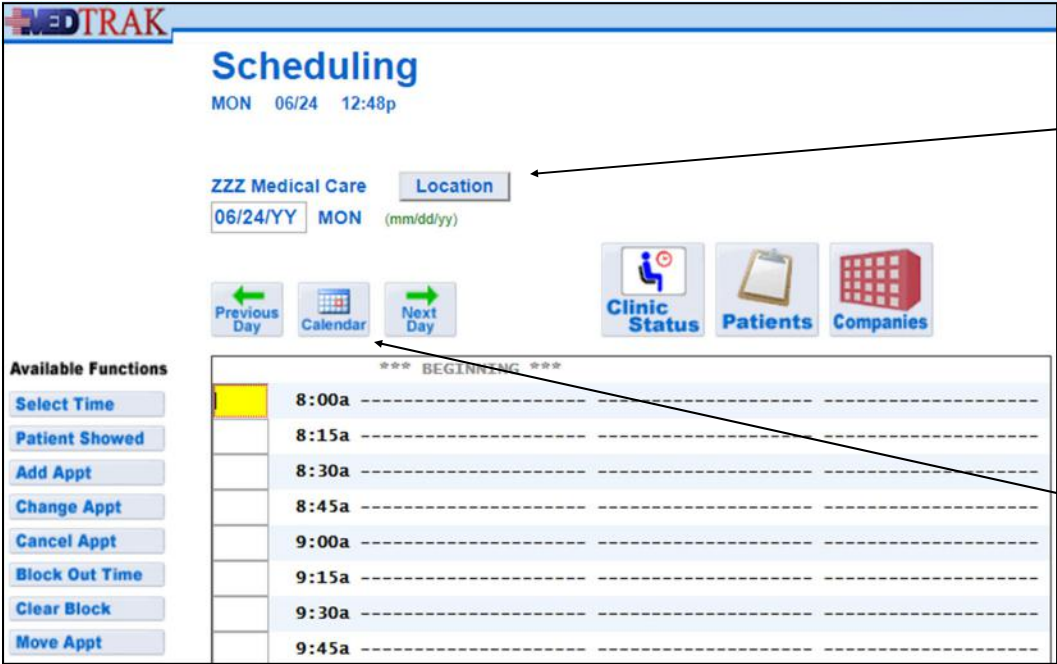
The three providers who work in your medical office are:

- Dr. Ann R. Stimson is an MD who mainly treats primary care and urgent care patients.
- Dr. James R. Carver is also an MD who mainly treats urgent care, employee health and workers’ compensation patients.
- Michael O. Newbury is a physician’s assistant who works with both of the doctor’s patients, and therefore sees patients for primary care, urgent care, employee health, and workers’ compensation patients.

Below is the schedule for your medical office and the three providers:

	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>
Medical Office	8-5	8-5	8-5	8-5	8-5	9-1
Stimson	9-5	9-5	9-12	9-5	9-5	
Carver	9-5	9-5	9-5	9-12	9-5	
Newbury	8-5	8-5	8-5	8-5	8-12	9-1

The scheduling staff accesses the MedTrak Scheduling module from the MedTrak Main Menu by clicking the *Scheduler* button. The Scheduling screen will appear (shown below). This screen displays the location’s schedule for the days of the week (and the business hours of each day) that the location is open. Each scheduling line will be based on the time increment that the location uses for scheduling each appointment. Your medical office schedules appointments in 15 minute time increments. Use the *Page Down* and *Page Up* buttons to view the whole day that the medical office is open.



Location button

Calendar button

Do These Steps  
6.01 =====>

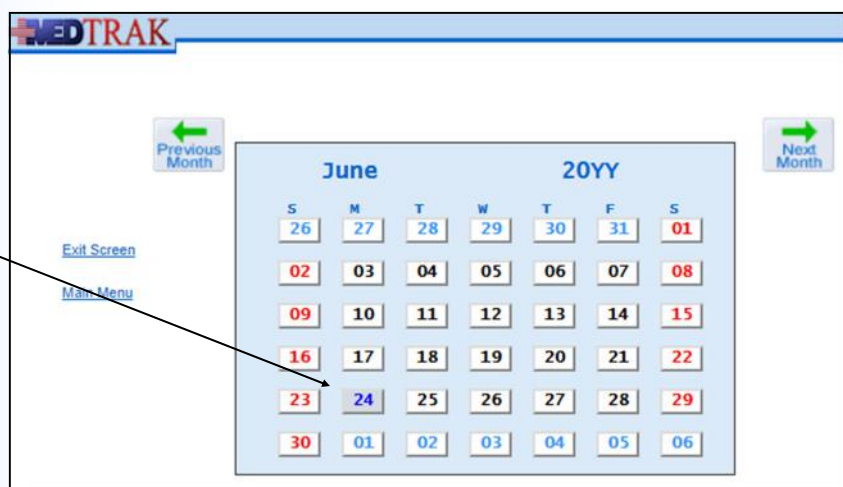
1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Scheduler* button**  
(You should be on the Scheduling screen)

## Setting to a Specific Date in the Schedule .....●

The Scheduling screen allows the staff to reset the schedule to any day that the medical office is open. There are several ways the scheduling staff changes the date on the Scheduling screen:

- To move one day at a time, the scheduling staff clicks the *Previous Day* button to move back in time and clicks the *Next Day* button to move forward in time.
- To set directly to a date, the scheduling staff manually types the date in the date field (mm/dd/yy) at the top of the Scheduling screen and presses the *ENTER* key.
- To use the monthly calendar to set to a date, the scheduling staff clicks the *Calendar* button located between the *Previous Day* and *Next Day* buttons. The next screen to appear is the Calendar screen set to the current month (shown below). The current day of the month is bright blue with a grey background.

Current day is bright blue with a grey background



To set to a date on the monthly calendar, the scheduling staff changes the month using the *Previous Month* and *Next Month* buttons. On the specific month, the scheduling staff clicks the day button to set to that date.

Do These Steps  
<==== 6.02

1. Click the *Previous Day* button  
(The Scheduling screen resets to the previous day that the medical facility was open)
2. Click the *Next Day* button  
(The Scheduling screen resets back to today)
3. Type next Monday's date in the date field (mm/dd/yy)
4. Press the *ENTER* key  
(The Scheduling screen resets to next Monday)
5. Click the *Calendar* button  
(The Calendar screen appears for the current month of next Monday)
6. Click the *Date* button for today's date  
(It is bright blue with a gray background)  
(The Scheduling screen resets to the current date)

## Setting to a Provider's Schedule

To access the medical facility's location structure, the scheduling staff clicks the *Location* button at the top of the Scheduling screen. The Location / Division: Select screen appears (shown below).



The MedTrak scheduling system uses a three-level hierarchical structure.

1. The first level ("Medical Office") is the **location level**. This level is used to define a physical location, usually the name of the medical facility.
2. The second level ("MEDICAL") is the **division level**, and defines the departments within the medical facility. Your medical office only has one division. Some medical facilities have multiple divisions such as medical, orthopedics, and rehab services.

- The third level (for example “CARVER, JAMES R”) is the **staff level**, where the physicians, specialists, and other providers appear.

To select a division or provider schedule, the scheduling staff clicks the division or provider name button, or clicks the checkbox next to their name. MedTrak resets the Scheduling screen to the selected division or provider.

The scheduling staff clicks Dr. Carver’s name. The Scheduling screen resets displaying Dr. Carver’s schedule for the current date (shown below).

Scheduling screen set to Dr. Carver’s schedule

**MEDTRAK**

## Scheduling

MON 06/24 12:59p

Location: ZZZ Medical Care  
**CARVER, JAMES R (347906)**

06/24/YY MON (mm/dd/yy)

Previous Day Calendar Next Day

**Available Functions**

Select Time  
 Patient Shown  
 Add Appt

\*\*\* BEGINNING \*\*\*

<input type="checkbox"/>	9:00a	-----
<input type="checkbox"/>	9:15a	-----
<input type="checkbox"/>	9:30a	-----

Do These Steps  
6.03 =====>

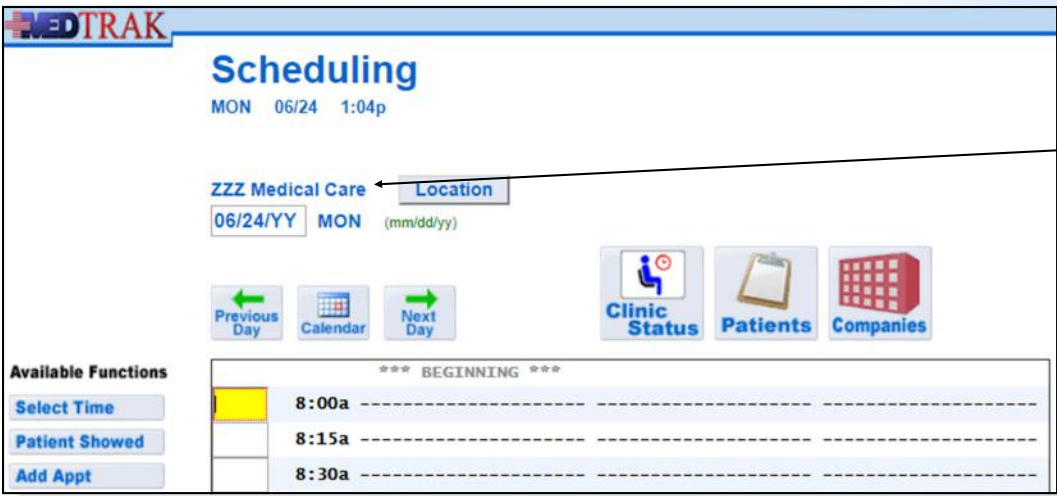
- Click the **Location** button  
(You should be on Location/Division: Select screen)
- Select **Dr. Carver’s** name  
(The Scheduling screen resets to Dr. Carver’s schedule)

## Blocking Out Time at the Location Level

To block out time at the location level for a one hour office meeting for next Monday morning at 8:00a, the scheduling staff first resets the Scheduling screen to the location level.

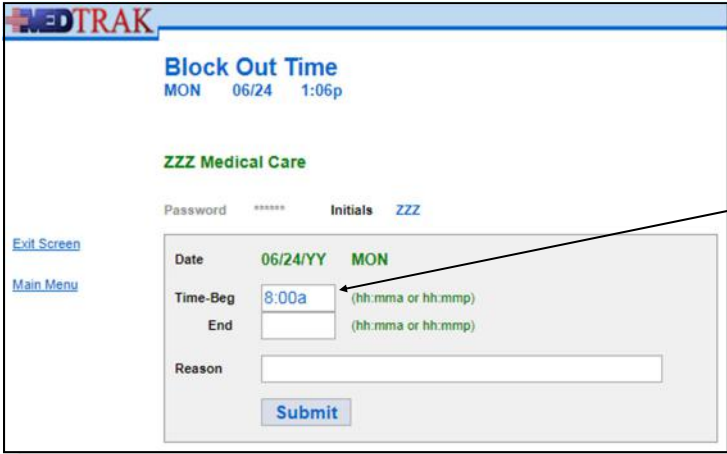
Observe that the **Location** button now reads **Staff** because the Scheduling screen is now set to a staff level. To reset the Scheduling screen to the location level, the scheduling staff clicks the **Staff** button at the top of the screen. On the Location/Division: Select screen the staff clicks on **ZZZ Medical Care**. The scheduling staff then clicks the **Calendar** button to navigate to the following Monday. The Scheduling screen resets to next Monday’s schedule (shown on the next page).





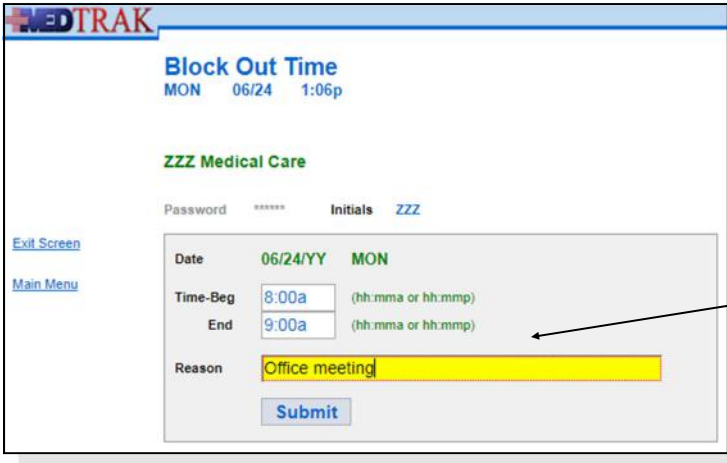
Scheduling screen set to location level

The scheduling staff places the cursor in the command field next to **8:00a** and clicks the *Block Out Time* button. The Block Out Time screen appears (shown below).



Beginning time set

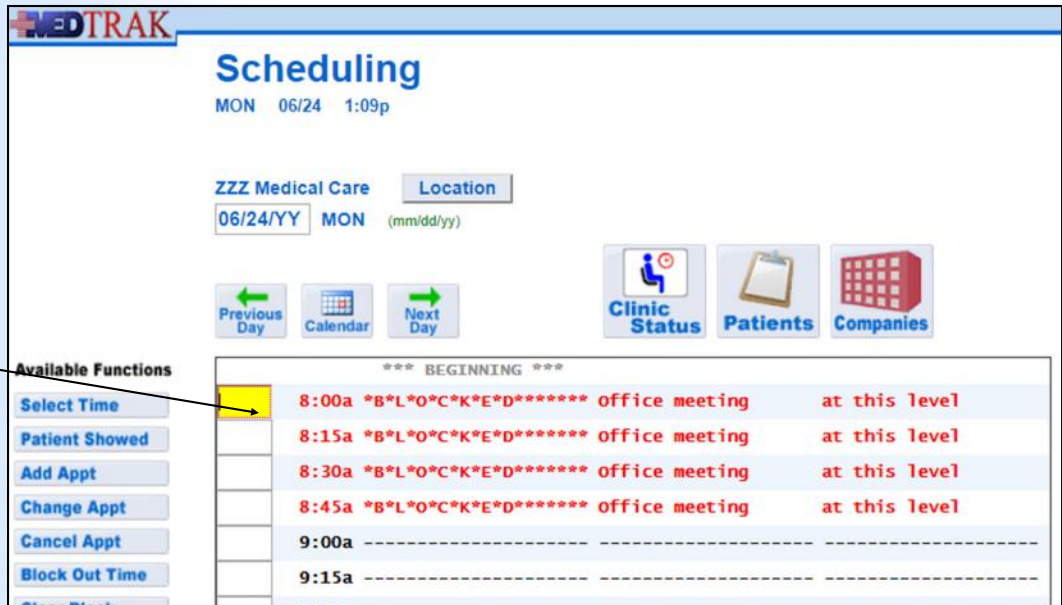
On the Block Out Time screen, the scheduling staff types the ending time "9:00a" in the **Time-End** field and types "Office meeting" in the **Reason** field (shown below)



Ending time and reason filled in

The scheduling staff then clicks the *Submit* button to set the block. MedTrak automatically returns to the Scheduling screen displaying the blocked time (shown below).

Scheduling screen showing blocked time

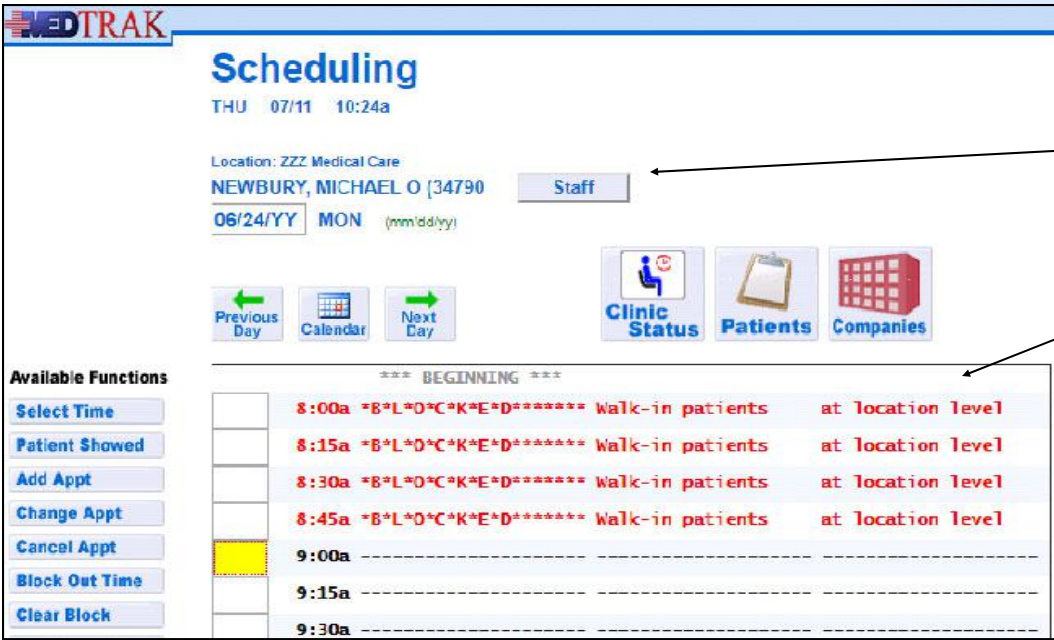


Do These Steps 6.04 =====>

1. Click the *Staff* button  
(You should be on Location/Division: Select screen)
2. Select **Medical Care** (the initials will be your initials)  
(You should be on the Scheduling screen at the location level)
3. Set the day to next **Monday** using the **Calendar**
4. Be sure that the cursor is in the **8:00a** command field
5. Click the *Block Out Time* button  
(You should be on the Block Out Time screen)
6. Type **9:00a** in the **Time-End** field
7. Type **Office meeting** in the **Reason** field
8. Click the *Submit* button  
(The Scheduling screen appears showing the block)

There are several things to observe on this screen in addition to the block that now appears for the 8:00a – 9:00a time range. The word **\*B\*L\*O\*C\*K\*E\*D\*\*\*\*\*** appears in red in the first column with the reason for the block in the second column. The third column indicates that this block is “at this level”. This means that this block is at the location level and includes all of the divisions and providers at this medical facility.

To show that this block is also at the staff level, click the *Location* button at the top of the Scheduling screen and select Michael Newbury on the Location / Division: Select screen. The Scheduling screen for Michael Newbury appears with the same block showing (shown below).



Scheduling screen set to staff level

Block set at location level

Also, note that the third column indicates that the block for the office meeting was set at the location level. Because of MedTrak’s three-tiered hierarchical structure, when time ranges are blocked at a higher tier, the lower tiers automatically inherit the block. The third column always indicates at which level the block was set.

1. Click the *Location* button  
(You should be on the Location/Division: Select)
2. Select **Michael Newbury**  
(You should be on Newbury’s Scheduling screen)  
(The block for the Office meeting appears)  
(The *Location* button now reads **Staff**)  
(The blocked time range now reads “**at location level**”)

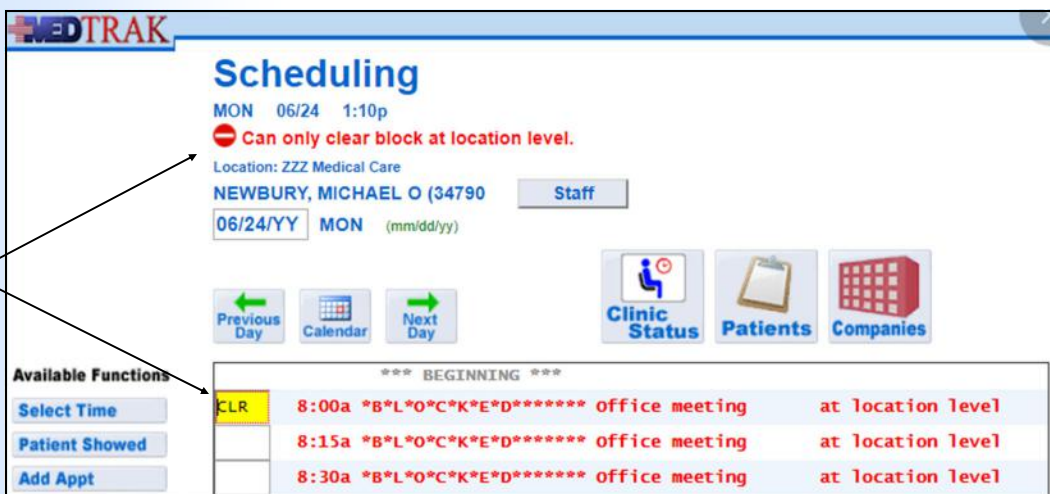
Do These Steps  
<==== 6.05

## Clearing Blocked Time in the Schedule

Sometimes blocks of time ranges need to be removed or cleared because they are no longer needed or were made in error.

The scheduling staff must clear blocked time at the level that the block was made. For example, if the office meeting set for next Monday is cancelled, the scheduling staff must clear the block at the location level. If the scheduling staff clicks the *Clear Block* button on a lower level on the Scheduling screen than the block was made, the block will not be cleared, and a message will appear at the top of the screen. The Scheduling screen is currently set to Michael Newbury's schedule not the location's schedule (shown below). A message will appear at the top of the Scheduling screen indicating the level of the block.

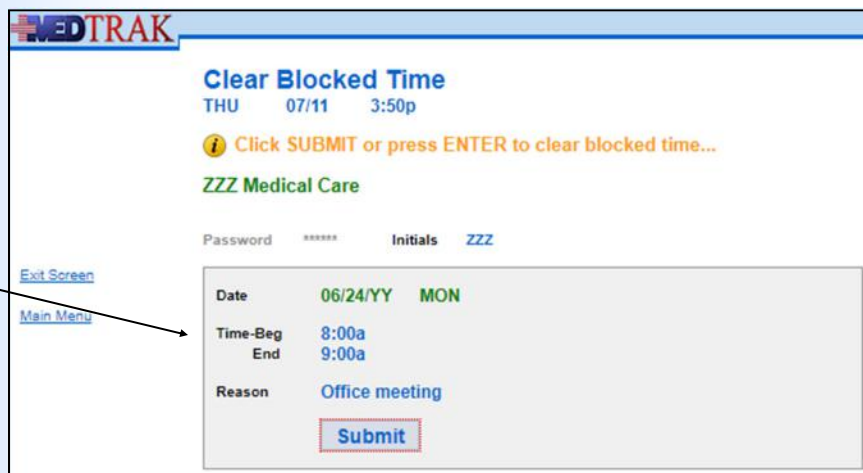
Block cannot be cleared at the staff level



In this example, the scheduling staff must clear the block at the location level where it was made on the Scheduling screen. To reset to the location level, scheduling staff clicks the *Staff* button and selects **ZZZ Medical Care** on the Location/Division: Select screen.

To clear the blocked time for the office meeting, the scheduling staff places the cursor in any one of the time frames for the block and clicks the *Clear Block* button. The next screen to appear is the Clear Blocked Time screen (shown below). All of the fields on this screen are closed because they reflect the blocking of the time range that is already in affect.

Block for Office meeting



To confirm the clearing of the block, the scheduling staff clicks the *Submit* button. MedTrak automatically returns to the Scheduling screen showing the schedule is now clear (shown below). The message “**Block cleared...**” appears at the top of the screen.

The screenshot shows the MedTrak Scheduling interface. At the top, it displays 'MON 06/24 1:12p' and a message 'Block cleared...'. Below this, the location is set to 'ZZZ Medical Care' and the date to '06/24/YY MON'. A navigation bar includes buttons for 'Previous Day', 'Calendar', and 'Next Day', along with icons for 'Clinic Status', 'Patients', and 'Companies'. On the left, a list of 'Available Functions' includes 'Select Time', 'Patient Showed', 'Add Appt', 'Change Appt', 'Cancel Appt', and 'Block Out Time'. The main area shows a schedule grid with a yellow block at 8:00a, which is highlighted by a callout box stating 'Block is cleared'.

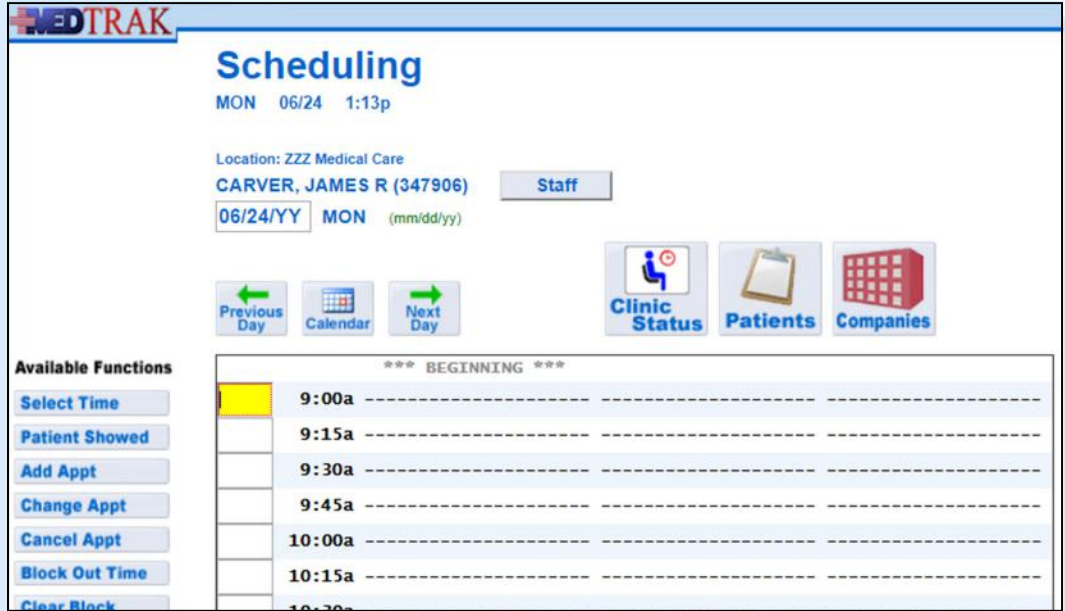
1. Be sure that you are on **Michael Newbury's** schedule showing the **Office meeting** block
2. Place the cursor in the **8:00a** command field
3. Click the **Clear Block** button  
(The “**Block at location level.**” message appears)  
(You must be on the **Location** level to clear this block)
4. Click the **Staff** button  
(You should be on Location/Division: Select screen)
5. Select **Medical Care** (the initials will be your initials)  
(You should be on the Scheduling screen at the location level)
6. Be sure that the cursor is in the **8:00a** command field
7. Click the **Clear Block** button  
(You should be on the Clear Blocked Time screen)
8. Click the **Submit** button  
(You should be back on the Scheduling screen)  
(The “**Block cleared...**” message appears)  
(The block no longer appears on the schedule)

Do These Steps  
<==== 6.06

## Blocking Out Time at the Staff Level

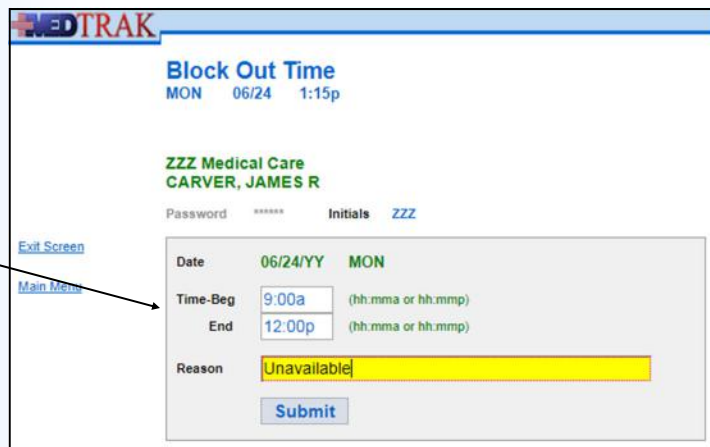
To further explain how the block time feature works in MedTrak, the scheduling staff will set a block for Dr. Carver for next Monday from 9:00a to 12:00p. He will be unavailable during that time range. To set this block, the scheduling staff navigates to Dr. Carver’s schedule for next Monday and places the cursor in the **9:00a** time command field on the Scheduling screen (shown below).

Scheduling screen set to Dr. Carver’s schedule



The scheduling staff clicks the **Block Out Time** button. The next screen to appear is the Block Out Time screen. On this screen, the scheduling staff types the ending time of “12:00p” and the reason for the block as “Unavailable” (shown below).

Dr. Carver is unavailable from 9:00a to 12:00p



Then the scheduling staff clicks the **Submit** button.

The Scheduling screen refreshes displaying the block (shown below).

**MedTRAK**

## Scheduling

MON 06/24 1:16p

Location: ZZZ Medical Care  
**CARVER, JAMES R (347906)**

06/24/YY MON (mm/dd/yy)

**Available Functions**

\*\*\* BEGINNING \*\*\*

9:00a	*B*L*O*C*K*E*D*****	Unavailable	at this level
9:15a	*B*L*O*C*K*E*D*****	Unavailable	at this level
9:30a	*B*L*O*C*K*E*D*****	Unavailable	at this level

Block set for  
Dr. Carver

This block was set at Dr. Carver's staff level, so the other two staff members' schedules are not affected. To double check that this is the case, the scheduling staff clicks the **Staff** button and selects Dr. Stimson to display her Scheduling screen. The block for Dr. Carver does not appear on her schedule. The scheduling staff clicks the **Exit Screen** button to return to the MedTrak Main Menu.

1. Click the **Location** button  
(You should be on Location/Division: Select screen)
2. Select **Dr. Carver**  
(You should be on Dr. Carver's Scheduling screen)
3. Confirm that you are set to next **Monday's** schedule
4. Place the cursor in the **9:00a** command field
5. Click the **Block Out Time** button  
(You should be on the Block Out Time screen)
6. Type **12:00p** in the **Time-End** field
7. Type **Unavailable** in the **Reason** field
8. Click the **Submit** button  
(The block should appear on the Scheduling screen)
9. Click the **Staff** button  
(You should be on Location/Division: Select screen)
10. Select **Dr. Stimson**  
(Observe that the block does not appear)
11. Click the **Exit Screen** button  
(You should be back on the MedTrak Main Menu)

Do These Steps  
<==== 6.07

Blocking time in MedTrak works from the higher level tiers to the lower level tiers. If the scheduling staff blocks a time range at the location level, the block will affect every division and provider at the location. If the scheduling staff blocks a time range at a division level, the block will affect that division and each provider who works in that division. If the scheduling staff blocks a time range at the staff level, the block only affects that provider.

Do These Steps  
6.08 =====>

1. Click the *Scheduler* button  
(You should be on location's Scheduling screen)
2. Set the day to next **Monday**
3. Block out time for "**Lunch**" from **12:00p** to **1:00p** for **Monday through Friday** (for all five days)
4. Be sure to do each day of the week, **Monday through Friday**

Do These Steps  
6.09 =====>

1. Set the day to next **Monday**
2. Block out time for "**Walk-in patients**" from **8:00a** to **9:00a** for **Monday through Friday** (for all five days)
3. Set the day to the **Saturday** after next **Monday**
4. Block out time for "**Walk-in patients**" for **Saturday** from **9:00a** to **1:00p**

Do These Steps  
6.10 =====>

1. Click the *Location* button at the top of the screen
2. Select **Dr Stimson**  
(You should be on Stimson's Scheduling screen)
3. Set the day to next **Wednesday**
4. Block out time for "**Hospital rounds**" for **Dr. Stimson** for **Wednesday** from **9:00a** to **12:00p**

Do These Steps  
6.11 =====>

1. Click the *Staff* button at the top of the screen
2. Select **Dr Carver**  
(You should be on Carver's Scheduling screen)
3. Set the day to next **Tuesday**
4. Block out time for "**Unavailable**" for **Dr. Carver** for **Tuesday** from **9:00a** to **12:00p**

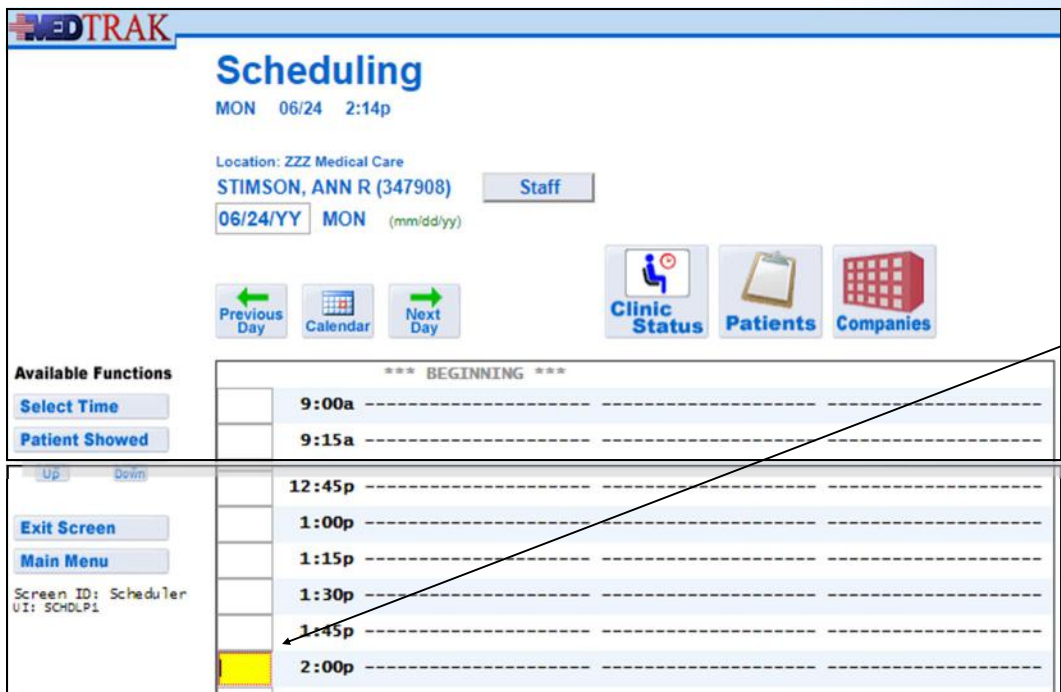


## Scheduling Existing Patient Appointments

To schedule existing patients for appointments, the scheduling staff sets to the appropriate provider’s schedule, selects the appointment date and time, and clicks the *Add Appt* button. For example, Mr. Cliff B. Chadwick calls in to schedule an appointment with Dr. Stimson because Mr. Chadwick has not felt well for about a week. Dr. Stimson is currently treating him for high blood pressure and diabetes. The scheduling staff arranges for Mr. Chadwick to be seen next Monday afternoon at 2:00p.

To set up this appointment, the scheduling staff switches the Scheduling screen to Dr. Stimson and then sets the day to next Monday (shown below).

Then the scheduling staff places the cursor in the **2:00p** time command field and clicks the *Add Appt* button.



Cursor at 2:00p time command field

## Selecting the Patient to Schedule

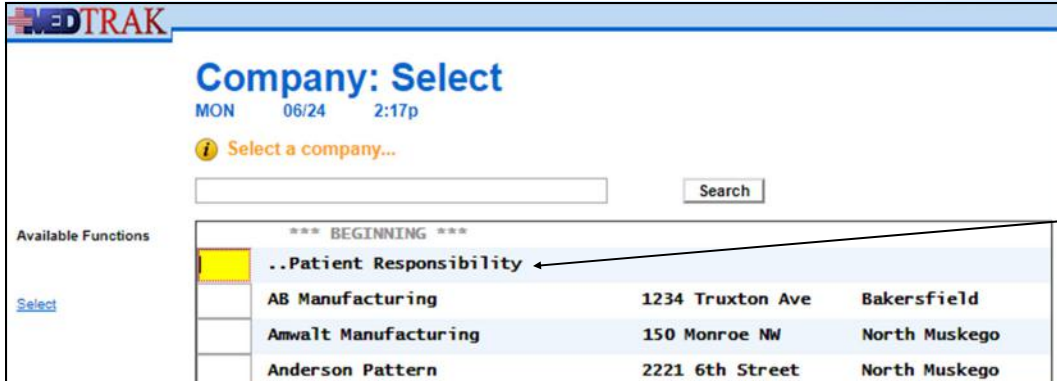
The next screen to appear is the Patient: Select screen for locating the patient’s name (shown on the next page). Because this is an existing patient of Dr. Stimson’s, the scheduling staff can use the **Search** field to locate the patient.

Using the search function to set up this appointment is not necessary because Mr. Chadwick’s name appears on the first Patient: Select screen. The scheduling staff places the cursor in the command field next to Mr. Chadwick.



In this example, Mr. Chadwick has a patient responsibility relationship due to his existing high blood pressure and diabetes conditions. His health insurance is with Medicare.

When the scheduling staff clicks the *Select* button on the Patient: Select screen for Mr. Chadwick, the Company: Select screen appears (shown below).



Patient Responsibility

The scheduling staff places the cursor in the command field next to “*..Patient Responsibility*” and clicks the *Select* button.

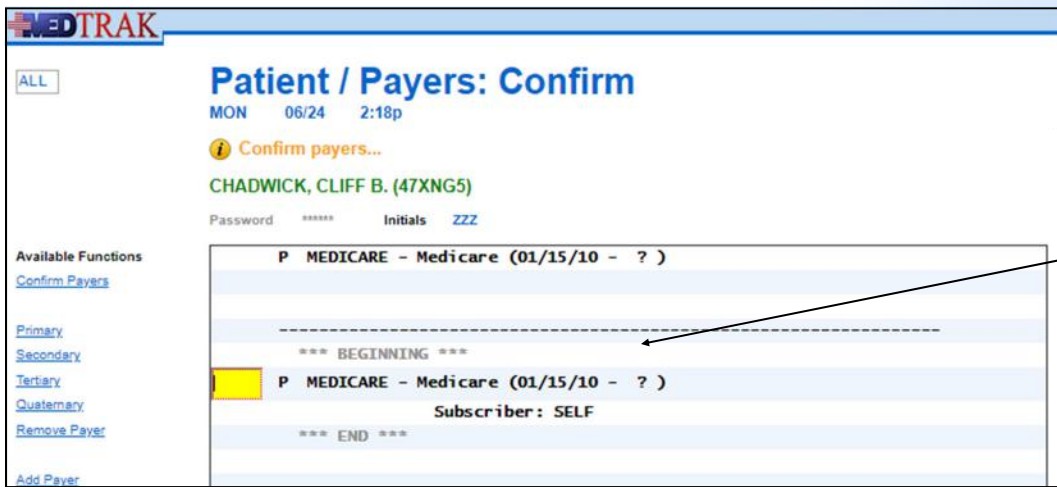
The next screen to appear is Mr. Chadwick’s Patient / Payers: Confirm screen

1. Place the cursor next to *..Patient Responsibility*
2. Click the *Select* button  
(You should be on the Patient / Payers: Confirm screen)

Do These Steps <==== 6.13

## Confirming the Patient’s Payers

(shown below).



Medicare coverage

Displayed on this screen is his insurance coverage with Medicare. When asked by the scheduling staff, Mr. Chadwick indicates that he still has Medicare insurance coverage. The scheduling staff reminds Mr. Chadwick to bring his insurance card with him to his appointment.

The scheduling staff then clicks the *Confirm Payers* button.

Do These Steps  
6.14 =====>

1. **Confirm that Mr. Chadwick still has Medicare insurance coverage**
2. **Click the *Confirm Payers* button**  
(You should be on Scheduling: Add Appointment)

## Appointment Scheduling

The next screen to appear is the Scheduling: Add Appointment screen. On this screen, the scheduling staff types the reason for the appointment “**does not feel well**” and sets the length of time for the appointment to be “**30**” minutes. Dr. Stimson likes her return visit appointments for existing patients to be 30 minutes. Because Mr. Chadwick has Medicare insurance, the Authorization Number from the insurance company is not required (shown below).

Reason and  
Length filled in

**MEDTRAK**

**Scheduling: Add Appointment**  
MON 06/24 2:20p

**Press F1 in the reason field to select an existing case...**

Password \*\*\*\*\* Initials ZZZ

Staff	STIMSON, ANN R
Date	06/24/YY MON
Time	2:00p

Available Functions

- [PE Exams](#)
- [Existing Case](#)
- [Exit Screen](#)
- [Main Menu](#)

Company	..PATIENT RESPONSIBILITY
Patient	CHADWICK, CLIFF B.
Reason	does not feel well
Auth Number	*** NO AUTHORIZATION REQUIRED
Length	30 minutes

**Submit**

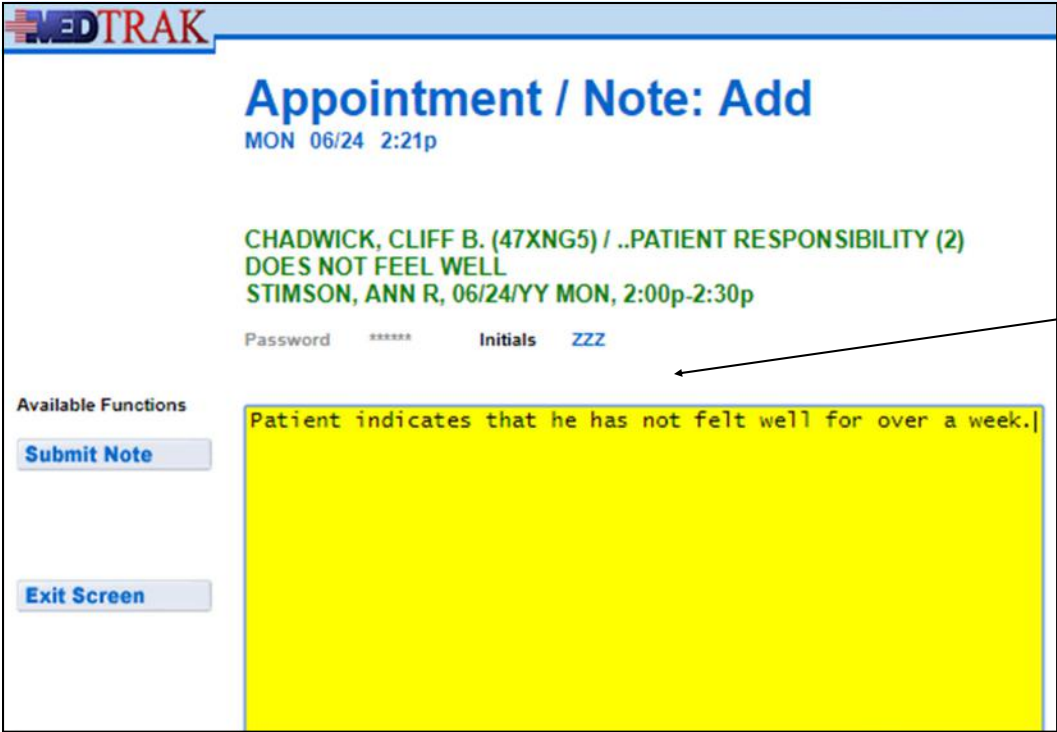
After entering the reason for the appointment and the length of time needed, the scheduling staff clicks the *Submit* button

1. Type **does not feel well** in the **Reason** field
2. Type **30** in the **Length** field
3. Click the *Submit* button  
(You should be on the Appointment Note: Add screen)

Do These Steps  
<===== 6.15

## Appointment Note

The next screen to appear is the Appointment Note: Add screen. On this screen, the scheduling staff can input any special notes about the appointment for the clinical staff to read. In this example, the scheduling staff types “**Patient indicates that he has not felt well for over a week.**” (shown below).



Appointment Note

After entering the appointment note, the scheduling staff clicks the *Submit Note* button. MedTrak returns to the Scheduling screen for Dr. Stimson (shown on the next page).

Mr. Chadwick’s appointment appears on the screen. The asterisk in front of Mr. Chadwick’s name indicates that there is a note attached to his appointment.



Do These Steps  
<==== 6.17

1. Click the *Scheduler* button on the MedTrak Main Menu
2. Set the day to next **Monday**
3. Click the *Location* button  
(You should be on Location/Division: Select screen)
4. Select **Dr. Stimson**  
(You should be on Dr. Stimson's Monday schedule)
5. Place the cursor in the **3:00p** time command field
6. Click the *Add Appt* button  
(You should be on the Patient: Select screen)
7. Search for **Ms. Robertson** in the patient database
8. Place the cursor next to **Robertson, Susan S**
9. Click the *Select* button  
(You should be on the Company: Select screen)
10. Place the cursor next to **..Patient Responsibility**
11. Click the *Select* button  
(You should be on the Patient / Payers: Confirm screen)
12. Ms. Robertson still has **Blue Cross / Blue Shield of Michigan** insurance coverage
13. Click the *Confirm Payers* button  
(You should be on Scheduling: Add Appointment)
14. Type **Annual physical** in the **Reason** field
15. Type **30** in the **Length** field
16. Click the *Submit* button  
(You should be on Appointment Note screen)
17. There is no appointment note for this patient
18. Click the *Exit Screen* button  
(You should be on Scheduling screen)  
(Ms. Robertson's appointment appears)  
(There is no asterisk indicating a note)
19. Click the *Main Menu* button  
(You should be back on the MedTrak Main Menu)

## Scheduling New Patient Appointments

To schedule new patients for appointments, the scheduling staff sets to the appropriate provider's schedule, selects the appointment date and time, and clicks the *Add Appt* button. For example, Ms. Mary G. Harding calls in to schedule an appointment because she hurt her lower back when she picked up one of her children the previous week. She is a new patient to the medical office and would like an appointment for next Tuesday afternoon because she has a babysitter lined up for then. The scheduling staff will arrange for her to be seen by Dr. Carver next Tuesday afternoon at 1:30p.

To set up this appointment, the scheduling staff sets the day on the Scheduling screen to next Tuesday afternoon and then switches the Scheduling screen to Dr. Carver (shown below).

Dr. Carver's  
schedule

Then the scheduling staff places the cursor in the **1:30p** command field and clicks the *Add Appt* button.

## Selecting the Patient to Schedule

The next screen to appear is the Patient: Select screen for locating the patient's name (shown below).

Add Patient  
button

*** BEGINNING OF PATIENTS ***				
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737	
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885	
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996	
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737	
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537	



Because Ms. Harding is a new patient, the scheduling staff clicks the *Add Patient* button.

1. Click the *Scheduler* button on the MedTrak Main Menu
2. Set the day to next **Tuesday**
3. Click the *Location* button  
(You should be on Location/Division: Select screen)
4. Select **Dr. Carver**  
(You should be on Dr. Carver’s Tuesday schedule)
5. Place the cursor in the **1:30p** time command field
6. Click the *Add Appt* button  
(You should be on the Patient: Select screen)
7. Click the *Add Patient* button  
(You should be on the Partial Patient Add screen)

Do These Steps  
<==== 6.18

## Adding New Patient Demographics

The next screen to appear is the Partial Patient Add screen. When scheduling an appointment for a new patient, the only patient demographic information needed is the patient’s name and phone numbers. Full demographic information will be collected at the front desk during registration when the patient arrives for their initial visit.

The scheduling staff types Ms. Harding name in last name, then a comma, then first name, and then middle initial order. Then the scheduling staff types Ms. Harding’s phone numbers (shown below).

Name and phone numbers

The scheduling staff then clicks the *Submit* button to set up her partial patient record in the patient database.

Do These Steps  
6.19 =====>

1. Type **Harding, Mary G** in the **Name** field  
(It must be in last name then comma then space then first name then space then middle initial order)
2. Type **231 555 3773** in the **Home Phone** field
3. Type **231 555 0798** in the **Alternate Phone** field
4. Click the *Submit* button  
(You should be on the Company: Select screen)

## Selecting the Patient / Company

The next screen to appear is the Company: Select screen (shown below). In this example, Ms. Harding's Blue Cross / Blue Shield of Michigan insurance will be billed for the services rendered. So, the scheduling staff places the cursor in the command field next to **..Patient Responsibility**.

Patient  
Responsibility



Then the scheduling staff clicks the *Select* button.

Do These Steps  
6.20 =====>

1. Place the cursor next to **..Patient Responsibility**
2. Click the *Select* button  
(You should be on Entity / Payers: Select screen)

# Selecting the Patient's Payers

Because Ms. Harding is a new patient who is responsible for payment of the services, the next screen to appear is the Entity / Payers: Select screen.

This screen displays all of the authorized payers for the entity that owns the medical office. This screen will not appear if this is a worker's compensation or employee health case because the employer is responsible for paying for those types of visits.

Ms. Harding has Blue Cross / Blue Shield of Michigan as her group health insurance coverage. The scheduling staff places the cursor next to Blue Cross / Blue Shield of Michigan and clicks the *Select Payer* button.

The Entity / Payers: Select screen refreshes with the "Blue Cross / Blue Shield of Michigan attached (as incomplete)..." message at the top (shown below). For scheduling an appointment for a new patient, the only insurance information needed is the name of the insurance company. The front desk person will record the rest of Ms. Harding's demographic information including her subscriber and policy data for Blue Cross / Blue Shield of Michigan when Ms. Harding arrives for her appointment.



Message after selecting Blue Cross / Blue Shield of Michigan

Because this is Ms. Harding's only health insurance coverage, the scheduling staff clicks the *Exit Screen* button. The next screen to appear is the Patient / Payers: Confirm screen showing that Ms. Harding's primary insurance coverage is with Blue Cross / Blue Shield of Michigan (shown below).



Payer information is incomplete

Do These Steps  
6.21 =====>

After reviewing this for accuracy, the scheduling staff clicks the *Confirm Payers* button.

1. Place the cursor next to **Blue Cross / Blue Shield of Michigan**
2. Click the *Select Payer* button  
(You should still be on the Entity / Payers: Select)  
(The message “**Blue Cross / Blue Shield of Michigan attached (as incomplete)...**” should appear)
3. Click the *Exit Screen* button  
(You should be on the Patient / Payers: Confirm screen)  
(Blue Cross / Blue Shield of Michigan appears)
4. Click the *Confirm Payers* button  
(You should be on the Scheduling: Add Appointment screen)

## Appointment Scheduling .....

The next screen to appear is the Scheduling: Add Appointment screen. On this screen, the scheduling staff types the reason for the appointment “**Lower back pain**” and sets the length of time for the appointment to be “**30**” minutes. Dr. Carver likes his musculoskeletal initial visit appointments for new patients to be 30 minutes. Because Blue Cross / Blue Shield of Michigan does not require prior authorization for treatment, the **Authorization Number** is not required (shown below).

Reason and Length filled in

**MEDTRAK**

**Scheduling: Add Appointment**  
MON 06/24 2:45p

**Press F1 in the reason field to select an existing case...**

Password \*\*\*\*\* Initials ZZZ

Staff: CARVER, JAMES R  
Date: 06/25/YY TUE  
Time: 1:30p

Available Functions:  
[PE Exams](#)  
[Existing Case](#)  
[Exit Screen](#)  
[Main Menu](#)

Company: ..PATIENT RESPONSIBILITY  
 Patient: HARDING, MARY G  
 Reason: Lower back pain  
 Auth Number: \*\*\* NO AUTHORIZATION REQUIRED  
 Length: 30 minutes

**Submit**

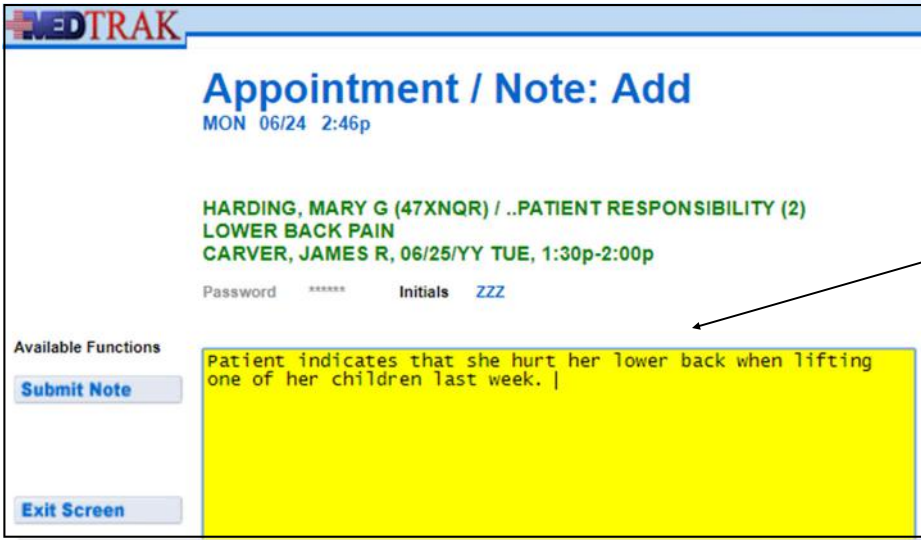
After entering the reason for the appointment and the length of time needed, the scheduling staff clicks the *Submit* button.

1. Type **Lower back pain** in the **Reason** field
2. Type **30** in the **Length** field
3. Click the *Submit* button  
(You should be on the Appointment Note screen)

Do These Steps  
<==== 6.22

## Appointment Note

The next screen to appear is the Appointment Note screen. On this screen, the scheduling staff can input any special notes about the appointment for the clinical staff to read. In this example, the scheduling staff types “**Patient indicates that she hurt her lower back when lifting one of her children last week.**” (shown below).



Appointment Note

After entering the appointment note, the scheduling staff clicks the *Submit Note* button.

MedTrak returns to the Scheduling screen for Dr. Carver (shown on the next page). Ms. Harding’s appointment appears on the screen. The asterisk in front of Ms. Harding’s name indicates that there is a note attached to her appointment.



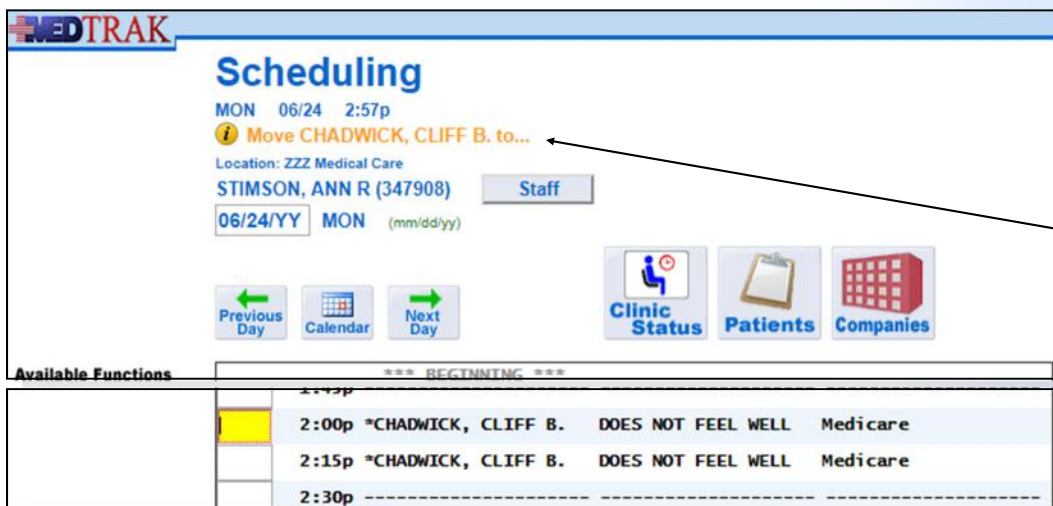
Do These Steps  
<==== 6.24

1. Click the **Scheduler** button on the **MedTrak Main Menu**  
(You should be on Scheduling screen)
2. Set the day to next **Wednesday**
3. Click the **Location** button  
(You should be on Location/Division: Select screen)
4. Select **Dr. Carver**  
(You should be on Carver's Wednesday schedule)
5. Place the cursor in the **10:00a** time command field
6. Click the **Add Appt** button  
(You should be on the Patient: Select screen)
7. Note: You will add **Michael Newcombe** as a new patient
8. Click the **Add Patient** button  
(You should be on the Partial Patient Add screen)
9. Type **Newcombe, Michael T** in the **Name** field
10. Type **231 555 6378** in the **Home Phone** field
11. Type **231 555 9584** in the **Alternate Phone** field
12. Click the **Submit** button  
(You should be on the Company: Select screen)
13. Place the cursor next to **..Patient Responsibility**
14. Click the **Select** button  
(You should be on the Entity / Payers: Select screen)
15. Place the cursor next to **SELF PAY**
16. Click the **Select Payer** button  
(The message "**SELF PAY attached to Newcombe, Michael T...**" should appear)
17. Click the **Exit Screen** button  
(You should be on the Patient / Payers: Confirm screen)  
(SELF PAY should be the primary payer)
18. Click the **Confirm Payers** button  
(You should be on Scheduling: Add Appointment)
19. Type **Rash on right arm** in the **Reason** field
20. Type **30** in the **Length** field
21. Click the **Submit** button  
(You should be on Appointment Note screen)  
(There is no note for this appointment)





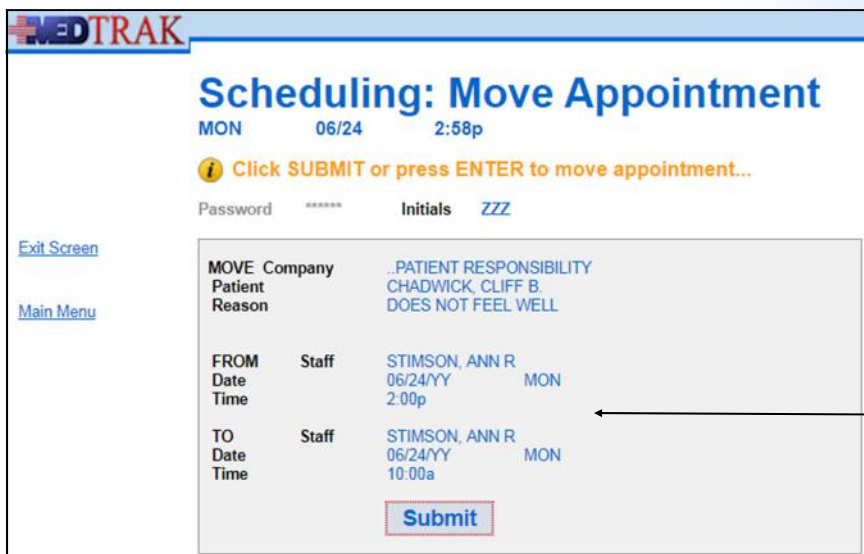
To move Mr. Chadwick’s appointment, the scheduling staff places the cursor in the command field next to his **2:00p** appointment and clicks the *Move Appt* button (shown below). The Scheduling screen refreshes with the message “**Move CHADWICK, CLIFF B. TO...**”.



First step of the move

The scheduling staff then scrolls back up to reset the Scheduling screen for Dr. Stimson to the morning, places the cursor in the **10:00a** time command field, and clicks the *To Here* button.

The next screen to appear is the Scheduling: Move Appointment screen for Mr. Chadwick’s appointment (shown below).



Move appointment from and to parameters

The scheduling staff reviews the information on this screen and then clicks the *Submit* button to move the appointment. The next screen to appear is the Scheduling screen showing Mr. Chadwick’s appointment is now at 10:00a on Monday morning. (shown on the next page). The message at the top indicates that the move was completed successfully.

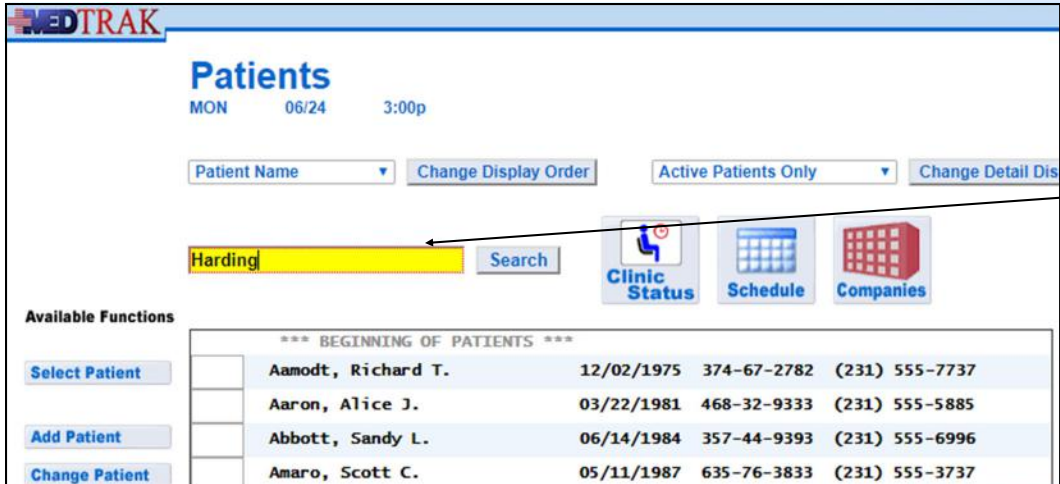
Appointment moved to 10:00a

Do These Steps 6.26 =====>

1. Click the *Scheduler* button on the MedTrak Main Menu
2. Set the day to next **Monday**
3. Click the *Location* button  
(You should be on Location/Division: Select screen)
4. Select **Dr. Stimson**  
(You should be on Stimson’s Monday schedule)
5. Place the cursor in the **2:00p** time command field next to **Mr. Chadwick’s** appointment
6. Click the *Move Appt* button  
(The Scheduling screen refreshes with the message “**Move CHADWICK, CLIFF B. to...**”)
7. Place the cursor in the **10:00a** time command field
8. Click the *To Here* button  
(You should be on Scheduling: Move Appointment)  
(Review the move information for accuracy)
9. Click the *Submit* button  
(The Scheduling screen refreshes with the message “**Move completed successfully...**”)  
(Mr. Chadwick’s appointment should be at 10:00a)
10. Click the *Main Menu* button  
(You should be back on the MedTrak Main Menu)

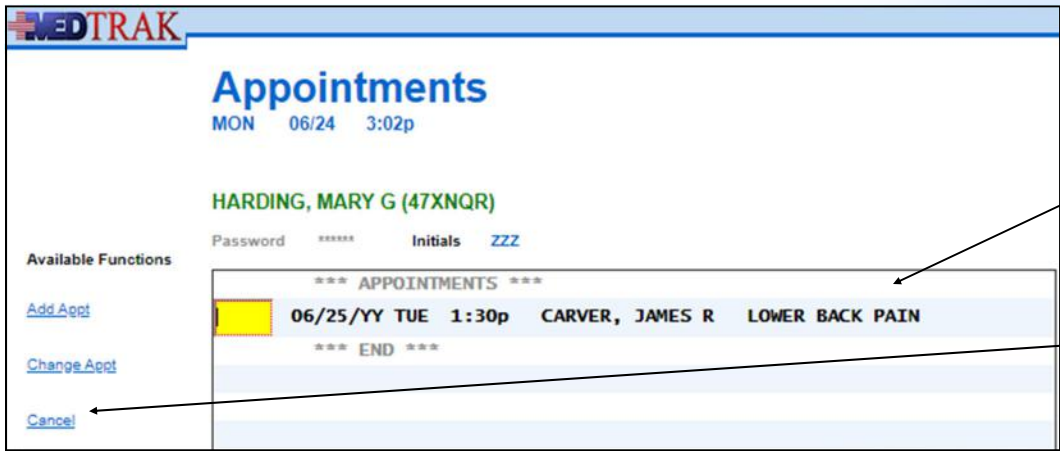
# Canceling an Appointment

Mary G. Harding calls the clinic because she needs to cancel the appointment that she made to see Dr. Carver for her lower back. Her back is starting to feel a little better, and her baby sitter is not available now on Tuesday afternoon. The scheduling staff chooses to cancel her appointment by accessing it from the patient database. The scheduling staff clicks the *Patient Registration* button from the MedTrak Main Menu. On the Patients screen the scheduling staff types **Harding** in the **Search** field (shown below).



Harding in the Search field

Then the scheduling staff clicks the *Search* button. The Patients screen resets with Harding at the top of the list. The scheduling staff places the cursor in the command field next to Harding and clicks the *Appointments* button. The next screen to appear is the Appointments screen for Ms. Harding (shown below).



Lower back appointment

Cancel appointment button

To cancel this appointment, the scheduling staff places the cursor in the command field next to her appointment and clicks the *Cancel* button. The Scheduling: Cancel Appointment screen appears for this appointment. The scheduling staff types "*Patient's back is feeling better*" in the **Cancel Reason** field (shown on next page).

Scheduling:  
Cancel  
Appointment  
screen

**MEDTRAK**

**Scheduling: Cancel Appointment**  
MON 06/24 3:03p

**i** Click **SUBMIT** or press **ENTER** to cancel...

Password \*\*\*\*\* Initials ZZZ

Staff: CARVER, JAMES R  
Date: 06/25/19 TUE  
Time: 1:30p

Available Functions:  
[PE Exams](#)  
[Existing Case](#)  
[Exit Screen](#)  
[Main Menu](#)

Company: ..PATIENT RESPONSIBILITY  
 Patient: HARDING, MARY G  
 Reason: LOWER BACK PAIN  
 Auth Number: \*\*\* NO AUTHORIZATION REQUIRED  
 Length: 30 minutes

Showed:   
 Showed Date: \*\*\*\*\*  
 Time: \*\*\*\*\*

Cancel Reason: Patient's back is feeling better

**Submit**

Then the scheduling staff clicks the *Submit* button. The Appointments screen for Ms. Harding refreshes showing that her appointment was successfully cancelled (show below). The word “\*CANCEL” appears next to the time.

**MEDTRAK**

**Appointments**  
MON 06/24 3:04p

**i** Appointment successfully cancelled...

HARDING, MARY G (47XNQR)

Password \*\*\*\*\* Initials ZZZ

Available Functions:  
[Add Appt](#)  
[Change Appt](#)

\*\*\* APPOINTMENTS \*\*\*

06/25/YY TUE 1:30p \*CANCEL: CARVER, JAMES R LOWER BACK PAIN

\*\*\* END \*\*\*

Do These Steps  
6.27 =====>

1. Click the *Patient Registration* button on the MedTrak Main Menu  
(You should be on Patients screen)
2. Type **Harding** in the **Search** field
3. Click the *Search* button  
(The Patients screen refreshes set to Harding)
4. Place the cursor next to **Harding**
5. Click the *Appointments* button  
(You should be on the Appointments for Harding)
6. Be sure that the cursor is next to her appointment
7. Click the *Cancel* button  
(Should be on Scheduling: Cancel Appointment)

1. Type **Patient's back is feeling better** in the **Cancel Reason** field
2. Click the **Submit** button  
(You should be back on the Appointments screen)  
(The appointment is now cancelled)
3. **Note: MedTrak keeps an audit log of appointments**
4. Type **log** next to the appointment
5. Press the **ENTER** key  
(You should be on the Appointment Log)  
(Review the log entries for the appointment)
6. Click the **Exit Screen** button  
(You should be back on the Appointments screen)
7. Click the **Exit Screen** button again  
(You should be back on the Patients screen)
8. Review Dr. Carver's schedule for next Tuesday to confirm that Ms. Harding's 1:30p appointment is not there.

Do These Steps  
<==== 6.28

## Self Assessment

1. On either the Scheduling screen or the Patients screen
2. Type **SA06** in any command field  
(**SA** stands for self assessment and **06** is the chapter #)
3. Press the **ENTER** key  
(**"Self Assessment sent to printer/queue..."** appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA06** report.
7. You must have a 100% (error-free) report before continuing.

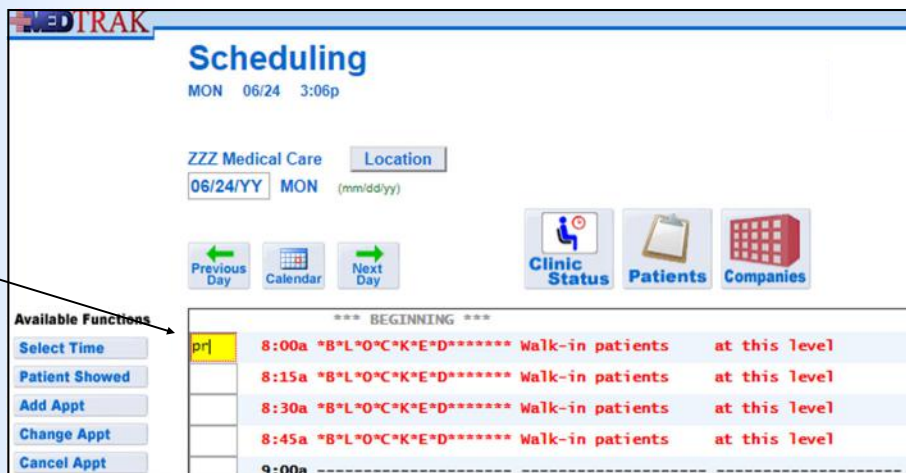
Do These Steps  
<==== 6.29

## Printing Schedules

After blocking the time in the schedule and making the appointments for the existing patients and new patients, the scheduling staff was asked to print the schedule for next week for the medical office. To do so, the scheduling staff sets the scheduling screen to Monday of next week at the location level.

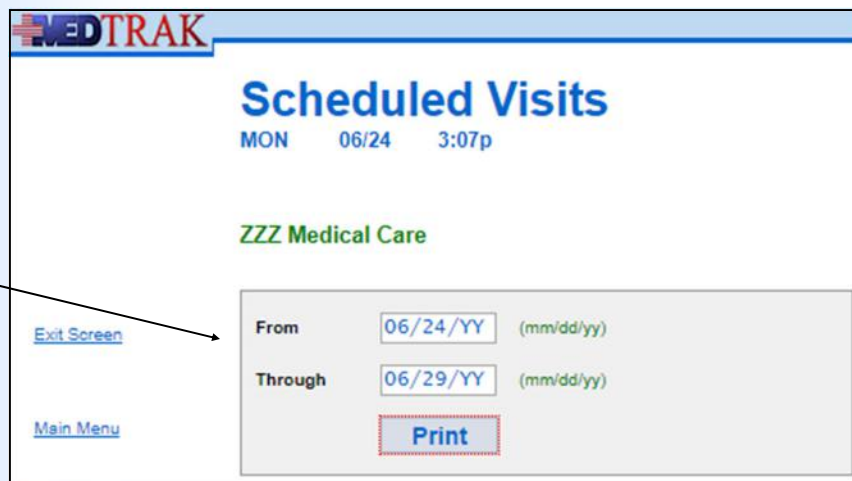
Then the scheduling staff types the print command **pr** in any one of the time command fields on the Scheduling screen (shown below).

Print Command  
**pr**



Then the scheduling staff presses the **ENTER** key. The next screen to appear is the Scheduled Visits print screen (shown below).

Starting and ending dates for this report



After entering the date range, the scheduling staff clicks the **Print** button.

The Scheduled Visits print screen refreshes with a **“Report sent to printer/queue - use View Prints link...”** message at the top.

If the scheduling staff needed to print another date range for the medical office, they would do so at this time.

This was the only date range that they needed, so the scheduling staff clicks the *Exit Screen* button to return to the Scheduling screen for the location.

1. **Note: Print the schedule for your location**
2. Click the *Scheduler* button on the MedTrak Main Menu
3. Set the date to next **Monday**
4. Type **pr** in any of the time command fields
5. Press the *ENTER* key  
(You should be on the Scheduled Visits screen)
6. Change the **Through** date to next **Saturday**
7. Click the *Print* button  
(“Report sent to printer/queue - use View Prints link...” message appears)
8. Click the *Exit Screen* button  
(You should be on the location Scheduling screen)

Do These Steps  
<==== 6.30

1. **Note: Print the schedule for Dr. Stimson**
2. You should already be on the Scheduling screen at the location level
3. Be sure that the day is still set to next **Monday**
4. Click the *Location* button
5. Select **Dr. Stimson**  
(You should be on Stimson’s Scheduling screen)
6. Type **pr** in any of the time command fields
7. Press the *ENTER* key  
(You should be on the Scheduled Visits screen)
8. Change the **Through** date to next **Friday**
9. Click the *Print* button  
(“Report sent to printer/queue - use View Prints link...” message appears)
10. Click the *Exit Screen* button  
(You should be on Stimson’s Scheduling screen)

Do These Steps  
<==== 6.31

Do These Steps  
6.32 =====>

1. **Note: Print the schedule for Dr. Carver**
2. **You should already be on the Scheduling screen at the staff level**
3. **Be sure that the day is still set to next Monday**
4. **Click the Staff button**
5. **Select Dr. Carver**  
(You should be on Carver's Scheduling screen)
6. **Type pr in any of the time command fields**
7. **Press the ENTER key**  
(You should be on the Scheduled Visits screen)
8. **Change the Through date to next Friday**
9. **Click the Print button**  
(**"Report sent to printer/queue - use View Prints link..."** message appears)
10. **Click the Exit Screen button**  
(You should be on Carver's Scheduling screen)

Do These Steps  
6.33 =====>

1. **You should already be on the Scheduling screen**
2. **To view your print queue, click the View Prints button**  
(This will open another window displaying your PDF print queue called Available User Reports)
3. **Find your report (If it does not appear, click the Refresh button)**
4. **Place the cursor next to the print that you want**
5. **Click the View Report button**  
(The PDF will open in another window)
6. **Print the report or save / download it to your computer**
7. **Do this process for all three schedule prints**
8. **Close the PDF window for each print**
9. **Close the Available User Reports window**  
(You should be back on the Scheduling screen)



## Chapter 6 - Review Activities

Answer the following questions:

1. **Medical facilities use scheduling systems to help reduce patient waiting times.**

- True
- False

2. **Which of the following are responsibilities of the scheduling staff?**

- A. Setting up new appointments
- B. Placing patients in exam rooms
- C. Changing appointment dates and times
- D. Blocking time out of the schedule for meetings and lunch
- E. All of the above

3. **In your own words, state how an accurate and up-to-date scheduling system affects the operation of a medical facility.**

4. **What is the minimum amount of patient information necessary to schedule an appointment? Select all that apply.**

- A. Patient's name
- B. Patient's phone number
- C. Patient's address including street, city, state and zip code
- D. Patient's social security number, if they have one
- E. Patient's primary payer
- F. Reason for the appointment
- G. Length of the appointment
- H. All of the above

5. **Appointments must be set up on a provider's schedule, not to the location.**

- True
- False

Schedule Print  
for the  
medical facility

PAGE - 1	ZZZ Medical Care Schedule		07/03/YY
			1:03p
06/24/YY - 06/29/YY			
<b>06/24/YY Monday</b>			
8:00a - 9:00a	*** BLOCKED	Walk-in patients	
10:00a - 10:30a	CHADWICK, CLIFF B.	DOES NOT FEEL WELL	No Show (231) 555-4894
12:00p - 1:00p	*** BLOCKED	Lunch	
3:00p - 3:30p	ROBERTSON, SUSAN S.	ANNUAL PHYSICAL	No Show (231) 555-9389
<b>06/25/YY Tuesday</b>			
8:00a - 9:00a	*** BLOCKED	Walk-in patients	
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/26/YY Wednesday</b>			
8:00a - 9:00a	*** BLOCKED	Walk-in patients	
10:00a - 10:30a	NEWCOMBE, MICHAEL T	RASH ON RIGHT ARM	No Show (231) 555-6378
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/27/YY Thursday</b>			
8:00a - 9:00a	*** BLOCKED	Walk-in patients	
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/28/YY Friday</b>			
8:00a - 9:00a	*** BLOCKED	Walk-in patients	
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/29/YY Saturday</b>			
9:00a - 1:00p	*** BLOCKED	Walk-in patients	
*** END OF PRINT 07/03/YY 1:03p - Healthcare Student ***			

Schedule Print  
for Dr. Stimson

PAGE - 1	ZZZ Medical Care / STIMSON, ANN R Schedule		07/03/YY
			1:04p
06/24/YY - 06/28/YY			
<b>06/24/YY Monday</b>			
10:00a - 10:30a	CHADWICK, CLIFF B.	DOES NOT FEEL WELL	No Show (231) 555-4894
12:00p - 1:00p	*** BLOCKED	Lunch	
3:00p - 3:30p	ROBERTSON, SUSAN S.	ANNUAL PHYSICAL	No Show (231) 555-9389
<b>06/25/YY Tuesday</b>			
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/26/YY Wednesday</b>			
9:00a - 12:00p	*** BLOCKED	Hospital rounds	
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/27/YY Thursday</b>			
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/28/YY Friday</b>			
12:00p - 1:00p	*** BLOCKED	Lunch	
*** END OF PRINT 07/03/YY 1:04p - Healthcare Student ***			

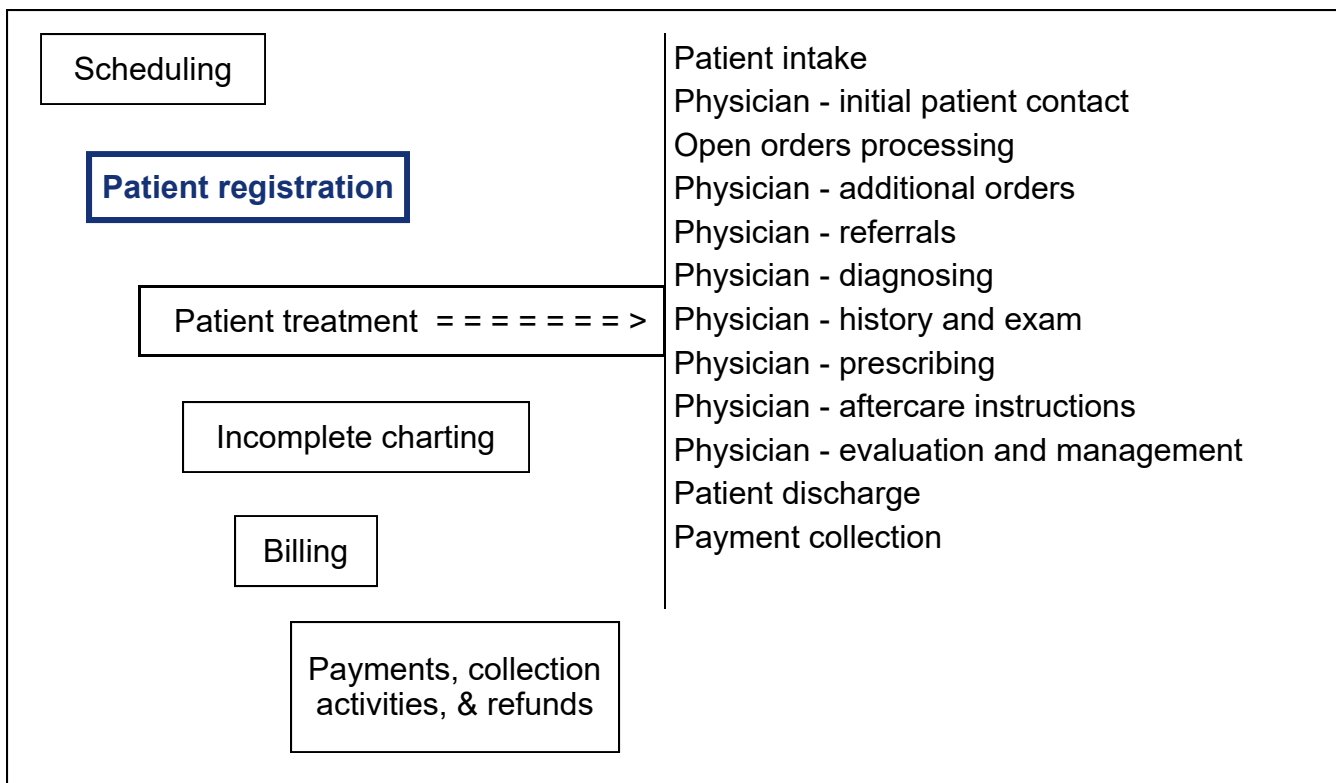
Schedule Print  
for Dr. Carver

PAGE - 1	ZZZ Medical Care / CARVER, JAMES R Schedule		07/03/YY
			1:04p
06/24/YY - 06/28/YY			
<b>06/24/YY Monday</b>			
9:00a - 12:00p	*** BLOCKED	Unavailable	
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/25/YY Tuesday</b>			
9:00a - 12:00p	*** BLOCKED	Unavailable	
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/26/YY Wednesday</b>			
10:00a - 10:30a	NEWCOMBE, MICHAEL T	RASH ON RIGHT ARM	No Show (231) 555-6378
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/27/YY Thursday</b>			
12:00p - 1:00p	*** BLOCKED	Lunch	
<b>06/28/YY Friday</b>			
12:00p - 1:00p	*** BLOCKED	Lunch	
*** END OF PRINT 07/03/YY 1:04p - Healthcare Student ***			

# Patient Registration



Estimated Duration  
45 Minutes



## Key Concepts

- ▶ Scheduled patients
- ▶ Walk-in patients
- ▶ Disciplines of medicine
- ▶ Problem-focused EHR system
- ▶ Clinical decision support (CDS)
- ▶ Blended checklists
- ▶ Meaningful Use Objectives:
  - Core #6 - Clinical decision support
- ▶ Multiple presenting problems
- ▶ Add a new patient
- ▶ Established patient
- ▶ Patient responsibility
- ▶ Occupational medicine
- ▶ Payer responsibility relationship

## Patient Registration

When a patient arrives at the front desk of a health care facility for registration, the front desk person typically asks who the person is and if they have an appointment. Additionally, they will ask them to sign the check-in register. The mix of scheduled patients versus walk-in patients (those that do not have an appointment) ranges from 100% scheduled and 0% walk-in's to 0% scheduled and 100% walk-in's. Your medical office accepts walk-in patients and has set aside a special time in each day to accommodate them.

When registering a scheduled patient, the front desk person will “mark” on the schedule that the patient showed for their appointment and then register them for their visit.

In this chapter, you will use 2 different processes to register a patient in MedTrak:

Scheduled patients

1. For patients who have scheduled appointments (**scheduled patients**), you will access the **Scheduling** module from the MedTrak Main Menu by clicking the *Scheduler* button.

Walk-in patients

2. For patients who do not have an appointment (**walk-in patients**), you will access the **Patient Registration** module from the MedTrak Main Menu by clicking the *Patient Registration* button.

## Registering a Patient from the Scheduler

If the patient has an appointment, MedTrak enables the front desk person to register a patient directly from the **Scheduler**. When the front desk person clicks the *Scheduler* button from the MedTrak Main Menu, the Scheduling screen automatically sets to the location view for that day's schedule.

For this example, the front desk person will register Michael T. Newcombe for his visit to see Dr. Carver. Mr. Newcombe has shown up for his appointment and completed the appropriate paperwork including the medical office's registration form, consent to treat form, release of information form, and HIPAA Privacy Act policy.

Mr. Newcombe's appointment with Dr. Carver is for next Wednesday morning at 10:00a. For the purposes of this example, the Scheduling screen needs to be set to next Wednesday (shown on the next page).

1. Click the *Scheduler* button on the MedTrak Main Menu  
(You should be on Scheduling screen)
2. Set the day to next **Wednesday**  
(You should be on the Scheduling screen showing the **Newcombe** appointment)

Do These Steps  
<==== 7.01

If you do **NOT** see Mr. Newcombe's appointment:

1. Click the *Patients* button at the top of the screen.
2. Search for **Newcombe** and place the cursor next to him
3. Click the *Appointments* button  
(You should be on Newcombe's Appointments screen)
4. Click the *Schedule* button  
(You should be on the Scheduling screen showing the **Newcombe** appointment)

With the cursor in the command field next to Mr. Newcombe's appointment, the front desk person clicks the *Patient Shown* button.

The Patient: Add demographics screen appears. Because Mr. Newcombe is a new patient, the only demographic information recorded by the scheduling staff when he made his appointment was his name, phone numbers, and primary payer (for Patient Responsibility patients).

On the Patient: Add screen, the front desk person enters Mr. Newcombe's demographic information found on his patient registration form (shown on page after his patient demographics form).

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **541 - 62- 5241**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**      **Mr.**  
**First name**      **Michael**  
**Middle initial**      **T**  
**Last name**      **Newcombe**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**      **1535 Sunset Drive**  
**Address line 3**  
**Address line 4**  
**City**      **North Muskegon**  
**State**      **MI**  
**Zip**      **49445**

### Other Information

**Home phone**      **(231) 555-6378**  
**Alternate phone**      **(231) 555-9584**  
**Work phone**  
**Date of birth**      **11/16/1981**  
**Gender**      **Male**  
**Marital Status**      **Married**  
**Preferred language**      **English**  
**Race**      **Black**  
**Ethnicity**      **Not Hispanic or Latino**

**MEDTRAK**

## Patient: Add

THU 07/11 11:21a

Password \*\*\*\*\* Initials ZZZ

[Exit Screen](#)

[Main Menu](#)

Social Security Number \* 541 - 62 - 5241

**Name & Address**

Prefix (Mr., Mrs., Ms.) Mr. ▾

First \* Michael

Middle T

Last \* Newcombe

Suffix (Jr., Sr., II, III)

Address line 2 \* 1535 Sunview Drive

Address line 3

Address line 4

City \* North Muskegon

State \* MI

Zip \* 49445

**Other Information**

Home Phone 231 - 555 - 6378

Alternate Phone 231 - 555 - 9584

Work Phone - - - ext

Birthdate \* 11/16/1981 (mm/dd/yyyy)

Gender \* M ▾

Marital Status Married ▾

Preferred Language \* English ▾

Race \* Black or African American ▾

Ethnicity \* Not Hispanic or Latino ▾

Employee Number

Medical Record Number:

\* Indicates required field.

Newcombe  
demographics

1. Place the cursor in **Michael Newcombe's 10:00a** time command field
2. Click the *Patient Showed* button  
(You should be on the Patient: Add screen)
3. Type in Michael Newcombe's patient demographics from his patient registration form found on the previous page)

Do These Steps  
<==== 7.02

## Creating a New Case

The front desk person clicks the *Submit* button to add Mr. Newcombe to the patient database.

The next screen to appear is the New Case screen. Again, because Mr. Newcombe is a new patient, there are no existing cases for him. On this screen, the front desk person records his reason for seeing Dr. Carver as “**Rash on right arm**” (shown below).

The screenshot shows the MEDTRAK 'New Case' interface. At the top, it displays 'MON 07/08 10:58a' and a message 'No cases yet...'. Below this, patient details are listed: 'PATIENT RESPONSIBILITY (2) NEWCOMBE, MICHAEL T. (47XNQ5)'. There are fields for 'Password \*\*\*\*\*' and 'Initials ZZZ'. A 'Choose either' section offers options: 'Complaint' (with a text input field containing 'Rash on right arm'), 'Physical' (checkbox), 'Auto Accident' (checkbox), 'Ins. Claim Number' (text input), 'ER Visit' (checkbox), 'ER Visit Date' (text input with '(mm/dd/yy, t. or y)' hint), 'Referred from hospital / other' (text input), and 'New Patient' (checked checkbox). A 'Submit' button is at the bottom.

Chapter 7

Reason for seeing Dr. Carver

Do These Steps 7.03 ==>

1. Click the *Submit* button on the Patient: Add screen (You should be on the New Case screen)
2. Type **Rash on right arm** in the **Complaint** field

## Confirming the Patient's Payers

After completing this screen, the front desk person clicks the *Submit* button.

The next screen to appear is the Patient / Payers: Confirm screen for Mr. Newcombe (shown on the next page).



When he called to make his appointment, he indicated that he did not have health insurance and would personally be paying for the charges. If he did have health insurance, the front desk person would scan his photo identification and health insurance card and attach them to his record in MedTrak. In this example, Mr. Newcombe is the payer so the front desk person only scans his photo identification.

The Patient / Payers: Confirm screen shows “**SELF PAY**” as the primary payer (shown below). After verifying that Mr. Newcombe will be paying for the charges, the front desk person clicks the *Confirm Payers* button.

The screenshot shows the MedTrak interface for the 'Patient / Payers: Confirm' screen. At the top, it displays the patient's name 'NEWCOMBE, MICHAEL T. (47XNQS)' and their initials 'ZZZ'. Below this, there is a section for 'Available Functions' with a list of options: Confirm Payers, Primary, Secondary, Tertiary, Quaternary, and Remove Payer. The main area shows a table of payers with a highlighted row for 'P SELF PAY'. A callout box on the right side of the screen points to this row with the text: 'Mr. Newcombe is a Self Pay patient'.

1. Click the *Submit* button on the New Case screen  
(You should be on Patient / Payers: Confirm screen)  
(**Self Pay** should be the only payer)
2. Click the *Confirm Payers* button  
(You should be on Visit Add screen)

Do These Steps  
<==== 7.04

## Adding the Visit

The next screen to appear is the Visit Add screen. MedTrak is designed to support a variety of disciplines of medicine including:

- Primary care
- Urgent care
- Occupational medicine (workers' comp and employee health)
- Orthopedics
- Rehab services (physical therapy and occupational therapy)
- Emergency room
- Chiropractics



MedTrak is designed to create blended checklists of history and exam questions for the clinical staff and the doctor of the presenting problems from head to toe. When a patient has multiple presenting problems, the front desk person selects all of them. The Clinical Note and Doctor's Checklist contain suggested questions about those presenting problems in one list of questions, starting at the head and working down to the toes.

Additionally, MedTrak displays the most likely orders for the types of presenting problems on the initial order entry screens (CPOE – Computerized Provider Order Entry) for the physician to select. This saves the physician valuable time in searching for orders to place for the patient.

In this example, there is one presenting problem, so the lists will only contain questions related to a rash. If there had been presenting problems for a sore throat, lower back pain, and right knee pain, the Clinical Note and Doctor's Checklist would contain questions starting with the head, then the lower back, and finally the right knee. Both the problem-focused checklists and most likely orders for CPOE facilitate clinical decision support (CDS), which is Core Objective #6 of Meaningful Use.

Clinical decision support (CDS)

The front desk person clicks the checkbox for **Rash** (shown below).

**MEDTRAK**

**Clinical Note Add**  
MON 07/08 11:02a

NEWCOMBE, MICHAEL T. (47XNQ5)  
RASH ON RIGHT ARM (699527-9990)

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials \*\*\*

**Available Functions**

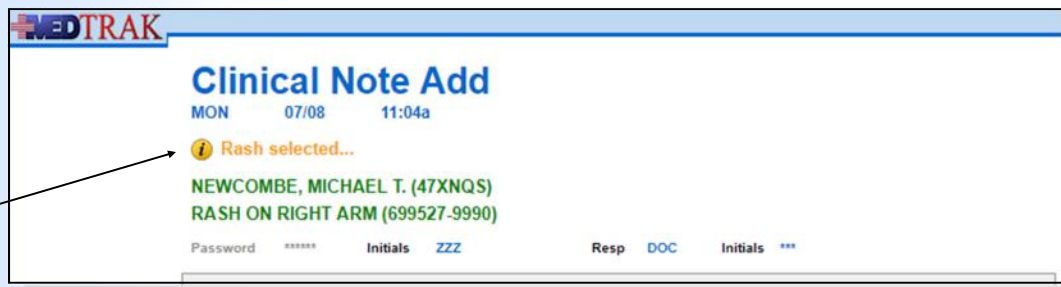
- Abdominal Pain
- Abrasion
- Blood Pressure -
- Bruise
- Burn
- Chest Pain
- Cold
- Cough
- Diarrhea
- Ear - Lt
- Ear - Rt
- Earache - Lt
- Earache - Rt
- Environmental Exp
- Exposures/Immuniz
- Eye - Lt
- Eye - Rt
- Foreign Body
- General Medical
- Gynecology
- Headache
- Injury-Bones/Jts
- Injury-Burn
- Injury-Closed
- Injury-Frgn Body
- Injury-Infected
- Injury-Muscles
- Injury-Surface Tr
- Injury-Unknown
- Laceration
- Mouth / Dental
- Nose
- Pain-Non Spec
- Psychiatric/Emoti
- Puncture Wound
- Rash
- Shortness Breath
- Skin Problem
- Sore Throat
- Throat
- U T I
- Vomiting

[Submit](#) [Exit Screen](#) [Main Menu](#)

**Submit**

**Rash selected**

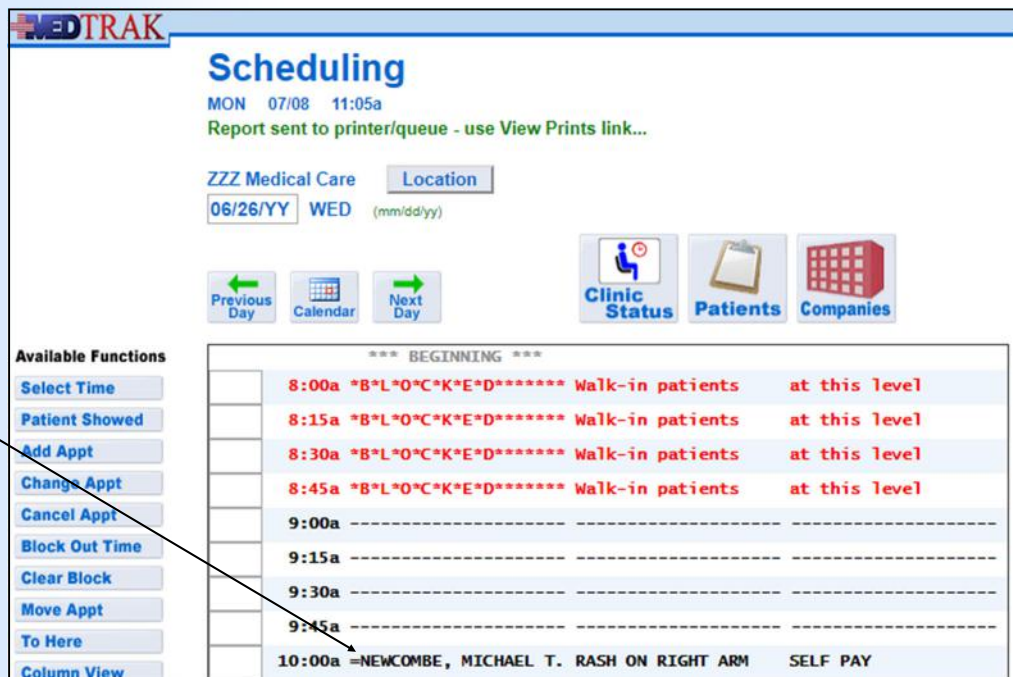
Then the front desk person clicks the **Submit** button. The Clinical Note Add screen refreshes with the message “**Rash selected...**” at the top (shown on the next page).



Message field

Mr. Newcombe only has one presenting problem, so the front desk person clicks the *Exit Screen* button to return to the Scheduling screen (shown below).

MedTrak marks scheduled patients who have been registered for their appointments with an equal sign (=) in front of their name. Mr. Newcombe now has an equal sign (=) in front of his name indicating that he showed up for his appointment.



Equal sign indicating he showed for his appointment

Do These Steps  
7.06 =====>

1. Click the checkbox for **Rash**
2. Click the *Submit* button  
(The Clinical Note Add screen refreshes with the “**Rash selected...**” message at the top)
3. Click the *Exit Screen* button  
(You should be back on the Scheduling screen)  
(There is now an equal sign in front of Newcombe indicating that he showed for his appointment)
4. Click the *Main Menu* button  
(You should be back on the MedTrak Main Menu)

## Registering Patients Using Patient Registration •●

If the patient does not have an appointment (walk-in patient), MedTrak enables the front desk person to register the patient by clicking the *Patient Registration* button from the MedTrak Main Menu. The next screen to appear is the Patients screen representing the patient database.

In this example, the front desk person will register Mr. Charles T. Anderson. Mr. Anderson is the patient that you added in [Chapter 3](#) and attached payers to in [Chapter 5](#).

Mr. Anderson has arrived at the office having suffered an ankle injury while walking down some stairs at home. He does not have an appointment. Dr. Carver sees patients for urgent care, so Mr. Anderson will be treated by Dr. Carver. Because Mr. Anderson appears on the first Patients database screen, the front desk person does not have to search for him in the patient database.

For established patients whose demographics are already in the patient database, the front desk person will want to verify the patient's demographic information and make any necessary changes.

The screenshot shows the MedTrak Patients database interface. At the top, it displays the date and time: MON 07/08 11:07a. Below this are several filters and controls: Patient Name (dropdown), Change Display Order, Active Patients Only (dropdown), and Change Detail Display. There is a search bar with a Search button and three icons for Clinic Status, Schedule, and Companies. On the left, there is a sidebar with Available Functions: Select Patient, Add Patient, Change Patient, Patient Notes, Appointments, Payers, Schedule, View Prints, and More Functions... The main area shows a list of patients starting with "\*\*\* BEGINNING OF PATIENTS \*\*\*". The list includes names, birth dates, and phone numbers. Mr. Charles T. Anderson is highlighted in yellow, and a cursor is positioned next to his name. A callout box points to the cursor with the text "Cursor set next to Mr. Anderson".

*** BEGINNING OF PATIENTS ***			
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844
Carrey, Paula M.	03/05/1966	354-23-5310	(231) 555-6885
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772
Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548

To review the patient's demographic information, the front desk person places the cursor next to Mr. Anderson and clicks the *Change Patient* button.

The Patient demographics screen appears (shown on the next page).

The front desk verifies with the patient that the information is correct.

Mr. Anderson's Patient Demographics

**MEDTRAK**

**Patient: Change**  
MON 07/08 11:12a

Password \*\*\*\*\* Initials ZZZ

[Exit Screen](#)  
[Main Menu](#)

Social Security Number \* 255 - 65 - 6376

**Name & Address**

Prefix (Mr., Mrs., Ms.) Mr. ▼

First \* Charles 47XNKR

Middle T

Last \* Anderson

Suffix (Jr., Sr., II, III)

Address line 2 \* 123 South Main Street

Address line 3

Address line 4

City \* North Muskegon

State \* MI

Zip \* 49445

**Other Information**

Home Phone 231 - 555 - 7537

Alternate Phone 231 - 555 - 9010

Work Phone 231 - 555 - 4552 ext

Birthdate \* 12/02/1975 (mm/dd/yyyy)

Gender \* M ▼

Marital Status Married ▼

Preferred Language \* English ▼

Race \* White ▼

Ethnicity \* Not Hispanic or Latino ▼

Employee Number

Medical Record Number:

If there are changes, the front desk person makes the changes and clicks on the *Submit* button to record the changes and return to the Patients database screen. If there are no changes, the front desk person clicks the *Exit Screen* button to return to the Patients database screen.

To start the patient registration process for Mr. Anderson, the front desk person clicks the *Select Patient* button with the cursor in the command field next to Mr. Anderson.

Do These Steps  
7.07 =====>

1. Click *Patient Registration* on the MedTrak Main Menu  
(You should be on the Patients screen)
2. Place the cursor next to **Anderson**
3. Click the *Change Patient* button  
(You should be on the Patient: Change screen)  
(Review his demographic information)
4. Click the *Exit Screen* button  
(You should be back on the Patients screen with the cursor next to Anderson)
5. Click the *Select Patient* button  
(You should be on the Company: Select screen)

## Selecting the Patient's Company

MedTrak is designed to manage patient responsibility cases (self pay, guarantor, group health, Medicare, Medicaid, etc.) where patients are responsible for payment of services through their group health coverage or out of their own pocket, and occupational medicine cases (worker's compensation and employee health) where employers are responsible for payment of services through their workers' compensation insurance or their employer's checkbook.

Because this is a new patient, there are no existing **Patient / Company** relationships. Therefore, after entering and/or verifying the patient's demographic information, the next screen to appear is the Company: Select screen (shown below).



Place the cursor next to **..Patient Responsibility**

In this example, Mr. Anderson is responsible for the payment of services through the payer relationships that were attached to his patient record in Chapter 5, so the front desk person places the cursor next to the **“..Patient Responsibility”** selection and clicks the **Select Company** button.

## Creating the New Case

Because this is a new patient, the next screen to appear is the New Case screen. Mr. Anderson is at the clinic because he has left ankle pain.

The front desk person types **Left ankle pain** in the **Complaint** field and skips the other fields on the New Case screen (shown below).



Complaint entered

Do These Steps  
7.08 =====>

1. Place the cursor next to **..Patient Responsibility**
2. Click the **Select Company** button  
(You should be on the New Case screen)  
(**..Patient Responsibility** MUST BE AT THE TOP)
3. Type **Left ankle pain** in the **Complaint** field

After entering the left ankle complaint, the front desk person clicks the **Submit** button.

## Selecting the Patient Payer

The front desk person scans Mr. Anderson’s insurance cards and driver’s license, and will attach the scanned information to the case in MedTrak immediately after registering the patient.

Because Mr. Anderson’s payers were attached to him in Chapter 5, the next screen to appear is the Patient / Payers: Confirm screen (shown below).

Mr. Anderson’s  
payers

**MEDTRAK**

ALL

### Patient / Payers: Confirm

MON 07/08 11:19a

Confirm payers...

ANDERSON, CHARLES T. (47XNKR)

Password \*\*\*\*\* Initials ZZZ

Available Functions  
[Confirm Payers](#)  
[Primary](#)  
[Secondary](#)  
[Tertiary](#)  
[Quaternary](#)  
[Remove Payer](#)  
[Add Payer](#)  
[Change Payer](#)  
[Delete Payer](#)

<input type="checkbox"/>	P	COMM INS - Blue Cross / Blue Shield of Michigan (01/01/10 - ? )
<input type="checkbox"/>	S	COMM INS - Nationwide Insurance (03/01/10 - ? )
<input type="checkbox"/>	T	SELF PAY
-----		
*** BEGINNING ***		
<input type="checkbox"/>	P	COMM INS - Blue Cross / Blue Shield of Michigan (01/01/10 - ? ) Subscriber: SELF, Copayment: 25.00
<input type="checkbox"/>	S	COMM INS - Nationwide Insurance (03/01/10 - ? ) Subscriber: SPOUSE, Copayment: 20.00
<input type="checkbox"/>	T	SELF PAY
*** END ***		

This screen displays all of the payers that were previously attached to Mr. Anderson. The front desk person reviews the payers by checking them with the insurance card information provided by the patient.

Mr. Anderson’s primary insurance carrier is Blue Cross / Blue Shield of Michigan which requires him to pay a \$25.00 copayment at the time of service. His wife’s Nationwide Insurance policy will be billed after Blue Cross makes a payment for his visit. Nationwide Insurance requires a \$20.00 copayment. Any charges not paid by Blue Cross or Nationwide will then be billed to Mr. Anderson, personally.





Mr. Anderson’s primary payer, Blue Cross / Blue Shield of Michigan, requires a \$25.00 copayment to be paid for each doctor visit. Because the copayment from Mr. Anderson is needed, MedTrak requires the front desk person to enter an amount collected (or a note about the payment collection) to complete this screen. In this example, the front desk person enters the note “**will collect at discharge**” (shown below).

Left ankle pain

Doctor is the Type of Visit

Payment Note must be entered if no payment information entered

Do These Steps 7.10 =====>

1. Click the *Confirm Payers* button  
(You should be on the Visit Add screen)
2. The **Reason for Visit** was pre-populated by MedTrak from the case record
3. Select **Doctor** on the **Type of Visit** drop-down list
4. Type **will collect at discharge** in the **Payment Information / Note** field

After entering the payment note, the front desk person clicks the *Submit* button.

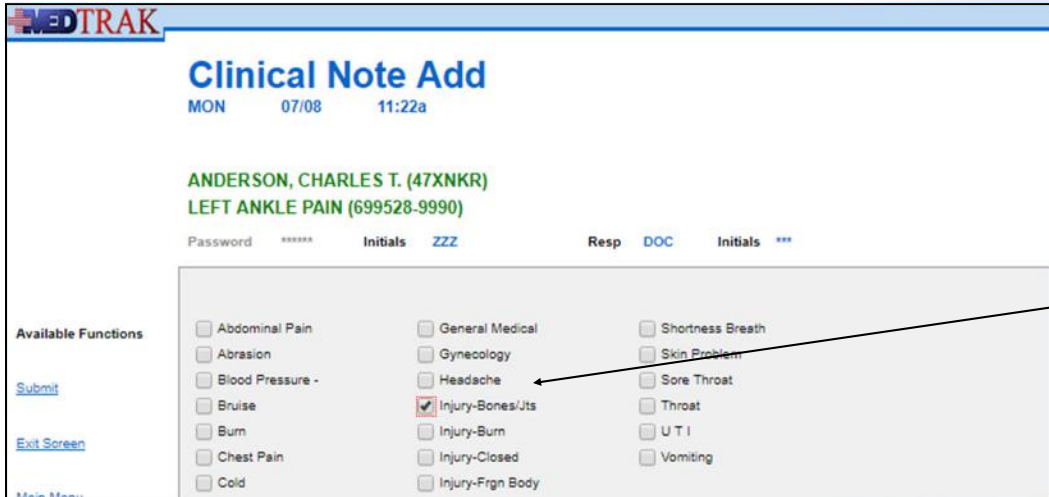
## Selecting the Presenting Problem



The next screen to appear is the Clinical Note Add screen.

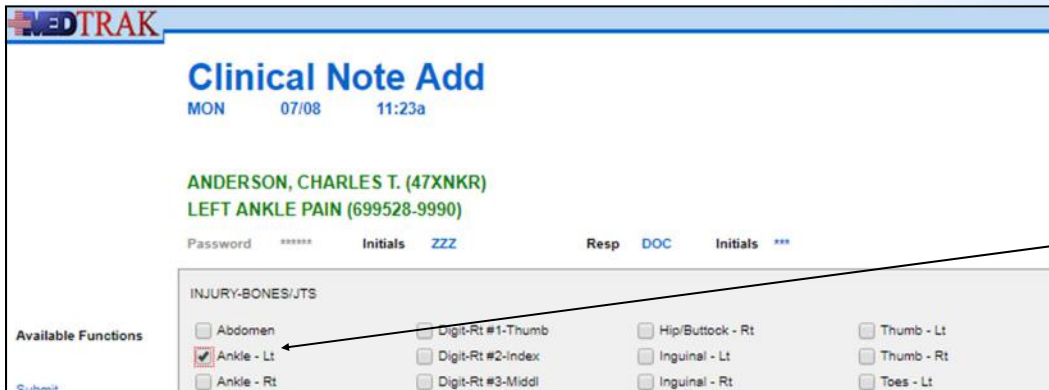
As you learned earlier in this chapter, MedTrak is a problem-focused system. The front desk person selects the reasons that the patient is visiting the medical office from a list of presenting problems. For this visit, Mr. Anderson is here to see the doctor for left ankle pain.

The front desk person clicks the checkbox for **Injury-Bones/Jts** on the Clinical Note Add screen (shown below).

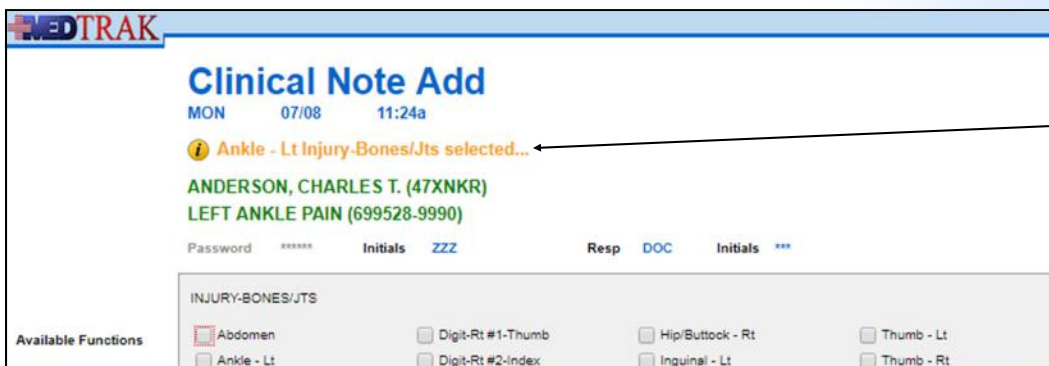


Then the front desk person clicks the **Submit** button.

The next screen to appear is the Clinical Note Add by body part selection screen for an injury to the bones or joints. The front desk person selects the affected body part(s) for the injury on this screen. In this example, the front desk person clicks the checkbox for **Ankle - Lt** as the body part (shown below).

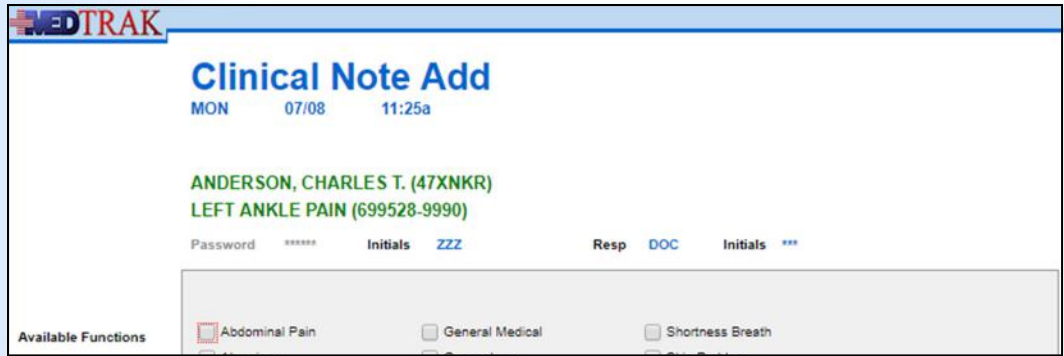


Then the front desk person clicks the **Submit** button. The Clinical Note Add screen refreshes with the message "**Ankle - Lt Injury-Bones/Jts selected...**" appearing at the top of the screen (shown below).



After selecting the body part(s) affected, the front desk person clicks the *Exit Screen* button to return to the Clinical Note Add screen for presenting problems to select the next one, if there are any (shown below).

To select another presenting problem



MedTrak allows the front desk person to select all of the presenting problems and affected body parts at the same time (in parallel) or one at a time (in series). It just depends on the preference of the front desk person.

In this example, Mr. Anderson’s only presenting problem is left ankle pain. The front desk person clicks the *Exit Screen* button on the Clinical Note Add screen to return to the Patients screen to register the next patient (shown below). MedTrak automatically printed the clinical notes, that is why the “**Report sent to printer/queue - use View Prints link...**” message appears at the top of the screen.

Clinical Notes sent to the printer/queue



For efficient clinical operations, the front desk person needs to be able to register scheduled patients and walk-in patients with minimal effort.

Do These Steps  
<==== 7.11

1. Click the **Submit** button on the **Visit Add** screen  
(You should be on the **Clinical Note Add** screen by presenting problem)
2. Click the checkbox for **Injury-Bones/Jts**
3. Click the **Submit** button  
(You should be on the **Clinical Note Add** screen by body part)
4. Click the checkbox for **Ankle - Lt**
5. Click the **Submit** button  
(The **Clinical Note Add** screen refreshes with the “**Ankle-Lt Injury-Bones/Jts selected...**” message)
6. Click the **Exit Screen** button  
(You should be back on the **Clinical Note Add** screen by presenting problem)
7. Click the **Exit Screen** button again  
(You should be back on the **Patients** screen)  
(“**Report sent to printer/queue - use View Prints link...**” message appears)  
(Mr. Anderson’s **Clinical Notes** are now in your PDF queue)

**For you to be able to complete all of the clinical staff steps correctly, Mr. Anderson’s presenting problem must be a muscle, joint, or bone problem of the left ankle.**

**IMPORTANT**

Your patient is now on the **Clinic Status** screen that is used by the medical staff (physicians, clinical staff, lab, x-ray, therapy, and administration) to control the workflow of the registered patients through the medical office.

## Printing the Clinical Notes

Upon completion of the patient registration process, MedTrak automatically prints the clinical notes for the clinical staff. See an example of Mr. Anderson's clinical notes at the end of this chapter.

The clinical staff can place these notes on a clipboard to use as a reminder of the questions that they should be asking the patient regarding the patient's presenting problems.

For the two patients that you registered in this chapter, your instructor might ask you to produce prints of the clinical notes to turn in for your assignment. These prints are located in your [View Prints](#) PDF queue.

## Self Assessment

Do These Steps  
7.12 =====>

1. You should be on the [Patients](#) screen
2. Type **SA07** in the Search or any command field  
(**SA** stands for self assessment and **07** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the [View Prints](#) button  
(The [Available User Reports](#) window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the [Refresh](#) button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA07** report.
7. You must have a 100% (error-free) report before continuing.

## Meaningful Use—Core Objective #6

# Clinical Decision Support

### 1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

### 2. Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

## *You did this!*

You selected a presenting problem for your patient of left ankle muscles / joints and bones. This selection initiated MedTrak's clinical decision support rules base. Based on your selection, MedTrak created a clinical note (list of questions) specifically focused on a left ankle injury. Additionally, MedTrak set the provider's CPOE to focus on just those orders that they would most likely order for a presenting problem of the left ankle.



**Presenting  
problem**

## *Why is this needed?*

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.



## Chapter 7 - Review Activities

Answer the following questions:

1. **The front desk staff only registers scheduled patients.**

- True
- False

2. **Which of the following are responsibilities of the front desk staff?**

- A. Scanning the patient's insurance and identification information.
- B. Taking the patient's vital signs.
- C. Recording the presenting problem(s) identified by the patient.
- D. Collecting copayment and coinsurance payments if requested to do so.
- E. All of the above

3. **In your own words, state how important patient registration is to the operation of a medical facility.**



## PATIENT RESPONSIBILITY - NEW

## Clinical Notes

NEWCOMBE, MICHAEL T. (472YVJ)

Age: 39Y Birthdate: 11/16/1981 Gender: M SSN: 541-62-5241

RASH ON RIGHT ARM (716966-9990) DOS: 01/05/21 10:23a

## Patient Contact

Mr. Michael T. Newcombe  
Home Phone: (231) 555-6378

## ORDERS

None

## Payer:

Primary  
SELF PAY

## Clinical Notes

## CURRENT PROBLEM

CHIEF COMPLAINT: RASH ON RIGHT ARM

HISTORY CHIEF COMPLAINT:

Symptoms:

Onset:

Treatment to Date:

Pain scale:

## PATIENT HISTORY

## MEDICATIONS

Prescription Meds:

Immunosuppressive Meds:

Over-the-counter substances:

Clinic Prescriptions:

## ALLERGIES

Medication Allergies:

Food Allergies:

Respiratory Allergies:

Jewelry, Nickel, Metal Allergy:

## PAST MEDICAL HISTORY

Significant condition:

## SKIN

Rashes, eruptions:

## RESPIRATORY

## BODY STATISTICS

Height:

Weight:

BMI (body mass index):

## VITAL SIGNS

Blood Pressure

Systolic:

Diastolic:

Pulse:

Respirations:

Temperature:

## NURSING OBSERVATIONS

Notes:

Date Printed: 01/05/21 10:41a

PAGE - 1

ZZZ Medical Care - Healthcare Student

Clinical Notes

Date of Service: 01/05/21

PATIENT RESPONSIBILITY - NEW

Clinical Notes

ANDERSON, CHARLES T. (472YVK)

Age: 45Y Birthdate: 12/02/1975 Gender: M SSN: 255-65-6376  
LEFT ANKLE PAIN (716967-9990) DOS: 01/05/21 11:01a

Patient Contact

Mr. Charles T. Anderson  
Home Phone: (231) 555-7537

Notes:

ORDERS

None.

Payer:

Primary

Blue Cross / Blue Shield of Michigan

Secondary

Nationwide Insurance

Tertiary

SELF PAY

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: LEFT ANKLE PAIN

HISTORY CHIEF COMPLAINT:

History of Injury:

Symptoms:

Pain scale:

PATIENT HISTORY

MEDICATIONS

Prescription Meds:

Over-the-counter substances:

Clinic Prescriptions:

ALLERGIES

Medication Allergies:

PAST MEDICAL HISTORY

Significant condition:

PAST SURGICAL HISTORY

Lower extremity surgery:

PREVIOUS INJURIES

Ankle injury:

MUSCULOSKELETAL HISTORY

Arthritis, joint problem:

Muscle pain stiffness:

Tendinitis:

BODY STATISTICS

Height:

Weight:

BMI (body mass index):

VITAL SIGNS

Blood Pressure

Systolic:

Diastolic:

Pulse:

Respirations:

Temperature:

NURSING OBSERVATIONS

Date Printed: 01/05/21 11:02a

ZZZ Medical Care - Healthcare Student

Date of Service: 01/05/21

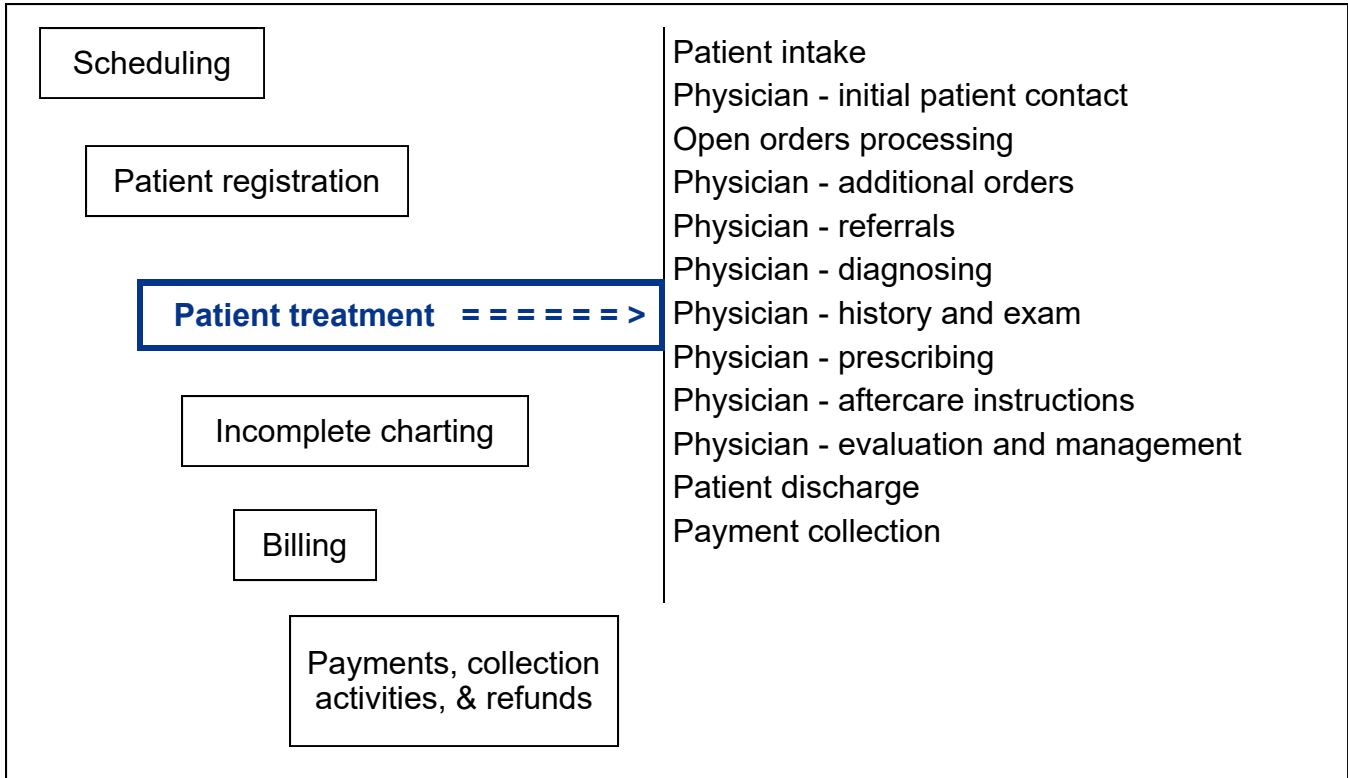
PAGE - 1

Clinical Notes

# Clinic Status Screen



Estimated Duration  
**15 Minutes**



## Key Concept

- ▶ Real-time workflow

## Clinic Status Screen Overview

Real-time workflow

The Clinic Status screen (shown below) displays a **real-time workflow** view of the medical facility. Each member of the clinical staff uses this screen to access their portion of the documentation screens for the clinical care of the patient.

Registered patients, both scheduled and walk-in, appear on this screen with the medical workflow status of **Room** indicating they are in the reception area waiting to be placed into an examination room.

The screenshot shows the MEDTRAK Clinic Status interface. At the top, it displays 'MEDTRAK Clinic Status SAT 04/28 2:06p'. Below this is a 'MEDICAL' label and a 'Division' button. To the right are icons for 'Schedule', 'Patients', 'Companies', 'Search', and 'Further Review'. On the left is a sidebar with 'Available Functions' including 'Submit / Refresh', 'Name / Reason', 'Clinical Notes', 'Examine Patient', 'Order Entry', 'Open Orders', 'Provider's Notes', 'Out The Door', 'Discharge', 'Done', 'Schedule', 'Visit Log', 'Online Chart', 'Pathway', and 'View Prints'. The main area is a table with columns: CMD, ROOM, NAME / REASON, ORDER, STATUS, DR, TC, CL, XR, LB, RS, TEC, DOC, TOT. A red box highlights the 'ROOM' column with entries 'EXAM 1' through 'EXAM 5'. Another red box highlights the 'NAME / REASON' column with entries like '=Amaro, Scott C.', 'Christianson, Brend', '=Larson, Andrew K.', '=Frost, Jean C.', '=Kirkland, Jennifer', 'Soto, Demetria N.', 'LAB', and 'X-RAY'. A third red box highlights the 'STATUS' column with entries 'Done', 'Room', 'Ans CN', 'Rack', 'Examine', 'Disch', 'open', and 'open'. Callout boxes point to the 'Division' button, the 'ROOM' column, and the 'NAME / REASON' column.

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		=Amaro, Scott C.		Done	.	.	5	.	.	.	CMA	AS*	14
		Christianson, Brend		Room	.	7	.	.	.	.		***	9
					.	.	.	.	.	.			
		=Larson, Andrew K.		Ans CN	.	6	.	.	.	.		***	19
		=Frost, Jean C.		Rack	8	.	.	.	.	.	CMA	***	24
		=Kirkland, Jennifer		Examine	6	.	.	.	.	.	CMA	JC*	29
		Soto, Demetria N.		Disch	.	7	.	.	.	.	CMA	AS*	34
		PROC			.	.	.	.	.	.			
		LAB		open	.	7	.	.	.	.	CMA	AS*	39
		X-RAY		open	.	.	.	5	.	.	CMA	JC*	44
		*** END ***											

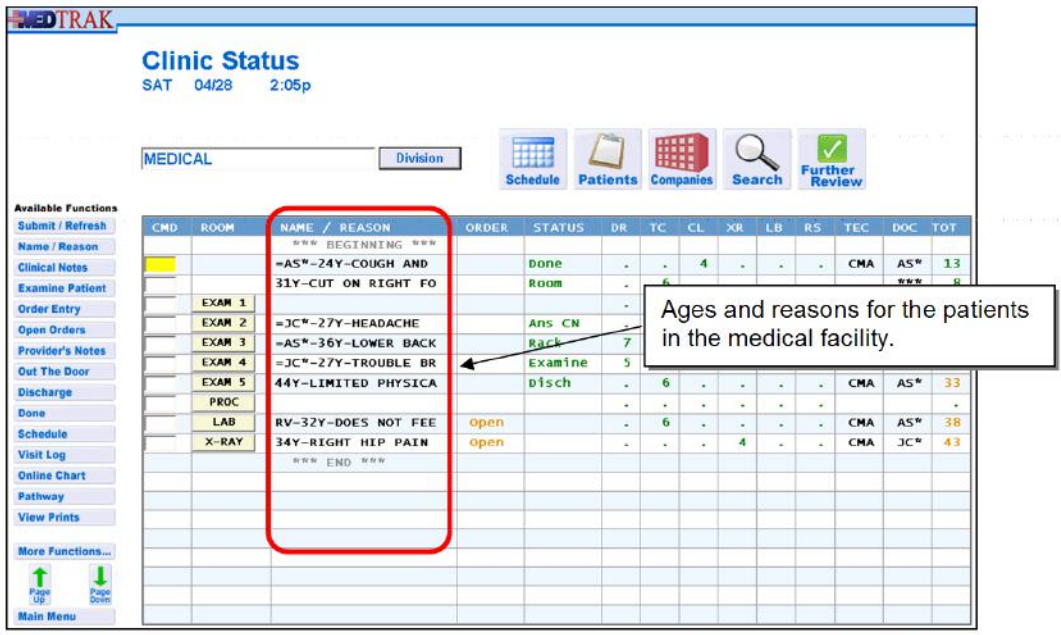
Clinic Status screen

At the top of the screen is the location or division name. By clicking the **Location / Division** button, the user can switch the view of the location from viewing the whole location and all of its divisions to just viewing one division. In this example, the Clinic Status screen is set to the Medical division.

Also, the initial view of the Clinic Status screen displays the names of the patients that are currently in the medical facility in the **NAME / REASON** column.

## Toggling Between Patient Names and Reasons

Users can toggle the Clinic Status screen between displaying the patients' names to displaying their ages with reasons for visits by clicking the **Name / Reason** button (**F6** key). The Clinic Status screen (shown on the next page) now displays the patient's ages with reasons for the visits.



Showing ages and reasons for visits

To reset the screen back to displaying the patient names, click the *Name / Reason* button (*F6* key) again.

Notes about special formatting for the **NAME / REASON** field:

Indicator	Meaning	Example
=	Patient registered for a scheduled appointment.	=45Y-RT INDEX LACER
physician initials	Physician scheduled to see the patient or who saw the patient at the last visit.	=BLP-33Y-PE-AA BLP-30Y-RT KNEE PAIN
*	Notes are attached to the patient.	*25Y-BASIC PHYSICAL
RV	This is a return visit (follow-up).	RV-BLP-25Y-LEFT LEG

To the right of the **NAME / REASON** column on the Clinic Status screen is the

## Patient Orders

**ORDER** column, which displays the status of the patient’s orders for the current visit. If the column displays:

(blank)	The patient does not have any orders.
Open	Open orders are present.
Done	There are no remaining open orders.

**Order status column**

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		=AS*-24Y-COUGH AND		Done	.	.	4	.	.	.	CMA	AS*	13
		31Y-CUT ON RIGHT FO		Room	.	6	.	.	.	.		***	8
	EXAM 1				.	.	.	.	.	.			.
	EXAM 2	=JC*-27Y-HEADACHE		Ans CN	.	5	.	.	.	.		***	18
	EXAM 3	=AS*-36Y-LOWER BACK		Rack	7	.	.	.	.	.	CMA	***	23
	EXAM 4	=JC*-27Y-TROUBLE BR		Examine	5	.	.	.	.	.	CMA	JC*	28
	EXAM 5	44Y-LIMITED PHYSICA		Disch	.	6	.	.	.	.	CMA	AS*	33
	PROC				.	.	.	.	.	.			.
	LAB	RV-32Y-DOES NOT FEE	open		.	6	.	.	.	.	CMA	AS*	38
	X-RAY	34Y-RIGHT HIP PAIN	open		.	.	.	4	.	.	CMA	JC*	43
		*** END ***											

Order status column

## Medical Workflow Status

To the right of the **ORDER** column is the **STATUS** column which displays the next step in the medical workflow for each patient. The medical workflow statuses are:

<b>Room</b>	Waiting to be placed into an exam / treatment room. Currently in the reception area.
<b>Ans CN</b>	Waiting for the clinical staff to answer the clinical notes.
<b>Prt CL</b>	Waiting for the clinical staff to put the chart in the rack (or print the doctor's checklist).
<b>Call</b>	Waiting for the provider to call the company before seeing the patient ( <i>work comp only</i> ).
<b>Rack</b>	Waiting for the provider to pick up the chart and examine the patient.
<b>Examine</b>	The provider is currently examining the patient.
<b>Disch</b>	The patient has all the necessary paperwork, and is ready to be discharged.
<b>Done</b>	The patient is done and has returned to the front desk to pay ( <i>patient responsibility only</i> ).
<b>Blank</b>	The patient currently has open orders that were placed by the provider.

**Medical workflow status**

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		=AS*-24Y-COUGH AND		Done	.	.	4	.	.	.	CMA	AS*	13
		31Y-CUT ON RIGHT FO		Room	.	6	.	.	.	.		***	8
	EXAM 1				.	.	.	.	.	.			.
	EXAM 2	=JC*-27Y-HEADACHE		Ans CN	.	5	.	.	.	.		***	18
	EXAM 3	=AS*-36Y-LOWER BACK		Rack	7	.	.	.	.	.	CMA	***	23
	EXAM 4	=JC*-27Y-TROUBLE BR		Examine	5	.	.	.	.	.	CMA	JC*	28
	EXAM 5	44Y-LIMITED PHYSICA		Disch	.	6	.	.	.	.	CMA	AS*	33
	PROC				.	.	.	.	.	.			.
	LAB	RV-32Y-DOES NOT FEE	open		.	6	.	.	.	.	CMA	AS*	38
	X-RAY	34Y-RIGHT HIP PAIN	open		.	.	.	4	.	.	CMA	JC*	43
		*** END ***											

Medical workflow status column

# Waiting Times by Discipline

To the right of the **STATUS** column on the Clinic Status screen are columns displaying the patient waiting times in minutes for each discipline. The discipline waiting time columns are::

<b>DR</b>	Waiting for the provider.
<b>TC</b>	Waiting for the clinical staff.
<b>CL</b>	Waiting for the front desk person / clerical staff.
<b>XR</b>	Waiting for an x-ray.
<b>LB</b>	Waiting for lab.
<b>RS</b>	Waiting for rehab services.

The discipline waiting times are color coded as follows:

<b>Green</b>	15 minutes or less.
<b>Yellow</b>	16 to 30 minutes.
<b>Red</b>	31 minutes or more.

**MedTRAK Clinic Status**  
SAT 04/28 2:05p

MEDICAL Division

Schedule Patients Companies Search Further Review

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		=AS*-24Y-COUGH AND		Done	-	-	4	-	-	-	CMA	AS*	13
		31Y-CUT ON RIGHT FO		Room	-	6	-	-	-	-		***	8
	EXAM 1				-	-	-	-	-	-			
	EXAM 2	=JC*-27Y-HEADACHE		Ans CN	-	5	-	-	-	-		***	18
	EXAM 3	=AS*-36Y-LOWER BACK		Rack	7	-	-	-	-	-	CMA	***	23
	EXAM 4	=JC*-27Y-TROUBLE BR		Examine	5	-	-	-	-	-	CMA	JC*	28
	EXAM 5	44Y-LIMITED PHYSICA		Disch	-	6	-	-	-	-	CMA	AS*	33
	PROC				-	-	-	-	-	-			
	LAB	RV-32Y-DOES NOT FEE		Open	-	6	-	-	-	-	CMA	AS*	38
	X-RAY	34Y-RIGHT HIP PAIN		Open	-	-	-	4	-	-	CMA	JC*	43
		*** END ***											

Patient waiting times by discipline

## Current Clinicians Seeing the Patient

To the right of the patient waiting time columns by discipline on the Clinic Status screen are columns displaying the current clinical staff and provider to see the patient at this visit.

