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**USER'S GUIDE:
AMBULATORY DATA MODULE (ADM), VERSION 3.0**

D/SIDDOMS II



Delivery Order #111, FY01 Software Infrastructure Support

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1. Introduction

1.1. Ambulatory Data Module (ADM) Background

The primary objective of the ADM is to transmit outpatient data to the central Department of Defense (DoD) database through the Standard Ambulatory Data Report (SADR). The inherent data collection strategy of ADM is to create an encounter record for each outpatient appointment. The encounter record is an online data entry form whereby the data items documented by providers are compiled in the military treatment facility (MTF) database through the Composite Health Care System (CHCS). Since the deployment of the Ambulatory Data System (ADS), some MTFs have developed their own alternatives to this encounter-form-based method of data collection. For example, Tripler Army Medical Center in Hawaii used a CHCS screen, called GT ADS, to collect data similar to that required in ADS Version 1.0.

The CHCS II Program Office then tasked the Tri-Service Medical Systems Support Center (TMSSC) software development team to continue development of the GT ADS product. The TMSSC team enhanced and modified the product to meet the ADS Version 2.1 specifications. The product was originally delivered under the name of KG-ADS because the TMSSC name space K in CHCS is used for the Government transportable. When the TMSSC organization was dissolved on 1 October 2001, Science Applications International Corporation (SAIC) took over the development and maintenance of KG-ADS, and per the request of the Clinical Information Technology Program Office (CITPO), changed the name of the software to the Ambulatory Data Module (ADM). CHCS is the ADS front-end system.

ADM Version 3.0 will allow the site to extract required data from CHCS into several flat files for export to service-specific agencies. This extract will include SADR, Third Party Outpatient Collections System (TPOCS), Medical Services Accounting (MSA), and Patient Satisfaction Survey data. This transmission of records through the CHCS Electronic Transport Utility (SY_ETU) eliminates the need for ADS servers. New entries are defined within SY_ETU. Once created, these entries will automatically send the flat files to all designated off-board systems.

The data collected by ADM is included in the SADR, MSA, and TPOCS extracts each night. Error messages are generated to detail what records did not transmit successfully. ADM tracks those CHCS appointments that do not have an associated ADM record.

1.2. Overview of ADM Changes

ADM V3.0 is the successor to ADM V 2.3 (formerly known as KG ADS). Authorized users are assigned ADM as a Secondary Menu Option in CHCS. ADM allows you to enter International Classification of Diseases (ICD-9) diagnosis codes that indicate why the patient was seen for an ambulatory encounter, Current Procedural Terminology/ Health Care Financing Administration Common Procedure Coding System (CPT/HCPCS) codes to indicate what procedures and services were provided, and Evaluation and Management (E&M) codes that indicate the level of provider intervention and decision making.

The ADM V3.0 Patient Encounter data entry screens have been modified to capture up to three E&M codes per outpatient encounter. Each E&M code may have up to three modifiers and up to four Diagnosis-Level Pointers (or prioritized ICD-9 codes). Units of Service may be entered for each E&M code, as appropriate, per E&M Coding Guidelines for billing.

The ADM Patient Encounter data entry screens allow for unlimited entry of CPT/HCPCS codes per encounter, with up to three modifiers per CPT/HCPCS code and up to four Diagnosis-Level Pointers per CPT/HCPCS code. Units of Service may be entered for each CPT code, to indicate when the procedure or service was provided more than once within the encounter.

When the data required to complete a SADR has been entered, the encounter is reported to be in a Pending status. The SADR Nightly Process processes all Pending encounters and changes the status to Complete when they are included in the SADR extract. The SADR status used to identify which encounters are Pending or Complete displays on Report #5 ADM Interface Transmission Status Report.

Encounters with a status of Complete are automatically assigned a billing flag on the third day following the Date of Service, as shown in Table 1-1.

Table 1-1. Billing Flags for Complete Encounters

Billing Flag	Description
TPOCS Billable	Valid Outpatient Other Health Insurance (OHI) covers the Date of Service
DD7A Billable	Based on DD7A Billable Patient Category
MSA Billable	Based on MSA Billable Patient Category
Non Billable	Active Duty and Others per Agreement

Outpatient encounters that are billable in TPOCS are assembled into file for transmission to TPOCS the next day. The only exception is encounters that have met their 3-day OHI hold requirement, where encounter coding is entered after the Nightly SADR Task has started, normally 2130 (09:30 p.m.). These encounters are sent to TPOCS after the next SADR nightly process.

ADM encounter records are sent to TPOCS, based on the Group Defense Medical Information System identification (DMIS ID) of the Treating MTF. Encounters for all MTFs within the Group DMIS ID are sent to TPOCS in a single American Standard Code for Information

Interchange (ASCII file). The ADM ASCII files include both the Treating DMIS ID and Group DMIS ID, to allow TPOCS to process by Treating MTF and to provide reports for the DMIS Group.

1.3. Using This Guide

This guide addresses how to complete and modify ambulatory data encounter records using ADM and how the clinic can use the Patient Check-In functionality:

Section	Content
2	Ambulatory Data Module Main Menu
3	Create New ADM Patient Records (1) Option
4	Modify Existing ADM Patient Record (2) Option
5	Manage /Edit the ADM Patient Master Problem List
6	Clerk Check-In Processing (3) Option
Appendix A	Acronyms and Abbreviations

The individuals most likely to perform this task are the healthcare providers, clinic nurses, and technicians.

Assign the appropriate security keys as required and recommended for each type of user account. Refer to the *Outpatient Itemized Billing (OIB) Implementation Update Guide*.

The site must complete ADM clinic setup prior to collecting and transmitting clinic ADM data for the SADR, MSA, TPOCS, and ADM Patient Survey. Refer to the *System Administrators/ADM Supervisors Guide*.

Bold font indicates data entry. Press <Enter> after data entry at all prompts.

If your keyboard is mapped for the VT320 Select key:

- Press <End> instead of <Select>.
- Press <Num Lock>-Backspace instead of <PF1>-Backspace.

Generally, you can press <Enter> without selecting an option in order to advance to the next prompt.

1.4. References

1. *Outpatient Itemized Billing (OIB) Implementation Update Guide*, SAIC D/SIDDOMS Doc. D2-OPIB-5000, 24 Jun 2002 (for the security key assignment procedure).
2. *System Administrators/ADM Supervisors Guide: Ambulatory Data Module (ADM), Version 3*, D/SIDDOMS Doc. D2-SIS1-5006, 31 Jul 2002 (for ADM clinic setup).
3. *DOD Military Treatment Facility Functional Business Rules for Outpatient Itemized Billing*, Uniform Business Office (for the OIB functional business rules and use of modifiers and units of service).

- 4. TRICARE web site: http://www.tricare.osd.mil/ebc/rm_home/imcp/ubo/ubo_21.htm (for the OIB functional business rules and use of modifiers and units of service).
- 5. *PAD: Registration Functions, Student Guide*, SAIC/CHCS Doc. TC-4.5-0310, and *Presenter's Guide*, SAIC/CHCS Doc. TC-4.5-031, 29 Jul 1996.
- 6. *PAD: MSA Functions, Student Guide*, SAIC/CHCS Doc. TC-4.5-0530, and *Presenter's Guide*, SAIC/CHCS Doc. TC-4.5-0531, 29 Jul 1996.

1.5. Points of Contact for Technical Support

SAIC now supports and develops ADM (previously a product of TMSSC). The Military Health System (MHS) Help Desk provides a 24-hour toll-free technical support to MTFs currently using this product.

Technical Support Center Phone Numbers	
Location	Phone Number
Commercial	(210) 767-5250
Continental United States (CONUS)	(800) 600-9332
Outside Continental United States (OCONUS)	ACCESS + 866-637-8725

In addition, MHS Help Desk includes a web site, <http://www.mhs-helpdesk.com/>, for further assistance.

2. Ambulatory Data Module Main Menu

1. Log in to CHCS as usual with the authorized Access and Verify codes.
2. If ADM is not the primary menu, type **ADM**.

The Ambulatory Data Module Main Menu displays (Figure 2-1)

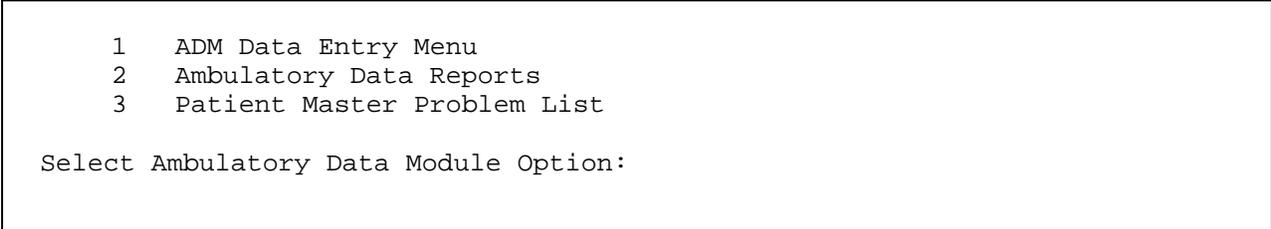


Figure 2-1. Ambulatory Data Module Main Menu

3. Type **1** to access the ADM Data Entry Menu option.

The ADM Data Entry Menu displays (Figure 2-2).

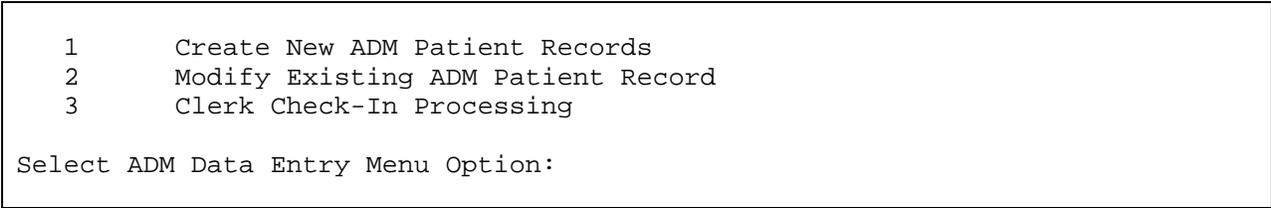


Figure 2-2. ADM Data Entry Menu

These options are detailed in the following sections:

Section	Content
3	Create New ADM Patient Records (1) Option
4	Modify Existing ADM Patient Record (2) Option
6	Clerk Check-In Processing (3) Option

Or type **3** to access the Patient Master Problem List option.

Section	Content
5	Manage /Edit the ADM Patient Master Problem List

3. Create New ADM Patient Records (1) Option

The Create New ADS Patient Records (1) option on the ADM Data Entry Menu allows the healthcare provider to electronically input patient encounter data. The provider can associate a set of diagnoses (also known as problems or ICD-9 codes), E&M codes, and procedures (known as CPT or HCPCS codes) to a patient visit.

Menu Path: Any Main Menu → ADM (Ambulatory Data Module Main Menu) → 1 (ADM Data Entry Menu) → 1 (Create New ADM Patient Records)

Security Key: None required. The CHCS User file primary location, provider, and allowable divisions fields and the KG User Access file control access to this module.

Note: The screen captures depicted in this section are based on the privileges granted to a user with no security keys.

3.1. Select Patients

1. Type **1** to access the Create New ADM Patient Records option on the ADM Data Entry Menu.

The initial data entry prompts display (Figure 3-1).

```
Select Location: FLIGHT MEDICINE//      PRIMARY CARE SERVICES      PRIMARY CARE
CLINIC      CLINIC      347 MED GP MOODY AFB GA (ACC)      BHAA
Select PROVIDER:      WELBY,MARCUS
Start with APPOINTMENT DATE: T-1// -1200 (04 Oct 1998)
Through APPOINTMENT DATE: T// (16 Jan 2002)
```

Figure 3-1. Initial Data Entry Prompts

2. Select Location: FLIGHT MEDICINE//

Press **<Enter>** to accept the default location, or type the first four letters of the clinic (i.e., CARD for the Cardiology clinic) or Medical Expense Performance Reporting System (MEPRS) code (i.e., BGAA). If a numbered list displays, type the clinic number.

3. Select PROVIDER:

Press **<Enter>** to accept the default provider, or enter the provider's name using one of the following three methods:

- a. Type the first four letters of the provider's name (i.e., CALD for Caldwell).

If the provider is not assigned to the selected clinic, two question marks display after the provider's name (Baker ??). If a list of providers displays, type the provider number.

- b. Type the provider's last name.

If the provider's name displays with an OK? prompt, press **<Enter>** to confirm the provider. If a list of providers displays, type the provider number.

- c. Type the last four digits of the provider's Social Security number (SSN).

