SCRIBE MANUAL

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Chart Prep

Consult Visits

1. **Click "Patient Docs"**
2. **View referral office note**

Template: (Place referral came from, Date): Brief synopsis of patient's chief complaint, work-up or treatment PCP has initiated

Example: (Sun Life Health: 05/29/2019): 55 year old female being followed for headaches she's had for the past 20 years, associated with photophobia, phonophobia. PCP has tried her on Topamax and amitriptyline without relief. MRI brain was ordered.

Place in:
HPI→ Reviewed Test Reports→ Outside Records Reviewed

Follow-up Visits

1. **Scroll to "Assessment"**
2. **Select the carrot next to "Assessment"**
3. **Find the last CON/NP or F/U visit and select**
4. **Click "merge"**

IMAGING (MRIs, CTs etc):
Found in DI tab or patient docs
Template: (Facility, date study was completed): impression
Example: (SimonMed, 08/01/2019): 1. Normal MRI of Brain without contrast.
Place in:
HPI→ Reviewed Radiology Results→ MRI/CT

LABS:
Found in lab tab or patient docs, include specific values rather than WNL
Template: (Month, Year): results
Example: (07/2019): PTH 35, Calcium 9.6, Thyroglobulin Antibodies >3000 (H), Magnesium 2.0, Cortisol AM 10.7, Ammonia 45
Place in:
HPI→ Reviewed Labs

EEGs:
Found in EEG visit under Encounters, may also be in Patient docs
Copy Impression, include date completed
Place in:
HPI→ Reviewed Test Report→Routine or Ambulatory EEG

EMGs:
Found in Patient docs
Copy Impression, include date completed
Place in:
HPI→ Reviewed Test Report→ EMG/NCS BUE or EMG/NCS BLE

Skin Biopsy:
Found in Patient docs
Template: (lab, date reported): findings
Example: (CRL, 05/6/2018): Normal nerve fiber densities in all sites.

Place in:
HPI→ Reviewed Test Reports→Skin Biopsy

Sleep Study Results:
Found in Patient docs
Template: (Sleep Lab, date): Findings. Include AHI, REM AHI, and lowest oxygen saturation.
If a CPAP titration, include optimal settings, amount of REM sleep observed, AHI/REM AHI while on the setting.
Example: (Banner, 05/26/2019): Sleep study was positive of obstructive sleep apnea. AHI was 50.3 with lowest oxygen saturation at 66%.

Place in:
HPI→ Reviewed Test Reports→ Sleep

Neuropsychological test Results:
Found in Patient Docs

Include summary of conclusion per neuropsychologist.
Example: (Date, facility) Patient demonstrated impaired verbal and visual immediate and delayed recall, deficits on measures of executive functioning and visual perception. Diagnosis is most consistent with Major Neurocognitive Disorder.

Cognitive Care Plan Results
Found in Patient Docs
Template: (date). Dementia severity. ADL index. Clock draw. (if additional medication or workup was ordered, please include these as well)

Place in:
HPI →Reviewed Test Reports → Cognitive Care Plan

Hospital visits

1. **Click "Patient Docs"**
2. **View hospital records (if uploaded by MA)**

Template:

(Hospital, DOS):
Brief Reason of why patient presented to the hospital. Diagnosed and discharged with.
VITALS: Blood Pressure in ER

IMAGING:
MRI brain: Impression
CTA head and neck: Impression

LABS:
Lab values provider dictates to you

Example:

CHANDLER HOSPITAL RECORDS (SEPTEMBER 2019):

Discharged on 9/19/2019 with diagnosis of expressive aphasia, a-fib, history of C. Diff, chronic renal failure, and Sjogren's disease. Not using statin due to statin allergy. Risk factor hypertension, atrial fibrillation, chronic kidney disease, interstitial lung disease, and Sjogren's.

Admitted last month for C. Diff and was treated with Invanz and vancomycin. In the ER she had two episodes of atrial fibrillation with heart rate at 180, self-converted. RI brain was not done as patient could not tolerate it. CT head had suggested small left temporal lobe stroke. She was already on Eliquis and aspirin was subsequently added. She was admitted to the ER with increasing level of confusion. Felt she had a gram-negative rod UTI, possibly with colonization.

VITALS: Blood Pressure in the ER was 193/77

IMAGING:

CT Head: I personally reviewed images, mild to moderate white matter disease, left temporal lobe hypodensity is not very obvious; in fact, white matter disease is very minimal. Perfusion weighted images appear normal.

Echocardiogram: EF 70%, negative for ASD and PFO.

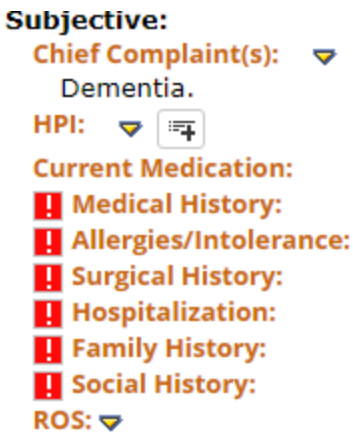
LABS:

HA1c 5.7, creatinine 1.8, AST 18, Total cholesterol 191, HDL 58, LDL 117, Creatinine was 2.3, ammonia was 16, UA did have abnormal WBC.

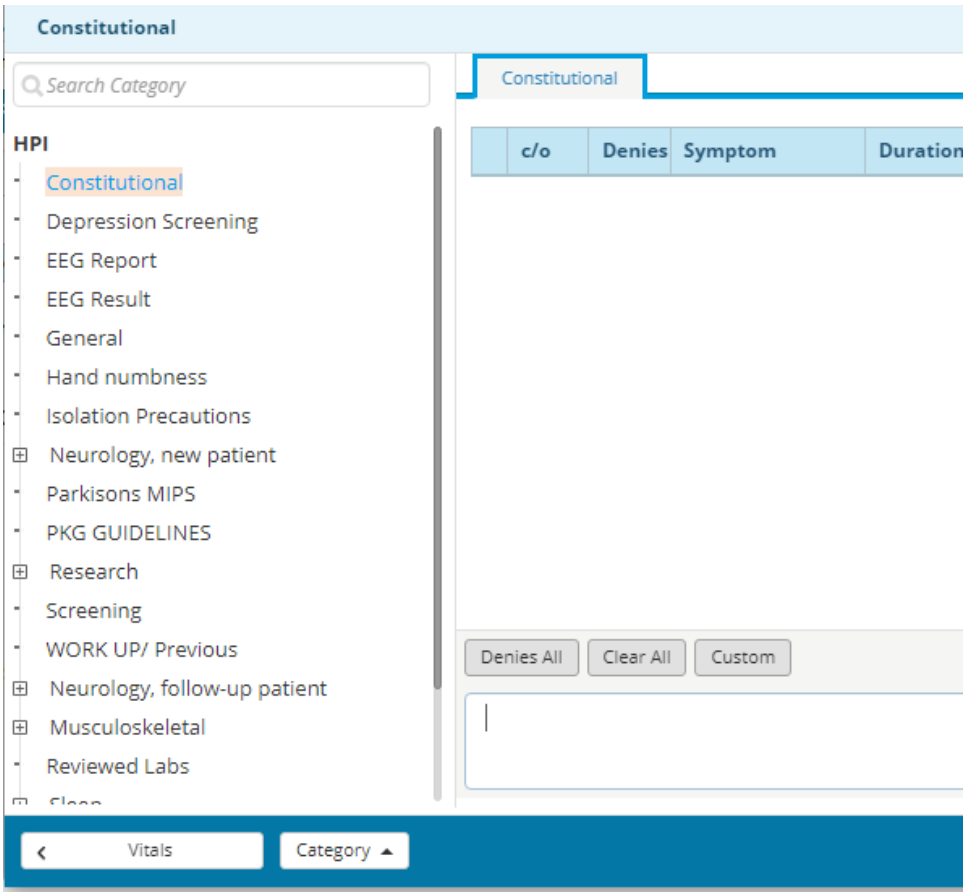
Subjective

History of Present Illness

1. **Click HPI**



2. **Placed under "Constitutional"**



Paragraph discussing patient's chief complaint. Write like you're writing a story. Fine to use the patient's actual words, make sure to use quotation marks when you do.

