

# VCU/VCUHS CLINICAL RESEARCH VISIT SCHEDULING GUIDE\*

About this Guide:

- All research visits involving clinical care must be scheduled.
- This form serves as a guide for clinical research coordinators when scheduling research participants in GE-IDX. Scheduling must be handled via phone or in-person, as additional basic questions must be answered during scheduling.
- Reminder: Studies must be added to the VCUHS billing system by sending a Billing Set-Up form to [clinicaltrialsbilling@vcuhealth.org](mailto:clinicaltrialsbilling@vcuhealth.org).

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| <b>PARTICIPANT INFORMATION:</b> The GE-IDX scheduler will require two identifiers (name and MRN, name and DOB, etc.) to locate the study participant in GE-IDX. If the participant is not in GE-IDX, you must provide additional demographic information.   |  |
| MRN: _____ or<br><input type="checkbox"/> <b>New/No Prior MRN</b> (If new, provide additional information: race, ethnicity, language, sex, SSN or reason missing, county of residence, and employment status).  |  |
| Last: _____ First: _____ MI: _____  | Date of birth: _____   |
| <b>APPOINTMENT INFORMATION:</b> The questions below are provided in the order that the scheduler sees the questions in GE-IDX.  |  |
| Provider: _____ Department: _____   | Appointment type (will correspond to length of visit): _____   |
| Referral needed? _____  | Visit Date/Range: _____  |
| Location (clinic requested): _____  | Time of appointment: _____   |
| Accommodations Needed: _____  | Appointment Reminder: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>BILLING INFORMATION:</b> You must provide the correct billing information to the scheduler to ensure bills are directed correctly.<br><b>Scheduler will ask, "Should services be billed to insurance?" Coordinator Notes:</b>  |  |
| <ol style="list-style-type: none"> <li>1. Review Coverage Analysis/Billing Grid to ensure appropriate payer – study must be qualified for billing insurance.</li> <li>2. Answer "Yes" if study is qualified for billing insurance AND billing grid shows scheduled services to be paid by insurance as</li> <li>3. Answer "Yes" if study is in GE-IDX Patient Protocol Manager (PPM) - PPM will be used to review and route to appropriate</li> </ol> |  |
| <input type="checkbox"/> <b>Answer "YES"</b> – If all charges for visit should be <b>billed to insurance</b> (or study is listed in PPM)  | <input type="checkbox"/> <b>Answer "NO"</b> if :<br><br><input type="checkbox"/> All charges for visit should be <b>billed to sponsor/study account</b> . Ask scheduler to answer "NO and enter <b>FSC 644</b> in the Financial Status Classification 1 (FSC 1) for Appt field".<br><br><input type="checkbox"/> Charges for this visit should be billed to <b>mixed payers</b> . Ask scheduler to answer "NO and enter <b>FSC 644</b> in the Financial Status Classification 1 (FSC 1) for Appt field". |
| Referring MD: _____ Study (NCT #): _____ (Required for studies qualified to bill standard of care services to insurance.)   |  |
| Optional - Study Visit # (Coordinators may ask scheduler to include this information in the <b>Schedule Comments</b> field): _____  |  |
| <b>CARVE-OUT STUDY INFORMATION:</b> If scheduler does not prompt you for the following information, please ask them to go to the PATIENT SERVICES screen, enter the action code RE, and to choose GENERIC CARVE OUT 1 (or the next available Generic Carve Out screen 2-6) and enter the following (or verify the following, if the individual is a returning study participant):   |  |
| <b>GE-IDX Carve Out Field:</b>  | <b>Corresponding Study Information Provided by the Coordinator:</b>  |
| Carrier Name  | Protocol number as identified in OnCore: _____   |
| Billing Address   | Department Billing Street Address (where bills are sent for sponsor/study billed services): _____  |
| Effective Date  | Date Participant Started Study (consent date preferred; may also be date participant first seen for clinical care related to study): _____   |
| Billing Contact   | Department Billing Contact: _____  |
| Contact Tel.  | Department Billing Contact Phone #: _____  |

\*Please note that scheduling procedures differ for select clinical areas, including Dalton Oncology and Radiology.