

eClinicalWorks

Encounter-Based 2021 UDS Reports

Version 11 - January 2022 - Client Version - REVISED



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ABOUT THIS GUIDE

This document provides information about all encounter-based UDS reports available from the Encounter-Based UDS package, and provides a recommended workflow and brief description for each report.

Note: All information contained in this document is subject to change without notice.

For more information, refer to:

- [Product Documentation](#)
- [Webinars](#)
- [Getting Support](#)
- [Conventions](#)

Product Documentation

The eClinicalWorks documentation supports the eClinicalWorks Electronic Medical Record (EMR), Practice Management (PM), and/or additional software features.

eClinicalWorks documentation is available on the <https://my.eclinicalworks.com> Customer Portal.

Click the *Knowledge Base* drop-down menu, select *Product Documentation*, and then select *Documents* to display the documents available in PDF format.

For more information, refer to [Webinars](#) and [Getting Support](#).

Webinars

For more information, take advantage of the free unlimited eClinicalWorks Webinars—interactive seminars conducted online. These courses are presented by product trainers who are experts with eClinicalWorks and all of its capabilities. To sign up for an eClinicalWorks Webinar, go to:

<https://my.eclinicalworks.com> Customer Portal.

To view and register for webinars, click the *Knowledge Base* drop-down menu and then select *Live Webinars*.

Getting Support

For support-related issues, open a Support Case on the eClinicalWorks Customer Portal at:
<https://my.eclinicalworks.com>

You may also call or e-mail eClinicalWorks Support:

Phone: (508) 475-0450

E-mail: support@eclinicalworks.com

Conventions

This section lists typographical conventions and describes the icons and terms used to call out additional information and to indicate item keys, new features, and enhancements to the application.

- Typographical conventions:

Bold	Identifies options, keywords, and items in a description.
<i>Italic</i>	Indicates variables, new terms and concepts, foreign words, or emphasis.
Monospace	Identifies examples of specific data values, and messages from the system, or information that you should actually type.

- Icons are used to highlight new features and indicate enhanced features and item keys:

Icon	Description
	Identifies new features.
	Indicates enhanced features.

- The following abbreviations and acronyms are used in the guide:

Abbreviation/ Acronym	Description
CMS	Centers for Medicare & Medicaid Services
HRSA	Health Resources & Services Administration
UDS	Unified Data Set

IMPORTANT! Refer to the Safety, Security, and Compliance section on the my.eclinicalworks.com Customer Portal for any current communications related to Patient Safety, Security, or Compliance.

Note to eClinicalWorks Private Cloud/SaaS Users: When accessing the eClinicalWorks application via Remote Desktop Protocol (RDP) as a backup, be advised that Microsoft® applications such as Excel® and Word® will not be supported.

ENCOUNTER-BASED UDS OVERVIEW

Encounter-Based Uniform Data System reports, regulated by the Health Resources and Services Administration (HRSA), can be generated in eClinicalWorks® eBO® (eClinicalWorks Business Optimizer™). eClinicalWorks eBO provides reports in an easy-to-use interface for practices to generate, save, and print report output in various formats.

Note: No updates related to Patient Safety, Security, or Compliance were identified in this document during the document review process.

HRSA made the distinction between exclusion and exception in UDS 2021:

- **Denominator Exclusions** - Patients not to be considered for the measure and who should be removed from the denominator before determining if numerator criteria are met
- **Denominator Exceptions** - Patients removed from the denominator because numerator criteria are not met

For more information about the affected measures, refer to:

- [Table 6B - Section F - Adult Weight Screening And Follow-Up](#)
- [Table 6B - Section G: Tobacco Cessation Counseling](#)
- [Table 6B - Section H - Statin Therapy](#)
- [Table 6B - Section L \[Line 21\] - Depression Screening](#)
- [Table 6B – Section M - Sealants to First Molars eCW DENTAL](#)

Additionally, eCW is incorporating RxNorm from CMS provided value sets beginning with the UDS 2021 package. For more information about this new feature, refer to [Appendix D: Confirming RxNorm Codes are Available in the eCW System](#).

