eCW Clinical Documentation Guide

Measure Name	Body Mass Index (BMI) Screening and Follow-Up
Relevance	NPO Population Clinical Quality Dashboard *[NQF 0421: Prevention & Screening Measure]* ACO Quality Measure #16 *[GPRO: Preventive Measure}* MIPS Clinical Quality Measure *[CMS 69 (EHR)/Registry 128: Process Measure]*
Measure Definition	***The percentage of pages, 18 years of age and older, with a calculated BMI documented during the most recent visit, or within the previous 6 months, and, if the BMI is outside of normal parameters, a follow-up plan is documented during the current visit, or within the previous 6 months*** Normal range is defined as: 18.5 < BMI < 25 for patients 18 years of age and older
Measurement Period	The **Measurement Period** is defined as the current calendar year (January 1 - December 31)
Denominator	The **Denominator** consists of patients who: I. Are 18 years of age or older II. **AND,** Have been seen for at least one applicable E&M encounter during the Measurement Period
Numerator	The **Numerator** consists of patients, from the Denominator, who: I. Have had a calculated BMI documented A. During the most recent encounter B. **Or,** within the 6 months prior to the most recent encounter II. **And**, if the BMI value is outside of normal parameters, have had a follow-up plan documented A. During the most recent encounter *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Numerator *(continued)*	B. **Or,** within the 6 months prior to the most recent encounter III. Examples of follow-up plans include, but are not limited to: A. Documentation of education B. Referral 1. E.g., To a Registered Dietician 2. E.g., To a Nutritionist 3. E.g., To an Occupational Therapist 4. E.g., To a Physical Therapist 5. To a Primary Care Provider 6. E.g., To an Exercise Physiologist 7. E.g., To a Mental Health Professional specializing in weight management 8. E.g., To a Bariatric Surgeon C. Pharmocological Interventions (including dietary supplements) D. Exercise Counseling (including suggestions for an exercise plan)
Exclusions and/or Exceptions	Patients are **excluded/excepted** from the Denominator for one of the following reasons: I. They have an active diagnosis of Pregnancy during the Measurement Period II. A medical reason exists for failure to calculate and document a BMI duirng the Measurement Period (I.e., The patient is in an urgent or emergent medical situation where time is of the essence) III. A patient reason exists for failure to calculate and document a BMI during the Measurement Period (I.e., The patient has refused measurement of weight and/or height) *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Measure Documentation	**To Qualify For This Measure** *(Denominator Documentation)* **The patient has been seen for an applicable E&M encounter during the Measurement Period** A. The following E&M codes identify applicable visit enounters 1. 90791 - 90792 2. 90832, 90834, and 90837 3. 96150 - 96152 4. 97001 and 97003 5. 97802 - 97803 6. 98960 7. 99201 - 99205 and 99212 - 99215 8. G0101, G0108, G0270 - G0271, G0402, G0438 - G0439, and G0447 9. D7140 and D7210 **B. Record the appropriate E&M code in the Billing section of the Progress Note for the visit** **(***Progress Notes → Billing*)
	To Satisfy This Measure *(Numerator Documentation)* **I. Document a calculated BMI for the patient during the E&M visit** A. Measure the patient's height and weight **B. Document the height and weight in the "Vitals" section of the Progress Note for the visit** 1. I.e., *Progress Notes → Vitals → Height and Weight → BMI* 2. A calculated BMI should display in the Vitals section of the Progress Note *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Measure Documentation *(continued)*	**II. Document an abnormal BMI follow-up plan in a structured data field** **A. eCW suggests the following path for an Above-Normal BMI Follow-Up Plan** ***Progress Notes → Preventive Medicine → Counseling*** ↓ ***BMI Care Goal Follow-Up Plan*** → ***Above-Normal BMI Follow-Up*** ↓ ***Select Option*** 1. The required structured data fields are outlined (boxed) in the pathway above 2. If necessary, generate (and map) the above structured data path, as follows a. Add "BMI Care Goal Follow-Up Plan" as an item in the Counseling folder in Preventive Medicine 1) From within a Progress Note or Virtual Visit, click on the "Preventive Medicine" link 2) Click on the Counseling folder 3) If "BMI Care Goal Follow Up" is not listed in the options that subsequently display a) Click the carat adjacent to the "Custom" button b) Select "New Item" c) Type "BMI Care Goal Follow-Up Plan" in the "Name" field d) Check the "Structured Data" box e) Click "OK" to close the window b. To map the field, click the "Community" tab in the top menu bar c. Select "Mappings" d. Select "Structured Data" 1) A Structured Data "Mapper" window will open 2) Enter the following information for both the Community and Local sides: *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Measure Documentation *(continued)*	a) Section = "Preventive Medicine" b) Category = "Counseling" c) Item = "BMI Care Goal Follow-Up Plan" 3) A list of structured data options will appear