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Scheduling Appointments

LEARNING OBJECTIVES

PROCEDURES

Methods of Scheduling

1. Explain why scheduling appointments efficiently is crucial to the smooth operation of the medical office.
2. Describe the correct use of appointment books and computer scheduling to make appointments.
3. Describe the legal implications of the daily appointment schedule.

Types of Scheduling

1. Describe several types of scheduling including stream scheduling, double booking, wave, modified wave, and open booking.
2. Identify types of patient appointments that may be clustered in the appointment schedule.

Setting Up the Appointment Matrix

1. Identify factors to be considered when setting up the appointment matrix.
2. List the steps in setting up the appointment matrix.

Set up the appointment matrix.

Making an Appointment

1. Differentiate between the information needed to make an appointment for a new patient and an established patient.
2. Differentiate between medical conditions that require emergency care, urgent care, and routine care.
3. Describe how to schedule appointments for individuals who are not patients.

Make an appointment.

Managing the Appointment Schedule

1. Describe the method for changing or canceling appointments.
2. Describe how to update the schedule on the day of the appointment and document changes.
3. Identify three methods to remind patients to make or keep appointments.
4. Describe how to store appointment books and daily schedules.

Manage the appointment schedule.

Scheduling Referral Appointments, Diagnostic Tests, Procedures, and Admissions

1. Describe how to complete referral forms and obtain preauthorizations.
2. Identify how to schedule outpatient and outpatient diagnostic tests and procedures.
3. Identify how to schedule hospital admissions and surgery.

Complete a referral form for managed care.
Schedule inpatient or outpatient diagnostic tests or procedures.
Schedule inpatient or outpatient surgery.

CHAPTER OUTLINE

Introduction to Appointment Scheduling

Guidelines for Appointment Scheduling

Methods of Scheduling

Appointment Book Scheduling

Computer Scheduling

Daily Appointment Schedule

Types of Scheduling

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Open Booking

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Storing Appointment Books and Daily Schedules

Scheduling Referral Appointments, Diagnostic Tests, Procedures, and Admissions

Referrals and Preauthorizations

Scheduling Diagnostic Procedures and Hospital

Admissions

Scheduling Surgery

CAAHEP COMPETENCIES

Administrative Competencies

Perform Clerical Functions

- Schedule and manage appointments.
- Schedule inpatient and outpatient admissions and procedures.

Clinical Competencies

Patient Care

- Perform telephone and in-person screening.

General Competencies

Professional Communication

- Respond to and initiate written communications.
- Recognize and respond to verbal communications.
- Demonstrate telephone techniques.

Legal Concepts

- Identify and respond to issues of confidentiality.
- Perform within legal and ethical boundaries.
- Document appropriately.
- Demonstrate knowledge of federal and state health care legislation and regulations.

Patient Instruction

- Explain general office policies.

Operational Functions

- Use computer software to maintain office systems.

ABHES COMPETENCIES

Professionalism

- Maintain confidentiality at all times.
- Be courteous and diplomatic.

Communication

- Use proper telephone techniques.
- Recognition and response to verbal and nonverbal communication.
- Application of electronic technology.
- Fundamental writing skills.

Administrative Duties

- Perform basic secretarial skills.
- Schedule and monitor appointments.
- Apply computer concepts for office procedures.
- Schedule inpatient and outpatient admissions.
- Obtain managed care referrals and precertification.

Legal Concepts

- Document accurately.
- Follow established policy in initiating or terminating treatment.

Instruction

- Orient patients to office policies and procedures.

KEY TERMS

blocked
clustering
double booking
established patient
fixed appointment scheduling
hospice
matrix (MAY-trix)
modified wave scheduling
new patient

no-show
preadmission testing (PAT)
preauthorization (PREE-awe-thur-eye-zay-shun)
referral
single booking
stream scheduling
time-specified scheduling
triage (TREE-ahzh)
wave scheduling

Introduction to Appointment Scheduling

Scheduling appointments is one of the most important administrative responsibilities performed in the medical office. Until the 1970s, people went to a medical office expecting to wait as long as an hour or more. Most physicians liked to see a full waiting room; it reassured them that their practice was healthy.

Going into the new century, people have little tolerance for waiting in a medical office. Lifestyles have changed and people have busy lives. Many have to take personal time away from work to go to the medical office, and they feel that their time is as valuable as the physician's time.

Scheduling appointments correctly and efficiently is crucial to the smooth operation of the medical office. Many factors must be taken into consideration when scheduling appointments. The patient who has made an appointment weeks or even months in advance wants to be seen within 15 to 20 minutes after arriving at the medical office. The physician wants a smooth flow of patients during the time scheduled for seeing patients. Patients who are ill or have accidents want to be able to see their physician on the day of the illness or injury. They prefer to be given a specific time, even if it is later in the day, rather than come into the office and wait for an open moment.

GUIDELINES FOR APPOINTMENT SCHEDULING

The most important criteria the medical assistant must take into consideration when scheduling appointments are exhibiting good interpersonal skills and reducing the amount of time a patient has to wait to see the physician. To meet these criteria, the medical assistant should follow seven guidelines:

1. Maintain the confidentiality of the patient. For example, do not discuss protected health information within hearing distance of other patients.

2. Speak clearly and do not appear rushed. Make sure the tone of your voice is friendly and courteous.
3. Concentrate only on the person to whom you are speaking.
4. Obtain all of the necessary information from the patient. Make sure the information is both correct and complete.
5. Repeat the information relayed to you by the patient. This avoids errors.
6. Schedule the proper amount of time for the type of appointment you are scheduling. For example, a new patient requires more time than an established patient.
7. Document all of the necessary information correctly in the appointment book or in the computer appointment scheduling system.

METHODS OF SCHEDULING

Two methods are used to schedule appointments. Appointments can be scheduled manually, using an appointment book. They can also be scheduled electronically using a computer. These methods are described in more detail next.

Appointment Book Scheduling

Appointment books are usually spiral-bound, so they will lie flat when opened (Figure 40-1). Each physician in the practice may have a separate book, or one book may serve the needs of two or more physicians. Appointment books are available in the following formats: pages for a single day, pages that display a week when open (over two pages), or pages with two or three physicians' schedules for a single day. The pages are further divided into time intervals. The pages are typically divided into 10- or 15-minute intervals. The medical assistant should choose the appointment book format that meets the needs of the practice.

The appointment book is usually maintained in pencil so that information can be changed if needed (e.g., when rescheduling a patient's appointment). In preparing for a day's visits, a typed or hand-printed list of patients, known

as a *daily appointment schedule*, must be created. This list or the appointment book itself (if kept in ink) must be retained as a permanent record. The daily appointment schedule is discussed in more detail later in the chapter.

Computer Scheduling

Using a computer to schedule appointments offers advantages. The computer allows the medical assistant to designate appointment intervals. The appointment interval can be adjusted to 10, 15, or 20 minutes depending on the needs of the practice. The computer makes it easy to add, delete, or change appointments; set up repeating appointments; and set up a recall system. A recall system identifies patients that need to be contacted when it is time for them to schedule another appointment.

The medical assistant enters the patient's appointment into a data entry screen. This screen requires the entry of the same information as an appointment book. The computer also allows the medical assistant to print out a daily appointment schedule of patients to be seen for the day (Figure 40-2).



Figure 40-1. Medical assistant with appointment book.

Western Medical Center				
Richard Warner, MD				
Schedule for May 30, 2010				
Time	Name	Reason	Home Phone	Work Phone
9:00 AM	ROBERT RICIGLIANO	Physical exam	(490) 459-2811	(490) 459-6217
9:10 AM	*			
9:20 AM	*			
9:30 AM	JUNE ST. JAMES	BP & ECG	(490) 459-5807	(490) 459-9222
9:40 AM	*			
9:50 AM	DARLA SISSLE	Influenza vaccine	(490) 220-1156	
10:00 AM	Catch-up			
10:10 AM	*			
10:20 AM	LLOYD RIDLON	Recheck	(490) 459-4242	(490) 459-0419
10:30 AM	ESTELLE JORDAN	New patient	(490) 459-8249	(490) 459-1062
10:40 AM	*			
10:50 AM	*			
11:00 AM	MARIA SANTOS	Physical exam	(490) 459-0022	
11:10 AM	*			
11:20 AM	THOMAS MAXWELL	Recheck	(490) 459-4123	(490) 459-9201
11:30 AM	*			
11:40 AM	ROBIN SOTO	Well baby	(490) 459-1349	
11:50 AM	*			
12:00 PM	LUNCH			
12:10 PM	*			
12:20 PM	*			
12:30 PM	*			
12:40 PM	*			
12:50 PM	*			
1:00 PM	LUCILLE MORENA	Chem screen	(490) 459-6677	(490) 459-1566
1:10 PM	*			
1:20 PM	*			
1:30 PM	*			

Figure 40-2. Computer appointment schedule.