If the provider's name displays with an OK? prompt, press <Enter> to confirm the provider. If a list of providers displays, type the provider number.

Business Rules:

In order to process encounter forms from a provider's patient list, you must have access to the selected clinic; otherwise, the message displays:

>>> Insufficient Privilege <<<<

To prevent insufficient privilege, the provider's profile must be established within the clinic.

Menu Path: PAS → Scheduling Supervisor Menu → Profiles → Provider Profile

4. Start with APPOINTMENT DATE: T-1//

Press <Enter> to accept the default start date, or enter a new date in one of the following formats:

Example:

JAN 22 1957 or 22 JAN 57 or 1/22/57 or 012257 or J57022 (Julian)

T (for today), T+1 (for tomorrow), T+2, T+7, etc.

T-1 (for yesterday), T-3W (3 weeks ago), etc.

Precise day may be omitted, as in JAN 1957.

If the year is omitted, the computer defaults to the current year.

5. Through APPOINTMENT DATE: T//

Press <Enter> to accept the default end date of T (for today), or enter a new date using one of the formats previously described. Refer to Figure 3-1.

Note: You must enter an end date that is in the future of the start date (i.e., start date: 20 Jul 2000, End Date: 25 Jul 2000).

The Appointed Patients Without ADM Records screen displays (Figure 3-2).

Appointed Patients Without ADM Records				
Patient Name	Appt Date	Type	Status	Ck-In
+ LINCOLN, ABERHAM	06 Oct 1998@0810	ADS	CANCEL	
JONES, JIM J	06 Oct 1998@0750	PFB	NO-SHOW	
* GRANT, CARY R	06 Oct 1998@0730	WGT	KEPT	
DOE, JANE J	05 Oct 1998@1540	ROU	KEPT	
WALKER, JOHNNY R	05 Oct 1998@1520	ROU	KEPT	
WALKER JOHNNY B	05 Oct 1998@1500	ADS	KEPT	
DAY, DORIS D	05 Oct 1998@1425	ACU	KEPT	
BEAM, JIM B	05 Oct 1998@1405	ADS	KEPT	
MOUSE, MINNIE M	05 Oct 1998@1345	ROU	KEPT	
DANIELS, JACK J	05 Oct 1998@1325	ADS	KEPT	
HUMPHRY, HUBERT	05 Oct 1998@1300	PHY	CANCEL	
JEFFERSON, THOMAS	05 Oct 1998@1300	PHY	KEPT	
REVERE, PAUL	05 Oct 1998@1130	ADS	KEPT_____*	
KRINGLE, KRIS	05 Oct 1998@1110	ACU	KEPT	
MCDONALD, RONALD	05 Oct 1998@1050	ROU	CANCEL	
+ MCDONALD, RONALD	05 Oct 1998@1050	ROU	KEPT	

Figure 3-2. Appointed Patients Without ADM Records Screen

- If the selected clinic has no scheduled appointments for the selected provider, an error message displays: No Appointments for Selected Provider, and you return to the ADM Data Entry Menu.
- If scheduled appointments exist, the list includes all patients who have been checked into the clinic (such as those patients with the CHCS appointment status of Kept, Pending, S-Call, Walk-In, or answered Tel-Cons). Appointments with a Pending status cannot be selected until this option is set to Active in the ADM Site Parameters. Patients with an appointment status of No-Show, Canceled, or LWOBS (Left Without Being Seen) display, but no action is required, since these records are processed automatically if the clinic has been defined as an ADM clinic.
- ADM encounter data is required for telephone consults that are either count or non-count but cannot be completed until the provider answers the telephone consults from the CHCS Physician’s Telephone Consult option.

Business Rule:

Business rules in the Patient Appointment and Scheduling (PAS) module of CHCS apply to the End-of-Day (EOD) Application Program Interface in ADM. EOD processing is triggered if ADM is processing an encounter with a Pending appointment status. Upon completion of the encounter, CHCS updates the status to Kept and triggers the check-in date and time, patient status, and workload type status to be set based upon the appointment type workload status and the patient’s status at the time of the appointment. The check-in date and time are not set later than the actual day of the appointment. Conversely, if the appointment is cancelled in the EOD functionality, you are prompted to confirm the deletion of the data in the ADM encounter after an ADM encounter has been completed.

Notes:

ADM encounter forms are not required for telephone consults until the provider answers the telephone consults.

The steps below are based on selecting a Kept appointment. Refer to Figure 3-2.

If patients have been checked in using the ADM Clerk Check-in function, the message displays:

Ambulatory Data already exists for REVERE,PAUL on 05 Oct 1998@1234. Do you wish to edit? YES//

An asterisk (*) beside the appointment indicates that the patient was checked in and the basic ADM record has been started. Answer YES to this message to allow the provider to complete the record.

- 6. Select the patient(s).
 - a. Use the up- and down-arrow keys to scroll through the list of patient names.
 - b. Press <Select> (or <End>) to select the patients.
An asterisk displays beside the selected patient(s).
 - c. Press <Enter> once all the patients are selected.

An ADM Patient Encounter screen displays (Figure 3-3) with only the patient and appointment data defaulted from CHCS. The cursor is positioned on the Disposition field for you to begin entering Disposition information.

```

ADM Patient Encounter
GRANT,CARY R                20/000-00-0001                AGE:8y
-----
Appt Date/Time: 18 Apr 2002@1030      Type: ROU                Status: WALK-IN
      Clinic: PRIMARY CARE SERVICES                MEPRS: BHAA
In/Outpatient: Outpatient                APV: No                Work Related: No
Appt Provider: WELBY,MARCUS                Injury Date:
2nd Provider #1:                Role:
2nd Provider #2:                Role:
Disposition: RELEASED W/O LIMITATIONS
-----
ICD-9      Dx Description                Priority
-----
Chief Complaint:

Help = HELP      Exit = F10      File/Exit = DO

```

Figure 3-3. ADM Patient Encounter Screen – 1 (Default Patient and Appointment Data)

7. Disposition:

Disposition indicates patient’s post-visit status. Disposition is a required field for encounters with an appointment status of Kept, Walk-In, Sick Call, and Pending (if Pending is defined as selectable at the MTF).

Enter a disposition using one of the following four methods:

- a. If the clinic has predefined defaults, accept the defaults
- b. Type ? to display an ADM Disposition Code dialogue box.
 - 1) Press <Enter> to display a list of all dispositions (Table 3-1)

Table 3-1. List of Dispositions

Disposition	Code
Admitted	95
Expired	96
Immediate Referral	90
Left Against Medical Advice	06
Left Without Being Seen	97
Released with Work Duty Limitations	85
Released Without Limitations	91
Sick at Home/Quarters	05

- 2) Use the up- and down-arrow keys to scroll through the list.
- 3) Press <Select> or <End> to select a disposition and populate the Disposition field.
- 4) Type **Q** to select the Quit action and close the dialog box.
- c. Type the first character of a disposition description.

A list of all dispositions beginning with that letter displays unless the characters are definitive; i.e., type **A** to enter the disposition of Admitted, since it is the only option that begins with the letter “a.”

 - 1) Use the up- and down-arrow keys to scroll through the list.
 - 2) Press<Select> (or <End>) to select a disposition and populate the Disposition field.
- d. Type the disposition number (i.e., 95, 96, 90) to populate the Disposition field.

Note: If the clinic has established defaults the following rules apply:

- **Previous Record:** If set to YES, the data entered into ADM for the previous visit to this clinic within 6 months is used as the default data in the newly created record. This takes precedence over the clinic-specified parameters.

- **Clinic Defaults:** If set to YES, the clinic can establish default responses for the Disposition, E&M Code, APV, Work Related, Diagnoses, and CPT Code fields. The established defaults are used as the default data in the newly created records.

Once you enter the disposition, the cursor advances to the Work Related field.

Business Rules:

Business rules in the PAS module of CHCS determine inpatient/outpatient status according to the patient’s status at the appointment date and time the clinic visit is Completed. For an inpatient, a prompt asks whether the appointment is associated with the inpatient episode of care. The same question displays again if an ADM encounter is created for a Pending appointment. When the encounter is associated with the inpatient episode of care, the encounter has a corresponding MEPRS code of “A”.

- You cannot enter a disposition for patients marked as inpatients.
- You cannot enter a disposition for telephone consults.
- If you select the disposition of Left Without Being Seen (97), you cannot document the E&M code or the procedure code for the patient.

Table 3-2 identifies the required fields on the ADM screen.

Table 3-2. ADM Screen Required Fields

Data Elements	Defaulted or Entered	Editable or Not Editable	Required
Patient Name	Defaults (from CHCS data)	Not Editable	Required
Family Member Prefix (FMP)	Defaults (from CHCS data)	Not Editable	Required
Sponsor SSN	Defaults (from CHCS data)	Not Editable	Required
Age	Defaults (from CHCS data)	Not Editable	Required
Appointment Date/Time	Defaults (from CHCS data)	Not Editable	Required
Appointment Type	Defaults (from CHCS data)	Not Editable	Required
Status	Defaults (from CHCS data)	Not Editable	Required
Clinic (where appointment took place)	Defaults (from CHCS data)	Not Editable	Required
Medical Expense Performance Reporting System (MEPRS)	Defaults (from CHCS data)	Not Editable	Required

Data Elements	Defaulted or Entered	Editable or Not Editable	Required
In/Outpatient	Defaults (based on patient status at the time of the appointment)	Not Editable	Required
Ambulatory Patient Visit (APV)	Defaults (based on MEPRS)	Editable	Required
Work Related	Defaults to NO	Editable	Required
Work Related Injury Date	Entered by ADM user	Editable	Required (if the you have identified the Work Related field as YES)
Appointment Provider	Defaults (from CHCS data)	Not Editable	Required
2 nd Provider #1	Entered by ADM user	Editable	Optional
2 nd Provider #1 Role	Entered by ADM user	Editable	Required if 2 nd Provider1 field is populated
2 nd Provider #2	Entered by ADM user	Editable	Optional
2 nd Provider #2 Role	Entered by ADM user	Editable	Required if 2 nd Provider2 field is populated
Disposition	Entered by ADM user	Editable	Required for appointment statuses of Kept, Walk-In, Sick-Call, and Pending (if Pending is set to selectable)
Chief Complaint	Entered by ADM user or defaulted to the Primary Diagnosis ICD-9 code	Editable	Required

Data Elements	Defaulted or Entered	Editable or Not Editable	Required
ICD-9 Code	Entered by ADM user	Editable	At least one ICD-9 is required for appointments with statuses of Kept, Walk-In, Sick-Call, Telephone Consult, and Pending (if Pending is set to selectable)
Diagnosis Short Description	Defaults from Clinic-defined Diagnosis Code Description	Not Editable	Required
Diagnosis Priority	Entered by ADM user	Editable	<p>You must define at least one ICD-9 code to a Diagnosis Priority of “1”</p> <p>You may no more than four ICD-9 codes with a Diagnosis Priority.</p> <p>All other ICD-9 codes have a priority of “U” Unconfirmed.</p>

3.2. Enter International Classification of Diseases (ICD-9) Diagnosis Codes

You may enter an unlimited number ICD-9 codes, but only four may contain a Diagnosis Priority. The valid Diagnosis Priority data range is 1, 2, 3, or 4. The system defaults a “U” (Unconfirmed) in the Diagnosis Priority field for any ICD-9 codes that are not ranked. Therefore, you do not need to manually type the letter “U” into that field.

The ICD-9 code that the system automatically ranks as “1” in the Diagnosis Priority field is automatically designated as the Principle Diagnosis. This ICD-9 code also defaults to the Chief Complaint field. You may modify the principle ICD-9 code defaulted into the Chief Complaint field during encounter processing or if the Chief Complaint field was populated during the Clerk Check-In process.

Note: TPOCS CANNOT ACCEPT a value of “U” (Unconfirmed) for Diagnosis Priority. Only a diagnosis with an assigned priority is sent to TPOCS.

- 1. Enter the diagnosis information using one of three methods: 1) accept the clinic defaults, 2) select from the clinic Diagnosis Selection List, or 3) select from the patient-specific diagnosis selection list.

Refer to Figure 3-4.

ADM Patient Encounter		
GRANT,CAREY JARET	20/000-10-0000	AGE:33y

Appt Date/Time: 28 May 2002@0130	Type: PCM\$	Status: WALK-IN
Clinic: PRIMARY CARE CLINIC - FO		MEPRS: AAAA
In/Outpatient: Inpatient	APV: No	Work Related: No
Appt Provider: HOUSER,DOUGLAS		Injury Date:
2nd Provider #1:		Role:
2nd Provider #2:		Role:
Disposition:		
=====		
ICD-9	Dx Description	Priority

Chief Complaint:		

Figure 3-4. ADM Patient Encounter Screen – 2 (Diagnosis Entry)

Note: The clinic Diagnosis Selection List displays if no ICD-9 codes are entered.