When noting why a patient is being seen in the first sentence, make sure to read the patient's previous note (if follow up) and compile the complaints into a short blurb.

Below are some things to keep in mind when documenting the HPI:

OLD CARTS:
Onset: When did it start?
Location/Radiation: Where is the pain? Does it radiate (spread to other areas)?
Duration: How long? Previous symptoms in the past?

Character: Aching, dull, sharp, pressure?
Aggravating Factors: What makes it worse?
Relieving Factors: What makes it better? Tried any medications, therapy in the past?
Timing: Specific time of day? Cyclic? Intermittent?
Severity: How bothersome? Limiting to daily activities? Associated symptoms?

Example

35 year old female referred to be evaluated for headaches. She states her headaches began when she was 15 years old. Describes a severe throbbing, pressure like sensation to the back of her head, radiating forward. She notes about four episodes per week, generally lasting at least 4 hours a day. She's unable to go to work due to the pain. Reports associated photophobia, phonophobia, nausea, vomiting. States symptoms improve with lying down in a dark room. She's tried Excedrin, Advil, and Tylenol in the past without benefit. Has not been tried on Topamax, Amitriptyline, Propranolol. Has had an MRI brain in April 2018 with SimonMed.

Denies neck pain. Denies history of head injury or trauma. Headaches do not worsen with menses. Not using oral contraceptives.

Objective

Physical Exam

How to merge a physical exam template:

1. **Click "Templates" button at the bottom of the screen**
2. **Click Generic**

3. **Category All**
4. **Merge corresponding template for consults or follow-up visit**

Normal Consult Physical Exam:

General Examination:

General Appearance: Well developed, well nourished

Neck: No carotid bruit

Heart: Normal heart sounds, no murmurs

Extremities: No edema noted.

Peripheral pulses: normal to palpation

Fundi Exam: Optic disc is sharp, no hemorrhages noted, A/V ratio is normal

Back: no lumbar facet tenderness, no lumbar paraspinal spasms, no SI joint tenderness. Patrick's negative. SLR negative.

Neurological Examination:

Cranial Nerve: Visual Fields full to confrontation. Pupils equal, round, reactive to light. Extraocular muscles intact. Facial sensation intact. Face symmetric. Hearing intact to finger rub bilaterally. Palate rises symmetrically. Shoulder shrug symmetric. Tongue Midline.

Higher Mental Function: Alert and Orientated to person, place, and time. Recent and remote memory intact. Attention span and concentration intact. Speech and language within normal limits. Fund of Knowledge is complete.

Motor Exam: No abnormal movements in upper extremities and lower extremities. Normal muscle bulk, tone, and strength in upper and lower extremities

Sensory Exam: sensation to temperature intact throughout. Vibration sense intact. Sensation to light touch intact.

Cerebellar Function: Finger-nose-finger and rapid alternating movements intact bilaterally.

Gait: normal casual gait and station. Heel, toe, and tandem walking within normal limits.

DTR's: Deep tendon reflexes 2+ throughout (upper and lower)

Normal Follow-up Physical Exam:

General Examination

General appearance: Well-appearing. Well-nourished.
Neck: No carotid bruit.
Heart: Normal heart sounds, no murmurs.
Extremities: No edema noted.
Peripheral pulses: Normal to palpation.

Neurology

Cranial Nerve Pupils equal, round, and reactive to light. Extraocular muscles intact. Face symmetric. Palate rises symmetrically. Tongue midline.

Higher mental function Alert and oriented to time, place, and person. Speech and language within normal limits.

Cerebellar function Finger to nose movements normal

Harrison Manual 966-974 (Print)

Assessment

Diagnosis Codes

Make sure all codes are ICD 10 Codes.

Purpose of Assessments:

Assessments essentially outline the medical decision making of the provider you scribe for. This will discuss the diagnosis or differential diagnoses and proceed to outline the thought process behind

reaching this diagnosis whether through clinical findings, imaging, electrophysiology studies. The reasons behind the work-up we are ordering to prove or exclude a diagnosis will also be discussed. This paragraph will generally end with the treatment plan and any additional recommendations.

Consult Assessments:

First Paragraph:

The first paragraph is essentially a summary of the HPI. We will discuss the patient's clinical history pertinent to the diagnosis. This will generally include their relevant past medical history and subsequently the chief complaint. This portion of the note should not be longer than 5 sentences.

Template:
Age, gender with history of _____, _____, _____ referred to be evaluated for _____. Brief sentence about chief complaint. (consider social risk factors such as smoking history, alcohol consumption, etc.)

Second Paragraph:

The second paragraph will discuss **relevant** exam findings.

Template:

NEURO EXAM:
Neurological exam is relevant for _____. (If there are no findings: Neurological exam is non-focal).

Third Paragraph:

The third paragraph includes **results of work-up** completed, such as the MRI, CT, EMGs, or EEG studies. This portion should be limited to only the objective findings. The interpretation or clinical relevance of a finding would be discussed in a later paragraph.

Template:

DIAGNOSTICS:
MRI brain performed Month, Year reveals _____. EMG of the upper extremities shows_____. Labs returned with _____.

End of Note:

End the note with a list of relevant medication, new procedures, DI, labs, referrals, etc. Underneath, include the expected follow-up date and the work-up/treatment we will be following-up on at the next visit. Also include the length of the encounter.

Template:
PLAN:

1: Start ___ medication
2: ___ Labs
3: ___ DI
Etc……

We will follow-up ___ weeks to re-evaluate, to discuss _____ results and response to _____ (meds/ PT etc).
TOTAL TIME SPENT: 01:00:00 (30 minutes with direct patient interaction. 30 minutes reviewing chart, diagnostics and sending orders out)

Example Consult Assessment:

- Miller-Fischer Syndrome (Primary) - G61.0

84-year-old female with history of breast cancer, hypertension presents with clinical symptoms of mouth swelling, right eye droop, bilateral facial droop, speech and swallow difficulties 8 days following a shingles and flu vaccination. Within 5 days of symptom onset, she feels she has clinically plateaued.

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NEURO EXAM

Neurological exam is relevant for bilateral frontalis weakness with complete eye closure bilaterally (although easily opened), fish mouth, neck flexors/extensor weakness, left vertical ophthalmoparesis, proximal weakness in the upper extremities, distal weakness in the lower extremities, with moderate to severe vibration loss in the lower extremities, sparing sensory fibers. Reflexes are brisk in the lower extremities.

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DIAGNOSTICS

- MRI Brain (9/2019) revealed no brainstem lesions, additionally no changes were seen to the pons, midbrain, or medulla.

- MRA neck (6/ 2019) does not reveal any abnormalities, although there is significant motion degradation. Swallow test shows deep penetration to the cords with all materials, no aspiration.

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MILLER-FISCHER SYNDROME

Symptoms correlate with Miller-Fischer syndrome which was likely an autoimmune response to her flu vaccination. Improvement is typically seen within 12 weeks, however treatment with IVIG would be warranted considering she has neck flexor/extensor weakness and some exertional shortness of breath. STAT labs including IgA will need to be done prior to initiating treatment. As a parallel process, a STAT lumbar puncture and relevant labs will also be done to exclude atypical causes including an autoimmune/infectious etiology. The patient is aware to present to the emergency room for urgent evaluation if her speech, swallow, and breathing difficulties worsen.

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PLAN

1: Start IVIG

2: STAT Labs

3: STAT Lumbar Puncture

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We will follow up in 1 week to re-evaluate and discuss his response to IVIG treatment as well as lab results.