DAILY APPOINTMENT SCHEDULE

Each day a list of the patients to be seen for that day must be created. This is called a *daily appointment schedule*. The daily appointment schedule serves several functions. It is used as a guide for pulling the patient's medical records for that day. It also is used as an office reference sheet of patients with appointments for that day. Usually the daily appointment schedule contains the patient's name, telephone number, and reason for the visit (e.g., new patient, physical examination, recheck). A separate schedule is created for each physician.

If the medical office uses an appointment book, the daily appointment schedule must be typed or hand-printed by the medical assistant. If a computer is used to schedule appointments, the list is printed out in hardcopy form. When additions need to be made to the daily appointment schedule, they must be made in dark-blue or black ink. This is because the daily appointment schedule is an official legal record of the patients seen on a given day. It may be used to verify tax returns and insurance claims.

Following the HIPAA requirements, the daily appointment schedule must be posted in an office area not accessible to patients. If this is not possible, a blank sheet of paper should be taped in front of the schedule to maintain confidentiality of patient information.

TYPES OF SCHEDULING

A number of different methods are available to schedule appointments in the medical office. They include the following: time-specified, wave, modified wave, double booking, and open booking. In addition, appointments may be clustered or categorized depending on the type of patient or type of examination or treatment. The method an office uses to schedule appointments is based on the needs of the practice and physician preference.

Time-Specified (Stream) Scheduling

Time-specified scheduling, also known as **stream scheduling**, involves scheduling appointments at a specific time. Most offices use this method for scheduling appointments. The goal of time-specified appointments is to minimize the waiting time for the patient and, at the same time, to keep a steady flow of patients moving through the office (like a stream of water). The amount of time allotted for a time-specified appointment depends on the reason for the visit. In general, the following times are allotted:

- New patient: 30 to 45 minutes
- Complete physical examination: 30 to 45 minutes
- Established patient: 10 to 20 minutes

When using the time-specified method, the medical assistant needs to make sure to allow time in the schedule to accommodate urgent visits, such as ill or injured patients. There are two other terms that may be used for this type of scheduling: **fixed appointment scheduling** or **single booking**.

Wave Scheduling

With **wave scheduling**, three or four patients are scheduled every half hour and are seen in the order in which they arrive at the office. The goal is for patients to arrive in "waves" so that there is always a patient waiting to be seen. Sometimes, ill patients are seen before those with routine appointments.

This scheduling system assumes that some patients will need to be worked into the schedule. Sometimes patients become uncomfortable when they realize that another patient was given the same appointment time, but a simple explanation can usually reassure the patient. The medical assistant might say, "We schedule all our patients on the hour, and then they are seen in the order they arrive. There is always a patient to be seen, and we find that waiting time is often shorter."

Modified Wave Scheduling

The wave system can be changed in several ways to create a **modified wave schedule**. The office may schedule patients at specific times during the first half of each hour, and keep the second half hour open for special circumstances. This may include working in patients, seeing patients who arrived late, or finishing up with patients from the first half hour.

Another modification to the wave system is to schedule one appointment that is expected to take longer on the hour (e.g., physical examination), and to schedule three or four rechecks (follow-up appointments) on the half hour (Figure 40-3).

Double Booking

When two patients are given the same appointment time, the practice is called **double booking**. Double booking means that two patients are scheduled into a single time slot. Double booking may be used when a patient can be fitted in around a patient undergoing a diagnostic procedure such as an electrocardiogram (ECG). It is also used when a patient with an injury or acute illness must be added to an already-full schedule.

Open Booking

Sometimes patients are not given a specific appointment time but are told to come in during a time range, such as between 9:00 AM and 11:00 AM. The patients are then seen in the order in which they arrive. In an open-booking system, patients with an injury or an acute illness are usually seen ahead of patients with less significant complaints.

Sometimes medical offices and clinics have walk-in hours designated for acute conditions before regular office hours. In this situation, patients are seen in the order of arrival.

Open booking works best when there is a constant stream of patients or when a practice is not busy. Because patient flow is unpredictable, patients often have to wait a long time.

Time	Single Booking	Time	Wave Scheduling	Time	Modified Wave Scheduling
9:00	Robert Ricigliano	9:00	Robert Ricigliano	9:00	Robert Ricigliano
	(490) 459-1111		(490) 459-1111		(490) 459-1111
9:10	Physical exam		Physical exam		Physical exam
9:20	↓		June St. James Re ✓		
			(490) 459-1000		
9:30	June St. James Re ✓		Robin Soto	9:30	June St. James Re ✓
	(490) 459-1000		(490) 297-1349		(490) 459-1000
9:40	Robin Soto		Well-child visit		Robin Soto
	(490) 297-1349				(490) 297-1349
9:50	Well-child visit				Well-child visit
	↓				

Figure 40-3. Comparison of single booking, wave scheduling, and modified wave scheduling.

Clustering or Categorization

Clustering involves scheduling patients with similar problems or conditions into groups. Each group is seen on a certain day or within a certain time block during the day. This scheduling method is also called *categorization*. Examples of conditions that can easily be clustered into a day or portion of a day are:

- Physical examinations
- Prenatal patients in an OB/GYN practice
- Diagnostic procedures

Multiple Offices

Some physicians see patients in more than one office. Appointments may be scheduled in each office or through a central system. In this case, it is important to clarify which office the patient wants to visit. It may be necessary to transport the medical record from office to office if an electronic medical record system is not in place.

SETTING UP THE APPOINTMENT MATRIX

Appointments are usually scheduled up to 6 months in advance. Before scheduling can begin, the appointment book or computer software must be set up to indicate the times when the physician will see patients. Times when the physician is not available to see patients must be **blocked** out. The resulting page is known as an appointment **matrix** (Procedure 40-1).

How the times are blocked out depends on the scheduling method used by the office. If the office uses an appointment book, the times are blocked out by drawing lines through the blocked times. If a computer is used to schedule appointments, the times are blocked out by setting aside blocks of time. A colored background is usually used for blocked times in a computer scheduling program (Figure 40-4).

The appointment matrix must take three variables into consideration: the scheduling system, the physician's preferences and needs, and the facilities and equipment requirements. Each of these is discussed later.

Appointment Intervals

Appointments are usually scheduled at intervals of 10 minutes, 15 minutes, or 20 minutes in either a manual or computer system. An appointment may be scheduled for more than one block, depending on the type of appointment. For example, if a 10-minute interval is used, an established patient coming to have his blood pressure checked might be scheduled for one 10-minute interval and a new patient might be scheduled for three 10-minute intervals. In this case, a 10-minute interval uses one line and a new patient uses three lines in the appointment book or on the computer schedule. If a 15-minute interval is used, all appointments are scheduled in multiples of 15 minutes. In general, more time must be allotted for new patients, physical examinations, and special procedures than for routine follow-up visits.

Physician's Preference and Needs

The second variable influencing the appointment matrix is the physician's preferences and needs. At times during the day, the physician is not able to see patients and therefore these times must be blocked out on the schedule. Time must be blocked out when the physician has another obligation, such as hospital rounds and nursing-home visits. Time may also need to be blocked out for lunch, pharmaceutical representatives, and catch-up. Days are also blocked out of the schedule for vacation, days off, attendance at conferences, giving lectures, or other professional activities.

Facilities and Equipment Requirements

The third variable affecting the appointment matrix is the availability of facilities and equipment. The appointment

matrix must be set up so that examination rooms and rooms with equipment required for certain procedures are available to all physicians who are seeing patients. For optimal use of resources, one or more physicians should be available to see patients whenever the office is open.

