



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

SAM Clinical

- (Case 1043) Alter 485 and 487 titles and markings for non - Home Health Agencies.

SAM Billing

- (Case 1038) Added new File/Import/Claim Responses menu item for the reading/converting 835s, 27c, and 27s claim response files.
- (Case 1039) Updated Medicare Episode report to recognize visits billed under revenue codes of 420, 430, and 440 as therapy visits.
- (Case 1044) If phrase **2010AB** found in payer's comment, when creating an 837 Professional claim file for transmission, the loop 2010AB, the information regarding the office that provided the service, will be created. Normally, this loop is not required.
- (Case 1045) New PPS Item adjustment reasons, Episode Time and Therapy Utilized, have been added. These new type of episodes are also summarized on the Medicare Episode Report.
- (Case 1046) Some payers will not pay a second claim submitted for the same patient and time period. For these payers, SAM users have been trained to run the visit report to look for confirmed or verified visits during the same time period as closed visits, and have used this information to either not bill those patients or to unbill those patients once invoices were created so that one claim could be submitted later for all of the visits.

SAM now has the capability to check for *confirmed* or *verified* visits that would appear on an invoice if they were closed. If this situation is found, and this feature is turned on for the SAM payer, SAM will suppress the creation of the invoice and claim, and log the offending visits in the text file N:\nnnnheldbills.txt, where nnnn is the office for which the billing is done. The contents of this file will be displayed at the end of invoicing if any invoices are held from creation. This text file must be manually purged by the user so that it does not get too large as all entries are written to the end of the file.

In order for SAM to create an invoice for the affected client/payer and time period, the offending visits must either be closed, cancelled, deleted, or the feature must be turned off for the payer. The feature is turned on for a payer by adding the phrase **NoPartialInvoicing** to the payer's comment - removing the phrase will turn the feature off for the payer.

- (Case 1047,1054) Claim transmission warnings or failures now cause the creation of collect logs, which are visible in the account log, statements, and the aging. If any claim fails entry into the transmission file, an entry in the new n:\claimtransmissionfailuresNNNN.XLS is made. **noxmitfailurelog** in a payer's comment turns off logging of claim transmission failures and **noxmitwarninglog** turns off transmission warnings.
- (Case 1052) Updated AHS Medicare 837 interface per NHIC instructions.
- (Case 1056) Self-Pay selection button added to Invoice Adjustment Selection Screen to allow faster selection of accounts without third party payers.
- (Case 1058) For some MN payers, the caregiver's license number must be sent in the electronic claim in loop 2310. Placing the phrase **empinfin2310** in a payer's comment activates this feature for MN and Clear Connect payers.
- Case (1061) Some payers do not want the diagnosis pointer in box 24e on the HCFA 1500 - instead they want the ICD9 code itself. Placing the phrase **icd9inhcfaloc24e** within a payer's comment will cause this behavior.



