

WAR MEMORIAL HOSPITAL

TYPE: DEPARTMENTAL: WAR MEMORIAL HOSPITAL MEDICAL PRACTICES

POLICY: Centralized scanning of documents into the Electronic Health Record (EHR)

PURPOSE: Establishes the process regarding what data is required to be scanned in the Electronic Health Record (EHR). Establishes chart preparation procedures to properly identify and label patient documents, as well as, ensure the best possible scanned image for future retrieval.

- Centralized tracking of health care records throughout War Memorial Hospital and Physician Practices.
- Allow users to view current file locations; both within their clinic and offsite. Stored data will be accessible 24 hours a day, 7 days a week.
- Provide all users with quick and easy access to files.
- Link documents to the electronic file faster than to paper file.
- Improve business processes and reduce costs.
- Reduce paper based information sharing amongst colleagues.
- Improve customer service/communication.
- Reduce on storage space requirements and thereby reduce costs.
- Reduce number of missing records.
- Provide safe transition from paper records to electronic records.
- Enhance clear communication of patient information.

Important Notations:

- Use paper clips for multi-paged, same patient documents; do not use staples.
- All documents requiring corrections that are returned to the office will be logged by scanning staff prior to returning to the office; they will be same day priority for reception staff.
- If the order was placed for the wrong location, the assigned scanning staff will need to notify the physician office nurse to correct the order so that the document can be scanned. The expectation is that replacing the order will be a same day priority to maintain the policy and procedure requirements.
- It is imperative that the proper naming conventions be used to ensure that documents are easily identifiable. See War Memorial Hospital combined naming convention Appendix B.

PROCEDURE:

Scanning of the chart information will be performed by the WMH Physician office staff assigned to Physician Practices Centralized Scanning.

1. The documents to be scanned will be picked up daily after 0830 by assigned staff from the established pick up location within each physician practice on WMH campus; outlying clinics

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will prepare documents for MM courier to pick up at predetermined times and those documents will be picked up daily at the Materials Management dock.

2. Receptionist will ensure that all incoming documents/correspondence will be stamped with the appropriate red "Received" stamp indicating date received; this date signifies the date to enter when scanning the document.
3. All documents must have two patient identifiers (name, date of birth, and/or medical record number) on all pages of the documents. This shall be documented legibly on each page (both sides if two-sided document), in the upper right corner, for best practice and safety.
4. Any documents that do not have a "Received" stamp, date, and two patient identifiers on all pages will be returned to the physician practice receptionist to correct and must be returned to the scanning office on that same day to ensure that it is scanned into the record in a timely manner.
5. All multiple paged documents that pertain to the same patient must be paper clipped together prior to being placed in the scanning folder.
6. Providers will be required to acknowledge that they have reviewed the documents by placing their initials on incoming patient related information (other than results) that they would like to keep and be scanned into the electronic chart. The expectation is that this will be done daily or the next scheduled office day.
7. Providers may assign a clinical staff designee to review and initial documents on their behalf. Assigning a designee must be in writing and submitted to the centralized scanning office (see Appendix A). Only one designee per office will be assigned.
8. All Results documents will be scanned within a timeframe of 24 hours of receipt of the document either by fax or mail, as they do not require provider initials. The result date will be the date used when scanning the document as it may vary from the received date.
9. Documents that are not legible or of poor quality shall be tagged (during verification) to indicate, "Poor Quality Image".
10. Documents that are two sided and will result in a blank page must be stamped "Intentionally Left Blank".
11. All documents scanned into the EHR shall be stamped with the appropriate "S" stamp provided, counted and placed into a box in preparation for Quality Check.
12. Quality check (QC):
 - QC will be done monthly; the first full week of each month, QC will be done for the previous month.
 - The documents from each practice will be counted and 20% will be pulled for QC.
 - QC must be at 98% accurate or higher, if not then an additional 20% will be pulled until 98% accuracy achieved.
 - QC results will be logged in the WMH Ambulatory Scanning Quality Check binder.
 - Post QC documents will be held for 90 days per document destruction policy.
 - Documents that are sent for destruction will be documented in the WMH Ambulatory Destruction Log binder.