Physicians like to have at least two examination rooms available for seeing patients, preferably side by side. This improves efficiency and time management for examining patients.

PROCEDURE 40-1 Setting Up the Appointment Matrix

Outcome Set up an appointment matrix.

Equipment/Supplies

- Appointment book or computer program
- Pen
- Physician schedule
- Office calendar

1. Procedural Step. Block times when the office is not open to see patients. This includes times in the book before office hours begin, lunch and/or breaks, afternoons or days when the office is closed, and holidays when the office will be closed. Some offices set up the appointment matrix 6 months in advance, whereas others do it for a year in advance. In an appointment book, draw an X through times that the office is closed. If the office uses a computer program, set up times when the office is open and set the appointment interval (10, 15, or 20 minutes).

Principle. In an effective appointment schedule, only available appointment times are blank.

2. Procedural Step. Block times when each individual physician is NOT available to see patients, including lunch and hospital rounds. In addition, block days each physician will be away from the office for vacations, conferences, or other anticipated absences. If the physician has regular meetings or other regular commitments (such as nursing home visits), mark these also. In an appointment book, draw an X through the times the physician is not available. If the office uses a computer program, schedule the meeting, vacation, or such like an appointment using a colored background to show that the times are unavailable.

3. Procedural Step. For each physician, mark times when the physician does certain types of examinations, procedures (e.g., physical examinations, obstetric visits), or surgery. In an appointment book these are often highlighted with a marker or given a written title at the beginning of the time block. In a computer program these times may be set up as if for a separate physician (e.g., Dr. Gomez and Dr. Gomez-OB visits).

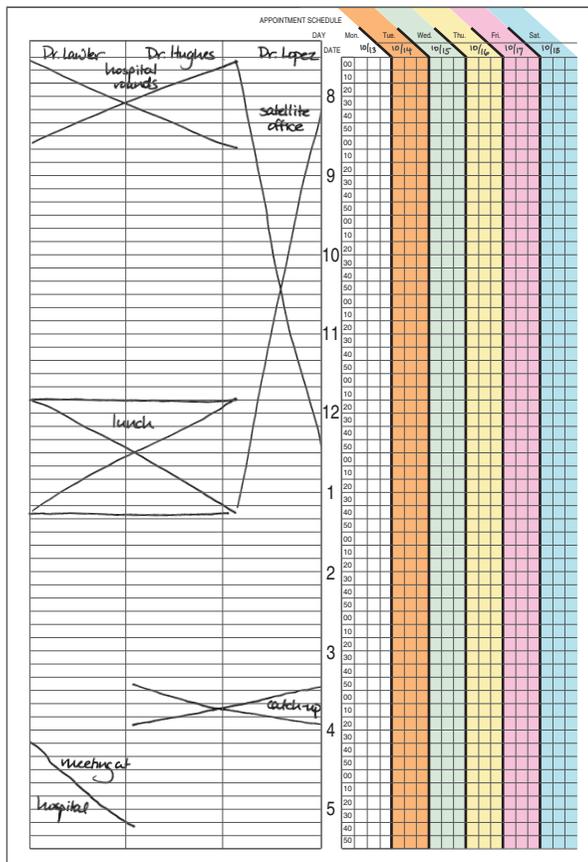
4. Procedural Step. Depending on office policy, block out as much time as is anticipated for same-day appointments, catch-up time, and unexpected needs. Depending on the practice, catch-up time may be 15 minutes in the morning and afternoon for each doctor and time for same-day appointments may be an hour or longer for all physicians or one particular physician on a rotat-

ing basis. These times can be marked in various ways as long as office staff understand that they must be saved until the scheduled day.

Example: On this day, the office will be open from 9-5, but Dr. Warner will only be available to see patients from 9-1 because he plans to attend a conference in the afternoon. The appointment interval is 15 minutes. Dr. Warner likes to have 15 minutes set aside for catch-up time at 10:30 in the morning.

	Column 1	Column 2	Column 3
8:00a	Hospital Rounds	Hospital Rounds	Hospital Rounds
8:15a			
8:30a			
8:45a			
9:00a			
9:15a			
9:30a			
9:45a			
10:00a			
10:15a			
10:30a	Catch-up	Catch-up	Catch-up
10:45a			
11:00a			
11:15a			
11:30a			
11:45a			
12:00p			
12:15p			
12:30p			
12:45p			
1:00p	Medical Association	Medical Association	Medical Association
1:15p			
1:30p			
1:45p			

Block times when the physician is not available using a colored background. (Screenshot used by permission of MCKESSON Corporation. All Rights Reserved. © MCKESSON Corporation 2008.)



A

Time	Dr. Warner	Dr. Gomez
8:30 AM		
8:40 AM		
8:50 AM		
9:00 AM		
9:10 AM		
9:20 AM		
9:30 AM		
9:40 AM		
9:50 AM		
10:00 AM		
10:10 AM	Catch-up	
10:20 AM		
10:30 AM		
10:40 AM		Catch-up
10:50 AM		
11:00 AM		
11:10 AM		
11:20 AM		
11:30 AM		
11:40 AM		
11:50 AM	Lunch meeting – Memorial Hospital	
12:00 PM		
12:10 PM		
12:20 PM		
12:30 PM		Lunch
12:40 PM		
12:50 PM		
1:00 PM		
1:10 PM		
1:20 PM		
1:30 PM		

B

Figure 40-4. A, Appointment matrix from appointment book. B, Computer appointment matrix. (A from Hunt SA: *Saunders fundamentals of medical assisting*, St. Louis, 2007, Saunders.)

GUIDELINES FOR SCHEDULING

When scheduling an appointment, the medical assistant needs to obtain the proper information from the patient, document it accurately, and confirm it with the patient. The procedure for scheduling appointments varies depending on whether the patient is an established patient or a new patient.

Established Patients

For insurance billing, an **established patient** is defined as a patient who has been seen in the medical office within the past 3 years and has a current medical record. Patients who have not been seen within the past 3 years are typically treated as new patients, although their old medical records will be found if possible.

If an established patient is scheduling a return appointment, the physician usually specifies a time period on the patient's encounter form for the return visit (e.g., 1 week, 2 weeks, 1 month, 6 months). The appointment should be scheduled as close as possible to the date specified by the physician. The appointment must also be scheduled for the length of time preferred by the physician, which is

usually 10 to 15 minutes. Before locating available appointment times to offer the patient, the medical assistant should ask what day of the week and what time of day are convenient for the patient. For an established patient, it is necessary to obtain the patient's name, date of birth, and physician. If an appointment book is being used, it may be easier to ask the patient for a home and work telephone number than to look up this information. When a computer system is used, telephone numbers appear in the appointment window when the correct patient is selected.

If the patient is at the office, the medical assistant should complete an appointment reminder card and give it to the patient. The medical assistant enters the patient's name, the name of the physician, and the date and time of the new appointment on the card.

Special Situations

Some situations require special attention when scheduling an appointment for an established patient. The most common situation is when a patient visits the medical office and the physician orders laboratory tests to be performed at a medical laboratory. The physician will want to review the results of these tests before the patient comes in for a

return visit. When scheduling the patient's return visit, the medical assistant must be sure to allow enough time for the patient to have these tests performed and the results to be returned to the office.

Patients who must undergo a laboratory test at the medical office that requires fasting (e.g., fasting blood sugar) should be scheduled early in the morning. This provides the least amount of inconvenience for the patient who must abstain from food and fluids until the specimen has been collected.

Sometimes the patient needs to be scheduled for an appointment for a date later than can be accommodated by the appointment book. In this situation, the medical assistant can either ask the patient to call later to schedule the appointment or the patient's name can be put on a list and scheduled later. In the latter instance, the medical assistant must make sure to call the patient when the appointment is scheduled.

New Patients and Referrals

Specific information needs to be obtained when scheduling an appointment for a **new patient**. This includes the patient's full name, daytime telephone number, and the reason for the visit or type of visit (e.g., sick visit, physical examination, diagnostic procedure). The medical assistant should ask the patient if he or she has been referred by another physician. Usually managed care referrals are made directly by a physician's office, but for some types of insurance, the patient may bring the referral form at the time of the visit.

