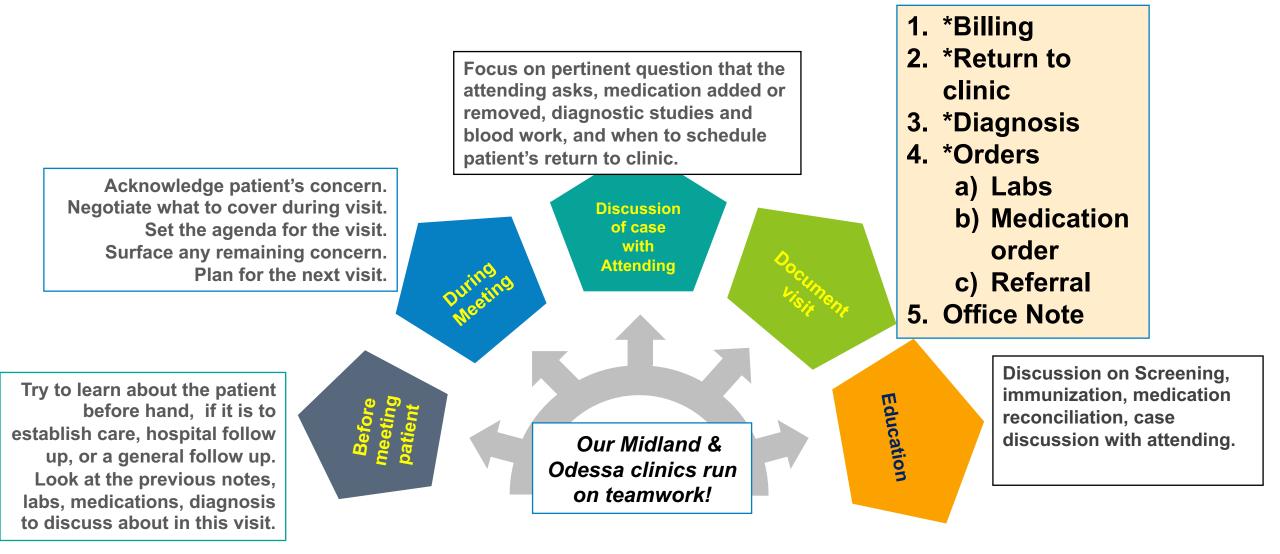
## Midland/Odessa Clinic – basic approach for resident



- Diagnosis: be as specific as possible, eg Diabetes Mellitus type 2 with nephropathy or neuropathy as it becomes easy to code and bill.
- Billing: use codes 99203(new visit) or 99213(old visit) most commonly, codes depend on level of complexity of care provided.
- Labs: In the <u>superbill</u> heading under <u>summary</u> section, there are labs which can be ordered, use <u>lab</u>
  <u>order(request)</u> and <u>print the labs orders</u> to the patient so they can go to lab of their choice and not just LabCorp.
- Orders:
  - Medication order: Order right dose for the required # of days and send it to pharmacy of choice of the patient, remove unnecessary meds after consultation with attending, and avoid polypharmacy as permissible in geriatric patients.
  - Referral: there is *referral section* under *superbill* heading. Use internal referral (Texas Tech) or outside referral as needed. Then proceed to communication heading, mention to *Clinical pool*, use <u>.ref</u>, add the diagnosis for the referral eg ophthalmological work up for DM type 2.
- Office note: type the office note at the end of the visit, be concise and attach the consultant name at the end of signing.
- Please consult the nurses, upper level residents, and/or attending physician for any clarification. Everyone is ready to help.