

Appendix 1: Encounter form used by pharmacists in the offices randomized to the blood pressure intervention

<b>Patient Name:</b>	<b>*Visit Date:</b> (mm/dd/yyyy)      _ _ / _ _ / _ _ _ _
<b>Study ID #:</b> _ _ _ _	<b>*Visit (check one):</b> <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Phone Communication
<b>*Pharmacist:</b> _____	

**CURRENT PRESCRIBED ANTIHYPERTENSIVE MEDICATION REGIMEN:**

Prescribed HTN Medication	Dose	Dose2	Unit	Freq	Currently Taking	
Code: _ _ _ _					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Code: _ _ _ _					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Code: _ _ _ _					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Code: _ _ _ _					<input type="checkbox"/> Yes	<input type="checkbox"/> No

**BP MEASUREMENTS:** BP1 = \_ \_ \_ / \_ \_ \_    BP2 = \_ \_ \_ / \_ \_ \_    BP3(optional) = \_ \_ \_ / \_ \_ \_

**AVERAGE BP =** \_ \_ \_ / \_ \_ \_

**\*GOAL BP:** \_ \_ \_ / \_ \_ \_

**\*CURRENT BP IS CONTROLLED:**    Yes    No

**\*LIFESTYLE CHANGES RECOMMENDED TO PATIENT:** (check all that apply)

- ↓ weight   
  DASH plan   
  Other diet recommend.   
  ↓ sodium   
  ↑ activity   
  ↓ smoking   
  ↑ med compliance  
 Other: \_\_\_\_\_   
  No lifestyle changes recommended

**\*NEW PLAN/RECOMMENDATIONS:**  Continue current regimen     Recommend change to plan (List complete plan below.)

Prescribed HTN Medication	Change Type*	Dose1	Dose2	Unit	Freq	Comments
_____ Code: ____						
_____ Code: ____						
_____ Code: ____						
_____ Code: ____						

\* Drug Change Types: a = drug started; b= dose increased; c = dose decreased; d = drug discontinued; e = no change

**\*PLANNED FOLLOW-UP:**  1 week     2 weeks     4 weeks     6 weeks     8 Weeks     3 Months      
 Other: \_\_\_\_\_

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**\*PHYSICIAN ACCEPTANCE**

- Recommended plan accepted   
  Recommended plan modified (list complete final plan below)   
  Do not accept pharmacist plan/continue previous plan

**FINAL PLAN:** (Complete only if changed from pharmacist recommended plan)

Prescribed HTN Medication	Change Type*	Dose1	Dose2	Unit	Freq	Prescribed HTN Medication	Change Type*	Dose1	Dose2	Unit	Freq
_____						_____					
Code: _____						Code: _____					
_____						_____					
Code: _____						Code: _____					
_____						_____					
Code: _____						Code: _____					

\* Drug Change Types: a = drug started; b= dose increased; c = dose decreased; d = drug discontinued; e = no change

**Pharmacist Time Documentation**

Start time: \_\_\_\_\_ End time \_\_\_\_\_ Total time for this encounter: \_\_\_\_\_

Please complete the following by estimating the time you spent in each activity. The total time above should equal the total time in the table:

Activity	Minutes to complete activity (circle one)
Medical record review prior to patient visit.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Consultation with other provider or family	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Patient assessment/medication history	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Medical record review during patient visit	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Order laboratory	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Order medications/write prescriptions	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Medical education	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Lifestyle modification education	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Education on BP measurement	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Recommendations to MD	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30
Documentation in medical record	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 >30

Please Use the following to Code your visit:

**99605** Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient

**99606** initial 15 minutes, established patient

**99607** each additional 15 minutes (List separately in addition to code for primary service)

Note: (Use 99607 in conjunction with 99605, 99606) ◀

CPT Code \_\_\_\_\_ Plus \_\_\_\_\_ units of CPT code 99607