**Attachment B**

**Changes to 2014 Outpatient Department Patient Record Form (PRF)**

Proposed changes are indicated in **RED**.

* Modified-Expected source(s) of payment for this visit

|  |  |
| --- | --- |
| **Old** Answer list   * Private insurance * Medicare * Medicaid or CHIP * Worker’s compensation * Self-pay * No charge/Charity * Other * Unknown | **New** Answer list   * Private insurance * Medicare * Medicaid or CHIP **or other state-based program** * Worker**s’** compensation * Self-pay * No charge/Charity * Other * Unknown |

* Modified-Tobacco use

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| --- | --- |
| **Old** Answer list   * Not current * Current * Unknown | **New** Answer list   * Not current, Never * Not current, Former * Current * Unknown |

* Modified-Reason for Visit Questions

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| --- | --- |
| “Reason for Visit” Section | |
| **Old**   * Allow up to 3 lines of Reason for visit verbatim and look-up | **New**   * **Allow up to 5 lines of Reason for visit verbatim and look-up** |
| * Major reason for this visit checkboxes  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) | * Major reason for this visit checkboxes  1. New problem (<3 mos. onset) 2. Chronic problem, routine 3. Chronic problem, flare-up 4. **Pre-surgery** 5. **Post-surgery** 6. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams) |

* Modified-Injury/Poisoning/Adverse Effect Questions

|  |  |
| --- | --- |
| “Injury/Poisoning/Adverse Effect” Section | |
| **Old**   * INJURY: 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 4. No 5. Unknown | **New**   * INJURY: 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**/surgical care or adverse effect of medicinal drug** 4. No 5. Unknown |
|  | **Add new question on recent timing of injury:**   * **If INJURY=Yes, then ask, Did the injury or poisoning occur within 72 hours prior to the date and time of this visit?** |
| * Is this injury/poisoning unintentional or intentional?  1. Unintentional 2. Intentional 3. Unknown | * Is this injury/**overdose**/poisoning **intentional** or **unintentional**?   + - 1. **Intentional**       2. **Unintentional (e.g., accidental)**       3. **Intent unclear** |
|  | **Add new question for verbatim cause of injury narrative:**   * + - **“Cause of injury, poisoning, or adverse effect” verbatim** |

* Modified-Diagnosis Verbatim and Look-up Table

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| --- | --- |
| **Old**: Allow up to 3 diagnoses verbatim and Look-up table entries | **New: Allow up to 5 diagnoses verbatim and look-up table entries** |

* Modified-Checkbox list of patient’s underlying chronic conditions

|  |  |
| --- | --- |
| **Regardless of the diagnoses previously entered, does the patient now have** - | |
| *Mark all that apply.* |  |
| **Old** | **New** |
| --- | **Alcohol misuse, abuse, or dependence** |
| --- | **Substance abuse or dependence** |
| --- | **Alzheimer's disease/Dementia** |
| Arthritis | Arthritis |
| Asthma | Asthma |
| Cancer | Cancer |
| Cerebrovascular disease/History of stroke or transient ischemic attack (TIA) | Cerebrovascular disease/**stroke (CVA)** or transient ischemic attack (TIA) |
| Chronic obstructive pulmonary disease (COPD) | Chronic obstructive pulmonary disease (COPD) |
| Chronic renal failure | **Chronic kidney disease (CKD)** |
| Chronic renal failure | **End-stage renal disease (ESRD)** |
| Congestive heart failure | Congestive heart failure **(CHF)** |
| Depression | Depression |
| Diabetes | Diabetes **mellitus (DM), Type I** |
| Diabetes | Diabetes **mellitus (DM), Type II** |
| Diabetes | Diabetes **mellitus (DM), Type Unspecified** |
| --- | **History of pulmonary embolism (PE) or deep vein thrombosis (DVT)** |
| --- | **HIV Infection/AIDS** |
| Hyperlipidemia | Hyperlipidemia |
| Hypertension | Hypertension |
| Ischemic heart disease | **Coronary artery disease (CAD),** ischemic heart disease (IHD) **or history of myocardial infarction (MI)** |
| Obesity | Obesity |
| --- | **Obstructive sleep apnea (OSA)** |
| Osteoporosis | Osteoporosis |
| None of the above | None of the above |

* Modified-Services Ordered or Provided

Enter all examinations, laboratory tests, imaging, other procedures or other treatment and health education or counseling ORDERED or PROVIDED.