on the Community side (Items in black font have not yet been mapped) a) Select "Above Normal BMI Follow-Up" from the Community side b) Click "Add" to add the option to the Local side and map it to the Community element c) Both options should now be displayed in blue font 4) A new window, containing the structured options for "Above Normal BMI Follow-Up" will then appear a) Select an option from the Community side b) Click "Add" to add it to the Local side and map it to its Community counterpart c) Repeat with the remaining Community options B. eCW suggests the following path for a "Below-Normal BMI Follow-Up Plan ***Progress Notes*** → ***Preventive Medicine*** → ***Counseling*** ↓ ***BMI Care Goal Follow-Up Plan*** → ***Below-Normal BMI Follow-Up*** ↓ ***Select Option*** 1. The required structured data fields are outlined (boxed) in the pathway above 2. If necessary, generate (and map) the "Below-Normal BMI Follow-Up Plan" structured data field (and associated options), as detailed above **C. Record an abnormal BMI follow-up plan in the appropriate structured data field in the Progress Note for the visit** *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Measure Documentation *(continued)*	**D. Variations of the above structured data paths (e.g., created in a different section of the Progress Note) are acceptable as long as the fields are mapped to the Community counterparts delineated in the paths above** **III. <u>Or</u>, Document an abnormal BMI intervention procedure using an appropriate CPT or HCPCs code** **A. The following CPT and HCPCS codes identify an Above-Normal BMI intervention procedure** 1. 43644 - 43645 2. 43770 -43774 3. 43842 -43848 4. 97804, 98960, and 99708 5. G8417 6. S9449, S9451, S9452 and S9470 **B. The following CPT codes identify a Below-Normal BMI intervention procedure** 1. G8418 2. S9449, S9452 and S9470 **C. Record the appropriate code in one of the following locations in the Progress Note for the visit** **1.** *Progress Notes → Treatment → Procedures* **2.** *Progress Notes → Billing* **IV. <u>Or</u>, Record a diagnosis for an abnormal BMI intervention** **A. The following ICD-10 code indicates an abnormal (above- or below-normal) BMI intervention:** Z71.3 **B. Record this diagnosis code in one of the following locations in the Progress Note for the visit** *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Measure Documentation *(continued)*	1. *Progress Notes → Assessments* 2. *Progress Notes → Assessments → Problem List* V. **<u>Or</u>, Record a dietary consultation order in a structured data field** A. eCW recommends the following path for a dietary consultation order *Progress Notes → Preventive Medicine → Counseling* ↓ *Provider to Provider Communication* → *Dietary Consultation Order Provided* ↓ *Select Yes or No* 1. The required structured data fields are outlined (boxed) in the path above 2. If necessary, generate (and map) the above structured data fields, as follows a. Add "Provider to Provider Communication" as an item in the "Counseling" folder in Preventive Medicine 1) From within a Progress Note or Virtual Visit, click on the "Preventive Medicine" link 2) Click on the "Counseling" folder 3) If "Provider to Provider Communication" is not listed in the options that subsequently display a) Click the carat adjacent to the "Custom" button b) Select "New Item" c) Type "Provider to Provider Communication" in the "Name" field d) Check the "Structured Data" box e) Click "OK" to close the window b. To map the fields, click the "Community" tab in the top menu bar in eCW *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Measure Documentation *(continued)*	1) Select "Mappings" 2) Select "Structured Data" a) A Structured Data "Mapper" window will open b) Enter the following information for both the Community and Local sides: (1) Section = Preventive Medicine (2) Category = Counseling (3) Item = Provider to Provider Communication c) A list of structured data options will appear on the Community side (Items in black font have not yet been mapped) (1) Select "Above Normal BMI Follow-Up" from the Community side (2) Click "Add" to add the option to the Local side and map it to the Community element (3) Both options should now be displayed in blue font 3. Record the dietary consultation in the structured data field in the Progress Note for the visit 4. Variations of the above structured data path (e.g., created in a different section of the Progress Note) are acceptable as long as the fields are mapped to their Community counterparts delineated in the path above **VI. <u>Or</u>, Initiate a referral for (Reason = Over- or Underweight) for BMI management** A. The referral must be made to one of the following specialties: 1. Physical Medicine & Rehabilitation 2. Psychiatry 3. Community-Based Dietician 4. Community-Based Occupational Therapist *(continued)*

Measure Name	**Body Mass Index (BMI) Screening and Follow-Up** *(continued)*