- a. If the clinic has predefined defaults, accept them.
- b. If a clinic Diagnosis Selection List or a Patient Master Problem List has been created, press <Enter> to access the Diagnosis Selection List screen (Figure 3-5).



Figure 3-5. Diagnosis Selection List Screen

- 1) Press <Select> (or <End>) to select the list.
You may select more than one list, but only one at a time.
- 2) Press <Enter> to expand the list (Figure 3-6).

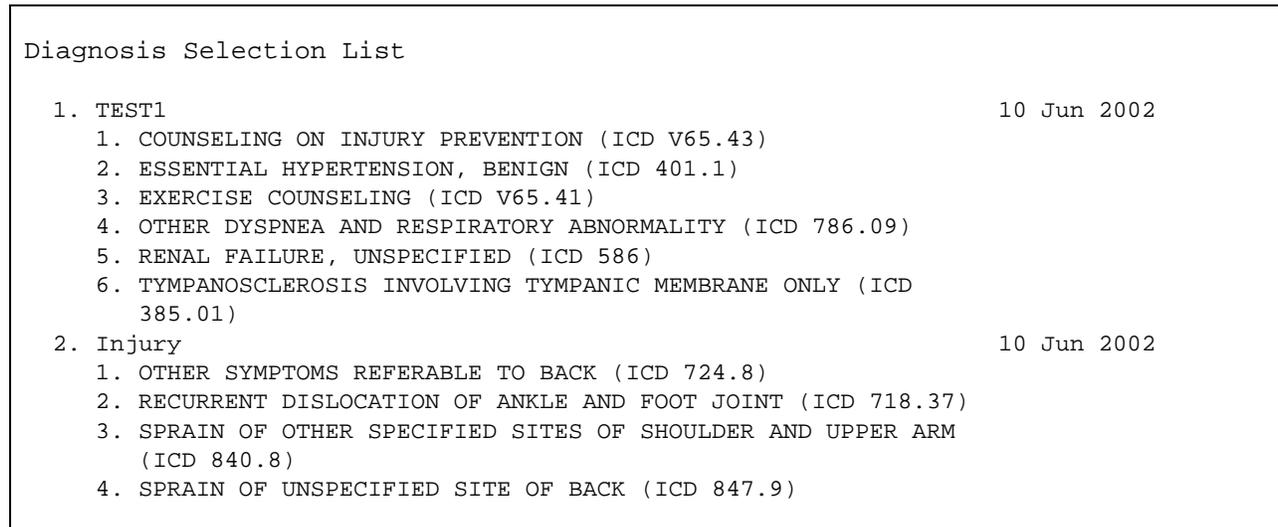


Figure 3-6. Expanded Diagnosis Selection List

- 3) Use the up- and down-arrow keys to scroll through the list.
 - 4) Press <Select> (or <End>) to select the diagnosis code from the list.
 - 5) If no other diagnoses need to be entered, press <Enter> to bypass the selection lists. Press <Enter> again to return to the ADM Patient Encounter screen.
 - 6) Press <Enter> without selecting a Diagnosis Selection List to advance to the next prompt.
2. Enter a New Diagnosis:
- Use one of the following methods to enter a code:
- a. Type a complete diagnosis code.
 - b. Type the first few digits of the code and press <Enter> to display a range of codes beginning with those numbers; i.e., type 250 to display codes 250.00, 250.01, etc. Press <Enter> to scroll through the list. Type the diagnosis code reference number.
 - c. Type the description of a symptom or affected body part (i.e., pain, heart, or head). A numbered list of related diagnosis codes displays. Use the up-and down-arrow keys to

scroll through the list. Press <**Select**> (or<**End**>) to select the diagnosis code from the list. Press <**Enter**> once all diagnosis codes are selected.

- d. Type?? to display a list of all diagnosis codes in the ICD-9 code table, starting with 001.0. Use the up- and down-arrow keys to scroll through the list. The list is Read-Only and you cannot select codes from the list displayed. Type ^ and press <**Enter**> to stop scrolling. Type the diagnosis code reference number.

3. Diagnosis Priority:

You must assign a priority level to each diagnosis ranging from 1 to 4 and/or “U” (Unconfirmed).

Business Rules:

- The primary diagnosis is the reason chiefly responsible for the patient’s visit.
- One E&M code must be documented for each patient. The only exceptions are patients with a disposition of Cancel, LWOBS, or No-Show.
- The diagnoses must be ranked in sequential order (e.g., #1, #2, #3, and #4). The system does not accept a #4 without a #3, etc.
- Duplicate values (#1, #1) are not accepted.
- You can document multiple unconfirmed diagnoses (with the letter “U”), but an unconfirmed diagnosis cannot be the only diagnosis for the patient. An unconfirmed diagnosis should be the most specific symptom that the patient presents. For example, if a patient comes in with chest pain, and the provider wants to rule out myocardial infarction, the provider would document the specific symptom of chest pain as the #1 diagnosis and document the myocardial infarction code as an unconfirmed diagnosis.

4. Chief Complaint:

The ADM Patient Encounter may already have a Chief Complaint entered by the clerk at the time of the patient’s check-in. The provider may accept the Chief Complaint already entered or enter a new Chief Complaint.

You may select the Chief Complaint using the same method as previous described for a Diagnosis, except that the custom selection list is not available for this field.

5. Complete entry of Diagnoses and Diagnoses Priority levels with the Chief Complaint.
6. Press <**Enter**> to display the data entry screen for the E&M portion of the encounter (Figure 3-7).

```
ADM Patient Encounter - E&M Code Enter/Edit
GRANT,CAREY JARET          20/000-10-0000          AGE:33y
-----
Appt Date/Time: 28 May 2002@0130      Type: PCM$          Status: WALK-IN
      Clinic: PRIMARY CARE CLINIC - FO          MEPRS: AAAA
=====
ICD-9      Dx Description          Priority
-----
401.1      BENIGN HYPERTENSION          1
=====
E&M Code Description (Maximum of 3 codes)      Dx Lvl=====
      1-4  Mod1 Mod2 Mod3 Units
-----
Help = HELP          Exit = F10          File/Exit = DO
```

Figure 3-7. E&M Code Enter/Edit Screen – 1 (E&M Data Entry)

3.3. Delete Diagnosis Codes

You may remove incorrect diagnosis codes using the standard CHCS key combinations. Once the corrections have been made, you need to prioritize the remaining diagnoses.

1. Use the up- and down-arrow keys to position the cursor next to the code to be deleted.
2. Press **<PF1>-Backspace** (or **<Num Lock>-Backspace**) simultaneously or press the **Spacebar** twice.
3. Confirm deletion of the code.
Type **YES** to remove the code or **NO** to retain the code in the encounter.
4. Press **<Enter>** through the remaining diagnosis codes to assign new priority levels as appropriate.
5. File the changes or select the desired action when this process is complete.

3.4. Enter Evaluation and Management (E&M) Codes & Modifiers, Diagnosis Levels, and Units of Service

You must enter at least one and up to three E&M codes to complete an encounter. Each E&M code must be associated with at least one prioritized ICD-9 code or up to three E&M codes and three modifiers. You may accept the default value for the Units of Service or enter a whole number between 1 and 4. ADM screens against the E&M code and identifies the available modifiers to apply to that E&M code.

Type **??** to access Help screens to help you enter multiple E&M codes and applicable modifiers (Table 3-3).

Table 3-3. Help Text for Prolonged Physician Services

Total Duration of Prolonged Services	Code(s)
Less than 30 minutes	Not reported separately
30 minutes - 1 hr. 14 min	99354 X 1 unit of service
1 hr. 15 min. - 1 hr. 44 min	99354 X 1 and 99355 X 1
1 hr. 45 min. - 2 hr. 14 min	99354 X 1 and 99355 X 2
2 hr. 15 min. - 2 hr. 44 min	99354 X 1 and 99355 X 3
2 hr. 45 min. - 3 hr. 14 min	99354 X 1 and 99355 X 4

For further information, contact the Uniform Business Office to request the *DOD Military Treatment Facility Functional Business Rules for Outpatient Itemized Billing* documentation, or access the TRICARE site: http://www.tricare.osd.mil/ebc/rm_home/imcp/ubo/ubo_21.htm.

1. Eval. & Mgt. Code:

Use one of four methods to enter an E&M code:

- a. If the clinic has predefined defaults, accept the defaults.
- b. If the code number is known, type the five-digit code. The code and code description populate the field.
- c. Type the first few letters of the description.
 - 1) A list of codes displays that matches the entered character string.
 - 2) Use the up- and down-arrow keys to scroll through the list of codes.
 - 3) Press **<Select>** (or **<End>**) to select the code and populate the Eval. & Mgt. Code field.
- d. Type **?** to display a select list of common clinic codes, or type **??** to display a list of all E&M codes in the CHCS code table (Figure 3-8).

```
CPT code for evaluation and management. ?-Common clinic codes. ??-All codes.
Answer with KG CPT EVALUATION MANAGEMENT CLINIC, or DISPLAY TEXT, or NAME
(L)ist of values, or (Q)uit? L
```

Figure 3-8. CHCS Code Table Action Bar

- 1) Press **<Enter>** to accept the default to display a list of E&M codes.
- 2) Use the up- and down-arrow keys to scroll through the list of codes.
- 3) Press **<Select>** (or **<End>**) to select the code and populate the Eval. & Mgt. Code field.

After you enter the E&M code, an action bar displays at the bottom of the screen.

4) Type **Q** or use the right- or left-arrow key to highlight the Quit action and close the dialog box.

After the E&M code is entered, the cursor is positioned in the Dx Lvl column.

2. Associate the Dx Lvl column with one or more diagnoses in the encounter.

Enter the priority number of the diagnosis to associate with the E&M code. Your entry displays (Figure 3-9).

```

ADM Patient Encounter - E&M Code Enter/Edit
GRANT,CAREY JARET          20/000-00-0001          AGE:33y
-----
Appt Date/Time: 28 May 2002@0130      Type: PCM$          Status: WALK-IN
      Clinic: PRIMARY CARE CLINIC          MEPRS: AAAA
=====
  ICD-9      Dx Description          Priority
-----
  401.1      BENIGN HYPERTENSION          1
  V65.43     COUNSELING INJURY PREVENTION  2

===== Dx Lvl=====
E&M Code Description (Maximum of 3 codes)  1-4  Mod1 Mod2 Mod3 Units
-----
  99214 OFF/OPV; E&M EST PT, DETAIL HIST/EXAM MOD COM 12

Help = HELP      Exit = F10      File/Exit = DO

```

Figure 3-9. E&M Code Enter/Edit Screen – 2 (Associate Diagnosis)

3. Mod1:

Enter the number of the E&M modifier or type ? to access the Help screens (Figure 3-10 and Figure 3-11).

```

Answer with ADM MODIFIERS

(L)ist of values, or (Q)uit? L

Keyboard Help = PF1,HELP

```

Figure 3-10. E&M Modifier Help Screen 1

21	PROLONGED E&M SERVICES
24	UNRELATED E&M BY SAME PHYS DURING POST-OP PERIOD
25	SIGNIFICANT, SEPARATE E&M SVC BY SAME PHYS/DAY/OTH SVC
52	REDUCED SERVICES
57	DECISION FOR SURGERY
CC	PROCEDURE CODE CHANGED - INCORRECT CODE FILED

Figure 3-11. E&M Modifier Help Screen 2

Business Rule:

The requirements for developing ADM to support the Outpatient Itemized Billing (OIB) program provided the modifiers available for specific code ranges. Available modifiers may vary between code ranges. You may not enter any codes in the Mod1 through Mod3 fields other than those in the available picklist.

Once you enter the final E&M code and assign the required Dx Lvl and modifiers (if applicable), the First Screen action bar displays (Figure 3-12).

First screen	Edit
---------------------	------

Return to the action bar on screen one.

Figure 3-12. First Screen Action Bar

4. Type **F** or use the right- or left-arrow key to highlight the First screen action to return to the E&M Code Enter/Edit screen (Figure 3-13).