- **TEC** - current clinical staff
- **DOC** - current provider

The screenshot shows the MEDTRAK Clinic Status interface. At the top, it displays 'MEDTRAK Clinic Status SAT 04/28 2:05p'. Below this is a search bar with 'MEDICAL' entered and a 'Division' dropdown. There are navigation icons for Schedule, Patients, Companies, Search, and Further Review. On the left, there is a list of 'Available Functions' including Submit / Refresh, Name / Reason, Clinical Notes, Examine Patient, Order Entry, Open Orders, Provider's Notes, Out The Door, Discharge, Done, Schedule, Visit Log, Online Chart, Pathway, and View Prints. The main table has columns: CMD, ROOM, NAME / REASON, ORDER, STATUS, DR, TC, CL, XR, LB, RS, TEC, DOC, and TOT. A red box highlights the TEC, DOC, and TOT columns. A callout box points to the TEC and DOC columns with the text 'Current clinical staff and provider'. Another callout box points to the TOT column with the text 'Total elapsed time for the patient's visit'.

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		=AS*-24Y-COUGH AND		Done	.	.	4	.	.	.	CMA	AS*	13
		31Y-CUT ON RIGHT FO		Room	.	6	.	.	.	.		***	8
	EXAM 1				.	.	.	.	.	.			.
	EXAM 2	=JC*-27Y-HEADACHE		Ans CN	.	5	.	.	.	.		***	18
	EXAM 3	=AS*-36Y-LOWER BACK		Rack	7	.	.	.	.	.	CMA	***	23
	EXAM 4	=JC*-27Y-TROUBLE BR		Examine	5	.	.	.	.	.	CMA	JC*	28
	EXAM 5	44Y-LIMITED PHYSICA		Disch	.	6	.	.	.	.	CMA	AS*	33
	PROC				.	.	.	.	.	.			.
	LAB	RV-32Y-DOES NOT FEE		open	.	6	.	.	.	.	CMA	AS*	38
	X-RAY	34Y-RIGHT HIP PAIN		open	.	.	.	4	.	.	CMA	JC*	43
		*** END ***											

Current clinicians

Total elapsed time for the patient's visit

## Total Elapsed Time for the Patient's Visit

The last column on the right contains the total elapsed time for the patient's visit from the time that the patient was registered at the front desk. The total waiting times are color coded as follows:

Total elapsed time

<b>Green</b>	30 minutes or less.
<b>Yellow</b>	31 to 60 minutes.
<b>Red</b>	61 minutes or more.

## Self Assessment

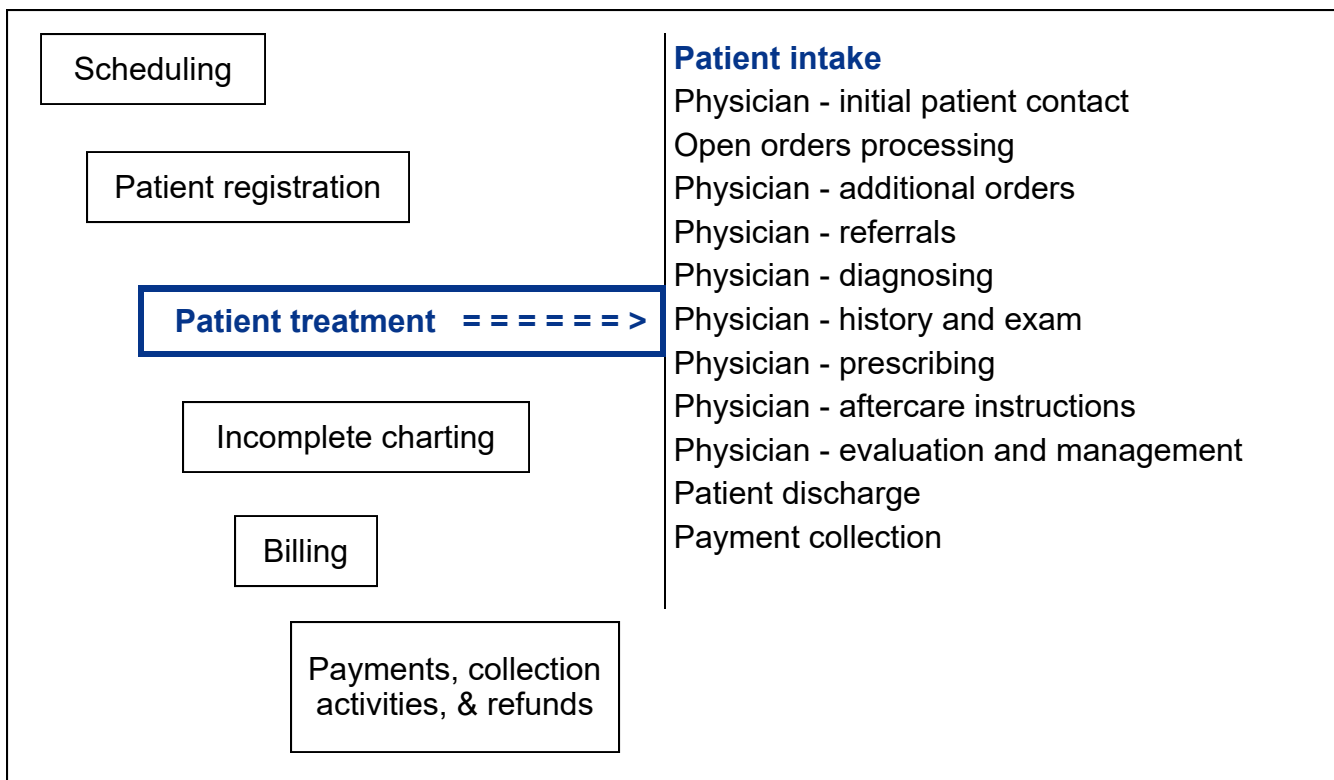
There is no **Self Assessment** report for this chapter.



# Patient Intake

# 9

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ Reason(s) for seeing the physician
- ▶ Medical history
- ▶ Medications
- ▶ Allergies
- ▶ Body statistics
- ▶ Vital signs
- ▶ Meaningful Use Objectives:
  - Core #4 - Calculate body mass
  - Core #6 - Clinical decision support
- ▶ Answer field
- ▶ Expanded answer
- ▶ Standard answer
- ▶ Triggers
- ▶ Stored responses
- ▶ Normal answers

# Patient Intake

After registration, the patient waits in the reception area for the clinical staff to place them into an examination room and ask them some health-related questions prior to the physician seeing them.

In many clinical situations, these health-related questions include:

- Reason(s) for seeing the physician
- Medical history
- Medications
- Allergies
- Body statistics
- Vital signs
- Nursing observations

- Reason(s) for seeing the physician / chief complaint(s)
- History of the chief complaint(s)
- Symptoms
- Previous medical history including similar injuries or illnesses
- Current medications and over-the-counter medication information
- Allergies including medication allergies
- Body statistics of height and weight
- Vital signs - including blood pressure, heart rate, respiration, and temperature
- Other nursing observations

The patients that you registered in Chapter 7 – Patient Registration are now on the Clinic Status screen and ready for clinical processing. To access the Clinic Status screen, the clinical staff clicks the *Clinic Status* button on the MedTrak Main Menu (shown below).



Clinic Status button

## Checking for Room Availability

Prior to moving the patient into an examination room, the clinical staff visually checks to see which rooms are available and clean, and then checks the Clinic Status screen for confirmation of availability (shown below).

The screenshot shows the MedTrak Clinic Status interface. At the top, it displays 'Zzz Medical Care' and the current date and time: 'FRI 07/12 9:28a'. Below this are navigation buttons for 'Location', 'Schedule', 'Patients', 'Companies', 'Search', and 'Further Review'. On the left side, there is a vertical menu of 'Available Functions' including 'Submit / Refresh', 'Name / Reason', 'Clinical Notes', 'Examine Patient', 'Order Entry', 'Open Orders', 'Provider's Notes', 'Out The Door', 'Discharge', 'Done', 'Schedule', 'Visit Log', 'Online Chart', 'Pathway', and 'View Prints'. The main area contains a table with the following columns: CMD, ROOM, NAME / REASON, ORDER, STATUS, DR, TC, CL, XR, LB, RS, TEC, DOC, and TOT. The table lists two patients: Michael T. Newcombe and Charles T. Anderson. Below the patient list, there are buttons for 'EXAM 1' through 'EXAM 5', 'PROC', 'LAB', and 'X-RAY'. The 'EXAM 5' button is highlighted in yellow, indicating it is the selected room for Mr. Newcombe.

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		--- MEDICAL ---											
		Newcombe, Michael T		Room		2						***	11
		Anderson, Charles T		Room		4						***	6
	EXAM 1												
	EXAM 2												
	EXAM 3												
	EXAM 4												
	EXAM 5												
	PROC												
	LAB												
	X-RAY												
		*** END ***											

Checking for room availability

The clinical staff then goes to the front desk to get the patient’s paperwork (some clinics continue to use paper charts to supplement the electronic medical record and/or to store papers that they do not want to store in the electronic health record).

## Moving a Patient to a Room

On the way to the front desk to get the patient, the clinical staff moves the patient on the Clinic Status screen from the waiting room to an exam room. To move a patient to a room on the Clinic Status screen, the clinical staff places the cursor next to the patient and then clicks an exam room button.

In this example, the clinical staff places Mr. Newcombe in examination room 5 and Mr. Anderson in examination room 2. To move Mr. Newcombe to Exam 5 on the Clinic Status screen, the clinical staff places the cursor in the command field next to Mr. Newcombe and clicks the *Exam 5* button. To move Mr. Anderson to Exam 2, the clinical staff places the cursor in the command field next to Mr. Anderson and clicks the *Exam 2* button (shown on the next page). MedTrak resets the clinical staff (TC column) waiting time indicating that the clinical staff has just started to do the patient’s intake.





## Answering Clinical Questions

Presenting problem

Do These Steps 9.03 =====>

After verifying the accuracy of the presenting problems selected and displayed on the Clinical Note Processor screen, the clinical staff answers the clinical notes questions for Mr. Anderson. To answer the questions, with the cursor next to any **presenting problem** (if there are multiple presenting problems, the cursor can be next to any one of them), the clinical staff clicks the *Enter Answers* button.

1. Click the *Enter Answers* button  
(You should be on the Clinical Notes screen)

The next screen to appear is the Clinical Notes screen (shown below). This screen lists all of the questions for the clinical staff to answer for the presenting problem(s). MedTrak automatically loads the answer for the **Chief Complaint** question from the visit information entered by the front desk person. If this information is inaccurate, the clinical staff will change it. In this example, the clinical staff confirms with Mr. Anderson that he is being seen for “**LEFT ANKLE PAIN**”.

Chief complaint already answered

**MEDTRAK**

### Clinical Notes

FRI 12/18 10:32a

ANDERSON, CHARLES T. (47E44G)  
LEFT ANKLE PAIN (652705-9990)

Available Functions

- [On-line Chart](#)
- [Submit Answers](#)
- [Normal Answer](#)
- [Stored Response](#)
- [Expanded Answer](#)
- [Beginning](#)
- [Patient History](#)
- [View Prints](#)
- [More Functions](#)
- [Page Up](#)
- [Page Down](#)
- [Exit Screen](#)

\*\*\* BEGINNING \*\*\*

**CURRENT PROBLEM**

CHIEF COMPLAINT: LEFT ANKLE PAIN

HISTORY CHIEF COMPLAINT:

History of Injury:

Symptoms:

Pain scale:

**PATIENT HISTORY**

**MEDICATIONS**

Prescription Meds:

Over-the-counter substances:

**ALLERGIES**

Medication Allergies:

**PAST MEDICAL HISTORY**

Significant condition:

**PAST SURGICAL HISTORY**

Lower extremity surgery:

**PREVIOUS INJURIES**

Ankle injury:

Each question's **answer field** holds up to ten characters. Many answers to questions will fit into this ten character answer field. For a question whose answer is longer than ten characters, the clinical staff clicks the *Expanded Answer* button.

Answer field

## Expanded Answers

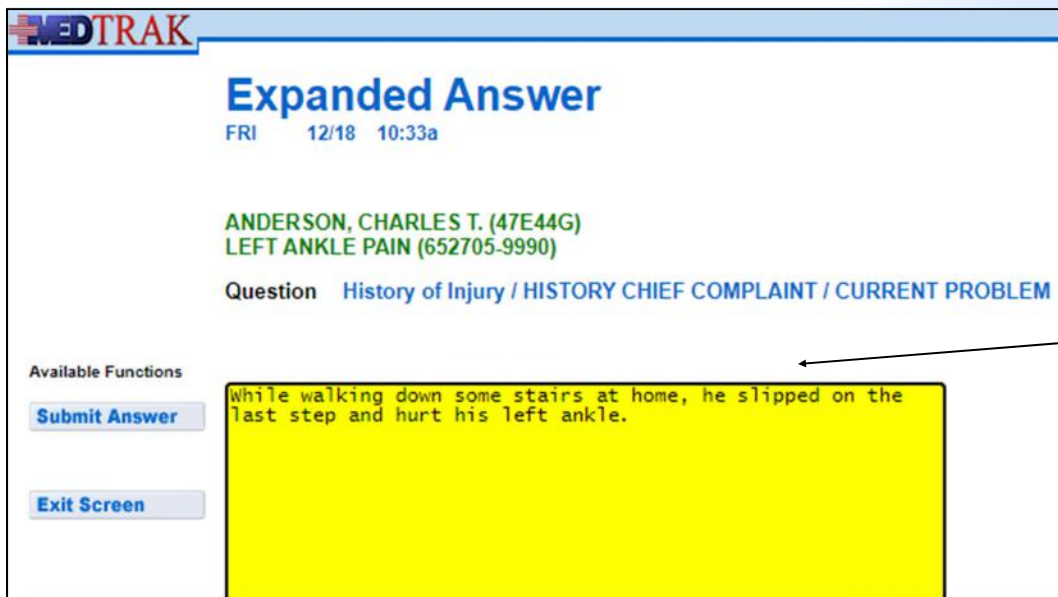
In this example, the clinical staff selects the **expanded answer** function to answer the **History of Injury** question. With the cursor in the answer field for the **History of Injury** question, the clinical staff clicks the *Expanded Answer* button.

Expanded answer

The next screen to appear is the Expanded Answer screen. This screen allows entry of information in three ways:

- Typing directly into the field.
- Cutting and pasting information from another document (for example, a Word document created by a transcriptionist).
- Using voice recognition software and a microphone to dictate directly into the field.

In this example, the clinical staff learns from Mr. Anderson that **While walking down some stairs at home, he slipped on the last step and hurt his left ankle.** The clinical staff types this answer in the expanded answer field (shown below).



History of the injury

After entering the answer in the Expanded Answer screen, the clinical staff clicks the *Submit Answer* button. The Clinical Notes screen refreshes, displaying the answer to the right of the **History of Injury** question (shown on the next page).

**MEDTRAK**

### Clinical Notes

FRI 12/18 10:34a

Changes processed — re-displaying screen...

ANDERSON, CHARLES T. (47E44G)  
LEFT ANKLE PAIN (652705-9990)

Available Functions  
[On-line Chart](#)  
[Submit Answers](#)  
[Normal Answer](#)  
[Stored Response](#)  
[Expanded Answer](#)  
[Beginning](#)

\*\*\* BEGINNING \*\*\*

**CURRENT PROBLEM**

CHIEF COMPLAINT: LEFT ANKLE PAIN

**HISTORY CHIEF COMPLAINT:**

History of Injury: While walking down some stairs at home, he slipped on the last step and hurt his left ankle.

Symptoms:

Pain scale:

History of the injury

Do These Steps  
9.04 =====>

1. Review the Clinical Notes screen  
(The Chief Complaint shows LEFT ANKLE PAIN)
2. Place the cursor in the History of Injury answer field
3. Click the *Expanded Answer* button  
(You should be on the Expanded Answer screen)
4. Type **While walking down some stairs at home, he slipped on the last step and hurt his left ankle.**
5. Click the *Submit Answer* button  
(You should be back on the Clinical Notes screen)  
(The answer is next to the **History of Injury**)

The clinical staff examines Mr. Anderson’s left ankle and finds that it is red and swollen. Mr. Anderson also indicates that it is **painful**. The clinical staff places the cursor in the answer field for the **Symptoms** question and clicks the *Expanded Answer* button. The clinical staff types **The left ankle is red,**

**MEDTRAK**

### Expanded Answer

FRI 12/18 10:36a

ANDERSON, CHARLES T. (47E44G)  
LEFT ANKLE PAIN (652705-9990)

Question Symptoms / HISTORY CHIEF COMPLAINT / CURRENT PROBLEM

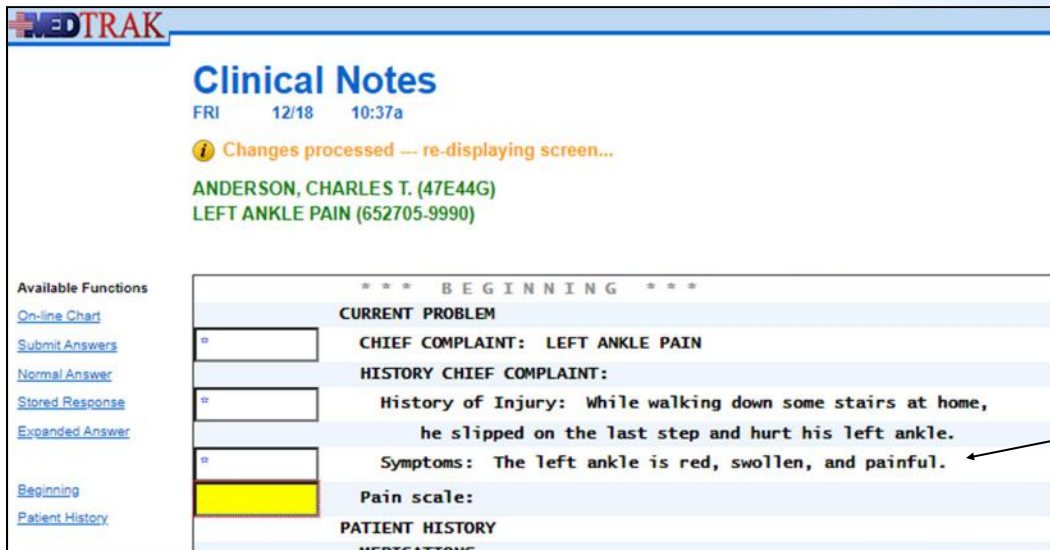
Available Functions  
[Submit Answer](#)

The left ankle is red, swollen, and painful. |

Symptoms



After entering the answer in the Expanded Answer screen, the clinical staff clicks the *Submit Answer* button. The Clinical Notes screen reappears, displaying the answer to the right of the **Symptoms** question (shown below).



Symptoms

1. Be sure the cursor is in the **Symptoms** answer field
2. Click the *Expanded Answer* button  
(You should be on the Expanded Answer screen)
3. Type **The left ankle is red, swollen, and painful.**
4. Click the *Submit Answer* button  
(You should be back on the Clinical Notes screen)  
(The answer is next to the **Symptoms**)

Do These Steps  
<==== 9.05

## Stored Responses

Many questions asked by the clinical staff and physician can be answered with a **standard answer**. MedTrak allows answering questions with standard answers by using **triggers** to retrieve **stored responses**. Using a trigger to answer a question saves time.

Standard answer

For example, the **Pain Scale** question is typically answered using a scale of 1 to 10. Experienced users of MedTrak enter these triggers directly into the answer field next to a question. If the user is not sure what triggers are available for the question, the user can choose from a list of available triggers by using the *Stored Response* button.

Triggers

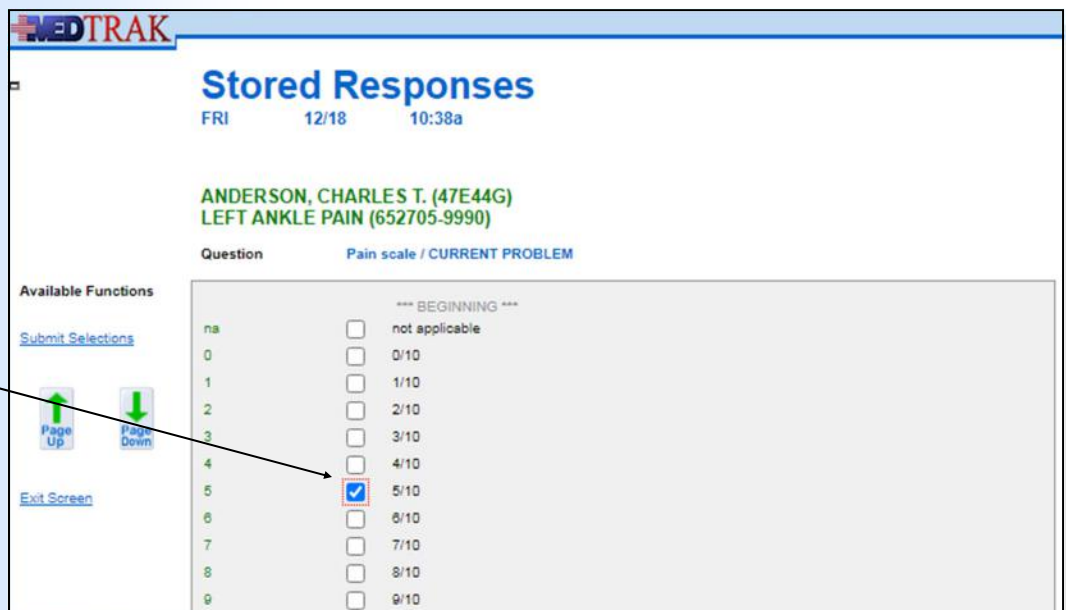
In this example, the clinical staff places the cursor next to the **Pain Scale** question and clicks the *Stored Response* button. The Stored Responses screen appears.

Stored responses

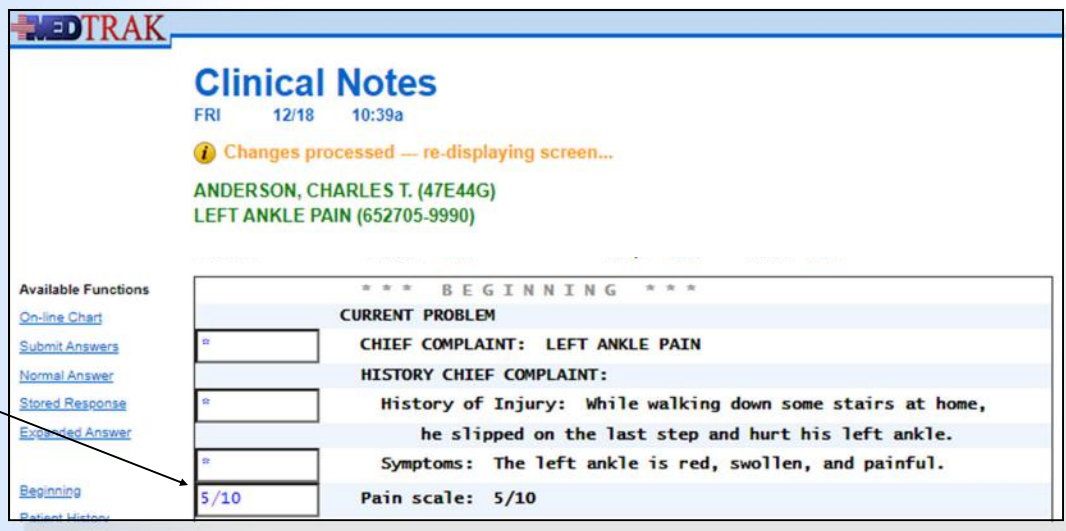
The Stored Responses screen will list only the stored responses for that question. As you can see from the Pain Scale Stored Responses screen, the stored responses and triggers only apply to that question. Not all questions can be answered using triggers. For instance, patient history questions usually do not have stored responses because there is no standard way that someone is injured or develops an illness.

The clinical staff selects the stored response by clicking its checkbox. Some questions allow for selection of multiple stored responses and some require that the user select only one stored response.

In this example, the clinical staff selects the **5/10** checkbox on the Stored Responses screen for the **Pain Scale** question (shown below).



After selection, the clinical staff clicks the **Submit Selections** button to accept the stored response as the answer. The Clinical Notes screen reappears displaying the answer to the right of the **Pain Scale** question (shown below).



1. Be sure the cursor is in the **Pain Scale** answer field
2. Click the **Stored Response** button  
(You should be on Pain Scale Stored Responses screen)
3. Click the checkbox for **5/10**
4. Click the **Submit Selections** button  
(You should be back on the Clinical Notes screen)  
(The answer is next to the **Pain Scale**)

Do These Steps  
<==== 9.06

## Prescription Medications

The clinical staff then asks Mr. Anderson if he is on any prescription medications. He responds that he is taking Nexium. The clinical staff then asks what dosage it is, when he started taking it, and what directions he has for taking it. He responds that a couple of months ago, he started taking one 20mg capsule of Nexium an hour before eating.

With the cursor in the **Prescription Meds** field, the clinical staff clicks the **Expanded Answer** button. The next screen to appear is the Prescription Meds screen. On this screen, the clinical staff enters the Nexium prescription information (shown below).

The screenshot shows the MedTrak Prescription Meds interface. At the top, it displays the patient's name, ANDERSON, CHARLES T. (47E44G), and the reason for the visit, LEFT ANKLE PAIN (652705-9990). Below this is a breadcrumb trail: Prescription Meds / MEDICATIONS / PATIENT HISTORY. On the left side, there are navigation buttons: Submit Answers, Page Up, Page Down, and Exit Screen. The main part of the screen is a table with three columns: Drug / Dosage, Date, and Directions. The first row contains the text 'Nexium 20mg caps', '01/01/20', and 'Take one 1 hour before eating.'. The second row is highlighted in yellow.

Drug / Dosage	Date	Directions
Nexium 20mg caps	01/01/20	Take one 1 hour before eating.

Nexium prescription

Recording the patient’s medications complies with Core Objective #15 of Meaningful Use.

Then the clinical staff asks Mr. Anderson if he is on any other prescription medications. He says no, so the clinical staff clicks the **Submit Answers** button to return to the Clinical Notes screen (shown on the next page).



He responds that six months ago he started taking two 200mg tablets of ibuprofen at dinner.

With the cursor in the **Over-the-counter substances** field, the clinical staff clicks the *Expanded Answer* button. The next screen to appear is the Over-the-counter substances screen. On this screen, the clinical staff enters the ibuprofen information (shown below).

**MEDTRAK**  
**Over-the-counter substances**  
 FRI 12/18 10:42a

ANDERSON, CHARLES T. (47E44G)  
 LEFT ANKLE PAIN (652705-9990)  
 Over-the-counter substances / MEDICATIONS / PATIENT HISTORY

Available Functions  
[Submit Answers](#)

Drug / Dosage	Date	Directions
Ibuprofen 200mg tablets	06/01/20	Two tablets at dinner.

Page Up Page Down

Ibuprofen

Then the clinical staff asks Mr. Anderson if he is taking any other over-the-counter substances. He says no, so the clinical staff clicks the *Submit Answers* button to return to the Clinical Notes screen (shown below).

**MEDTRAK**  
**Clinical Notes**  
 FRI 12/18 10:44a

Changes processed — re-displaying screen...

ANDERSON, CHARLES T. (47E44G)  
 LEFT ANKLE PAIN (652705-9990)

Available Functions  
[On-line Chart](#)  
[Submit Answers](#)  
[Normal Answer](#)  
[Stored Response](#)  
[Expanded Answer](#)  
[Beginning](#)  
[Patient History](#)  
[View Prints](#)  
[More Functions](#)  
[Exit Screen](#)

\*\*\* BEGINNING \*\*\*

**CURRENT PROBLEM**

CHIEF COMPLAINT: LEFT ANKLE PAIN

**HISTORY CHIEF COMPLAINT:**

History of Injury: while walking down some stairs at home, he slipped on the last step and hurt his left ankle.

Symptoms: The left ankle is red, swollen, and painful.

Pain scale: 5/10

**PATIENT HISTORY**

**MEDICATIONS**

Prescription Meds:  
 Nexium 20mg caps 01/01/20 Take one 1 hour befo

Over-the-counter substances:  
 Ibuprofen 200mg tabl 06/01/20 Two tablets at dinne

**ALLERGIES**

Medication Allergies:

**PAST MEDICAL HISTORY**

Significant condition:

**PAST SURGICAL HISTORY**

Over-the-counter substances

Do These Steps  
9.08 =====>

1. Be sure the cursor is in the **Over-the-counter substances** answer field
2. Click the *Expanded Answer* button  
(You should be on Over-the-counter substances screen)
3. Type **Ibuprofen 200mg tablets** in **Drug / Dosage** column
4. Type a date that is six months ago in the **Date** column
5. Type **Two tablets at dinner.** in **Directions** column
6. Click the *Submit Answers* button  
(You should be back on the Clinical Notes screen)  
(The over-the-counter substance should appear)

## Medication Allergies .....

The next question the clinical staff asks Mr. Anderson is whether he is allergic to any medications. This question appears on every clinical note checklist because it is important for the provider to know of any medication allergies the patient might have. Mr. Anderson replies that he is allergic to penicillin. The clinical staff then asks him what allergic reaction he has when he takes penicillin, and whether this is an active allergy or not. He replies that penicillin upsets his stomach, and to his knowledge this is still the case.

With the cursor in the **Medication Allergies** field, the clinical staff clicks the *Expanded Answer* button. The next screen to appear is the Medication Allergies screen. On this screen, the clinical staff enters the penicillin allergy information (shown below).

**MEDTRAK**  
**Medication Allergies**  
 FRI 12/18 10:46a

ANDERSON, CHARLES T. (47E44G)  
 LEFT ANKLE PAIN (652705-9990)  
 Medication Allergies / ALLERGIES / PATIENT HISTORY

Available Functions  
[Submit Answers](#)

Allergy	Reaction	Status
Penicillin	Upset stomach	Active

Exit Screen

Penicillin  
allergy

Recording the patient’s medication allergies complies with Core Objective #15 of Meaningful Use.

Then the clinical staff asks Mr. Anderson if he has any other medication allergies. He says no, so the clinical staff clicks the *Submit Answers* button to return to the Clinical Notes screen (shown below).

**MEDTRAK**

### Clinical Notes

FRI 12/18 10:47a

Changes processed — re-displaying screen...

ANDERSON, CHARLES T. (47E44G)  
LEFT ANKLE PAIN (652705-9990)

Available Functions:  
[On-line Chart](#)  
[Submit Answers](#)  
[Normal Answer](#)  
[Stored Response](#)  
[Expanded Answer](#)  
[Beginning](#)  
[Patient History](#)  
[View Prints](#)  
[More Functions](#)  
[Page Up](#)  
[Page Down](#)  
[Exit Screen](#)

\*\*\* BEGINNING \*\*\*

**CURRENT PROBLEM**

CHIEF COMPLAINT: LEFT ANKLE PAIN

**HISTORY CHIEF COMPLAINT:**

History of Injury: While walking down some stairs at home, he slipped on the last step and hurt his left ankle.

Symptoms: The left ankle is red, swollen, and painful.

Pain scale: 5/10

**PATIENT HISTORY**

**MEDICATIONS**

Prescription Meds:  
 Nexium 20mg caps 01/01/20 Take one 1 hour befo  
 Over-the-counter substances:  
 Ibuprofen 200mg tabl 06/01/20 Two tablets at dinne

**ALLERGIES**

Medication Allergies:	Reaction	Status
Penicillin	Upset stomach	Active

**PAST MEDICAL HISTORY**

Significant condition:

Medication Allergies

1. Be sure the cursor is in the **Medication Allergies** field
2. Click the *Expanded Answer* button  
(You should be on Medication Allergies screen)
3. Type **Penicillin** in **Allergy** column
4. Type **Upset stomach** in the **Reaction** column
5. Type **Active** in the **Status** column
6. Click the *Submit Answers* button  
(You should be back on the Clinical Notes screen)  
(The medication allergy should appear)

Do These Steps  
<==== 9.09

## Normal Answers

**Normal answers** are a subset of the standard answers available for a question. MedTrak allows for normal answers by clicking the *Normal Answer* button which is the equivalent of entering a trigger of a lowercase “n” to retrieve the normal answer to a question. Not all questions will have a normal answer.

For example, the **Significant condition** question’s normal answer is **None**. Meaning, that the patient has no other significant condition that might affect the patient’s medical condition. The clinical staff answers this question by clicking the *Normal Answer* button. MedTrak enters the normal answer **None** and automatically moves the cursor down to the next answer field. This also saves time.

In this example, the clinical staff asks Mr. Anderson if he has any other significant medical condition. He answers no so the clinical staff clicks the *Normal Answer* button for the **Significant condition** question. MedTrak places **None** in the answer field for this question (shown below).

The screenshot shows the MedTrak Clinical Notes interface for patient ANDERSON, CHARLES T. (47E44G) with LEFT ANKLE PAIN (652705-9990). The interface includes a sidebar with 'Available Functions' such as 'Normal Answer', and a main content area with various medical history sections. A callout box points to the 'Normal Answer' button in the sidebar, and another callout box points to the 'None' answer in the 'Significant condition' field.

Section	Content
Available Functions	On-line Chart, Submit Answers, Normal Answer, Stored Response, Expanded Answer, Beginning, Patient History, View Prints, More Functions, Page Up, Page Down, Exit Screen
*** BEGINNING ***	Header for current problem section
CURRENT PROBLEM	CHIEF COMPLAINT: LEFT ANKLE PAIN
HISTORY CHIEF COMPLAINT:	History of Injury: While walking down some stairs at home, he slipped on the last step and hurt his left ankle.
Symptoms:	The left ankle is red, swollen, and painful.
Pain scale:	5/10
PATIENT HISTORY	MEDICATIONS
Prescription Meds:	Nexium 20mg caps 01/01/20 Take one 1 hour befo
Over-the-counter substances:	Ibuprofen 200mg tabl 06/01/20 Two tablets at dinne
ALLERGIES	Medication Allergies: Penicillin Upset stomach Active
PAST MEDICAL HISTORY	Significant condition: None

Then the clinical staff clicks the *Page Down* button to advance to the Clinical Notes screen. (shown on the next page).



The clinical staff then asks Mr. Anderson if he has had any surgeries to his lower extremity. He answers no. The clinical staff clicks the *Normal Answer* button for this question also (shown below).

The screenshot shows the MedTrak Clinical Notes interface for patient ANDERSON, CHARLES T. (47E44G) with LEFT ANKLE PAIN (652705-9990). The interface includes a sidebar with 'Available Functions' such as 'On-line Chart', 'Submit Answers', 'Normal Answer', 'Stored Response', 'Expanded Answer', 'Beginning', 'Patient History', 'View Prints', and 'More Functions'. The main content area is divided into sections: 'PATIENT HISTORY', 'PAST SURGICAL HISTORY', 'PREVIOUS INJURIES', 'MUSCULOSKELETAL HISTORY', 'BODY STATISTICS (US)', and 'VITAL SIGNS'. In the 'PAST SURGICAL HISTORY' section, the question 'Lower extremity surgery:' has the answer 'No' entered in a text field. A callout box labeled 'Normal answer button' points to the 'Normal Answer' button in the sidebar. Another callout box labeled 'Normal answer inserted' points to the 'No' text in the 'Lower extremity surgery:' field.

1. Be sure the cursor is in the **Significant condition** field
2. Click the *Normal Answer* button  
(MedTrak enters **None** in the **Significant condition**)
3. Click the *Page Down* button  
(You should be on the next Clinical Notes screen)  
(The cursor should be in **Lower extremity surgery** field)
4. Click the *Normal Answer* button  
(MedTrak enters **No** in the **Lower extremity surgery** field)

Do These Steps  
<==== 9.10

Next the clinical staff asks Mr. Anderson if he has had any previous ankle injuries. He answers yes, I have sprained my left ankle on several occasions playing basketball. The clinical staff clicks the *Expanded answer* button for the **Ankle injury** question and enters his response.

Then the clinical staff asks Mr. Anderson if he has any arthritis or joint problems or muscle pain stiffness or tendinitis. He answers no to these questions. The clinical staff clicks the *Normal Answer* button for each of these questions. The Clinical Notes screen is updated with the answers (as shown on the next page).

Expanded Answer

Normal Answers

Do These Steps 9.11 =====>

1. Be sure the cursor is in the **Ankle injury** answer field
2. Click the **Expanded Answer** button  
(You should be on Expanded Answer screen)
3. Type **Patient has sprained his left ankle playing basketball on several occasions.**
4. Click the **Submit Answer** button  
(You should be back on the Clinical Notes screen)  
(Cursor should be in the **Arthritis, joint problem** field)
6. Click the **Normal Answer** button  
(MedTrak enters **No** in the **Arthritis, joint problem** field)  
(Cursor should be in the **Muscle pain stiffness** field)
7. Click the **Normal Answer** button  
(MedTrak enters **No** in the **Muscle pain stiffness** field)  
(Cursor should be in the **Tendinitis** field)
8. Click the **Normal Answer** button  
(MedTrak enters **No** in the **Tendinitis** field)  
(The cursor should be in **Height (ft)** field)

Then the clinical staff enters Mr. Anderson's body statistics using the drop-down list to select his height at **5 feet 10 inches** and his weight at **195 pounds**. After entering the height and weight, the clinical staff presses the **ENTER** key. MedTrak then calculates and displays Mr. Anderson's body mass index (BMI) of **28.0** which complies with Core Objective #4 of Meaningful Use.

The clinical staff then enters Mr. Anderson's systolic blood pressure of **120** and **80** for diastolic (shown below).

**MedTRAK**

## Clinical Notes

FRI 12/18 10:56a

**Changes processed — re-displaying screen...**

**ANDERSON, CHARLES T. (47E44G)**  
**LEFT ANKLE PAIN (652705-9990)**

**Available Functions**

- [On-line Chart](#)
- [Submit Answers](#)
- [Normal Answer](#)
- [Stored Response](#)
- [Expanded Answer](#)
- [Beginning](#)
- [Patient History](#)
- [View Prints](#)
- [More Functions](#)
- [Page Up](#)
- [Page Down](#)
- [Exit Screen](#)

**PATIENT HISTORY**

**PAST SURGICAL HISTORY**

Lower extremity surgery: No

**PREVIOUS INJURIES**

Ankle injury: Patient has sprained his left ankle playing basketball on several occasions.

**MUSCULOSKELETAL HISTORY**

Arthritis, joint problem: No

Muscle pain stiffness: No

Tendinitis: No

**BODY STATISTICS (US)**

5 ft 10 in Height: 5'10"

195 lbs Weight: 195lbs

BMI (body mass index): 28.0

**VITAL SIGNS**

**Blood Pressure**

120 Systolic:

80 Diastolic:

Next screen of questions with answers

After entering the blood pressure, the clinical staff clicks the **Page Down** button

1. Select **5** on the **Height (ft)** drop-down list
2. Select **10** on the **Height (in)** drop-down list
3. Type **195** in the **Weight (lbs)** answer field
4. Click the **Submit Answers** button  
(The **Clinical Notes** screen refreshes displaying a body mass index of **28.0**)
5. Type **120** in the **Blood Pressure / Systolic** answer field
6. Type **80** in the **Blood Pressure / Diastolic** answer field
7. Click the **Page Down** button  
(You should be on the last **Clinical Notes** screen)

Do These Steps  
<==== 9.12

The clinical staff enters the rest of Mr. Anderson’s vital signs:

<b>Pulse</b>	<b>65</b>
<b>Respirations</b>	<b>14</b>
<b>Temperature</b>	<b>98</b>

Recording the patient’s vital signs complies with Core Objective #4 of Meaningful Use.

Then the clinical staff types **none** in the **Nursing Observations / Notes** field (shown below).

Last screen of questions with answers

Then the clinical staff clicks the **Submit Answers** button. The **Clinical Notes** screen refreshes, showing the answers to the right of the questions.

Do These Steps 9.13 =====>

1. Type **65** in the **Pulse** answer
2. Type **14** in the **Respirations** answer
3. Type **98** in the **Temperature** answer
4. Type **none** in the **Nursing Observations / Notes**
5. Click the **Submit Answers** button  
(The **Clinical Notes** screen refreshes showing the answers to the right of the questions.)

The clinical staff reviews their answers on this screen and clicks the *Page Up* button to return to the previous Clinical Notes screen (shown below).

**MEDTRAK Clinical Notes**  
 FRI 12/18 10:58a  
 Changes processed on previous screen — Paged up...  
 ANDERSON, CHARLES T. (47E44G)  
 LEFT ANKLE PAIN (652705-9990)  
 Password \*\*\*\*\* Initials HMA Resp TECH Initials HMA

**Available Functions**  
[On-line Chart](#)  
[Submit Answers](#)  
[Normal Answer](#)  
[Stored Response](#)  
[Expanded Answer](#)  
[Beginning](#)  
[Patient History](#)  
[View Prints](#)  
[More Functions](#)  
 Page Up Page Down  
[Exit Screen](#)

**PATIENT HISTORY**

**PAST SURGICAL HISTORY**  
 Lower extremity surgery: No

**PREVIOUS INJURIES**  
 Ankle injury: Patient has sprained his left ankle playing basketball on several occasions.

**MUSCULOSKELETAL HISTORY**  
 Arthritis, joint problem: No  
 Muscle pain stiffness: No  
 Tendinitis: No

**BODY STATISTICS (US)**  
 5 ft 10 in Height: 5'10"  
 195 lbs Weight: 195lbs  
 BMI (body mass index): 28.0

**VITAL SIGNS**  
**Blood Pressure**  
 120 Systolic: 120  
 80 Diastolic: 80

Previous screen of questions with answers

The clinical staff reviews their answers on this screen and then clicks the *Page Up* button to return to the first screen to review the answers (shown below).

**MEDTRAK Clinical Notes**  
 FRI 12/18 10:59a  
 Paged up...  
 ANDERSON, CHARLES T. (47E44G)  
 LEFT ANKLE PAIN (652705-9990)  
 Password \*\*\*\*\* Initials HMA Resp TECH Initials HMA

**Available Functions**  
[On-line Chart](#)  
[Submit Answers](#)  
[Normal Answer](#)  
[Stored Response](#)  
[Expanded Answer](#)  
[Beginning](#)  
[Patient History](#)  
[View Prints](#)  
[More Functions](#)  
 Page Up Page Down  
[Exit Screen](#)

\*\*\* BEGINNING \*\*\*

**CURRENT PROBLEM**  
 CHIEF COMPLAINT: LEFT ANKLE PAIN  
 HISTORY CHIEF COMPLAINT:  
 History of Injury: While walking down some stairs at home, he slipped on the last step and hurt his left ankle.  
 Symptoms: The left ankle is red, swollen, and painful.  
 Pain scale: 5/10

**PATIENT HISTORY**  
**MEDICATIONS**  
 Prescription Meds:  
 Nexium 20mg caps 01/01/20 Take one 1 hour befo  
 Over-the-counter substances:  
 Ibuprofen 200mg tabl 06/01/20 Two tablets at dinne

**ALLERGIES**  
 Medication Allergies:  
 Penicillin Upset stomach Active

**PAST MEDICAL HISTORY**  
 Significant condition: None

First screen of questions with answers

At any time during the entering of the clinical notes, the clinical staff can review the **on-line visit chart** (shown below) by clicking the *On-line Chart* button.

Online chart

**FEDTRAK**

## Visit Chart

FRI 12/18 10:59a

**Anderson, Charles T. (47E44G) / ..Patient Responsibility (2)**

Function  (Enter the command and press the ENTER key.)

Available Functions

- [Appointments](#)
- [Visit Information](#)
- [Orders](#)
- [Instructions](#)
- [Clinical Notes](#)
- [Exit Chart](#)

**Appointments** [edit details]  
None.

**Visit Information** [edit details]  
LEFT ANKLE PAIN, DOC-Initial, HMA, \$0.00  
Date/Time: 11/05/15 11:31a - n/a  
Level of Service: n/a  
Payers: Blue Cross / Blue Shield of Michigan  
Nationwide Insurance  
SELF PAY

**Orders** [edit details]  
none

**Instructions** [edit details]  
none

**Clinical Notes** [edit details]

CURRENT PROBLEM  
CHIEF COMPLAINT: LEFT ANKLE PAIN  
HISTORY CHIEF COMPLAINT:  
History of Injury: while walking down some stairs at home, he slipped on the last step and hurt his left ankle.  
Symptoms: The left ankle is red, swollen, and painful.  
Pain scale: 5/10

PATIENT HISTORY  
MEDICATIONS  
Prescription Meds:  
Nexium 20mg caps 01/01/20 Take one 1 hour befo  
Over-the-counter substances:  
Ibuprofen 200mg tabl 06/01/20 Two tablets at dinne

ALLERGIES  
Medication Allergies:  
Penicillin Upset stomach Active

PAST MEDICAL HISTORY  
Significant condition: None

PAST SURGICAL HISTORY  
Lower extremity surgery: No

PREVIOUS INJURIES  
Ankle injury: Patient has sprained his left ankle playing basketball on several occasions.

MUSCULOSKELETAL HISTORY  
Arthritis, joint problem: No  
Muscle pain stiffness: No  
Tendinitis: No

BODY STATISTICS  
Height: 5'10"  
Weight: 195lbs  
BMI (body mass index): 28.0

VITAL SIGNS  
Blood Pressure  
Systolic: 120  
Diastolic: 80  
Pulse: 65  
Respirations: 14  
Temperature: 98

NURSING OBSERVATIONS  
Notes: none

To exit the on-line visit chart, the clinical staff clicks the *Exit Chart* button. After reviewing the answers to the clinical questions, the clinical staff clicks the *Exit Screen* button to return to the Clinical Note Processor.

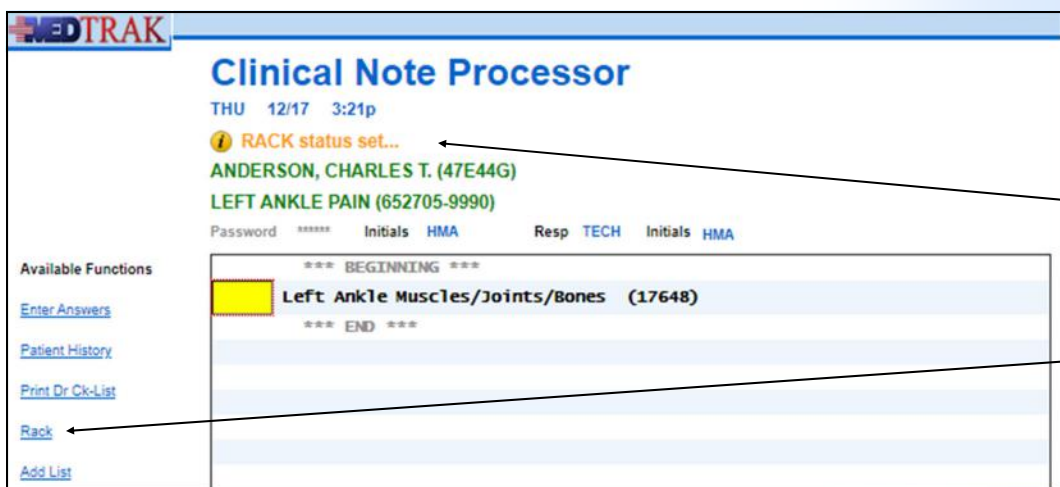
Do These Steps  
<==== 9.14

1. Review the answers on the Clinical Notes for accuracy
2. Click the *Page Up* button  
(Review the answers for accuracy)
3. Click the *Page Up* button  
(Review the answers for accuracy)
4. Click the *On-line Chart* button  
(Review the on-line visit chart for Mr. Anderson)
5. Click the *Exit Chart* button  
(You should be back on the Clinical Notes)
6. Click the *Exit Screen* button  
(You should be back on Clinical Note Processor)

## Letting the Physician Know the Patient is Ready ●

The clinical staff is done with this patient for now and needs to notify the physician that this patient is ready to be seen. To do so, the clinical staff needs to indicate on the Clinic Status screen that the chart is now in the **Rack**, and the patient is ready for the physician to see them.

On the Clinical Note Processor, the clinical staff clicks the *Rack* button. The screen refreshes with the “**RACK status set...**” message at the top of the screen (shown below).



Rack message

Rack button





## Meaningful Use—Core Objective #15

**Maintain Active Medication List**

Maintain an active medication list, as well as medication history for longitudinal care.

***You did this!***

You recorded the patient's current medications. The first Clinical Note screen included questions about prescription medications and over the counter substances. When the patient returns for their next visit, you would record this information again because they might be taking different prescription medications or over-the-counter substances. The history of what they were taking at the time of their previous visit would be retained in the patient's longitudinal medication record.

***You will do this!***

In a future chapter, you will prescribe Ibuprofen for your patient. If your patient were to return for another visit, this prescribed medication history would be brought forward for review by the physician thus establishing a longitudinal medication record.

***Why is this needed?***

What medications the person is currently taking, whether they are prescribed by a physician or purchased over-the-counter, is information that the physician needs when deciding on a treatment plan. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.



**Medication  
list**



## Meaningful Use—Core Objective #15

### Maintain Active Allergy List

Maintain an active medication allergy list, as well as medication allergy history for longitudinal care.



#### *You did this!*

You recorded the patient's current medication allergies. The first Clinical Note screen included a question about medication allergies and a subsequent question about the type of allergic reaction to the medication. When the patient returns for their next visit, you would record this information again because the patient might have developed an allergic reaction to a medication since their last visit. The history of medication allergies they had at the time of their previous visit is retained in the patient's longitudinal record.

Allergy list

#### *Why is this needed?*

What medication allergies the person has is extremely valuable information that the physician must take into account when prescribing any new medications for the patient. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their protected information health record (PHI) in case it is needed for their future care.



## Meaningful Use—Core Objective #4

### Record Vital Signs

Record vital signs including, at a minimum, the height, weight, and blood pressure.

#### *You did this!*

You recorded the patient's vital signs including height, weight, blood pressure, in addition to recording the patient's pulse, respirations, and temperature.



#### *Why is this needed?*

The patient's vital signs are an immediate indicator of their basic health. The physician will read this data and use it with the other symptoms that the patient presents to determine the patient's diagnosis. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their protected health information record (PHI).

Vital signs

### Meaningful Use—Core Objective #4

## Calculate Body Mass

Automatically calculate and display body mass index (BMI) based on a patient's height and weight.

### *You did this!*

You recorded the patient's body statistics of height and weight. MedTrak used the height and weight to automatically calculate the patient's BMI and record it on the screen.

### *Why is this needed?*

The patient's BMI is also an immediate indicator of their basic health. The physician will read this data and use it with the other symptoms that the patient presents to determine the patient's diagnosis. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.



Body  
mass index



### Meaningful Use—Core Objective #4

## Plot and Display Growth Charts

Plot and electronically display, upon request, growth charts for patients ages 2 to 20.

### *You did this!*

You recorded the patient's vital signs including height and weight. Depending upon the version of MedTrak that your school is using, MedTrak will automatically plot these numbers on the appropriate growth chart.

### *Why is this needed?*

The patient's relative position on a growth chart is another immediate indicator of their basic health. The physician will read this data and use it with the other symptoms that the patient presents to determine the patient's diagnosis. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for future care.



Growth  
charts



## Meaningful Use—Core Objective #6

# Clinical Decision Support (CDS)

### 1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

### 2. Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.



**Medication  
allergies**

### *You did this!*

You recorded the patient's current medication allergy. This triggered a message to the physician that appears at the top of the [Visit Documentation](#) screen and the top of the CPOE screens to alert the provider that the patient has a medication allergy.

### *Why is this needed?*

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.



**Chapter 9 - Review Activities** .....

Answer the following questions:

**1. The clinical staff diagnoses the patient's condition.**

True

False

**2. Which of the following are responsibilities of the clinical staff?**

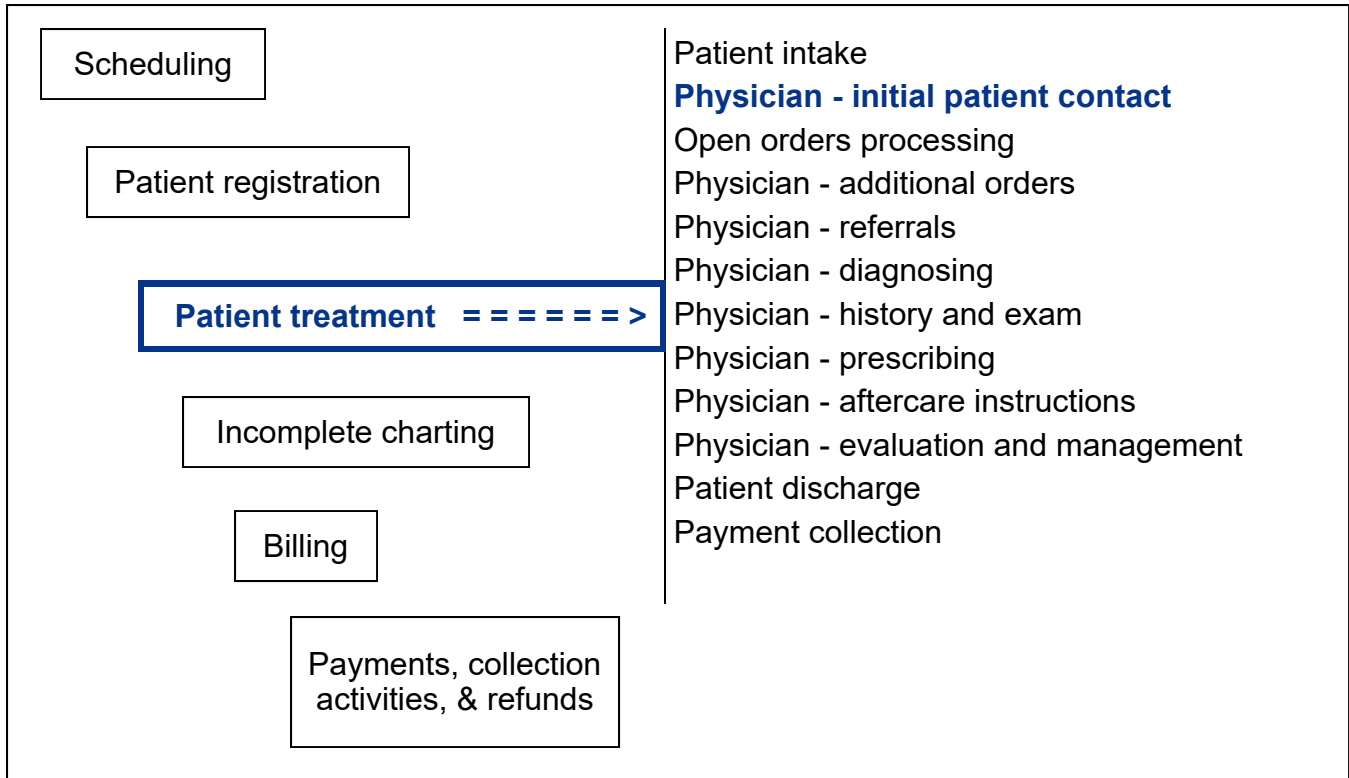
- A. Asking the patient preliminary history questions.
- B. Taking the patient's vital signs.
- C. Asking the patient why they need to see the physician.
- D. Asking the patient about any allergies they might have.
- E. All of the above

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# Physician - Initial Contact

# 10

Estimated Duration  
30 Minutes



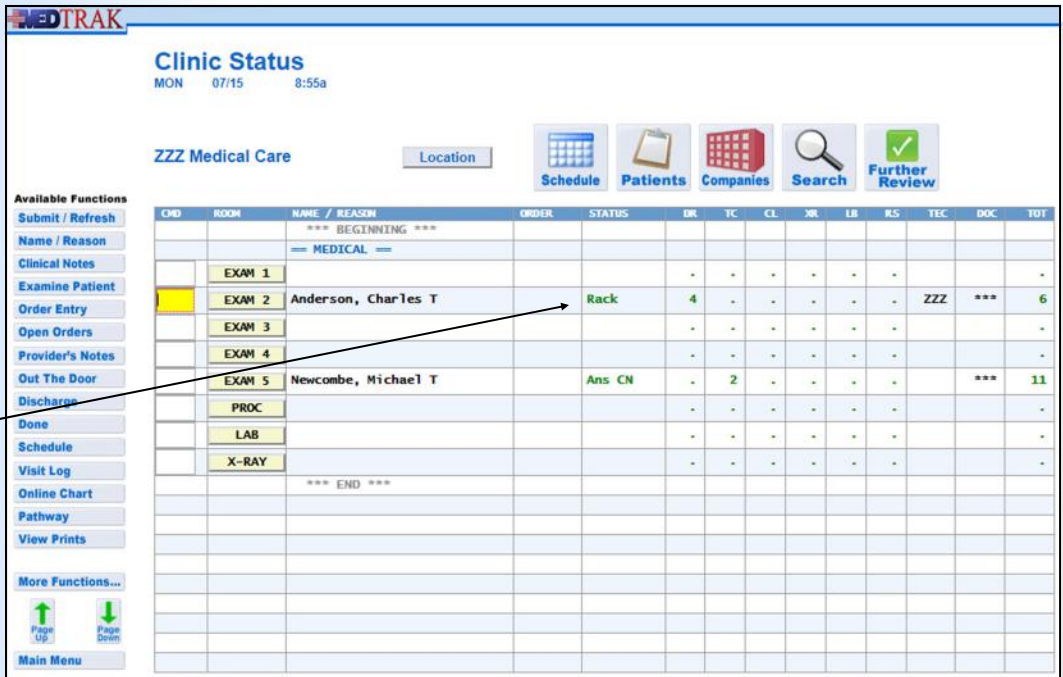
## Key Concepts

- ▶ Touch-screen
- ▶ Voice recognition
- ▶ Face time
- ▶ Computerized provider order entry (CPOE)
- ▶ Most likely orders
- ▶ Meaningful Use Objectives:
  - Core #1 - CPOE

# Physician - Initial Contact

After registration by the front desk person and intake by the clinical staff, the patient is ready to see the physician.

The patient is on the Clinic Status screen and the workflow status is **Rack**, meaning that the patient’s chart is in the rack waiting for the physician to pick it up and see the patient (shown below).



Mr. Anderson’s workflow status is **Rack**

Physicians access MedTrak in several different ways:

- Touch-screen
- Voice recognition
- Face-time

- Some physicians take a wireless computer tablet with a **touch-screen** and **voice recognition** into the exam room with them and enter their clinical information during their **face-time** with the patient.
- Some physicians prefer to leave the computer outside the exam room, and come out to enter their documentation away from the patient.
- Some medical facilities have computers hooked up in each exam room for the physicians to use during their face time.

To indicate that the physician is now seeing the patient for the initial contact, the physician opens the Clinic Status screen, places the cursor in the command field next to the patient, and clicks the **Examine Patient** button . The physician does this before seeing the patient. MedTrak changes the workflow status to **Examine** and resets the doctor time. The message “**Provider examining patient...**” appears at the top of the screen (shown on the next page).



**MedTRAK**  
**Clinic Status**  
 MON 07/15 8:58a  
 Provider examining patient ANDERSON, CHARLES T...

ZZZ Medical Care Location

Available Functions:  
 Submit / Refresh  
 Name / Reason  
 Clinical Notes  
 Examine Patient  
 Order Entry  
 Open Orders  
 Provider's Notes  
 Out The Door  
 Discharge  
 Done  
 Schedule  
 Visit Log  
 Online Chart

ORD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		== MEDICAL ==											
	EXAM 1												
	EXAM 2	Anderson, Charles T		Examine	0						ZZZ	ZZZ	9
	EXAM 3												
	EXAM 4												
	EXAM 5	Newcombe, Michael T		Ans CN		5						***	14
	PROC												
	LAB												
	X-RAY												
		*** END ***											

Mr. Anderson's workflow status is now **Examine**

1. Click the *Clinic Status* button on MedTrak Main Menu  
 (You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the *Examine Patient* button  
 (The workflow status should now be **Examine**)  
 (The time for the doctor is reset)  
 (The message "**Provider examining patient...**" appears at the top of the screen)

Do These Steps  
 <==== 10.01

## Placing Orders for the Patient

In this example, the physician takes a touch-screen tablet into Exam 2 and examines Mr. Anderson's left ankle. The physician discusses the circumstances that caused the ankle injury. Additionally, the physician asks the patient about his medical, social, and family history.

Because the ankle is red, swollen, and painful to walk on, the physician decides to order an x-ray to see if it is broken, and order an ice pack to help reduce the swelling.

Using the touch-screen tablet, the physician places the cursor next to the patient on the Clinic Status screen and clicks the *Order Entry* button. MedTrak's **computerized provider order entry (CPOE)** is part of its integrated electronic health record system. This is Core Objective #1 of Meaningful Use.

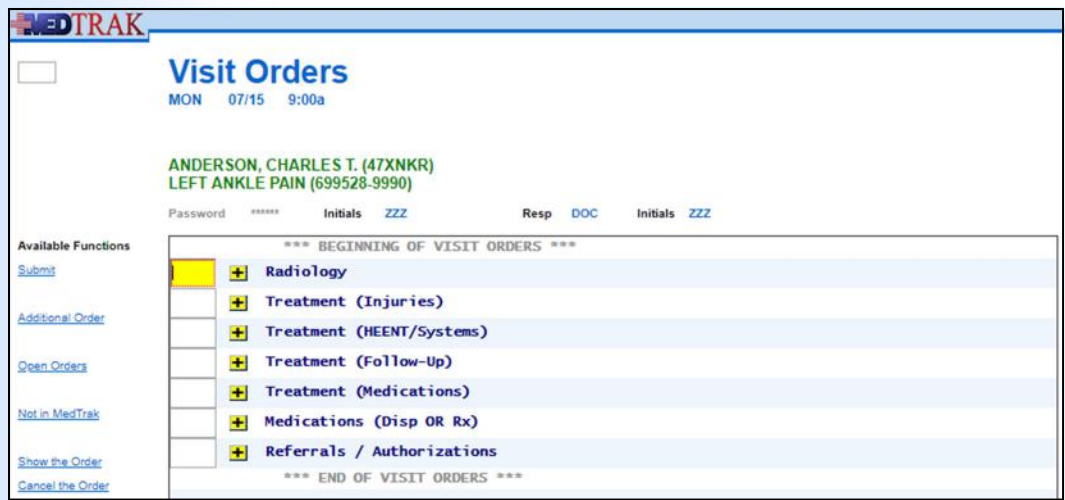
The next screen to appear is the Visit Orders screen (shown on the next page).

Computerized provider order entry (CPOE)

Order categories for the left ankle

Problem-focused system

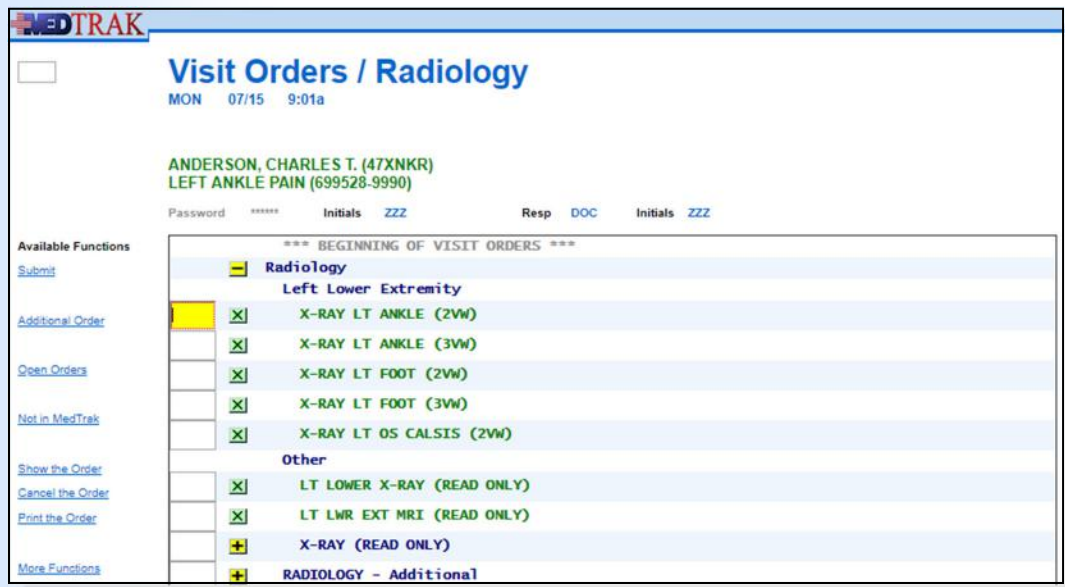
Most likely orders





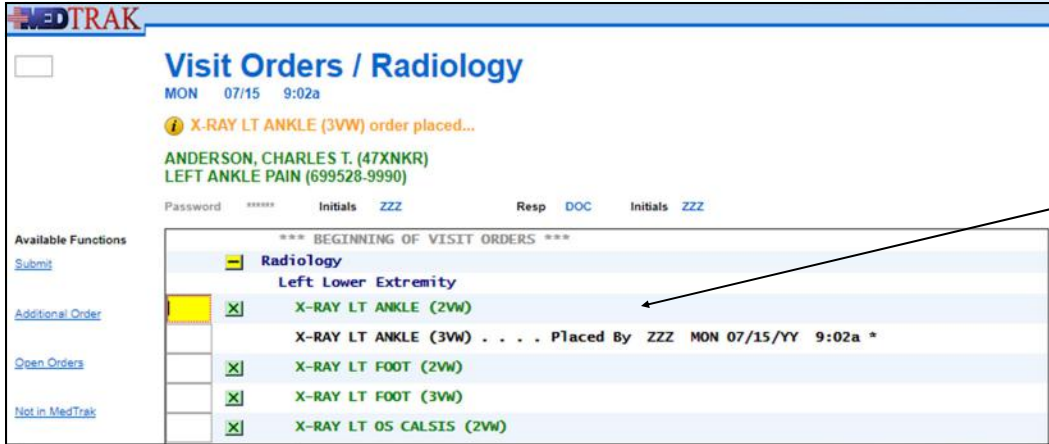
MedTrak is a **problem-focused system**. This means that when a patient is seen for a left ankle injury, the **most likely orders** for a left ankle injury would appear first for the physician to select. This saves the physician time when placing orders. If the patient had a right elbow injury, then MedTrak would display the most likely orders that the physician would need for that injury. Because this is a musculoskeletal injury, the order category for **Laboratory** does not appear on the screen. If the physician wants to place an order for a lab, he clicks the **Additional Order** button to display all of the order categories in the orders tree.

To locate the order for the left ankle x-ray, the physician clicks the yellow plus sign **+** next to Radiology to see the most likely x-rays for the left ankle. The yellow plus sign **+** indicates that there are more options available for that selection in the orders tree. The next screen to appear is the **Visit Orders** screen for the **Radiology** category displaying the most likely left ankle x-rays (shown below). This is another clinical decision support (CDS) rule of MedTrak which complies with Core Objective #6 of Meaningful Use.



Radiology category for the left ankle




Selectable orders are identified with a green X  with their descriptions also in green. To select the three view x-ray for the left ankle (**X-ray Lt Ankle (3vw)**), the physician clicks the green X  next to it. The Visit Orders screen for the **Radiology** category refreshes indicating that the physician placed an order for the three view left ankle x-ray (shown below).



3-view left ankle x-ray order placed



1. Place the cursor next to **Mr. Anderson**
2. Click the **Order Entry** button  
(You should be on the Visit Orders screen)
3. Click the yellow plus sign  next to **Radiology**  
(You should be on the Visit Orders for **Radiology**)
4. Click the green X  next to **X-ray Lt Ankle (3vw)** order  
(The Visit Orders screen refreshes indicating that you placed the x-ray order)

Do These Steps  
<==== 10.02

To place the order for the ice pack, the physician clicks the yellow minus sign  next to the **Radiology** category name to go back up the orders tree to display all of the categories on the Visit Orders screen (shown below).




Visit Orders screen displaying all categories

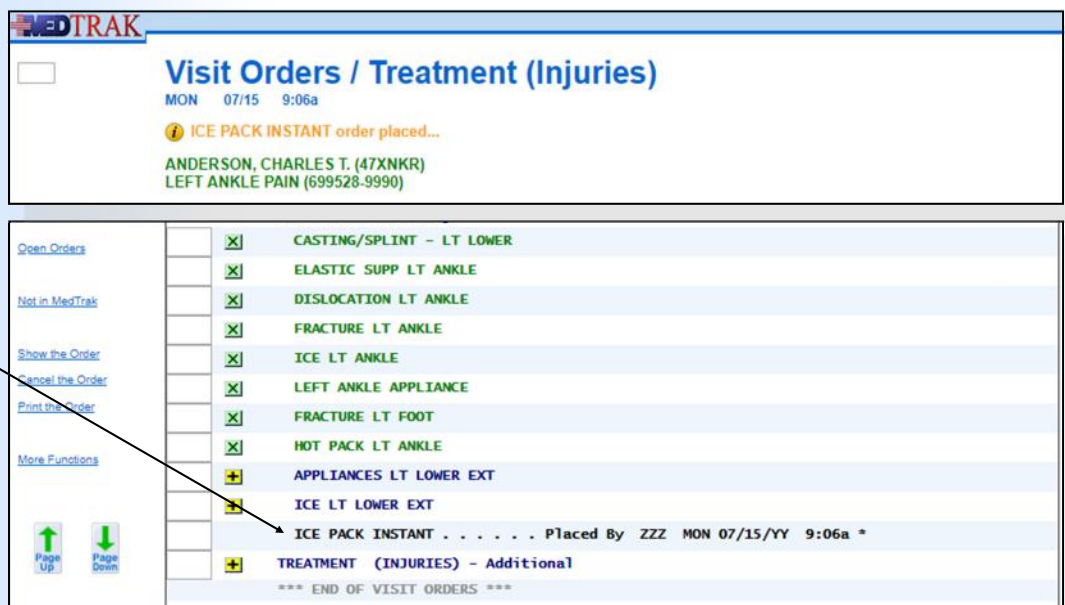
To locate the order for the ice pack, the physician clicks the yellow plus sign  next to the **Treatment (Injuries)** category to see the most likely treatments for the left ankle. Again, the yellow plus sign  indicates that there are more options available for that selection in the orders tree. The next screen to appear is the Visit Orders screen for the **Treatment (Injuries)** category displaying the most likely left ankle treatments (shown below).

Treatment (Injuries) category for the left ankle



To select the **Ice Pack Instant** order, the physician clicks the green X  next to it. The Visit Orders screen for the **Treatment (Injuries)** category refreshes indicating that the physician placed an order for the ice pack (shown below).

Ice pack instant order placed



The physician is done placing injury treatment orders for Mr. Anderson and clicks the *Exit Screen* button to return to the *Visit Orders* screen showing the categories. The *Visit Orders* screen now shows the x-ray and ice pack orders placed by the physician (shown below).

\*\*\* BEGINNING OF VISIT ORDERS \*\*\*

- Radiology**
  - Left Lower Extremity
  - X-RAY LT ANKLE (3W) . . . . Placed By ZZZ MON 07/15/YY 9:02a \*
- Treatment (Injuries)**
  - ICE PACK INSTANT . . . . . Placed By ZZZ MON 07/15/YY 9:06a \*
- Treatment (HEENT/Systems)
- Treatment (Follow-Up)
- Treatment (Medications)
- Medications (Disp OR Rx)

Asterisks indicate that these are open orders

The asterisks on the far right end of the x-ray and ice pack orders indicate that these are open orders, meaning that they are incomplete. In this example, the physician placed orders for the left ankle x-ray and the ice pack. At this time, these are the only orders that the physician needs for the patient’s care. Once the x-ray is completed and the physician does the wet read in the clinic, then the physician may place additional orders for this patient.

The physician clicks the *Exit Screen* button to return to the *Clinic Status* screen. The word **Open** appears in the **ORDER** column next to the patient, and the timer starts in the **TC** and **XR** columns for this patient (shown below).




ORD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LR	RS	TC	XR	LR	TOTL
*** BEGINNING ***														
--- MEDICAL ---														
	EXAM 1													
	EXAM 2	Anderson, Charles T	Open			2		6			ZZZ	ZZZ		19
	EXAM 3													
	EXAM 4													
	EXAM 5	Newcombe, Michael T		Ans CN		15							***	24
	PROC													
	LAB													
	X-RAY													
*** END ***														

Open orders for the clinical staff and x-ray staff

The Clinic Status screen, in conjunction with computerized provider order entry (CPOE), enables efficient medical workflow. In MedTrak, each order is broken down into its individual steps and assigned to a discipline for completion.

Once a patient has an open order, he cannot be discharged from the health care facility without either completing the open order or cancelling the order. This ensures that every order placed for a patient is completed before they leave the health care facility. It also means that every discipline knows exactly what they need to do for each patient at all times. Nothing is missed and everyone is aware of the medical workload.

Do These Steps  
10.03 =====>

1. Click the **Radiology** category **yellow minus sign**   
(You should be back on the Visit Orders screen showing all categories)
2. Click the **yellow plus sign**  next to **Treatment (Injuries)**  
(You should be on Visit Orders for Treatment (Injuries))
3. Click the **green X**  next to the **Ice Pack Instant** order  
(The Visit Orders screen refreshes indicating that you placed the ice pack instant order)
4. Click the **Exit Screen** button  
(You should be back on the Visit Orders screen for all categories)  
(You should see both the x-ray and ice pack orders)
5. Click the **Exit Screen** button again  
(You should be back on the Clinic Status screen)  
(The **ORDER** column now says **Open**)  
(There is waiting time for the clinical staff **TC**)  
(There is waiting time for the x-ray staff **XR**)

## Self Assessment

1. You should be on the Clinic Status screen
2. Type **SA10** in any command field  
(**SA** stands for self assessment and **10** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA10** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
<==== 10.04

## Meaningful Use—Core Objective #1

# Computerized Provider Order Entry (CPOE)

Enable a user to electronically record, store, retrieve, and modify, at a minimum, the following order types: medications, laboratory, and radiology/imaging .



CPOE

### *You did this!*

You placed an order for radiology (left ankle x-ray) and for injury treatment (ice pack).

### *You will do this!*

In Chapter 13, you will place an order for a left ankle appliance.

### *You will do this!*

In Chapter 14, you will place an order for an orthopedic consultation.

### *You will do this!*

In Chapter 17, you will place an order for an Ibuprofen 800mg prescription using the order code of **IBU800**.

### *Why is this needed?*

Using CPOE to record what orders the physician places for a patient directly relates to effective communications that drives workflow to the clinical staff, to the documentation in the patient's chart, and to the billable items appearing on the patient's bill. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.





**Chapter 10 - Review Activities** .....

Answer the following questions:

1. The physician must access MedTrak using a computer in the hallway.

- True
- False

2. CPOE stands for?

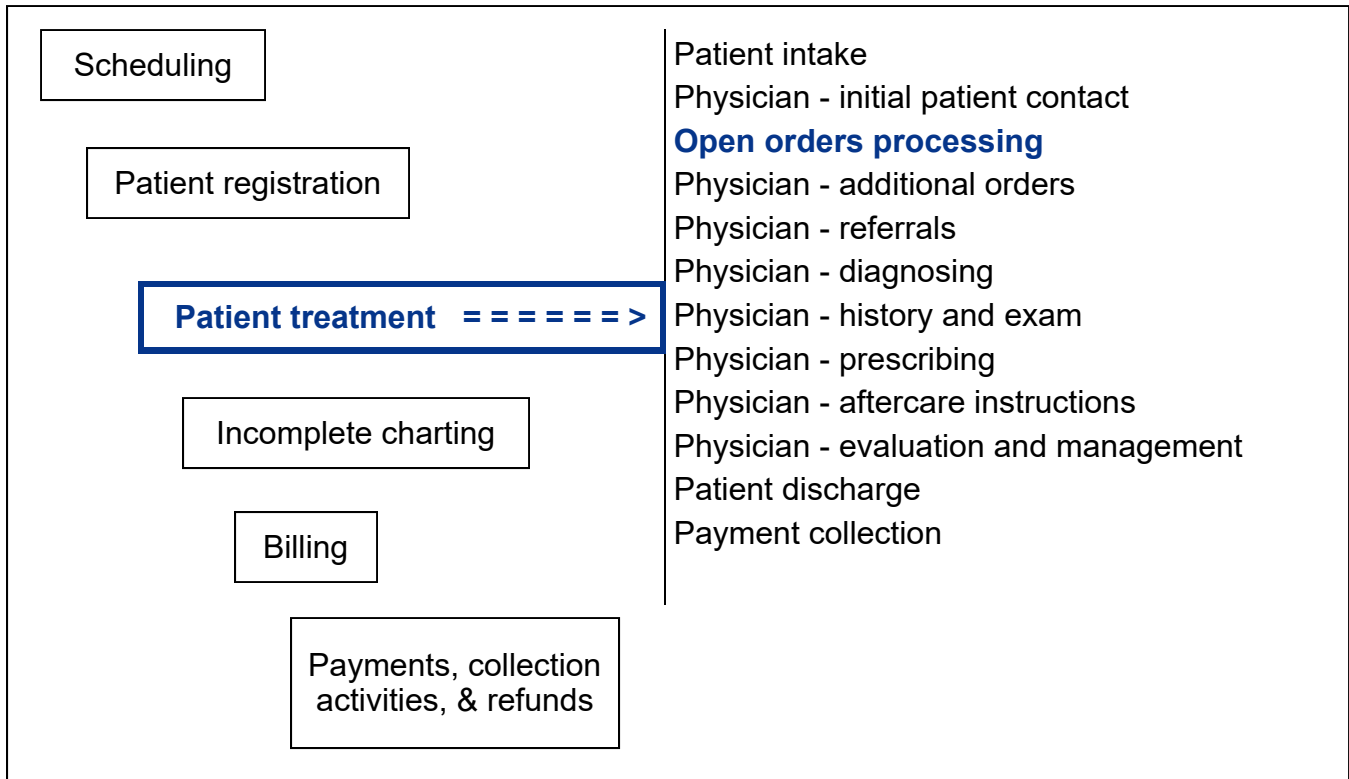
- A. Can the patient open their mouth easily.
- B. Complaints by patients often entail non-medical reasons.
- C. Computerized provider order entry.
- D. Combine patient explanations for data entry.
- E. None of the above

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# Open Orders Processing

# 11

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ Waiting times
- ▶ Quality control question
- ▶ Age and/or gender specific
- ▶ Workflow steps
- ▶ Wet read
- ▶ Over-read

# Identifying Patients with Open Orders



After the physician places orders for the patient based on the examination during the initial contact with the patient, the Clinic Status screen displays the word **Open** in the **ORDER** column next to the patient to indicate that the patient has open orders.

Waiting times

The **waiting times** in the discipline columns are in minutes and indicate which discipline is responsible for performing the next step of the open order.

In this example, Mr. Anderson in Exam 2 has open orders for the **TC** (clinical staff) and **XR** (x-ray staff). The clinical staff and the x-ray staff know that they have something to do for the patient in Exam 2 because they have the timer started in their discipline waiting time column on the Clinic Status screen (shown below).

Open orders for Mr. Anderson

Exam	Room	Name / Reason	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
EXAM 1													
EXAM 2		Anderson, Charles T	Open			4		8			ZZZ	ZZZ	21
EXAM 3													
EXAM 4													
EXAM 5		Newcombe, Michael T	Ans CN			17						***	26
PROC													
LAB													
X-RAY													

To review what the physician wants them to do for the patient, the clinical staff and x-ray staff place the cursor next to the patient and click the **Open Orders** button. The Open Orders processor screen appears (shown below).

Ice pack and x-ray orders

TECH	Order	Quantity Given	Notes	Completed By
	ICE PACK INSTANT			
	X-RAY LT ANKLE (3Vw)			



Quality control questions are marked with a **red asterisk**

Age and/or gender specific

The **red asterisk \*** to the right of the answer field indicates that this is a **quality control question** and must be answered before the patient can be discharged from the medical facility. Questions without a red asterisk are optional, and do not need an answer to complete the order. Questions can be **age and/or gender specific**. For example, if this patient was female, the x-ray order would include a question related to whether the patient was possibly pregnant, and therefore, should not be exposed to the radiation of an x-ray.

When finished completing the orders:

- The clinical staff (**TECH**) needs to document that they gave the patient one instant ice pack. They also need to record the initials of the clinical staff who gave the patient the instant ice pack by entering their initials. Both of these questions are quality control and must be answered. The reason that the clinical staff needs to document the number of instant ice packs is because this answer drives the charge to the bill.
- The x-ray staff (**XRAY**) needs to document any special notes about the x-ray, the x-ray number, and who completed the x-ray. The only question for the x-ray that is quality control is who completed the x-ray.

In this example, the clinical and x-ray staff answer both the **TECH** and **XRAY** questions at the same time as shown on the Open Orders processing screen (shown below). However, in the actual health care facility, these questions would probably be answered by different personnel at different times.

Open orders showing answers

**MedTrak**  
**Open Orders: ANDERSON, CHARLES T. (699528-9990)**  
 MON 07/15 9:12a  
 In EXAM 2...  
 Password \*\*\*\*\* Initials ZZZ

Available Functions: Submit Answers, Responsibility (\*), Procedure (x), Stored Response (j), Expanded Answer, Already Answered, More Functions

\*\*\* BEGINNING OF OPEN ORDERS \*\*\*

<b>TECH</b>	<b>ICE PACK INSTANT</b>
Quantity Given:	: 1 *
Notes:	: none
Completed By:	: ZZZ *

\*\*\* END OF OPEN ORDERS \*\*\*

<b>XRAY</b>	<b>X-RAY LT ANKLE (3VW)</b>
Notes:	: none
X-ray Number:	: 3823
Completed By:	: ZZZ   *

After answering the open orders questions, the staff clicks the **Submit Answers** button.

MedTrak automatically returns to the Clinic Status screen (shown on the next page).

**MedTRAK**

**Clinic Status**  
MON 07/15 9:15a  
No open orders for XRAY for ANDERSON, CHARLES T...

ZZZ Medical Care      Location

Schedule    Patients    Companies    Search    Further Review

Available Functions  
Submit / Refresh  
Name / Reason  
Clinical Notes  
Examine Patient  
Order Entry  
Open Orders  
Provider's Notes  
Out The Door  
Discharge  
Done  
Schedule

CHD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LR	RS	TEC	DOC	TOTL
		*** BEGINNING ***											
		== MEDICAL ==											
	EXAM 1												
	EXAM 2	Anderson, Charles T	Open		0						ZZZ	ZZZ	26
	EXAM 3												
	EXAM 4												
	EXAM 5	Newcombe, Michael T		Ans CN		22						***	31
	PROC												
	LAB												

Open order is now for the physician

1. Review the **Open Orders** screen  
(There should be two orders - one for the ice pack and one for the x-ray)
2. Be sure that the cursor is in the answer field next to the **Quantity Given** for the instant ice pack order
3. Type **1** to indicate that you gave one instant ice pack
4. Press the **Tab** key to move down to the **Notes** field
5. Type **none** to indicate that there are no special notes
6. Press the **Tab** key to move down to the **Completed By**
7. Type your **MedTrak employee initials**
8. Press the **Tab** key to move down to the **Notes** field for the x-ray
9. Type **none** to indicate that there are no special notes
10. Press the **Tab** key to move down to the **X-ray Number**
11. Type **3823** in the **X-ray Number** field
12. Press the **Tab** key to move down to the **Completed By**
13. Type your **MedTrak employee initials**
14. Click the **Submit Answers** button  
(You should be back on the **Clinic Status** screen)  
(The clinical **TC** time counter should be cleared)  
(The x-ray **XR** time counter should be cleared)  
(The physician **DR** time counter should be running)

Do These Steps  
<===== 11.02

# Open Orders Workflow

Workflow steps

Another aspect of MedTrak’s medical workflow is the processing of open orders. Each order can have its own cascade of questions that pass responsibility for the **workflow steps** from one discipline to another. All orders start with the physician placing the order. Then, depending on the workflow steps in the medical facility, the waiting time for the order step will appear in the column of the next discipline responsible for completing the task.

Wet read

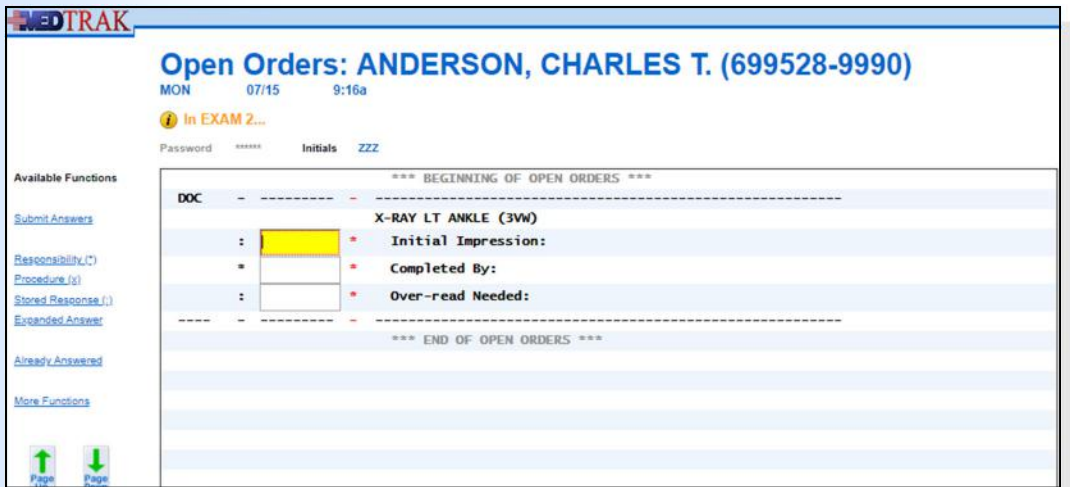
In this example, the patient had an x-ray and the x-ray staff finished taking the x-ray and documenting that they completed it. As soon as the x-ray staff answers their questions, the Clinic Status screen notifies the physician (DR) that there is an open order that requires a response. The word **Open** in the **ORDER** column indicates that the patient has at least one open order.

Over-read

The next step in the x-ray order is for the physician to read the x-ray and document their findings. The initial read of an x-ray by a physician is commonly referred to as a **wet read**. If the physician sees something that appears to be abnormal, they will probably ask for an **over-read** by a radiologist.

X-ray order for the physician

The physician places the cursor next to the patient on the Clinic Status screen and clicks the **Open Orders** button. The next screen to appear is the Open Orders processing screen (shown below).



With the cursor in the field for the **Initial Impression** question, the physician clicks the **Expanded Answer** button. On the Expanded Answer screen, the physician enters their initial read of the x-ray **“The patient’s left ankle appears to have some internal derangement.”** (shown on the next page)



**MEDTRAK**

## Expanded Answer

MON 07/15 9:17a

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

**Question** Initial Impression / X-RAY LT ANKLE (3VW)

Password \*\*\*\*\* Initials ZZZ

Available Functions

**Submit Answer**

**Exit Screen**

The patient's left ankle appears to have some internal derangement.

Initial impression  
"wet read" by  
the physician

After entering the initial impression on the Expanded Answer screen, the physician clicks the **Submit Answer** button. The Open Orders screen reappears displaying the two remaining questions for the physician to answer for the x-ray order.

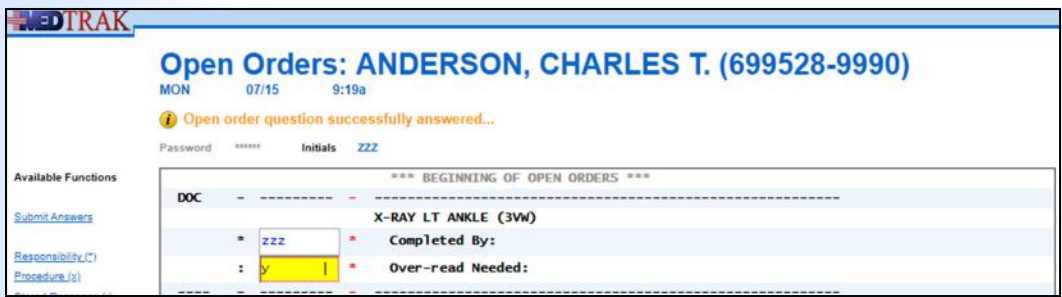
1. **Be sure that the cursor is next to Mr. Anderson**
2. **Click the *Open Orders* button**  
(You should be on the Open Orders screen)
3. **Place the cursor next to the **Initial Impression** question**
4. **Click the *Expanded Answer* button**  
(You should be on the Expanded Answer screen)
5. **Type **The patient's left ankle appears to have some internal derangement.****
6. **Click the *Submit Answer* button**  
(You should be back on the Open Orders screen)  
(The **Initial Impression** question no longer appears because it was answered)

Do These Steps  
<==== 11.03

On this screen, the physician enters their MedTrak employee initials in the field for the **Completed By** question. In the **Over-read Needed** question, the physician enters a "y" that is the trigger for the stored response indicating the need for an over-read by a radiologist (shown on the next page).

The physician requests the radiologist's assistance because of the possibility of some internal derangement in Mr. Anderson's left ankle.

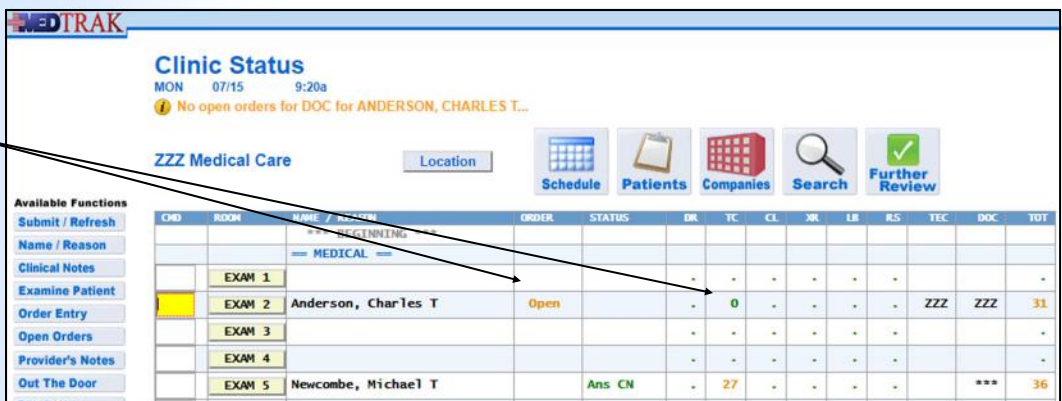
Remaining x-ray questions for the physician



MedTrak's rules-based system allows building rules for evidence-based medicine. Additionally, MedTrak's rules-based system facilitates clinical decision support (CDS) which complies with Core Objective #6 of Meaningful Use. In this example, the physician's affirmative answer to the **Over-read Needed** question automatically places another order for the clinical staff to prepare the x-ray to be sent out for the over-read.

After entering the answers, the physician clicks the *Submit Answers* button. The physician answered all of the questions on the Open Orders processing screen, therefore, MedTrak automatically returns to the Clinic Status screen. Because the physician requested the over-read for the x-ray, the word **Open** is still in the **ORDER** column and the clinical staff (**TC**) has a running time counter in their column indicating that they have something to do for Mr. Anderson (shown below).

Open order for the clinical staff



Do These Steps 11.04 ==>

1. Be sure that the cursor is in the **Completed By** question
2. Type your **MedTrak employee initials**
3. Press the **Tab** key to move down to the **Over-read Needed** question
4. Type **y** to indicate that you want the radiologist to also read this x-ray
5. Click the *Submit Answers* button  
 (You should be back on the Clinic Status screen)  
 (The physician **DR** time counter should be cleared)  
 (The clinical **TC** time counter should be running)

To see what they need to do for Mr. Anderson, the clinical staff places the cursor next to Mr. Anderson and clicks the **Open Orders** button. The next screen to appear is the Open Orders processing screen. The clinical staff prepares the x-ray to be sent out for an over-read and then documents where the x-ray is being sent (Danby Xray). They record who prepared it for sending by entering their MedTrak employee initials in the **X-ray prepared by** question's answer field (shown below). The red asterisk \* to the right of the answer field indicates that the question must be answered. It is optional to answer the question if there is no red asterisk.

The screenshot shows the MedTrak interface for processing open orders. At the top, it says "Open Orders: ANDERSON, CHARLES T. (699528-9990)" with the date "MON 07/15" and time "9:21a". Below that, it says "In EXAM 2...". There are fields for "Password \*\*\*\*\*" and "Initials ZZZ". On the left, there are "Available Functions" including "Submit Answers", "Responsibility()", "Procedure()", "Stored Response()", and "Expanded Answer". The main area shows a table with columns for "TECH", "X-RAY OVER-READ", "X-ray sent to:", and "X-ray prepared by:". The "X-ray sent to:" field contains "Danby Xray" and the "X-ray prepared by:" field contains "zzz" with a red asterisk to its right. The table is flanked by "\*\*\* BEGINNING OF OPEN ORDERS \*\*\*" and "\*\*\* END OF OPEN ORDERS \*\*\*".

X-ray over-read  
order

After answering the questions, the clinical staff clicks the **Submit Answers** button. MedTrak automatically returns to the Clinic Status screen. The word **Done** is now in the **ORDER** column to indicate that there were open orders, and they are now completed orders.

In addition, MedTrak reset the time counter to 0 minutes for the physician (**DR**) and changed the **STATUS** column back to **Examine**. MedTrak automatically sets the workflow status to **Examine** whenever all open orders are completed after the physician has picked up the patient's chart and placed orders for the patient. With all open orders complete, the responsibility for determining the next step in the patient's care is passed back to the physician, and the **Examine** workflow status indicates the physician needs to place additional orders for the

1. Be sure that the cursor is next to **Mr. Anderson**
2. Click the **Open Orders** button  
(You should be on the Open Orders screen)
3. Place the cursor next to the **X-ray sent to** question
4. Type **Danby Xray**
5. Be sure cursor is next to **X-ray prepared by** question
6. Type your **MedTrak employee initials**
7. Click the **Submit Answers** button  
(You should be back on the Clinic Status screen)  
(The orders are **Done** and the status is **Examine**)

Do These Steps  
<==== 11.05

## Self Assessment

Do These Steps  
11.06 =====>

1. You should be on the Clinic Status screen
2. Type **SA11** in any command field  
(**SA** stands for self assessment and **11** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA11** report.
7. You must have a 100% (error-free) report before continuing.

## Meaningful Use—Core Objective #6

## Clinical Decision Support

### 1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

### 2. Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.

### *You did this!*

You answered the question about whether the x-ray needs an overview with “Yes”. This automatically triggered the order for **X-RAY OVER-READ** and drove the workflow steps to the Open Orders processor accessed from the Clinic Status screen. Answers to questions in orders can drive additional orders.

### *Why is this needed?*

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.



Test results



**Chapter 11 - Review Activities** .....

Answer the following questions:

1. **The waiting times in the MedTrak discipline columns alert the clinical staff that they have something to do for the patient.**

- True
- False

2. **Open orders questions can...**

- A. Be for any staff member.
- B. Be quality control questions that must be answered.
- C. Appear based on the patient's age.
- D. Appear based on the patient's gender.
- E. All of the above

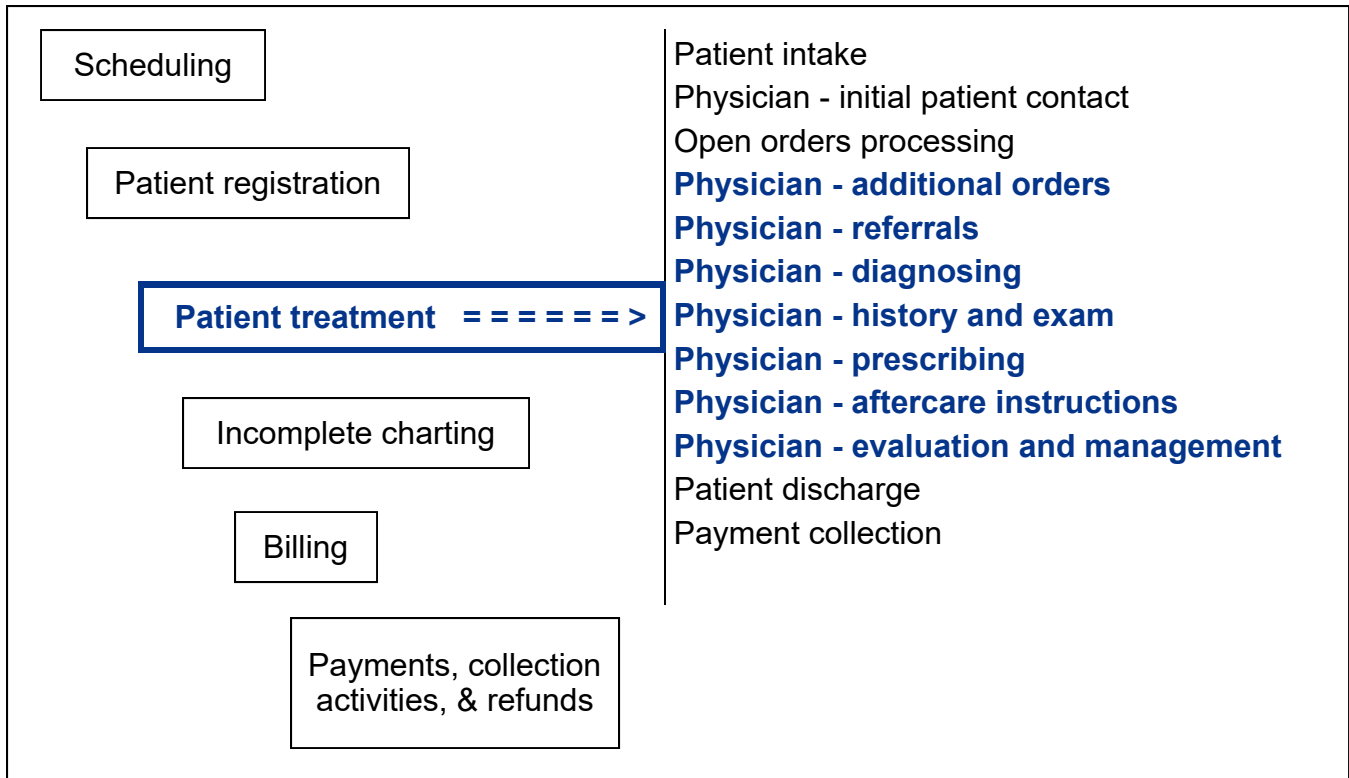
3. **All orders workflow steps have the same cascade of questions.**

- True
- False

# Out the Door - Overview

# 12

Estimated Duration  
20 Minutes



## Key Concepts

- ▶ Subjective
- ▶ Objective
- ▶ Assessment
- ▶ Plan
- ▶ SOAP notes
- ▶ Right information to the right person at the right time
- ▶ Out the door
- ▶ Evaluation and management (E&M) - also referred to as the level of service

## Physician - Out the Door - Overview



Subjective

Objective

Assessment

Plan

Right information to the right person at the right time

Efficient medical workflow minimizes the time that it takes a physician to document their **subjective** and **objective** findings based on the physical exam, their assessment of the patient's condition, and their plan for treatment. Together these components comprise the physician's **SOAP** (Subjective Objective Assessment Plan) notes.

One of MedTrak's achievements is to present the **right information to the right person at the right time**. MedTrak does this by presenting only the information needed at the time to make a decision when requested. This reduces clutter on the screen so that clinicians can focus on targeted information. It also reduces the weight of each screen (amount of data downloaded), allowing instantaneous screen changes.

As you learned in Chapter 10 - **Physician - Initial Contact**, MedTrak streamlined the order entry process by problem-focusing the order selection screens to present the most-likely orders that the physician would need for the presenting problem(s) with minimal clicks of the mouse. To place the two orders (left ankle x-ray and ice pack) for the example in this book, the physician needed to do eight clicks. Two of those clicks were to return to the Clinic Status screen from the Order Entry screen.

In order to present targeted information, MedTrak developed a processor for the physicians to use for visit documentation that includes the following sections of functionality and information:

- Additional orders needed for the patient's care
- Referrals to specialists or to specialized testing
- Diagnosing
- Documenting the history and exam (subjective and objective findings)
- Ordering medications - both dispensed and prescribed
- Aftercare instructions for the patient to take with them
- Evaluation and management (E&M) - also referred to as the level of service

To access the Visit Documentation screen, the physician places the cursor next to the patient and clicks the **Out the Door** button.

The **Out the Door** term originated when MedTrak was being developed to run the emergency department of a hospital. During our visits to the emergency department, we would hear the physicians telling the ward clerk that they were done with the patient and wanted them "**out the door**".

Out the door



While doing time studies of the physicians using this processor, MedTrak started calling the **Out the Door** process, the “two minute drill”. Our goal is to have the physicians place additional orders, order a referral, diagnose the patient, prescribe the patient, provide the patient with aftercare instructions, and select the patient’s level of service in two minutes or less.

The average length of time for a physician to use MedTrak’s Visit Documentation screen is less than two minutes, without documenting the history and exam portions. The history and exam are the only two parts of the patient’s visit that do not have to be documented before the patient leaves the medical facility. There are no charges directly related to the history and exam. The thoroughness of the history and the exam is documented in the level of the evaluation and management (E&M) code selected by the physician.

## Visit Documentation screen

The Visit Documentation screen enables the physicians to document the patient’s visit by working their way down the sections on this screen.

As the physician documents, this screen refreshes to show the work.

**MEDTRAK**

### Visit Documentation

MON 07/15 9:26a

**Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\*    Initials ZZZ    Resp DOC    Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY LT ANKLE (3/W)
<a href="#">Order by Code</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Cancel Order</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Open Orders</a>		
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	
<a href="#">DX by Checklist</a>	<input type="text"/>	*** None ***
<a href="#">Find DX</a>	<b>Diagnosis</b>	
<a href="#">Top 80 DX</a>	<input type="text"/>	*** None ***
<a href="#">Add DX</a>	<b>History and Exam</b>	
<a href="#">Delete DX</a>	<input type="text"/>	** History NOT answered ** / ** Exam NOT answered **
<a href="#">History and Exam</a>		Click this button if you completed the history and exam questions
<a href="#">Medications</a>	<b>Medications</b>	
<a href="#">Instructions</a>	<input type="text"/>	Instructions NEED TO BE marked
<a href="#">Level of Service</a>	<b>Level of Service</b>	
<a href="#">More Functions</a>	<input type="text"/>	*** None ***
	<input type="button" value="Done"/>	<input type="button" value="Not Done"/>

Physicians document the visit by working their way down this screen.

The top of the screen displays the date of service for the visit, the clinical staff's answer to the medication allergies question, the patient's name and the reason for visit.

In this example, the physician previously placed orders for the x-ray and ice pack for the left ankle. Then, by way of answering positively to the question about whether the physician wanted an over-read of the x-ray, MedTrak placed the order for the x-ray over-read.

The following provides a description of the different sections on the Visit Documentation screen.

## Orders

The top portion on the screen is for **patient orders** and enables the physician to:

- Place additional orders using the problem-focused order entry method
- Place additional orders using order codes that can be entered directly on this screen
- Cancel an order
- Access the open orders processor to document an order

Orders section

The screenshot shows the MedTrak Visit Documentation interface. At the top, it displays the date and time (MON 07/15 9:26a), medication allergies (None...), and patient information (ANDERSON, CHARLES T. (47XNKR) LEFT ANKLE PAIN (699528-9990)). Below this, there are fields for Password, Initials, Resp, DOC, and Initials ZZZ. The main content area is divided into several sections: Available Functions, Orders, Referrals / Authorizations, Diagnosis, History and Exam, Medications, Instructions, and Level of Service. The Orders section is highlighted with a red box and contains a table with three rows: X-RAY LT ANKLE (3VW), X-RAY OVER-READ, and ICE PACK INSTANT. The Available Functions section includes links for Order Entry, Order by Code, Cancel Order, and Open Orders. The Referrals / Authorizations section has a dropdown menu set to None. The Diagnosis section has a dropdown menu set to None. The History and Exam section has a dropdown menu set to None and a button for Hx & Exam Complete. The Medications section has a dropdown menu set to None. The Instructions section has a dropdown menu set to None and a note that instructions need to be marked. The Level of Service section has a dropdown menu set to None. At the bottom, there are Done and Not Done buttons.

# Referrals / Authorizations

The next section is for **referrals / authorizations** and enables the physician to place an order for:

- the patient to see a specialist (orthopedic surgeon, dermatologist, etc.)
- physical therapy, occupational therapy, or chiropractic care
- an MRI, CT scan, EMG, or other scheduled testing

**MEDTRAK**

## Visit Documentation

MON 07/15 9:26a

**Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\*    Initials ZZZ    Resp DOC    Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>
<a href="#">Order Entry</a>	<input type="text"/> X-RAY LT ANKLE (3VW)
<a href="#">Order by Code</a>	<input type="text"/> X-RAY OVER-READ
<a href="#">Cancel Order</a>	<input type="text"/> ICE PACK INSTANT
<a href="#">Open Orders</a>	
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b> <input type="text"/> *** None ***
<a href="#">DX by Checklist</a>	<b>Diagnosis</b> <input type="text"/> *** None ***
<a href="#">Find DX</a>	
<a href="#">Top 80 DX</a>	
<a href="#">Add DX</a>	
<a href="#">Delete DX</a>	
<a href="#">History and Exam</a>	<b>History and Exam</b> <input type="text"/> ** History NOT answered ** / ** Exam NOT answered ** Click this button if you completed the history and exam questions
	<b>Hx &amp; Exam Complete</b>
<a href="#">Medications</a>	<b>Medications</b> <input type="text"/> *** None ***
<a href="#">Instructions</a>	<b>Instructions</b> <input type="text"/> Instructions NEED TO BE marked
<a href="#">Level of Service</a>	<b>Level of Service</b> <input type="text"/> *** None ***
<a href="#">More Functions</a>	<input type="button" value="Done"/> <input type="button" value="Not Done"/>

Referrals section

# Diagnosis

The next section is for the physician to choose and maintain the **diagnoses**:

- **Problem-focused diagnoses tree** based on the physician’s checklist
- **Find DX** process that provides 7 different ways to locate the diagnosis
- **Top 60 DX** process that displays the most common diagnoses on one screen
- **Add DX** process that starts at the top of the diagnoses tree
- **Delete DX** process to remove a diagnosis

Diagnosis section

The screenshot displays the MedTrak 'Visit Documentation' interface. At the top, it shows the patient's name, Anderson, Charles T. (47XNKR), and the diagnosis, Left Ankle Pain (699528-9990). A red box highlights the 'Diagnosis' section, which includes a dropdown menu and a '\*\*\* None \*\*\*' option. Other sections include Available Functions, Orders, Referrals / Authorizations, History and Exam, Medications, Instructions, and Level of Service.

# History and Exam

The next section is for the physician to document the **History and Exam**:

- History and exam questions are based on the diagnoses
- Physicians can use the checkbox process with a touch-screen tablet
- Physicians can use voice recognition software
- Physicians can dictate the history and exam to a transcriptionist
- Physicians can type their answers using a keyboard and the stored response processor

**Visit Documentation**  
 MON 07/15 9:26a  
 Medication Allergies: None...  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

**Available Functions**  
[Order Entry](#)  
[Order by Code](#)  
[Cancel Order](#)  
[Open Orders](#)

**Orders**  
 X-RAY LT ANKLE (3VV)  
 X-RAY OVER-READ  
 ICE PACK INSTANT

**Referrals / Authorizations**  
 \*\*\* None \*\*\*

**Diagnosis**  
 \*\*\* None \*\*\*

**History and Exam**  
  
 \*\* History NOT answered \*\* / \*\* Exam NOT answered \*\*  
 Click this button if you completed the history and exam questions

**Medications**  
 \*\*\* None \*\*\*

**Instructions**  
 Instructions NEED TO BE marked

**Level of Service**  
 \*\*\* None \*\*\*

History and Exam section

# Medications

The next section is for the physician to order both **dispensed and prescribed medications**:

- Using the problem-focused order entry process
- Using the order codes process
- To cancel a medication order

**MEDTRAK**

## Visit Documentation

MON 07/15 9:26a

**i Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

<b>Available Functions</b> <a href="#">Order Entry</a> <a href="#">Order by Code</a> <a href="#">Cancel Order</a> <a href="#">Open Orders</a>  <a href="#">Referrals / Auth</a>  <a href="#">DX by Checklist</a> <a href="#">Find DX</a> <a href="#">Top 80 DX</a> <a href="#">Add DX</a> <a href="#">Delete DX</a>  <a href="#">History and Exam</a>	<b>Orders</b> <input type="text"/> X-RAY LT ANKLE (3VW) <input type="text"/> X-RAY OVER-READ <input type="text"/> ICE PACK INSTANT  <b>Referrals / Authorizations</b> <input type="text"/> *** None ***  <b>Diagnosis</b> <input type="text"/> *** None ***  <b>History and Exam</b> <input type="text"/> ** History NOT answered ** / ** Exam NOT answered ** <small>Click this button if you completed the history and exam questions</small>	<input type="button" value="Hx &amp; Exam Complete"/>
<a href="#">Medications</a>	<b>Medications</b> <input type="text"/> *** None ***	
<a href="#">Instructions</a>	<b>Instructions</b> <input type="text"/> Instructions NEED TO BE marked	
<a href="#">Level of Service</a>	<b>Level of Service</b> <input type="text"/> *** None ***	
<a href="#">More Functions</a>	<input type="button" value="Done"/> <input type="button" value="Not Done"/>	

Medications section

## Instructions - for the patient after they leave ●●●●

The next section is for the physician to select the **patient's aftercare instructions**:

- Instructions are problem-focused based on the diagnoses
- Physician can instruct the patient as to what to do at home
- Physician can instruct the patient as to what to do at work
- Physician can document their plan of care
- Physician schedules the patient's next appointment with minimal effort

**MEDTRAK**

### Visit Documentation

MON 07/15 9:26a

**Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\*    Initials ZZZ    Resp DOC    Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	X-RAY LT ANKLE (3VV)
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Order by Code</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Cancel Order</a>	<input type="text"/>	
<a href="#">Open Orders</a>		
<b>Referrals / Auth</b>	<b>Referrals / Authorizations</b>	<input type="text"/> *** None ***
<a href="#">DX by Checklist</a>	<b>Diagnosis</b>	<input type="text"/> *** None ***
<a href="#">Find DX</a>		
<a href="#">Top 80 DX</a>		
<a href="#">Add DX</a>		
<a href="#">Delete DX</a>		
<b>History and Exam</b>	<b>History and Exam</b>	<input type="text"/> ** History NOT answered ** / ** Exam NOT answered **
<a href="#">History and Exam</a>		Click this button if you completed the history and exam questions
		<b>Hx &amp; Exam Complete</b>
<b>Medications</b>	<b>Medications</b>	<input type="text"/> *** None ***
<a href="#">Medications</a>		
<b>Instructions</b>	<b>Instructions</b>	<input type="text"/> Instructions NEED TO BE marked
<a href="#">Instructions</a>		
<b>Level of Service</b>	<b>Level of Service</b>	<input type="text"/> *** None ***
<a href="#">Level of Service</a>		
<b>More Functions</b>	<input type="button" value="Done"/>	<input type="button" value="Not Done"/>

Instructions section

## Level of Service (evaluation & management) ●●●

The next section is for the physician to select the **level of service** for the visit:

- Based on the complexity of the history, exam and decision-making for primary care
- Based on the type of visit for orthopedics
- Provides for first aid designation for worker’s compensation visits
- Provides for consultation visits

**MEDTRAK**

### Visit Documentation

MON 07/15 9:26a

**Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\*    Initials ZZZ    Resp DOC    Initials ZZZ

<p><b>Available Functions</b></p> <p><a href="#">Order Entry</a></p> <p><a href="#">Order by Code</a></p> <p><a href="#">Cancel Order</a></p> <p><a href="#">Open Orders</a></p>	<p><b>Orders</b></p> <p><input type="text"/> X-RAY LT ANKLE (3VW)</p> <p><input type="text"/> X-RAY OVER-READ</p> <p><input type="text"/> ICE PACK INSTANT</p>
<p><a href="#">Referrals / Auth</a></p>	<p><b>Referrals / Authorizations</b></p> <p><input type="text"/> *** None ***</p>
<p><a href="#">DX by Checklist</a></p> <p><a href="#">Find DX</a></p> <p><a href="#">Top 80 DX</a></p> <p><a href="#">Add DX</a></p> <p><a href="#">Delete DX</a></p>	<p><b>Diagnosis</b></p> <p><input type="text"/> *** None ***</p>
<p><a href="#">History and Exam</a></p>	<p><b>History and Exam</b></p> <p><input type="text"/> ** History NOT answered ** / ** Exam NOT answered **</p> <p>Click this button if you completed the history and exam questions</p> <p><b>Hx &amp; Exam Complete</b></p>
<p><a href="#">Medications</a></p>	<p><b>Medications</b></p> <p><input type="text"/> *** None ***</p>
<p><a href="#">Instructions</a></p>	<p><b>Instructions</b></p> <p><input type="text"/> Instructions NEED TO BE marked</p>
<p><a href="#">Level of Service</a></p>	<p><b>Level of Service</b></p> <p><input type="text"/> *** None ***</p>
<p><a href="#">More Functions</a></p>	<p><input type="button" value="Done"/> <input type="button" value="Not Done"/></p>

Level of Service section



## Done or Not Done

The next section is for the physician to determine if the visit documentation is done or not done:

- If the physician is done, he clicks the *Done* button
- If the physician is not done, he clicks the *Not Done* button

Sometimes physicians are interrupted with phone calls from patients or questions from the clinical staff and cannot finish the documentation of the visit at that time. That is the purpose of the *Not Done* button. The physician can return to this screen at their convenience.

However, the patient will not be able to be discharged from the Clinic Status screen until the physician indicates that they are **Done** with the patient, and they want them “**out the door**”.

As you work through the next few chapters of the book, you will process your patient through each one of the sections on the Visit Documentation screen for Mr. Anderson.

**MEDTRAK**

### Visit Documentation

MON 07/15 9:26a

**Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\*    Initials ZZZ    Resp DOC    Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY LT ANKLE (3VW)
<a href="#">Order by Code</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Cancel Order</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Open Orders</a>		
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	<input type="text"/> *** None ***
<a href="#">DX by Checklist</a>	<b>Diagnosis</b>	<input type="text"/> *** None ***
<a href="#">Find DX</a>		
<a href="#">Top 60 DX</a>	<b>History and Exam</b>	<input type="text"/> ** History NOT answered ** / ** Exam NOT answered **
<a href="#">Add DX</a>		Click this button if you completed the history and exam questions
<a href="#">Delete DX</a>		<b>Hx &amp; Exam Complete</b>
<a href="#">History and Exam</a>	<b>Medications</b>	<input type="text"/> *** None ***
<a href="#">Medications</a>	<b>Instructions</b>	<input type="text"/> Instructions NEED TO BE marked
<a href="#">Instructions</a>	<b>Level of Service</b>	<input type="text"/> *** None ***
<a href="#">Level of Service</a>		
<a href="#">More Functions</a>	<input type="button" value="Done"/>	<input type="button" value="Not Done"/>

Done or Not Done section

## Self Assessment

There is no **Self Assessment** report for this chapter.

## Chapter 12 - Review Activities

Answer the following questions:

1. One of the goals of efficient medical workflow is to minimize the time that it takes for a physician to document their SOAP notes.

True  
False

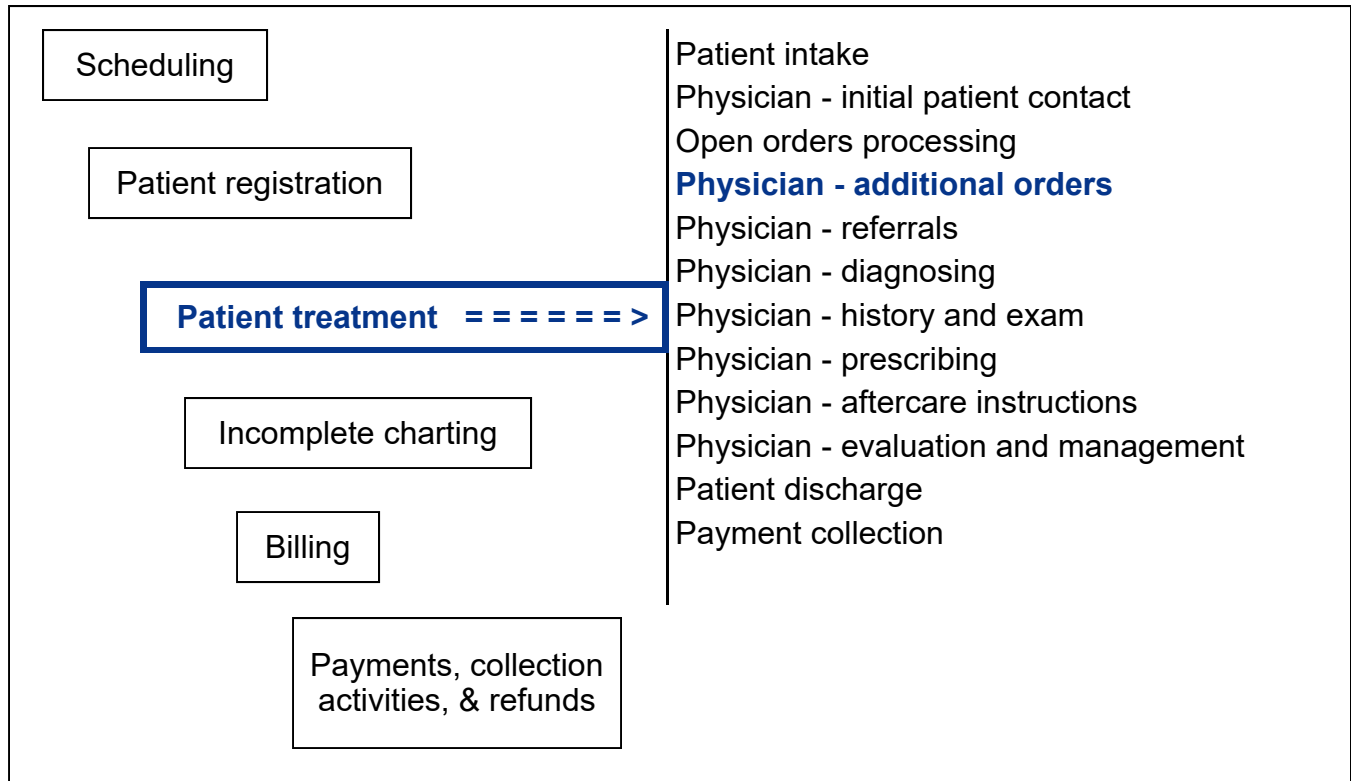
2. Which of the following are responsibilities of the physician?

- A. Placing orders for tests and treatments.
- B. Referring the patient to a specialist.
- C. Diagnosing the patient.
- D. Documenting the patient's history and exam.
- E. Ordering prescribed and/or dispensed medications.
- F. Providing aftercare instructions for the patient.
- G. Selecting the evaluation and management level of service.
- H. All of the above

# Physician - Additional Orders

# 13

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Order codes

## Accessing the Visit Documentation screen

On the Clinic Status screen, the physician places the cursor in the command field next to Mr. Anderson (shown below).

**Cursor next to Mr. Anderson**

CMD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DDC	TOT
		*** BEGINNING ***											
		--- MEDICAL ---											
	EXAM 1												
	EXAM 2	Anderson, Charles T	Done	Examine	6						ZZZ	ZZZ	40
	EXAM 3												
	EXAM 4												
	EXAM 5	Newcombe, Michael T		Ans CN		36						***	45
	PROC												
	LAB												
	X-RAY												
		*** END ***											

Then the physician accesses the Visit Documentation screen by clicking the *Out the Door* button. In this example, the physician placed the left ankle x-ray and the ice pack orders after the initial contact with the patient. Then the physician requested an x-ray over-read based on the initial impression of the x-ray.

After reviewing the x-ray and determining that the ankle has some internal derangement, the physician is going to provide a brace to the patient to help stabilize the ankle. The physician will place an order for the ankle brace.

In addition to the order entry process using the problem-focused Visit Orders screen, MedTrak also allows the placing of orders using order codes. Physicians like to use order codes because using this method is faster than locating the desired order using the order entry screens.

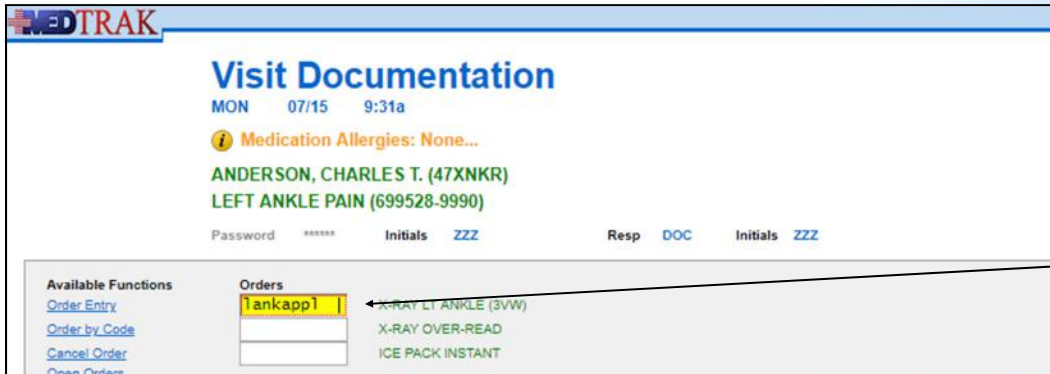
## Using Order Codes for Placing Orders

Order codes

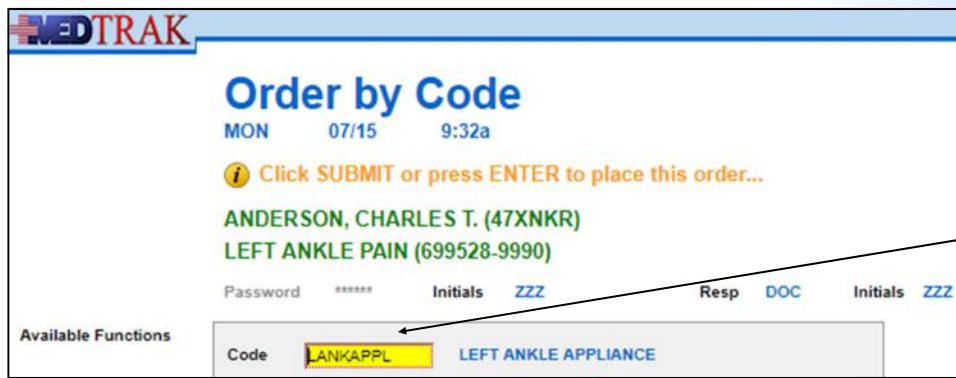
**Order codes** are names created by the physician for some of their common orders - orders placed on a frequent basis. The order code names (order codes) can be up to ten characters in length. The only restriction on the order code is that it is unique to the physician. Each physician can create their own order codes.

For example: physician A could name an x-ray order for the right index finger – **rtindexxr** and provider B could name the same order – **xrindexrt**. Both of these order codes refer to the same order, but the naming is specific to the individual physician.

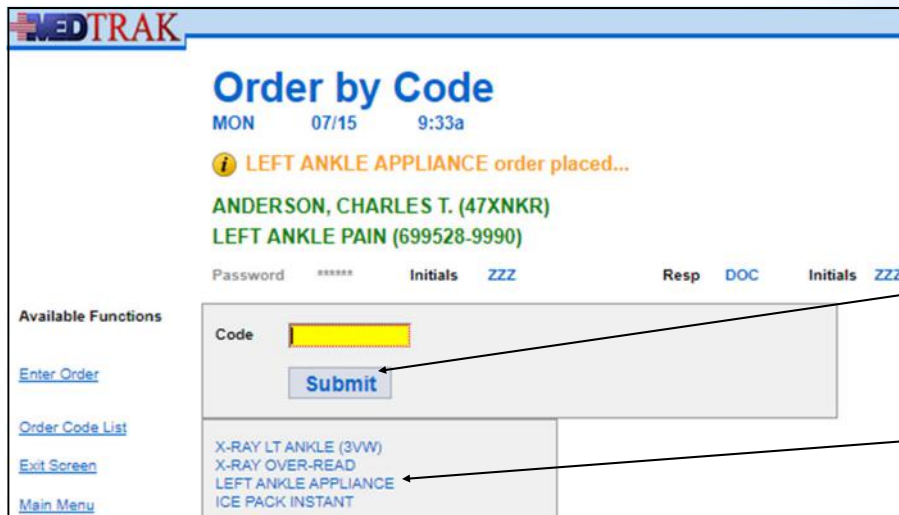
In this example, the physician is placing an order for a left ankle appliance (brace). The order code created by the physician for the left ankle appliance is “**lankappl**” (as shown on the screen below). The physician enters the order code in the first field of the **Orders** section on the Visit Documentation screen.



The physician presses the **ENTER** key to process the order code. The next screen to appear is the Order by Code screen with the left ankle appliance order code appearing in the **Code** field (shown below).



To confirm the left ankle appliance order, the physician clicks the **Submit** button. The Order by Code screen refreshes displaying the left ankle appliance order in the order list and the message “**LEFT ANKLE APPLIANCE order placed...**” (shown below).



The physician can continue to stay on the Order by Code screen and enter additional order codes or select the order codes from the Order Code: Select screen as described below.

If it is not the right order or the physician wants to place another order and does not know the order code, the physician can view all of the order codes by clicking the *Order Code List* button to select the order from the Order Code: Select screen (shown below). The order code list contains all of the order codes available to the clinicians in that medical facility.



Available Order Codes

In this example, the physician does not need any additional orders and clicks the *Exit Screen* button to return to the Order by Code screen. Then the physician clicks the *Exit Screen* button again to return to the Visit Documentation screen (shown below). The **Left Ankle Appliance** order is an open order and will need to be completed by the clinical staff before discharging the patient from the medical facility.



Left ankle appliance order is an open order

Do These Steps  
<==== 13.01

1. Click the ***Clinic Status*** button on **MedTrak Main Menu**  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the ***Out the Door*** button  
(You should be on the Visit Documentation screen)
4. Place the cursor in the first field of the **Orders** section
5. Type **lankappl** representing the left ankle appliance
6. Press the **ENTER** key  
(You should be on the Order by Code screen)  
(The order code field should have **lankappl** in it)
7. Click the ***Submit*** button  
(The Order by Code screen refreshes having placed the left ankle appliance order)  
(The left ankle appliance order is in the order list)  
(The “**LEFT ANKLE APPLIANCE order placed...**” message appears)
8. Click the ***Order Code List*** button  
(You should be on the Order Code: Select screen)  
(Review the order codes that are on this screen)
9. Click the ***Exit Screen*** button  
(You should be back on the Order by Code screen)
10. Click the ***Exit Screen*** button again  
(You should be back on Visit Documentation)  
(The left ankle appliance order is an open order)
11. Click the ***Not Done*** button  
(You should be back on the Clinic Status screen)

## Self Assessment

Do These Steps  
13.02 =====>

1. You should be on the Clinic Status screen
2. Type **SA13** in any command field  
(**SA** stands for self assessment and **13** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA13** report.
7. You must have a 100% (error-free) report before continuing.



**Chapter 13 - Review Activities** .....

Answer the following questions:

**1. Order codes in MedTrak must be the same for every physician.**

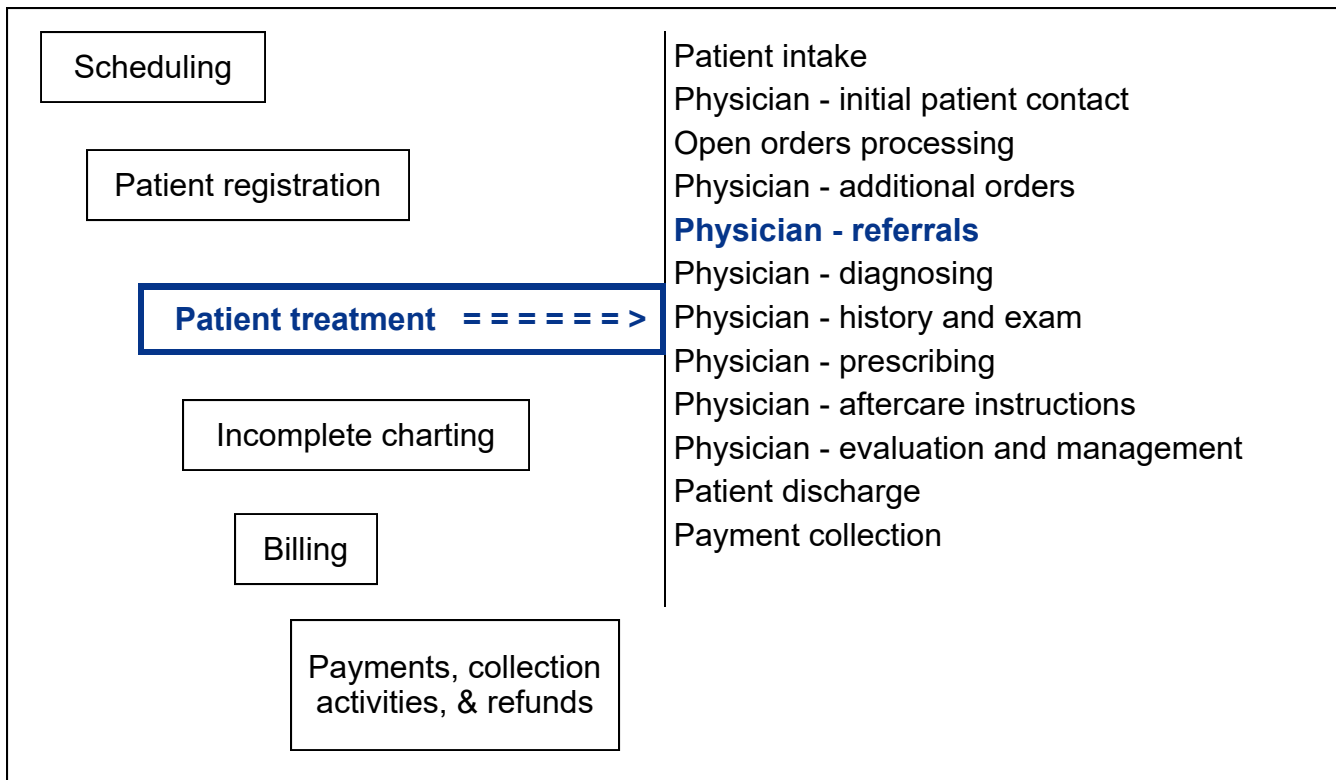
- True
- False

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# Physician - Referrals

# 14

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Referral
- ▶ Specialist
- ▶ Treatments
- ▶ Scheduled testing
- ▶ Tracking a referral
- ▶ Status of a referral

## Physician - Referrals

Many times patients present with problems that require medical skills and knowledge beyond the scope of abilities of the treating physician. In these situations, the treating physician will refer the patient to a specialist for further evaluation and/or treatment. When the treating physician makes this determination, he will place an order for a **referral**.