Measure Documentation *(continued)*	5. Dietician 6. General Physician 7. General Practitioner 8. Hospital-Based Dietician 9. Hospital-Based Occupational Therapist 10. Liaison Psychiatry Service 11. Mental Health Counseling 12. Mental Health Counselor 13. Mental Health Counseling Service 14. Mental Health Counselor 15. Mental Health Team 16. Mental Health Worker 17. Occupational Therapy 18. Psychiatry Service 19. Physician **B. Record this referral in the following location for the Progress Note for the visit:** **(Progress Notes** → *Treatment → Outgoing Referral → Specialty)* **VII. <u>OR</u>, Order a medication (for being over- or underweight) from one of the following locations within the Progress Note for the visit** A. *Progress Notes → Treatment → Add* B. *Telephone/Web Encounter → Rx tab → Select Rx* C. *Telephone/Web Encounter → Virtual Visit tab → Treatment → Add*
Exclusion and/or Exception Documentation	**<u>To Exclude a Patient From This Measure</u>** *(Exclusion and/or Exception Documentation)* **I. If applicable, document an appropriate diagnosis for Pregnancy in the Problem List of the patient's chart in eCW** *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Exclusion and/or Exception Documentation *(continued)*	**II. If applicable, document the inability to record a calculated BMI, during the Measurement Period, due to a medical or patient reason, in a structured data field, as follows:** **A. eCW recommends the following data path** *Progress Notes → Examination → CQM Exceptions* ↓ *BMI not documented* → *Reason* → *Select Medical or Patient Reason* ↓ *Select type of (Medical or Patient) reason* 1. The required structured data fields are outlined (boxed) in the path above **2. If necessary, generate (and map) the above structured data path, as follows:** a. Add "BMI Not Documented" as an item in the "CQM Exceptions" folder in Examination 1) From within a Progress Note or Virtual Visit, click on the "Examination" link 2) Click on the "CQM Exceptions" folder 3) If "BMI Not Documented" is not listed in the options that subsequently display a) Click the carat adjacent to the "Custom" button b) Select "New Item" c) Type "BMI Not Documented" in the "Name" field d) Check the "Structured Data" box e) Click "OK" to close the window b. To map the fields, click on the "Community" tab in the top menu bar within eCW 1) Select "Mappings" 2) Select "Structured Data" *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Exclusion and/or Exception Documentation *(continued)*	a) A Structured Data "Mapper" window will open b) Enter the following information for both the Community and Local sides: (1) Section = Examination (2) Category = CQM Exceptions (3) Item = BMI Not Documented c) A list of structured data options will appear on the Community side (Items in black font have not yet been mapped) (1) Select "Reason" from the Community side (2) Click "Add" to add the option to the Local side and map it to the Community element (3) Both options should now be displayed in blue font d) A new window, containing the structured options for "Reason" will then appear (1) Select an option from the Community side (2) Click "Add" to add it to the Local side and map it to its Community counterpart (3) Repeat with the remaining Community options (4) Repeat the process until all necessary items on the Community side have been added to the Local side and mapped
Trouble-Shooting	**Having Problems? Check Out the Following Trouble-Shooting Tips** **I. Verify that the Vitals fields in your EMR are properly configured** A. From the EMR menu, select "Vitals" B. Select "Configure Vitals" *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
Trouble-Shooting *(continued)*	C. Verify that the BMI parameter is selected to display in the Progress Note
	II. Verify that all structured data fields used are mapped to the correct Community elements in your EMR For further assistance with structured data fields and mapping issues, contact an eCW Technical Service representative
	III. Verify that, for every abnormal BMI recorded, a follow-up plan of action has been documented, either at the time of the current visit or within the 6 months prior to the current visit
	IV. Verify that any applicable ICD-10 diagnosis code(s) have been added to the Problem List in the patient's chart in the EMR A. Verify that the correct ICD-10 diagnosis code has been added **B. Add a diagnosis to the patient's Problem List in one of the following ways:** 1. *Progress Note (or Virtual Visit) → Assessments → Problem List → Add* 2. **OR**, From the ICW (Right-Hand Chart Panel), click the "Overview" tab a. Click the orange button (with three dots) in the Progress Note band b. Click "Add" 3. Helpful Tip: When adding a new diagnosis to the Problem List, enter the onset date (if known) in the associated "Onset Date" field
	V. For further assistance, contact Ed Worthington (eworthington@npoinc.org) or Kelly Saxton (ksaxton@npoinc.org) at NPO (231-421-8505) *(continued)*

Measure Name	Body Mass Index (BMI) Screening and Follow-Up *(continued)*
For More Information	**For More Information** I. NQF 0421: "**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up**" II. eClinicalWorks "**MIPS - CMS 69- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up"** III. eClinicalWorks "**MIPS - Registry 128 (NQF 0421) (MIPS - CMS 69) - Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan**" IV. **2016 GPRO PREV Supporting Documents**