Most offices schedule new patients for 30 to 45 minutes. The medical assistant should set aside the correct amount of time for the appointment depending on the physician's preference.

The medical assistant may need to relay directions to the patient on the office location. Some offices mail the health history form to new patients and instruct them to bring the completed form to the first appointment. An office brochure containing information about the practice may also be mailed to the patient or given to the patient at the first appointment.

When the patient has been referred by another physician, the patient should be given an appointment as soon as possible, especially if the patient has urgent symptoms or if the patient's primary physician's office is calling to make the appointment (Procedure 40-2).

Same-Day Appointments

The following problems are usually treated in the medical office and are usually scheduled the same day as the patient calls. The medical assistant should be familiar with office policy because each office varies in the degree of complexity of care it offers.

- Wounds without fracture or dislocation
- Sprains and strains
- Nausea, vomiting, or diarrhea that persists for more than 2 or 3 days

What Would You Do? What Would You Not Do?

Case Study 1

Sandra Meyers has been sitting in the waiting room for several minutes. She arrived at the office at 10:50 AM for an appointment scheduled at 11:00 AM. At 11:15 AM she approaches the front desk and asks how long she will have to wait to see the physician. On this day, the physician is running about 25 minutes behind schedule, and there are still two patients ahead of Sandra. She appears to be upset, and she says that she needs to be back in her office by 12:30 PM to prepare for an important afternoon meeting. ■



Putting It All into Practice

My name is Elaine Wyatt, and I am a certified medical assistant. My primary responsibility is to schedule routine and urgent care appointments, although sometimes I sit at the front desk and check patients in. I work in an office with five internists and two nurse practitioners.

Calls from patients who select "Make an Appointment" from our telephone menu will end up with me or another medical assistant, or the receptionist may transfer a call to me. I also check patients out after they have been seen and make follow-up appointments using our computer system. Sometimes the telephone is ringing off the hook, and I really have to concentrate to keep track of each call. Our office has a procedure manual with guidelines for handling urgent calls, and we try very hard to give patients appointments the same day if they are sick. We leave several open appointments for this, but even if we have to double book, we will fit them in because our physicians want to be sure that everyone receives the care they need. All of our physicians and nurse practitioners are accepting new patients, and we always ask new patients to arrive at the office about 15 minutes early to fill out a patient history form. Usually our appointment system works pretty well and patients do not have to wait more than 10 or 15 minutes—at least, that is our goal. There are days, of course, when the physicians get behind, but through trial and error, we have developed a system that works pretty well for us. ■

Prepare for Success

- High fever (over 101°F for children and over 102-103° for adults)
- Sudden illness or severe pain without bleeding, fainting, or loss of consciousness
- Sore throat, especially with fever
- Burning, frequency or urgency on urination, especially if accompanied by fever or blood in the urine

- Vaginal bleeding in a pregnant woman (who may also be sent to the emergency department)

If a patient's primary physician's schedule is booked, patients with these types of conditions may need to be scheduled with a practitioner who has a more flexible schedule. In many multipractitioner offices, a period of time is blocked off in one physician's schedule to accommodate same-day appointments.

Urgent Care and Emergencies

The majority of appointments are made well in advance of the date a patient will see the physician, but there are times when urgent or emergency situations occur. A patient calling the office with an emergency presents a challenging situation for the medical assistant. It is important to give a caller a chance to tell you that it is an urgent situation before putting the call on hold. A life-threatening or serious medical problem should be immediately referred to the physician. The physician will make the decision about the appropriate course of action to take. If the physician is not present, the caller should be referred to emergency medical services, usually by calling 911 (Box 40-1). The office procedure manual should be used when responding to emergencies.

Walk-in Patients

Sometimes patients come to the office without an appointment and ask to be seen. If the patient is experiencing an

emergency or urgent problem, the physician may ask the medical assistant to work the patient into the schedule. In routine situations, however, the patient is asked to return at a later date and offered an appointment. In these situations, the medical assistant should tactfully inform the patient of the medical office policy with respect to scheduling appointments.

Individuals Who Are Not Patients

The physician may see various individuals who are not patients during office hours. Time should be blocked from

Highlight on Triage

Triage is the process of sorting patients according to their need for care. When a disaster occurs, health care workers choose which patients to treat first, depending both on the severity of their injuries and the likelihood the person will survive.

Victims are sorted into three groups—hence the word *triage*—from a French word meaning “sort.” Some victims' injuries are minor and can wait for treatment; some have injuries so severe they will probably not survive no matter what effort is put into their treatment; and some have severe injuries but will probably survive if prompt treatment is given.

This system has been adapted to the office and appointment scheduling to decide if a patient can wait for the next available appointment, if the patient should be seen immediately, or if the patient should be sent to the emergency department. Triage in the medical office setting is rarely a case of life or death, and the term *triage* is usually reserved for screening performed by licensed health care personnel with the education needed to assess the medical needs of ill patients.

The medical assistant does screen calls and make decisions on the basis of guidelines established by the physicians where he or she works. The medical assistant must remember that if there is any question about a patient needing immediate care, either the telephone call should be referred to a qualified person in the office or the patient should be directed to an emergency department or other facility where care can be obtained. The medical assistant should be familiar with the policies of his or her employer and work within them both to avoid injuring the patient and to protect against liability in a potential lawsuit. ■

BOX 40-1 Medical Conditions Referred to Emergency Medical Services (911)

1. Conditions that may result in damage to body structures. This is especially important for problems that can cause a significant decrease in oxygen to the body because of breathing or circulation disorders:
 - Breathing problems, or respiratory arrest
 - Severe chest pain, or cardiac arrest
 - Bleeding that cannot be controlled
 - Large open wounds
 - Any suspicion of internal bleeding
 - Potential poisoning or overdose
 - Bleeding in, or injury to, a pregnant woman
2. Conditions that result in very low blood pressure:
 - Shock
 - Serious burns
 - Severe bleeding
3. Conditions that result in a change in the level of consciousness (loss of consciousness, disorientation, confusion, loss of alertness)
4. Fractures or large wounds that require the equipment found in an emergency department

What Would You Do? What Would You Not Do?

Case Study 2

On a winter afternoon, there is only one physician in the office. He must leave promptly at 3:45 because he is scheduled to give a lecture to medical students at a nearby hospital shortly after 4:00. The physician has been running behind because two extra patients have been worked into the schedule. At 2:30, in addition to three patients in the waiting room, he still has four established patients scheduled, as well as one new patient scheduled for 3:15, the last appointment of the day. ■

the schedule to accommodate these appointments. Many offices have a specific time slot, often during the lunch hour, to schedule representatives of pharmaceutical companies or representatives of companies with medical equipment or computer equipment that the office may be thinking of

purchasing. There is usually a maximum of one or two appointments set aside for each physician for this type of appointment each day. Some physicians may have only one day a week for this type of appointment.



PROCEDURE 40-2 Making an Appointment

Outcome Make an appointment for a patient.

Equipment/Supplies

- Appointment book or computer program
- Pencil

- 1. Procedural Step.** Obtain information from the patient: which physician to book the appointment with, the purpose of the appointment, and any scheduling preference. Referrals are usually offered the first available appointment. If you do not recognize the patient's name, ask if the patient has been seen before. New patients may be encouraged to choose a physician who has joined the practice recently and is not as busy as the more established physicians. Established patients are usually booked with their primary physician, but if it is an urgent problem they may accept an appointment with another provider in the practice.
- 2. Procedural Step.** Offer the patient a date and time for the appointment. Keep locating appointments until an acceptable date and time has been found. The more urgent the appointment, the more the patient must adapt to the office schedule.
- 3. Procedural Step.** For a new patient, obtain the patient's demographic data (e.g., address, telephone number, date of birth), the name of the patient's insurance company, the name of the insured, the patient's insurance group number and ID number, a referral number, or other information related to insurance. Be sure to discuss the cost of the visit if the patient does not have insurance. Inform the patient if a referral form from the primary physician is necessary. Enter this informa-

tion directly into the computer as you obtain it from the patient.