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COMPLIANCE: Designated employees will be required to maintain this policy or will be subject to War Memorial Hospital's Work Rules and Regulations.

Written by: Stacy Fitzpatrick, Quality Management Assistant-Physician Practices Date: 8/11/17

Updated by: Stacy Fitzpatrick, Quality Management Assistant-Physician Practices Date: 5/1/18

Approved/Signed by: Marian Burton, BSN, RN – Clinical Director Medical Practices Date: 5/1/18

Updated by: Stacy Fitzpatrick, Quality Management – Medical Practices Date: 06/27/2019

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Due to the implementation of centralize scanning, analyzing and quality control of the Electronic Medical Record (EMR) is a priority. Please provide your signature and initials that will be used on patient documents. Provider initials are required for incoming documents that are to be scanned into the EMR, this will allow for comparison of initials.

If you so choose, you can designate a clinic staff member to review documents and initial on your behalf.

_____ I have elected to designate (print name and credentials) _____
to review and initial all incoming medical records and patient related correspondences for the purpose of summarizing patient's relevant medical history for in-put into the electronic medical record.

_____ I have elected **NOT** to designate a staff member to review and initial documents on my behalf.

Designee Name (print) _____ Initials _____

Designee Signature _____ Date _____

Provider Name (print) _____ Initials _____

Provider Signature _____ Date _____

Appendix B:

Please Refer to PowerDMS for the Most Current Version of this Document

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Mnemonic

AMB.AUTH2
AMB.AUTH.ABN
AMB.AUTH.CONT
AMB.AUTH.ROI
AMB.AUTH.WTLOSS
AMB.CARD.ECHO
AMB.CARD.EKG
AMB.CARD.PACE
AMB.CARD.PFT
AMB.CARD.OTHER
AMB.CARD.STRESS
AMB.CONSENT
AMB.CON.CERCULT
AMB.CON.CHEMO
AMB.CON.INFOABD
AMB.CON.INMAM
AMB.CON.MIRENA
AMB.CON.PARA
AMB.CON.PHOTO
AMB.CON.STERILE
AMB.CON.TREAT
AMB.CON.OTHER
AMB.COR.BCBS
AMB.COR.CARDCL
AMB.COR.CERTMAIL
AMB.COR.CERTRET
AMB.COR.CERTMED
AMB.COR.DIAEDU
AMB.COR.DIET
AMB.COR.MEDNEED
AMB.COR.DHS
AMB.COR.DISCLAIM
AMB.COR.DISPARK
AMB.COR.FMLA
AMB.COR.HHFACE
AMB.COR.HH
AMB.COR.INREFER
AMB.COR.INSELIG
AMB.COR.LEGAL
AMB.COR.MAPS
AMB.COR.MDOC
AMB.COR.MEDCL
AMB.COR.MEDNUT
AMB.COR.MIHP
AMB.COR.MVA
AMB.COR.OUTREFER
AMB.COR.PAP
AMB.COR.PERPT
AMB.COR.PRAUTHA
AMB.COR.PRAUTHD
AMB.COR.PRAUTHR
AMB.COR.PRIOR (DO NOT USE)
AMB.COR.PROG
AMB.COR.PHYSTATE
AMB.COR.RADTHER
AMB.COR.RXMISC
AMB.COR.RXPAA