Or type **E** or use the right- or left-arrow key to highlight the Edit action to edit the E&M entries.

```

ADM Patient Encounter - E&M Code Enter/Edit
GRANT,CAREY JARET          20/000-00-0001          AGE:33y
-----
Appt Date/Time: 28 May 2002@0130      Type: PCM$          Status: WALK-IN
      Clinic: PRIMARY CARE CLINIC          MEPRS: AAAA
In/Outpatient: Inpatient          APV: No          Work Related: No
Appt Provider: HOUSER,DOUGLAS          Injury Date:
2nd Provider #1:          Role:
2nd Provider #2:          Role:
Disposition:
=====
ICD-9      Dx Description          Priority
-----
401.1      BENIGN HYPERTENSION          1
-----
Chief Complaint: 401.1      BENIGN HYPERTENSION
-----
Edit Icd-9  e&M  Cpt/hcpcs  Admin Code  File  View  mail  cUo  eXit
Enter/edit CPT or HCPCS codes

```

Figure 3-13. E&M Code Enter/Edit Screen – 3 (with Action Bar)

- Type **C** or use the right- or left-arrow key to highlight the Cpt/hcpcs action to complete the encounter.

Or select any other action listed.

3.5. Delete E&M Codes

You may change or delete the E&M codes, Dx Lvl (Diagnosis Priority Level), or modifiers using the same method as previously described in Section 3.3. Delete Diagnosis Codes. The ADM software uses standard baseline CHCS key functions. If the record contains only one E&M code, you need to enter a replacement E&M code with the appropriate Dx Lvl and modifiers (if appropriate) to complete the record.

Note: ADM encounters do not have a built-in audit trail. Once a code (diagnosis, E&M, or procedure) has been deleted, no recovery capability is available to view the original codes that were deleted. The new entry overwrites each change to a specific code.

3.6. Enter Common Procedure Coding System (CPT) Codes & Modifiers, Diagnosis Levels, and Units of Service

You can enter an unlimited number of CPT/HCPCS codes for each encounter. Each CPT/HCPCS code must be associated with at least one prioritized ICD-9 code and up to three modifiers. You may accept the default value for the Units of Service or enter a whole number between 1 and 999. Not all encounters have associated CPT/HCPCS codes; therefore, their entry is optional.

Refer to Section 1.4 References for help in completing the CPT/HCPCS portion of the ADM encounter.

3.7. Enter Procedures in the ADM Patient Record (Cpt/hcpcs) Action

CPT codes are used to document when a physical procedure has been performed on a patient during an encounter within the clinic.

When you complete the initial encounter data entry for the E&M codes, you return to the first E&M Code Enter/Edit screen with the action bar (Figure 3-14).

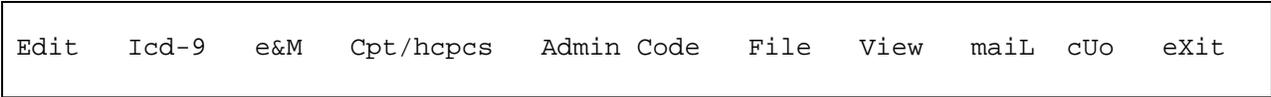


Figure 3-14. E&M Code Enter/Edit Screen Action Bar

1. Select the Cpt/hcpcs action to enter the procedure codes.
 If the Cpt/hcpcs action is highlighted (indicating that it is the default), press <Enter>. Or type C, or use the right- and left-arrow keys to highlight the CPT/hcpcs action and select it. The CPT/HCPCS Code Enter/Edit screen displays (Figure 3-15).

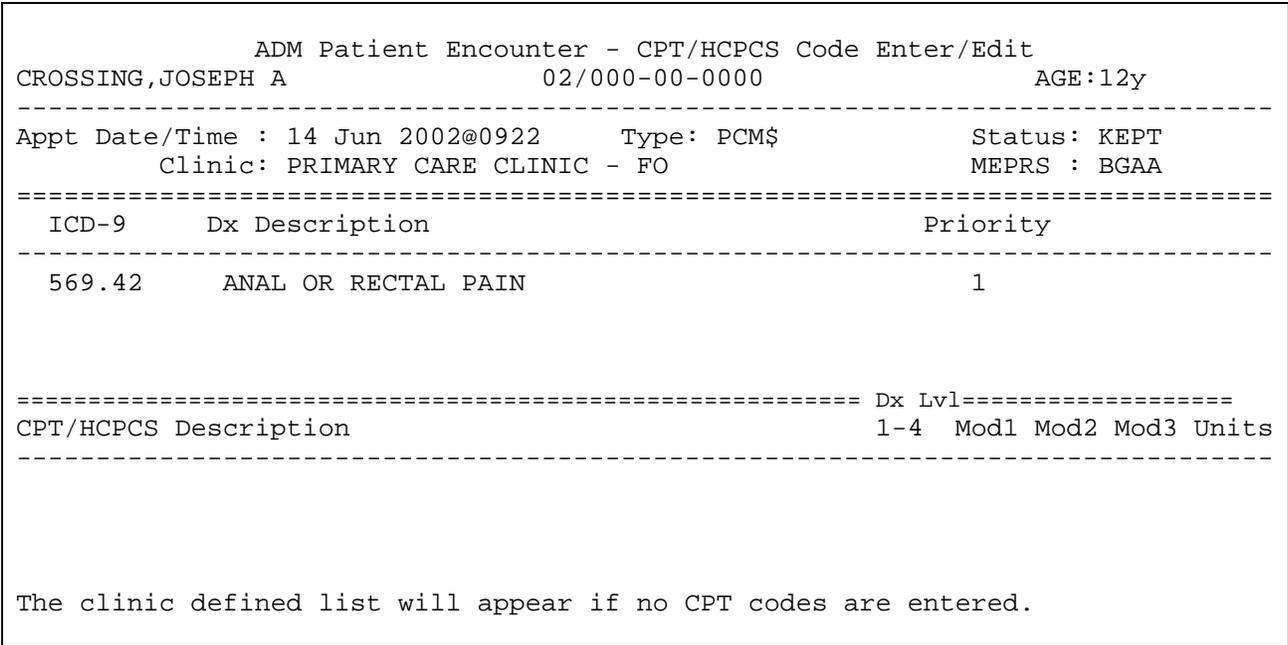


Figure 3-15. CPT/HCPCS Code Enter/Edit Screen

2. Enter the procedure code.
 Use one of five methods to enter a procedure code: 1) select from the Clinic Procedure Selection List (if available), 2) use the Search option in the master CPT/HCPCS file, 3) enter a partial numerical code, 4) enter a procedure description as the search criterion, or 5) type ?? to search the entire master file. You may also use the clinic defaults (if defined) to enter procedure codes into the encounter.
 - a. Press <Enter> to display the Clinic Procedure Selection List (if available).

- 1) Press **<Select>** (or **<End>**) to select the list to expand. Refer to Section 3.2, step 1.
 - 2) Use the up or down-arrow keys to position the cursor next to the procedure code.
 - 3) Press **<Select>** (or **<End>**) to select the code. You can select multiple codes from the same picklist.
 - 4) When complete, press **<Enter>** to accept the selections.
 - 5) Press **<Enter>** again to exit the selection list.
- b. Type **??** to display the entire list of CPT/HCPCS codes.
- 1) Use the up- or down-arrow keys to scroll through the list and position the cursor on a specific code. Or use **<Page Up>** and **<Page Down>** (or **<Prev>** and **<Next>**) to navigate through the list. You cannot select codes from the list.
 - 2) Note the code number desired.
 - 3) Press **<Enter>** to exit the list.
The cursor displays on the CPT code field.
 - 4) Enter the code identified.
- c. Enter a three- or four-digit number that represents the partial code for the procedure code group.
A picklist of all codes that begin with the partial numerical code displays.
- 1) Enter a four-digit partial number to display a more specific list of procedure code choices.
 - 2) Press **<Select>** (or **<End>**) to select a code.
- d. Enter the description of a procedure (i.e., Suture, Injection, Anesthesia, etc.). A picklist of related procedure codes displays.
- 1) Use the up- or down-arrow keys to scroll through the list.
 - 2) Press **<Select>** or **<End>** to select the code and populate the procedure code field.
You return to the CPT/HCPCS Code Enter/Edit screen.
3. Associate the Dx Lvl column with one or more diagnoses in the encounter.
Enter the priority number of the diagnosis to associate with the procedure code. Your entry displays.
4. Press **<Enter>** to move to the Mod1 field.
Enter the number of the procedure code modifier or type **?** to access the Help screens (Figure 3-16 and Figure 3-17).

```
Answer with KG ADS MODIFIERS
(L)ist of values, or (Q)uit? L
```

Figure 3-16. Procedure Code Modifier Help Screen 1

22	UNUSUAL PROCEDURE SERVICES
26	PROFESSIONAL COMPONENT
32	MANDATED SERVICES
47	ANESTHESIA BY SURGEON
50	BILATERAL PROCEDURE
51	MULTIPLE PROCEDURES
52	REDUCED SERVICES
+ 53	DISCONTINUED PROCEDURE

Figure 3-17. Procedure Code Modifier Help Screen 2

Business Rule:

The requirements for developing ADM to support the OIB program provided the modifiers available for specific code ranges. Available modifiers may vary between code ranges. You may not enter any codes in the Mod1 through Mod3 fields other than those in the available picklist.

5. Select a code from the picklist.
 - a. Use the up- or down-arrow keys to scroll through the list.
 - b. Press <Select> (or <End>) to select the code and populate the procedure code field.

The cursor displays on the Mod2 field on the CPT/HCPCS Code Enter/Edit screen.

6. Press <Enter> to move through the remaining Modifier fields or enter additional modifiers for this code (if required).
7. Enter the Units of Service applicable to the procedure code.

Enter a value between 1 and 999. Refer to the *DOD Military Treatment Facility Functional Business Rules for Outpatient Itemized Billing* for additional guidance on using this field correctly.
8. Press <Enter> to return to the CPT/HCPCS Code Enter/Edit screen.

Once you enter the final CPT/HCPCS code and assign the required Dx Lvl and modifiers (if applicable), the First Screen action bar displays (Figure 3-12).

Business Rules:

Only procedures completed within the clinic are documented. Laboratory or radiological procedures are not documented if performed in the ancillary clinics.

Procedure codes are “matched” with their definitive diagnoses. All procedures must be associated with a diagnosis by assigning the same level to the procedure code that was assigned to the diagnosis. For example, assume a patient with an acute asthma attack and dehydration. IV infusion therapy and nebulizer treatment are administered. The provider marks bronchospasm as diagnosis #1 and dehydration as diagnosis #2. The nebulizer treatment is the procedure directed toward the bronchospasm (#1), so it would be marked with #1. The IV infusion therapy is the procedure directed toward dehydration (#2), so it would be marked with #2. This practice relates procedures to diagnoses. Because of this relationship, a #2 procedure cannot be marked without a #2 diagnosis.

More than one procedure can be directed toward a single diagnosis; so multiple 1s, 2s, 3s, and 4s are acceptable. If four procedures were directed towards the #2 diagnosis, all four procedures would be marked #2.

If the same procedure is performed to treat two different diagnoses, that procedure code must be selected once for each diagnosis and assigned the appropriate level. For example, if excision procedure 11602 were performed for the #1 diagnosis of a Lesion on the Arm and the #2 diagnosis of Lesion on the Leg, the code 11602 would be listed twice, once with #1 and again with #2.

Procedures directed toward an unconfirmed diagnosis should be correlated to the symptom coded in association with the unconfirmed diagnosis.

3.8. Delete Procedure Codes

You may change or delete the CPT/HCPCS codes, Dx Lvl, or modifiers using the same method as previously described in Section 3.3 Delete Diagnosis Codes and using the same key functions as in the CPT/HCPCS Code Enter/Edit screen. The ADM software uses standard baseline CHCS key functions.

3.9. Enter Administrative Disposition Code (Admin code) Action (Optional)

Administrative Disposition codes provide additional information regarding the disposition of the patient after the appointment. The dispositions can be identified for reporting on and tracking patients for such items as convalescent leave days per clinic and administrative actions.

1. Type **A** or use the left- and right-arrow keys to highlight the Admin code action.

The Admin Code entry screen displays (Figure 3-18).

```
ADMIN CODES
  1. Consultation Requested
  2. Referred To Another Provider
  3. Convalescent Leave
  4. Medical Board
  5. Medical Hold
Enter one or more codes (Format: NNNNN) :
```

Figure 3-18. Admin Code Entry Screen

2. Enter an Admin code number or multiple code numbers without commas or spaces.
3. Use the up-arrow key to redisplay the previous screen to reenter the Admin codes or remove the previously entered Admin codes.
 - a. Enter the @ sign to remove any codes entered into this field.
 - b. Enter codes other than what was previously entered to replace existing codes.
4. Press <Enter> to complete the process and return to the ADM Encounter screen.