.

TOTAL TIME SPENT: 01:00:00 (30 minutes with direct patient interaction. 30 minutes reviewing chart, diagnostics and sending orders out)

Follow-up Assessments

With follow-up assessments, you are updating the previous notes. Think of "closing all the loops." I cannot stress this enough, you MUST read the note from top to bottom and edit accordingly.

Botox for Chronic Migraines Assessment Requirements:

- Diagnosis code: Chronic migraines w/o aura, not intractable, w/o status migrainosus
- Things to include in the note:
    - 15 or more headache days per month for the past 3 months
        - 8 of 15 days must be migraines
        - Must last 4-72 hours (72 hours counts as part of the headache days)
    - 2 of 4 descriptions: unilateral AND/OR throbbing (pulsating), moderate-severe pain intensity, headache must interfere with daily activities
    - 1 of these symptoms: photophobia, phonophobia, nausea, vomiting (or more)
    - Failed 3 classes of drugs
        - 1. Antihypertensive (Ex: Propranolol)
        - 2. Antidepressants (Ex: Amitriptyline)
        - 3. Antiepileptic (Ex: Topamax)
- Must not be on any anti-CGRP medications

Sleep Study Assessment Requirements:

- Diagnosis code: Sleep Apnea with secondary code (excessive daytime sleepiness, impaired cognition, mood disorder, hypertension). R40.0
- Things to include in the note (does not have to be all)

- Excessive Daytime Somnolence
- Falling asleep while inactive
- Snoring/Witnessed apneas
- Fatigue

Wheel Chair/Walker requirements

- Medicare requires chart notes to document:
  - Patient cannot complete at least 1 MRADL (mobility related activities of daily living) such as toileting, feeding, dressing, grooming, pathing entirely -OR- Patient is determined to be at heightened risk of morbidity or mortality secondary to attempting to perform at least 1 MRADL -OR- Patient cannot complete at least 1 MRADL within a reasonable timeframe
  - Patient mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or (in the case of wheelchair order) a walker.
  - Patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of chair that is provided.
  - Use of chair/walker will significantly improve patient's ability to participate in MRADL's and the patient will use chair/walker on a regular basis.
  - Patient is willing to use chair/walker at home.
  - Patient has sufficient upper extremity function and the mental capabilities needed to safely self-propel -OR- Patient has a caregiver who is available, willing, and able to aid with the chair.

Dementia Documentation

ALL patients who come in for a memory loss/dementia workup will require specific documentation.

Orders

- MRI Brain with ARIA Protocol
- Routine EEG (referral to Dr. Pandey)
- Cognitive Care Plan (referral to Dr. Pandey)
- Memory loss/Dementia labs (found in order set)
- Blood test for amyloid biomarkers (either Precivity, Lucent, or Site RX) (patient will fill out financial form)
- May consider neuropsych order depending on provider assessment
- PETscan (Amyvid/Vysamil, depending on provider preference. If MRI brain is being ordered at the same time, can just order a PETMRI and not repeat MRI order. PETCT is fine otherwise).

MRI Brain, Routine EEG, CCP, and memory loss labs must be ordered under DX R41.3 (memory loss). PETscan MUST be under mild cognitive impairment (G31.84) OR Alzheimer's Disease (G30.0, G30.1, G30.9)

ICD codes are subject to change

MRI Brain, Routine EEG, Cognitive Care Plan, memory loss labs, and Precivity are all ordered at the initial consult.

DX Code

MUST Include a DX of:

- Mild cognitive impairment (G31.84)
  AND
- Alzheimer's Disease (G30.0, G30.1, G30.9)
  AND
- Memory loss (R41.3)

Diagnostics

Include all of the workup elements in the diagnostics section, including memory testing.

- MRI brain, with DATE completed
- Precivity (Include APS2 score, p-Tau percentage, ApoE score)
- PETscan, with DATE completed, if centiloid score is available, please include this as well
- MMSE/SLUMS/MOCA score WITH DATE
  - If MMSE/SLUMS/MOCA is done during neuropsych visit, please document this as well.

Example of dementia follow up note:

73-year-old female with history of hypertension, hyperlipidemia, diabetes mellitus, and arthritis, presents for evaluation of memory loss. Patient reports progressive memory loss over the last year, primarily noting difficulty with short term memory, describing word finding difficulty, misplacing items, and relying more frequently on notes. She is no longer managing finances, driving, or flying/navigating an airport on her own. Patient is able to make a simple meal, maintain her home, and shop without assistance. ADLs are intact.

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NEURO EXAM

Some difficulty with recall and fluency. Registration is intact. No frontal release signs. No cortical clumsiness on finger to nose.

.

DIAGNOSTICS

- MRI Brain (SimonMed, 9/24) Mild global cerebral volume loss, mild microvascular ischemic changes.

- PETscan (SimonMed, 10/24) Positive for Alzheimer's with 86 CL.

- Routine EEG (9/24) Normal EEG.

- MMSE (8/24) 23/30

- Precivity (10/24) APS2 100 (POSITIVE). P-Tau 23.7, ApoE E3/E4

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ALZHEIMER'S DISEASE

Patient with Alzheimer's disease with mild cognitive impairment based on testing. Patient is a good candidate for anti-amyloid medication, in-depth conversation was completed with patient and family, benefits and risks were discussed including potential for ARIA-E and ARIA-H, as well as signs of ARIA to monitor for after infusions. Patient and family are interested in pursuing Leqembi infusions, which will be initiated. MRI brain with ARIA protocol will be repeated prior to fifth, seventh, and 14th infusions.

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PLAN

1: Start Leqembi infusions

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We will follow up in 4 weeks to re-evaluate, discuss response to medication.

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TIME: 45 minutes (15 minutes with direct patient interaction. 30 minutes reviewing chart, diagnostics, and sending orders out).

Plan

Always ensure the correct diagnosis code is used for each order. ICD codes are subject to change. Always order under the most updated code.

Labs

- Labs below are commonly ordered, but are finicky with diagnosis codes
    - Iron (typically covered under fatigue, can also use joint pain)
    - TSH (typically covered under fatigue)
    - Glucose fasting and 2 hr postprandial
    - HA1c

Imaging

- Physical therapy (If patient prefers specific PT office, include it in the order note).
    - Physical therapy (2-3x week for 4-6 weeks)
    - Gait and Balance therapy
    - Vestibular therapy
    - Big and Loud therapy
    - Speech therapy (2-3x week for 4-6 weeks)
- CT, MRIs, MRAs

    - Contrasted studies need BUN/CREAT lab order added
        - If ordering an MRI with contrast, the order must always be **with and without contrast**
- CTAs
    - Are always contrasted and will always need a BUN/CREAT lab order
- Sleep Study
    - CPAP/BIPAP titration
    - Sleep Study-MSLT (Mean Sleep Latency Test)
        - Patients must complete a Sleep study before they can have an MSLT
    - MWTs (Mean Wakefulness Test)
        - Patients must complete a Sleep study before they can have an MWT
- Epilepsy Monitoring Unit
- DAT scan
    - Requires a "Tremor" code
- Lumbar Puncture
    - Will always need to have relevant lab orders added, refer to "Quick Orders" sheet and ask your provider which panels they would like
    - Always have your provider review the orders
        - Lumbar punctures aren't fun and to find out a CSF lab order was missed during a follow-up visit would be sad
    - If for pseudotumor/benign intracranial hypertension
        - Indicate "Measure opening pressure" in the notes section
    - If for normal pressure hydrocephalus
        - Indicate "High volume spinal tap: drain 15 ccs" in the notes section

