

MACRA: MIPS Track **SUBMITTING QUALITY MEASURES VIA THE IN-OFFICE PROCEDURES TAB** Best Practice





SUBMITTING QUALITY MEASURES VIA THE IN-OFFICE PROCEDURES TAB

The purpose of this this guide is to:

- Demonstrate how to select Quality Measures from the QPP Website
- Create Quality Measure Sets via CareCloud's newly introduced In-Office Procedure feature
- Easily incorporate these measures into the Charts encounter note.

By utilizing the **In-office Procedures Chapter**, the selected Quality Measures and pertinent claim codes are organized into **tags** (folders) significantly simplifying the process of reporting on Quality Measures via claim submission.



Note

Only individual Providers can report Quality Measures through claims submission, groups must report via a registry.





To utilize this feature:

- Select the Quality Measures that are applicable to your specialty by visiting the QPP website (https://qpp.cms.gov/measures/quality).
- Filter the Data Submission Method to Claims only.

Select M	easures			
SEARCH ALL BY KEYWOR	D	FILTER BY:		
Filtered 🗸 Search	for SEARCH	High Priority Measure 🗸 🗸	Data Submission Method 🗸	Specialty Measure Set 🗸 🗸
Clear All Filters	Rheumatology 🗶	Claims ×	 Administrative Claims Claims CSV 	
Showing 5 Measures		A	CMS Web Interface EHR Registry	

Filtered V Search for SEARCH High Priority Measure V	Data Submission Method 🐱	Specialty Measure Set 🐱
Clear All Filters Rheumatology X Claims X		
Showing 5 Measures	Add All Measures	
> Care Plan	REMOVE	Measures
Documentation of Current Medications in the Medical Record	REMOVE	5 Measures Added
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	REMOVE Care Plan	Clear
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented		ntation of Current ons in the Medical Record
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		ve Care and Screening: Body ex (BMI) Screening and Ip Plan
	Screenin	ve Care and Screening: g for High Blood Pressure w-Up Documented





The example above has selected:

- **Data Submission Method** Claims
- **Specialty Measure Set** Rheumatology.

The result has led to 5 available measures that meet the criteria selected. The measures can then be added to the **Selected Measures**, which will then allow for downloading the details of these measures into a CSV file.

The downloaded CSV file can be easily opened in Microsoft Excel:

MEASURE NAME	MEASURE DESCRIPTION	eMEASURE ID	eMEASURE NQF	NQF	QUALITY ID	NQS DOMAIN	MEASURE TYPE	HIGH PRIO	RI DATA SUBMISSION	SPECIALTY N	PRIMARY M
	advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	N/A	N/A	326		Concern and Care Coordination	Process	Yes	Claims, Registry	Internal Med	National Co
in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	CMS68v6	N/A	419	130	Patient Safety	Process	Yes	Claims,EHR,Registr Y	Allergy/Imm	Centers for I
Mass Index (BMI) Screening and Follow- Up Plan	Percentage of patients aged 18 years and older with a BML documented during the current encounter or during the previous six months AND with a BML outside of normal parameters, a follow-up plan is documented during the encounter or during the previous ix months of the current encounter. Normal Parameters: Age 18 years and older BMI=>18.5 and <25 ke/m2.	CMS69v5	N/A	421		Community/Popu lation Health	Process	No	Claims,CMS Web Interface,EHR,Regis try	Internal Med	
Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	CM522v5	N/A	N/A		Community/Popu lation Health	Process	No	Claims,EHR,Registr V	Allergy/Imm	Centers for I
Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	CM5138v5	N/A	28	226	Community/Popu ation Health	Process	No	Claims,CMS Web Interface,EHR,Regis try	Allergy/Imm	Physician Co

The Quality ID column presents the ID that will allow for greater information including instructions around the Quality Measure.

To obtain the Quality Measure instructions for each Quality ID, select the About section at the top right of the QPP website and select Resource Library.



In the Resource Library page scroll down to the Quality Measure Specifications (249.3mb) link.







Quality Measure Encounter Codes (131KB)	ZIP December 29th, 2016
Quality Measure Specifications (249.3MB)	ZIP December 29th, 2016
Quality Measure Specifications Supporting Documents (8.3MB)	ZIP February 13th, 2017

Once the file is downloaded, it needs to be extracted.