Document Name

Patient Authorization
Advanced Beneficiary Notice
Controlled Substance Dispensing
Release Protected Health Information
Weightloss Surgery Contract/Waiver
Other Facility Echocardiogram
Other Facility Electrocardiogram
Other Facility Pace Maker/Defib
Other Facility Pulmonary Function Analysis
Other Cardiology Report
Other Facility Stress Test
Office Procedure Consent
Cervical Culture Consent
Consent to Chemotherapy
Abdominoplasty Informed Consent
Mammoplasty Informed Consent
Mirena Consent
Paragard Consent
Consent to Photograph
Sterilization Consent
Treatment Consent
Other Consent
BCBS Qualification Form
Cardiac Clearance
Certified Mail Returned
Certified Mail Return Receipt
Certificate of Medical Necessity
Diabetic Education
Bariatric Pre-Surgical Diet
MDHHS Medical Needs
MDHHS Well Child Exam
Disability Claim
Disability Parking Application
FMLA Medical Request and Certification
Home Health Face-to-Face Encounter
Home Health Plan of Care
Incoming Referral Information
Insurance Eligibility
Legal Document
Michigan Automated Prescription System
MDOC Information
Medical Clearance
Medical Nutrition
MIHP Enrollment/Communication
Motor Vehicle Accident Claim
Outgoing Referral
Sleep Pap Download
Per Patient/Parent
Prior Authorization Approval
Prior Authorization Denial
Prior Authorization Request
Other Misc Prior Authorization - DO NOT USE
Other Facility Progress Note
Physician Statement
Radiation Therapy Schedule
Other Misc RX Authorization - DO NOT USE
Prescription Prior Authorization Approval

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AMB.COR.RXPAD	Prescription Prior Authorization Denial
AMB.COR.RXPAR	Prescription Prior Authorization Request
AMB.COR.UNEMPLOY	Medical Statement for Unemployment
AMB.COR.WIC	WIC Special Formula/Food Request
AMB.COR.WKCOMP	Workers Compensation
AMB.COR.OTH CORR	Other Patient Related Correspondence
AMB.CT.ABD	CT Abdomen
AMB.CT.ABDPEL	CT Abdomen & Pelvis
AMB.CT.CHEST	CT Chest
AMB.CT.CS	CT Cervical Spine
AMB.CT.HD	CT Head
AMB.CT.LE	CT Lower Extremity
AMB.CT.LS	CT Lumbar Spine
AMB.CT.MF	CT Maxillo Facial
AMB.CT.MULT	Other CT Multiple Results
AMB.CT.NECK	CT Neck Soft Tissue
AMB.CT.PEL	CT Pelvis
AMB.CT.SIN	CT Sinus
AMB.CT.STM	CT Sternum
AMB.CT.TS	CT Thoracic Spine
AMB.CT.UE	CT Upper Extremity
AMB.CT.UROG	CT Urogram
AMB.CT.OTHER	CT Other Miscellaneous
AMB.GRTHCHRT	Growth Chart
AMB.IMAGE	Images
AMB.IMAGEPT	Patient Photo
AMB.IMM.VAERS	DHHS VAERS Confirmation Letter
AMB.IMM.REC	Immunization Record
AMB.IMM.VFCINFO	VFC Eligibility
AMB.IMM.WAVE	Refusal to Consent to Vaccination
AMB.IMM.SCREEN	Immunization Screening Checklist
AMB.INS.FOLLUP	Follow Up Care
AMB.INS.FUPROC	Procedure Follow Up Care
AMB.INS.OFFUP	Office Follow Up Care
AMB.INS.ORTHO	Orthopedic Pre-Op Teaching
AMB.INS.SIGN	Patient Instruction Signature Page
AMB.INS	Other Patient Instructions
AMB.INT	Adult Health History
AMB.INT.BARPACK	Bariatric Packet
AMB.INT.FDREC	Food Record
AMB.INT.NEWB	Newborn Provider
AMB.INT.WLS	Weight Loss Seminar
AMB.INT.PASTMISC	Other Past Medical/Provider Notes
AMB.INT.PED	Pediatric Health History
AMB.INT.PEDSYM	Pediatric Symptom Checklist 17
AMB.INT.PFSH	PFSH
AMB.INT.ROS	ROS
AMB.INT.ROSPFSH	ROS/PFSH
AMB.BBK.ABORH	ABO/Rh
AMB.LAB.A1A	Alpha 1 Antitrypsin
AMB.LAB.A1C	Hemoglobin A1C
AMB.LAB.ALB	Albumin
AMB.LAB.ALK	Alkaline Phosphate
AMB.LAB.ALT	Alanine Amino Transferase
AMB.LAB.AMM	Ammonia
AMB.LAB.AMY	Amylase
AMB.BBK.ABORH	Antibody Screen
AMB.LAB.ANA	Anti Nuclear AB Screen/Profile
AMB.LAB.B1	Vitamin B1

