Attachment BB- National Ambulatory Medical Care Survey 2012: Patient Record Form – CPT Code Pretest

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OMB No. 0920-0234: Approval expires 03/31/2013

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NAMCS | FAQ | Exit/F10 | Practice | Care_Visits | EMR | Rev_Cont | NewPat_Comp | Pat_Appts | Asthma | CAMs | PRF | Patient Information | Vital Signs | Injury or Poisoning | Continuity

1 of 1 PRF's MRN: NAMCS PATIENT INFORMATION

♦ Enter Office Number
- ○ 1. 1

♦ Enter the patient's medical record number

♦ Date of visit (arrival) (Format MM/DD/YYYY)

♦ Patient's 5 digit zip code.
(Enter "1" if homeless)

_____-____

♦ Date of birth

♦ Age

♦ Enter time period
- ○ 1. Years
- ○ 2. Months
- ○ 3. Days

♦ Sex
- ○ 1. Female
- ○ 2. Male

♦ Is patient pregnant?
- ○ 1. Yes
- ○ 2. No

♦ Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus

♦ Last menstrual period - Month/Day/Year

♦ Ethnicity
- ○ 1. Hispanic or Latino
- ○ 2. Not Hispanic or Latino

♦ Race
(Enter all that apply, separate with commas)
- ☐ 1. White
- ☐ 2. Black/ African-American
- ☐ 3. Asian
- ☐ 4. Native Hawaiian/ Other Pacific Islander
- ☐ 5. American Indian/ Alaska Native

♦ Expected source(s) of payment for THIS VISIT.
(Enter all that apply, separate with commas)
- ☐ 1. Private Insurance
- ☐ 2. Medicare
- ☐ 3. Medicaid
- ☐ 4. Worker's compensation
- ☐ 5. Self-pay
- ☐ 6. No charge /Charity
- ☐ 7. Other
- ☐ 8. Unknown

♦ Tobacco Use
- ○ 1. Not current
- ○ 2. Current
- ○ 3. Unknown

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1 of 1 PRF's MRN: NAMCS Vital signs

- Height (feet)
- Height (centimeters)
- Height (inches)
- Weight (pounds)
- Weight (kilograms)
- Weight (ounces)
- Weight (gm)
- Temperature
- Temperature type
  - 1. Celsius
  - 2. Fahrenheit
- Blood Pressure - SYSTOLIC
  Refers to the top number of the blood pressure measurement.
- Blood pressure - DIASTOLIC
  Refers to the bottom number of the blood pressure measurement.
  Enter 998 for P, PAL, DOPP, or DOPPLER

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1 of 1 PRF's MRN: NAMCS INJURY/POISONING/ADVERSE EFFECT

- Is this visit related to an injury, poisoning, or adverse effect of medical treatment?
  - 1. Yes, injury/trauma
  - 2. Yes, poisoning
  - 3. Yes, adverse effect of medical treatment
- Is this injury/poisoning unintentional or intentional?
  - 1. Yes, unintentional
  - 2. Yes, intentional
- Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words.
  Enter the "most important" complaint/symptom/reason first
- Locate the reason for visit in the look-up table.
  Enter XXX if reason cannot be found
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  Enter XXX if reason cannot be found

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1 of 1 PRF's MRN: NAMCS Continuity of care

- Are you the patient's primary care physician?

  ○ 1. Yes ○ 2. No ○ 3. Unknown

- Was patient referred for this visit?

  ○ 1. Yes ○ 2. No ○ 3. Unknown

- Has the patient been seen in your practice before?