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

- (Case 1062) When the phrase **StrictRapping** is found in a payer's comment that has the payer class of Medicare or Episodic Insurance, RAP creation will be prevented when the diagnosis on the Start of Care or Re-Cert OASIS, MO230A through MO240f, do not exactly match the first 6 diagnosis codes on the Plan of Care.
- (Case 1064) Normally, boxes 28 and 30 on HCFA1500 show the entire claim's totals on each page. To show a running page total, enter **HCFARUNNINGPAGETOTAL** in the payer's comment. To show the current page's total on that page, enter **HCFAEACHPAGETOTAL**. Finally, to show the entire claim's total only on the last page and show no totals on the other pages, enter **HCFATLP** (TLP stands for Total on Last Page).
- (Case 1065) Update for NC Medicaid for May of 2009: for UB04s, box 1 – front office address, box 2 – back office address, box 50 – MC instead of payer name, box 78 – If Carolina Access Number is entered print 1D and CAN number, box 81 – B3 and characters following TAXONOMY: in payer's comment; electronic format updated appropriately. For HCFA1500, box 17a - If Carolina Access Number is entered print 1D and CAN number, box 17b – blank if CAN is used, otherwise NPI of physician, box 24j – ZZ followed by characters following TAXONOMY: in payer's comment, box 32 – front office address, box 33 – back office address. This feature is only activated when MAY0109 is found in payer's comment.
- (Case 1067) New check for missing authorization number on the transmission of both the Kentucky Medicaid 837 Institutional and Professional (UB04 and HCFA1500) claims. Claims with missing authorization numbers are logged as transmission errors and are not included in the transmission file.
- Case (1074) Allow 343 as a valid bill type on the UB04, on the UB04 edit screen and during transmission.
- Case (1079) When the phrase **NoXmitOnMissingAuth** is found in a payer's comment, missing authorization numbers will cause the claim to error on transmission. The claim error will be logged and the claim will be excluded from the transmission file.
- Case (1080) **ADDRNOTLOCKBOX** in a payer's comment will replace lock box address with the back office address. This replacement will occur on both the UB04 and HCFA 1500 printouts and the electronic claim transmission. The provider's office address will print in locator 32 on the hcfa1500, and will be sent for both the professional and institutional electronic claim files in loop 2010AB.

SAM Reports

- (Case 1041) Outcome report modified to exclude patients that have no SOC OASIS. The user will be notified during report generation of any discharged patients that have a missing or incomplete SOC OASIS. Without this OASIS information, outcome differentials cannot be calculated.
- (Case 1049, 1081) New Invoice Register report selection screen controls (Show Xmit and Show Created Date) govern the display of invoice creation and transmission dates on the report.
- (Case 1050) Case manager and referral name columns added to OASIS tracking Excel spreadsheet output.
- (Case 1055) New "Show Client Phone Number" option added to employee dispatch report.
- (Case 1063) New "Show 'Do Not Use' Physicians" feature on physician list report.
- (Case 1066) New lcase_mgr column in client profile excel output of Client List report - the



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

pcase_mgr field shows the case manager for the patient's first plan of care. The lcase_mgr field, the last column in the excel output of the client profile format of the report, shows the case manager on the last plan of care for the patient.

- (Case 1072) Invoice Aging report has been fixed to show negative balances when using "older than period n" report option.
- Case (1082) A new type of entry has been added to the Questionable Visit Report (an option of the Verified Visit Report flavor of the visit report) - if an employee has an overlapping closed or verified visit it will now be listed on the report.

SAM Scheduling

Weekend days are now displayed with a faint yellow color, and holidays are displayed with a faint blue color. If you have SAM administrator privilege, you may configure your organization's holidays using the Configuration/Holidays menu item. These new visual cues will help with selecting proper pay differentials or sub/skills when placing and verifying visits on these days.

Sat	Sun	Mon	Tue	Wed	Thu	Fri
04/25	04/26	04/27	04/28	04/29	04/30	05/01
05/02	05/03	05/04	05/05	05/06	05/07	05/08
05/09	05/10	05/11	05/12	05/13	05/14	05/15
05/16	05/17	05/18	05/19	05/20	05/21	05/22

SAM Other

- Case (1040) Updated ADP Paydata payroll interface with new Regular earnings and employee name column. This feature currently only is activated for All About You home care.
- Case (1051) Overtime calculation updated for Prairie River home care to use 40 h/wk OT limit for HM, HH, HA, PC. All other continue to use the setting of Ini_Weekly_OT
- Case (1060) Questionable Visit Report (related to the Verified Visit Report) now provides a message when a visit is on a day where more then 24 hours of service were given to a client.

