Recommended Use for This Material: each facility should 1) identify their three or four key clinical problem areas; 2) review the attached information; 3) customize the Provider and Data Entry documentation instructions, if necessary; 4) train staff on appropriate documentation, and 5) post the 1-2 page Cheat Sheet in exam rooms.

NOTE: The purpose of this document is to provide information to both providers and to data entry on the most appropriate way to document key clinical procedures in RPMS. It does not include all of the codes CRS checks for when determining if an indicator is met. To view that information, view the CRS short version logic at:


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| Depression Screening    | Adult patients 18 years of age and older should be screened for depression at least annually. | **Primary Care Providers:** Enter narrative “Screening for Depression” or “Depression Screening.”  
**Behavioral Health Providers:** Enter BHS problem code 14.1 or narrative “Screening for Depression.”  
**NOTE:** BHS code 14.1 maps to ICD-9 V79.0. | Standard PCC data entry: *Mnemonic PV:* V79.0, Special Screening for Mental Disorders and Developmental Handicaps, Depression  
Standard BHS data entry: Enter BHS problem code 14.1 or narrative “Screening for Depression.”  
**NOTE:** BHS code 14.1 maps to ICD-9 V79.0. |
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| Domestic (Intimate Partner) Violence Screening (DV/IPV) | Adult females should be screened for domestic violence at *new encounter* and *at least annually* Prenatal *once each trimester* (Source: Family Violence Prevention Fund National Consensus Guidelines) | **Primary Care and Behavioral Health Providers:** EXAM—DV (or IPV) Screen  
Negative - denies being a current or past victim of DV  
Present - admits being current victim of DV  
Past - denies being a current victim, but admits being a past victim of DV  
Refused - patient declined exam/screen  
Unable to screen | Exam *Mnemonic EX*: 34 or INTIMATE PARTNER VIOLENCE SCREEN (AUM 4.1 patch 1; AUPN patch 11)  
N Negative  
PR Present  
PA Past  
Refusals *Mnemonic: REF*  
Exam  
Exam Value: **INT (or 34)**  
Date Refused:  
Unable to Screen: *mnemonic UAS* (PCC Data Entry patch 7)  
Exam  
Exam Value: **INT (or 34)**  
Date Refused: |
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| Alcohol Screening for Women | Pregnant women should be screened for alcohol use at least on their first visit; education and follow-up provided as appropriate. Women of childbearing age should be screened at least annually. | Use the CAGE questionnaire, which asks the following 4 questions: 1. Have you ever felt the need to **Cut** down on your drinking (or drug use)? 2. Have people **Annoyed** you by criticizing your drinking (drug use)? 3. Have you ever felt bad or **Guilty** about your drinking (drug use)? 4. Have you ever needed an **Eye** opener the first thing in the morning to steady your nerves or get rid of a hangover? Tolerance: How many drinks does it take you to get high? Based on how many YES answers were received, document Health Factor on PCC: HF – **CAGE 0/4** (all No answers) HF – **CAGE 1/4** HF – **CAGE 2/4** HF – **CAGE 3/4** HF – **CAGE 4/4** Optional values: Level/Severity: Mild, Moderate, or Severe Quantity: # of drinks daily OR T (Tolerance) -- # drinks to get high (e.g. T-4) | **Under mnemonic HF, enter:**  
CAGE 0/4 (all No answers)  
CAGE 1/4  
CAGE 2/4  
CAGE 3/4  
CAGE 4/4  
Level/Severity  
Provider  
Quantity |
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<td><strong>Calculate BMI (Body Mass Index)</strong></td>
<td>Children (through age 18) should have both height and weight taken on the same day at least annually (at every visit is recommended) Adults 19-50, height and weight at least every 5 years, not on same day Adults over 50, height and weight taken every 2 years</td>
<td>Standard PCC documentation To document Refusals on PCC: Write “Refused” in Height or Weight boxes at upper right</td>
<td>Standard PCC data entry Refusals: mnemonic <strong>REF</strong> Measurements Measurement Type: <strong>HT</strong> or <strong>WT</strong> Date Refused:</td>
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<td><strong>Childhood Immunizations</strong></td>