Principle. Before making an appointment for a new patient, it is important to be sure that the patient can pay the bill. Information about insurance and referral provides a basis to inform the patient what his or her personal financial liability is likely to be.

- 4. Procedural Step.** For an established patient, obtain the information to make the appointment. This includes the patient's name, date of birth, reason for the visit, and daytime telephone number.
- 5. Procedural Step.** If using an appointment book, enter the information in pencil and block out the correct amount of time. If using a computer program, enter the patient's name, the correct amount of time for the appointment, and the reason for the visit.
- 6. Procedural Step.** Repeat the information to the patient before ending the call. Offer a new patient directions to the office.

Example: The appointment schedule shows a 30-minute appointment for the new patient Estelle Jordan, a 10-minute appointment for the established patient Thomas Maxwell, and a 20-minute appointment for a well-child visit for Robin Soto (also an established patient).

Time	Patient Name	Reason	Phone 1	Phone 2
10:30 AM	ESTELLE JORDAN	New Patient	(490) 459-8249	(490) 459-1062
10:40 AM	*			
10:50 AM	*			
11:00 AM	MARIA SANTOS	Physical Exam	(490) 459-0022	
11:10 AM	*			
11:20 AM	THOMAS MAXWELL	Recheck	(490) 459-4123	(490) 459-9201
11:30 AM	*			

Schedule appointment times for the correct amount of time.

MANAGING THE APPOINTMENT SCHEDULE

Changing Appointments

The most frequent modification required in the appointment schedule is to change an appointment from one time slot to another. The way in which this is done is based on the method used by the medical office to schedule appointments. If the manual method is used, the original appointment is erased and the information is written into the new time slot. If a computer is used to schedule appointments, the original appointment is deleted and then inserted into the new time slot. Usually the computer program has a feature that does this with one operation.

Occasionally an entire block of patients has to be rescheduled. This occurs when the physician is unexpectedly absent or delayed during office hours. The absence or delay may be due to an emergency, being delayed at the hospital, or personal illness. Every effort must be made to accommodate scheduled patients by giving them a new appointment as quickly as possible. If there are patients in the office when a physician is severely delayed or must leave, it is important to tell patients how long they can expect to wait. The patients should be given the option of waiting or rescheduling their appointments.

If the physician is running seriously behind schedule, patients often become impatient. Some may wish to reschedule, and this should be done willingly. Usually the physician is willing to stay late to finish the day's appointments, but if the physician must leave at a particular time, appointments set for late in the day may need to be rescheduled.

No-shows are patients who simply do not show up for their appointment. No-shows and cancellations on the day of the appointment should be marked in red ink on the daily appointment schedule. The information should also be documented in the patient's medical record. This provides a permanent record if the patient's condition becomes worse and the patient claims that the physician would not see him or her.

Most offices have a policy of reviewing records of patients after three consecutively missed appointments. If the patient is not motivated to adhere to the treatment plan, the physician may wish to terminate the relationship with the patient (Procedure 40-3).

Late Patients

The office should have a policy regarding late patients. Traffic problems or other incidents can delay even the most punctual person, and usually the office attempts to work the patient into the schedule. If a patient telephones to say that he will be unexpectedly delayed, the schedule can either be adjusted or the patient can be offered a new appointment. Patients who habitually arrive late can cause delays in the appointment schedule. They may be given the last appointment of the day when the physician is most likely to be running late. In some practices habitual latecomers are told that their appointment time is 15 to



Memories from Externship

Elaine Wyatt: The office where I did my externship was always very busy. I remember one afternoon when one of the physicians had to leave suddenly. She was expected to be gone about 2 hours. I was told to call the list of afternoon patients and tell them that the physician had been called away from the office and would be delayed about 2 hours. If the patient wanted to reschedule, I had to put him or her on hold and transfer the call to the appointment scheduler. If the patient wanted to be seen that day, I had to give him or her a time from the revised list. I was surprised that about half of the patients were completely willing to reschedule, so there did end up being enough appointment times for the patients who still wanted to be seen. The major problems occurred when we could not reach the patients by telephone. There were about five of them, and they all came. Two of them were during the 2-hour delay, and both of them decided to reschedule. The other three had appointments after the physician returned. We managed to fit them in close to their original appointment time, and they never even knew that the physician had been out of the office unexpectedly. ■

Prepare for Success

30 minutes earlier than the appointment is actually scheduled.

Appointment Reminders

Patients who make appointments while in the office are usually given an appointment reminder card. Appointment cards help patients remember the exact date and time of their next appointment (Figure 40-5).

Most offices also call patients 1 or 2 days before the appointment. The medical assistant uses the information that was documented when the appointment was made (manually or by computer) to call each patient scheduled for an appointment.

Patients have a right to confidentiality regarding their appointment. Patients should be asked if it is acceptable to leave an appointment reminder message on an answering machine or voice mail system.

Computer programs have the capability to identify patients who need periodic routine examinations, such as a physical examination or a gynecologic examination. Many offices send out reminders to patients who need to make an appointment for a routine examination. These reminders may be in the form of letters generated by the computer, or they may be e-mails generated by the computer.

Storing Appointment Books and Daily Schedules

In some offices, the appointment book is maintained in ink and used as the office record of appointments. The official book or all daily schedules are updated as described earlier in this chapter and should be stored in a secure area.



Figure 40-5. Appointment reminder cards. (From Young AP, Proctor DB: *Kinn's the medical assistant*, ed 10, St. Louis, 2007, Saunders.)

PROCEDURE 40-3 Managing the Appointment Schedule

Outcomes

1. Review the daily appointment schedule.
2. Cancel a patient appointment.
3. Change a patient appointment.
4. Indicate a missed appointment.
5. Document cancellations and missed appointments on the day of the appointment.

Equipment/Supplies

- Appointment book or computer program
- Printed appointment schedule
- Red pen

1. **Procedural Step.** Review the daily appointment schedule and be sure that all medical records and other necessary paperwork are prepared.
2. **Procedural Step.** Check patients in on the official daily schedule as they arrive. Depending on office procedure, you may also check them in using the computer program.
3. **Procedural Step.** If a patient calls to cancel an appointment, locate the appointment on the appointment schedule, in the appointment book, and/or in the computer appointment program.
4. **Procedural Step.** To cancel an appointment (except on the day of the appointment), erase the appointment in the appointment book or delete the appointment in the computer program. To cancel an appointment on the day of the appointment, draw a line through the appointment on the official schedule in red and note that the appointment was canceled.
5. **Procedural Step.** If the patient cancels an appointment, offer to make another appointment for the patient.
6. **Procedural Step.** If the patient cancels an appointment and declines or postpones making a new appointment, document the cancellation in the patient's medical record.

Principle. Documentation of cancelled or missed appointments makes it readily apparent if this behavior is a common pattern for the patient.

7. **Procedural Step.** If the patient wants to change or reschedule an appointment, after canceling the old appointment, find an acceptable time to reschedule.
8. **Procedural Step.** Enter the patient's name and contact information into the new time in the appointment book or computer program.
9. **Procedural Step.** Repeat the information to the patient before ending the call or fill out an appointment card if the patient is present in the office.
10. **Procedural Step.** If the patient misses an appointment without canceling, draw a red line through the appointment on the daily appointment sheet and label the appointment "No Show."
11. **Procedural Step.** It may be office policy to telephone the patient to determine why the appointment was missed and offer another appointment.
12. **Procedural Step.** Document the missed appointment in the medical record, and indicate whether the patient has rescheduled.

CHARTING EXAMPLE

Date	
6/07/10	11:45 a.m. Patient did not keep appointment
	at 9:30 a.m. Unable to reach the patient at
	11:30 a.m. Telephone disconnected. No other
	contact information. _____
	_____ Elaine Wyatt, CMA (AAMA)

10

Western Medical Center

Richard Warner, MD Schedule for May 30, 2010

Time	Name	Reason	Home Phone	Work Phone
9:00 AM	ROBERT RICIGLIANO	Physical exam	(490) 459-2811	(490) 459-6217
9:10 AM	*			
9:20 AM	* <i>NO SHOW</i>			
9:30 AM	JUNE ST. JAMES	BP & ECG	(490) 459-5807	(490) 459-9222
9:40 AM	*			
9:50 AM	DARLA SISSLE	Influenza vaccine	(490) 220-1156	
10:00 AM	Catch-up			
10:10 AM	*			

Draw a red line through appointments that the patient fails to keep.