MAT

- Added a SAM permit to allow a MAT user to view PPS values on the MAT Review screen: Clinical > 10 - MAT View PPS Value



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

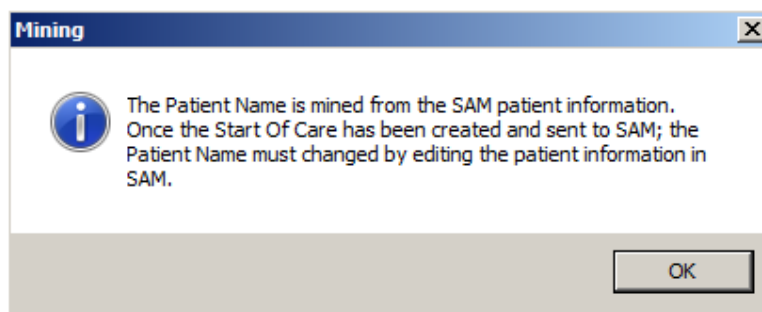
- Moved the PT INR to the SpecimenCollection page from the SkilledProcedures page.
- Renamed Discharge from Agency to Discharge from Agency (OASIS)
- Renamed Discharge Death at Home to Discharge Death at Home (OASIS)
- Added a Changed button to the med profile.
- Added the following to the Wound Site Page: New drainage description, seropurulent. New Wound Edge descriptions, Opened, Closed, other (see comment). Textbox for Drainage Color. New Stage, Deep Tissue Injury
- Added an option for Lesion to the Skin section on the Integumentary page.
- Added mileage to the Visit Attempted but not made document.
- Added an employee signature box to the Visit Not Attempted document and made the supervisor and employee signature not required.
- When a MAT document (such as a Start of Care document) activates an incomplete patient; the Start-of-Care date, Admit date, and Status date in SAM are now set to be equal to the Start-of-Care date on the document. Previously, the Admit date and Status date were set to be equal to the Visit date on the document.
- Added - On the drop down on lung sounds in vital signs added "inspiratory /expiratory wheezing"
- Sending Evaluation Documents to SAM - Mat users have a new choice when sending Evaluation documents to SAM. As before, the user is asked to select a Plan of Care in SAM to apply to the Evaluation document. Normally a Verbal Order is created in SAM. However, if that Plan of Care has not been mailed, the user may now choose to merge the Verbal Order with the selected Plan of Care. The mailed status of the POC is now indicated on the screen with a swooshed letter image. What this does is append the data that would have been in the verbal order to the Plan of Care in SAM. So for example, if an Evaluation PT document indicated new goals for that patient, those goals would appear after the existing goal section of that Plan of Care prefaced by the document from which it came - Evaluation (PT). Your agency would probably like to go in SAM and cut and paste to put together, the goals, Rehabilitation Potential and Discharge Plans so that the POC doesn't look like it has two sections.
- Batch Document Printing – Office users that right click on a patient within the patient view will see a new menu. The second option of the new menu "Print Document..." will display a list of all of the patient's documents enabling the user to mult-select and print a batch of documents for that patient.
- Diamond Mining - A patient's core demographic information is shown on the Patient Info page of any MAT document. Some of the information is mastered in SAM (like name and birth date) and some is mastered on the initial Start of Care document (like "Is there a DNR Order?").



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

A diamond indicates that the associated information is mined (or read) from previous documents to display on the current document. Clicking on any diamond indicator will explain from where the data was mined as well as where to go in MAT or SAM to update the information. In some cases, the information can be updated on the current document.



New Announcements Feature - Sending a message to all of your mobile caregivers, or all of your



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

mobile caregivers within an office, is done with the Announcements feature, available from the Applications Detail page (the question mark at the far right of the main MAT menu provides access to the application details page).

The screenshot shows a web application window titled "MAT Office (Office 2) - Application Details". The window has a "Patients" menu and navigation icons. The main area is split into two panes. The left pane has a "Select All Offices" button and a list of offices with checkboxes: Admin Office(0001), Office 2(0002), Office 3(0003), Office 4(0004), Office 5(0005), Office 6(0006), and Office 7(0007). Office 3(0003) is selected. The right pane has an "Enter Announcement:" label, a "MAX (2000 characters)" limit, and a text input field containing "1940 remaining". Below the input field is a text area with the announcement: "Friday, May 1st, is the last day to get your free flue shot." Below the panes are three buttons: "Send Announcement All Selected Offices", "Clear all Pending Announcements", and "Close". At the bottom of the window is a table of pending announcements.