When the file is unzipped there will be 2 files to access:

- 1. Claim- Registry-Measures.zip
- 2. Web-Interface-Measures.zip

QPP_quality_measure_specifications.zip - WinRAR (evaluation control of the second s	ору)			- 0 x
File Commands Tools Favorites Options Help				
Add Extract To Test View Delete Find	Wizard Info	VirusScan Comment	SFX	
QPP_quality_measure_specifications.zip - ZIP archive,	, unpacked size 255,3	324,886 bytes		-
Name	Size	Packed Type	Modified	CRC32
👪 🖬		File folder		
Elaims-Registry-Measures.zip	236,614,013 23	6,604,962 WinRAR ZIP a	rchive 12/20/2016 11:	5165274E
Web-Interface-Measures.zip	18,710,873 1	18,711,951 WinRAR ZIP a	rchive 12/20/2016 11:	2DA2BC2C
🖅 🗝 Selected 236,614,013 bytes in 1 file	Tot	al 255,324,886 bytes in 2 fil	es	.13

Click on the Claims-Registry-Measures folder.

Within this folder there will be a list of all the available measures. Measures can then be selected via the Quality ID number which appears in the previously opened CSV file.



Name	^	Date Modified	Size	Kind
117_Neasure_117_Claims.pdf		Dec 31, 1979, 11:00 PM	977 KB	Adobe
117_Registry.pdf		Dec 31, 1979, 11:00 PM	297 KB	Adobe
118_Registry.pdf 2017_Measure_118		Dec 31, 1979, 11:00 PM	2.2 MB	Adobe
119_Registry.pdf 2017_Measure_119_Registry.pdf		Dec 31, 1979, 11:00 PM	345 KB	Adobe
122_Registry.pdf		Dec 31, 1979, 11:00 PM	1.6 MB	Adobe
🔁 2017_Measure_126_Registry.pdf		Dec 31, 1979, 11:00 PM	649 KB	Adobe
2017_Measure_127_Registry.pdf		Dec 31, 1979, 11:00 PM	642 KB	Adobe
🔁 2017_Measure_128_Claims.pdf		Dec 31, 1979, 11:00 PM	1.8 MB	Adobe
128_Registry.pdf		Dec 31, 1979, 11:00 PM	576 KB	Adobe
🔁 2017_Measure_130_Claims.pdf		Dec 31, 1979, 11:00 PM	795 KB	Adobe
130_Registry.pdf 2017_Measure_130_Registry.pdf		Dec 31, 1979, 11:00 PM	425 KB	Adobe
🔁 2017_Measure_131_Claims.pdf		Dec 31, 1979, 11:00 PM	396 KB	Adobe
2017_Measure_131_Registry.pdf		Dec 31, 1979, 11:00 PM	1 MB	Adobe
🔁 2017_Measure_134_Claims.pdf		Dec 31, 1979, 11:00 PM	844 KB	Adobe
134_Registry.pdf		Dec 31, 1979, 11:00 PM	1.1 MB	Adobe
137 Registry.pdf		Dec 31, 1979, 11:00 PM	865 KB	Adobe

For this example, Measure #130 (NQF 0419): **Documentation of Current Medications in the Medical Record – National Quality Strategy Domain: Patient Safety** will be selected.



Note

When selecting the Quality Measure file, select the file ending in claims.pdf and not registry.pdf.





The claims document will provide all the Quality Measure's instructions in order to create Procedure Sets in CareCloud, which will include all denominator codes, diagnosis, and numerator codes needed to meet the measure.

