

Appointment Types & Duration Guide

All in-clinic appointments with positive screen must be triaged by an Provider/RN before scheduling

PCP = Primary Care Provider TC = Team Coverage SC = Support Clinic ASC = Alternate Support Clinic BHC = Behavioral Health Consultant

GUIDELINES
 > If concern is on the **IMMEDIATE CONTACT LIST**, locate a CM to speak to C-O.
 > For all unlisted appointment types or concerns, contact support team (supervisor, CMS, other admin support, etc.)

IMMEDIATE CONTACT LIST
 • Monday-Friday: Contact CM
 • PE & Saturday Clinic: Contact Provider

 ** If approved to scheduled per CM/Provider, note in the comments "Triageed by CM"

 > Abnormal bleeding
 > Assault/ rape
 > Heart attack
 > Stroke
 > Seizure
 > Chest pain
 > Shortness of breath
 > Weakness
 > Numbness
 > Paralysis
 > Vision loss
 > C-O states going through alcohol/substance withdrawal or withdrawal-related symptoms
 > Infant less than 90 days with fever, fussy, inconsolable, difficulty feeding
 > Pregnant C-O with:
 > Abdominal pain
 > Vaginal bleeding
 **If Saturday, warm transfer to OB triage at x4124

MESSAGES SENT UNDER HIGH IMPORTANCE
 > Appointments that require triage that are not listed on IMMEDIATE CONTACT LIST
 > Same day Support Clinic appointments that need orders
 > Plan B appointments (time sensitive)

SUICIDAL C-O - PAGE BHC IN CLINIC
 ** If after hours or Saturday clinic, follow guidelines in the ANPCC After Hours/Saturday Clinic Contacts document

	Appointment Description	Sched. w/	Duration	Phone	VTC	In-clinic
WELLNESS	Annual Exam/PAP/CBE	PCP or TC	30			x
	Flu shot	SC or ASC	30			x
	Hospital discharge for newborns**	PCP or TC	45			x
	Immunization updates (0-5 years old)	SC or ASC	30			x
	Immunization updates (6+ years old)	SC or ASC	30			x
	Medical/ Work Clearance	PCP or TC	15	x	x	x
	Physicals (Commissioned Corp)	PCP or TC	45			x
	Physicals (DOT) - waiver until June 30th					
	1 st appointment DOT labs**	SC	30			x
	2 nd appointment DOT physical**	PCP or TC	45			x
	Physicals (Detox)	PCP or TC	30			x
	PT/INR (Anticoagulation Check)	SC or ASC	30			x
	TB PPD placement	SC or ASC	30			x
	TB PPD reading (48-72 hours after placement)	SC or ASC	30			x
	Visit to Dietician	Dietician	30	x	x	x
	Visit to Integrated Pharmacist	Pharmacist	30	x	x	x
	Well Baby – Weight & Bili/Feeding Support** (Any appointment for newborn 2-4 days after discharge) *AVOID BOOKING AFTER 3PM *MUST BE SEEN – OVB IF NEEDED *NEVER BOOK IN SUPPORT CLINIC	PCP or TC	45			x
	Well Baby - 2 weeks, 1 year, 4 year (only if they are due)	PCP or TC	45	x	x	x
	Well Baby - all other (2 months, 6 months, 2 year, etc.)	PCP or TC	30	x	x	x
	Wellness Care Plan	BHC	45	x	x	x
WIC - weight check/finger prick	SC	30			x	
ILLNESS & INJURY	Breast concerns (lump, mass, etc.)	PCP or TC	15	x		x
	Cough/cold/ear pain	PCP or TC	15	x	x	x
	Dressing Change	PCP or TC	15			x
	F/V Results (radiology/labs/etc.)	PCP or TC	15	x	x	x
	F/V Hospitalization/Discharge (ER/API/Northstar)	PCP or TC	30	x	x	x
	Hospital discharge for inpatient	PCP or TC	30	x	x	x
	Pain due to injury (i.e. fall, accident (motor vehicle, etc.))	PCP or TC	30	x	x	x
	Pre-Op/Post-Op Physical (Dental, Surgery)	PCP or TC	30			x
	Sick baby (3 mo. - 2 yrs old – vomiting, diarrhea, fever, etc.)	PCP or TC	30			x
	Skin infection/abscess	PCP or TC	30	x	x	x
	Skin rash	PCP or TC	15	x	x	x
	UTI/ Bladder Infection	PCP or TC	15	x	x	x
Wart Removal	PCP or TC	15			x	
REPRODUCTIVE HEALTH	Birth Control/Depo Consultation (<18 y/o - 30 minute appt)	PCP or TC	15	x	x	x
	EPT/Pregnancy Test	PCP or TC	30			x
	IUD insertion**	PCP or TC	45			x
	IUD removal	PCP or TC	30			x
	Nexplanon insertion	PCP or TC	30			x
	Nexplanon removal**	PCP or TC	45			x
	Plan B (can also be dispensed at Pharmacy)	PCP or TC	15	x	x	x
	Pelvic Exam (abnormal vaginal discharge)	PCP or TC	30			x
	STD check - male/female with symptoms	PCP or TC	30			x
	STD check - male/female without symptoms	SC or ASC	30			
Vasectomy/Fertility	PCP or TC	30	x	x	x	
BEHAVIORAL HEALTH	ADD/ADHD Evaluation	BHC and PCP	30	x	x	x
	Cognitive/Memory Assessment	PCP	30	x	x	x
	Consult (anxiety, depression, substance abuse, etc.)	BHC	15	x	x	x
	Med requests	BHC and PCP	30	x	x	x
	Request for evaluation/letter/referral/service	BHC	30	x	x	x
MISC.	Positive COVID triage (PUI) in-clinic visit	PCP or TC	45			x
	Undisclosed reason (make note C-O preferred not to provide reason)	PCP or TC	30	x	x	x

All new consults require phone or in-clinic visit before scheduling VTC

Last updated 07-28-20