SCHEDULING REFERRAL APPOINTMENTS, DIAGNOSTIC TESTS, PROCEDURES, AND ADMISSIONS

Referrals and Preauthorizations

A referral is an authorization for a visit to another physician, usually a specialist. A referral is also an authorization for a treatment. A **referral** is made by the patient's primary care physician. It is an authorization for a specific number of visits to or treatments by a specialist or other health care practitioner. Usually, the primary care provider can initiate a referral to a physician who participates in the patient's managed care plan without **preauthorization** (official permission from the patient's insurance company). This is consistent with the primary physician's role as "gatekeeper," or person responsible for deciding what care is medically necessary for the patient. For patients covered by Medicaid, however, all care other than visits to the primary care provider must be authorized. (The Medicaid program has a different name in every state.)

Preauthorization may be required for certain medical procedures, therapy (e.g., physical therapy, occupational therapy, speech therapy), certain diagnostic procedures, and consultations by a physician who does not participate in the insurance plan, surgery, and hospitalization. If preauthorization is required, the medical assistant usually calls the insurance company to obtain a preauthorization number. Written follow-up or computer entry may be required by the insurance company.

Three types of referrals are common:

1. To a specialist physician for a consultation on a particular disease, condition, or injury
2. To a provider of ongoing therapy, such as physical therapy, occupational therapy, or psychological therapy
3. To a provider of community-based services, such as home health care, visiting nurses, or respite care for a caregiver

The physician determines the type and amount of service needed, but the medical assistant usually completes the referral form(s).

After obtaining all necessary information to make the referral, the medical assistant either instructs the patient to make the appointment himself or calls to make the appointment for the patient. Some managed care plans require the referring provider's office to make the appointment. If the medical assistant calls from the office, the patient may be able to obtain an earlier appointment, but it is important to verify the date and time with the patient. Figure 40-6 is an example of a referral form.

For a referral to a community resource, the medical assistant must know the patient's name, address, and telephone number, as well as the particular resource needed, the diagnosis, and the reason for the service. Community services include home health care and **hospice** care (a range of services provided to an individual with a terminal illness). Most community agencies do an intake evaluation of the patient, but others depend on the primary care or other

physician and staff to tell them what resources the patient needs.

Especially for patients who have managed-care insurance, every referral must be documented closely and often justified to the insurance company's utilization review personnel. Medical assistants play an important role in facilitating the referral process (Procedure 40-4).

Scheduling Diagnostic Procedures and Hospital Admissions

It is often easier for a physician's office to schedule a diagnostic procedure or laboratory test for a patient than to have the patient schedule it. Hospital admissions are always scheduled by the physician's office. Scheduling procedures and admissions can be performed while the patient is at the office or when the patient is at home. If the patient is at home, the details of the appointment and any special patient instructions must be mailed to the patient and followed up with a telephone call.

Scheduling a Diagnostic Procedure

Before scheduling a diagnostic procedure for a patient with an outside facility, the medical assistant should compile all of the information that needs to be relayed to the facility. This includes the patient's name, telephone number, the type of procedure being performed, the reason for the procedure, the time frame within which the procedure must be performed, and insurance information including any need for a preauthorization number or written referral.

After an appointment has been made, the medical assistant must contact the patient to relay when and where the procedure will be performed. The medical assistant may also need to provide directions to the facility. Patients are often required to prepare for a diagnostic procedure. For example, a patient undergoing a colonoscopy needs to perform procedures at home to cleanse the colon of gas and fecal material. These instructions must be relayed to the patient by the medical assistant. If written instructions are available, they should be given or sent to the patient. The medical assistant should document in the patient chart the type of verbal and written instructions provided to the patient. Following the procedure, the medical assistant should document when and how the patient was notified

What Would You Do? What Would You Not Do?

Case Study 3

Anna Greene, a 17-year-old girl, came to see the physician for a physical examination. On the basis of her history and physical examination, the physician has ordered her to have an echocardiogram (ultrasound of the heart). Anna's mother says that the physician did not really explain why Anna needs this test, and she expresses concern that her insurance will not cover the total cost of the test. She appears to be reluctant to allow the test to be scheduled and says that she will call and schedule it herself in a few days. ■

Health Plan Referral Form

REFERRAL NUMBER: A06

WRITTEN REFERRALS ARE REQUIRED FOR ALL SERVICES, EXCEPT FOR ROUTINE YEARLY EYE EXAMS, ORAL SURGERY, LAB, DIAGNOSTIC & RADIOLOGICAL SERVICES.

(1) Patient Name: _____ Date of Referral: _____ / ____ / ____

(3) Patient Identification Number: _____ (4) SUFFIX # REQUIRED: _____ (5) Date of Birth: _____ / ____ / ____

(6) Referred From: _____ (7) I.P.A. No. _____
NAME OF PERSONAL CARE PHYSICIAN Provider ID #

(8) ADDRESS OF PERSONAL CARE PHYSICIAN: _____

Referred To: _____ (10) ADDRESS OF SPECIALTY CARE PHYSICIAN/PROVIDER/EMERGENCY: _____
NAME OF SPECIALTY CARE PHYSICIAN/PROVIDER/EMERGENCY Provider ID #

REFERRAL STATUS:
(CHECK ONE)

In I.P.A.

REASON FOR REFERRAL (STATE DIAGNOSIS): _____

SERVICES REQUESTED (CHECK ONE) REFERRAL VALID FOR TWELVE MONTHS FROM DATE OF REFERRAL.

Consultative OPINION. (One (1) visit only) CONTACT PCP PRIOR TO INITIATING TREATMENT.

SECOND SURGICAL OPINION ONLY (Surgery is not to be performed by this provider)

Consultative OPINION and NECESSARY DIAGNOSTIC STUDIES. (Not to exceed three (3) visits)

Consultative OPINION and NECESSARY DIAGNOSTIC STUDY AND TREATMENT. Indicate number of visits _____

Mental Health EVALUATION: Circle one (1) or two (2) visits only. (FOR PCP USE ONLY)

Substance Abuse Outpatient EVALUATION: Circle one (1) or two (2) visits only. (FOR PCP USE ONLY)

Mental Health/Substance Abuse Treatment (PSYCHIATRIC REVIEWER USE ONLY) subsequent visits, indicate number _____

AUTHORIZATION FOR MENTAL HEALTH OR SUBSTANCE ABUSE OUTPATIENT SERVICES DOES NOT OVERRIDE BENEFIT MAXIMUMS.

Therapies (type of therapy: _____). Indicate number of visits _____ (PT not to exceed six (6) visits per referral)

Obstetrical Treatment. Designate duration of care: _____

Emergency Room Treatment. Date of service: _____ / ____ / ____

SEPARATE REFERRAL FORM REQUIRED FOR EACH EMERGENCY ROOM DATE OF SERVICE

Note: Only those services included in the Health Plan Description of Benefits will be covered. If you have any questions contact your Professional Relations Coordinator.

I have enclosed a clinical document summary, have performed the following diagnostic studies, and am supplying the information to assist you.

DIAGNOSTIC PROCEDURES	DATE OF SERVICE	RESULTS

INSTRUCTIONS

- | | | |
|---|--|--|
| PCP: | SPECIALIST: | ER AUTHORIZATION |
| <ul style="list-style-type: none"> • Complete Form • Send Health Plan Copy and Specialist Copy to Specialist • Retain PCP Copy for your file | <ul style="list-style-type: none"> • For Referrals to another Specialist Consult W/ PCP • Send Health Plan Copy to Appropriate Address (see above) | <ul style="list-style-type: none"> • Send Health Plan Copy to Appropriate Address (see above) • Retain Copy for your file • Be sure to notify |

X		/ /
X		/ /
	*ALL OUT OF PLAN REFERRALS REQUIRE PHYSICIAN REVIEWER SIGNATURE	

Figure 40-6. Referral form. (From Hunt SA: *Saunders fundamentals of medical assisting*, St. Louis, 2007, Saunders.)

of the results of the diagnostic procedure. Precise documentation in patient charts is necessary to avoid later claims of malpractice or abandonment (Procedure 40-5).