Open 🧔	🔁 📝 🖓 🗎 🖨 🛛 2 / 6	75% - Tools F	ill & Sign Commen
	DENOMINATOR: All visits for Patients aged 18 years and older		
	• ,		
	Denominator Criteria (Eligible Cases): Patients aged ≥ 18 years on date of enco	unter	
	AND		
		nce period (CPT or HCPCS): 90791, 90792, 90832, 90834, 14, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 925	40
		14, 92507, 92508, 92520, 92587, 92588, 92626, 92347, 925	
		64, 97165, 97166, 97167, 97168, 97532, 97802, 97803, 978	
		03, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 992 28, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 993	
		95, 99496, G0101, G0108, G0270, G0402, G0438, G0439	
	NUMERATOR:		
		r reviewing a patient's current medications using all immedia	te
		list must include ALL known prescriptions, over-the counters	
	herbals, and vitamin/mineral/dietary (nutritional) su frequency and route of administration	pplements AND <u>must</u> contain the medications' name, dosag	es,
	Definitions: Current Medications – Medications the n	atient is presently taking including all prescriptions, over-the-	
		ary (nutritional) supplements with each medication's name, d	
	frequency and administered route.		15-2-3
	to: oral, sublingual, subcutaneous injection	edication enters the body (some examples include but are no ns. and/or topical)	ot limited
			and the second se
⊢	Version 1.0 C 11/15/2016	PT only copyright 2016 American Medical Association. All rights re	sserved. 1 of 6
F	11/15/2016		1 of 6
h	11/15/2016	PT only copyright 2016 American Medical Association. All rights re	1 of 6
F	11/15/2016 Not Eligible (Denominator Exception) –		1 of 6
Ľ	11/15/2016 Not Eligible (Denominator Exception) – • Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat	1 of 6 d: ent would leaf, or
Ľ	11/15/2016 Not Eligible (Denominator Exception) – Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia reviewed a medication list on the date of t	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may	1 of 6 d: ent would led, or
ľ	11/15/2016 Not Eligible (Denominator Exception) – Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia reviewed a medication list on the date of the document medication list on the date of the document medication information receives available healthcare resources. 68427 sh	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat	1 of 6 d: ent would ted, or or other
	11/15/2016 Not Eligible (Denominator Exception) – • Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia reviewed a medication inston the date of t document medication information receive	A patient is not eligible if the following reason is documented al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may of from the patient, authorized representative(s), caregive(s)	1 of 6 d: ent would ted, or or other
	11/15/2016 Not Eligible (Denominator Exception) – Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia reviewed a medication list on the date of the document medication list on the date of the document medication information receives available healthcare resources. 68427 sh	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the	1 of 6 d: ent would ted, or or other
	 Not Eligible (Denominator Exception) – Patient is in an urgent or emergent medicipopardize the patient's health status NUMERATOR NOTE: The eligible clinical reviewed a medication list on the date of the document medication information receives available healthcare resources. G8427 sh not currently taking any medications Numerator Quality-Data Coding Option Current Medications Documented 	A patient is not eligible if the following reason is documented al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may of from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the S	1 of 6 d: ent would ted, or or other patient is
	11/15/2016 Not Eligible (Denominator Exception) – Patient is in an urgent or emergent medica jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia reviewed a medication ifst on the date of t document medication information receive available healthcare resources. G6427 sh not currently taking any medications Numerator Quality-Data Coding Option	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the	1 of 6 d: ent would led, or or other patient is edical
	11/15/2016 Not Eligible (Denominator Exception) - Patient is in an urgent or emergent medica jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia document medication information receive available health care resources. G6427 sh not currently taking any medications Mumerator Quality-Data Coding Option Current Medications Documented Performance Met: G8427:	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the S. Eligible clinician attests to documenting in the m record they obtained, updated, or reviewed the p current medications	1 of 6 d: ent would led, or or other patient is edical
	11/15/2016 Not Eligible (Denominator Exception) - Patient is in an urgent or emergent medic. NUMERATOR NOTE: The eligible clinicia reviewed a medication its on the date of the occurrent medication information receive available healthcare resources. G8427 sh not currently taking any medications. Numerator Quality-Data Coding Option Current Medications Documented Performance Met: G8427: OR Current Medications not Documented,	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatment in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the Eligible clinician attests to documenting in the m record they obtained, updated, or reviewed the p current medications Patient not Eligible	1 of 6 d: ent would led, or or other patient is edical patient's