3.10. Edit Data Fields Prior to Saving the Record

3.10.1 Enter Additional Provider Information (Optional)

Business Rule:

The Additional Provider field is optional. It indicates additional providers and their role in the patient's care. A role must be assigned to each additional provider.

1. Enter name of secondary Provider

Use one of two methods to enter additional providers and their roles: 1) enter with the diagnosis codes on the ADM Patient Encounter screen or 2) use the Edit action on the ADM Patient Encounter screen.

- a. Enter with the diagnosis codes on the ADM Patient Encounter screen.
 - 1) Use the up- and down-arrow keys to navigate to the 2nd Provider #1 field.
 - 2) Enter the last name of the provider to be added to the encounter or type ? to access the Help screens (Figure 3-19).

```
Enter name of secondary Provider 1
Second provider involved with the encounter.

Answer with PROVIDER NAME, or DEA#, or HCP#, or PROVIDER ID, or SSN, or
(M)ore help, (L)ist of values, or (Q)uit? L
```

Figure 3-19. Secondary Provider Help Screen

- 3) Use the up- and down-arrow keys to scroll through the list of providers.
 - 4) Press <Select> (or <End>) to select the provider's name from the list.
 - b. Type **E** or use right- and left-arrow keys to highlight the Edit action
The cursor first displays on the APV field.
 - 1) Use the down-arrow key to navigate to the 2nd Provider #1 field.
 - 2) Enter the provider name.
2. Enter role of secondary Provider
Enter the role or type ? to access the Help screens (Figure 3-20).

Enter role of secondary Provider 1	
1	ATTENDING
2	ASSISTING
3	SUPERVISING
4	NURSE
5	PARA-PROFESSIONAL

Figure 3-20. Role of Secondary Provider Help Screen

- a. Use the up- and down-arrow keys to scroll through the list.
 - b. Press <Select> (or <End>) to select the provider's role from the list.
The cursor advances to the next editable field.
3. Repeat previous steps for a second additional provider or press <Enter> to exit the field.
 4. Press <Enter> until the ADM Patient Encounter screen action bar displays.

3.10.2 Edit/Enter Ambulatory Patient Visit (APV) Field

The APV field defaults to the clinic type of the appointment MEPRS code. A MEPRS code with a clinic type of APV defaults to YES. Edit this field using the procedure in described in Section 3.10.1 Enter Additional Provider Information (Optional).

Business Rule:

Currently, the ADM edit check and business rule require that an APV appointment have an E&M code of 99499. A warning message displays if the E&M code for an APV appointment is not 99499.

3.10.3 Edit/Enter Work Related Field

The Work Related field is initially entered using the Clerk Check-In option. Edit this field using the procedure in described in Section 3.10.1 Enter Additional Provider Information (Optional). The default is NO, but can be changed to YES. Once this field is changed to YES, the Injury Date field becomes required prior to filing the encounter.

1. Navigate to the Work Related field.

Use the procedure described in Section 3.10.1 Enter Additional Provider Information (Optional).

2. Work Related:

Enter the appropriate value.

Business Rule:

When a previous value of YES was entered in the Work Related field and is corrected to a value of NO, the Injury Date field should be removed to reflect correct applicable data elements.

3. Injury Date:

Enter the Injury Date in the standard CHCS date format or remove the Injury Date by pressing <PF1>-Backspace (or <Num Lock>-Backspace) simultaneously.

4. Press <Enter> until the ADM Patient Encounter Screen action bar displays.

5. Select the next action.

3.11. Enter For Clinic Use Only Codes (cUo) Action

This action was designed to collect data related or unrelated to medical codes. A number of situations can be documented in this area:

- Whether the patient has his or her medical record
- Whether the provider ordered laboratory tests or radiological exams
- Different treatment protocols
- Whether patient information materials were dispersed
- Any other quality metrics and measurements.

The ADM administrator/supervisor can define customized For Clinic Use Only Descriptions for the clinic. A maximum of six descriptions can be defined, with five level descriptions each. Use either the Create New ADM Patient Records (1) option or the Modify Existing ADM Patient Record (2) option to populate this field.

1. Type U or use the left- and right-arrow keys highlight the cUo action.

The For Clinic Use Only and Admin Codes Enter/Edit screen displays (Figure 3-21).

```
1: RATE YOUR HEALTH
   2: Third Party Liability
   3: Motor Vehicle Accident
   4: Patient Education Processes.
```

```
Enter For Clinic Use Only selection(s)
Format: 1A,2B or P=picklist, @=delete, ^=abort : P//
```

Figure 3-21. For Clinic Use Only and Admin Codes Enter/Edit Screen

2. Enter the For Clinic Use Only description and level.

Use one of two methods:

- a. Enter the numeric number of the description and the letter of the description level.
- b. Press <Enter> to display the default picklist of descriptions available for the clinic (Figure 3-22).

AVAILABLE	Created:	By:
1. RATE YOUR HEALTH	10/11/01	CENTER, SUPPORT
A. EXCELLENT	AVAILABLE	
B. GOOD	AVAILABLE	
C. FAIR	AVAILABLE	
D. POOR	AVAILABLE	
2. Third Party Liability	10/11/01	CENTER, SUPPORT
A. Yes	AVAILABLE	
3. Motor Vehicle Accident	10/11/01	CENTER, SUPPORT
A. Work related	AVAILABLE	
B. Training Related	AVAILABLE	
C. Liberty	AVAILABLE	
D. In line of duty	AVAILABLE	
E. not in line of duty	AVAILABLE	

Figure 3-22. Default For Clinic Use Only Description Picklist

The picklist displays the descriptions, level descriptions, the date the descriptions were created, and the creator's name. The description and description level each display the availability status.

3. Use the up- and down-arrow keys to scroll through the picklist.
4. Press <Select> (or <End>) to select the description to enter.

You can select multiple descriptions from the same selection list.

5. Press <Enter> to complete the selection.

The description number and the alpha level display on the For Clinic Use Only and Admin Codes Enter/Edit screen.

6. Press <Enter> twice to exit the For Clinic Use Only and Admin Codes Enter/Edit screen or use the up-arrow key to add additional descriptions.
7. Remove For Clinic Use Only descriptions.

Format: 1A,2B or P=picklist, @=delete, ^=abort : 1A//

Type the @ character at the prompt, where 1A is the description and level previously entered.

3.12. Exit the ADM Record (X) Action

The Exit action on the ADM Patient Encounter screen allows you to exit the ADM encounter without saving any of the encounter data previously entered. Exiting the ADM encounter record does not create an ADM record entry for the appointment. The patient appointment remains on the ADM patient list for ADM records to be created.

1. Type **X** or use the left- and right-arrow keys to highlight the eXit action, or press **<F10>** (if available).

The verification screen displays.

2. Verify To Exit & Not Save Changes (Y/N) N//

The default is NO. Type **Y** to exit without saving the record changes. A confirmation message displays that the ADM record is being deleted.

3. ADS Record is being deleted

Press [RETURN] to continue: **<Enter>**

You return to the ADM Data Entry Menu. The deletion is complete and the record remains on the list for Appointed Patients with no ADM records created.

3.13. Mail to Coder (maiL) Action (Optional)

The provider may be unsure which code to select when documenting a diagnosis or procedure. The maiL action on the ADM Patient Encounter screen permits the provider to send electronic mail (e-mail) to the facility coders asking for assistance in assigning the appropriate code. This feature functions only if the ADM administrator/supervisor defined the Mail Group Preferences for the ADM coders.

The patient appointment must be selected and entered through the ICD fields, and the E&M data must be entered through the fields on the ADM E&M Code Enter/Edit screen.

1. Type **L** or use the left- and right-arrow keys to highlight the maiL action.

An additional information entry screen displays.

2. Enter additional information for coders (<RETURN> ends input)

Type a brief message or description describing the patient's diagnosis, E&M question, and procedure acronym. Include any information that may help determine the correct code to assign to the encounter. Also include any questions regarding the use of modifiers and Units of Service. Keep the message as brief and distinct as possible.

3. Confirm to send the mail.

The available entries are YES or NO. The default is YES.

A message notifies you that the e-mail has been sent.

This action files the ADM encounter and moves the encounter to the patient appointment list in the Modify Existing ADM Patient Record (2) option. The coder replies to the e-mail with the appropriate codes to be used in the encounter. The e-mail contains the necessary patient appointment information to identify the correct record for later data entry (Figure 3-23).

```
Subj: Bulletin for ADC coder Wed, 10 Jul 2002 21:41:50 8 Lines
From: HOUSER,DOUGLAS in 'IN' basket.
-----Expires: 25 Jul 2002-----
Patient Name: BUTLER,BASHFUL J
Provider: WELBY,MARCUS M II
Clinic: PRIMARY CARE SERVICES
Appt Dt: 18 Apr 2002@1030

Additional Information:
DS=STUFFY NOSE, FEVER
NEED MODIFIER FOR ADDITIONAL REPEATS OF SAME FOOD ALLERGY SKIN TEST.
Select MESSAGE Action: IGNORE (in IN basket)//
```

Figure 3-23. E-Mail from Coder with Patient Appointment Information

3.14. View the ADM Patient Encounter (View) Action

The View action on the ADM Patient Encounter screen allows you to view the patient's ADM encounter summary before the record is saved. Refer to Section 2 Ambulatory Data Module Main Menu for menu paths.

1. Type **V** or use the left- and right-arrow keys to highlight the View action.
The ADM Encounter data previously entered into the ADM record displays.
2. Use Previous Screen & Next Screen keys to view text or Press <RETURN> to exit
 - a. Press <**Next**> and <**Prev**> (or <**Page Up**> and <**Page Down**>) to view the first or second page of the View Patient Encounter Summary screen (Figure 3-24 and Figure 3-25).
 - b. Press <**Enter**> to exit the View Patient Encounter Summary screen.
3. Select the next action.

```
VIEW PATIENT ENCOUNTER SUMMARY
[-----]
DMIS ID: 7056  LANGLEY AFB                      SADR Status: PENDING
                ADM Patient Encounter
PATIENT,NUMBER 1          20/000-00-0000        AGE:33y
-----
Appt Date/Time :28 May 2002@0130      Type: PCM$           Status: PENDING
      Clinic: PRIMARY CARE CLINIC - FO      MEPRS : AAAA
  In/Outpatient:                          APV: No           Work Related: No
  Appt Provider: HOUSER,DOUGLAS           Injury Date :
2nd Provider #1:                          Role:
2nd Provider #2:                          Role:
  Disposition:
Chief Complaint: 333.1      TREMOR NEC

=====
  ICD-9      Dx Description                      Priority
-----

=====
  E&M Cd Description                          Dx Lvl Mod1 Mod2 Mod3 Units
+ -----
[-----]
Use Previous Screen & Next Screen keys to view text or Press <RETURN> to exit
```

Figure 3-24. View Patient Encounter Summary Screen – 1

```
VIEW PATIENT ENCOUNTER SUMMARY
[-----]
+
-----
  CPT Cd Description                          Dx Lvl Mod1 Mod2 Mod3 Units
-----

For Clinic Use Only Codes:
Admin Codes:

[-----]
Use Previous Screen & Next Screen keys to view text or Press <RETURN> to exit
```

Figure 3-25. View Patient Encounter Summary Screen – 2

3.15. File the ADM Encounter Record (File) Action

Once the ADM Encounter record is complete and all warning messages have been addressed or corrected, the record is ready to file. The software business rules and edit checks validate the ADM encounter data prior to saving the record. If the record fails any business rule, a warning message briefly describes the nature of the error. This ensures that any ADM record filed meets the requirements of a valid complete ADM encounter record.

Business Rule:

The software automatically generates patient appointments with an appointment status of Cancel, No-Show, or LWOBS, provided ADM administrator/supervisor has defined the clinic in the Edit ADM Clinics option. The nightly SADR process searches for records with an appointment status of Cancel, No-Show, or LWOBS from the previous day only.

Note: If the EOD processing is not done in the PAS module in a timely manner, appointments with these statuses must be filed manually in order to create a record with data appropriate to the appointment processed in the SADR transmission.

The File action on the ADM Patient Encounter screen allows you to save the ADM record. Refer to Section 3.1 through 3.4 for the steps for completing an ADM encounter.

1. Type **F** or use the left- and right-arrow keys to highlight the File action.

The ADM record is saved and you either return to the ADM Data Entry Menu or go to the next ADM Patient Encounter record to be completed.

Additional prompts may display if the ADM administrator/supervisor has defined the additional options in the Edit ADM Site Parameters. You may be prompted to return to the Patient Master Problem List screen to update the Patient Master Problem List. Refer to Section 5 Manage /Edit the ADM Patient Master Problem List.