For more overview information about UDS, refer to:

- [2021 Encounter-Based UDS Report Package Navigation](#)
- [UDS Package Features](#)

2021 Encounter-Based UDS Report Package Navigation

The following image displays the Encounter-Based UDS eBO report package:

<input type="checkbox"/>	Name
<input type="checkbox"/>	Encounter Pool
<input type="checkbox"/>	Patients by Zip Code
<input type="checkbox"/>	Table 3A: Patients by Age & Gender
<input type="checkbox"/>	Table 3B: Patients by Race/Ethnicity/Language and SOGI
<input type="checkbox"/>	Table 4: Selected Patient Characteristics
<input type="checkbox"/>	Table 5: Staffing and Utilization
<input type="checkbox"/>	TABLE 6A - SELECTED DIAGNOSES AND SERVICES RENDERED
<input type="checkbox"/>	Table 6B - Section A: Demographic Characteristics of Prenatal Care Patients
<input type="checkbox"/>	Table 6B - Section B: Trimester of Entry into Prenatal Care
<input type="checkbox"/>	Table 6B - Section C - Childhood Immunization
<input type="checkbox"/>	Table 6B - Section D [Line 11] - Cervical Cancer Screening
<input type="checkbox"/>	Table 6B - Section D [Line 11a] - Breast Cancer Screening
<input type="checkbox"/>	Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents
<input type="checkbox"/>	Table 6B - Section F - Adult Weight Screening And Follow-Up
<input type="checkbox"/>	Table 6B - Section G - Tobacco Cessation Counseling
<input type="checkbox"/>	Table 6B - Section H - Statin Therapy
<input type="checkbox"/>	Table 6B - Section I - IVD - Aspirin and Antiplatelet therapy
<input type="checkbox"/>	Table 6B - Section J - Colorectal Cancer Screening
<input type="checkbox"/>	Table 6B - Section K [Line 20] - HIV Linkage to Care
<input type="checkbox"/>	Table 6B - Section K [Line 20a] - HIV Screening
<input type="checkbox"/>	Table 6B - Section L [Line 21] - Depression Screening
<input type="checkbox"/>	Table 6B - Section L [Line 21a] - Depression Remission
<input type="checkbox"/>	Table 6B - Section M - Sealants to First Molars eCW DENTAL
<input type="checkbox"/>	Table 7 - Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity
<input type="checkbox"/>	Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity
<input type="checkbox"/>	Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity
<input type="checkbox"/>	Table 9D

For a more detailed explanation of the workflows discussed in this guide, refer to the eClinicalWorks® user guides available on the my.eclinicalworks.com Customer Portal. The following table lists the guides and the topics they cover:

User Guide	Topics
<i>ecW V11 Front Office (Browser) User Guide</i>	<ul style="list-style-type: none"> ■ Patient Information window ■ Resource Schedule
<i>ecW V11 EMR User Guide - Progress Notes (Browser)</i>	<ul style="list-style-type: none"> ■ Sections of the Progress Notes ■ Ordering labs, diagnostic imaging, procedures, and medications ■ Lab, DI, and Procedure Results windows ■ Referrals

User Guide	Topics
<i>ecW V11 EMR User Guide - General (Browser)</i>	<ul style="list-style-type: none">■ OB Flowsheet■ Community Mapping
<i>ecW V11 EMR Setup Guide (Browser)</i>	<ul style="list-style-type: none">■ Rx Groups■ Associating Current Procedural Terminology (CPT®)* codes
<i>ecW V11 Dental Setup and User Guide</i>	<ul style="list-style-type: none">■ Dental Module

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UDS Package Features

The following sections describe general features available for the Encounter-Based-Based UDS reports:

- Displaying the Report Version on the Window Header
- Using the Date Range Filter
- Using the Reporting Period Filter
- Using the Non-Billable Visits Filter

Displaying the Report Version on the Window Header



Enhanced Feature

The CMS CQM version number displays on the window header for applicable reports prompt pages:

Table 6B - Section D [Line 11a] - Breast Cancer Screening (Claim Based) [CMS125v9] Prompt Page

Date Range: • Custom Date <input type="text" value="Jan 1, 2021"/> <input type="button" value="..."/> <input type="text" value="Jul 14, 2021"/> <input type="button" value="..."/>	Facility: • <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: • <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: • 2021 <input type="button" value="..."/>		
CPT Group: • <input type="button" value="..."/>		
Report Type: • <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date Select all Deselect all		
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

Using the Date Range Filter



Enhanced Feature

The *Date Range* filter includes a drop-down to select a predefined time frame and calendar icons to select a date range:

Date Range:
 • Custom Date

Note: The calendar fields display only for the *Custom Date* option.