User Name	Announcement
BETTINA	Apr 28 2009 1:05PM Friday, May 1st, is the last day to get your free flue shot.
BOB	Apr 28 2009 1:05PM Friday, May 1st, is the last day to get your free flue shot.
CAROL R	Apr 28 2009 1:05PM Friday, May 1st, is the last day to get your free flue shot.
CAROLYN	Apr 28 2009 1:05PM Friday, May 1st, is the last day to get your free flue shot.
CHRISTINE	Apr 28 2009 1:05PM Friday, May 1st, is the last day to get your free flue shot.
DEB S	Apr 28 2009 1:05PM

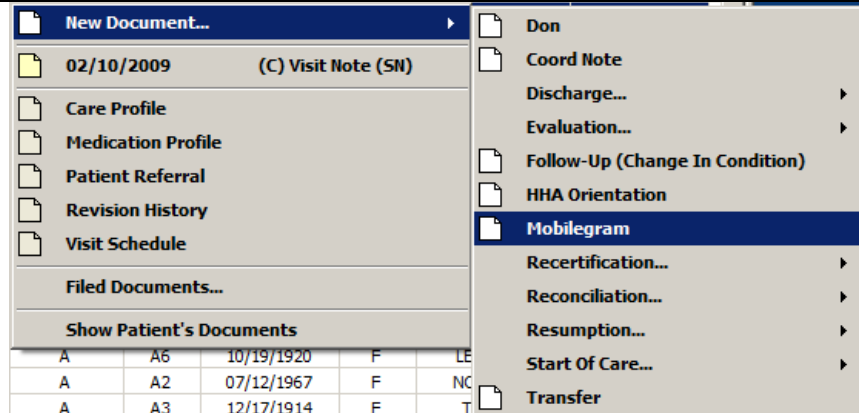
Select the offices for which you want the announcement to go – the announcement will be sent to every mobile caregiver in that office. Then enter the announcement and click the "Send Announcement All Selected Offices" button. The bottom window will show the users to which the announcement will go, and the text of the announcement. The next time each mobile caregiver syncs, they will receive the announcement and it will no longer show on this screen. You can enter as many announcements as you wish – each pending announcement for a user will be delivered to that user the next time he syncs.

New Mobilegrams Feature - provides the ability to send messages to mobile caregivers regarding a particular patient. Any office or mobile user may create a Mobilegram. From the new document menu for any patient, select Mobilegram.