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AMB.LAB.B12	Vitamin B12
AMB.LAB.BILI	Bilirubin, Indirect
AMB.LAB.BILT	Bilirubin, Total
AMB.LAB.BMP	Basic Metabolic Panel
AMB.LAB.BNP	BNP
AMB.LAB.BRCA	BRAC
AMB.LAB.BPRO	Urine Protein
AMB.LAB.BUN	Blood Urea Nitrogen
AMB.LAB.CA	Calcium
AMB.LAB.CA125	CA 125
AMB.LAB.CA153	CA 15-3
AMB.LAB.CA2729	CA 27.29
AMB.LAB.CBC	CBC with Diff
AMB.LAB.CBCMD	CBC with Manual Diff
AMB.LAB.CEL	Celiac Panel
AMB.LAB.CHOL	Cholesterol
AMB.LAB.CK	Creatinine Phosphokinase
AMB.LAB.CMP	Comprehensive Metabolic Panel
AMB.LAB.COT	Nicotine & Metabolites Blood
AMB.LAB.CPK	Creatinine Phosphokinase
AMB.LAB.CR24U	Creatinine, 24 hour Urine
AMB.LAB.CRE	Creatinine
AMB.LAB.CRP	C-Reactive Protein
AMB.LAB.CRUR	Urine Creatinine
AMB.LAB.DBIL	Bilirubin, Direct
AMB.LAB.DD	D-Dimer
AMB.LAB.DRUGSU	Drug Screen, Urine
AMB.LAB.EBV AB	EBV Antibodies
AMB.LAB.ESR	Erythrocyte Sedimentation Rate
AMB.LAB.EST	Estrogens Total
AMB.LAB.ESTRA	Estradiol
AMB.LAB.ESTRI	Estriol, Unconjugated
AMB.LAB.GEN	GeneSight
AMB.LAB.ESTRIOL	AFP, Tumor Marker
AMB.LAB.F5SCREEN	Factor V Leiden Screen
AMB.LAB.FE	Iron
AMB.LAB.FECAL	Stool for Fecal Leukocytes
AMB.LAB.FERR	Ferritin
AMB.LAB.FLU	Influenza A and B
AMB.LAB.FOBX3	Fecal Occult Blood Three Specimens
AMB.LAB.FOL	Folate
AMB.LAB.FREE	Free T4
AMB.LAB.FREET3	T3, Free
AMB.LAB.FSH	Follicle Stimulating Hormone
AMB.LAB.KITS	Genetic Testing/Cancer Risk
AMB.LAB.GLU	Glucose
AMB.LAB.GLU3HRPREG	Glucose Tolerance Test 3 Hour Pregnant
AMB.LAB.GLU1GCT	Glucose, 1 HR 50G Pregnant
AMB.LAB.GLU2GDD	Glucose Tolerance Test 2 Hour Pregnant
AMB.LAB.GLU24U	Glucose, 24 Hour Urine
AMB.LAB.HH	Hemoglobin and Hematocrit
AMB.LAB.HIV	HIV
AMB.LAB.HIV	HIV 1 And/Or 2 Ab
AMB.LAB.HPYLAB	H Pylori ABS IGG, IGA, IGM
AMB.LAB.HCG	HCG, Serum
AMB.LAB.HCGQ	HCG, Quantitative
AMB.LAB.HCGU	HCG, Urine
AMB.LAB.HFP	Hepatic Function Panel
AMB.LAB.HPABC	Hepatitis Profile