<td>Children age 19-35 months will be up-to-date for all ACIP recommended immunizations This is the 43133 combo: 4 DTaP 3 IPV 1 MMR 3 Hib 3 Hepatitis B</td>
<td>Standard PCC documentation for immunizations performed at the facility Ask about off-site IZ and record historical information on PCC: IZ type Date received Location To document Refusals on PCC: Write “Refused [shot type]” in POV section OR “Refused” in appropriate Order box at right</td>
<td>Standard PCC data entry For historical, use mnemonic <strong>HIM</strong> Date Type Location of Encounter Immunization Type(s) and Series Refusals: mnemonic <strong>REF</strong> Immunization Immunization Value: Date Refused (can be month and year only)</td>
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| Adult Immunization: Flu Vaccine        | All adults ages 65 and older should have an annual flu shot  
Adults 55-64 are strongly recommended to have annual flu shot  
All adult (18 and older) diabetic patients are strongly recommended to have annual flu shot  
Refusals should be documented.                                                                                       | Standard PCC documentation for immunizations performed at the facility  
Ask about off-site IZ and record historical information on PCC:  
IZ type  
Date received  
Location  
To document Refusals on PCC:  
Write “Refused Flu Shot” in POV section OR “Refused” in Influenza Order box at right                                                                                   | Standard PCC data entry  
For historical, use mnemonic **HIM**  
Date  
Type  
Location  
Immunization Type: **88 Inf Virus Vaccine NOS** (other options are **111 Inf Virus Vac Intranasal**, **15 Inf Virus Vac SV**, or **16 Inf Virus Vac WV**)  
Refusals: mnemonic **REF**  
Immunization  
Immunization Value:  
Date Refused                                                                                                                                                          |
| Adult Immunization: Pneumococcal Vaccine | All adults ages 65 and older will have a pneumovax  
All adult (18 and older) diabetic patients are strongly recommended to have a pneumovax  
Refusals should be documented.                                                                                                                                   | Standard PCC documentation for immunizations performed at the facility  
Ask about off-site IZ and record historical information on PCC:  
IZ type  
Date received  
Location  
To document Refusals on PCC:  
Write “Refused Pneumovax” in POV section OR “Refused” in Pneumo Vax Order box at right                                                                                  | Standard PCC data entry  
For historical, use mnemonic **HIM**  
Date  
Type  
Location  
Immunization Type: **33 Pneumo Polysac Vac** (other options are **100 Pneumo Conj Vacc**, or **109 Pneumo NOS**)  
Refusals: mnemonic **REF**  
Immunization  
Immunization Value:  
Date Refused                                                                                                                                                          |
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| Prevent colorectal cancer (CRC) | Adults ages 50 and older should be screened for CRC (USPTF). IHS recommends any of the following:  
1. Fecal occult blood test (FOBT) or rectal exam annually or at least every two years  
2. Flexible sigmoidoscopy or double contrast enema every 5 years  
3. Annual FOBT/rectal exam plus flexible sigmoidoscopy every 5 years  
4. Colonoscopy every 10 years  
Refusals should be documented | Standard PCC documentation for procedures performed at the facility (Radiology, Lab, provider)  
Guaiac cards returned by patients to providers should be sent to Lab for processing  
Ask and record historical information on PCC: date received and location  
Telephone visit with patient  
Verbal or written lab report  
Patient’s next visit  
Discuss with Data Entry staff and ensure they know where refusals are documented on the PCC form. | Standard PCC data entry process for procedures, Lab or Radiology  
*Mnemonics for Historical:*  
**HBE** Historical Barium Enema  
**HCOL** Historical Colonoscopy  
**HFOB** Historical FOBT (Guaiac)  
**HSIG** Historical Sigmoidoscopy  