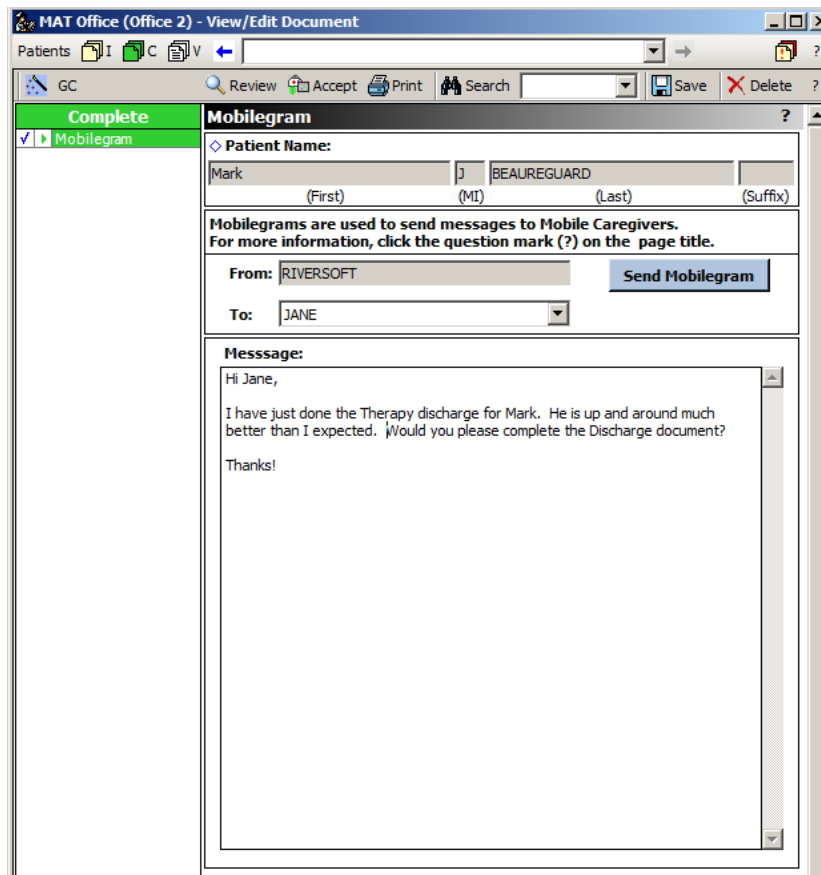


SAM and MAT 3.0.1661 Release Notes

April 30th 2009



There are only two required items on a Mobilegram: the person to whom the message is to be sent and the text of the message. Once these are entered, the Mobilegram is complete.

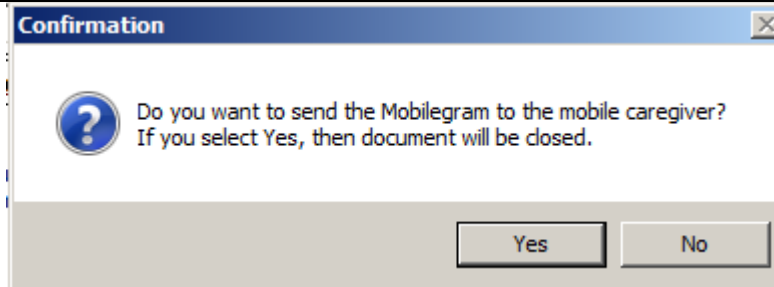


Once completed, the Send Mobilegram button may be pressed and the following message will appear...



SAM and MAT 3.0.1661 Release Notes

April 30th 2009



Once the document is closed, it is only viewable in the "View Documents Owned By Mobile Users" list. The document will lay there, waiting for the mobile caregiver to whom the document was sent to sync. Once he syncs, the document will be in his incomplete view. When the mobile caregiver logs in, he will be notified that they have a Mobilegram. He then opens the Mobilegram from his incomplete document view and completes the document by clicking the "Mark as Read" button.

New MAT-SAM Operations Manual

<http://www.riversoft.net/MAT-SAM%20Operations%20Manual.pdf>

This new document, different than the MAT Quick Start Guide which describes MAT features, describes operations within your agency and how to best use MAT and SAM to streamline those operations. Topics such as entering referrals (an incomplete patient in SAM), completing the first assessment visit, how data flows forward in MAT, how and when to complete the different type of clinical documents, how MAT information flows to SAM, all the way through to the varying discharge procedures are all explained. To use MAT effectively, RiverSoft strongly recommends that at least one person in your agency reads and understands this guide.

Coming Soon in MAT

Link Documents – this new type of document will allow you to link any type of electronic document to a patient's chart. This might include legal forms (like a "Do Not Resuscitate"), or agency specific forms that are signed by the patient and scanned in a PDF, or even wound pictures in .JPG or .BMP formats. The data will be housed in a separate SAM SQL database, backed-up on the same schedule as the SAM database, and will participate in the SAM's Data Exchange.

Televisit Processing – we have created a new, simple yet powerful interface to SAM via MAT to any third party Telephony software. By associating a telepin (**telephone identification number**) to each SAM client and employee, the third party vendor can use the association to write to RiverSoft's new televisit table as visits clock in and out via telephony. MAT has a new automated Televisit processing screen that processes each new Televisit record and matches it to a SAM visit. If a match is found the visit is verified (this means only pre-scheduled visits can automatically be verified) and if no match is found the televisit record is flagged for manual processing, where it is processed much the same way a MAT visit note. This feature is currently in beta testing with one client and should be available for



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

general use soon.

