WHAT IS AN MEDICAL VISIT?

All doctors use procedure codes for medical visits. A code number that corresponds to the level of care must by chosen by the doctor at the end of the visit to submit a bill. The fee reflects the code: the higher the code, the higher the fee. Fees are also higher for a NEW patient compared to an ESTABLISHED patient for the same level of care. Each of the following seven components are considered by the doctor when choosing the correct procedure code for your visit.

TIME: Face to face time spent with the patient varies from 5 to 65 minutes.

HISTORY and PHYSICAL EXAMINATION: A Minimal visit doesn't require the doctor to be present (nurse checks blood pressure). A Focused visit includes a brief history and exam of a single area or problem (visit for a high blood pressure). The Expanded visit includes related areas of the body for a single problem (upper respiratory infection). A Detailed or Comprehensive visit includes a review of related as well as unrelated symptoms, pertinent past medical, family, and social history and a more expansive physical examination for complex or multiple problems (uncontrolled diabetes and high blood pressure). The outpatient visit is coded at a higher level for multiple problems.

SEVERITY: How serious and what are the consequences of the presenting medical problem?

COMPLEXITY: Medical decisions are made by considering the following issues:

- What is the most probable diagnosis?
- What are the possible diagnoses, treatment, and management options?
- What tests if any, should be ordered, reviewed, and interpreted?
- What is the risk or complication of the decision: low, moderate, or high?

COUNSELING: Discussing lifestyle changes, personal or medical dilemmas.

COORDINATION OF CARE: Discussion and planning with other health care professionals.

	MINIMAL	FOCUSED	EXPANDED	DETAILED	COMPREHENSIVE
NEW patient	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
TIME spent	10 min	10-20 min	25- 30 min	30-45 min	45-65 min
HISTORY current	Minimal	Minimal	Expanded	Detailed	Comprehensive
HISTORY past - family - social	0	0	1-2	1-2	1-2-3
PHYSICAL exam	1-2 items	1-5 items	6-10 items	11-20 items	>20 items
SEVERITY	0	+	++	+++	++++
COMPLEXITY	Simple	Simple	Low	Moderate	High
ESTABLISHED patient					
TIME spent	5 min	10-15 min	15- 20 min	20-40 min	40-60 min
HISTORY current	Minimal	Minimal	Expanded	Detailed	Comprehensive
HISTORY past - family - social	0	0	1-2	1-2	1-2-3
PHYSICAL exam	1-2 items	1-5 items	6-10 items	11-20 items	>20 items
SEVERITY	0	+	++	+++	++++
COMPLEXITY	Simple	Simple	Low	Moderate	High

◇ **Minimal** - Flu shot or brief follow-up for a recent uncomplicated condition, doctor does not need to be present.

◇ **Focused -**single diagnosis, no testing, minimal risk. (blood pressure check, head cold or an insect bite)

◇ **Expanded** - two problems or stable chronic problem, limited testing, low risk. (controlled hypertension and diabetes)

◇ **Detailed** - single acute systemic illness or the flare up of 1-2 chronic conditions. (colitis, skin infection, asthma)

◇ **Comprehensive** - acute severe illness threatening function. (pneumonia with high fever and dehydration)

When was your last tune-up?

Just like scheduled preventive maintenance for an automobile your body needs scheduled checkups to run right. This "tune-up" schedule is for particular age groups. The following preventive care is for those who are without symptoms. Some medical conditions, behaviors, or family history may alter how often tests or examinations are done; **CHECK WITH THE DOCTOR!**

AGE		Preventive Care	AGE
16-18	Counseling	Healthy lifestyle; tobacco use, sexual behavior, seat belts, alcohol use, dental care, substance abuse, guns	
	Tests	Urine, cholesterol and blood sugar once	
	Exam	Heart murmur, blood pressure, testicular exam	
18-30	Counseling	Healthy lifestyle; tobacco use, sexual behavior, seat belts, alcohol use, dental care, substance abuse, guns, tetanus and hepatitis B vaccine	
	Tests	Urine, cholesterol and blood sugar three times	
	Exam	Blood pressure and Pap smear every other year with one complete physical	
30-40	Counseling	Healthy lifestyle; tobacco use, sexual behavior, seat belts, alcohol use, dental care, substance abuse, guns, exercise, diet, tetanus vaccine	
	Tests	Initial mammogram, Lipids and BMP every three years	
	Exam	Initial breast exam, every other year Pap Smear, two complete physicals	
40-50	Counseling	Healthy lifestyle; tobacco use, sexual behavior, seat belts, alcohol use, dental care, glaucoma screening, substance abuse, exercise, diet, tetanus	
	Tests	Initial PSA/DRE. Yearly mammogram, Cholesterol and blood tests	
	Exam	Four complete physicals including prostate exam and Pap smear	
50-65	Counseling	Exercise, diet, tobacco use, sexual behavior, seat belts, alcohol use, dental care, glaucoma screening, menopause, substance abuse, tetanus	
	Tests	Yearly blood tests, mammogram and PSA. Colonoscopy every 3-10 years	
	Exam	Four complete physicals including a digital rectal exam/DRE, prostate exam, Pap	
65+	Counseling	Healthy lifestyle; tobacco use, seat belts, alcohol use, hearing screen, glaucoma screening, fall prevention, depression, exercise	
	Tests	Mammogram to 75. Colonoscopy every 3-10 yrs and blood tests yearly	
	Exam	End Pap smears, start yearly physical	
	Other	Influenza vaccine yearly, pneumonia vaccine once, varicella, tetanus	