Refusals Mnemonic: **REF**  
Lab Test Value: Fecal Occult Blood Test  
Exam: Rectal Screen  
Exam Value: 14  
Date Refused: |

| Prevention of cancer of the uterine cervix | Women ages 18-64 should have a Pap Smear every 3 years  
Refusals should be documented. | Standard PCC documentation for tests performed at the facility  
Ask about off-site tests and record historical information on PCC:  
Date received  
Location  
To document Refusals on PCC:  
Write “Refused Pap Smear” in POV section OR “Refused” in Pap Order box at right | Data entry through Women’s Health program or standard PCC data entry for tests performed at the facility  
**Historical Pap Mnemonic:** **HPAP**  
Date  
Location of Encounter  
Outside Location  
Results  
Refusals Mnemonic: **REF**  
Lab Test Value: Pap Smear  
Date Refused: |
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<td>Breast Cancer Prevention</td>
<td>Women ages 50-69 should have a mammogram every 2 years Refusals should be documented.</td>
<td>Standard PCC documentation for Radiology performed at the facility Ask and <em>record historical information</em> on PCC: date received and location Telephone visit with patient Verbal or written lab report Patient’s next visit To document Refusals on PCC: Write “Refused Mammogram” in POV section OR “Refused” in Mammogram Order box at right</td>
<td>Data entry through Women’s Health program or standard PCC data entry for tests performed at the facility Historical Mnemonic: <strong>HRAD</strong> Date Location of Encounter Procedure Type: [76090-76092] Impression Abnormal Refusals Mnemonic: <strong>REF</strong> Mammogram Radiology Procedures Value (CPT): Date Refused</td>
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<td>Diabetic Retinal Exam</td>
<td>Patients with diabetes will have a qualified* retinal examination in the past 12 months</td>
<td>EXAM—DM Eye Exam&lt;br&gt;To document Refusals on PCC:&lt;br&gt;Write “Refused DM Eye Exam” in POV section</td>
<td>Under mnemonic EX enter&lt;br&gt;DIABETIC EYE EXAM&lt;br&gt;Refusals Mnemonic: REF&lt;br&gt;Exam&lt;br&gt;Exam Value: 03&lt;br&gt;Date Refused:</td>
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<td>*Qualified retinal exam: The following methods are qualified for this measure:</td>
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<td>• Dilated retinal examination by an optometrist or ophthalmologist</td>
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<td>• 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist</td>
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<td>• Any photographic method validated to ETDRS, i.e. JVN, Inoveon, EyeTel</td>
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<td>Screening for tobacco use and exposure to ETS</td>
<td>Ask all patients age five and over about tobacco use at least annually</td>
<td>Document on designated Health Factors section of form: HF—Non-Tobacco User HF—Smoker HF—Smokeless HF – Smoker &amp; Smokeless HF – Previous Smoker [or Smokeless] (quit &gt; 6 months) HF – Cessation Smoker [or Smokeless] (quit or actively trying &lt; 6 months) HF – Smoker in Home HF – Ceremonial HF – Exp to ETS (Second Hand Smoke) HF – Smoke Free Home</td>
<td>Under mnemonic <strong>HF</strong> enter NON-TOBACCO USER CURRENT SMOKER CURRENT SMOKELESS CURRENT SMOKER &amp; SMOKELESS PREVIOUS SMOKER [or SMOKELESS] CESSATION SMOKER [or SMOKELESS] SMOKER IN HOME CEREMONIAL (new) EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE SMOKE FREE HOME Level/Severity Provider Quantity</td>
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**NOTE:** if your site uses other expressions (e.g., “Chew” instead of “Smokeless;” “Past” instead of “Previous”), be sure Data Entry staff know how to “translate”

Optional values:
Level/Severity: Mild, Moderate, or Severe Quantity: e.g., # of cigarettes smoked daily
### HIV Testing in Women

**Objective**

Pregnant women should be tested for HIV at least on their first visit; education and follow-up provided as appropriate

**Standard**

To document Refusals on PCC: Write “Refused HIV test” in POV section

**Provider Documentation**

Standard PCC documentation for tests performed at the facility

**Data Entry**

Standard PCC data entry for tests performed at the facility

- **Historical Mnemonic:** *HLAB*
  - **Date of Test:**
  - **Name of Lab Test:**
  - **Results:**
  - **Refusals Mnemonic:** *REF*
  - **Lab Test Value:**
  - **Date Refused:**

### Medication Education

**Objective**

Patients receiving medications should be educated about appropriate use and potential risks

**Standard**

Provider and/or pharmacist should document all 5 PFE elements:

- Disease state—Education Topic – Level of Understanding – Who Taught – Time spent (in minutes)
- DMC-IN (Diabetes medicine – Insulin)
- M-I (Medication information)
- M-DI (Drug interaction)
- M-FU (Medication follow-up)
- M-L (Medication patient education literature)
- [any disease]-M (medication)

**Provider Documentation**

**Mnemonic PED:**

- **Education Topic**
  - DMC-IN (Diabetes medicine - Insulin)
  - M-I (Medication information)
  - M-DI (Drug interaction)
  - M-FU (Medication follow-up)
  - M-L (Medication patient education literature)
  - [any disease]-M (medication)

- **Provider**

- **Level of Understanding:** P, G, F, Group, R

- **Length of Education (minutes)**