This worksheet allows your practice to configure items that are specific to the TSI Healthcare 2017 Rheumatology Content. Upon completion of this form, TSI Healthcare will configure your Test environment with the TSI Healthcare 2017 RHE content so that you can become comfortable with the changes before implementing in your Production environment. Please fill out each section that applies to your practice and submit to the TSI Healthcare Helpdesk upon completion either via email (helpdesk@tsihealthcare.com) or fax (888-808-6156).

Practice Name: _____   Date: _____

Person Completing This Form: _____

Email: _____   Phone: _____

Please confirm the following:

☐ *I certify that I am authorized on behalf of my practice to complete and submit this request.*

☐ *In preparation for testing of the TSI Healthcare 2017 RHE content, TSI Healthcare will need to make a fresh copy of your TEST database. This means that anything currently in TEST would be overwritten and erased (this will NOT affect your PROD database). I give TSI Healthcare permission to move forward with overwriting TEST database. If alternate database should be used (i.e. DEMO or DEVL), please list here: _____*

Client Team Lead (if different than above): _____
Email: _____   Phone: _____

A. *SOAP-TSI Template

1. **Reason for Visit Panel** – Do you want to display Today's HPI or the Top 14 HPI on the *SOAP-TSI template?

    ☐ Today's HPI (default)

    ☐ Top 14 HPI

B. Copy Forward Template

1. **Copying Between Providers** – Do you want to allow copying between providers on the *Copy Forward* template?

    ☐ YES, we want to allow copying between providers.

    ☐ NO, we do NOT want to allow providers to use the *Copy Forward* template to copy data from encounters other than their own.

2. **Copy Forward Visit Type Exclusions** – Do you want to exclude certain visit types from displaying in the "Encounter Date to Copy From" picklist on the *Copy Forward* template?

    ☐ NO, we want all Visit Types to display in the picklist.

    ☐ YES, we want to exclude the Visit Types indicated below. Please place a checkmark next to the Visit Type(s) you want to exclude:

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Visit Types	Exclude
Chart Abstraction	
Consult	
Nurse Visit	
Office Visit	
Patient Communication	
Other (please list):	

3. **Copy Forward Default Visit Type** – Do you want to assign a Default Visit Type for the "Encounter Date to Copy From" field? (By doing so, the Copy Forward template will automatically place the date of last default visit type in the "Encounter Date to Copy From" field. (NOTE: If Default Visit Type is left blank, the "Encounter Date to Copy From" will simply default to the date of the last encounter, regardless of the Visit Type.)

   Default Visit Type: _____

4. **Copy Forward Field Exclusions** – Do you want to exclude any fields from copying forward when utilizing the *Copy Forward* template?

   ☐ NO, we want all fields to copy forward when selected on the Copy Forward template.

   ☐ YES, we want to exclude the following fields:

Template Name	Field Name
Example: Joint Exam (Simple)	*Patient Global, Provider Global, CDAI, DAS28*

C. **Health Monitor**

   Please indicate your preferred timeframe for completion of the following tests (default timeframe is indicated next to each). Once the timeframe below is exceeded, the date of the last test will display in red in the Health Monitor panel on the *SOAP-TSI* and *Intake-RHE* templates.

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Test	Default Timeframe	Preferred Timeframe *(if different than default)*
DXA	2 years	
TB/Quantiferon	1 year	
PCP Visit	1 year	
Visual Field	1 year	
ECHO	1 year	
PFT	1 year	

D. Joint Exam

1. **CRP/ESR Default for Disease Activity Scoring** – Do you want to use the ESR or CRP value by default for calculating DAS28 score? (User can change the value that is used when the *Joint Exam (Simple)* template is opened. This setting simply determines which lab value is selected by default.)

   ☐ ESR

   ☐ CRP

2. **Automated Disease Activity Scoring** – Do you want Disease Activity scores (DAS28, CDAI, and SDAI) to auto-calculate on the *Joint Exam (Simple)* if all data elements have been captured?

   ☐ YES

   ☐ NO

E. Nerve Block Injection

Please list all medications and possible doses that could be used for a Nerve Block injection.

Medication	Dose	JCode	JCode Bill Units

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F. **Facet Injection**

Please list all medications and possible doses that could be used for a Facet injection.

Medication	Dose	JCode	JCode Bill Units

G. **Epidural Injection**

Please list all medications and possible doses that could be used for an Epidural injection.

Medication	Dose	JCode	JCode Bill Units

H. **Infusions**

1. **Administration Codes** – Administration codes are now configurable for each infusion medication. Please list the medication name, initial administration code, and sequential administration code in the grid below. Additionally, if there are payer exceptions, please list these on a separate line and include the payer name to the right.

Medication	Initial Code	Sequential Code	Payer
Example: Orencia	*96413*	*96415*	

2. **Additional Medication Administration Codes** – Does your practice bill administration codes for any additional medications (pre-meds, etc)? If yes, please list the Medication, Administration Code, and Modifier (if applicable) in the grid below:

Medication	Admin Code	Modifier
Example: Solu-Medrol	*96375*	*59*

3. **Sequential Hour Billing**

   ☐ Bill for additional hour when infusion time exceeds prior hour by 1 minute or more.

   ☐ Bill for additional hour only when infusion time exceeds prior hour by 30 minutes or more.

4. **Actemra 800 MG Limit** – Do you want to disable the 800 MG limit on Actemra? (This will prevent infusion staff from documenting an Actemra dose greater than 800 MG.)

   ☐ Enable 800 MG limit for Actemra (default)

   ☐ Disable 800 MG limit for Actemra

5. **Orencia Auto-Dose** – Do you want to disable the auto-dosing feature for Orencia? (The auto-dose feature automatically rounds Orencia dosing to 500, 750, or 100 MG based on patient weight.)

  ☐ Enable Orencia auto-dosing (default)

  ☐ Disable Orencia auto-dosing

6. **Infusion Flowsheet Document** – Please select your preferences for document generation of the Infusion Flowsheet.

  ☐ Auto-generate when Nurse Signoff is checked (please indicate live or offline).

    ☐ Generate document live.

    ☐ Generate document offline.

  ☐ Auto-generate when Provider Signoff is checked (please indicate live or offline).

    ☐ Generate document live.

    ☐ Generate document offline.

  ☐ Do not auto-generate the Infusion Flowsheet document. (Document can be generated manually by clicking the Generate Note button at the bottom of the template.)

Your form is now complete! Please submit your completed form to the TSI Healthcare Helpdesk via email (helpdesk@tsihealthcare.com) or fax (888-808-6156).

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