This guide will help you chart on a SSI or NRN encounter.

Note: The following procedures should be considered **required to complete a patient's chart for an SSI or NRN visit**. Providers are encouraged to add additional information as needed in the chart.

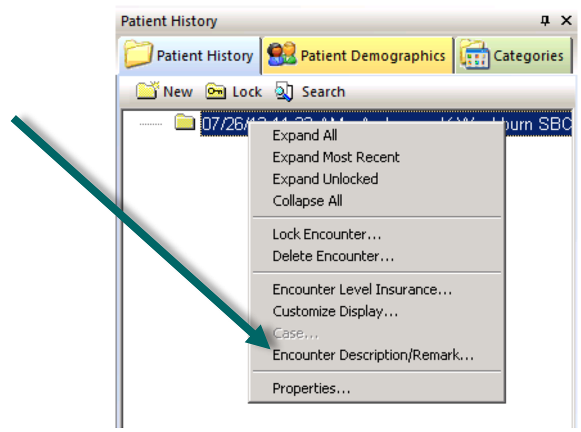
I. Opening the Encounter

A. Perform the 6-Point Check *See EHR How-to Guide 2*

Note: Only chart on encounters that have already been created from an appointment check-in. Do not create an encounter in the EHR for a visit.

B. Create Remark

1. Right-click on the encounter and select *Encounter Description/Remark*



2. Depending on the type of visit, enter one of the following codes:

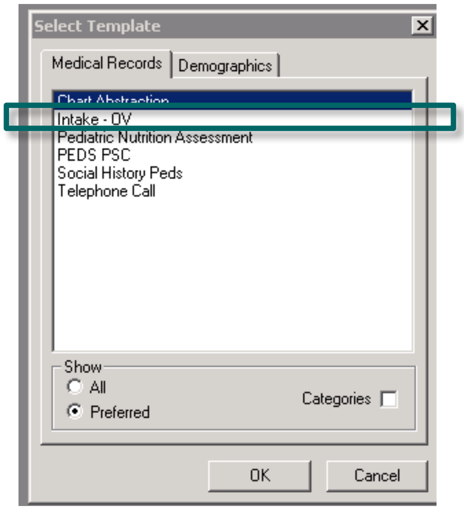
Type of Visit	Code
SSI – Register	**SXR**
SSI – New	**SXN**
SSI – Booster	**SXB**
Not Ready Now	**NRN**

Note: Do not use *HED - Health Education Visit* for SSI or NRN.

C. Open Intake – OV Template

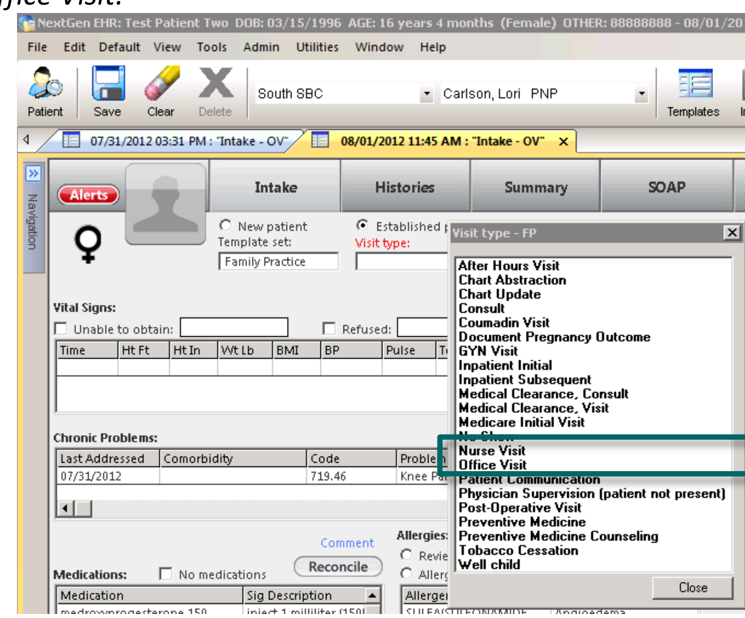
1. Click on the *Template*  button either at the bottom of the *Patient History* window or on the EHR toolbar.