Scheduling an Inpatient Admission

The medical assistant has several tasks that must be performed when a patient is admitted to the hospital. The medical assistant must contact the patient's insurance company to obtain preauthorization. The next step is to call the hospital's admitting department to schedule the admission.

The medical assistant must provide the admitting department with the patient's name, address, date of birth, admitting diagnosis, and the patient's insurance information and preauthorization number. A patient must be seen by his or her physician within the first 24 hours after admission. Because of this, the hospital may ask when the physician is coming to see the patient. In addition, admitting orders must be sent or faxed before the patient is admitted to the hospital.

The procedure for admitting a patient to the hospital is modified somewhat if the patient is first seen in the emergency department and then admitted to the hospital. In this situation, the hospital obtains the information from the patient and then contacts the physician to obtain admitting orders (Procedure 40-6).

Scheduling Surgery

Scheduling a surgery is similar to scheduling a diagnostic procedure; however, more information is necessary to schedule a patient for surgery. In addition to the patient's name, date of birth, and telephone number, the medical assistant must also know the type of surgery to be performed, the time frame within which the surgery is to be performed, who the surgeon and any assistant surgeons will be, who the anesthesiologist will be, and the name of the hospital or outpatient center at which the surgery will be performed.

Before scheduling the surgery, the medical assistant must call the patient's insurance company and obtain preauthorization (prior approval by the insurance company). The preauthorization number must be relayed when scheduling surgery. This number facilitates payment by the insurance

company for the procedure. The patient's insurance may require the patient to undergo the surgery at specific hospitals or outpatient facilities.

Before a patient undergoes a surgical procedure, **preadmission testing (PAT)** is performed. PAT includes blood tests, an ECG, and a chest x-ray. The purposes of PAT are to obtain data about the patient's health before surgery, to be sure that the patient can tolerate the proposed surgical procedure and anesthesia, and to obtain baseline data for comparison during and after the surgical procedure. The medical assistant helps the patient to schedule this testing.

In some communities the hospital performs the PAT, whereas in other communities the PAT is performed in the medical office. If performed in the medical office, the PAT is done at either the surgeon's office or at the office of the patient's primary care physician.

A patient may also need to be scheduled to donate one or more units of his or her own blood. This blood would then be available if a patient needs a transfusion during or after surgery.

Giving a Patient Instructions before Surgery

The medical assistant is often responsible for providing the patient with specific instructions before the surgery. If the patient is receiving a general anesthetic, he or she must fast for a period of time before the surgery. Fasting requires that the patient have nothing to eat or drink for approximately 12 hours before the surgery. If the patient takes medication for hypertension or heart problems, the surgeon may allow the patient to take his or her morning medication with a sip of water. Other examples of preparation that may be required before a surgical operation include washing with an antibiotic soap and taking antibiotics for 1 to 2 days. Patients should be instructed not to bring valuables with them to the hospital. If they are having outpatient surgery, they need to have someone available to drive them home following the surgery.

Documenting an Appointment for Surgery

It is important for the medical assistant to carefully document all information relayed to the patient regarding the surgery. Other information that should be documented includes the interactions with the surgical team members, patient, and facilities.

PROCEDURE 40-4 Completing a Referral Form for Managed Care

Outcome Complete a referral form for managed care.

Equipment/Supplies

- The patient's medical record and insurance information
- Physician's directions about the service to be provided

- Referral form
- Telephone

1. Procedural Step. Assemble information to complete the referral form, including the patient's name, address, telephone number, and insurance information.

2. Procedural Step. From the patient's medical record or the physician, determine the service for which the patient will be referred, including the specialist or service

provider, the reason for the referral, and the number of visits.

- 3. Procedural Step.** Obtain preauthorization from the patient's insurance if necessary by calling the toll-free number provided by the insurance company. Describe the service requested, reason for the referral, and number of visits requested.

Principle. The patient's medical condition must justify the service requested. Failure to obtain preauthorization required by the insurance company will result in denial of the patient's insurance claim.

- 4. Procedural Step.** Complete a referral form, including the requested information about the patient, referring physician, specialist or facility to which the patient is being referred, reason for the referral, preauthorization number (if verbal preauthorization was obtained), and amount of service authorized.

- 5. Procedural Step.** If preauthorization is required, submit the form to the patient's insurance company for approval. In some cases the patient will not be able to obtain service until written preauthorization is received from the insurance company.

- 6. Procedural Step.** Retain a copy of the referral for the patient's medical record, and give the remaining copies to the patient to submit when service is received. You may also choose to send the referral forms directly to



4 Complete the referral form required by the patient's insurance.

the specialist or facility to whom the patient has been referred.

- 7. Procedural Step.** Instruct the patient how to make the appointment (or assist the patient to make the first appointment).
- 8. Procedural Step.** File the referral form in the patient's medical record.



PROCEDURE 40-5 Scheduling Inpatient or Outpatient Diagnostic Tests or Procedures

Outcome Schedule an inpatient or outpatient diagnostic test or procedure.

Equipment/Supplies

- The patient's medical record and insurance information
- Name of the test or procedure to be scheduled
- Telephone
- Telephone number of the facility and name of the appropriate department to schedule the test or procedure

- 1. Procedural Step.** Assemble necessary information about the patient, including the patient's demographic and insurance information.

- 2. Procedural Step.** From the patient's medical record and/or a diagnostic test or procedure requisition filled out by the physician, determine the facility and department to call for scheduling. If the office uses a computerized system, be sure the test, procedure, or hospital admission has been ordered in the computer.

Principle. Any admission, diagnostic test, or diagnostic procedure must have a valid physician order. For insurance reimbursement, a facility that participates in the patient's insurance plan must be used.

- 3. Procedural Step.** Determine the time frame for scheduling and, if possible, discuss with the patient preferred days and times.

- 4. Procedural Step.** Obtain preauthorization from the patient's insurance, if necessary, by calling the toll-free number provided by the insurance company.

Principle. The patient's medical condition must justify the service requested. Failure to obtain preauthorization required by the insurance company will result in denial of the patient's insurance claim.

- 5. Procedural Step.** Call the department of the facility where the procedure will be performed.

- 6. Procedural Step.** Provide the patient's name, demographic, and insurance information as needed and

Continued

PROCEDURE 40-5 Scheduling Inpatient or Outpatient Diagnostic Tests or Procedures—cont'd

preauthorization number if needed. Identify the test or procedure to be scheduled and set up a specific day and time.

- 7. Procedural Step.** Inform the patient of the date and time for the test or procedure and provide verbal and written instructions, including preparation for the test, special instructions, and dietary restrictions.



Go over any instructions with the patient before the test.

Principle. The patient must know how to prepare for the test or procedure. Written instructions reinforce verbal explanations.

- 8. Procedural Step.** Send a computer or paper requisition to the facility or give a paper requisition to the patient to take to the test.
- 9. Procedural Step.** Document the scheduled diagnostic test or procedure and instructions given to the patient in the patient's medical record.

CHARTING EXAMPLE

Date	
9/22/10	3:45 p.m. Barium swallow scheduled at Memorial Hospital for 9/28/10 at 9:15 a.m. Pt. instructed to remain NPO after midnight and given directions to Memorial Hospital x-ray department. Pt. verbalizes understanding that she cannot eat or drink anything (including water) after midnight. _____
	_____ Elaine Wyatt, CMA (AAMA)

PROCEDURE 40-6 Scheduling Inpatient or Outpatient Admissions

Outcome Schedule an inpatient or outpatient admission for a patient.

Equipment/Supplies

- The patient's medical record and insurance information
- Name of the procedure to be scheduled or reason for the hospital admission
- Telephone
- Telephone number of the facility and the admitting department

- 1. Procedural Step.** Assemble necessary information about the patient, including the patient's demographic and insurance information.

- 2. Procedural Step.** From the patient's medical record and/or directions from the physician, determine the reason for the inpatient or outpatient admission.

Principle. Any admission must have a valid physician order. For insurance reimbursement, a facility that participates in the patient's insurance plan must be used.