In-House Procedures

1. Click "Outgoing Referral"
2. Click "add" and write in the order
    - EMG/NCS
        - Provider is Dr. Pandey
        - Order must specify
            - Bilateral
            - Upper or Lower Extremities
            - If both upper and lower extremities, they must be input as separate orders
        - Most common dx: G62.89 Small or Large Fiber Neuropathy/Sensory Neuropathy, G56.03 Carpal tunnel, bilateral, M62.81 Muscle Weakness, R20.0 Numbness, R20.2 Paresthesia
    - Routine EEG
        - Provider is Dr. Pandey
        - Most common dx: R41.3 Memory loss, R41.9 Alteration of Awareness, R42 Dizziness/Vertigo, R55 Syncope, R56.9 Seizure/Convulsions/ seizure like activity
    - Ambulatory EEG
        - Provider is Dr. Pandey
        - Must specify how long

        - 48 HR vs 72 HR
    - Most common dx: R41.9 Alteration of Awareness, R42 Dizziness/Vertigo, R55 Syncope, R56.9 Seizure/Convulsions, R56.9 Observed seizure-like activity
- Botox for migraines
    - Provider is Simon Parkinson, Diala, or Anjanette
    - Specify Units (200 Units) and office location (CH/CG/PR)
    - Use dx: G43.701 Chronic Migraine w/o aura / status non intract, G43.711 Chronic Migraine w/o aura w/ status intract, G43.719 Chronic Migraine w/o aura and status intract, G43.709 Chronic Migraine w/aura and status not intract
- EMG Guided Botox for cervical dystonia
    - Provider is Dr. Pandey or Simon Parkinson
    - Specify Units (ask provider)
    - Assign to BOTOX, DEPT
    - G24.3 Cervical Dystonia
- EMG Guided BOTOX for contracture
    - Provider is Dr. Pandey
    - Specify Units (ask provider)
    - Most common dx: M62.441 Contracture of muscle right shoulder through M62.49 Contracture multi-sites **AND** G81.10 Spastic hemiparesis aff dominant side through G81.14 Spastic hemiplegia aff left non-dominant side ***do not use R25.2 Spasticity***
- SPG
    - Provider is Simon Parkinson
    - Most common dx: G50.0 Trigeminal Neuralgia (Medicare), G50.1 Atypical facial pain (Aetna)

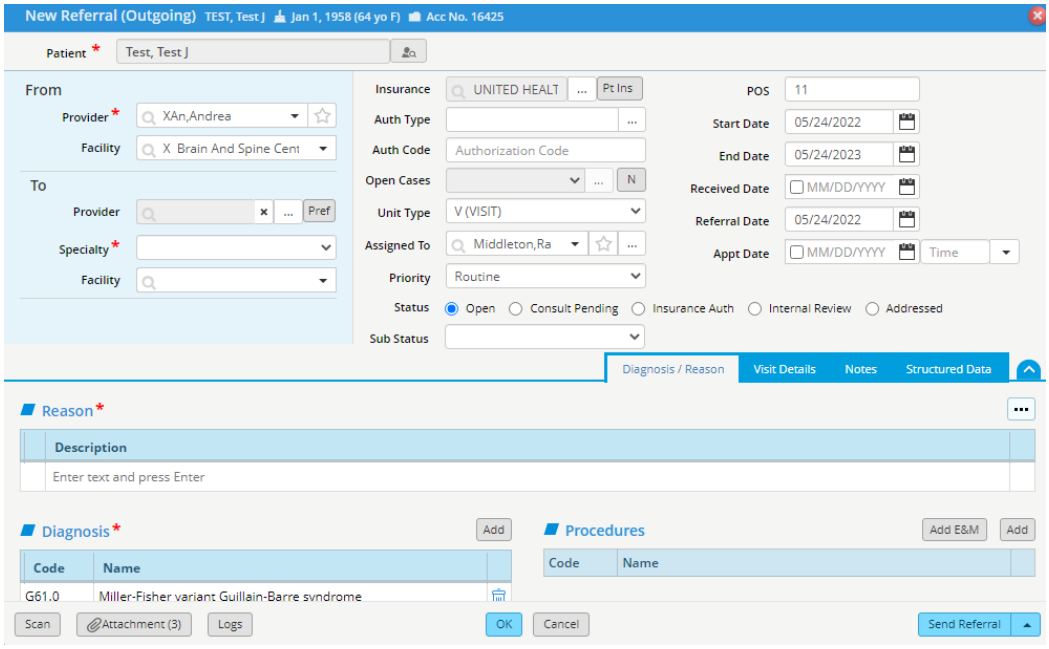
- Migraine Cocktail
    - Provider can be anybody
    - Most common Dx: G43.701 Chronic Migraine w/o aura / status non intract, G43.711 Chronic Migraine w/o aura w/ status intract, G43.719 Chronic Migraine w/o aura and status intract, G43.909 Migraine ***do not use R51.9 Headache***
- Non-Migraine Cocktail
    - This is when patient receives injection not related to migraine (Toradol/Phenergan/Decadron)
    - Most common dx used: M54.2 Neck pain, M79.7 Fibromyalgia ***do not use R51.9 Headache***
- Skin Biopsy
    - Provider can be Karen Garcia or Anjanette Kibby
    - Must specify whether for small fiber neuropathy or Lewy body dementia
        - For Neuropathy: *(Only use)* G60.3 Idiopathic progressive neuropathy
        - For Parkinson's: G20.C Parkinsonism
        - For Lewy Body Dementia: G31.83 Lewy body dementia/Lewy body disease
- ONB
    - Provider can be Simon Parkinson, Anjanette Kibby, Diala Manfoukh, or Karen Garcia
    - Must go under M54.81 (occipital neuralgia)

        - If a patient has UHC, BCBS Anthem, or Aetna, order ONB as "TPI Splenius Capitus" with DX code M54.2 (Neck Pain/Cervicalgia)
    - If looking to repeat these injections, must state % improvement seen

- TPI
    - Provider can be Simon Parkinson, Anjanette Kibby, Diala Manfoukh, or Karen Garcia
    - Must go under G44.201 (tension-type headache, unspecified, intractable), G44.209 (tension-type headache, unspecified, not intractable), G44.211 (episodic tension-type headache, intractable), G44.219 (episodic tension-type headache, not intractable), G44.221 (chronic tension-type headache, intractable), G44.229 (chronic tension-type headache, not intractable), M79.10 (myalgia, unspecified site), M79.11 (myalgia of mastication muscle), M79.12 (myalgia of auxiliary muscles, head and neck), M79.18 (myalgia, other site)
    - If looking to repeat these injections, must state % improvement seen
- B-12 Injection
    - Provider is ordering provider
    - Most common dx used: E53.8 Vitamin B12 deficiency
- Neuropsych testing
    - Provider is Dr. Pandey,
    - if patient insurance is not approved with Dr. Pandey, we may refer out to Dr. Jeannine V Morrone-Strupinsky or Dr. Robin Garrett.
    - Most common dx: R41.3 Memory difficulties/memory loss
- Cognitive Care Plan
    - Provider is Dr. Pandey
    - Most common dx: R41.3 Memory difficulties/memory loss
- Neuromodulating therapy:
    - Provider is Simon Parkinson
    - Most common dx: G62.89 Small or Large Fiber Neuropathy/Sensory Neuropathy, M62.81 Muscle Weakness, R20.0 Numbness, R20.2 Paresthesia, etc.
- Home Sleep Study
    - Provider is Dr. Pandey
    - Most common dx: G47.30 (sleep apnea), G47.19 (daytime hypersomnolence)

Referral to specialist

1. Generating a Referral
    a. Click "Outgoing Referral"
    b. Select Specialty
    c. Enter "eval and treat"
    d. Depending on if the order is going to a facility or provider, select the box with three dots next to the proper designation and type in where you want the referral to go



Specialists

Recommended specialists change depending on where a patient lives or which provider is sending out a referral. Preferred providers/facilities are highlighted.