Referral

These types of referrals are to see a **specialist**:

Referrals to a specialist

- Allergist
- Cardiologist
- Endocrinologist
- Gynecologist
- Hematologist
- Internal medicine doctor
- Oncologist
- Ophthalmologist
- Orthopedic surgeon
- Physiatrist
- Plastic surgeon
- Psychiatrist
- Rheumatologist
- Urologist

These types of referrals are for **treatments**:

Referrals for treatment

- Physical therapist
- Occupational therapist
- Chiropractor
- Acupuncturist

Referrals for scheduled testing

These types of referrals are for **scheduled testing**:

- MRI - magnetic resonance imaging
- CT scan - computed tomography scan
- EMG - electromyography

The treating physician provides the specialist with the following information about the referral:

- Body part(s) involved or systemic reason for the referral
- Scheduling priority - immediately, as soon as possible, or at the convenience of the specialist
- Scheduling purpose - evaluate only, evaluate and treat, or assume care
- Special notes about the reason for the referral
- Chart for the most recent patient visit

**Tracking a referral** is an important function in medical workflow. The medical facility needs to know the **status of a referral** at all times and be able to provide that status to the patient and everyone else who needs to know.

Tracking a  
referral

Once a physician orders a referral, the clinical staff will:

- Obtain authorization for the referral from the patient's payer
- Coordinate with the patient and the specialist's office to schedule the first appointment
- Receive the specialist's report after the patient's appointment and place it in the chart
- Alert the treating physician that the specialist's report is back and ready for review

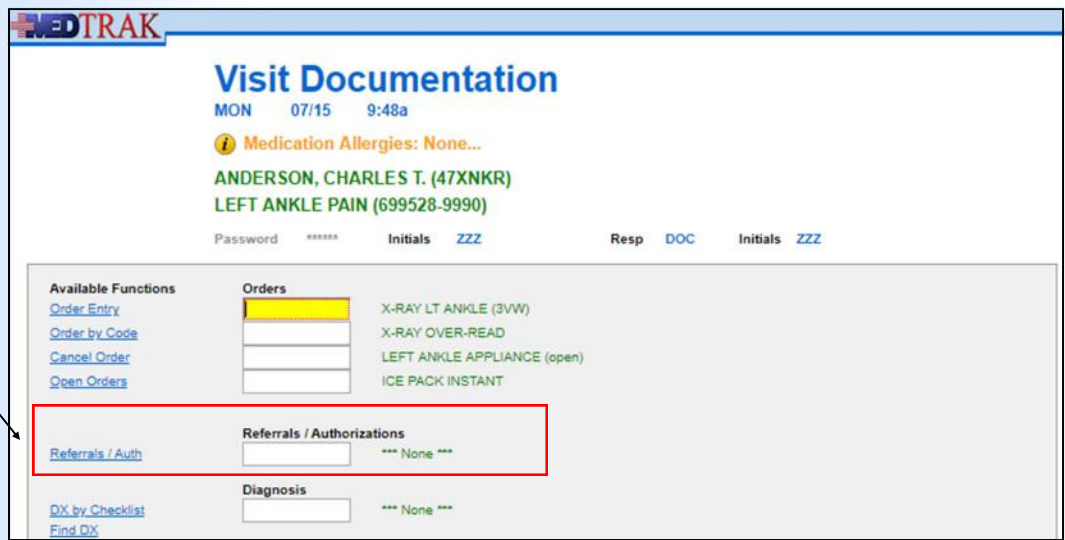
Status of a  
referral

1. Click the ***Clinic Status*** button on **MedTrak Main Menu**  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the ***Out the Door*** button  
(You should be on the Visit Documentation screen)

Do These Steps  
<==== 14.01

In this example, based on the results of the x-ray, the treating physician determines that the patient needs an orthopedic consultation.

To place the order for the orthopedic consultation, the physician decides to use the Order Entry screen rather than an order code. The physician places the cursor in the **Referrals / Authorizations** field on the Visit Documentation screen (shown on the next page).

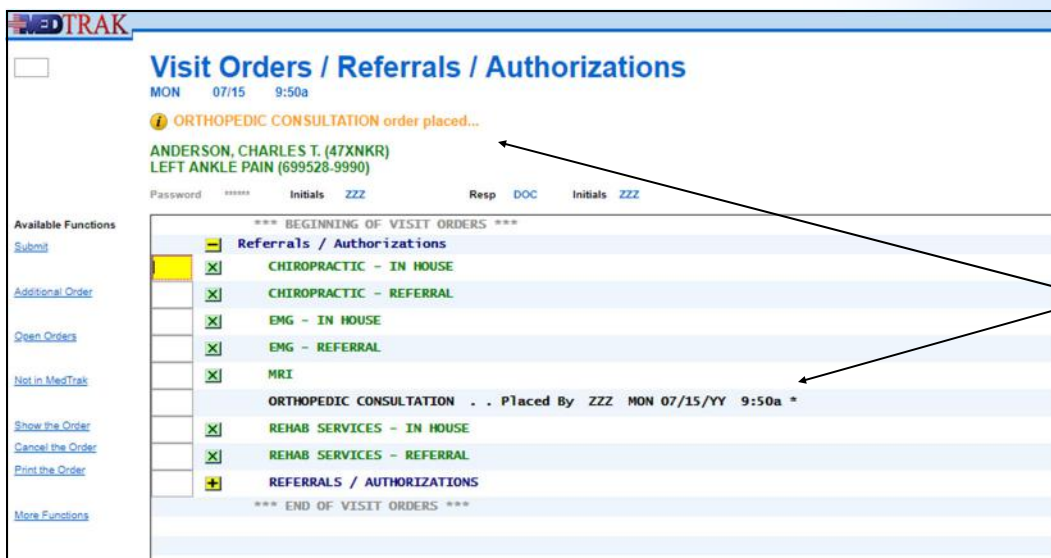


The physician clicks the *Referrals / Auth* button. Because MedTrak is a problem-focused system, the Visit Orders screen for **Referrals / Authorizations** appears displaying the most likely referrals for the left ankle problem. To save the physician time, MedTrak immediately sets the Visit Orders screen to the referral category (shown below). This is another clinical decision support rule (CDS) of MedTrak which complies with Core Objective #6 of Meaningful Use.



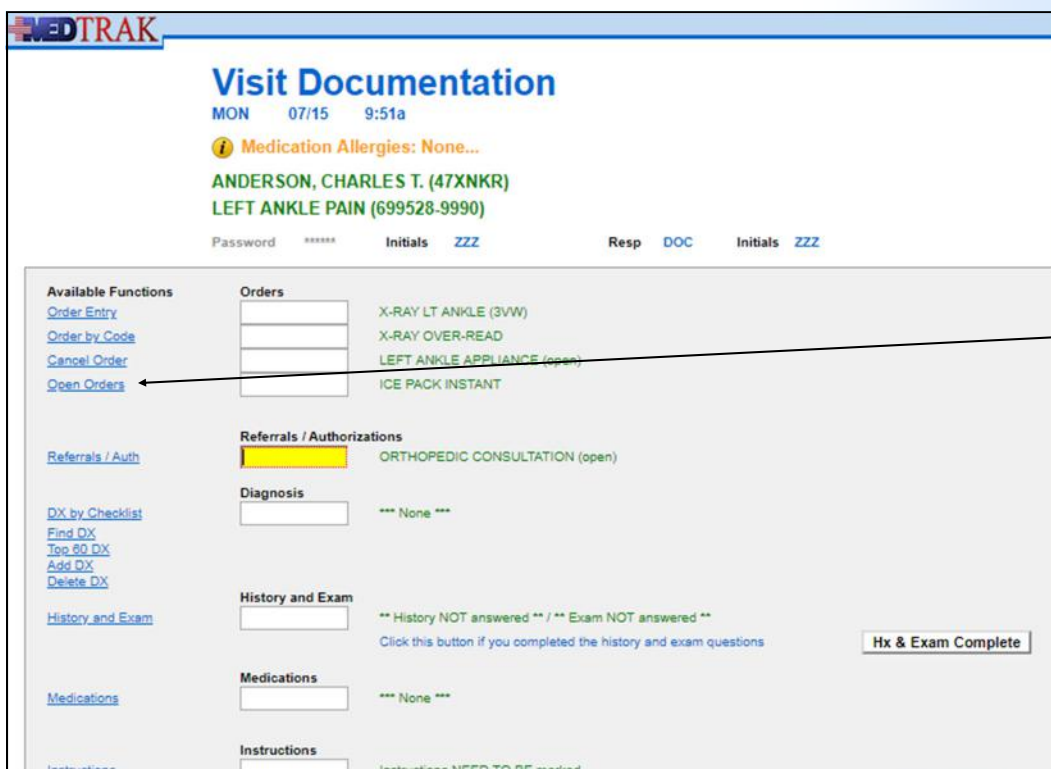
To place an order for an orthopedic evaluation and/or treatment for Mr. Anderson’s left ankle injury, the provider clicks the green X  next to the **Orthopedic Consultation** order.

The Visit Orders screen for the **Referrals / Authorizations** category refreshes indicating that the physician placed an order for the **Orthopedic Consultation** (shown on the next page).



Orthopedic Consultation order placed

After placing the **Orthopedic Consultation** order, the physician clicks the *Exit Screen* button to return to the Visit Documentation screen (shown below).

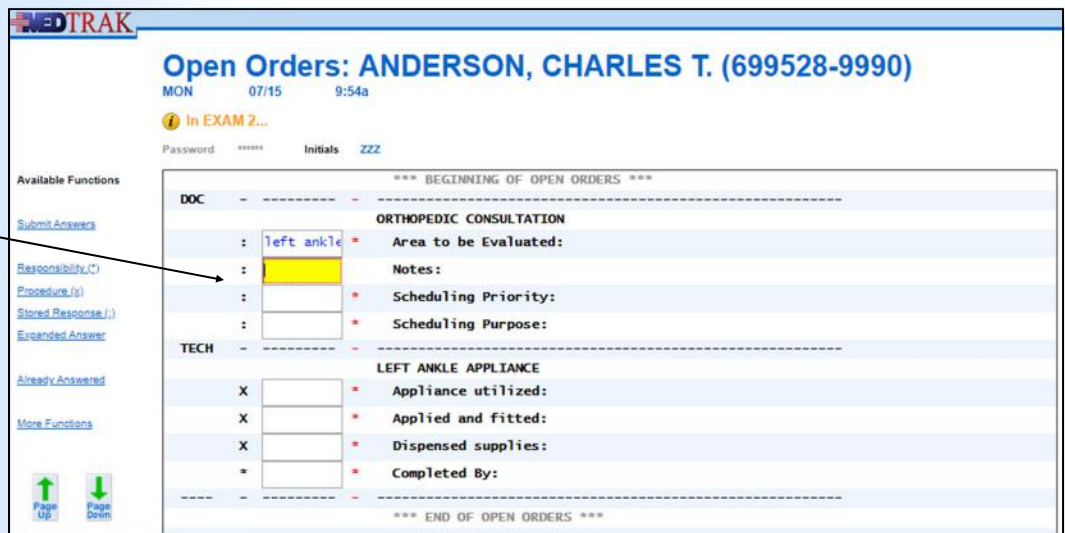


Open Orders button

The medical workflow calls for the physician to complete the first few questions of the **Orthopedic Consultation** open order. To answer this open order, the physician clicks the *Open Orders* button on the Visit Documentation screen located directly above the *Referrals / Auth* button.

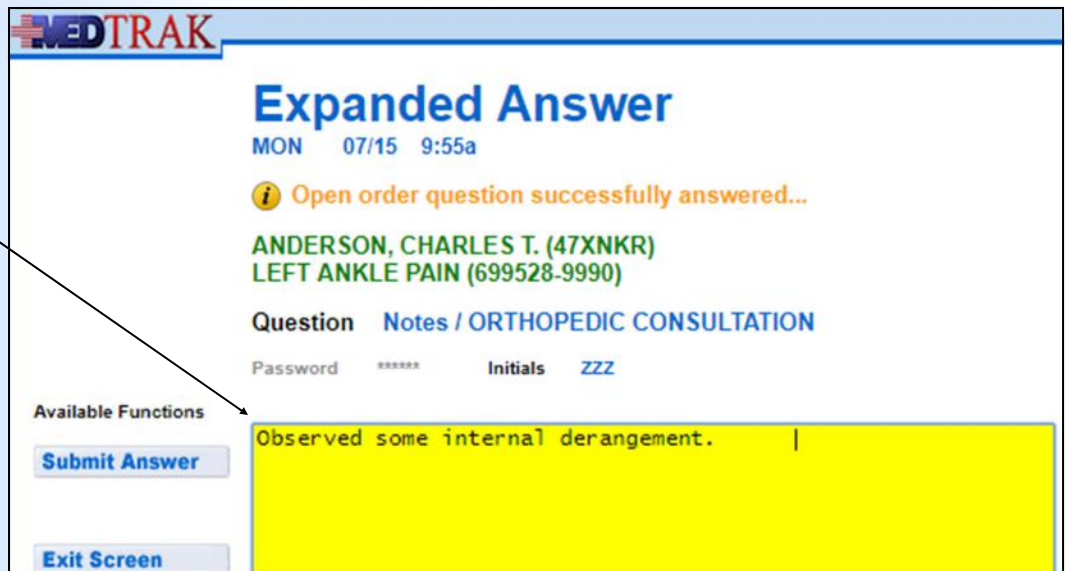
The Open Orders screen appears with questions about the referral for the physician to answer. The physician enters **left ankle** in the answer field for the **Area to be Evaluated** question (shown on the next page).

Orthopedic Consultation open order



Then, with the cursor in the answer field for the **Notes** question, the physician clicks the *Expanded Answer* button. On the Expanded Answer screen, the physician enters **Observed some internal derangement.** (shown below)

Notes about Mr. Anderson's left ankle pain



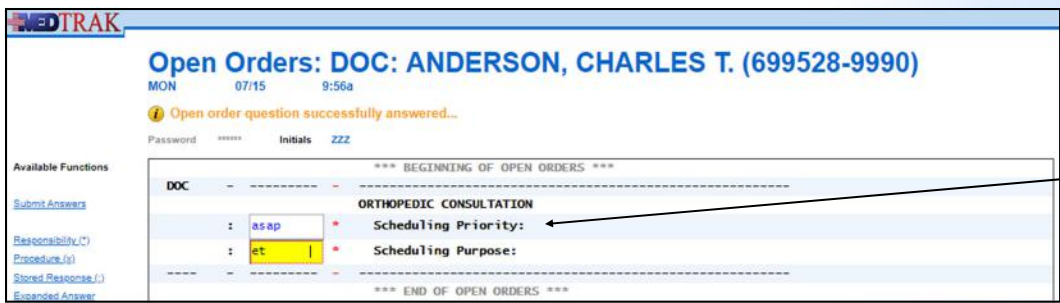
After entering the note, the physician clicks the *Submit Answer* button.

To save time, the physician enters triggers to answer the remaining two questions on the open order for the **Orthopedic Consultation** (shown on the next page).

The physician enters the trigger of **asap** in the answer field for the **Scheduling Priority** question to retrieve the stored response of **“As soon as possible.”**

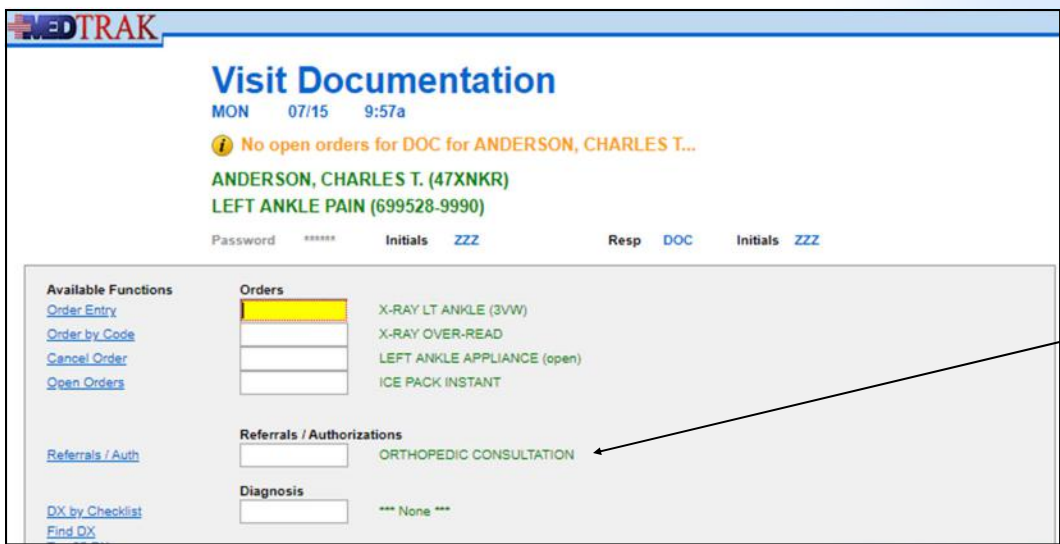
Then the physician enters the trigger of **et** in the answer field for the **Scheduling Purpose** question to retrieve the stored response of **“Evaluate and treat as indicated – please send report.”**





Triggers entered for the last two questions

After entering the two triggers, the physician clicks the *Submit Answers* button. The Visit Documentation screen reappears showing that the **Orthopedic Consultation** order is not an open order because the physician has answered the required questions (shown below).



Orthopedic Consultation is not an open order anymore

1. Place the cursor in the **Referrals / Authorizations** field
2. Click the **Referrals / Auth** button  
(You should be on the Visit Orders screen for the **Referrals / Authorizations** category)
3. Click the green X  next to the **Orthopedic Consultation** order  
(The Visit Orders screen should refresh indicating that you placed the order)
4. Click the **Exit Screen** button  
(You should be on the Visit Documentation screen)  
(The **Orthopedic Consultation** order should appear as an open order)

Do These Steps  
<==== 14.02

Do These Steps  
14.03 =====>

1. Click the *Open Orders* button  
(The *Open Orders* button is located directly above the *Referrals / Auth* button)  
(You should be on the Open Orders screen showing the **Orthopedic Consultation** order's questions)
2. Type **left ankle** in the answer field for the **Area to be Evaluated** question
3. Be sure the cursor is in the answer field for the **Notes**
4. Click the *Expanded Answer* button  
(You should be on the Expanded Answer screen for the **Notes** question)
5. Type **Observed some internal derangement.**
6. Click the *Submit Answer* button  
(You should be back on the Open Orders screen)  
(The two scheduling questions still need answers)
7. Type the trigger **asap** in the answer field for the **Scheduling Priority** question  
(Note: asap means "as soon as possible")
8. Place the cursor in the **Scheduling Purpose** field
9. Type the trigger **et** in the answer field for the **Scheduling Purpose** question  
(Note: et means "evaluate and treat")
10. Click the *Submit Answers* button  
(You should be back on the Visit Documentation)  
(The **Orthopedic Consultation** order should not be an open order anymore)
11. Click the *Not Done* button  
(You should be back on Clinic Status screen)

## Self Assessment

1. You should be on the Clinic Status screen
2. Type **SA14** in any command field  
(**SA** stands for self assessment and **14** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA14** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
<==== 14.04

## Chapter 14 - Review Activities

Answer the following questions:

1. Which of the following are reasons a physician refers a patient to see a specialist?

- A. When the physician needs help diagnosing the patient's presenting problems.
- B. When the patient needs a treatment not done by the physician.
- C. When the patient needs a test not done at the physician's office.
- D. When the physicians' lead nurse is on vacation.
- E. All of the above

2. Tracking referrals is not a function of the medical facility.

- True
- False

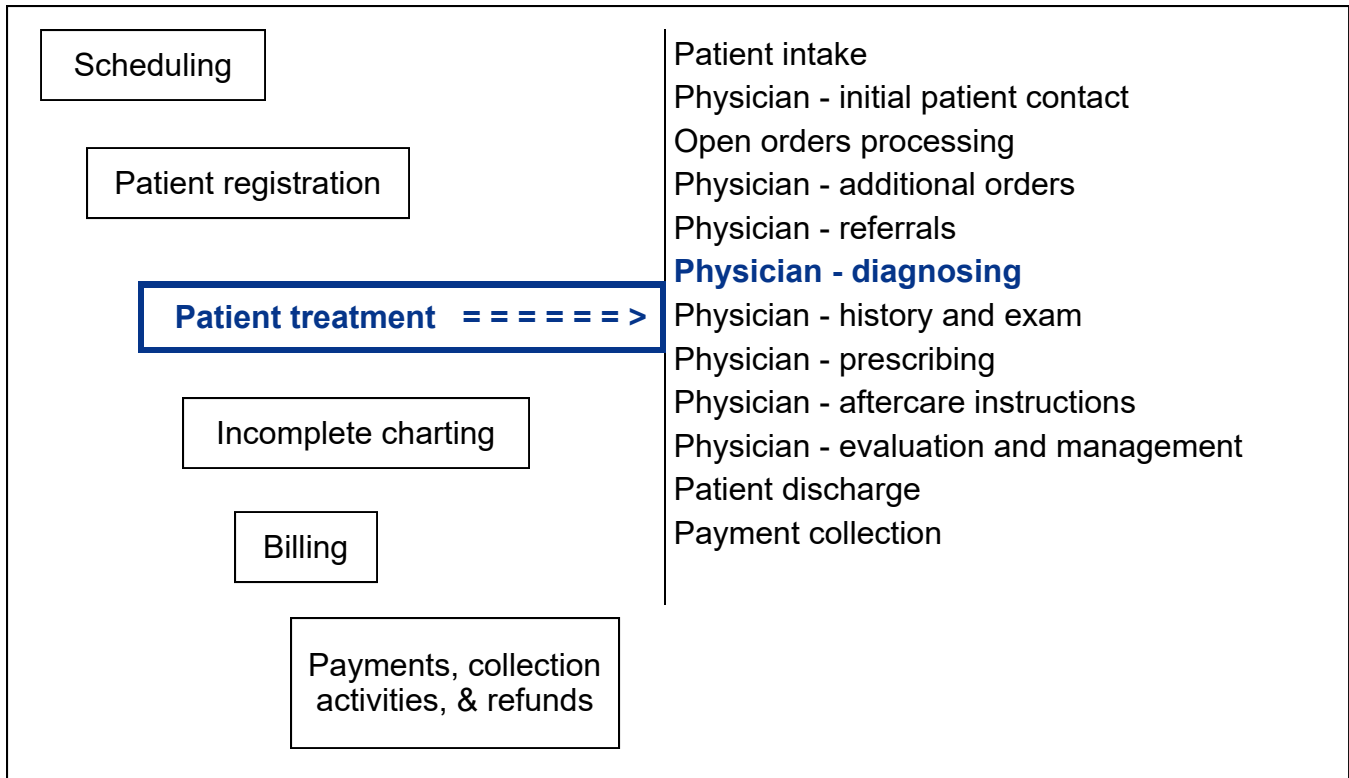
3. When a physician refers a patient to see a specialist, which of the following functions need to be performed?

- A. Coordinate the first appointment with the patient and the specialist.
- B. Obtain authorization from the patient's payer for the referral.
- C. Alert the physician that the specialist sent back a report.
- D. Place the specialists report in the chart (either paper or online).
- E. All of the above

# Physician - Diagnosing

15

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Diagnosing
- ▶ ICD-10
- ▶ International Classification of Diseases
- ▶ WHO - World Health Organization

## Physician - Diagnosing

International  
Classification of  
Diseases

ICD-10-CM  
codes

World Health  
Organization  
(WHO)

Identifying the condition or symptom that is the reason for the patient's visit is a key responsibility of the physician. The physician must diagnose the patient, and the diagnosis must be converted to an ICD (**International Classification of Diseases**) code to be submitted to the payer for payment of services.

ICD codes have been used in the United States since the year 1900, and there have been ten revisions of the code set since inception. Physicians have been using the Tenth Revision codes (**ICD-10-CM**) to report their diagnoses since October 1st, 2015. ICD codes are provided and maintained by the **World Health Organization** (WHO). There are over 71,000 ICD-10-CM codes.

ICD-10-CM codes have the following structure: The first position is an alpha character with the second and third characters numeric. The fourth through seventh characters can be a combination of alpha and numeric characters. Basically, the first three characters identify the injury and the fourth through sixth the cause

MedTrak enables the physician to select the diagnosis for the patient in multiple ways:

- **Description** - entering the words describing the diagnosis (in any order)
- **ICD code** - entering the ICD code, if they know it
- **Based on Checklists** - based on the presenting problems selected by the clinical staff
- **Tree Structure** - starting at the top of the diagnoses tree
- **Problem** - based on the presenting problem
- **Body Part** - based on the body part(s) affected
- **Top 60** diagnoses seen by medical offices for musculoskeletal problems

Once the physician examines the patient, he will decide the patient's diagnoses. These diagnoses might not coincide with what the patient indicated to the front desk person or the clinical staff. MedTrak has the physician select the diagnoses right after placing any additional orders for the patient, because the diagnoses determine what history and exam questions and patient aftercare instructions the physician needs to use for documenting the patient's visit.

The alignment of the history and exam questions and aftercare instructions are another part of MedTrak’s problem-focused functionality. The diagnosis process facilitates clinical decision support (CDS) rules, which complies with Core Objective #6 of Meaningful Use.

1. Click the *Clinic Status* button on MedTrak Main Menu  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the *Out the Door* button  
(You should be on the Visit Documentation screen)

Do These Steps  
<==== 15.01

## Selecting a Diagnosis based on the Problem ...●

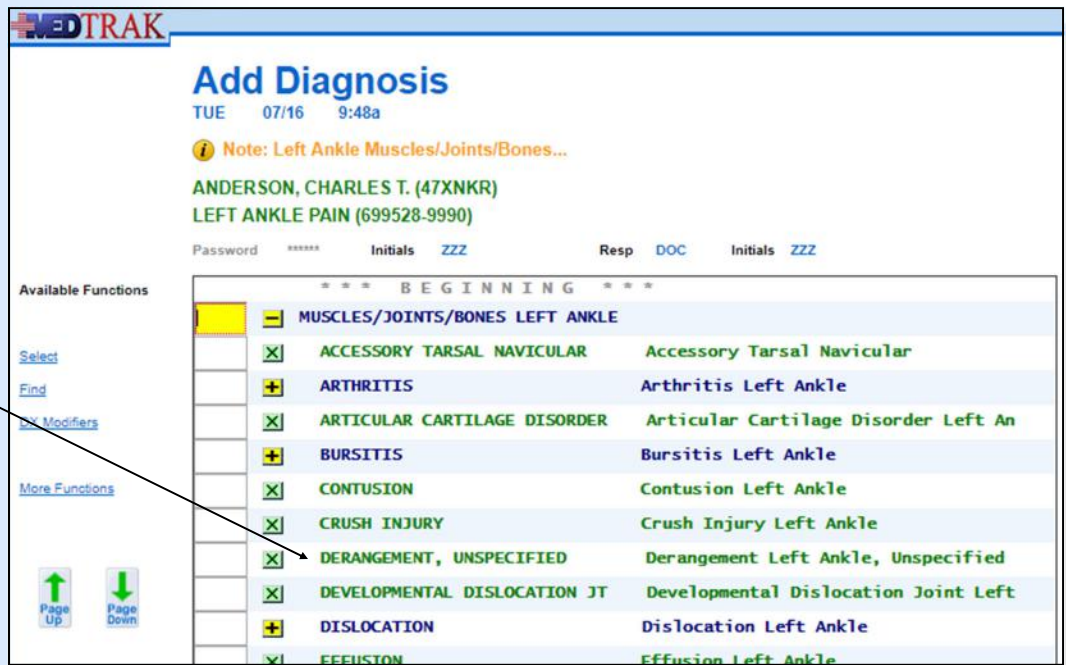
The physician places the cursor in the **Diagnosis** field on the Visit Documentation screen (shown below).

The screenshot displays the MedTrak 'Visit Documentation' interface. At the top, it shows the date and time (TUE 07/16 9:45a) and medication allergies (None...). The patient's name is ANDERSON, CHARLES T. (47XNKR) with the problem LEFT ANKLE PAIN (699528-9990). Below this, there are fields for Password, Initials, Resp, DOC, and Initials ZZZ. The main content area is divided into several sections: Available Functions (Order Entry, Order by Code, Cancel Order, Open Orders, Referrals / Auth), Orders (X-RAY LT ANKLE (3VW), X-RAY OVER-READ, LEFT ANKLE APPLIANCE (open), ICE PACK INSTANT), Referrals / Authorizations (ORTHOPEDIC CONSULTATION), Diagnosis (\*\*\* None \*\*\*), History and Exam (\*\*\* History NOT answered \*\* / \*\* Exam NOT answered \*\*), Medications (\*\*\* None \*\*\*), Instructions (Instructions NEED TO BE marked), and Level of Service (\*\*\* None \*\*\*). A red box highlights the 'Diagnosis' field, and an arrow points to it from a 'Diagnosis area' label on the right. At the bottom, there are 'Done' and 'Not Done' buttons.

Diagnosis  
area

In this example, the presenting problem entered by the front desk person is left ankle pain. The physician clicks the *DX by Checklist* button to display the Add Diagnosis screen starting at **Muscles/Joints/Bones Left Ankle**, because this was the presenting problem category. The message “**Note: Left Ankle Muscles/Joints/Bones...**” appears at the top of the screen identifying the presenting problem. The most common diagnoses for this problem appear on the screen for the physician to make selection(s).

The Add Diagnosis screen functions like the Visit Orders screen does. The yellow plus sign **+** indicates that there are more selections available. The green X **X** indicates that these are selectable diagnoses. The yellow minus sign **-** on the top line indicates that there are more diagnoses by going up the diagnosis tree (shown below).

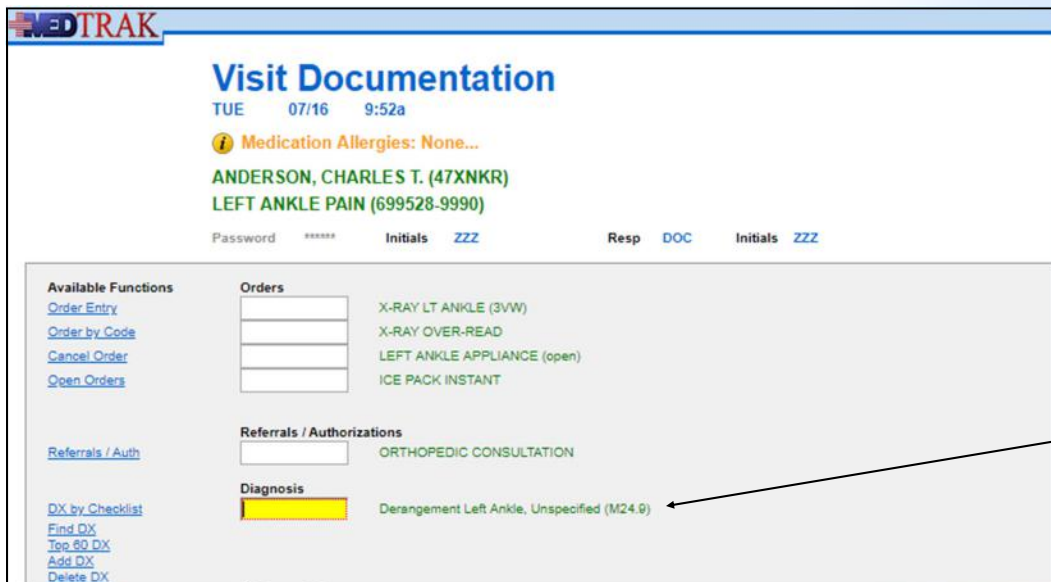


To select the **Derangement, Unspecified** diagnosis for the left ankle, the physician clicks the green X **X** to the left of the diagnosis. The Add Diagnosis screen refreshes with the message “**Adding: Derangement Left Ankle, Unspecified...**” at the top of the screen (shown below).





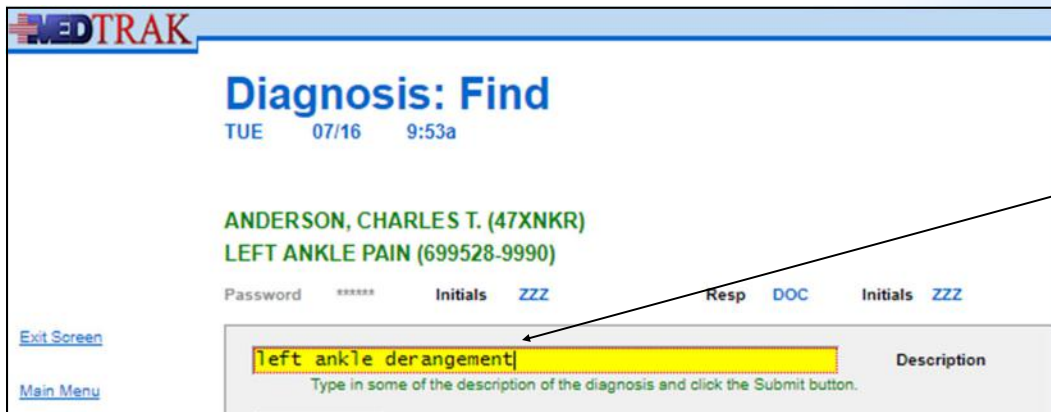
After selecting the diagnosis, the physician clicks the *Exit Screen* button to return to the Visit Documentation screen. The **Derangement Left Ankle, Unspecified** diagnosis displays with the **ICD-10 code of M24.9** (shown below).



The physician selected the diagnosis by using the MedTrak Diagnosis Tree. MedTrak attached the ICD-10 code to the diagnosis description. Therefore, when a physician selects a diagnosis, the ICD code is automatically loaded for documentation and billing purposes. There could be multiple diagnoses needed for the patient’s encounter. In a like manner, the physician can select all of the applicable diagnoses.

## Selecting a Diagnosis based on the Description ●

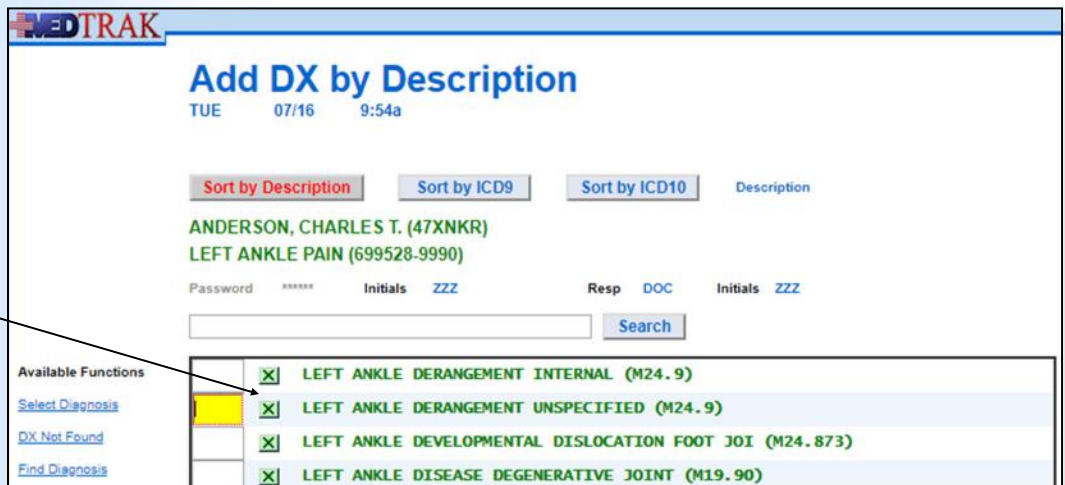
Another diagnosis search function that the providers like to use is the **Find DX by Description** screen. To access this processor, the physician clicks on the *Find DX* button on the Visit Documentation screen. The next screen to appear is the Diagnosis: Find. The physician enters **left ankle derangement** in the **Description** field (shown below).



The physician can type the diagnosis description words in any order. For example, typing **Ankle Unspecified Derangement Left** would also find the correct diagnosis. The order of the words does not matter.

The physician then clicks the **Submit** button. The next screen to appear is the **Add DX by Description** screen (shown below).

Left Ankle Derangement Unspecified diagnosis

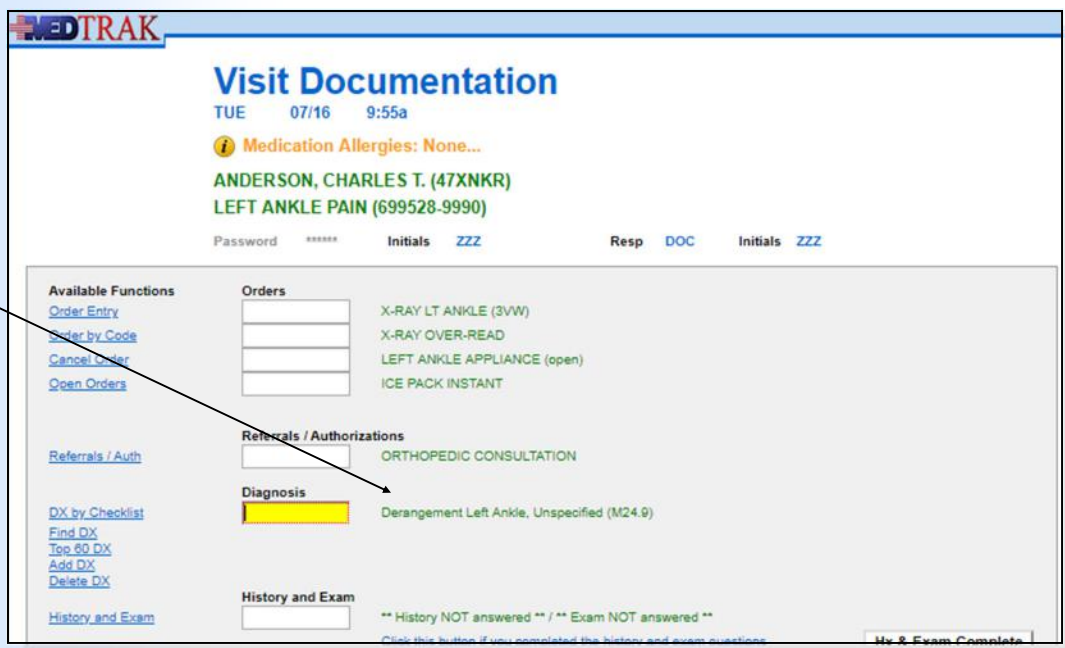


The physician clicks the green X  next to the **Left Ankle Derangement Unspecified** diagnosis to select it.


The **Add DX by Description** screen refreshes with the message **“Adding: Derangement Left Ankle, Unspecified...”** at the top of the screen. If the patient has another diagnosis, the physician can type the next description in the **Search** field and click the **Search** button.

When done selecting diagnoses, the physician clicks the **Exit Screen** button to return to the **Visit Documentation** screen (shown below).

Diagnosis including the ICD-10 code



The Visit Documentation screen lists the selected diagnoses in the **Diagnosis** section. To delete a diagnosis, the physician places the cursor next to the diagnosis that needs deleting and clicks the *Delete Dx* button.

1. Click the *Find DX* button  
(You should be on the Diagnosis Find screen)
2. Type **left ankle derangement** in the **Description**
3. Click the *Submit* button  
(You should be on the Add DX by Description)  
(The second diagnosis from the top should be **Left Ankle Derangement Unspecified**)
4. Click the green X  next to the **Left Ankle Derangement Unspecified** diagnosis  
(The Add DX by Description screen refreshes)  
(The message “**Adding: Derangement Left Ankle, Unspecified...**” should appear at the top)
5. Click the *Exit Screen* button  
(You should be back on the Visit Documentation)  
(The **Derangement Left Ankle, Unspecified** diagnosis should appear in the **Diagnosis** section)
6. Click the *Not Done* button  
(You should be back on the Clinic Status screen)

Do These Steps  
<==== 15.02

## Self Assessment

Do These Steps  
15.03 =====>

1. You should be on the Clinic Status screen
2. Type **SA15** in any command field  
(**SA** stands for self assessment and **15** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA15** report.
7. You must have a 100% (error-free) report before continuing.

## Meaningful Use— Core Objective #15 - Summary Care Record Problem List

Enable a user to record a patient's problem list for longitudinal care.

### *You did this!*

You diagnosed the patient with an unspecified derangement of the left ankle. This diagnosis was recorded in the patient's problem list on the date that you selected it. When the patient returns for their next visit, this problem will be brought forward. If the provider selects another diagnosis at the subsequent visit, the new diagnosis will be added to the patient's problem list on the date recorded. This process produces the longitudinal record of the patient's problems.

### *Why is this needed?*

Tracking the patient's problems by date diagnosed is essential to providing good health care. The providers need to be able to see the history of the patient's problems to know if the problem is recurring (chronic) or a new one (episodic). This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.



**Problem  
list**



## Meaningful Use—Core Objective #6

# Clinical Decision Support

### 1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

### 2. Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.



**Problem  
list**

## *You did this!*

You selected a **diagnosis** of **Derangement Left Ankle, Unspecified** for your patient. This selection initiated MedTrak's clinical decision support rules base. Based on your selection, MedTrak specifically focuses the provider's history and exam questions and the selectable patient aftercare instructions on the left ankle injury.

## *Why is this needed?*



Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.

**Chapter 15 - Review Activities** .....

Answer the following questions:

**1. The physician's diagnoses always coincide with the presenting problems selected by the front desk and clinical staff.**

- True
- False

**2. Diagnosing the patient is a key responsibility of the physician.**

- True
- False

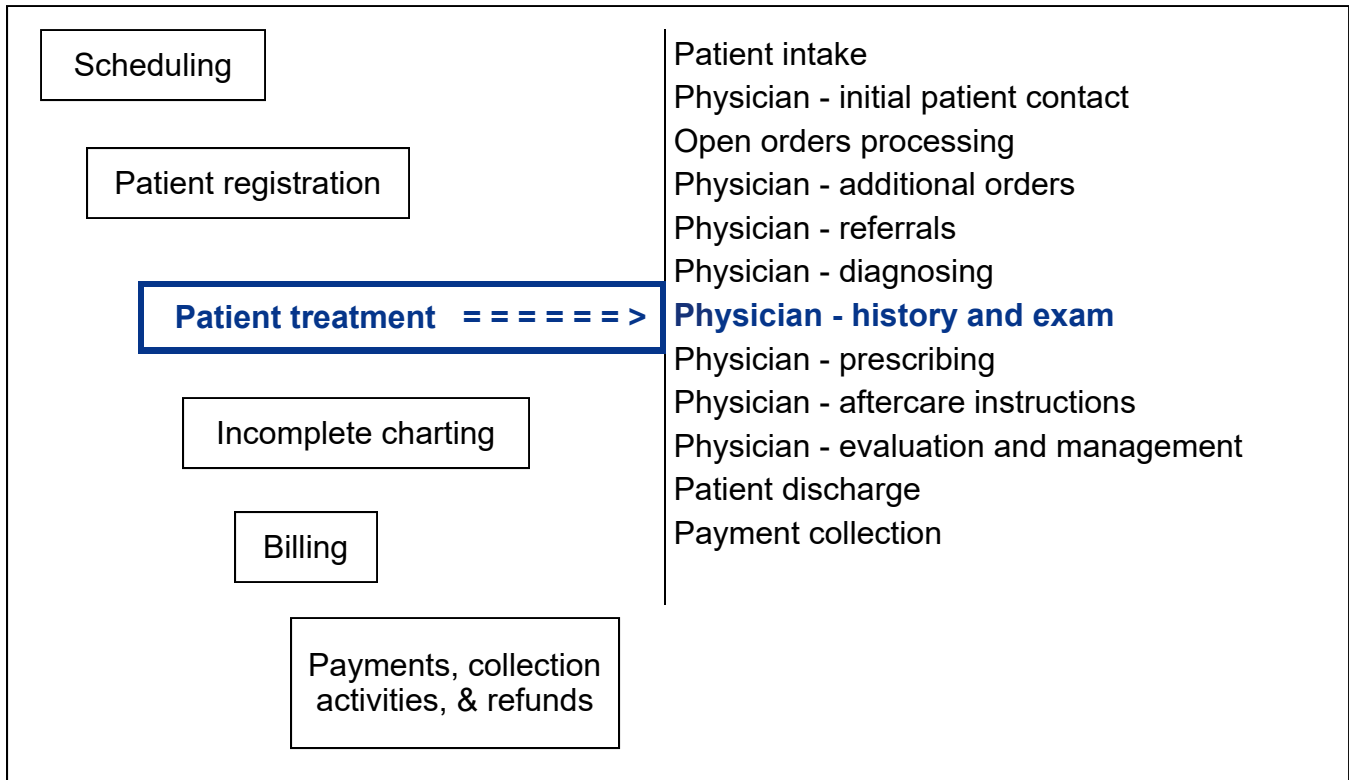
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# Physician - Patient History and Exam

# 16

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ History of the chief complaint
- ▶ Extended history
- ▶ Review of systems
- ▶ Past history
- ▶ Family history
- ▶ Social history
- ▶ Physical examination

## Physician - History & Exam

The **History and Exam** section on the Visit Documentation screen is for the physician to document the patient’s history and physical examination. This is the only section that does not need to be completed before discharging the patient from this visit to the medical facility. All of the other sections are required. The history and exam questions are based (problem-focused) on the diagnoses selected by the physician. If there are multiple diagnoses, then MedTrak prepares a blended checklist of history and exam questions from head to toe. Questions that are common to each diagnosis of a multiple-diagnoses patient visit only appear once in the checklist.

Do These Steps  
16.01 =====>

1. Click the **Clinic Status** button on MedTrak Main Menu  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the **Out the Door** button  
(You should be on the Visit Documentation screen)

In this example, the physician diagnosed the patient with an unspecified derangement of the left ankle. Therefore, the questions in the **History and Exam** section are specific to a musculoskeletal problem of the left ankle. The physician places the cursor in the **History and Exam** field on the Visit Documentation screen (shown below).

**MEDTRAK**

### Visit Documentation

TUE 07/16 10:00a

**Medication Allergies: None...**

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	X-RAY LT ANKLE (3VW)
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Order by Code</a>	<input type="text"/>	LEFT ANKLE APPLIANCE (open)
<a href="#">Cancel Order</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Open Orders</a>	<input type="text"/>	
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	ORTHOPEDIC CONSULTATION
<a href="#">DX by Checklist</a>	<input type="text"/>	
<a href="#">Find DX</a>	<b>Diagnosis</b>	Derangement Left Ankle, Unspecified (M24.9)
<a href="#">Add 90 DX</a>	<input type="text"/>	
<a href="#">Add DX</a>		
<a href="#">Delete DX</a>		
<a href="#">History and Exam</a>	<b>History and Exam</b>	** History NOT answered ** / ** Exam NOT answered **
	<input type="text"/>	Click this button if you completed the history and exam questions
		<b>Hx &amp; Exam Complete</b>
	<b>Medications</b>	

History and Exam section

The physician clicks the *History and Exam* button to display the Doctor Checklist Processor. This screen displays the names of the doctor's checklists that correspond to the diagnoses selected by the physician (shown below).

**MedTRAK**

## Doctor Checklist Processor

TUE 07/16 10:04a

ANDERSON, CHARLES T. (47XNKR)  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

Available Functions

- [Checkboxes](#)
- [Questions \(macro\)](#)
- [Questions \(detail\)](#)
- [Add List](#)

\*\*\* BEGINNING \*\*\*

**Left Ankle Muscles/Joints/Bones (52031)**

\*\*\* END \*\*\*

Based on the diagnosis

MedTrak provides three ways for the physician to answer the history and exam questions:

- **Dictation Topic** - for physicians who dictate their history and exam questions at a macro level using voice recognition (or with the help of a transcriptionist).
- **Detailed Questions** - for physicians who use the keyboard to type their answers using a detailed checklist of questions.
- **Checkboxes** - for physicians who take a wireless tablet computer into the exam room and check off answers on the touch screen while examining the patient.

1. Place the cursor in the **History and Exam** field
2. Click the *History and Exam* button  
(You should be on the Doctor Checklist Processor)

Do These Steps  
<==== 16.02

## Answering Questions using the Macro Method ●

If the physician clicks the *Questions (macro)* button, the Doctor's Checklist screen at the macro level appears (shown on the next page).

Macro level questions used for dictation

**MEDTRAK**

## Doctor's Checklist

TUE 07/16 10:05a

ANDERSON, CHARLES T. (47XNKR)  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

Available Functions

- On-line Chart
- Submit Answers
- Normal Answer
- Normal/Abnormal
- Stored Response
- Expanded Answer
- Begining
- Chief Complaint
- History of CC
- Extended Hx
- Past Medical Hx
- Review of System
- Past Fam Soc Hx
- Related Hx
- Inteval History

\*\*\* BEGINNING \*\*\*

**PATIENT HISTORY:**

Source of History:

**CHIEF COMPLAINT:**

HISTORY OF CHIEF COMPLAINT:

EXTENDED HISTORY:

REVIEW OF SYSTEMS:

PAST, FAMILY, SOCIAL HISTORY (PFSH):

**PHYSICAL EXAM:**

Health history form:

Constitutional/Appearance:

General appearance:

Posture:

Gait:

Mental Status:

Respiratory (w/ chest):

Cardiovascular:

The questions (especially for the history) are at a macro level. Physicians who like to dictate their chart typically use this processor to either transcribe their answers or enter their answers using voice recognition software.

The top section of buttons on the left side of the screen is for reviewing the on-line chart and answering the questions. The lower section of the buttons is for navigating the list of questions.

Do These Steps  
16.03 =====>

1. Click the **Questions (macro)** button  
(You should be on the Doctor's Checklist at the macro question level)
2. Read the **questions** on this screen
3. Review the **buttons** on the left side of the screen
4. Click the **Exit Screen** button  
(You should be back on the Visit Documentation)  
(To save the physician time, MedTrak goes directly back to the Visit Documentation screen when exiting from the Doctor's Checklist screen)
5. Click the **History and Exam** button again  
(You should be on the Doctor Checklist Processor)

## Answering Questions using the Detail Method ●

If the physician clicks the *Questions (detail)* button, the Doctor's Checklist screen at the detail level appears (shown below).

The screenshot shows the MedTrak interface for a 'Doctor's Checklist'. At the top, it displays the patient's name 'ANDERSON, CHARLES T. (47XNKR)' and the chief complaint 'LEFT ANKLE PAIN (699528-9990)'. Below this, there are fields for 'Password', 'Initials', 'Resp', 'DOC', and 'Initials'. The main content area is titled 'PATIENT HISTORY:' and contains a list of questions with corresponding input fields. The 'HISTORY OF CHIEF COMPLAINT:' section is expanded, showing detailed questions such as 'History of injury/illness:', 'Date of injury/illness:', 'Injury/illness:', 'Mechanism (cause) injury:', 'Anatomic area:', 'Weight bearing:', 'Onset of symptoms:', 'Progression of symptoms:', and 'Any previous treatment:'. The 'Musculoskeletal:' section includes 'Pain:', 'Things that relieve:', and 'Left ankle:'. On the left side, there is a list of 'Available Functions' including 'On-line Chart', 'Submit Answers', 'Normal Answer', 'Normal/Abnormal', 'Stored Response', 'Expanded Answer', 'Beginning', 'Chief Complaint', 'History of CC', 'Extended Hx', 'Past Medical Hx', 'Review of System', 'Past Fam Soc Hx', 'Related Hx', 'Interval History', 'Physical Exam', 'View Prints', and 'More Functions'.

Detail level questions used for typing

The questions are at a detail level. For example, the **HISTORY OF CHIEF COMPLAINT** question is now expanded to show all of its detailed questions. Physicians who like to use the keyboard to type their answers typically use this processor.

The top section of buttons on the left side of the screen is for reviewing the on-line chart and answering the questions. The lower section of the buttons is for navigating the list of questions.

1. Click the *Questions (detail)* button  
(You should be on the Doctor's Checklist at the detail question level)
2. Read the **questions** on this screen
3. Review the **buttons** on the left side of the screen

Do These Steps  
<==== 16.04

Do These Steps  
16.05 =====>

1. Click the ***Exit Screen*** button  
(You should be back on the Visit Documentation screen)  
(To save the physician time, MedTrak goes directly back to the Visit Documentation screen when exiting from the Doctor's Checklist screen)
2. Click the ***History and Exam*** button again  
(You should be on the Doctor Checklist Processor)

## Answering Questions using Checkboxes .....●

If the physician clicks the ***Checkboxes*** button, the Doctor's Checklist screen at the checkbox level appears. MedTrak builds the screen with the triggers to the questions appearing to the right of the questions with checkboxes in front of the triggers for selection purposes. By checking the trigger checkboxes, the physician answers the questions. Some questions are answered simply by checking one or more trigger checkboxes, while other questions may require going to the Expanded Answer screen to enter a more specific answer.

In this example, the physician answers some of the history questions on this screen by checking the following trigger checkboxes (shown on the next page).

Source of History	<b>patient</b>
Onset of symptoms	<b>immediate</b>
Progression of symptoms	<b>increased</b>
Any previous treatment	<b>none</b>
Frequency of pain	<b>constant</b>
Description of pain	<b>sharp</b>
Location of pain	<b>lateral</b>
Severity @ rest	<b>moderate</b>
Severity w/activity	<b>severe</b>

**Note:** Normally, the physician would click the describe checkboxes to answer the **Chief Complaint** and the **History of the Chief Complaint** using the Expanded Answer screen, but not for this example.

**Doctor's Checklist**  
TUE 07/16 10:09a

ANDERSON, CHARLES T. (47XNKR)  
LEFT ANKLE PAIN (699528-9990)

Available Functions:  
[On-line Chart](#)  
[Beginning](#)  
[Chief Complaint](#)  
[History of CC](#)  
[Extended Hx](#)  
[Past Medical Hx](#)  
[Review of System](#)  
[Past Fam Soc Hx](#)  
[Related Hx](#)  
[Interval History](#)  
[Physical Exam](#)  
[View Prints](#)  
  
[Exit Screen](#)  
[Main Menu](#)

\*\*\* BEGINNING \*\*\*  
**PATIENT HISTORY:**  
 Source of History: . . . . .  patient  interpret  Other  
 Language interpreted: . . . . .  spanish  Other  
**CHIEF COMPLAINT:** . . . . .  describe  
**HISTORY OF CHIEF COMPLAINT:** . . . . .  describe  
 History of injury/illness: . . . . .  describe  
 Date of injury/illness: . . . . .  date  
**Injury/illness:**  
 Onset of symptoms: . . . . .  immediate  0-8 hr  8-24 hr  24-72 hr  
 72+ hr  
 Progression of symptoms: . . . . .  increased  no change  decreased  Other  
**Any previous treatment:** . . . . .  none  pop  emergency  specialist  
**Musculoskeletal:** . . . . .  normal  Other  
**Left ankle:**  
 Frequency of pain: . . . . .  constant  intermit  occasional  Other  
 ache  burn  sharp  Other  
 Location of pain: . . . . .  anterior  lateral  medial  Other  
 Severity @ rest: . . . . .  mild  moderate  severe  
 Severity w/activity: . . . . .  mild  moderate  severe

Checkboxes for patient history

The physician clicks the *Submit* button to record the selections and stay on the same screen, or clicks the *Page Down* button to submit the changes and move down the checklist to the next set of questions on the following screen.

To review the answers using the on-line chart, the physician clicks the *On-line Chart* button on the Doctor's Checklist screen (shown below).

**Visit Chart**  
TUE 07/16 10:11a

Anderson, Charles T. (47XNKR) / ..Patient Responsibility (2)

Function  (Enter the command and press the ENTER key.)

Available Functions:  
[Diagnosis](#)  
[Appointments](#)  
[Visit Information](#)  
[History & Exam](#)  
[Orders](#)  
[Instructions](#)  
[Clinical Notes](#)  
[Exit Chart](#)

**Diagnosis** [edit details]  
Derangement Left Ankle, Unspecified (M24.9)

**Appointments** [edit details]  
None.

**Visit Information** [edit details]  
LEFT ANKLE PAIN, DOC-Initial, ZZZ, \$82.50  
Date/Time: 07/08/YY 11:22a - n/a  
Level of Service: n/a  
Payers: Blue Cross / Blue Shield of Michigan  
Nationwide Insurance  
SELF PAY

**History & Exam** [edit details]  
**PATIENT HISTORY:**  
 Source of History: Patient  
**HISTORY OF CHIEF COMPLAINT:**  
 History of injury/illness:  
 Injury/illness:  
 Onset of symptoms: Immediate  
 Progression of symptoms: Increased since injury/onset of illness  
 Any previous treatment: None  
**Musculoskeletal:**  
**Left ankle:**  
 Frequency of pain: Constant  
 Description of pain: Sharp pain  
 Location of pain: Lateral  
 Severity @ rest: Moderate  
 Severity w/activity: Severe

Corresponding patient chart information

Do These Steps  
16.06 =====>

The on-line chart has navigation buttons to reset to a specific section of the chart and yellow plus sign **+** and yellow minus sign **-** to use for expanding and collapsing the sections of the chart. After reviewing the on-line chart, the physician clicks the *Exit Chart* button to return to the Doctor's Checklist checkbox processor.

1. Click the *Checkboxes* button  
(You should be on the Doctor's Checklist at the checkboxes question level)
2. Select the *patient history checkboxes* as previously shown
3. Click the *Submit* button
4. Click the *On-line Chart* button  
(You should be on the on-line chart showing the history answers)
5. Click the *Exit Chart* button  
(You should be back on the Doctor's Checklist)

In this example, the physician continues to answer Mr. Anderson's history questions by clicking the *Page Down* button to display the next Doctor's Checklist screen. The screen below shows the next selections.

Second screen  
of patient  
history questions

**MEDTRAK**

### Doctor's Checklist

TUE 07/16 10:13a  
 Paged down...

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

**Available Functions**

- On-line Chart
- Repinning
- Chief Complaint
- History of CC
- Extended Hx
- Past Medical Hx
- Review of System
- Past Fam Soc Hx
- Related Hx
- Interval History
- Physical Exam
- View Prints
- Page Up
- Page Down
- Exit Screen
- Main Menu

**PATIENT HISTORY:**  
**HISTORY OF CHIEF COMPLAINT:**  
**Musculoskeletal:**  
**Left ankle:**

**Pain aggravated by:** . . . . .  drive  stairs  stand/walk  Other

**Radiation of pain:** . . . . .  no  foot  up  Other

**Sensation:** . . . . .  normal  decreased  tingling  Other

**Weakness:** . . . . .  no  pain  Other

**Neurological:** . . . . .  none  describe

**EXTENDED HISTORY:** . . . . .  describe

**Previous infections:** . . . . .  none  describe  Other

**Similar injury in past:** . . . . .  no  yes

**Work related:** . . . . .  no  yes

**Evaluation:** . . . . .  specialist  MRI  NCS  QME

**Treatment:** . . . . .  pt  chiro  surgery  Other

**Work Comp PDR:** . . . . .  none  0-20%  20-50%  >50%

**Lost time at work:** . . . . .  none  0-7 days  0-30 days  3 mos

6 mos  >6 mo

**Diseases of the bone:** . . . . .  no  Other

**Submit** **Page Up** **Page Down**



On this screen, the physician answers more of the history questions by checking the following trigger checkboxes.

<b>Pain aggravated by</b>	<b>stairs, stand/walk</b> (two triggers selected)
<b>Radiation of pain</b>	<b>no</b>
<b>Sensation</b>	<b>normal</b>
<b>Weakness</b>	<b>pain</b>
<b>Similar injury in past</b>	<b>no</b>
<b>Work related</b>	<b>no</b>

1. Click the **Page Down** button  
(You should be on the next Doctor's Checklist for the patient's history)
2. Click the **patient history checkboxes** as previously shown

Do These Steps  
<==== 16.07

The physician continues to answer patient history questions by clicking the **Page Down** button to display the next screen. On this screen, the physician answers the following history questions by checking the trigger checkboxes (shown on the next page):

<b>Constitutional</b>	<b>normal</b>
<b>Eyes</b>	<b>normal</b>
<b>HEENT</b>	<b>normal</b>
<b>Cardiac</b>	<b>normal</b>
<b>Respiratory</b>	<b>normal</b>
<b>Gastrointestinal</b>	<b>normal</b>
<b>Genito-Urinary</b>	<b>normal</b>
<b>Musculoskeletal</b>	<b>normal</b>
<b>Skin</b>	<b>normal</b>
<b>Neurologic</b>	<b>normal</b>

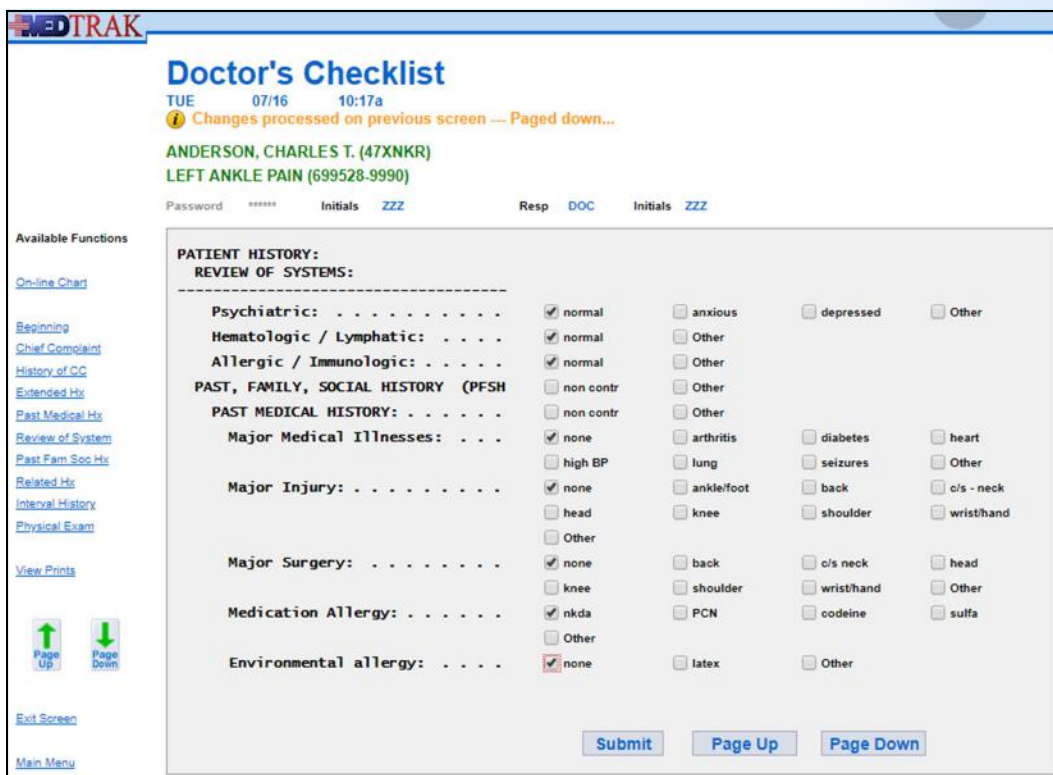
Third screen of patient history questions

Do These Steps 16.08 =====>

1. Click the *Page Down* button  
(You should be on the next Doctor's Checklist for the patient's history)
2. Click the **patient history checkboxes** as previously shown

The physician continues to answer patient history questions by clicking the *Page Down* button to display the next screen. On this screen, the physician answers the following history questions by checking the trigger checkboxes (shown on the next page):

- Psychiatric **normal**
- Hematologic / Lymphatic **normal**
- Allergic / Immunologic **normal**
- Major Medical Illnesses **none**
- Major Injury **none**
- Major Surgery **none**
- Medication Allergy **nkda** (No known drug allergies)
- Environmental Allergy **none**



Fourth screen of patient history questions

1. Click the *Page Down* button  
(You should be on the next Doctor's Checklist for the patient's history)
2. Click the **patient history checkboxes** as previously shown

Do These Steps  
<==== 16.09

The physician continues to answer patient history questions by clicking the *Page Down* button to display the next screen. On this screen, the physician answers the following history questions by checking the trigger checkboxes (shown on the next page):

- Medications **none**
- Smoking status **never**
- Alcohol use **occasional**
- Street or IV drugs **none**
- Activities Daily Life **drive, exercise, sports, yard** (four triggers selected)
- Children living at home **none**

Recording the smoking status of patients 13 years and older complies with Core Objective #5 of Meaningful Use.

Fifth screen of patient history questions

Do These Steps 16.10 =====>

1. Click the *Page Down* button  
(You should be on the next Doctor's Checklist screen for the patient's history)
2. Click the **patient history checkboxes** as previously shown

This was the last full screen of history questions. When the physician clicks the *Page Down* button to display the next screen, the first screen displaying some of the physical examination questions appears (not shown in this example).

To reset the first question of the physical examination for the Doctor's Checklist, the physician clicks the *Physical Exam* button on the left side of the screen.

The physician answers some of the physical examination questions on this screen by checking the following trigger checkboxes (shown on the next page):

<b>General appearance</b>	<b>normal</b>
<b>Pain at rest</b>	<b>moderate</b>
<b>Pain w/movement</b>	<b>severe</b>
<b>Pain response</b>	<b>normal</b>
<b>Mental Status</b>	<b>normal</b>

Respiratory (w/ chest)      normal  
 Cardiovascular                normal  
 Lymphatics                      normal  
 Left Leg                          normal

**Doctor's Checklist**  
 TUE 07/16 10:21a  
 No changes -- re-displaying screen...  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

**PHYSICAL EXAM:**

Constitutional/Appearance: . . . . .  normal  Other

General appearance: . . . . .  normal  anxious  febrile  obese

pain  tired  Other

Pain at rest: . . . . .  none  mild  moderate  severe

Pain w/movement: . . . . .  none  mild  moderate  severe

Pain response: . . . . .  normal  exag  Other

Mental Status: . . . . .  normal  anxious  depressed  Other

Respiratory (w/ chest): . . . . .  normal  Other

Cardiovascular: . . . . .  normal  Other

Lymphatics: . . . . .  normal  Other

Lower Extremity (LEFT): . . . . .  normal  edema  jt swelling  jt tender

Other

Left Leg: . . . . .  normal  Other

Inspection: . . . . .  normal  redness  swelling  warmth

bruising  deformity  scar  Other

Tenderness to palpation: . . .  none  mild  moderate  severe

anterior  lateral  posterior  Other

Other Findings: . . . . .  none  Other

Left Ankle: . . . . .  normal  Other

Submit Page Up Page Down

First screen of physical examination questions

1. Click the *Page Down* button  
 (You should be on the next Doctor's Checklist screen for the patient's history)  
 (The physical examination questions also start on this screen)
2. Click the *Physical Exam* button  
 (You should be on the Doctor's Checklist with **PHYSICAL EXAM** at the top)
3. Click the **physical exam checkboxes** as previously shown

Do These Steps  
 <==== 16.11

The physician clicks the *Page Down* button to record the selections and move down the checklist to the next set of physical examination questions.

In this example, the physician answers some of the physical examination questions on this screen by checking the following trigger checkboxes for the **left ankle** (shown below):

**Note: Be sure to answer these questions for the left ankle (NOT the left leg).**

<b>Inspection</b>	<b>redness, swelling, warmth</b> (three triggers selected)
<b>Tenderness to palpation</b>	<b>severe</b>
<b>Dorsiflexion (0-20)</b>	<b>25%</b>
<b>Plantar flexion (0-40)</b>	<b>25%</b>
<b>Inversion (0-30)</b>	<b>50%</b>
<b>Eversion (0-20)</b>	<b>50%</b>
<b>Pain with ROM</b>	<b>severe</b>
<b>Eversion stress test</b>	<b>negative</b>
<b>Anterior drawer sign</b>	<b>negative</b>
<b>Inversion stress test</b>	<b>positive</b>
<b>Thompson squeeze test</b>	<b>positive</b>
<b>Varus stress</b>	<b>positive</b>

Second screen of physical examination questions

**MEDTRAK**  
**Doctor's Checklist**  
 TUE 07/16 10:23a  
 Changes processed on previous screen --- Paged down...  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

**PHYSICAL EXAM:**  
**Lower Extremity (LEFT):**  
**Left Ankle:**

<b>Inspection:</b> . . . . .	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> redness	<input checked="" type="checkbox"/> swelling	<input checked="" type="checkbox"/> warmth
	<input type="checkbox"/> bruising	<input type="checkbox"/> deformity	<input type="checkbox"/> scar	<input type="checkbox"/> Other
<b>Tenderness to palpation:</b> . . .	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input checked="" type="checkbox"/> severe
	<input type="checkbox"/> achilles	<input type="checkbox"/> lateral	<input type="checkbox"/> medial	<input type="checkbox"/> Other
<b>Range of motion:</b> . . . . .	<input type="checkbox"/> normal	<input type="checkbox"/> Other		
<b>Dorsiflexion (0-20):</b> . . . .	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%
<b>Plantar flexion (0-40):</b> . . .	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%
<b>Inversion (0-30):</b> . . . . .	<input type="checkbox"/> normal	<input type="checkbox"/> 25%	<input checked="" type="checkbox"/> 50%	<input type="checkbox"/> 75%
<b>Eversion (0-20):</b> . . . . .	<input type="checkbox"/> normal	<input type="checkbox"/> 25%	<input checked="" type="checkbox"/> 50%	<input type="checkbox"/> 75%
<b>Pain with ROM:</b> . . . . .	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input checked="" type="checkbox"/> severe
<b>Orthopedic signs:</b>				
<b>Eversion stress test:</b> . . . .	<input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive	<input type="checkbox"/> Other	
<b>Anterior drawer sign:</b> . . . .	<input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive	<input type="checkbox"/> Other	
<b>Inversion stress test:</b> . . . .	<input type="checkbox"/> negative	<input checked="" type="checkbox"/> positive	<input type="checkbox"/> Other	
<b>Thompson squeeze test:</b> . . .	<input type="checkbox"/> negative	<input checked="" type="checkbox"/> positive	<input type="checkbox"/> Other	
<b>Varus stress:</b> . . . . .	<input type="checkbox"/> negative	<input checked="" type="checkbox"/> positive	<input type="checkbox"/> Other	

Do These Steps  
 <==== 16.12

1. Click the *Page Down* button  
 (You should be on the next Doctor's Checklist screen for the physical exam)
2. Click the **physical exam checkboxes** as previously shown

The physician clicks the *Page Down* button to record the selections and move down the checklist to the next set of physical examination questions.

In this example, the physician answers some of the remaining physical examination questions on this screen by checking the following trigger checkboxes (shown below):

- Left Foot                    **normal**
- Neuroma test                **negative**
- Neuro                        **normal**
- Vascular                    **intact**
- Skin                         **normal**
- Neurologic                 **normal**

**MEDTRAK**  
**Doctor's Checklist**  
 TUE 07/16 10:24a  
 Changes processed on previous screen — Paged down...  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

Available Functions  
[On-line Chart](#)  
[Beginning](#)  
[Chief Complaint](#)  
[History of CC](#)  
[Extended Hx](#)  
[Past Medical Hx](#)  
[Review of System](#)  
[Past Fam Soc Hx](#)  
[Related Hx](#)  
[Interval History](#)  
[Physical Exam](#)  
[View Prints](#)  
  
[Exit Screen](#)  
[Main Menu](#)

**PHYSICAL EXAM:**  
**Lower Extremity (LEFT):**  
**Left Ankle:**

Other findings: . . . . .  none  Other  
 normal  Other

Left Foot: . . . . .  normal  Other

Inspection: . . . . .  normal  redness  swelling  warmth  
 bruising  deformity  scar  Other

Tenderness to palpation: . . .  none  mild  moderate  severe  
 arch  fascia  heel  foreFt  
 midFt  MTP  Other

Orthopedic signs:  
**Neuroma test:** . . . . .  negative  positive  
 Other

Other findings: . . . . .  none  Other

Neuro: . . . . .  normal  Other

Vascular: . . . . .  intact  normal  Other

Skin: . . . . .  normal  lesions  rash  Other

Neurologic: . . . . .  normal  unsteady  weakness  Other  
 normal  abnormal  decreased  Other

Motor Function: . . . . .  normal  weak  Other

Third screen of  
 physical  
 examination  
 questions

Do These Steps  
16.13 =====>

1. Click the *Page Down* button  
(You should be on the next Doctor’s Checklist screen for the physical exam)
2. Click the **physical exam checkboxes** as previously shown

The physician clicks the *Submit* button to record the remaining physical examination answers.

The physician then clicks the *Exit Screen* button to return to the Visit Documentation screen (shown below).

Screen now indicates that some history and exam questions are answered

Do These Steps  
16.14 =====>

1. Click the *Submit* button  
(The Doctor’s Checklist screen refreshes)
2. Click the *Exit Screen* button  
(You should be back on the Visit Documentation)  
(The **History and Exam** section should indicate that some history and exam questions are answered)
3. Click the *Not Done* button  
(You should be back on Clinic Status screen)



## Self Assessment .....

1. You should be on the Clinic Status screen
2. Type **SA16** in any command field  
(**SA** stands for self assessment and **16** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA16** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
<==== 16.15

## Meaningful Use—Core Objective #5

# Smoking Status

Enable a user to electronically record the smoking status of a patient. Smoking status types must include: current every day smoker, current some day smoker, former smoker, never smoker, smoker, current status unknown, and unknown if ever smoked.



**Smoking  
status**

### *You did this!*

You answered the smoking status question for your patient with “never” (Never smoker).

### *Why is this needed?*

Recording the smoking status of patients 13 years and older and then matching this with their overall health during their life will provide very important data across our nation’s population. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.



## Meaningful Use—Core Objective #6

# Clinical Decision Support

### 1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

### 2. Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.



**Problem  
focused  
questions**

## *You did this!*

You selected a **diagnosis** of **Derangement Left Ankle, Unspecified** for your patient. This selection initiated MedTrak's clinical decision support rules base. Based on your selection, MedTrak specifically focuses the provider's history and exam questions on the left ankle injury.

## *Why is this needed?*

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.



## Chapter 16 - Review Activities

Answer the following questions:

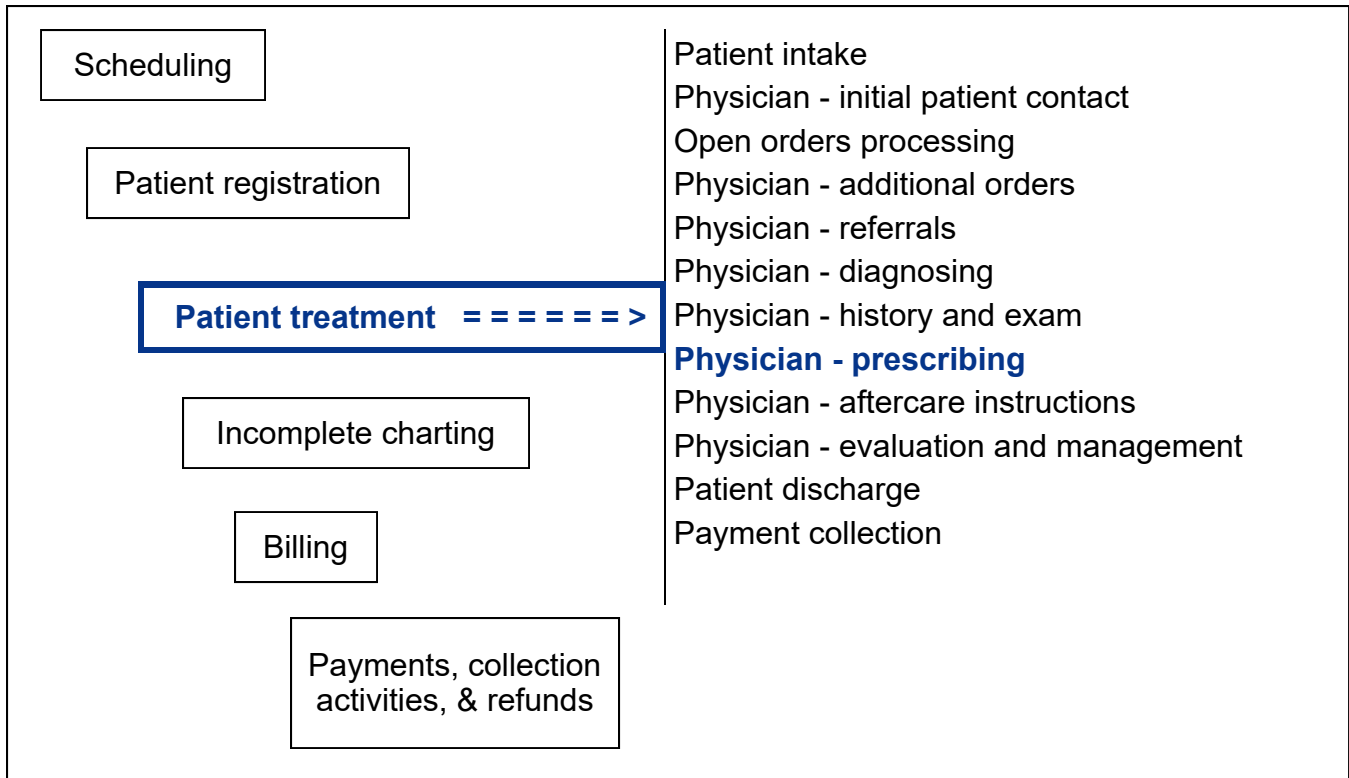
**1. Which of the following are included in the patient's history?**

- A. The history of the patient's chief complaint.
- B. The number of stitches used to close a laceration.
- C. The review of the patient's systems.
- D. The patient's past, family, and social history.
- E. The patient's related history.
- F. The patient's use of alcohol and tobacco.
- G. All of the above

# Physician - Prescribing

# 17

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Dispensed medications
- ▶ Prescribed medications
- ▶ Meaningful Use Objectives: Core #2 - ePrescribing

## Physician - Prescribing Medications

Dispensed medications

Prescribed medications

ePrescribing

Do These Steps 17.01 =====>

The **Medications** section on the Visit Documentation screen is used to place orders for dispensed and prescription medications. **Dispensed medications** are those that the medical facility has on hand to provide to the patient. **Prescribed medications** are those that the patient needs to have filled at a pharmacy. Core Objective #2 of Meaningful Use is **ePrescribing** which calls for physicians to electronically generate and transmit prescriptions and prescription-related information. In this chapter, you will electronically generate a prescription and the related information, but you will not transmit it.

1. Click the **Clinic Status** button on **MedTrak Main Menu**  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the **Out the Door** button  
(You should be on the Visit Documentation screen)

## Ordering Medications - Problem-focused

The physician places the cursor in the **Medications** field on the Visit Documentation screen (shown below).

**MEDTRAK**

### Visit Documentation

WED 07/17 7:38a

**Medication Allergies: No known drug allergies...**

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY LT ANKLE (3VW)
<a href="#">Order by Code</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Cancel Order</a>	<input type="text"/>	LEFT ANKLE APPLIANCE (open)
<a href="#">Open Orders</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	
<a href="#">DX by Checklist</a>	<input type="text"/>	ORTHOPEDIC CONSULTATION
<a href="#">Find DX</a>	<b>Diagnosis</b>	
<a href="#">Top 80 DX</a>	<input type="text"/>	Derangement Left Ankle, Unspecified (M24.9)
<a href="#">Add DX</a>	<b>History and Exam</b>	
<a href="#">Delete DX</a>	<input type="text"/>	Some History answered / Some Exam answered
<a href="#">History and Exam</a>		Click this button if you completed the history and exam questions
	<b>Medications</b>	
	<input type="text"/>	*** None ***
<a href="#">Instructions</a>	<b>Instructions</b>	
	<input type="text"/>	Instructions NEED TO BE marked
	<b>Level of Service</b>	

**Medications section** (indicated by a red box and arrow)

At the top of the screen, MedTrak displays Mr. Anderson's lack of any allergies to medications which complies with Core Objective #6 of Meaningful Use to automatically and electronically indicate in real-time a care suggestion based upon clinical decision support rules.

The two ways for the physician to prescribe medications are the same two ways the physician uses to place orders for x-rays or treatments as described in the **Physician - Initial Contact** chapter.

To use the problem-focused Visit Orders screen to prescribe medications (shown below), the physician clicks the **Medications** button on the Visit Documentation screen.



Visit Orders  
for  
Medications

The physician uses the yellow plus sign **+** and yellow minus sign **-** to navigate to the right medication, then clicks the green X **X** to select the medication.

1. Place the cursor in the **Medications** field
2. Click the **Medications** button  
(You should be on the Visit Orders for the **Medications** category)
3. Use the yellow plus sign **+** and yellow minus sign **-** to navigate around in the medications  
(Do not place an order for a medication - just look at them)
4. Click the **Exit Screen** button  
(You should be back on the Visit Documentation screen)

Do These Steps  
<==== 17.02

## Ordering Medications - Order Code

The second way for the physician to place an order for a medication is to use the order code. The order code can be entered directly into the **Medications** field on the Visit Documentation screen.

In this example, the physician wants the patient to take Ibuprofen 800mg to help with the swelling and pain in their left ankle. To order the prescription, the physician types **ibu800** in the **Medications** field (shown below).

The screenshot shows the MedTrak 'Visit Documentation' interface for patient ANDERSON, CHARLES T. (47XNKR) with a diagnosis of LEFT ANKLE PAIN (699528-9990). The 'Medications' field is highlighted in yellow and contains the text 'ibu800'. A callout box on the left points to this field with the text 'Ibuprofen 800mg order code'. Other sections visible include 'Orders' (X-RAY LT ANKLE (3VW), X-RAY OVER-READ, LEFT ANKLE APPLIANCE (open), ICE PACK INSTANT), 'Referrals / Authorizations' (ORTHOPEDIC CONSULTATION), 'Diagnosis' (Derangement Left Ankle, Unspecified (M24.6)), and 'History and Exam' (Some History answered / Some Exam answered).

Ibuprofen 800mg  
order code

Then the physician presses the **ENTER** key. This is faster, because the physician just has to type the name of the medication on the Visit Documentation screen, rather than locate the medication in the medication tree.

The next screen to appear is the Order by Code screen. Based on the order code entered on the Visit Documentation screen by the physician, the Order by Code screen reads the code and displays the related order (shown on the next page).



**MEDTRAK**

## Order by Code

WED 07/17 7:44a

**i** Click **SUBMIT** or press **ENTER** to place this order...

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

Available Functions

Code **BU900** **IBUPROFEN TABS 800MG**

[Enter Order](#)

[Order Code List](#)

**Submit**

X-RAY LT ANKLE (3VW)

Ibuprofen 800mg  
order

The physician clicks the *Submit* button to confirm that this is the right medication order. The next screen to appear is the order detail screen for the **Ibuprofen Tabs 800mg** medication displaying the number to dispense and the directions for taking the medication (shown below).

**MEDTRAK**

## IBUPROFEN TABS 800MG

WED 07/17 7:46a

**..PATIENT RESPONSIBILITY (2)**  
**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\* Initials ZZZ

Available Functions

[Submit Answers](#)

[Responsibility \(\\*\)](#)

[Procedure \(x\)](#)

[Stored Resp \(:\)](#)

**\*\*\* IBUPROFEN TABS 800MG \*\*\***

**PHYSICIAN**

**#21** **Prescribe: #21**

**0** **# of Refills: 0**

**\*\*Samples (# Dispensed): n/a**

**\*\*Samples Lot Number: n/a**

**\* Directions: Take one tablet every eight hours with food.**

**\*\*\* END \*\*\***

Ibuprofen 800mg  
order details

To save the physician time, MedTrak fills in the normal way the physician writes the prescription, because physicians typically write prescriptions the same way each time. The medication normals can be by medical facility and individual physician.

In the example above, the prescribed number of tablets is **21**, the number of refills is **0 (zero)**, and the directions are to **“Take one tablet every eight hours with food.”** If the physician wanted the patient to take the medication for ten days rather than the standard seven, he would type over the prescribe amount with the number **30**. This screen has the same functionality as the [Open Orders](#) screen.

For prescription medications, MedTrak includes two questions about samples:

- How many samples did the physician dispense?
- What is the lot number of the sample medication?

If for some reason there was a recall on the sample medication given to the patient, the medical facility could run a report to see which patients received the lot number for the sample medication and notify the patients about the recall.

To finish ordering this medication, the physician clicks the *Submit Answers* button. MedTrak refreshes the Order by Code screen displaying the addition of the **Ibuprofen Tabs 800mg** prescription (shown below).

Ibuprofen 800mg  
order placed

If the physician needs to order another medication, he could enter the order code or select the order code from the Order Code List.

In this example, the physician only wants to order the Ibuprofen, so he clicks the *Exit Screen* button to return to the Visit Documentation screen (shown on the next page).

**MED TRAK**

## Visit Documentation

WED 07/17 7:49a

**i Medication Allergies: No known drug allergies...**

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\*    Initials ZZZ    Resp DOC    Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	X-RAY LT ANKLE (3VW)
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Order by Code</a>	<input type="text"/>	LEFT ANKLE APPLIANCE (open)
<a href="#">Cancel Order</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Open Orders</a>	<input type="text"/>	
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	ORTHOPEDIC CONSULTATION
<a href="#">DX by Checklist</a>	<b>Diagnosis</b>	Derangement Left Ankle, Unspecified (M24.9)
<a href="#">Find DX</a>	<input type="text"/>	
<a href="#">Top 80 DX</a>	<b>History and Exam</b>	Some History answered / Some Exam answered
<a href="#">Add DX</a>	<input type="text"/>	Click this button if you completed the history and exam questions
<a href="#">Delete DX</a>	<input type="text"/>	<b>Hx &amp; Exam Complete</b>
<a href="#">History and Exam</a>	<b>Medications</b>	IBUPROFEN TABS 800MG
<a href="#">Medications</a>	<input type="text"/>	
<a href="#">Instructions</a>	<b>Instructions</b>	Instructions NEED TO BE marked
<a href="#">Level of Service</a>	<b>Level of Service</b>	*** None ***
<a href="#">More Functions</a>	<input type="text"/>	
	<input type="button" value="Done"/>	<input type="button" value="Not Done"/>

Ibuprofen 800mg  
order

1. Be sure that the cursor is in the **Medications** field
2. Type **ibu800** in the **Medications** field
3. Press the **ENTER** key  
(You should be on the Order by Code screen for the **Ibuprofen** medication)
4. Click the **Submit** button  
(You should be on the Order Details screen for the **Ibuprofen** medication)  
(Review the order details on this screen)
5. Click the **Submit Answers** button  
(You should be back on the Order by Code screen)  
(The **Ibuprofen** order is placed)
6. Click the **Exit Screen** button  
(You should be back on the Visit Documentation)  
(The **Medications** section should show **Ibuprofen**)
7. Click the **Not Done** button  
(You should be back on Clinic Status screen)

Do These Steps  
<==== 17.03

## Self Assessment

Do These Steps  
17.04 =====>

1. You should be on the Clinic Status screen
2. Type **SA17** in any command field  
(**SA** stands for self assessment and **17** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA17** report.
7. You must have a 100% (error-free) report before continuing.

## Meaningful Use—Core Objective #2

**ePrescribing**

Enable a user to electronically generate and transmit prescriptions and prescription-related information in accordance with the standards set in 170.205 b and 170.207 d.

***You did this!***

You placed an order for an Ibuprofen prescription using the order code of **ibu800**. If ePrescribing had been turned on, your prescription would have been automatically transmitted to the pharmacy.

***Why is this needed?***

Using ePrescribing supports the efforts to improve the standard of care, increases administrative efficiency, is welcomed by patients, is safe and secure, and is legal in all 50 states.

**ePrescribing**

## Chapter 17 - Review Activities

Answer the following questions:

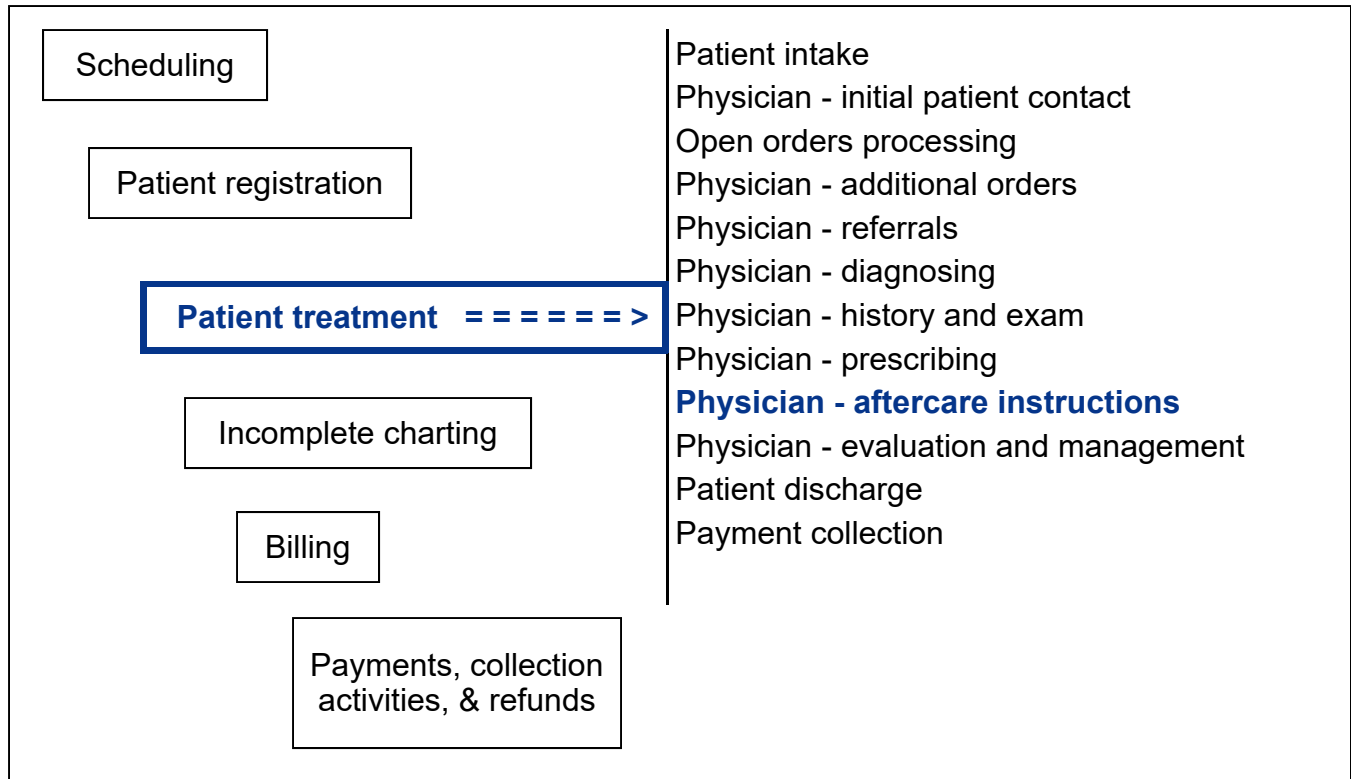
1. Medications can either be dispensed from the medical facility or prescribed for the patient to have filled at a pharmacy.

True  
False

# Physician - Aftercare Instructions

# 18

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ Aftercare instructions
- ▶ Important points to remember
- ▶ What to be concerned about
- ▶ Medications
- ▶ Work status
- ▶ Work restrictions
- ▶ Follow-up
- ▶ Assessment and plan of care
- ▶ Summation
- ▶ Case closed
- ▶ Standard instructions
- ▶ Modifiable instructions
- ▶ Specific instructions

## Physician - Aftercare Instructions

Aftercare instructions

Once the physician finishes placing orders, diagnosing, and answering the history and exam, the next step in the workflow is to select the **aftercare instructions** for the patient to take with them when they leave the medical facility. MedTrak's instruction processor is problem-focused based on the diagnoses selected by the physician. The physician chooses from instructions that are directly related to the patient's condition. This saves the physician time searching for the appropriate aftercare instructions to provide the patient. These problem-focused patient aftercare instructions automatically and electronically generate and indicate in real-time care suggestions based upon the patient's problem list which complies with Core Objective #6 of Meaningful Use.

The patient aftercare instructions inform the patient as to what they can do, limit doing, and should not do for self care after they leave the medical facility. The aftercare instructions also inform the patient as to how to self treat, how to take the prescribed medications, and when to return to the medical facility.

For workers' compensation patients, the physician also specifies whether the patient can work without restrictions, needs to work with the restrictions specified by the physician, or is incapable of working at this time. Based on these work-related instructions, MedTrak sends emails and faxes to the employers with the work status so that the employer knows the employee's condition as soon as the patient leaves the medical facility. Additionally, MedTrak has a real-time employer portal for employers to be able to review their employees work-related health care information over the internet.

The main sections of the patient aftercare instructions are as follows:

Important points to remember

What to be concerned about

Medications

Work status

Work restrictions

- **Important Points to Remember** - instructions about what the patient should and should not do to self treat their injury or illness
- **What to be Concerned About** - instructions to inform the patient about what they should do if their condition should worsen
- **Medications** - instructions about whether the patient should continue taking or stop taking medications that they were already taking before they came to the medical facility
- **Work Status** - contains the physician's recommendation about whether the patient should go back to work, and if so, should they work with some restrictions about what they can do or not do
- **Work Restrictions** - instructions about what the patient is encouraged to do, should limit doing, or should not do while at work



- **Follow-up** - instructions about when the patient should return to the medical facility
- **Assessment and Plan of Care** - contains the physician’s assessment of the patient’s condition and a detailed plan for treatment
- **Summation** - contains the physician’s opinion of the patient’s present condition
- **Case Closed** - the physician uses this section to close worker’s compensation cases

Follow-up

Assessment and Plan of Care

Summation

Case closed

MedTrak has three types of instructions that the physician can use:

- **Standard instructions** - where the wording for the instruction is from the MedTrak library of instructions. For example: the **Reduce Activity** instruction is a standard instruction.
- **Modifiable instructions** - where a specific word or words (marked with brackets <> on either side of them) in the instruction can be changed.
- **Specific instructions** - where the physician types in (or uses voice recognition) to create instructions that are specific to the patient.

Standard instructions

Modifiable instructions

Specific instructions

1. Click the ***Clinic Status*** button on **MedTrak Main Menu**  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the ***Out the Door*** button  
(You should be on the Visit Documentation screen)

Do These Steps  
<==== 18.01

The physician places the cursor in the **Instructions** field on the Visit Documentation screen (shown on the next page).

Instructions section

In this example, the physician clicks the *Instructions* button to access the first screen of patient Instructions.

Do These Steps  
18.02 =====>

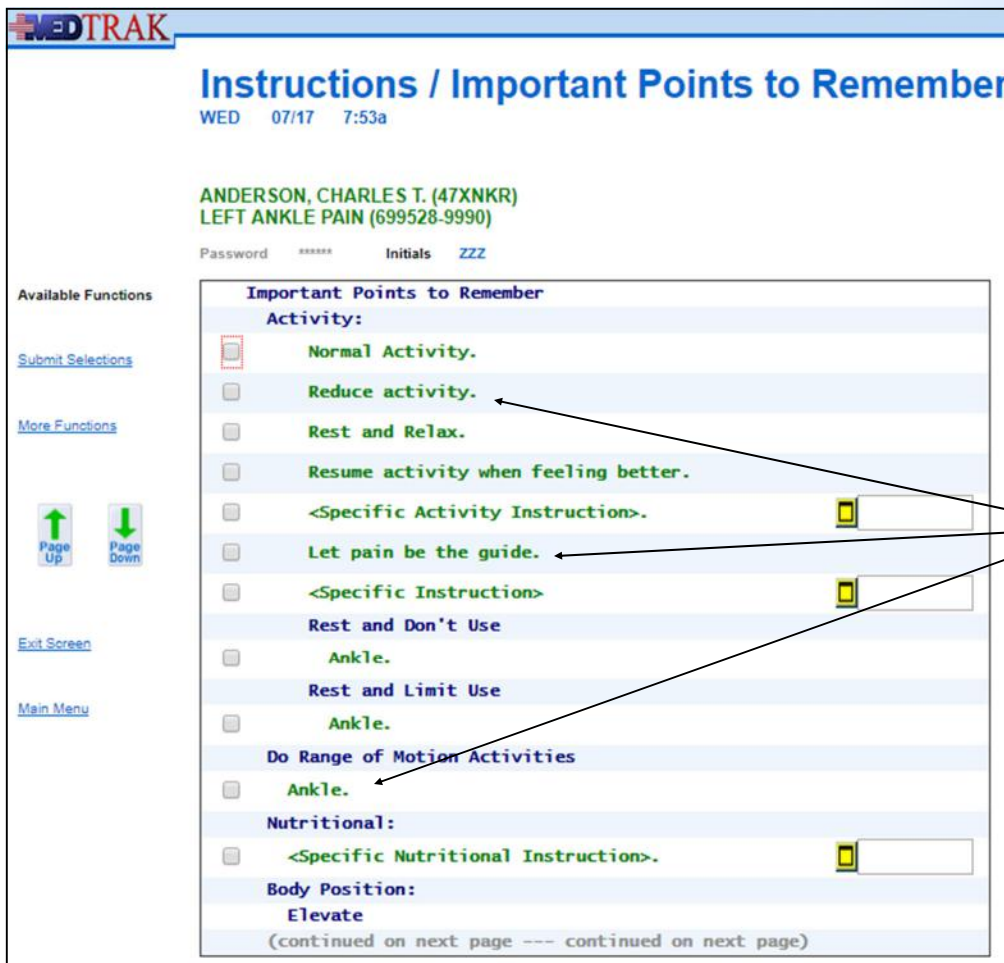
1. Place the cursor in the field for the **Instructions**
  2. Click the *Instructions* button  
(You should be on the Instructions / Important Points to Remember screen)
- NOTE:** If you are on the Instructions / Overview screen, click the *Restart Instructions* button.

## Important Points to Remember

On this screen, the physician selects the following MedTrak standard instructions by clicking the checkboxes:

- Reduce activity.
- Let pain be the guide.
- Do Range of Motion Activities / Ankle.

Then the physician clicks the *Submit Selections* button to accept the selections. The screen refreshes with the selected instructions in black (shown below).



Instructions selected


The physician clicks the *Submit Selections* button again to advance to the second screen of instructions. Because the **Important Points to Remember** section is comprised of several screens of instruction choices, MedTrak moves to the next screen.

1. Select the checkbox for **Reduce activity**
2. Select the checkbox for **Let pain be the guide**
3. Select the checkbox for **Do Range of Motion Activities / Ankle**
4. Click the *Submit Selections* button  
(The screen refreshes with the selected instructions in black)
5. Click the *Submit Selections* button again  
(You should be on the second Instructions / Important Points to Remember screen)

Do These Steps  
<===== 18.03

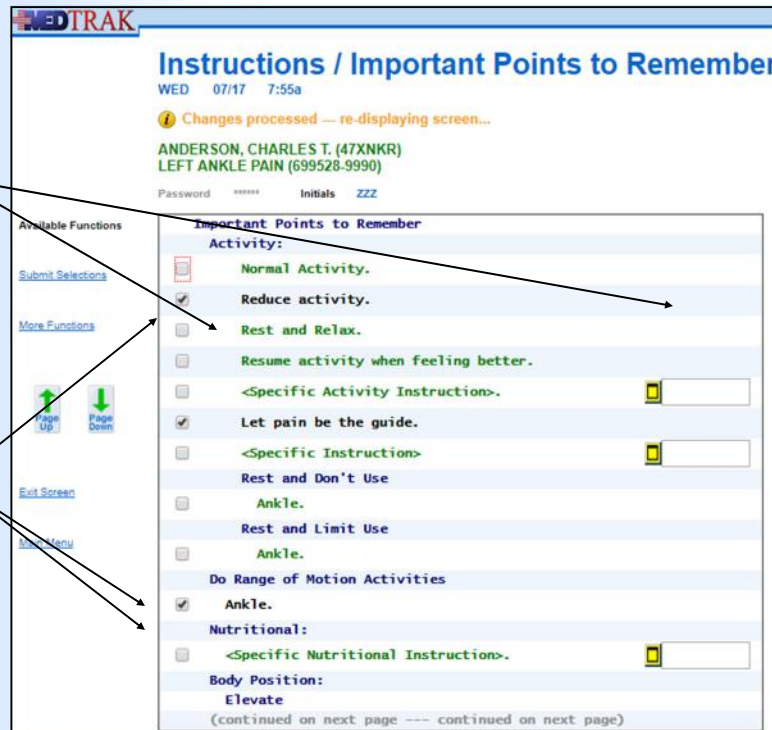
On the second Instructions / Important Points to Remember screen, the physician selects the following instructions by clicking the checkboxes for:

- **Ice: / Ankle---Apply ice <three times> a day for 20 minutes.**

The ice instruction’s standard recommendation is to apply the ice three times per day. Because this is a modifiable instruction, the physician instructs Mr. Anderson to apply the ice four times per day by entering **four times** in the modifiable instruction field to the right of the ice instruction. When there is a modifiable instruction field to the right of the instruction, the brackets (< >) on either side of a word (or group of words) designate the modifiable part of the instruction. If the physician needs more than ten characters for the modifier of the instruction, he will click the specific instruction button  to the right of the instruction. The specific instruction appears in black below the modifiable instruction.

- **Appliances: / Left Ankle Appliance / Wear at all times.**
- **Appliances: / Left Ankle Appliance / Remove to bathe.**

Then the physician clicks the *Submit Selections* button to accept the selections. The screen refreshes with the selected instructions in black (shown below).



Specific instruction

Instructions marked

The physician clicks the *Submit Selections* button again to advance to the third screen of instructions. Because the **Important Points to Remember** section is comprised of several screens of instruction choices, MedTrak moves to the next screen (shown on the next page).

**MEDTRAK**

## Instructions / Important Points to Remember

WED 07/17 7:57a

**i** No changes --- advanced to next screen...

ANDERSON, CHARLES T. (47XNKR)  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ

Available Functions

[Submit Selections](#)

[More Functions](#)

**<Specific Social/Family Instructions>**

\*\*\* END \*\*\*

No instruction  
selected

The physician does not want to select the instruction on this screen and clicks the *Submit Selections* button again to advance to the Instructions / Medications screen.

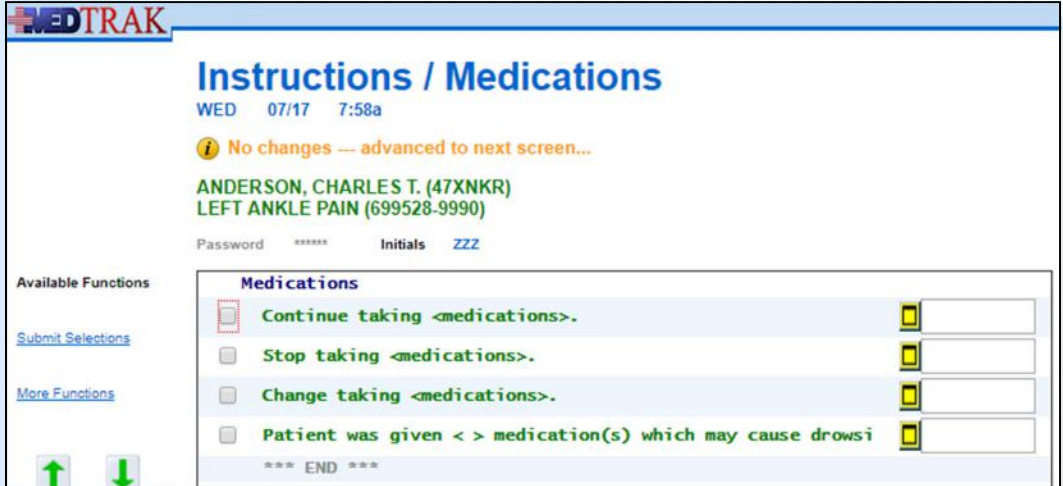
1. Select the checkbox for  
**Ice / Ankle --- Apply ice <three times> a day  
for 20 minutes**
2. Type **four times** in the modifiable instruction field to  
the right of this instruction
3. Select the checkbox for  
**Appliances / Left Ankle Appliance / Wear at all times**
4. Select the checkbox for  
**Appliances / Left Ankle Appliance / Remove to bathe**
5. Click the *Submit Selections* button  
(The screen refreshes with the selected instructions  
in black)  
(The specific instruction appears underneath and is  
also in black)
6. Click the *Submit Selections* button again  
(You should be on the third Instructions /  
Important Points to Remember screen)
7. Do not select anything on this screen
8. Click the *Submit Selections* button again  
(You should be on the Instructions / Medications  
screen)

Do These Steps  
<==== 18.04

## Medications

Because Mr. Anderson is not currently taking any medications, the physician is not selecting any of the Medications instructions (shown below).

No instruction selected



If the patient was already taking prescription or over-the-counter medications, the physician would need to instruct the patient as to whether they should continue taking their current medications or not given their present condition. This is especially important if the physician is prescribing any additional medications for the patient. The physician clicks the *Submit Selections* button to advance to the Instructions / Work Status screen.

Do These Steps 18.05 =====>

1. You should be on the Instructions / Medications screen
2. Do not select anything on this screen
3. Click the *Submit Selections* button  
(You should be on the Instructions / Work Status screen)


## Work Status

On this screen, the physician selects the following instruction by clicking the checkbox:

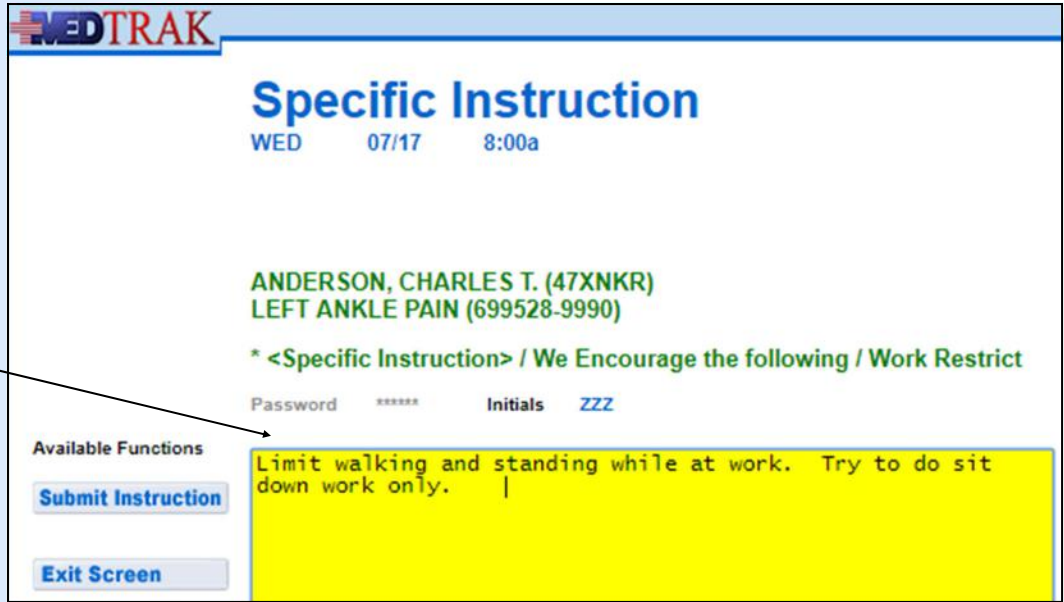
- RETURN TO MODIFIED work duties <today>.

Then the physician clicks the *Submit Selections* button to accept the selection. The Instructions / Work Status screen refreshes with the selected instruction in black (shown on the next page).

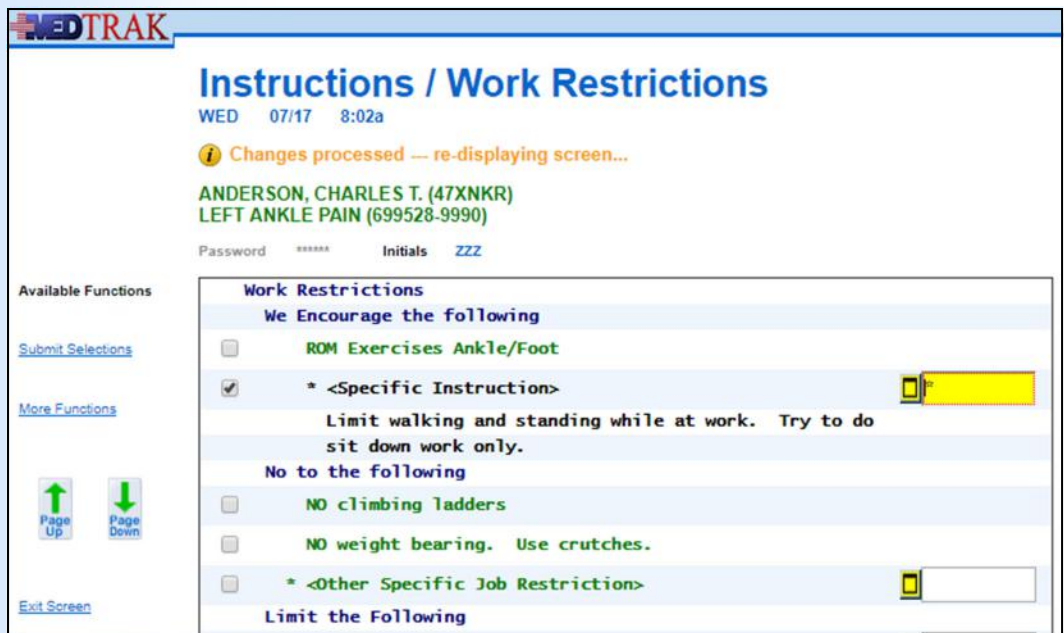


Then the physician clicks the specific instruction button  to the right of the instruction. The next screen to appear is the Specific Instruction screen for the **Work Restrictions / We Encourage the following** instruction. The physician either types (or turns on voice recognition and dictates directly) the following instruction **Limit walking and standing while at work. Try to do sit down work only.** (shown below).

Specific instruction



After entering the specific instruction, the physician clicks the *Submit Instruction* button. The Instructions / Work Restrictions screen returns with the specific instruction appearing in **black** under the instruction (shown below).



The physician clicks the *Submit Selections* button to advance to the Instructions / Follow-Up screen.



Do These Steps  
<==== 18.07

1. Select the checkbox for  
**We Encourage the following / \* <Specific Instruction>**
2. Click the specific instruction button  to the right of the instruction  
(You should be on the Specific Instruction screen)
3. Type **Limit walking and standing while at work.**  
**Try to do sit down work only.**
4. Click the **Submit Instruction** button  
(You should be back on the Instructions / Work Restrictions screen)  
(The selected instruction is in black)  
(The specific instruction appears underneath and is also in black)
5. Click the **Submit Selections** button  
(You should be on the Instructions / Follow-up)

## Follow-up

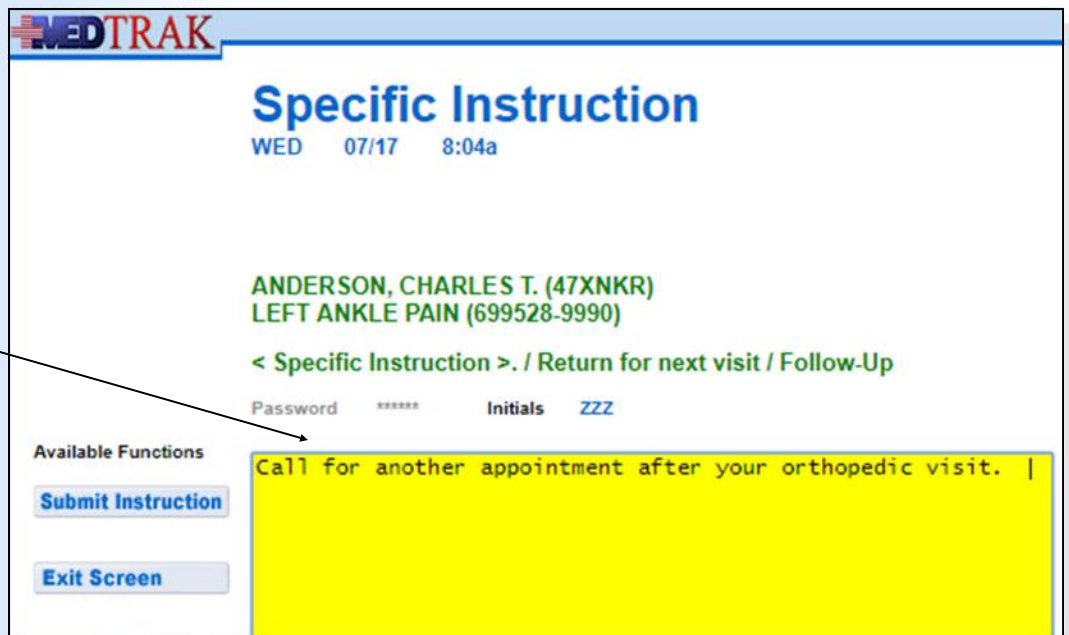
On the Instructions / Follow-up screen, the physician selects the following instruction by clicking the checkbox:

- **Return for next visit / < Specific Instruction >**.

Then the physician clicks the specific instruction button  to the right of the instruction.

The next screen to appear is the Specific Instruction screen for **Return for next visit**. The physician either types (or turns on voice recognition and dictates directly) the following instruction **Call for another appointment after your orthopedic visit**. (shown on the next page).

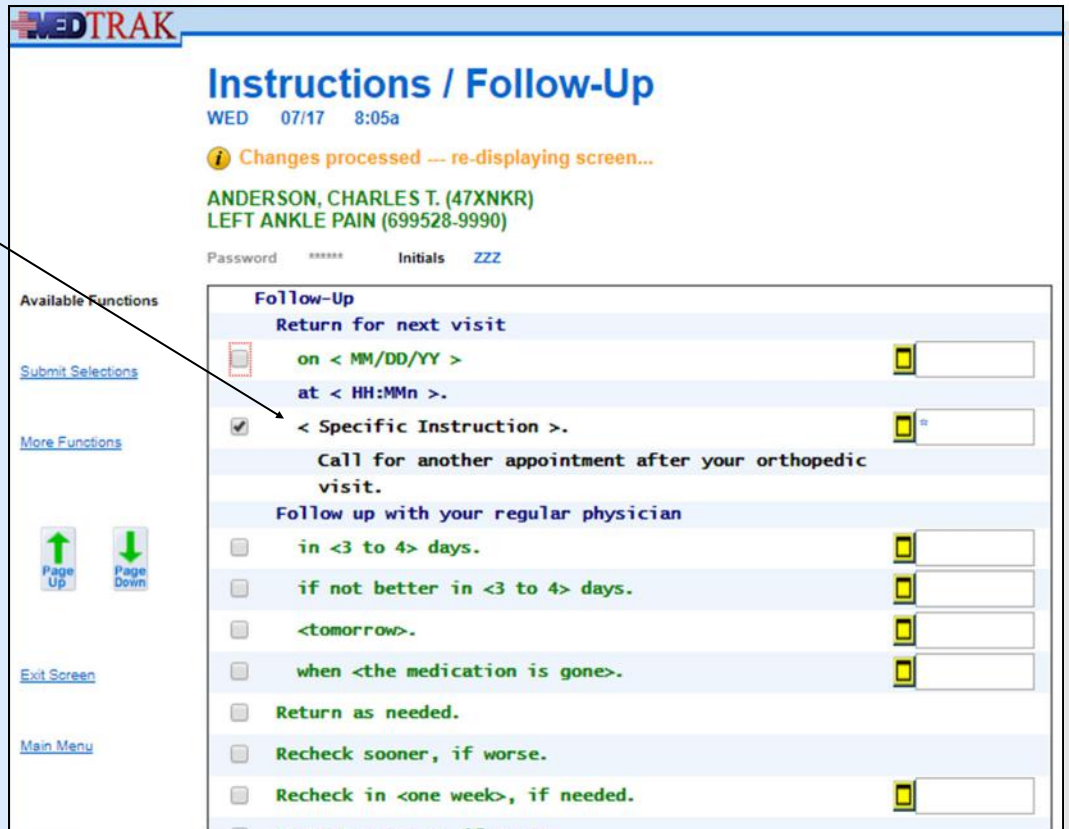
Specific instruction



After entering the specific instruction, the physician clicks the *Submit Instruction* button. The Instructions / Follow-Up screen returns with the specific instruction appearing in black under the instruction (shown below).

The physician clicks the *Submit Selections* button to advance to the

Specific instruction



Instructions / Assessment and Plan of Care screen.

Do These Steps  
<==== 18.08

1. Select the checkbox for  
**Return for next visit / < Specific Instruction >**
2. Click the specific instruction button  to the right of the instruction  
(You should be on the Specific Instruction screen)
3. Type **Call for another appointment after your orthopedic visit.**
4. Click the **Submit Instruction** button  
(You should be back on the Instructions / Follow-up screen)  
(The selected instruction is in black)  
(The specific instruction appears underneath and is also in black)
5. Click the **Submit Selections** button  
(You should be on the Instructions / Assessment and Plan of Care screen)

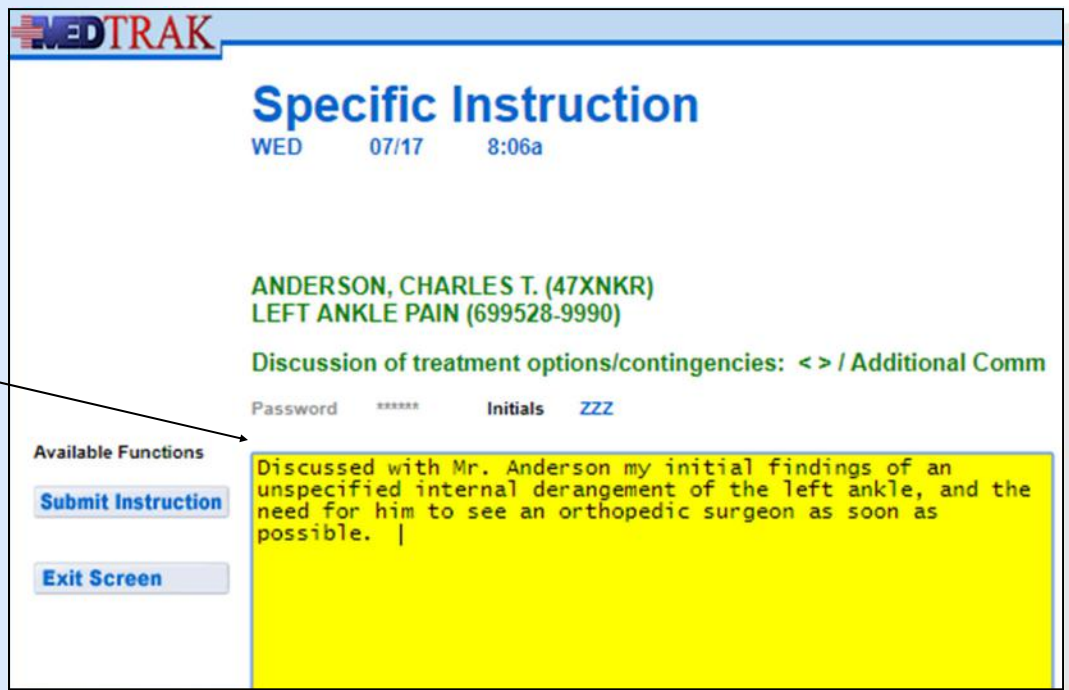
## Assessment and Plan of Care

On this screen, the physician selects the following instruction by clicking the checkbox:

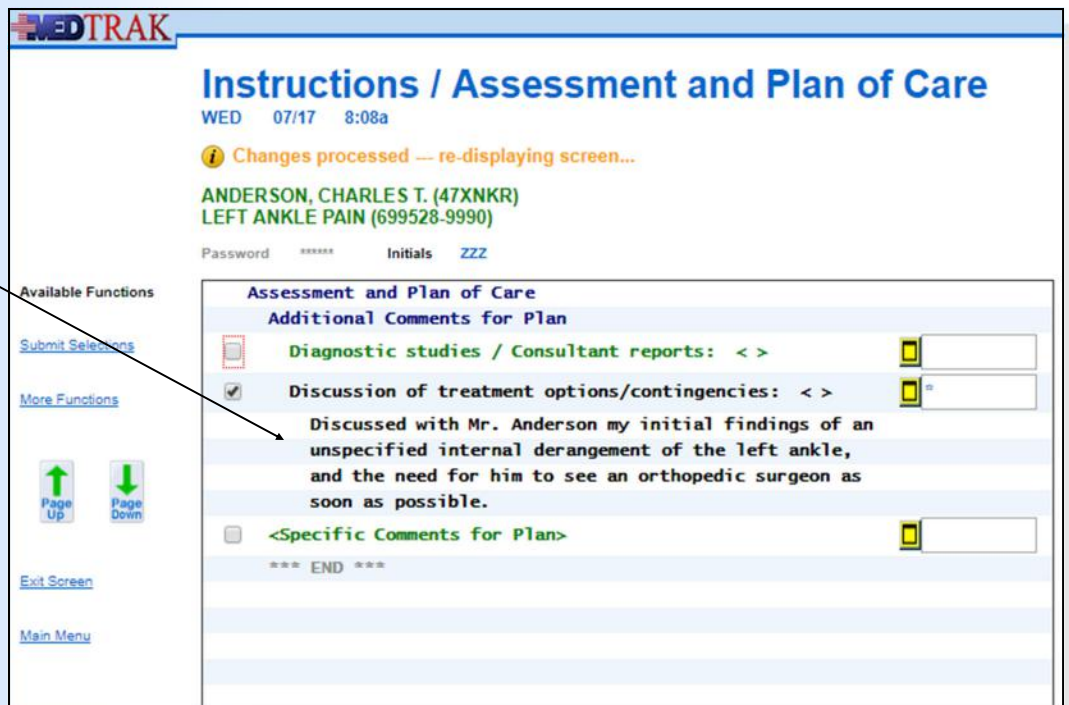
- **Additional Comments for Plan / Discussion of treatment options/ contingencies: < >**

Then the physician clicks the specific instruction button  to the right of the instruction.

The next screen to appear is the Specific Instruction screen for **Assessment and Plan of Care**. The physician either types (or turns on voice recognition and dictates directly) the following instruction **Discussed with Mr. Anderson my initial findings of an unspecified internal derangement of the left ankle, and the need for him to see an orthopedic surgeon as soon as possible.** (shown on the next page)




After entering the specific instruction, the physician clicks the *Submit Instruction* button. The Instructions / Assessment and Plan of Care screen returns with the specific instruction now appearing under the instruction (shown below).




The physician clicks the *Submit Selections* button to advance to the Instructions / Summation screen.

Do These Steps  
 <==== 18.09

1. Select the checkbox for **Additional Comments for Plan / Discussion of treatment options / contingencies: <>**
2. Click the specific instruction button  to the right of the instruction  
 (You should be on the Specific Instruction screen)
3. Type **Discussed with Mr. Anderson my initial findings of an unspecified internal derangement of the left ankle, and the need for him to see an orthopedic surgeon as soon as possible.**
4. Click the **Submit Instruction** button  
 (You should be back on the Instructions / Assessment and Plan of Care screen)  
 (The selected instruction is in black)  
 (The specific instruction appears underneath and is also in black)
5. Click the **Submit Selections** button  
 (You should be on the Instructions / Summation

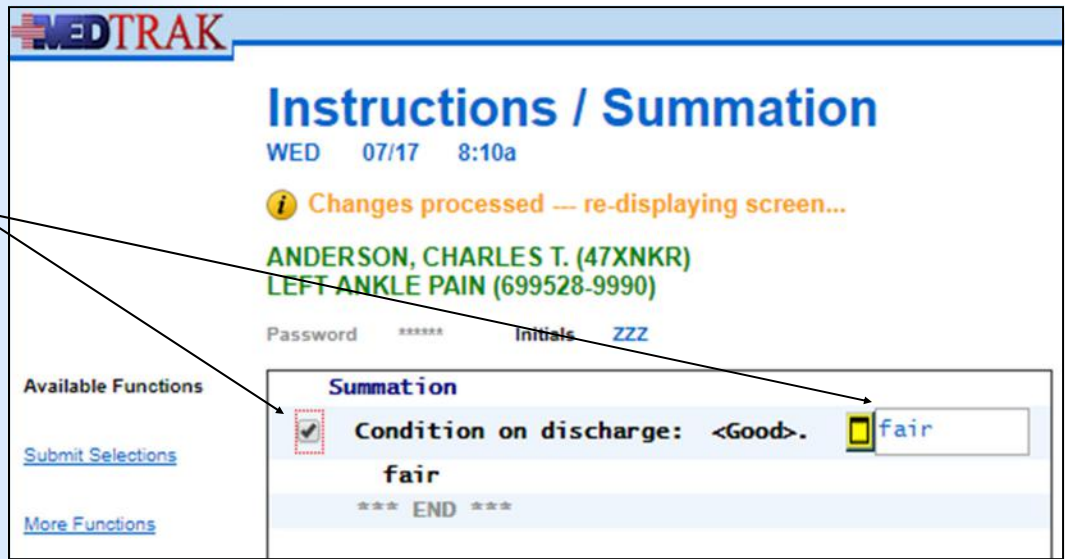
## Summation

The physician clicks the checkbox for the **Condition on discharge: <Good>** in the **Summation** section, types the word **fair** in the modifiable instruction field to the right of the instruction, and clicks the **Submit Selections** button. When there is a modifiable instruction field to the right of the instruction, the brackets on either side of a word (or group of words) designate the modifiable part of the instruction. If more than ten characters are needed for the modifier of the instruction, the physician will click the specific instruction button  to the right of the instruction.

In this example, the physician is indicating that the patient's condition on discharge is fair. The standard instruction for the patient's condition is good. The modifiable instruction field allows the physician to modify the instruction to indicate whatever the physician feels is the patient's current condition. Whatever the physician types in the modifiable instruction field or on the specific instruction screen replaces the word or words inside the brackets.

The Instructions / Summation screen refreshes with the word **fair** in black under the instruction (shown below).

Modifiable instruction



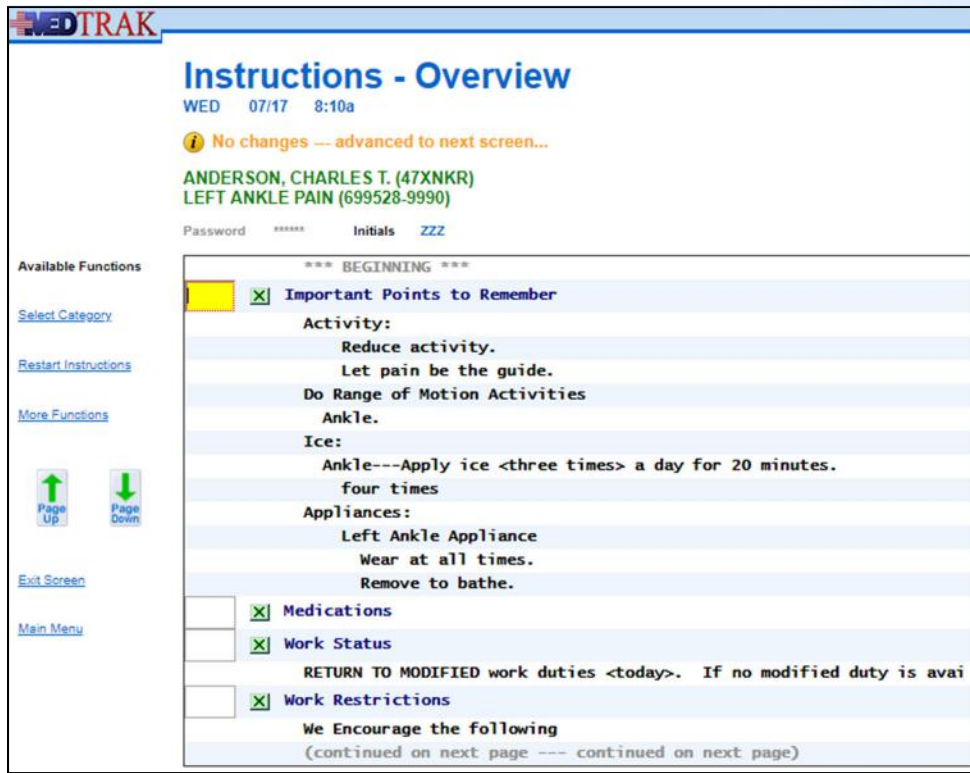
When MedTrak prints the aftercare instructions, the condition on discharge will read as fair.