2. Choose *Intake - OV* from the *Select Template* window

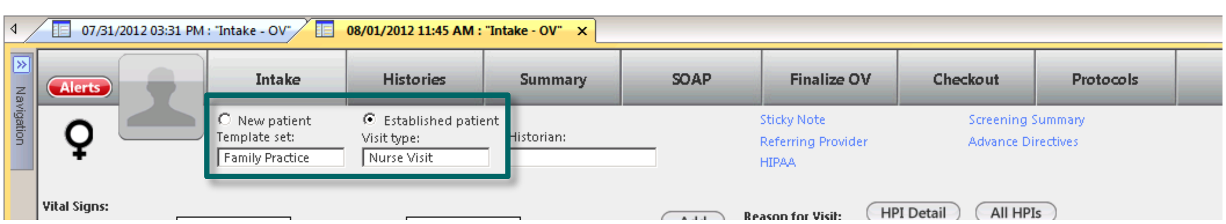


II. Intake Screen

A. Select the Visit Type
You will usually select *Nurse Visit or Office Visit.*



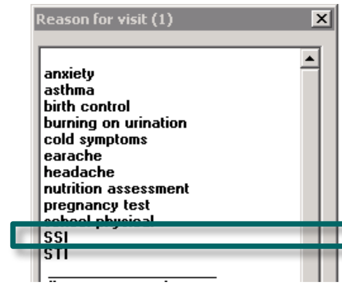
B. Select *New patient* or *Established patient* (this may already be selected for you)



C. Ensure *Family Practice* is selected as the Template Set

D. If a health alert has been established for this patient, the *Alerts* button will be red. Click on it to view or add alerts.

E. Reason for Visit

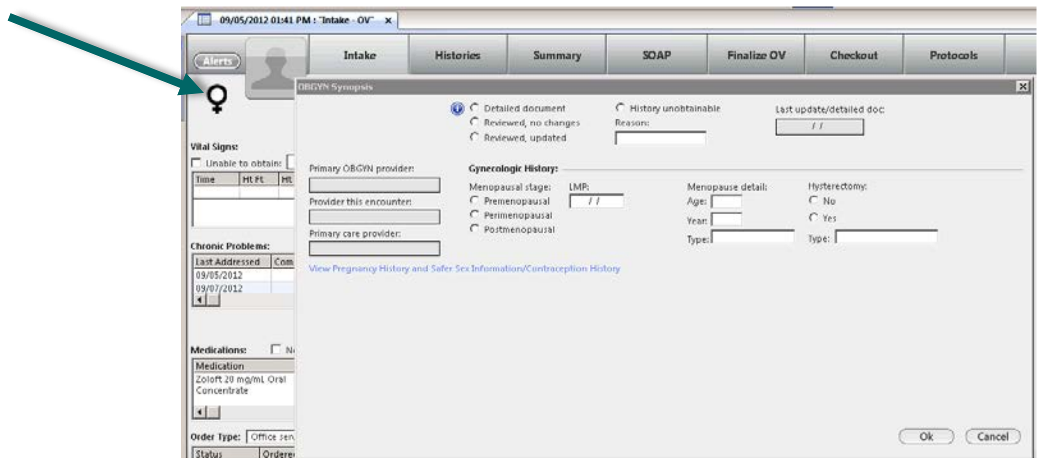


1. Click on a blank *Reason for Visit* field and *SSI* or *NRN*.
2. Check the *F/U* box if it is a booster.
3. In the comments, enter the level of visit (register, new or booster).
4. Add any additional reasons for visit.

> *Note:* You can free-text in the fields provided, but it is strongly recommended to select one from the pick list.

F. OBGYN Synopsys

If applicable, you can click on the symbol below to get the *OBGYN Synopsys* screen for females.