	11/15/2016 Not Eligible (Denominator Exception) - Patient is in an urgent or emergent medica jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia document medication information receive available health care resources. G6427 sh not currently taking any medications Mumerator Quality-Data Coding Option Current Medications Documented Performance Met: G8427:	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the siz Eligible clinician attests to documenting in the m record they obtained, updated, or reviewed the p current medications Patient not Eligible Eligible clinician attests to documenting in the m record the patient is not eligible for a current its	1 of 6 d: ent would led, or or other patient is edical satient's edical of
	11/15/2016 Not Eligible (Denominator Exception) - Patient is in an urgent or emergent medic. NUMERATOR NOTE: The eligible clinicia reviewed a medication its on the date of the occurrent medication information receive available healthcare resources. G8427 sh not currently taking any medications. Numerator Quality-Data Coding Option Current Medications Documented Performance Met: G8427: OR Current Medications not Documented,	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatment in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may of from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the Eligible clinician attests to documenting in the m record they obtained, updated, or reviewed the p current medications Patient not Eligible Eligible clinician attests to documenting in the m record the patient is not eligible for a current list medications being obtained, updated, or reviewed the p	1 of 6 d: ent would led, or or other patient is edical satient's edical of
	11/15/2016 Not Eligible (Denominator Exception) - Patient is in an urgent or emergent medic. NUMERATOR NOTE: The eligible clinicia reviewed a medication its on the date of the occurrent medication information receive available healthcare resources. G8427 sh not currently taking any medications. Numerator Quality-Data Coding Option Current Medications Documented Performance Met: G8427: OR Current Medications not Documented,	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatm in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the siz Eligible clinician attests to documenting in the m record they obtained, updated, or reviewed the p current medications Patient not Eligible Eligible clinician attests to documenting in the m record the patient is not eligible for a current its	1 of 6 d: ent would led, or or other patient is edical satient's edical of
	11/15/2016 Not Eligible (Denominator Exception) – Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia neviewed a medication information receive available healthcare resources. G8427 sh not currently taking any medications Numerator Quality-Data Coding Option Current Medications not Documented Performance Met: G8427: OR Current Medications not Documented, Denominator Exception: G8430:	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatment in must document in the medical record they obtained, updat he encounter. Eligible clinicians reporting this measure may of from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the Eligible clinician attests to documenting in the m record they obtained, updated, or reviewed the p current medications Patient not Eligible Eligible clinician attests to documenting in the m record the patient is not eligible for a current list medications being obtained, updated, or reviewe eligible clinician attests to documenting in the m record the patient is not eligible for a current list medications being obtained, updated, or reviewe eligible clinician attests to documented, Reason not Giv	1 of 6 d: ent would ted, or or other patient is edical satient's edical of ad by the ven
	11/15/2016 Not Eligible (Denominator Exception) - Patient is in an urgent or emergent medic jeopardize the patient's health status NUMERATOR NOTE: The eligible clinicia reviewed a medication ist on the date of the occurment medication information receive available healthcare resources. G8427 sh not currently taking any medications Numerator Quality-Data Coding Option Current Medications Documented Performance Met: G8427: COR Current Medications not Documented, Denominator Exception: G8430:	A patient is not eligible if the following reason is documenter al situation where time is of the essence and to delay treatme in must document in the medical record they obtained, updat the encounter. Eligible clinicians reporting this measure may d from the patient, authorized representative(s), caregiver(s) ould be reported if the eligible clinician documented that the science of the obtained, updated, or reviewed the p current medications Patient not Eligible Eligible clinician attests to documenting in the m record the patient is not eligible for a current is medications being obtained, updated, or reviewe eligible clinician	1 of 6 d: ent would ted, or or other patient is edical satient's edical of of of between blained,