  ○ 1. Yes, established patient ○ 2. No, new patient

- How many past visits to this clinic in the last 12 months? (Exclude this visit)

- Major reason for this visit

  ○ 1. New problem (<3 mos. onset)
  ○ 2. Chronic problem, routine
  ○ 3. Chronic problem, flare-up
  ○ 4. Pre/Post surgery
  ○ 5. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

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1 of 1 PRF's MRN: NAMCS Providers diagnosis for this visit

- As specifically as possible, list diagnoses related to this visit including chronic conditions.
- List PRIMARY diagnoses first

- Locate the diagnosis in the look-up table. Enter "XXX" if diagnosis cannot be found

- Enter 0 if no other diagnoses

- Locate the diagnosis in the look-up table. Enter "XXX" if diagnosis cannot be found

- Enter 0 if no other diagnoses

- Locate the diagnosis in the look-up table. Enter "XXX" if diagnosis cannot be found

- Regardless of the diagnoses previously entered, does the patient now have - Enter all that apply, separate with commas

  ☐ 1. Arthritis
  ☐ 2. Asthma
  ☐ 3. Cancer
  ☐ 4. Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)
  ☐ 5. Chronic obstructive pulmonary disease (COPD)
  ☐ 6. Chronic renal failure
  ☐ 7. Congestive heart failure
  ☐ 8. Depression
  ☐ 9. Diabetes
  ☐ 10. Hyperlipidemia
  ☐ 11. Hypertension
  ☐ 12. Ischemic heart disease
  ☐ 13. Obesity
  ☐ 14. Osteoporosis
  ☐ 15. None of the above

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1 of 1 PRF's MRN: NAMCS Providers diagnosis for this visit

♦ Asthma severity

- 1. Intermittent
- 2. Mild persistent
- 3. Moderate persistent
- 4. Severe persistent
- 5. Other - specify
- 6. none recorded

♦ Specify Asthma severity

♦ Asthma control

- 1. Well controlled
- 2. Not well controlled
- 3. Very poorly controlled
- 4. Other - specify
- 5. None recorded

♦ Specify Asthma control

? [F1]

♦ Select cancer type

- 0. In situ
- 1. Stage I
- 2. Stage II
- 3. Stage III
- 4. Stage IV
- 5. Unknown stage

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1 of 1 PRF's MRN: NAMCS Services

? [F1]

♦ Services

Enter all examinations, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

- 1. NO SERVICES

Examinations

- 2. Breast
- 3. Depressing screening
- 4. Foot
- 5. General physical exam
- 6. Neurologic
- 7. Pelvic
- 8. Rectal
- 9. Retinal
- 10. Skin

Blood tests

- 11. CBC
- 12. Glucose
- 13. HgbA1c (Glycohemoglobin)
- 14. Lipid profile
- 15. PSA (prostate specific antigen)

Imaging

- 16. Bone mineral density
- 17. CT scan
- 18. Echocardiogram
- 19. Other ultrasound
- 20. Mammography
- 21. MRI
- 22. X-ray

Other tests and procedures

- 23. Audiometry
- 24. Biopsy
- 25. Cardiac stress test
- 26. Chlamydia test
- 27. Colonoscopy
- 28. Electroencephalogram (EEG)
- 29. EKG/ECG
- 30. Electromyogram (EMG)
- 31. Excision of tissue
- 32. Fetal monitoring
- 33. HIV test
- 34. HPV DNA test
- 35. PAP test
- 36. Peak flow
- 37. Pregnancy/HCG test
- 38. Sigmoidoscopy
- 39. Spirometry
- 40. Tonometry
- 41. Urinalysis

Non-medication treatment

- 42. Cast/splint/wrap
- 43. Complementary and alternative medicine (CAM)
- 44. Durable medical equipment
- 45. Home health care
- 46. Mental health counseling, excluding psychotherapy
- 47. Physical therapy
- 48. Psychotherapy
- 49. Radiation therapy
- 50. Wound care

Health education /counseling

- 51. Asthma
- 52. Diet/Nutrition
- 53. Exercise
- 54. Family planning/Contraception
- 55. Growth/Development
- 56. Injury prevention
- 57. Stress management
- 58. Tobacco use/Exposure
- 59. Weight reduction