Do These Steps  
18.10 =====>

1. Select the checkbox for **Condition on discharge: <Good>**
2. Type **fair** in the modifiable instruction field to the right of this instruction
3. Click the **Submit Selections** button  
 (The screen refreshes with the selected instruction in black)  
 (The specific instruction appears underneath and is also in black)

## Aftercare Instructions Summary Screens ●●●●●●●●●●

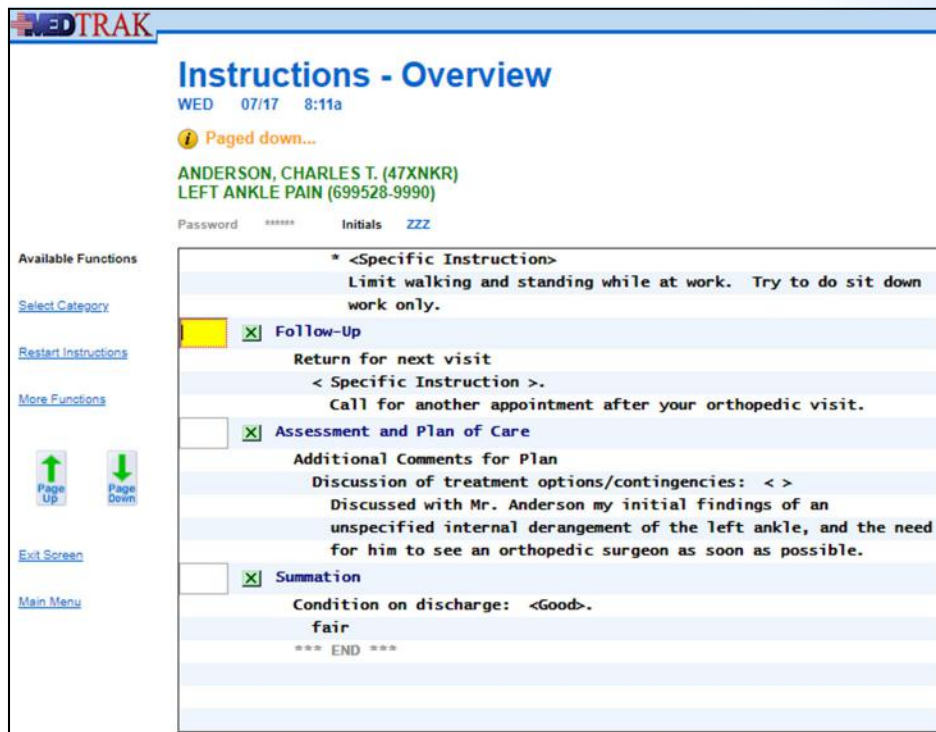
After finishing selecting, modifying, and creating specific patient aftercare instructions, the physician clicks the **Submit Selections** button again to display the Instructions - Overview screen (shown on the next page).



First screen of selected instructions

The Instructions - Overview screens display selected instructions in black. If, upon review, the physician decides to add, change or remove instructions in a section, he clicks the green X  to the left of the section name to access the selection screen for that section of aftercare instructions.

The physician clicks the *Page Down* button to scroll down to see the next Instructions - Overview screen (shown below).



Second screen of selected instructions

After reviewing the Instructions - Overview screens, the physician clicks the *Exit Screen* button to return to the Visit Documentation screen. The **Instructions** section displays a message that “**Instructions have been marked**” (shown below).

**MEDTRAK**

## Visit Documentation

WED 07/17 8:13a

**i Medication Allergies: No known drug allergies...**

**ANDERSON, CHARLES T. (47XNKR)**  
**LEFT ANKLE PAIN (699528-9990)**

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY LT ANKLE (3VW)
<a href="#">Order by Code</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Cancel Order</a>	<input type="text"/>	LEFT ANKLE APPLIANCE (open)
<a href="#">Open Orders</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	
	<input type="text"/>	ORTHOPEDIC CONSULTATION
<a href="#">DX by Checklist</a>	<b>Diagnosis</b>	
<a href="#">Find DX</a>	<input type="text"/>	Derangement Left Ankle, Unspecified (M24.9)
<a href="#">Top 80 DX</a>		
<a href="#">Add DX</a>		
<a href="#">Delete DX</a>		
<a href="#">History and Exam</a>	<b>History and Exam</b>	
	<input type="text"/>	Some History answered / Some Exam answered
		Click this button if you completed the history and exam questions
		<b>Hx &amp; Exam Complete</b>
<a href="#">Medications</a>	<b>Medications</b>	
	<input type="text"/>	IBUPROFEN TABS 800MG
<a href="#">Instructions</a>	<b>Instructions</b>	
	<input type="text"/>	Instructions have been marked
<a href="#">Level of Service</a>	<b>Level of Service</b>	
	<input type="text"/>	*** None ***
<a href="#">More Functions</a>	<input type="button" value="Done"/>	<input type="button" value="Not Done"/>

Instructions have been marked

Do These Steps 18.11 ==>

1. Click the *Submit Selections* button  
(You should be on the Instructions - Overview screen. Make any necessary changes.)
2. Click the *Page Down* button  
(You should be on the next Instructions - Overview screen. Again, make any necessary changes.)
3. Click the *Exit Screen* button  
(You should be back on the Visit Documentation screen)  
(The **Instructions** section should display “**Instructions have been marked**”)
4. Click the *Not Done* button  
(You should be back on Clinic Status screen)



## Self Assessment

1. You should be on the Clinic Status screen
2. Type **SA18** in any command field  
(**SA** stands for self assessment and **18** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA18** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
<==== 18.12

## Meaningful Use—Core Objective #6

# Clinical Decision Support

### 1. Implementation

Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in: problem list; medication list; demographics; and laboratory test results.

### 2. Notification

Automatically and electronically generate and indicate in real-time, notifications and care suggestions based upon clinical decision support rules.



**Problem  
focused  
instructions**

## *You did this!*

You selected a **diagnosis** of “**Derangement Left Ankle, Unspecified**” for your patient. This selection initiated MedTrak’s clinical decision support rules base. Based on your selection, MedTrak specifically focuses the selectable patient aftercare instructions on the left ankle injury.

## *Why is this needed?*

Clinical decision support (CDS) is very important to the successful use of an EHR. CDS enhances patient safety and increases the workflow efficiency by providing assistance with clinical decision making. Over the next few years, the use of systems with built-in CDS will become more prevalent because of their value to the clinical staff. In addition to the CDS that you encounter when processing your patient, there are thousands more clinical decision support rules in MedTrak.



## Meaningful Use—Core Objective #13

### Patient Specific Education

Enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's problem list, medication list, and laboratory test results as well as provide such resources to the patient.



**Patient  
specific  
education  
resources**

### *You did this!*

You created patient-specific aftercare instructions based on the diagnosis selected. These instructions included data elements from the problem list, x-ray order, referral to the orthopedic consultant, left ankle brace applied, work status, work restrictions, when to return, etc. MedTrak will bring these instructions forward the next time that the patient is treated thus providing a longitudinal view of the patient's instructions.

### *Why is this needed?*



Providing the patient with problem-focused aftercare instructions is also essential to providing good health care. The patients and their families need to know exactly what they can do and not do when they leave the medical facility. The EHR should enable a user to electronically identify patient-specific education resources. This information is also needed by any other provider who might be treating the patient. Also, the patient will want to store this information in their personal health record in case it is needed for their future care.

## Chapter 18 - Review Activities

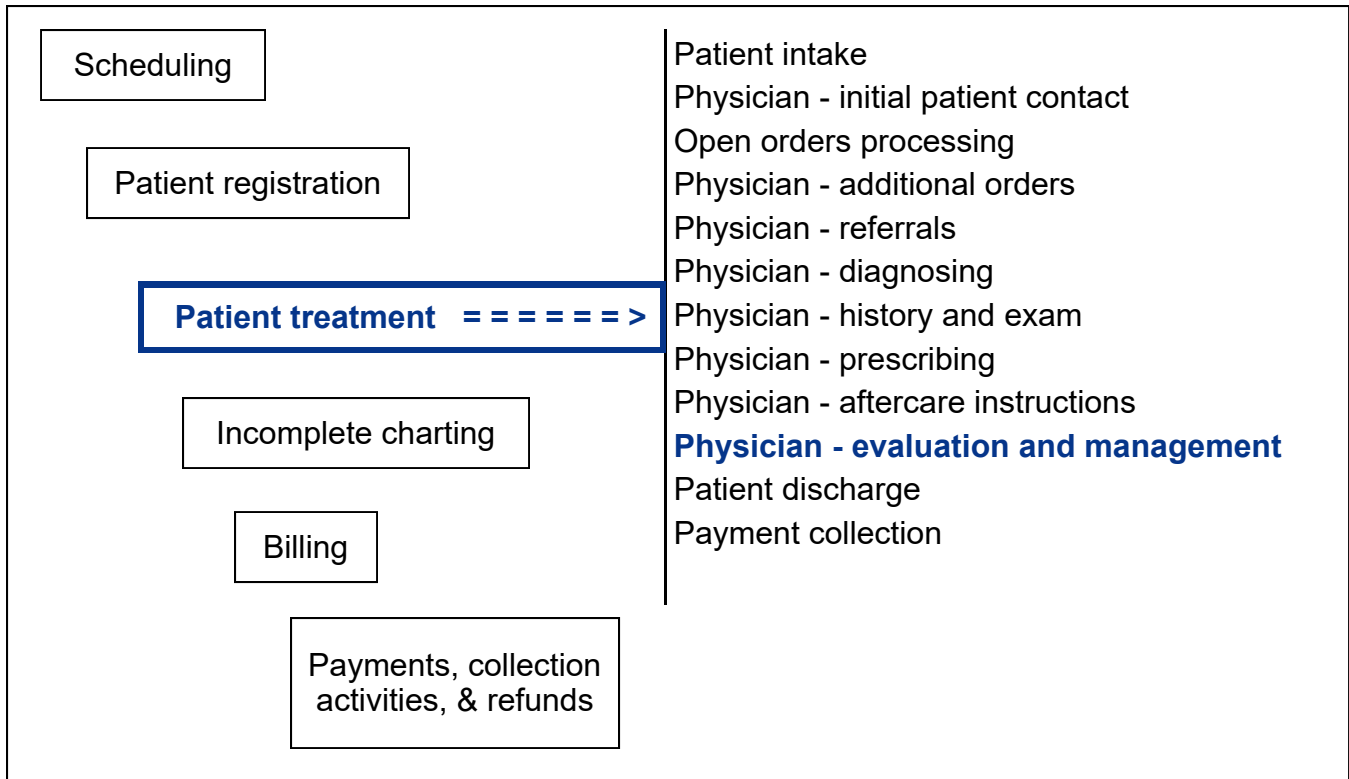
Answer the following questions:

1. **What instructions should the physician provide to the patient when they leave the medical facility?**
  - A. How to self-treat their condition.
  - B. Recommendations for what they can and cannot do at work.
  - C. When they should return for their next appointment.
  - D. What they should be concerned about if their condition worsens.
  - E. Whether the patient should continue taking or stop taking medications that they were already taking.
  - F. All of the above

# Physician - Evaluation and Management

# 19

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Professional services
- ▶ Evaluation and management
- ▶ Level of service
- ▶ Professional time
- ▶ Medically appropriate history
- ▶ Medically appropriate examination
- ▶ Medical decision making
- ▶ Problems addressed
- ▶ Data reviewed and analyzed
- ▶ Risk of complications

## Physician - Evaluation & Management

Professional services

Evaluation and management

Level of service

Time spent

Medical decision making

Physician compensation is based on the level of **professional services** provided for the patient. These services constitute the **evaluation and management** of the patient's presenting problems. Another term for evaluation and management is **level of service**.

As of January 1st, 2021, the selection process for physician's to determine the level of service for an office or other outpatient visit must be based on either **time spent** or **medical decision making**. The evaluation and management level of service codes are specific Current Procedural Terminology (CPT) codes.

Whether the physician uses time spent or medical decision making to determine the level of service, there are **four levels of decision making** involved:

**Straightforward / Minimal**

**Low / Limited**

**Moderate**

**High - Extensive**

## Time Spent

Professional time

Medically appropriate history

Medically appropriate examination

When using **time spent** to determine the level of service, the physician must provide a **medically appropriate history** and/or **examination**. The physician's **professional time** spent completing the history and examination includes:

- Preparing to see the patient
- Reviewing or obtaining the patient's history
- Conducting an appropriate examination
- Educating and counseling the patient, the patient's family, and the patient's caregiver
- Placing orders for testing, medications, procedures, and referrals to specialists
- Discussing the patient's condition with other health professionals
- Recording the patient's information in the electronic health record
- Interpreting results of testing and examinations by others
- Coordinating the patient's future care

The level of service CPT codes for the physician's professional time spent with a **new patient** are:

Straightforward	99202	15 to 29 minutes
Low	99203	30 to 44 minutes
Moderate	99204	45 to 59 minutes
High	99205	60 to 74 minutes
Prolonged services	99354	first hour over 74 minutes
Prolonged services	99355	each additional half hour

Time spent with  
a **new patient**

The level of service CPT codes for the physician's professional time spent with an **established patient** are:

Straightforward	99212	10 to 19 minutes
Low	99213	20 to 29 minutes
Moderate	99214	30 to 39 minutes
High	99215	40 to 54 minutes
Prolonged services	99354	first hour over 54 minutes
Prolonged services	99355	each additional half hour

Time spent with  
an **established patient**

## Medical Decision Making .....

As you learned earlier in this chapter, there are four levels of medical decision making. Each level includes three elements for the physician to consider:

- Establishing a diagnosis
- Assessing the status of the patient's condition
- Selecting a management option

Elements of medical decision making

To qualify for a level of service at least two of the three elements of medical decision making must be met or exceeded. The elements of medical decision making are:

- Number and complexity of the **presenting problems**
- Amount and complexity of the **data analyzed and reviewed**
- Risk of complications** of patient management including morbidity and mortality

Presenting problems

Data analyzed and reviewed

Risk of complications

## Presenting Problems

When analyzing the number and complexity of the presenting problems, the physician uses the descriptions listed below for each level:

Minimal

**Minimal** 1 self-limited or minor problem

Low

**Low** 2 or more self-limited or minor problems  
or  
1 stable chronic illness  
or  
1 acute, uncomplicated illness or injury

Moderate

**Moderate** 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment  
or  
2 or more stable chronic illnesses  
or  
1 undiagnosed new problem with uncertain prognosis  
or  
1 acute illness with systemic symptoms  
or  
1 acute complicated injury

High

**High** 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment  
or  
1 acute or chronic illness or injury that poses a threat to life or bodily function



# Analyzing and Reviewing Data ●●●●●●●●●●

The **data** is divided into the following three categories:

- Tests, documents, orders, or independent historian(s). (Each unique test, order or document is counted to meet a threshold number)
- Independent interpretation of tests.
- Discussion of management or test interpretation with external physician or other qualified healthcare professional or appropriate source

- Documentation
- Interpretations
- Discussions

When analyzing and reviewing the data, the physician considers the following for each level.

---

**Minimal**      Minimal or none

---

Minimal data

**Limited**      The physician must review and/or analyze data from at least **one of the two** categories below:

**Category 1: Tests and documents**

Any combination of **two** from the following:

- Review of prior external note(s) from each unique source
- Review of the result(s) of each unique test
- Ordering of each unique test

or

**Category 2: Assessment requiring an independent historian(s)**

- Limited data
- One of two categories

**Moderate**      The physician must review and/or analyze data from at least **one of the three** categories below:

**Category 1: Tests, documents, or independent historian(s)**

Any combination of **three** from the following:

- Review of prior external note(s) from each unique source
- Review of the result(s) of each unique test
- Ordering of each unique test
- Assessment requiring an independent historian(s)

or

- Moderate data
- One of three categories

**Category 2: Independent interpretation of tests**

Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)

or

**Category 3: Discussion of management or test interpretation**

Discussion management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)

**Extensive**

The physician must review and / or analyze data from at least two of the three categories below:

**Category 1: Tests, documents, or independent historian(s)**

Any combination of **three** from the following:

- Review of prior external note(s) from each unique source
- Review of the result(s) of each unique test
- Ordering of each unique test
- Assessment requiring an independent historian(s)

or

**Category 2: Independent interpretation of tests**

Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)

or

**Category 3: Discussion of management or test interpretation**

Discussion of management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)

Extensive data

Two of three categories



The level of service CPT codes for evaluation and management (E&M) also vary by the type of visit. The E&M level of service codes for office or other outpatient visits including visits for primary care, urgent care, employee health, and workers' compensation are the same. Orthopedic medicine and rehab services have their own level of service CPT code sets.

Do These Steps  
19.01 =====>

1. Click the *Clinic Status* button on **MedTrak Main Menu**  
(You should be on the Clinic Status screen)
2. Place the cursor next to **Mr. Anderson**
3. Click the *Out the Door* button  
(You should be on the Visit Documentation screen)

The next screen to appear is the Visit Documentation screen (shown below).

**MEDTRAK**

### Visit Documentation

WED 07/17 8:20a

**Medication Allergies: No known drug allergies...**

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

<b>Available Functions</b>	<b>Orders</b>	X-RAY LT ANKLE (3VW)
<a href="#">Order Entry</a>	<input type="text"/>	X-RAY OVER-READ
<a href="#">Order by Code</a>	<input type="text"/>	LEFT ANKLE APPLIANCE (open)
<a href="#">Cancel Order</a>	<input type="text"/>	ICE PACK INSTANT
<a href="#">Open Orders</a>	<input type="text"/>	
<a href="#">Referrals / Auth</a>	<b>Referrals / Authorizations</b>	ORTHOPEDIC CONSULTATION
<a href="#">DX by Checklist</a>	<input type="text"/>	
<a href="#">Find DX</a>	<b>Diagnosis</b>	Derangement Left Ankle, Unspecified (M24.9)
<a href="#">Top 60 DX</a>	<input type="text"/>	
<a href="#">Add DX</a>	<b>History and Exam</b>	Some History answered / Some Exam answered
<a href="#">Delete DX</a>	<input type="text"/>	Click this button if you completed the history and exam questions
<a href="#">History and Exam</a>	<b>Medications</b>	IBUPROFEN TABS 800MG
<a href="#">Medications</a>	<input type="text"/>	
<a href="#">Instructions</a>	<b>Instructions</b>	Instructions have been marked
<a href="#">Instructions</a>	<input type="text"/>	
<a href="#">Level of Service</a>	<b>Level of Service</b>	*** None ***
<a href="#">More Functions</a>	<input type="text"/>	

Done Not Done

Level of Service

The physician clicks the *Level of Service* button on the Visit Documentation screen to access the Level of Service screen (shown below).

**MEDTRAK**

**Level of Service:**  
TUE 12/08 5:08p

ANDERSON, CHARLES T. (284W6X)  
LEFT ANKLE PAIN (76594-9990)

Password \*\*\*\*\* Initials DAB Resp DOC Initials DAB

[Exit Screen](#)

**Medical Decision Making**

**Presenting Problems: Number & Complexity**

- Minimal
  - 1 self-limited or minor problem
- Low
  - 2+ self-limited or minor problems
  - 1 stable chronic illness
  - 1 acute, uncomplicated illness or injury
- Moderate
  - 1+ chronic illnesses w/ exacerbation, progression, or side effects of treatment
  - 2+ stable chronic illnesses
  - 1 undiagnosed new problem w/ uncertain prognosis
  - 1 acute illness w/ systemic symptoms
  - 1 acute complicated injury
- High
  - 1+ chronic illnesses w/ severe exacerbation, progression, or side effects of treatment
  - 1 acute or chronic illness or injury that poses a threat to life or bodily function

**Data: Analyzing & Reviewing / Amount & Complexity**

- Minimal
  - Minimal or none
- Limited (pick 1+)
  - Category 1: Tests & documents (pick 2+)
    - review of prior external note(s) from each unique source
    - review of the result(s) of each unique test
    - ordering of each unique test
  - Category 2: Assessment requiring an independent historian(s)
- Moderate (pick 1+)
  - Category 1: Tests, documents or independent historian(s) (pick 3+)
    - review of prior external note(s) from each unique source
    - review of the result(s) of each unique test
    - ordering of each unique test
    - Assessment requiring an independent historian(s)
  - Category 2: Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)
  - Category 3: Discussion of management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)
- Extensive (pick 2+)
  - Category 1: Tests, documents or independent historian(s) (pick 3+)
    - review of prior external note(s) from each unique source
    - review of the result(s) of each unique test
    - ordering of each unique test
    - Assessment requiring an independent historian(s)
  - Category 2: Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)
  - Category 3: Discussion of management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)

**Risk: Complications / Morbidity / Mortality**

- Minimal
- Low
- Moderate
- High

Presenting problems section

Data section

Risk section

In this example, the physician will use medical decision making for determining the level of service and not the amount of time spent.

The top portion of the Level of Service screen is the **Presenting Problems: / Number & Complexity** section of **Medical Decision Making**. In this example, the physician checks the selection for **1 acute, uncomplicated illness or injury** in the **Low** section because of Mr. Anderson’s left ankle injury.

**MEDTRAK**  
**Level of Service:**  
 TUE 12/08 5:08p  
 ANDERSON, CHARLES T. (284W6X)  
 LEFT ANKLE PAIN (76594-9990)  
 Password \*\*\*\*\* Initials DAB Resp DOC Initials DAB

**Medical Decision Making**  
**Presenting Problems: Number & Complexity**

- Minimal
  - 1 self-limited or minor problem
- Low
  - 2+ self-limited or minor problems
  - 1 stable chronic illness
  - 1 acute, uncomplicated illness or injury
- Moderate
  - 1+ chronic illnesses w/ exacerbation, progression, or side effects of treatment
  - 2+ stable chronic illnesses
  - 1 undiagnosed new problem w/ uncertain prognosis
  - 1 acute illness w/ systemic symptoms
  - 1 acute complicated injury
- High
  - 1+ chronic illnesses w/ severe exacerbation, progression, or side effects of treatment
  - 1 acute or chronic illness or injury that poses a threat to life or bodily function

Presenting Problems

1 acute injury selected

Then the physician scrolls down to the **Data: Analyzing & Reviewing / Amount & Complexity** section of **Medical Decision Making**. In this example, the physician checks the selection for **Category 2: Assessment requiring an independent historian(s)** in the **Limited** section because the physician is referring Mr. Anderson to an orthopedic specialist for evaluation and treatment.

**Data: Analyzing & Reviewing / Amount & Complexity**

- Minimal
  - Minimal or none
- Limited (pick 1+)
  - Category 1: Tests & documents (pick 2+)
    - Review of prior external note(s) from each unique source
    - Review of the result(s) of each unique test
    - Ordering of each unique test
  - Category 2: Assessment requiring an independent historian(s)
- Moderate (pick 1+)
  - Category 1: Tests, documents or independent historian(s) (pick 3+)
    - Review of prior external note(s) from each unique source
    - Review of the result(s) of each unique test
    - Ordering of each unique test
    - Assessment requiring an independent historian(s)
  - Category 2: Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)
  - Category 3: Discussion of management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)

Data: Analyzing & Reviewing / Amount & Complexity

Category 2 selected

Then the physician scrolls down to the **Risk of Complications / Morbidity / Mortality** section of **Medical Decision Making**. In this example, the physician checks the **Low** selection because there is a low risk of complications with Mr. Anderson's injury.

Risk of Complications

Low selected

Submit button

After selecting the checkboxes, the physician clicks the **Submit** button to accept the choices. The **Level of Service** screen refreshes with the E/M level of service CPT code of **99203** displayed at the top of the screen (shown below).

Level of Service code - 99203

Level of Service CPT code of 99203

Then the physician clicks the **Exit Screen** button to return to the **Visit Documentation** screen. The evaluation and management level of service CPT code of **99203** appears next to the **Level of Service** field.

Your **Visit Documentation** screen should look exactly like this one with the information about each of the sections selected displayed to the right of the field for that section (shown on the next page).

Level of Service code - 99203

Do These Steps 19.02 =====>

1. Click the *Level of Service* button  
(You should be on the Level of Service screen)
2. Select the checkboxes  
(Check the same ones as in this example)
3. Click the *Submit* button  
(The “**Level of Service updated to 99203...**” message appears )
4. Click the *Exit Screen* button  
(You should be on Visit Documentation screen)  
(The **Level of Service** should display **99203** code)

The physician clicks the *Done* button to notify MedTrak that he is finished with the **Out the Door** process (Visit Documentation).

In this example, the physician placed an order for the clinical staff to apply a left ankle appliance to Mr. Anderson’s left ankle. This order is an “open order” for the clinical staff. That is why there is time showing the clinical staff’s (TC) waiting time column on the Clinic Status screen (shown on the next page)



**MedTRAK Clinic Status**  
WED 07/17 8:25a

ZZZ Medical Care Location

Available Functions:  
 Submit / Refresh  
 Name / Reason  
 Clinical Notes  
 Examine Patient  
 Order Entry  
 Open Orders  
 Provider's Notes  
 Out The Door  
 Discharge  
 Done  
 Schedule  
 Visit Log  
 Online Chart  
 Pathway  
 View Prints  
 More Functions...  
 Page Up Page Down  
 Main Menu

ORD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	JR	LR	IP	ITC	DOC	TOT
*** BEGINNING ***													
--- MEDICAL ---													
	EXAM 1				-	-	-	-	-	-	-		
	EXAM 2	Anderson, Charles T	Open		-	3	-	-	-	-	-	ZZZ	ZZZ
	EXAM 3				-	-	-	-	-	-	-		
	EXAM 4				-	-	-	-	-	-	-		
	EXAM 5	Newcombe, Michael T		Ans CN	-	1	-	-	-	-	-	***	10
	PROC				-	-	-	-	-	-	-		
	LAB				-	-	-	-	-	-	-		
	X-RAY				-	-	-	-	-	-	-		
*** END ***													

Clinical staff open order

1. Click the *Done* button  
 (You should be on the Clinic Status screen)  
 (There should be an open order for the clinical staff)

Do These Steps  
 <==== 19.03

## Self Assessment

Do These Steps  
19.04 =====>

1. You should be on the Clinic Status screen
2. Type **SA19** in any command field  
(**SA** stands for self assessment and **19** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA19** report.
7. You must have a 100% (error-free) report before continuing.

**Chapter 19 - Review Activities** .....

Answer the following questions:

**1. Which of the following constitutes professional time provided by the physician?**

- A. Preparing to see the patient.
- B. Educating the patient and the patient's caregiver.
- C. Doing examinations and evaluations.
- D. Obtaining the patient's history.
- E. Discussing the patient's condition with other caregivers.
- F. Walking the patient to the door at the end of the patient's visit.
- G. All of the above

**2. Which of the following are the four levels of decision making for determining the level of service?**

- A. Moderate.
- B. Complex.
- C. High.
- D. Straightforward.
- E. Low.
- F. Complicated.
- G. A, C, D, and E
- H. B, C, D, and F

**3. The physician is required to record the professional time spent at each patient encounter.**

- True
- False

**4. What elements must the physician consider for each level of service?**

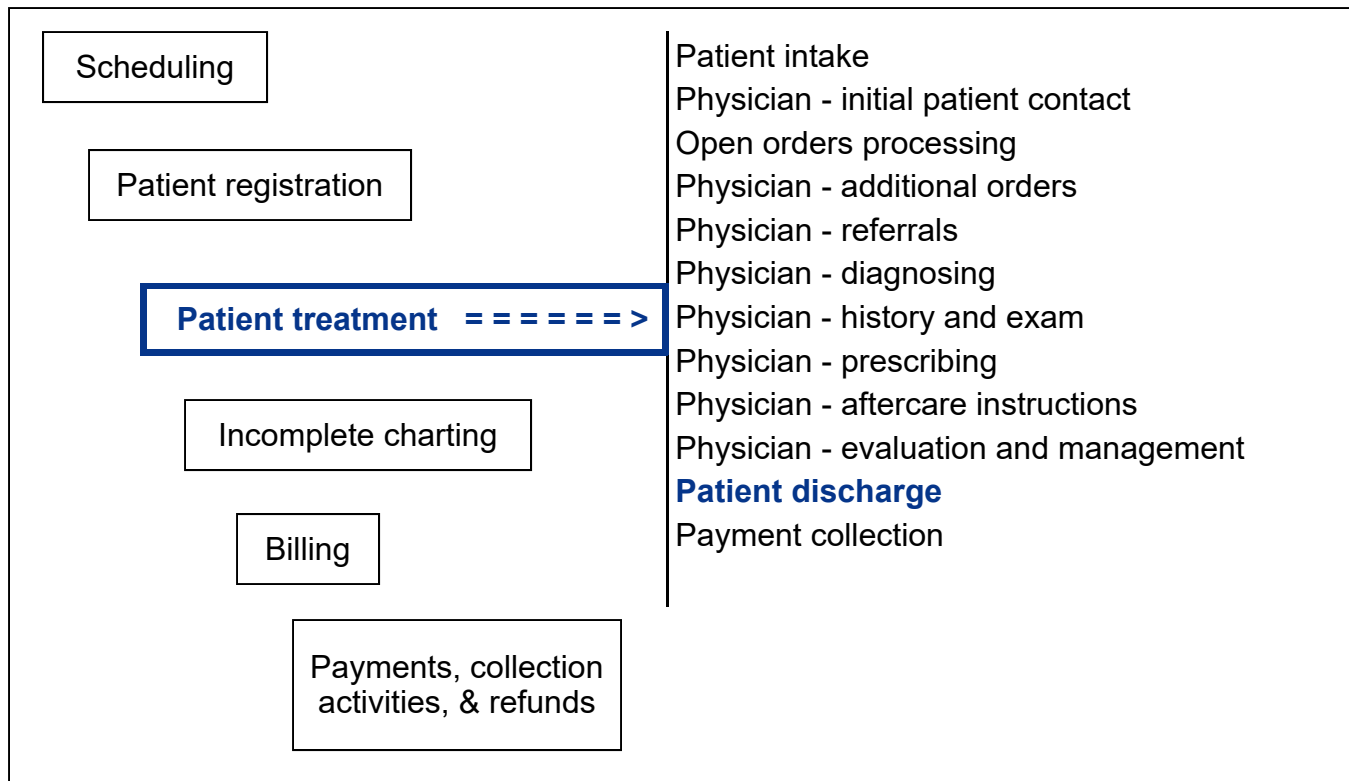
- A. Selecting a management option
- B. Assessing the status of the patient's condition
- C. Establishing a diagnosis
- D. All of the above
- E. B and C

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# Patient Discharge

# 20

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Completing open orders
- ▶ Reviewing the patient's paperwork with them
- ▶ Sending the patient to the payment collection's desk

# Patient Discharge

Completing open orders

When the physician is done with the patient and finishes the **Out the Door** process, the physician might have placed orders that need **completion (open orders)** before the patient can be discharged with their paperwork from the medical facility. Even though the physician is now seeing another patient, there could still be open orders in MedTrak for the clinical staff to complete with this patient.

The patient discharge workflow step is important for several reasons:

- The physician can focus on treating the other patients without having to worry about whether any orders are missed for this patient.
- The clinical staff does not need to wait for the physician to come out of an exam room to know what the physician wants them to do for the patient.
- Everyone in the medical facility knows that everything will be done for a patient before being discharged from the medical facility.

The physician might have ordered a medication. If it was a dispensed medication, the clinical staff will need to take the medication off the shelf, record the lot number, and give it to the patient. If it was a prescription, the clinical staff might need to obtain the physician's signature on the prescription before giving it to the patient. If the patient was in the medical facility for an injury or an illness, the clinical staff will need to give the patient their aftercare instructions.

In this example, the physician placed an order for a left ankle appliance for Mr. Anderson during the **Out the Door** process. That is why the **ORDER** column has the word **Open** in it with a time value in the clinical staff (**TC**) column on the Clinic Status screen (shown below).

Open order

Time in the Clinical staff column

ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
	*** BEGINNING ***											
	*** MEDICAL ***											
EXAM 2	Anderson, Charles T	Open			6					ZZZ	ZZZ	8
EXAM 3												
EXAM 4												
EXAM 5	Newcomer, Michael T		Ans CN		4						***	13
PROC												
LAB												
X-RAY												
	*** END ***											

The clinical staff places the cursor in the command field next to Mr. Anderson and clicks the *Open Orders* button to see what orders need to be completed for the patient.

The *Open Orders* screen appears showing the clinical staff what needs to be done. In this example, the clinical staff needs to go to the **Left Ankle Appliance** procedure screens for the first three questions, so they enter an **x** in each of the answer fields. Then the clinical staff enters their MedTrak employee initials in the **Completed By** answer field (shown below). Procedure screens contain information related to laceration repairs, burn treatments, physical therapy treatments, muscular skeletal appliances, etc.

The screenshot shows the MedTrak interface for 'Open Orders: ANDERSON, CHARLES T. (699528-9990)'. The date is WED 07/17 and the time is 3:12p. There is a notification 'In EXAM 2...'. The screen displays a table with the following data:

TECH	X	X	
			LEFT ANKLE APPLIANCE
	X	X	Appliance utilized:
	X	X	Applied and fitted:
	X	X	Dispensed supplies:
			Completed By: zzz

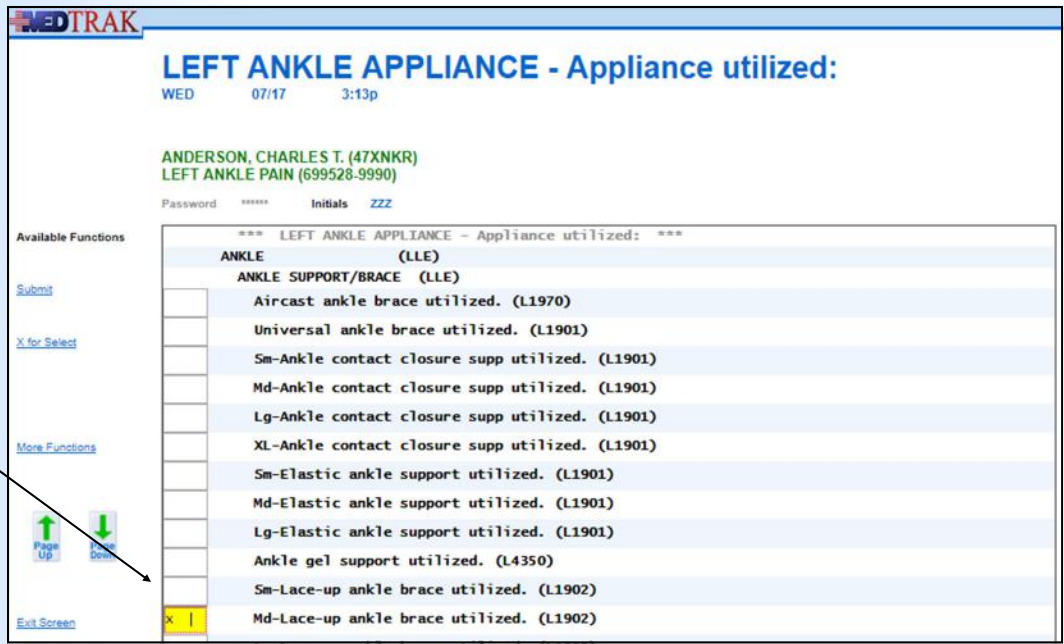
Each question answered at one time

As you can see in this example, to save time the clinical staff answers each question and then clicks the *Submit Answers* button.

1. Click the *Clinic Status* button on MedTrak Main Menu
2. Place the cursor next to **Mr. Anderson**
3. Click the *Open Orders* button  
(You should be on the *Open Orders* screen for the **Left Ankle Appliance**)
4. Type an **x** in the **Appliance utilized** answer field
5. Type an **x** in the **Applied and fitted** answer field
6. Type an **x** in the **Dispensed supplies** answer field
7. Type your **MedTrak employee initials** in the **Completed By** answer field
8. Click the *Submit Answers* button  
(You should be on the LEFT ANKLE APPLIANCE - Appliance utilized screen)

Do These Steps  
<==== 20.01

The next screen to appear is the procedure screen for the **Appliance utilized** question. The clinical staff selects the **"Md-Lace-up ankle brace utilized. (L1902)"** by entering an **x** in the quantity field. Entering an **x** is the equivalent of entering **1** in the quantity field (shown on the next page).

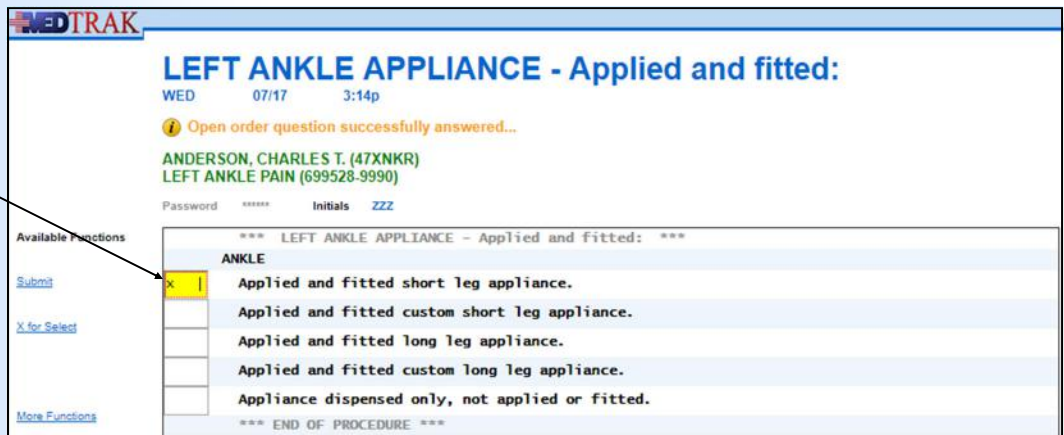


Medium lace-up brace selected

After entering the **x**, the clinical staff clicks the *Submit* button. MedTrak records the selection of the brace and automatically advances to the next procedure selection screen for the **Appliance Utilized** question. The message “*Changes processed --- advanced to next screen...*” appears at the top of the screen. In this example, there are multiple screens of appliance choices.

The clinical staff then clicks the *Exit Screen* button to go the Applied and fitted screen in the workflow for the left ankle appliance order.

On this screen, the clinical staff selects the “**Applied and fitted short leg appliance.**” option by typing an **x** in the quantity field (shown below).

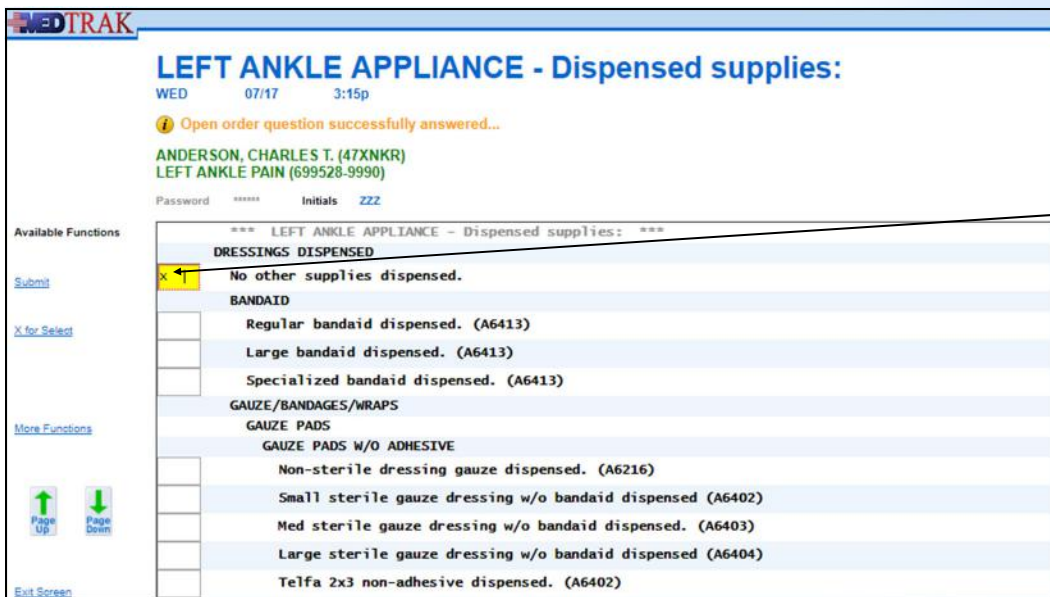


Type of fitting performed

After making the selection, the clinical staff clicks the *Submit* button. MedTrak records the selection of the applied and fitted option and automatically advances to the next question screen for the **Dispensed supplies** question.

On this screen, the clinical staff selects the “**No other supplies dispensed.**” option by typing an **x** in the quantity field next to the option (shown on the next page).





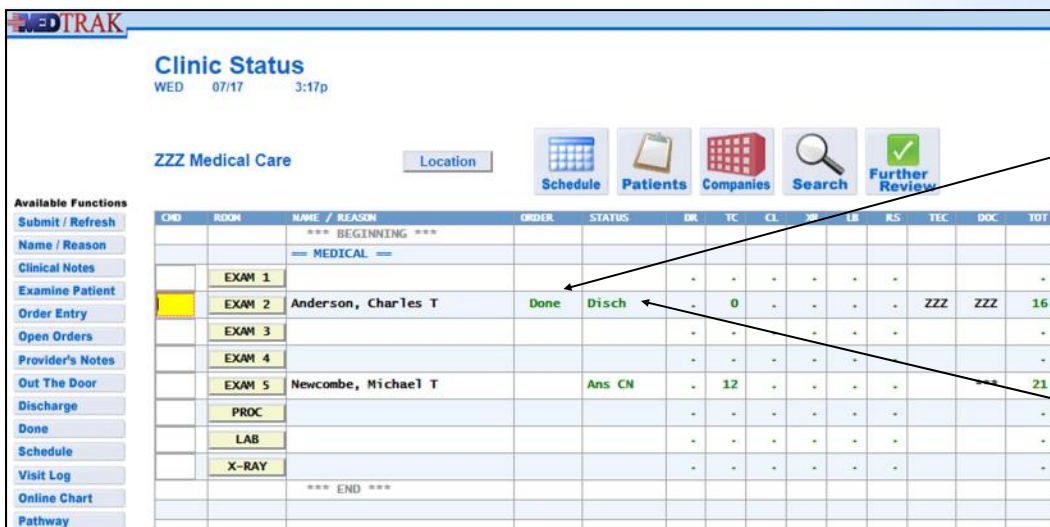
No other supplies dispensed

The clinical staff clicks the *Submit* button to record the selection of “No other supplies dispensed.” and automatically advances to the next procedure screen for the **Dispensed supplies**.

The clinical staff clicks the *Exit Screen* button and MedTrak returns to the Clinic Status screen. MedTrak checks two conditions (rules) to see if the patient is ready to be discharged from the clinic:

- Has the physician finished the **Out the Door** process?
- Are all open orders complete?

Because both of these conditions are true, MedTrak automatically prints the patient’s **Aftercare Instructions**, **Prescriptions**, and **Visit Charges**. The workflow **Status** column may display **IN Prtg** (instructions printing). If it does, the clinical staff clicks the *Submit/Refresh* button to refresh the screen which resets the workflow **Status** to **Disch** (discharge) (shown below).



Open orders are done

Status is discharge

The **ORDER** column now has the word **Done** in it to indicate that there were open orders and they are now completed. The workflow **STATUS** column has **Disch** in it to indicate to the clinical staff that the paperwork for this patient printed and is now ready for them to review it with the patient and discharge the patient from the medical facility.

Do These Steps  
20.02 =====>

1. Type an **x** in the “**Md-Lace-up ankle brace utilized. (L1902)**” quantity field
2. Click the **Submit** button  
(You should be on the next screen for the Appliance utilized question)  
(The message “**Changes processed---advanced to next screen...**” appears)
3. Click the **Exit Screen** button  
(You should be on the Applied and fitted question screen)
4. Type an **x** in the “**Applied and fitted short leg appliance**” field
5. Click the **Submit** button  
(You should be on the Dispensed supplies question screen)
6. Type an **x** in the “**No other supplies dispensed**” quantity field
7. Click the **Submit** button  
(You should be on the next screen for the Dispensed supplies question)
8. Click the **Exit Screen** button  
(You should be back on the Clinic Status screen)  
(The **ORDER** column should say **Done**)  
(The workflow **STATUS** column should say **IN Prtg** or **Disch**)
9. Click the **Submit/Refresh** button  
(You should still be on the Clinic Status screen)  
(The **ORDER** column should say **Done**)  
(The workflow **STATUS** column should say **Disch**)

For their part in finishing the clinical portion of the workflow, it is the clinical staff's responsibility to:

- Retrieve the paperwork for the patient from the printer including the patient's aftercare instructions, prescription (if not ePrescribed) and the charges for the visit (for patient responsibility visits only)
- Retrieve dispensed medications from the cupboard (if ordered)
- Get the provider's signature on any prescription forms (if prescribed)
- Go back into the room to see the patient
- Review the aftercare instructions with the patient
- Review the medications - both prescription and dispensed with the patient
- Review the charges with the patient (for patient responsibility visits only)
- Instruct the patient to stop at the payment collection's desk to pay for charges due at this time (for patient responsibility patients only)
- Discharge the patient from the Clinic Status screen

Reviewing the patient's paperwork with them

Sending the patient to the payment collection desk

To discharge Mr. Anderson from the Clinic Status screen, the clinical staff places the cursor in the command field next to their name and clicks the Discharge button to display the Discharging screen (shown below).

To discharge the patient, the clinical staff enters their password in the password entry field and clicks the Submit button. If the clinical staff has a global password, they just need to click the Submit button because MedTrak will automatically enter their password and initials on this screen. In the real medical setting, the clinical staff typically share computers; therefore, the clinical staff member will need to enter their employee password on this screen.

In this example, the clinical staff has a global password, so the password and employee initials are automatically filled in. In the real clinical setting, the clinical staff typically shares internet terminals that are in the common hallways, therefore the clinical staff will need to enter their employee password on this screen.

The clinical staff clicks the *Submit* button. In this example, because Mr. Anderson is a patient responsibility patient, the Clinic Status screen refreshes with the patient moved to the reception area (payment collection desk) for payment of services for the visit.

The workflow status is now **Done**. This notifies the payment collector to review the charges with the patient and to collect any monies due at this time (shown below).

**MEDTRAK**  
**Clinic Status**  
 WED 07/17 3:46p  
 ZZZ Medical Care Location

Available Functions:  
 Submit / Refresh  
 Name / Reason  
 Clinical Notes  
 Examine Patient  
 Order Entry  
 Open Orders  
 Provider's Notes  
 Set The Door  
 Discharge  
 Done  
 Schedule  
 Visit Log  
 Online Chart  
 Pathway  
 View Prints  
 More Functions...  
 Page Up Page Down  
 Main Menu

CHD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		--- MEDICAL ---											
		Anderson, Charles T	Done	Done	-	-	3	-	-	-	ZZZ	ZZZ	5
	EXAM 1				-	-	-	-	-	-			-
	EXAM 2				-	-	-	-	-	-			-
	EXAM 3				-	-	-	-	-	-			-
	EXAM 4				-	-	-	-	-	-			-
	EXAM 5	Newcombe, Michael T		Ans CN	-	1	-	-	-	-		***	10
	PROC				-	-	-	-	-	-			-
	LAB				-	-	-	-	-	-			-
	X-RAY				-	-	-	-	-	-			-
		*** END ***											

Workflow status is now **Done**

Do These Steps 20.03 =====>

1. Be sure that the cursor is next to **Mr. Anderson**
2. Click the *Discharge* button  
 (You should be on the Discharging screen)  
 (You will not need to enter your password and/or initials because you have a global password)
3. Click the *Submit* button  
 (You should be back on the Clinic Status screen)  
 (Mr. Anderson should have a **STATUS** of **Done**)

## Self Assessment

1. You should be on the Clinic Status screen
2. Type **SA20** in any command field  
(**SA** stands for self assessment and **20** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA20** report.
7. You must have a 100% (error-free) report before continuing.
8. You should be back on the Clinic Status screen

Do These Steps  
<==== 20.04

## Printing the Patient’s Paperwork

You will need to produce prints of Mr. Anderson’s aftercare instructions, prescription, and visit charges to turn in for your assignment.

1. Print **Mr. Anderson’s** aftercare instructions, prescription, and visit charges that MedTrak automatically sent to your printer/queue  
(You should already be on the Clinic Status screen)
2. To view your print queue, click the **View Prints** button  
(You should be on the Clinic Status screen)
3. Find your reports (If they do not appear, click **Refresh**)
4. Print the reports or save / download them to your computer  
(Do this for all three of the prints from this chapter)
5. Close the PDF window
6. Close the Available User Reports window  
(You should be back on the Clinic Status screen)

Do These Steps  
<==== 20.05

## Chapter 20 - Review Activities

Answer the following questions:

1. Which of the following are the clinical staff's responsibilities when finishing the clinical portion of the patient's visit?
  - A. Retrieving dispensed medications from the cupboard
  - B. Obtaining the physician's signature on any written prescriptions
  - C. Reviewing the aftercare instructions with the patient
  - D. Reviewing the medications – both dispensed and prescribed with the patient
  - E. Reviewing the charges for the visit (if patient responsibility)
  - F. Sending the patient to the payment collection desk (if any payment is due)
  - G. All of the above

Aftercare Instructions  
FOR  
ANDERSON, CHARLES T. (47XNKR / 69952B-9990)

Diagnosis

Derangement Left Ankle, Unspecified (M24.9)

General Information

X-ray - X-ray diagnostics were done for you today. These will become part of your medical record here at the clinic. The following x-ray studies were done: Left Ankle X-Rays.

Important Points to Remember

Activity: Reduce activities until feeling better. Let pain be your guide. If it hurts, don't do it.

We are recommending that you do "Range of Motion" activities. This helps to maintain and/or regain the motion that a particular joint is intended to have. The ankle needs to move in all directions (up and down, side to side) several times a day.

Ice: Ice is helpful to reduce swelling. It also reduces pain (after the first several minutes of getting used to the cold). Use a layer of cloth between you and the ice to prevent a frost injury. Ankle---Apply ice four times a day for 20 minutes.

Appliances:

The left ankle appliance given to you today aids in support for your injury. It will help in the healing process, when used as directed by your physician. You should wear this appliance at all times, even while you are lying down to rest. You may remove this appliance to bathe or shower.

Medications (Disp OR Rx)

Rx - IBUPROFEN TABS 800MG

Prescribe: #21

Directions: Take one tablet every eight hours with food.

Medications

Ibuprofen is a non-steroidal anti-inflammatory medication. It can cause allergic reactions in people that are allergic to aspirin, Advil or Aleve. This medication can cause bleeding, stomach upset, ulcers, heartburn, allergic reactions, make asthma worsen and affect kidney function. This medication should not be used with "blood" thinners such as Coumadin, Warfarin or Plavix. It should not be used with lithium, diuretics and other type of anti-inflammatory medications. It should be used with caution if you have high blood pressure. Stop using if you develop rash, swelling, abdominal pain, bruising, bleeding, breathing problems, vomiting or a change in the color of your bowel movements.

The above information can't give you all of the information available about your prescriptions. If you have further questions, or if you believe you are having a problem with these medications, please call us or your pharmacist.

Work Status

RETURN TO MODIFIED work duties today. If no modified duty is available, patient needs to be placed off work (TTD)."

Work Restrictions

We Encourage the Following:

\* Limit walking and standing while at work. Try to do sit down work only.

Referrals / Authorizations

ORTHOPEDIC CONSULTATION

SUMMATION:

Condition on discharge: fair.

Follow-Up Visits

Call for another appointment after your orthopedic visit.

Provider

Healthcare Student

ZZZ Medical Care

1847 Ruddiman Drive  
North Muskegon, MI 49445  
Phone: (231) 744-4759  
Fax: (231) 744-8318

MedTrak

ZZZ Medical Care

This prescription may be filled at any pharmacy, however please check with your company who may require you to use a specific pharmacy.

Patient Name : Mr. Charles T. Anderson      Patient ID : XXX-XX-6376  
Date of Birth: 12/02/YY                              Date of Injury: 07/08/YY

Prescriptions

ZZZ Medical Care ()  
1847 Ruddiman Drive  
North Muskegon, MI 49445  
(231) 744-4759

Mr. Charles T. Anderson                              SSN: XXX-XX-6376  
123 South Main Street                              Phone: (231) 555-7537  
North Muskegon, MI 49445                              Empl: 2  
Date: 07/17/YY

IBUPROFEN TABS 800MG      #21  
Take one tablet every eight hours with food.

Product selection permitted      Dispense as written  
Healthcare Student - MI-99999999

Refill 0 times      DEA# \_\_\_\_\_



```

=====
PAGE - 1                               Visit Charges                               07/17/YY
                                         ANDERSON, CHARLES T. (47XNKR)           3:17p
                                         LEFT ANKLE PAIN (699528-9990)
                                         Date of service: 07/08/YY
=====

```

```

Office Visit - Level of Service (99203)           150.00
X-RAY LT ANKLE (3VW) (73610,LT)                 70.00
ICE PACK INSTANT (99070/A9999)                  12.50
ANKLE LACE UP MD (LLE) (99070/L1902,NU) (ANKLUM) 83.00
APPL SPLINT SHORT LEG (29515)                   139.00
-----
Total visit charges: 454.50
Copayment amount due: 25.00

```

```

Payers
Primary
Blue Cross / Blue Shield of Michigan
Secondary
Nationwide Insurance
Tertiary
SELF PAY

```

```

Diagnosis
Derangement Left Ankle, Unspecified (M24.9)

```

```

Visit Provider                               Visit Location
Healthcare Student                           ZZZ Medical Care
License #: MI-99999999                      1847 Ruddiman Drive
Tax ID:                                       North Muskegon, MI 49445
                                           Phone: (231) 744-4759

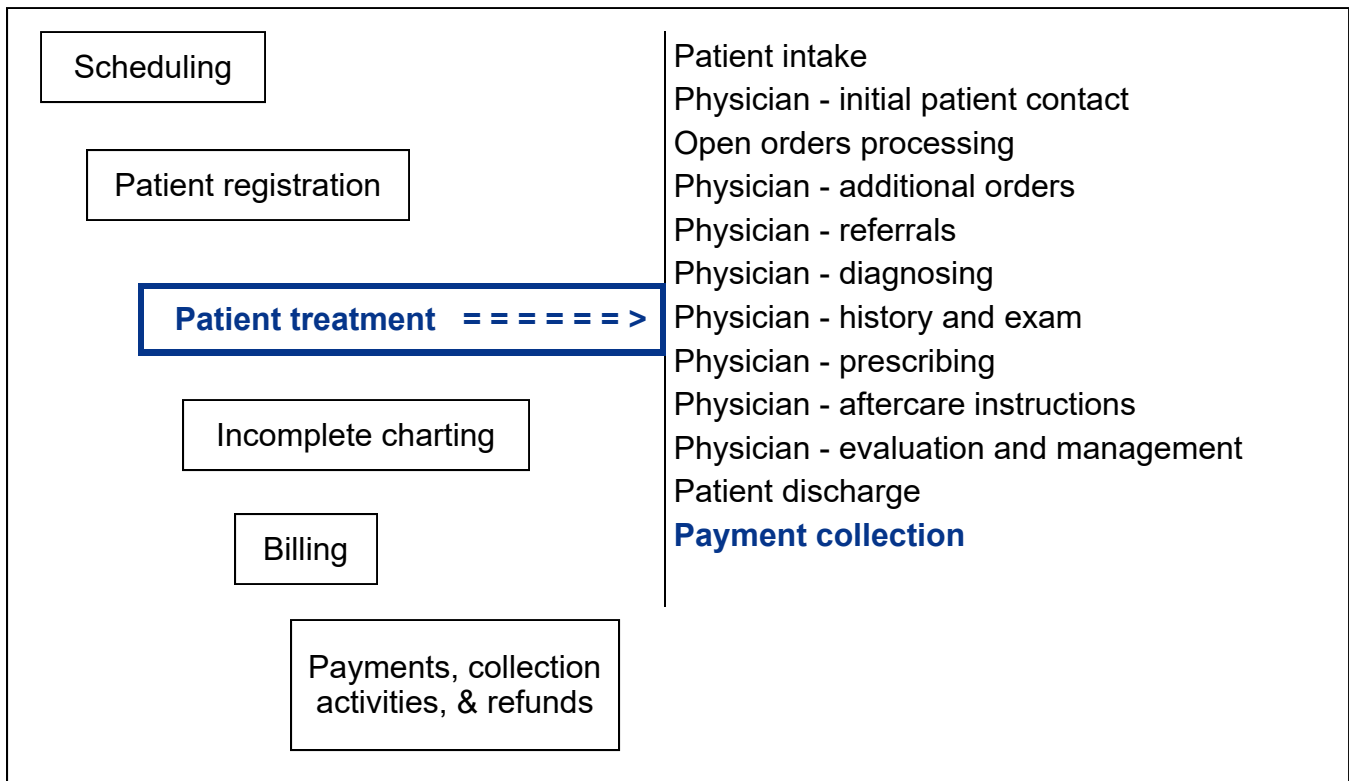
```

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# Payment Collection

# 21

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Occupational health reason
- ▶ Personal reason
- ▶ Copayment
- ▶ Coinsurance percentage
- ▶ Global billing period

## Payment Collection



The physician scheduled the patient for their next appointment, the clinical staff finished reviewing the paperwork with the patient, and they discharged the patient from the examination area, so the only part of the patient's visit that remains is to collect any money due at this visit. The amount owed by the patient is known, since MedTrak accumulated the charges for the visit based on the clinical documentation by the physician and the clinical staff.

If the patient visited the medical facility for an **occupational health reason**, the bill for the visit will be sent to the employer or to the employer's insurance company. The patient, therefore, is not responsible for the charges for the visit and does not need to stop at the payment collection desk.

If the patient visited the clinic for a **personal reason**, they are responsible for the charges of the visit (self pay), or their guarantor is responsible (the patient is under 18 years old), or their group health insurer will pay for the visit. The patient needs to pay all, a portion, or none of the charges for their visit when they leave the medical facility. The clinical staff provided these patients with a detailed printed report of their charges and the amount that they are responsible to pay at this visit.

There are a variety of payment situations for patient responsibility patients:

- It is a self pay patient and they owe for all of the charges for the visit.
- The patient's insurance plan requires a **copayment** for the physician's time.
- The patient's insurance plan requires that the patient pay for a percentage of the total cost for the visit called a **coinsurance percentage** amount.
- The patient owes both a copayment and coinsurance percentage amount.
- The patient does not owe anything (the group health insurer is billed for all charges).
- The visit is within a **global billing period** for a surgical procedure and there are no charges for this visit. Global billing periods are either 10 days or 90 days depending on the type of surgery. Any patient visits during the global billing period are included in the cost of the surgery unless the patient is diagnosed with another presenting problem that is not related to the surgery.

In this example, the payment collection person places the cursor next to Mr. Anderson on the Clinic Status screen and clicks the **Done** button (shown on the next page).

Occupational health reason

Personal reason

Copayment

Coinsurance percentage

Global billing period

**MedTRAK**  
**Clinic Status**  
 WED 07/17 3:51p  
 Report sent to printer/queue - use View Prints link...

ZZZ Medical Care      Location

Schedule   Patients   Companies   Search   Further Review

Available Functions  
 Submit / Refresh  
 Name / Reason  
 Clinical Notes  
 Examine Patient  
 Order Entry  
 Open Orders  
 Provider's Notes  
 Out The Door  
 Discharge  
 Done  
 Schedule  
 Visit Log  
 Online Chart  
 Pathway  
 View Prints  
 More Functions...  
 Page Up   Page Down  
 Main Menu

ORD	ROOM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
		*** BEGINNING ***											
		== MEDICAL ==											
		Anderson, Charles T	Done	Done	-	-	8	-	-	-	ZZZ	ZZZ	10
	EXAM 1				-	-	-	-	-	-			-
	EXAM 2				-	-	-	-	-	-			-
	EXAM 3				-	-	-	-	-	-			-
	EXAM 4				-	-	-	-	-	-			-
	EXAM 5	Newcombe, Michael T		Ans CN	-	6	-	-	-	-		***	15
	PROC				-	-	-	-	-	-			-
	LAB				-	-	-	-	-	-			-
	X-RAY				-	-	-	-	-	-			-
		*** END ***											

Done button

The next screen to appear is the Done screen displaying the total of the charges for today's services and the amount due for today's services from the patient. This screen also has fields on it for the payment collection person to record the payment information.

If the patient does not make a payment and one is due, the payment collection person will record why the patient did not pay anything in the **Payment / Note** field.

For this visit, the patient owes \$25.00 for the copayment of the level of service charge amount. Blue Cross / Blue Shield of Michigan will be billed for the full amount of the charges, but when the insurer pays, they will reduce their payment amount for the office visit by the copayment made by the patient.

On this screen the payment collection person records the following payment information (shown on the next page):

**Amount**      **25 (representing \$25.00)**  
**Type**        **Check**  
**Source**       **Patient**  
**Note**         **check #978** (this replaces "will collect at discharge" note entered by the front desk person)

Patient's check information

**ANDERSON, CHARLES T. (47XNKR)**  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ Resp CLER Initials ZZZ

**Visit Charges**

Total for today's services	454.50
Copayment amount due	25.00
Coinsurance amount	0.00 0%
Amount due for today's services	25.00
We will bill	454.50 Blue Cross / Blue Shield of Michigan

**Payment Information**

Amount: 25 (Enter 0 if no payment)  
 Type: Check  
 Source: Patient  
 Note: check #978

Submit

Then the payment collection desk person clicks the **Submit** button to accept the payment information and return to the Clinic Status screen. MedTrak automatically prints a payment receipt for the payment collection person to give to Mr. Anderson. At the end of the day, the payment collection person will balance the payments made by patients with the payment information recorded in MedTrak.

Mr. Anderson no longer appears on the screen because his clinical visit is done (shown below).

Mr. Anderson no longer appears

**Clinic Status**  
WED 07/17 3:55p  
Report sent to printer/queue - use View Prints link...

ZZZ Medical Care Location

Available Functions: Submit / Refresh, Name / Reason, Clinical Notes, Examine Patient, Order Entry, Open Orders, Provider's Notes, Out The Door, Discharge, Done, Schedule, Visit Log, Online Chart, Pathway, View Prints, More Functions..., Main Menu

ORD	ROKM	NAME / REASON	ORDER	STATUS	DR	TC	CL	XR	LB	RS	TEC	DOC	TOT
*** BEGINNING ***													
--- MEDICAL ---													
		EXAM 1											
		EXAM 2											
		EXAM 3											
		EXAM 4											
		EXAM 5	Newcombe, Michael T	Ans CN		10						***	19
		PROC											
		LAB											
		X-RAY											
*** END ***													

1. Be sure that you are on the Clinic Status screen
2. Place the cursor next to **Mr. Anderson**
3. Click the *Done* button  
(You should be on the Done screen)
4. Type **25** in the **Amount** field (representing \$25.00)
5. Select **Check** in the **Type** drop-down list
6. Select **Patient** in the **Source** drop-down list
7. Type **check #978** in the **Note** field
8. Click the *Submit* button  
(You should be back on the Clinic Status screen)  
(Mr. Anderson should not be on the screen)

Do These Steps  
<===== 21.01

## Self Assessment

1. You should be on the Clinic Status screen
2. Type **SA21** in any command field  
(**SA** stands for self assessment and **21** is the chapter #)
3. Press the *ENTER* key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the *View Prints* button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the *Refresh* button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA21** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
<===== 21.02

## Payment Collection

You will need to produce a print of Mr. Anderson's payment receipt to turn in for your assignment.

Do These Steps  
21.03 =====>

1. **Print Mr. Anderson's** payment receipt that MedTrak automatically sent to your printer/queue  
(You should already be on the Clinic Status screen)
2. To view your print queue, click the *View Prints* button  
(You should be on the Clinic Status screen)
3. Find your report (If it does not appear, click *Refresh*)
4. Place the cursor next to the print that you want
5. Click the *View Report* button  
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the PDF window
8. Close the Available User Reports window  
(You should be back on the Clinic Status screen)



**Chapter 21 - Review Activities** .....

Answer the following questions:

1. Which of the following payment situations will the patient be required to pay for all or a portion of the service when they leave the medical facility?
  - A. The patient's visit is within the global billing period for the procedure.
  - B. The patient's group health insurance will pay for all of the charges.
  - C. It is a self pay patient and they owe for all of the charges.
  - D. The patient's insurance plan calls for a coinsurance percentage amount.
  - E. The patient's insurance plan calls for a copayment amount.
  - F. All of the above.

```

=====
PAGE - 1                               Payment Receipt                               07/17/YY
                                         ANDERSON, CHARLES T. (47XNKR)           3:55p
                                         LEFT ANKLE PAIN (699528-9990)
                                         Date of service: 07/08/YY
=====
    
```

```

Office Visit - Level of Service (99203)           150.00
X-RAY LT ANKLE (3VW) (73610,LT)                 70.00
ICE PACK INSTANT (99070/A9999)                   12.50
ANKLE LACE UP MD (LLE) (99070/L1902,NU) (ANKLUM) 83.00
APPL SPLINT SHORT LEG (29515)                   139.00
-----
Total visit charges: 454.50
Copayment amount due: 25.00
*** Check payment received from Patient ***: 25.00
    
```

```

Payers
Primary
Blue Cross / Blue Shield of Michigan
Secondary
Nationwide Insurance
Tertiary
SELF PAY
    
```

```

Diagnosis
Derangement Left Ankle, Unspecified (M24.9)
    
```

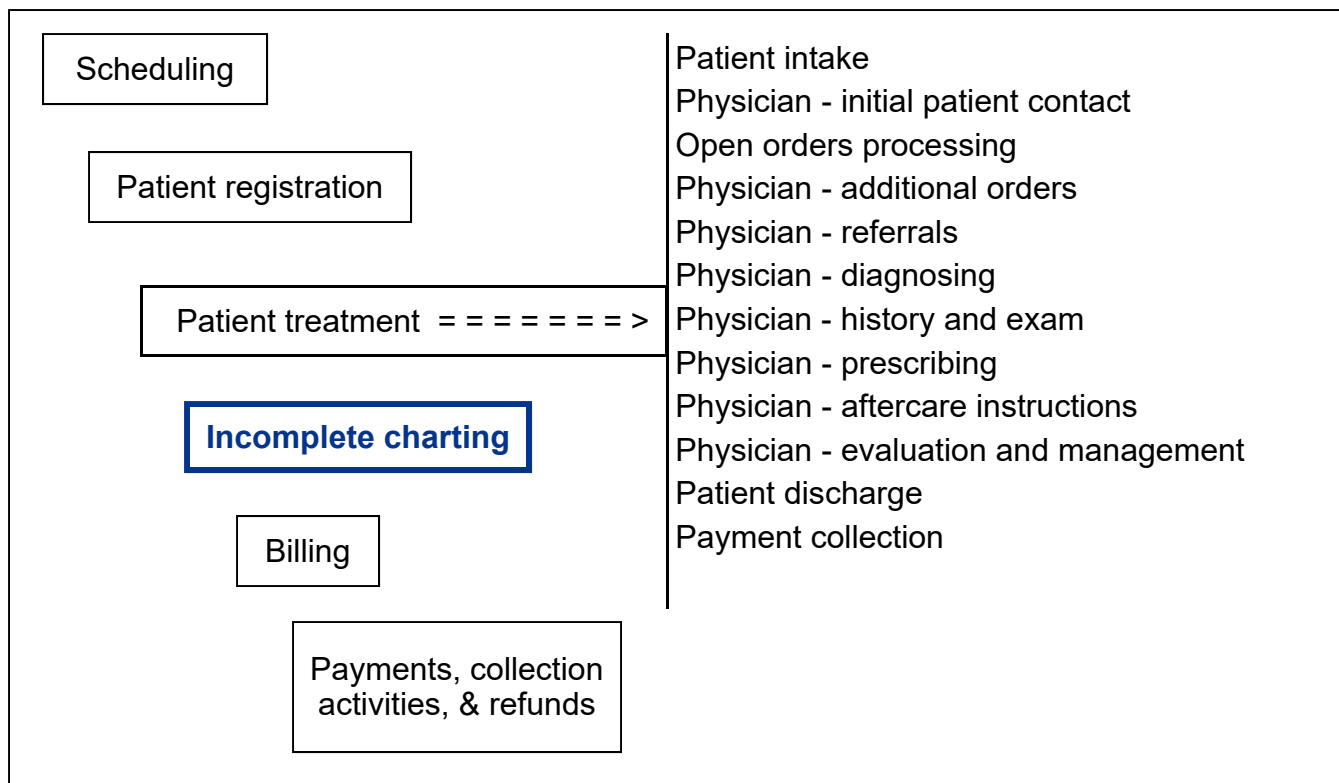
```

Visit Provider                               Visit Location
Healthcare Student                           ZZZ Medical Care
License #: MI-99999999                       1847 Ruddiman Drive
Tax ID:                                       North Muskegon, MI 49445
                                           Phone: (231) 744-4759
    
```

# Incomplete Charting

# 22

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ Results pending
- ▶ Incomplete visits
- ▶ Referrals and referral reminders
- ▶ Surgery / procedure authorizations
- ▶ Appointments needing authorization
- ▶ Further review needed
- ▶ Charts needing review
- ▶ Employee health
- ▶ Open cases
- ▶ On-line open cases aging
- ▶ Rehab services appointments to schedule
- ▶ Company log review

## Pending - Results

Results pending

Incomplete visits

When the patient leaves the health care facility, their medical treatment for the visit is complete, but there could still be **results pending** for tests and treatments not provided at that facility. **Incomplete visits** are defined as patient encounters where results are pending for x-rays, laboratory tests, or treatments and opinions from referrals to specialists.

The importance of accurate and efficient tracking of results of outside testing and treatments cannot be overemphasized. If the physician does not review the results of an outside lab or an image or the opinion of a specialist in a timely fashion, the patient's health could be at risk. If the administrative staff enters the outside test results in the patient's chart but does not notify the physician that the results are back, the patient's treatment for a serious medical problem will be delayed. Every step in the patient's treatment could be perfect, but the simple misfiling of test results or the lack of notification to the physician that the test results are back could cancel all of the positive effects of the patient's care. Every step in the patient's care is important, right down to the simple process of filing and notification of test results.

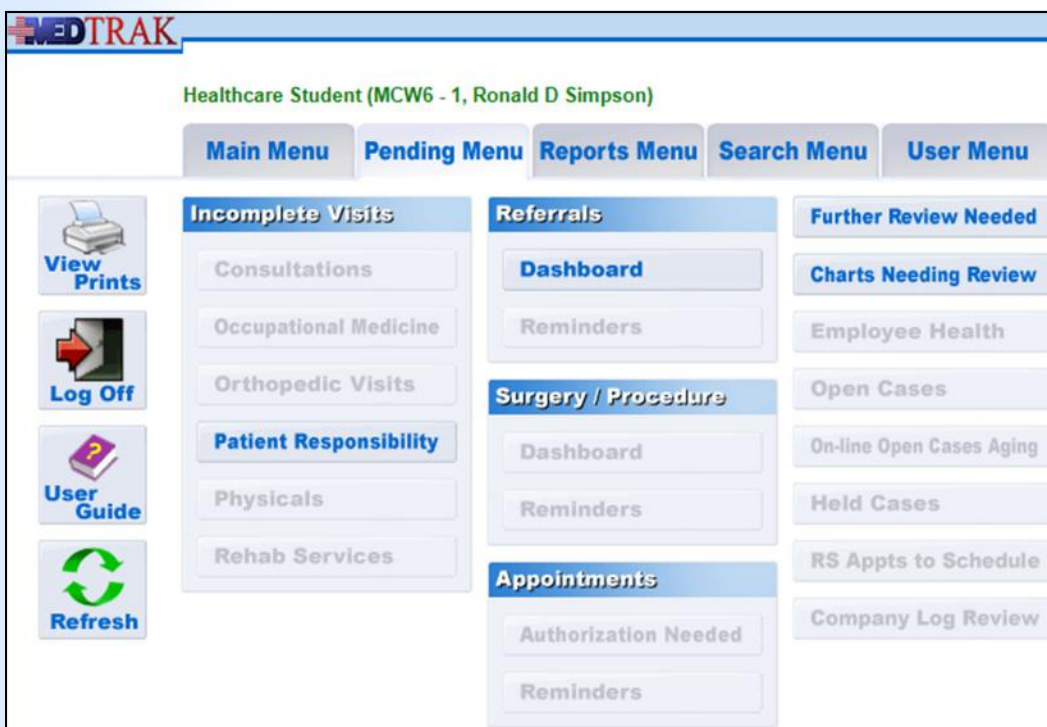
Referral and referral reminders

Surgery and procedure authorizations

MedTrak's **Pending** module also provides functionality to manage billing questions, track **referrals and referral reminders**, manage the process of **surgery and procedure authorizations**, and review company demographic changes.

To access the Pending Menu, the administrative staff signs into MedTrak and clicks the **Pending Menu** tab at the top of the screen (shown below). Only the Pending Menu functionality needed for this book is available for students.

Pending menu



From the Pending Menu, the administrative staff can access:

- **Incomplete Visit** processors for tracking the administrative functions of chart completion
  - **Consultations** - for patients referred to a consultant or specialist
  - **Occupational Medicine** - for employees injured on the job
  - **Orthopedic Visits** - for orthopedic medicine
  - **Patient responsibility** - for visits that will be paid by the patient, a guarantor, or their group health insurance
  - **Physicals** - for employee physical examinations and drug screen visits
  - **Rehab Services** - for physical therapy and occupational therapy visits
- **Referrals** including the referral dashboard and referral reminders
- **Surgery / Procedure** authorizations needed including the surgery / procedure dashboard and surgery / procedure reminders
- **Appointments needing authorization** processor and the authorization reminders
- **Further Review Needed** processor for the health care facility
- **Charts Needing Review** - these are encounters seen by physician's assistants and nurse practitioners that need to be reviewed by the supervising physician of the health care facilities before billing
- **Employee Health** - this dashboard tracks the employee health needs by employer based on the care rules of the employer. Each employee of a health care facility needs to have a TB test on an annual basis is an example of a care rule.
- **Open Cases** - this processor tracks the open worker's compensation cases. The administrative staff uses this processor to administratively close cases where the patients did not return for their scheduled appointments.
- **On-line Open Cases Aging** - using this processor the administrative staff monitors the length of time that the worker's compensation cases have been open to ensure that the patients are receiving appropriate continuum of care.
- **RS Appts to Schedule** - using this processor the administrative staff manages the appointment authorization process for referrals to in-house rehab services.

Incomplete Visits

Referrals

Surgery /  
Procedure

Appointments

Further Review  
NeededCharts Needing  
Review

Employee Health

Open Cases

On-line Open  
Cases AgingRS Appts to  
Schedule

Company Log Review

- **Company Log Review** - using this processor the administrative staff reviews the demographic changes to the employer’s information for accuracy and thoroughness. The billing module holds up billing for employers with demographic changes until the administrative staff completes the log review process.

In the example in this book, the physician requested an over-read for the left ankle x-ray. The x-ray over-read is performed by a radiologist at another facility, and the results of the over-read communicated back to the physician, either by mail, by fax, by secure email, or electronically through a data transfer between their respective electronic health record systems.

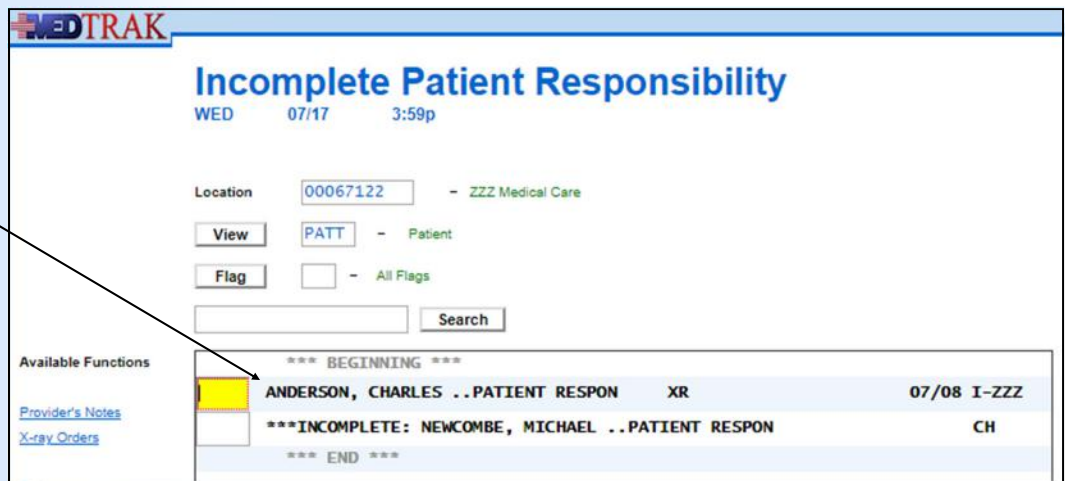
The physician also referred the patient to an orthopedic surgeon for them to examine and treat the left ankle and communicate their findings and treatment back to the physician.

## Incomplete Visits

Typically, within a day or two, the radiologist will finish reading the x-ray (over-read) and communicate the results back to the medical facility. When the results arrive back at the medical facility, the administrative staff enters the information in the patient’s x-ray over-read order in MedTrak.

To locate the unfinished x-ray order, the administrative staff accesses the Pending Menu off the MedTrak Main Menu. Because Mr. Anderson is a patient responsibility patient, the administrative staff then clicks the *Patient Responsibility* button in the **Incomplete Visits** section on the Pending Menu. The next screen to appear is the Incomplete Patient Responsibility screen (shown below).

Anderson’s visit record



Notice that Michael Newcombe has “\*\*\*INCOMPLETE” in front of his name indicating that he is still being treated in the medical facility and is still on the Clinic Status screen.

The initial view for this screen is alphabetical by the patient's last name. To find the patient, the administrative staff can reset the **View** to be by date of service. The view by company is only for worker's compensation cases. All of the incomplete visits screens list patient names, their employers (or patient responsibility), flags representing what is still incomplete for the visit, date of service, type of visit (I - Initial, R - Return) and the MedTrak provider initials.

### Incomplete Flags

Each of the Incomplete Visits screens uses "**flag**" to indicate what is still pending for the visit. For example, **XR** is used to identify that an x-ray is incomplete for the visit. When these flags are used on multiple types of incomplete visit screens, they indicate the same reason for the visit being incomplete. These flags represent the incomplete steps in the processing of the patient's visit. When the administrative staff completes a step represented by one of the flags, the flag clears from line. Once all of the flags clear, the patient drops off the processing screen because all of the steps are now done.

The **Incomplete Visit** table lists the incomplete visit flags and what screens use them (shown below):

Flag	Description	Occ Med	PE	Consult	RS	Ortho	Patient Resp
AU	Visit still needs authorization	X	X	X	X	X	X
XR	X-Ray (complete the x-ray orders)	X	X	X	X	X	X
LB	Laboratory (complete the lab orders)	X	X	X	X	X	X
OR	Orders (complete orders other than x-ray or lab)	X	X	X	X	X	X
CL	Complete the physician's history and exam questions	X	X	X	X	X	X
PF	Print the physician's first report	X					
CH	Print the patient's chart for filing	X	X	X	X	X	X
DS	Print the discharge summary	X			X		X
PF	Print physician's first report	X					
P2	Print physician's progress report	X					
PE	Print physical exam report		X				
MC	Print the medical clearance		X				
MH	Patient is on medical hold waiting further information		X				X
CN	Complete the referral order			X			
PRCN	Print the consultant referral letter			X			
RN	Print the rehab services notes				X		

Incomplete Visits table

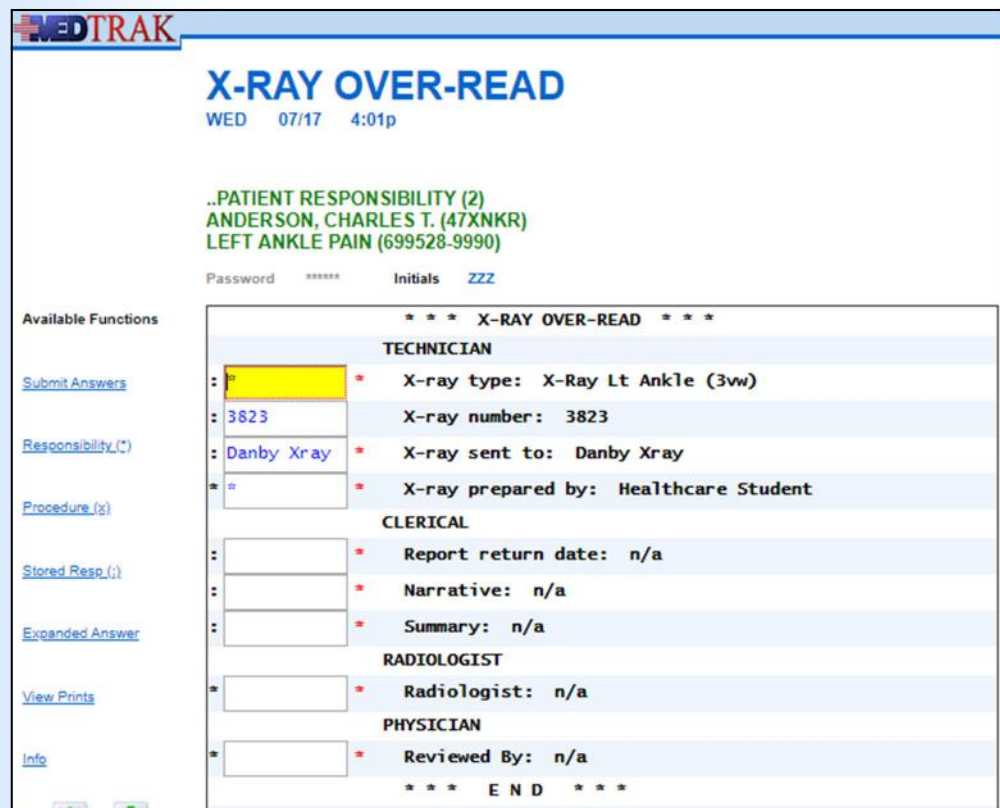
As can be seen on the Incomplete Patient Responsibility screen, Mr. Anderson has one flag. The **XR** flag represents the incomplete over-read of the left ankle x-ray by the radiologist.

To enter the results of the over-read by the radiologist, the administrative staff places the cursor in the command field for Mr. Anderson and clicks the **X-ray Orders** button. The next screen to appear is the **Radiology** (x-ray) category of the Visit Orders screen (shown below).



X-Ray Over-read order is incomplete

The **X-ray Lt Ankle (3VW)** was completed while the patient was in the medical facility. The **X-ray Over-read** order is still incomplete and shows as being placed. The administrative staff places the cursor in the command field next to the over-read and clicks the **Show the Order** button. The next screen to appear is the X-ray Over-read order questions screen (shown below).



X-Ray Over-read order questions



The administrative staff enters information related to the report from the radiologist on this screen. The administrative staff enters the date that the radiologist report arrived back at the medical facility. Then the administrative staff scans the radiologist report, including their narrative and summary, and attaches it to the patient’s case. In each of the **Narrative** and **Summary** answer fields, the administrative staff enters **sr** (the trigger for **See report**). Ron J Martinez, MD is the radiologist who read the x-ray, so the administrative staff enters their MedTrak employee initials of **rm\*** in the **Radiologist** answer field (shown below). If the administrative staff did not know the radiologists initials, they would use the **F1** key in the answer field to access the help screen displaying all of the available radiologists for the medical facility.

The administrative staff does not answer the **Reviewed By** question. The physician will answer this question once they read the radiologist’s narrative and summary from the Further Review Needed screen.

The screenshot shows the MEDTRAK interface for an X-RAY OVER-READ. At the top, it displays the date and time: WED 07/17 4:01p. The patient information is: ..PATIENT RESPONSIBILITY (2) ANDERSON, CHARLES T. (47XNKR) LEFT ANKLE PAIN (699528-9990). The user's password is masked with asterisks and their initials are ZZZ. On the left, there are several menu options: Available Functions, Submit Answers, Responsibility (\*), Procedure (x), Stored Resp. (:), Expanded Answer, View Prints, and Info. The main area contains a list of questions with their corresponding answers:

* * * X-RAY OVER-READ * * *	
<b>TECHNICIAN</b>	
: *	* X-ray type: X-Ray Lt Ankle (3vw)
: 3823	* X-ray number: 3823
: Danby Xray	* X-ray sent to: Danby Xray
: *	* X-ray prepared by: Healthcare Student
<b>CLERICAL</b>	
: 07/17/YY	* Report return date: n/a
: sr	* Narrative: n/a
: sr	* Summary: n/a
<b>RADIOLOGIST</b>	
: rm*	* Radiologist: n/a
<b>PHYSICIAN</b>	
: *	* Reviewed By: n/a
* * * E N D * * *	

X-Ray Over-read order with answers entered

After entering the data, the administrative staff clicks the **Submit Answers** button to accept the answers.

The **X-RAY OVER-READ** order details screen refreshes with the answers showing to the right of the questions (shown on the next page).

**MEDTRAK**  
**X-RAY OVER-READ**  
 WED 07/17 4:04p  
 Changes processed --- re-displaying screen...  
 ..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ

**Available Functions**

- Submit Answers
- Responsibility (\*)
- Procedure (y)
- Stored Resp. (:)
- Expanded Answer
- View Prints
- Info

**\*\*\* X-RAY OVER-READ \*\*\***

**TECHNICIAN**

- X-ray type: X-Ray Lt Ankle (3vw)
- X-ray number: 3823
- X-ray sent to: Danby Xray
- X-ray prepared by: Healthcare Student

**CLERICAL**

- Report return date: 07/17/YY
- Narrative: See report
- Summary: See report

**RADIOLOGIST**

- Radiologist: Ron J Martinez, MD

**PHYSICIAN**

- Reviewed By: n/a

X-ray Over-read order with answers submitted

At this time, leave the Reviewed By answer blank

The administrative staff clicks *Exit Screen* on the **X-ray Over-read** order details screen and returns to the **Radiology** section of the Visit Orders screen (shown below). The **X-ray Over-read** order is still incomplete because the ordering physician needs to review the radiologist report.

The administrative staff clicks *Exit Screen* on the Visit Orders screen to return to

**MEDTRAK**  
**Visit Orders / Radiology**  
 WED 07/17 4:05p  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ Resp DOC Initials ZZZ

**\*\*\* BEGINNING OF VISIT ORDERS \*\*\***

- Radiology**
- Left Lower Extremity
- X-RAY LT ANKLE (3VW) . . . . . Completed MON 07/15/YY 9:20a
- Other**
- X-RAY OVER-READ . . . . . Placed By ZZZ MON 07/15/YY 9:20a

**\*\*\* END OF VISIT ORDERS \*\*\***

**Available Functions**

- Submit
- Additional Order
- Open Orders
- Not in MedTrak
- Show the Order
- Cancel the Order

X-ray Over-read order is still incomplete

the Incomplete Patient Responsibility screen to process any other results report that the medical facility received (shown on the next page).

WED 07/17 4:07p

Location: 00067122 - ZZZ Medical Care

View: PATT - Patient

Flag:  - All Flags

Search:  Search

Available Functions

*** BEGINNING ***			
ANDERSON, CHARLES ..PATIENT RESPON	XR		07/08 I-ZZZ
***INCOMPLETE: NEWCOMBE, MICHAEL ..PATIENT RESPON			CH
*** END ***			

Provider's Notes  
X-ray Orders

Unfinished visits

Once the physician reviews the radiologist's report, the **XR** flag will automatically clear and Mr. Anderson's visit will drop off the incomplete processing screen.

The administrative staff clicks *Exit Screen* again to return to the Pending Menu.

1. Click the *Pending Menu* tab on MedTrak Main Menu  
(You should be on the Pending Menu)
2. Click the *Incomplete Visits / Patient Responsibility*  
(You should be on the Incomplete Patient Responsibility screen)
3. Place the cursor next to **Mr. Anderson**
4. Click the *X-ray Orders* button  
(You should be on the Visit Orders for the Radiology (x-ray) category)
5. Place the cursor next to the **X-ray Over-read** order
6. Click the *Show the Order* button  
(You should be on the **X-ray Over-read** order screen)
7. Type **today's date** in the **Report return date** answer  
(use mm/dd/yy format)
8. Type **sr** in the **Narrative** answer field
9. Type **sr** in the **Summary** answer field
10. Type **rm\*** in the **Radiologist** answer field  
(rm\* are the employee initials for Ron J Martinez)

**Note: Do NOT answer the **Reviewed By** question at this time.**  
(If you do, be sure to blank out the answer)

11. Click the *Submit Answers* button

Do These Steps  
<==== 22.01

Do These Steps  
22.02 =====>

1. Review your answers
2. Click the *Exit Screen* button  
(You should be on back the Visit Orders screen for the **Radiology** category)  
(The **X-RAY OVER-READ** order status is still **Placed by**)  
(This means that the order is still incomplete)
3. Click the *Exit Screen* button again  
(You should be back on the Incomplete Patient Responsibility screen)
4. Click the *Exit Screen* button again  
(You should be back on the Pending Menu)

The medical workflow disciplines for the over-read of the x-ray called for the administrative staff to prepare the x-ray to be sent out to the radiologist, then the administrative staff to record the results of the radiologist’s read of the x-

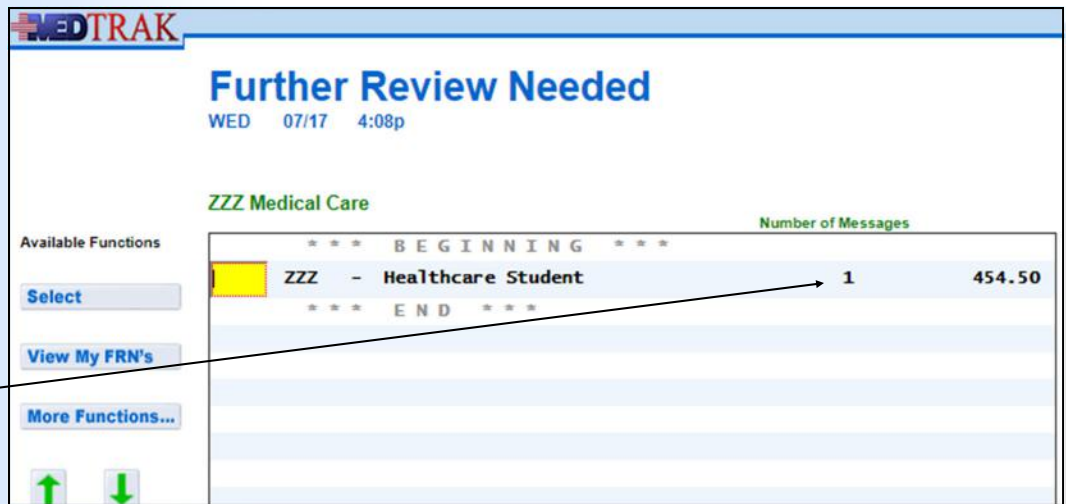
## Further Review Needed

ray, and the final step is for the ordering physician to review the radiologist’s report.

MedTrak alerts the ordering physician that the over-read of the x-ray by the radiologist is back and ready for them to review it by placing an entry on the physician’s Further Review Needed processor.

To access the Further Review Needed processor, the physician can click the *Further Review* button on the Clinic Status screen or click the *Further Review Needed* button on the Pending Menu.

The physician has one chart to review



This screen displays the MedTrak employee initials of all of the staff of the medical facility that have action items that need further review. These items could involve one of the following:

- X-ray over-read results
- Lab results
- Referring treatment results
- Questions about a referral
- Questions concerning the billing
- Any other question about a case from another staff member

In this example, the ordering physician has only one chart representing a billing of \$454.50 to review. To review the chart, the physician places the cursor in the command field next to their MedTrak employee initials and clicks the *Select* button. The next screen to appear is the Further Review Needed / Staff screen (shown below).

The physician has to review the report from the radiologist

To review the **X-ray Over-read** order, the physician places the cursor in the command field next to it and clicks the *Show Order* button. The next screen to appear is the X-ray Over-read order details screen.

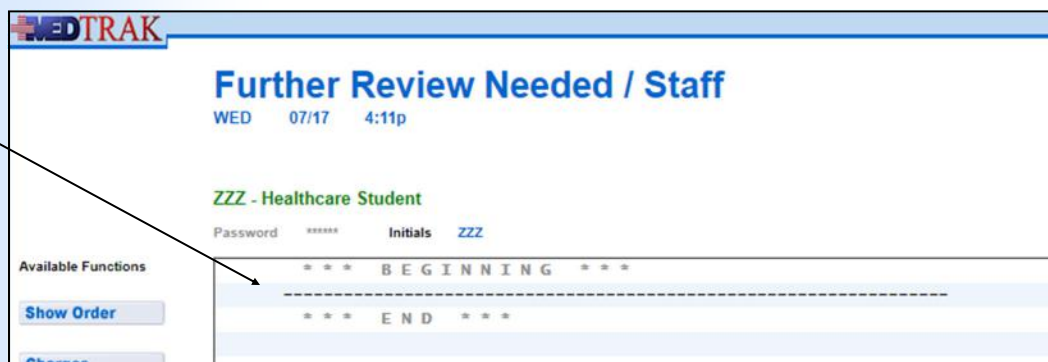
After reviewing the radiologist report by opening up the scanned document that the administrative staff attached to Mr. Anderson's case, the physician enters their MedTrak employee initials in the **Reviewed By** answer field (shown on the next page).



Physician enters their MedTrak employee initials

Then the physician clicks the *Submit Answers* button. The X-ray Over-read order details screen refreshes with the physician's name to the right of the **Reviewed By** question. After reviewing the screen, the physician clicks the *Exit Screen* button to return to the Further Review Needed / Staff screen. This clears the **XR** flag on the Incomplete Visits screen.

Because this was the only further review needed by the physician, the Further Review Needed / Staff screen does not have any more visits displaying (shown below).



No more visits to review

The physician clicks the *Exit Screen* button on this screen to return to the Further Review Needed screen. Again, because the physician only had one entry, this screen does not display their name.

The physician clicks the *Exit Screen* button again to return to the Pending Menu.

Do These Steps  
<==== 22.03

1. Be sure that you are on the Pending Menu
2. Click the *Further Review Needed* button  
(You should be on the Further Review Needed screen)
3. Click the *Select* button  
(You should be on your Further Review Needed / Staff screen)
4. Be sure that the cursor is next to the **X-RAY OVER-READ** order
5. Click the *Show Order* button  
(You should be on the X-RAY OVER-READ order screen)
6. Place the cursor in the **Reviewed By** answer field
7. Type your **MedTrak employee initials** in the **Reviewed By** answer field
8. Click the *Submit Answers* button  
(Review your answers - your name should appear next to the **Reviewed By** question)  
(This clears the **XR** flag on Incomplete Visits screen)
9. Click the *Exit Screen* button  
(You should be on back the Further Review Needed / Staff screen)  
(You should not see any visits)
10. Click the *Exit Screen* button again  
(You should be back on the Further Review Needed screen)  
(You should not see your name)
11. Click the *Exit Screen* button again  
(You should be back on the Pending Menu)

## Referral to Specialists

When a physician refers a patient to see a specialist or to have a scheduled test (like an MRI or CAT scan), he places an order for a referral.

In a referral order, the physician documents:

- the body part(s) needing examination and/or treatment
- any special notes about the patient’s referral that the specialist should know about
- how soon the visit to the specialist needs to happen
- whether the referral is for evaluation only, for evaluation and treatment, or to have the specialist take over the patient’s care

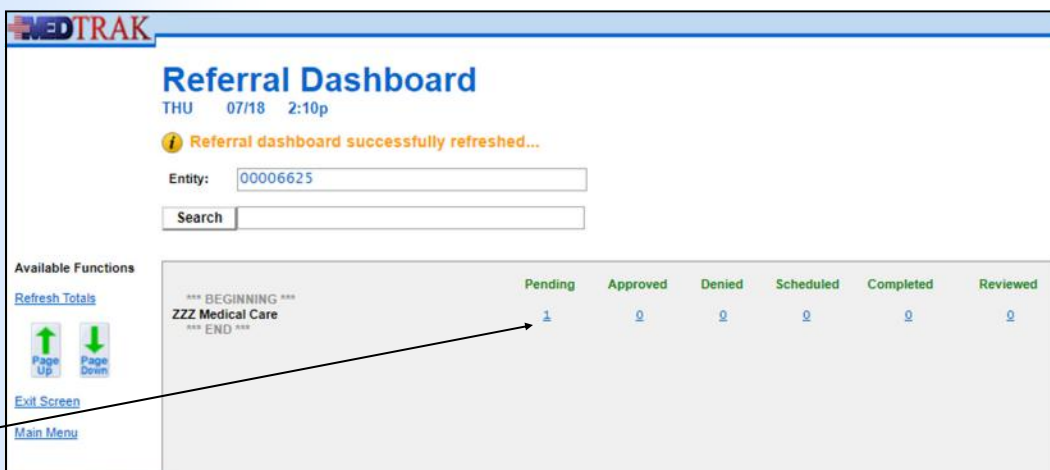
Once the physician places the referral, the order appears on the Referrals Dashboard for scheduling and processing by the administrative staff. To access the Referral Dashboard, the administrative staff clicks the *Dashboard* button in the Referrals section of the Pending Menu (shown below).

Referral Dashboard button



The next screen to appear is the Referral Dashboard (shown below). On this screen, there is one **Pending** referral.

One pending referral





The totals on the Referral Dashboard represent the total number of referrals that are:

- **Pending** awaiting approval or denial by the payer
- **Approved** approved by the payer and now needs to be scheduled
- **Denied** denied by the payer - the administrative staff will record the denial reason
- **Scheduled** scheduled to see the specialist and waiting for the specialist's report
- **Completed** patient has seen the specialist and the report is ready for review
- **Reviewed** the physician reviewed the specialist's report and the referral can be closed

1. Click the ***Pending Menu*** tab at the top of the **MedTrak Main Menu**  
(You should be on the Pending Menu)
2. Click the ***Dashboard*** button in the **Referrals** section  
(You should be on the Referral Dashboard showing one referral in the **Pending** column)

Do These Steps  
<==== 22.04

To display the individual referrals that make up the total on the Referral Dashboard, the administrative staff clicks on the number. If there is an asterisk (\*) next to the number on the referral dashboard, the administrative staff is alerted that there is a referral that needs immediate (stat) attention.

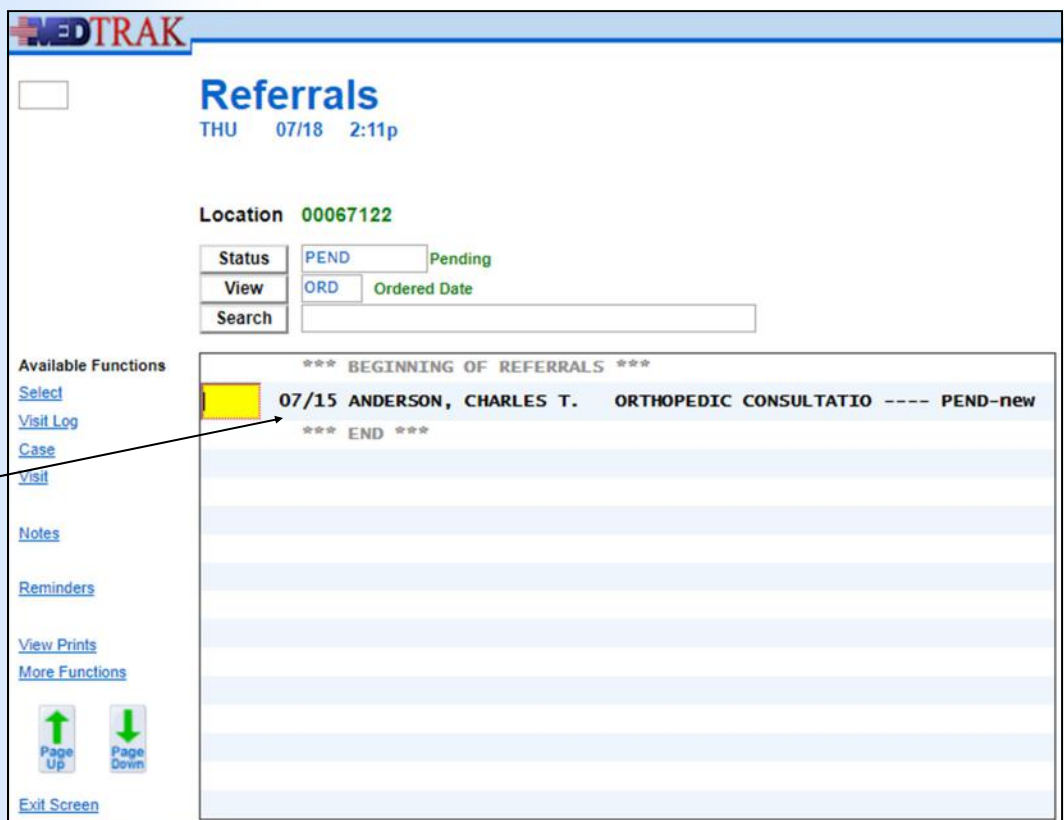
The Referrals screen displays:

- **Location** this can be changed by selecting a different location on the dashboard
- **Status** this can be changed to display a different status
- **View** the view of the referral can be by date ordered, scheduled date, company, patient, and consultant
- **Search** to quickly search for a referral based on the type of view
- **Date ordered** based on the date that the physician ordered the referral
- **Patient name** name of the patient
- **Type of referral** type of specialist the patient is to see
- **Referral status** the current status of the referral

From this screen the administrative staff can use the buttons to:

- *Select* displays the questions for the referral
- *Visit Log* display the visit log for the patient’s encounter
- *Case* display the case information
- *Visit* display the visit information
- *Notes* display the notes about the referral
- *Reminders* display the reminders about the referral

In this example, the physician placed an orthopedic referral for Mr. Anderson. On the Referral Dashboard, the administrative staff clicks the number **1** in the **Pending** column to display the Referrals screen for Mr. Anderson’s orthopedic consultation (shown below).



Anderson’s orthopedic referral

Then the administrative staff places the cursor in the command field next to Mr. Anderson’s orthopedic consultation order and clicks the *Select* button. The next screen to appear is the Orthopedic Consultation order screen (shown on the next page).

This is the first detail screen that displays the individual questions that need answering to process and complete the referral.

Referral order screen

The referral order detail screen displays:

Header - the header contains the:

- Referring order name
- Company name (if workers' compensation)
- Patient name
- Reason for visit
- Order details:

Physician questions:

- Referring Physician      name of the physician who ordered the referral
- Area to be Evaluated      what body part(s) need attention
- Notes                              any special notes about the referral from the physician
- Scheduling Priority              when the physician wants the patient to be seen

- **Scheduling Purpose** evaluation only, evaluation and treatment, or the physician is transferring patient's care

Clerical staff questions (administrative):

- **Referral status** either the referral is awaiting authorization, approved, or denied.

(Answering **approved** to this question moves the referral to the **Approved** column on the Referral Dashboard.)

(Answering **denied** to this question moves the referral to the **Denied** column on the Referral Dashboard.)

(Answering **awaiting authorization** leaves the referral in the **Pending** column as you wait for authorization.)

- **Referral step** allows staging of the referrals that are in the **Pending** column.
  - ▶ Additional information is required before approval or denial by the payer.
  - ▶ Clinical assistance is needed to clarify something. The administrative staff uses the **FRN** order (**Further Review Needed**) to send a message back to the clinician.
  - ▶ A call to the employer is needed to clarify something.
  - ▶ A call to the payer is needed.
  - ▶ The administrative staff needs to contact the ordering provider.
  - ▶ Utilization review is needed.
  - ▶ This is a new referral with no steps toward approval taken as yet.
- **Referral notes** this field is used to record the notes related to obtaining approval.
- **Reminder** this field is used to set up a reminder (tickler) for follow-up for the referral. If the administrative staff enters a **y** (for **Yes**) in this field, the reminder note screen will appear for setting up the reminder.
- **Consultant / Specialist** the administrative staff selects the consultant / specialist from a list
- **Appointment Date** once the appointment is set, the administrative staff records the date

- **Appointment Time** the appointment time is recorded here
- **Medical Records** used to indicate whether the patient needs to bring medical records with them to the appointment
- **Scheduling Clerk** the administrative staff who scheduled the appointment enters their MedTrak employee initials in this field.

(Answering this question moves the referral to the **Scheduled** column on the Referral Dashboard.)

- **Consultant Report Return Date** the date the consultant sent the report back to the medical facility
- **Consultant Summary** record the results of the consultant examination in this question. Use the **sr** trigger (for **See report**) if the consultant report is scanned and attached.

(Answering this question moves the referral to the **Completed** column on the Referral Dashboard.)

Physician question:

- **Reviewed By** the physician enters their MedTrak employee initials in this field once they review the consultant report using the Further Review Needed screen.

(Answering this question moves the referral to the **Reviewed** column on the Referral Dashboard.)

In this example, the administrative staff enters the following on the referral order screen (shown on the next page).

<b>Referral status</b>	<b>a</b> (the trigger for <b>approved</b> )
<b>Referral step</b>	<b>ci</b> (the trigger for <b>call insurance</b> )
<b>Referral notes</b>	<b>none</b>
<b>Reminder</b>	<b>n</b> (no reminder is needed for this referral)
<b>Orthopedic Surgeon</b>	<b>x</b> (to signal MedTrak to open up the <u>Consultant: Select</u> screen)

**MEDTRAK**  
**ORTHOPEDIC CONSULTATION**  
 THU 07/18 2:15p  
 \* is now x or X.  
 ..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47XNKR)  
 LEFT ANKLE PAIN (699528-9990)  
 Password \*\*\*\*\* Initials ZZZ

Available Functions

- Submit Answers
- Responsibility (\*)
- Procedure (x)
- Stored Resp. (.)
- Expanded Answer
- View Prints
- Info

\*\*\* ORTHOPEDIC CONSULTATION \*\*\*

**PHYSICIAN**

- \* Referring Physician: Healthcare Student
- \* Area to be Evaluated: left ankle
- \* Notes: Observed some internal derangement.
- \* Scheduling Priority: As soon as possible.
- \* Scheduling Purpose: Evaluate and treat as indicated - please send report.

**CLERICAL**

- \* Referral status: n/a
- \* Referral step: n/a
- \* Referral notes: n/a
- \* Reminder: n/a
- \* Orthopedic Surgeon: n/a

Referral order showing answers

The administrative staff clicks the *Submit Answers* button. The *x* entered in the **Orthopedic Surgeon** answer field will display the Consultant: Select screen (shown below).

**MEDTRAK**  
**Consultant: Select**  
 THU 07/18 2:17p  
 Select a consultant...

TYPE View TYPE OF CONSULTANT

Search

Available Functions

ORTHOPEDIC SURGEON	CAMERON, LYNN T	(231) 744-5353
	SANFORD, JERRY	(231) 638-3272

Consultant selection

The administrative staff places the cursor in the command field next to **Dr. Lynn T. Cameron** and clicks the *Select* button. The Orthopedic Consultation order detail screen refreshes with the consultant selected. The administrative staff enters an appointment date and time. Then they indicate in the Medical Records question that the patient is to bring their x-rays with them to the appointment.

The administrative staff enters the following information on the screen and clicks the *Submit Answer* button (shown on the next page):

- Appointment Date** 07/25/YY
- Appointment Time** 10:00a
- Medical Records** xr (this is the trigger that the patient needs to take their x-ray records with them to the orthopedic appointment)

Referral order showing submitted answers

The administrative staff clicks the *Page Down* button to go to the next screen for the **Orthopedic Consultation** order. To finish their part of this pending order, the administrative staff enters their MedTrak employee initials in the **Scheduling Clerk** answer field (shown below).

Scheduling clerk's initials

The administrative staff clicks the *Submit Answers* button. This completes the questions for the administrative staff until the consultant sends their report back to the medical facility.

After answering the **Scheduling Clerk** question, the referral moves to the **Scheduled** column on the Referral Dashboard.

Do These Steps  
22.05 =====>

1. Click the number in the **Pending** column  
(You should be on the Referrals screen)
2. Place the cursor next to **Mr. Anderson's referral**
3. Click the **Select** button  
(You should be on the Orthopedic Consultation order screen)
4. Place the cursor in the **Referral status** answer field
5. Type an **a** in the **Referral status** answer field  
(Indicating that this referral is **approved**)
6. Type **ci** in the **Referral step** answer field  
(Indicating to **call insurance**)
7. Type **none** in the **Referral notes** answer field
8. Type an **n** in the **Reminder** answer field  
(Indicating that no reminder is needed)
9. Type an **x** in the **Orthopedic Surgeon** answer field  
(MedTrak will display the orthopedic surgeon)
10. Click the **Submit Answers** button  
(You should be on the Consultant: Select screen)
11. Place the cursor next to the orthopedic surgeon -  
**Dr. Lynn T Cameron**
12. Click the **Select** button  
(You should be back on the orthopedic referral)  
(Lynn T Cameron's name should appear)
13. Type **today's date** in **Appointment Date** answer field
14. Type **10:00a** in the **Appointment Time** answer field
15. Type **xr** in the **Medical Records** answer field
16. Click the **Submit Answers** button
17. Click the **Page Down** button
18. Type your **MedTrak employee initials** in the  
**Scheduling Clerk** answer field
19. Click the **Submit Answers** button  
(Mr. Anderson's referral should now be in the  
**Scheduled** column on the Referral Dashboard)



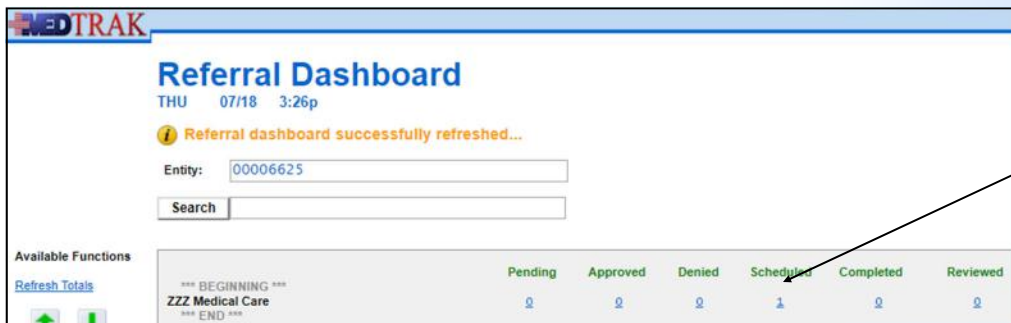
1. Click the *Page Up* button  
(Review your answers on this screen)
2. Click the *Exit Screen* button  
(You should be back on the Referrals screen)
3. Click the *Exit Screen* button again  
(You should be back on the Referral Dashboard)
4. Review the totals on the dashboard  
(Your referral is now in the **Scheduled** column)

Do These Steps  
<==== 22.06

## After the Referral Visit ●

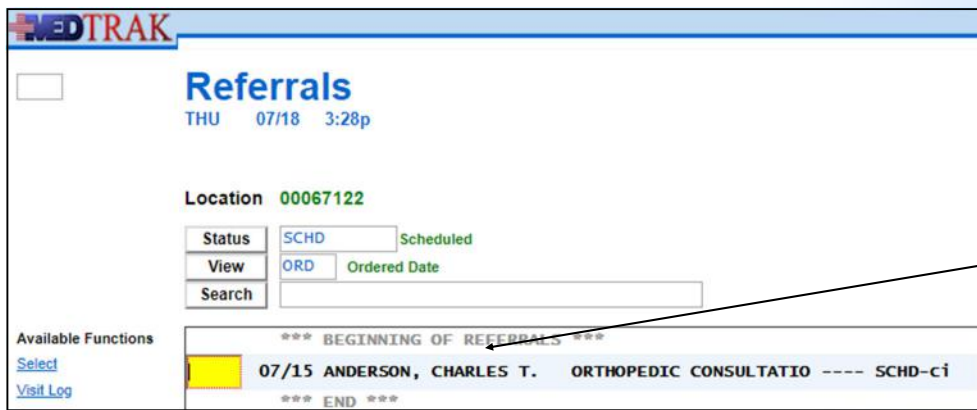
After the patient’s referral visit for examination and possible treatment, the referral specialist will report back to the referring physician. When the report arrives back at the medical facility, the administrative staff enters the information in the referral order in MedTrak.

To locate the unfinished orthopedic consultation order for Mr. Anderson, the administrative staff accesses the Pending Menu off the MedTrak Main Menu. The administrative staff then clicks the *Referrals* button on the Pending Menu. The next screen to appear is the Referral Dashboard (shown below).



Scheduled referral order

To display the orthopedic consultation order, the administrative staff clicks the number **1** in the **Scheduled** column. The next screen is the Referrals screen for scheduled referrals. In this example, there is only one (shown below).



Anderson's orthopedic referral

The administrative staff places the cursor next to the orthopedic consultation order and clicks the *Select* button to display the order detail questions (shown below).

**MEDTRAK**

## ORTHOPEDIC CONSULTATION

THU 07/18 3:30p

..PATIENT RESPONSIBILITY (2)  
ANDERSON, CHARLES T. (47XNKR)  
LEFT ANKLE PAIN (699528-9990)

Password \*\*\*\*\* Initials ZZZ

Available Functions

- [Submit Answers](#)
- [Responsibility \(\\*\)](#)
- [Procedure \(x\)](#)
- [Stored Resp \(.\)](#)
- [Expanded Answer](#)
- [View Prints](#)
- [Info](#)
- [Page Up](#)
- [Page Down](#)
- [Exit Screen](#)

\*\*\* ORTHOPEDIC CONSULTATION \*\*\*

**PHYSICIAN**

*	*	Referring Physician: Healthcare Student
:	*	Area to be Evaluated: left ankle
:	*	Notes: observed some internal derangement.
:	*	Scheduling Priority: As soon as possible.
:	*	Scheduling Purpose: Evaluate and treat as indicated - please send report.

**CLERICAL**

:	*	Referral status: Approved
:	*	referral step: call insurance
:	*	Referral notes: none
:	*	Reminder: No
X	*	Orthopedic Surgeon: CAMERON, LYNN T
:	*	Appointment Date: 07/25/YY
:	*	Appointment Time: 10:00a
:	*	Medical Records: ***YOU WILL NEED TO BRING YOUR X-RAYS WITH YOU TO YOUR APPOINTMENT.***

(continued on next page --- continued on next page)

Referral order first screen

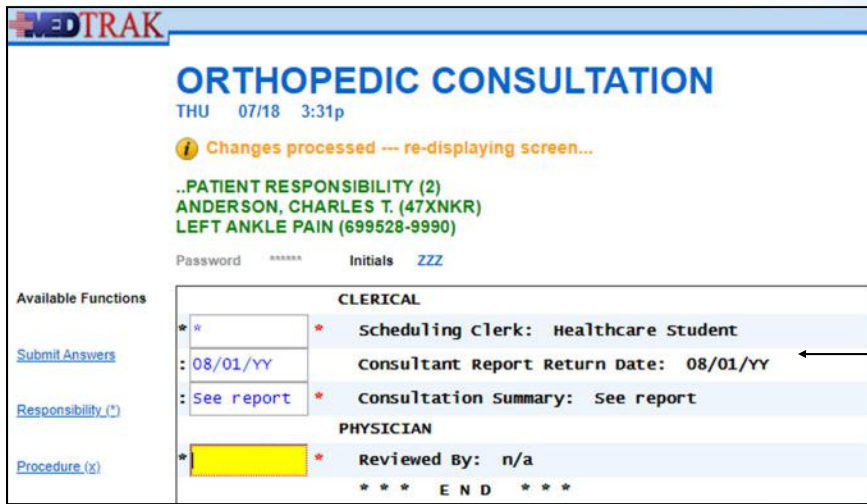
To display the next screen for the **Orthopedic Consultation** order, the administrative staff clicks the *Page Down* button. On this screen the administrative staff enters the date that the consultant report arrived at the medical facility. Then they scan the report and attach the scanned report to the patient's case in MedTrak.

The administrative staff enters the following information on the screen:

**Consultant Report Return Date**      07/25/YY  
**Consultant Summary**                      sr (the trigger for **See report**)

The administrative staff does not answer the **Reviewed By** question. The physician will answer this question once they read the orthopedics' report from the Further Review Needed screen.

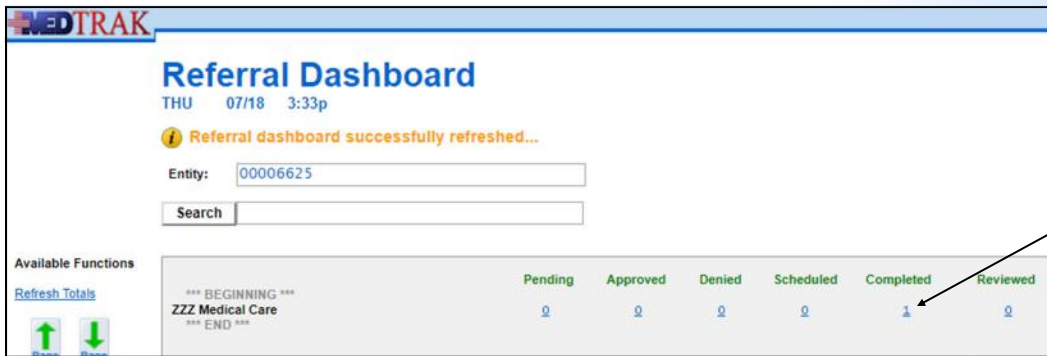
Then the administrative staff clicks the *Submit Answers* button. The screen refreshes with the answers to the two questions displaying (shown on the next page).



Report return information

The administrative staff clicks the *Exit Screen* button to return to process any other referrals.

Answering the consultant report summary information automatically moves the referral to the **Completed** column on the Referral Dashboard (shown below).



Referral order

1. Be sure that you are on the **Referral Dashboard**
2. Click the number in the **Scheduled** column  
(You should be on the Referrals detail screen)
3. Place the cursor next to **Mr. Anderson’s orthopedic consultation referral**
4. Click the *Select* button  
(You should be on the first screen for the Orthopedic Consultation referral)
5. Click then *Page Down* button  
(You should be on the second screen for the Orthopedic Consultation referral)
6. Type **today’s date** in the **Consultant Report Return Date** answer field

Do These Steps  
<==== 22.07

Do These Steps  
22.08 =====>

- 1 Type **sr** in the **Consultant Summary** answer field  
(The trigger for **See report**)

**Note:** Do NOT answer the **Reviewed By** question at this time.  
(If you do, be sure to blank out the answer)

- 2 Click the **Submit Answers** button  
(Review your answers)  
(This moves the referral to the **Completed** column)
3. Click the **Exit Screen** button  
(You should be back on the Referrals screen)
4. Click the **Exit Screen** button again  
(You should be back on the Referral Dashboard)
5. Review the totals on the dashboard  
(Mr. Anderson’s referral should now be in the **Completed** column on the Referral Dashboard)
6. Click the **Exit Screen** button  
(You should be back on the Pending Menu)

## Further Review Needed

MedTrak alerts the ordering physician that the report from the orthopedic consultant is back and ready for them to review it by placing an entry on the physician’s Further Review Needed screen. To access the Further Review Needed screen, the physician can click the **Further Review** button on the Clinic Status screen or click the **Further Review Needed** button on the Pending Menu.

For this example, the physician clicks the **Further Review Needed** button on the Pending Menu to display the Further Review Needed screen (shown below).

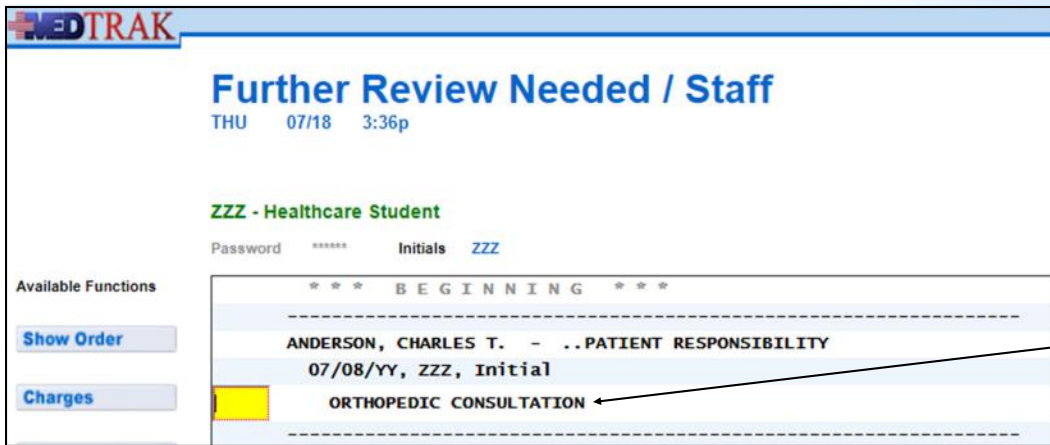
The screenshot displays the 'Further Review Needed' interface. At the top, it says 'MEDTRAK Further Review Needed' and 'THU 07/18 3:35p'. Below that, it identifies 'ZZZ Medical Care'. There are two columns: 'Available Functions' and 'Number of Messages'. A table lists items for review:

Available Functions	Number of Messages	454.50
Select	1	454.50
View My FRN's		
More Functions...		

The highlighted row shows 'ZZZ - Healthcare Student' with 1 message. The table is framed by '\*\*\* BEGINNING \*\*\*' at the top and '\*\*\* END \*\*\*' at the bottom.

One chart  
to Review

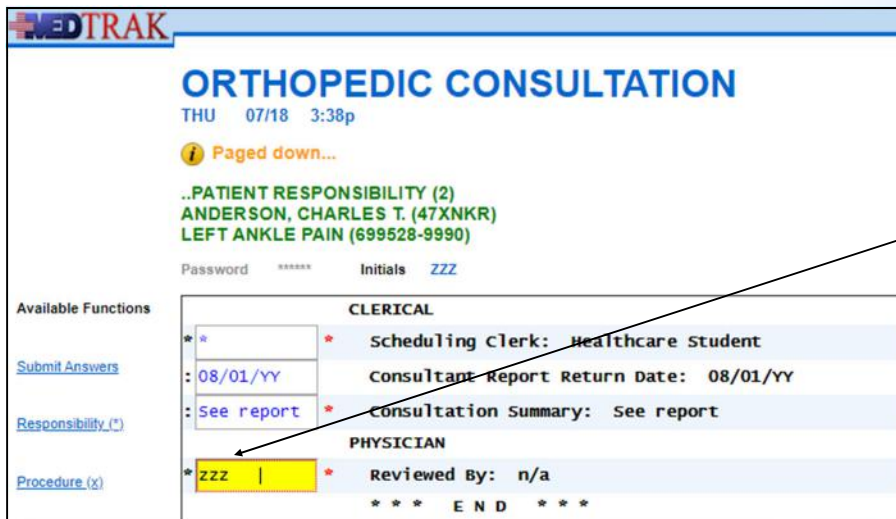
In this example, the ordering physician has only one chart representing a billing of \$454.50 to review. To review the chart, the physician places the cursor in the command field next to their name and clicks the *Select* button. The next screen to appear is the Further Review Needed / Staff screen (shown below).



To review the **Orthopedic Consultation** order, the physician places the cursor in the command field next to it and clicks the *Show Order* button. The physician then clicks the *Page Down* button on the Orthopedic Consultation screen to move to the second screen of questions.

The next screen to appear is the Orthopedic Consultation screen. After reviewing the orthopedic surgeon’s report by pulling up the scanned document, the physician enters their MedTrak employee initials in the **Reviewed By** answer field (shown below).

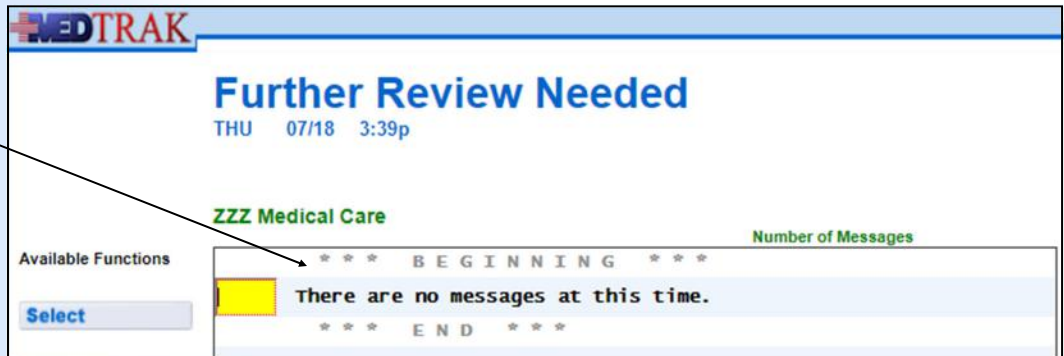
The physician clicks the *Submit Answers* button to record that they reviewed



the consultant’s report. The Orthopedic Consultation order screen refreshes with the physician’s name next to the **Reviewed By** question. The physician then clicks the *Exit Screen* button to return to the Further Review Needed / Staff screen.

Because Mr. Anderson’s visit was the only one to review at this time, the physician clicks the *Exit Screen* button to return to the Further Review Needed screen (shown below). The referral is now in the **Reviewed** column on the Referral Dashboard.

No more charts to review at this time



The physician clicks the *Exit Screen* button to return to the Pending Menu.

Do These Steps  
22.09 =====>

1. Click the *Further Review Needed* button on the **Pending Menu**  
(You should be on Further Review Needed screen)
2. Be sure that the cursor is next to your name
3. Click the *Select* button  
(You should be on the Further Review Needed / Staff screen)
4. Be sure that the cursor is next to the **Orthopedic Consultation** order
5. Click the *Show Order* button  
(You should be on the first screen for the Orthopedic Consultation order)
6. Click the *Page Down* button  
(You should be on the second screen for the Orthopedic Consultation order)
7. Type your **MedTrak employee initials** in the **Reviewed By** answer field
8. Click the *Submit Answers* button  
(This moves the referral to the **Reviewed** column on the Referral Dashboard)
9. Click the *Exit Screen* button  
(You should be back on the Further Review Needed / Staff screen)

1. Click the *Exit Screen* button again  
(You should be back on the Further Review Needed screen)
2. Click the *Exit Screen* button again  
(You should be back on the Pending Menu)

Do These Steps  
<==== 22.10

## Closing the Referral

Once the physician has reviewed the consultant’s report, the referral is now in the **Reviewed** column on the Referral Dashboard. The administrative staff can now close the referral, because it is completed.

To close the referral, the administrative staff accesses the Referral Dashboard off the Pending Menu. In this example, there is only one referral in the **Reviewed** column (shown below).

The screenshot shows the MEDTRAK Referral Dashboard. At the top, it says "Referral Dashboard" and "THU 07/18 3:40p". Below that is a message: "Referral dashboard successfully refreshed...". There is an "Entity:" field with "00006625" and a "Search" button. Below the search is a table with columns: Pending, Approved, Denied, Scheduled, Completed, and Reviewed. The Reviewed column has a value of 1. The table also shows "ZZZ Medical Care" and "0" in other columns.

Referral order now in **Reviewed** column

Then the administrative staff clicks on the number **1** in the **Reviewed** column for the medical facility location. The next screen to appear is the Referrals screen listing the referral from the **Reviewed** column. To close the referral and clear it from the Referral Dashboard, the administrative staff enters **clos** in the command field (shown below).

The screenshot shows the MEDTRAK Referrals screen. At the top, it says "Referrals" and "THU 07/18 3:41p". Below that is a "Location" field with "00067122". There are "Status" and "View" dropdown menus. The Status is set to "REV" (Reviewed) and the View is set to "ORD" (Ordered Date). Below the dropdowns is a "Search" field. At the bottom, there is a table with a highlighted row: "07/15 ANDERSON, CHARLES T. ORTHOPEDIC CONSULTATIO ---- REV -ci". The command "clos" is entered in the command field.

Command to close the referral

Then the administrative staff presses the **ENTER** key. The Referrals screen refreshes with the orthopedic referral cleared off the screen (shown below). If the administrative staff has more referrals to close, they do so at this time. When done, the administrative staff exits the screen to return to the Referral Dashboard to continue processing other referrals.



No more referrals to close at this time

Do These Steps 22.11 ==>

1. Click the **Dashboard** button in the **Referrals** section of the **Pending Menu**  
(You should be on the Referral Dashboard)
2. Click the number in the **Reviewed** column  
(You should be on the Referrals screen)
3. Place the cursor in the command field for the **ORTHOPEDIC CONSULTATION** order
4. Type **clos**  
(The command for closing a referral)
5. Press the **ENTER** key  
(Your referral should be removed from the screen)
6. Click the **Exit Screen** button  
(You should be back on the Referral Dashboard)
7. Review the totals on the dashboard  
(Your referral should be removed from the **Reviewed** column)
8. Click the **Exit Screen** button  
(You should be back on the Pending Menu)
9. Click the **Main Menu** tab at the top of the screen  
(You should be back on the MedTrak Main Menu)



## Self Assessment

1. Access the Clinic Status screen
2. Type **SA22** in any command field  
(**SA** stands for self assessment and **22** is the chapter #)
3. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA22** report.
7. You must have a 100% (error-free) report before continuing.

Do These Steps  
<==== 22.12

## Printing the Patient's Chart

For the incomplete visit documentation that you documented in the electronic health record in this chapter for Mr. Anderson, you will need to produce a print of his patient chart to turn in for your assignment.

1. Print the chart for **Mr. Anderson**  
(Go back to the MedTrak Main Menu)
2. Click the **Patient Registration** button  
(You should be on the Patients screen)
3. Place the cursor in the command field for **Anderson**  
(Search for Anderson, if you need to)
4. Type **date** in the command field for **Mr. Anderson**
5. Press the **ENTER** key  
(You should be on Mr. Anderson's Visits by Date screen)

Do These Steps  
<==== 22.13

Do These Steps  
22.14 =====>

1. Place the cursor in the command field for **Mr. Anderson's Left ankle pain visit**
2. Type the print chart command **prch**
3. Press the **ENTER** key  
(**"Report sent to printer/queue - use View Prints link..."** message appears)
4. Click the **Exit Screen** button  
(You should be back on the Patients screen)
5. Click the **Exit Screen** button again  
(You should be back on the MedTrak Main Menu)
6. Click the **View Prints** button  
(The Available User Reports window opens)
7. Find your report (If it does not appear, click the **Refresh** button)
8. Place the cursor next to the Patient Chart for **Mr. Anderson** that you want to print
9. Click the **View Report** button  
(The PDF opens in another window)
10. **Print the report or save / download it to your computer**
11. Close the PDF window
12. Close the Available User Reports window  
(You should be back on the MedTrak Main Menu)

**Chapter 22 - Review Activities** .....

Answer the following questions:

**1. Which of the following are considered incomplete visits with pending results?**

- A. The patient has not paid their copayment.
- B. There is an x-ray sent out for a radiologist overread.
- C. A blood sample sent to a lab to test for cholesterol level.
- D. The patient was referred to a dermatologist for treatment.
- E. The patient is scheduled for a surgery for next month.
- F. All of the above.

**2. How important is it for the medical facility to track the results of outside testing and treatment?**

- A. Not very important.
- B. Somewhat important.
- C. Very important.

**3. Which of the following is information the referring physician should send to the specialist?**

- A. The body part or parts needing examination and/or treatment.
- B. Copies of the patient's bills to date.
- C. How soon the patient needs to see the specialist.
- D. Notes about the referral.
- E. Whether the referral is for evaluation only, for evaluation and treatment, or for the specialist to take over the patient's care.
- F. All of the above.