Asthma Action Plan

Peak Flow • Measure Personal Best

10-20% drop: double the inhaled steroid-IS

20% drop add 1 puff 2x's daily of Primary inhaler - P

30% drop add Rescue inhaler 2 puffs 3x's daily - RI

50% drop add prednisone 20mg daily and call office

>50% drop go to NEAREST Emergency Room

IS: _____

P: _____

RI: _____

	Personal Best	Peak Flow
	20% drop	
	30% drop	
	50% drop	

Allergy: _____

IS = inhaled steroid

P = primary inhaler

RI = rescue inhaler

Patient _____ DOB _____

Allergy

YOUR MEDICAL SUMMARY

Year	Illness • Diagnosis • Surgery • Test	Year	Illness • Diagnosis • Surgery • Test

MEDICATIONS and DOSES

ENTER YEAR, DATE or VALUE: IMMUNIZATIONS & SCREENINGS

Measles			Polio						
Mumps			DPT						
Rubella			HBV					HIB	
Pneumonia			Tetanus					H1N1	
Flu shot								Shingles	
Colonoscopy				Stress test				Tdap	
PAP / PSA									
Mammo									
HgbAIC									
Cholesterol									
LDL									

Health Care Advance Directives End of Life Decisions

Advance Directives
- The general term for any document that gives instructions about health care and/or appoints someone to make medical treatment decisions if the patient is unable to make them.

Living Will
- A document outlining wishes about life-sustaining medical treatment if permanently unconscious, or in the end-stage of a fatal illness.

Durable Power of Attorney for Health Care
- A document in which someone is appointed to make all medical treatment decisions if the patient is unable. The person named is called the agent, proxy, representative, or surrogate. Instructions for decision-making may also be included.

These documents give the patient a “voice” to stop or start any type treatment even when unable to speak. Without a Living Will decisions depend on everyone involved to agree; making decisions more difficult and disputes more likely to arise.

The Durable Power of Attorney for Health Care applies to all health care decisions and empowers the person named to make decisions in the way the patient wishes. Doctors have a legal obligation to respect treatment wishes, as stated in either document.

The critical task is for the patient to clarify their values, beliefs, and particular wishes for others to follow so that appropriate decisions are made. The best way to do this is open discussion of values and wishes with the surrogate, family and health care provider ahead of time, so everyone is clear about the patient’s wishes.

An advance directive can express both what to do want and what not to do. It does not mean “Do not treat.” Even those do not want treatment to be kept alive, will receive “palliative care” to control pain and keep comfortable by addressing medical, emotional, social, and spiritual needs.

Even with a health care proxy, surrogate or agent the patient always has the right, if still competent, to override the decisions of the proxy or even revoke the Advance Directives.

Without a proxy or agent, the likelihood of needing a court-appointed guardian grows greater, especially if there is disagreement regarding treatment among family and doctors.

Talking points with the patient
-Treatment near the end of life can be complicated. We can't predict all the circumstances and your treatment wishes may change. You can, at least, appoint your proxy if you have someone whom you trust.

Talk to both your family and your doctor so your wishes are CLEAR to everyone. Put those wishes in writing in an advance directive; and make sure everyone has a copy.

There is no guarantee that your directive will follow you in your medical record, especially if you are transferred from one facility to another. You or your proxy should always double-check to be sure your providers are aware of your directive and have a copy.

Advance planning is an ongoing PROCESS because your values and priorities change as you age or your life changes. Review your wishes when:

(1) you reach a new decade in age (50, 60, 70, 80, 90, 100)
(2) you experience the death of a loved one
(3) you divorce or change your living arrangements
(4) you are given a new diagnosis of a significant medical condition
(5) you suffer a decline in your medical condition or physical functioning

If your are at home or at a nursing home and someone dials 911, paramedics must attempt to resuscitate you and transport you to a hospital, UNLESS you produce an out-of-hospital Do-Not-Resuscitate (DNR) ORANGE form. Some people wear an identification bracelet that says DNR. This is not the same as your health care advance directive. Talk to your doctor about your options.