2. Do you wish to update Patient's Master Problem list with new diagnoses? NO//
3. Create/modify electronic SF600 for BEALE,SLEEPY Q? Yes//

This prompt asks whether you want to create or modify an electronic SF600 to access additional software not included in the ADM V3.0 module. The KG SF600 software previously developed by the TMSSC or the Custom SF 600 software is contained in a different software module.

4. Modify Existing ADM Patient Record (2) Option

The Modify Existing ADM Patient Record (2) option on the ADM Data Entry Menu allows the healthcare provider to electronically add or modify patient encounter data. The provider can change, add, or associate a set of diagnoses (also known as problems or ICD-9 codes), E&M codes, and procedures (known as CPT or HCPCS codes) to a patient visit.

Menu Path: Any Main Menu → ADM (Ambulatory Data Module Main Menu) → 1 (ADM Data Entry Menu) → 2 (Modify Existing ADM Patient Record)

Security Key: None required. The CHCS User file primary location, provider, and allowable divisions fields and the KG User Access file control access to this module.

Note: The screen captures depicted in this section are based on the privileges granted to a user with no security keys.

1. Type **2** to access the Modify Existing ADM Patient Record option on the ADM Data Entry Menu.

The Modify ADM Record screen displays (Figure 4-1).

```

                                Modify ADM Record
Select Location: A-CORONARY CU (PAD) ACT//    PRIMARY CARE CLINIC - FO
                CLINIC    AIR FORCE OUTPATIENT DIV    BHAA
Select PROVIDER:    HOUSER, DOUGLAS L
Select PATIENT NAME (or '.' for chronological order):
```

Figure 4-1. Modify ADM Record Screen

2. Select Location:
Select PROVIDER:
Select the clinic and provider. Refer to Section 3.1 for the detailed procedure.
3. Select PATIENT NAME (or '.' for chronological order):
Select the patient's ADM encounter records for modification. Use one of two methods:
 - a. Select ADM encounter records by patient name.
 - b. Type the last name, first name of the patient to be edited.
4. Confirm that the patient name and FMP/SSN are correct: <Enter>
The patient's ADM encounter records display (Figure 4-2).

ADM Appointments for CROSSING, JORDAN A				
Appointment Date	Type	Status	Ck-In	
*10 Jul 02@1801	ACUT	WALK-IN		
26 Jun 02@1234	PCM\$	KEPT		

Figure 4-2. ADM Appointments for Patient

5. Select the appointment date to modify.
 - a. Use the up- and down-arrow keys to scroll through the list of patient appointments.
 - b. Press <Select> (or <End>) to select the appointment date.
 An asterisk displays beside the selected patient(s).
 - c. Press <Enter> once all the appointments are selected.
 The first encounter that you selected displays on the ADM Patient Encounter screen (Figure 4-3).

ADM Patient Encounter		
BUTLER, BASHFUL A	01/000-00-0001	AGE: 7y

Appt Date/Time : 10 Jul 2002@1801	Type: ACUT	Status: WALK-IN
Clinic: PRIMARY CARE CLINIC - FO		MEPRS : BGAA
In/Outpatient: Outpatient	APV: No	Work Related: No
Appt Provider: HOUSER, DOUGLAS L		Injury Date : 30 Jun 2002
2nd Provider #1:		Role:
2nd Provider #2:		Role:
Disposition: RELEASED W/O LIMITATIONS		
=====		
ICD-9	Dx Description	Priority
840.8	SPRAIN SHOULDER/ARM NEC	1

Chief Complaint: 719.42	JOINT PAIN-UP/ARM	

Help = HELP	Exit = F10	File/Exit = DO

Figure 4-3. ADM Patient Encounter Screen (with Selected Encounter)

6. Select PATIENT NAME (or '.' for chronological order): .
 Type a period (.) to select the ADM Patient Encounter Records by chronological order (Figure 4-4).

```

Select Location: A-CORONARY CU (PAD) ACT// PRIMARY CARE CLINIC - FO
                CLINIC AIR FORCE OUTPATIENT DIV BHAA
Select PROVIDER: HOUSER,DOUGLAS L

Select PATIENT NAME (or '.' for chronological order): .

The listing will be reverse chronological order, but enter
EARLIEST and then LATEST appointments.

Start with APPOINTMENT DATE: 27 Jun 2002@0001//

```

Figure 4-4. Chronological Order Prompts

- 7. Start with APPOINTMENT DATE:
Enter the appointment start date in a CHCS date format.
- 8. Through APPOINTMENT DATE:
Enter the appointment end date in a CHCS date format. The Modify Selected Patients for PROVIDER screen displays (Figure 4-5).

Modify Selected Patients for HOUSER,DOUGLAS

Patient	Appt Dt/Tm	Appt Status	Ck-In
PATIENT, GREENSLEEVES	01 Jul 2002@0104	KEPT	
CROSSING, JORDAN A	26 Jun 2002@1234	KEPT	
PATIENT, NUMBER 2	26 Jun 2002@1233	KEPT	
PATIENT, DOCTOR	19 Jun 2002@1009	KEPT	
PATIENT, OTIS	19 Jun 2002@0950	WALK-IN	
PATIENT, NUMBER 3	14 Jun 2002@1612	WALK-IN	
CROSSING, JOSEPH A	14 Jun 2002@0922	KEPT	
PATIENT, NAME	13 Jun 2002@0932	WALK-IN	
LINCOLN, ABE T	13 Jun 2002@0921	KEPT	
PATIENT, NUMBER 2	11 Jun 2002@0934	WALK-IN	
PATIENT, NUMBER 1	04 Jun 2002@0253	KEPT	
PATIENT, NUMBER 1	28 May 2002@0130	PENDING	

Figure 4-5. Modify Selected Patients for PROVIDER Screen

- 9. Edit the ADM Patient Encounter record.
Refer to Section 3.1 through 3.11 for procedures on changing or deleting data in various fields for the ADM record.

- b. If you enter Inactive, you need to enter a Date of Resolution. Indicate the desired date, or press <Enter> for the current date.
4. Acuity of Problem:
Type **A** for Acute or **C** for Chronic.
5. Comment:
Enter a comment as desired. You may enter multiple comments on a patient in association with each problem.
6. File/Exit, Abort (Exit without saving data) or Edit.
Select the File/Exit action to exit the current diagnosis Problem List screen. You may return to any of several different screens:
 - a. You go to the next diagnosis to be added to the Patient Master Problem List.
 - b. If no more diagnoses need to be added, you go to the next encounter to be created or modified.
 - c. If only one encounter was created or modified, you return to the previous menu.
 - d. If the option is enabled, the Create/modify electronic SF600 for PATIENT,NAME Q? Yes// prompt displays.

5.1.2 Patient Master Problem List (3) Option on the Ambulatory Data Module Main Menu

1. Log in to CHCS as usual with the authorized Access and Verify codes.
2. If ADM is not the primary menu, type **ADM**.
3. Type **3** to access the Patient Master Problem List option on the Ambulatory Data Module Main Menu.

Menu Path: Any Main Menu → ADM (Ambulatory Data Module Main Menu) → 3 (Patient Master Problem List)

A confidential information warning displays (Figure 5-2).

<p>Patient Master Problem List THIS FILE CONTAINS CONFIDENTIAL PATIENT INFORMATION AND ACCESS IS AUDITED. INAPPROPRIATE USE WILL BE INVESTIGATED.</p> <p>Do you wish to continue? NO//</p>
--

Figure 5-2. Confidential Information Warning

4. Do you wish to continue? NO//
Type **Y**. If you press <Enter> to accept the default of NO, you return to the previous menu.
5. Type the patient's name.
6. Press <Enter> to confirm the patient selection.

7. Select REQUESTING LOCATION:

Enter the MEPRS code or clinic location for the patient's appointment that is being entered or updated.

The Patient Master Problem List screen displays (Figure 5-3)

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All

No Patient Diagnosis			

Add	Display	pRint	Help eXit
Add a new diagnosis to the patient's problem list			

Figure 5-3. Patient Master Problem List Screen with Add a New Diagnosis to the Patient's Problem List Action

5.2. Add a New Diagnosis to the Patient Master Problem List (Add) Action

Use the Add action to add a new diagnosis to the Patient Master Problem List.

1. Access the Patient Master Problem List screen, as described in Section 5.1.2.
2. Type **A** or use the left- or right-arrow key to highlight the Add action.
3. Enter Location for Diagnosis Selection List or
Press <RETURN> to enter a NEW patient diagnosis:

Type the MEPRS code or the clinic name of the clinic that has a diagnosis selection list.

The available diagnosis selection list displays for the clinic selected. Refer to Figure 3-5 and Figure 3-6 in Section 3.2.

4. Scroll through the diagnosis selection list and select the diagnosis code as described in Section 3.2.

You can select multiple diagnoses from the picklist. Once you select the diagnosis code(s), the Problem List screen displays.

5. Complete the fields as previously described in Section 5.1.1.

The completed Problem List screen displays with the active patient problems and an expanded action bar (Figure 5-4).

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All

Problem		Location	Acuity Updated
Active			
1. ESSENTIAL HYPERTENSION, BENIGN, Onset		NO CLINIC2	Chronic
07/11/02			
Inactive			

Add	Edit	Inact	Display
	deLete	pRint	Help
	eXit		
Edit an existing diagnosis on the patient's list			

Figure 5-4. Completed Problem List Screen with Active Patient Problems and Expanded Action Bar

This action bar (Table 5-1) allows you to add, edit, inactivate, delete, display, and print Active or Inactive diagnoses.

Table 5-1. Problem List Expanded Actions

Action	Description
Add	Add a new diagnosis to the Patient Master Problem List.
Edit	Modify a previously entered diagnosis on the Patient Master Problem List.
Inact	Inactivate the diagnosis when a patient's diagnosis has been resolved. (Use when the health problem has been resolved or the patient is no longer being treated for the problem.) You never delete a diagnosis once it has been entered into the Patient Master Problem List.
Display	Display additional information or print the Patient Master Problem List.
deLete	Delete a diagnosis from the Patient Master Problem List only if the diagnosis was entered in error. The Patient Master Problem List is a legal record of the patient's diagnostic history. The ADM module tracks and audits the entries.
pRint	Print the Patient Master Problem List.
Help	Display explanatory text.
eXit	Quit the action and return to previous screen.

Business Rule:

You should not delete the diagnoses from the Patient Master Problem List unless an incorrect code was entered into the Patient's Problem List.

5.3. Edit the Patient Master Problem List (Edit) Action

Use the Edit action to modify a previously entered diagnosis on the Patient Master Problem List.

1. Access the Patient Master Problem List screen, as described in Section 5.1.2.
2. Use the up- or down-arrow key to scroll through the Patient's Problem List.
3. Press <Select> (or <End>) to select the diagnosis to edit.
4. Type **E** or use the right- or left-arrow key to highlight the Edit action.

The Patient Master Problem List screen displays.

5. Use the up- or down-arrow key to scroll through the fields. Refer to Section 5.1.1 for the process steps.

You do not need to delete existing data in order to edit the fields on the Problem List screen.

5.4. Inactivate Diagnosis in the Patient Master Problem List (Inact) Action

Use the Inact action to inactivate the diagnosis when a patient's diagnosis has been resolved. (Use when the health problem has been resolved or the patient is no longer being treated for the problem.) You never delete a diagnosis once it has been entered into the Patient Master Problem List.

1. Access the Patient Master Problem List screen, as described in Section 5.1.2.
2. Use the up- or down-arrow key to scroll through the Patient's Problem List.
3. Press <Select> (or <End>) to select the diagnosis to inactivate.
4. Type **I** or use the right- or left-arrow key to highlight the Inact action.

The Patient Master Problem List screen displays (Figure 5-5).

5. Date Resolved: TODAY//

Enter the date that the diagnosis was resolved in a CHCS date format.

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All				

Problem		Location	Acuity Updated				
Active							
* 1. ESSENTIAL HYPERTENSION, BENIGN, Onset		NO CLINIC2	Chronic				
[-----]							
Diagnosis: ESSENTIAL HYPERTENSION, BENIGN, Onset							
Date Resolved: TODAY//							
[-----]							

Add	Edit	Inact	Display	deLete	pRint	Help	eXit
Inactivate/resolve a diagnosis on the patient's list							

Figure 5-5. Patient Master Problem List Screen with Date Resolved Prompt

6. Comment:

Enter a comment appropriate to the change in the Problem Status. You return to the Patient Master Problem List screen.

5.5. Display the Patient Master Problem List (Display) Action

Use the Display action to display additional information or print the Patient Master Problem List.