Other services not listed

- 60. Other service

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1 of 1 PRF's MRN: NAMCS Services

- Biopsy provided?
  - 1. Yes
  - 2. No
- Colonoscopy provided?
  - 1. Yes
  - 2. No
- Excision of tissue provided?
  - 1. Yes
  - 2. No
- Sigmoidoscopy provided?
  - 1. Yes
  - 2. No
- Asthma action plan given to patient?
  - 1. Yes
  - 2. No

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1 of 1 PRF's MRN: NAMCS Services

- Specify other exam/test/service
- Specify other exam/test/service
  Enter '0' if no other exam/test/services provided
- Specify other exam/test/service
  Enter '0' if no other exam/test/services provided
- Specify other exam/test/service
  Enter '0' if no other exam/test/services provided
- Specify other exam/test/service
  Enter '0' if no other exam/test/services provided

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1 of 1 PRF's MRN: NAMCS Medications & Immunization

- Were any prescription or non-prescription drugs ORDERED or PROVIDED (by any route of administration) at this visit? Include allergy shots and other biologicals. Also, include drugs prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the medication.
  - 1. Yes
  - 2. No

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- Enter drugs that were ordered, supplied, administered or continued during this visit.
  Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements.
  Enter XXX if medication cannot be found
  Enter 0 for no more

Drugs 1	1. New	2. Continued
1 Other		
Drugs 2	1. New	2. Continued
2 Other		
Drugs 3	1. New	2. Continued
3 Other		
Drugs 4	1. New	2. Continued
4 Other		
Drugs 5	1. New	2. Continued
5 Other		
Drugs 6	1. New	2. Continued
6 Other		
Drugs 7	1. New	2. Continued
7 Other		
Drugs 8	1. New	2. Continued
8 Other		
Drugs 9	1. New	2. Continued
9 Other		
Drugs 10	1. New	2. Continued
10 Other		

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1 of 1 PRF's MRN: NAMCS Providers

- Enter all providers seen at this visit, separate with commas

☐ 1. Physician
☐ 2. Physician assistant
☐ 3. Nurse practitioner/Midwife
☐ 4. RN/LPN
☐ 5. Mental health provider
☐ 6. Other
☐ 7. None

- Enter time spent, in minutes, with provider

Enter 0 if no provider seen

- Visit Disposition (Enter all that apply, separate with commas)

☐ 1. Refer to other physician
☐ 2. Return at specified time
☐ 3. Refer to ER/Admit to hospital
☐ 4. Other

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1 of 1 PRF's MRN: NAMCS Providers

♦ Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit?

○ 1. Enter 1 to Continue

	Most recent result	Date of Test
♦ Total cholesterol? (1 = yes 2 = none found)	♦ Total cholesterol ___ mg/dl	
♦ High density lipoprotein (HDL)? (1 = yes 2 = none found)	♦ HDL ___ mg/dl	
♦ Low density lipoprotein (LDL)? (1 = yes 2 = none found)	♦ LDL ___ mg/dl	
♦ Triglycerides (TGS) ? (1 = yes 2 = none found)	♦ TGS ___ mg/dl	
♦ HbA1c Glycohemoglobin ? (1 = yes 2 = none found)	♦ A1C ___ %	
♦ Fasting blood glucose (FBG) ? (1 = yes 2 = none found)	♦ FBG ___ mg/dl	

Please indicate all CPT codes associated with the current visit:

1. __/__/__/__/__
2. __/__/__/__/__
3. __/__/__/__/__
4. __/__/__/__/__
5. __/__/__/__/__
6. __/__/__/__/__
7. __/__/__/__/__
8. __/__/__/__/__
9. __/__/__/__/__
10. __/__/__/__/__
11. __/__/__/__/__
12. __/__/__/__/__
13. __/__/__/__/__
14. __/__/__/__/__
15. __/__/__/__/__

☐ No CPT codes associated with the current visit.