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AMB.LAB.INR	INR
AMB.LAB.INS	Insulin, Blood
AMB.LAB.IRONPANEL	% Transferritin Saturation
AMB.LAB.LDH	LDH
AMB.LAB.LITECHAINS	Free Light Chains-Nephelometry
AMB.LAB.LIP	Lipase
AMB.LAB.LP	Lipid Panel
AMB.LAB.LIQ	Liquid Biopsy
AMB.LAB.LYME	Lyme Antibody Screen
AMB.LAB.LYMECON	Lyme AB Conf Western Blot Test
AMB.LAB.LYTES	Electrolytes
AMB.LAB.MG	Magnesium
AMB.LAB.MAT	Maternity 21
AMB.LAB.MISC (DO NOT USE)	Other Facility Misc Lab - DO NOT USE
AMB.LAB.MONO	Mono Screen
AMB.LAB.MULT	Other Lab Multiple Results
AMB.LAB.O&P	Ova and Parasites
AMB.LAB.PCUR	Protein/Creatinine Urine Ratio
AMB.LAB.PFA	Platelet Function Analysis
AMB.LAB.PHO	Phosphorus
AMB.LAB.PLT	Platelet Count
AMB.LAB.POT	Potassium
AMB.LAB.PR24U	Protein, Urine 24 Hour
AMB.LAB.PRO	Prolactin
AMB.LAB.PROG	Progesterone
AMB.LAB.QNATAL	QNatal
AMB.LAB.QUAD	QUAD
AMB.LAB.PROUR	Total Protein, Urine Random
AMB.LAB.PSA	Prostate Total Screening
AMB.LAB.PT	Prothrombin Time
AMB.LAB.PTT	ACT Part Thromboplastin Time
AMB.LAB.RBC	Red Blood Cell Count
AMB.LAB.RENAL	Renal Panel
AMB.LAB.RET	Reticulocyte Count
AMB.LAB.RF	Rheumatoid Factor
AMB.LAB.RPR	Syphilis Serum (RPR)
AMB.LAB.RUB	Rubella IgG Antibody
AMB.LAB.T3U	T3 Uptake
AMB.LAB.TESTTF	Testosterone Total and Free
AMB.LAB.TESTFR	Testosterone, Free
AMB.LAB.TESTOS	Testosterone, Total
AMB.LAB.THYAB	Thyroid Autoantibodies
AMB.LAB.TIBC	Transferritin/TIBC
AMB.LAB.TP	Total Protein
AMB.LAB.TSH	Thyroid Stimulating Hormone
AMB.BBK.TYPE	Type and Screen
AMB.LAB.UA	Urinalysis
AMB.LAB.UAC	Urinalysis; Culture if Indicated
AMB.LAB.UR	Uric Acid
AMB.LAB.VITA	Vitamin A
AMB.LAB.VITD	Vitamin D, 25 Hydroxy
AMB.LAB.VITB6	Vitamin B6
AMB.LAB.WBC	White Blood Cell Count
AMB.LAB.OTHER	LAB Other Miscellaneous
AMB.MICRO.UC	Micro Urine Culture
AMB.MICRO.MRSA	Micro MRSA
AMB.MICRO.WND	Micro Wound Culture
AMB.MICRO.OTHER	Micro Other Miscellaneous
AMB.MRA.CAR	MRA Carotid Artery/Neck