Using the Reporting Period Filter

The *Reporting-Year* drop-down is available on each UDS report prompt page except for report 9D:



Reporting Year:
• 2019 ▾

A screenshot of a reporting year dropdown menu. The menu is pink with a white background and a thin black border. The text "Reporting Year:" is at the top. Below it is a dropdown list with a single item "2019" and a downward arrow icon. A red dot is to the left of "2019".

Using the Non-Billable Visits Filter

An *Include Non-billable Visits* filter is available from the appropriate prompt pages:



Include Non-billable Visits:
• No
 Yes

A screenshot of an include non-billable visits dropdown menu. The menu is pink with a white background and a thin black border. The text "Include Non-billable Visits:" is at the top. Below it is a dropdown list with two items: "No" and "Yes". A red dot is to the left of "No". The "No" radio button is checked.

ENCOUNTER-BASED UDS REPORTS

Encounter-based UDS reports retrieve data primarily from the Patient Information window and the Progress Notes. This section reviews all reports available from the Encounter-Based UDS package, and provides a recommended workflow and brief description of each report.

Note: Patients with a screening visit for only COVID-19 do not qualify for UDS measures.

Encounter Pool

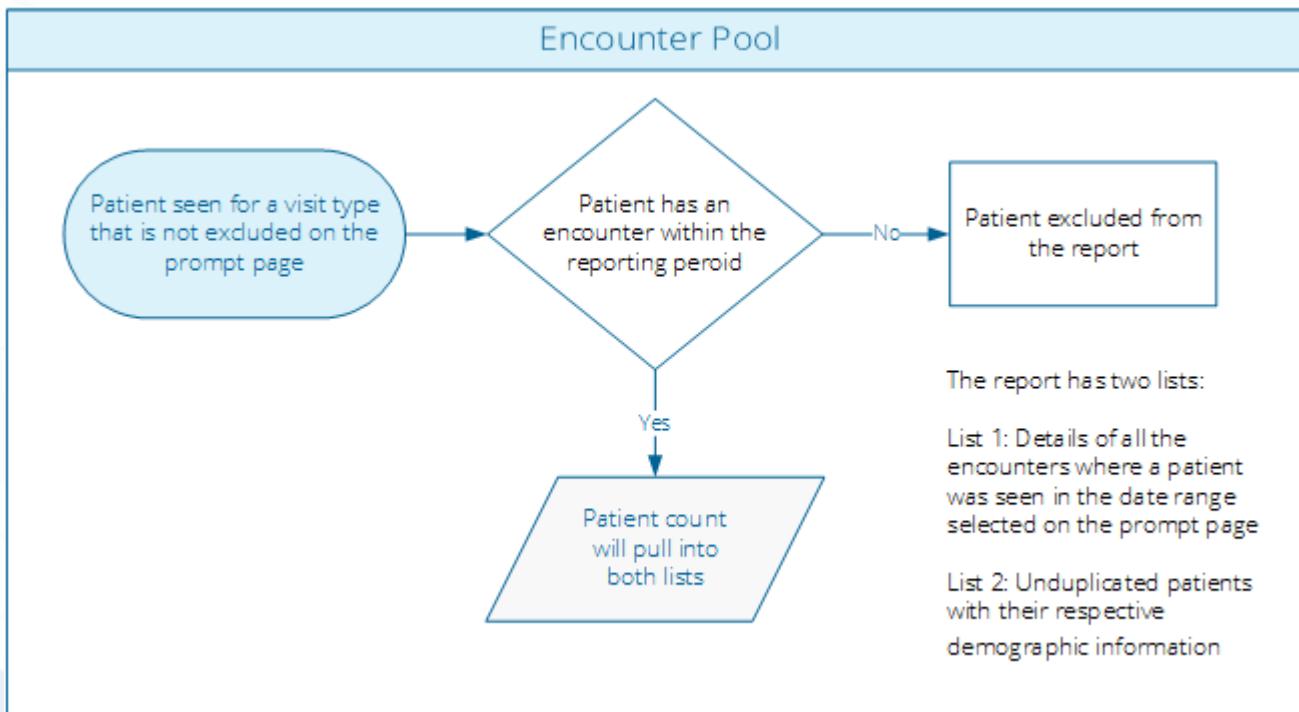
The Encounter Pool report reflects data based on visit count or unique patient count. This report includes both Encounter-level and Patient-level data.