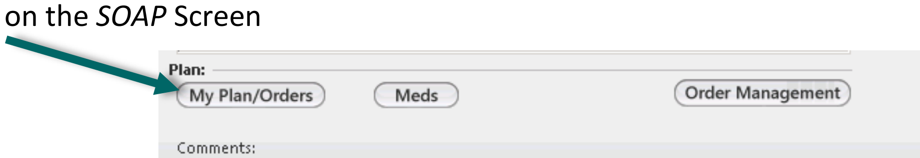
G. HPI Detail

1. For each reason for visit, click on the *HPI Detail* button and complete the questions you would normally ask in an appointment
2. Add any necessary comments for each reason.

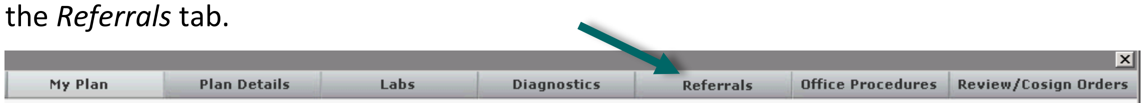
III. Referrals

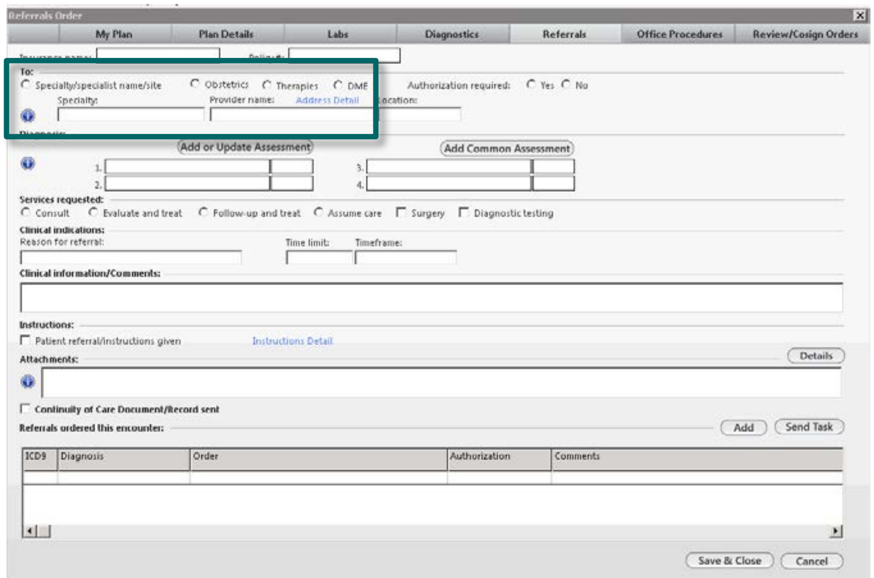
If you need to refer the patient to another provider either within or outside of the SBC, follow these steps.

A. Click on *My Plan/Orders* on the *SOAP* Screen



B. Click on the *Referrals* tab.

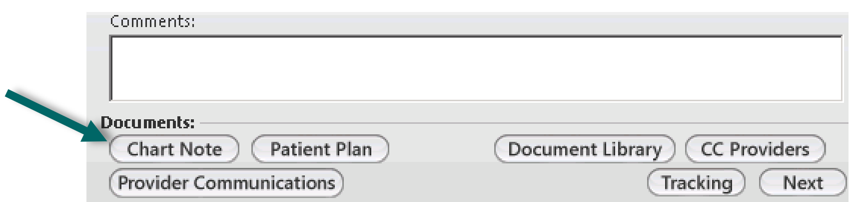




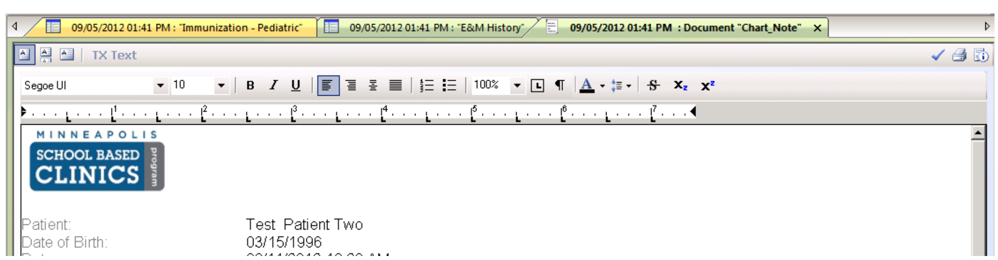
1. Select the correct To: category (most likely *Specialty/specialist name/site*)
2. Select the Specialty.
3. Select or type in the provider you are referring.
4. Add any other pertinent information
5. **Click on *Save & Close***