Neuropsychologists

- Dr. Jeannine Morrone-Strupinksy
  - Wait time typically is about 2-3 months
- Dr. Robin Garrett
- Dr. George Prigatano (Barrows)

Neurosurgery

- Dr. Steve Chang (Barrows)
- Dr. Vikram Kumar
- Dr. Mark Garrett (Barrows)
- Dr. Felipe Albuquerque (Endovascular Neurosurgery, Barrows)
- Dr. Andrew Ducruet (Endovascular Neurosurgery, Barrows)
- Dr. Tsinsue Chen (Barrows)
- Dr. David Fusco (Barrows)
- Dr. Taro Kaibara (Barrows)
- Dr. Francisco Ponce (Banner)
- Dr. Peter Nakaji (Banner)

Neuro-ophthalmology

- Barnet Dulaney Perkins Eye Center
- Dr. Damian Berezovsky (Barrows)
- Dr. Angel Herro (Barrows)

Neuro-otology

- Dr. Terry Fife (Barrows)
- Dr. Kamala Saha (Barrows)
- Dr. Shawn Michael Stevens (Barrows)
- Dr. Mark Syms (Barrows)
- Dr. Mark Whitaker (Banner)

Neuromuscular Specialist

- Dr. Todd Levine
- Dr. Bill Jacobsen (Barrows)
- Dr. Shafeeq Ladha (Barrows)
- Dr. Suraj Ashok Muley (Barrows)
- Dr. Erik Ortega

- Dr. David Saperstein

Movement Disorder Specialist

- Mohammad Ali Parkinson's Movement Disorder Clinic
- Dr. Padma Mahant (Barrows)
- Dr. Guillermo David Moguel-Cobos (Barrows)
- Dr. Maria Cristina Ospina

ENT

- Arizona Otolaryngology Consultants
- Dr. John Milligan (Barrows)
- Dr. Ryan Rehl (Barrows)
- Dr. Griffin Santarelli (Barrows)
- Dr. Homan Mostafavi

Endocrinology

- Endocrinology Associates
- Dr. Garineh Ovanessoff (Barrows)
- Dr. Monica Rodriguez (Barrows)
- Dr. Kevin Yen (Neuroendocrinologist, Barrows)
- Dr. Devendra Wadwekar

Pain Management

- Apex Pain Management
- Arizona Pain Management
- Arizona Pain and Spine
- Dr. Paul Lynch
- Dr. Tristan Pico (Casa Grande and Chandler)

Cardiology

- Cedars Heart Clinic (Casa Grande)
- Premier Cardiology (Casa Grande_
- Biltmore Cardiology (Casa Grande)
- Dr. Kush Agrawal
- Dr. Ziad Elghoul (Casa Grande and Chandler)
- Dr. Ziad Al Khoury (Casa Grande and Chandler)
- Dr. Gautam Kedia
- Dr. Georges Nseir
- Dr. Dhaval Shah
- Dr. Ashok Solsi
- Dr. Jason Cool

Orthopedic Surgery

- The CORE Institute
- The Orthopedic Clinic Association (TOCA)
- Dr. George Myo (Hand)
- Dr. Joseph Haber (Hand)
- Dr. Scott Edwards (Hand)
- Dr. Bryan Matanke (Casa Grande)

Rheumatology

- Arizona Arthritis and Rheumatology
- Dr. Amer Al-Khoudari
- Dr. Mohammad Shakir

Sleep Specialists

- The Insomnia and Sleep Institute
- Valley Sleep Center
- Enticare (Casa Grande)

Oncology/Hematology

- Ironwood Cancer Center
- Banner Gateway
- Dr. Mikhail Shtivelband
- Dr. Carlos Arce-Lara (Casa Grande)
- Dr. Christopher Kellogg
- Dr. Robin Obenchain

Hepatology

- Arizona Liver Health
- Dr. Anita Kohli
- Dr. Hack Kim

Nephrology

- Desert Kidney Associates
- Southwest Kidney Institute
- Dr. Sanjay Lamba (Casa Grande)
- Dr. Vijay Kumar
- Dr. Rajesh Kumar

Urology

- Southwest Urologic Specialists

- Arizona Advanced Urology (Casa Grande)
- Center for Urological Services
- Dr. Paul Fieldstone
- Dr. Biren Patel
- Dr. Marlou Heiland

Psychiatry

- Lighthouse Psychiatry
- Serenity Psychiatry
- Horizon (Casa Grande, USE ONLY IF PT IS NOT WILLING TO GO TO OTHER FACILITIES)

- Dr. Erin Ellington (Casa Grande)

GI

- SouthEast Valley Gastro
- Arizona Center for Digestive Health
- Dr. Nedeem Kazi (Casa Grande)
- Dr. Rajan Khosla

Medications

DEMENTIA

- Donepezil (Aricept)
    - 5 mg 1 tab QD for one month, increase to 10 mg 1 tab QD for one month
        - Max dose 10 mg BID
- Galantamine (Razadyne)
    - 4 mg 1 tab BID for one month, increase by 4 mg monthly
        - Max dose 12 mg BID
- Rivastigmine (Exelon)
    - 1.5 mg 1 tab BID for one month, increase by 1.5 mg monthly
        - Max dose 6 mg BID
        - Also comes as a patch
- Memantine (Namenda)
    - 5 mg 1 tab QD for one month, increase to 10 mg 1 tab QD for one month
        - Max dose 10 mg BID
- Anti-amyloid infusions: Refer to infusion section

AGITATION

- Seroquel (Quetiapine)
- Nuplazid (pimavanserin)
- Nuedexta (dextromethorphan/quinidine)

- Also used for pseudobulbar

PARKINSON'S/TREMOR/RLS

- Carbidopa/levodopa (Sinemet)
  - 25/100 mg or 25/250 mg 1 tab three times a day
    - 25/100 mg or 50/200 mg CR 1 tab QD
  - Rytary (Carbidopa/Levodopa combination immediate and extended release capsules)
  - Stavelo (Carbidopa/Levodopa/Entacapone)
  - Parcopa (Carbidopa-Levodopa disintegrating)
  - Inbrija (Carbidopa-Levodopa inhaler)
- Pramipexole (Mirapex)
  - 0.125 mg 1 tab QD
    - Max dose 1 mg TID
- Primidone
  - 50 mg 1 tab TID
- Entacapone (Comptan)
  - 200 mg 1 tab BID
- Ropinriole (Requip)
  - 0.25 mg 1 tab QHS
- Rasagiline (Azilect)
- Selegiline (Eldepryle)
- Opicapone
  - 50mg QHS

EPILEPSY/SEIZURES

ANTICONVULSANTS

- Levetiracetam (Keppra)
  - 500 mg 1 tab twice a day
  - Sister Drug:
    - Aptiom (Eslicarbazapine acetate)
- Lacosamide (Vimpat)
  - 100 mg 1 tab twice a day
    - Will need baseline EKG
  - Sister Drug
    - Briviact (brivaracetam)
- Valproic acid (Depakote, Divalproex Sodium, Depakene)
  - 500 mg 1 tab twice a day
  - Will need periodic DEXA scan as well as platelet levels monitored
- Lamotrigine (Lamictal)
  - 100 mg BID (titrate from 25 mg)
- Carbamazepine (Tegretol)
  - 200 mg BID
    - Sodium channel blocker, will need sodium levels monitored
  - Sister drug:
    - Oxcarbazepine (Trileptal)
      - 300 mg BID
    - Oxtellar ER (Oxcarbazepine XR)
- Phenobarbital (Phenobarb)
  - Will need periodic DEXA scan
- Dilantin (phenytoin)
  - Will need DEXA scan, CBC, and CMP14
- Zonisamide (Zonegram)
- Acetazolamide (Acetazolam)

SEIZURE ABORTIVES

ONLY 8 SEIZURE ABORTIVE PILLS PER MONTH

- Onfi (Clobazam)
- Valium (Diazepam)
- Ativan (Lorazepam)
- Nayzilam (midazolam nasal)
    - 5 mg/0.1 mL, as directed, nasally. Use 1 spray per nostril at onset of seizure, may repeat x1 as needed. 30 days, 10.
- Klonopin (Clonazepam)

Lots of Overlap

MANY OF THE MEDICATIONS USED TO TREAT NERVE PAIN ARE ALSO USED IN OTHER CONDITIONS. PAY ATTENTION TO WHAT THE PATIENT IS BEING SEEN FOR.