For more information about the Encounter Pool report, refer to the following sections:

- [Encounter Pool Flowchart](#)
- [Encounter Pool Workflow](#)
- [Generating the Encounter Pool Report](#)

Encounter Pool Flowchart

The following diagram depicts the Encounter Pool reporting process:



Encounter Pool Workflow

Path: *Resource Schedule > Appointment window*

The following information is entered in the Appointment window:

- Patient Name
- Date of Service
- Facility Name
- Resource Provider
- Appointment Provider
- Visit Type

Appointment on Wednesday, August 29, 2018

Patient*	<input type="text" value=""/>	Name <input type="button" value=""/>	<input type="button" value="Info"/>	<input type="button" value="Hub"/>	<input type="button" value="New PT."/>																																		
13 Aug 2016 <input type="button" value=""/> <input type="button" value=""/>																																							
<table border="1"> <tr> <td colspan="2">Appointment</td> </tr> <tr> <td>Facility*</td> <td><input type="text" value=""/></td> <td>POS</td> <td>11</td> </tr> <tr> <td>Date*</td> <td><input type="text" value=""/></td> <td><input type="button" value="Claim Provider"/></td> <td></td> </tr> <tr> <td>Time*</td> <td>10:00 am</td> <td>10:30 am</td> <td></td> </tr> <tr> <td colspan="2">Visit</td> <td colspan="2">Provider*</td> </tr> <tr> <td>Visit Type*</td> <td><input type="text" value="ANN VISIT (Annual Visit)"/></td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td colspan="2"></td> <td>Resource*</td> <td><input type="text" value=""/></td> </tr> <tr> <td colspan="2"></td> <td>Email</td> <td><input type="text" value=""/></td> </tr> <tr> <td colspan="2"></td> <td>Reason</td> <td><input type="text" value="Enter reason"/></td> </tr> </table>						Appointment		Facility*	<input type="text" value=""/>	POS	11	Date*	<input type="text" value=""/>	<input type="button" value="Claim Provider"/>		Time*	10:00 am	10:30 am		Visit		Provider*		Visit Type*	<input type="text" value="ANN VISIT (Annual Visit)"/>	<input type="text" value=""/>	<input type="text" value=""/>			Resource*	<input type="text" value=""/>			Email	<input type="text" value=""/>			Reason	<input type="text" value="Enter reason"/>
Appointment																																							
Facility*	<input type="text" value=""/>	POS	11																																				
Date*	<input type="text" value=""/>	<input type="button" value="Claim Provider"/>																																					
Time*	10:00 am	10:30 am																																					
Visit		Provider*																																					
Visit Type*	<input type="text" value="ANN VISIT (Annual Visit)"/>	<input type="text" value=""/>	<input type="text" value=""/>																																				
		Resource*	<input type="text" value=""/>																																				
		Email	<input type="text" value=""/>																																				
		Reason	<input type="text" value="Enter reason"/>																																				

Note: The report excludes appointments marked with a non-billable visit status (e.g., *No Show, Canceled*).

Generating the Encounter Pool Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate an Encounter Pool Report:

1. From the UDS Encounter-Based folder, click *Encounter Pool*.

The Encounter Pool prompt page displays:

2. Make the appropriate selections on the prompt page to generate the report:

Filter/Field	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.

Filter/Field	Description
Grantee Type	Select a <i>Grantee Type</i> radio button.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field. Note: Visit type selections for all other demographic reports must be consistent with the Encounter Pool report.
SO/GI	Select one of the options from this drop-down list to configure the location from which the patient's SO/GI information is pulled for this report: <ul style="list-style-type: none"> ■ <i>Demographics - Patient Information window > Additional Information > Structured Data</i> ■ <i>Social History - Progress Notes > Social History > SOGI</i> Note: If a patient's SO/GI information has been documented from the <i>S.O./G.I.</i> button on the Patient Information window, then that information will be used, regardless of which option is selected from the <i>SO/GI</i> drop-down list on this prompt page.:
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *OK*.

The report is generated. For more information about the generated report, refer to [Sample of Encounter Pool Report Output](#).