OASIS-C Overview

RiverSoft is analyzing the coming changes needed to prepare for the new OASIS C dataset that has an anticipated implementation date of 1/2010. We encourage your clinical staff to see for themselves the new OASIS data items at www.cms.hhs.gov/HomeHealthQualityInits/06_OASISC.asp in the download section the OASIS-C Version 12.2 PDF. It is also instructive to read the pros and cons discussed in the Responses to Public Comments PDF. The final specifications will be released late in the Summer of 2009. RiverSoft will implement these changes and deliver new software in early December, well before the implementation date of January 1, 2010.

Proposed OASIS C Changes:

Added these 14 completely NEW MO items:

CLINICAL RECORD

- (M0102) Date of Referral
- (M0104) Date of Physician-ordered Start of Care
- (M0110) Episode Timing

DEMOGRAPHICS & PATIENT HISTORY

- (M0275) Frailty Indicators

INTEGUMENTARY STATUS

- (M0446) Eval for risk developing pressure ulcers
- (M0447) Current Number Stage I Pressure Ulcers
- (M0448) Unhealed Pressure Ulcers Stage II or higher, or 'not stageable'
- (M0454) Pressure Ulcer Length ____ (mm)
- (M0456) Pressure Ulcer Width ____ (mm)

ADL/IADLs

- (M0684) Toileting Hygiene
- (M0715) Change in Mobility
- (M0717) Change in Self-care Ability
- (M0775) Change in Ability to Perform Routine Household Tasks

MEDICATIONS

- (M0805) Change in Ability to Manage Oral, Inhalant, or Injectable Medications

Deleted these 6 MO items:

- (M0260) Overall Prognosis
- (M0300) Current Residence
- (M0350) Assisting person
- (M0360) Primary Caregiver taking the lead
- (M0430) Intractable Pain
- (M0880) After Discharge support Services or Assistance

Changed MO sequence:

- (M0461) Status of Most Problematic (Observable) Pressure Ulcer now precedes
- (M0465) Stage of Most Problematic (Observable) Pressure Ulcer
- (M0489) Does patient have a Skin Lesion or Open Wound, other than those described above that is receiving clinical intervention? Now follows Pressure Ulcer, Stasis Ulcer and Surgical Wound MO items



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

M0 items edited: renumbered/revised/separated/combined/or expanded:

DEMOGRAPHICS & PATIENT HISTORY

(M0230/240/246) format similar to OASIS B-1 (1/2008) & for clarity added in word "Column" in directions and Table columns.

(M0285) Stability Prognosis [revised M0280; changed title & timeframe to 'in next 12 months']

(M0291) Risk Factors characterizing this patient [revised M0290; removed 'High' in title and 'Heavy' from response 1]

LIVING ARRANGEMENTS

(M0345) Patient Living Situation [revised M0340; item put in table format and captures Living Arrangements & Availability of Assistance]

(M0382) Type Assistance [revised M0380; not specific to primary c/g]

(M0384) How often receives ADL/IADL assistance [revised M0380; specific to ADLs and IADLs]

SENSORY STATUS

(M0405) Ability hear & (M0406) Understanding verbal content [revised M0400; separated M0 item into 2 separate M0 items & added degree of ability at each response]

INTEGUMENTARY STATUS

(M0452) Current Number of Unhealed Pressure Ulcers at Each Stage [revised M0450; focus now on unhealed only, Stage definitions reflect new NPUAP definitions, includes at (f.) 'deep tissue injury' and expanded item by adding a second column to capture Number with onset during service]

(M461) Status of Most Problematic (Observable) Pressure Ulcer [revised M0464; added response "0" Re-epithelialized]