CareCloud must now be accessed to start creating these Quality Measures categories so that they can be utilized via the encounter note.





IN-OFFICE PROCEDURE CONFIGURATION WITHIN CLINICAL CONTENT MANAGEMENT (GEAR ICON)

Access the **In-Office Procedures** configuration screen within the Clinical Content Management settings (gear icon within **Schedule** or **Inbox** tab).

Note

In order to have access to Clinical content management, users must have Clinical Content Management selected in their User Profile in the Settings App.

Schedule Inbox				
Patient Search		Q	り	\$
Today	Mon	, Jun 2(6 2017	

The configured In-Office Procedures can be seen within the Clinical Content Management tab. The columns will contain the names of In-Office Procedures, name for whom the In-Office Procedure was created for (Practice or Provider Name), the last updated date and the name of the author. Deleting an In-Office Procedure set can be done by clicking on the trash icon. Clicking on an existing In-Office Procedure set will open that specific In-Office Procedure within a new tab where edits can be made if necessary.

To create a new In-Office Procedure, click on the **New In-Office Procedure** button.





	CareCloud Charts					(Christian Herrera 🧃	
ame NEW IN-OFFICE PROI	Settings X NEW IN-OFFICE PROCEDURE			Practice	O Provider	ADAM L SIEGEL		Save
]	Dx 4			Procedures	5	
	Drop Items Here							
		j	Powered by IMO® Terminology. ©1	1995-2017 Intelligent	Medical Objects, I	inc. All Rights Reserved		
·						CP 11	anly 9 2019 Anastain Medical Asso	

Numerator options under the selected measure

1. This section will be used to add the name of the numerator

- a. In this example utilizing for Quality ID 130 there are 3 available options:
 - 1. Current Medications Documented
 - 2. Current Medications not Documented, Patient not Eligible
 - 3. Current Medications with Name, Dosage, Frequency , or Route not Documented, Reason not Given

Create a "Tag: (Folder)

1. This section will be used to add the name of the measure

- a. In this example, the measure name will be "Documentation of Current Medications in the Medical Record".
- b. This will now be used to house all the available numerator options within the measure itself so that when additional numerator values are added, they are listed under the same tag (folder).
- Measures can be selected to be available to the Provider or to the office so that all Providers can utilize the same measures.





- 1. DX Optional
 - a. Diagnoses can be added to the procedure set but it is not required as these will be used for reporting purposes and will be linked to the existing dx codes that are within the A&P section.
- 2. Procedures
 - a. CPT codes are searched for and are linked to the numerator name by dragging them over to the workspace on the left side.

Once all the details have been added, the In-Office Procedure set is ready to save (top left).

			eg ch	ristian Herrera 🛕 😩 🔒
12 11 🕄 🦕 🗸 🛐 🛃 🖄				
Name Current Medication Documented	Tags Documentation of Medications in the Record	Medical x Practice	Provider DR. CARLOS CALVI	t Save
No Diagnosis 000.0 (000.0)	×	Dx	Procedures	
G8427 - LIST CUR MEDS W/DOSAGES DOC BY PROV	×	Q, G8427		0
		uwared by BMO® Terminology. ©1995-2017 Intellige		
Search Help				Chat(12)

In the example above the tag section will display as a block after the procedure set is saved. This allows the same tag to be used when adding more procedure sets. This process should be repeated with the rest of the numerator values on the selected measure.





		6	Christian Herrera 🧃	
🔁 🔃 😨 🦕 🖌 🚺 Nedule Inbox x Settings x NEW	ROFFICE PROCEDURE			
me	Tags d Documentation of Current Medications in the Medicat	 vider ADAM L SIEGEL	\$	Save
	Dx (Q. Search	Procedures		
Drop It	ms Here			

Once all available numerator options are added, the information will be displayed within the In-Office Procedures section as shown below.

	Canoloud Charls				
	× Settings				
Visit Reason Defaults	New In-Office Procedure All				
order Set Management	In-Office Procedure Name 🔺	In-Office Procedure Owner	Last Updated	Author	
rder Set Management	Current Medications Documented	DR. CARLOS CALVI	06/13/17 11:20 AM	Carlos Calvi	
In-Office Procedures	Current Medications not Documented, Patient not Eligible	DR. CARLOS CALVI	06/13/17 11:26 AM	Carlos Calvi	
	Current Medications with Name, Dosage, Frequency, or Route not Documented, Reason not Gi	DR. CARLOS CALVI	06/13/17 11:27 AM	Carlos Calvi	



000



APPLYING THE QUALITY MEASURE TO THE PATIENT ENCOUNTER

In order to utilize the Quality Measure procedure sets that were created, the In-Office Procedures Chapter will need to be merged into your encounter notes via our the CareCloud Content Store.

	Sloud Charts			👸 Christian Herrera 👔 😭 🔒
12 11 Schedule Inbox	8 🕄 🖾 🚳			
Leysa Test 01/16/1966 (51 yo) Female MRN: 000006 INTER: 200006	Summary Cold Cold Cold Cold Cold Cold Cold Cold		Billing	More Y Save Co-Sign
12617 Lesina Court Estero, Florida 33928 E: leysakaras@gmail.com				
Payer: Self Last Visit: Est Patient 04/05/2017	Intake v			
A Problems 🗍 NKP (Allergies 🔻			+ Add Allergy
Migrainous vertigo R42 (R42) 01/01/00	Allergy	Reaction Type	Comments	Onset
Hashimoto thyroiditis, fibrous variant E0 01/01/04	magnesium gluconate	Major Rash		01/01/96
Sjogrens syndrome M35.00 (M35.00) 01/01/01	suffADIAZINE	Major Dysprea (Shouses of breath)		01/01/11
Gout M10.9 (M10.9) Lumbar back pain M54.42 (M54.42) 09/05/16	▼ Additional Content		0	Sources Use Previous Note View History
5 out of 6 Active Problems view more				Q in-office proced
	1 My Templates	Practice Templates Content Store		Q. in-office proced
* Allergies 🕅 NKDA 📀				
Shellfah 06/23/11 sulfADIAZINE 01/01/11	Name	Tags	Specialty Author	Date Created
	In-Office Procedures Chapter		Lynn (Carroll 04/06/2017 🏌 🗘 👁
magnesium citrate 01/01/16				
cephalexin 01/01/15				Merge Template
5 out of 6 Active Allergies view more				
Medications 🗌 NKM 📀				
Levothyroxine Sodium 150 mcg (0.15 m, Historical				
Medrol Dosepak 4 mg oral tablet Historical				
Search Help	Q			CPTB only © 2011 Annotan Bodina Antologian. All Rights Reserved.
Sederary respect	4			- const(11)