Keep in mind advance directives are for any age. Even though older, rather than younger, people more often use advance directives, every adult needs one. Younger adults actually have more at stake, because, if stricken by serious disease or accident, medical technology may keep them alive in a coma or vegetative state for years. Young adults should at least a proxy decision-maker.

The time to discuss End of Life issues with your family is when you are best able to do so. If you never have the conversation when the time comes you can't speak for yourself those you care about you are forced to guess what you might want done. Talk about it today.

My Medical Information

Name: _____

Birth date: _____

Allergy

Illness or Surgery	Year

Enter the year of immunization

Pneumonia		Shingles		
Influenza			Tdap	

Dr: _____

Dr: _____

Dr: _____

Pharmacy: _____

Please bring this card to all doctor visits

~~Strikethrough~~ when medication is stopped

Medication and dose	Pills per day

Enter the month/year test was done

Colon/FOB			
PAP/DRE			
Mammogram			

Annual Value				
LDL				
BMI				
PHQ				
Falls				

Age 18-65 Breast Self Exam

Breast self-exams are recommended for detecting breast cancer. It is important to know what your normal breasts feel and look like, so that you can identify any changes quickly.

How to do an self-exam:

1. Lie down and put your arm above your head.

2. Using your three fingers feel the opposite breast in small, circular motions starting at your armpit and going down in straight lines to your ribs. Make sure to press softly, medium, and hard in one spot before moving on. Repeat with other breast.

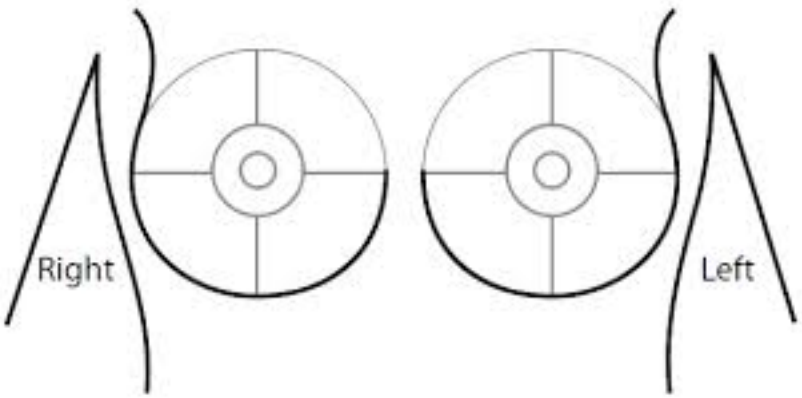
Do you feel any lumps or bumps? Yes No

If so, where did you feel them? ☐ Top layer
☐ Middle Layer
☐ Bottom Layer

Please draw on diagram where you felt the bump:

3. Next stand up and look in a mirror. Do you notice any changes in:

Size? Yes No
Shape? Yes No
Contour? Yes No
Dimpling? Yes No
Redness? Yes No
Scaliness of Nipple? Yes No
Scaliness of Skin? Yes No



If so, what are you seeing?

_____

4. If you answered yes to any of the questions above, make an appointment and bring this form with you to see the doctor immediately.

If there is any persistent change in your health that lasts for over 2 weeks, TELL THE DOCTOR and get it checked!

Notice of Privacy Practices

Your medical record is called Protected Health Information (PHI) under Federal Law 104-191 - The Health Insurance & Patient Accountability Act of 1996 (HIPAA-1996) . As of March 1, 2003 all medical practices are required by law to notify you of your privacy rights, and we will post any changes to these rights on the examination room bulletin board.

Use of Protected Health Information with your authorization.

By signing the authorization to be treated on our "Patient Registration" you agree that your PHI may be used or disclosed by our office staff for the purpose of Treatment, Payment, health care Operations (TPO), or judicial proceedings and that we call you by name in our waiting room. You also may have authorized a release of your PHI by a written statement from your employer, attorney, or insurance carrier. Your PHI may be required for our business records, our computer/billing system, pharmacies, other physicians, laboratories, your employer, or therapists before they will process our request for TPO. You may revoke any authorization , provided we receive it in writing.

What we mean by:

Treatment - other treating personnel, pharmacists, testing facilities.

Payment - for billing and electronic records your diagnosis and treatment dates are disclosed.

Health care operations - compliance audits, public health, office administration or contractual requests.

Judicial proceedings - any court orders, subpoenas, legal audits, or lawful demand.

Use of Your Protected Health Information without your authorization.

Your PHI may be disclosed as required by law, for public health activities, victims of abuse, health and oversight proceedings, law enforcement, judicial and administrative proceedings, funeral homes, research purposes, or specialized governmental functions. In such cases we will release information only if we have received a written request with documentation that the PHI disclosed is expressly authorized by the order.

What we mean by:

Law - if the law requires we will notify you of such disclosure.