EPIDIOLOX (CANNABIDIOL ORAL SOLUTION) IS ONLY PRESCRIBED FOR PATIENTS WITH LENNOX-GASTAUT SYNDROME

NERVE PAIN MEDICATION

- Pregabalin (Lyrica)
    - 50 mg 1 tab once a day
    - This requires a code
- Gabapentin (Neurontin)
    - Start at 100mg QHS, can titrate up to 2400mg in a day
- Horizant (Gabapentin enacarbamol)
    - This is specifically used for patients with post-herpetic neuralgia
- Topamax (Topiramate)
    - Also used for migraines
- Tegretol (Carbamazepine)
    - Will need sodium levels checked
    - Also used for seizures
- Amitriptyline
- Nortriptyline
- Doxepine
- Effexor
- Remeron (Mirtazapine)
- Cymbalta (Duloxetine)
- Prozac (Fluoxetine)
- Zoloft (Sertraline)
- Paxil
- Compounding cream
    - Do not need to send it in, there is an order form an MA will send out
- Utram (tramadol)
    - Is an Opioid, will need provider code
- Gamunex

- Infusion, used for demyelinating neuropathies such as CIDP, MMN, etc.

NSAIDS/MUSCLE RELAXANTS

- Naproxen (Naprysn)
  - 500 mg 1 tab twice a day
- Meloxicam (Mobic)
  - 7.5 mg 1 tab QD
  - 15 mg 1 tab QD
- Methocarbamol (Robaxin)
  - 500 mg 1 tab TID
- Metaxalone (Skelaxin)
  - 800 mg 1 tab TID
- Baclofen
  - 10 mg BID
- Cyclobenzaprine
  - 10 mg TID
- Etodolac
  - 300 mg BID
- Celebrex (Celecoxib)
  - 200 mg BID

MULTIPLE SCLEROSIS

BERFORE STARTING A MEDICATION FOR MS, PATIENTS WILL NEED TO COMPLETE A WORKUP. EACH MEDICATION NEEDS A DIFFERENT SET OF LABS AND SCREENINGS, CHECK WITH THE PROVIDER IF THESE WORKUPS HAVE BEEN COMPLETED.

- Dimethyl fumarate (Tecfidera)
  - 120 mg 1 tab BID
- Aubagio (teriflunomide)
- Gilenya (fingolimod)
- Mavenclad (Cladribine)
- Mayzent (spoonimod)
- Vumerity (diroximel fumerate)
- Zeposia (ozanimod)
- Copaxone (glatiramer acetate/glatopa)
  - Injectable, a lot of insurances want us to start with this for some reason.
- Rebif (interferon beta-1a)
- Kesimpta (ofatumumab)
  - Titration dose: 1 injection every 7 days for 28 days
  - Maintenance dose: 1 injection every 30 days
- Tysabri
  - Infusion
- Ocrevus
  - infusion

HEADACHES

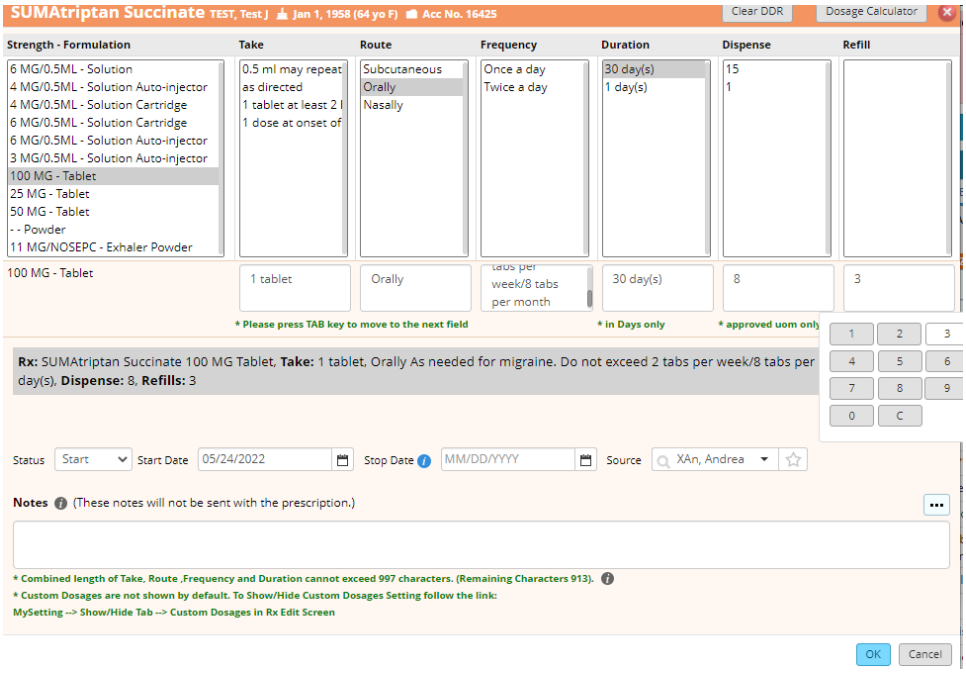
PREVENTATIVES (daily)

- Antiepileptic
  - Topiramate (Topamax)
    - 50 mg 1 tab twice a day
      - Max dose 100 mg twice a day (for migraines)
  - Gabapentin (NEURONTIN) –also for nerve pain
    - 300 mg 1 cap three times a day

        - Max dose 1200 mg three times a day
    - Valproic acid (Depakote/Divalporex Sodium)
    - Qudexy XR (Topiramate ER, Trokendi XR, Topamax ER)
- Antihypertensive
    - Propranolol
        - 50 mg 1 tab once a day
    - Verapamil
    - Sibelium
- Antidepressants
    - Venlafaxine (Effexor) –also for nerve pain
        - 37.5 mg 1 tab for one week, then 75 mg 1 tab a day
    - Sertraline (Zoloft)
    - Escitalopram (Lexapro)
        - 5 mg 1 tab once a day
    - Nortriptyline (Allegreon)
        - 10 mg 1 tab QHS
    - Amitriptyline (Elavil)
        - 25 mg 1 tab QHS for 1 WK, increase by 1 tab each week until taking 75 mg (3 tabs) QHS
    - Duloxetine (Cymbalta) –also for nerve pain
        - 60 mg 1 tab once a day
    - Remeron (Mirtazepine)
        - Also used for sleep
- NSAID
    - Indomethacin
        - Used primarily for paroxysmal hemicrania/SUNCT
- Anti-CGRP
    - Aimovig (erenaumab—aooe)
        - Once every 28 days
    - Ajovy (Fremanezumab)
        - Once every 28 days
    - Emgality (Galcanezumab-gnlm)
        - First dose needs loading dose (2 injections)
        - Once every 28 days
        - Can also be used for cluster headaches
            - 300mg, take 100mg x3 at onset of cluster headache
    - Qulipta
        - 60 mg, 1 tab, once a day
    - Vyepti (eptinezumab-jjmr)
        - Intravenous Infusion
        - Once every 90 days

ABORTIVE (at onset of migraine)

ALL ABORTIVES SHOULD HAVE THIS LAYOUT:



Note the frequency- 1 tab at onset of migraine, do not exceed 2 tabs per week/ 8 tabs per month