PATIENT RESPONSIBILITY - NEW

Patient Chart  
 ANDERSON, CHARLES T. (47XNKR)  
 Age: 45Y Birthdate: 12/02/1975 Gender: M SSN: 255-65-6376  
 LEFT ANKLE PAIN (699528-9990) DOS: 07/08/19 11:22a- 3:17p

Diagnosis

Derangement Left Ankle, Unspecified (M24.9)

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: LEFT ANKLE PAIN

HISTORY CHIEF COMPLAINT:

History of Injury: While walking down some stairs at home, he slipped on the last step and hurt his left ankle.

Symptoms: The left ankle is red, swollen, and painful. Pain scale: 5/10

PATIENT HISTORY

MEDICATIONS

Prescription Meds:

Nexium 20mg caps 01/01/20 Take one 1 hour befo

Over-the-counter substances:

Ibuprofen 200mg tabl 01/01/20 Two tablets at dinne

Clinic Prescriptions:

07/08/19 IBUPROFEN TABS 800MG #21

ALLERGIES

Medication Allergies:

Penicillin Upset stomach Active

PAST MEDICAL HISTORY

Significant condition: None

PAST SURGICAL HISTORY

Lower extremity surgery: No

PREVIOUS INJURIES

Ankle injury: Patient has sprained his left ankle playing basketball on several occasions.

MUSCULOSKELETAL HISTORY

Arthritis, joint problem: No

Muscle pain stiffness: No

Tendinitis: No

BODY STATISTICS

Height: 5'10"

Weight: 195lbs

BMI (body mass index): 28.0

VITAL SIGNS

Blood Pressure

Systolic: 120

Diastolic: 80

Pulse: 65

Respirations: 14

Temperature: 98

NURSING OBSERVATIONS

Notes: none

Doctor's Checklist

PATIENT HISTORY:

Source of History: Patient

HISTORY OF CHIEF COMPLAINT:

History of Injury/illness:

Injury/illness:

Onset of symptoms: Immediate

Progression of symptoms: Increased since injury/onset of illness

Any previous treatment: None

Musculoskeletal:

Left ankle:

Frequency of pain: Constant

Description of pain: Sharp pain

Location of pain: Lateral

Severity @ rest: Moderate

Severity w/activity: Severe

Pain aggravated by: Climbing stairs, Standing/walking

Radiation of pain: No

Sensation: Normal

Weakness: Due to pain

EXTENDED HISTORY:

Similar injury in past: No

Work related: No

REVIEW OF SYSTEMS:

Constitutional: No history fever, malaise, or unexplained weight loss.

Eyes: Normal

HEENT: Normal

Cardiac: No significant symptoms

Respiratory: No significant symptoms

Gastrointestinal: No significant symptoms

Genito-Urinary: Normal

Musculoskeletal: Normal

Skin: Normal

Neurologic: Normal

Psychiatric: Normal

Hematologic / Lymphatic: Normal

Allergic / Immunologic: Normal

PAST, FAMILY, SOCIAL HISTORY (PFSH):

PAST MEDICAL HISTORY:

Major Medical Illnesses: None

Major Injury: None

Major Surgery: None

Medication Allergy: No known drug allergies

Environmental allergy: None

Medications: None

SOCIAL HISTORY:

Date Printed: 01/05/21 11:12a

PAGE - 1

ZZZ Medical Care - Healthcare Student

Patient Chart

Date of Service: 07/08/19

## PATIENT RESPONSIBILITY - NEW

## Patient Chart

ANDERSON, CHARLES T. (47)XMKR)

Age: 45Y Birthdate: 12/02/1975 Gender: M SSN: 255-65-6376  
LEFT ANKLE PAIN (699528-9990) DOS: 07/08/19 11:22a- 3:17p

## Habits:

Smoking status: Never smoker

Alcohol use: Occasional

Street or IV drugs: None

Activities Daily Life: Drive, Exercise program, Sports,  
Yard work

Children living at home: None

## PHYSICAL EXAM:

## Constitutional/Appearance:

General appearance: Pleasant and well nourished patient.

No acute distress.

Pain at rest: Moderate

Pain w/movement: Severe

Pain response: Appropriate

Mental Status: Patient is alert and oriented to time, place  
and person. Mood and affect appear appropriate.Respiratory (w/ chest): Clear to auscultation without  
abnormality. No respiratory distress.

Cardiovascular: Normal S1 S2 with physiologic splitting.

No audible murmur, gallop, or rub. Regular apical beat.

No abnormal distal pulses. No vascular abnormalities.

Lymphatics: No significant adenopathy palpated of head or  
neck. No signs of apparent dependent lymphedema.

## Lower Extremity (LEFT):

Left Leg: Intact. No apparent changes.

## Left Ankle:

Inspection: Redness, Swelling, Warmth

Tenderness to palpation: Marked

## Range of motion:

Dorsiflexion (0-20): Decreased 25%

Plantar flexion (0-40): Decreased 25%

Inversion (0-30): Decreased 50%

Eversion (0-20): Decreased 50%

Pain with ROM: Severe

## Orthopedic signs:

Eversion stress test: Negative

Anterior drawer sign: Mortise stable

Inversion stress test: Positive

Thompson squeeze test: Positive

Varus stress: CF ligament - laxity

Left Foot: Intact. No apparent changes.

## Orthopedic signs:

Neuroma test: Negative

Neuro: Intact. No apparent changes.

Vascular: Intact

Skin: The skin is normal in appearance, texture, and turgor  
without obvious lesions or sites of infection. No  
erythema, ecchymosis, scars or swelling.Neurologic: Cranial nerves II-XII are grossly intact. No  
sensory changes to light touch and pinprick. Romberg  
test is normal. Deep tendon reflexes are two plus and  
symmetrical.

## ORDERS

## Radiology

X-RAY LT ANKLE (3W)

Notes: none

X-ray Number: 3823

Initial Impression: The patient's left ankle appears to  
have some internal derangement.

Over-read Needed: Yes

## X-RAY OVER-READ

X-ray type: X-Ray Lt Ankle (3w)

X-ray number: 3823

X-ray sent to: Danby Xray

X-ray prepared by: Healthcare Student

## Treatment (Injuries)

## LEFT ANKLE APPLIANCE

Appliance utilized: Md-Lace-up ankle brace utilized.

Applied and fitted: Applied and fitted short leg  
appliance.

Dispensed supplies: No other supplies dispensed.

## ICE PACK INSTANT

Quantity Given: 1

Notes: none

## Medications (Disp OR Rx)

Rx - IBUPROFEN TABS 800MG

Prescribe: #21

# of Refills: 0

Directions: Take one tablet every eight hours with food.

## Referrals / Authorizations

## ORTHOPEDIC CONSULTATION

Referring Physician: Healthcare Student

Area to be Evaluated: left ankle

Notes: Observed some internal derangement.

Scheduling Priority: As soon as possible.

Scheduling Purpose: Evaluate and treat as indicated -  
please send report.

## Important Points to Remember

Activity: Reduce activity. Let pain be the guide.

Do Range of Motion Activities Ankle.

Ice: Ankle---Apply ice four times a day for 20 minutes.

## Appliances:

Left Ankle Appliance Wear at all times. Remove to bathe.

Date Printed: 01/05/21 11:12a

PAGE - 2

ZZZ Medical Care - Healthcare Student

Patient Chart

Date of Service: 07/08/19

PATIENT RESPONSIBILITY - NEW

Patient Chart

ANDERSON, CHARLES T. (47XNKR)

Age: 45Y Birthdate: 12/02/1975 Gender: M SSN: 255-65-6376  
LEFT ANKLE PAIN (699528-9990) DOS: 07/08/19 11:22a- 3:17p

Work Status

RETURN TO MODIFIED work duties today. If no modified duty is available, patient needs to be placed off work (TTD).\*

Work Restrictions

We Encourage the Following:

- \* Limit walking and standing while at work. Try to do sit down work only.

Assessment and Plan of Care

Additional comments for plan:

Discussion of treatment options/contingencies: Discussed with Mr. Anderson my initial findings of an unspecified internal derangement of the left ankle, and the need for him to see an orthopedic surgeon as soon as possible.

Follow-Up Visits

Call for another appointment after your orthopedic visit.

SUMMATION:

Condition on discharge: fair.

Provider

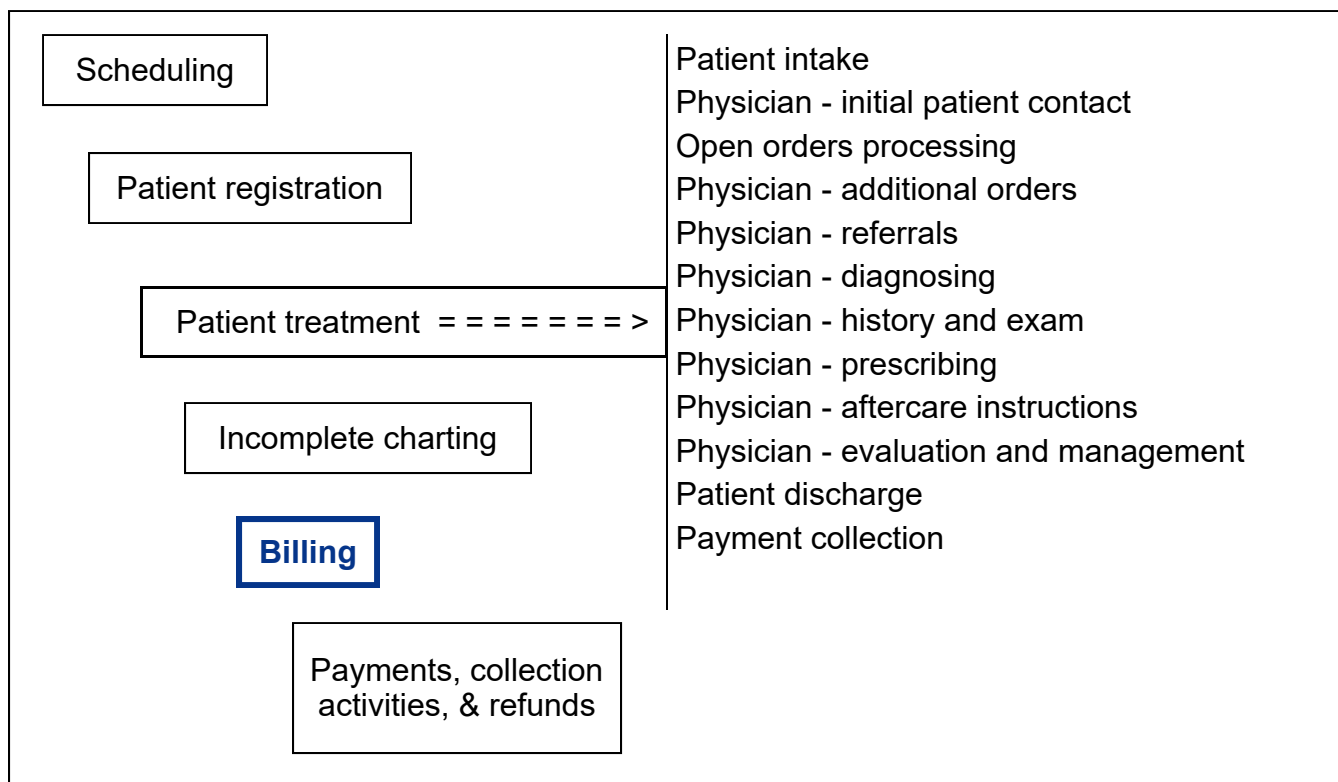
Healthcare Student

Transcribed but not read

# Unbilled Charges

# 23

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ Billable items
- ▶ Billing coders
- ▶ Super bill
- ▶ Rate tables
- ▶ Line item charge
- ▶ Computer assisted coding (CAC)
- ▶ Billing editors
- ▶ Further review needed
- ▶ Incomplete visits
- ▶ Completed visits
- ▶ Needs authorization
- ▶ Demographics need review
- ▶ Provider notes are incomplete
- ▶ Charges available for review
- ▶ Further review done
- ▶ Transcriptionist

# Unbilled Charges

- Billable items
- Billing coders
- Super bill
- Rate tables
- Line item charge
- Computer assisted coding
- Billing editors
- Further review needed

The first step in the medical billing process is to convert the clinical activities to **billable items** to present on the invoice to the payer. In medical facilities that use paper to document the clinical activities, the items listed on paper (typically called a super bill) need to be entered into the billing system. **Billing coders** use the information on the **super bill** plus any other clinical documentation (paper chart) to be sure that all billable items are accurately and completely coded. The coders enter the **CPT** (Current Procedural Terminology) codes into the billing system along with the appropriate **HCPCS** codes (Healthcare Common Procedure Coding System) and **NDC** codes (National Drug Codes).

A billing system contains **rate tables** that add the rate to the billable item (**line item charge**) based on the type of visit, the location, and the payer. Different rate tables exist for Medicare, insurance companies, worker’s compensation, employee health, and self pay visits.

With the advent of medical workflow systems like MedTrak, the first step in the medical billing process is now automated and referred to as **computer assisted coding (CAC)**. The line item charges including the rate based on the type of visit, location, and payer are automatically created during the clinical processing. This automatic line item charge creation eliminates the need for a coder to manually enter the charges for the visit. The coders now become **billing editors**. They review the billing information to be sure that the line item charges are reasonable and complete. The billing editor has the on-line chart for researching the billable items. If the billing editors have questions about the billable items, they can send a request for further information (**further review needed (FRN)**) to the physician or clinical staff directly in the system. This enables the billing editor to work remotely and completely without paper. The billing editor can be sitting anywhere they have access to the internet.

In MedTrak, all of the line item charges created during the clinical visit appear on the Unbilled Charges Dashboard. This dashboard is used by the billing editors to track their workflow and process the line item charges for the encounters (patient visits). The billing managers also use this dashboard to monitor the billing editor’s workload.

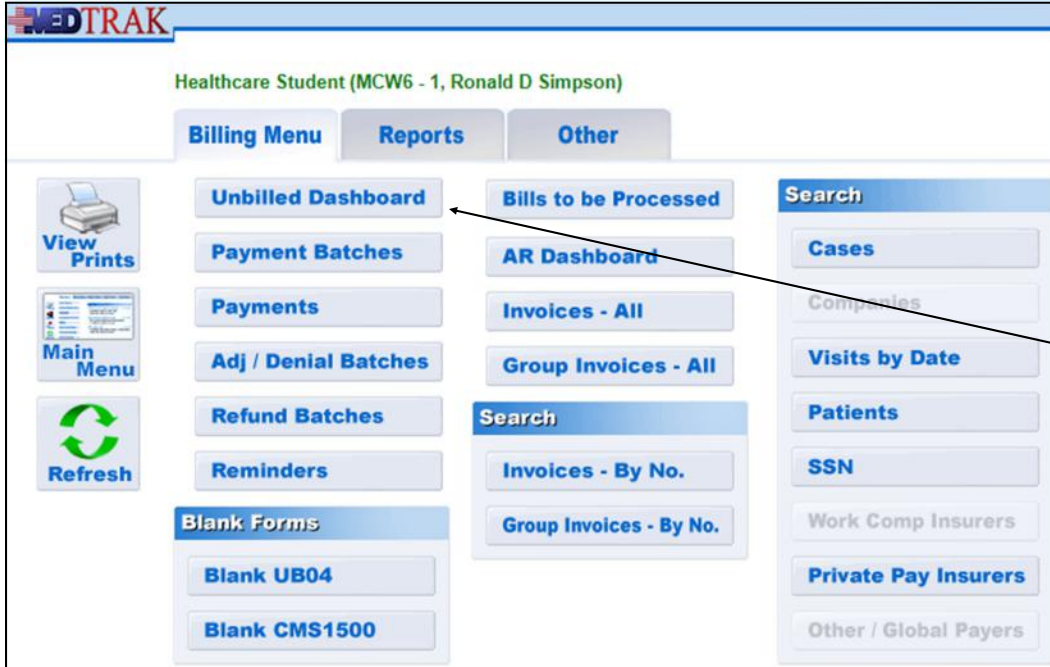
To access the Unbilled Charges Dashboard, the billing editor clicks the **Billing** button on the MedTrak Main Menu (shown below).

*Billing* button





The next screen to appear is the Billing Menu (shown below).



Unbilled Charges Dashboard button

On the Billing Menu, the billing editor clicks the *Unbilled Dashboard* button. The next screen to appear is the Unbilled Charges Dashboard for the location based on the billing editor's location signon information (shown below).



Unbilled Charges Dashboard

## Unbilled Charges Dashboard

The Unbilled Charges Dashboard provides a consolidated view of all of the unbilled charges for a particular medical location. To save the billing editors time, MedTrak audits the clinical and billing data for visits and categorizes the visits as follows:

### Incomplete Visits

The top portion of the dashboard contains information about charges for patient visits that need further information before they can be billed. Labeled in **red**, the visits (in dollars and cents) found are considered incomplete because the visits still need authorization, the patient or employer demographics needs reviewing, the provider's history and exam notes are incomplete or some other question about the visit is yet unanswered (further review needed).

These **incomplete visits** are not ready to be posted to an invoice and will be blocked from posting by MedTrak until the issues holding up these visits from billing are removed. Once the issues are cleared up, these visits drop down into the **green** section for **completed visits**, in either the **Charges available for review** or **Further review done** depending on the circumstances.

Incomplete visits

Completed visits

Needs  
authorization

Demographics  
need review

Provider notes  
are incomplete

Further review  
needed

**Needs authorization** for treatment – for example: a work comp injury where the worker is bleeding and needs immediate medical attention, but the employer contact is not available to authorize the visit either in person or by telephone. Or in another situation, the insurance company needs to authorize the visit before the patient can be seen, but it is an emergency.

**Demographics need review** by billing personnel before posting the charges. This category results from name and/or address changes to the patient or the employer that need to be reviewed before the charges will be freed up for posting to an invoice.

**Provider notes are incomplete** and need to be completed and/or reviewed before releasing the charges for posting to an invoice. The physician's notes concerning the patient's history and the physical exam conducted do not have to be completed while the patient is being seen in the medical facility. Once the clinical staff reviews that the physician's notes are complete, they will release the charges for posting off the Pending / Incomplete Visits screen.

**Further review needed** charges result from the billing staff sending a further review needed request to the physician or other clinical staff asking a question about the charges related to the visit. Once the physician or clinical staff responds, the charges move down to the **Completed visits** category of **Further review done**.

## Completed Visits

**Charges available for review** include all visits that are ready for posting to an invoice that have not had a **Further Review Needed (FRN)** order on them.

Charges available  
for review

**Further review done** includes all visits that are ready for posting to an invoice that have had a **Further Review Needed (FRN)** order on them completed by the physician or clinical staff.

Further review  
done

## Links

The bottom portion of the screen contains links to other information in MedTrak.

## Needs authorization

The **Needs authorization** category on the Unbilled Charges Dashboard provides access to visits that are not authorized yet. For worker's compensation initial visits and employee health initial visits, the authorization information is in the visit record and needs to be updated there. For patient responsibility visits, authorization records are attached to the patient record.

Needs  
authorization

For this example, the visit did not need authorization, so the visit charges do not appear in this section of the dashboard.

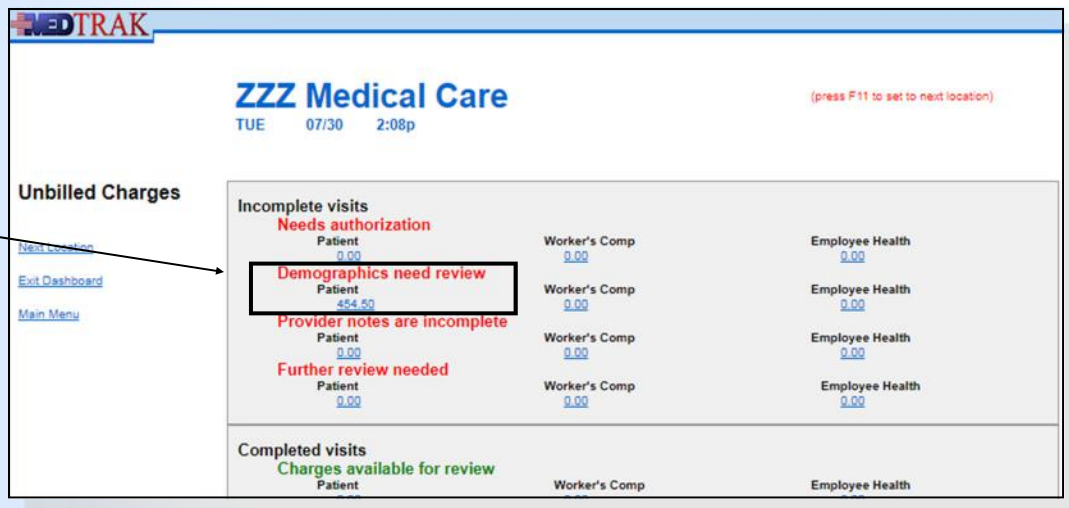
## Demographics need review

The **Demographics need review** category on the Unbilled Charges Dashboard provides access to visits that need the demographic information (patient or employer name and address, etc.) reviewed before posting another invoice. For each patient and/or employer whose demographic information has changed since the last time the demographic log was reviewed and approved by an authorized person, MedTrak set a **DR** flag (demographics need review).

Demographics  
need review

Each visit that contains the **DR** flag (demographics need review) requires a review of the patient or company demographic change log. Once the demographic log is reviewed and approved by the billing editor, the **DR** flag for all visits for the patient or employer is cleared.

For this example, Mr. Anderson's primary payer is Blue Cross / Blue Shield of Michigan. Therefore, his visit charges are totaled in the **Patient** column of the **Demographics need review** section on the Unbilled Charges Dashboard (shown on the next page).



Demographics need review

The billing editor clicks the amount field to access the visits represented by it. In this example the billing editor clicks the 454.50 dollar amount.

Because this is a patient responsibility visit, the next screen to appear is the Unbilled Charges: Patient, Need Demographic Review screen which shows the totals by financial class (shown below).



Commercial Insurance financial class

When processing unbilled charges, billing editors prefer to work one financial class at a time. This processing screen will break down the dollar amount into the different financial classes that it represents.

Mr. Anderson has Blue Cross / Blue Shield of Michigan as his primary insurance company. Blue Cross / Blue Shield of Michigan is a commercial insurance carrier, so the billing editor places the cursor in the command field next to **COMM INS** and clicks the *Select Class* button.

The next screen to appear is the Unbilled Charges: Patient, COMM INS screen. This screen lists all of the visits with unbilled charges that need their demographics reviewed for that medical facility for patient responsibility patients with a financial class of commercial insurance.

These visits are marked with a **DR** flag to indicate that the patient demographics need reviewing (shown on the next page).

**MEDTRAK**  
**Unbilled Charges: Patient, COMM INS**  
 TUE 07/30 2:11p

00067122 Location ZZZ Medical Care (press F11 to set to next location)

DATE View DATE  
 DR Flag NEED DEMOGRAPHIC REVIEW

Search

Available Functions

Select  
[Log Review](#)  
[Company](#)  
[Contacts](#)

\*\*\* BEGINNING \*\*\*

ANDERSON, CHARLES T.	Blue Cross / Blu	454.50	07/08	DR	I-D
----------------------	------------------	--------	-------	----	-----

\*\*\* END \*\*\*

Mr. Anderson's visit

Demographics need review flag

Log Review button

To review the demographic changes log for Mr. Anderson, the billing editor places the cursor in the command field next to his visit and clicks the *Log Review* button to see the Patient Log screen (shown below).

**MEDTRAK**  
**Patient Log**  
 TUE 07/30 2:12p

ANDERSON, CHARLES T. (47XNKR)

Date/Time

Available Functions

[Log is OK](#)  
[View Prints](#)  
[More Functions](#)

Page Up Page Down

[Exit Screen](#)  
[Main Menu](#)

\*\*\* BEGINNING \*\*\*

06/20/YY	3:43p	Entry: ZZZ	Term: EVOL
Payer 'SELF PAY' added.			
06/20/YY	3:43p	Entry: ZZZ	Term: EVOL
Payer 'COMM INS - Nationwide Insurance (03/01/10-?)' added.			
06/20/YY	3:34p	Entry: ZZZ	Term: EVOL
Payer 'COMM INS - Blue Cross / Blue Shield of Michigan (01/01/10-?)' added.			
06/18/YY	5:04p	Entry: ZZZ	Term: EVOL
added.			

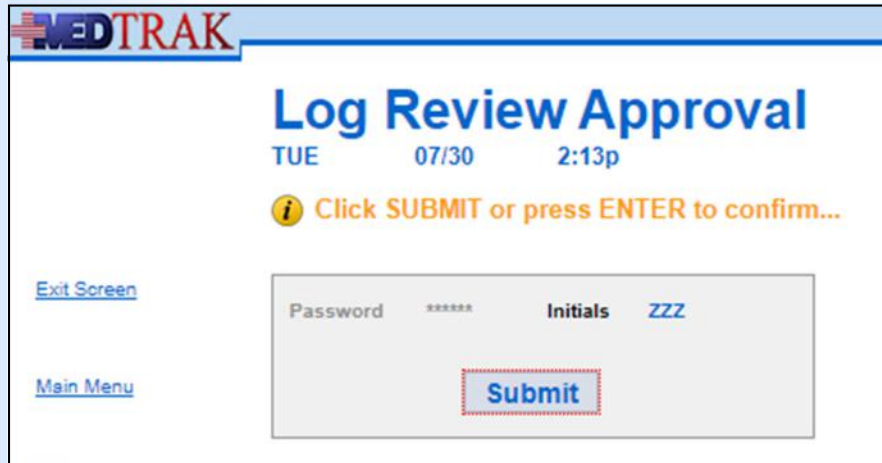
\*\*\* END \*\*\*

Patient Log screen for Mr. Anderson

The purpose of tracking and reviewing demographic changes to the patient's or employer's records, is to be sure that no one has made a change that would adversely affect the billing in any way. If an invoice is sent to the wrong address or to the wrong payer, it will be a long drawn out process to learn of the mistake, correct it, and then invoice the right payer or payer address. This type of mistake is costly and could result in never receiving payment for the services.

Mr. Anderson’s demographic log shows when he was added to the patient database and when his payers were attached to his record. After reviewing the demographic changes for accuracy, the billing editor clicks the *Log is OK* button to clear the **DR** flag (demographic review flag). The Log Review Approval screen appears for confirmation that the demographic changes are correct (shown below).

Log Review Approval screen



The billing editor then clicks the *Submit* button to approve the demographic changes. The Unbilled Charges: Patient, COMM INS screen reappears with Mr. Anderson no longer appearing because his **DR** flag was cleared with the approval of his patient demographic log (shown below). The message “**ANDERSON, CHARLES T. - patient log approved...**” displays at the top.

Message at the top

Mr. Anderson no longer appears



Do These Steps 23.01 =====>

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**  
(You should be on the Billing Menu)
3. **Click the *Unbilled Dashboard* button**  
(You should be on Unbilled Charges Dashboard)

Do These Steps  
<==== 23.02

1. Click the **Incomplete visits / Demographics need review / Patient amount**  
(You should be on the Unbilled Charges: Patient, Need Demographic Review screen)
2. Place the cursor in the command field next to **COMM INS**
3. Click the **Select Class** button  
(You should be on Unbilled Charges: Patient, COMM INS screen)
4. Place the cursor in the command field for **Anderson**
5. Click the **Log Review** button  
(You should be on Patient Log screen for Mr. Anderson)
6. Review Mr. Anderson's demographic log information
7. Click the **Log is OK** button  
(You should be the Log Review Approval screen)
8. Click the **Submit** button  
(You should be back on the Unbilled Charges: Patient, COMM INS screen)  
(The "**Anderson, Charles T - patient log approved...**" message appears)  
(You should not see Mr. Anderson)

When appropriate, the billing editor continues to review demographic logs for the rest of the visits on the screen to clear their **DR** flags.

In this example, the billing editor exits this screen by clicking the **Exit Screen** button. The Unbilled Charges: Patient, Need Demographic Review screen by financial class reappears (shown below). The **COMM INS** financial class no longer appears.

The screenshot shows the MEDTRAK interface. At the top, it says 'MEDTRAK' and 'Unbilled Charges: Patient, Need Demographic Review'. Below that, it shows 'TUE 07/30 2:15p'. There are input fields for 'Location' (00067122), 'ZZZ Medical Care', 'Password' (\*\*\*\*\*), and 'Initials' (ZZZ). A red note says '(press F11 to set to next location)'. There is a yellow highlighted search bar and a 'Search' button. On the left, there are links for 'Available Functions', 'Select Class', and 'More Functions'. A table below shows '\*\*\* BEGINNING \*\*\*' and '\*\*\* END \*\*\*'. An arrow points from a text box to the '\*\*\* BEGINNING \*\*\*' row.

No more financial classes to process

In this example, the billing editor also exits this screen by clicking the *Exit Screen* button. The Unbilled Charges Dashboard reappears (shown below).

The **Incomplete Visits / Demographics need review / Patient** amount is now zero (decreased from 454.50). Mr. Anderson's patient demographic review being approved caused this decrease.

The **Completed Visits / Charges available for review / Patient** amount is now 454.50 (increased from zero). Mr. Anderson's patient demographic review being approved caused this increase.

Demographics amount decreases

Charges available for review increases

Do These Steps 23.03 =====>

1. Click *Exit Screen* button  
 (You should be back on the Unbilled Charges: Patient, Need Demographic Review screen)  
 (The **COMM INS** financial class no longer appears)
2. Click *Exit Screen* button again  
 (You should be on Unbilled Charges Dashboard)  
 (The **Incomplete visits / Demographics need review / Patient** amount should be zero)  
 (The **Completed visits / Charges available for review / Patient** amount should be 454.50)
3. Click the *Exit Dashboard* button  
 (You should be back on the Billing Menu)



## Provider notes are incomplete

The **Provider notes are incomplete** section includes visits that need the **CL** flag cleared (provider's checklist containing history and exam questions). This flag is removed in the **Pending - Incomplete Visits**. This flag (**CL**) removal is the responsibility of the clinical staff and not the billing department. Each visit that contains the provider notes are incomplete flag **CL**, requires someone on the clinical staff to work with the physician to complete the history and exam questions on the doctor's checklist. The physician could dictate their notes and have a **transcriptionist** enter the information in the checklist. After verifying that the notes are complete, the clinical staff uses the **cmcl** command (it stands for completed checklist) on the pending screen next to the visit to clear the flag.

Transcriptionist

For the purposes of this textbook, Mr. Anderson's visit does not need the **CL** flag cleared.

## Further review needed

The **Further review needed** section contains visits that the billing department had additional questions about before they could post the charges to an invoice. The billing department creates the further review needed status by placing a **FURTHER REVIEW NEEDED** order on the visit.

For the purposes of this textbook, Mr. Anderson's visit does not use the further review needed functionality.

## Charges available for review

Colored in **green**, the visits found in the second section on the dashboard are considered **completed** and ready to post to an invoice. Visits are broken down into two categories: **Charges available for review** and **Further review done**.

The **Charges available for review** visits flow from the **Incomplete visits** area for **Needs authorization**, **Demographics need review**, and **Provider notes are incomplete**.

The **Further review done** visits flow from the **Further review needed** category.

In this example, the only flag that needed clearing was the **Demographics Need Review (DR)** flag. Once that flag cleared, Mr. Anderson's visit moved down to the **Completed visits** category for billing.

During the processing of the charges ready for posting to an invoice, the billing editor either posts the charges or sends a further review needed message to the physician asking for clarification of some of the billing information.

Because MedTrak is real-time, the Unbilled Charges Dashboard constantly updates to reflect the current status of the unbilled charges for the medical facility.

### Self Assessment

Do These Steps  
23.04 =====>

1. You should be on the Billing Menu
2. Click the *Patients* button in the Search section  
(You should be on the Patients screen)
3. Type **SA23** in the Search or any command field  
(**SA** stands for self assessment and **23** is the chapter #)
4. Press the *ENTER* key  
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the *View Prints* button  
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the *Refresh* button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA23** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the *Exit Screen* button  
(You should be back on the Billing Menu)

**Chapter 23 - Review Activities** .....

Answer the following questions:

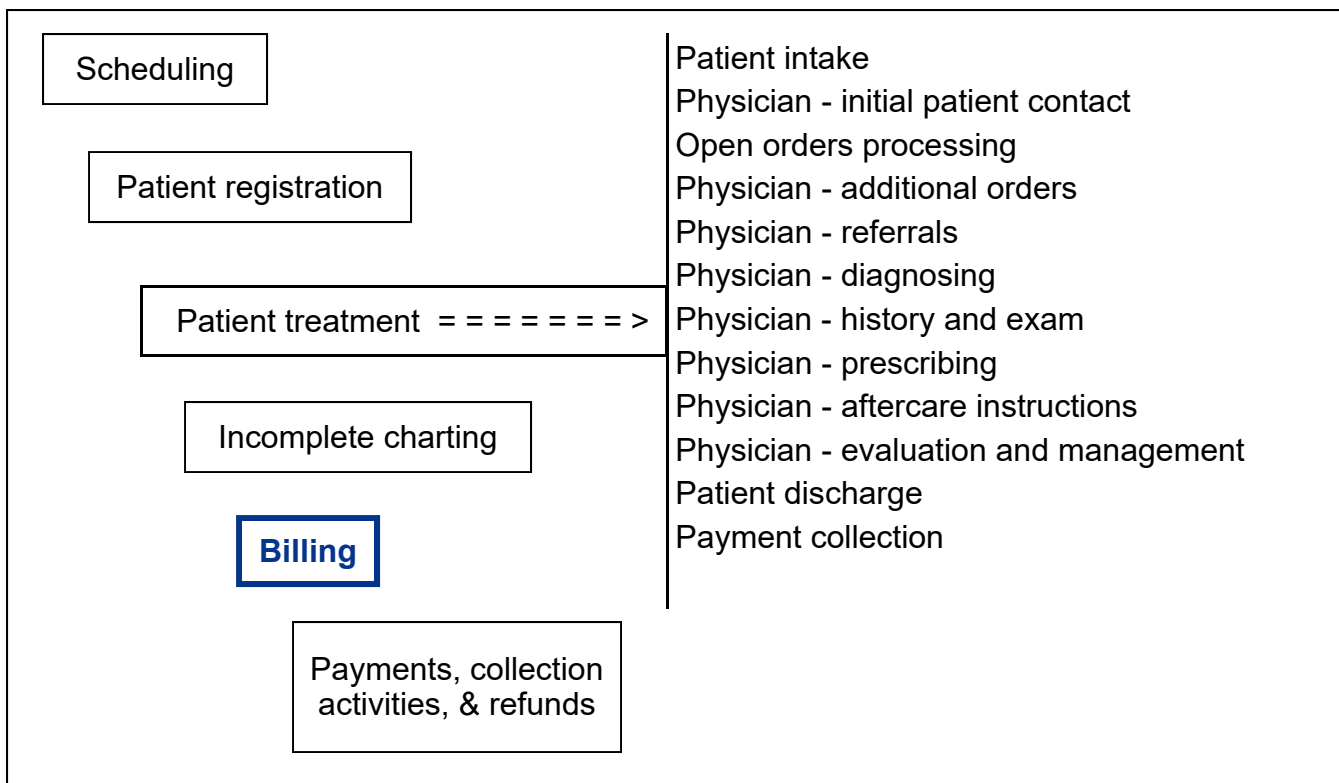
1. Which of the following are criteria that billing systems use to determine the charge for a line item?
  - A. The patient's age and gender.
  - B. The location where the services were performed.
  - C. The payer's allowable rate.
  - D. The type of patient visit.
  - E. All of the above.

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# Posting Charges to a Bill

24

Estimated Duration  
30 Minutes



## Key Concepts

- ▶ Billing editor
- ▶ Ready for posting
- ▶ Charges available for review
- ▶ Further review done
- ▶ Financial class
- ▶ Line item charge information
- ▶ Ignored line item
- ▶ Assigning diagnoses to each line item
- ▶ Posting the charges
- ▶ Supplemental information

# Posting Charges

The MedTrak Unbilled Charges Dashboard displays the total amount of charges for the patient visits that are ready for posting to an invoice.

The **billing editor**, working with the collaboration of the clinical staff, has:

Billing editor

- Cleared the encounters needing authorization
- Reviewed the demographic changes to the patient and the employers
- Reminded the physicians of the encounters still needing the history and exam completed
- Sent **Further Review Needed** messages to the clinical staff asking for clarification

The encounters **ready for posting** to a bill are in the following categories:

Ready for posting

## Completed Visits

**Charges available for review** include all visits that are ready for posting to an invoice that have not had a **Further Review Needed (FRN)** order on them.

Charges available for review

**Further review done** includes all visits that have had a **Further Review Needed (FRN)** order on them completed by the physician or clinical staff.

Further review done

To access the Unbilled Charges Dashboard, the billing editor clicks the **Billing** button off the MedTrak Main Menu then clicks the **Unbilled Dashboard** button (shown below).

**Unbilled Charges**

**Incomplete visits**

- Needs authorization**
  - Patient: 0.00
  - Worker's Comp: 0.00
  - Employee Health: 0.00
- Demographics need review**
  - Patient: 0.00
  - Worker's Comp: 0.00
  - Employee Health: 0.00
- Provider notes are incomplete**
  - Patient: 0.00
  - Worker's Comp: 0.00
  - Employee Health: 0.00
- Further review needed**
  - Patient: 0.00
  - Worker's Comp: 0.00
  - Employee Health: 0.00

**Completed visits**

- Charges available for review**
  - Patient: 454.50
  - Worker's Comp: 0.00
  - Employee Health: 0.00
- Further review done**
  - Patient: 0.00
  - Worker's Comp: 0.00
  - Employee Health: 0.00

Anderson's visit is now ready for posting to an invoice

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**  
(You should be on the Billing Menu)
3. **Click the *Unbilled Dashboard* button**  
(You should be on Unbilled Charges Dashboard)

Do These Steps  
<==== 24.01

## Charges Available for Review

In this example, the billing editor clicks the **Completed Visits / Charges available for review / Patient** amount (which should be **454.50**). The next screen to appear is the Unbilled Charges: Patient, Ready to Post screen (shown below).

Charges available for review



Commercial insurance financial class

When processing unbilled charges, billing editors like to work one **financial class** at a time. For this example, the only encounter ready for billing is in the **COMM INS** (commercial insurance) financial class.

Financial class

Mr. Anderson has Blue Cross / Blue Shield of Michigan as his primary payer. Blue Cross / Blue Shield of Michigan is a commercial insurance carrier, so the billing editor places the cursor in the command field next to **COMM INS** and clicks the *Select Class* button.

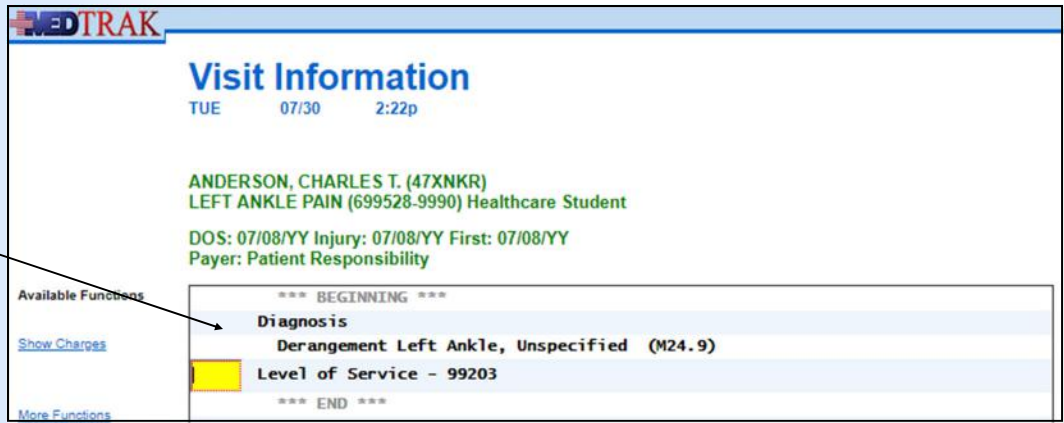
The next screen to appear is the Unbilled Charges: Patient, COMM INS screen. This screen lists all of the encounters for that clinic location for patient responsibility patients with a financial class of commercial insurance (shown on the next page).



In this example, the only patient visit on this screen that is ready for charge posting is Mr. Anderson's visit. This screen displays:

- **Location** - this can be changed by entering a different location number and pressing the *ENTER* key
- **View** - the view of the encounters can be by date of service, patient, and company
- **Flag** - selecting the completed visits total automatically sets the flag to **Ready to Post**
- **Search** - to quickly search for an encounter based on the type of view

The billing editor places the cursor in the command field next to Mr. Anderson's visit and clicks the *Select* button to review the billing information from this visit (shown below).



In the body of the screen, the following information displays:

- Any special notes about the billing (if available – for work comp and employee health)
- Diagnoses including ICD-10 code (all will list if there is more than 1)
- Level of Service CPT code



After reviewing this information, the billing editor clicks the *Show Charges* button. The *Visit Charges* screen Mr. Anderson’s visit appears (shown below).

**MEDTRAK**

### Visit Charges

TUE 07/30 2:23p

ANDERSON, CHARLES T. (47XNKR)  
LEFT ANKLE PAIN (699528-9990) \$454.50

1. M24.9 Derangement Left Ankle, Unspecified

Password \*\*\*\*\* Initials ZZZ

\*\*\* BEGINNING \*\*\*

Office Visit - Level of Service (99203)	150.00
X-RAY LT ANKLE (3VW) (73610,LT)	70.00
ICE PACK INSTANT (99070/A9999)	12.50
(RFA): ORTHOPEDIC CONSULTATION (*NONE)	*IGNORE*
X-RAY OVER-READ (OVRD)	*IGNORE*
LEFT ANKLE APPLIANCE (*PROC)	*HEADER*
ANKLE LACE UP MD (LLE) (99070/L1902,NU) (ANKLUM)	83.00
APPL SPLINT SHORT LEG (29515)	139.00
Rx - IBUPROFEN TABS 800MG (*NONE)	*IGNORE*
*** END ***	

Available Functions:  
[Post Charges](#)  
[Change](#)  
[Ignore](#)  
[Add](#)  
[Show Other Info](#)  
[Supplemental Info](#)  
[More Functions](#)

Page Up Page Down

Exit Screen Main Menu

Anderson’s visit charges

Information about Mr. Anderson’s patient’s visit shows at the top of the screen:

- Name of the patient                      **Anderson, Charles T.**
- Reason for the visit                      **Left ankle pain**
- Total charges for the visit              **\$454.50**
- Diagnoses appear in the box            **1. M24.9 Derangement Left Ankle, Unspecified**

In the body of the screen, the following information displays about the line items for posting to the bill:

- Line item description
- CPT code
- CPT modifier (if needed)
- HCPCS code (if needed)
- NDC code (if needed)
- Amount of the charge for the line item

## Reviewing the Line Items

Several of the line items appear with an **\*IGNORE\*** or **\*HEADER\*** in the charge amount field. MedTrak automatically ignores header information and prescriptions, because these are not billable. The ignored line items provide additional billing information for the billing editor.

Sometimes line items appear with a zero charge amount associated with them. This is also intentional. MedTrak provides line item information with zero charge amounts to notify the billing editor of certain procedures performed for the patient to indicate how involved the visit was. The billing editor manually ignores these zero amount line items before posting the bill.

In this example, the following line items appear automatically ignored by MedTrak:

- **ORTHOPEDIC CONSULTATION**
- **X-RAY OVER-READ** - the charge for this is included in the left ankle x-ray line item
- Header line item for the **LEFT ANKLE APPLIANCE**
- Prescription line item for the **IBUPROFEN TABS 800MG**

Mr. Anderson's line items are a direct result of the clinical activity documented by the physician and the clinical staff. To fix a line item that contains an erroneous code the billing editor places the cursor in the command field next to the line item and clicks the *Change* button. If this occurs, the billing editor will fix this one and send a message to the billing rules manager to correct the rule. That way, the next time this line item is selected, the code will be correct.

## Assigning Diagnoses to the Line Items

This example only had one diagnosis. MedTrak, therefore, automatically assigns it to each line item. If the visit had several diagnoses, each line item would need the appropriate diagnoses attached to it for presentation to the payer on the **CMS1500** form.

To associate a line item with a diagnosis, use the following diagnoses numbers in the command field next to the line item and press the **ENTER** key (shown on the next page).

<b>1</b>	only associated with the 1st diagnosis	<b>23</b>	associated with the 2nd and 3rd
<b>12</b>	associated with the 1st and 2nd	<b>234</b>	associated with the 2nd, 3rd, and 4th
<b>123</b>	associated with the 1st, 2nd, and 3rd	<b>24</b>	associated with the 2nd and 4th
<b>124</b>	associated with the 1st, 2nd, and 4th	<b>3</b>	only associated with the 3rd
<b>1234</b>	associated with the 1st, 2nd, 3rd, 4th	<b>34</b>	associated with the 3rd and 4th
<b>13</b>	associates with the 1st and 3rd	<b>4</b>	only associated with the 4th
<b>134</b>	associated with the 1st, 3rd, and 4th		
<b>14</b>	associates with the 1st and 4th		
<b>2</b>	only associated with the 2nd		

Diagnoses association numbers

## Posting the Charges

Supplemental information

Additionally, other **supplemental information** is needed for some invoices. MedTrak provides access to these supplemental fields through the use of the *Supplemental Info* button.

In this example, the billing editor will not be inputting any of the supplemental information fields.

After reviewing all of the charges for accuracy and relevancy, the billing editor posts the charges to an invoice. To post the charges, the billing editor places the cursor in any one of the line item command fields and clicks the *Post Charges* button.

MedTrak performs a number of edits to check the line item charge posting for accuracy and completeness of data. If any of the edits fail, MedTrak will refresh the charges screen with the error message presented in red right under the date and time at the top of the screen. If there are no errors, MedTrak will post the invoice. Some of these line item edits include:

- Line item amount is not zero
- CPT codes exist for each line item (or HCPCS or NDC codes)
- If multiple diagnoses, each line item is associated with a diagnosis.

The Unbilled Charges: Patient, COMM INS screen will reappear with a “**Post completed...**” message at the top. Mr. Anderson’s visit will not be on the



Anderson’s visit no longer appears

The billing editor will continue to process the visits on this screen. When finished, the billing editor clicks the *Exit Screen* button to return to the Unbilled Charges: Patient, Ready to Post screen. From that screen the billing editor can choose another financial class to process, or exit to the Unbilled Charges Dashboard.

In this example, the billing editor clicks the *Exit Screen* button to return to the Unbilled Charges Dashboard. The **Completed Visits / Charges available for review / Patient** amount should be decreased to zero (it was 454.50) because Mr. Anderson’s visit is now posted (shown below).

**MEDTRAK**

**ZZZ Medical Care** (press F11 to set to next location)

TUE 07/30 2:28p

**Unbilled Charges**

[Next Location](#)  
[Exit Dashboard](#)  
[Main Menu](#)

Incomplete visits		
<b>Needs authorization</b>		
Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
<b>Demographics need review</b>		
Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
<b>Provider notes are incomplete</b>		
Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
<b>Further review needed</b>		
Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
Completed visits		
<b>Charges available for review</b>		
Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
<b>Further review done</b>		
Patient 0.00	Worker's Comp 0.00	Employee Health 0.00

Anderson's visit charges posted to an invoice

Do These Steps 24.02 =====>

1. Click the **Completed visits / Charges available for review / Patient** amount  
(You should be on the Unbilled Charges: Patient, Ready to Post screen)
2. Place the cursor next to **COMM INS**
3. Click *Select Class* button  
(You should be on the Unbilled Charges: Patient, COMM INS screen)
4. Place the cursor next to **Anderson**
5. Click the *Select* button  
(You should be on Anderson's Visit Information screen)
6. Click the *Show Charges* button  
(You should be on Anderson's Visit Charges screen)
7. Review the line items, then click the *Post Charges* button  
(You should be back on the Unbilled Charges: Patient, COMM INS screen)

1. The message **“Post completed...”** should appear at the top
2. Click the **Exit Screen** button  
(You should be on the Unbilled Charges: Patient, Ready to Post screen)
3. Click the **Exit Screen** button again  
(You should be on the Unbilled Charges Dashboard)  
(The **Completed Visits / Charges available for review / Patient amount** should be zero)
4. Click the **Exit Dashboard** button  
(You should be back on the Billing Menu)

Do These Steps  
<===== 24.03

## Self Assessment

1. You should be on the Billing Menu
2. Click the **Patients** button in the **Search** section  
(You should be on the Patients screen)
3. Type **SA24** in the Search or any command field  
(**SA** stands for self assessment and **24** is the chapter #)
4. Press the **ENTER** key  
(**“Self Assessment sent to printer/queue...”** appears)
5. Click the **View Prints** button  
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA24** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the **Exit Screen** button  
(You should be back on the Billing Menu)

Do These Steps  
<===== 24.04

## Chapter 24 - Review Activities

Answer the following questions:

1. For multiple diagnoses visits, should the appropriate diagnoses be assigned to each line item?

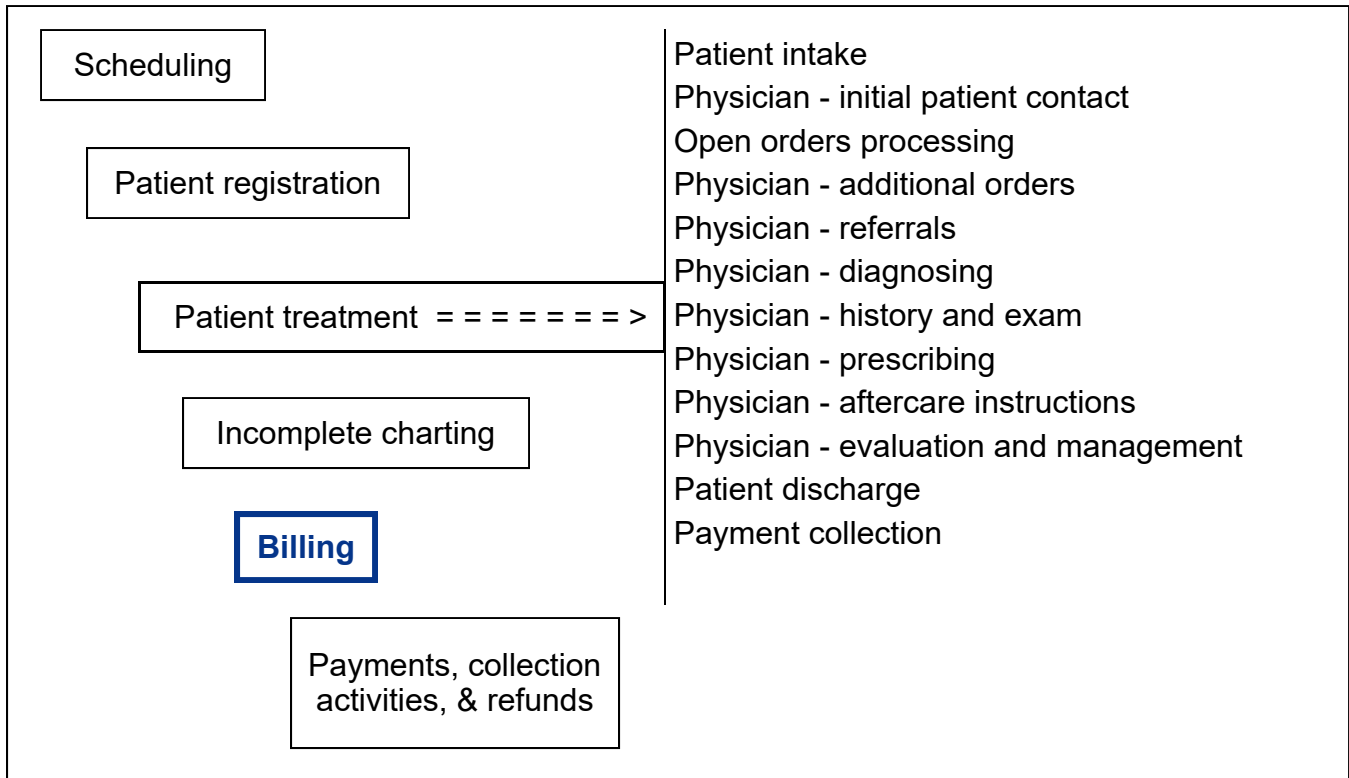
No

Yes

# Printing Bills

25

Estimated Duration  
15 Minutes



## Key Concepts

- ▶ Electronically transmitted
- ▶ Clearing house
- ▶ State required forms for worker's compensation
- ▶ Print bills in batches
- ▶ Invoice processors

# Printing Bills

Electronically transmitted

Clearing house

After the billing staff creates the bill for the encounter, MedTrak accumulates the bill along with all of the bills that have not been printed (or **electronically transmitted**) on a Bills Ready to be Processed dashboard. MedTrak allows the user to print bills in batches, individually, or send them electronically to a **clearing house** for transmission to the payer.

To print a bill or transmit it to a payer, the billing staff uses the Bills Ready to be Processed dashboard. The billing staff accesses the Billing Menu off the MedTrak Main Menu then clicks the *Bills to be Processed* button (shown below).

**MEDTRAK**

## Bills Ready to be Processed

TUE 07/30 2:50p

Password \*\*\*\*\* Initials ZZZ

**Available Functions**

- [View bills](#)
- [Print bills](#)
- [View Prints](#)
- [Exit Screen](#)
- [Main Menu](#)

	Number	Amount
<b>Printed</b>		
<input checked="" type="checkbox"/> Company - CMS1500	0	0.00
<input type="checkbox"/> Company - Invoices	0	0.00
Company Total	0	0.00
<input type="checkbox"/> Insurance - CMS1500	1	454.50
<input type="checkbox"/> Insurance - Invoices	0	0.00
Insurance Total	1	454.50
<input type="checkbox"/> Patient - CMS1500	0	0.00
<input type="checkbox"/> Patient - Invoices	0	0.00
Patient Total	0	0.00
Printed Sub-total	1	454.50
<b>Electronically</b>		
<input type="checkbox"/> Group Health - CMS1500	0	0.00
<input type="checkbox"/> Work Comp - CMS1500	0	0.00
Electronic Sub-total	0	0.00
<b>Total all bills</b>	<b>1</b>	<b>454.50</b>

Anderson's invoice is ready to be printed



1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**  
(You should be on the Billing Menu)
3. **Click the *Bills to be Processed* button**  
(You should be on Bills Ready to be Processed)

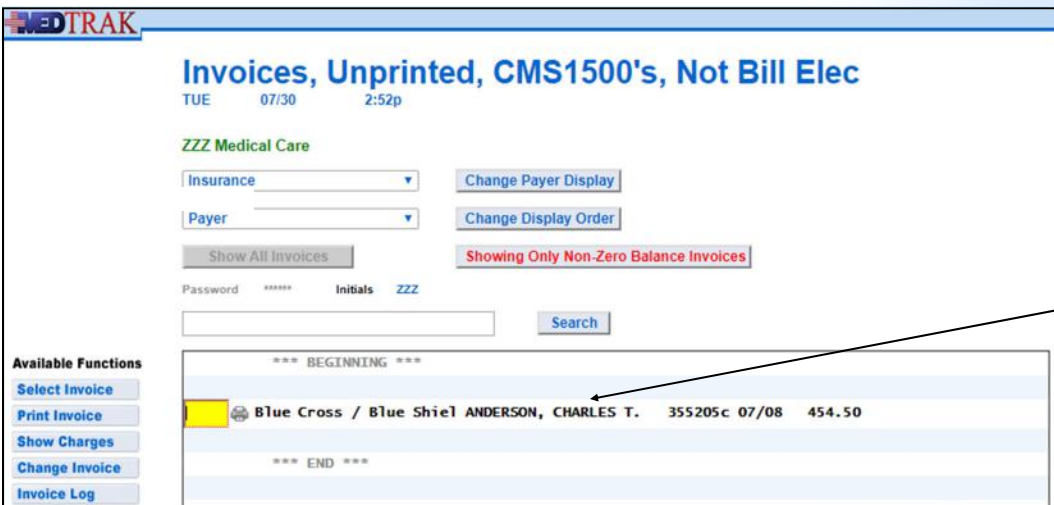
Do These Steps  
<==== 25.01

This screen is divided into the different types of bills that a medical entity could send out to payers. Bills will either be printed for mailing or transmitted for electronic submission. Additionally, bills can be mailed to companies (employers), insurance companies, and patients either on a CMS1500 or the MedTrak invoice format. Bills can be electronically sent to clearing houses that handle group health or worker’s compensation. Worker’s compensation requires sending additional supporting information attached to the CMS1500, the patient’s chart and any **required forms based on the state regulations**. For example, the State of California requires that the patient’s chart and a DFR (Doctor’s First Report) accompany the CMS1500 for an initial injury patient visit.

Required forms based on the state regulations

In this example, the payer for Mr. Anderson’s invoice is Blue Cross / Blue Shield of Michigan and the electronic submission flag is not set on for the payer (in the payer profile). So, Anderson’s bill will be in the **Insurance - CMS1500** category of the **Printed** section on the Bills Ready to be Processed dashboard. Typically, the billing staff will **print all of the bills in one category** at a time or transmit all of the bills at the same time. However, for this chapter, you will print just your bill. To locate the bill to print, the billing staff places the cursor in the command field next to the **Insurance - CMS1500** category and clicks the **View bills** button. The next screen that appears is the Invoices, Unprinted, CMS1500’s, Not Bill Elec screen. This screen lists just the one invoice for this example (shown below). Normally, this screen could list many more invoices.

Batch printing of bills



Anderson’s invoice

Invoice processors

This processor is used for all **invoice processors**. That is why it has the following options available:

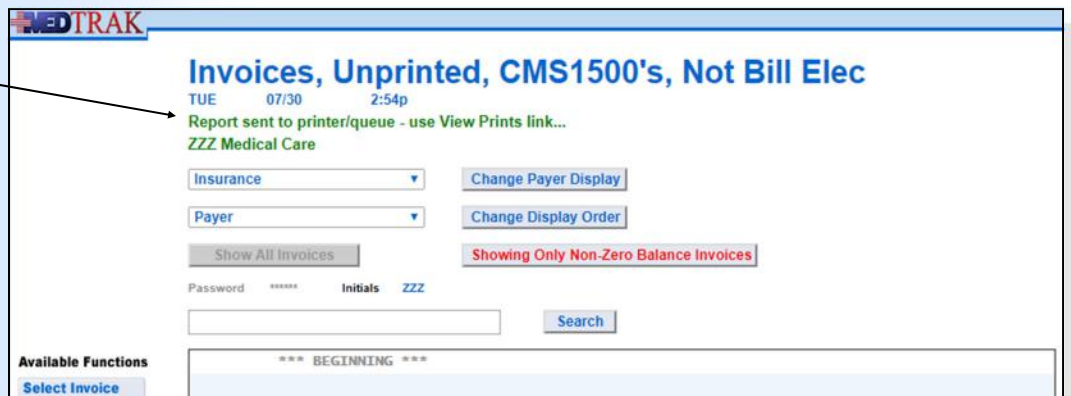
- **Payer Display** - invoices can be displayed by:
  - ▶ All payers
  - ▶ Patient name
  - ▶ Insurance company name
  - ▶ Employer name
  - ▶ Other payer group name
- **Display Order** - the view of the invoices can be sorted by:
  - ▶ Date of service
  - ▶ Payer name
  - ▶ Patient name
  - ▶ Employer name
  - ▶ Invoice number
  - ▶ Case number
  - ▶ Social security number
- **Show All Invoices** - regardless of whether the balance owed by the payer is zero or not
- **Showing Only Non-zero Balance Invoices** - only positive or negative balances
- **Search** - to quickly search for an invoice based on the type of view

Anderson’s visit charges posted to an invoice

To print just this one invoice, the billing staff places the cursor in the command field next to Mr. Anderson’s invoice and clicks the **Print Invoice** button. MedTrak would send this invoice to the printer assigned to the MedTrak login of the billing staff.

The Invoices, Unprinted, CMS1500’s, Not Bill Elec screen refreshes with the message **“Report sent to printer/queue - use View Prints link...”** (shown below). Mr. Anderson’s CMS1500 for Blue Cross / Blue Shield of Michigan is now in the PDF queue for you to print as a work product for this chapter.

Print message



The billing staff clicks the *Exit Screen* button to return to the Bills Ready to be Processed screen. The number of invoices ready to print is now reduced by one and the dollar amount is also reduced. In this example, both of these amounts are now zero (shown below).

**MEDTRAK**

## Bills Ready to be Processed

TUE 07/30 2:55p

Password \*\*\*\*\* Initials ZZZ

Available Functions

- [View bills](#)
- [Print bills](#)
- [View Prints](#)
- [Exit Screen](#)
- [Main Menu](#)

Printed		Number	Amount
<input type="checkbox"/>	Company - CMS1500	0	0.00
<input type="checkbox"/>	Company - Invoices	0	0.00
	Company Total	0	0.00
<input checked="" type="checkbox"/>	Insurance - CMS1500	0	0.00
<input type="checkbox"/>	Insurance - Invoices	0	0.00
	Insurance Total	0	0.00
<input type="checkbox"/>	Patient - CMS1500	0	0.00
<input type="checkbox"/>	Patient - Invoices	0	0.00
	Patient Total	0	0.00

Insurance -  
CMS1500  
amounts are now  
zero

1. Place the cursor next to **Insurance - CMS1500** category
2. Click *View bills* button  
(You should be on the Invoices, Unprinted, CMS1500's Not Bill Elec screen)
3. Record the invoice number for use in **Chapters 26 & 29**  
**(You will use this number when posting payments)**  
(Your invoice number is just to the right of the patient's name - do not include the c)
4. Place the cursor next to **Mr. Anderson's invoice**
5. Click the *Print Invoice* button  
**("Report sent to printer/queue - use View Prints link..." message appears)**
6. Click *Exit Screen* button  
(You should be back on Bills Ready to be Processed)  
(The **Insurance - CMS1500** value should now be zero)
7. Click *Exit Screen* button again  
(You should be back on the Billing Menu)

Do These Steps  
<==== 25.02

## Self Assessment .....

Do These Steps  
25.03 =====>

1. You should be on the **Billing Menu**
2. Click the **Patients** button in the **Search** section  
(You should be on the Patients screen)
3. Type **SA25** in the **Search** or any command field  
(**SA** stands for self assessment and **25** is the chapter #)
4. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the **View Prints** button  
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA25** report.
8. You must have a 100% (error-free) report before continuing.

## Printing the Blue Cross CMS1500 .....

Do These Steps  
25.04 =====>

1. Print or save **Mr. Anderson’s CMS1500** that MedTrak sent to your printer/queue  
(You should be on the Patients screen)
2. To view your print queue, click the **View Prints** button
3. Find your report  
(If it does not appear, click the **Refresh** button)
4. Place the cursor next to the print that you want
5. Click the **View Report** button  
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the **PDF** window
8. Close the Available User Reports window  
(You should be back on Patients screen)
9. Click the **Exit Screen** button  
(You should be back on the Billing Menu)



Blue Cross / Blue Shield of Michigan  
123 South Main Street

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Lansing, MI 48484

Page 01 of 01

<input type="checkbox"/> PIGA <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input checked="" type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> HEALTH SAVINGS PLAN <input type="checkbox"/> OTHER		1a. INSURER'S ID. NUMBER (For Programs in Item 1) 3976392893	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Anderson, Charles, T		3. PATIENT'S BIRTH DATE 12 02 19YY <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
3. PATIENT'S ADDRESS (pt., street) 123 South Main Street CITY: North Muskegon MI ZIP CODE: 49445 TELEPHONE (include Area Code): (231) 5557537		4. INSURER'S NAME (Last Name, First Name, Middle Initial) SAME 7. INSURER'S ADDRESS (pt., street) CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE (include Area Code): _____	
5. OTHER INSURER'S POLICY OR GROUP NUMBER 48749		6. INSURANCE PLAN NAME OR PROGRAM NAME Blue Cross / Blue Shield of Mi	
8. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURER'S POLICY GROUP OR PREFIX NUMBER 73932 12. INSURER'S DATE OF BIRTH: MM DD YY N <input type="checkbox"/> P <input type="checkbox"/> 13. OTHER CLAIM ID (Designated by NUCC) 14. INSURANCE PLAN NAME OR PROGRAM NAME Nationwide Insurance	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED: _____ DATE: 07/30/YY		15. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED: _____ DATE: 07/30/YY	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY) 07/08/20YY QJAL 431		15. OTHER DATE (MM/DD/YY) QJAL 454 07/08/20YY	
17. NAME OF PROVIDER OR OTHER SOURCE 17a. _____ 17b. HPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY 19. OUTSIDE LAB? & CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer A-L to service the list) (ICD-9) A. M24.9 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. ICD-9 MODIFIER 23. PRIORITY AUTHORIZATION NUMBER	
24. A. DATES OF SERVICE MM DD YY MM DD YY 07 08 YY 07 08 YY 11		B. PLACE OF SERVICE FMSA CPT/PCS MODIFIER 99203	
25. A. DATES OF SERVICE MM DD YY MM DD YY 07 08 YY 07 08 YY 11		B. CHARGES C. DEDUCTIBLE D. COINSURANCE E. PAYMENT F. RECEIVING PROVIDER ID.#	
1 ZZOffice Visit - Level of Service 07 08 YY 07 08 YY 11 99203 A 150 00 1 0B G66187 NP1 1843937798		2 ZZX-RAY LT ANKLE (3VW) 07 08 YY 07 08 YY 11 73610 LT A 70 00 1 0B G66187 NP1 1843937798	
3 ZZICE PACK INSTANT 07 08 YY 07 08 YY 11 A9999 A 12 50 1 0B G66187 NP1 1843937798		4 ZZANKLE LACE UP MD (LLE) 07 08 YY 07 08 YY 11 L1902 NU A 83 00 1 0B G66187 NP1 1843937798	
5 ZZAPPL SPLINT SHORT LEG 07 08 YY 07 08 YY 11 29515 A 139 00 1 0B G66187 NP1 1843937798		6 _____ _____ _____	
26. FEDERAL TAX ID. NUMBER 383672622		27. PATIENT'S ACCOUNT NO. 0000355205	
28. SIGNATURE OF PHYSICIAN OR SUPPLIER (including address or credentials) (I verify that the statements on this invoice apply to this bill and are made a part thereof.) Healthcare Student DATED: 07/30/YY		29. SERVICE FACILITY LOCATION INFORMATION ZZZ Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 ^1335812054^ TJ330475815	
30. TOTAL CHARGE \$ 454 50		31. AMOUNT PAID \$ 0 00	
32. DELIVER PROVIDER INFO A PH # (231) 5554759 First Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 ^1335812054^ 24330475815		33. PAID TO MEDICARE USE	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURER INFORMATION

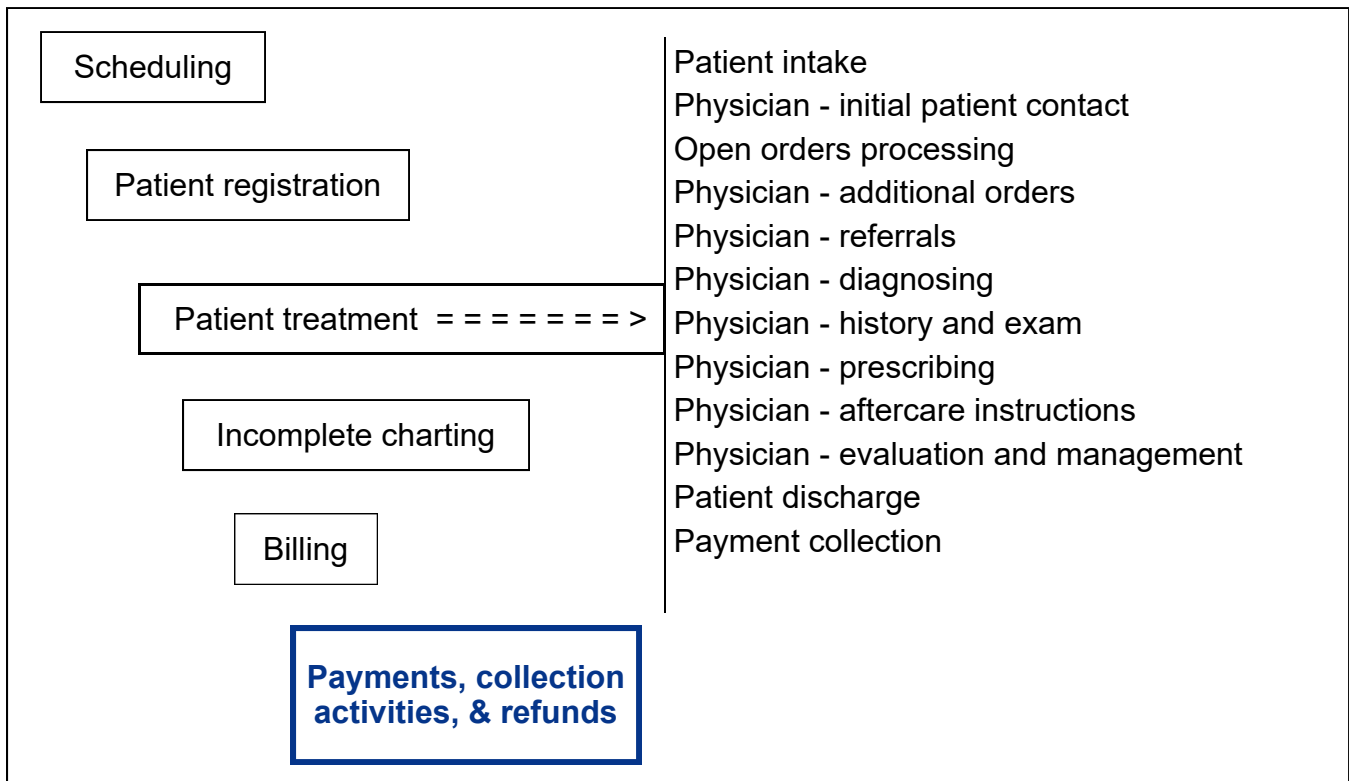
PHYSICIAN OR SUPPLIER INFORMATION

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# Payment Processing

# 26

Estimated Duration  
45 Minutes



## Key Concepts

- ▶ Batched totals
- ▶ Weekly deposit
- ▶ Daily deposit
- ▶ Lock box
- ▶ Auditing and control
- ▶ Tax identification number
- ▶ Explanation of benefits
- ▶ Balance bill

# Payment Processing



Medical facilities receive payments for services in several ways.

- Some patients pay for services at the collection desk. These payments could be for all of the charges for the visit, or the copayment amount required by the insurance company, or the coinsurance percentage amount required by the insurance company.
- Some payments arrive in the mail from patients, insurance companies, employers, and other payers.
- Some payments are made electronically by the insurance company.

The payments received at the collection desk are typically batch totaled (**batch totals**) for a **weekly deposit** to the bank. Depending on the procedures for the medical facility, the payments collected could be batched on a daily basis.

The payments that arrive in the mail are typically batch totaled for a **daily deposit** to the bank.

Some medical facilities use a service from the bank called a **lock box**. Lock box services involve the bank opening mail containing checks from patients and other payers, and depositing the checks to the medical facilities account. The bank will make a copy of the check and send the check copy to the medical facility along with any remittance documentation that the payer included with the check. Using this service facilitates faster access to their payments for the medical facility.

The Payment Batches screen records and tracks the payment batches for the medical facility. A new batch record is added for each deposit made to the bank. For **auditing and control** purposes, the total money in the bank deposit must match the total of the payments in the batch.

The payment entry staff accesses the Billing Menu from the MedTrak Main Menu. On the Billing Menu, the user clicks the **Payment Batches** button to display the Payment Batches screen for that medical entity (shown on the next

Batch totals

Weekly deposit

Daily deposit

Lock box

Auditing and control

Do These Steps  
26.01 =====>

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**  
(You should be on the Billing Menu)
3. **Be sure to have your invoice number from Chapter 25.**  
If you do not have it, you can find it on your **Self Assessment** report from Chapter 25. You can also locate it by going to **Invoices - All** off the Billing Menu.
4. **Click the *Payment Batches* button**  
(You should be on the Payment Batches screen)



## Payment Batches

The Payment Batches screen defaults to displaying only payment batches with unapplied payment amounts. Those are batches with a remaining balance that will be applied to invoices or refunded to the payer. To see all of the payment batches (including closed batches whose balances are zero), the payment entry staff clicks the *Show all balances* button.

For the purposes of this book, MedTrak sets the Payment Batches screen (shown below) to display all payment batches. Currently there are no payment batches.

Defaulted to showing all payment batches

The Payment Batches screen has the following options available:

- **Batch Type** - payment batches can be displayed by:
  - ▶ **Un-submitted** - batches that are not ready for review by a supervisor
  - ▶ **Submitted** - batches that are ready for review by a supervisor
  - ▶ **Approved** - batches that have been reviewed and approved by a supervisor for payment posting to invoices
  - ▶ **All** - all types of payment batches - un-submitted, submitted, and approved
- **Display Order** - the view of the invoices can be sorted by:
  - ▶ Payment batch date
  - ▶ Payment batch number
- **Show all balances** - regardless of whether the balance on the batch is zero or not
- **Show only non-zero balances** - only positive or negative balance payment batches
- **Search** - to quickly search for a payment batch based on sort order

Auditing and control

Some medical facilities separate the payment processing functions for **auditing and control** purposes. They have one group of employees open checks, total them for the bank deposit, and record them in batches. The supervisor then reviews the bank deposit and compares it to the batch totals. If they are in balance, the supervisor approves the batch for application of the payments to the open invoices and the bank deposit for delivery to the bank. Then, another group of employees applies the payments to the open invoices. Only approved payment batches can be applied to open invoices.

For purposes of this book, the payment batches will automatically be approved for payment posting and not require the supervisor to approve them.

For this example, the payment batch total is **\$236.50** and contain two payments:

1. The **\$25.00** copayment from the patient collected by the collection desk person when the patient was done with their visit.
2. A check from Blue Cross / Blue Shield of Michigan for **\$211.50**.

To add a new batch of payments, the payment entry staff clicks the **Add** button. The Payment Batch: Add screen (shown below) contains the data for the example payment batch.

Payment Batch: Add screen

The screenshot shows the 'Payment Batch: Add' screen in the MedTrak system. At the top, it displays 'MEDTRAK' and the title 'Payment Batch: Add'. Below the title, it shows the current date and time: 'TUE 07/30 3:02p'. There are fields for 'Password \*\*\*\*\*' and 'Initials ZZZ'. On the left side, there are links for 'Tin Help', 'Exit Screen', and 'Main Menu'. The main form area contains the following fields and values:

- Batch Number: \*\*\*\*\*
- Date: 07/30/YY (mm/dd/yy)
- Time: 3:02p (hh:mm or hh:mmp)
- TIN: master
- Description: ZZZ - July 30th
- Batch Total: 236.50
- Batch Amount: \*\*\*\*\*
- Adjusted on Invoices: \*\*\*\*\*
- Paid: \*\*\*\*\*
- Refunded on Invoices: \*\*\*\*\*
- Refunded: - \*\*\*\*\*
- Balance: = \*\*\*\*\*
- Status: \*\*\*\*\*

A 'Submit' button is located at the bottom of the form.

- **Batch Number** - automatically created by MedTrak when the payment batch is submitted
- **Date and Time** - MedTrak also automatically puts in the current date and time. The payment entry staff will change these to match the bank deposit.

- **TIN** - this field is for the **tax identification number** (TIN) for tax reporting purposes. Every medical facility has at least one. A medical facility could have multiple TINs depending on the legal structure of the business. Income must be reported to the government based on business ownership, medical facilities therefore batch their payments by date and TIN. For this example, the payment entry staff enters **master** for the TIN.
- **Description** - this contains a description of the batch made up by the payment entry staff. In this example, the payment entry staff enters **“ZZZ - July 30th”**.
- **Batch Total** - Then the payment entry staff enters the batch total amount of **236.50** and clicks the **Submit** button to create the payment batch header record.

1. Click the **Add** button  
(You should be on the Payment Batch: Add screen)
2. Leave the **Date** and **Time** fields as loaded by MedTrak
3. Type **master** in the **TIN** field
4. Type your **MedTrak employee initials** and **today’s date** in the **Description** field
5. Type **236.50** in the **Batch Total** field (representing \$236.50)
6. Click the **Submit** button  
(You should be on Payment: Add screen)

Do These Steps  
<===== 26.02

## Adding a Payment

The next screen to appear is the Payment: Add screen for adding individual payments to the batch (shown below).

Payment: Add  
screen

Explanation of  
benefits

MedTrak automatically sets the **Type** of payment to **Check** (because most payments come in the form of a check). If the payment is made another way (cash, credit card, or money order), the payment entry staff uses the type of payment drop-down list to select the other type of payment.

For the **Source Type** field, the payment entry person uses the drop-down list to select the type of payment source. For this example, the first payment source type will be **Patient/Guarantor**, and the second payment from Blue Cross / Blue Shield of Michigan will have a source type of **Private Insurance**.

The **Pay Inv #** is an important field. To save time, MedTrak allows the payment entry staff to enter the invoice number that the payment is paying. Many times the payer will either record the invoice number on their check or enclose an explanation of benefits with the check.

The **explanation of benefits (EOB)** is exactly what its name implies. The EOB explains exactly what the payer is paying and why. Typically, insurance companies do not pay the full amount of the line item charges on an invoice, unless the medical facility bills exactly what the payer is expecting to pay.

On the Payment: Add screen, the payment entry staff records all of the information about the payment:

- **Type** - Check, Cash, Credit Card, etc.
- **Source Type** - source of the payment will be one of the following
  - ▶ **Company** - the patient's employer
  - ▶ **Patient/Guarantor**
  - ▶ **Private Insurance** - Blue Cross or Medicare, or other private insurance company
  - ▶ **Work Comp Insurance** - the employer's insurance company
  - ▶ **Other Payer** - a drug screen third party administrator or drug screen consortium
- **TIN** - this will automatically be filled in from the payment batch information
- **Check #**
- **Date** of the check
- **Pay Inv #** - this is the invoice number that the payment is paying (if the payer records it on the EOB)
- **Amount** of the payment
- **Credit card** information (if the payer used a credit card) is at the bottom of the screen

For the first payment in the batch, the payment entry staff records the payment from the patient for the \$25.00 copayment amount. The patient wrote check number 978 on July 30th, 2019 for invoice number 355205 (shown below).

Type            Check  
 Source Type   Patient/Guarantor  
 TIN            MASTER  
 Check #        978  
 Date            07/30/19  
 Pay Inv #      355205 (This is Mr. Anderson’s invoice number from the example in this book.)  
 Amount        25        (Representing \$25.00)

**PAYMENT: ADD**  
 TUE 07/30 3:17p  
 No payments in Payment Batch yet - going to Payment: Add...  
 Password \*\*\*\*\* Initials ZZZ

Batch: 07/30/YY, 3:02p, ZZZ - July 30th (#105404)

Type: Check  
 Source Type: Patient/Guarantor  
 Source: MASTER  
 TIN: [blank]  
 Check #: 978  
 Date: 07/30/19 (mm/dd/yy)  
 Pay Inv #: 355205  
 Amount: 25  
 Adjusted: \*\*\*\*\*

Anderson’s copayment check information

After recording the payment information, the payment entry staff clicks the *Submit* button. The next screen to appear is the Patient/Guarantor: Select screen (shown below) where the source of the payment will be selected.

**PATIENT/GUARANTOR: SELECT**  
 TUE 07/30 3:19p  
 Select a patient...

Search

*** BEGINNING OF PATIENTS ***			
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537

Place the cursor next to Anderson

The payment entry staff places the cursor in the command field next to Mr. Anderson and clicks the *Select* button.

Do These Steps  
26.03 =====>

1. Select **Patient/Guarantor** from the **Source Type** drop-down
2. Leave the **TIN** as loaded from the payment batch  
(The **TIN** should be **MASTER**)
3. Type **978** in the **Check #** field
4. Type **yesterday's date** in the **Date** field (mm/dd/yy)
5. Type **your invoice number** for Mr. Anderson in the **Pay Inv #** field  
(Type the invoice number for your invoice that you wrote down when doing Chapter 25 - **not 355205**)  
If you do not have it, you can find it on your **Self Assessment** report from **Chapter 25**.  
You can also locate your invoice number by going to **Invoices - All** off the **Billing Menu**.
6. Skip the **Group Invoice Number** box
7. Type **25** in the **Amount** field (representing \$25.00)
8. Click the **Submit** button  
(You should be on the Patient/Guarantor: Select screen)
9. Place the cursor in the command field next to **Anderson**
10. Click the **Select** button  
(You should be on the Payment Posting screen for your invoice)

## Posting Payments to Line Items

After selecting the payer, the next screen to appear is the Payment Posting screen for the invoice.

This screen is broken down as follows:

- The invoice information is in the top frame in **green**
- The payment information is in the top frame in **blue**
- The line item information is in the bottom frame and presents up to four line items on one screen

- There are columns of numbers for each line item for:
  - ▶ Billed amount
  - ▶ Total paid by all payments
  - ▶ Total adjusted by all payments
  - ▶ Amount paid by this payment
  - ▶ Up to five adjustment, denial, and write-off codes and amounts
  - ▶ Balance owed
- Totals at the bottom for the entire invoice

The buttons are used to:

- **Submit Payment** - transmit the payment posting information to MedTrak
- **Paid in Full** - automatically enters the paid amount equal to the billed amount for each line item. Use this button only when the total payment amount equals the total of the invoice
- **Adjustment Codes** - displays the list of adjustment, denial, and write-off codes available to the medical facility.
- **Line Item Log** - displays the history of all of the payment and adjustment activity for the line items for this invoice

For this example, the payment entry staff enters the \$25.00 payment (without the dollar sign or cents included) for the copayment that Mr. Anderson paid towards the cost of his office visit (shown below).

The screenshot shows the MedTrak Payment Posting screen. At the top, it displays the MedTrak logo, the title "Payment Posting", and the date/time "TUE 07/30 3:20p". Below this, there are fields for "Password \*\*\*\*\*" and "Initials ZZZ".

The main section contains invoice details:

- Invoice Number: 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
- Company: .PATIENT RESPONSIBILITY (2)
- Patient: ANDERSON, CHARLES T. (47XNKR)
- Case: LEFT ANKLE PAIN (609523-0090)
- Payment Source: ANDERSON, CHARLES T.
- Detail: Check. #978, 07/30/YY, Batch #105404, TIN: MASTER
- Balance: 25.00 ( Amt: 25.00 Paid: 0.00 Ref: 0.00 )

Below the details is a table of line items. The table has columns: Billed, Tot Paid, Tot Adj, Paid, Code, Amount, and Balance. The first line item is highlighted in yellow:

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
99203 - Office Visit - Level of Service	150.00	0.00	0.00	25			150.00
73610,LT - X-RAY LT ANKLE (3W)	70.00	0.00	0.00				70.00
A9999 - ICE PACK INSTANT	12.50	0.00	0.00				12.50
L1902,NU - ANKLE LACE	83.00	0.00	0.00				83.00

On the left side of the screen, there are "Available Functions" including: Submit Payment, Paid in Full, Adjustment Codes, Line Item Log, Page Up, Page Down, Exit Screen, and Main Menu.

Anderson's copayment amount

The payment entry staff then clicks the *Submit Payment* button. The Payment Posting screen refreshes showing the copayment amount recorded. The payment information at the top of the screen shows that the balance left on Mr. Anderson’s payment is zero (shown below).

**MEDTRAK**  
**Payment Posting**  
 TUE 07/30 3:21p  
 Changes processed -- re-displaying screen...  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number: 355205 (DOS: 07/09/YY, I-DOC, ZZZ)  
 Company: .PATIENT RESPONSIBILITY (2)  
 Patient: ANDERSON, CHARLES T. (47XNK(R)  
 Case: LEFT ANKLE PAIN (509528-9990)

Payment Source: ANDERSON, CHARLES T.  
 Detail: Check, #978, 07/30/YY, Batch #105404, TIN: MASTER  
 Balance: 0.00 (Amt: 25.00 Paid: 25.00 Ref: 0.00)

Available Functions	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
Submit Payment	150.00	25.00	0.00	25.00			125.00
Paid in Full							
Adjustment Codes							

Balance left on payment is zero

Copayment recorded

The **Office Visit – Level of Service** line item shows the total paid is **\$25.00**. The balance of the line item is now **\$125.00**.

After reviewing the application of the payment to this invoice, the payment entry staff clicks the *Exit Screen* button to add the next payment to the payment batch. The Payment: Add screen reappears with the message “**Successful add - ready to add another...**” (shown below)

**MEDTRAK**  
**Payment: Add**  
 TUE 07/30 3:22p  
 Successful add - ready to add another...  
 Password \*\*\*\*\* Initials ZZZ

Batch: 07/30/YY, 3:02p, ZZZ - July 30th (#105404)

Type: Check  
 Source Type: Private Insurance

Payment added message

Do These Steps 26.04 =====>

1. Be sure that the cursor is in the **Paid** field for the **Office Visit - Level of Service** line item
2. Type **25** in the **Paid** field (representing \$25.00)
3. Click the *Submit Payment* button  
(The **Office Visit** line item balance is now **125.00**)
4. Click the *Exit Screen* button  
(You should be back on the Payment: Add screen)  
(The message “**Successful add - ready to add another...**” message appears)



For the second payment, the payment entry staff records the payment from the private insurance company (Blue Cross / Blue Shield of Michigan) for **\$211.50**. They enclosed an EOB with check number **36722** dated **July 30th, 2019** to pay for invoice number **355205** (shown below).

**Type** Check  
**Source Type** Private Insurance  
**TIN** MASTER  
**Check #** 36722  
**Date** 07/30/19  
**Pay Inv #** 355205 (This is Mr. Anderson’s invoice number from the example in this book.)  
**Amount** 211.50 (representing \$211.50)

**MEDTRAK**  
**Payment: Add**  
 TUE 07/30 3:22p  
 Successful add - ready to add another...  
 Password \*\*\*\*\* Initials ZZZ

Available Functions  
[Source Types](#)  
[TIN Help](#)  
[Exit Screen](#)  
[Main Menu](#)

Batch 07/30/YY, 3:02p, ZZZ - July 30th (#105404)  
 Type **Check**  
 Source Type **Private Insurance**   
 Source  
 TIN **MASTER**  
 Check # **36722**  
 Date **07/30/19** (mm/dd/yy)  
 Pay Inv # **355205** Group Invoice Number   
 Amount **211.50** Adjusted \*\*\*\*\*  
 Paid \*\*\*\*\* Ref on Invoice

Blue Cross / Blue Shield of Michigan payment information

After entering the payment information, the payment entry staff clicks the **Submit** button. The next screen to appear is the **Entity / Payers: Select** screen for selecting the private insurance. On this screen, the payment entry staff places the cursor next to **Blue Cross / Blue Shield of Michigan** (shown below).

**MEDTRAK**  
**Entity / Payers: Select**  
 TUE 07/30 3:25p  
 Select a payer...  
 Password \*\*\*\*\* Initials ZZZ

Available Functions  
[Select Payer](#)

\*\*\* BEGINNING \*\*\*

<input type="checkbox"/>	AARP / Medicare complete	COMM INS
<input type="checkbox"/>	AARP Health Care Options	COMM INS
<input type="checkbox"/>	Aetna	COMM INS
<input type="checkbox"/>	Assurant Health	COMM INS
<input type="checkbox"/>	Bankers Life and Casualty Company	COMM INS
<input type="checkbox"/>	Blue Cross / Blue Shield of Arizona	COMM INS
<input checked="" type="checkbox"/>	Blue Cross / Blue Shield of Michigan	COMM INS
<input type="checkbox"/>	Blue Cross of Massachusetts	COMM INS

Page Up Page Down

Cursor next to Blue Cross / Blue Shield of Michigan

Do These Steps  
26.05 =====>

Then the payment entry staff clicks the *Select Payer* button.

1. Select **Private Insurance** from the **Source Type** drop-down
2. Leave the **TIN** as loaded from the payment batch  
(The **TIN** should be **MASTER**)
3. Type **36722** in the **Check #** field
4. Type **yesterday's date** in the **Date** field (mm/dd/yy)
5. Type **your invoice number** for **Mr. Anderson** in the **Pay Inv #** field  
(Type the invoice number for your invoice that you wrote down when doing Chapter 25 - **not 355205**)
6. Skip the **Group Invoice Number** field
7. Type **211.50** in the **Amount** field (representing \$211.50)
8. Click the *Submit* button  
(You should be on the Entity / Payers: Select screen)
9. Place the cursor in the command field next to **Blue Cross / Blue Shield of Michigan**
10. Click the *Select Payer* button  
(You should be on the Payment Posting screen for your invoice)

## Posting Payments to Line Items

After selecting the payer, the next screen to appear is the Payment Posting screen (shown below)

Payment Posting screen showing \$25.00 payment from Mr. Anderson

**MEDTRAK**  
**Payment Posting**  
 TUE 07/30 3:26p  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
 Company ..PATIENT RESPONSIBILITY (2)  
 Patient ANDERSON, CHARLES T. (47XNKR)  
 Case LEFT ANKLE PAIN (899528-9990)

Payment Source Blue Cross / Blue Shield of Michigan  
 Detail Check: #36722, 07/30/YY, Batch #105404, TIN: MASTER  
 Balance 211.50 ( Amt: 211.50 Paid: 0.00 Ref: 0.00 )

Available Functions  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)

Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***						
150.00	25.00	0.00				125.00
99203 - Office Visit						
- Level of Service						

Mr. Anderson's \$25.00 payment information recorded previously is displayed on this screen in the **Total Paid** column.

For this example, the payment entry staff enters Blue Cross / Blue Shield of Michigan's payment and adjustment information to the line items based on the explanation of benefits (EOB) enclosed with the check as listed below:

<b>Office Visit</b>	<b>paid \$25.00</b> <b>credited \$25.00 for the patient's copayment</b> <b>credited the patient's deductible for \$100.00</b>
<b>X-ray lt ankle</b>	<b>paid \$50.00</b> <b>adjusted \$20.00 for belonging to a PPO (A01)</b>
<b>Ice instant pack</b>	<b>paid \$5.00</b> <b>adjusted \$7.50 for belonging to the PPO (A01)</b>
<b>Ankle lace up</b>	<b>paid \$51.50</b> <b>adjusted \$31.50 for belonging to the PPO (A01)</b>
<b>Appl splint short leg</b>	<b>paid \$80.00</b> <b>adjusted \$59.00 for belonging to the PPO (A01)</b>

When the payment entry staff places the cursor in a **Code** field for a line item and clicks the **Adjustment Codes** button, the Adjustment Codes: Select screen appears. The first five codes are standard codes that MedTrak provides for everyone to use. After the DD code, the codes are specific to the medical facility (shown on the next page).

- BB** for balance billing the line item to the next payer
- RB** for rebilling the line item to the current payer
- CP** to indicate that the amount next to the code field is the patient's copayment amount
- CI** to indicate that the amount next to the code field is the patient's coinsurance percentage amount
- DD** to indicate that the amount next to the code field is applied to the patient's deductible

Adjustment  
Codes

**MedTRAK**

## Adjustment Codes: Select

TUE 07/30 3:28p

**i** Please select Adjustment Codes...

**Available Functions**

[Submit Selection](#)

[Page Up](#) [Page Down](#)

[Exit Screen](#)

\*\*\* BEGINNING \*\*\*

- [BB - Balance Bill](#)
- [RB - Rebill](#)
- [CP - Copayment](#)
- [CI - Coinsurance](#)
- [DD - Deductible](#)
- [A01 - Adjustment PPO reduction](#)
- [A02 - Multiple procedure reduction](#)
- [A04 - Billed over fee schedule](#)
- [A05 - Penalty and interest adjustment](#)
- [A06 - RVU reduction](#)
- [A08 - Agreement discount adjustment](#)
- [A09 - Volume discount adjustment](#)
- [A10 - Courtesy adjustment](#)
- [A12 - Clinic error](#)
- [A14 - Med amt billed exceeds OMFS](#)
- [A15 - Med not separately billable](#)
- [A20 - Interest offset](#)
- [A21 - \\$ Bal Adj from MedOccur](#)
- [A22 - \\$ Bal Adj to MedOccur](#)

(continued on next page --- continued on next pa

Balance bill

MedTrak is set up to accept up to five adjustment codes for each line item. If a patient has multiple payers (in this example, Blue Cross / Blue Shield of Michigan is the primary payer and Nationwide Insurance is the secondary payer), the payment entry staff can **balance bill** the office visit line item to the next payer using the **bb** command in the **Code** field for the line item. Notice that codes are not case sensitive, and therefore, can be entered in lower case. There are five line items on this invoice. Each payment posting screen only displays four line items on one screen.

The **Page Down** and **Page Up** buttons act just like the **Submit Payment** button, and they move up a screen or down a screen after recording the payment data that is on the screen. This saves time.

The payment entry staff enters the payment and adjustment information for the Blue Cross / Blue Shield of Michigan payment for the first four line items (shown on the next page).

**Payment Posting**  
TUE 07/30 3:29p

Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
Company ..PATIENT RESPONSIBILITY (2)  
Patient ANDERSON, CHARLES T. (47XNKR)  
Case LEFT ANKLE PAIN (699528-9990)

Payment Source Blue Cross / Blue Shield of Michigan  
Detail Check: #36722, 07/30/YY, Batch #105404, TIN: MASTER  
Balance 211.50 ( Amt: 211.50 Paid: 0.00 Ref: 0.00 )

Available Functions:  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)  
  
[Exit Screen](#)  
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit	150.00	25.00	0.00	25	cp	25	125.00
- Level of Service					dd	100	
73610,LT - X-RAY LT ANKLE (3W)	70.00	0.00	0.00	50	a01	20	70.00
A9999 - ICE PACK INSTANT	12.50	0.00	0.00	5	a01	7.50	12.50
L1902,NU - ANKLE LACE LP MD (LLE)	83.00	0.00	0.00	51.50	a01	31.50	83.00
*** CONTINUED ON NEXT PAGE ***							
TOTAL:	454.50	25.00	0.00	0.00		0.00	429.50

First screen showing Blue Cross / Blue Shield of Michigan payment information

After entering the information for the first four line items, the payment entry staff clicks the *Page Down* button which both submits this screen and advances to the second *Payment Posting* screen to view the rest of the line items for this invoice. The payment staff enters the payment and adjustment information for the final line item (application of the short leg splint) (shown below).

**Payment Posting**  
TUE 07/30 3:32p

Paged down...

Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
Company ..PATIENT RESPONSIBILITY (2)  
Patient ANDERSON, CHARLES T. (47XNKR)  
Case LEFT ANKLE PAIN (699528-9990)

Payment Source Blue Cross / Blue Shield of Michigan  
Detail Check: #36722, 07/30/YY, Batch #105404, TIN: MASTER  
Balance 80.00 ( Amt: 211.50 Paid: 131.50 Ref: 0.00 )

Available Functions:  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
29515 - APPL SPLINT SHORT LEG	139.00	0.00	0.00	80	a01	59	139.00

Second screen showing Blue Cross / Blue Shield of Michigan payment information

The payment entry staff clicks the *Submit Payment* button, which refreshes the *Payment Posting* screen with the payment information updated.

The \$211.50 payment from Blue Cross is applied to each line item including the associated adjustments. The payment balance is zero. The \$100.00 invoice balance will now be billed to the secondary payer, Nationwide Insurance (shown below).

Balance left on payment is zero

Payment Posting showing invoice balance of \$100

**MEDTRAK**  
**Payment Posting**  
 TUE 07/30 3:33p  
 Changes processed --- re-displaying screen...  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number: 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
 Company: .PATIENT RESPONSIBILITY (2)  
 Patient: ANDERSON, CHARLES T. (47XNKR)  
 Case: LEFT ANKLE PAIN (699528-9990)  
 Payment Source: Blue Cross / Blue Shield of Michigan  
 Detail: Check, #36722, 07/30/YY, Batch #105404, TIN: MASTER  
 Balance: 0.00 ( Amt: 211.50 Paid: 211.50 Ref: 0.00 )

Available Functions:  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)  
 Page Up  
 Page Down  
[Exit Screen](#)  
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
29515 - APPL SPLINT	139.00	80.00	59.00	80.00	A01	59.00	0.00
SHORT LEG							
*** END ***							
<b>TOTAL:</b>	454.50	236.50	118.00	211.50		118.00	100.00

The payment entry staff clicks the **Exit Screen** button to return to the **Payment: Add** screen (not shown).

Do These Steps  
26.06 =====>

1. Be sure the cursor is in the **Paid** field for **Office Visit**
2. Type **25** (representing \$25.00)
3. Place the cursor in the first **Code** field for **Office Visit**
4. Type **cp**  
(This is the code for copayment)
5. Place the cursor in first **Amount** field for **Office Visit**
6. Type **25** (representing \$25.00)  
(This is the copayment amount)
7. Place cursor in second **Code** field for **Office Visit**
8. Type **dd**  
(This is the code for deductible)

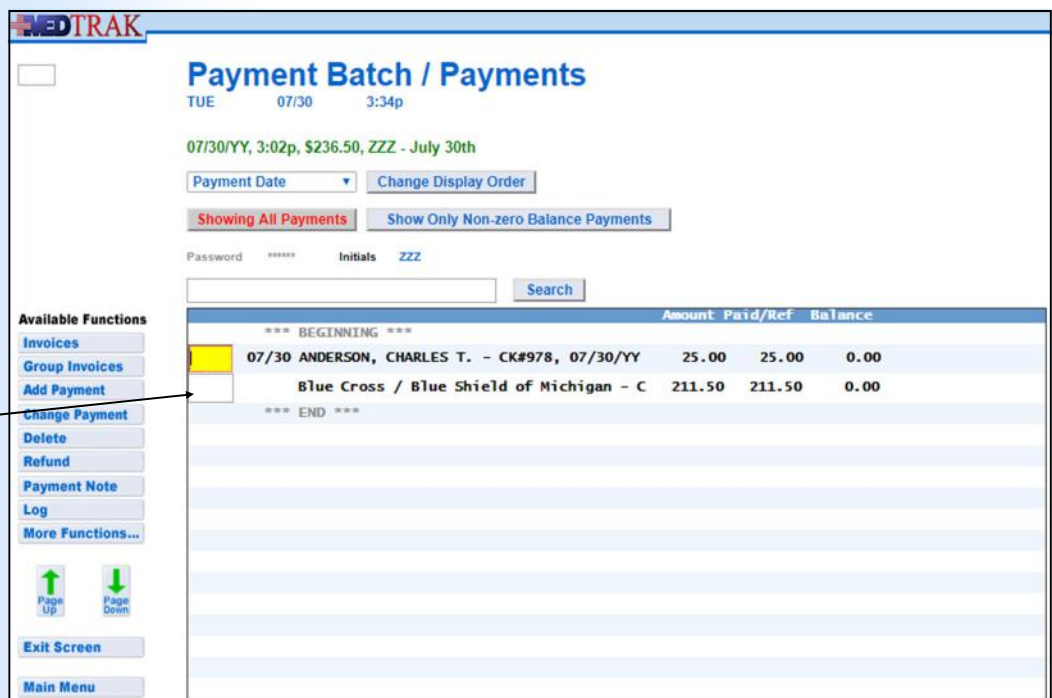
Do These Steps  
<==== 26.07

1. Place the cursor in second **Amount** field for the **Office Visit**
2. Type **100** (representing \$100.00)  
(This is the amount that Blue Cross / Blue Shield of Michigan is applying to Anderson's deductible)
3. Place the cursor in the **Paid** field for the **X-ray**
4. Type **50** (representing \$50.00)
5. Place the cursor in the first **Code** field for the **X-ray**
6. Type **a01**  
(This is the code for the PPO adjustment)
7. Place the cursor in first **Amount** field for **X-ray**  
(The cursor automatically moved to the amount field after entering the code)
8. Type **20** (representing \$20.00)  
(This is the PPO adjustment amount for the X-ray)
9. Place the cursor in the **Paid** field for the **Ice Pack**
10. Type **5** (representing \$5.00)
11. Place the cursor in the first **Code** field for the **Ice Pack**
12. Type **a01**
13. Place the cursor in first **Amount** field for **Ice Pack**
14. Type **7.50** (representing \$7.50)
15. Place the cursor in the **Paid** field for the **Ankle Lace Up**
16. Type **51.50** (representing \$51.50)
17. Place the cursor in the first **Code** field for the **Ankle Lace Up**
18. Type **a01**
19. Place the cursor in first **Amount** field for **Ankle Lace Up**
20. Type **31.50** (representing \$31.50)
21. Click the **Page Down** button
22. Be sure the cursor is in **Paid** field for the **Appl Splint**
23. Type **80** (representing \$80.00)

Do These Steps  
26.08 =====>

1. Place the cursor in the first **Code** field for **Appl Splint**
2. Type **a01**
3. Place the cursor in first **Amount** field for **Appl Splint**
4. Type **59** (representing \$59.00)
5. Click the **Submit Payment** button
6. Check that you entered your payment information properly  
(Use the **Page Up** and **Page Down** buttons to switch screens)  
(The invoice balance should be 100.00)
7. Click the **Exit Screen** button  
(The Payment: Add screen appears again)

There are only two payments in this batch, so the payment entry staff clicks the **Exit Screen** button on the Payment: Add screen. The next screen to appear is the Payment Batch / Payments screen showing the two payments. One payment is from Mr. Anderson for \$25.00, and the other is from Blue Cross /

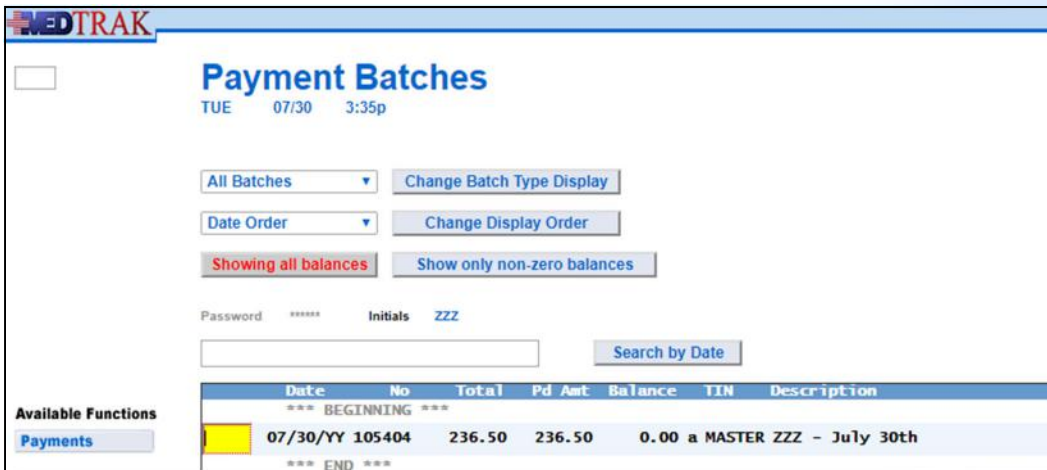


Both payments appear in the batch

Blue Shield of Michigan for \$211.50 (shown below).

Both of these payments have balances of zero, meaning that all of the payments are applied to invoices. The payment entry staff clicks the **Exit Screen** button to return to the Payment Batches screen to add another payment batch (shown on





Payment Batch screen

1. Click the *Exit Screen* button  
(You should be on the Payment Batch / Payments)  
(Both payments should have a balance of zero)
2. Click the *Exit Screen* button again  
(You should be on the Payment Batches screen)  
(Your payment batch should have a zero balance)
3. Click the *Exit Screen* button again  
(You should be back on the Billing Menu)

Do These Steps  
<==== 26.09

## Self Assessment

1. You should be on the Billing Menu
2. Click the *Patients* button in the Search section  
(You should be on the Patients screen)
3. Type **SA26** in the Search or any command field  
(SA stands for self assessment and 26 is the chapter #)
4. Press the *ENTER* key  
(“Self Assessment sent to printer/queue...” appears)
5. Click the *View Prints* button  
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the *Refresh* button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA26** report.
8. You must have a 100% (error-free) report before continuing.

Do These Steps  
<==== 26.10

## Printing the Patient Statement for Anderson



You might need to produce a print of Mr. Anderson's patient statement to turn in for your assignment.

Do These Steps  
26.11 =====>

1. Place the cursor in **Mr. Anderson's** command field  
(You should still be on the Patients screen)
2. Type **prst** to print Mr. Anderson's statement
3. Press the **ENTER** key  
(The Patients screen should refresh with the "**Statement sent to printer/queue...**" message)
4. Click the **Exit Screen** button  
(You should be back on the Billing Menu)
5. **Print or save the patient statement for Mr. Anderson**
6. To view your print queue, click the **View Prints** button  
(This will open another window displaying your PDF print queue called Available User Reports)
7. Find your report (If it does not appear, click the **Refresh** button)
8. Place the cursor next to the print that you want
9. Click the **View Report** button  
(The PDF will open in another window)
10. **Print the report or save / download it to your computer**
11. Close the PDF window
12. Close the Available User Reports window  
(You should be back on the Billing Menu)

**Chapter 26 - Review Activities** .....

Answer the following questions:

1. A “lock box” service is used by medical facilities for payments received by?
  - A. Patients paying their bill at the collection desk.
  - B. Electronic payments made by insurance companies.
  - C. Regular mail.
  
2. Batch totals entered into a billing system should match the bank deposits?
  - No
  - Yes
  
3. Which of following situations might occur when posting payment information to a line item?
  - A. The balance on the line item is paid in full.
  - B. The balance on the line item is overpaid.
  - C. The balance on the line item is not paid at all but adjusted to zero.
  - D. A portion of the line item is paid leaving a balance due.
  - E. A portion of the line item is paid and the balance adjusted to zero.
  - F. The whole line item amount is denied.
  - G. The line item is credited to the patient’s deductible.
  - H. The line item is credited with the patient’s coinsurance amount.
  - I. The office visit line item is credited with the patient’s copayment amount.
  - J. The line item is re-billed to the current payer.
  - K. The line item is balance billed to the next payer.
  - L. All of the above.

PAGE - 1

ZZZ Medical Care - Healthcare Student  
Mr. Charles T. Anderson Statement07/30/19  
3:37p

## Bill To

Mr. Charles T. Anderson  
123 South Main Street  
North Muskegon, MI 49445

## Remit To

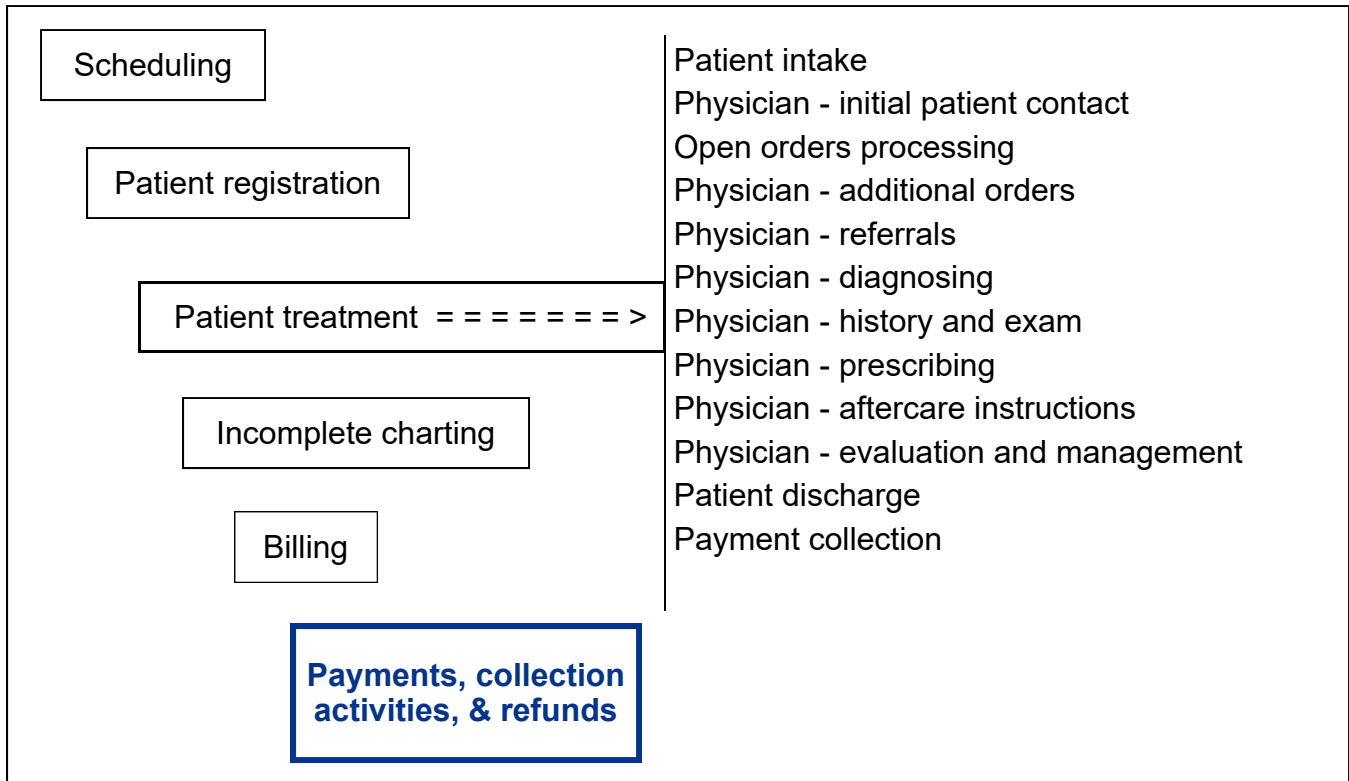
ZZZ Medical Care  
1847 Ruddiman Drive  
North Muskegon, MI 49445  
Phone: (231) 744-4759

DOS	Description	Amount	Balance			
07/08/19	ANDERSON, CHARLES T. (Pat #47XNKR) - LEFT ANKLE PAIN, Inv #355205, ZZZ Medical Care)					
	Office Visit - Level of Service (99203)	150.00				
	07/30/19 Paid \$ 25.00 by ANDERSON, CHARLES T. by Check, #978, 07/30/19	25.00-				
	Paid by Blue Cross / Blue Shield of Michigan by Check, #36722, 07/30/19	25.00-				
	Copayment of \$ 25.00 applied by Blue Cross / Blue Shield of Michigan					
	Deductible of \$ 100.00 applied by Blue Cross / Blue Shield of Michigan		100.00			
	 X-RAY LT ANKLE (3VW) (73610,LT)	 70.00				
	07/30/19 Paid by Blue Cross / Blue Shield of Michigan by Check, #36722, 07/30/19	50.00-				
	Adjusted by Blue Cross / Blue Shield of Michigan, Adjustment PPO reduction	20.00-	0.00			
	 ICE PACK INSTANT (A9999)	 12.50				
	07/30/19 Paid by Blue Cross / Blue Shield of Michigan by Check, #36722, 07/30/19	5.00-				
	Adjusted by Blue Cross / Blue Shield of Michigan, Adjustment PPO reduction	7.50-	0.00			
	 ANKLE LACE UP MD (LLE) (L1902,NU)	 83.00				
	07/30/19 Paid by Blue Cross / Blue Shield of Michigan by Check, #36722, 07/30/19	51.50-				
	Adjusted by Blue Cross / Blue Shield of Michigan, Adjustment PPO reduction	31.50-	0.00			
	 APPL SPLINT SHORT LEG (29515)	 139.00				
	07/30/19 Paid by Blue Cross / Blue Shield of Michigan by Check, #36722, 07/30/19	80.00-				
	Adjusted by Blue Cross / Blue Shield of Michigan, Adjustment PPO reduction	59.00-	0.00			
			-----			
	Invoice Balance Due (A/R - 0-30 days)		100.00			
			-----			
		Total Balance:	100.00			
			-----			
Aging	0-30	31-60	61-90	91-120	Over 120	Total
	-----	-----	-----	-----	-----	-----
	100.00	0.00	0.00	0.00	0.00	100.00

# Accounts Receivable

# 27

Estimated Duration  
20 Minutes



## Key Concepts

- ▶ No payments
- ▶ Underpaid invoices
- ▶ Overpaid invoices
- ▶ Denied invoices
- ▶ No follow-up
- ▶ With follow-up
- ▶ Payments not yet applied
- ▶ Unidentified payments
- ▶ Debit accounts receivable
- ▶ Credit accounts receivable

# Accounts Receivable Aging

- No payments
- Underpaid invoices
- Overpaid invoices
- Denied invoices
- No follow-up
- With follow-up
- Unapplied payments
- Unidentified payments

To access the Accounts Receivable Aging dashboard (shown below), the billing staff signs into MedTrak, clicks the *Billing* button, and then clicks the *AR Dashboard* button. This dashboard tracks invoices and payments with non-zero balances, including:

- Invoices with **no payments**
- Partially paid invoices (**underpaid invoices**)
- **Overpaid invoices** (where the payer paid more than they owed or two payers paid for the same invoice)
- **Denied invoices** (where the payer denies that they owe for the charges)
- Invoices with **no follow-up** (where no collection activities have been started yet)
- Invoices **with follow-up** (where collection activities have started)
- Payments not yet applied to invoices where the payer is known to the medical facility (**unapplied payments**)
- Payments received from sources where the payer is not known (**unidentified payments**)

Accounts Receivable Aging dashboard

**MEDTRAK**

## ACCOUNTS RECEIVABLE AGING

TUE 07/30 5:04p

**A/R Aging dashboard successfully refreshed...**

Site: 00067122

Activity: All Invoices (All Invoices, Both W and W/O)

Follow-up: With and without (Both W and W/O)

Account Rep: ALL

Buttons: Previous Period, Next Period, Reset View

Available Functions: [Reset View](#), [Refresh Totals](#), [Next Time Periods](#), [Prev. Time Periods](#), [Exit Screen](#), [Main Menu](#)

A/R	TOTAL	0-30	31-60	61-90
<b>Debit A/R</b>				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
<b>Total Debit (1)</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Credit A/R</b>				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

The Accounts Receivable Aging dashboard has two main sections:

- **Debit A/R** - separates by the type of payer and includes all unpaid invoices whether underpaid or with no payments. The total number of invoices included in each displays in parentheses next to the category title. **Debit accounts receivable** represents money that is owed by the payers to the medical facility.
- **Credit A/R** - separates by the type of payer and includes all overpaid invoices, unapplied payments, and unidentified payments. The total number of invoices or payments included in each displays in parentheses next to the category title. **Credit accounts receivable** represents money that is owed by the medical facility to the payers.

Debit accounts receivable

Credit accounts receivable

**Total Debit, Total Credit, and Total Net AR** - MedTrak displays totals for the debit accounts receivable with individual amounts for the credit categories. Again, the total number of invoices and payments displays in parentheses next to the category title.

The Accounts Receivable Aging dashboard breaks down into aging periods (columns of information) (shown below).

Days	Total unpaid invoices
0-30	Less than 31
31-60	Between 31 and 60
61-90	Between 61 and 90
91-120	Between 91 and 120
121-150	Between 121 and 150
151-180	Between 151 and 180
181-270	Between 181 and 270
271-360	Between 271 and 360
361+	Over 360 (in essence over one year)

Accounts receivable aging periods

Filters are set up to display just the invoices for one medical facility or the entire entity. The billing staff can also filter the dashboard based on the activity (no payment, underpaid, overpaid, and denied), and by invoices with follow-up and without. For invoices with follow-up, the billing staff can filter by the account representative responsible for collecting payment for the invoice.

The accounts receivable aging totals reflect the amounts based on the last time that the dashboard was refreshed by the billing staff. Typically, billing staffs refresh the accounts receivable dashboard each morning to reflect all of the previous day's activity. To refresh the accounts receivable aging, the billing staff clicks the **Refresh Totals** button. For the purposes of this book, MedTrak automatically refreshes the dashboard each time that it is displayed.

To display the invoices (or payments) in that category for that aging time period, the billing staff clicks the appropriate amount field.

To display the different aging time periods, the billing staff clicks the arrow buttons or the *Next Time Periods* and *Prev Time Periods* buttons.

The Accounts Receivable Aging dashboard is now set to the next set of aging time periods from the previously shown screen (shown below).

**ACCOUNTS RECEIVABLE AGING**  
TUE 07/30 5:06p  
Next set of aging periods...

Site: 00067122  
Activity: All invoices  
Follow-up: With and without  
All Invoices  
Both W and W/O  
Reset View

Account Rep: ALL  
Previous Period  
Next Period

Available Functions:  
Reset View  
Refresh Totals  
Next Time Periods  
Prev Time Periods  
Exit Screen  
Main Menu

A/R	TOTAL	91-120	121-150	151-180
Debit A/R				
Patient (0)	0	0	0	0
Insurance (1)	100	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (1)	100			
Credit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Accounts Receivable Aging dashboard showing next aging time periods

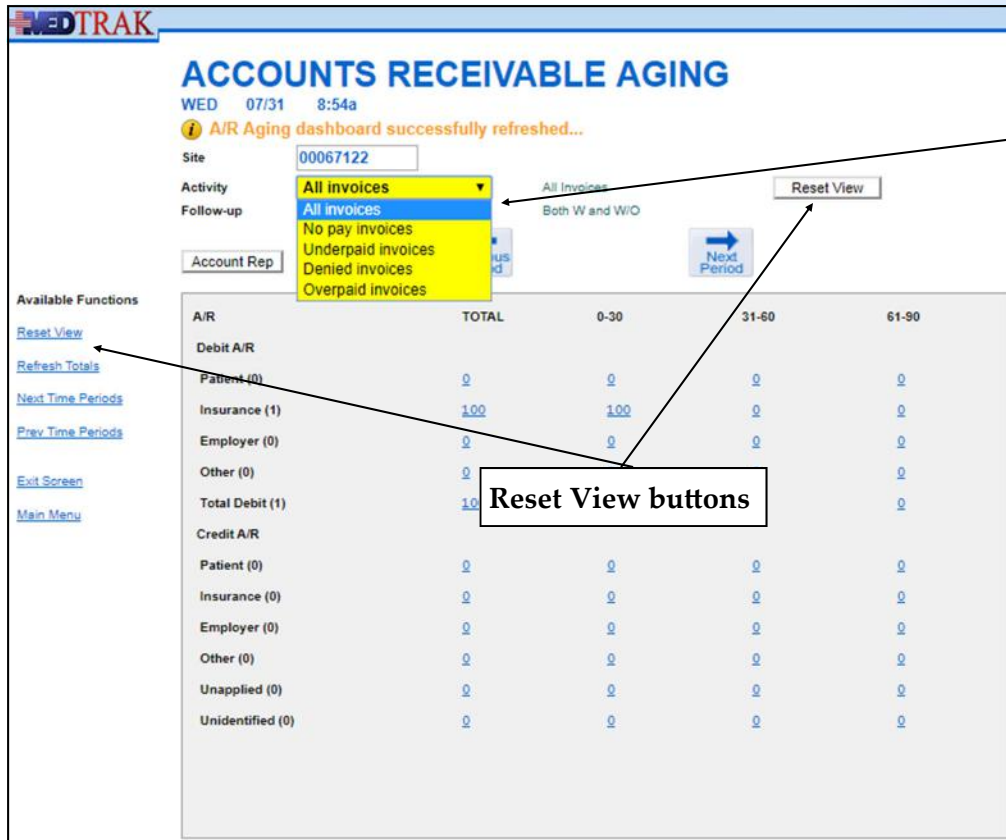
Do These Steps 27.01 ==>

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**  
(You should be on the Billing Menu)
3. **Click the *AR Dashboard* button**  
(You should be on the Accounts Receivable Aging)
4. **Review the information on the dashboard**
5. **Click the *right arrow* button at the top of screen**  
(You should be on the 91-120 aging time period screen)
6. **Click the *Prev Time Periods* button**  
(You should be back on 0-30 aging time period screen)



# Invoice Activity Filter

The **Activity** filter at the top of the screen is a drop-down list. The billing staff clicks the **Activity** drop-down list, selects the invoice activity filter, and then clicks the **Reset View** button at the top right of the screen or the **Reset View** button on the left side of the screen (shown below).



Activity filter drop-down list selection

Reset View buttons

1. Click the **Activity** drop-down list
2. Select the **Underpaid invoices** option
3. Click the **Reset View** button  
(You should be viewing the aging for underpaid invoices only)
4. Click the **Activity** drop-down list
5. Select the **All invoices** option
6. Click the **Reset View** button  
(You should be viewing the aging for all invoices)

Do These Steps  
<==== 27.02

## Follow-up Filter

The **Follow-up** filter at the top of the screen is also a drop-down list. The billing staff clicks the **Follow-up** drop-down list, selects the follow-up filter, and then clicks the **Reset View** button at the top of the screen or the **Reset View** button on the left side of the screen (shown below).

The screenshot shows the MEDTRAK Accounts Receivable Aging interface. At the top, there's a header with the site ID '00067122' and a 'Follow-up' dropdown menu. The dropdown is currently set to 'With and without'. Below the dropdown, there are buttons for 'Account Rep', 'Next Period', and 'Reset View'. A table displays the aging data for various categories. On the left side, there are 'Available Functions' including 'Reset View', 'Refresh Totals', 'Next Time Periods', 'Prev Time Periods', 'Exit Screen', and 'Main Menu'. A box labeled 'Reset View buttons' points to the 'Reset View' button in the top right and the 'Reset View' link in the left sidebar.

A/R	TOTAL	0-30	31-60	61-90
<b>Debit A/R</b>				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
<b>Total Debit (1)</b>	<b>100</b>			
<b>Credit A/R</b>				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Follow-up filter drop-down list selection

Reset View buttons

Do These Steps  
27.03 =====>

1. Click the *Follow-up* drop-down list
2. Select the *With follow-up* option
3. Click the *Reset View* button  
(You should be viewing the aging for follow-up invoices only)
4. Click the *Follow-up* drop-down list
5. Select the *With and without* option
6. Click the *Reset View* button  
(You should be viewing the aging for all invoices)

## Selecting an accounts receivable category

To view the invoices in a category, the billing staff clicks the amount that represents the category and aging period.

On the Accounts Receivable Aging dashboard, the billing staff clicks the **Debit A/R / Insurance** category for the **0-30** day aging period to locate Mr. Anderson's invoice from the last chapter (shown below).

**ACCOUNTS RECEIVABLE AGING**  
TUE 07/30 5:21p  
A/R Aging dashboard successfully refreshed...

Site: 00067122  
Activity: All invoices  
Follow-up: With and without  
Account Rep: \*ALL  
Buttons: Previous Period, Next Period, Reset View

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (1)	100	100	0	0
Credit A/R				

Debit A/R  
Insurance 0-30  
day aging period

The first screen to appear is the A/R by Balance: Insurance, Age 0-30 screen that displays the payers in total balance owed order (shown below). The payer with the highest total balance appears first on the list.

**A/R by Balance: Insurance, Age: 0-30**  
TUE 07/30 5:15p  
A/R Aging dashboard successfully refreshed...

Balance	Count	Category
100.00	1	Total - Insurance, Age: 0-30

Balance	Count	Payer
100.00	1	Blue Cross / Blue Shield of Michigan

Blue Cross payer  
showing one  
invoice for  
\$100.00

Because Mr. Anderson's invoice's primary payer is Blue Cross / Blue Shield of Michigan, the billing staff clicks the **Blue Cross / Blue Shield of Michigan** name.

The Invoices screen showing the 0-30 day invoices for Blue Cross /Blue Shield of Michigan displays.

The Anderson invoice appears on the first screen (shown below). If the patient’s invoice did not appear on the screen, the billing staff would change the **Payer Display** to be by patient and then use the **Search** function to locate the patient.

Anderson’s Blue Cross invoice displays



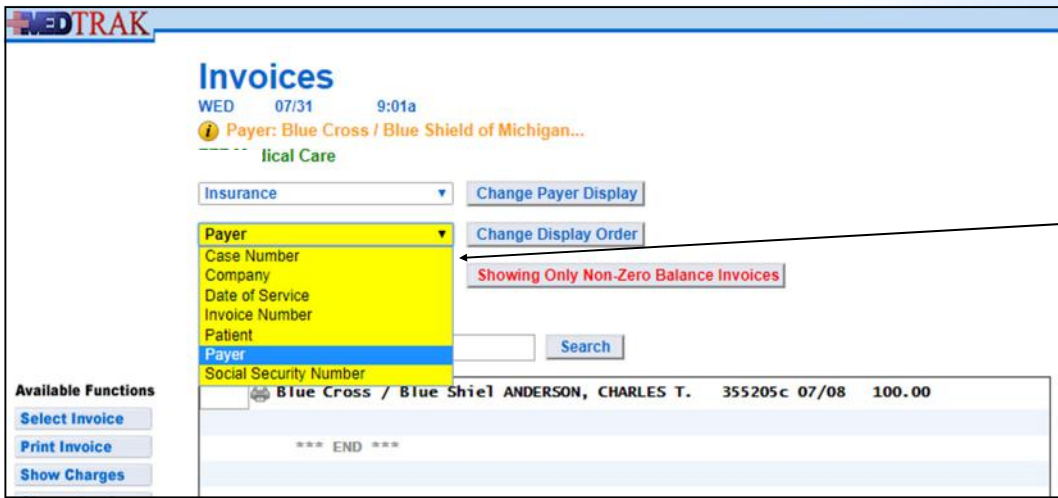
The Invoices screen accessed from the Accounts Receivable Aging dashboard only displays invoices with a non-zero balance.

At the top of the Invoices screen, there is a drop-down list for resetting the **Payer Display**. The billing staff selects a different payer display and clicks the **Change Payer Display** button (shown below).

Payer display drop-down list



Also at the top of the Invoices screen is a drop-down list for resetting the **Display Order**. The billing staff selects a different display order and clicks the **Change Display Order** button (shown on the next page).



Display order drop-down list

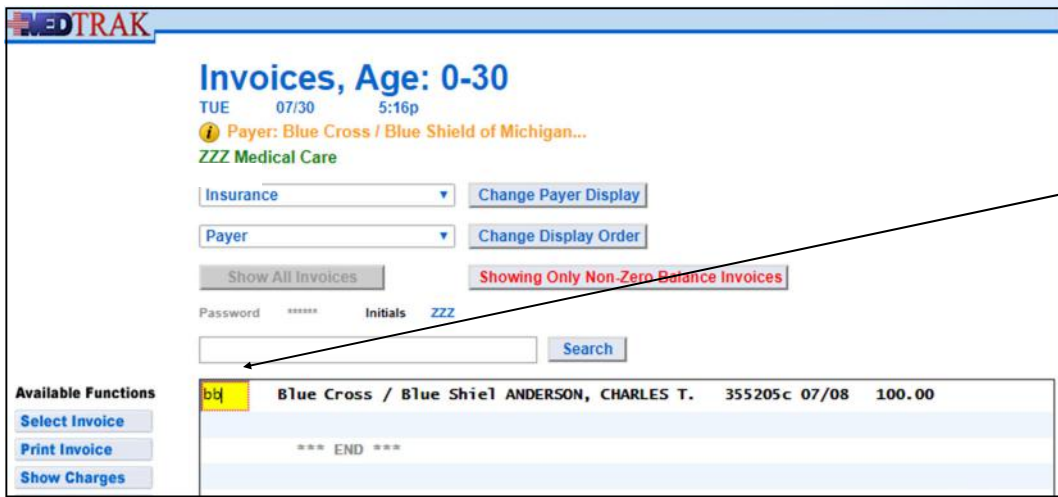
The Invoices screen also has a search function to locate an invoice. The billing staff types in the search parameter in the **Search** field and clicks the **Search** button to reset the display.

## Balance billing to the secondary payer ●●●●●●●●●●

In this example, Mr. Anderson has a secondary payer (Nationwide Insurance). Because Blue Cross / Blue Shield of Michigan applied \$100.00 of the office visit to the patient’s deductible, this balance is still outstanding on the invoice.

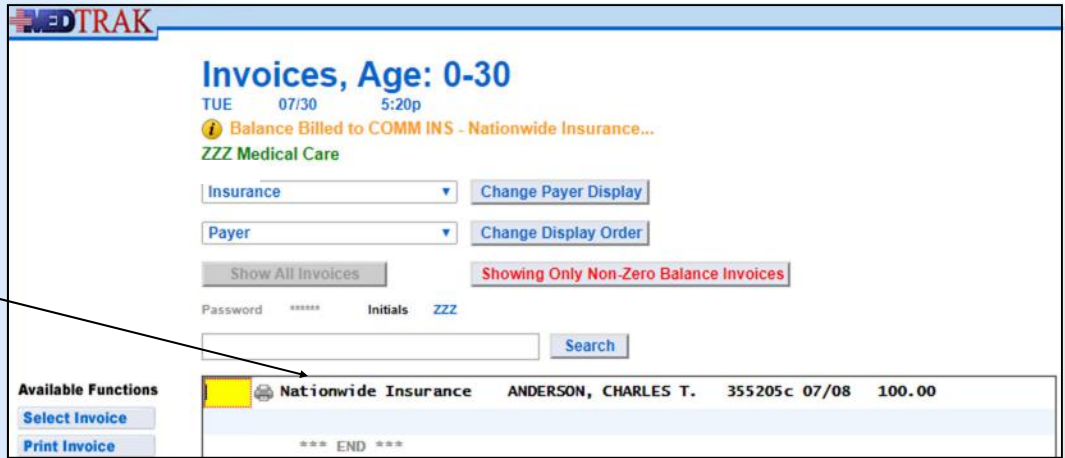
The billing staff is going to balance bill the \$100.00 to Nationwide Insurance. The payment entry person could have balance billed the invoice by using the **balance billing** command on the line item when posting the Blue Cross / Blue Shield of Michigan payment, but in this example the billing staff will balance bill the invoice using the Invoices screen.

To balance bill the next payer, the billing staff enters the balance billing command **bb** in the command field next to Mr. Anderson’s invoice on the Invoices screen (shown below).