Public health activities - FDA, communicable disease, work related injury, instances of abuse or neglect.

Health and oversight - a legal oversight agency for any investigation in which you are not involved.

Law enforcement - properly issued subpoena, warrant, court order, or legal summons.

Disclosure of Protected Health Information requiring your authorization.

Our office does not E-mail or fax information, unless you request it in writing.
We will not disclose your PHI to family members, personal representatives or guardians unless you request it.
In an emergency we may disclose only relevant information if in our professional judgment it is in your best interest.
You may request that we modify or do not use or disclose any or part of your PHI in order to carry out treatment, payment or heath care operations. This right to restrict does not extend to disclosures as required by law. You may inspect or request a copy of your PHI (in writing) to be sent to you or an alternative location or by alternative means. Our office has the right to charge a fee to cover supplies, labor costs, and postage. There may be an additional charge to prepare a summary or explanation of the records. The records shall be sent within 30 days from receipt of the written request and payment. If these copies can not be sent within 30 days we will notify you.

I authorize the following people to have unlimited access to my PHI (any and all of my medical information):

_____	_____	_____
Print Name	Relationship	Date
_____	_____	_____
Print Name	Relationship	Date

I have reviewed this notice of Privacy Practices and understand the address location and contact information for: the complete HIPAA-1996, and the Privacy Officer for this office is available upon my request, and also that compliance complaints can be made to the Department of Heath and Human Services.

_____	_____	_____
Print Name	Signature	Date

Consent for Release of Medical Information

Patient:_____ **DOB:**_____ **Address:**_____

Release From:_____ Release To:_____

Phone:_____ Fax: _____ Phone:_____ Fax:_____

Address:_____ Address:_____

_____ _____

Records Requested: **X-ray Report(s)** ☐ **Copy of Films/Imaging Study** ☐

Laboratory Reports ☐ **Diagnostic Studies** ☐

Progress Notes ☐ **Consultation(s)** ☐

All ☐ **Other** ☐ _____

Dates of records requested: From _____ to _____

Records shall be used for: Acute care ☐ Continuation of care ☐ Second opinion ☐

Please deliver records by: Fax ☐ U.S. Mail ☐ Other ☐ _____

This consent is valid for 30 days from the date signed.

I hereby authorize "Release From" as stated above, to deliver to "Release To" as stated above the medical records as defined above by my _____ (1-9) check marks. I, the patient or patient's representative have the legal right to inspect, copy and request delivery as specified of this Protected Health Information within the next 30 days in accordance with Public Law 104-191 (HIPAA-1996). I accept the responsibility for any fees that may be associated with this request.

Patient Signature:_____ Date:_____

Patient's Legal Representative:_____ Date:_____

Printed name of Legal Representative:_____

BLOOD TESTS....WHAT could they MEAN?
Not sure, discuss YOUR results with the doctor.

For Your Information

Glu • Fasting glucose higher than 120 is diabetes
HgbA1C • Good control of diabetes if around 7.0

BUN • When high may be dehydration or a kidney problem
Creatinine • High in kidney problems or muscle disease
GFR • Describes kidney function. If < 60 **CKD** Chronic Kidney Disease

Cholesterol • Greater than 200 is a risk factor for heart attacks
HDL • "Happy" Good Cholesterol should be greater than 40
LDL • "Lousy" Bad Cholesterol should be less than 100
Triglycerides • Fats in the blood should be less than 180
Cholesterol/HDL ratio • if greater than 5 higher risk for heart attack

Uric Acid • Numbers greater than 10 predict gout attacks

SGPT
SGOT
AST
ALT
> Liver enzymes: When high can be related to alcohol use, liver abnormalities, hepatitis, infections, or medications that affect the liver.

K (Potassium) • Muscle function, some medications affect level
Na (Sodium) • Part of common table salt
Ca (Calcium) • Muscle function and bone strength
Cl (Chloride) • Part of common table salt
Mg (Magnesium) • Needed for nerves to work properly
PO4 (Phosphorus) • Needed for bones and muscle function

Co_2 • Carbon dioxide is a byproduct of metabolism and measures the acid in your system. Lower numbers mean more acid.

PSA • High in prostate cancer
CA 125 • High in ovarian cancer
TSH • High when you <u>need</u> more thyroid - Low if you have too much

Protein
Albumin
Globulin
> Measure your nutritional and immune condition values change in some blood, kidney, liver problems

Bilirubin • Bile in the blood, high in some blood or gallbladder problems
Alkaline phosphatase • High in liver, bile duct, and bone diseases

CBC • complete blood count, looks for anemia, infection, allergy
WBC • white blood cells fight infection and go up in stress
RBC • red blood cells carry oxygen in the body - low is anemia
PLTS (platelets) • keep you from bleeding when you cut yourself

Blood Pressure record

Time	Date	Blood Pressure	Heart Rate