- NSAID
  - Ibuprofen (IBU)
    - 800 mg at onset of migraine
  - Cambia (Diclofenac Potassium, solution)
  - Zorvolex (diclofenac potassium, capsules)
  - Zipsor (Diclofenac Potassium, liquid capsules)
  - Mobic (meloxicam)
  - Celebrex (celecoxib)
  - Naprysn (Naproxen)

- Triptans
  - Sumatriptan (Imitrex)
    - 100 mg 1 tab at onset, may repeat after 2-4 hours, no more than twice a week
    - Can be oral (Imitrex/Sumatriptan), Nasal (Tosymra), or Injectable
  - Rizatriptan (Maxalt)
    - 10 mg 1 tab at onset, may repeat after 2-4 hours, no more than twice a week
  - Almotriptan (Axert)
    - 6.25 mg 1 tab at onset
  - Naratriptan (Amerge)
    - 1 mg 1 tab at onset
  - Zolmitriptan (Zomig)
    - 2.5 mg 1 tab at onset
  - Frovatriptan (Frova)

        - 2.5 mg 1 tab at onset
    - Eletriptan (Relpax)
        - 20 mg 1 tab at onset
- Analgesic
    - Fioricet (Acetaminophen/Butalbital/Caffeine)
    - Migranal (Dihydroergotamine)
- Ditan
    - Revow (lasmiditan)
        - THIS MEDICATION IS A CONTROLLED SUBSTANCE. DO NOT LET PATIENTS DRIVE AFTER USING THIS MEDICATION
- Anti-CGRP
    - Ubrelvy (Ubrogepant)
    - Nurtec ODT
        - Comes in packs of 10, this is the only abortive that can have more than 8 pills prescribed

NATURAL MIGRAINE PROPHYLAXIS SUPPLEMENTS

- Magnesium Oxide 400 mg QD
- Riboflavin 400 international units QD

SLEEP DISORDERS

- Xyrem (Sodium oxybate)
    - Women must be on birth control or on folic acid when starting this medication (can cause neural tube defects)
- WAKEFULNESS PROMOTING AGENTS
    - Provigil (Modafinil)
    - Nuvigil (armodafinil)
    - Sunosi (solrriamfetol)
- STIMULANTS
    - Adderall (amphetamine and dextroamphetamine)
    - Dexedrine (dextroamphetamine)
    - Ritalin (methylphenidate)
    - Desoxyn (methamphetamine)

- SEDATIVES
    - Sonata (Zaleplon)
    - Desyrel (Trazadone)
    - Lunesta (eszopiclone)
    - Rozerem (Ramelteon)
    - Ambien (zolipedem)
    - Restoril (temazepam)
    - Belsomra (suvorexant)

ORTHOSTATIC HYPOTENSION/DYSAUTONOMIA

- Pramatine (midodrine)
- Northera (droxidopa)
- Epogen (erythropoietin)

- Florinef (fludrocortisone)

MOVEMENT DISORDERS

- Austedo (deutetrabenzine)
    - This is specifically for Tardive Dyskinesia
- Ingrezza (valbenazine)
- Xenazine (tetrabenazine)

Steroids

- Prednisone
    - Start at 60mg x3days, decrease to 40mg x3 days, then decrease to 20mg x3 days, then STOP
- Medrol dosepak
    - Dosing will be included in order, needs to be faxed.

Others

- Wrist splint
    - Order wrist splint as though it is a normal prescription, specify the side (bilateral/left/right) under "Frequency" and dispense either "1" or "2" depending on if it is bilateral. No need to add refills or duration.
    - Click the downward facing arrow next to "Print Script" and select "Fax Rx"
    - At the bottom of the pop-up, select the three dots next to Pharmacy
        - Change to Hanger, specify if Casa Grande or Chandler
    - Select "Preview Fax" and then "Send Fax"
- Other orthopedic/specialized equipment will be ordered the same way
    - Exception is Wheelchairs/walkers, which are sent to DME companies. MA will fill out paper form, note must be changes per Medicare guidelines.
- CPAP
    - Specify in the notes under the correct treatment section that a CPAP will be ordered, from there it is the MA's job to send out the form.

PRESCRIBING MEDICATION

New Medications

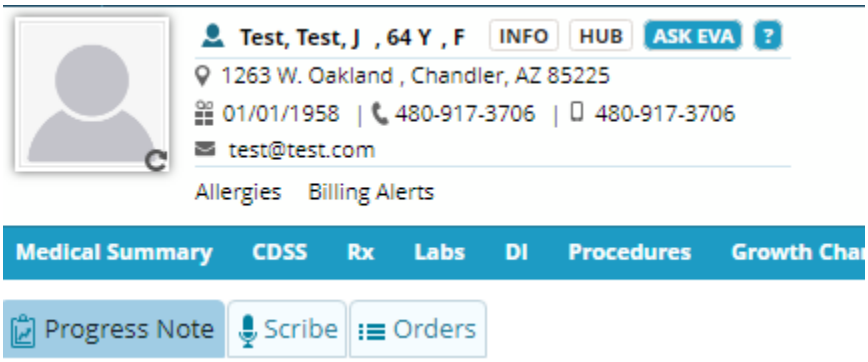
1. Click "Add"
2. Type in medication
3. Adjust dose as needed
4. Click the down arrow next to "Send Rx"
    a. Click Escribe
    b. If controlled medication, need provider's OTP

Refills

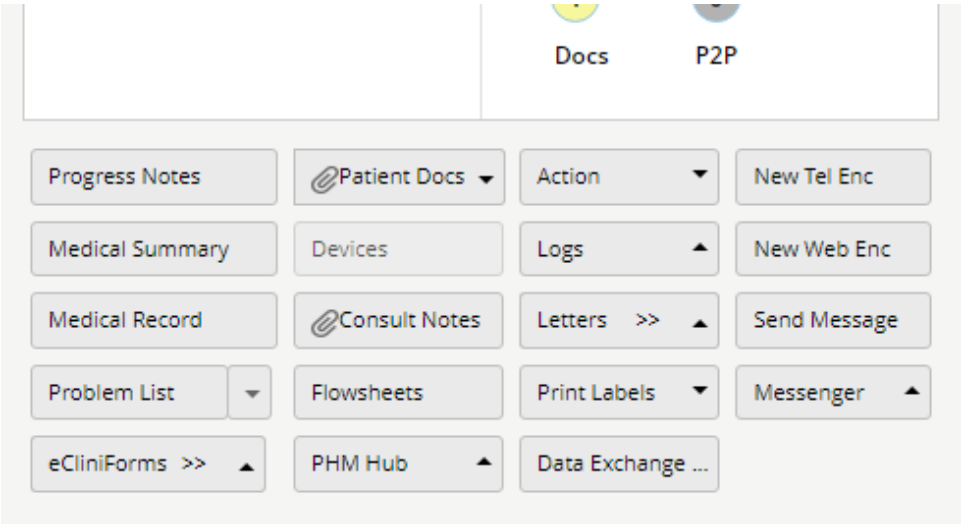
1. Click “Cur RX”
2. Find medication
3. Click “R,” “30,” or “90”

How to Check if a patient needs a refill

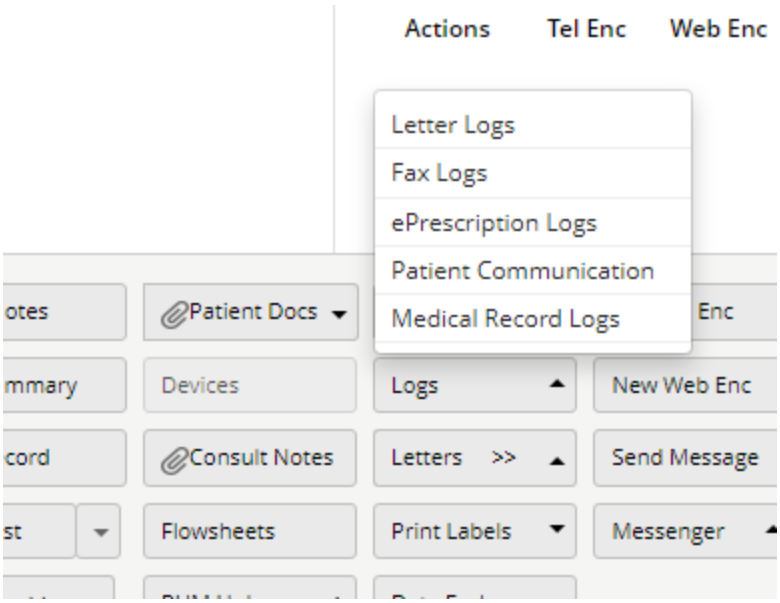
1. Click on “Hub”