Balance billing command

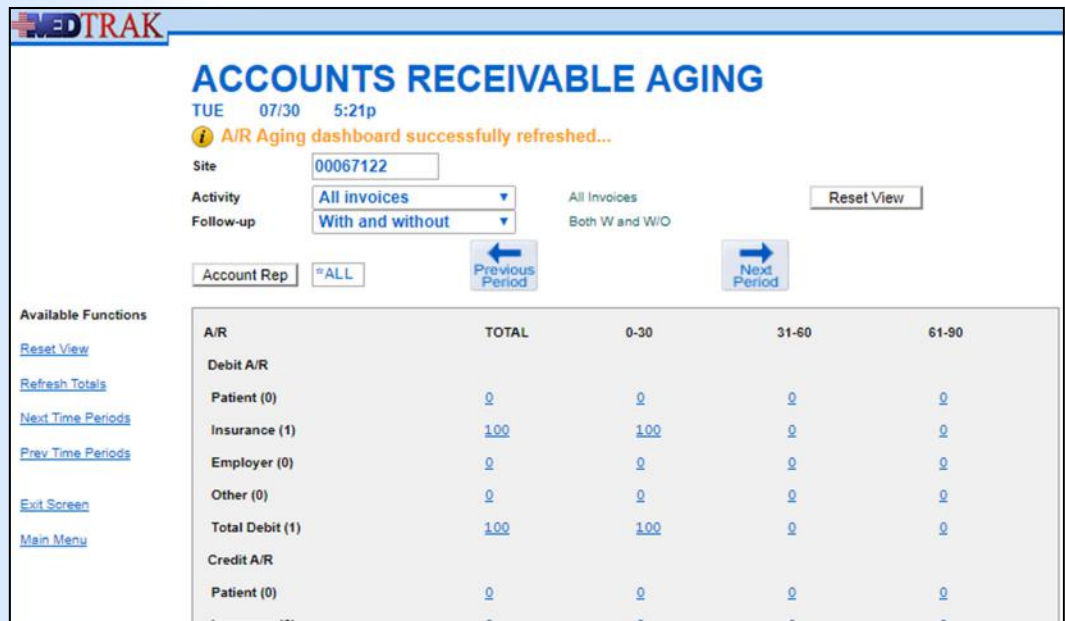
The billing staff presses the *ENTER* key. The Invoices screen refreshes with the message “**Balance Billed to COMM INS – Nationwide Insurance...**”. The invoice now shows that Nationwide Insurance is the payer.



Nationwide is now the payer

The billing staff clicks the *Exit Screen* button on the Invoices screen and then clicks the *Exit Screen* button on the A/R by Balance screen to return to the Accounts Receivable Aging dashboard (shown below).

The Anderson invoice balance of \$100.00 is now owed by Nationwide



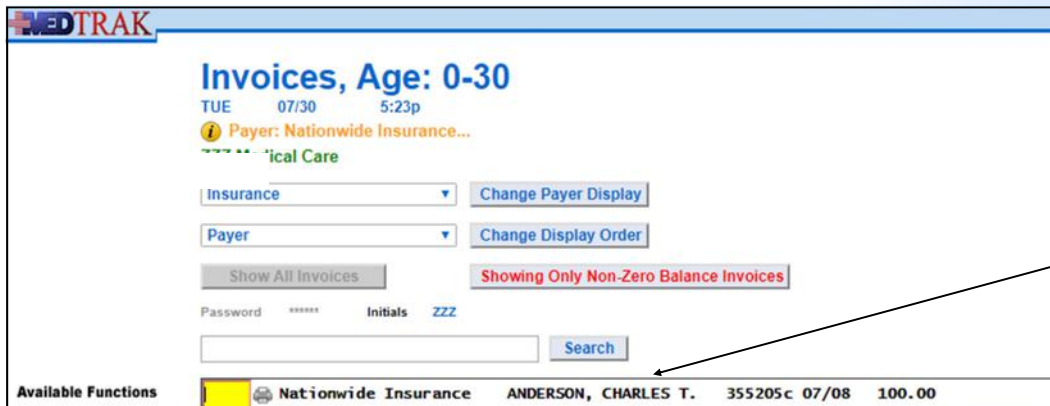
Accounts Receivable Aging dashboard

Insurance. For this example, the billing staff will print and send the CMS1500 invoice to Nationwide Insurance. To access the Nationwide invoice, the billing staff clicks the amount in the 0-30 Insurance column. The next screen to appear is the A/R by Balance: Insurance, Age: 0-30 showing that Nationwide has a balance (shown on the next page).



Anderson's Nationwide invoice displays

Selecting Nationwide Insurance displays the Invoices screen showing the Anderson invoice with a balance of \$100.00 (shown below).



Anderson invoice

For this example the billing staff places the cursor in the command field next to Mr. Anderson's invoice and clicks the *Print Invoice* button. The screen refreshes with the message "**Report sent to printer/queue - use View Prints link...**"

1. Click the **0-30** category for **Debit AR / Insurance**  
(You should be on the A/R by Balance screen)
  2. If the Anderson invoice does not show because more than 30 days have elapsed since the invoice was created, click the *Exit Screen* button to return to the Accounts Receivable Dashboard and then click the *Total* category for **Debit AR / Insurance**
  2. Click the *Blue Cross / Blue Shield of Michigan* name  
(You should be on the Invoices: Age 0-30 screen)
  3. Place the cursor next to **Mr. Anderson's** invoice
  4. Type **bb** (the balance billing command)
  5. Press the **ENTER** key  
(The invoice is now balance billed to Nationwide)
- Note: Do NOT enter the bb command twice.**

Do These Steps  
<==== 27.04

Do These Steps  
27.05 =====>

1. Click the *Exit Screen* button  
(You should be back on the A/R by Balance screen)
2. Click the *Exit Screen* button again  
(You should be back on the Accounts Receivable Aging dashboard)
3. Review the totals on the dashboard
4. Click the **0-30** category for the **Debit AR / Insurance**  
(You should be on the A/R by Balance screen)
5. Click the *Nationwide Insurance* name  
(You should be on the Invoices: Age 0-30 screen)  
(If you don't find your invoice in the **0-30** category, click the **Total** category)
6. Place the cursor next to **Mr. Anderson's** invoice
7. Click the *Print Invoice* button  
(Mr. Anderson's invoice will be in the *View Prints* PDF queue)
8. Click the *Exit Screen* button  
(You should be back on the A/R by Balance screen)
9. Click the *Exit Screen* button again  
(You should be back on the Accounts Receivable Aging dashboard)
10. Click the *Exit Screen* button again  
(You should be back on the Billing Menu)



## Self Assessment .....

1. You should be on the **Billing Menu**
2. Click the **Patients** button in the **Search** section  
(You should be on the **Patients** screen)
3. Type **SA27** in the **Search** or any command field  
(**SA** stands for self assessment and **27** is the chapter #)
4. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the **View Prints** button  
(The **Available User Reports** window opens)
6. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA27** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the **Exit Screen** button  
(You should be back on the **Billing Menu**)

Do These Steps  
<==== 27.06

## Printing the Nationwide CMS1500 .....

1. Print or save **Mr. Anderson’s CMS1500** to Nationwide Insurance that MedTrak sent to your printer/queue
2. To view your print queue, click the **View Prints** button
3. Find your report (If it does not appear, click **Refresh**)
4. Place the cursor next to the print that you want
5. Click the **View Report** button  
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the **PDF** window
8. Close the **Available User Reports** window  
(You should be back on the **Billing Menu**)

Do These Steps  
<==== 27.07

**Chapter 27 - Review Activities** .....

Answer the following questions:

1. **Accounts receivable systems track invoices and payments with non-zero balances?**

- No
- Yes

2. **Invoices with balances include which of the following situations?**

- A. Invoices with no payments.
- B. Partially paid invoices (underpaid).
- C. Overpaid invoices – the payer paid too much or two payers paid the same invoice.
- D. Denied invoices where the payer denies owing the charges.
- E. All of the above.

3. **Unapplied payments are payments with balances not used to pay invoices?**

- No
- Yes

4. **Unidentified payments are payments from payers with unlisted phone numbers?**

- No
- Yes

5. **Debit accounts receivable include which of the following?**

- A. Invoices with no payments applied.
- B. Invoices that are partially paid.
- C. Payments made from insurance companies.
- D. Invoices that are overpaid.
- E. All of the above.

6. **Credit accounts receivable include which of the following?**

- A. Unapplied payments.
- B. Unidentified payments.
- C. Invoices that are overpaid.
- D. All of the above.



Nationwide Insurance  
PO Box 15016

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Sacramento, CA 95851

Page 01 of 01

<input type="checkbox"/> PIGA <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input checked="" type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> HEALTH SAVINGS PLAN <input type="checkbox"/> OTHER		1a. INSURER'S ID. NUMBER (For Programs in Item 1) 87497933	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Anderson, Charles, T		3. PATIENT'S BIRTH DATE SEX 12 02 19YY <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
3. PATIENT'S ADDRESS (pt., street) 123 South Main Street CITY: North Muskegon MI ZIP CODE: 49445 TELEPHONE (include Area Code): (231) 5557537		4. INSURER'S NAME (Last Name, First Name, Middle Initial) Anderson, Susan, K 7. INSURER'S ADDRESS (pt., street) 123 South Main Street CITY: North Muskegon MI ZIP CODE: 49445 TELEPHONE (include Area Code): (231) 5557537	
5. OTHER INSURER'S NAME (Last Name, First Name, Middle Initial) 6. OTHER INSURER'S POLICY OR GROUP NUMBER 8. REFERRED FOR NUCC USE 9. INSURANCE PLAN NAME OR PROGRAM NAME		10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. INSURER'S POLICY GROUP OR PIGA NUMBER 48749 12. INSURER'S DATE OF BIRTH SEX 01 16 19YY <input type="checkbox"/> M <input checked="" type="checkbox"/> F 13. OTHER CLAIM ID (Designated by NUCC) 14. INSURANCE PLAN NAME OR PROGRAM NAME Nationwide Insurance	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE: 07/30/YY		15. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of assigned benefits to the undersigned physician or supplier for services described below. SIGNED Signature on File	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY) 07/08/20YY QMNT. 431		15. OTHER DATE (MM/DD/YY) QMNT. 454 07/08/20YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO 17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO 18. OUTSIDE LABS & CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Refer A-L to service the list(s) (ICD-9-CM) A. M24.9 B. C. D. E. F. G. H. I. J. K. L.		19. PRIORITY AUTHORIZATION NUMBER	
24. A. DATES OF SERVICE (MM/DD/YY) B. PLACE OF SERVICE C. D. PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstances) E. DIAGNOSIS F. CHARGES G. DATE OF VISIT H. ICD-9-CM CODE I. REFERRING PROVIDER ID. #		20. FEDERAL TAX ID NUMBER SWR EIN 383672622 <input checked="" type="checkbox"/> X 21. PATIENT'S ACCOUNT NO. 0000355205 22. ACCOUNT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 23. TOTAL CHARGE \$ 454 50 23. AMOUNT PAID \$ 236 50 24. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR ORIGINALS (I verify that the statements on this reverse apply to this bill and are made a part thereof.) Healthcare Student 25. SERVICE FACILITY LOCATION INFORMATION ZZZ Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 26. BILLING PROVIDER INFO & PHI # (231) 5554759 First Medical Care 1847 Ruddiman Drive North Muskegon MI 49445	
27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR ORIGINALS (I verify that the statements on this reverse apply to this bill and are made a part thereof.) SIGNED 07/30/YY DATE		28. CLAIM CODES (Designated by NUCC) 29. CLAIM CODES (Designated by NUCC)	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

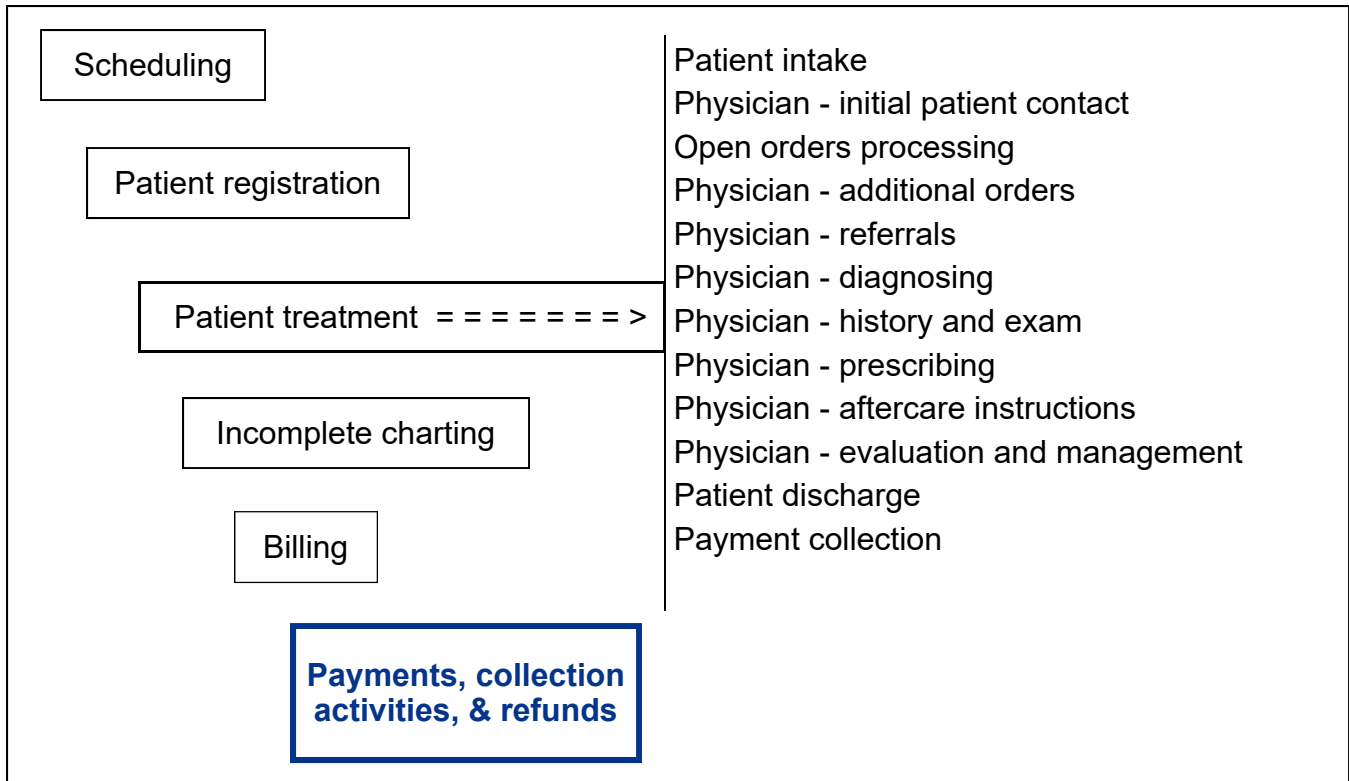
Chapter 27

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# Collection Activity

# 28

Estimated Duration  
20 Minutes



## Key Concepts

- ▶ Case / billing activity log
- ▶ Follow-up notes
- ▶ Attaching documents
- ▶ Reminders (ticklers) for follow-up activity

## Case / Billing Activity Log

MedTrak provides collection activities to be logged through the use of a Case/Billing Activity Log. The collection staff accesses the Case/Billing Activity Log from the Invoices processor.

In this example, the collection staff uses the Accounts Receivable Aging dashboard to find the invoice to record collection activity.

Collection staff activities include:

Follow-up notes

Attaching documents

Reminders

- Recording **follow-up notes** based on conversations or emails or letters from payers related to paying outstanding invoices.
- **Attaching documents** (both scanned and emailed) related to the collection activity.
- Setting up **reminders** for further follow-up activity.

In this example, the collection staff:

- Records a follow-up note related to an attempted phone conversation with the payer (Nationwide)
- Attaches a document sent by Nationwide denying responsibility for paying the invoice
- Sets up a reminder to call the payer again

The collection staff accesses the Accounts Receivable Aging dashboard from the Billing Menu (shown below).

Accounts Receivable Aging dashboard

**MEDTRAK**

### ACCOUNTS RECEIVABLE AGING

TUE 07/30 5:29p

**A/R Aging dashboard successfully refreshed...**

Site: 00067122

Activity: All invoices (dropdown) All Invoices (checkbox) Reset View

Follow-up: With and without (dropdown) Both W and W/O (checkbox)

Account Rep: =ALL Previous Period Next Period

A/R	TOTAL	0-30	31-60	61-90
<b>Debit A/R</b>				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
<b>Total Debit (1)</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Credit A/R</b>				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Available Functions: [Reset View](#), [Refresh Totals](#), [Next Time Periods](#), [Prev Time Periods](#), [Exit Screen](#), [Main Menu](#)

Then the collection staff locates the invoice by clicking the amount the **Debit A/R / Insurance / 0-30** aging category on the Accounts Receivable Aging dashboard. The next screen to appear is the A/R by Balance: Insurance, Age: 0-30 (shown below).

**A/R by Balance: Insurance, Age: 0-30**  
TUE 07/30 5:30p  
A/R Aging dashboard successfully refreshed...

Balance	Count	Category
100.00	1	<a href="#">Total - Insurance, Age: 0-30</a>

Available Functions: Page Up, Page Down

Balance	Count	Payer
100.00	1	<a href="#">Nationwide Insurance</a>

Nationwide Insurance - one invoice for \$100

Then the collection staff selects the payer (Nationwide) from the A/R by Balance processor. The next screen to appear is the Invoices, Age: 0-30 showing the Nationwide invoice for Mr. Anderson (shown below).

**Invoices, Age: 0-30**  
TUE 07/30 5:30p  
Nationwide Insurance...  
ZZZ Medical Care

Insurance [v] Change Payer Display  
Payer [v] Change Display Order

Show All Invoices Showing Only Non-Zero Balance Invoices

Password \*\*\*\*\* Initials ZZZ

Search

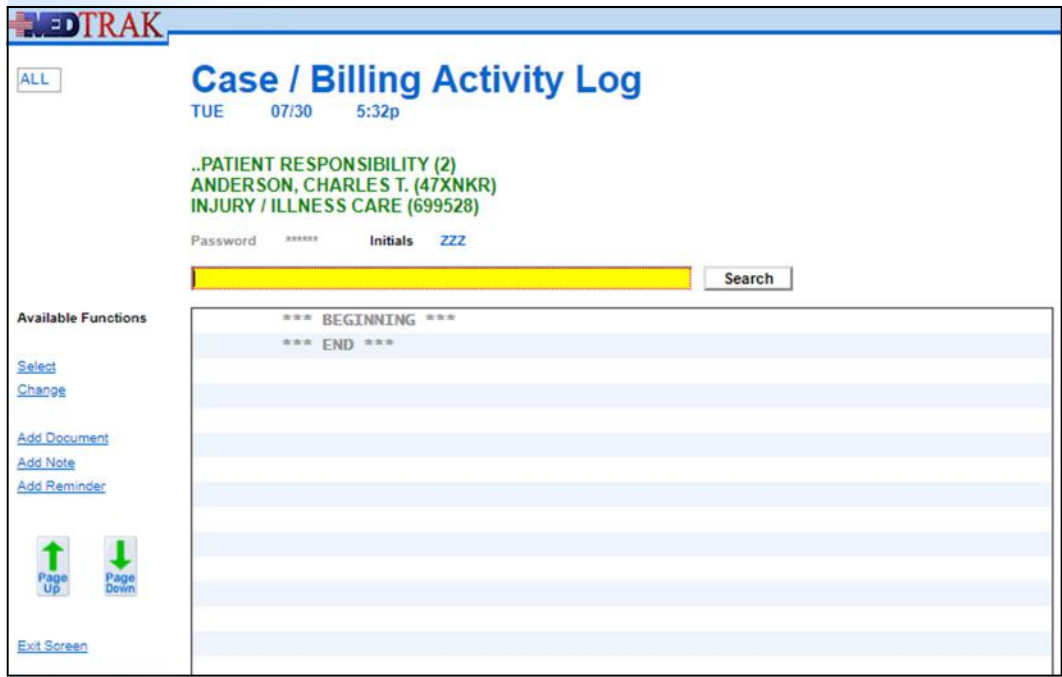
Available Functions:  
Select Invoice  
Print Invoice  
Show Charges  
Change Invoice  
Invoice Log  
Information  
Online Chart  
Activity Log  
Supplemental Info

	Nationwide Insurance	ANDERSON, CHARLES T.	355205c	07/08	100.00
*** END ***					

Activity Log button

The collection staff places the cursor in the command field next to the invoice and clicks the **Activity Log** button. The next screen to appear is the Case / Billing Activity Log. Because this is the first time the collection staff is accessing this processor, there are no log entries on the screen (shown on the next page).

Showing no log entries



Do These Steps  
28.01 =====>

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**  
(You should be on the Billing Menu)
3. **Click the *AR Dashboard* button**  
(You should be on the Accounts Receivable Aging dashboard)
4. **Click the *0-30* category for the *Debit A/R / Insurance***  
(You should be on the A/R by Balance screen)  
(If you don't find your invoice in the **0-30** category, click the **Total** category)
5. **Click the *Nationwide Insurance* name**  
(You should be on the Invoices screen)
6. **Locate your invoice**  
(Change the display if needed and use the **Search**)
7. **Place the cursor next to the *Nationwide Insurance* invoice**
8. **Click the *Activity Log* button**  
(You should be on the Case / Billing Activity Log screen)



# Billing Notes

When the collection staff records a follow-up billing note in the activity log for the patient’s case, the invoice is automatically considered in follow-up and can be filtered using the **Follow-up** filter on the Accounts Receivable Aging dashboard.

To place the invoice into the **Follow-up** category, the collection staff clicks the **Add Note** button on the Case / Billing Activity Log screen to display the Case / Billing / Note: Add screen (shown below).

Note Code field

Each follow-up note requires a three character code in the note **Code** field. To view the available codes, the collection staff clicks the **Code** button to display the Note Codes screen (shown below).

Note Codes selection screen

There are three types of billing note codes:

- **Follow-up notes** - these will automatically put the invoice in the With Follow-up category on the Accounts Receivable Dashboard
- **General notes** - these are just comment notes about the case of billings
- **Refund notes** - these notes relate to refunds of payments on the case

In this example, the collection staff records a follow-up note regarding a phone call made to Betsy Flannery at Nationwide Insurance about the denial letter received from the payer. The collection staff did not reach Betsy and marked the note with a follow-up code of **F01 - Left Voice Message** (shown below).

**MEDTRAK**

### Case / Billing / Note: Add

TUE 07/30 5:33p

..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47XNKR)  
 INJURY / ILLNESS CARE (699528)

Password \*\*\*\*\* Initials ZZZ

Code **F01** Left Voice Message

Available Functions

[Submit Note](#)

[Note Codes](#)

Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back. |

Nationwide follow-up note

After selecting the note code and entering the note, the collection staff clicks the *Submit Note* button. The Case/Billing Activity Log reappears showing the follow-up note (shown below). The invoice is now in the **With Follow-up** accounts receivable category.

**MEDTRAK**

### Case / Billing Activity Log

TUE 07/30 5:38p

..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47XNKR)  
 INJURY / ILLNESS CARE (699528)

Password \*\*\*\*\* Initials ZZZ

Search

Available Functions

[Select](#)

[Change](#)

[Add Document](#)

[Add Note](#)

[Add Reminder](#)

*** BEGINNING ***
07/30/YY Note: Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.
*** END ***

Activity Log now showing follow-up note

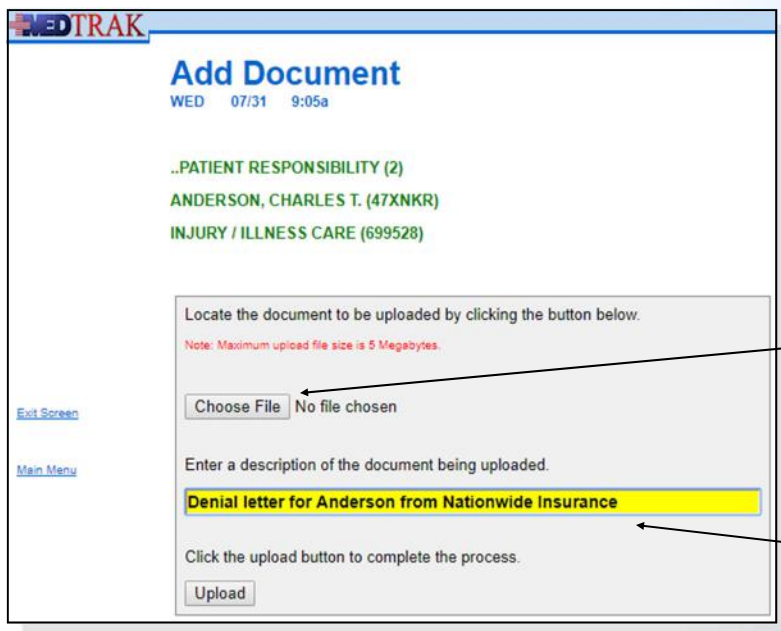
Do These Steps  
 <==== 28.02

1. Click the **Add Note** button  
 (You should be on the Case / Billing / Note: Add screen)
2. Click the **Code** button  
 (You should be on the Note Codes screen)
3. Click the **F01 - Left Voice Message** button  
 (You should be on the Case / Billing / Note: Add screen)
4. Type **Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.** in the **Note** field
5. Click the **Submit Note** button  
 (You should be back on the Case / Billing Activity Log screen)  
 (Your note should appear on this screen)

## Attaching Documents

MedTrak allows the attaching of foreign documents (documents received from outside the medical facility) to a case. These could be the scanned insurance and photo ID card at the front desk. They could also be scanned denial letters or other billing correspondence from payers.

To attach a document to the Case / Billing Activity Log, the collection staff clicks the **Add Document** button. The next screen to appear is the Add Document screen. This screen might look different on your computer depending on the internet browser you use. In this example, the collection staff types the description of the document (shown below).



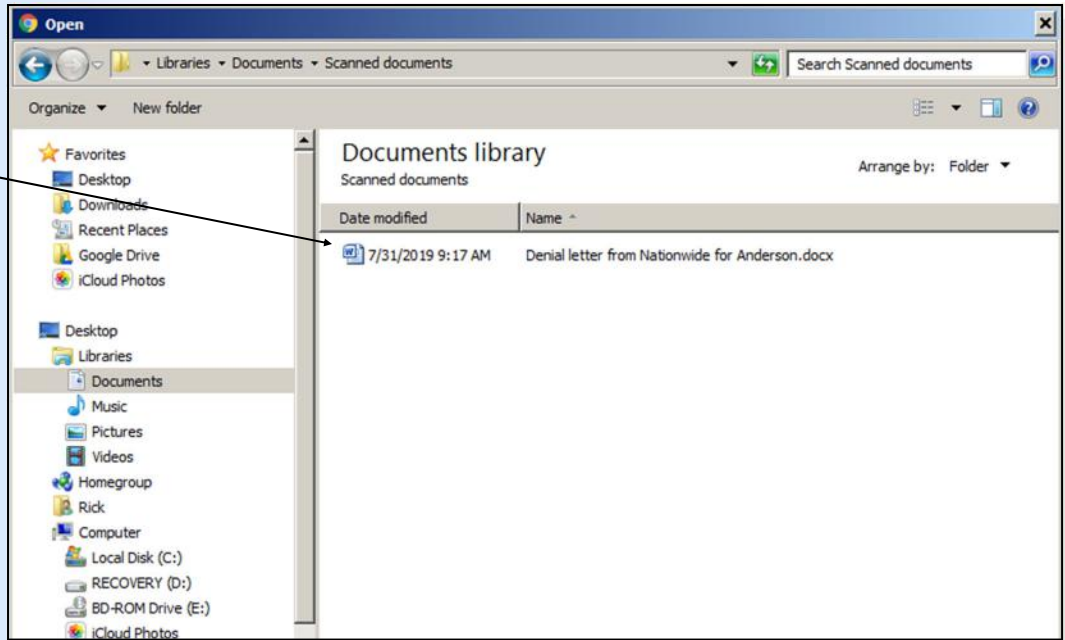
Add Document  
screen

Choose File  
Button  
  
This button  
might be labeled  
*Browse*

Document  
description

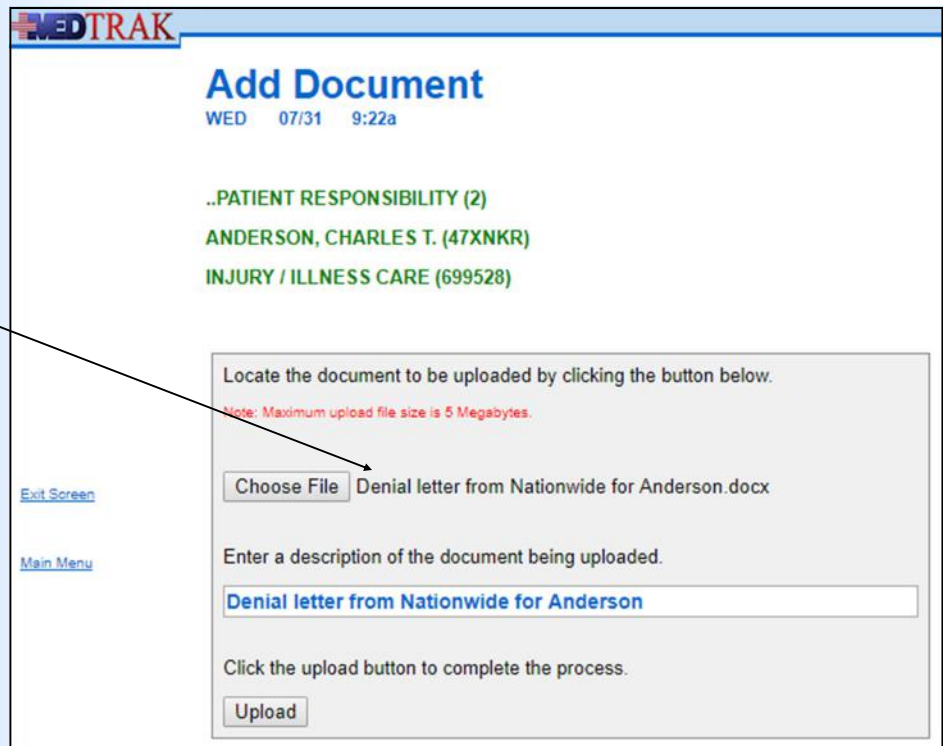
Then the collection staff clicks the *Choose File* (or *Browse*) button to locate the document in the local network (shown below).

Nationwide denial letter



After locating the document in the local network, the collection staff clicks the *Open* button to record the document's local address. Students will locate and select any small document of their choice to upload to MedTrak to represent the Nationwide letter. The Add Document screen refreshes showing the address of the document (shown below).

Nationwide denial letter showing the address of the document



The collection staff clicks the *Upload* button to store the document in MedTrak's server. The Case / Billing Activity Log screen refreshes with the record of the document now appearing (shown below).

The screenshot shows the MedTrak interface. At the top, it says 'MEDTRAK' and 'Case / Billing Activity Log'. Below that, it displays the date 'WED 07/31 9:23a' and a message 'Document added...'. The patient information is: '..PATIENT RESPONSIBILITY (2) ANDERSON, CHARLES T. (47XNKR) INJURY / ILLNESS CARE (699528)'. There are fields for 'Password \*\*\*\*\*' and 'Initials ZZZ'. A search bar is present. On the left, under 'Available Functions', there are links for 'Select', 'Change', and 'Add Document'. The main log area shows two entries: one on 07/31/YY for a 'Denial letter from Nationwide for Anderson' and one on 07/30/YY for a 'Note: Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.' The log is framed by '\*\*\* BEGINNING \*\*\*' and '\*\*\* END \*\*\*'.

Activity Log  
now showing  
document

To view the document, the collection staff places the cursor in the command field next to the document and clicks the *Select* button. The attached document will appear in another window.

1. Click the *Add Document* button  
(You should be on the Add Document screen)
2. Click the *Choose File* (or *Browse*) button  
(You should be on the file selection screen specific to your local computer)
3. Locate and select any small document of your choice to upload to MedTrak (to represent the Nationwide letter)
4. Click the *Open* button or make the selection  
(You should be back on the Add Document screen)  
(Your document's address should be on this screen)
5. Change the document description to **Denial letter from Nationwide for Anderson**
6. Click the *Upload* button  
(You should be back on the Case / Billing Activity Log)  
(Your document's log record should be on this screen)
7. Be sure that the cursor is next to your document's record
8. Click the *Select* button  
(A window appears displaying your document)
9. Close your document window  
(You should be back on the Case / Billing Activity Log)

Do These Steps  
<==== 28.03

## Reminders (ticklers)

In this example, the collection staff decides to set up a reminder to call Betsy Flannery at Nationwide. To set up the reminder, the collection staff clicks the *Add Reminder* button. The Case / Billing Reminder screen appears. The collection staff changes the date to the next day, sets the time to 3:00p, and types the reminder (shown below).

Reminder to call Betsy Flannery at Nationwide

**MEDTRAK**

### Case / Billing Reminder

WED 07/31 9:25a

..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47XNKR)  
 INJURY / ILLNESS CARE (699528)

Password \*\*\*\*\* Initials ZZZ

[Exit Screen](#)  
[Main Menu](#)

Date: 07/31/YY (mm/dd/yy)  
 Time: 9:25 a (hh:mm a or hh:mmp)  
 Description: Call Betsy Flannery at Nationwide about Anderson invoice.

The collection staff clicks the *Submit* button. The Case / Billing Reminder screen refreshes in the event the collection staff wants to create an additional reminder on the case (shown below).

Ready to set up next reminder

**MEDTRAK**

### Case / Billing Reminder

WED 07/31 9:27a

**Successful add - ready to add another...**

..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47XNKR)  
 INJURY / ILLNESS CARE (699528)

Password \*\*\*\*\* Initials ZZZ

[Exit Screen](#)  
[Main Menu](#)

Date: 07/31/YY (mm/dd/yy)  
 Time: 9:27 a (hh:mm a or hh:mmp)  
 Description:

The collection staff clicks the *Exit Screen* button to return to the Case / Billing Activity Log screen (shown below). The reminder is now part of the log.

**MEDTRAK**

## Case / Billing Activity Log

WED 07/31 9:28a

..PATIENT RESPONSIBILITY (2)  
ANDERSON, CHARLES T. (47XNKR)  
INJURY / ILLNESS CARE (699528)

Password \*\*\*\*\* Initials ZZZ

Search

Available Functions

- Select
- Change
- Add Document
- Add Note
- Add Reminder

Page Up Page Down

\*\*\* BEGINNING \*\*\*

07/31/YY	Reminder: Call Betsy Flannery at Nationwide about Anderson invoice.
07/31/YY	Document: Denial letter from Nationwide for Anderson
07/30/YY	Note: Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.

\*\*\* END \*\*\*

Activity Log  
now showing  
reminder

1. Click the *Add Reminder* button  
(You should be on the Case / Billing Reminder screen)
2. Change the **Date** to tomorrow
3. Leave the **Time** as it is
4. Type in a reminder **Description** similar to the example
5. Click the *Submit* button  
(The Case / Billing Reminder screen refreshes)
6. Click the *Exit Screen* button  
(You should be back on the Case / Billing Activity Log)  
(Your reminder should be on this screen)
7. Place the cursor next to each entry and click the *Select* button  
(Review each one of your entries)  
(Return to the Case / Billing Activity Log after reviewing each entry)

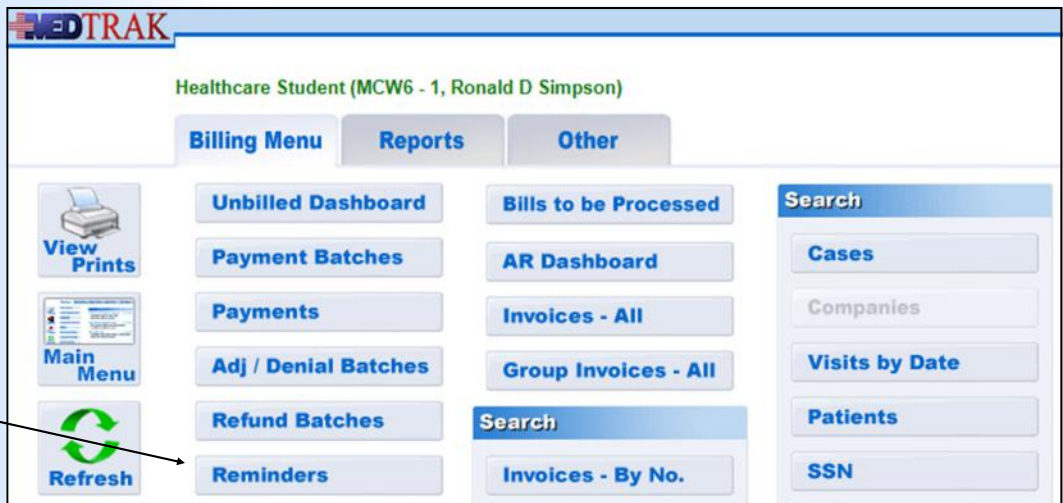
Do These Steps  
<===== 28.04

Do These Steps  
28.05 =====>

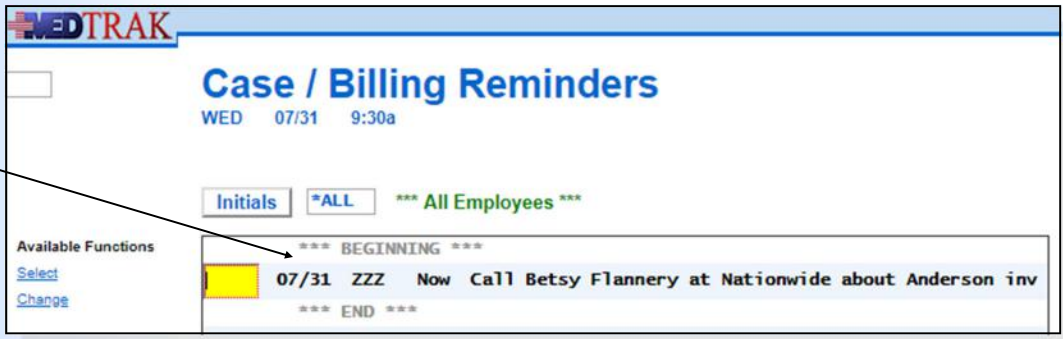
1. Place the cursor in the command field next to any one of the entries on the Case / Billing Activity Log
2. Type the print command **pr**
3. Press the **ENTER** key  
 (“Report sent to printer/queue - use View Prints link...” message appears)  
 (Your Case / Billing Activity Log print is now in your PDF queue)
4. Click the **Exit Screen** button four times to return to the Billing Menu

## Reviewing Reminders

To review reminders the collection staff accesses the reminders that pertain to them by clicking the **Reminders** button on the Billing Menu (shown below).



The Case / Billing Reminders screen appears showing the reminder to call Betsy Flannery at Nationwide Insurance regarding the Anderson invoice (shown below).





To filter the reminders, the collection staff types their initials in the **Initials** field and clicks *Initials* button.

The collection staff can select a reminder and change it. They can close the reminder when it is done. They can also access the Case / Billing Activity Log to record more information about the collection activity.

When reminders are closed, they do not appear on this screen anymore, but they do remain on the Case / Billing Activity Log as a record of the collection staff's actions.

1. Click the *Reminders* button on the Billing Menu  
(You should be on the Case / Billing Reminders screen)
2. Be sure that the cursor is next to your reminder
3. Click the *Close* button  
(Your reminder should not appear anymore)
4. Click the *Exit Screen* button  
(You should be back on the Billing Menu)

Do These Steps  
<==== 28.06

## Self Assessment

1. You should be on the Billing Menu
2. Click the *Patients* button in the Search section  
(You should be on the Patients screen)
3. Type **SA28** in the Search or any command field  
(**SA** stands for self assessment and **28** is the chapter #)
4. Press the *ENTER* key  
(“*Self Assessment sent to printer/queue...*” appears)
5. Click the *View Prints* button  
(The Available User Reports window opens)
6. Find the *Self Assessment* report that you just printed  
(If it does not appear, click the *Refresh* button)
7. Review the *Self Assessment* report. If you have errors, fix them and run a new **SA28** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the *Exit Screen* button  
(You should be back on the Billing Menu)

Do These Steps  
<==== 28.07

## Printing the Case / Billing Activity Log .....

Do These Steps  
28.08 =====>

1. Print **Mr. Anderson's Case / Billing Activity Log**
2. To view your print queue, click the **View Prints** button  
(This will open another window displaying your PDF print queue called Available User Reports)
3. Find your report (If it does not appear, click the **Refresh** button)
4. Place the cursor next to the print that you want
5. Click the **View Report** button  
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the PDF window
8. Close the Available User Reports window  
(You should be back on the Billing Menu)

## Chapter 28 - Review Activities .....

Answer the following questions:

1. **Collection activities include which of the following?**
  - A. Setting up reminders for further follow-up activity.
  - B. Recording notes about conversations related to collection activity.
  - C. Attaching documents to the file related to collection activity.
  - D. All of the above.

```
=====
PAGE - 1                               Case / Billing Activity Log           07/31/YY
                                       ..PATIENT RESPONSIBILITY (2)         9:32a
                                       ANDERSON, CHARLES T. (47XNKR)
                                       INJURY / ILLNESS CARE (699528)
=====
```

07/31/YY Reminder: Call Betsy Flannery at Nationwide about Anderson invoice.

07/31/YY Document: Denial letter from Nationwide for Anderson

07/30/YY Note: Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.

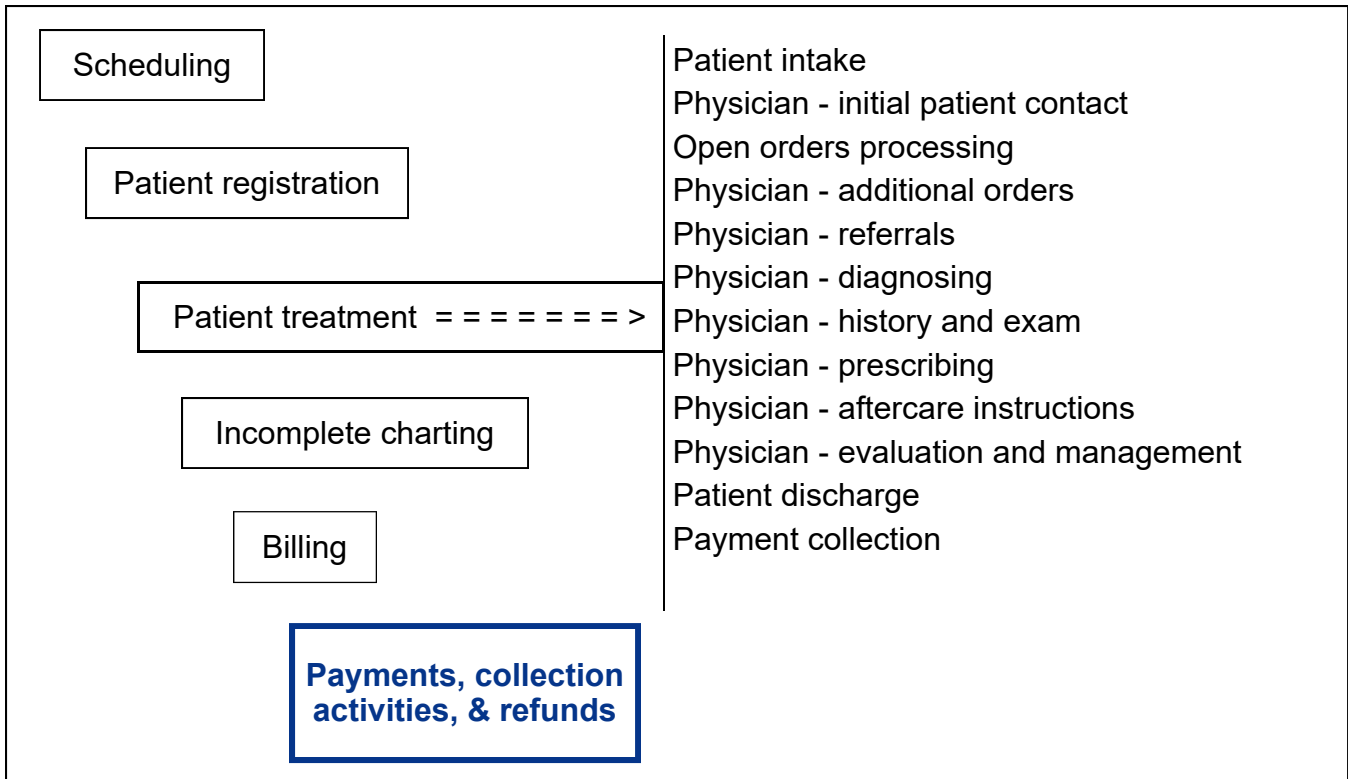
\*\*\* END OF PRINT 07/31/YY 9:32a - Healthcare Student \*\*\*

**This page intentionally left blank.**

# Refunds

# 29

Estimated Duration  
45 Minutes



## Key Concepts

- ▶ Refunds to the payer
- ▶ Unapplied payments
- ▶ Unidentified payments
- ▶ Refunding an overpayment on a line item
- ▶ Refund batch
- ▶ Refund check processing

## Refund Processing

Sometimes payers (insurance companies, employers, patients, guarantors) pay money to a medical facility in error. In these situations, the medical facility **refunds to the payer** for all or a portion of the payment:

- Duplicate payments
- Paying more than what they owe
- Paying the wrong medical facility
- Paying for services that another payer already paid

Refunds  
to the payer

MedTrak allows for the processing of the two basic types of refund situations.

### 1. Refunding all or a part of payment where there is no invoice to apply the money

- A known payer sent in a payment for more than the amount that they owed (**unapplied payment**). This is an unapplied payment because the payment entry staff could not determine which of the payer's invoices they are paying.
- An unknown payer sent in a payment who does not owe you any money (**unidentified payment**). This is an unidentified payment because the payment entry staff could not determine that the payer owed them any money.

Unapplied  
payment

Unidentified  
payment

### 2. Refunding an overpayment on a line item of an invoice

- A payer paid the same invoice twice with both payments posted on the line items. The payer for some reason sends two checks to pay for the same invoice.
- Two payers paid the same invoice with both payments posted on the line items. Sometimes both the patient and the insurance company pay for the same invoice.
- A payer paid more than what they owed and the excess was posted to one of the line items on an invoice.

Refunding an  
overpayment on  
a line item

**Below are the basic workflow steps involved when refunding to a payer:**

1. The payment entry staff creates an open **refund batch** to collect the refund information
2. The payment entry staff identifies that a payer should receive a refund
3. The payment entry staff records the amount of the refund
4. The payment entry staff records who should receive the refund check

Refund batch

5. The payment entry staff collects the refunds for a certain period of time into a batch
6. The payment entry staff sends the refund requests to the accounts payable department for refund check processing
7. The accounts payable department writes the refund checks and mails them
8. The accounts payable department sends copies of the checks with the refund requests back to the payment entry staff
9. The payment entry staff records the refund check information in the refund records
10. Once all of the refund request records have refund check information recorded, the refund batch automatically closes

Refund check  
processing

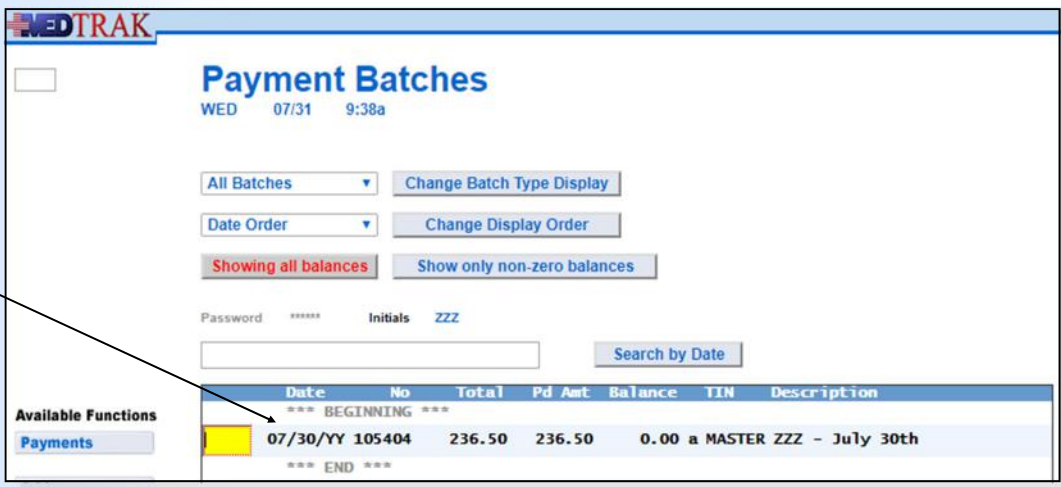
In the example in this book, both the patient and the secondary insurance company send in payments that require the medical facility to refund a portion of them.

- Nationwide Insurance receives the bill for \$100.00 for the office visit and pays \$100.00. Mr. Anderson is actually responsible for a \$20.00 copayment for the office visit and Nationwide indicates this patient obligation on the EOB (explanation of benefits). This means that Nationwide paid \$20.00 more than they were responsible to pay. The medical facility will refund Nationwide \$20.00.
- After reading the EOB from Blue Cross / Blue Shield of Michigan, the patient (Mr. Anderson) assumes that the \$100.00 invoice balance is owed by him. He writes a check for \$100.00, but his obligation was for only \$20.00 (the Nationwide Insurance copayment amount). The medical facility will refund Mr. Anderson \$80.00.

For this example, the payment entry staff records both the Nationwide Insurance payment for \$100.00 and the Anderson patient payment for \$100.00 in the same payment batch.

The payment entry staff accesses the Billing Menu from the MedTrak Main Menu. On the Billing Menu, the user clicks the *Payment Batches* button to display the Payment Batches screen for that medical facility (shown on the next page).

Payment Batches screen showing initial payment batch



Do These Steps 29.01 =====>

1. Sign into MedTrak
2. Click the *Billing* button  
(You should be on the Billing Menu)
3. Be sure to have your **invoice number** from Chapter 25.  
If you do not have it, you can find it on your **Self Assessment** report from Chapter 25.
4. Click the *Payment Batches* button  
(You should be on the Payment Batches screen)

For this example, the payment batch total is \$200.00 and contain two payments:

1. A check from Nationwide Insurance for \$100.00.
2. A check from Mr. Anderson for \$100.00.

As you learned in Chapter 26, to add a new batch of payments the payment entry staff clicks the *Add* button. The Payment Batch: Add screen appears (shown on the next page).

Below is a description of the fields on this screen.

- Batch Number** (automatically created by MedTrak when the payment batch is added)
- Date and Time** (MedTrak also automatically puts in the current date and time. The payment entry staff will change these to match the bank deposit.)
- TIN** **master** (This is the Tax Identification Number and is required for tax purposes.)
- Description** **Payments for refund chapter**  
(This contains a description of the batch made up by the payment entry staff.)
- Batch Total** **200** (Representing \$200.00)



**MEDTRAK**

## Payment Batch: Add

WED 07/31 9:39a

Password \*\*\*\*\* Initials ZZZ

[Tin Help](#)  
[Exit Screen](#)  
[Main Menu](#)

Batch Number \*\*\*\*\*

Date  (mm/dd/yy)

Time  (hh:mm:sa or hh:mm:pm)

TIN

Description

Batch Total

Batch Amount \*\*\*\*\* Adjusted on Invoices \*\*\*\*\*

Paid - \*\*\*\*\* Refunded on Invoices \*\*\*\*\*

Refunded - \*\*\*\*\*

Balance = \*\*\*\*\*

Status \*\*\*\*\*

Payment Batch:  
Add screen

1. Click the *Add* button  
(You should be on the Payment Batch: Add screen)
2. Leave the **Date** and **Time** fields pre-populated
3. Type **master** in the **TIN** field  
(**master** is the tax identification number)
4. Type **Payments for refund chapter** in the **Description**
5. Type **200** in the **Batch Total** field (representing \$200.00)
6. Click the *Submit* button  
(You should be on the Payment: Add screen)

Do These Steps  
<==== 29.02

The next screen is the Payment: Add screen for adding individual payments. For the first payment, the payment entry staff records the \$100.00 payment from Nationwide Insurance. Nationwide wrote check number 58779 on July 30th, 2019 to pay for invoice number 355205 (shown on the next page).

Type	Check
Source Type	Private Insurance
TIN	MASTER
Check #	58779
Date	07/30/19
Pay Inv #	355205 (This is Mr. Anderson's invoice number from the example in this book.)
Amount	100 (Representing \$100.00)

Nationwide  
payment  
information

After recording the payment information, the payment entry staff clicks the *Submit* button.

The next screen to appear is the *Entity / Payers: Select* screen (shown below). The payment entry staff searches for Nationwide Insurance and then places the cursor in the command field next to Nationwide Insurance.

Cursor next to  
Nationwide  
Insurance

Then the payment entry staff clicks the *Select Payer* button.

Do These Steps  
29.03 =====>

1. Select **Private Insurance** from the **Source Type** drop-down list
2. Leave the **TIN** field as loaded from the payment batch (it should be **MASTER**)
3. Type **58779** in the **Check #** field
4. Type **yesterday's date** in the **Date** field (mm/dd/yy)
5. Type **your invoice number** in the **Pay Inv #** field (Type your invoice number from Chapter 25 - **not 355205**)

Do These Steps  
 <==== 29.04

1. Skip the **Group Invoice Number** checkbox
2. Type **100** in the **Amount** field (representing \$100.00)
3. Click the **Submit** button  
 (You should be on the Entity Payers: Select screen)
4. Type **Nationwide** in **Search** field
5. Click the **Search** button  
 (The Entity Payers: Select screen should reset to Nationwide Insurance)
6. Place the cursor next to **Nationwide Insurance**
7. Click the **Select Payer** button  
 (You should be on the Payment Posting screen for Mr. Anderson’s invoice)

After selecting the payer, the next screen to appear is the Payment Posting screen for the invoice.

Based on the information included on the EOB (explanation of benefits) from Nationwide Insurance, the payment entry staff posts a payment of \$80.00 for the office visit and records a \$20.00 copayment obligation for the patient (shown below).

The screenshot shows the MedTrak Payment Posting interface. At the top, it displays 'MEDTRAK' and 'Payment Posting' with the date 'WED 07/31' and time '9:44a'. Below this, there are fields for 'Password \*\*\*\*\*' and 'Initials ZZZ'. The main section contains invoice details:

- Invoice Number: 355205 (DOS: 07/08/Y, I-DOC, ZZZ)
- Company: .PATIENT RESPONSIBILITY (2)
- Patient: ANDERSON, CHARLES T. (47XNKR)
- Case: LEFT ANKLE PAIN (699528-9990)
- Payment Source: Nationwide Insurance
- Detail: Check. #58779, 07/31/Y, Batch #105437, TIN: MASTER
- Balance: 100.00 ( Amt: 100.00 Paid: 0.00 Ref: 0.00 )

Below the details is a table with columns: Billed, Tot Paid, Tot Adj, Paid, Code, Amount, and Balance. The first row shows a payment of \$80.00 for '99203 - Office Visit' with a code of 'cp' and an amount of '20'. The total balance is 100.00.

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit	150.00	50.00	0.00	80	cp	20	100.00
- Level of Service							

Nationwide payment information

Then the payment entry clerk clicks the **Submit Payment** button. Even though the Nationwide Insurance check is for \$100.00, the payment entry staff only posted \$80.00 of it based on the payment information on the EOB for this invoice.

After reviewing all of the other Nationwide Insurance invoices, the payment entry staff concludes that the \$20.00 balance is an overpayment and needs to be refunded to Nationwide Insurance.

The Payment Posting screen refreshes showing the payment information recorded.

The payment information at the top shows that the balance remaining on the Nationwide Insurance payment is \$20.00 (shown below).

Balance on the Nationwide check is \$20.00

Balance on the invoice is \$20.00

**MEDTRAK**  
**Payment Posting**  
 WED 07/31 9:46a  
 Changes processed --- re-displaying screen...  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number: 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
 Company: ..PATIENT RESPONSIBILITY (2)  
 Patient: ANDERSON, CHARLES T. (47XNKR)  
 Case: LEFT ANKLE PAIN (599528-9990)

Payment Source: Nationwide Insurance  
 Detail: Check, #58779, 07/31/YY, Batch #105437, TIN: MASTER  
 Balance: 20.00 ( Amt: 100.00 Paid: 80.00 Ref: 0.00 )

Available Functions:  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit - Level of Service	150.00	130.00	0.00	80.00	CP	20.00	20.00
73610,LT - X-RAY LT ANKLE (3VV)	70.00	50.00	20.00				0.00

The **Office Visit** line item shows the total paid is \$130.00. The balance of the office visit is now \$20.00.

After reviewing the application of the payment to this invoice, the payment entry staff clicks the Exit Screen button.

The next screen to appear is the Invoices Applied by Payment screen displaying the invoices paid by this payment. This screen appears because the payment balance is \$20.00 (shown below).

Balance left on the payment is \$20.00

Invoice paid with the Nationwide Insurance check

**MEDTRAK**  
**Invoices Applied by Payment**  
 WED 07/31 9:47a  
 Payment balance not 0...  
 Password \*\*\*\*\* Initials ZZZ

Payment Number: 205225  
 Source: Nationwide Insurance  
 Detail: Check, #58779, 07/31/YY, Batch #105437

Payment Amount: 100.00  
 Paid on Invoices: 80.00  
 Refunded: 0.00  
 Payment Balance: 20.00 Adjusted: 0.00

Available Functions:  
[Select Invoice](#)  
[Add Invoice](#)

	Paid	Adj/Ref
*** BEGINNING ***		
355205: ANDERSON, CHARLES T. - ..PATIENT RESPONSIBILI	80.00	0.00
*** END ***		

The payment entry staff clicks the Exit Screen button to add the next payment to the payment batch.

Do These Steps  
<==== 29.05

1. Be sure that the cursor is in **Paid** field for the **Office Visit**
2. Type **80** in the **Paid** field for the **Office Visit** line item  
(representing \$80.00)
3. Place the cursor in the first **Code** field for the **Office Visit**
4. Type **cp** in the first **Code** field for the **Office Visit**  
(This represents the copayment from Mr. Anderson for Nationwide Insurance)
5. Place the cursor in the first **Amount** field for **Office Visit**
6. Type **20** in the first **Amount** field for the **Office Visit**  
(representing \$20.00)
7. Click the **Submit Payment** button  
(The Payment Posting screen should refresh showing the Nationwide Insurance payment information)
8. Check that your payment information recorded properly
9. Click the **Exit Screen** button  
(You should be on the Invoices Applied by Payment screen)
10. Click the **Exit Screen** button again  
(You should be on the Payment: Add screen)  
(The message “**Successful add - ready to add another...**” should appear)

The Payment: Add screen reappears with the message “**Successful add - ready to add another...**”

On this screen, the payment entry staff records the payment from Mr. Anderson for \$100.00 (shown on the next page). Mr. Anderson wrote check number 989 on July 30th, 2019 to pay for invoice number 355205.

<b>Type</b>	<b>Check</b>
<b>Source Type</b>	<b>Patient/Guarantor</b>
<b>TIN</b>	<b>MASTER</b>
<b>Check #</b>	<b>989</b>
<b>Date</b>	<b>07/30/19</b>
<b>Pay Inv #</b>	<b>355205</b>
<b>Amount</b>	<b>100</b> (Representing \$100.00)

Mr. Anderson's payment

After recording the payment information, the payment entry staff clicks the *Submit* button.

The next screen to appear is the Patient/Guarantor: Select screen (shown below).

Cursor next to Mr. Anderson

*** BEGINNING OF PATIENTS ***				
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737	
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885	
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996	
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737	
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537	
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868	
Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442	
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844	
Carrey, Paula M.	03/05/1966	354-23-5310	(231) 555-6885	
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894	
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424	
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772	

Do These Steps  
29.06 =====>

1. Select **Patient/Guarantor** from the **Source Type** drop-down
2. Leave the **TIN** field as loaded from the payment batch (it should be **MASTER**)
3. Type **989** in the **Check #** field
4. Type **yesterday's date** in the **Date** field (mm/dd/yy)
5. Type **your invoice number** in the **Pay Inv #** field (Type your invoice number from Chapter 25 - **not 355205**)

Do These Steps  
 <==== 29.07

1. Skip the **Group Invoice Number** checkbox
2. Type **100** in the **Amount** field (representing \$100.00)
3. Click the **Submit** button  
 (You should be on the Patient/Guarantor: Select screen)
4. Place the cursor next to **Mr. Anderson**
5. Click the **Select** button  
 (You should be on the Payment Posting screen for Mr. Anderson's invoice)

After selecting the payer, the next screen to appear is the Payment Posting screen for the invoice.

The payment entry staff posts the payment from Mr. Anderson for \$100.00 for the office visit (shown below). Even though the balance due for the **Office Visit** is only \$20.00, the payment entry staff records the full amount of the payment from patient anyway. At this time, the payment entry staff is not sure who will be credited for the overpayment amount.

**MEDTRAK**  
**Payment Posting**  
 WED 07/31 9:51a  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number: 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
 Company: ..PATIENT RESPONSIBILITY (2)  
 Patient: ANDERSON, CHARLES T. (47XNKR)  
 Case: LEFT ANKLE PAIN (509528-9990)  
 Payment Source: ANDERSON, CHARLES T.  
 Detail: Check, #999, 07/31/YY, Batch #105437, TIN: MASTER  
 Balance: 100.00 ( Amt: 100.00 Paid: 0.00 Ref: 0.00 )

Available Functions:  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)  
 Page Up Page Down  
[Exit Screen](#)  
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit - Level of Service	150.00	130.00	0.00	100			20.00
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00
A9999 - ICE PACK INSTANT	12.50	5.00	7.50				0.00
L1902,NU - ANKLE LACE UP MD (LLE)	83.00	51.50	31.50				0.00

Anderson  
 payment  
 information

Then the payment entry staff clicks the **Submit Payment** button.

The Payment Posting screen refreshes showing the payment information recorded. The payment information at the top shows the balance left on the payment is zero (shown on the next page).

**MEDTRAK**  
**Payment Posting**  
 WED 07/31 9:51a  
 Changes processed --- re-displaying screen...  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number 365205 (DOS: 07/08/YY, HDOC, ZZZ)  
 Company PATIENT RESPONSIBILITY (2)  
 Patient ANDERSON, CHARLES T. (47XNKR)  
 Case LEFT ANKLE PAIN (069528-9990)  
 Payment Source ANDERSON, CHARLES T.  
 Detail Check #086, 07/31/YY, Batch #105437, TIN: MASTER  
 Balance 0.00 (Amt: 100.00 Paid: 100.00 Ref 0.00)

Available Functions  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)  
 Page Up Page Down  
[Exit Screen](#)  
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit - Level of Service	150.00	230.00	0.00	100.00			80.00-
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00
A9999 - ICE PACK INSTANT	12.50	5.00	7.50				0.00
L1902,NU - ANKLE LACE UP MD (LLE)	83.00	51.50	31.50				0.00
*** CONTINUED ON NEXT PAGE ***							
TOTAL:	454.50	416.50	118.00	100.00		0.00	80.00-

Balance on the Anderson check is zero

Invoice showing a credit balance

After reviewing all of the other payment information on this invoice, the payment entry staff will conclude that the \$80.00 credit balance is an overpayment and needs to be refunded to the patient.

The **Office Visit** line item shows the total paid is \$230.00. The balance of the **Office Visit** line item is now a credit of \$80.00. After reviewing the application of the payment to this invoice, the payment entry staff clicks the **Exit Screen** button.

The Invoices Applied by Payment screen is skipped because the balance on this payment is zero.

The Payment: Add screen reappears with the message “**Successful add - ready to add another...**”

Do These Steps  
29.08 =====>

1. Place the cursor is in the **Paid** field for the **Office Visit**
2. Type **100** (representing \$100.00)
3. Click the **Submit Payment** button  
(The Payment Posting screen should refresh showing the Anderson payment information)
4. Check that your payment information recorded properly
5. Click the **Exit Screen** button  
(The Payment: Add screen should appear again)  
(The Invoices Applied by Payment screen is skipped because the Anderson payment balance is zero)



Because these are the only two payments for this batch, the payment entry staff then clicks the *Exit Screen* button.

The next screen to appear is the Payment Batch / Payments screen (shown below). This screen lists all of the payments in the batch. For this example, the Payment Batch / Payments screen lists both the Nationwide Insurance payment for \$100.00 and Mr. Anderson's payment for \$100.00. The screen shows that there is still a \$20.00 balance on the Nationwide Insurance payment. The screen shows a zero balance on Mr. Anderson's payment indicating the full amount of his payment was posted.

**MEDTRAK**

## Payment Batch / Payments

WED 07/31 9:52a

07/31/YY, 9:39a, \$200.00, Payments for refund chapter

Payment Date  Change Display Order

Showing All Payments  Show Only Non-zero Balance Payments

Password \*\*\*\*\* Initials ZZZ

		Amount	Paid/Ref	Balance
*** BEGINNING ***				
07/31	Nationwide Insurance - CK#58779, 07/31/Y	100.00	80.00	20.00
	ANDERSON, CHARLES T. - CK#989, 07/31/YY	100.00	100.00	0.00
*** END ***				

**Available Functions**

- Invoices
- Group Invoices
- Add Payment
- Change Payment
- Delete
- Refund
- Payment Note
- Log
- More Functions...

Page Up  Page Down

Two payments in the batch

After reviewing the payments, the payment entry staff clicks the *Exit Screen* button again to return to the Payment Batch / Payments screen and then clicks the *Exit Screen* button again to return to the Billing Menu.

1. Click the *Exit Screen* button  
(You should be on the Payment Batch / Payments screen)
2. Review your payments
3. Click the *Exit Screen* button again  
(You should be back on the Payment Batches screen)
4. Click the *Exit Screen* button again  
(You should be back on the Billing Menu)

Do These Steps  
<==== 29.09

## Creating a Refund Batch

To create an open refund batch to collect the refund details, the payment entry staff clicks the *Refund Batches* button on the Billing Menu (shown below).



The next screen to appear is the Refund Batches screen (shown below). In this example, there are no open refund batches to display.

To add a refund batch, the payment entry staff clicks the *Add* button.

The next screen to appear is the Refund Batch: Add screen. The date and time are automatically filled in with the current date and time by MedTrak. The payment entry staff types in a description for the batch of “**Anderson refunds**” (shown on the next page).



Refund Batches screen

Add refund batch button

**Refund Batch: Add**  
WED 07/31 9:56a

Password \*\*\*\*\* Initials ZZZ

Exit Screen  
Main Menu

Number \*\*\*\*\*  
Date 07/31/YY (mm/dd/yy)  
Time 9:56a (hh:mms or hh:mmp)  
Desc Anderson refunds  
Count \*\*\*\*  
Amount \*\*\*\*\*  
Balance \*\*\*\*\*

Anderson refund batch to be added

Then the payment entry staff clicks the *Submit* button. The Refund Batches screen reappears displaying the newly added refund batch (shown below).

**Refund Batches**  
WED 07/31 9:57a

Showing all batches Show only non-zero batches

Password \*\*\*\*\* Initials ZZZ

Search by Date

Available Functions  
Select  
Submit  
Un-Submit

Date	Batch#	Count	Batch Amt	Balance	Description
*** BEGINNING ***					
07/31/YY	18823	0	0.00	0.00	Anderson refunds
*** END ***					

Anderson refund batch now in the refund batch list

1. Click the *Refund Batches* button on the Billing Menu  
(You should be on the Refund Batches screen)
2. Click the *Add* button  
(You should be on the Refund Batch: Add screen)
3. Leave **Date** and **Time** fields as pre-populated by MedTrak
4. Type **Anderson refunds** in the description
5. Click the *Submit* button  
(You should be back on the Refund Batches screen)  
(You should see the refund batch that you just added)
6. Click the *Exit Screen* button  
(You should be back on the Billing Menu)

Do These Steps  
<==== 29.10

## Refunding Unapplied Payments

In this example, Nationwide Insurance sent in a check for \$20.00 more than they owed. This \$20.00 is reflected on the Accounts Receivable Aging dashboard in the **Unapplied Payments** section.

From the Billing Menu, the payment entry staff clicks the *AR Dashboard* button (shown below).

AR Dashboard button



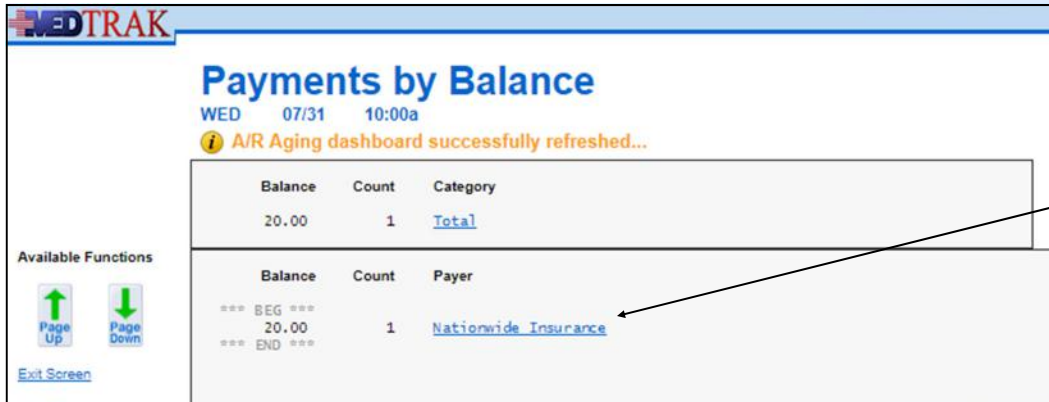
The next screen to appear is the Accounts Receivable Aging dashboard (shown below).

Unapplied payments of \$20.00

The screenshot shows the MEDTRAK Accounts Receivable Aging dashboard. The title is 'ACCOUNTS RECEIVABLE AGING'. The date is 'WED 07/31 9:59a'. A message says 'A/R Aging dashboard successfully refreshed...'. The site is '00067122'. The activity is set to 'All invoices' and follow-up to 'With and without'. The account rep is 'ALL'. There are buttons for 'Previous Period' and 'Next Period'. On the left, there are links for 'Reset View', 'Refresh Totals', 'Next Time Periods', 'Prev Time Periods', 'Exit Screen', and 'Main Menu'. The main table shows the following data:

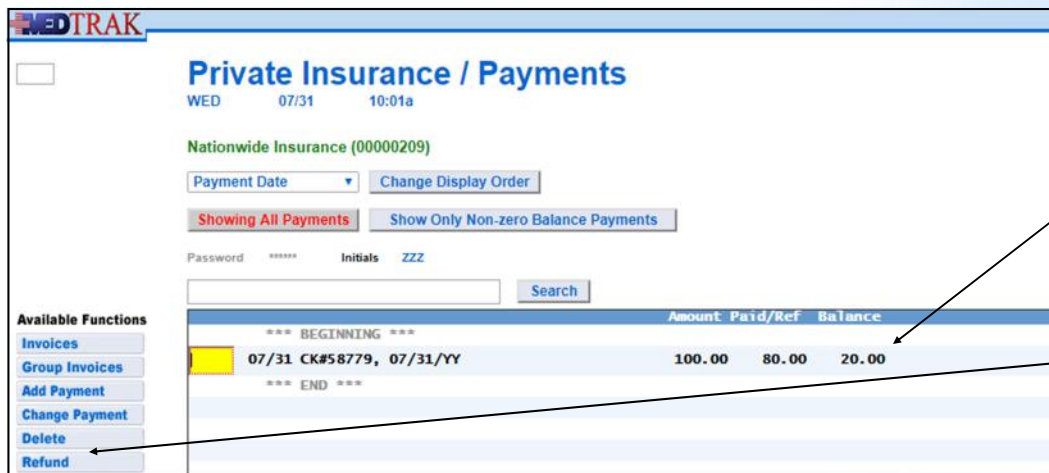
A/R	TOTAL	0-30	31-60	61-90
<b>Debit A/R</b>				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
<b>Credit A/R</b>				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (1)	20	20	0	0
Unidentified (0)	0	0	0	0

To review the **Unapplied Payments**, the payment entry person clicks the total amount field. The next screen to appear is the Payments by Balance screen displaying the unapplied payments totals by payer (shown below).



Click the payer name

In this example, Nationwide Insurance is the only payer with an unapplied payment. To select Nationwide’s unapplied payment, the payment entry staff clicks the payer’s name. The next screen to appear is the Private Insurance / Payments screen displaying the unapplied payment amounts for Nationwide (shown below). To refund the \$20.00 balance to Nationwide, the payment entry staff places the cursor next to the payment and clicks the **Refund** button.



Balance on Nationwide payment

Refund button

1. Click the **AR Dashboard** button on the **Billing Menu** (You should be on the Accounts Receivable Aging)
2. Click the **Total** amount for the **Unapplied** category (You should be on the Payments by Balance screen)
3. Click the **Nationwide Insurance** name (You should be on the Private Insurance / Payments)
4. Place the cursor next to the **100.00 (Nationwide)** payment
5. Click the **Refund** button (You should be on the Refund screen)

Do These Steps  
<==== 29.11

The next screen to appear is the Refund screen (shown below).

Refund screen for Nationwide Insurance

Refund Codes button

The payment entry staff clicks the *Codes* button to display the available refund codes (shown below).

Refund Codes screen

To select the refund code for an insurance overpayment, the payment entry staff clicks the **R20 - Insurance - overpayment** checkbox. The Refund screen refreshes showing the selected refund code.

The payment entry staff enters the rest of the fields on the Refund screen (shown below).

<b>Amount</b>	<b>20</b> (Representing \$20.00)
<b>Name</b>	<b>Nationwide Insurance</b>
<b>Address Line 2</b>	<b>233 South Main Street</b>
<b>City</b>	<b>Glen Arbor</b>
<b>State</b>	<b>MI</b>
<b>Zip Code</b>	<b>49636</b>

The screenshot shows the MEDTRAK Refund screen. At the top, it displays the MEDTRAK logo, the title "Refund", and the date/time "WED 07/31 10:04a". Below this, there are fields for "Password \*\*\*\*\*" and "Initials ZZZ". On the left side, there are links for "Exit Screen" and "Main Menu". The main content area is a form with the following fields and values:

- Payment Source:** Nationwide Insurance
- Detail:** Check, #58779, 07/31/YY, Batch #105437
- Balance:** 0.00 ( Amt: 100.00 Paid: 80.00 Ref: 20.00 )
- On Payment:** (checkbox)
- Refund Batch:** 07/31/YY, 9:56a, Anderson refunds (#18823)
- Refund Code:** R20 (selected), Codes (button), Insurance - overpayment (text)
- Amount:** 20.00
- Status:** PENDING - NO REFUND CHECK SENT YET
- Name:** Nationwide Insurance
- Address Line 2:** 233 South Main Street
- Address Line 3:** (empty)
- Address Line 4:** (empty)
- City:** Glen Arbor
- State:** MI
- Zip:** 49636
- Submit:** (button)

Nationwide  
refund screen  
with data

Then the payment entry staff clicks the **Submit** button.

The next screen to appear is the Refund Detail screen showing the refund just added by the payment entry staff. This screen shows that for the Nationwide Insurance check that a refund of \$20.00 is pending due to an insurance company overpayment (shown on the next page).

Nationwide refund is now a pending refund

**MEDTRAK**

## Refund Detail

WED 07/31 10:05a

Nationwide Insurance, Check, #58779, 07/31/YY, \$100.00

Search Password \*\*\*\*\* Initials ZZZ

Available Functions: Add, Change, Delete, Log

*** BEGINNING ***	
On Payment - R20:Insurance - overpayment	20.00p
*** END ***	

The payment entry staff clicks the *Exit Screen* button to return to the Private Insurance / Payments screen to process any other refund of an overpayment by Nationwide Insurance. In this example, the \$20.00 payment was the only unapplied payment for Nationwide, so the payment entry staff clicks the *Exit Screen* button again to return to the Payments by Balance screen to process refunds for any other payers with unapplied payments. Again, in this example, the payment entry staff clicks the *Exit Screen* button to return to the Accounts Receivable Aging dashboard (shown below). The **Unapplied** payments total is now zero.

Unapplied payments total is now zero

**MEDTRAK**

## ACCOUNTS RECEIVABLE AGING

WED 07/31 10:07a

A/R Aging dashboard successfully refreshed...

Site: 00067122

Activity: All Invoices

Follow-up: With and without

Account Rep: ALL

Buttons: Previous Period, Next Period, Reset View

A/R	TOTAL	0-30	31-60	61-90
<b>Debit A/R</b>				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
<b>Credit A/R</b>				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0



Do These Steps  
<==== 29.12

1. Click the *Codes* button  
(You should be on the Refund Codes: Select screen)
2. Click the checkbox for the **R20 - Insurance - overpayment**  
(You should be back on the Refund screen)  
(The R20 - Insurance - overpayment refund code appears)
3. Type **20** in the **Amount** field (representing \$20.00)
4. Type **Nationwide Insurance** in the **Name** field
5. Type **233 South Main Street** in the **Address Line 2** field
6. Type **Glen Arbor** in the **City** field
7. Type **mi** in the **State** field
8. Type **49636** in the **Zip** field
9. Click the *Submit* button  
(You should be on the Refund Detail screen)
10. Click the *Exit Screen* button  
(You should be on Private Insurance / Payments screen)
11. Click the *Exit Screen* button again  
(You should be on the Payments by Balance screen)
12. Click the *Exit Screen* button again  
(You should be back on the Accounts Receivable Aging dashboard)  
(The **Unapplied payments** total should be zero)

The Nationwide Insurance refund is now in a pending status and included in the refund batch that the payment entry staff previously added.

## Refunding an Overpayment on a Line Item ••••●

In this example, the patient, Mr. Anderson, sent in a check for \$80.00 more than they owed. This \$80.00 is reflected on the Accounts Receivable Aging dashboard in **Overpaid Invoices**.

To review overpaid invoices, the payment entry staff resets the view of the Accounts Receivable Aging dashboard to display only the totals for overpaid invoices.

To reset the view, the payment entry staff clicks the drop-down list for the **Activity** field (shown on the next page).

**MEDTRAK**  
**ACCOUNTS RECEIVABLE AGING**  
 WED 07/31 10:07a  
 A/R Aging dashboard successfully refreshed...  
 Site: 00067122  
 Activity: **Overpaid invoices** (dropdown menu open)  
 Follow-up: All Invoices, Both W and W/O  
 Account Rep: [Field]  
 Available Functions: [Reset View](#), [Refresh Totals](#), [Next Time Periods](#), [Prev Time Periods](#), [Exit Screen](#), [Main Menu](#)  
 Table:  

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0

Then the payment entry staff selects **Overpaid Invoices** and clicks the *Reset View* button.

After resetting the view to overpaid invoices, the Accounts Receivable Aging dashboard refreshes displaying only information about overpaid invoices (shown below).

**MEDTRAK**  
**ACCOUNTS RECEIVABLE AGING**  
 WED 07/31 10:07a  
 A/R Aging dashboard successfully refreshed...  
 Site: 00067122  
 Activity: **Overpaid invoices** (dropdown menu open)  
 Follow-up: **With and without** (dropdown menu open)  
 Account Rep: ALL  
 Available Functions: [Reset View](#), [Refresh Totals](#), [Next Time Periods](#), [Prev Time Periods](#), [Exit Screen](#), [Main Menu](#)  
 Table:  

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Only overpaid invoices showing

To view the overpaid invoices for insurance companies, the payment entry staff clicks the total amount for **Insurance** in the **Credit A/R** section of the dashboard.

The next screen to appear is the Invoices, Overpaid, Credit AR (shown below).

**MEDTRAK**  
**Invoices, Loc: 00067122, Overpaid, Credit AR**  
 WED 07/31 10:11a

ZZZ Medical Care

Change Payer Display  
 Change Display Order

Show All Invoices  
 Showing Only Non-Zero Balance Invoices

Password \*\*\*\*\* Initials ZZZ

Search

Available Functions  
 Select Invoice  
 Print Invoice  
 Show Charges  
 Change Invoice  
 Invoice Log

\*\*\* BEGINNING \*\*\*

Nationwide Insurance	ANDERSON, CHARLES T.	355205c 07/08	80.00-
----------------------	----------------------	---------------	--------

\*\*\* END \*\*\*

Anderson's overpaid invoice

The Nationwide Insurance invoice for Mr. Anderson shows a credit balance of \$80.00. The payment entry staff places the cursor in the command field next to the invoice and clicks the **Select Invoice** button.

The next screen to appear is the Payments Applied on Invoice screen for all of the payments posted to Mr. Anderson's invoice (shown below).

**MEDTRAK**  
**Payments Applied On Invoice**  
 WED 07/31 10:12a

Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205  
 Company .PATIENT RESPONSIBILITY (2)  
 Patient ANDERSON, CHARLES T. (47XNKR)  
 Case LEFT ANKLE PAIN (699528-9990)

Amount 454.50  
 Paid - 416.50  
 Adjusted - 118.00  
 Refunded + 0.00  
 Balance = 80.00-

Available Functions  
 Select Payment  
 Add Payment

\*\*\* BEGINNING \*\*\*

		Paid	Adj/Ref
Check #978, 07/30/YY - ANDERSON, CHARLES T.		25.00	0.00
Check #36722, 07/30/YY - Blue Cross / Blue Shield of		211.50	118.00
Check #58779, 07/31/YY - Nationwide Insurance		80.00	0.00
Check #989, 07/31/YY - ANDERSON, CHARLES T.		100.00	0.00

\*\*\* END \*\*\*

All payments applied to Mr. Anderson's invoice

Anderson check that should have a refund

To refund the overpayment made by Mr. Anderson, the payment entry staff places the cursor in the command field next to the \$100.00 made by Mr. Anderson (not the \$25.00 payment) and clicks the **Select Payment** button.

The next screen to appear is the Payment Posting screen for the \$100.00 payment made by Mr. Anderson (shown below).

Overpayment made by Mr. Anderson

Adjustment Codes button

**MEDTRAK**  
**Payment Posting**  
 WED 07/31 10:16a

Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY; I-DOC, ZZZ)  
 Company .PATIENT RESPONSIBILITY (2)  
 Patient ANDERSON, CHARLES T. (47XNKR)  
 Case LEFT ANKLE PAIN (899528-9990)

Payment Source ANDERSON, CHARLES T.  
 Detail Check, #989, 07/31/YY, Ban #105437, TIN: MASTER  
 Balance 0.00 ( Amt: 100.00 Paid: 100.00 Ref: 0.00)

Available Functions  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)

*** BEGINNING ***	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
99203 - Office Visit - Level of Service	150.00	230.00	0.00	100.00			80.00-
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00

To refund the overpayment of \$80.00 made by Mr. Anderson and posted to the **Office Visit** line item, the payment entry staff places the cursor in the first **Code** field next to the **Office Visit** line item and clicks the *Adjustment Codes* button.

The next screen to appear is the Adjustment Codes: Select screen. On this screen, the payment posting person needs to page down multiple times to display the refund codes (shown below).

Refund codes

**MEDTRAK**  
**Adjustment Codes: Select**  
 WED 07/31 10:15a

**Paged down...**

Available Functions  
[Submit Selection](#)

[Page Up](#) [Page Down](#)

[Exit Screen](#)

- [D01 - Out of network - MBR responsible](#)
- [D02 - MBR Responsible](#)
- [D03 - Not Medically Necessary](#)
- [D04 - Need Primary Insurance Information](#)
- [R00 - Patient - overpayment](#)
- [R10 - Employer - overpayment](#)
- [R11 - Employer - duplicate payment](#)
- [R15 - Employer - procedure not done](#)
- [R16 - Employer - supply not dispensed](#)
- [R20 - Insurance - overpayment](#)
- [R21 - Insurance - duplicate payment](#)
- [R25 - Insurance - procedure not done](#)
- [R26 - Insurance - supply not dispensed](#)
- [R27 - Insurance - amount billed exceeds OMFS](#)
- [R29 - Insurance - wrong carrier billed](#)
- [R30 - Global payer - overpayment](#)
- [R31 - Global payer - duplicate payment](#)
- [R35 - Global payer - procedure not done](#)
- [R36 - Global payer - supply not dispensed](#)
- [R90 - Patient - Med Occur Payment](#)

(continued on next page --- continued on next pa

The payment entry person selects the **R00 - Patient - overpayment** code by clicking the checkbox. The Payment Posting screen reappears with the **R00** code in the first **Code** field. The payment entry staff then enters **80** in the first **Amount** field for the \$80.00 refund to Mr. Anderson (shown below).

**MEDTRAK**  
**Payment Posting**  
 WED 07/31 10:17a  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)  
 Company ..PATIENT RESPONSIBILITY (2)  
 Patient ANDERSON, CHARLES T. (47XNKR)  
 Case LEFT ANKLE PAIN (099528-9990)

Payment Source ANDERSON, CHARLES T.  
 Detail Check, #989, 07/31/YY, Batch #105437, TIN: MASTER  
 Balance 0.00 ( Amt: 100.00 Paid: 100.00 Ref: 0.00 )

Available Functions  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***				100.00	R00	80	80.00-
99203 - Office Visit - Level of Service	150.00	230.00	0.00				

Anderson's refund information

After entering the code and amount, the payment entry staff clicks the **Submit Payment** button.

The Payment Posting screen now reflects the \$80.00 refund. Both the balance on the **Office Visit** line item and the invoice are now zero (shown below).

**MEDTRAK**  
**Payment Posting**  
 WED 07/31 10:18a  
 Changes processed -- re-displaying screen...  
 Password \*\*\*\*\* Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ) \*\* REFUND PENDING: 80.00  
 Company ..PATIENT RESPONSIBILITY (2)  
 Patient ANDERSON, CHARLES T. (47XNKR)  
 Case LEFT ANKLE PAIN (099528-9990)

Payment Source ANDERSON, CHARLES T.  
 Detail Check, #989, 07/31/YY, Batch #105437, TIN: MASTER  
 Balance 0.00 ( Amt: 100.00 Paid: 100.00 Ref: 0.00 )

Available Functions  
[Submit Payment](#)  
[Paid in Full](#)  
[Adjustment Codes](#)  
[Line Item Log](#)  
[Page Up](#) [Page Down](#)  
[Exit Screen](#)  
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***			80.00-	100.00	R00	80.00	0.00
99203 - Office Visit - Level of Service	150.00	230.00	80.00-				0.00
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00
A9999 - ICE PACK INSTANT	12.50	5.00	7.50				0.00
L1902,NU - ANKLE LACE UP MD (LLE)	83.00	51.50	31.50				0.00
*** CONTINUED ON NEXT PAGE ***							
TOTAL:	454.50	416.50	38.00	100.00		80.00-	0.00

Balance on the line item is now zero

Balance on the invoice is now zero

The payment entry person clicks the *Exit Screen* button to return to the Payments Applied on Invoice screen (shown below). The \$100.00 Anderson payment now shows a credit of \$80.00 in the **Adj/Ref** (adjustment / refund) column to reflect the pending refund.

Refund of \$80.00  
now showing

**MEDTRAK**

### Payments Applied On Invoice

WED 07/31 10:19a

Password \*\*\*\*\* Initials ZZZ

Invoice Number	355205
Company	.PATIENT RESPONSIBILITY (2)
Patient	ANDERSON, CHARLES T. (47XNKR)
Case	LEFT ANKLE PAIN (699528-9990)
Amount	454.50
Paid	- 416.50
Adjusted	- 118.00
Refunded	+ 80.00
Balance	= 0.00
Ref Pend	80.00

Available Functions Paid Adj/Ref

Select Payment

Add Payment

Page Up Page Down

Exit Screen

		Paid	Adj/Ref
*** BEGINNING ***			
<input type="checkbox"/>	Check #978, 07/30/YY - ANDERSON, CHARLES T.	25.00	0.00
<input type="checkbox"/>	Check #36722, 07/30/YY - Blue Cross / Blue Shield of	211.50	118.00
<input type="checkbox"/>	Check #58779, 07/31/YY - Nationwide Insurance	80.00	0.00
<input checked="" type="checkbox"/>	Check #989, 07/31/YY - ANDERSON, CHARLES T.	100.00	80.00-
*** END ***			

The payment entry staff clicks the *Exit Screen* button to return to the Invoices, Overpaid, Credit AR screen to continue processing refunds for overpaid invoices.

In this example, the payment entry staff clicks the *Exit Screen* button to return to the Accounts Receivable Aging dashboard.

On the Accounts Receivable Aging dashboard, the payment entry staff clicks the *Exit Screen* button again to return to the Billing Menu.

Mr. Anderson’s refund is now in a pending status and included in the refund batch that the payment entry staff previously added.

Do These Steps  
29.13 =====>

1. Select **Overpaid invoices** from the **Activity** drop-down list  
(You should be on the Accounts Receivable Aging)
2. Click the **Reset View** button  
(The Accounts Receivable Aging should now be showing overpaid invoices)
3. Click the **Total for Credit A/R / Insurance amount**  
(You should be on Invoices, Overpaid, Credit AR screen)

Do These Steps <==== 29.14
-------------------------------

1. Place the cursor next to **Mr. Anderson's invoice**
2. Click the **Select Invoice** button  
(You should be on Payments Applied on Invoice screen)
3. Place the cursor next to **Mr. Anderson's \$100.00 payment**  
(Note: Be sure to select **Mr. Anderson's \$100.00 payment** and \*\*\* NOT \*\*\* his \$25.00 payment)
4. Click the **Select Payment** button  
(You should be on the Payment Posting screen)
5. Place the cursor in the first **Code** field for the **Office Visit** which is overpaid
6. Click the **Adjustment Codes** button  
(You should be on the Adjustment Codes: Select screen)
7. Page down multiple times to locate the **R00 - Patient - overpayment** refund code
8. Click the checkbox for **R00 - Patient - overpayment code**  
(You should be back on the Payment Posting screen showing the refund code)
9. Type **80** in the first **Amount** field for the **Office visit**  
(representing \$80.00)
10. Click the **Submit Payment** button  
(The Payment Posting screen should reflect the refund)
11. Click the **Exit Screen** button  
(You should be on Payments Applied on Invoice screen)
12. Click the **Exit Screen** button again  
(You should be on Invoices, Overpaid, Credit AR screen)
13. Click the **Exit Screen** button again  
(You should be back on the Accounts Receivable Aging dashboard)  
(Total for **Credit A/R Insurance** balance should be zero)
14. Click the **Exit Screen** button again  
(You should be back on the Billing Menu)

## Submitting a Refund Batch to Accounts Payable ●

Either on demand or based on a regular cycle, the payment entry staff submits refund batch information to the accounts payable department for payment. The payment entry staff typically fills out a check request for each refund request and prints the refund batch information to send along with the refund requests.

Before sending the refund requests to accounts payable, the payment entry staff accesses the Refund Batches screen (shown below) by clicking the *Refund Batches* button on the Billing Menu.

Current refund batch

**MEDTRAK**  
**Refund Batches**  
 WED 07/31 10:20a

Showing all batches | Show only non-zero batches

Password \*\*\*\*\* Initials ZZZ

Search by Date

Available Functions: Select, Submit, Un-Submit

Date	Batch#	Count	Batch Amt	Balance	Description
*** BEGINNING ***					
07/31/YY	18823	2	100.00	100.00	Anderson refunds
*** END ***					

To select the refund batch for reviewing and updating the payer address information, the payment entry staff places the cursor in the command field next to the refund batch and clicks the *Select* button.

The next screen to appear is the Refund Master screen displaying all of the refunds in the batch (shown below).

Nationwide and Anderson refunds

The “p” next to the refund amount indicates that it is pending

**MEDTRAK**  
**Refund Master**  
 WED 07/31 10:21a

07/31/YY, 9:56a, Anderson refunds (#18823)

Password \*\*\*\*\* Initials ZZZ

Search

Available Functions: Change, Delete, Un-delete, Log, More Functions

*** BEGINNING ***	
Nationwide Insurance, CK#58779, 07/31/YY	20.00p
On Payment - R20:Insurance - overpayment	20.00p
ANDERSON, CHARLES T., CK#989, 07/31/YY	80.00p
Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN	80.00p
*** END ***	



Both the Nationwide refund and the Anderson refund display. The Nationwide refund is associated with the payment, and Mr. Anderson's refund is associated with the invoice. The **p** to the right of the amount fields indicates that this is still a pending refund, meaning that the refund check has not yet been written and sent to the payer.

The payment entry staff reviews the payer address information for each refund request to be sure that it is complete. To review the address information, the payment entry staff places the cursor in the command field next to the Nationwide refund and clicks the *Change* button. In this example, the payment entry staff filled in the address information for the Nationwide Insurance refund when they created the refund (shown below).

The screenshot shows the MedTrak Refund screen. At the top, it says 'Refund' and 'WED 07/31 10:22a'. Below that, there are fields for 'Password \*\*\*\*\*' and 'Initials ZZZ'. On the left, there are links for 'Exit Screen' and 'Main Menu'. The main content area displays the following information:

- Payment Source:** Nationwide Insurance
- Detail:** Check, #58779, 07/31/YY, Batch #105437
- Balance:** 0.00 ( Amt: 100.00 Paid: 80.00 Ref: 20.00 )
- Refund Batch:** 07/31/YY, 9:56a, Anderson refunds (#18823)
- Count:** 1
- Amount:** 20.00
- Balance:** 20.00
- Check Number:** \*\*\*\*\*
- Check Date:** \*\*\*\*\*YY
- Check Amount:** \*\*\*\*\*
- Name:** Nationwide Insurance
- Address Line 2:** 233 South Main Street
- Address Line 3:**
- Address Line 4:**
- City:** Glen Arbor
- State:** MI
- Zip:** 49636

There is a red message that says 'Check fields closed until Refund Batch submitted'. A yellow highlight is under the 'Name' field, and a blue box with an arrow points to it from the text 'Nationwide refund address information'.

Nationwide  
refund address  
information

The payment entry staff reviews the address information to be sure that it is correct and clicks the *Exit Screen* button to return to the Refund Master screen.

The payment entry staff places the cursor next to the Anderson refund and clicks the *Change* button. The Anderson refund did not have the address information completed, so the payment entry staff enters Mr. Anderson's address information for the refund check (shown on the next page).

**MEDTRAK**

## Refund

WED 07/31 10:23a

Password \*\*\*\*\* Initials ZZZ

[Exit Screen](#)

[Main Menu](#)

Payment Source: **ANDERSON, CHARLES T.**  
 Detail: Check, #989, 07/31/YY, Batch #105437  
 Balance: 0.00 ( Amt: 100.00 Paid: 100.00 Ref: 0.00 )

Refund Batch: 07/31/YY, 9:56a, Anderson refunds (#18823)

Count: 1  
 Amount: 80.00  
 Balance: 80.00

Check Number: \*\*\*\*\*  
 Check Date: \*\*\*\*\*YY  
 Check Amount: \*\*\*\*\*

Check fields closed until Refund Batch submitted

Name: Charles Anderson  
 Address Line 2: 522 N Oak Street  
 Address Line 3:   
 Address Line 4:   
 City: Glen Arbor  
 State: MI  
 Zip: 49636

**Submit**

Anderson refund address information

After completing the address information, the payment entry staff clicks the *Submit* button to accept the changes. The Refund Master screen reappears (shown below).

**MEDTRAK**

## Refund Master

WED 07/31 10:24a

07/31/YY, 9:56a, Anderson refunds (#18823)

Password \*\*\*\*\* Initials ZZZ

**Search**

Available Functions: [Change](#), [Delete](#), [Un-delete](#), [Log](#)

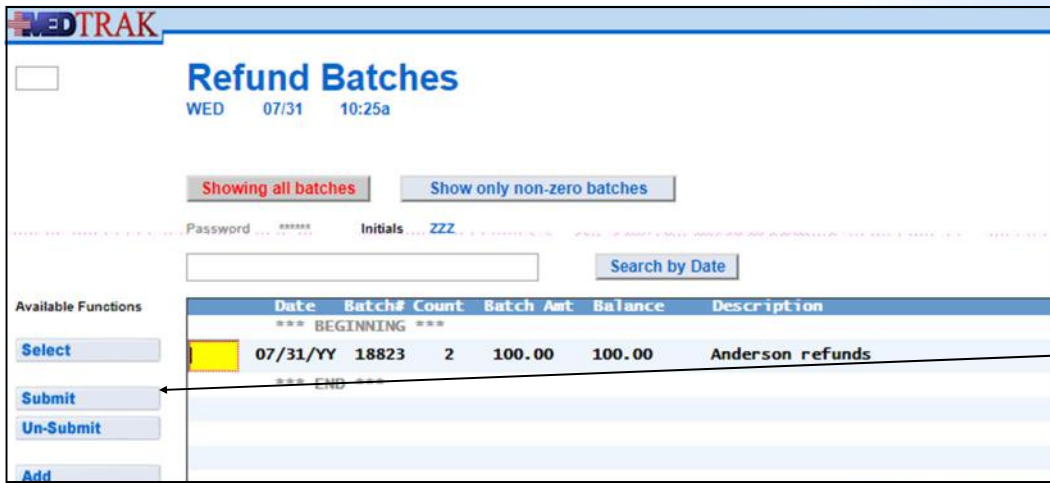
\*\*\* BEGINNING \*\*\*

<input type="checkbox"/>	Nationwide Insurance, CK#58779, 07/31/YY	20.00p
<input type="checkbox"/>	On Payment - R20:Insurance - overpayment	20.00p
<input type="checkbox"/>	ANDERSON, CHARLES T., CK#989, 07/31/YY	80.00p
<input type="checkbox"/>	Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN	80.00p

\*\*\* END \*\*\*

Nationwide and Anderson refunds

The payment entry staff clicks the *Exit Screen* button to return to the Refund Batches screen (shown on the next page).



To close this refund batch and prevent additional refunds from accumulating in it, the payment entry staff submits the batch. To submit the refund batch, the payment entry staff places the cursor in the command field next to the refund batch and clicks the *Submit* button. The Refund Batches screen refreshes with the refund batch now submitted showing **SUB** to the right of the balance and and the message “**Batch submitted...**” at the top of the screen (shown below).



Submit button

Refund batch is now submitted to accounts payable

1. Click the *Refund Batches* button on the **Billing Menu**  
(You should be on the Refund Batches screen)
2. Be sure that the cursor is next to your refund batch
3. Click the *Select* button  
(You should be on the Refund Master screen)
4. Be sure that the cursor is next to the **Nationwide Insurance refund**
5. Click the *Change* button  
(You should be on the Nationwide Refund screen)
6. Verify the address information for the refund check

Do These Steps  
<==== 29.15

Do These Steps  
29.16 =====>

1. Click the *Exit Screen* button  
(You should be back on the Refund Master screen)
2. Place the cursor next to the **Anderson refund**
3. Click the *Change* button  
(You should be on the Anderson Refund screen)
4. Type **Charles Anderson** in the **Name** field
5. Type **522 N Oak Street** in the **Address Line 2** field
6. Type **Glen Arbor** in the **City** field
7. Type **mi** in the **State** field
8. Type **49636** in the **Zip** field
9. Click the *Submit* button  
(You should be back on the Refund Master screen)
10. Click the *Exit Screen* button  
(You should be back on the Refund Batches screen)
11. Be sure that the cursor is next to your refund batch
12. Click the *Submit* button to close and submit your batch  
(The Refund Batches screen should refresh)  
(You should see the message “**Batch submitted...**”)  
(You should see **SUB** to the right of the balance)
13. Click the *Exit Screen* button  
(You should be back on the Billing Menu)

## After Accounts Payable Writes the Refund Checks ••●

The refund batch is in a submitted status until the accounts payable department writes the refund checks and sends copies of the checks back to the payment entry staff. When the payment entry staff receives the check copies, they update the refund check information in the refund master records.

To update the refund check information, the payment entry staff accesses the Refund Batches screen by clicking the *Refund Batches* button on the Billing Menu.

To select the refund batch for updating the check information, the payment entry staff places the cursor next to the refund batch and clicks the *Select* button.

The next screen to appear is the Refund Master screen displaying all of the refunds in the batch.

The payment entry staff updates each master refund record with the refund check information. To update the refund check information for the Nationwide Insurance refund, the payment entry staff places the cursor in the command field next to the Nationwide refund and clicks the *Change* button.

The next screen to appear is the Refund screen. Because this is a submitted batch and the refund is still pending, the check number, check date, and check amount fields now appear.

The payment entry staff enters the refund check information (shown below).

**Check Number**        **7564**  
**Check Date**         **07/31/19**  
**Check Amount**      **20** (Representing \$20.00)

The screenshot shows the MedTrak 'Refund' screen. At the top left is the MedTrak logo. Below it, the title 'Refund' is displayed along with the date and time 'WED 07/31 10:27a'. There are fields for 'Password \*\*\*\*\*' and 'Initials ZZZ'. On the left side, there are links for 'Exit Screen' and 'Main Menu'. The main content area is a form with the following fields:

- Payment Source:** Nationwide Insurance
- Detail:** Check, #58779, 07/31/YY, Batch #105437
- Balance:** 0.00 ( Amt: 100.00 Paid: 80.00 Ref: 20.00 )
- Refund Batch:** 07/31/YY, 9:56a, Anderson refunds (#18823)
- Count:** 1
- Amount:** 20.00
- Balance:** 20.00
- Check Number:** 7564
- Check Date:** 07/31/19 (with a '(mm/dd/yy)' label)
- Check Amount:** 20
- Name:** Nationwide Insurance
- Address Line 2:** 233 South Main Street
- Address Line 3:** (empty)
- Address Line 4:** (empty)
- City:** Glen Arbor
- State:** MI
- Zip:** 49636

At the bottom of the form is a 'Submit' button. A callout box on the right points to the 'Check Number', 'Check Date', and 'Check Amount' fields with the text 'Nationwide refund check information'.

Nationwide refund check information

Then the payment entry staff clicks the *Submit* button. The Refund Master screen reappears with the Nationwide Insurance refund not in the pending status (no **p** next to the amount) because the payment entry staff recorded the refund check information (shown below).

The **p** is no longer next to the Nationwide Insurance refund amount

**MEDTRAK**  
**Refund Master**  
 WED 07/31 10:28a

07/31/YY, 9:56a, Anderson refunds (#18823)  
 Password \*\*\*\*\* Initials ZZZ

Available Functions: [Change](#), [Delete](#), [Un-delete](#)

*** BEGINNING ***			
	Nationwide Insurance, CK#58779, 07/31/YY		20.00
	On Payment - R20:Insurance - overpayment	20.00	
	ANDERSON, CHARLES T., CK#989, 07/31/YY		80.00p
	Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN		80.00p

To update the refund check information for the Anderson refund, the payment entry staff places the cursor in the command field next to the Anderson refund and clicks the *Change* button.

The next screen to appear is the Anderson Refund screen. The payment entry staff enters the refund check information (shown below).

**Check Number**            7565  
**Check Date**             07/31/19  
**Check Amount**         80 (representing \$80.00)

Anderson refund check information

**MEDTRAK**  
**Refund**  
 WED 07/31 10:29a

Payment Source: ANDERSON, CHARLES T.  
 Detail: Check, #989, 07/31/YY, Batch #105437  
 Balance: 0.00 ( Amt: 100.00 Paid: 100.00 Ref: 0.00 )

Refund Batch: 07/31/YY, 9:56a, Anderson refunds (#18823)

Count: 1  
 Amount: 80.00  
 Balance: 80.00

Check Number: 7565  
 Check Date: 07/31/19 (mm/dd/yy)  
 Check Amount: 80

Name: Charles Anderson  
 Address Line 2: 522 N Oak Street  
 Address Line 3:   
 Address Line 4:   
 City: Glen Arbor  
 State: MI

Then the payment entry staff clicks the *Submit* button. The Refund Master screen reappears with the Anderson refund not in the pending status (no **p** next to the amount) because the payment entry staff recorded the refund check information (shown below).

*** BEGINNING ***		
	Nationwide Insurance, CK#58779, 07/31/YY	20.00
	On Payment - R20:Insurance - overpayment	20.00
	ANDERSON, CHARLES T., CK#989, 07/31/YY	80.00
	Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN	80.00
*** END ***		

The **p** is no longer next to the refund amount

The payment entry staff clicks the *Exit Screen* button to return to the Refund Batches screen (shown below). Because this is a submitted refund batch that has the refund check information entered into each refund master, the refund batch is not available anymore. This refund batch is now closed and will not accept additional refund information.

The payment entry staff is done with the refund batch and clicks the *Exit Screen*

Date	Batch#	Count	Batch Amt	Balance	Description
*** BEGINNING ***					
07/31/YY	18823	2	100.00	0.00	SUB Anderson refunds
*** END ***					

Refund batch is now closed

button to return to the Billing Menu.

Do These Steps  
29.17 =====>

1. Click the *Refund Batches* button  
(You should be on the Refund Batches screen)
2. Be sure that the cursor is next to **your refund batch**
3. Click the *Select* button  
(You should be on Refund Master screen)
4. Place the cursor next to the **Nationwide refund**
5. Click the *Change* button  
(You should be on the Nationwide Refund screen)
6. Type **7564** in the **Check Number** field
7. Type **yesterday's date** in the **Check Date** field (mm/dd/yy)
8. Type **20** in the **Check Amount** field (representing \$20.00)
9. Click the *Submit* button  
(You should be back on the Refund Master screen)  
(The **p** for "pending" next to the refund no longer appears)
10. Place the cursor next to the **Anderson refund**
11. Click the *Change* button  
(You should be on the Anderson Refund screen)
12. Type **7565** in the **Check Number** field
13. Type **yesterday's date** in the **Check Date** field (mm/dd/yy)
14. Type **80** in the **Check Amount** field (representing \$80.00)
15. Click the *Submit* button  
(You should be back on the Refund Master screen)  
(The **p** for **pending** next to the refund no longer appears)
16. Click the *Exit Screen* button  
(You should be back on the Refund Batches screen)
17. Click the *Print* button  
(To print your refund batch)  
(Your Refund Batch print is now in your PDF queue)
18. Click the *Exit Screen* button  
(You should be back on the Billing Menu)



## Self Assessment .....

1. You should be on the Billing Menu
2. Click the *Patients* button in the Search section  
(You should be on the Patients screen)
3. Type **SA29** in the Search or any command field  
(**SA** stands for self assessment and **29** is the chapter #)
4. Press the **ENTER** key  
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the *View Prints* button  
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the *Refresh* button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA29** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the *Exit Screen* button  
(You should be back on the Billing Menu)

Do These Steps  
<==== 29.18

## Printing the Refund Batch .....

1. Print or save your **Refund Batch** print  
(You should already be on the Billing Menu)
2. Click the *View Prints* button to view your print queue  
(This will open your PDF queue)
3. Find your report (If it does not appear, click *Refresh*)
4. Place the cursor next to the print that you want
5. Click the *View Report* button  
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the PDF window
8. Close the Available User Reports window  
(You should be back on the Billing Menu)

Do These Steps  
<==== 29.19

## Chapter 29 - Review Activities

Answer the following questions:

1. Which of the following are reasons that health care organizations refund payers?
  - A. Duplicate payments.
  - B. Payments greater than the amount owed.
  - C. Payments to the wrong health organization.
  - D. All of the above.
  
2. Which of these terms best describes a payment made by an unknown payer to a health care organization?
  - A. Unapplied payment
  - B. Unidentified payment
  - C. Batch payment
  - D. Duplicate payment
  
3. Which of the following is NOT an example of an overpayment?
  - A. Insurance company paid the same invoice twice.
  - B. Patient and insurance both paid the same invoice in full.
  - C. Patient paid more than the amount owed.
  - D. Insurance company paid the wrong health care organization.

```

=====
PAGE - 1                               Refund Batch #18823                07/31/YY
                                07/31/YY Anderson refunds          10:32a
                                Count: 2   Amount: 100.00   Balance: 0.00
=====

```

```

Nationwide Insurance, CK#58779, 07/31/YY
  On Payment - R20:Insurance - overpayment                20.00
                                                           -----
                                                           Check sent - #7564, 07/31/YY          20.00

```

```

ANDERSON, CHARLES T., CK#989, 07/31/YY
  DOS: 07/08/YY, Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN      80.00
                                                           -----
                                                           Check sent - #7565, 07/31/YY          80.00

```

```

*** END OF PRINT 07/31/YY 10:32a - Healthcare Student ***

```

**This page intentionally left blank.**

# Release of Information

30

Estimated Duration  
45 Minutes

The United States Department of Health and Human Services (HHS) set the national standards for protecting personal health information (PHI) with the **Privacy Rule** (a Federal law) which went into final effect for all health care providers and health care plans on April 14, 2004.

Additionally, the HHS set the national standards for protecting PHI with the **Security Rule** which went into final effect for all health care providers and health care plans as of April 20, 2006.

What does this mean to a patient?

The **Privacy Rule** provides a patient, or the patient's designated representative, the right to access the patient's medical and billing records, to copy the records, and to provide the records to others, including individuals and companies. This law also sets rules and limitations on who can view and receive a patient's PHI, and applies to all forms of a patient's PHI, including electronic, written, or oral.

The PHI must be part of a designated record set that was used to make decisions about that patient's care. There are two categories of information that are excluded from the right of access. These are the psychotherapy notes of a mental health provider that are maintained separately from the rest of the patient's medical record, and any information compiled in anticipation of a civil, criminal, or administrative action or proceeding.

The **Security Rule** (also a Federal law) specifically sets the standards for protecting the confidentiality, integrity, and availability of PHI in an electronic health record (EHR) format.

Health care providers may charge for the cost of copying and mailing a patient's PHI records, but cannot charge for searching and retrieving the records.

## Requests for Access

The **Enforcement Rule** provides the standards for complying with the **Privacy Rule** and the **Security Rule**. One of the results of these standards is the requirement that any request for access to a patient's health records be accompanied with a valid **Release of Information** (ROI) form signed by the patient or the patient's designated representative. To further qualify a request for access, the ROI should specify what portion(s) of the patient's health records are to be provided and also the length of time the ROI is in effect.

The ROI form on the next page provides an example of the careful steps taken to be sure that the patient's PHI is protected and any release of information is limited to exactly what is needed to provide sufficient data to the requesting party.

## Release of Information

**Patient Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_  
 mm / dd / ccyy

I, \_\_\_\_\_ **HEREBY AUTHORIZE:**  
 (Please print: First Name, Middle Initial, Last Name)

**The release of information to the individual or company shown below:**

Name: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**The following Protected Health Information may be released:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Psychiatric Evaluation                             | <input type="checkbox"/> Report Cards/Transcripts | <input type="checkbox"/> Immunizations  | <input type="checkbox"/> Medical History & Physical |
| <input type="checkbox"/> Consultation Reports                               | <input type="checkbox"/> Discharge Summaries      | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Treatment Plans            |
| <input type="checkbox"/> Lab/EKG/Xray                                       | <input type="checkbox"/> Plan of Care             | <input type="checkbox"/> Other: _____   |   |
| <input type="checkbox"/> Verbal Authorization for _____ to speak with _____ |   |   |   |

**For the following purpose or purposes:** (if the individual initiates the authorization and does not want to provide a purpose, enter "at the request of the individual"):

- |   |   |
|---|---|
| <input type="checkbox"/> at the request of the individual | <input type="checkbox"/> sharing with other health care providers as needed |
| <input type="checkbox"/> SSA determination                | <input type="checkbox"/> other (please describe): _____                     |

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

**If not previously revoked, this authorization is a one-time event or expires on the following date:**

- This is a one-time event, or until this date : \_\_\_ / \_\_\_ / \_\_\_  
 mm / dd / ccyy

**I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_  
 (Signed by the individual whose Protected Health Information is to be used or disclosed by this authorization)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_  
 (Signature of person representing the individual whose Protected Health Information is requested to be disclosed)

**Source of Authority:** \_\_\_\_\_  
 (Please indicate the source of your authority to request the individual's protected health information, such as, parent or legal guardian)

**Print Name/Department:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_  
 (Please print: First Name, Middle Initial, Last Name and Department of Employee processing this authorization)



Blue Cross request letter

Screen reader version of this letter is in Appendix B

Release of Information form signed by Mr. Anderson

Screen reader version of this form is in Appendix B

**Blue Cross & Blue Shield of Michigan**

Regina Watkins  
Blue Cross & Blue Shield of Michigan  
14201 W Saginaw Highway  
Lansing, MI 46353

February 8, 2016

Medical Care  
1847 Ruddiman Drive  
North Muskegon, MI 49445

RE: Request for Charles T Anderson's medical records  
DOB: 12/02/1975, SSN: 255-65-6376

To Whom it May Concern:

I am requesting the medical records of Charles T Anderson's left ankle pain, case number 732467. Please find enclosed a release of information authorization signed by Mr. Anderson.

If you have any questions, please call me at 231-555-8548.

Sincerely,

Regina Watkins  
Patient Services Representative

**Release of Information**

Patient Name: *Charles T Anderson* Case Number: *732467* DOB: *12/02/1975*

I, *Charles T Anderson* (Please print: First Name, Middle Initial, Last Name) HEREBY AUTHORIZE:

The release of information to the individual or company shown below:

Name: *Regina Watkins*  
Company/Organization: *Blue Cross / Blue Shield of Michigan*  
Mailing Address: *14201 W Saginaw Highway*  
City/State/Zip: *Lansing, MI 46353* Fax #: *231-555-5262* Phone Number: *231-555-8269*

The following Protected Health Information may be released:

Psychiatric Evaluation     Report Cards/Transcripts     Immunizations     Medical History & Physical  
 Consultation Reports     Discharge Summaries     Progress Notes     Treatment Plans  
 Lab/EKG/Xray     Plan of Care     Other: \_\_\_\_\_  
 Verbal Authorization for \_\_\_\_\_ to speak with \_\_\_\_\_

For the following purpose or purposes: (if the individual initiates the authorization and does not want to provide a purpose, enter "at the request of the individual"):

at the request of the individual     sharing with other health care providers as needed  
 SSA determination     other (please describe): *for review of care*

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

If not previously revoked, this authorization is a one-time event or expires on the following date:

This is a one-time event, or until this date: \_\_\_\_\_  
mm/dd/ccyy

I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

Signed: *Charles T Anderson* Date: *February 10, 2016*  
(Signed by the individual whose Protected Health Information is to be used or disclosed by this authorization)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person representing the individual whose Protected Health Information is requested to be disclosed)

Source of Authority: \_\_\_\_\_  
(Please indicate the source of your authority to request the individual's protected health information, such as, parent or legal guardian)

Print Name/Department: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print: First Name, Middle Initial, Last Name and Department of Employee processing this authorization)

MedTrak Learning January 2016



Verify the validity of the letter from Regina Watkins at Blue Cross and the release of information form signed by Mr. Anderson.

Make copies of the requested personal health information and mail the PHI to Ms. Watkins at Blue Cross.

Then you scan the letter and release of information form and attach them to Mr. Anderson's medical record.

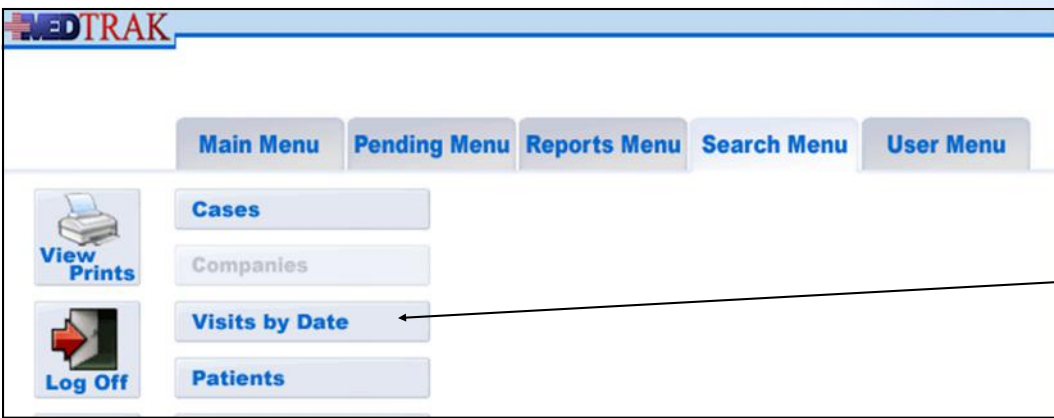
Next you place an order for the release of information including the charges for the handling and copying of ten (10) pages of the requested information. To place the order for the release of information for Mr. Anderson, from the MedTrak Main Menu, click the Search Menu tab at the top of the screen. The next screen to appear is the Search Menu (shown below).

Verify the letter and ROI form

Mail the PHI

Scan the letter and ROI form

Place an order for the ROI

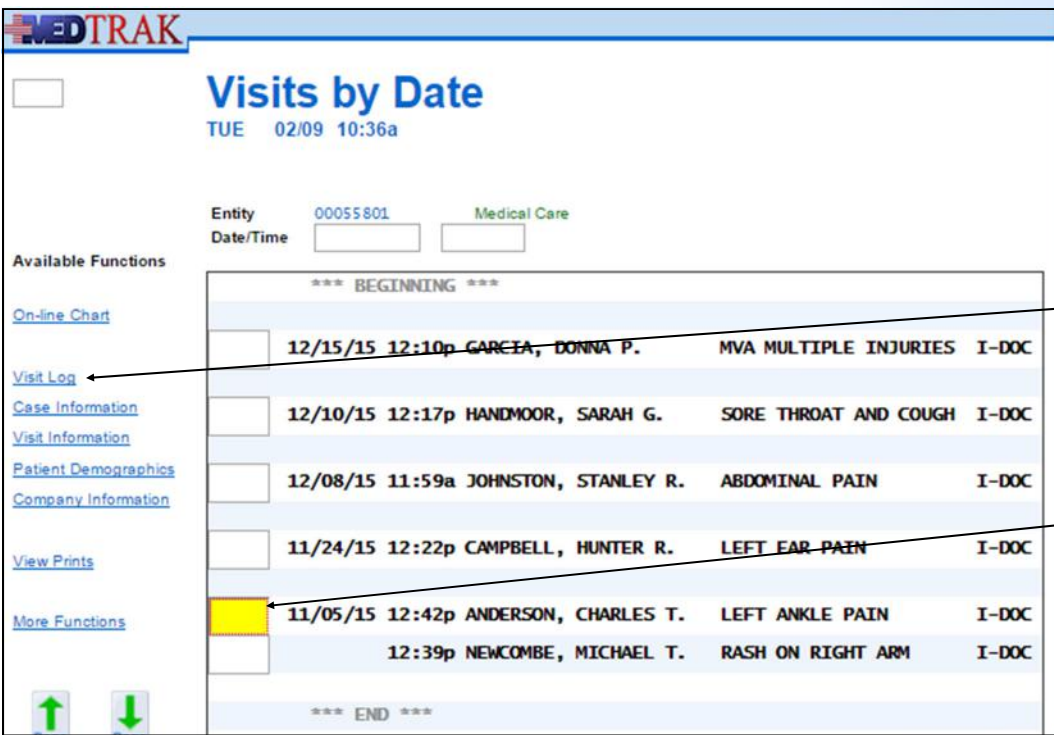


Search Menu

*Visits by Date* button

On the Search Menu, click the Visits by Date button. The next screen to appear is the Visits by Date screen. Place the cursor in the command field next to Mr. Anderson (shown below).

Visits by Date screen



*Visit Log* button

Cursor is next to Anderson

Click the *Visit Log* button. The next screen to appear is the Visit Log, which is a chronological record of every step in the patient’s care (shown below).

Visit Log  
screen

**MedTRAK**

## Visit Log

TUE 02/09 10:57a

..PATIENT RESPONSIBILITY 2  
 ANDERSON, CHARLES T. 47E72B  
 LEFT ANKLE PAIN 652710

All log records Change View

Available Functions RESPONSIBLE ENTRY

\*\*\*\*\* TUE 11/10/15 \*\*\*\*\* (9990)

Time	Description	Status	Responsible Party	Entry
12:37p	Inv 331143 created with TIN MASTER	*** -***	JTA	
12:37p	Bill review completed / Charges posted	*** -***	JTA	
12:32p	Patient Chart Printed	*** -***	JTA	
12:23p	X-RAY OVER-READ - Questions Answered	DOC -***	JTA	
12:22p	X-RAY OVER-READ - Questions Answered	DOC -JTA	JTA	
12:18p	Payment Receipt Printed	CLER-JTA	JTA	
12:18p	Visit Done - 25.00/CK/PT	CLER-JTA	JTA	
12:13p	PATIENT DISCHARGED	TECH-JTA	JTA	
12:12p	Visit Charges Printed	*** -***	JTA	
12:12p	Prescription Form Printed	*** -***	JTA	
12:12p	Patient Instructions Printed	*** -***	JTA	
12:12p	Discharge Time Set	*** -***	***	
12:12p	LEFT ANKLE APPLIANCE - Completed By:	TECH-JTA	JTA	
12:08p	Out the Door - Completed	DOC -JTA	JTA	
12:07p	LOS: 99203	DOC -JTA	JTA	
12:06p	Out the Door - Command Entered	DOC -JTA	JTA	
12:04p	Out the Door - Cancelled	DOC -JTA	JTA	

Page Page

Do These Steps  
30.01 =====>

1. Sign into MedTrak  
(You should be on the MedTrak Main Menu)
2. Click the *Search Menu* tab at the top  
(You should be on the Search Menu)
3. Click the *Visits by Date* button  
(You should be on the Visits by Date screen)
4. Place the cursor next to *Mr. Anderson’s visit*
5. Click the *Visit Log* button  
(You should be on Mr. Anderson’s Visit Log screen)

## Placing the ROI order .....

To place the release of information order for Mr. Anderson, you are going to use the **Order by Code** method in the CPOE (computerized provider order entry). With the cursor in any of the command fields on the Visit Log, type **oc** for the order by code command (shown below).

Use the **Order by Code** method

RESPONSIBLE	ENTRY
oc	12:37p Inv 331143 created with TIN MASTER . . . . . *** -*** JTA
	12:37p Bill review completed / Charges posted . . . . . *** -*** JTA
	12:32p Patient Chart Printed . . . . . *** -*** JTA
	12:23p X-RAY OVER-READ - Questions Answered . . . . . DOC -*** JTA
	12:22p X-RAY OVER-READ - Questions Answered . . . . . DOC -JTA JTA

Order by Code command **oc**

Then press the **ENTER** key. The Order by Code screen appears displaying all of the orders placed for Mr. Anderson during his initial visit (shown below).

Order by Code screen

Code field for order codes

Orders already placed for Mr. Anderson

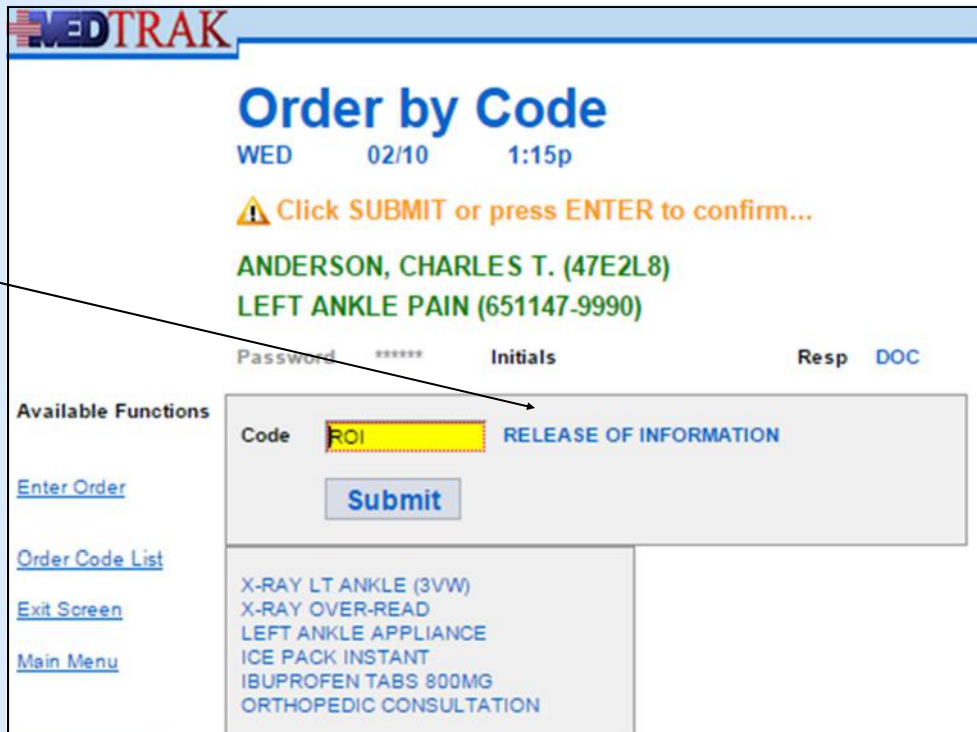
With the cursor in the **Code** field, type the order code for the release of information which is **ROI** (shown on the next page).

Release of information order code ROI



After entering the **ROI** order code, press the **ENTER** key. The Order by Code screen refreshes showing the order name before actually placing the order to provide an opportunity to change the order code, in case the wrong order code was entered by mistake (shown below).

ROI order name



To confirm placing the **Release of Information** order, click the **Submit** button. The Order by Code screen refreshes showing the release of information order placed (shown on the next page).

Release of information order placed

After placing the release of information order, click the *Exit Screen* button to return to the *Visit Log* screen. There is now a log entry for the placement of the release of information order (shown below).

	RESPONSIBLE	ENTRY
***** WED 02/10/16 ***** (9990)		
1:17p RELEASE OF INFORMATION - Order Placed	DOC -JTA	JTA
***** SAT 12/05/15 ***** (9990)		
11:50a Inv 331787 created with TIN MASTER	*** -***	JTA
11:50a Bill review completed / Charges posted	*** -***	JTA
11:30a Patient Chart Printed	*** -***	JTA
11:20a X-RAY OVER-READ - Questions Answered	DOC -***	JTA
11:19a X-RAY OVER-READ - Questions Answered	DOC -JTA	JTA
11:13a Payment Receipt Printed	CLER-JTA	JTA
11:13a Visit Done - 25.00/CK/PT	CLER-JTA	JTA
11:11a Chart for this visit accessed by	*** -***	JTA
11:02a PATIENT DISCHARGED	TECH-JTA	JTA
11:02a Visit Charges Printed	*** -***	JTA
11:02a Prescription Form Printed	*** -***	JTA
11:02a Patient Instructions Printed	*** -***	JTA
11:02a Discharge Time Set	*** -***	***
11:02a LEFT ANKLE APPLIANCE - Completed By:	TECH-JTA	JTA

Release of information order log entry

Do These Steps  
30.02 =====>

1. Place the cursor in any command field on the Visit Log screen
2. Type **oc** in the **command** field (order code command)
3. Press the **ENTER** key  
(You should be on the Order by Code screen)
4. Type **roi** in the **Code** field (release of information order code)
5. Press the **ENTER** key  
(The Order by Code screen refreshes)  
(The release of information order name appears to the right of the order code field)
6. Click the **Submit** button to confirm placing the order  
(The Order by Code screen refreshes)  
(The **Release of Information** order is placed)
7. Click the **Exit Screen** button  
(You should be back on the Visit Log screen)  
(There is now a log entry for the release of information order)

To complete the release of information order, click the **Orders** button on the Visit Log screen. The cursor can be in any one of the command fields.

The next screen to appear is the Visit Orders screen (shown below).

Visit Orders  
screen

Show the Order  
button

Cursor next to  
ROI order

**MEDTRAK**

## Visit Orders

WED 02/10 1:20p

ANDERSON, CHARLES T. (47E2L8)  
LEFT ANKLE PAIN (651147-9990)

Password \*\*\*\*\* Initials Resp DOC

Available Functions

Submit

Additional Order

Open Orders

Not in MedTrak

Show the Order

Cancel the Order

Print the Order

More Functions

Page Up

Page Down

\*\*\* BEGINNING OF VISIT ORDERS \*\*\*

<input type="checkbox"/>	<b>+</b> Radiology		
	Left Lower Extremity		
<input type="checkbox"/>	X-RAY LT ANKLE (3W) . . . .	Completed	FRI 11/06/15 10:31a
	Other		
<input type="checkbox"/>	X-RAY OVER-READ . . . . .	Completed	SAT 12/05/15 11:20a
<input type="checkbox"/>	<b>+</b> Treatment (Injuries)		
	Left Lower Extremity		
<input type="checkbox"/>	LEFT ANKLE APPLIANCE . . . .	Completed	SAT 12/05/15 11:02a
<input type="checkbox"/>	ICE PACK INSTANT . . . . .	Completed	FRI 11/06/15 10:29a
<input type="checkbox"/>	<b>+</b> Medications (Disp OR Rx)		
	IBUPROFEN TABS 800MG . . . .	Completed	SAT 11/28/15 1:02p
<input type="checkbox"/>	<b>+</b> Referrals / Authorizations		
	ORTHOPEDIC CONSULTATION . .	Completed	SAT 12/05/15 11:27a
<input type="checkbox"/>	<b>+</b> Administrative Orders		
	RELEASE OF INFORMATION . . .	Placed By JTA	WED 02/10/16 1:17p

\*\*\* END OF VISIT ORDERS \*\*\*

Place the cursor in the command field next to the **Release of Information** order and click the *Show the Order* button. The next screen to appear is the Release of Information order screen for entering the answers to the questions (shown below).

Release of Information order

Cursor in answer field for Requested by question

With the cursor in the answer field for the **Requested by** question, click the *Expanded Answer* button.

The next screen to appear is the Expanded Answer screen. On this screen, type **Regina Watkins from Blue Cross & Blue Shield of Michigan** (shown below).

Requested by

After entering the answer on the Expanded Answer screen, click the *Submit Answer* button. The Release of Information order screen reappears displaying the answer to the right of the **Requested by** question (shown on the next page).

**MEDTRAK**

## RELEASE OF INFORMATION (13876)

WED 02/10 1:28p

⚠ Changes processed — re-displaying screen...