- 1. Access the Patient Master Problem List screen, as described in Section 5.1.2.
- 2. Type **D** or use the right- or left-arrow key to highlight the Display action.

The Patient’s Problem List screen displays with a new action bar for additional information displays and ways of printing the Patient Master Problem List. Type the highlighted letter of the desired action (Table 5-2) or use the right- or left-arrow key to highlight the action to select the type of Patient Master Problem List to display or print.

Table 5-2. Display and Print Actions

Action	Description
ALl	Display all Active and Inactive diagnoses for the patient.
Active	Display only Active diagnoses for the patient.
Inact	Display only Inactive diagnoses for the patient. Toggle to Active action.
loCation	Display only diagnoses associated with one specified clinic for the patient. Includes both Active and Inactive diagnoses.
Provider	Display only diagnoses entered by one specified provider. Includes both Active and Inactive diagnoses.
Expand	Display all Active and Inactive diagnoses for the patient. Includes onset and acuity of diagnoses. Not on Print action bar; a prompt is used instead.
pRint	Print diagnoses reports. Includes abbreviated version of the Display action bar: aLl Active loCation Provider Help eXit
Help	Display explanatory text.
eXit	Quit the action and return to previous screen.

3. Type **A** or use the right- or left-arrow key to highlight the Active action (Figure 5-6).

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All

Problem		Location	Acuity Updated
Active			
Inactive			
1. ESSENTIAL HYPERTENSION, BENIGN, Onset	NO CLINIC2		11 Jul 2002
07/11/02			

aLl	Active	loCation	Provider Expand pRint Help eXit
Display only active diagnoses for this patient			

Figure 5-6. Display Only Active Diagnoses Action

Only Active diagnoses display. When you select the Active action, the action bar lists an Inact action.

4. Type **C** or use the right- or left-arrow key to highlight the loCation action (Figure 5-7).

```
LINCOLN, ABE T          AGE: 32y    30/000-00-0000    Problem List: All
-----
Problem                Location    Acuity    Updated
Active
1. ESSENTIAL HYPERTENSION, BENIGN, Onset    NO CLINIC2    Chronic    11 Jul 2002
[-----]

Enter Location for Diagnosis List Display:

[-----]

-----
aLl  Active  loCation  Provider  Help  eXit
Display only those diagnoses associated with one location
```

Figure 5-7. Display Only Diagnoses Associated with One Location Action

- 5. Enter Location for Diagnosis List Display:
Enter the MEPRS code or the location of the clinic.
Only diagnoses associated with one specified clinic display. This display includes both Active and Inactive diagnoses.
- 6. Type **D** or use the right- or left-arrow key to highlight the Display action.
You return to the Patient Master Problem List screen.
- 7. Type **P** or use the right- or left-arrow key to highlight the Provider action (Figure 5-8).

```
LINCOLN, ABE T          AGE: 32y    30/000-00-0000    Problem List: Location
-----
Problem                Location    Acuity    Updated
Active
1. ESSENTIAL HYPERTENSION, BENIGN, Onset    NO CLINIC2    Chronic    11 Jul 2002
[-----]

Enter Provider for Diagnosis List Display: NEW PROVIDER//

[-----]

-----
aLl  Active  loCation  Provider  Expand  pRint  Help  eXit
Display only those diagnoses entered by one provider
```

Figure 5-8. Display Only Diagnoses Entered by One Provider Action

- 8. Enter Provider for Diagnosis List Display: NEW PROVIDER//
Enter the provider's name for whom to display diagnoses or type **?** to access the Help screen.
 - a. Use the up- or down-arrow key to scroll through the picklist.
 - b. Press **<Select>** (or **<End>**) to select the provider.

Only diagnoses associated with one provider display. This display includes both Active and Inactive diagnoses.

9. Type **E** or use the right- or left-arrow key to highlight the Expand action (Figure 5-9).

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All	

Problem		Location	Acuity	Updated
Active				
1. ESSENTIAL HYPERTENSION, BENIGN		NO CLINIC2	Chronic	11 Jul 2002
Onset: 11 Jul 2002				
Status: Active				
Acuity: Chronic				
Provider: NEW PROVIDER				
Location: NO CLINIC2 PS				
Entered: 11 Jul 2002 by HOUSER, DOUGIE				
Last edited: 11 Jul 2002 by HOUSER, DOUGIE				
ICD Code: 401.1				
Inactive				
2. HEADACHE		NO CLINIC2		11 Jul 2002
Onset: 11 Jul 2002				
+ Status: Inactive				

aLl	Active	loCation	Provider	Expand
				pRint Help eXit
Display diagnoses in an expanded format				

Figure 5-9. Display Diagnoses in an Expanded Format Action

All Active and Inactive diagnoses entered for the patient display. This information includes the onset and acuity of diagnoses.

10. Type **X** or use the right- or left-arrow key to highlight the eXit action.

You return to the Display Patient Master Problem List screen.

11. Type **R** or use the right- or left-arrow key to highlight the pRint action.

A new, shorter action bar displays on the Patient Master Problem List screen (Figure 5-10).

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All	

Problem		Location	Acuity	Updated
Active				
1. ESSENTIAL HYPERTENSION, BENIGN, Onset		NO CLINIC2	Chronic	11 Jul 2002
07/11/02				
Inactive				
2. HEADACHE, Onset 07/11/02		NO CLINIC2		11 Jul 2002

aLl	Active	loCation	Provider	Help exit

Figure 5-10. Print Action Bar

Type the highlighted letter of the desired action (described in Table 5-1) or use the right- or left-arrow key to highlight the action to select the type of Patient Master Problem List to print.

If you select Location or Provider, enter the location or provider name.

12. Print Expanded Form? No//

The printed layout is available in expanded or abbreviated format. Enter **Y** to select the expanded form.

13. Select Device for Output:

Enter the printer name or press <**Enter**> to display the form on the screen (Figure 5-11).

The report prints and you return to the Patient Master Problem List screen.

14. Type **X** to exit the Patient Master Problem List option and return to the ADM Main Menu.

UIC CODE Z8010 11 Jul 2002@2129 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
Problem List - Clinic

Report requested by: HOUSER,DOUGIE

Active

1. ESSENTIAL HYPERTENSION, BENIGN NO CLINIC2 Chronic 11 Jul 2002
Onset: 11 Jul 2002
Status: Active
Acuity: Chronic
Provider: NEW PROVIDER
Location: NO CLINIC2 PS
Entered: 11 Jul 2002 by HOUSER,DOUGIE
Last edited: 11 Jul 2002 by HOUSER,DOUGIE
ICD Code: 401.1

Press <RETURN> to continue:

=====

30/000-00-0000	LINCOLN,ABE T	USPHS AD RES
	05 Jun 1970 / Male	H: 858-555-5555
	Loc:	W: not on file
	Spon: LINCOLN,ABE T	Rank: A06
	Unit: BATAVIA USARC	RR:

UIC CODE Z8010 11 Jul 2002@2130 Page 2
Personal Data - Privacy Act of 1974 (PL 93-579)
Problem List - Clinic

Report requested by: HOUSER,DOUGIE

Inactive

2. HEADACHE NO CLINIC2 11 Jul 2002
Onset: 11 Jul 2002
Status: Inactive
Resolved Date: 11 Jul 2002
Resolved Comment:
Provider: NEW PROVIDER
Location: NO CLINIC2 PS
Entered: 11 Jul 2002 by HOUSER,DOUGIE
Last Edited: 11 Jul 2002 by HOUSER,DOUGIE

Press <RETURN> to continue:

Report requested by: HOUSER,DOUGIE

ICD Code: 784.0

=====

30/000-00-0000	LINCOLN,ABE T	USPHS AD RES
	05 Jun 1970 / Male	H: 858-555-5555
	Loc:	W: not on file
	Spon: LINCOLN,ABE T	Rank: A06
	Unit: BATAVIA USARC	RR:

Press <RETURN> to continue:

Figure 5-11. Problem List - Clinic

5.6. Delete a Problem from the Patient Master Problem List (deLete) Action

Use the deLete action to delete a diagnosis from the Patient Master Problem List only if the diagnosis was entered in error. The Patient Master Problem List is a legal record of the patient's diagnostic history. The ADM module tracks and audits the entries.

1. Access the Patient Master Problem List screen, as described in Section 5.1.2.
2. Use the up- or down-arrow key to scroll through the Patient Problem List.
3. Press <Select> (or <End>) to select the diagnosis to be deleted.
4. Type **L** or use the right- or left-arrow key to highlight the deLete action.
5. Delete Comment:

Enter a comment that identifies the reason for the deletion, or press <Enter> to accept the default comment. You return to the Patient Master Problem List screen (Figure 5-12).

LINCOLN, ABE T	AGE: 32y	30/000-00-0000	Problem List: All	

Problem		Location	Acuity	Updated
Active				
1. ESSENTIAL HYPERTENSION, BENIGN, Onset		NO CLINIC2	Chronic	11 Jul 2002
07/11/02				
Inactive				
* 2. HEADACHE, Onset 07/11/02		NO CLINIC2		11 Jul 2002
[-----]				
Diagnosis: HEADACHE, Onset 07/11/02				
Delete Comment: This diagnosis entered in error//				
[-----]				

Add	Edit	Inact	Display	deLete
pRint	Help	exit		

Figure 5-12. Patient Master Problem List Screen (with Delete Comment)

6. Type **X** to exit the Patient Master Problem List option and return to the ADM Main Menu.

6. Clerk Check-In Processing (3) Option

The Clerk Check-In Processing (3) option on the ADM Data Entry Menu allows front desk personnel to check-in ADM patient appointments and fill in the following fields on a patient's ADM record before the patient sees the provider:

- Outpatient
- APV
- Work Related
- For Clinic Use Only
- Insurance Information.

Menu Path: Any Main Menu → ADM (Ambulatory Data Module Main Menu) → 1 (ADM Data Entry Menu) → 3 (Clerk Check-In Processing)

Security Keys: KG-ADS Check In
KG ADS OHI DEMOG (to change patient registration demographics or patient insurance information)

6.1. Enter Data Fields Prior to ADM Patient Appointment

1. Type **3** to access the Clerk Check-In Processing option on the ADM Data Entry Menu.

The initial data entry screen displays.

2. Select Location:

Select PROVIDER:

Start with APPOINTMENT DATE: T-1//

Through APPOINTMENT DATE: T//

Enter the clinic, provider, and date range as previously described in Section 3.1.

3. Select the patient(s) to be checked in.

Refer to Section 3.1 for the process steps. The ADM Patient Encounter screen displays.

4. APV:

Refer to Section 3.10.2 Edit/Enter Ambulatory Patient Visit (APV) Field for the process steps.

5. Work Related:

Refer to Section 3.10.3 Edit/Enter Work Related Field for the process steps.

6. Injury Date:

Press **<Enter>** to skip this field. Since most appointments are not work related, an entry is not required. Refer to Section 3.10.3, step 3, if the Injury Date is required.

7. Enter name of secondary Provider

Enter the name of the second additional provider and role if applicable. Refer to Section 3.10.1 Enter Additional Provider Information (Optional) for the process steps.

8. Chief Complaint:

Enter the primary health problem for which the appointment was made. This is usually a sign or symptom diagnosis code. Refer to Section 3.2 Enter International Classification of Diseases (ICD-9) Diagnosis Codes.

If the clerk has the KG ADS OHI DEMOG security key, an OHI message displays (Figure 6-1).