Now that the In-Office Procedure Chapter is merged, procedure sets can be easily found viewing the "tags" (folders) under Procedure Sets so that they can be dragged and dropped in, and have the system display the numerator code for billing.

CoreCloud	Cloud Charts			🅘 Christian Herrera (👔 (🔒
12 11 Report of the second sec	3 🗛 🖻 🚳			
Mary Test 04/22/1977 (40 yo) Female MRN: 000007 MRN: 000007	Summary 0026/2017 - NEW PATIENT * Intake Hx ROS Exam In-Office Proc	edures A&P Preview Billing		More ¥ Save Co-Sign
	Procedures Sets			
12345 Mystreet	S Asthma attack J45.901 (493.92) ×	Procedure Sets	Dx	Procedures
Miami, Florida 33126 P: (305) 266-2525 E: xxxx@one.com		(Q		
Payer: Careplus (default) Last Visit: New Patient 06/14/2017		Practice Expend Al		
A Problems 🗍 NKP 📀		▼ Care Plan Communication and Care Coordination		
Stroke (63.531 (163.531) 03/30/17		Adv Care Planning discussed and doc/Pt did not	have surrogate decision ma	ker ×
AD (Alzheimer's disease) G30.0 (G30.0)		Advance Care Planning Discussed and Documen	ited	×
Leg abscess L02.419 (L02.419)		Advance Care Planning not Documented, Reason	n not Otherwise Specified	×
Head and neck lymphadenopathy R59		Patient receiving Hospice Services, Patient Not E	ligible	×
Back abrasion S20.419A (S20.419A)		▼ Documentation of Current Medications in the Medic	al Record	
View more		Current Medications Documented		
* Allergies 🔲 NKDA 🕢 🛞		Current Medications not Documented, Patient no	t Filaibie	
Shellfish 03/29/17		Current Medications with Name, Dosage, Frequer	1. TO	ed. Reason not Given X
view more		▼ Injections		
Medications 🗍 NKM 🔶		► example		×
Colchicine 0.6 mg oral capsule Historical		Injections		x
Protective Ointment with Vitamins A&D 06/22/17	(increased and increased and i			<u>^</u>
Tylenol Extra Strength Cool 500 mg ora 06/22/17	Save as Procedure Set			
Mometasone Furoate Topical 0.1% topi 06/22/17				
view more	Additional Content		Sources	Use Previous Note View History
* A				OPTO only 0 3010 Anothern Working Association. All Highls Reserve
Search Help	٩			A Chat(11)





Documentation within the encounter can proceed as normal; once the Billing chapter is selected, the chosen procedure codes will display within the Procedures section to review, Sign and then release to billing.

Summary 06/26/2017 - NEW PATIENT *	Procedures A&P Preview Billing	
		Not Billable 🔲 Release Billing Sign
E&M Coding Always Auto-Calculate E&M	Always sign note when releasing billing	1
Selected E&M Code None Modifiers	Clear Dx \$	Dx \$ Dx \$ Dx \$
- (ent Visit	Patient Status 💿 New 🔵 Established
Calculate EM 99201 / 99202 / 99203 / 10 min 20 min 30 min	99204 / 99205 / 45 min 99205 / 60 min	
Procedures		
Code Procedure	Modifiers	Assigned Diagnoses Units
G8427 LIST CUR MEDS W/DOSAGES DOC BY PROV		Dx \$ Dx \$ Dx \$ Dx 1

Care Cloud



If you have any questions or want access to more education content, please access **CareCloud Campus** by clicking the owl in the top right navigation area of your CareCloud Community Page.

Find CareCloud on social media



www.carecloud.com +1-877-342-7517

Copyright © 2017 CareCloud, Inc. All Rights Reserved CareCloud 2017 - Last update 07/11/2017