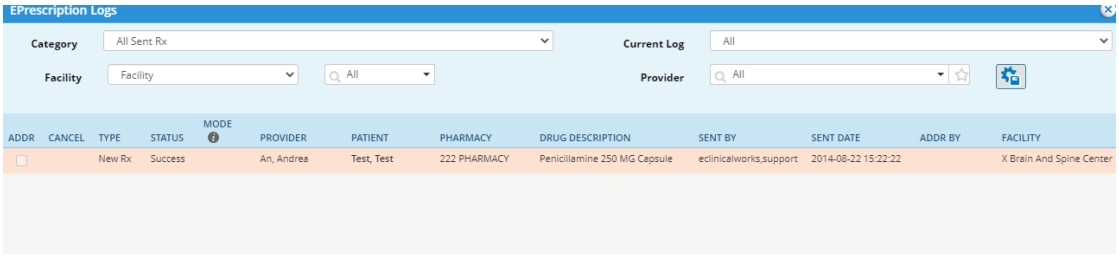
a. From hub, find “Logs” among the options in the bottom right hand corner.



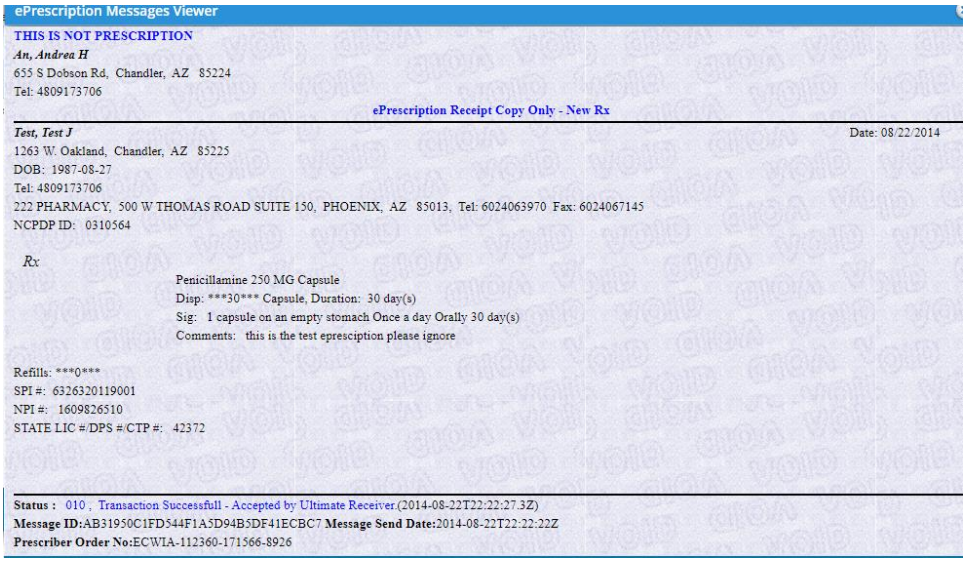
b. Click on the carrot and select “ePrescription logs”



2. Find medication



a. Click medication; the date that it was filled and the amount will pop up



3. From there, it's just math!
    a. EX: Patient has script for Gabapentin, was last filled three months ago and she was given 30 days with two refills, patient will need refills now.

Medications with specific requirements for prior auth

Provigil

Only approved for the following diagnosis codes:

- Daytime Sleepiness with Narcolepsy
- Daytime Sleepiness with Obstructive Sleep Apnea

Tramadol

Considered an opioid.

For opioid naïve patients, a 7-day prescription will be needed to be provided first.

Cambia

Is a prepackaged formulation medication, dispense number as 30 will not be approved. It is generally packaged as 9 within a box. Prescription may say 1 box or 9 packages.

Amitriptyline and Lunesta

Is considered a high risk in <65 years olds. The clinical note will need to have a blurb which acknowledges this high risk.

Tizanidine:

Should be prescribed as a tablet rather than capsules

CGRP:

Cannot be used with Botox under the same code; must change to EPISODIC MIGRAINE.

INFUSIONS

OCREVUS ORDER SET

Start Ocrevus Solution, 300 MG/10ML, as directed, Intravenous, 300 mg IV x 1 day, then 300 mg IV x 1 day after 2 wk, then 600 mg IV x 1 day q6mo
Start MethylPREDNISolone Sodium Succ Solution Reconstituted, 40 MG, 100 MG, Intravenous, 30 minutes prior to each Ocrevus infusion
Start DiphenhydrAMINE HCl Solution, 50 MG/ML, 25 MG, Intravenous, 30-60 minutes prior to each Ocrevus infusion

IVIG ORDER SET

Start DiphenhydrAMINE HCl Solution, 50 MG/ML, 25 MG, IV, 30 minutes before infusion, may repeat dose once
Start Acetaminophen Tablet, 500 MG, 1-2 tablet, Orally, 30 minutes before infusion
Start Ondansetron HCl Solution, 4 MG/2ML, 4 MG, IV, as needed, 30 minutes before infusion
Start Gamunex Solution, 10 GM/100ML, 0.4 GM/KG, Intravenous, over 6 hours once a day, 5 days

ADUHELM

- DX code G30.0, G30.1, G30.8, or G31.84
- Must have MRI brain within the last 12 months
- Presence of Amyloid-Beta proteins must be confirmed
    - Lumbar puncture
    - PET scan
        - Please note that Precivity will not get this treatment covered, patient needs to have an abnormal LP or PET scan in order for insurance to cover this treatment.
- MOCA/MMSE/SLUMS score between 24-30
    - May have neuropsych eval as needed
- Confirm dosage with provider, go into order sets and select correct dosage as well as anaphylaxis kit, etc.

Lequembi

- DX code G31.84, G30.1, G30.9, or G30.0
- Must have MRI brain done within the last 12 months
- Presence of Amyloid-Beta proteins must be confirmed
    - Lumbar puncture
    - PET scan
        - Please note that Precivity will not get this treatment covered, patient needs to have an abnormal LP or PET scan in order for insurance to cover this treatment.
- MOCA/MMSE/SLUMS score between 21-30
- Confirmation of functional impairment (FAQ)
- Cannot have history of brain bleed
    - Cannot be on blood thinners
- APoE test is recommended (included with Precivity)

- Start form is to be filled out, it available in the order set

Kisunla

- DX code G31.84, G30.1, G30.9, or G30.0
- Must have MRI brain done within the last 12 months
- Presence of Amyloid-Beta proteins must be confirmed
    - Lumbar puncture
    - PET scan
        - Please note that Precivity will not get this treatment covered, patient needs to have an abnormal LP or PET scan in order for insurance to cover this treatment.
- MOCA/MMSE/SLUMS score between 21-30
- Confirmation of functional impairment (FAQ)
- Cannot have history of brain bleed
    - Cannot be on blood thinners
- APoE test is recommended (included with Precivity)
- Start form is to be filled out, it available in the order set

FOR ORDERS THROUGH PREMIER PHARMACY

Add “Home Health” with note: Picc Line placement, Maintain, and Remove after IV Therapy
Order “Anaphylaxis Kit” under medications