* NONE

**Examinations/Screenings:**

* **Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)**
* Breast
* Depression screening
* **Domestic violence screening**
* Foot
* ~~General physical exam (DELETE)~~
* Neurologic
* Pelvic
* Rectal
* Retinal/ Eye Exam
* Skin
* **Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)**

**~~Blood tests~~: Laboratory tests:**

* **Basic metabolic panel**
* CBC
* **Chlamydia test**
* **Comprehensive metabolic panel**
* **Creatinine /Renal function panel**
* **Culture** 
  + **Blood**
  + **Throat**
  + **Urine**
  + **Other**
* Glucose, **serum**
* **Gonorrhea test**
* HbA1c (Glycohemoglobin)
* **Hepatitis testing/Hepatitis panel**
* HIV test **(NEW LOCATION)**
* HPV DNA test **(NEW LOCATION)**
* Lipid profile
* **Liver enzymes/Hepatic function panel**
* PAP test **(NEW LOCATION)**
* Pregnancy/HCG test **(NEW LOCATION)**
* PSA (prostate specific antigen)
* Rapid strep test
* **TSH/Thyroid panel**
* Urinalysis **(NEW LOCATION)**
* **Vitamin D test**

**Imaging:**

* Bone mineral density
* CT scan
* Echocardiogram
* Ultrasound
* Mammography
* MRI
* X-ray

**~~Other tests and procedures~~: Procedures:**

* Audiometry
* Biopsy
* Cardiac stress test
* Colonoscopy
* **Cryosurgery (cryotherapy)/ Destruction of tissue**
* EKG/ECG
* Electroencephalogram (EEG)
* Electromyogram (EMG)
* Excision of tissue
* Fetal monitoring
* Peak flow
* Sigmoidoscopy
* Spirometry
* Tonometry
* **Tuberculosis skin testing/PPD**
* **Upper gastrointestinal endoscopy/EGD**

**~~Non-medication treatment:~~ Treatments:**

* Cast/splint/wrap
* Complementary and alternative medicine (CAM)
* Durable medical equipment
* Home health care
* Mental health counseling, excluding psychotherapy
* **Occupational therapy**
* Physical therapy
* Psychotherapy
* Radiation therapy
* Wound care

**Health education/Counseling:**

* **Alcohol abuse counseling**
* Asthma
* Asthma action plan given to patient
* **Diabetes education**
* Diet/Nutrition
* Exercise
* Family planning/Contraception
* **Genetic counseling**
* Growth/Development
* Injury prevention
* STD prevention
* Stress management
* **Substance abuse counseling**
* Tobacco use/Exposure
* Weight reduction

**Other services not listed:**

* Other service - Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other service - Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other service - Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other service - Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other service - Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Modified-Medications and Immunizations

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| --- | --- |
| **Old**: Allow up to 10 drug entries (verbatim and look-up table) | **New: Allow up to 30 drug entries (verbatim and look-up table)** |

* Modified-Visit disposition

|  |  |
| --- | --- |
| **Old**   * Mark (X) all that apply.  1. Refer to other physician 2. Return at specified time 3. Refer to ER/Admit to hospital 4. Other | **New**   * **Mark (X) all that apply**  1. **Return to referring provider** 2. Refer to other physician 3. **Return at specified time-less than 1 week** 4. **Return at specified time-1 week to less than 2 months** 5. **Return at specified time-2 months or greater** 6. **Return as needed (p.r.n.)** 7. Return to ER/Admit to hospital 8. Other |