IV. Chart Note

A. Click on the *Chart Note* button at the bottom of the SOAP Screen.

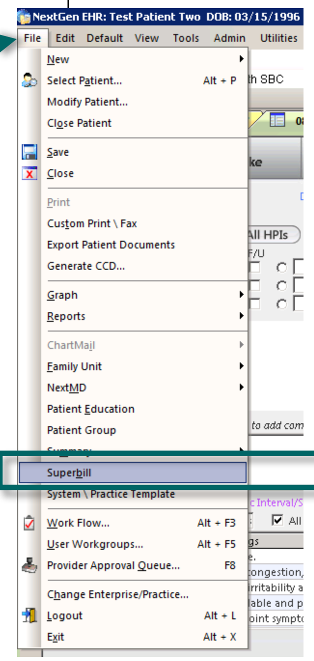


B. View the note to ensure everything is complete.



C. Close the note when finished.

V. Superbill



A. Go to *File* and select *Superbill*.

B. Available Procedures

You will want to add any special visit CPT codes that are typically found on the front of the Encounter Fee Ticket including the appropriate Health Counseling code and SSI/NRN Visit codes.

1. Select the proper category with an * in front of it (these are the same categories listed on the front of the Encounter Fee Ticket).
2. Click on the box next to the code you want to add.
3. The selected procedures should now appear in the *Assigned Procedures* section.

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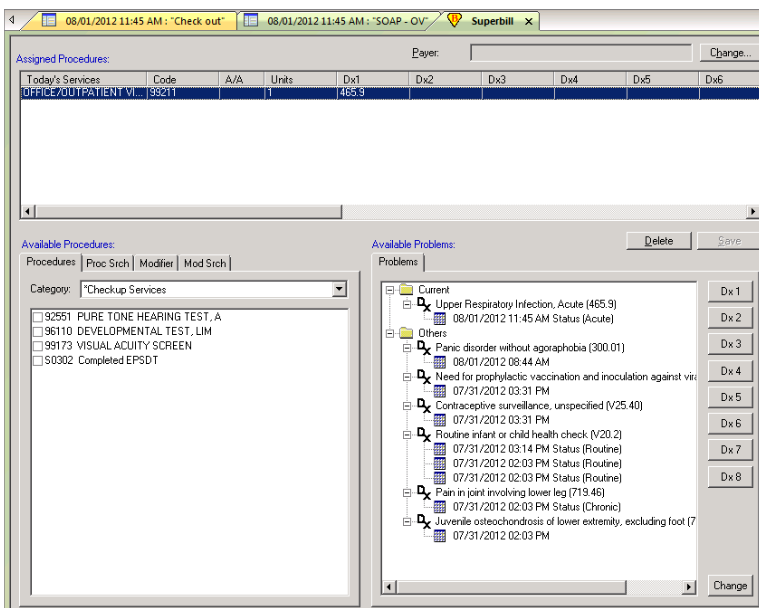
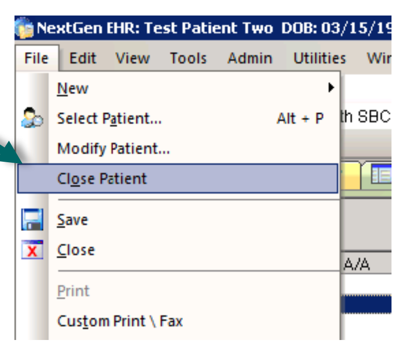


C. Click on the *Save* button on the EHR toolbar.

D. Click on *File* and select *Close Patient*

Note: You have 10 days to complete these steps before the encounter locks.



Congrats! You are now done with this How-to Guide.