..PATIENT RESPONSIBILITY (2)  
ANDERSON, CHARLES T. (47E2L8)  
LEFT ANKLE PAIN (651147-9990)

Password \*\*\*\*\*      Initials

Available Functions		*** RELEASE OF INFORMATION ***	
CLERICAL			
<a href="#">Submit Answers</a>	: <input type="text"/>	*	Requested by: Regina Watkins from Blue Cross & Blue Shield of Michigan
<a href="#">Responsibility (f)</a>	: <input type="text"/>	*	Letter or fax received: n/a
<a href="#">Procedure (x)</a>	: <input type="text"/>	*	Consent form received from patient: n/a
<a href="#">Stored Resp (i)</a>	: <input checked="" type="checkbox"/>	*	Mail or fax information: n/a
		*	Number of pages copied: n/a

Requested by

Do These Steps  
30.03 =====>

1. Place the cursor in any command field on the Visit Log screen
2. Click the *Orders* button  
(You should be on the Visit Orders screen)
3. Place the cursor next to the **Release of Information** order
4. Click the *Show the Order* button  
(You should be on the Release of Information order screen)
5. Place the cursor in the **Requested by** answer field
6. Click the *Expanded Answer* button  
(You should be on the Expanded Answer screen)
7. Type **Regina Watkins from Blue Cross & Blue Shield of Michigan**
8. Click the *Submit Answer* button  
(You should be back on the Release of Information order screen)  
(The answer is next to the **Requested by** question)

Standard answer

Triggers

Stored responses

Many questions can be answered with a **standard answer**. MedTrak allows answering questions with standard answers by using **triggers** to retrieve **stored responses**. Using a trigger to answer a question saves time.

The question **Letter or fax received** has triggers of **l** for **letter** and **f** for **fax**.

The question **Consent form received from patient** has triggers of **y** for **yes** and **n** for **no**.

The question **Mail or fax information** has triggers of **m** for **mail** and **f** for **fax**.



Regina Watkins, from Blue Cross, sent a letter requesting that Mr. Anderson’s PHI be mailed to her. Along with the letter was the release of information consent form signed by Mr. Anderson.

Based on this information, the triggers on the release of information form drive the stored responses of **Letter**, **Yes**, and **Mail** (shown below).

**MEDTRAK**

## RELEASE OF INFORMATION (13876)

WED 02/10 1:28p

⚠ Changes processed — re-displaying screen...

..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47E2L8)  
 LEFT ANKLE PAIN (651147-9990)

Password \*\*\*\*\*      Initials

Available Functions

- [Submit Answers](#)
- [Responsibility \(\\*\)](#)
- [Procedure \(x\)](#)
- [Stored Resp \(:\)](#)
- [Expanded Answer](#)

\*\*\* RELEASE OF INFORMATION \*\*\*

CLERICAL

\* Requested by: Regina Watkins from Blue Cross & Blue Shield of Michigan

\* Letter or fax received: n/a

\* Consent form received from patient: n/a

\* Mail or fax information: n/a

\* Number of pages copied: n/a

\* Date records sent: n/a

\* Records sent by: n/a

\*\*\* END \*\*\*

Submit Answers button

Letter trigger

Yes trigger

Mail trigger

After entering the triggers, click the *Submit Answers* button. The Release of Information order screen refreshes displaying the stored responses to the right of the questions (shown below).

**MEDTRAK**

## RELEASE OF INFORMATION (13876)

WED 02/10 1:31p

⚠ Changes processed — re-displaying screen...

..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47E2L8)  
 LEFT ANKLE PAIN (651147-9990)

Password \*\*\*\*\*      Initials

Available Functions

- [Submit Answers](#)
- [Responsibility \(\\*\)](#)
- [Procedure \(x\)](#)
- [Stored Resp \(:\)](#)
- [Expanded Answer](#)

\*\*\* RELEASE OF INFORMATION \*\*\*

CLERICAL

\* Requested by: Regina Watkins from Blue Cross & Blue Shield of Michigan

\* Letter or fax received: Letter

\* Consent form received from patient: Yes

\* Mail or fax information: Mail

\* Number of pages copied: n/a

\* Date records sent: n/a

\* Records sent by: n/a

\*\*\* END \*\*\*

Stored responses

Do These Steps  
30.04 =====>

1. Place the cursor in the **Letter or fax received** answer field
2. Type an **l** (the trigger for the stored response of **Letter**)
3. Place the cursor in the **Consent form received from patient** answer field
4. Type a **y** (the trigger for the stored response of **Yes**)
5. Place the cursor in the **Mail or fax information** answer field
6. Type an **m** (the trigger for the stored response of **Mail**)
7. Click the **Submit Answers** button  
(The Release of Information order screen refreshes)  
(The answers are to the right of the questions)

The next question is for billing purposes. With the cursor in the answer field for the **Number of pages copied** question, click the **Procedure (x)** button. The next screen to appear is the Number of pages copied screen. On this screen, enter the number **1** for the **Handling fee for request for information** and the number **10** for the **Number of pages** field (shown below).

Handling fee and number of pages

Then click the **Submit** button. The Release of Information order screen reappears displaying the information entered (shown below).

Handling fee and number of pages

1. Place the cursor in the **Number of pages copied** answer field
2. Click the **Procedure (x)** button  
(You should be on the Number of pages copied screen)
3. Type the number **1** in the **Handling fee for request for information** field
4. Type the number **10** in the **Number of pages** field
5. Click the **Submit** button  
(The Release of Information order screen refreshes)  
(The answers are to the right of the questions)

Do These Steps  
<==== 30.05

Now enter the current date in the **Date records sent** answer field and your MedTrak employee initials in the **Records sent by** answer field (shown below).

**MEDTRAK**  
**RELEASE OF INFORMATION (13876)**  
 WED 02/10 1:35p  
 ⚠ Changes processed — re-displaying screen...  
 ..PATIENT RESPONSIBILITY (2)  
 ANDERSON, CHARLES T. (47E2L8)  
 LEFT ANKLE PAIN (651147-9990)  
 Password \*\*\*\*\* Initials

Available Functions

- [Submit Answers](#)
- [Responsibility \(\\*\)](#)
- [Procedure \(x\)](#)
- [Stored Resp \(:\)](#)
- [Expanded Answer](#)
- [View Prints](#)

\*\*\* RELEASE OF INFORMATION \*\*\*  
 CLERICAL

: \* Requested by: Regina Watkins from Blue Cross & Blue Shield of Michigan

: Letter \* Letter or fax received: Letter

: Yes \* Consent form received from patient: Yes

: Mail \* Mail or fax information: Mail

X \* Number of pages copied: Handling fee for request for information. 10 \* Number of pages.

: 02/10/16 \* Date records sent: n/a

: [Initials] \* Records sent by: n/a

\*\*\* END \*\*\*

Submit Answers  
button

Current date

Your MedTrak  
employee initials

Click the **Submit Answers** button. The Release of Information order screen refreshes showing all of the questions answered (shown on the next page).

All questions are answered

Do These Steps  
30.06 =====>

**MEDTRAK**

## RELEASE OF INFORMATION (13876)

WED 02/10 1:38p

**⚠ Changes processed — re-displaying screen...**

..PATIENT RESPONSIBILITY (2)  
ANDERSON, CHARLES T. (47E2L8)  
LEFT ANKLE PAIN (651147-9990)

Password \*\*\*\*\* Initials

Available Functions

Submit Answers : \* [ ] \* Requested by: Regina Watkins from Blue Cross & Blue Shield of Michigan

Responsibility (\*) : Letter \* Letter or fax received: Letter

Procedure (x) : Yes \* Consent form received from patient: Yes

Stored Resp (:) X \* Mail \* Mail or fax information: Mail

Expanded Answer : 02/10/16 \* Number of pages copied: Handling fee for request for information. 10 \* Number of pages.

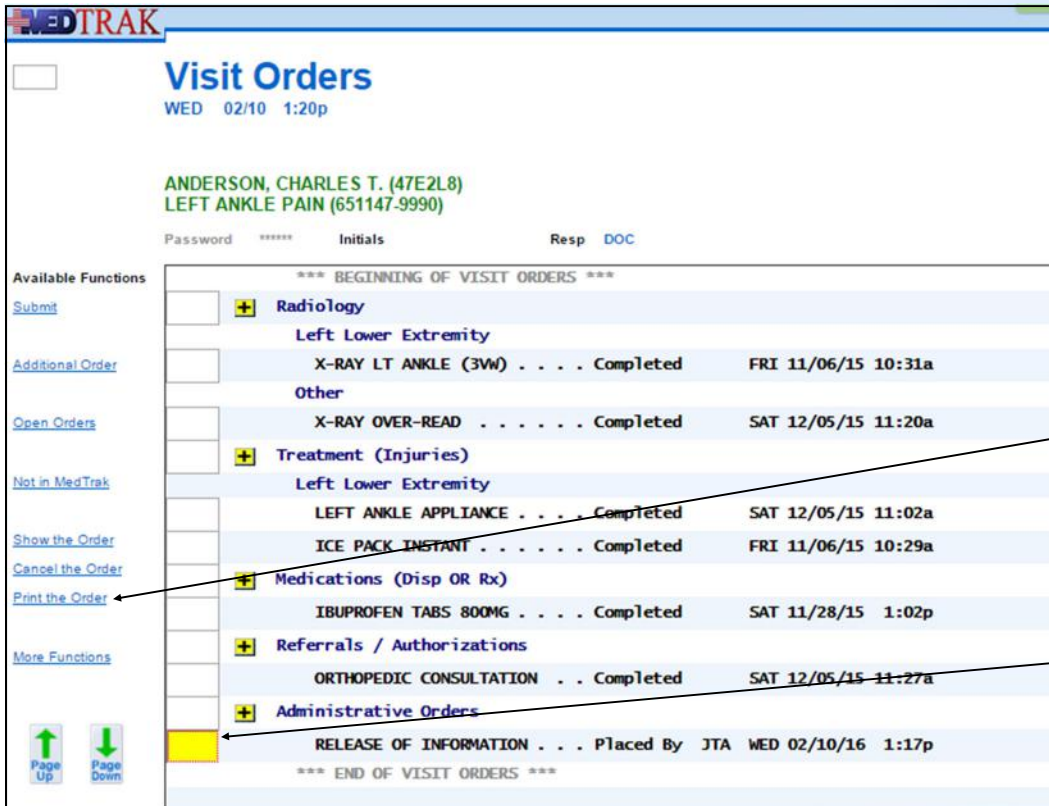
View Prints : \* Date records sent: 02/10/16

\* Records sent by: Mark Reynolds

\*\*\* END \*\*\*

1. Place the cursor in the **Date records sent** answer field
2. Type **today's date**
3. Place the cursor in the **Records sent by** answer field
4. Type **your MedTrak employee initials**
5. Click the **Submit Answers** button  
(The Release of Information order screen refreshes)  
(The answers are to the right of the questions)

Now you need to produce a record of this order to submit to the billing department. Click the *Exit Screen* button to return to the Visit Orders screen (shown below).



*Print the Order*  
button

**Release of Information**  
order

With the cursor next to the **Release of Information** order, click the *Print the Order* button. The **Release of Information** order print is now in your PDF print queue.

1. Click the *Exit Screen* button  
(You should be back on the Visit Orders screen)
2. Place the cursor in the command field next to the **Release of Information** order
3. Click the *Print the Order* button  
(Your print is now in your View Prints PDF queue)

Do These Steps  
<==== 30.07

Click the *Exit Screen* button to return to the Visit Log.

Notice on the *Visit Log* that there are several log entries for the **Release of Information** order processing (shown below).

The screenshot shows the MedTrak 'Visit Log' interface. At the top, it displays 'WED 02/10 1:42p'. Below this, patient information is listed: 'PATIENT RESPONSIBILITY ANDERSON, CHARLES T. LEFT ANKLE PAIN'. A dropdown menu is set to 'All log records' with a 'Change View' button. On the left, there is a sidebar with 'Available Functions' including 'Online Chart', 'Providers Notes', 'Clinical Notes', 'Diagnosis', 'Level of Service', 'Orders', 'Rehab Notes', 'Rehab Assessment', 'Assessment', 'Plan', 'View Prints', and 'More Functions'. The main area contains a table of log entries for 'WED 02/10/16' and 'SAT 12/05/15'. The 'RELEASE OF INFORMATION' entries are highlighted in yellow. A callout box points to these entries with the text 'Release of Information log entries'.

	RESPONSIBLE	ENTRY
***** WED 02/10/16 ***** (9990)		
1:41p RELEASE OF INFORMATION Printed . . . . .	DOC -JTA	JTA
1:26p RELEASE OF INFORMATION - Questions Answered . . . . .	DOC -JTA	JTA
1:17p RELEASE OF INFORMATION - Order Placed . . . . .	DOC -JTA	JTA
***** SAT 12/05/15 ***** (9990)		
11:50a Inv 331787 created with TIN MASTER . . . . .	*** -***	JTA
11:50a Bill review completed / Charges posted . . . . .	*** -***	JTA
11:30a Patient Chart Printed . . . . .	*** -***	JTA
11:20a X-RAY OVER-READ - Questions Answered . . . . .	DOC -***	JTA
11:19a X-RAY OVER-READ - Questions Answered . . . . .	DOC -JTA	JTA
11:13a Payment Receipt Printed . . . . .	CLER-JTA	JTA
11:13a Visit Done - 25.00/CK/PT . . . . .	CLER-JTA	JTA
11:11a Chart for this visit accessed by . . . . .	*** -***	JTA
11:02a PATIENT DISCHARGED . . . . .	TECH-JTA	JTA
11:02a Visit Charges Printed . . . . .	*** -***	JTA
11:02a Prescription Form Printed . . . . .	*** -***	JTA
11:02a Patient Instructions Printed . . . . .	*** -***	JTA
11:02a Discharge Time Set . . . . .	*** -***	***

Release of Information log entries

Do These Steps 30.08 =====>

1. Click the *Exit Screen* button  
(You should be back on the Visit Log screen)  
(The log entries for the **Release of Information** order appear)
2. Click the *View Prints* button  
(The Available User Reports window appears)
3. Copy the PDF of the ROI order to submit to your instructor
4. Close the PDF and the Available User Reports window
5. Click the *Main Menu* button  
(You should be back on the MedTrak Main Menu)

The release of information request (ROI) from Blue Cross & Blue Shield of Michigan is complete and recorded.

## ROI request from Nationwide Insurance ●●●●●●●●

The second release of information request is from Nationwide Insurance.

Robert Duvally, the claims center manager for Nationwide Insurance, sent a letter requesting any and all information regarding Mr. Anderson's left ankle pain case (shown below and in Appendix B). He did not send a release of information form with his letter.

### Nationwide Insurance

Robert Duvally  
Nationwide Insurance  
One Nationwide Plaza  
Columbus, OH 43215

February 10, 2016

Medical Care  
1847 Ruddiman Drive  
North Muskegon, MI 49445

RE: Request for Charles T Anderson's medical records  
Case #732467, DOB: 12/02/1975, SSN: 255-65-6376

To Whom it May Concern:

I am requesting any and all medical records in your possession for Charles T Anderson's left ankle pain.

If you have any questions, please call me at 231-555-8548.

Sincerely,

Robert Duvally  
Claims Center Manager

Nationwide  
request letter

Screen reader  
version of this  
letter is in  
Appendix B

1. Enter this release of information request from **Nationwide Insurance** into MedTrak the same way that you entered the request from **Blue Cross & Blue Shield of Michigan**
2. This request is not a valid one, though, because there is no release of information form signed by **Mr. Anderson** accompanying the letter. So, you will not be mailing any information to **Mr. Duvall**.
3. Print the **Release of Information** order to turn in to your instructor

Do These Steps  
<==== 30.09

## ROI request from Charles Anderson

The third release of information request is from the patient, Charles Anderson. His release of information form requests all of his medical records (shown below and in Appendix B).

Release of Information form signed by Mr. Anderson

Screen reader version of this form is in Appendix B

**Release of Information**

Patient Name: *Charles T Anderson* Case Number: *732467* DOB: *12/02/1975*

I, *Charles T Anderson* HEREBY AUTHORIZE:  
(Please print: First Name, Middle Initial, Last Name)

**The release of information to the individual or company shown below:**

Name: *Charles T Anderson*  
 Company/Organization:  
 Mailing Address: *123 South Main Street*  
 City/State/Zip: *North Muskegon, MI 49445* Fax #: Phone Number: *231-555-7537*

**The following Protected Health Information may be released:**

Psychiatric Evaluation     Report Cards/Transcripts     Immunizations     Medical History & Physical  
 Consultation Reports     Discharge Summaries     Progress Notes     Treatment Plans  
 Lab/EKG/Xray     Plan of Care     Other: *any and all information related to my left ankle pain case*  
 Verbal Authorization for \_\_\_\_\_ to speak with \_\_\_\_\_

**For the following purpose or purposes:** (if the individual initiates the authorization and does not want to provide a purpose, enter "at the request of the individual"):  
 at the request of the individual     sharing with other health care providers as needed  
 SSA determination     other (please describe): *for analysis of care*

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

**If not previously revoked, this authorization is a one-time event or expires on the following date:**

This is a one-time event, or until this date: \_\_\_\_\_  
mm/dd/ccyy

I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

Signed: *Charles T Anderson* Date: *February 20, 2016*  
(Signed by the individual whose Protected Health Information is to be used or disclosed by this authorization)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person representing the individual whose Protected Health Information is requested to be disclosed)

Source of Authority: \_\_\_\_\_  
(Please indicate the source of your authority to request the individual's protected health information, such as, parent or legal guardian)

Print Name/Department: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print: First Name, Middle Initial, Last Name and Department of Employee processing this authorization)

MedTrak Learning January 2016

Do These Steps 30.10 =====>

1. Enter this release of information request from **Charles Anderson** into MedTrak the same way that you entered the request from **Blue Cross & Blue Shield of Michigan**
  2. This request is a valid one
  3. Print the **Release of Information order** to turn in to your instructor
- There is no Self Assessment report for this chapter.**





Patient Chart  
Checkout  
Request (PCCR)

There is no standard **Patient Chart Checkout Request** (PCCR) form that everyone uses. But, each PCCR form will contain the same basic information.

To request a patient's chart, the requestor fills out the fields in the top portion of the PCCR form and presents it to the medical records department:

- The patient's name and medical record number
- The name of the person requesting the chart
- Department where the requestor works
- The email address and phone number of the requestor
- The number of days the requestor plans to keep the patient's chart

Once the medical records person retrieves the patient chart for the requestor, he or she enters their name on the PCCR form and creates a patient chart checkout record in the EHR. The PCCR form is then placed in the file where the patient's chart was located.

When the patient's chart is returned, the medical records person places the chart back in the file, pulls the PCCR form from the file, and enters the date the chart was returned on the PCCR form. Then the medical records person updates the patient chart checkout record in the EHR.

## Chart checkout processing

Request for the  
Abbott chart  
from  
Dr. Simmons

Dr. Walter Simmons, the head of the radiology department, filled out a request for the chart of Sandy Abbott. Dr. Simmons is studying patients presenting with a specific diagnosis whose treatment included x-rays. His request indicates that he will need the chart for seven days. The PCCR form for this request is at the end of this exercise.

After retrieving the Abbott chart for Dr. Simmons, you record your initials on the PCCR form and create a patient chart checkout record (CHCO) in the MedTrak EHR. Anyone else needing the Abbott chart will see that Dr. Simmons currently has it based on the information in the patient chart checkout record.

Create a CHCO  
record in the  
EHR

To create the patient chart checkout record for the Abbott chart, from the [MedTrak Main Menu](#), click the **Patient Registration** button.

The next screen to appear is the [Patients](#) screen (shown on the next page).

**Patients**  
MON 06/27 10:52a

Patient Name  Change Display Order Active Patients Only  Change Detail Display

Search

Clinic Status Schedule Companies

Available Functions

*** BEGINNING OF PATIENTS ***			
Select Patient	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
Add Patient	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885
Change Patient	Abbott, Sandy L.	06/14/1984	357-44-9393 (231) 555-6996
Patient Notes	Amaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737
Appointments	Anderson, Charles T.	12/02/1975	255-65-6376 (231) 555-7537
Payers	Bailey, Darlene M.	06/16/1931	784-73-6333 (231) 555-3868
Schedule	Bradford, Larry J.	07/17/1987	347-27-2722 (231) 555-2442
View Prints	Campbell, Susan T.	08/18/1972	274-74-7333 (231) 488-4844
More Functions...	Carrey, Paula M.	03/05/1966	354-23-5310 (231) 555-6885
Page Up	Chadwick, Cliff B.	09/19/1979	457-37-3399 (231) 555-4894
Page Down	Christianson, Brenda T.	11/12/1980	388-20-3322 (231) 555-3424
Exit Screen	Cooper, Janice B.	01/04/1978	372-82-6383 (231) 555-2772
Main Menu	Davis, Denise V.	06/06/1976	534-63-4222 (231) 555-7548
	Dolley, Phillip R.	11/17/1985	943-73-9822 (231) 555-3773
	Edwards, Charles L.	03/09/1975	232-86-7444 (231) 555-7474
	Ellis, Frank P.	02/09/1954	915-66-8043 (231) 555-1391
	Fedder, Nancy L.	07/23/1976	262-89-9833 (231) 555-8833
	Frost, Jean C.	11/23/1975	545-33-8864 (231) 555-3647
	Garcia, Candida T.	06/25/2003	634-47-3893 (231) 555-4884

Patients screen showing cursor next to Sandy Abbott

On the Patients screen, place the cursor in the command field next to Sandy Abbott. If Sandy Abbott does not appear on the first screen, you would use the Search field in conjunction with the Search button to locate her.

Type the patient chart checkout record command **chco** in the command field (shown below).

Chart checkout command **chco**

This command can also be located by clicking the More Functions button.

**Patients**  
MON 06/27 10:52a

Patient Name  Change Display Order Active Patients Only  Change Detail Display

Search

Clinic Status Schedule Companies

Available Functions

*** BEGINNING OF PATIENTS ***			
Select Patient	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
Add Patient	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885
Change Patient	Abbott, Sandy L.	06/14/1984	357-44-9393 (231) 555-6996
Patient Notes	Amaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737
	Anderson, Charles T.	12/02/1975	255-65-6376 (231) 555-7537

Patients screen showing **chco** command next to Sandy Abbott

Now press the *ENTER* key. The Patient / Chart Checkout screen appears (shown below).

Patient / Chart Checkout screen

**MEDTRAK**

All **Patient / Chart Checkout**  
MON 06/27 11:41a

**ABBOTT, SANDY L. (47JSQ9)**  
Password \*\*\*\*\* Initials MCW

Available Functions

Select

Add

Change

More Functions

Page Up Page Down

Exit Screen

\*\*\* BEGINNING \*\*\*  
\*\*\* END \*\*\*

Because Sandy Abbott has not had any previous requests for her patient chart, there are no entries on the screen. To add the chart request for Dr. Simmons, click the *Add* button. The next screen to appear is the Patient / Chart Checkout: Add screen (shown below).

Patient / Chart Checkout: Add screen

**MEDTRAK**

**Patient / Chart Checkout: Add**  
MON 06/27 11:44a

**ABBOTT, SANDY L. (47JSQ9)**

Exit Screen

Requested by:

Department:

Email:

Phone:  -

Chart will be returned in  days.

Request fulfilled by:  (initials)

Date chart returned:  (mm/dd/yy)

Submit

On the Patient / Chart Checkout: Add screen, enter the Abbott chart request information for Dr. Simmons (shown below).

**MEDTRAK**

## Patient / Chart Checkout: Add

MON 06/27 11:44a

**ABBOTT, SANDY L. (47JSQ9)**

[Exit Screen](#)

Requested by:

Department:

Email:

Phone:   -

Chart will be returned in  days.

Request fulfilled by:  (initials)

Date chart returned:  (mm/dd/yy)

Patient / Chart Checkout: Add screen

Fulfiller initials not entered yet

If you do not enter data in each of the required fields, MedTrak will notify you with an error message. In this example, the fulfiller's initials were intentionally left blank. After clicking the **Submit** button to send the data to MedTrak, an error message screen appears identifying the error. After closing the error screen, the Patient / Chart Checkout: Add reappears showing the error (shown below).

**MEDTRAK**

## Patient / Chart Checkout: Add

MON 06/27 11:49a

**⊘ Fulfiller initials required.**

**ABBOTT, SANDY L. (47JSQ9)**

[Exit Screen](#)

Requested by:

Department:

Email:

Phone:   -

Chart will be returned in  days.

Request fulfilled by:  (initials)

Date chart returned:  (mm/dd/yy)

Fulfiller initials error message

Now the fulfiller's initials are entered

After entering the fulfiller's initials (your initials), press the *ENTER* key.

The Patient / Chart Checkout screen reappears showing the patient chart request from Dr. Simmons. (shown below).

Dr. Simmons has the Abbott chart

Chart to be returned by July 4th

To return to the Patients screen, click the *Exit Screen* button.

To then return to the MedTrak Main Menu, click the *Exit Screen* button again.

Do These Steps  
31.01 ==>>

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Patient Registration* button**  
(You should be on the Patients screen)
3. **Place the cursor next to **Sandy Abbott****
4. **Type **chco** in the **command** field (chart checkout command)**
5. **Press the *ENTER* key**  
(You should be on the Patient / Chart Checkout screen)
6. **Click the *Add* button**  
(You should be on the Patient / Chart Checkout: Add screen)
7. **Enter the data for **Dr. Simmons' request for the Abbott chart****  
(The Abbott PCCR form is at the end of this exercise)
8. **Click the *Submit* button**  
(You should be on the Patient / Chart Checkout screen)  
(The chart request for Dr. Simmons' appears)
9. **Click the *Exit Screen* button**  
(You should be back on the Patients screen)
10. **Click the *Exit Screen* button again**  
(You should be back on the MedTrak Main Menu)

# Overdue Charts Report

To keep track of patient charts when they are out of the chart room is another of the responsibilities of the records department.

To manage this, the records department prints an overdue charts report. On this report are the following data:

- The date the chart was due to be returned
- The person who checked out the chart
- The phone number of the person who checked out the chart
- The name of the patient
- The initials of the records department person who released the chart
- The date the chart was checked out

How to print the Overdue Charts report

To print the overdue chart report, place the cursor in any one of the command fields on the Patients screen and type the overdue chart print command **prco** (shown below).

The screenshot shows the MEDTRAK Patients interface. At the top, it says 'MEDTRAK Patients' with the date and time 'TUE 06/28 8:54a'. Below this are several filters: 'Patient Name', 'Change Display Order', 'Active Patients Only', and 'Change Detail Display'. There is a search bar with the text 'prco' entered. Below the search bar are icons for 'Clinic Status', 'Schedule', and 'Companies'. At the bottom, there is a table of patients with columns for name, date of birth, phone number, and patient name. The first three patients listed are Aamodt, Richard T., Aaron, Alice J., and Abbott, Sandy L.

Overdue charts print command

Then press the **ENTER** key. The Overdue Charts report is now in the print queue. Below is a sample of this report (shown below).

```

PAGE - 1                               Overdue Charts for MCM Medical Care                               06/28/16
                                                                                               8:39a
Return      Checked Out To
Date       Name          Phone Number  Patient Name          Checked Out
By         When
-----
07/04/16  Dr. Walter Simmons  (231) 555-3637  ABBOTT, SANDY L.     MCM 06/27/16

*** END OF PRINT 06/28/16 8:39a - Megan C Walker ***
    
```

Do These Steps  
31.02 =====>

1. Using the same procedure that you did to add the patient chart checkout record for Sandy Abbott, add all eleven of the following patient chart checkout records:

Larry Bradford

Brenda Christianson

Denise Davis

Nancy Fedder

Michelle Gonzales

Roger Hamilton

Kim Jackson

Peter Nusom

Christina Sanchez

Jack Taylor

Walter Vollmer

(Their PCCR forms are at the end of this exercise)

(When done return to the Patients screen)

2. Place the cursor in any command field
3. Type **prco** in the **command** field (print overdue charts)
4. Press the **ENTER** key  
(The Overdue Charts report is now in your print queue)
5. Click the **View Prints** button  
(The Available User Reports window opens)
6. Copy the PDF of the Overdue Charts report to submit to your instructor
7. Close the PDF and the Available User Reports window
8. Click the **Main Menu** button  
(You should be back on the MedTrak Main Menu)

An example of this report is on the next page.



PAGE - 1 Overdue Charts for MCM Medical Care 06/28/16  
12:36p

Return Date	Name	Checked Out To	Phone Number	Patient Name	Checked Out By	When
06/30/16	Denise Sanders		(231) 555-2535	HAMILTON, ROGER R.	MCM	06/28/16
07/01/16	Larry Johnson		(231) 555-7216	CHRISTIANSON, BRENDA T.	MCM	06/28/16
07/01/16	Denise Sanders		(231) 555-2535	SANCHEZ, CHRISTINA L.	MCM	06/28/16
07/02/16	Larry Johnson		(231) 555-7216	JACKSON, KIM J.	MCM	06/28/16
07/02/16	Sylvia Anderson		(231) 555-5162	DAVIS, DENISE V.	MCM	06/28/16
07/03/16	James Duncan		(231) 555-1882	GONZALES, MICHELLE W.	MCM	06/28/16
07/03/16	Sylvia Anderson		(231) 555-5162	NUSOM, PETER L.	MCM	06/28/16
07/03/16	Denise Sanders		(231) 555-2335	BRADFORD, LARRY J.	MCM	06/28/16
07/03/16	James Duncan		(231) 555-1882	VOLLMER, WALTER T.	MCM	06/28/16
07/04/16	Dr. Walter Simmons		(231) 555-3637	ABBOTT, SANDY L.	MCM	06/27/16
07/05/16	Dr. Gloria Swanson		(231) 555-3921	TAYLOR, JACK A.	MCM	06/28/16
07/05/16	Dr. Gloria Swanson		(231) 555-3921	FEDDER, NANCY L.	MCM	06/28/16

\*\*\* END OF PRINT 06/28/16 12:36p - Megan C Walker \*\*\*

## Chart Check-in Process

To check in a patient chart when it is returned, you access the patient chart checkout record and record the date. For example, when Dr. Simmons returns the Sandy Abbott chart, you type the patient chart checkout code **chco** next to Sandy Abbott on the Patients screen (shown below).

The screenshot shows the MedTrak 'Patients' interface. At the top, it displays 'MEDTRAK Patients' and the date/time 'TUE 06/28 2:27p'. Below this are several filters: 'Patient Name' (dropdown), 'Change Display Order', 'Active Patients Only' (dropdown), and 'Change Detail Display'. There is a search bar with a 'Search' button and three icons for 'Clinic Status', 'Schedule', and 'Companies'. Under 'Available Functions', there are buttons for 'Select Patient', 'Add Patient', and 'Change Patient'. A table lists patients with columns for name, birth date, and phone numbers. The entry for 'Abbott, Sandy L.' has the code 'chco' entered in the 'Add Patient' column. A callout box points to this code.

*** BEGINNING OF PATIENTS ***			
Select Patient	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
Add Patient	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885
Change Patient	Abbott, Sandy L.	06/14/1984	357-44-9393 (231) 555-6996
	Amaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737

Patient chart checkout code **chco**

Then press the *ENTER* key. The Patient / Chart Checkout screen appears (shown below).

**MEDTRAK**

All **Patient / Chart Checkout**  
TUE 06/28 2:29p

**ABBOTT, SANDY L. (47JSQ9)**  
Password \*\*\*\*\* Initials MCW

Available Functions

\*\*\* BEGINNING \*\*\*  
07/04/16 Dr. Walter Simmons (231) 555-3637  
\*\*\* END \*\*\*

Select  
Add  
Change  
More Functions

Patient / Chart Checkout screen

Change button

Then click the *Change* button. The Patient / Chart Checkout: Change screen appears displaying the chart checkout record for Dr. Simmons (shown below).

**MEDTRAK**

**Patient / Chart Checkout: Change**  
TUE 06/28 2:40p

**ABBOTT, SANDY L. (47JSQ9)**

Exit Screen

Requested by: Dr. Walter Simmons  
Department: Radiology  
Email: rsimmons@medicalcare.org  
Phone: 231 555-3637  
Chart will be returned in 7 days.

Request fulfilled by: MCW (initials)

Date chart returned: t (mm/dd/yy)

Submit

Patient / Chart Checkout: Change screen

Lower case t representing today's date

To record today's date in the **Date chart returned** field, use a lower case **t**. To record yesterday's date in this field, use a lower case **y**. All other dates need to be entered in the format mm/yy/dd.

Then click the *Submit* button. The Patient / Chart Checkout screen reappears showing that the Sandy Abbott chart was returned (shown on the next page).

**MEDTRAK**

All ▾ **Patient / Chart Checkout**

TUE 06/28 2:50p

**ABBOTT, SANDY L. (47JSQ9)**

Password \*\*\*\*\* Initials MCW

Available Functions

Select

\*\*\* BEGINNING \*\*\*

RETURNED Dr. Walter Simmons (231) 555-3637

\*\*\* END \*\*\*

Patient / Chart  
Checkout screen

Chart was  
returned by  
Dr. Simmons

To record the next patient chart that was returned, click the *Exit Screen* button to return to the Patients screen.

- Using the procedure just described for checking in patient charts, check in the following patient charts using the current date.

**Sandy Abbott**

**Denise Davis**

**Michelle Gonzales**

**Roger Hamilton**

**Peter Nusom**

**Jack Taylor**

(When done return to the Patients screen)

- Place the cursor in any command field
- Type **prco** in the **command** field (print overdue charts)
- Press the **ENTER** key  
(The Overdue Charts report is now in your print queue)
- Click the **View Prints** button  
(The Available User Reports window opens)
- Copy the PDF of the Overdue Charts report to submit to your instructor
- Close the PDF and the Available User Reports window
- Click the **Main Menu** button  
(You should be back on the MedTrak Main Menu)

**There is no Self Assessment report for this chapter.**

Do These Steps  
<==== 31.03

Be sure to turn in both of your Overdue Charts prints to your instructor.

Overdue Charts print after 31-02.

PAGE - 1		Overdue Charts for MCM Medical Care			06/28/16 12:36p	
Return Date	Name	Checked Out To	Phone Number	Patient Name	Checked Out By	When
06/30/16	Denise Sanders		(231) 555-2535	HAMILTON, ROGER R.	MCM	06/28/16
07/01/16	Larry Johnson		(231) 555-7216	CHRISTIANSON, BRENDA T.	MCM	06/28/16
07/01/16	Denise Sanders		(231) 555-2535	SANCHEZ, CHRISTINA L.	MCM	06/28/16
07/02/16	Larry Johnson		(231) 555-7216	JACKSON, KIM J.	MCM	06/28/16
07/02/16	Sylvia Anderson		(231) 555-5162	DAVIS, DENISE V.	MCM	06/28/16
07/03/16	James Duncan		(231) 555-1882	GONZALES, MICHELLE W.	MCM	06/28/16
07/03/16	Sylvia Anderson		(231) 555-5162	MUSOM, PETER L.	MCM	06/28/16
07/03/16	Denise Sanders		(231) 555-2335	BRADFORD, LARRY J.	MCM	06/28/16
07/03/16	James Duncan		(231) 555-1882	VOLLMER, WALTER T.	MCM	06/28/16
07/04/16	Dr. Walter Simmons		(231) 555-3637	ABBOTT, SANDY L.	MCM	06/27/16
07/05/16	Dr. Gloria Swanson		(231) 555-3921	TAYLOR, JACK A.	MCM	06/28/16
07/05/16	Dr. Gloria Swanson		(231) 555-3921	FEDDER, NANCY L.	MCM	06/28/16

\*\*\* END OF PRINT 06/28/16 12:36p - Megan C Walker \*\*\*

Overdue Charts print after 31-03.

PAGE - 1		Overdue Charts for MCM Medical Care			06/28/16 3:20p	
Return Date	Name	Checked Out To	Phone Number	Patient Name	Checked Out By	When
07/01/16	Larry Johnson		(231) 555-7216	CHRISTIANSON, BRENDA T.	MCM	06/28/16
07/01/16	Denise Sanders		(231) 555-2535	SANCHEZ, CHRISTINA L.	MCM	06/28/16
07/02/16	Larry Johnson		(231) 555-7216	JACKSON, KIM J.	MCM	06/28/16
07/03/16	Denise Sanders		(231) 555-2335	BRADFORD, LARRY J.	MCM	06/28/16
07/03/16	James Duncan		(231) 555-1882	VOLLMER, WALTER T.	MCM	06/28/16
07/05/16	Dr. Gloria Swanson		(231) 555-3921	FEDDER, NANCY L.	MCM	06/28/16

\*\*\* END OF PRINT 06/28/16 3:20p - Megan C Walker \*\*\*

## Patient's Chart Checkout Request

**Patient Name:** **Sandy L Abbott** **Number:** **47CWNJ**

**Requested by:** **Dr. Walter Simmons**

**Department:** **Radiology**

**Email:** **wsimmons@medicalcare.org** **Phone number:** **231-555-3637**

**Chart will be returned in** **7** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

### Procedure for checking out a patient's chart:

1. Requestor must complete all of the fields above the solid line
2. Fulfiller must sign their name
3. Fulfiller must record the information on this form in the patient's record in the EHR
4. Fulfiller places this form in the files where the patient's chart is located

### Procedure for checking in a patient's chart:

1. Fulfiller places chart back in the files
2. Fulfiller removes the Patient's Chart Checkout Request form from filing area
3. Fulfiller records on the form the date the chart was returned
4. Fulfiller updates the EHR record

MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Larry J Bradford** **Number:** **47CWNE**

**Requested by:** **Denise Sanders**

**Department:** **Billing**

**Email:** **dsanders@medicalcare.org** **Phone number:** **231-555-2335**

**Chart will be returned in** **5** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

### Procedure for checking out a patient's chart:

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4. Fulfiller updates the EHR record

MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Brenda T Christianson**

**Number:** **47CWNP**

**Requested by:** **Larry Johnson**

**Department:** **Referrals**

**Email:** **ljohnson@medicalcare.org**

**Phone number:** **231-555-7216**

**Chart will be returned in** **3** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

### Procedure for checking out a patient's chart:

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4. Fulfiller updates the EHR record

MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Denise V Davis** **Number:** **47CWN3**

**Requested by:** **Sylvia Anderson**

**Department:** **Chart Review**

**Email:** **sanderson@medicalcare.org** **Phone number:** **231-555-5162**

**Chart will be returned in** **4** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

### Procedure for checking out a patient's chart:

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3. Fulfiller records on the form the date the chart was returned
4. Fulfiller updates the EHR record

MedTrak Learning



## Patient's Chart Checkout Request

**Patient Name:** **Nancy L Fedder** **Number:** **47CWNB**

**Requested by:** **Dr. Gloria Swanson**

**Department:** **Medical Review**

**Email:** **gswanson@medicalcare.org** **Phone number:** **231-555-3921**

**Chart will be returned in** **7** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

### Procedure for checking out a patient's chart:

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3. Fulfiller records on the form the date the chart was returned
4. Fulfiller updates the EHR record

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## Patient's Chart Checkout Request

**Patient Name:** **Michelle W Gonzales** **Number:** **47CWNM**

**Requested by:** **James Duncan**

**Department:** **Nursing**

**Email:** **jduncan@medicalcare.org** **Phone number:** **231-555-1882**

**Chart will be returned in** **5** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

### Procedure for checking out a patient's chart:

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3. Fulfiller records on the form the date the chart was returned
4. Fulfiller updates the EHR record

MedTrak Learning

**Patient's Chart Checkout Request****Patient Name:** Roger R Hamilton**Number:** 47CWNH**Requested by:** Denise Sanders**Department:** Billing**Email:** dsanders@medicalcare.org**Phone number:** 231-555-2535**Chart will be returned in** 2 **days.**

---

*Fields below are to be completed by medical records personnel.***Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N**Procedure for checking out a patient's chart:**

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4. Fulfiller updates the EHR record

MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Kim J Jackson** **Number:** **47CWNO**

**Requested by:** **Larry Johnson**

**Department:** **Referrals**

**Email:** **ljohnson@medicalcare.org** **Phone number:** **231-555-7216**

**Chart will be returned in** **4** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

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4. Fulfiller updates the EHR record

MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Peter L Nusom** **Number:** **47CWNN**

**Requested by:** **Sylvia Anderson**

**Department:** **Chart Review**

**Email:** **sanderson@medicalcare.org** **Phone number:** **231-555-5162**

**Chart will be returned in** **5** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

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MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Christina L Sanchez** **Number:** **47CWPG**

**Requested by:** **Denise Sanders**

**Department:** **Billing**

**Email:** **dsanders@medicalcare.org** **Phone number:** **231-555-2535**

**Chart will be returned in** **3** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

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MedTrak Learning

**Patient's Chart Checkout Request****Patient Name:** **Jack A Taylor****Number:** **47CWN0****Requested by:** **Dr. Gloria Swanson****Department:** **Medical Review****Email:** **gswanson@medicalcare.org****Phone number:** **231-555-3921****Chart will be returned in 7 days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated: Y or N**

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated: Y or N****Procedure for checking out a patient's chart:**

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MedTrak Learning

## Patient's Chart Checkout Request

**Patient Name:** **Walter T Vollmer** **Number:** **47CWNZ**

**Requested by:** **James Duncan**

**Department:** **Nursing**

**Email:** **jduncan@medicalcare.org** **Phone number:** **231-555-1882**

**Chart will be returned in** **5** **days.**

---

*Fields below are to be completed by medical records personnel.*

**Request fulfilled by:** \_\_\_\_\_ **EHR updated:** Y or N

---

**Date chart returned:** \_\_\_ / \_\_\_ / \_\_\_ **EHR updated:** Y or N

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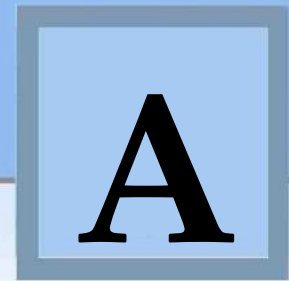
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MedTrak Learning



# Additional Case Studies



## **Left Ear Pain (PC05) . . . . . 539**

A minor patient with left ear pain, arrives at the medical facility accompanied by his mother. The patient is covered by his mother's employer's Blue Cross / Blue Shield of Michigan PPO health insurance plan. The mother is the guarantor.

## **Abdominal Pain (PC06) . . . . . 549**

A patient with abdominal pain arrives at the medical facility. He has primary insurance coverage with Medicare Railroad and secondary insurance coverage with US Family Health Plan (a Tricare plan).

## **Sore Throat and Cough (PC11) . . . . . 559**

A patient with a sore throat and cough arrives at the medical facility. She has primary insurance coverage with Humana.

## **MVA - Multiple Injuries (PC21) . . . . . 569**

A patient suffering from multiple injuries incurred in an automobile accident arrives at the medical facility. She has primary insurance coverage with Cigna.

## **Thirst, Frequency, and Fatigue (CS07) . . . 579**

Evan T. Mulls, an established patient, presents with a new onset of excessive thirst, frequent urination, and fatigue. The results of several lab tests indicate that he has Type 2 Diabetes Mellitus.

## **Routine Prenatal Examination (CS09) . . . 591**

Ms. Julia A. McNaire is seen in the OB/GYN office, for a routine 28-week prenatal examination. Patient had two previous full-term, normal vaginal deliveries, without complications. Patient has no prior medical history noted.

## **Neck and Right Arm Pain (CS12) . . . . . 601**

Mr. James L. Makis , an established patient, arrives at the medical office complaining of neck and right arm pain. His neck pain has been worsening over the last two years. Recently, he has been experiencing some numbness and a tingling sensation.

## **Palpitations & Shortness of Breath (CS26) 615**

Mr. Rodger M. Rookie arrives at the medical office complaining of heart palpitations and shortness of breath. He has intermittent episodes of irregular heart beat that causes mild shortness of breath and a general sense of malaise, but no chest pain.

## **Right Ankle Injury (CS36) . . . . . 627**

Peeverell L. Samuels, a student, slipped and fell while shopping with his mother at the Candy Company. He was injured yesterday.



# Left Ear Pain

## Blue Cross / Blue Shield of Michigan

### Case Study – PC05

Hunter R. Campbell, with left ear pain, arrives at the medical office to see the doctor. He is accompanied by his mother, Susan T. Campbell. His left ear started hurting about 4 days ago. He is covered by his mother's employer's Blue Cross / Blue Shield of Michigan PPO health insurance which requires a \$10 copayment for the office visit. Susan is the guarantor for Hunter's health care charges and pays the copayment amount with check #454 at discharge.

The insurance company will receive a bill for the full amount of the charges. The mother's two payments cover the \$10 copayment for the office visit and the balance not paid by Blue Cross / Blue Shield of Michigan.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **454 - 27 - 9351**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**      **Mr.**  
**First name**                      **Hunter**  
**Middle initial**                  **R**  
**Last name**                        **Campbell**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**                  **6267 Ray Street**  
**Address line 3**  
**Address line 4**  
**City**                                **North Muskegon**  
**State**                               **MI**  
**Zip**                                 **49445**

### Other Information

**Home phone**                      **(231) 555-8474**  
**Alternate phone**                **(231) 555-9363**  
**Work phone**  
**Date of birth**                      **01/13/2000**  
**Gender**                              **Male**  
**Marital Status**                  **Single**  
**Preferred language**            **English**  
**Race**                                **White**  
**Ethnicity**                         **Not Hispanic or Latino**

## Patient Registration (Chapter 7)

- **Add Hunter R. Campbell** from **patient registration** using the demographic information from the previous page.  
*(After submitting the new patient information, the Company: Select screen appears.)*
- **Select Patient Responsibility** because the charges for this visit will be paid by the patient, a guarantor, or the patient's insurance company.  
*(After selecting Patient Responsibility, the New Case screen appears.)*
- **Record the complaint** of **Left ear pain**  
*(After adding the case, the Entity / Payers: Select screen appears.)*
- **Select Blue Cross / Blue Shield of Michigan** as the primary payer. Hunter's mother, Susan T. Campbell, is the subscriber (mother) to the insurance policy which is a PPO. Susan was born on August 18, 1972. The effective date of the policy is January 1, 2010. The policy calls for a **\$10 copayment**.  
*(The insurance ID number is 2765731, the group name is Republic Industries, and the group number 45683. The plan type is PPO.)*
- **Select Guarantor** as the secondary payer.  
*(The Guarantor: Select screen appears. On this screen, select Susan T. Campbell.)  
(Susan T. Campbell's patient demographic information is already in MedTrak.)*
- **Confirm the payers.**  
*(After confirming the payers, the Visit Add screen will appear.)*
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit. Susan will pay the copayment amount at the completion of the visit.  
*(After adding the visit, the Clinical Note Add screen appears.)*
- **Select "Ear - Lt" then "Pain"** as the presenting problem.  
*(Hunter is now on the Clinic Status screen.)*

**Patient Intake** (Chapter 9)

- **Move Hunter** to any vacant **room** on the Clinic Status screen.
- **Answer the clinical notes** for Hunter.

<b>CURRENT PROBLEM</b>	
<b>Chief Complaint</b>	<b>Decreased hearing in the left ear.</b>
<b>History Chief Complaint</b>	
<b>Symptoms</b>	<b>Patient complaining of decreased hearing in the left ear. "everything sounds muffled"</b>
<b>Onset</b>	<b>Four days ago</b>
<b>Treatment to Date</b>	<b>OTC ear wax removal kits.</b>
<b>Pain</b>	<b>5/10</b>
<b>PATIENT HISTORY</b>	
<b>Medications</b>	
<b>Prescription Meds</b>	<b>Amoxicillin 500mg tabs started on 08/10/19 taking one tablet three times per day</b>
<b>Over-the-counter substances</b>	<b>Claritin started on 11/11/18 taking it once per day</b>
<b>Allergies</b>	
<b>Medication Allergies</b>	<b>None</b>
<b>Past Medical History</b>	
<b>Significant Condition</b>	<b>None</b>
<b>HEENT</b>	
<b>Ears</b>	<b>None</b>

<b>BODY STATISTICS (US)</b>	
<b>Height</b>	<b>5 feet 1 inches</b>
<b>Weight</b>	<b>110 pounds</b>
<b>BMI (body mass index)</b>	<b>(calculated by MedTrak)</b>
<b>VITAL SIGNS</b>	
<b>Blood Pressure</b>	
<b>Systolic</b>	<b>108</b>
<b>Diastolic</b>	<b>54</b>
<b>Pulse</b>	<b>64</b>
<b>Respirations</b>	<b>20</b>
<b>Temperature</b>	<b>98.4</b>

- **Put the chart in the Rack** for Hunter.

### **Provider Initial Contact** (Chapter 10)

- **Sign out the chart** to change the **Rack** workflow status to **Examine**.  
(Place the cursor next to Hunter's name and click the **Examine Patient** button.)
- **Place an order** for a **REMV IMP CERUMEN LT EAR**, found in the following category sequence:

**Treatment (HEENT/Systems) → HEENT Treatment → EARS**

### **Open Orders** (Chapter 11)

- **Document the answers** for the **REMV IMP CERUMEN LT EAR** in Open Orders as follows:

<b>Removal of Impacted Cerumen</b>	<b>1 - ENT tray used</b> <b>1 - Removal of Impacted Cerumen</b>
<b>Notes</b>	<b>none</b>
<b>Completed By</b>	<b>(your initials)</b>

### **Provider - Out the Door** (Chapter 12)

- **Do the out-the-door process** for Hunter.

**Physician - Diagnosing** (Chapter 15)

- Select a diagnosis of **Cerumen Impaction Left Ear** for Hunter.

**Physician – Patient History and Exam** (Chapter 16)

- Answer the history and exam questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	patient
Chief Complaint	describe - Difficulty hearing
History of Chief Complaint	describe - I have had difficulty hearing over the past three days.
<b>PHYSICAL EXAM</b>	
<b>ENT</b>	
<b>Left Ear</b>	
External ear	normal
Ear canal	impacted
Tympanic membrane	Other – TM not visualized.
Hearing	decreased
Left ear other findings	none

**Physician – Prescribing** (Chapter 17)

- Order the prescribed medication:  
Cortisporin Otic Solution (no refills)

**Physician – Aftercare Instructions** (Chapter 18)

- Select the following instructions:

<b>Important Points to Remember</b>	
Activity:	Normal Activity.
Ear wick will need removing	Return here in 2 days
Summation	Condition on discharge: Good.



**Physician – Evaluation and Management** (Chapter 19)

- **Select the following** for a **level of service** of 99202 using **Medical Decision Making**.

<b>Problem(s)</b>	<b>Minimal – 1 self-limited or minor problem</b>
<b>Data</b>	<b>Minimal – Minimal or none</b>
<b>Risk</b>	<b>Minimal</b>

- **Click the Done** button for the **Out the Door** process.

**Patient Discharge** (Chapter 20)

- **The following documents are available to turn in for your assignment:**

- Visit Charges
- Prescription form
- Aftercare Instructions

*(These prints are found in the **View Prints** PDF queue.)*

- **Discharge the patient** from the **room**.

*(Hunter moves to the waiting room on the **Clinic Status** screen.)*

**Payment Collection** (Chapter 21)

- **Clear the patient** from the **Clinic Status** screen using the **Done** command.

*(Record that the guarantor, Susan Campbell, pays the \$10.00 copayment with check #454.)*

**Unbilled Charges Dashboard** (Chapter 23 and 24)

- **Locate Hunter's visit** on the **Unbilled Dashboard**.

*(Remember, this is a patient visit.)*

*(Because this is a new patient, the demographics will need reviewing.)*

- **Review the demographics log** using the **Log Review** process to clear the **DR** flag

- **Review the billing information** in the **Charges available for review** section

*(Clearing the **DR** flag moves the patient's visit into the **Charges available for review**.)*

- **Post the charges** to create the invoice.

*(Blue Cross / Blue Shield of Michigan will be billed **\$221.00** for the charges related to the left ear pain visit for Hunter.)*

**Bills Ready to be Processed** (Chapter 25)

- **Locate the Blue Cross / Blue Shield of Michigan invoice for Hunter** on the Bills Ready to be Processed screen.  
*(Because this is a Blue Cross invoice, the invoice is in the Insurance – CMS1500 section.)*
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting payments.**
- **Print the invoice.**  
*(The Blue Cross CMS1500 invoice is found in the View Prints PDF queue.)*

**Applying Payments to Invoices** (Chapter 26)

- **Add a payment batch** for **\$110.50** with **PC05-1** in the description field.
- **Add Susan T. Campbell’s copayment** of **\$10.00** (source type is Patient/Guarantor, check #454).  
*(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay the following line item** with this payment.  
*(After applying this payment, this invoice balance should be \$211.00.)*

Line Item	Paid	Code	Amount
Office Visit (99202)	10.00		

- **Add the Blue Cross / Blue Shield of Michigan payment** for **\$100.50** (check #37675)  
*(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay and adjust the following line items** with this payment.  
*(After applying this payment, this invoice balance should be \$67.00.)*

Line Item	Paid	Code	Amount
Office Visit (99202)	10.00	a01	20.00
		cp	10.00
		dd	45.00
		bb	
ENT Tray (A4550)	8.00	a01	5.00
		bb	
Removal Impacted Cerumen (69210)	82.50	a01	18.50
		bb	

**Note:** The A01 codes represent the PPO adjustments. The CP code recognizes Susan Campbell's copayment. The DD code means that Blue Cross will apply the amount to the Campbell family's deductible. The BB code means that the balance is to be billed to the next payer who is Susan T. Campbell, the guarantor.

- **Locate Hunter's invoice** on the Invoices – All screen.
- **Print Hunter's invoice**  
(The printed invoice for Hunter is found in the *View Prints* PDF queue.)
- **Add another payment batch** for **\$67.00** with **PC05-2** in the description field.
- **Add Susan T. Campbell's payment** of **\$67.00** (check #451).  
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay the following line items** with this payment.  
(After applying this payment, this invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99204)	60.00		
ENT Tray (A4550)	7.00		

### **Print the patient's statement and run your Self-Assessment report**

- **Go to** Patient Registration.
- **Place the cursor next to Mr. Campbell.**
- **Type *prst* and press the ENTER key** to print the patient's statement.
- **Type *pc05* and press the ENTER key** to print your self-assessment.
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for PC05
  - Patient statement

(These prints are found in the *View Prints* PDF queue.)

**This concludes Case Study PC05**

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# Abdominal Pain

## Medicare / Tricare

### Case Study – PC06

Stanley R. Johnston arrives at the medical office to see the doctor for abdominal pains. The abdominal pains started yesterday and are getting worse. His primary insurance is with Medicare Railroad and his secondary coverage is with US Family Health Plan (a Tricare plan).

Medicare Railroad will receive the initial bill for the full amount of the charges. After receiving the Medicare Railroad payment, US Family Health Plan will receive a bill for the balance. After receiving payment from US Family Health Plan, the patient will be balance billed for what is still left owing.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **527 - 33 - 6598**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**    **Mr.**  
**First name**                    **Stanley**  
**Middle initial**                **R**  
**Last name**                      **Johnston**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**                **1101 W Gilles Road**  
**Address line 3**  
**Address line 4**  
**City**                              **North Muskegon**  
**State**                             **MI**  
**Zip**                                **49445**

### Other Information

**Home phone**                    **(231) 555-5487**  
**Alternate phone**               **(231) 555-8851**  
**Work phone**  
**Date of birth**                    **09/16/1965**  
**Gender**                            **Male**  
**Marital Status**                 **Divorced**  
**Preferred language**           **English**  
**Race**                              **White**  
**Ethnicity**                        **Not Hispanic or Latino**

## **Patient Registration** (Chapter 7)

- **Add Stanley R. Johnston** from **patient registration** using the demographic information from the previous page.  
*(After submitting the new patient information, the Company: Select screen appears.)*
- **Select Patient Responsibility** because the charges for this visit will be paid by the patient, a guarantor, or the patient's insurance company.  
*(After selecting **Patient Responsibility**, the New Case screen will appear.)*
- **Record the complaint of Abdominal Pain**  
*(After adding the case, the Entity / Payers: Select screen will appear.)*
- **Select Medicare Railroad** as the primary payer. Stanley is the subscriber (self) and the effective date is January 1, 2009. There is no copayment or coinsurance required.  
*(The insurance ID number is 7352832, the group name is Medicare Railroad, and the group number is 8297. The plan type is Medicare.)*
- **Select US Family Health Plan** as the secondary payer. Stanley is the subscriber (self) and the effective date is January 1, 2010. There is no copayment or coinsurance required.  
*(The insurance ID number is 467843, the group name is US Family Health Plan, and the group number is 5845. The plan type is Tricare.)*
- **Select SELF PAY** as the tertiary payer.
- **Confirm the payers.**  
*(After confirming the payers, the Visit Add screen will appear.)*
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit.  
*(After adding the visit, the Clinical Note Add screen will appear.)*
- **Select "Abdominal Pain"** as the presenting problem.  
*(Stanley is now on the Clinic Status screen.)*

**Patient Intake** (Chapter 9)

- **Move Stanley** to any vacant **room** on the Clinic Status screen.
- **Answer the clinical notes** for Stanley (as follows).

<b>CURRENT PROBLEM</b>	
Chief Complaint	Abdominal discomfort that is tender to palpation. Patient states that he has done no heavy lifting or physical activity.
History Chief Complaint	
Symptoms	Abdominal pain
Onset	Yesterday
Treatment to Date	None
<b>PATIENT HISTORY</b>	
Medications	
Prescription Meds	None
Over-the-counter substances	None
Allergies	
Medication Allergies	None
Food Allergies	None
Respiratory Allergies	None
Past Medical History	
Significant condition	None
<b>BODY STATISTICS (US)</b>	
Height	5 feet 9 inches
Weight	190 pounds
BMI (body mass index)	(calculated by MedTrak)
<b>VITAL SIGNS</b>	
Blood Pressure	
Systolic	135
Diastolic	95
Pulse	80
Respirations	15
Temperature	97.6
<b>NURSING OBSERVATIONS</b>	
Notes	Patient states that he ate fruit.

Case Study - PC06



- Put the chart in the Rack for Stanley.

### Physician Initial Contact (Chapter 10)

- Sign out the chart to change the Rack workflow status to **Examine**.  
(Place the cursor next to Stanley's name and click the *Examine Patient* button.)
- Place an order for a **U/A (10P) – DIP (IN CLINIC)**. You will need to click the *Additional Order* button on the *Visit Orders* screen and use the following category sequence:

**LABORATORY → URINE ANALYSIS**

### Open Orders – Lab (Chapter 11)

- Document the **U/A (10P) – DIP (IN CLINIC)** in Open Orders as follows:

<b>U/A (10P) – Dip (In clinic)</b>	
Appearance	Cloudy
Color	Yellow
Results	
Leukocytes	Negative
Nitrite	Negative
Urobilinogen	Negative
Protein	++100
pH	8
Blood	++moderate
Specific Gravity	1.015
Ketone	Negative
Bilirubin	+++
Glucose	Negative
Notes	none
Completed By	(your initials)

### Open Orders - Physician (Chapter 11)

- Document the **U/A (10P) – DIP (IN CLINIC)** in Open Orders as follows:

<b>U/A (10P) – Dip (In clinic)</b>	
Reviewed By	(your initials)

**Physician - Out the Door** (Chapter 12)

- Do the out-the-door process for Stanley.

**Physician - Referrals** (Chapter 14)

- Refer Stanley to the Emergency Room. You will need to click the *Additional Order* button on the *Visit Orders* screen and use the following category sequence:

**REFERRALS / AUTHORIZATIONS**

<b>Emergency Room</b>	
<b>Area to be Evaluated</b>	abdomen
<b>Notes</b>	RLQ (right lower quadrant)
<b>Scheduling Priority</b>	Schedule now
<b>Scheduling Purpose</b>	Evaluate and treat as indicated – please send report.

**Physician - Diagnosing** (Chapter 15)

- Select a diagnosis of a **Non-Specific Abdominal Pain** for Stanley.

**Physician – Patient History and Exam** (Chapter 16)

- Answer the following history and exam questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
<b>Source of History</b>	patient
<b>Chief Complaint</b>	describe - abdominal pain
<b>History of Chief Complaint</b>	
<b>History of injury / illness</b>	describe - Patient presents to the clinic complaining of right lower quadrant abdominal pain since yesterday afternoon. He recalls eating sliced watermelon, honeydew melon, and cantaloupe. His parents ate the same fruits and are asymptomatic. There is no reported fevers or chills. He denies experiencing weight loss.

Injury / illness	
Progression of symptoms	increased
Any previous treatment	none
<b>PHYSICAL EXAM</b>	
Constitutional / Appearance	
General appearance	normal
Respiratory (w/ chest)	normal
Abdomen (Gastrointestinal)	tenderness
Inspection	normal
Bowel sounds	decreased
Other findings	Other - Positive psoas and obturator signs. Positive Rovsing sign. No palpable hepatosplenomegaly. Bowel sounds are hypoactive.
Rectal	normal

### Physician – Aftercare Instructions (Chapter 18)

- Select the following instruction:

Work Status	
	No work as of today.

### Physician – Evaluation and Management (Chapter 19)

- Select the following for a level of service of 99202 using Medical Decision Making.

Problem(s)	Minimal – 1 self-limited or minor problem
Data	Limited - Category 2: Assessment requiring an independent historian
Risk	Minimal

- Click the Done button for the Out the Door process.

### Patient Discharge (Chapter 20)

- The following documents are available to turn in for your assignment:
  - Visit Charges
  - Aftercare Instructions
 (These prints are found in the View Prints PDF queue.)

- **Discharge the patient** from the **room**.  
(Stanley moves to the waiting room on the Clinic Status screen.)

### **Payment Collection** (Chapter 21)

- **Clear the patient** from the Clinic Status screen using the **Done** command.  
(Stanley does not pay anything at this time.)

### **Unbilled Charges Dashboard** (Chapter 23 and 24)

- **Locate Stanley's visit** on the Unbilled Dashboard.  
(Remember, this is a patient visit.)  
(Because this is a new patient, the demographics will need review.)
- **Review the demographics log** using the **Log Review** process to clear the **DR** flag
- **Review the billing information** in the Charges available for review section  
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Post the charges** to create the invoice.  
(Medicare Railroad will be billed **\$120.00** for the charges related to the abdominal pain visit for Stanley.)

### **Bills Ready to be Processed** (Chapter 25)

- **Locate Medicare Railroad's invoice for Stanley** on the Bills Ready to be Processed screen.  
(Because this is a Medicare visit, the invoice is in the Insurance – CMS1500 section.)  
**Note:** Medicare requires electronic submission of invoices, but for training purposes, the electronic submission rule for Medicare is turned off.
- **Use the View bills** function to locate the invoice.
- **Record your invoice number** for use in posting payments.
- **Print the invoice**.  
(The Medicare Railroad CMS1500 invoice is found in the **View Prints** PDF queue.)

### **Applying Payments to Invoices** (Chapter 26)

- **Add a payment batch** for **\$70.00** with **PC06-1** in the description field.

- **Add the Medicare Railroad payment of \$70.00** (check #36727).  
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay and adjust the following line items** with this payment.  
(After applying this payment, this invoice balance should be \$44.26.)

Line Item	Paid	Code	Amount
Office Visit (99202)	60.00	a27	5.74
		dd	18.74
		bb	
U/A (10P) – DIP (IN CLINIC) (81002)	10.00	dd	10.00
		bb	

**Note:** The A27 code is a Medicare Railroad adjustment. The DD code means that Medicare Railroad will apply the amount to the patient's deductible. The BB code means that the balance is to be billed to the secondary payer. Also, Medicare would automatically bill the secondary insurance, but again, for training purposes, you will manually print the balance bill to the secondary payer.

- **Locate Stanley's invoice** on the Invoices – All screen.
- **Print Stanley's invoice**  
(The US Family Health Plan CMS1500 invoice is found in the **View Prints** PDF queue.)
- **Add another payment batch for \$23.00 with PC06-2 in the description field.**
- **Add the US Family Health Plan payment of \$23.00** (check #83738).  
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay and adjust the following line items** with this payment.  
(After applying this payment, this invoice balance should be \$21.26.)

Line Item	Paid	Code	Amount
Office Visit (99202)	23.00	bb	
U/A (10P) – DIP (IN CLINIC) (81002)		bb	

**Note:** The BB code means that the balance is to be billed to the next payer.

- **Locate Stanley's invoice** on the Invoices - All screen.
- **Print Stanley's invoice**  
(The printed patient invoice is found in the **View Prints** PDF queue.)

- **Add another payment batch** for **\$21.26** with **PC06-3** in the description field.
- **Add Stanley R. Johnston’s payment** of **\$21.26** (check #653).  
*(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay the following line items** with this payment.  
*(After applying this payment, this invoice balance should be zero.)*

Line Item	Paid	Code	Amount
Office Visit (99202)	11.26		
U/A (10P) – DIP (IN CLINIC) (81002)	10.00		

**Print the patient’s statement and run your Self-Assessment report**

- **Go to** Patient Registration.
- **Place the cursor next to Mr. Johnston.**
- **Type *prst* and press the ENTER key** to print the patient’s statement.
- **Type *pc06* and press the ENTER key** to print your self-assessment.
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for PC06
  - Patient statement

*(These prints are found in the View Prints PDF queue.)*

**This concludes Case Study PC06**



# Sore Throat and Cough

## Humana

### Case Study – PC11

Sarah G. Handmoor arrives at the medical office to see the doctor for a sore throat and cough. She started coughing last week, and now she has a sore throat and loss of appetite. Her primary insurance is with Humana through her employer, Amalgam Industries.. Humana requires her to pay a \$25 copayment which she pays with check #574 at discharge.

The insurance company will receive a bill for the full amount of the charges. The patient's \$25 copayment will be applied to the office visit. The insurance company will send a \$50 check and an EOB that indicates that the patient was responsible for the \$25 copayment with the rest of the office visit being applied to the patient's deductible. The patient will then be billed for the balance that was applied to her deductible.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **547 - 37 - 6585**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**    **Ms.**  
**First name**                    **Sarah**  
**Middle initial**                **G**  
**Last name**                      **Handmoor**

**Suffix (Jr. Sr. II, III)**

**Address line 2**                **675 Frankenmuth Ave**

**Address line 3**

**Address line 4**

**City**                              **North Muskegon**

**State**                             **MI**

**Zip**                                **49445**

### Other Information

**Home phone**                    **(231) 555-5799**

**Alternate phone**               **(231) 555-8785**

**Work phone**

**Date of birth**                   **03/10/1975**

**Gender**                          **Female**

**Marital Status**                **Married**

**Preferred language**         **English**

**Race**                              **Black**

**Ethnicity**                        **Not Hispanic or Latino**



## Patient Registration (Chapter 7)

- **Add Sarah G. Handmoor** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Patient Responsibility** because the charges for this visit will be paid by the patient, a guarantor, or the patient's insurance company.  
(After selecting Patient Responsibility, the New Case screen appears.)
- **Record the complaint** of **Sore Throat** and **Cough**  
(After adding the case, the Entity / Payers: Select screen appears.)
- **Select Humana** as the primary payer. Sarah is the subscriber (self) to the insurance policy which is a PPO and the effective date is January 1, 2010. The policy calls for a **\$25 copayment**.  
(The insurance ID number is 4587654, the group name is National Steel Fabricating, and the group number is 6254. The plan type is PPO.)
- **Confirm the payer**  
(After confirming the payer, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit. Sarah will pay the copayment at the completion of the visit.  
(After adding the visit, the Clinical Note Add screen appears.)
- **Select "Sore Throat"** and **"Cough"** as the two presenting problems.  
(Sarah is now on the Clinic Status screen.)

## Patient Intake (Chapter 9)

- **Move Sarah** to any vacant **room** on the Clinic Status screen.
- **Answer the clinical notes** for Sarah.

<b>CURRENT PROBLEM</b>	
Chief Complaint	<b>Sore throat and coughing for more than 3 days. She started coughing last week and felt fatigued by Friday. Now she has a sore throat and loss of appetite.</b>
<b>PATIENT HISTORY</b>	
<b>Medications</b>	
<b>Prescription Meds</b>	<b>None</b>
<b>Over-the-counter substances</b>	<b>None</b>
<b>Allergies</b>	
<b>Medication Allergies</b>	
<b>Penicillin</b>	<b>She is allergic to penicillin which causes her to break out in a rash.</b>
<b>BODY STATISTICS (US)</b>	
<b>Height</b>	<b>5 feet 5 inches</b>
<b>Weight</b>	<b>137 pounds</b>
<b>BMI (body mass index)</b>	<b>(calculated by MedTrak)</b>
<b>VITAL SIGNS</b>	
<b>Blood Pressure</b>	
<b>Systolic</b>	<b>122</b>
<b>Diastolic</b>	<b>76</b>
<b>Pulse</b>	<b>75</b>
<b>Respirations</b>	<b>15</b>
<b>Temperature</b>	<b>98.3</b>

- **Put the chart in the Rack** for Sarah.

**Provider Initial Contact** (Chapter 10)

- **Sign out the chart** to change the **Rack** workflow status to **Examine**.  
(Place the cursor next to Sarah's name and click the **Examine Patient** button.)
- **Provider examines** the patient and places no orders.

**Provider - Out the Door** (Chapter 12)

- **Do the out-the-door process** for Sarah.

**Physician - Diagnosing** (Chapter 15)

- **Select a diagnosis** of **Acute Sinusitis** for Sarah.

**Physician – Patient History and Exam** (Chapter 16)

- **Answer the history and exam** questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	patient
History of Chief Complaint	
History of injury / illness	describe - The patient presents with a 3 day complaint of cough, congestion, and sore throat. She reports having a history of sinus problems.
Head / Face	facial pn (Facial pain in sinus locations)
Left Eye	none
Right Eye	none
Left Ear	none
Right Ear	none
Nose	
Air passages	
Congestion	present
Post-nasal Drainage	present
Mouth & Throat	
Pain	moderate
Location	throat
Respiratory	
Cough	present
Production	none
Dyspnea	none
Wheezing	absent

<b>Extended History</b>	
<b>Past HEENT History</b>	
<b>Nose</b>	
Recurrent sinusitis	yes
<b>Review of Systems</b>	
General	normal
Cardiac	normal
Gastrointestinal	normal
Genito-Urinary	normal
<b>Past, Family, Social History</b>	
<b>Past Medical History</b>	
Major Medical Illnesses	none
Major Injury	none
Major Surgery	none
Medication Allergy	PCN (Penicillin)
Environmental Allergy	none
Medications	none
<b>Social History</b>	
<b>Habits</b>	
Smoking status	every day
<b>PHYSICAL EXAM</b>	
<b>Constitutional / Appearance</b>	
General appearance	normal
Distress	none
<b>Head &amp; Face</b>	
Inspection	normal
Tenderness to palpation	
Sinus palpation/percussion	moderate
Left Eye	normal
Right Eye	normal
<b>ENT</b>	
Left Ear	normal
Right Ear	normal
Nose	
External nose	red
Mouth	normal
<b>Respiratory (w/ chest)</b>	
Inspection	normal
Breath sounds	normal
<b>Cardiovascular</b>	normal

**Physician – Prescribing** (Chapter 17)

- **Order the prescribed medication:**  
Zithromax Susp 200mg/5ml (no refills)

**Physician – Aftercare Instructions** (Chapter 18)

- **Select the following instructions:**

<b>Important Points to Remember</b>	
Activity: General.	Normal Activity.
Ice: Face	Apply ice three times a day for 20 minutes.
Follow-up	Recheck in one week, if needed.
Summation	Condition on discharge: Good

**Physician – Evaluation and Management** (Chapter 19)

- **Select the following** for a level of service of 99203 using Medical Decision Making.

Problem(s)	Low – 1 acute, uncomplicated illness
Data	Minimal – Minimal or none
Risk	Low

- **Click the Done** button for the **Out the Door** process.

**Patient Discharge** (Chapter 20)

- **The following documents are available to turn in for your assignment:**
  - Visit Charges
  - Prescription form
  - Aftercare Instructions  
(These prints are found in the **View Prints PDF queue**.)
- **Discharge the patient** from the **room**.  
(Sarah moves to the waiting room on the **Clinic Status** screen.)

### Payment Collection (Chapter 21)

- **Clear the patient** from the Clinic Status screen using the **Done** command.  
(Record that Sarah pays the copayment of \$25 with check #574.)

### Unbilled Charges Dashboard (Chapter 23 and 24)

- **Locate Sarah's visit** on the Unbilled Dashboard.  
(Remember, this is a patient visit.)  
(Because this is a new patient, the demographics will need reviewing.)
- **Review the demographics log** using the **Log Review** process to clear the **DR** flag
- **Review the billing information** in the Charges available for review section  
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Post the charges** to create the invoice.  
(Humana will be billed **\$150.00** for the charges related to the sore throat and cough visit for Sarah).

### Bills Ready to be Processed (Chapter 25)

- **Locate Humana's invoice for Sarah** on the Bills Ready to be Processed screen.  
(Because this is a Humana invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting payments.**
- **Print the invoice**  
(The Humana CMS1500 invoice is found in the **View Prints** PDF queue.)

### Applying Payments to Invoices (Chapter 26)

- **Add a payment batch** for **\$25.00** with **PC11-1** in the description field.
- **Add Sarah G. Handmoor's co-payment** of **\$25.00** (check #574).  
(Use the invoice number in the payment record to speed locating the invoice.)

- **Pay the following line item** with this payment.  
*(After applying this payment, this invoice balance should be \$125.00.)*

Line Item	Paid	Code	Amount
Office Visit (99203)	25.00		

- **Add another payment batch** for **\$50.00** with **PC11-2** in the description field.
- **Add the Humana payment** of **\$50.00** (check #36727).  
*(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay and adjust the following line item** with this payment.  
*(After applying this payment, this invoice balance should be \$75.00.)*

Line Item	Paid	Code	Amount
Office Visit (99203)	50.00	cp	25.00
		dd	75.00
		bb	

**Note:** The CP code recognizes the patient's copayment. The DD code means that Humana will apply the amount to the patient's deductible. The BB code means that the balance is to be billed to the next payer.

- **Locate Sarah's invoice** on the Invoices – All screen.
- **Print Sarah's invoice**  
*(The printed invoice for Sarah is found in the **View Prints PDF** queue.)*
- **Add another payment batch** for **\$75.00** with **PC11-3** in the description field.
- **Add Sarah G. Handmoor's payment** of **\$75.00** (check #591).  
*(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay the following line item** with this payment.  
*(After applying this payment, this invoice balance should be zero.)*

Line Item	Paid	Code	Amount
Office Visit (99203)	75.00		

### **Print the patient's statement and run your Self-Assessment report**

- **Go to Patient Registration.**
- **Place the cursor next to Ms. Handmoor.**
- **Type *prst* and press the *ENTER* key to print the patient's statement.**
- **Type *pc11* and press the *ENTER* key to print your self-assessment.**
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for PC11
  - Patient statement

*(These prints are found in the [View Prints PDF queue](#).)*

**This concludes Case Study PC11**





# MVA – Multiple Injuries

## Cigna

### Case Study – PC21

Donna P. Garcia arrives at the medical office complaining of neck, back, and shoulder pain due to a motor vehicle accident. Two days ago, this female patient was driving a company car off company time and hit a parked car head-on. She is covered by her employer's Cigna health insurance. The insurance policy requires a \$25 copayment for the office visit.

The insurance company will receive a bill for the full amount of the charges. The patient's \$25 copayment will be applied to the line item for the office visit. The insurance company will send a \$25 check and an EOB that indicates that the patient was responsible for the \$25 copayment with the rest of the office visit being applied to the patient's deductible. The patient will then be billed for the balance that was applied to her deductible.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **258 - 67 - 8567**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**      **Ms.**

**First name**      **Donna**

**Middle initial**      **P**

**Last name**      **Garcia**

**Suffix (Jr. Sr. II, III)**

**Address line 2**      **6278 South Airport Road**

**Address line 3**

**Address line 4**

**City**      **North Muskegon**

**State**      **MI**

**Zip**      **49445**

### Other Information

**Home phone**      **(231) 555-8799**

**Alternate phone**      **(231) 555-1548**

**Work phone**

**Date of birth**      **03/10/1978**

**Gender**      **Female**

**Marital Status**      **Married**

**Preferred language**      **English**

**Race**      **White**

**Ethnicity**      **Hispanic or Latino**

## **Patient Registration** (Chapter 7)

- **Add Donna P. Garcia** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Patient Responsibility** because the charges for this visit will be paid by the patient, a guarantor, or the patient's insurance company.  
(After selecting Patient Responsibility, the New Case screen appears.)
- **Record the complaint of MVA multiple injuries**  
(After adding the case, the Entity / Payers: Select screen appears.)
- **Select Cigna** as the primary payer. Donna is the subscriber (self) to the insurance policy which is a PPO and the effective date is January 1, 2010. The policy calls for a **\$25 copayment**.  
(The insurance ID number is 5389279, the group name is Walcott Industries, and the group number is 3873. The plan type is PPO.)
- **Confirm the payer.**  
(After confirming the payer, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit. Donna will pay the copayment at the completion of the visit.  
(After adding the visit, the Clinical Note Add screen appears.)
- **Select "Injury – Muscles" and then select all of the following:**
  - Lower Back
  - Upper Back
  - Neck
  - Left Shoulder
  - Right Shoulder as the presenting problems.
 (Donna is now on the Clinic Status screen).

**Patient Intake** (Chapter 9)

- **Move Donna** to any vacant **room** on the Clinic Status screen.
- **Answer the clinical notes** for Donna.

<b>CURRENT PROBLEM</b>	
<b>Chief Complaint</b>	<b>MVA MULTIPLE INJURIES</b>
<b>History Chief Complaint</b>	
<b>History of Injury</b>	<b>Patient states that she was in an MVA and hit a parked vehicle head-on. Patient complains of body aches and soreness, neck pain, mid-to-low back pain, and pain in both legs.</b>
<b>Symptoms</b>	<b>Sore all over</b>
<b>Pain Scale</b>	<b>7/10</b>
<b>PATIENT HISTORY</b>	
<b>Medications</b>	
<b>Prescription Meds</b>	<b>Provigil 200mg tabs started on 03/01/17 taking one tablet in the morning</b>
	<b>Clonazepam 0.5mg tabs started on 03/01/15 taking one tablet in the morning</b>
	<b>Effexor 37.5mg tabs started on 05/01/12 taking one tablet per day</b>
	<b>Welbutrin tabs started on 05/01/17 taking one tablet in the morning</b>
	<b>Seraquel 150mg tabs started on 08/15/12 taking one tablet in morning</b>
<b>Over-the-counter substances</b>	<b>Advil 200mg tabs started on 10/01/18 taking two tabs in evening with food</b>
<b>Allergies</b>	
<b>Medication Allergies</b>	<b>None</b>

<b>Past Medical History</b>	
<b>Significant Condition</b>	<b>None</b>
<b>Past Surgical History</b>	
<b>Cervical / Disc Surgery</b>	<b>No</b>
<b>Vertebrae / Disc Surgery</b>	<b>No</b>
<b>Upper Extremity Surgery</b>	<b>No</b>
<b>Previous Injuries</b>	
<b>Neck injury</b>	<b>No</b>
<b>Upper back / Chest injury</b>	<b>No</b>
<b>Low back or Disc injury</b>	<b>No</b>
<b>Shoulder injury</b>	<b>No</b>
<b>Musculoskeletal History</b>	
<b>Arthritis, joint problem</b>	<b>No</b>
<b>Muscle pain stiffness</b>	<b>No</b>
<b>Tendinitis</b>	<b>No</b>
<b>Back or disc problem</b>	<b>No</b>
<b>BODY STATISTICS (US)</b>	
<b>Height</b>	<b>5 feet 4 inches</b>
<b>Weight</b>	<b>165 pounds</b>
<b>BMI (body mass index)</b>	<b>(calculated by MedTrak)</b>
<b>VITAL SIGNS</b>	
<b>Blood Pressure</b>	
<b>Systolic</b>	<b>130</b>
<b>Diastolic</b>	<b>90</b>
<b>Pulse</b>	<b>85</b>
<b>Respirations</b>	<b>15</b>
<b>Temperature</b>	<b>98.4</b>

- **Put the chart in the Rack** for Donna.

### **Provider Initial Contact** (Chapter 10)

- **Sign out the chart** to change the **Rack** workflow status to **Examine**.  
(Place the cursor next to Donna's name and click the **Examine Patient** button.)

- **Provider examines** the patient and places no orders.

**Provider - Out the Door** (Chapter 12)

- **Do the out-the-door process** for Donna.

**Physician - Diagnosing** (Chapter 15)

- **Select diagnoses** of **Hyperextension Cervical Strain** and **MVA Unspecified Nature** for Donna.

**Physician – Patient History and Exam** (Chapter 16)

- **Answer the history and exam** questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
<b>Source of History</b>	patient
<b>Chief Complaint</b>	describe - This female patient is complaining of neck, back, and shoulder pain, due to a motor vehicle accident.
<b>History of Chief Complaint</b>	describe - Two days ago, this female patient was driving a company car off company time and actually hit head-on into a parked car in a residential section. She is now starting to feel neck pain, small headaches, shoulder pain, as well as some back pain. She is here to get medication for this. She does not have a primary care provider and may be using us for this purpose.
<b>Past, Family, Social History</b>	
<b>Past Medical History</b>	
<b>Major Medical Illnesses</b>	Other - Significant for panic attacks and depression. Gastric bypass.
<b>Social History</b>	
<b>Activities Daily Life</b>	Other - She is a government investigator. She is married with 2 children.

<b>PHYSICAL EXAM</b>	
<b>Constitutional / Appearance</b>	
<b>General appearance</b>	<b>Other - This female patient appears in moderate distress. Vital signs are stable. The patient is alert and oriented. Stiffness of the neck is noted with flexion / extension. Normocephalic and atraumatic. Lungs are clear to auscultation. Heart rate is regular. Abdomen has positive bowel sounds. No organomegaly noted. Motor and neuro are grossly intact in both upper / lower extremities. There is tenderness to the trapezius area bilaterally also elicited as well as the sternocleidomastoid muscles.</b>

**Physician – Prescribing** (Chapter 17)

- **Order the prescribed medications:**  
     **Norco Tabs 10/325mg** (no refills)  
     **Valium 10mg** (no refills)

**Physician – Aftercare Instructions** (Chapter 18)

- **Select the following instructions:**

<b>Important Points to Remember</b>	
<b>Activity:</b>	<b>Resume activity when feeling better.</b>
<b>Ice: Neck</b>	<b>Apply ice three times a day for 20 minutes.</b>
<b>Warm Compresses: Neck</b>	<b>Apply warm compresses three times a day for 10 to 15 minutes.</b>
<b>Follow-up</b>	<b>Recheck sooner, if worse.</b>
	<b>Recheck in one week, if needed.</b>
<b>Assessment and Plan of Care</b>	
<b>Additional Comments for Plan</b>	

Discussion of treatment options / contingencies	Recommended a c-collar. Also, recommended an injection of Depo-Medrol and Toradol which she agreed to as well as having Valium and Norco to help with muscle spasm.
Summation	Condition on discharge: Good.

**Physician – Evaluation and Management** (Chapter 19)

- Select the following for a level of service of 99204 using Medical Decision Making.

Problem(s)	Moderate – 1 acute complicated injury
Data	Limited – Category 2: Assessment requiring an independent historian
Risk	Moderate

- Select the Done button for the Out the Door process.

**Patient Discharge** (Chapter 20)

- The following documents are available to turn in for your assignment:

- Visit Charges
- Prescription form
- Aftercare Instructions

*(These prints are found in the View Prints PDF queue.)*

- Discharge the patient from the room.

*(Donna moves to the waiting room on the Clinic Status screen.)*

**Payment Collection** (Chapter 21)

- Clear the patient from the Clinic Status screen using the Done command.

*(Record that Donna pays the copayment of \$25.00 with check #1119.)*

**Unbilled Charges Dashboard** (Chapter 23 and 24)

- Locate Donna’s visit on the Unbilled Dashboard.

*(Remember, this is a patient visit.)*

*(Because this is a new patient, the demographics will need reviewing.)*

- Review the demographics log using the Log Review process to clear the DR flag



- **Review the billing information** in the Charges available for review section  
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Because there are two diagnoses for Donna**, you will need to first assign both diagnoses to the office visit line item before posting the charges. To do so, type a 12 (representing the first and second diagnoses) in the command field for the office visit line item and press the **ENTER** key. Do this before posting the charges.)
- **Post the charges** to create the invoice.  
(Cigna will be billed **\$200.00** for the charges related to the MVA multiple injuries visit for Donna).

### **Bills Ready to be Processed** (Chapter 25)

- **Locate the Cigna invoice for Donna** on the Bills Ready to be Processed screen.  
(Because this is a Cigna invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting payments.**
- **Print the invoice.**  
(The Cigna CMS1500 invoice is found in the View Prints PDF queue.)

### **Applying Payments to Invoices** (Chapter 26)

- **Add a payment batch** for **\$50.00** with **PC21-1** in the description field.
- **Add Donna P. Garcia's copayment** of **\$25.00** (check #1119).  
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay the following line items** with this payment.  
(The payment is \$25.00 for the copayment made by Donna for the office visit.)  
(After applying this payment, this invoice balance should be \$175.00.)

Line Item	Paid	Code	Amount
Office Visit (99204)	25.00		

- **Add the Cigna payment** of **\$25.00** (check #36727)  
(Use the invoice number in the payment record to speed locating the invoice.)

- **Pay and adjust the following line item** with this payment.  
(After applying this payment, this invoice balance should be \$100.00.)

Line Item	Paid	Code	Amount
Office Visit (99204)	25.00	a01	50.00
		cp	25.00
		dd	100.00
		bb	

**Note:** The A01 code is a PPO adjustment. The CP code recognizes the patient’s copayment. The DD code means Cigna will apply the amount to the patient’s deductible. The BB code means the balance is to be billed to the next payer.

- **Locate Donna’s invoice** on the Invoices – All screen.
- **Print Donna’s invoice**  
(The printed invoice for the patient is found in the **View Prints** PDF queue.)
- **Add another payment batch** for **\$100.00** with **PC21-2** in the description field.
- **Add Donna P. Garcia’s payment** of **\$100.00** (check #1151).  
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay the following line item** with this payment.  
(After applying this payment, this invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99204)	100.00		

**Print the patient’s statement and run your Self-Assessment report**

- **Go to** Patient Registration.
- **Place the cursor next to Ms. Garcia.**
- **Type *prst* and press the ENTER key** to print the patient’s statement.
- **Type *pc21* and press the ENTER key** to print your self-assessment.
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for PC21
  - Patient statement

**This concludes Case Study PC21**



# Thirst, Frequency, & Fatigue

## Blue Cross of Massachusetts

### Case Study – CS07

Evan T. Mulls, an established patient, presents with a new onset of excessive thirst, frequent urination, and fatigue. The results of several lab tests indicate that he has Type 2 Diabetes Mellitus. He is covered by his Blue Cross of Massachusetts health insurance which does not have a copayment.

The insurance company will receive a bill for the all of the charges and pay the bill in full.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **101 - 55 - 5002**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**      **Mr.**  
**First name**      **Evan**  
**Middle initial**      **T**  
**Last name**      **Mulls**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**      **553 Memorial Drive**  
**Address line 3**  
**Address line 4**  
**City**      **Chicopee**  
**State**      **MA**  
**Zip**      **01020**

### Other Information

**Home phone**      **(413) 222-1010**  
**Alternate phone**  
**Work phone**  
**Date of birth**      **02/10/1970**  
**Gender**      **Male**  
**Marital Status**      **Single**  
**Preferred language**      **English**  
**Race**      **White**  
**Ethnicity**      **Not Hispanic or Latino**

## Patient Registration (Chapter 7)

- **Add Evan T. Mulls** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Patient Responsibility**; this visit will be paid by Blue Cross of Massachusetts.  
(After selecting Patient Responsibility, the New Case screen appears.)
- **Record the complaint of Thirsty and tired all of the time**  
(After adding the case, the Entity / Payers: Select screen appears.)
- **Select Blue Cross of Massachusetts** as the primary payer. Mr. Mulls is the subscriber to the insurance policy (select Self). The effective date of the policy is May 3, 2010. The policy calls has **no coinsurance or copayment**.  
(The insurance ID number is 518676354, the group name is Blue Cross of Massachusetts, and the group number 740. The plan type is PPO.)
- **Confirm the payers**.  
(After confirming the payers, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit.  
(After adding the visit, the Clinical Note Add screen appears.)
- **Select “General Medical”** as the presenting problem.  
(Mr. Mulls is now on the Clinic Status screen.)

## Patient Intake (Chapter 9)

- **Move Mr. Mulls** to any vacant **room** on the Clinic Status screen.
- **Answer the following clinical notes** for Mr. Mulls.

<b>CURRENT PROBLEM</b>	
<b>Chief Complaint</b>	<b>Excessive thirst, frequent urination, and fatigue.</b>
<b>History Chief Complaint</b>	
<b>Symptoms</b>	<b>Patient complaining of excessive thirst, frequent urination, and fatigue.</b>
<b>Onset</b>	<b>New</b>
<b>Pain scale</b>	<b>na (not applicable)</b>

<b>PATIENT HISTORY</b>	
Medications	
Prescription Meds	None
Over-the-counter substances	None
Allergies	
Medication Allergies	nkda (No known drug allergies)
Food Allergies	nka (No known history of allergies)
Respiratory Allergies	nka (No known history of allergies)
Past Medical History	
Significant condition	None

<b>BODY STATISTICS (US)</b>	
Height	5 feet 10 inches
Weight	195 pounds
BMI (body mass index)	(calculated by MedTrak)
<b>VITAL SIGNS</b>	
Blood Pressure	
Systolic	190
Diastolic	90
Pulse	80
Respirations	12
Temperature	98.6

- Put the chart in the Rack for Mr. Mulls.

**Provider Initial Contact** (Chapter 10)

- **Sign out the chart** to change the **Rack** workflow status to **Examine**.  
(Place the cursor next to Mr. Mulls' name and click the **Examine Patient** button.)
- **Place orders** for the following four labs, found in the following category sequence:  
**CBC W/DIFF W/PLATELET** in Laboratory → Hematology  
**COMP METABOLIC PANEL** in Laboratory → Blood Chemistry → Chemistry Profiles  
**LIPID PANEL** in Laboratory → Blood Chemistry → Chemistry Profiles  
**U/A (10P)-DIP (IN CLINIC)** in Laboratory → Urine Analysis

**Open Orders** (Chapter 11)

- **Document the answers** for the four laboratory orders in Open Orders as follows:

<b>U/A (10P)-DIP (IN CLINIC)</b>	
<b>Appearance</b>	<b>cd (Cloudy)</b>
<b>Color</b>	<b>y (Yellow)</b>
<b>Results</b>	
<b>Leukocytes</b>	<b>t (Trace)</b>
<b>Nitrite</b>	<b>n (Negative)</b>
<b>Urobilinogen</b>	<b>n (Negative)</b>
<b>Protein</b>	<b>n (Negative)</b>
<b>pH</b>	<b>n (Normal)</b>
<b>Blood</b>	<b>n (Negative)</b>
<b>Specific Gravity</b>	<b>n (Normal)</b>
<b>Ketone</b>	<b>t (Trace)</b>
<b>Bilirubin</b>	<b>n (Negative)</b>
<b>Glucose</b>	<b>500</b>
<b>Notes</b>	<b>Critical value of glucose.</b>
<b>Completed By</b>	<b>(your initials)</b>

<b>CBC W/DIFF W/PLATELET</b>	
Notes	none
Completed By	(your initials)
<b>COMP METABOLIC PANEL</b>	
Notes	none
Completed By	(your initials)
<b>LIPID PANEL</b>	
Notes	none
Completed By	(your initials)

**Provider - Out the Door** (Chapter 12)

- ❑ **In Open Orders** place your initials in the **Reviewed by** field for the U/A (10P)-DIP.
- ❑ **Do the out-the-door process** for Mr. Mulls.

**Physician - Diagnosing** (Chapter 15)

- ❑ **Select a diagnosis** of **Type 2 Diabetes Mellitus without complications (E11.9)**.

**Physician – Patient History and Exam** (Chapter 16)

- ❑ **Answer the history and exam** questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	patient
Chief Complaint	describe - Patient complains of a new onset of excessive thirst and urination and fatigue.



<b>HISTORY OF CHIEF COMPLAINT</b>	
History of injury/illness	
Injury/illness	
Onset of symptoms	24-72 hr
Progression of symptoms	increased
Any previous treatment	none
<b>EXTENDED HISTORY</b>	
Previous infections	none
<b>REVIEW OF SYSTEMS</b>	
General	
Weight	normal
Fever	absent
Appetite	decreased
Fatigue	present
Sleep	normal
Constitutional	normal
Eyes	normal
<b>HEENT</b>	
Head	normal
Eyes	normal
Ears	normal
Nose	normal
Mouth / Dental	normal
Throat	Other - Patient notes throat is dry to visual inspection. Patient states throat feels scratchy at times.
Cardiac	normal
Respiratory	normal
Gastrointestinal	normal
Genito-Urinary	frequency
Musculoskeletal	normal
Skin	dry
Neurologic	normal
Psychiatric	normal
Hematologic / Lymphatic	normal

Allergic / Immunologic	normal
<b>PAST, FAMILY, SOCIAL HISTORY (PFSH)</b>	
<b>PAST MEDICAL HISTORY</b>	
Major Medical Illnesses	none
Major Injury	none
Major Surgery	none
Medication Allergy	nkda
Environmental Allergy	none
Medications	none
OTC Medications	none
Last tetanus	unknown
<b>SOCIAL HISTORY</b>	
<b>Habits</b>	
Smoking status	never
Alcohol use	occasional
Street or IV drugs	none
Activities Daily Life	drive, yard
Children living at home	none
<b>WORK HISTORY</b>	
Type of work	describe - Drive for Pride Corporation
Job title	describe - Driver
2 <sup>nd</sup> job	no
<b>PHYSICAL EXAM</b>	
<b>Constitutional / Appearance</b>	
General appearance	tired
Distress	none
Mental Status	normal
Head & Face	normal
Left Eye	normal
Right Eye	normal
<b>ENT</b>	
Mouth	Other - dry
Oropharynx	normal
Respiratory (w/ chest)	normal
Cardiovascular	normal
Abdomen (Gastrointestinal)	normal
Lymphatics	normal

Neck / Back	normal
Upper Extremity (LEFT)	normal
Upper Extremity (RIGHT)	normal
Lower Extremity (LEFT)	normal
Lower Extremity (RIGHT)	normal
Skin	Other - dry
Neurologic	normal
Chart review	reviewed

### Physician – Prescribing (Chapter 17)

- **Order the prescribed medication:**  
NovoLog (no refills)

### Physician – Aftercare Instructions (Chapter 18)

- **Select the following instructions:**

<b>Important Points to Remember</b>	
<b>Activity</b>	
<Specific Activity Instruction>	Increase daily exercise.
<b>Nutritional</b>	
<Specific Nutritional Instruction>	Reduce high fat foods and carbohydrates.
<b>Work Status</b>	
<Specific Work Status>	Light duty until next appointment.
<b>Follow-up</b>	
<b>Return for next visit</b>	
<Specific Instruction>	Return for test results in one week.
<b>Summation</b>	Condition on discharge: Good.

**Physician – Evaluation and Management** (Chapter 19)

- **Select the following** for a level of service of 99213 using **Medical Decision Making**.

<b>Problem(s)</b>	<b>Moderate – 1 acute illness w/ systemic symptoms</b>
<b>Data</b>	<b>Limited – Category 1: Review of the results of each unique test</b>
	<b>– Category 1: Ordering of each unique test</b>
<b>Risk</b>	<b>Low</b>

- **Click the Done** button for the **Out the Door** process.

**Patient Discharge** (Chapter 20)

- **The following documents are available to turn in for your assignment:**

- Visit Charges
- Prescription form
- Aftercare Instructions

*(These prints are found in the **View Prints** PDF queue.)*

- **Discharge the patient** from the **room**.

*(Mr. Mulls moves to the waiting room on the Clinic Status screen.)*

**Payment Collection** (Chapter 21)

- **Clear the patient** from the Clinic Status screen using the **Done** command.

*(Mr. Mulls does not owe any money for this visit, so enter 0 (zero) in the amount field.)*

**Unbilled Charges Dashboard** (Chapter 23 and 24)

- **Locate Mr. Mulls' visit** on the Unbilled Dashboard.

*(Remember, this is a patient visit.)*

*(Because you just added this patient, you will need to review the demographics log.)*

- **Review the demographics log** using the **Log Review** process to clear the **DR** flag

- **Review the billing information** in the Charges available for review section

*(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)*

- **Post the charges** to create the invoice.

*(Blue Cross of Massachusetts is the primary insurance and will be billed **\$207.00** for the charges related to the visit for Mr. Mulls.)*

**Bills Ready to be Processed** (Chapter 25)

- **Locate the Blue Cross of Massachusetts invoice for Mr. Mulls** on the Bills Ready to be Processed screen.  
(Because this is a Blue Cross invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**  
(The Blue Cross CMS1500 invoice is found in the **View Prints** PDF queue.)

**Applying Payments to Invoices** (Chapter 26)

- **Add a payment batch** for \$207.00 with CS07-1 in the description field.
- **Add the Blue Cross of Massachusetts payment** for \$207.00 (check #54215)  
(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.  
(This invoice has more than four line items on it. Be sure to page down.)  
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99213)	100.00		
CBC W/DIFF W/PLATELET (85025)	15.00		
COMP METABOLIC PANEL (80053)	30.00		
LIPID PANEL (80061)	42.00		
U/A (10P)-DIP (IN CLINIC) (81002, clinc)	20.00		

### **Print the patient's statement and run your Self-Assessment report**

- **Go to Patient Registration.**
- **Place the cursor next to Mr. Mulls.**
- **Type *prst* and press the *ENTER* key to print the patient's statement.**
- **Type *cs07* and press the *ENTER* key to print your self-assessment.**
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for CS07
  - Patient statement
  - CMS-1500 insurance form

*(These prints are found in the [View Prints](#) PDF queue.)*

**This concludes Case Study CS07**



# Routine Prenatal Examination

## Humana

### Case Study – CS09

Ms. Julia A. McNaire is seen in the OB/GYN office, for a routine 28-week prenatal examination. Patient had two previous full-term, normal vaginal deliveries, without complications. Patient has no prior medical history noted. Patient is not currently on any medications. The doctor did a routine prenatal examination, and listened to the baby's heart rate, which was 148 bpm and strong. Doctor ordered a 1-hour routine Glucose monitoring test for the patient, from the lab, prior to patient leaving appointment. The doctor explained, the patient will be required to drink a sugary drink in a certain amount of time (1/2 hour), and then have to wait 1-hour upon completion, before having her blood drawn, to determine a Glucose level.

The doctor reviewed the lab results later that evening, and noted it was an abnormally high Glucose level. The doctor diagnosed the patient with Gestational Diabetes Mellitus. The doctor called the patient on the phone with the results of the critical test result for the blood work, and advised the patient on some better nutritional habits (including eating less sugary foods), and drinking more water. The patient agreed to try to incorporate these healthier habits into her daily activities while she was pregnant. Patient states there is no past medical history of Diabetes in her family. The patient was scheduled to be seen at her next prenatal appointment.

She is covered by her Humana health insurance which does not have a copayment.

The insurance company will receive a bill for the all of the charges and pay the bill in full.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **101 - 00 - 1001**

### Name & Address

**Prefix (Ms., Mrs., Ms.)**      **Ms.**

**First name**      **Julia**

**Middle initial**      **A**

**Last name**      **McNaire**

**Suffix (Jr. Sr. II, III)**

**Address line 2**      **5 Alcove Road**

**Address line 3**

**Address line 4**

**City**      **Southwick**

**State**      **MA**

**Zip**      **01077**

### Other Information

**Home phone**      **(413) 444-0001**

**Alternate phone**

**Work phone**

**Date of birth**      **06/11/1982**

**Gender**      **Female**

**Marital Status**      **Single**

**Preferred language**      **English**

**Race**      **White**

**Ethnicity**      **Not Hispanic or Latino**



## **Patient Registration** (Chapter 7)

- **Add Julia A. McNaire** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Patient Responsibility**; this visit will be paid by Humana.  
(After selecting Patient Responsibility, the New Case screen appears.)
- **Record the complaint of Routine prenatal examination.**  
(After adding the case, the Entity / Payers: Select screen appears.)
- **Select Humana** as the primary payer. Ms. McNaire is the subscriber to the insurance policy (select Self). The effective date of the policy is January 1st, 2015. The policy has **no coinsurance or copayment**.  
(The insurance ID number is 786435373, the group name is Humana, and the group number is 155. The plan type is PPO.)
- **Confirm the payers.**  
(After confirming the payers, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit.  
(After adding the visit, the Clinical Note Add screen appears.)
- **Select “General Medical”** as the presenting problem.  
(Ms. McNaire is now on the Clinic Status screen.)

## **Patient Intake** (Chapter 9)

- **Move Ms. McNaire** to any vacant **room** on the Clinic Status screen.
- **Answer the following clinical notes** for Ms. McNaire.

<b>CURRENT PROBLEM</b>	
<b>Chief Complaint</b>	<b>Routine prenatal examination</b>
<b>History Chief Complaint</b>	
<b>Symptoms</b>	<b>28 week gestation visit for pregnancy. Patient had two previous full-term, normal vaginal deliveries, without complications.</b>
<b>Onset</b>	<b>Routine / existing</b>
<b>Pain scale</b>	<b>na (not applicable)</b>

<b>PATIENT HISTORY</b>	
Medications	
Prescription Meds	None
Over-the-counter substances	None
Allergies	
Medication Allergies	nkda (No known drug allergies)
Food Allergies	nka (No known history of allergies)
Respiratory Allergies	nka (No known history of allergies)
Past Medical History	
Significant condition	None

<b>BODY STATISTICS (US)</b>	
Height	5 feet 6 inches
Weight	150 pounds
BMI (body mass index)	(calculated by MedTrak)
<b>VITAL SIGNS</b>	
Blood Pressure	
Systolic	130
Diastolic	78
Pulse	80
Respirations	14
Temperature	98.6
<b>NURSING OBSERVATIONS</b>	
Notes	Fetal heart rate 148bpm

- Put the chart in the Rack for Ms. McNaire.

**Provider Initial Contact** (Chapter 10)

- **Sign out the chart** to change the **Rack** workflow status to **Examine**.  
(Place the cursor next to Ms. McNaire' name and click the **Examine Patient** button.)
- **Place an order** for the following lab, found in the following category sequence:  
**GLUCOSE 1 HOUR** in **Laboratory** → **Blood Chemistry**

**Open Orders** (Chapter 11)

- **Document the answers** for the laboratory order in Open Orders as follows:

<b>GLUCOSE 1 HOUR</b>	
Notes	<b>none</b>
Collected by	<b>(your initials)</b>
Tested by	<b>(your initials)</b>
Results at one hour	<b>200 mg/dl</b>

**Provider - Out the Door** (Chapter 12)

- **In Open Orders** place your initials in the **Reviewed by** field for the **Glucose 1 Hour**.
- **Do the out-the-door process** for Ms. McNaire.

**Physician - Diagnosing** (Chapter 15)

- **Select a diagnosis** of **Gestational diabetes mellitus (O24.410)** for Ms. McNaire.

**Physician – Patient History and Exam** (Chapter 16)

- **Answer the history and exam** questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	<b>patient</b>
Chief Complaint	<b>describe - Routine 28 week prenatal examination.</b>

<b>HISTORY OF CHIEF COMPLAINT</b>	
History of injury/illness	
Injury/illness	
Any previous treatment	none
<b>EXTENDED HISTORY</b>	
Previous infections	none
<b>REVIEW OF SYSTEMS</b>	
General	
Fever	absent
Appetite	increased
Fatigue	present
Sleep	normal
Constitutional	normal
<b>HEENT</b>	
Head	normal
Eyes	normal
Ears	normal
Nose	normal
Mouth / Dental	normal
Throat	normal
Cardiac	normal
Respiratory	normal
Gastrointestinal	normal
Genito-Urinary	normal
Musculoskeletal	normal
Skin	normal
Neurologic	normal
Psychiatric	normal
Hematologic / Lymphatic	normal
Allergic / Immunologic	normal
<b>PAST, FAMILY, SOCIAL HISTORY (PFSH)</b>	
<b>PAST MEDICAL HISTORY</b>	
Major Medical Illnesses	none
Major Injury	none
Major Surgery	none

Medication Allergy	nkda
Environmental Allergy	none
Medications	none
OTC Medications	none
<b>SOCIAL HISTORY</b>	
<b>Habits</b>	
Smoking status	never
Alcohol use	none
Street or IV drugs	none
Activities Daily Life	child care, drive, household
Children living at home	pre-school, school age
<b>WORK HISTORY</b>	
Type of work	describe - Teacher at Congamond Middle School
Job title	describe - Teacher
2 <sup>nd</sup> job	no
<b>PHYSICAL EXAM</b>	
<b>Constitutional / Appearance</b>	
General appearance	tired
Distress	none
Mental Status	normal
Head & Face	normal
Left Eye	normal
Right Eye	normal
<b>ENT</b>	
Left Ear	normal
Right Ear	normal
Nose	normal
Mouth	normal
Oropharynx	normal
Respiratory (w/ chest)	normal
Cardiovascular	normal
Abdomen (Gastrointestinal)	Other - Enlarged due to pregnancy
Lymphatics	normal
Neck / Back	normal
Upper Extremity (LEFT)	normal
Upper Extremity (RIGHT)	normal
Lower Extremity (LEFT)	normal

Lower Extremity (RIGHT)	normal
Skin	normal
Neurologic	normal
Chart review	reviewed

**Physician – Prescribing (Chapter 17)**

- **Order the prescribed medication:**  
No medications were prescribed at this visit.

**Physician – Aftercare Instructions (Chapter 18)**

- **Select the following instructions:**

<b>Important Points to Remember</b>	
<b>Activity</b>	
<Specific Activity Instruction>	Increase daily walking exercise.
<b>Nutritional</b>	
<Specific Nutritional Instruction>	Reduce high sugar/sodium foods. Drink plenty of fluids, especially water. Nutritional counseling with monitoring of her blood glucose w/ possible medical intervention, if glycemic control could not be established.
<b>Work Status</b>	
<Specific Work Status>	Continue with your normal work routine.
<b>Work Restrictions</b>	
We Encourage the following	
* <Specific Instruction>	There are no restrictions.
<b>Follow-up</b>	
Return for next visit	
<Specific Instruction>	Return for test results in one week. Increased ante-natal surveillance based on glycemic control.
<b>Summation</b>	Condition on discharge: Good.

**Physician – Evaluation and Management (Chapter 19)**

- **Select the following** for a level of service of 99213 using **Medical Decision Making**.

<b>Problem(s)</b>	<b>Low – 1 acute, uncomplicated illness</b>
<b>Data</b>	<b>Limited – Category 1: Review of the results of each unique test</b>
	<b>– Category 1: Ordering of each unique test</b>
<b>Risk</b>	<b>Low</b>

- **Click the Done** button for the **Out the Door** process.

**Patient Discharge (Chapter 20)**

- **The following documents are available to turn in for your assignment:**

- Visit Charges
- Prescription form
- Aftercare Instructions

*(These prints are found in the **View Prints** PDF queue.)*

- **Discharge the patient** from the **room**.

*(Ms. McNaire moves to the waiting room on the Clinic Status screen.)*

**Payment Collection (Chapter 21)**

- **Clear the patient** from the Clinic Status screen using the **Done** command.

*(Ms. McNaire does not have a copayment for this visit, so enter 0 (zero) in the amount field.)*

**Unbilled Charges Dashboard (Chapter 23 and 24)**

- **Locate Ms. McNaire’s visit** on the Unbilled Dashboard.

*(Because you just added this patient, you will need to review the demographics log.)*

- **Review the demographics log;** use the **Log is OK** button to clear the **DR** flag

- **Review the billing information** in the Charges available for review section

*(Clearing the **DR** flag moves the patient’s visit into the Charges available for review.)*

- **Post the charges** to create the invoice.

*(Humana is the primary insurance and will be billed **\$115.00** for the charges related to the visit for Ms. McNaire.)*

**Bills Ready to be Processed (Chapter 25)**

- **Locate the Humana invoice for Ms. McNaire** on the Bills Ready to be Processed screen.  
*(Because this is a Humana invoice, the invoice is in the Insurance – CMS1500 section.)*
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**  
*(The Humana CMS1500 invoice is found in the View Prints PDF queue.)*

**Applying Payments to Invoices (Chapter 26)**

- **Add a payment batch** for **\$115.00** with **CS09-1** in the description field.
- **Add the Humana payment** for **\$115.00** (check #97589)  
*(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)*
- **Pay the following line items** with this payment.  
*(After applying this payment, the invoice balance should be zero.)*

Line Item	Paid	Code	Amount
Office Visit (99213)	100.00		
Glucose 1 Hour (82950)	15.00		

**Print the patient's statement and run your Self-Assessment report**

- **Go to Patient Registration.**
- **Place the cursor next to Ms. McNaire.**
- **Type *prst* and press the ENTER key** to print the patient's statement.
- **Type *cs09* and press the ENTER key** to print your self-assessment.
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for CS09
  - Patient statement
  - CMS-1500 insurance form

*(These prints are found in the View Prints PDF queue.)*

**This concludes Case Study CS09**





# Neck and Right Arm Pain

## Medicare and Keystone Blue

### Case Study – CS12

Mr. James L. Makis , an established patient, arrives at the medical office complaining of neck and right arm pain. His neck pain has been worsening over the last two years. Recently, he has been experiencing some numbness and a tingling sensation in his right arm going down to his thumb. He has no other symptoms or pertinent medical history.

His primary insurance is Medicare and his secondary insurance is Keystone Blue. Medicare applies the \$100.00 charge for the office visit to Mr. Makis' deductible. There is no copayment with Medicare, but Keystone Blue requires a \$25.00 copayment. Medicare will pay part of the bill as will Keystone Blue. Mr. Makis will pay the remaining balance.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **721 - 33 - 6056**

### Name & Address

**Prefix (Mr., Mrs., Mr.)**      **Mr.**

**First name**      **James**

**Middle initial**      **L**

**Last name**      **Makis**

**Suffix (Jr. Sr. II, III)**

**Address line 2**      **544 River Road**

**Address line 3**

**Address line 4**

**City**      **Springtown**

**State**      **CO**

**Zip**      **80002**

### Other Information

**Home phone**      **(970) 555-5050**

**Alternate phone**

**Work phone**

**Date of birth**      **01/21/1951**

**Gender**      **Male**

**Marital Status**      **Married**

**Preferred language**      **English**

**Race**      **Black**

**Ethnicity**      **Not Hispanic or Latino**

## Patient Registration (Chapter 7)

- **Add James L. Makis** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Patient Responsibility**; this visit will be paid by Medicare and Keystone Blue.  
(After selecting Patient Responsibility, the New Case screen appears.)
- **Record the complaint of Neck and right arm pain.**  
(After adding the case, the Entity / Payers: Select screen appears.)
- **Select Medicare** as the primary payer. Mr. Makis is the subscriber to the insurance policy (select Self). The effective date of the policy is January 1st, 2016. The policy has **no coinsurance or copayment**.  
(The insurance ID number is 543168542, the group name is Medicare, and the group number is 5625. The plan type is Medicare.)
- **Select Keystone Blue** as the secondary payer. Mr. Makis is the subscriber to the insurance policy (select Self). The effective date of the policy is January 1st, 2010. The policy has a **\$25.00 copayment**.  
(The insurance ID number is 689235120, the group name is Keystone Blue, and the group number is 5456. The plan type is PPO The copayment amount is \$25.00.)
- **Confirm the payers.**  
(After confirming the payers, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit.  
(After adding the visit, the Clinical Note Add screen appears.)
- **Select “Injury-Bones/Jts”** as the presenting problem. On the body part screen, **select both “Neck” and “Arm – Rt (upper)”**.  
(Mr. Makis is now on the Clinic Status screen.)

## Patient Intake (Chapter 9)

- **Move Mr. Makis** to any vacant **room** on the Clinic Status screen.
- **Answer the following clinical notes** for Mr. Makis.

<b>CURRENT PROBLEM</b>	
Chief Complaint	My neck hurts and I have a tingling sensation down my right arm.
History Chief Complaint	
History of Injury	none
Symptoms	Numbness and tingling sensation down the right arm.
Pain scale	7 (7/10)
<b>PATIENT HISTORY</b>	
<b>Medications</b>	
Prescription Meds	None
Over-the-counter substances	Aspirin 01/22/14 Take 80mg once per day
<b>ALLERGIES</b>	
Medication Allergies	Penicillin Rash Active
<b>PAST MEDICAL HISTORY</b>	
Significant condition	High blood pressure
<b>PAST SURGICAL HISTORY</b>	
Cervical / Disc surgery	No
Upper extremity surgery	No
<b>PREVIOUS INJURIES</b>	
Neck injury	No
Upper arm injury	No
<b>MUSCULOSKELETAL HISTORY</b>	
Arthritis, joint problem	Arthritis in right shoulder
Muscle pain stiffness	No
Tendinitis	No
Back or disc problems	Degenerative disc disease in spine due to osteoarthritis.

<b>BODY STATISTICS (US)</b>	
Height	5 feet 10 inches
Weight	205 pounds
BMI (body mass index)	(calculated by MedTrak)
<b>VITAL SIGNS</b>	
Blood Pressure	
Systolic	190
Diastolic	100
Pulse	86
Respirations	12
Temperature	98.6

- Put the chart in the Rack for Mr. Makis.

**Provider Initial Contact** (Chapter 10)

- Sign out the chart to change the Rack workflow status to Examine.  
(Place the cursor next to Mr. Makis' name and click the Examine Patient button.)
- Place an order for the following X-ray, found in the following category sequence:  
**X-RAY C-SPINE (COMPLETE) in Radiology → Head & Neck**

**Open Orders** (Chapter 11)

- Document the answers for the x-ray personnel part of the order in Open Orders as follows:

<b>X-RAY C-SPINE (COMPLETE)</b>	
Notes	none
X-ray number	36727
Completed by	(your initials)

**Provider - Out the Door (Chapter 12)**

- **In Open Orders** answer the following for physician portion of the **X-ray C-Spine (Complete)** as follows:

<b>X-RAY C-SPINE (COMPLETE)</b>	
<b>Initial Impression</b>	<b>C5-C6 lateral changes to discs. No fractures noted.</b>
<b>Completed by</b>	<b>(your initials)</b>
<b>Over-read Needed</b>	<b>n (No)</b>

- **Do the out-the-door process** for Mr. Makis.

**Physician - Referrals (Chapter 14)**

- **Place an order** for the following referral, found in the following category sequence:

**MRI in Referrals / Authorizations**

<b>MRI</b>	
<b>Area to be Evaluated</b>	<b>neck</b>
<b>Reason for Appointment</b>	<b>Pain and tingling in neck and right arm.</b>
<b>Notes</b>	
<b>Scheduling Priority</b>	<b>asap (As soon as possible)</b>

**Physician - Diagnosing (Chapter 15)**

- **Select a diagnosis** of **Cervical disc disorder with radiculopathy, mid-cervical region (M50.12)** for Mr. Makis.

**Physician – Patient History and Exam (Chapter 16)**

- **Answer the history and exam** questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	patient
Chief Complaint	describe - My neck hurts and I have tingling pain sensation going down my right arm.
HISTORY OF CHIEF COMPLAINT	describe - Neck pain that has been worsening over the last two years. Recently, patient has experienced some numbness and painful tingling sensation in his right arm going down to his thumb. No other symptoms or pertinent medical history.
History of injury/illness	describe - No prior injury to area noted.
Injury/illness	
Onset of symptoms	24-72 hr
Progression of symptoms	increased
Any previous treatment	none
Head / Face	none
Musculoskeletal	
Neck	
Frequency of pain	intermittent
Description of pain	sharp
Location of pain	posterior, right
Severity @ rest	moderate
Severity w/activity	severe
Pain aggravated by	overhead
Radiation of pain	yes
Right arm to	hand
Sensation	decreased
Neurological	none
Dominant hand	right
<b>EXTENDED HISTORY</b>	
Previous infections	none
Similar injury in the past	no

Work related	no
Diseases of the bone	no
Diseases of the joints	Other - Patient has osteoarthritis of spine, noted from previous MRI taken 10 years ago.
<b>REVIEW OF SYSTEMS</b>	
General	normal
Constitutional	normal
Eyes	normal
HEENT	normal
Cardiac	normal
Respiratory	normal
Gastrointestinal	normal
Genito-Urinary	normal
Musculoskeletal	Other - Patient has osteoarthritis of spine.
Skin	normal
Neurologic	Other - Patient experiencing tingling sensation and numbness in right arm into hand.
Psychiatric	normal
Hematologic / Lymphatic	normal
Allergic / Immunologic	Other - Patient allergic to Penicillin, which gives him a rash if exposed to it.
<b>PAST, FAMILY, SOCIAL HISTORY (PFSH)</b>	
<b>PAST MEDICAL HISTORY</b>	
Major Medical Illnesses	arthritis, high BP
Major Injury	none
Major Surgery	none
Medication Allergy	PCN (penicillin)
Environmental Allergy	none
Medications	none
OTC Medications	Other - aspirin
<b>SOCIAL HISTORY</b>	
<b>Habits</b>	
Smoking status	never



Alcohol use	occasional
Street or IV drugs	none
Activities Daily Life	drive, yard
Children living at home	none
<b>WORK HISTORY</b>	<b>non contributory</b>
Type of work	describe - retired
2 <sup>nd</sup> job	no
<b>PHYSICAL EXAM</b>	
<b>Constitutional / Appearance</b>	
General appearance	pain
Pain at rest	moderate
Pain w/movement	severe
Pain response	normal
Mental Status	normal
Respiratory (w/ chest)	normal
Cardiovascular	normal
Lymphatics	normal
Neck / Back	
<b>Cervical Exam</b>	
Inspection	Other - Pain and slight swelling of back of neck noted upon palpitation of area.
Spinal curvature	normal
Tenderness to palpation	severe, right
Muscle spasm	yes
Range of motion	Other - Range of motion limited due to pain.
Flexion (0-50)	25%
Extension (0-60)	25%
Lt Sidebending (0-45)	50%
Rt Sidebending (0-45)	25%
Lt rotation (0-80)	50%
Rt rotation (0-80)	25%
Pain with ROM	severe
<b>Orthopedic Tests</b>	
Spurling	negative
Other findings	none

Thoracic Exam	normal
Upper Extremity (LEFT)	normal
Upper Extremity (RIGHT)	normal
Skin	normal
Neurologic	normal
Additional Exam Notes	Describe - Tingling down right arm into hand, indicates possible pinched cervical nerve.
Chart review	reviewed

**Physician – Prescribing (Chapter 17)**

- Order the following prescribed medications:  
 Flexeril 5mg (no refills)  
 Percocet Tabs 5/325mg (no refills)

**Physician – Aftercare Instructions (Chapter 18)**

- Select the following instructions:

<b>Important Points to Remember</b>	
Activity	Reduce activity.
Rest and Don't Use	Cervical.
<b>What to be Concerned About</b>	
Report immediately for	Weakness in arms and/or legs.
<b>Medications</b>	
Patient was given medication which may cause drowsiness.	Flexeril
<b>Work Status</b>	No work until next appointment
<b>Work Restrictions</b>	
No to the following	No driving
	No overhead lifting

Follow-up	
Return for next visit	
<Specific Instruction>	Return for follow-up appointment after MRI completed in approximately 1 week, to review exam results.
	Go to Emergency, if worse.
Assessment and Plan of Care	
<Specific Comments for Plan>	Review MRI results and determine plan based on results.
Summation	Condition on discharge: Good.

**Physician – Evaluation and Management (Chapter 19)**

- Select the following for a level of service of 99213 using Medical Decision Making.

Problem(s)	Low – 1 acute, uncomplicated injury
Data	Limited – Category 1: Review of the results of each unique test – Category 1: Ordering of each unique test
Risk	Low

- Click the Done button for the Out the Door process.

**Patient Discharge (Chapter 20)**

- The following documents are available to turn in for your assignment:
  - Visit Charges
  - Prescription form
  - Aftercare Instructions  
*(These prints are found in the View Prints PDF queue.)*
- Discharge the patient from the room.  
*(Mr. Makis moves to the waiting room on the Clinic Status screen.)*

**Payment Collection (Chapter 21)**

- Clear the patient from the Clinic Status screen using the Done command.

*(Medicare does not have a copayment, so enter 0 (zero) in the amount field.)*

**Unbilled Charges Dashboard** (Chapter 23 and 24)

- ❑ **Locate Mr. Makis' visit** on the Unbilled Dashboard.  
*(Because you just added this patient, you will need to review the demographics log.)*
- ❑ **Review the demographics log;** use the **Log is OK** button to clear the **DR** flag
- ❑ **Review the billing information** in the Charges available for review section  
*(Clearing the DR flag moves the patient's visit into the Charges available for review.)*
- ❑ **Post the charges** to create the invoice.  
*(Medicare is the primary insurance and will be billed \$173.53 for the charges related to the visit for Mr. Makis.)*

**Bills Ready to be Processed** (Chapter 25)

- ❑ **Locate the Medicare invoice for Mr. Makis** on the Bills Ready to be Processed screen.  
*(Because this is a Medicare invoice, the invoice is in the Insurance – CMS1500 section.)*
- ❑ **Use the View bills** function to locate the invoice.
- ❑ **Record your invoice number for use in posting the payment.**
- ❑ **Print the invoice.**  
*(The Medicare CMS-1500 invoice is found in the View Prints PDF queue.)*

**Applying Payments to Invoices** (Chapter 26)

- ❑ **Add a payment batch** for **\$51.20** with **CS12-1** in the description field.
- ❑ **Add the Medicare payment** for **\$51.20** (check #1258756)  
*(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)*
- ❑ **Pay the following line items** with this payment.  
*(After applying this payment, the invoice balance should be \$115.00.)*

Line Item	Paid	Code	Amount
Office Visit (99213)	0	dd	100.00
X-ray C-spine (Complete) (75052)	51.20	a27	7.33

**Note:** The DD code means Medicare will apply the amount to the patient's deductible. The A27 code is a Medicare adjustment.

- ❑ **Add a payment batch** for **\$83.00** with **CS12-2** in the description field.

- **Add the Keystone Blue payment for \$83.00** (check #56589)  
(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.  
(After applying this payment, the invoice balance should be \$30.00.)

Line Item	Paid	Code	Amount
Office Visit (99213)	75.00	cp	25.00
X-ray C-spine (Complete) (75052)	8.00	a01	2.00

*Note:* The CP code acknowledges the patient's copayment. The A01 code is a PPO adjustment.

- **Add a payment batch for \$30.00** with **CS12-3** in the description field.
- **Add the James L. Makis payment for \$30.00** (check #456)  
(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.  
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99213)	25.00		
X-ray C-spine (Complete) (75052)	5.00		

### **Print the patient's statement and run your Self-Assessment report**

- **Go to** Patient Registration.
- **Place the cursor next to Mr. Makis.**
- **Type *prst* and press the ENTER key** to print the patient's statement.
- **Type *cs12* and press the ENTER key** to print your self-assessment.
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for CS12
  - Patient statement
  - CMS-1500 insurance form

(These prints are found in the [View Prints](#) PDF queue.)

**This concludes Case Study CS12**

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# Palpitations & Shortness of Breath

## Preferred Care & Fortress Medical

### Case Study – CS26

Mr. Rodger M. Rookie, a new patient, arrives at the medical office complaining of heart palpitations and shortness of breath. He has intermittent episodes of irregular heart beat that causes mild shortness of breath and a general sense of malaise, but no chest pain.

Mr. Rookie has been evaluated over the past year by another doctor and has documented episodes of atrial fibrillation recorded on a Holter monitor. He is being treated for ongoing benign hypertension with an ACE inhibitor. He admits to being non-compliant with his medication as prescribed. Otherwise, he is in good health.

His primary insurance is Preferred Care and his secondary insurance is Fortress Medical, which is his wife's insurance policy. Preferred Care has a \$30.00 copayment and Fortress Medical has a \$25.00 copayment. Preferred Care will pay part of the bill as will Fortress Medical. Mr. Rookie will pay the remaining balance.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **452 - 32 - 6154**

### Name & Address

**Prefix (Mr., Mrs., Mr.)**      **Mr.**  
**First name**      **Rodger**  
**Middle initial**      **M**  
**Last name**      **Rookie**  
**Suffix (Jr. Sr. II, III)**  
**Address line 2**      **154 Williams Street**  
**Address line 3**  
**Address line 4**  
**City**      **Longmeadow**  
**State**      **MA**  
**Zip**      **01106**

### Other Information

**Home phone**      **(413) 555-2234**  
**Alternate phone**  
**Work phone**  
**Date of birth**      **03/02/1965**  
**Gender**      **Male**  
**Marital Status**      **Married**  
**Preferred language**      **English**  
**Race**      **White**  
**Ethnicity**      **Not Hispanic or Latino**



## Patient Registration (Chapter 7)

- **Add Rodger M. Rookie** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Patient Responsibility**; this visit will be paid by Preferred Care and Fortress Medical.  
(After selecting Patient Responsibility, the New Case screen appears.)
- **Record the complaint of Palpitations & shortness of breath.**  
(After adding the case, the Entity / Payers: Select screen appears.)
- **Select Preferred Care** as the primary payer. Mr. Rookie is the subscriber to the insurance policy (select Self). The effective date of the policy is March 1st, 2018. The policy has a **\$30.00 copayment**.  
(The insurance ID number is 136500874, the group name is Longmeadow Public Schools, and the group number is 10034. The plan type is PPO. The copayment is \$30.00.)
- **Select Fortress Medical** as the secondary payer. Mr. Rookie's wife Sara L. Rookie is the subscriber to the insurance policy (select spouse). She was born on January 8<sup>th</sup>, 1975. The effective date of the policy is June 1st, 2016. The policy has a **\$25.00 copayment**.  
(The insurance ID number is 678456321. The group name is Jones Manufacturing. The group number is 436. The plan type is PPO. The copayment amount is \$25.00.)
- **Confirm the payers.**  
(After confirming the payers, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit.  
(Mr. Rookie pays his \$30.00 copayment with check number 487.)  
(After adding the visit, the Clinical Note Add screen appears.)
- **Select both "General Medical" and "Shortness Breath"** as the presenting problems.  
(Mr. Rookie is now on the Clinic Status screen.)

## Patient Intake (Chapter 9)

- **Move Mr. Rookie** to any vacant **room** on the Clinic Status screen.
- **Answer the following clinical notes** for Mr. Rookie.

<b>CURRENT PROBLEM</b>	
<b>Chief Complaint</b>	Patient complaining of intermittent episodes of irregular heart beat that cause mild shortness of breath and a general sense of malaise, but no chest pain.
<b>History Chief Complaint</b>	
<b>Symptoms</b>	Palpitations, shortness of breath, and malaise.
<b>Onset</b>	Over the last year intermittently.
<b>Treatment to date</b>	Patient seen on previous visits to a different medical facility related to his hypertension, in which he continues to admit non-compliance. Patient had a prior Holter monitor, which revealed an atrial fibrillation arrhythmia, which he has had symptoms of this past year.
<b>Pain scale</b>	na (not applicable)
<b>PATIENT HISTORY</b>	
<b>Medications</b>	
<b>Prescription Meds</b>	Lisinopril 5mg tabs 05/09/17 One tab twice daily per oral.
<b>Over-the-counter substances</b>	None
<b>ALLERGIES</b>	
<b>Medication Allergies</b>	nkda (No known drug allergies)
<b>Food Allergies</b>	nka (No known history of allergies)
<b>Respiratory Allergies</b>	nka (No known history of allergies)
<b>PAST MEDICAL HISTORY</b>	
<b>Significant condition</b>	Atrial fibrillation and high blood pressure.

<b>BODY STATISTICS (US)</b>	
Height	6 feet 0 inches
Weight	200 pounds
BMI (body mass index)	(calculated by MedTrak)
<b>VITAL SIGNS</b>	
Blood Pressure	
Systolic	180
Diastolic	96
Pulse	80
Respirations	16
Temperature	97.0

- Put the chart in the Rack for Mr. Rookie.

### **Provider Initial Contact** (Chapter 10)

- Sign out the chart to change the Rack workflow status to **Examine**.  
(Place the cursor next to Mr. Rookie' name and click the **Examine Patient** button.)

### **Provider - Out the Door** (Chapter 12)

- Do the out-the-door process for Mr. Rookie.

### **Physician - Diagnosing** (Chapter 15)

- Select diagnoses of **Atrial Fibrillation (I48.91)** and **Essential Hypertension (I10)** for Mr. Rookie.

### **Physician – Patient History and Exam** (Chapter 16)

- Answer the history and exam questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	patient
Chief Complaint	describe - Patient complaining of intermittent episodes of irregular heart beat that causes mild shortness of breath and a general sense of malaise, but no chest pain.
HISTORY OF CHIEF COMPLAINT	describe - Patient has been evaluated over the past year and has documented recurring episodes of atrial fibrillation recorded on a Holter monitor. He is being treated for ongoing benign hypertension with an ACE inhibitor. Questioning reveals that he has not been taking his medication as prescribed and more as he feels the need. On previous visits to this office related to his hypertension he continues to admit non-compliance.
History of injury/illness	describe - Atrial fibrillation, hypertension, and medication non-compliance.
Injury/illness	
Onset of symptoms	72+ hr - Patient has been monitored over the last year, for atrial fibrillation and hypertension. Patient currently complaining of palpitations, shortness of breath, and general malaise.
Progression of symptoms	no change
Any previous treatment	pcp (primary care physician)
Left Ear	none
Right Ear	none
Nose	none
Mouth & Throat	normal
Respiratory	Other - Patient complaining of shortness of breath, most likely secondary to atrial fibrillation.
Pain with respiration	absent

Cough	absent
Dyspnea	Other - Patient complaining of shortness of breath when he has palpitations.
Wheezing	absent
<b>EXTENDED HISTORY</b>	
Past Respiratory history	normal
Previous infections	none
<b>REVIEW OF SYSTEMS</b>	
<b>General</b>	
Weight	normal
Fever	absent
Appetite	normal
Fatigue	present
Sleep	normal
Constitutional	normal
Eyes	normal
<b>HEENT</b>	normal
Cardiac	dysrhythmia
Respiratory	sob (shortness of breath)
Gastrointestinal	normal
Genito-Urinary	normal
Musculoskeletal	normal
Skin	normal
Neurologic	normal
Psychiatric	normal
Hematologic / Lymphatic	normal
Allergic / Immunologic	normal
<b>PAST, FAMILY, SOCIAL HISTORY (PFSH)</b>	Other - No relevant past family history.
<b>PAST MEDICAL HISTORY</b>	Other - The patient is otherwise in good health with no significant history of coronary atherosclerosis, angina, or valvular disease.
<b>Major Medical Illnesses</b>	heart, high BP

Major Injury	none
Major Surgery	none
Medication Allergy	PCN (penicillin)
Environmental Allergy	none
Medications	high BP
OTC Medications	none
Last tetanus	unknown
<b>SOCIAL HISTORY</b>	<b>non contributory</b>
<b>Habits</b>	
Smoking status	never
Alcohol use	moderate
Street or IV drugs	none
Activities Daily Life	Other - Patient is a principal at Longmeadow Public Schools. He spends most of his day at a desk.
Children living at home	none
<b>WORK HISTORY</b>	<b>non contributory</b>
<b>PHYSICAL EXAM</b>	
Constitutional / Appearance	normal
Mental Status	normal
Head & Face	normal
Left Eye	normal
Right Eye	normal
ENT	normal
Respiratory (w/ chest)	Other - Patient noticeably short of breath.
AP compression	non-tender
Lateral compression	non-tender
Breathing	dyspnea
Breath sounds	normal
Cardiovascular	Other - Patient visibly short of breath, and complaining of palpitations.
Heart sounds	arrhythmia
Peripheral vascular system	normal
Other findings	none

Abdomen (Gastrointestinal)	normal
Lymphatics	normal
Neck / Back	normal
Upper Extremity (LEFT)	normal
Upper Extremity (RIGHT)	normal
Lower Extremity (LEFT)	normal
Lower Extremity (RIGHT)	normal
Skin	normal
Neurologic	normal
Chart review	reviewed

### Physician – Prescribing (Chapter 17)

- Order the prescribed medications:  
Lisinopril 5mg (three refills)

### Physician – Aftercare Instructions (Chapter 18)

- Select the following instructions:

Important Points to Remember	
Activity	Normal activity.
Medications	
Continue taking <medications>.	Lisinopril
Work Status	Return to full work duties today.
Follow-up	Return as needed.
Summation	Condition on discharge: Good.