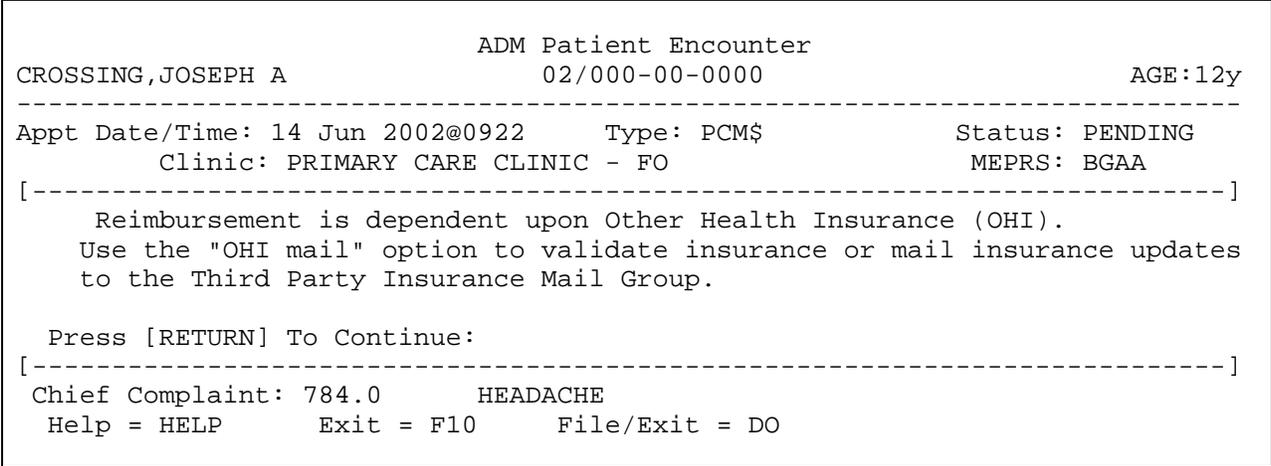


Figure 6-1. Other Health Insurance (OHI) Message

- 9. Reimbursement is dependent upon Other Health Insurance (OHI).
Use the “OHI mail” option to validate insurance or mail insurance updates to the Third Party Insurance Mail Group.
Press [RETURN] To Continue:
Press <Enter> to display the action bar (Figure 6-2).

```

ADM Patient Encounter
CROSSING,JOSEPH A          02/000-00-0000          AGE:12y
-----
Appt Date/Time: 14 Jun 2002@0922      Type: PCM$          Status: PENDING
      Clinic: PRIMARY CARE CLINIC - FO          MEPRS: BGAA
[-----]

Reimbursement is dependent upon Other Health Insurance (OHI).
Use the "OHI mail" option to validate insurance or mail insurance updates
to the Third Party Insurance Mail Group.

Press [RETURN] To Continue:
[-----]
Chief Complaint: 784.0          HEADACHE

-----
Edit  File  View  cUo  OHI mail  eXit
Submit Insurance Information To Third Party Mail Group

```

Figure 6-2. Clerk Check-In Default Action Bar

Note: An additional ohi&Demog action (Figure 6-3) to edit insurance or patient demographics displays only if the clerk has the KG ADS OHI DEMOG security key.

```

Edit  File  View  cUo  OHI mail  ohi&Demog  eXit

```

Figure 6-3. Clerk Check-In Action Bar with ohi&Demog Action

6.2. Verify Other Health Insurance (OHI mail) Action

The clerk can verify the patient’s other health insurance (OHI) and send an e-mail to a Third Party Insurance Mail Group whose members are responsible for entering patient insurance information. This action forwards any changes in insurance company, policy number, effective date, and expiration dates to the appropriate personnel for action.

6.2.1 View Patient Insurance Information

1. Type **O** or use the right- or left-arrow key to highlight the OHI mail action.
The Clerk Check-In Mail Message screen displays.
2. Do You Want To View/Send Patient Insurance (V/S)? V//
Type **V** or press <Enter> to accept the default to view the patient’s insurance. The patient’s insurance information displays (Figure 6-4).

```
ADM Patient Encounter
CROSSING,JOSEPH A      02/000-00-0000      AGE:12y
[-----]
Patient Insurance Information: CROSSING,JOSEPH A

      FMP/SSN: 02/000-00-0000 Pat. Cat.: USAF FAM MBR AD
Patient SSN: N/A      Gender: MALE      Marital: N/A

Ins. Holder: CROSSING,JACOB E      Ins. Phone: 8004438902
Ins. Co      : AETVA0001      Eff. Date: 29 May 2002
Policy #      : 949493339      Exp. Date : 29 May 2003
Address      :      Group #      : 04333
City      : RICHMOND      State: VA Zip Code : 23285
Emp. Name      : SAIC
Emp. Add.      :      Emp. Phone: 555-1212

Enter 'S' To Send Or <RETURN> To Exit: <RETURN>//
[-----]
[-----]
```

Figure 6-4. ADM Patient Encounter Screen with Patient Insurance Information

- 3. Enter 'S' To Send Or <RETURN> To Exit: <RETURN>//
Press <Enter> to exit after you have verified the insurance information.
- 4. Continue To Process Check-In? YES//
Type **Y** or press <Enter> to accept the YES default to complete the check-in process. You return to the ADM Data Entry Menu.

6.2.2 Send Patient Insurance Information

- 1. Type **O** or use the right- or left-arrow key to highlight the OHI mail action.
- 2. Do You Want To View/Send Patient Insurance (V/S)? V// **S**
Type **S** to send an e-mail to a Third Party Insurance Mail Group whose members are responsible for entering patient insurance information. This action forwards any changes in insurance company, policy number, effective date, and expiration dates to the appropriate personnel for action. The Clerk Check-In Mail Message screen displays (Figure 6-5).

```
ADM Patient Encounter
CROSSING,JOSEPH A      02/000-00-0000      AGE:12y
[-----]
Send Patient Insurance Information: CROSSING,JOSEPH A

Sending Message To      : ADM CODER

FMP/SSN      : 02/000-00-0000      Pat. Cat.  : USAF FAM MBR AD
Patient SSN: N/A      Gender      : MALE      Marital    : N/A

Ins. Holder: CROSSING,JACOB E      Ins. Phone: 8004438902
Ins. Co      : AETVA0001      Eff. Date  : 29 May 2002
Policy #     : 949493339      Exp. Date  : 29 May 2003
Address      :      Group #      : 04333
City         : RICHMOND      State: VA   Zip Code   : 23285
Emp. Name    : SAIC
Emp. Add.    :      Emp. Phone: 555-1212

Enter Additional Information (60 Characters Each Line)
LINE 001:
[-----]
[-----]
```

Figure 6-5. Clerk Check-In Mail Message Screen

- 3. Send Patient Insurance Information:
Type the insurance information to be changed.
- 4. Verify To Send Message (Y/N): Y//
Type **Y** or press **<Enter>** to accept the default to send the message.
- 5. Continue To Process Check-In? YES//
Type **Y** or press **<Enter>** to accept the YES default to complete the check-in process. You return to the ADM Data Entry Menu.

6.3. Edit Insurance or Patient Demographics (ohi&Demog) Action

Security Key: KG ADS OHI DEMOG (to change patient registration demographics or patient insurance information)

Type **D** or use the right- or left-arrow key to highlight the ohi&Demog action.
The Demographics Display screen displays (Figure 6-6).

```

                                DEMOGRAPHICS DISPLAY
Name: CROSSING,JOSEPH A                FMP/SSN: 02/000-00-0000
Patient Category: USAF FAM MBR AD        DDS:
HCDP: TRICARE PRIME FAMILY C           Sex: MALE
Region Code:                            DOB/Age: 25 Jul 1989/12Y
ACV:                                    DMIS ID:
Direct Care: NOT ELIGIBLE              Medicare:
-----
Sponsor Name: POTTER,WHEELER K          Rank: STAFF SERGEANT
Station/Unit: 0347 COMMUNICATIONS SQ    DSN:
Home Address:
City:                                    State:
ZIP Code:                                Home Phone:
Duty Phone:                              Work Phone:
Registration Comment:
Last Registration Date: 03 Apr 2002@020212
Outpatient Record Room:
PCM Start Date: 08 May 2002            PCM End Date: INDEFINITE
Primary Care Manager: LITTLELAMB,MARY   PCM Phone: 858 555-5555
Primary OHI: NOT ASSIGNED              Case Mgmt: MO
-----
Select (F)ull, (M)ini, (O)HI, or (Q)uit DEMOGRAPHICS: Q//
```

Figure 6-6. Demographics Display Screen

6.3.1 Update Registration (Full and Mini) Actions

Use the (F)ull registration or (M)ini Registration action to update fields on the Patient Registration screen.

1. Select (F)ull, (M)ini, (O)HI, or (Q)uit DEMOGRAPHICS: Q//

Type **F** or **M** or use the right- or left-arrow keys to highlight the (F)ull registration or (M)ini Registration action and display the respective registration screen.

Refer to *PAD: Registration Functions*, for information on patient registration data entry.

When the patient registration update has been filed, the system prompts for additional information.

2. Does this patient have OTHER HEALTH INSURANCE? Yes//

Type **Y** or press <Enter> if the patient has other health insurance. Otherwise, type **NO** to return to the Demographics Display screen.

3. Do you want to Add/Edit patient OHI data now? Yes//

Type **Y** or press <Enter> to accept the YES default if the patient's insurance information is available. If you type **NO**, you return to the Demographics Display screen.

This prompt links to the Patient Insurance Enter/Edit (PII) option and allows the clerk to enter all required insurance information for the patient.

Refer to *PAD: MSA Functions* for information on patient insurance data entry. After the insurance data is filed, you return to initial Other Health Insurance screen.

4. Type **Q** to select the Quit DEMOGRAPHICS action, or press **<Enter>** to accept the default to exit the Other Health Insurance screen.

You return to the Demographics Display screen.

6.3.2 Update Patient Insurance Information (OHI) Action

You can update the patient insurance information without entering the patient registration screens first. Use the (O)HI action to enter all required insurance information for the patient.

1. Type **O** or to use the right- or left-arrow keys to highlight the OHI action and display the Other Health Insurance screen.

The Other Health Insurance screen links to the Patient Insurance Enter/Edit (PII) option and allows the clerk to enter all required insurance information for the patient.

Refer to *PAD: MSA Functions*, for information on patient insurance data entry.

When the insurance data has been filed, you return to initial Other Health Insurance screen.

2. Type **Q** to select the Quit action to exit the Other Health Insurance screen.

You return to the Demographics Display screen.

3. Type **Q** to select the Quit action to exit the Demographics Display screen.

4. Type **F**, or use the right- or left-arrow keys to highlight the File action, or press **<Enter>** to accept the default to file the changes.

You return to the ADM Data Entry Menu.

6.4. Enter/Edit For Clinic Use Only (cUo) Action

Use this action to enter For Clinic Use Only description codes.

1. Type **U** or use the right- or left-arrow keys to highlight the cUo action.

The For Clinic Use Only and Admin Codes Enter/Edit screen displays. Refer to Section 3.11 Enter For Clinic Use Only Codes (cUo) Action for process steps.

2. Type **X** or use the right- or left-arrow keys to highlight the eXit action to exit the Clerk Check-In option and return to the ADM Data Entry screen.

6.5. View the ADM Patient Encounter (View) Action

Use this action to view the ADM Patient Encounter.

1. Type **V** or use the right- or left-arrow keys to highlight the View action.

The ADM Patient Encounter Summary screen displays. Refer to Section 3.14 View the ADM Patient Encounter (View) Action for process steps.

2. Type **X** or use the right- or left-arrow keys to highlight the eXit action to exit the Clerk Check-In option and return to the ADM Data Entry screen.

Appendix A. Acronyms and Abbreviations

Acronym/Abbreviation	Definition
ADM	Ambulatory Data Module
ADS	Ambulatory Data System
Appointment Statuses	
C	Cancelled
LWOBS	Left Without Being Seen
NS	No Show
APV	Ambulatory Procedure Visit
CARD	Cardiology
CHCS	Composite Health Care System
CITPO	Clinical Information Technology Program Office
CONUS	Continental United States
CPT	Current Procedural Terminology
DMIS	Defense Medical Information System
DMIS ID	Defense Medical Information System Identification
DoD	Department of Defense
E&M	Evaluation & Management
E-Mail	Electronic Mail
EOD	End of Day (as in end-of-day processing)
FCUO	For Clinic Use Only
HCPCS	Health Care Financing Administration Common Procedure Coding System (CPT/HCPCS)
ICD-9-CM or ICD-9	International Classification of Diseases 9 th Revision Clinical Modification
IMM	Immunization/Skin Test Enter/Review
IPC	Individual Patient Check-in
ITS	Immunization Tracking System
IV	Intravenous
KG	TMSSC name space. KG is the file directory space within CHCS for Government-specific development. ("K" in CHCS is used for the Government transportable front-end system for ADS.)

Acronym/Abbreviation	Definition
MCD	Multiple Check-in by Default
MEPRS	Medical Expense Performance Reporting System
MGE	Mail Group Edit
MHS	Military Health System
MSA	Medical Services Accounting (component of the Patient Administration (PAD) module of CHCS)
MTF	Military Treatment Facility; Medical Treatment Facility
OIB	Outpatient Itemized Billing
OCCSVC	Occasional Services
OCONUS	Outside Continental United States
ORTH	Orthopedic
PAD	Patient Administration (module of CHCS)
PAS	Patient Appointment and Scheduling (module of CHCS)
SADR	Standard Ambulatory Data Report
SCall	Sick Call
SAIC	Science Applications International Corporation
SY_ETU	System Electronic Transfer Utility
Tel Cons	Telephone Consults (appointment status)
TMSSC	Tri-Service Medical Systems Support Center
TPOCS	Third Party Outpatient Collection System
WAM	Workload Assignment Module