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AMB.MRA.CH	MRA Chest
AMB.MRA.HD	MRA Head
AMB.MRA.LE	MRA Lower Extremity
AMB.MRA.PEL	MRA Pelvis
AMB.MRA.REN	MRA Renal Arteries
AMB.MRA.UE	MRA Upper Extremity
AMB.MRA.OTHER	MRA Other Miscellaneous
AMB.MRI.AA	MRI Aorta
AMB.MRI.ABD	MRI Abdomen
AMB.MRI.ANK	MRI Ankle
AMB.MRI.BRST	MRI Breast
AMB.MRI.CHEST	MRI Chest
AMB.MRI.CS	MRI Cervical Spine
AMB.MRI.FT	MRI Foot
AMB.MRI.HN	MRI Hand
AMB.MRI.HD	MRI Head
AMB.MRI.HIP	MRI Hip
AMB.MRI.KNEE	MRI Knee
AMB.MRI.LIV	MRI Liver
AMB.MRI.LE	MRI Lower Extremity
AMB.MRI.LS	MRI Lumbar Spine
AMB.MRI.MULT	Other MRI Multiple Results
AMB.MRI.NK	MRI Neck
AMB.MRI.PEL	MRI Pelvis
AMB.MRI.SHL	MRI Shoulder
AMB.MRI.TS	MRI Thoracic Spine
AMB.MRI.UE	MRI Upper Extremity
AMB.MRI.WR	MRI Wrist
AMB.MRI.OTHER	MRI Other Miscellaneous
AMB.NM.BS	Nuc Med Bone Scan
AMB.NM.BRSC	Nuc Med Brain Scan
AMB.NM.CARD	Nuc Med PET/CT Myocardial Imaging
AMB.NM.HIDA	Nuc Med Hida Scan
AMB.NM.LSS	Nuc Med Liver/Spleen Scan
AMB.NM.LG	Nuc Med Lung Scan
AMB.NM.OTHER	Other Nuc Med Miscellaneous
AMB.NM.PET	Nuc Med PET/CT
AMB.NM.RN	Nuc Med Renal
AMB.NM.TES	Nuc Med Testicular Scan
AMB.NM.TH	Nuc Med Thyroid Scan and Uptake
AMB.ORD.CHEM	Chemotherapy Order
AMB.ORD.HH	Home Health/Hospice Order
AMB.ORD.INF	Infusion Therapy Order
AMB.ORD.INOP	In Office Procedure Order
AMB.ORD.RADPAIN	RAD Pain Procedure Order
AMB.ORD.RX	Prescription/DME Order
AMB.ORD.REHAB	Rehabilitation Order
AMB.ORDR.SLDME	Sleep DME
AMB.ORDER	Other Miscellaneous Order
AMB.OTH.OPREP	Other Facility Operative Report
AMB.OTH.CLINIC	Other Facility Clinic Note
AMB.OTH.INREFER	Other Facility Incoming Referral
AMB.OTH.REC	Other Facility Records
AMB.QUEST.AGES	Ages & Stages
AMB.QUEST.EPDS	Edinburg Postnatal Depression Scale
AMB.QUEST.CAN	Cancer Screening
AMB.QUEST.INVIS	Initial Visit
AMB.QUEST.KUT	Kutcher Adolescent Depression Scale
AMB.QUEST.MCHAT	M-CHAT-R