**Physician – Evaluation and Management (Chapter 19)**

- **Select the following** for a level of service of 99203 using **Medical Decision Making**.

<b>Problem(s)</b>	<b>Moderate – 1 chronic illness w/ exacerbation, progression</b>
<b>Data</b>	<b>Limited – Category 1: Review of the results of each unique test</b>
	<b>– Category 1: Ordering of each unique test</b>
<b>Risk</b>	<b>Low</b>

- **Click the Done** button for the **Out the Door** process.

**Patient Discharge (Chapter 20)**

- **The following documents are available to turn in for your assignment:**

- Visit Charges
  - Prescription form
  - Aftercare Instructions
- (These prints are found in the **View Prints** PDF queue.)*

- **Discharge the patient** from the **room**.  
*(Mr. Rookie moves to the waiting room on the Clinic Status screen.)*

**Payment Collection (Chapter 21)**

- **Clear the patient** from the Clinic Status screen using the **Done** command.  
*(Mr. Rookie paid his copayment during registration.)*

**Unbilled Charges Dashboard (Chapter 23 and 24)**

- **Locate Mr. Rookie’s visit** on the Unbilled Dashboard.  
*(Because you just added this patient, you will need to review the demographics log.)*
- **Review the demographics log;** use the **Log is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section  
*(Clearing the **DR** flag moves the patient’s visit into the Charges available for review.)*
- **Because there is more than one diagnosis**, you will need to first assign the appropriate diagnoses to each line item before posting the charges. In this case study, both diagnoses apply to each line item, so type a 12 (representing the first and second diagnoses) in the command field next to both line items and press the **ENTER** key. Do this before posting the charges.



- **Post the charges** to create the invoice.  
(Preferred Care is the primary insurance and will be billed **\$150.00** for the charge related to the visit for Mr. Rookie.)

### **Bills Ready to be Processed** (Chapter 25)

- **Locate the Preferred Care invoice for Mr. Rookie** on the Bills Ready to be Processed screen.  
(Because this is a Preferred Care invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**  
(The Preferred Care CMS-1500 invoice is found in the **View Prints** PDF queue.)

### **Applying Payments to Invoices** (Chapter 26)

- **Add a payment batch** for **\$40.20** with **CS26-1** in the description field.
- **Add the Preferred Care payment** for **\$10.20** (check #56488)  
(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line item** with this payment.

Line Item	Paid	Code	Amount
Office Visit (99203)	10.20	dd	139.80
		cp	30.00

**Note:** The DD code means Preferred Care will apply the amount to the patient's deductible. The CP code acknowledges the patient's copayment.

- **Add the Roger M. Rookie copayment** for **\$30.00** (check #487)  
(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line item** with this payment.  
(After applying this payment, the invoice balance should be \$109.80.)

Line Item	Paid	Code	Amount
Office Visit (99203)	30.00		

- **Add a payment batch** for **\$62.75** with **CS26-2** in the description field.
- **Add the Fortress Medical payment** for **\$62.75** (check #25789)  
*(Use the invoice number in the payment record to speed locating the invoice.)*  
*(If you don't have your invoice number, you can find it in Invoices - All.)*
- **Pay the following line items** with this payment.  
*(After applying this payment, the invoice balance should be \$47.05.)*

Line Item	Paid	Code	Amount
Office Visit (99213)	62.75	dd	47.05
		cp	25.00

*Note: The DD code means Fortress Medical will apply the amount to the patient's deductible. The CP code acknowledges the patient's copayment.*

- **Add a payment batch** for **\$47.05** with **CS26-3** in the description field.
- **Add the Rodger M. Rookie payment** for **\$47.05** (check #1526)  
*(Use the invoice number in the payment record to speed locating the invoice.)*  
*(If you don't have your invoice number, you can find it in Invoices - All.)*
- **Pay the following line items** with this payment.  
*(After applying this payment, the invoice balance should be zero.)*

Line Item	Paid	Code	Amount
Office Visit (99213)	47.05		

## Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Mr. Rookie.**
- **Type *prst* and press the ENTER key** to print the patient's statement.
- **Type *cs26* and press the ENTER key** to print your self-assessment.
- **The following documents are available to turn in for your assignment:**
  - Self-assessment for CS26
  - Patient statement
  - CMS-1500 insurance form*(These prints are found in the [View Prints](#) PDF queue.)*

**This concludes Case Study CS26**



# Right Ankle Injury

## The Accident Fund

### Case Study – CS36

Peeverell L. Samuels, a student, slipped and fell while shopping with his mother at the Candy Company. He was injured yesterday. The Candy Company's workers compensation insurance company will pay the costs of his medical care. An x-ray of his right ankle does not show a fracture.

The Accident Fund will receive a bill for the all of the charges and pay the bill with adjustments.

# Medical Care Offices

## Patient Registration Form

**Social Security Number**      **642 - 31 - 9502**

### Name & Address

**Prefix (Mr., Mrs., Ms.)**      **Mr.**

**First name**      **Peverell**

**Middle initial**      **L**

**Last name**      **Samuels**

**Suffix (Jr. Sr. II, III)**

**Address line 2**      **2225 Scenic Drive**

**Address line 3**

**Address line 4**

**City**      **West Springfield**

**State**      **MA**

**Zip**      **01089**

### Other Information

**Home phone**      **(413) 223-2002**

**Alternate phone**

**Work phone**

**Date of birth**      **02/15/2005**

**Gender**      **Male**

**Marital Status**      **Single**

**Preferred language**      **Other**

**Race**      **Native Hawaiian or Other Pacific Islander**

**Ethnicity**      **Not Hispanic or Latino**

## Patient Registration (Chapter 7)

- **Add Peverell L. Samuels** from **patient registration** using the demographic information from the previous page.  
(After submitting the new patient information, the Company: Select screen appears.)
- **Select Candy Company**; this visit will be paid by Candy Company's workers compensation insurance company – The Accident Fund.  
(After selecting Candy Company, the New Case screen appears.)
- **Record the complaint** of **Right ankle pain**
- **Record the job title** of **student**
- **Type a y** for yesterday's date in the **injury date**
- **Record the work loc/address of injury** of **Candy Company store**  
(After clicking the Submit button, the Visit Add screen will appear.)
- **Complete the required fields** on the Visit Add screen. This is a **Doctor** visit.
- **Record Virginia Suttons** in the **authorized by** field, her **title is customer service**, and **she gave verbal approval for treatment**  
(After adding the visit, the Expanded Answer screen for 1<sup>st</sup> Person History appears.)
- **Record "I slipped and fell on some stairs at the Candy Company store and hurt my right ankle."** in the **1<sup>st</sup> Person History** field  
(After recording the 1<sup>st</sup> Person History, the Clinical Note Add screen appears.)
- **Select "Injury-Bones/Jts"** as the presenting problem  
(After clicking the Submit button, the body part selection screen appears.)
- **Select "Ankle - Rt"** as the body part  
(After clicking the Submit button, Mr. Samuels is now on the Clinic Status screen.)

## Patient Intake (Chapter 9)

- **Move Mr. Samuels** to any vacant **room** on the Clinic Status screen.
- **Answer the following clinical notes** for Mr. Samuels.

<b>CURRENT PROBLEM</b>	
Chief Complaint	Right ankle pain
1 <sup>st</sup> Person History	Patient states, "I slipped and fell on some stairs at the Candy Company store and hurt my right ankle."
Date of Injury	y (yesterday)
Time of Injury	4:40p
Pain scale	5/10
Current Working Status	student
<b>PATIENT HISTORY</b>	
Medications	
Prescription Meds	None
Over-the-counter substances	None
Allergies	
Medication Allergies	None
Past Medical History	
Significant condition	None
Past Surgical History	
Lower extremity surgery	No
Previous Injuries	
Ankle injury	No
Musculoskeletal History	
Arthritis, joint problem	No
Muscle pain stiffness	No
Tendinitis	No
<b>BODY STATISTICS (US)</b>	
Height	4 feet 11 inches
Weight	110 pounds
BMI (body mass index)	(calculated by MedTrak)
<b>VITAL SIGNS</b>	
Blood Pressure	
Systolic	110
Diastolic	70
Pulse	85
Respirations	14
Temperature	99
Nursing observations – Notes	Patient in some pain upon palpation. Patient walking tentatively, but with a limp.

- Put the chart in the Rack for Mr. Samuels.

**Provider Initial Contact** (Chapter 10)

- Sign out the chart to change the Rack workflow status to Examine.  
(Place the cursor next to Mr. Samuels' name and click the Examine Patient button.)
- Place an order for the following x-ray, found in the following category sequence:  
**X-RAY RT ANKLE (3VW) in Radiology → Right Lower Extremity**

**Open Orders** (Chapter 11)

- Document the answers for the x-ray order in Open Orders as follows:

X-RAY RT ANKLE (3VW)	
XRAY PERSONNEL	
Notes	none
X-ray Number	76489
Completed By	(your initials)

**Provider - Out the Door** (Chapter 12)

- In Open Orders answer the following questions for the X-RAY RT ANKLE (3VW).

X-RAY RT ANKLE (3VW)	
PHYSICIAN	
Initial Impression	X-ray rules out fracture. Ankle is sprained.
Completed By	(your initials)
Over-read Needed	n (No)

- Do the out-the-door process for Mr. Samuels. Click the Submit button on the Start OTD screen because the One Screen checkbox is already selected.

**Physician - Diagnosing (Chapter 15)**

- **Select 3 diagnoses** for Mr. Samuels.  
     **Sprain right ankle (S93.409A)**  
     **Fall on/from stairs or steps (W10.8XXA)**  
     **Accident at public building (Y92.59)**

**Physician – Patient History and Exam (Chapter 16)**

- **Answer the history and exam** questions - use the **Checkboxes** method

<b>PATIENT HISTORY</b>	
Source of History	patient
Chief Complaint	describe - Right ankle pain
<b>HISTORY OF CHIEF COMPLAINT</b>	describe - Patient slipped and fell on some stairs at the Candy Company store, yesterday.
History of injury/illness	
Injury/illness	
Onset of symptoms	8-24 hr
Progression of symptoms	increased
Any previous treatment	none
<b>Musculoskeletal</b>	
Right ankle	
Frequency of pain	constant
Description of pain	ache
Severity @ rest	moderate
Severity w/activity	moderate
Pain aggravated by	stairs, stand/walk
Radiation of pain	no
Sensation	normal
Weakness	no
<b>Neurological</b>	none
<b>EXTENDED HISTORY</b>	
Previous infections	none
Similar injury in past	no
Work related	no
Diseases of the bone	no
Diseases of the joints	no



<b>REVIEW OF SYSTEMS</b>	
General	normal
Constitutional	normal
Eyes	normal
HEENT	normal
Cardiac	normal
Respiratory	normal
Gastrointestinal	normal
Musculoskeletal	Other - Right ankle appears erythematous and swollen.
Skin	swelling
Neurologic	normal
Psychiatric	normal
Hematologic / Lymphatic	normal
Allergic / Immunologic	normal
<b>PAST, FAMILY, SOCIAL HISTORY (PFSH)</b>	
PAST MEDICAL HISTORY	non-contributory
SOCIAL HISTORY	
Activities Daily Life	sports, student
<b>PHYSICAL EXAM</b>	
Constitutional / Appearance	
General appearance	pain
Pain at rest	moderate
Pain w/movement	moderate
Pain response	normal
Mental Status	normal
Respiratory (w/chest)	normal
Cardiovascular	normal
Lymphatics	normal
Lower Extremity (Right)	
Right Leg	normal
Right Ankle	
Inspection	swell, warm, bruise
Tenderness to palpation	moderate
Range of motion	Other - Limited motion due to pain.
Dorsiflexion (0-20)	75%
Plantar flexion (0-40)	75%
Inversion (0-30)	50%

Eversion (0-20)	50%
Pain with ROM	moderate
Orthopedic signs	
Eversion stress test	negative
Anterior drawer sign	negative
Inversion stress test	negative
Thompson squeeze test	negative
Varus stress	negative
Other findings	none
Right Foot	normal
Chart review	reviewed

**Physician – Prescribing (Chapter 17)**

- **Order the prescribed medication:**  
 IBUPROFEN TABS 200MG (prescribe is zero tablets with no refills - patient was given 10 sample tablets from lot number 14565)

**Physician – Aftercare Instructions (Chapter 18)**

- **Select the following instructions:**

<b>Important Points to Remember</b>	
<b>Body Position</b>	
Elevate	the right foot and lower extremity
Ice	
Ankle	Apply ice three times a day for 20 minutes.
<b>Work Status</b>	
<Specific Work Status>	Sit down as much as possible.
<b>Work Restrictions</b>	
Limit the Following	Limit walking
<b>Follow-up</b>	
<Specific Follow-up>	Go to ER if pain or swelling gets worse, even with ibuprofen.
<b>Summation</b>	Condition on discharge: Good.

## Physician – Evaluation and Management (Chapter 19)

- **Select the following** for a level of service of 99203 using **Medical Decision Making**.

<b>Problem(s)</b>	<b>Minimal</b>
<b>Data</b>	<b>Limited – Category 1: Review of the results of each unique test</b>
	<b>– Category 1: Ordering of each unique test</b>
<b>Risk</b>	<b>Low</b>

- **Click the Done** button for the **Out the Door** process.

## Patient Discharge (Chapter 20)

- **The following document is available to turn in for your assignment:**
  - Aftercare Instructions  
(This print is found in the **View Prints PDF** queue.)
- **Discharge the patient** from the **room**.  
(Mr. Samuels clears from the Clinic Status screen.)

## Unbilled Charges Dashboard (Chapter 23 and 24)

- **Locate Mr. Samuels' visit** on the Unbilled Dashboard.  
(Remember, this is a workers compensation visit - not a patient visit.)  
(Because this visit is under the company, there is no demographics log to review.)
- **Review the billing information** in the Charges available for review section  
(Remember, this is a workers compensation visit - not a patient visit.)
- **Because there are three diagnoses for Mr. Samuels**, you will need to first assign all three diagnoses to each line item before posting the charges. To do so, type a 123 (representing the first, second, and third diagnoses) in the command field next to all line items and press the **ENTER** key. Do this before posting the charges.
- **Post the charges** to create the invoice.  
(The Accident Fund will be billed **\$195.00** for the charges related to the visit for Mr. Samuels.)

## Bills Ready to be Processed (Chapter 25)

- **Locate The Accident Fund invoice for Mr. Samuels** on the Bills Ready to be Processed screen.  
(Because this is The Accident Fund invoice, the invoice is in Insurance – CMS1500 section.)

- Use the **View bills** function to locate the invoice.
- Record your invoice number for use in posting the payment.
- Print the invoice.  
(The Accident Fund CMS1500 invoice is found in the **View Prints** PDF queue.)

**Applying Payments to Invoices (Chapter 26)**

- Add a payment batch for **\$150.00** with **CS36-1** in the description field.
- Add **The Accident Fund payment** for **\$150.00** (check #25789)  
(Remember, this is a workers compensation insurance company.)  
(Use the invoice number in the payment record to speed locating the invoice.)  
(If you don't have your invoice number, you can find it in *Invoices - All*.)
- Pay the following line items with this payment.  
(After applying this payment and adjustments, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99203)	120.00	a04	30.00
X-RAY RT ANKLE (3VW) (73610, RT)	30.00	a04	15.00

*Note:* The A04 code means the line item was billed over the authorized fee schedule.

**Print the patient's statement and run your Self-Assessment report**

- Go to Patient Registration.
- Place the cursor next to **Mr. Samuels**.
- Type *prst* and press the **ENTER** key to print the patient's statement.
- Type *cs36* and press the **ENTER** key to print your self-assessment.
- The following documents are available to turn in for your assignment:
  - Self-assessment for CS36
  - Patient statement
  - CMS-1500 insurance form

(These prints are found in the **View Prints** PDF queue.)

**This concludes Case Study CS36**

# Release of Information Forms and Letters

## B

### Screen reader versions

- Blue Cross & Blue Shield letter . . . . . 638
- Charles Anderson ROI form for BC/BS . 639
- Nationwide Insurance letter . . . . . 640
- Charles Anderson personal ROI form . . 641

## Blue Cross & Blue Shield of Michigan

Regina Watkins  
Blue Cross & Blue Shield of Michigan  
14201 W Saginaw Highway  
Lansing, MI 46353

February 8, 2023

Medical Care  
1847 Ruddiman Drive  
North Muskegon, MI 49445

RE: Request for Charles T Anderson's medical records  
DOB: 12/02/1975, SSN: 255-65-6376

To Whom it May Concern:

I am requesting the medical records of Charles T Anderson's left ankle pain, case number 732467. Please find enclosed a release of information authorization signed by Mr. Anderson.

If you have any questions, please call me at 231-555-8548.

Sincerely,

Regina Watkins

Regina Watkins  
Patient Services Representative

## Release of Information

Patient Name: *Charles T Anderson*Case Number: *732467*DOB: *12/02/1975*I, *Charles T Anderson*

HEREBY AUTHORIZE:

(Please print: First Name, Middle Initial, Last Name)

**The release of information to the individual or company shown below:**

Name:

*Regina Watkins*

Company/Organization:

*Blue Cross / Blue Shield of Michigan*

Mailing Address:

*14201 W Saginaw Highway*

City/State/Zip:

*Lansing, MI 46353*

Fax #:

*231.555.5262*

Phone Number:

*231.555.8269*

**The following Protected Health Information may be released:**

- Psychiatric Evaluation   
 Report Cards/Transcripts   
 Immunizations   
 Medical History & Physical  
 Consultation Reports   
 Discharge Summaries   
 Progress Notes   
 Treatment Plans  
 Lab/EKG/Xray   
 Plan of Care   
 Other:

Verbal Authorization for \_\_\_\_\_ to speak with \_\_\_\_\_

**For the following purpose or purposes:** (if the individual initiates the authorization and does not want to provide a purpose, enter "at the request of the individual"):

- at the request of the individual   
 sharing with other health care providers as needed  
 SSA determination   
 other (please describe): *for review of care*

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

**If not previously revoked, this authorization is a one-time event or expires on the following date:**

This is a one-time event, or until this date : \_\_\_\_\_ (mm/dd/ccyy)

**I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.**

Signed: *Charles T Anderson*Date: *February 10, 2023*

(Signed by the individual whose Protected Health Information is to be used or disclosed by this authorization)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of person representing the individual whose Protected Health Information is requested to be disclosed)

Source of Authority: \_\_\_\_\_

(Please indicate the source of your authority to request the individual's protected health information, such as, parent or legal guardian)

Print Name/Department: \_\_\_\_\_

Date: \_\_\_\_\_

(Please print: First Name, Middle Initial, Last Name and Department of Employee processing this authorization)

## Nationwide Insurance

Robert Duvally  
Nationwide Insurance  
One Nationwide Plaza  
Columbus, OH 43215

February 10, 2023

Medical Care  
1847 Ruddiman Drive  
North Muskegon, MI 49445

RE: Request for Charles T Anderson's medical records  
Case #732467, DOB: 12/02/1975, SSN: 255-65-6376

To Whom it May Concern:

I am requesting any and all medical records in your possession for Charles T Anderson's left ankle pain.

If you have any questions, please call me at 231-555-8548.  
Sincerely,

Robert Duvally

Robert Duvally

Claims Center Manager



## Release of Information

Patient Name: *Charles T Anderson*Case Number: *732467*DOB: *12/02/1975*I, *Charles T Anderson*

HEREBY AUTHORIZE:

(Please print: First Name, Middle Initial, Last Name)

### The release of information to the individual or company shown below:

Name: *Charles T Anderson*

Company/Organization:

Mailing Address: *123 South Main Street*City/State/Zip: *North Muskegon, MI 49445*Fax #: Phone Number: *231.555.7537*

### The following Protected Health Information may be released:

- Psychiatric Evaluation    Report Cards/Transcripts    Immunizations    Medical History & Physical  
 Consultation Reports    Discharge Summaries    Progress Notes    Treatment Plans  
 Lab/EKG/Xray    Plan of Care    Other: *any and all information*

*related to my left ankle pain case*

Verbal Authorization for \_\_\_\_\_ to speak with \_\_\_\_\_

**For the following purpose or purposes:** (if the individual initiates the authorization and does not want to provide a purpose, enter "at the request of the individual"):

- at the request of the individual    sharing with other health care providers as needed  
 SSA determination    other (please describe): *for analysis of care*

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

**If not previously revoked, this authorization is a one-time event or expires on the following date:**

This is a one-time event, or until this date : \_\_\_\_\_ (mm/dd/ccyy)

**I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.**

Signed: *Charles T Anderson*Date: *February 29, 2023*

(Signed by the individual whose Protected Health Information is to be used or disclosed by this authorization)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of person representing the individual whose Protected Health Information is requested to be disclosed)

Source of Authority: \_\_\_\_\_

(Please indicate the source of your authority to request the individual's protected health information, such as, parent or legal guardian)

Print Name/Department: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print: First Name, Middle Initial, Last Name and Department of Employee processing this authorization)

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# MedTrak - No Code Case Studies

NC

## No Code Case Studies

Using the knowledge you gained from using MedTrak, complete the following case studies. Each case study provides you with all the information you need to look up the appropriate ICD-10 and CPT codes. Once you locate the codes, you will enter them into MedTrak to enable you to produce a CMS 1500 invoice.

## No Code Case Studies

In these case studies, you will be reading the chart documentation and looking up the ICD-10 and CPT codes to enter into the visit documentation:

- NC01 - Patient contracted COVID-19 and suffers from asthma and anxiety because of it.
- NC02 - Patient presents for his semi-annual diabetes check-up and has an extensive medical history.
- NC03 - Patient presents having hurt her lower back lifting her child out of the car.
- NC04 - Patient presents with burns to his face and eyes caused by hot radiator fluid when the radiator cap popped off.
- NC05 - Patient presents with headaches, nausea, and shortness of breath from a galvanized steel welding accident.



# No Code Case Studies

## NC01 - COVID-19, Asthma, and Anxiety

### Patient chart for initial visit

Susan T. Aldrich presents to the medical facility complaining of chest discomfort, mental fogginess, and shortness of breath. She works as an administrative assistant at a local homeless shelter where she was exposed to COVID-19. She has been out of work for the past 3 months.

Her chart is on the following two pages. Use the documentation in the chart to look up the appropriate ICD-10 and CPT codes.

Enter the ICD-10 and CPT codes into MedTrak and prepare her CMS 1500 claim form after checking the accuracy of your entries by running the Self Assessment report for this case study.

The steps for entering the ICD-10 and CPT codes are on the following pages after Ms. Aldrich's chart.

ICD-10 stands for International Classification of Diseases tenth edition which is managed and published by the World Health Organization (WHO). This list contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. The ICD-10 codes provide the payers with the reasons why the patient was treated by the medical professional. The ICD-10 code list is free to use.

CPT stands for Current Procedural Terminology and is the list of codes needed to communicate the medical, surgical, and diagnostic services rendered by the medical professionals to their patients. These codes enable billing for the services by the medical office to the payers. The CPT code list is maintained by the American Medical Association who charges for its use.

So, in a nutshell, CPT codes represent the services provided by medical professionals and ICD-10 codes represent the reasons why the patients needed the services.

Your instructor will provide you with the appropriate internet links to look up the ICD-10 and CPT codes. You can also find them on your own by searching the internet.

# Patient Chart for Aldrich - page 1

PATIENT RESPONSIBILITY - NEW

Patient Chart

ALDRICH, SUSAN T. (4792P7)

Age: 38Y Birthdate: 01/12/1985 Gender: F SSN: 326-55-1782

BILATERAL LUNG (739792-9990) DOS: 09/21/23 2:41p- 3:05p

Diagnosis

Actual COVID-19 Exposure  
 Secondary Asthmatic Bronchitis, Unspecified  
 Secondary Anxiety Reaction

CARDIOVASCULAR

Heart disease: No

OB-GYN

Pregnant: No

Nursing: No

SIGNIFICANT EXPOSURES

Have you ever been exposed to hepatitis: No

CURRENT ILLNESS DATA

Are you currently ill or injured: Yes, COVID

Currently under medical care for any condition: Yes

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: BILATERAL LUNG

Source of Injury/Exposure: Working at a homeless shelter.

HISTORY CHIEF COMPLAINT:

History of Injury: Susan works at a homeless shelter. One of the clients exposed her to COVID-19 three months ago.

Symptoms: Chest discomfort, mental fogginess, shortness of breath

Onset: ten days

Treatment to Date: none

Pain scale: 3/10

PATIENT HISTORY

MEDICATIONS

Prescription Meds:

C-pap 02/09/19 When sleeping  
 Albuterol 02/09/21 Once per day

Immunosuppressive Meds:

None

Over-the-counter substances:

None

Clinic Prescriptions:

09/21/23 ALBUTEROL INHALER one inhaler

ALLERGIES

Medication Allergies:

No known drug allergies

Thimerosal Allergy:

No known history of allergies

Yeast or Yeast Product Allergy:

No known history of allergies

Respiratory, Skin Allergy:

No known history of allergies

Respiratory Allergies:

No known history of allergies

IMMUNIZATION HISTORY

Immunizations: Up to date

Tdap History: Up to date.

Hepatitis B Immunization:

Hepatitis Immunization Status: unknown

PAST MEDICAL HISTORY

Significant condition: sleep apnea

Hepatitis: No

BODY STATISTICS

Height: 5'2"

Weight: 145lbs

BMI (body mass index): 26.5

VITAL SIGNS

Blood Pressure

Systolic: 118

Diastolic: 78

Pulse: 85

Respirations: 16

Temperature: 97.7

Doctor's Checklist

PATIENT HISTORY:

Source of History: Patient

HISTORY OF CHIEF COMPLAINT: Ms. Aldrich presents with bilateral upper respiratory chest discomfort, a mental feeling of fogginess, a pressure on her chest with shortness of breath and dyspnea on exertion. She was exposed to COVID at work. She is an administrative assistant at a local homeless shelter. She contracted COVID-19 and was out as of December 2022. She is not tolerating activities. She is having shortness of breath and a burning sensation with chest pressure and intermittent dizziness.

PHYSICAL EXAM:

Constitutional/Appearance: Ms. Aldrich is alert and oriented. She is a good historian. Ears, nose, and throat are clear. There is coarse upper airway sounds. No rales. Cardiac exam is normal. Vital signs are within normal limits. Pulse oximetry is somewhat low at 96%.

ORDERS

Ancillary Studies

PULSE OXIMETRY

Notes: none

Results: 96%

Patient Chart for Aldrich - page 2

PATIENT RESPONSIBILITY - NEW

Patient Chart

ALDRICH, SUSAN T. (4792P7)

Age: 38Y Birthdate: 01/12/1985 Gender: F SSN: 326-55-1782

BILATERAL LUNG (739792-9990) DOS: 09/21/23 2:41p- 3:05p

Medications (Disp OR Rx)

Rx - ALBUTEROL INHALER

Prescribe: one inhaler

# of Refills: 3

Directions: Take 1-2 puffs every four to six hours.

Referrals / Authorizations

REHAB SERVICES - REFERRAL

Referring Physician: Healthcare Student

Type of therapy: Pacer

Body part: lungs

Frequency: Three times a week (3x)

Duration: Three weeks (3wks)

Important Points to Remember

Activity: Reduce activity. Rest and Relax.

Liquids:

Increase Fluids

Work Status

No work until next appointment.

Assessment and Plan of Care

Additional comments for plan:

Diagnostic studies / Consultant reports: Susan has COVID-19.

She also has secondary diagnoses of asthmatic bronchitis, unspecified, and anxiety reaction.

Discussion of treatment options/contingencies: Ms. Aldrich

has been referred to the PACER program (Post Acute COVID Exercise Rehabilitation) for nine visits. This is a monitored cardiac rehab essentially with monitoring of pulse and oxygen levels. She was given a Pulmicort inhaler dexamethasone to be used one puff twice daily regularly and the Albuterol only if necessary. She had had a recent negative COVID test. She will remain off work at this time until symptoms clear as per the Department of Public Health. Despite a negative swab, she is considered potentially positive for COVID. Recheck in one week.

Follow-Up Visits

There are no scheduled appointments at this time.

SUMMATION:

Condition on discharge: Fair.

Provider

Healthcare Student

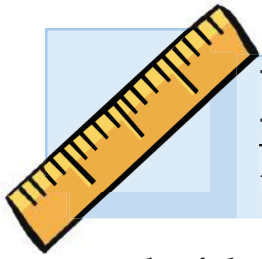
Transcribed but not read

HCS Medical Care - Healthcare Student  
Patient Chart

Date of Service: 09/21/23

PAGE - 2

Case NC01



# MedTrak Basics:

## Entering ICD-10 and CPT codes in MedTrak

Each of the MedTrak Basics' exercises is designed for you to review the processes and screens before doing the work in MedTrak. So, with that in mind, wait to do the work in MedTrak until you get to a **Do These Steps** section.

On the MedTrak Main Menu, click the *Patient Registration* button (shown below).

The screenshot shows the MedTrak Main Menu with several navigation options. The 'Patient Registration' button is highlighted with a blue box, and an arrow points to it from a callout box on the right. The callout box contains the text 'Patient Registration button'.

The Patients screen appears (shown below).

The screenshot shows the MedTrak Patients screen. The screen displays a list of patients with columns for name, date of birth, and phone numbers. A callout box on the right points to the screen with the text 'Patients screen'.

*** BEGINNING OF PATIENTS ***				
Select Patient	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Add Patient	Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Change Patient	Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Patient Notes	Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Appointments	Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Payers	Bradford, Larry J.	06/12/1987	347-27-3876	(231) 555-2442
Schedule	Campbell, Susan T.	08/18/1972	274-74-7333	(231) 555-4844
	Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894

Do These Steps  
NC01.1 ==>

1. **Sign into MedTrak**  
(You should be on the MedTrak Main Menu)
2. **Click the *Patient Registration* button**  
(You should be on the Patients screen)

## Add Susan T. Aldrich as a new patient

Using the knowledge you gained from doing the MedTrak Learning case studies from the *Medical Clinic Workflow* book or the *Billing & Reimbursement* book, add Susan T. Aldrich to the patient database. Her demographic's form is below.

Aldrich patient  
demographic  
form

### No Codes Case Study – NC01

#### Patient Registration Form

<b>Social Security Number</b>	326 - 55 - 1782
<b>Name &amp; Address</b>	
<b>Prefix (Mr., Mrs., Ms.)</b>	Ms.
<b>First name</b>	Susan
<b>Middle initial</b>	T
<b>Last name</b>	Aldrich
<b>Suffix (Jr. Sr. II, III)</b>	
<b>Address line 2</b>	1462 West Giles Ave
<b>Address line 3</b>	
<b>Address line 4</b>	
<b>City</b>	North Muskegon
<b>State</b>	MI
<b>Zip</b>	49445
<b>Other Information</b>	
<b>Home phone</b>	(231) 555-7216
<b>Date of birth</b>	01/12/1985
<b>Gender</b>	Female
<b>Marital Status</b>	Single
<b>Preferred language</b>	English
<b>Race</b>	Black or African American
<b>Ethnicity</b>	Not Hispanic or Latino



Do These Steps  
<=== NC01.2

1. Click the **Add Patient** button  
(You should be on the Patient: Add by SSN screen)
2. Type **326 55 1782** in the **SSN** field
3. Click the **Submit** button  
(You should be on the Patient: Add screen)
4. Enter Aldrich's demographic information  
(Her patient form is on the previous page)

After entering her demographic information, click the **Submit** button.

When the Company: Select screen appears (shown below), click the **Exit Screen** button because you are not registering her for a patient visit.

**MEDTRAK**  
**Company: Select**  
 FRI 09/22 11:12a  
 Select a company for ALDRICH, SUSAN T...

Search

Clinic Status Schedule Patients

Available Functions

- Select Company
- Add Company
- Change Company
- Company Contacts
- Company Notes
- Physical Exams
- Int Inj Drug Screen
- Insurance
- View Prints
- More Functions...

Page Up Page Down

*** BEGINNING OF COMPANIES ***		
<input type="checkbox"/>	..Patient Responsibility	2
<input type="checkbox"/>	AB Manufacturing 1234 Truxton Ave	1
<input type="checkbox"/>	Amwalt Manufacturing 150 Monroe NW	3
<input type="checkbox"/>	Anderson Pattern 2221 6th Street	4
<input type="checkbox"/>	Ashton Development 1 South Fourth Str	5
<input type="checkbox"/>	Benneton Supply Company 353 Howard Street	6
<input type="checkbox"/>	Birmingham Manufacturing 8877 Glade Street	7
<input type="checkbox"/>	Big Barn 453 22nd Avenue	8
<input type="checkbox"/>	Blue Skies Ventures 3682 E Malcom Stre	9
<input type="checkbox"/>	Candy Company 210 El Camino Real	10
<input type="checkbox"/>	Discovery Communications 7700 Wisconsin Ave	11
<input type="checkbox"/>	Fast Set Concrete 69 Fifth Street	12
<input type="checkbox"/>	First City Realty 123 South Main Str	13
<input type="checkbox"/>	General Medical Center 1893 W Market St.	14
<input type="checkbox"/>	Healthmatics Industries 4545 Howell Street	15
<input type="checkbox"/>	Johnson & Associates 1234 Mayfair Stree	16
<input type="checkbox"/>	Lakeshore Federal Credit Union 2183 Lakeshore Dri	17
<input type="checkbox"/>	Main Manufacturing 123 South Main Str	18
<input type="checkbox"/>	Miller Construction 111 Fountain Lane	19

(continued on next page --- continued on next page)

**Exit Screen**

Company: Select  
screen

Exit Screen  
button

The Patients screen appears again, with Aldrich added to the list of patients.

Do These Steps  
NC01.3 ==>

1. Click the **Submit** button  
(You should be on the Company: Select screen)
2. Click the **Exit Screen** button  
(You should be back on the Patients screen)

## Copying the No Codes case study

Now that you have Ms. Aldrich in your patient database, you can copy her case. The case will contain all the visit information for her visit to the medical facility other than the ICD-10 and CPT codes needed for billing.

To load the case, type **copy** next to Aldrich on the Patients screen (shown below). Then press the **ENTER** key.

The screenshot shows the MEDTRAK Patients screen. At the top, it says 'Patients' with the date 'FRI 09/22' and time '11:13a'. Below this are search and filter options: 'Patient Name' dropdown, 'Change Display Order' button, 'Active Patients Only' dropdown, and 'Change Detail Display' button. There is a search bar and a 'Search' button. Below the search bar are three icons: 'Clinic Status', 'Schedule', and 'Companies'. Underneath is an 'Available Functions' menu with options like 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', 'Visit', and 'View Prints'. The main area shows a table of patients with columns for name, birth date, and phone numbers. The row for 'Aldrich, Susan T.' has a 'copy' button highlighted in yellow next to her name.

*** BEGINNING OF PATIENTS ***			
<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
<input type="checkbox"/>	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885
<input type="checkbox"/>	Abbott, Sandy L.	06/14/1984	357-44-9393 (231) 555-6996
<input type="checkbox"/>	Aldrich, Susan T.	01/12/1985	326-55-1782 (231) 555-7216
<input type="checkbox"/>	Amaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737
<input type="checkbox"/>	Anderson, Charles T.	12/02/1975	255-65-6376 (231) 555-7537
<input type="checkbox"/>	Bailey, Darlene M.	06/16/1931	784-73-6333 (231) 555-3868

Type **copy** next to Aldrich

The Patients screen refreshes with the “**Case copied ...**” message at the top.

The screenshot shows the MEDTRAK Patients screen after the case has been copied. At the top, it says 'Patients' with the date 'FRI 09/22' and time '11:16a'. Below this is a message: 'Case copied for: NC01 - Aldrich, Susan T. ...'. Below the message are search and filter options: 'Patient Name' dropdown, 'Change Display Order' button, 'Active Patients Only' dropdown, and 'Change Detail Display' button. There is a search bar and a 'Search' button. Below the search bar are three icons: 'Clinic Status', 'Schedule', and 'Companies'. Underneath is an 'Available Functions' menu with options like 'Select Patient', 'Add Patient', and 'Change Patient'. The main area shows a table of patients with columns for name, birth date, and phone numbers. The row for 'Aldrich, Susan T.' is no longer visible in the current view.

*** BEGINNING OF PATIENTS ***			
<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
<input type="checkbox"/>	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885

Case copied message

1. You should be on the Patients screen
2. Type **copy** in the field next to **Aldrich**
3. Press the **ENTER** key  
(The Patients screen refreshes showing the case copied message)
4. Click the **Exit Screen** button  
(You should be back on the MedTrak Main Menu)

Do These Steps  
<=== NC01.4

## Determining the ICD-10 and CPT codes needed

Ms. Aldrich's patient chart is located on the third and fourth pages in this **MedTrak Basics** training document. Read her patient chart to gather all the information you need to look up the appropriate ICD-10 and CPT codes for billing her patient visit.

### DIAGNOSES

In reading her chart, the provider documented information in the **Assessment and Plan of Care** section about the diagnoses (see below)

#### Assessment and Plan of Care

##### Additional comments for plan:

**Diagnostic studies / Consultant reports:** **Susan has COVID-19. She also has secondary diagnoses of asthmatic bronchitis, unspecified, and anxiety reaction.**

With this information you can now look up the appropriate ICD-10 codes for her diagnoses. When you read carefully, you see that she has three diagnoses. The primary one is COVID-19. She also has two secondary diagnoses of Asthmatic Bronchitis and Anxiety Reaction.

**Actual COVID-19 Exposure** - primary diagnosis

**Asthmatic Bronchitis** - secondary diagnosis

**Anxiety Reaction** - secondary diagnosis

### CHARGES

Also on her chart, the clinical staff documented that Ms. Aldrich was given a **Pulse Oximetry** test, which is a chargeable event. You will need to look up the CPT code for this test.


In addition to the pulse oximetry, the doctor determined the **Evaluation and Management** complexity (E&M) of the patient's examination and treatment. This is also referred to as the **Level of Service** (LOS). You learned about the E&M coding in the *Medical Clinic Workflow* book, if you completed that MedTrak Learning book. If you did not use the *Medical Clinic Workflow* book, you will need to research evaluation and management coding on the internet.

Diagnoses

Charges

To determine the level of service CPT code (evaluation and management), you will need to access the Level of Service screen that the doctor completed during his examination of Ms. Aldrich (shown below).

Level of Service



## Level of Service

TUE 09/26 4:24p

ALDRICH, SUSAN T. (4792RJ)

BILATERAL LUNG (739807-9990)

Password \*\*\*\*\* Initials PCB Resp DOC Initials PCB

[Exit Screen](#)

**Medical Decision Making**

**Presenting Problems: Number & Complexity**

- Minimal
  - 1 self-limited or minor problem
- Low
  - 2+ self-limited or minor problems
  - 1 stable chronic illness
  - 1 acute, uncomplicated illness or injury
- Moderate
  - 1+ chronic illnesses w/ exacerbation, progression, or side effects of treatment
  - 2+ stable chronic illnesses
  - 1 undiagnosed new problem w/ uncertain prognosis
  - 1 acute illness w/ systemic symptoms
  - 1 acute complicated injury
- High
  - 1+ chronic illnesses w/ severe exacerbation, progression, or side effects of treatment
  - 1 acute or chronic illness or injury that poses a threat to life or bodily function

**Data: Analyzing & Reviewing / Amount & Complexity**

- Minimal
  - Minimal or none
- Limited (pick 1+)
  - Category 1: Tests & documents (pick 2+)
    - Review of prior external note(s) from each unique source
    - Review of the result(s) of each unique test
    - Ordering of each unique test
  - Category 2: Assessment requiring an independent historian(s)
- Moderate (pick 1+)
  - Category 1: Tests, documents, or independent historian(s) (pick 3+)
    - Review of prior external note(s) from each unique source
    - Review of the result(s) of each unique test
    - Ordering of each unique test
    - Assessment requiring an independent historian(s)
  - Category 2: Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)
  - Category 3: Discussion of management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)
- Extensive (pick 2+)
  - Category 1: Tests, documents, or independent historian(s) (pick 3+)
    - Review of prior external note(s) from each unique source
    - Review of the result(s) of each unique test
    - Ordering of each unique test
    - Assessment requiring an independent historian(s)
  - Category 2: Independent interpretation of a test performed by another physician / other qualified health care professional (not separately reported)
  - Category 3: Discussion of management or test interpretation with external physician / other qualified health care professional / appropriate source (not separately reported)

**Risk: Complications / Morbidity / Mortality**

- Minimal
- Low
- Moderate
- High

Self Assessment

As you can see on the screen shot of the level of service for Ms. Aldrich, two of the three major categories are in the high range. This will put the CPT code for the evaluation and management code at the highest level - 99205. MedTrak uses an algorithm during the provider's input of the level of service to automatically determine the appropriate CPT code. This was turned off for the **No Codes Case Studies**.

The two CPT codes needed to document the charges for the invoice are:

**Pulse oximetry**

**Level of service** - highest level for an initial visit to a doctor

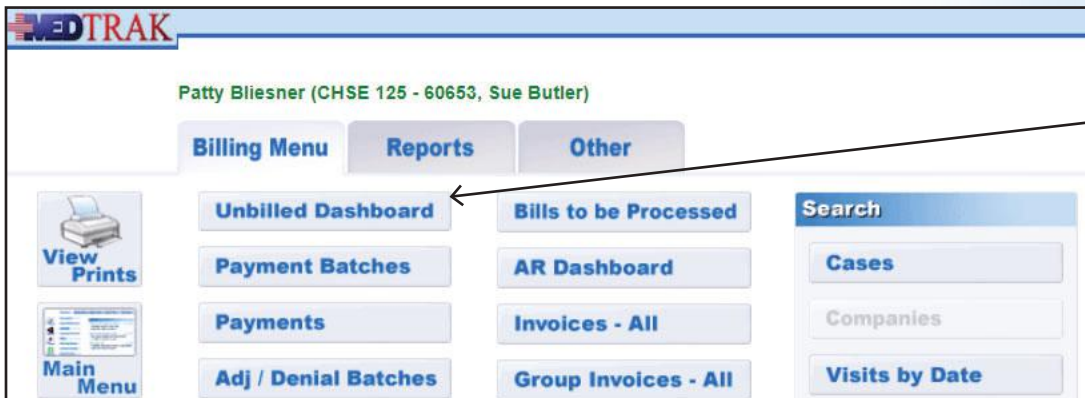
Now let's enter the ICD-10 and CPT codes in MedTrak.

## Entering the ICD-10 and CPT codes

On the MedTrak Main Menu, click the *Billing* button (shown below).



On the Billing Menu, click the *Unbilled Dashboard* button (shown below).



On the Unbilled Dashboard, click the *Charges available for review* amount (shown below). Patient Aldrich is in the **Patient** column. Even though the amount field is zero, this is where Aldrich's **No Codes Case Study** will be located. The charges are zero because no CPT codes are associated with the patient visit yet.

The Blansford and Chavez patient visits will also be located in the **Patient** column.

The Dempsey and Estrada visits will be in the **Worker's Comp** column.

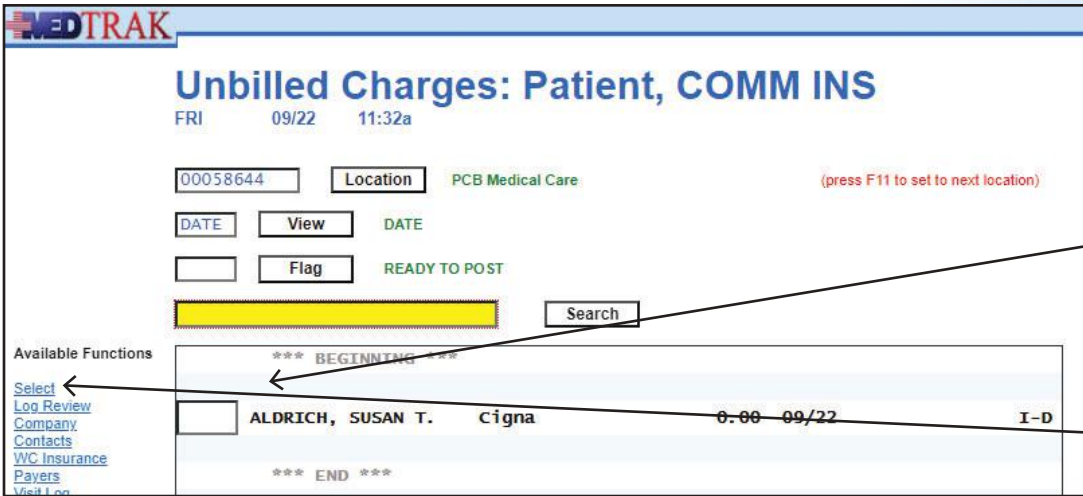
- NC01 Aldrich patient visit
- NC02 Blansford patient visit
- NC03 Chavez patient visit
- NC04 Dempsey patient visit
- NC05 Estrada patient visit

On the Unbilled Charges: Patient, Ready to Post screen, place the cursor in the field next to **COMM INS** (which stands for commercial insurance) and click the *Select Class* button (shown below). Again, even though the amount field is zero, this is where the **No Codes Case Study** will be located.

The class refers to the financial class. In this case study the financial class is commercial insurance. Medical billers like to work one financial class at a time.

- Cursor is in this field
- Select Class button

The Unbilled Charges: Patient, COMM INS appears (shown below). On this screen is the Aldrich visit. If other cases are being processed at this time, you would also see them listed.



Place the cursor here

Click the *Select* button

Place the cursor in the field next to Aldrich and click the *Select* button.

The next screen to appear is the Visit Information screen (shown below)



Do These Steps  
<=== NC01.5

1. You should be on the MedTrak Main Menu
2. Click the *Billing* button  
(You should be on the Billing Menu)
3. Click the *Unbilled Dashboard* button  
(You should be on the Unbilled Dashboard)
4. Click the *Charges available for review / Patient amount (it is zero)*  
(You should be on Unbilled Charges: Patient, Ready to Post screen)
5. Place cursor in the **COMM INS** field and click *Select Class* button  
(You should be on the Unbilled Charges: Patient, COMM INS)
6. Place the cursor next to **Aldrich** and click the *Select* button  
(You should be on Visit Information screen)

## Entering the ICD-10 codes in MedTrak

The first codes you will enter into MedTrak are the diagnoses codes (ICD-10 codes).

On the Visit Information screen, with the cursor in the field next to the **Level of Service**, type **dx** for diagnosis code (shown below).

Case NC01

Diagnosis code  
dx entered

**MEDTRAK**

### Visit Information

TUE 09/26 11:52a

ALDRICH, SUSAN T. (4792RJ)  
BILATERAL LUNG (739807-9990)

DOS: 09/26/23 Injury: 09/21/23 First: 09/21/23  
Payer: Patient Responsibility

Available Functions

Show Charges

More Functions

\*\*\* BEGINNING \*\*\*

Diagnosis - NONE.

dx Level of Service -

\*\*\* END \*\*\*

Then press the **ENTER** key. The next screen to appear is the Diagnosis: Find screen (shown below). On this screen the cursor is already in the ICD-10 field.

Cursor in the  
ICD-10 field

**MEDTRAK**

### Diagnosis: Find

TUE 09/26 11:59a

**No Diagnosis yet... - enter ICD10 and press ENTER**

ALDRICH, SUSAN T. (4792RJ)  
BILATERAL LUNG (739807-9990)

Password \*\*\*\*\* Initials PCB Resp DOC Initials PCB

Exit Screen

Main Menu

Type in some of the description of the diagnosis and click the Submit button.

ICD10 (Type in ICD10 code and click the Submit button)

To Diagnosis (Check the box and click the Submit button)

Based On Checklists (Check the box and click the Submit button)

Tree Structure (Check the box and click the Submit button)

Problem (Check the box and click the Submit button)

Body Part (Check the box and click the Submit button)

Submit



Type the ICD-10 code of **Z20.828** for **Actual COVID-19 Exposure** in the Diagnosis: Find screen (shown below).

Then click the *Submit* button to search for the diagnosis in MedTrak.

Z20.828 in the ICD-10 field

Submit button

The next screen to appear is the Add DX by ICD-10 screen (shown below). The **Actual COVID-19 Exposure** diagnosis is at the top of the list of diagnoses.

To select the COVID diagnosis, click the green X (X) next to it.

Z20.828 ICD-10 code for Actual COVID-19 Exposure

Green X button for selecting diagnosis

The Diagnosis screen appears with the message “Adding: Actual COVID-19 Exposure ...” at the top (shown below).

The screenshot shows the MedTrak interface for the 'Diagnosis' screen. At the top, there is a message: 'Adding: Actual COVID-19 Exposure...'. Below this, the patient's name 'ALDRICH, SUSAN T. (4792RJ)' and the current diagnosis 'BILATERAL LUNG (739807-9990)' are displayed. A list of 'Available Functions' is shown on the left, including 'Add Diagnosis', 'Change', 'Delete', and 'Find'. The 'Find' button is highlighted with a yellow box. A callout box on the left points to the 'Adding: Actual COVID-19 Exposure...' message with the text 'Adding diagnosis message'. Another callout box points to the 'Find' button with the text 'Find button'. A third callout box points to the 'Actual COVID-19 Exposure (Z20.828)' entry in the list with the text 'Diagnosis added to patient's record'.

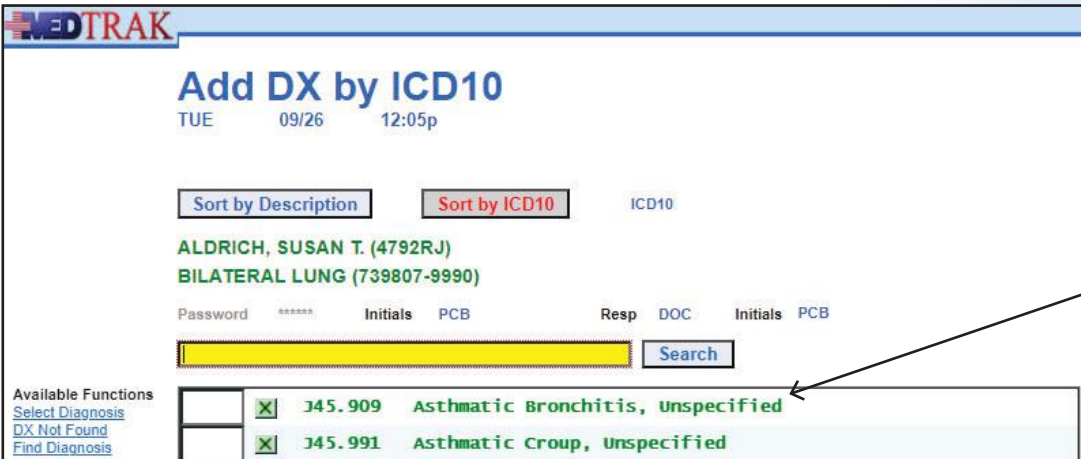
To add the next diagnosis, click the *Find* button on the Diagnosis screen. The Diagnosis: Find screen displays with the cursor in the ICD-10 field.

Type the ICD-10 code of **J45.909** for **Asthmatic Bronchitis, Unspecified** in the Diagnosis: Find screen (shown below).

The screenshot shows the 'Diagnosis: Find' screen. The patient's name 'ALDRICH, SUSAN T. (4792RJ)' and the current diagnosis 'BILATERAL LUNG (739807-9990)' are displayed. A search field is present with the ICD-10 code 'J45.909' entered. Below the search field, there are several checkboxes for filtering the results: 'Top Diagnosis', 'Based On Checklists', 'Tree Structure', 'Problem', and 'Body Part'. A 'Submit' button is located at the bottom of the search area. Callout boxes on the left point to the 'J45.909' in the ICD-10 field with the text 'J45.909 in the ICD-10 field' and to the 'Submit' button with the text 'Submit button'.

Then click the *Submit* button to search for the diagnosis in MedTrak.

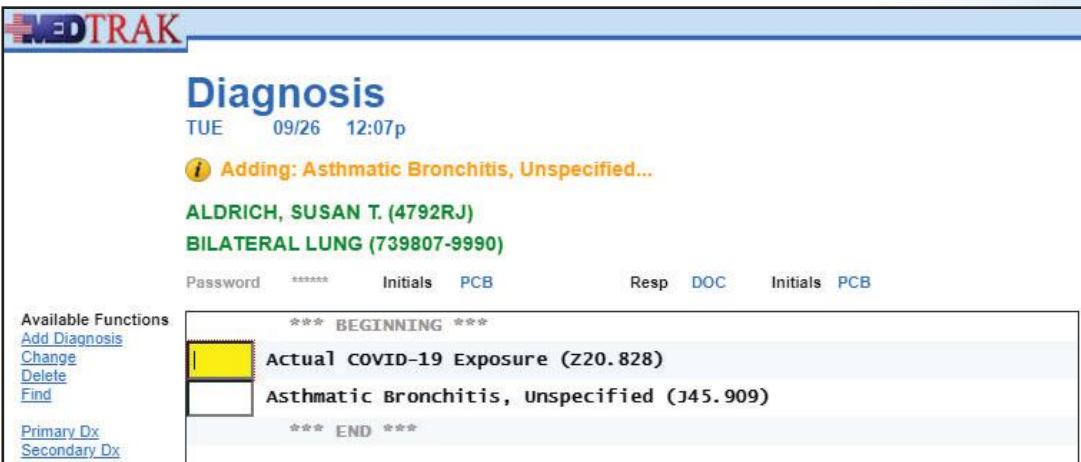
The next screen to appear is the Add DX by ICD-10 screen (shown below).



J45.909 ICD-10 code for Asthmatic Bronchitis, unspecified

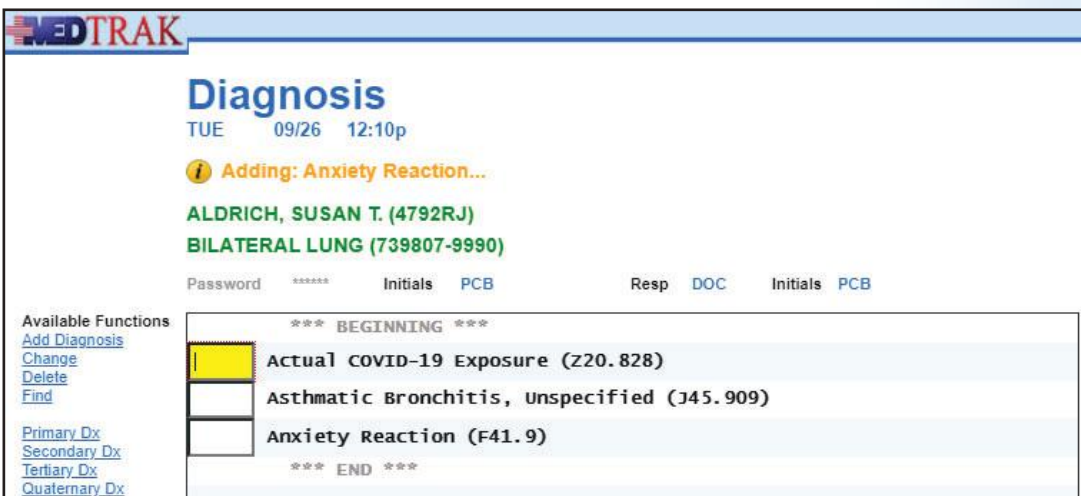
To select the **Bronchitis** diagnosis, click the green X (X) next to it.

The Diagnosis screen re-appears showing the addition of the **Bronchitis** diagnosis (shown below).



Using the same process, add the **Anxiety Reaction** diagnosis (F41.9).

The Diagnosis screen now displays all three diagnoses (shown below).



Do These Steps  
NC01.6 ==>>

1. On the **Visit Information** screen type **dx** and press the **ENTER** key  
(You should be on the **Diagnosis: Find** screen)
2. Type **Z20.828** in the **ICD-10** field
3. Click the **Submit** button or press the **ENTER** key  
(You should be on the **Add DX by ICD-10** screen)  
(The **Z20.828 - Actual COVID-19 Exposure** diagnosis should be at the top of the list)
4. Click the green **X** next to the **COVID** diagnosis  
(You should be on the **Diagnosis** screen)  
(The **Actual COVID-19 (Z20.828) Exposure** diagnosis displays)
5. Click the **Find** button  
(You should be on the **Diagnosis: Find** screen)
6. Type **J45.909** in the **ICD-10** field
7. Click the **Submit** button or press the **ENTER** key  
(You should be on the **Add DX by ICD-10** screen)  
(The **Asthmatic Bronchitis (J45.909), Unspecified** diagnosis should be at the top of the list)
8. Click the green **X** next to the **Bronchitis** diagnosis  
(You should be on the **Diagnosis** screen)  
(Both the **COVID** and **Bronchitis** diagnoses appear)
9. Click the **Find** button  
(You should be on the **Diagnosis: Find** screen)
10. Type **F41.9** in the **ICD-10** field
11. Click the **Submit** button or press the **ENTER** key  
(You should be on the **Add DX by ICD-10** screen)  
(The **Anxiety Reaction (F41.9)** diagnosis should be at the top of the list)
12. Click the green **X** next to the **Anxiety** diagnosis  
(You should be on the **Diagnosis** screen)  
(The **COVID, Bronchitis, and Anxiety** diagnoses appear)

Now that we have all three diagnoses attached to Ms. Aldrich’s visit, the order of the diagnoses needs to be confirmed. Even though the diagnoses were entered in the right order, the diagnosis records need to be updated with the order number.

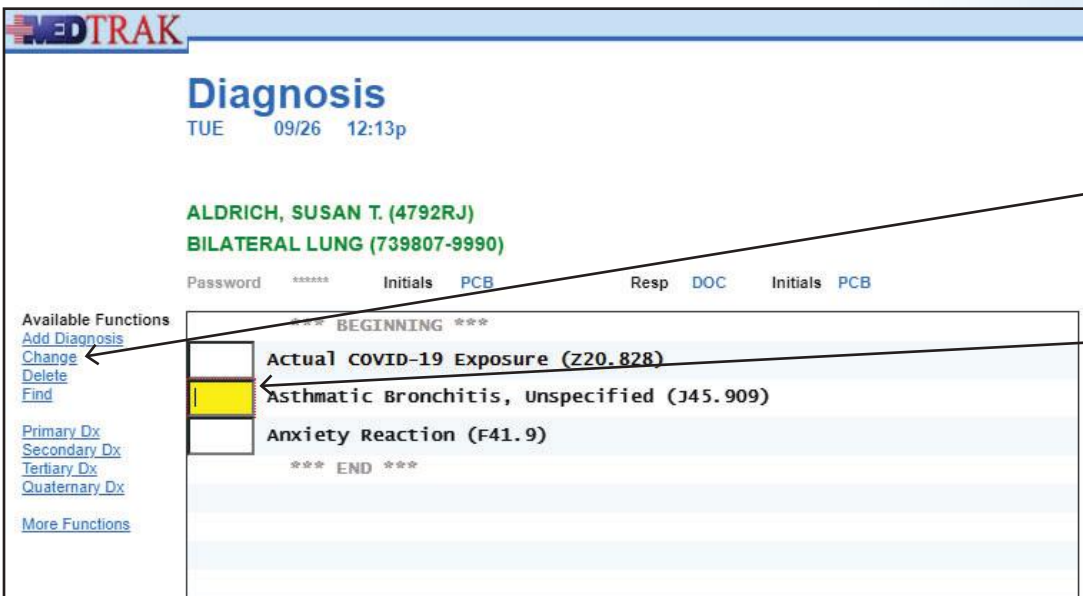


On the Diagnosis screen place the cursor next to the **COVID** diagnosis and click the *Primary Dx* button. This makes the COVID diagnosis the primary one.

Place the cursor next to the **Bronchitis** diagnosis and click the *Secondary Dx* button to make it the secondary diagnosis.

Place the cursor next to the **Anxiety** diagnosis and click the *Tertiary Dx* button to make it the tertiary diagnosis.

For billing purposes however, the payer will want both the **Bronchitis** and **Anxiety** diagnoses to have the secondary modifier added for accuracy in the chart. With the cursor in the field next to the **Bronchitis** diagnosis, click the *Change* button.



The next screen to appear is the Change Diagnosis screen (shown below).

Diagnosis order is second

Cursor in the top modifier field

Diagnosis *Modifiers* button

**MEDTRAK**

## Change Diagnosis

TUE 09/26 12:17p

ALDRICH, SUSAN T. (4792RJ)  
BILATERAL LUNG (739807-9990)

Password \*\*\*\*\* Initials PCB Resp DOC Initials PCB

[Exit Screen](#)  
[Main Menu](#)

Dx Order: 2 (Primary = 1, Secondary = 2, Tertiary = 3, etc)

**Modifiers**

Description: Asthmatic Bronchitis, Unspecified  
ICD10 Code: J45.909

[Submit](#)

The diagnosis order (DX Order) is 2 because the *Secondary* diagnosis button was clicked.

For billing purposes, the the **Secondary** diagnosis modifier also needs to be added to the chart. To add the **Secondary** modifier, with the cursor in the top modifier field, click the *Modifiers* button. The next screen to appear is the Diagnosis Modifiers: Select screen (shown below).

**MEDTRAK**

## Diagnosis Modifiers: Select

TUE 09/26 12:18p

**Please select Diagnosis Modifiers...**

Available Functions

[Submit Selection](#)

\*\*\* BEGINNING \*\*\*

- A - Anterior
- ACUT - Acute
- BEG - Beginning
- BHX - By History
- BI - Bilateral
- CHR - Chronic
- DEEP - Deep

[Page Up](#) [Page Down](#)

The **Diagnosis Modifiers** are in alphabetical order. To be able to select the **Secondary** modifier, click the *Page Down* button twice. The Diagnosis Modifiers: Select screen now displays the third screen of options (shown below).

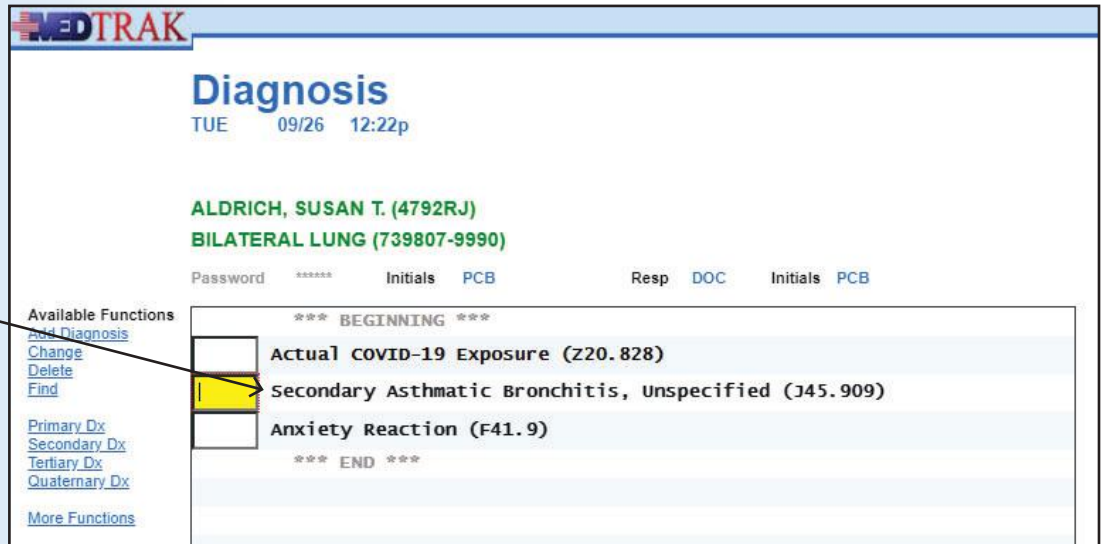
Secondary diagnosis modifier

To select the **Secondary** modifier, click the *2ND - Secondary* button or check the box next to the modifier and click the *Submit Selection* button.

The Change Diagnosis screen re-appears showing the **Secondary** modifier selected for the **Bronchitis** diagnosis (shown below).

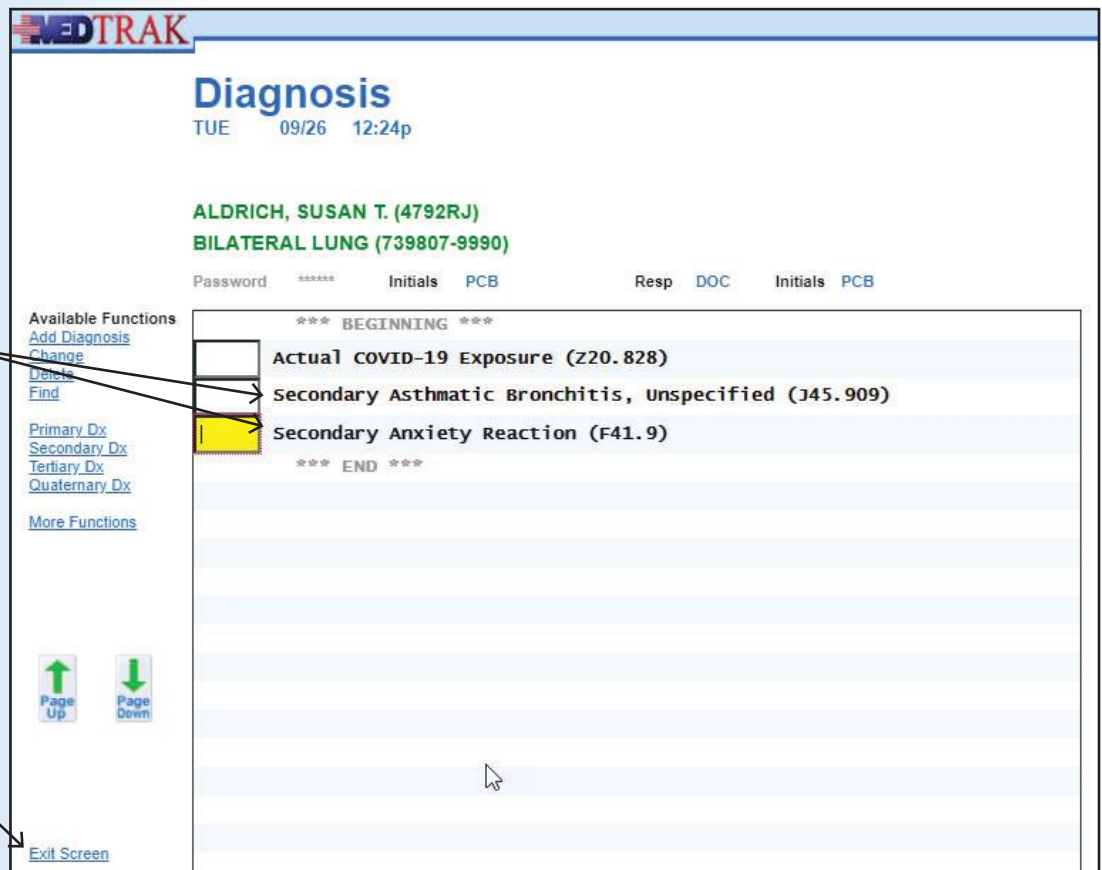
Secondary diagnosis modifier

To add the modifier to the **Bronchitis** diagnosis, click the *Submit* button or press the *ENTER* key. The *Diagnosis* screen re-appears showing the **Secondary** modifier added to the **Bronchitis** diagnosis (shown below).



Using the same process, add the **Secondary** modifier to the **Anxiety** diagnosis.

On the *Diagnosis* screen with the cursor next to the **Anxiety** diagnosis, click the *Change* button, then click the *Modifiers* button, then *Page Down* twice and select the **Secondary** modifier, click the *Submit Selection* button or press the *ENTER* key, and the **Secondary** modifier is added (shown below).





This completes adding the diagnoses to Ms. Aldrich's patient visit record. Click the *Exit Screen* button to return to the Visit Information screen (shown below).

The screenshot shows the MEDTRAK interface for a patient visit. At the top, it says 'Visit Information' with the date 'TUE 09/26' and time '12:24p'. Below that, patient information is listed: 'ALDRICH, SUSAN T. (4792RJ)' and 'BILATERAL LUNG (739807-9990)'. Further down, it shows 'DOS: 09/26/23 Injury: 09/21/23 First: 09/21/23' and 'Payer: Patient Responsibility'. On the left, there are 'Available Functions' including 'Show Charges' and 'More Functions'. The main area displays a list of diagnoses under the heading '\*\*\* BEGINNING \*\*\*': 'Actual COVID-19 Exposure (Z20.828)', 'Secondary Asthmatic Bronchitis, Unspecified (J45.909)', and 'Secondary Anxiety Reaction (F41.9)'. Below the diagnoses is a 'Level of Service -' field with a yellow box. The list ends with '\*\*\* END \*\*\*'.

Show Charges  
button

Three diagnoses

1. You should be on the Diagnosis screen
2. With the cursor next to **COVID**, click the *Primary Dx* button
3. With the cursor next to **Bronchitis**, click the *Secondary Dx* button
4. With the cursor next to **Anxiety**, click the *Tertiary Dx* button
5. With the cursor next to **Bronchitis**, click the *Change* button  
(You should be on the Change Diagnosis screen)
6. With the cursor in the top modifier field, click *Modifiers* button  
(You should be on Diagnosis Modifiers: Select screen)
7. Page down twice to the last diagnosis modifiers screen  
(You should still be on the Diagnosis Modifiers: Select screen)
8. Click the *2ND - Secondary* button or check the box in front of it  
(You should be back on Change Diagnosis screen)  
(The **2nd Secondary** modifier is in the top modifier field)
9. Click the *Submit* button or press the *ENTER* key  
(You should be back on the Diagnosis screen)  
(The **Secondary** modifier is in front of the **Bronchitis** diagnosis)
10. Now add the *2ND - Secondary* modifier to the **Anxiety** diagnosis  
(Like you did for the **Bronchitis** diagnosis)
11. Click the *Exit Screen* button  
(You should be back on the Visit Information screen)  
(The three diagnoses appear on the screen)

Do These Steps  
<=== NC01.7

## Entering the charges - CPT codes

From the Visit Information screen, click the *Show Charges* button to enter the charges. Because there are no charges yet for Ms. Aldrich's patient visit, the first screen to appear is the Line Item Charge Detail screen (shown below).

**MEDTRAK**

### Line Item Charge Detail

TUE 09/26 4:28p

**No charges yet...**

**ALDRICH, SUSAN T. (4792RJ)**  
**BILATERAL LUNG (739807-9990)**

Password \*\*\*\*\* Initials PCB

[Exit Screen](#)

[Main Menu](#)

Sort Field: 999  
 Description:  
 Rate:  
 Quantity: 1

Charge Amount:  
 Paid: -  
 Adjusted: -  
 Refunded: +  
 Balance Due: =

CPT Code:   
 Modifiers:     
 HCPCS:   
 NDC:   
 DX Numbers:

TIN ID: MASTER  
 Component: T  
 IIDS:   
 On Invoice #:   
 Frgn Bill Code:

**Submit**

Line Item Charge Detail screen

The first CPT code to enter on the Line Item Charge Detail screen is **99205** for the level of service (shown below).

**MEDTRAK**

### Line Item Charge Detail

TUE 09/26 4:28p

**No charges yet...**

**ALDRICH, SUSAN T. (4792RJ)**  
**BILATERAL LUNG (739807-9990)**

Password \*\*\*\*\* Initials PCB

[Exit Screen](#)

[Main Menu](#)

Sort Field: 999  
 Description:  
 Rate:  
 Quantity: 1

Charge Amount:  
 Paid: -  
 Adjusted: -  
 Refunded: +  
 Balance Due: =

CPT Code: 99205  
 Modifiers:     
 HCPCS:   
 NDC:   
 DX Numbers:

Level of Service

99205 CPT code

After entering the CPT code, click the *Submit* button or press the *ENTER* key to search for the code.

The Line Item Charge Detail screen refreshes showing the results of searching the MedTrak database for the CPT code of **99205** is the **Office Visit - Level of Service** with a rate of \$250.00 (shown below).

The screenshot shows the MedTrak interface with the following details:

- Header:** MEDTRAK logo, "Line Item Charge Detail", "TUE 09/26 4:31p", and a message: "Click SUBMIT or press ENTER to confirm..."
- Patient Info:** ALDRICH, SUSAN T. (4792RJ), BILATERAL LUNG (739807-9990), Password \*\*\*\*\* Initials PCB
- Navigation:** Exit Screen, Main Menu
- Search Results Table:**

Sort Field	999
Description	Office Visit - Level of Service
Rate	250.00
Quantity	1
- Charge Amount Summary:**

Charge Amount	
Paid	-
Adjusted	-
Refunded	+
Balance Due	=
- Additional Fields:** CPT Code 99205, Modifiers, HCPCS, NDC, DX Numbers, TIN ID MASTER, Component T, IIDS , On Invoice #, Frgn Bill Code
- Action:** Submit button

Showing results of search for 99205 CPT code

Because this is the correct CPT code, you confirm the code by clicking the *Submit* button or pressing the *ENTER* key.

The Line Item Charge Detail screen refreshes with the message at the top of "Successful add - ready to add another..." (shown below).

The screenshot shows the MedTrak interface with the following details:

- Header:** MEDTRAK logo, "Line Item Charge Detail", "TUE 09/26 4:32p", and a message: "Successful add - ready to add another..."
- Patient Info:** ALDRICH, SUSAN T. (4792RJ), BILATERAL LUNG (739807-9990), Password \*\*\*\*\* Initials PCB
- Navigation:** Exit Screen, Main Menu
- Search Results Table:**

Sort Field	999
Description	
Rate	
Quantity	1
- Charge Amount Summary:**

Charge Amount	
Paid	-
Adjusted	-
Refunded	+
Balance Due	=

Successful add message

The second CPT code to enter on the Line Item Charge Detail screen is **94760** for the **Pulse Oximetry** order (shown below).

Pulse Oximetry order

94760 CPT code

The screenshot shows the MedTrak interface with the title "Line Item Charge Detail". At the top, it displays "TUE 09/26 4:35p". Below this, the patient information is "ALDRICH, SUSAN T. (4792RJ) BILATERAL LUNG (739807-9990)". There are fields for "Password \*\*\*\*\*", "Initials PCB", and "PCB". A table shows the following details:

Sort Field	999
Description	
Rate	
Quantity	1
Charge Amount	
Paid	-
Adjusted	-
Refunded	+
Balance Due	=
CPT Code	94760
Modifiers	

There are three empty boxes for modifiers to the right of the CPT code field.

After entering the CPT code, click the *Submit* button or press the *ENTER* key to search for the code.

The Line Item Charge Detail screen refreshes showing the results of searching the MedTrak database for the CPT code of **94760** is the **Pulse Oximetry** with a rate of \$6.00 (shown below).

Showing results of search for 94760 CPT code

The screenshot shows the MedTrak interface with the title "Line Item Charge Detail". At the top, it displays "TUE 09/26 4:38p". A message at the top says "Click SUBMIT or press ENTER to confirm...". Below this, the patient information is "ALDRICH, SUSAN T. (4792RJ) BILATERAL LUNG (739807-9990)". There are fields for "Password \*\*\*\*\*", "Initials PCB", and "PCB". A table shows the following details:

Sort Field	999
Description	PULSE OXIMETRY
Rate	6.00
Quantity	1

Because this is the correct CPT code, you confirm the code by clicking the *Submit* button or pressing the *ENTER* key.

The Line Item Charge Detail screen refreshes with the message at the top of "Successful add - ready to add another..." (shown below).

Successful add message

The screenshot shows the MedTrak interface with the title "Line Item Charge Detail". At the top, it displays "TUE 09/26 4:39p". A message at the top says "Successful add - ready to add another...". Below this, the patient information is "ALDRICH, SUSAN T. (4792RJ) BILATERAL LUNG (739807-9990)". There are fields for "Password \*\*\*\*\*", "Initials PCB", and "PCB".

Because there are only two CPT codes to enter for Ms. Aldrich, click the [Exit Screen](#) button to display the [Visit Charges](#) screen showing both charges (shown below).

**MEDTRAK**

## Visit Charges

TUE 09/26 4:40p

**ALDRICH, SUSAN T. (4792RJ)**  
**BILATERAL LUNG (739807-9990) \$256.00**

1. Z20.828 Actual COVID-19 Exposure 3. F41.9 2ND Anxiety Reaction  
 2. J45.909 2ND Asthmatic Bronchitis, Unspecified

Password \*\*\*\*\* Initials PCB

Available Functions  
[Post Charges](#)  
[Change](#)  
[Ignore](#)  
[Add](#)  
[Show Other Info](#)  
[Supplemental Info](#)  
[View Prints](#)  
[More Functions](#)

*** BEGINNING ***		
office visit - Level of Service (99205)		250.00
PULSE OXIMETRY (94760)		6.00
*** END ***		

[Visit Charges](#) screen showing two charges and three diagnoses

1. On the [Visit Information](#) screen, click the [Show Charges](#) button  
(You should be on the [Line Item Charge Detail](#) screen)
2. Type **99205** in the **CPT Code** field
3. Click the [Submit](#) button or press the **ENTER** key  
(The [Line Item Charge Detail](#) screen refreshes)  
(The description for the **99205** CPT code appears with the rate)
4. Click the [Submit](#) button or press the **ENTER** key to confirm code  
(The [Line Item Charge Detail](#) screen refreshes)  
(The “**Successful add, ready to add another**” message displays)
5. Type **94760** in the **CPT Code** field
6. Click the [Submit](#) button or press the **ENTER** key  
(The [Line Item Charge Detail](#) screen refreshes)  
(The description for the **94760** CPT code appears with the rate)
7. Click the [Submit](#) button or press the **ENTER** key to confirm code  
(The [Line Item Charge Detail](#) screen refreshes)  
(The “**Successful add, ready to add another**” message displays)
8. Click the [Exit Screen](#) button  
(You should be back on the [Visit Charges](#) screen)  
(Both the CPT codes and descriptions display)

Do These Steps  
 <=== NC01.8

## Running the Self Assessment report

Now it is time to check the ICD-10 and CPT codes entered for accuracy by running the **Self Assessment** for this case study.

Do These Steps  
NC01.9 ==>

1. You should still be on the Visit Charges screen
2. Type **NC01** in any command field  
(NC stands for no code and 01 is the case number)
3. Press the **ENTER** key  
("Self Assessment sent to printer/queue..." message appears)
4. Click the **View Prints** button  
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed  
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **NC01** report.
7. You must have a 100% (error free) report before continuing.

## Posting the charges to create an invoice

Now that you know the diagnoses and charge codes are correct, you can post the charges to create the invoice.

To post the Aldrich charges to create the invoice, click the **Post Charges** button.

The Unbilled Charges: Patient, COMM INS screen refreshes with the Aldrich visit removed because it was billed (shown below). Also, the "**Post completed ...**" message appears.

Post completed message

Unbilled Charges: Patient, COMM INX screen not showing the Aldrich visit

1. Click the ***Post Charges*** button  
(The Unbilled Charges: Patient, COMM INS screen refreshes)  
(The Aldrich visit does not appear)  
(The message “**Post completed ...** appears)
2. Click the ***Exit Screen*** button  
(You should be on Unbilled Charges: Patient, Ready to Post)
3. Click the ***Exit Screen*** button again  
(You should be on Unbilled Dashboard)
4. Click the ***Exit Screen*** button again  
(You should be back on Billing Menu)
5. Click the ***Exit Screen*** button again  
(You should be back on MedTrak Main Menu)

Do These Steps  
<=== NC01.10

## Printing the invoice

If your instructor wants you to print the CMS1500 for this case study once you achieve 100% accuracy, do the steps listed below.

1. From the MedTrak Main Menu, click the ***Billing*** button  
(You should be on the Billing Menu)
2. On the Billing Menu, click the ***Bills to be Processed*** button  
(You should be on the Bills Ready to be Processed screen)
3. Click the ***Bills to be Processed*** button  
(You should be on the Bills Ready to be Processed screen)
4. Place the cursor next to the **Insurance - CMS1500** field
5. Click the ***View Bills*** button  
(You should be on the Invoices, Unprinted, CMS1500, Not Bill Elec screen)
6. Place the cursor next to the **Aldrich invoice**
7. Click the ***Print Invoice*** button or click the printer emoji  
(The “**Report sent to printer queue**” message displays)
8. Click the ***View Prints*** button  
(You should be on the Available User Reports screen)
9. Print the Aldrich CMS1500 as a PDF
10. Upload the Aldrich invoice to the assignment folder

Do These Steps  
<=== NC01.11



## No Code Case Studies

### NC02 - Blansford - Annual diabetes check-up

#### Patient chart for initial visit

Gregory R. Blansford presents to the medical facility for his semi-annual diabetes check-up. He works in software development for several educational technology companies.

Even though he is only being checked for his A1C because he has Type 2 Diabetes, he has an extensive history of heart disease, difficulty swallowing, double-vision, and several sports related injuries.

His patient demographic form follows his patient chart. Use the knowledge you gained from doing the first no code case study for Ms. Aldrich to add Mr. Blansford to the patient database. Then use the Copy command to load his patient visit documentation.

His patient visit is in the Patient amount in the Charges Available for Review section on the Unbilled Charges Dashboard.

His chart is on the following three pages. Use the documentation in the chart to look up the appropriate ICD-10 and CPT codes.

Enter the ICD-10 and CPT codes into MedTrak and prepare his CMS 1500 claim form after checking the accuracy of your entries by running the Self Assessment report for this case study.



Patient Chart for Blansford - page 1

PATIENT RESPONSIBILITY - NEW

Patient Chart

BLANSFORD, GREGORY R. (48AEJA)

Age: 68Y Birthdate: 11/19/1955 Gender: M SSN: 917-88-2362

DIABETIC EXAMINATION (740434-9990) DOS: 11/14/23 9:09a- 9:48a Room: EXAM 3

Diagnosis

Type 2 Diabetes Mellitus without complications  
 Dysphagia  
 Fourth (Trochlear) Nerve Palsy Left Eye  
 Coronary Atherosclerosis, Native Coronary Artery  
 Hyperlipidemia  
 Cervical Disc Displacement  
 Radiculopathy Cervical  
 Esophagitis  
 History of Myocardial Infarction  
 Hypertension

Diastolic: 60  
 Pulse: 55  
 Respirations: 14  
 Temperature: 97.8

NURSING OBSERVATIONS

Notes: none

Doctor's Checklist

PATIENT HISTORY:

Source of History: Patient

CHIEF COMPLAINT: Patient is being seen for his six-month A1C checkup. Patient is not suffering from any complications of diabetes at this time. Patient previously suffered a myocardial infarction in 2015 and had three stents inserted. He is in good shape, eats well, and exercises often.

HISTORY OF CHIEF COMPLAINT:

History of injury/illness: A1C has been elevated for years. He takes the maximum dosage of metFormin to help keep down his blood sugar.

Injury/illness:

Progression of symptoms: Increased since injury/onset of illness

Head / Face: No headache or history of recent trauma.

Musculoskeletal:

Neck:

Frequency of pain: Intermittent

Description of pain: Dull aching pain

Location of pain: Right side

Severity @ rest: Mild

Severity w/activity: Mild

Pain aggravated by: Lift > 15 lbs, Overhead work

Radiation of pain: Yes

Right arm to: Shoulder

Weakness: No arm weakness

EXTENDED HISTORY:

Previous infections: None

Similar injury in past: No

Work related: No

Diseases of the bone: None

Diseases of the joints: None

REVIEW OF SYSTEMS:

General: No constitutional symptoms of malaise, fever, or myalgias.

Weight: Normal

Appetite: Normal

Sleep: Normal

Constitutional: No history fever, malaise, or unexplained

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: DIABETIC EXAMINATION

HISTORY CHIEF COMPLAINT:

Symptoms: Patient has a high A1C and needs to be examined and tested every six months.

Onset: 5 years

Pain scale: 0/10

PATIENT HISTORY

MEDICATIONS

Prescription Meds:

Atorvastatin Calcium	01/01/05	Twice daily with mea
metFormin HCL 500mg	01/01/05	Twice daily with mea
Lisinopril 5mg tabs	12/25/09	1/2 tab once a day
Metoprolol Tartrate	11/04/12	Twice daily with mea

Over-the-counter substances:

Vitamin D 50 MCG tab	10/07/14	Once a day
Adult aspirin low do	12/09/16	Once a day

Clinic Prescriptions:

ALLERGIES

Medication Allergies:

None

Food Allergies:

None

Respiratory Allergies:

None

PAST MEDICAL HISTORY

Significant condition: Patient is diabetic and has a heart condition.

BODY STATISTICS

Height: 5'8"

Weight: 155lbs

BMI (body mass index): 23.6

VITAL SIGNS

Blood Pressure

Systolic: 105

Patient Chart for Blansford - page 2

PATIENT RESPONSIBILITY - NEW

Patient Chart

BLANSFORD, GREGORY R. (48AEJA)

Age: 68Y Birthdate: 11/19/1955 Gender: M SSN: 917-88-2362  
DIABETIC EXAMINATION (740434-9990) DOS: 11/14/23 9:09a- 9:48a Room: EXAM 3

weight loss.

HEENT:

Head: No history recurrent headache or recent trauma.  
Eyes: Patient diagnosed with 4th Cranial Nerve palsy of the left eye as a result of cataract surgery of the left eye.  
Ears: Adequate hearing. No pain or discharge.  
Nose: No history recurrent nasal congestion, rhinitis, epistaxis.  
Mouth / Dental: No history recurrent dental problems, infections, or lesions.  
Throat: Patient is unable to swallow large pills or chunks of food. patient also leaks fluid to the wind pipe every time he swallows.

Respiratory: No significant symptoms

Gastrointestinal: No significant symptoms

Genito-Urinary: Normal

Skin: Normal

Neurologic: Normal

Psychiatric: Normal

Hematologic / Lymphatic: Normal

Allergic / Immunologic: Normal

PAST, FAMILY, SOCIAL HISTORY (PFSH): Non-contributory

PAST MEDICAL HISTORY:

Major Medical Illnesses: Heart condition  
Major Injury: Cervical spine/neck, Knee, Shoulder  
Major Surgery: Knee, Shoulder  
Medication Allergy: No known drug allergies  
Environmental allergy: None

SOCIAL HISTORY: Non-contributory

Habits:

Smoking status: Never smoker  
Alcohol use: Occasional  
Street or IV drugs: None  
Activities Daily Life: Drive, Exercise program, Sports, Yard work  
Children living at home: None

WORK HISTORY: Non-contributory

PHYSICAL EXAM:

Constitutional/Appearance: The patient appears well developed, well nourished and in no immediate distress.  
General appearance: Pleasant and well nourished patient. No acute distress.  
Mental Status: Patient is alert and oriented to time, place and person. Mood and affect appear appropriate.  
Head & Face: No lesions, soft tissue swelling, or significant local tenderness.  
Left Eye: Patient has double vision cause by 4th cranial

nerve palsy.

Right Eye: The right eye shows no signs of infection. PERRL. EOMI.

ENT: TM's are negative. Nares patent. Throat shows no sign of infection. No nodes.

Respiratory (w/ chest): Clear to auscultation without abnormality. No respiratory distress.

Cardiovascular: Normal S1 S2 with physiologic splitting. No audible murmur, gallop, or rub. Regular apical beat. No abnormal distal pulses. No vascular abnormalities.

Heart sounds: Regular rhythm

Abdomen (Gastrointestinal): Soft, non-tender. Bowel sounds in all four quadrants. No organomegaly, masses, or hernia.

Left Flank:

Tenderness to palpation: No CVA tenderness

Right Flank:

Tenderness to palpation: No CVA tenderness

Rectal: No hemorrhoids or masses are noted.

Lymphatics: No significant adenopathy palpated of head or neck. No signs of apparent dependent lymphedema.

Neck/Back: Neck - soft supple, thyroid is midline and not enlarged. No palpable cervical or supraclavicular lymphadenopathy.

Cervical Exam: Bulging disc

Thoracic Exam: No thoracic pain or decreased range of motion is noted.

Lumbosacral Exam: No lumbar pain or decreased range of motion is noted.

Upper Extremity (LEFT):

Left Shoulder: Intact. No apparent changes.

Inspection: No redness, swelling or warmth

Tenderness to palpation: None

Range of motion: Shoulder range of motion passively and actively intact.

Upper Extremity (RIGHT):

Right Shoulder:

Inspection: Right shoulder pain

Range of motion: Shoulder range of motion passively and actively intact.

Lower Extremity (LEFT): Normal

Lower Extremity (RIGHT): Normal

Skin: The skin is normal in appearance, texture, and turgor without obvious lesions or sites of infection. No erythema, ecchymosis, scars or swelling.

Neurologic: Cranial nerves II-XII are grossly intact. No sensory changes to light touch and pinprick. Romberg test is normal. Deep tendon reflexes are two plus and

# Patient Chart for Blansford - page 3

PATIENT RESPONSIBILITY - NEW

Patient Chart  
 BLANSFORD, GREGORY R. (48AEJA)  
 Age: 68Y Birthdate: 11/19/1955 Gender: M SSN: 917-88-2362  
 DIABETIC EXAMINATION (740434-9990) DOS: 11/14/23 9:09a- 9:48a Room: EXAM 3

symmetrical.  
 Left side:  
 Cranial Nerves - Lt side:  
 Nerves 1 - 12: 4th cranial nerve palsy

ORDERS

Laboratory  
 HEMOGLOBIN A1C  
 Notes: none  
 Laboratory Report Return: 11/14/23  
 Notes: none  
 Received By: Healthcare Student  
 Results: 7.6  
 Notify Patient?: Yes

Administrative Orders  
 PATIENT NOTIFICATION  
 Notes: yes

Continue taking Continue taking all of your medications as prescribed.

Important Points to Remember  
 Activity: Normal Activity.  
 Nutritional: Continue eating a low carb diet.

Work Status  
 RETURN TO FULL work duties today

Follow-Up Visits  
 Return for next A1C check in April.

SUMMATION:  
 Condition on discharge: Good.

Provider

Healthcare Student  
 Transcribed but not read

Case NC02

## Demographic form for Blansford

## No Codes Case Study – NC02

## Patient Registration Form

**Social Security Number** 917 - 88 - 2362

**Name & Address**

**Prefix (Mr., Mrs., Ms.)** Mr.

**First name** Gregory

**Middle initial** R

**Last name** Blansford

**Suffix (Jr. Sr. II, III)**

**Address line 2** 586 Burdickville Rd

**Address line 3**

**Address line 4**

**City** North Muskegon

**State** MI

**Zip** 49445

**Other Information**

**Home phone** (231) 555-0908

**Date of birth** 11/19/1955

**Gender** Male

**Marital Status** Divorced

**Preferred language** English

**Race** White

**Ethnicity** Not Hispanic or Latino

# No Code Case Studies

## NC03 - Chavez - Left knee, hip, and back



### Patient chart for initial visit

Donna A. Chavez was lifting her toddler out of the car when she felt something pop in her lower back causing her to fall to the left side hurting her left hip and knee. Fortunately, she did not fall completely over while holding her child.

An x-ray of her lower back shows a possible ruptured disc so the physician ordered an MRI of her lower back.

Her patient demographic form follows her patient chart. Use the knowledge you gained from doing the previous case studies to add Ms. Chavez to the patient database. Then use the Copy command to load her patient visit documentation.

Her patient visit is in the Patient amount in the Charges Available for Review section on the Unbilled Charges Dashboard.

Her chart is on the following three pages. Use the documentation in the chart to look up the appropriate ICD-10 and CPT codes.

Enter the ICD-10 and CPT codes into MedTrak and prepare her CMS 1500 claim form after checking the accuracy of your entries by running the Self Assessment report for this case study.

Patient Chart for Chavez - page 1

PATIENT RESPONSIBILITY - NEW

Patient Chart

CHAVEZ, DONNA A. (479CVK)

Age: 28Y Birthdate: 12/02/1995 Gender: F SSN: 561-23-8516

LEFT KNEE, HIP, AND BACK (738319-9990) DOS: 06/05/23 2:13p- 4:52p Room: EXAM 1

Diagnosis

Displacement Lumbar Disc  
Lumbar Spinal Stenosis  
Lumbosacral Pain

Systolic: 125  
Diastolic: 85  
Pulse: 70  
Respirations: 15  
Temperature: 98

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: Lower back, left knee and hip injuries

HISTORY CHIEF COMPLAINT:

History of Injury: Patient was lifting her toddler out of the car when she felt something pop in her back causing her to flinch. When she did, she felt pain in her left knee and hip. Fortunately, she did not fall over while holding her child.

Symptoms: Left knee, hip, and back pain

Pain scale: 8/10

PATIENT HISTORY

MEDICATIONS

Prescription Meds:  
none

Over-the-counter substances:  
none

Clinic Prescriptions:

06/05/23 FLEXERIL 10MG #30  
06/05/23 IBUPROFEN TABS 800MG #21

ALLERGIES

Medication Allergies:  
No known drug allergies

PAST MEDICAL HISTORY

Significant condition: None

PAST SURGICAL HISTORY

Vertebrae / Disc Surgery: No  
Lower extremity surgery: No

PREVIOUS INJURIES

Low back or Disc injury: Previous injury to her lower back when playing high school soccer.

Knee injury: No

MUSCULOSKELETAL HISTORY

Arthritis, joint problem: No  
Muscle pain stiffness: No  
Tendinitis: No  
Back or disc problems: No

BODY STATISTICS

Height: 5'6"  
Weight: 130lbs  
BMI (body mass index): 21.0

VITAL SIGNS

Blood Pressure

NURSING OBSERVATIONS

Notes: none

Doctor's Checklist

PATIENT HISTORY:

Source of History: Patient

CHIEF COMPLAINT: Patient complains of lower back pain.

HISTORY OF CHIEF COMPLAINT: Patient was lifting her child and felt something pop in her lower back causing her to fall to the left side hurting her left hip and knee.

History of injury/illness:

Injury/illness:

Onset of symptoms: Immediate

Progression of symptoms: Increased since injury/onset of illness

Any previous treatment: None

Musculoskeletal:

Back:

Frequency of pain: Constant  
Description of pain: Sharp pain  
Location of pain: Midline  
Severity @ rest: Mild  
Severity w/activity: Severe  
Pain aggravated by: Prolonged standing, Walking  
Radiation of pain: Yes  
Left leg to: Calf  
Sensation: Intact in both legs  
Weakness: Left leg  
Bowel / Bladder Sx: No

Left hip/buttocks:

Frequency of pain: Occasional  
Description of pain: Dull aching pain  
Location of pain: Posterior  
Severity @ rest: Mild  
Severity w/activity: Moderate  
Pain aggravated by: Standing/walking  
Radiation of pain: No  
Sensation: Normal  
Weakness: No leg weakness

Left knee:

Frequency of pain: Occasional  
Description of pain: Dull aching pain  
Location of pain: Lateral

Patient Chart for Chavez - page 2

PATIENT RESPONSIBILITY - NEW

Patient Chart

CHAVEZ, DONNA A. (479CVK)

Age: 28Y Birthdate: 12/02/1995 Gender: F SSN: 561-23-8516  
LEFT KNEE, HIP, AND BACK (738319-9990) DOS: 06/05/23 2:13p- 4:52p Room: EXAM 1

Severity @ rest: Mild  
Severity w/activity: Moderate  
Pain aggravated by: Kneeling/squatting,  
Standing/walking  
Radiation of pain: No  
Sensation: Normal  
Weakness: No leg weakness  
Neurological: No headache or neurologic complaints.

EXTENDED HISTORY:

Similar injury in past: No  
Diseases of the bone: None  
Diseases of the joints: None

REVIEW OF SYSTEMS:

General: No constitutional symptoms of malaise, fever, or myalgias.  
Constitutional: No history fever, malaise, or unexplained weight loss.  
Eyes: Normal  
HEENT: Normal  
Cardiac: No significant symptoms  
Respiratory: No significant symptoms  
Gastrointestinal: No significant symptoms  
Genito-Urinary: Normal  
Musculoskeletal: Normal  
Skin: Normal  
Neurologic: Normal  
Psychiatric: Normal  
Hematologic / Lymphatic: Normal  
Allergic / Immunologic: Normal

PAST, FAMILY, SOCIAL HISTORY (PFSH): Non-contributory  
SOCIAL HISTORY:

Habits:  
Smoking status: Never smoker  
Alcohol use: Occasional  
Street or IV drugs: None  
Activities Daily Life: Child care, Drive, Exercise program, Routine household chores, Yard work  
Children living at home: Pre-school

WORK HISTORY: Non-contributory

PHYSICAL EXAM:

Constitutional/Appearance: The patient appears well developed, well nourished and in no immediate distress.  
Mental Status: Patient is alert and oriented to time, place and person. Mood and affect appear appropriate.  
Respiratory (w/ chest): Clear to auscultation without abnormality. No respiratory distress.  
Cardiovascular: Normal S1 S2 with physiologic splitting. No audible murmur, gallop, or rub. Regular apical beat.

No abnormal distal pulses. No vascular abnormalities.  
Abdomen (Gastrointestinal): Soft, non-tender. Bowel sounds in all four quadrants. No organomegaly, masses, or hernia.

Lymphatics: No significant adenopathy palpated of head or neck. No signs of apparent dependent lymphedema.

Neck/Back:

Lumbosacral Exam: Pain in her lower back.  
Inspection: Normal appearance  
Spinal curvature: Normal  
Tenderness to palpation: Marked  
Muscle spasm: Yes  
Range of motion:  
Flexion (0-90): Decreased 25%  
Extension (0-30): Decreased 25%  
Rt lateral bend (0-40): Decreased 25%  
Pain with ROM: Severe

Lower Extremity (LEFT):

Left Hip: Intact. No apparent changes.  
Left Knee: Intact. No apparent changes.  
Left Leg: Intact. No apparent changes.

Lower Extremity (RIGHT): Normal

ORDERS

Radiology

X-RAY LUMBOSACRAL (COMP)

Any Chance of Pregnancy: No  
X-ray Number: 37720

Initial Impression: The lumbosacral X-ray reveals degenerative changes, including disc space narrowing and disc bulging at the L4-L5 and L5-S1 levels. These findings are consistent with lumbar degenerative disc disease, which may contribute to the patient's lower back pain and radicular symptoms. Further clinical correlation and, if necessary, advanced imaging studies, such as MRI, may be warranted for a comprehensive evaluation.

Over-read Needed: Yes

X-RAY LT HIP (2VW)

Any Chance of Pregnancy: No  
X-ray Number: 37710  
Initial Impression: Negative  
Over-read Needed: No

X-RAY LT KNEE (3VW)

Any Chance of Pregnancy: No  
X-ray Number: 37628  
Initial Impression: Negative  
Over-read Needed: No

Patient Chart for Chavez - page 3

PATIENT RESPONSIBILITY - NEW

Patient Chart

CHAVEZ, DONNA A. (479CVK)

Age: 28Y Birthdate: 12/02/1995 Gender: F SSN: 561-23-8516

LEFT KNEE, HIP, AND BACK (738319-9990) DOS: 06/05/23 2:13p- 4:52p Room: EXAM 1

X-RAY OVER-READ

X-ray type: X-Ray Lumbosacral (comp)

X-ray number: 37720

X-ray sent to: Acme Xray

X-ray prepared by: Healthcare Student

Medications (Disp OR Rx)

Rx - FLEXERIL 10MG

Prescribe: #30

# of Refills: 0

Directions: Take one tablet at bedtime.

Rx - IBUPROFEN TABS 800MG

Prescribe: #21

# of Refills: 0

Directions: Take one tablet every eight hours with food.

Referrals / Authorizations

MRI

Referring Physician: Healthcare Student

Area to be Evaluated: lower back

Reason for Appointment: injury

Notes: Physician finds the lumbosacral X-ray reveals degenerative changes, including disc space narrowing and disc bulging at the L4-L5 and L5-S1 levels.

Scheduling Priority: As soon as possible.

Important Points to Remember

Activity: Reduce activity. Rest and Limit Use Low Back.

Ice: Lower Back---Apply ice three times a day for 20 minutes.

Assessment and Plan of Care

Additional comments for plan:

Diagnostic studies / Consultant reports: MRI needed to determine the severity of the lower back injury.

Discussion of treatment options/contingencies: Will discuss treatment steps after the MRI.

Follow-Up Visits

Return for next visit after the MRI.

SUMMATION:

Condition on discharge: fair.

Provider

Healthcare Student

Transcribed but not read



**Demographic form for Chavez**

## No Codes Case Study – NC03

**Patient Registration Form****Social Security Number** 561 - 23 - 8516**Name & Address****Prefix (Mr., Mrs., Ms.)** Ms.**First name** Donna**Middle initial** A**Last name** Chavez**Suffix (Jr. Sr. II, III)****Address line 2** 4926 Western Ave**Address line 3****Address line 4****City** North Muskegon**State** MI**Zip** 49445**Other Information****Home phone** (231) 555-2614**Date of birth** 12/02/1995**Gender** Female**Marital Status** Single**Preferred language** Spanish**Race** White**Ethnicity** Hispanic or Latino



## No Code Case Studies

### NC04 - Dempsey - Face / Eyes, Head, Left Arm

#### Patient chart for initial visit

Frank T. Dempsey presents to the medical facility with eye, face, head, and left arm injuries caused when a radiator cap popped off and the hot antifreeze and water sprayed him. He works as a truck driver for a commercial farming operation.

He has burns to his face and eyes and cannot tolerate bright light.

His patient demographic form follows his patient chart. Use the knowledge you gained from doing the first no code case study for Ms. Aldrich to add Mr. Dempsey to the patient database. Then use the Copy command to load his patient visit documentation.

His patient visit is in the Worker's Comp amount in the Charges Available for Review section on the Unbilled Charges Dashboard.

His chart is on the following two pages. Use the documentation in the chart to look up the appropriate ICD-10 and CPT codes.

Enter the ICD-10 and CPT codes into MedTrak and prepare his CMS 1500 claim form after checking the accuracy of your entries by running the Self Assessment report for this case study.

# Patient Chart for Dempsey - page 1

OCC MED - NEW

Patient Chart

DEMPSEY, FRANK T. (479CVL) / BIRMINGHAM MANUFACTURING (7)  
 Age: 36Y Birthdate: 03/11/1987 Gender: M SSN: 629-13-4677  
 FACE,EYES, HEAD, LEFT ARM (738322-9990) DOS: 06/05/23 6:54p- 3:59p Room: EXAM 5

Diagnosis

Chemical Conjunctivitis Right Eye  
 Chemical Conjunctivitis Left Eye

-----  
 This visit does not meet the definition of first aid.  
 -----

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: FACE,EYES, HEAD, LEFT ARM  
 1st Person History: Patient states, " The radiator cap popped off spraying him in the face and left arm with hot antifreeze and water."  
 Date of Injury: 08/05/23  
 Initial Visit: 06/05/23  
 Time of Injury: 4pm  
 Job Performing at time of injury/accident: truck driver  
 Pain scale: 7/10  
 Current Working Status: Currently Working.

PATIENT HISTORY

MEDICATIONS

Prescription Meds:  
 None  
 Immunosuppressive Meds:  
 None  
 Over-the-counter substances:  
 None  
 Clinic Prescriptions:  
 06/05/23 ERYTHROMYCIN OPHTH OINT 3.5gm  
 06/05/23 IBUPROFEN TABS 800MG #21

ALLERGIES

Medication Allergies:  
 None  
 Food Allergies:  
 None  
 Respiratory Allergies:  
 None  
 Jewelry, Nickel, Metal Allergy:  
 None

IMMUNIZATION HISTORY

Tdap History: Up to date.

PAST MEDICAL HISTORY

Significant condition: None

SKIN

Rashes, eruptions: No

HEENT

Eye trouble or vision problems: No

OCCUPATIONAL HISTORY:

How long have you worked for this employer? One to two

years.

BODY STATISTICS

Height: 5'10"  
 Weight: 185lbs  
 BMI (body mass index): 26.5

VITAL SIGNS

Blood Pressure  
 Systolic: 102  
 Diastolic: 66  
 Pulse: 63  
 Respirations: 15  
 Temperature: 98.2

VISUAL ACUITY

WITHOUT CORRECTION:  
 Distance Right 20 / 20  
 Distance Left 20 / 20

Doctor's Checklist

PATIENT HISTORY:

Source of History: Patient  
 HISTORY OF CHIEF COMPLAINT: Mr. Frank T. Dempsey works as a truck driver for Astroid Farms. He was involved in a work related incident this morning. He states that a radiator top popped off spraying him in the face with hot antifreeze and water. He has first degree burns to his face and eyes. His eyes are very red and irritated. He states he cannot tolerate bright light and is having a burning sensation to his forehead and cheeks as well. He was initially seen at the hospital where he was told he burned his eyes. He was not given any medication or other treatment suggestions. He is here today for further evaluation. Hospital records have been requested, not yet received.

EXTENDED HISTORY: This is a 100% AOE-COE injury due to the industrial incident. Mr. Dempsey has no prior such injuries and no underlying medical problems. No allergies.

PHYSICAL EXAM:

Constitutional/Appearance: Mr. Frank T. Dempsey is alert and oriented. He is photophobic on exam. The eye exam is significant for scleral hyperemia and edema very diffusely. No focal Fluorescein uptake. Lids are somewhat swollen to the upper lids bilaterally. No lesions to the undersurface of either upper or lower lids. The forehead, nose and cheek skin is all red and irritated. No other reaction. No rash. No ulcerations, etc. No blisters. Ears, nose and throat are otherwise clear.

Patient Chart for Dempsey - page 2

OCC MED - NEW

Patient Chart

DEMPSEY, FRANK T. (479CVL) / BIRMINGHAM MANUFACTURING (7)  
 Age: 36Y Birthdate: 03/11/1987 Gender: M SSN: 629-13-4677  
 FACE,EYES, HEAD, LEFT ARM (738322-9990) DOS: 06/05/23 6:54p- 3:59p Room: EXAM 5

ORDERS

Laboratory

BRTH ALC TEST-NIDA (IIDS)  
 Test Number: 973638  
 Results: Negative  
 Etoh: Negative

Treatment (HEENT/Systems)

INSPECTION LT EYE

Inspection Procedure: Eye tray used. Proparacaine Hcl instilled into eye. Eye was stained and examined. Initial value of PH. Second value of PH. Eye was examined by slit lamp. Eye inspected by eversion. Gentamycin ophthalmic ointment applied  
 Dressing: Gentamycin ophthalmic ointment applied. No dressing applied to eye.

INSPECTION RT EYE

Inspection Procedure: Eye tray used. Proparacaine Hcl instilled into eye. Eye was stained and examined. Initial value of PH. Second value of PH. Eye was examined by slit lamp. Eye inspected by eversion. Gentamycin ophthalmic ointment applied Pred mild ophthalmic drops used.  
 Dressing: Gentamycin ophthalmic ointment applied. No dressing applied to eye.

Medications (Disp OR Rx)

Rx - ERYTHROMYCIN OPHTH OINT  
 Prescribe: 3.5gm  
 # of Refills: 0  
 Directions: Apply two to four times a day to affected eye(s).  
 Rx - IBUPROFEN TABS 800MG  
 Prescribe: #21  
 # of Refills: 0  
 Directions: Take one tablet every eight hours with food.

ice intermittently for the next two days. He will use erythromycin ophthalmic ointment 2 to 3 times daily to his eyes and he has been placed on ibuprofen 800 mg to be taken three times daily. He may return to temporary alternate work duties. Avoid direct sunlight and heat. Indoor work only. Recheck Monday. I would anticipate release to full duty on Monday.

Follow-Up Visits

In one week.

Other Instructions

Communication to the patient:  
 Verbal and written instructions to the patient.  
 Patient understands and has no questions.

Medications

Continue taking medications.  
 Permanency:  
 No permanent disability expected.

SUMMATION:

Condition on discharge: Good.

Case Information

Job Title: Mechanic  
 Injury Date: 08/05/23  
 Work Location: Birmingham Manufacturing plant

Provider

Healthcare Student  
 Transcribed but not read

Important Points to Remember

Eyes Wear your eye protection. Don't rub eyes.

Work Status

RETURN TO MODIFIED work duties today. If no modified duty is available, patient needs to be placed off work (TTD)."

Work Restrictions

We Encourage the Following:  
 \* Indoor work only.

Assessment and Plan of Care

Additional comments for plan:  
 Discussion of treatment options/contingencies: Mr. Dempsey has been instructed on ice to his face, cool compresses and

## Demographic form for Dempsey

### No Codes Case Study – NC04

#### Patient Registration Form

**Social Security Number** 629 - 13 - 4677

#### Name & Address

**Prefix (Mr., Mrs., Ms.)** Mr.

**First name** Frank

**Middle initial** T

**Last name** Dempsey

**Suffix (Jr. Sr. II, III)**

**Address line 2** 792 Burdickville Rd

**Address line 3**

**Address line 4**

**City** North Muskegon

**State** MI

**Zip** 49445

#### Other Information

**Home phone** (231) 555-6521

**Date of birth** 03/11/1987

**Gender** Male

**Marital Status** Married

**Preferred language** English

**Race** White

**Ethnicity** Not Hispanic or Latino



# No Code Case Studies

## NC05 - Estrada - Headaches, Nausea, Breathing

### Patient chart for initial visit

Juan S. Estrada presents to the medical facility with a headache, nausea, and shortness of breath caused by inhaling fumes from welding. He is an iron worker at the state prison and was welding galvanized steel without wearing a mask. Welding galvanized steel emits toxic lead fumes.

This exposure requires lead testing in this state and abatement techniques if lead is present. He is here today with headaches and a burning sensation in his upper airway, and hoarseness.

His patient demographic form follows his patient chart. Use the knowledge you gained from doing the first no code case study for Ms. Aldrich to add Mr. Estrada to the patient database. Then use the Copy command to load his patient visit documentation.

His patient visit is in the Worker's Comp amount in the Charges Available for Review section on the Unbilled Charges Dashboard.

His chart is on the following two pages. Use the documentation in the chart to look up the appropriate ICD-10 and CPT codes.

Enter the ICD-10 and CPT codes into MedTrak and prepare his CMS 1500 claim form after checking the accuracy of your entries by running the Self Assessment report for this case study.

# Patient Chart for Estrada - page 1

OCC MED - NEW

Patient Chart

ESTRADA, JUAN S. (479CVM) / MILLER CONSTRUCTION (19)  
 Age: 34Y Birthdate: 10/15/1989 Gender: M SSN: 816-22-4062  
 HEADACHE, NAUSEA, SHORTNESS OF BREATH (738324-9990) DOS: 06/06/23 7:56a- 9:56a Room: PROC

Diagnosis

Gas, Fumes, Vapor Inhalation Noxious  
 Pneumonitis

-----  
 This visit does not meet the definition of first aid.  
 -----

Clinical Notes

CURRENT PROBLEM

CHIEF COMPLAINT: HEADACHE, NAUSEA, SHORTNESS OF BREATH  
 1st Person History: Patient states, "While welding galvanized steel without a mask, the gases emitted enveloped him causing a headache, nausea, and shortness of breath."

Date of Injury: 06/06/23  
 Initial Visit: 06/06/23  
 Time of Injury: Noon  
 Job Performing at time of injury/accident: welder  
 Pain scale: 8/10  
 Current Working Status: Currently Working.

PATIENT HISTORY

MEDICATIONS

Prescription Meds:  
 None  
 Over-the-counter substances:  
 None  
 Clinic Prescriptions:  
 06/06/23 PROVENTIL HFA INHALER one inhaler

ALLERGIES

Medication Allergies:  
 None  
 Food Allergies:  
 None  
 Respiratory Allergies:  
 None

PAST MEDICAL HISTORY

Significant condition: None

PAST SURGICAL HISTORY

Abdominal Surgery: No  
 Hernia surgery: No

GASTROINTESTINAL

Ulcer or G.I. Bleeding: No  
 Digestive organs, liver: No  
 Hemorrhoids: No

GENITO-URINARY

Urinary tract problem: No

OCCUPATIONAL HISTORY:

How long have you worked for this employer? Over two years.

BODY STATISTICS

Height: 5'9"  
 Weight: 209lbs  
 BMI (body mass index): 30.9

VITAL SIGNS

Blood Pressure  
 Systolic: 132  
 Diastolic: 82  
 Pulse: 78  
 Respirations: 16  
 Temperature: 97.8

VISUAL ACUITY

WITHOUT CORRECTION:  
 Distance Right 20 / 13  
 Distance Left 20 / 13

NURSING OBSERVATIONS

Notes: None

-----  
 Doctor's Checklist

PATIENT HISTORY:

Source of History: Patient  
 HISTORY OF CHIEF COMPLAINT: Mr. Juan S. Estrada works at the state prison. He is an iron worker there. He states he was welding galvanized steel without a mask. He does have a face plate for eye protection due to the ultraviolet radiate, but did not have a face mask. Welding galvanized steel does emit toxic lead fumes as doing simple rebuild construction, etc. requires lead testing in this state and abatement techniques if lead is present. He is here today with a burning sensation in his upper airway, hoarseness with expiration. No frank wheezing. He is having headaches and general chest aching pain.

EXTENDED HISTORY: He has no outside activities that would be causative or aggravating. He denies any prior such exposure and he denies any underlying medical problems or other activities that would be aggravating.

PHYSICAL EXAM:

Constitutional/Appearance: Physical exam: Mr. Estrada is alert and oriented. He is in discomfort with deep breathing expiration, which causes a coarse upper airway and results in coughing somewhat poorly controlled with coughing. He has normal vital signs with a pulse oximetry of 96% slightly lower than anticipated, otherwise no specific abnormalities to vital signs. Vision is normal. Crania nerves II-XII are symmetric. Mental status is normal and lungs have full and equal excursion with coarse upper airway on expiration and

Patient Chart for Estrada - page 2

OCC MED - NEW

Patient Chart

ESTRADA, JUAN S. (479CVM) / MILLER CONSTRUCTION (19)

Age: 34Y Birthdate: 10/15/1989 Gender: M SSN: 816-22-4062

HEADACHE, NAUSEA, SHORTNESS OF BREATH (738324-9990) DOS: 06/06/23 7:56a- 9:56a Room: PROC

reflex coughing with full inspiration and with expiration. No wheeze. Hear sound are normal. Pulses are 2/2 to all extremities.

Work Status

No work until next appointment.

Assessment and Plan of Care

Additional comments for plan:

Diagnostic studies / Consultant reports: PFT shows overall normal spirometry. See attached. Blood work has been drawn for lead level. Note: There is no baseline available.

Discussion of treatment options/contingencies: Mr. Estrada has been placed on ibuprofen and a Proventil inhaler. He was given a tetanus immunization. He will return here in one week.

ORDERS

Laboratory

BLOOD DRAW FEE

Specimen Number: 37628

SPECIMEN HANDLING FEE

Specimen Number: 37628

CBC W/DIFF W/PLATELET

Ancillary Studies

ECG W/CARDIO INTERP

SPIROMETRY WITH REPORT

Results: Normal

Treatment (Medications)

TD (ADULT TET/DIPH)

Dosage: 0.5cc

Lot Number: 673622

Expiration Date: 12/31/27

Manufacturer: Abvee

Route: Intramuscular

Site: 1d

DEPO-MEDROL INJECTION

Dose: 1

Route: Intramuscular

Lot Number: 883923

Expiration Date: 12/31/26

Medication Supplies: Work comp therapeutic/diagnostic injection. ml(s) Depo-Medrol 80mg injection administered.

Site: Right Deltoid

KETOROLAC INJ

Dose: 1

Route: Intramuscular

Lot Number: 456373

Expiration Date: 12/31/26

Medication Supplies: Work comp therapeutic/diagnostic injection. Ketorolac 60mg/2ml injection administered.

Site: Left Deltoid

Medications (Disp OR Rx)

Rx - PROVENTIL HFA INHALER

Prescribe: one inhaler

# of Refills: 0

Directions: Take 1-2 puffs every four to six hours.

Follow-Up Visits

Patient to return next week.

Other Instructions

Communication to the patient:

Verbal and written instructions to the patient.

Patient understands and has no questions.

Permanency:

No permanent disability expected.

SUMMATION:

Condition on discharge: Good.

Case Information

Job Title: Welder

Injury Date: 06/06/23

Work Location: Miller Construction warehouse

Provider

Healthcare Student

Transcribed but not read



**Demographic form for Estrada**

## No Codes Case Study – NC05

**Patient Registration Form****Social Security Number** 816 - 22 - 4062**Name & Address****Prefix (Mr., Mrs., Ms.)** Mr.**First name** Juan**Middle initial** S**Last name** Estrada**Suffix (Jr. Sr. II, III)****Address line 2** 3175 Oak Street**Address line 3****Address line 4****City** North Muskegon**State** MI**Zip** 49445**Other Information****Home phone** (231) 555-1112**Date of birth** 10/15/1989**Gender** Male**Marital Status** Divorced**Preferred language** English**Race** White**Ethnicity** Hispanic or Latino

## Functions Keys

Use F2 to add another record on list processors

Use F3 to exit the screen and go back one screen

Use F5 to refresh the **Clinic Status** screen

Use F6 to toggle between patient name and the chief complaint on the **Clinic Status** screen

Use F7 to page up on a list processor

Use F8 to page down on a list processor

Use F9 to exit to the **Main Menu**

Use CONTROL plus the F key to search for specific elements such as buttons, text, and other content.

## Screen Commands

To access the screen commands when the cursor is in a command field on a list processor:

Use F1 to access screen commands specific to that list processor

# Glossary

**Aftercare instructions** The directives from the physician for the patient when they leave the medical facilities and include information about how to self-treat their illness or injury, what the patient can and can't do, how to take the prescribed medications, and when to return to the medical facility.

**Allergies** The patient's allergy information includes the substance causing the allergy and the type of allergic reaction. Depending on the presenting problem, the type of allergy could be respiratory, dermatologic, gastrointestinal, and includes drug allergies.

**Application services provider (ASP)** A computer software business that offers its services over the internet. All users share the same programs and database thus saving money. MedTrak Systems, Inc. is an application services provider of health care educational software.

**Assessment** The provider's opinion of what is right and what is wrong based on the patient's condition.

**Audit log** An audit log is a historical record of all additions, changes, and deletions to a record of information in a database. MedTrak records all user activity in a variety of audit logs.

**Balance bill** The process of billing the balance on an invoice to the next payer. The balance remaining after the primary payer has paid all that they will pay is then balance billed to the secondary payer.

**Billing editor** Staff member who reviews the billing codes produced by the computer assisted coding EHR system for accuracy and completeness.

**Body statistics** The patient's body statistics include the person's weight and height, and in the case of babies their head circumference.

**Chart locator** Tracking the location of every patient record and who accesses it.

**Clearing house** A company that aggregates the health care bills from multiple medical facilities and electronically transmits them to the appropriate payers.

**Clinical decision support (CDS)** Rules that are automatically generated in real-time based on the data elements included in the problem list, medication list, patient demographics, and laboratory test results.

**Coinsurance percentage** The portion of the medical bill that the insurance company requires a patient to pay. This coinsurance percentage applies to the total bill across all line items.

**Computer assisted coding (CAC)** Automates the majority of the application of the appropriate CPT and ICD codes needed for billing by attaching the codes to clinical documentation.

**Computerized provider order entry (CPOE)** Automates the process of placing patient orders by the providers. Providers choose from a list of potential orders based on the patient's presenting problems.

**Contributory factors of evaluation and management services** Counseling, coordination of care, and the nature of the presenting problem.

**Copayment** A set amount of money that a patient's insurance company requires the patient to pay for each office visit. The copayment is typically applied to the evaluation and management level of service line item.

**Core objectives** The set of 17 objectives required for eligible professionals to qualify for the Medicare and Medicaid incentive program are the Core Objectives.

**Diagnosing** The process of identifying the conditions or symptoms that are the reason(s) for the patient's visit and then converting the reasons to the appropriate ICD code(s).

**Dispensed medications** Medications that are given to the patient to take with them when they leave the medical facility.

**Employee health** The review and preventative care for the employees of companies through the use of pre-employment examinations, annual physicals, drug testing, TB testing, and immunizations such as vaccinations and flu shots.

**Employee health (visit type)** Visits where the employer is responsible for the charges and the employee needs a company physical examination, a company related preventative health medication, or has a work related injury

(workers compensation). This is also referred to as occupational health.

**Enforcement Rule** Provides the standards for complying with the **Privacy Rule** and the **Security Rule**.

**ePrescribing** The electronic ordering of prescriptions by a physician that are transmitted directly to the pharmacy over the internet.

**Evaluation and management services** Also called levels of service, these determine the cost of the professional services. As of January 2021, the selection process for physician's to determine the level of service for an office or other outpatient visit must be based on either time spent or medical decision making.

**Extended history** Information related to any similar injuries in the past and whether it is work related.

**Face-time** The time that the physician spends talking directly to the patient while they are examining the patient and discussing treatment options.

**Family doctor** Typically a primary care physician who is concerned with your health over a period of time.

**Family history** Information related to the health of the patient's mother, father, and siblings.

**Financial class** The grouping of like payers by the billing staff for financial reporting purposes. An example would be all group health insurance companies might be classified as commercial insurance.

**Global billing period** The period for a surgical procedure (either 10 days, or 90 days) during which time the medical facility cannot bill for any office visits unless the patient is diagnosed with another presenting problem.

**HIPAA** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 protects worker's health care insurance when they change or lose their job. Also included in the act are provisions to protect the security and privacy of health care data.

**History of the chief complaint**

Information related to the injury or illness such as how it happened, its symptoms, and any previous treatment for it.

**Key components of evaluation and management services** History, examination, and medical decision making.

**Levels of service** Also called evaluation and management services. As of January 2021, the selection process for physician's to determine the level of service for an office or other outpatient visit must be based on either time spent or medical decision making.

**Meaningful Use** The set of health care quality measures that physicians need to capture to improve individual patient care and our nation's overall health care system.

**Medical decision making** The elements of medical decision making are: Number and complexity of the presenting problems. Amount and complexity of the data analyzed and reviewed. Risk of complications of patient management including morbidity and mortality.

**Medical history** Information related to similar illnesses or injuries in the past. Other medical history questions include how the current injury happened or when the current illness started. Also, questions will cover the patient's past surgical history.

**Medical processes** Medical processes are like business and manufacturing processes that can be broken down into the detailed steps needed for completion.

**Medical workflow** Every detailed clinical step in the process of caring for a patient from the time that the patient first contacts the medical facility until their medical care is completed.

**Medications** Drug name, drug strength, dosage, and directions for both prescription and over-the-counter medications.

**Menu objectives** The set of 6 objectives where 3 of the 6 are required to qualify for the Medicare and Medicaid incentive program.

**Most likely orders** Orders for diagnostics and tests that would most likely be needed based on the presenting problems. These order choices are displayed for selection by the physician to save them time when placing orders.

**Nursing observations** The thoughts and impressions that the nurse (medical assistant) have regarding the patient's condition. These might include such observations as "the patient appears anxious or nervous" or "the patient appears to be intoxicated".

**Objective findings** What the provider determines based on their examination of the patient.

**Occupational health (visit type)** Visits where the employer is responsible for the charges and the employee needs a company physical examination, a company related preventative health medication, or has a work related injury (workers compensation). This is also referred to as employee health.

**Order codes** In MedTrak, names created by the physician for common orders (those that are placed frequently). The order codes can be up to ten characters in length and must be unique to the physician. Two different physicians can actually use the same order code name to designate different orders.

**Over-read** A secondary x-ray reading, by a radiologist, to confirm or refute the initial wet read by the physician.

**Past history** Information related to major medical illnesses, major injuries, surgeries, and allergies to medications and the environment.

**Patient responsibility** Patients who will be paying for their own medical services (self pay) or a guarantor will be paying, or the patient's health insurance company.

**Personal reason** Visits where the patient is responsible for the charges, or their guarantor (if the patient is under 18 years of age), or their group health insurance carrier.

**Physical examination** Objective information related to the patient's systems and presenting illness or injury.

**Plan** The provider's method for treating the patient's condition.

**Prescribed medications** Prescribed medications are those that the patient procures from a pharmacy based on the physician's authorization.

**Primary care** Everyday health care needs including the management of chronic illnesses like heart disease, diabetes, and high blood pressure.

**Primary payer** The first entity to be billed for medical services.

**Privacy Rule** Provides a patient, or the patient's designated representative, the right to access the patient's medical and billing records, to copy the records, and

to provide the records to others, including individuals and companies.

**Problem-focused system** An EHR that aligns suggested questions for the clinical staff and the doctor to aid in clinical decisions, the appropriate orders in the CPOE, and instructions for the patient based on the patient's presenting problems.

**Professional services** The face-time spend by the physician with a patient obtaining their history, doing examinations, evaluations, treatments, conferring with other professionals, and suggesting preventative health measures.

**Providers** Physicians, physician's assistants, nurse practitioners, chiropractors, rehab therapists, and any other health care professional who schedules appointments with patients.

**Quality control question** A question in the workflow steps of an order that must be answered by the clinician.

**Quaternary payer** The entity to be billed for any medical services not paid by the primary, secondary, and tertiary payers.

**Real reason for visit** Sometimes when patients register at the front desk, they will not tell the front desk person the real reason for needing to see the doctor. The patient might not even tell the nurse (medical assistant) the real reason. They will only tell the doctor.

**Real-time workflow** The view of the medical facility which shows the current status of every patient currently being treated.

**Reason(s) for visiting** The patient's reason(s) for visiting a physician can range from the common cold to a multiple injury motor vehicle accident.

Other reasons could be for an annual physical examination or a TB test.

**Recovery Act (ARRA)** The American Recovery and Reinvestment Act of 2009 (ARRA) refers to the government's incentive program to provide reimbursement to eligible professionals and hospitals for using EHR technology.

**Referral** When the treating physician sends the patient to see a specialist who possesses the medical skills and knowledge that is beyond the scope of the treating physician.

**Release of information** The process set up by a medical facility to coordinate the access to a patient's medical record.

**Results pending** Results pending are incomplete charting situations where the clinical staff is waiting for the results of a test or consultation with a specialist.

**Revenue cycle management** The control of the patient's healthcare information related to the accounting and payment of services from the time that the patient schedules an appointment until their account is paid in full.

**Review of systems** The patient's responses to questions about their mental health, eyes, ears, nose, throat, heart, lungs, stomach, urinary tract, muscles and bones, skin, and nerves.

**Rules-based methodology** The use of specialized dashboards designed to model medical workflow, screen sequences to automatically step users through data capture, functionality attached to clinical objects to complete their characteristics, and sequences of questions to enable evidence-based actions.

**Scheduled testing** Medical testing that requires specialized equipment to analyze a patient's condition on a scheduled basis.

**Security rule** Sets the standards for protecting the confidentiality, integrity, and availability of PHI in an electronic health record (EHR) format.

**Secondary payer** The entity to be billed for any medical services not paid by the primary payer.

**SOAP notes** Subjective and Objective findings regarding the patient's condition, and the provider's Assessment and Plan of care (SOAP).

**Social history** Information related to whether the patient has a family living at home, what activities the patient participates in, and whether the patient drinks alcohol, uses tobacco, or uses drugs.

**Specialist** A provider who possesses the medical skills and knowledge of a particular type of medicine needed by the patient.

**Status of a referral** The current step in the referral process from pending approval through the review of the results by the referring physician.

**Subjective findings** Subjective findings are the patient's description of medical history and current injury or illness.

**Subscriber** The subscriber for an insurance policy is the person in whose name the insurance is registered. For example, if an employee of a company has a spouse who is covered, the employee is the subscriber, but the spouse is not.

**Tax identification number** The government assigned number used for reporting to the government. For an individual, this is their social security number. For a business, it is call their tax identification number.

**Tertiary payer** The entity to be billed for any medical services not paid by both the primary and secondary payers.

**Time spent** When using time spent to determine the level of service, the physician must provide a medically appropriate history and/or examination.

**Touch-screen** Touch-screen computer devices enable the user to physically touch the screen to enter data and select options for processing.

**Tracking a referral** Tracking a referral is the process of accounting for every step in the process of a referral from ordering through scheduling and all the way through reporting back to the referring physician.

**Urgent care** Patients with immediate health issues that occur on a daily basis and can be resolved in one or two office visits such as colds, bladder infections, and cuts. Urgent care treatment is typically done at an urgent care clinic or in the emergency department of a hospital.

**Vital signs** The patient's vital signs include their pulse, blood pressure, respiration rate, and temperature.

**Voice recognition** Enable the user to speak to the computer and have their words translated into content and commands.

**Waiting times** The amount of time that the patient is waiting for a clinician to next step in the care of the patient.

**Wet read** The initial read of an x-ray by a physician.

**Workers' compensation** Workers' compensation physicians work with injured employees who are hurt on the job whether it is musculoskeletal injury or an exposure to heat or a chemical. These physicians are contracted by the employer to provide this care.

**Workflow steps** The individual detailed processes that must be completed when performing an order for patient.