(M0465) Stage of Most Problematic (Observable) Pressure Ulcer [revised M0460; added 2 responses to capture Stage IIIs and IVs with or without eschar]

(M0469) Does patient have a Stasis Ulcer [revised M0468 and M0474; combined both M0 items into one M0 item]

(M0478) Status of Most Problematic (Observable) Stasis Ulcer [revised M0476; added response "0" Re-epithelialized]

(M0483) Does patient have a Surgical Wound [revised M0482 and M0484 by combining both into one M0 item]

(M0487) Status of Most problematic (Observable) Surgical Wound [revised M0488; added response "0" Re-epithelialized]

(M0489) Does patient have a Skin Lesion or Open Wound, other than those described above that is receiving clinical intervention? [revised M0440; focus now only on current lesions or open wounds receiving treatment]

NEURO/EMOTIONAL/BEHAVIORAL STATUS

(M0590) Depressive Symptoms Reported or Observed in patient [revised M0590; changed 'Feelings' to 'Symptoms' in M0 title]

ADL/IADLs

Removed 'Prior' column from all ADL/IADLs and added 'Current' in M0 titles except (M0762)

(M0642) Grooming [revised M0640]

(M0652) Current Ability to Dress Upper Body [revised M0650]

(M0662) Current Ability to Dress Lower Body [revised M0660]

(M0672) Bathing [revised M0670; added transfer into response 0 and 1]

(M0682) Toilet Transferring [revised M0680; added 'SAFELY' & 'transfer on and off toilet/commode' in M0 title and in response 0 and 1]

(M0692) Transferring [revised M0690]

(M0702) Ambulation/Locomotion [revised M0700; separated 'cane' & 'walker or crutches' to show patient progress at revised response 1 and at NEW response 2; & response 2 is now response 3]

(M0712) Feeding or Eating [revised M0710]

(M0722) Current Planning and Preparing Light Meals [revised M0720]

(M0732) Transportation [revised M0730]

(M0742) Laundry [revised M0740]

(M0752) Housekeeping [revised M0750]

(M0762) Shopping [revised M0760; renumbered only]

(M0772) Ability to Use Telephone [revised M0770; response 6 changed to NA]

MEDICATIONS



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

Removed 'Prior' column from next 3 M0s and added 'Current' in all 3 M0 titles

- (M0782) Management of Oral Medications [revised M0780]
- (M0792) Management of Inhalant/Mist Medications [revised M0790]
- (M0802) Management of Injectable Medications [revised M0800]

EQUIPMENT MANAGEMENT

(M0810) Patient Management of Equipment [M0810; not renumbered, added 'ventilator therapy equipment or supplies']

THERAPY NEED

(M0826) Therapy Need [revised M0825; changed 'No and Yes' response to a fill-in-blank to insert exact number of projected episode therapy visits and inserted 'Enter zero ["000"] if no therapy visits indicated' in M0 title]

EMERGENT CARE

(M0831) Emergent Care [revised M0830; added 'includes holding/observation with or without hospital admission' to M0 title]

(M0845) Reason for Emergent Care [revised M0840; added 'with or without hospitalization' to M0 title; added 13 NEW reasons & revised 4 response reasons:

- #3 removed 'SOB, tracheobronchial obstruction'
- #4 NEW response Other respiratory problem
- #5 NEW response Heart failure (e.g., fluid overload)
- #6 NEW response Cardiac dysrhythmia (irregular heartbeat)
- #7 NEW response Myocardial infarction or chest pain
- #8 NEW response Other heart disease
- #9 NEW response Stroke (CVA) or TIA
- #11 added 'Upper' and added in 'constipation, impaction' from old response 2
- #12 revised old response 2 deleted 'Nausea'
- #13 NEW response Urinary tract infection
- #14 NEW response IV catheter-related infection
- #15 deleted 'deteriorating wound status, new lesion/ulcer'
- #16 NEW response Uncontrolled pain
- #17 NEW response Acute mental/behavioral health problem
- #18 NEW response Deep vein thrombosis, pulmonary embolus
- #19 NEW response Chemotherapy
- #20 NEW response Scheduled surgical procedure

DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR AGENCY DISCHARGE ONLY

(M0896) Reason for Hospitalization [revised M0895; added 4 NEW reasons & revised 6 response reasons:

- #3 revised; added '(pneumonia, bronchitis)' & deleted 'SOB' and 'obstruction'
- #4 NEW response to capture 'Other' respiratory problem other than infections
- #5 revised; deleted '(E CHF'
- #7 revised; deleted 'stroke' and added 'chest pain'
- #8 NEW response Other heart disease
- #9 NEW response Stroke (CVA) or TIA
- #11 revised; added 'Upper', deleted 'GI bleeding' and added 'constipation' and 'impaction'
- #12 NEW response Dehydration, malnutrition
- #15 revised; deleted 'tube site', 'deteriorating wound status' & 'new lesion/ulcer'
- #17 revised; added Acute mental/behavioral health problem & deleted 'Psychotic episode'

Added these 26 NEW 'process' items:

Time Point/s	CLINICAL RECORD
SOC, ROC	(M1010) Urgent/Emergent Contact Information
SOC, ROC	(M1020) Influenza Vaccine – received vaccination for this year's season
Follow-Up, T, D/C	(M1021) Influenza Vaccine – whether received from your agency
Follow-Up, T, D/C	(M1025) Reason Influenza Vaccine not received



SAM and MAT 3.0.1661 Release Notes

April 30th 2009

SOC, ROC, Follow-Up, T, D/C	(M1030) Pneumococcal Vaccine status up to date
Follow-Up, T, D/C	(M1035) If Pneumococcal Vaccine is not up to date, state reason:
SOC, ROC	(M1040) Guidelines for Physician Notification
SENSORY STATUS	
SOC, ROC, Follow-Up, T, D/C	(M1050) Formal Pain Assessment
SOC, ROC, Follow-Up, T, D/C	(M1060) Pain Intervention – included in the care plan
SOC, ROC, Follow-Up, T, D/C	(M1065) Pain Intervention – steps implemented monitor & mitigate pain severity
INTEGUMENTARY STATUS	
SOC, ROC	(M1070) Pressure Ulcer Prevention – plan for relieving pressure if response M0446 is “1”
SOC, ROC	(M1080) Pressure Ulcer Intervention – moisture retentive dressings specified on plan of care?
Follow-Up, T, D/C	(M1085) Pressure Ulcer Intervention – were moisture retentive dressings used?
SOC, ROC	(M1090) Foot Care Education – scored only if patient has Dx of diabetes
Follow-Up, T, D/C	(M1095) Foot Examination – scored only if patient has Dx of diabetes
CARDIAC STATUS.....NEW	
SOC, ROC	(M1100) Symptoms of Volume Overload – scored only if patient has Dx of heart failure
Follow-Up, T, D/C	(M1105) Symptoms of Volume Overload – scored only if patient has Dx of heart failure
SOC, ROC, Follow-Up, T, D/C	(M1110) Volume Overload Follow-up – scored only if patient has Dx of heart failure
NEURO/EMOTIONAL/BEHAVIORAL STATUS	
SOC, ROC	(M1120) Depression Screening
SOC, ROC	(M1130) Depression Intervention/Referral
ADL/IADLS	
SOC, ROC	(M1140) Fall Risk Assessment
SOC, ROC	(M1150) Falls Risk Intervention
Follow-Up, T, D/C	(M1155) Fall Risk Intervention – compete if previous falls risk assessment indicates presence or significant risk factors for falls
MEDICATIONS	
SOC, ROC, Follow-Up, T, D/C	(M1160) Potential Adverse Effects/Reaction
SOC, ROC, Follow-Up, T, D/C	(M1170) Medication Reconciliation
SOC, ROC, Follow-Up, T, D/C	(M1180) Patient/Caregiver Drug Education



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