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AMB.QUEST.MINI	Mini-Mental State Examination
AMB.QUEST.NICHQ	NICHQ Vanderbilt Assessment Scale
AMB.QUEST.RTVIS	Return Visit
AMB.QUEST	Other Miscellaneous
AMB.QUEST.YCA	Your Child
AMB.RAD.ABD	RAD Abdomen
AMB.RAD.ANK	RAD Ankle
AMB.RAD.BE	RAD Barium Enema
AMB.RAD. BARSW	RAD Barium Swallow
AMB.RAD.CS	RAD Cervial Spine
AMB.RAD.CLAV	RAD Clavicle
AMB.RAD.CXR	RAD Chest
AMB.RAD.ELB	RAD Elbow
AMB.RAD.ESO	RAD Esophogram
AMB.RAD.FEM	RAD Femur
AMB.RAD.FIN	RAD Finger
AMB.RAD.FT	RAD Foot
AMB.RAD.HD	RAD Hand
AMB.RAD.HL	RAD Heel
AMB.RAD.HP	RAD Hip
AMB.RAD.HU	RAD Humerus
AMB.RAD.KN	RAD Knee
AMB.RAD.KUB	RAD KUB
AMB.RAD.LS	RAD Lumbar Spine
AMB.RAD.MAM	Mammogram
AMB.RAD.MAN	RAD Mandible
AMB.RAD.MULT	Other RAD Multiple Results
AMB.RAD.ORBITS	XR Orbits Foreign Body-MRI
AMB.RAD.PEL	RAD Pelvis
AMB.RAD.RIB	RAD Ribs
AMB.RAD.SCAP	RAD Scapula
AMB.RAD.SCO	RAD Scoliosis Series
AMB.RAD.SH	RAD Shoulder
AMB.RAD.SIJ	RAD Sacroiliac Joints
AMB.RAD.SIN	RAD Sinus Series
AMB.RAD.SK	RAD Skull
AMB.RAD.STER	RAD Sternum
AMB.RAD.STN	RAD Neck Soft Tissue
AMB.RAD.TF	RAD Tib/Fib
AMB.RAD.TH	RAD Thumb
AMB.RAD.TMJ	RAD Temporomandibular Joints
AMB.RAD.TOE	RAD Toe
AMB.RAD.TS	RAD Thoracic Spine
AMB.RAD.UGI	RAD Upper GI Series
AMB.RAD.WR	RAD Wrist
AMB.RAD.OTHER	RAD Other Miscellaneous
AMB.REH.DISCH	Rehabilitation Discharge
AMB.REH.EVAL	Rehabilitation Evaluation
AMB.REH.OTHER	Other Rehabilitation Report
AMD.REH.PLAN	Rehabilitation Plan of Care
AMB.REH.REASSES	Rehabilitation Reassessment
AMB.REH.SPEECH	Rehabilitation Speech-Language
AMB.REH.WOUND	Rehabilitation Wound Therapy
AMB.RES.EMGNC	EMG-Nerve Conduction Study
AMB.RES.SLEEP	Home Sleep Test
AMB.RES.LAB	Other Facility Laboratory
AMB.RES.MIC	Other Facility Microbiology
AMB.RES.NM	Other Facility Nuclear Medincine
AMB.RES.PATH	Other Facility Pathology

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AMB.RES.DI	Other Facility Diagnostic Imaging
AMB.RES.TYMP	Tympanogram
AMB.RES.OTHRT	Other Facility Miscellaneous Result
AMB.RES.VASC	Other Facility Vascular Studies
AMB.RSREF	Ambulatory ROI/DHS/CPS Referral
AMB.US.ABD	US Abdomen
AMB.US.ABDP	US Abdomen & Pelvis
AMB.US.AOR	US Aorta
AMB.US.APP	US Appendix
AMB.US.AX	US Axilla
AMB.US.BIO	US Biophysical Profile
AMB.US.BR	US Breast
AMB.US.BL	US Bladder
AMB.US.BLRN	US Bladder & Renal
AMB.US.CAR	US Carotid Duplex
AMB.US.LEA	US Lower Extremity Artery
AMB.US.LEV	US Lower Extremity Vein
AMB.US.MULT	Other US Multiple Results
AMB.US.OB	OB Ultrasound
AMB.US.PEL	US Pelvis
AMB.US.TRP	US Pelvis Transrectal
AMB.US.TVP	US Pelvis Transvaginal
AMB.US.REN	US Renal
AMB.US.RENAL	US Renal Artery
AMB.US.RET	US Retroperitoneum
AMB.US.STMAB	US Soft Tissue Mass Abdomen
AMB.US.STMCH	US Soft Tissue Mass Chest
AMB.US.STMEXT	US Soft Tissue Mass Extremity
AMB.US.STMNH	US Soft Tissue Mass Neck/Head
AMB.US.STMPEL	US Soft Tissue Mass Pelvis
AMB.US.TEST	US Testicular
AMB.US.THY	US Thyroid
AMB.US.UPEXA	US Upper Extremity Artery
AMB.US.UPEXV	US Upper Extremity Vein
AMB.US.OTHER	US Other Miscellaneous