- 3. Procedural Step.** Determine the time frame for the admission. If it is for an elective procedure or surgery, discuss with the patient preferred days and times.

- 4. Procedural Step.** Obtain preauthorization from the patient's insurance by calling the toll-free number provided by the insurance company.

Principle. The patient's medical condition must justify the service requested. Failure to obtain preauthorization required by the insurance company will result in denial of the patient's insurance claim.

- 5. Procedural Step.** Call the admissions department to schedule the admission.

Principle. The patient must be entered into the facility's computer system with all demographic and insurance information for an inpatient or outpatient hospital admission.

- 6. Procedural Step.** Provide all necessary information including demographic and insurance information about the patient, preauthorization number (if any), diagnosis or reason for the admission, and date of the admission.
- 7. Procedural Step.** For an inpatient admission, provide admitting orders as needed or fill out admitting orders according to the patient's medical record and fax to the department or nursing floor.
- 8. Procedural Step.** If the patient is to be admitted to the hospital directly from the physician's office, assist the patient to notify a family member, prepare a patient transfer form, obtain consent forms to release information, and make arrangements for the patient to be transported to the hospital.
- 9. Procedural Step.** If the patient is to be admitted for a procedure or surgery in the future, inform the patient of the date and time for the test or procedure and provide verbal and written instructions, including preparation, special instructions, and dietary restrictions.

Principle. The patient must know how to prepare for the procedure or surgery. Written instructions reinforce verbal explanations.

- 10. Procedural Step.** Document the admission or scheduled procedure or diagnostic test and instructions given to the patient in the patient's medical record. For a hospital admission, identify any documents sent with the patient.

CHARTING EXAMPLE

Date	
6/15/10	1:30 p.m. Patient to be admitted to Memorial Hospital, Room 802 by ambulance for shortness of breath and dyspnea. Admitting orders and copy of medical record will be sent with the patient. Patient's son notified and states he will meet his mother at the hospital.
	_____ Elaine Wyatt, CMA (AAMA)

MEDICAL PRACTICE *and the* LAW

The office is required to keep a permanent list of patients seen. This is a legal record. Because the appointment book is usually maintained in pencil, the daily appointment sheet is usually maintained as the legal record, which is why additions and corrections must be done in ink. If the office has a computerized appointment system, there is an electronic record of the appointment schedule, which should be backed up daily. A single red line is usually drawn through the names of patients on the list who cancelled their appointments or did not come for their appointments. The Internal Revenue Service (IRS) can ask for records to validate tax returns. Government insurance programs may also require these records as proof that services were provided. The daily schedules should be kept for a minimum of 5 years, but most practices keep them indefinitely.

If a physician wishes to terminate the relationship with a patient, such as a patient who consistently breaks appointments or does not follow up on treatment, it is recommended that the patient be sent a letter explaining the reasons for terminating care and giving the patient time to arrange for other medical care. This protects the physician if the patient initiates a lawsuit for abandonment. Without proper notification, the patient may still consider himself or herself the physician's patient, even if he or she does not follow the physician's treatment plan or keep scheduled appointments. In order to be sure that the patient has received the letter, it should be sent certified mail with return receipt requested. ■

What Would You Do? What Would You *Not* Do? RESPONSES

Case Study 1

Page 964

What Did Elaine Do?

- Listened to Sandra's concerns without interrupting.
- Apologized for the delay and agreed that it is difficult to wait when you have other obligations.
- Informed Sandra that the physician was running behind schedule and that there were two patients ahead of her. Gave her a realistic estimate of when she would be taken to an examination room.

- Offered to reschedule the appointment if Sandra said that she really could not wait to see the physician that day.

What Did Elaine Not Do?

- Did not tell Julia that she would be taken to an examination room in just a minute.
- Did not give a long explanation about why the physician was delayed.
- Did not give exaggerated or made-up excuses to imply that this was a one-time crisis.
- Did not become defensive or interrupt Julia.

Continued

What Would You Do? What Would You *Not* Do? RESPONSES—cont'd

What Would You Do/What Would You *Not* Do? Review Elaine's response and place a checkmark next to the information you included in your response. List the additional information you included in your response.

Case Study 2

Page 965

What Did Elaine Do?

- Asked the physician if it would be a good idea to reschedule the new patient or some of the other patients for another appointment in the next few days.
- If instructed to do so, called patients, explained that the physician was going to have to leave the office early, and asked if they would be willing to reschedule.
- If instructed to do so, explained to the patients in the waiting room that the physician was delayed and asked if they would like to reschedule.
- Evaluated all patients carefully to be sure that everything was prepared to make their examinations go smoothly.

What Did Elaine Not Do?

- Did not reschedule patients without discussing it with the physician.
- Did not tell the patients specific information about the physician's commitments.

What Would You Do/What Would You *Not* Do? Review Elaine's response and place a checkmark next to the information you included in your response. List the additional information you included in your response.

Case Study 3

Page 970

What Did Elaine Do?

- Made a general statement that the physician thought the test was important, and it would help the physician to provide the best care for Anna.
- Asked Mrs. Greene and Anna to wait to see if the physician could give them more information about the reason for and need for the test.
- Offered to call the insurance company to determine whether Mrs. Greene's insurance would cover the cost of the test.
- Explained that the office preferred to schedule this type of test to be sure that the testing facility had all necessary information from the physician.
- Documented the interaction with the patient in detail.

What Did Elaine Not Do?

- Did not give a reason for the test unless authorized by the physician.
- Did not imply that the mother cared more about the money than her daughter.
- Did not say that the physician knows what he is doing.
- Did not insist on scheduling the test even if Mrs. Greene did not agree to it.

What Would You Do/What Would You *Not* Do? Review Elaine's response and place a checkmark next to the information you included in your response. List the additional information you included in your response.



TERMINOLOGY REVIEW

Blocked Times in the appointment matrix when physicians are not available to see patients.

Clustering Scheduling similar types of patients or examinations on the same day or part of the day.

Double booking Scheduling two patients for the same appointment time.

Established patient A patient who has been receiving services from the same medical practice on a regular basis.

Fixed appointment scheduling An appointment scheduling method in which each patient is given a different, specific appointment time. Also called *stream scheduling*, *time-specified scheduling*, or *single booking*.

Hospice Palliative service provided for patients whose life expectancy is less than 6 months. Services may be provided in the patient's home, nursing home, or special hospice facility.

Matrix A rectangular or linear arrangement of numbers or information.

Modified wave scheduling An appointment system that has some fixed appointments and some appointment times during which patients are seen in order of arrival.

New patient A patient who has not received services during the previous 3 years from any physician in a medical practice.


TERMINOLOGY REVIEW—cont'd

No-show A patient who does not keep a scheduled appointment.

Preadmission testing (PAT) A series of diagnostic tests done before surgery to establish the patient's health status and identify any potential problems that may occur during surgery.

Preauthorization Permission from a patient's insurance company for a test, procedure, or surgery. Usually the insurance company issues a preauthorization number, which must be communicated to the laboratory or hospital that will be billing for the test or procedure.

Referral Recommendation that a patient receive additional medical services. For patients with managed care insurance, a referral must be accompanied by a written form that specifies the nature of the service and the number of visits that have been authorized.

Single booking An appointment scheduling method in which each patient is given a different, specific appoint-

ment time. Also called *stream scheduling* or *fixed appointment scheduling*.

Stream scheduling An appointment scheduling method in which each patient is given a different, specific appointment time. Also called *fixed appointment scheduling*, *time-specified scheduling*, or *single booking*.

Time-specified scheduling An appointment scheduling method in which each patient is given a different, specific appointment time. Also called *stream scheduling*, *fixed appointment scheduling*, or *single booking*.

Triage The process of separating patients by the urgency of their need for care.

Wave scheduling A method of scheduling appointments in which several patients are given the same appointment time and seen in the order in which they arrive.


ON THE WEB
For Information on HIPAA Regulations:

United States Department of Health and Human Services
HIPAA website: aspe.hhs.gov/admnsimp

Center for Medicare and Medicaid Services HIPAA
website: www.cms.hhs.gov/HIPAAGenInfo

For Information on Organizations with Information on Practice Management:

American Academy of Family Physicians: www.aafp.org/online/en/home.html


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