Sample of Encounter Pool Report Output

The following image is an example of the Encounter Pool report:

Encounter Pool Jan 1, 2000 - Jul 1, 2020						
Facility:	Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates					
Provider:	Jones, Mary Smith, John Willis, Sam					
Total Encounters:	894					
Total Unique Patients:	487					
Encounter ID	Account No	Patient Name	Service Date	Appointment Provider	Resource Provider	Facility
27028	11554	1.0000	Dec 31, 2019	Willis, Sam	Willis, Sam	Surgery Center
27023	11546	1.0000	Sep 1, 2019	Willis, Sam	Willis, Sam	Surgery Center
27051	11546	1.0000	Dec 11, 2019	Smith, John	Smith, John	Boca South
26961	11531	1.0000	Jan 14, 2020	Willis, Sam	Willis, Sam	Westborough Medical Associates
27308	11633	1.0000	Feb 5, 2020	Willis, Sam	Willis, Sam	Westborough Medical Associates
26985	11532	1.0000	Dec 9, 2019	Willis, Sam	Willis, Sam	Westborough Medical Associates
26984	11532	1.0000	Jan 29, 2020	Willis, Sam	Willis, Sam	Westborough Medical Associates
26993	11537	1.0000	Nov 2, 2019	Smith, John	Smith, John	Boca South
26992	11537	1.0000	Apr 3, 2020	Smith, John	Smith, John	Westborough Medical Associates
27021	11547	1.0000	Sep 2, 2019	Smith, John	Smith, John	Boca South
27053	11547	1.0000	Mar 3, 2020	Willis, Sam	Willis, Sam	Boca South
24272	9356	1.0000	Sep 30, 2018	Willis, Sam	Willis, Sam	Westborough Medical Associates
27048	11538	1.0000	May 2, 2019	Smith, John	Smith, John	Westborough Medical Associates
26995	11538	1.0000	Nov 3, 2019	Willis, Sam	Willis, Sam	Surgery Center
27045	11538	1.0000	Apr 22, 2020	Willis, Sam	Willis, Sam	Surgery Center
27017	11548	1.0000	Sep 3, 2019	Willis, Sam	Willis, Sam	Westborough Medical Associates
27054	11548	1.0000	Feb 19, 2020	Willis, Sam	Willis, Sam	Boca South
27047	11539	1.0000	Jul 4, 2019	Smith, John	Smith, John	Westborough Medical Associates
26996	11539	1.0000	Nov 4, 2019	Willis, Sam	Willis, Sam	Surgery Center
27015	11549	1.0000	Sep 4, 2019	Willis, Sam	Willis, Sam	Boca South

≡ Top ⏪ Page up ⏴ Page down ⏵ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Unique Patient Pool Jan 1, 2000 - Jul 1, 2020																
Patient Name	Account No	Zip Code	Date of Birth	Gender	Race	ethnicity	Language	Translator	Veteran	Seasonal	Migrant	Homeless	Public Housing	Sexual Orientation	Gender Identity	
██████████	11424	Dec 4, 1944	male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	9388	Jun 1, 2005	female	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	9389	Feb 1, 2000	female	Unreported/Refused to report	Unreported/Refused to Report		No				Yes			Don't Know	Other	
██████████	11410	Jul 1, 2000	male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	11414	Jul 18, 2015	male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	11415	Jul 1, 1968	male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	9318	Jan 1, 1965	female	Other Pacific Islander	Hispanic or Latino		No							Bisexual	Genderqueer, neither exclusively male nor female	
██████████	11423	Jan 1, 1987	male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	9388	Jun 1, 2001	female	Unreported/Refused to report	Unreported/Refused to Report		No			Yes						
██████████	11426	Jan 31, 1969	male	Unreported/Refused to report	Unreported/Refused to Report		No							Lesbian, gay or homosexual		
██████████	9286	Oct 25, 2000	Male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	9287	Jun 7, 1991	male	Unreported/Refused to report	Unreported/Refused to Report		No									
██████████	9339	Aug 21, 1986	female	Unreported/Refused to report	Unreported/Refused to Report		No									

Patients by ZIP Code

The Patients by ZIP Code™ (Zone Improvement Plan) report lists the number of unique patients by ZIP Code and primary medical insurance in the reporting period. The following statements describe the Patients by ZIP Code report:

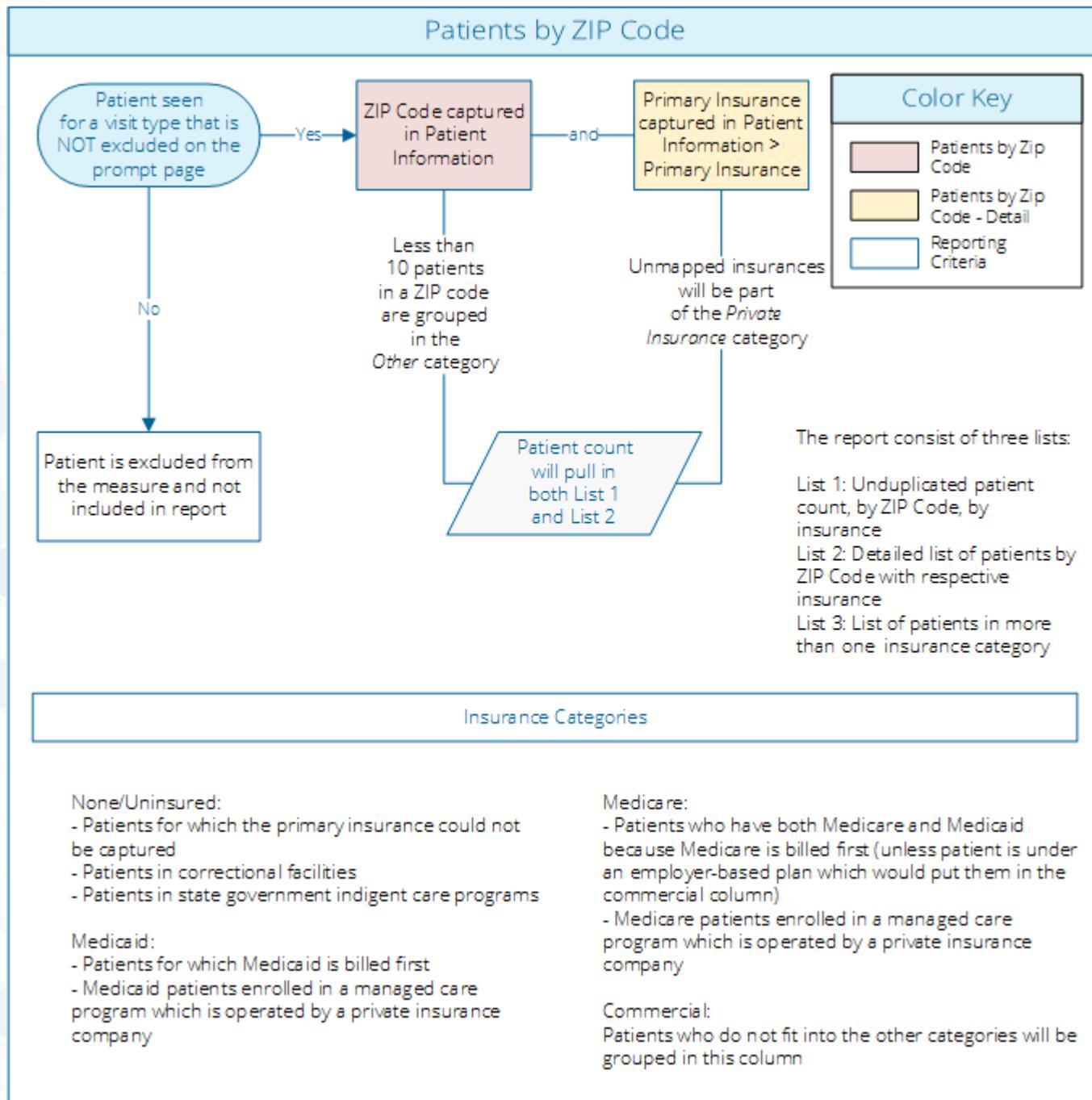
- The unique patient count on the ZIP Code report must equal the unique patient count on Table 3A and patients on Table 4.
- The patient must have at least one UDS-eligible encounter within the reporting period.
- The report looks at the first five digits of the ZIP Code, even if the nine-digit code was entered.

For more information about the Patients by ZIP Code report, refer to the following sections:

- [Patients by ZIP Code Flowchart](#)
- [Patients by ZIP Code Workflow](#)
- [Generating the Patients by ZIP Code Report](#)
- [Validation Report for Patients by ZIP Code](#)

Patients by ZIP Code Flowchart

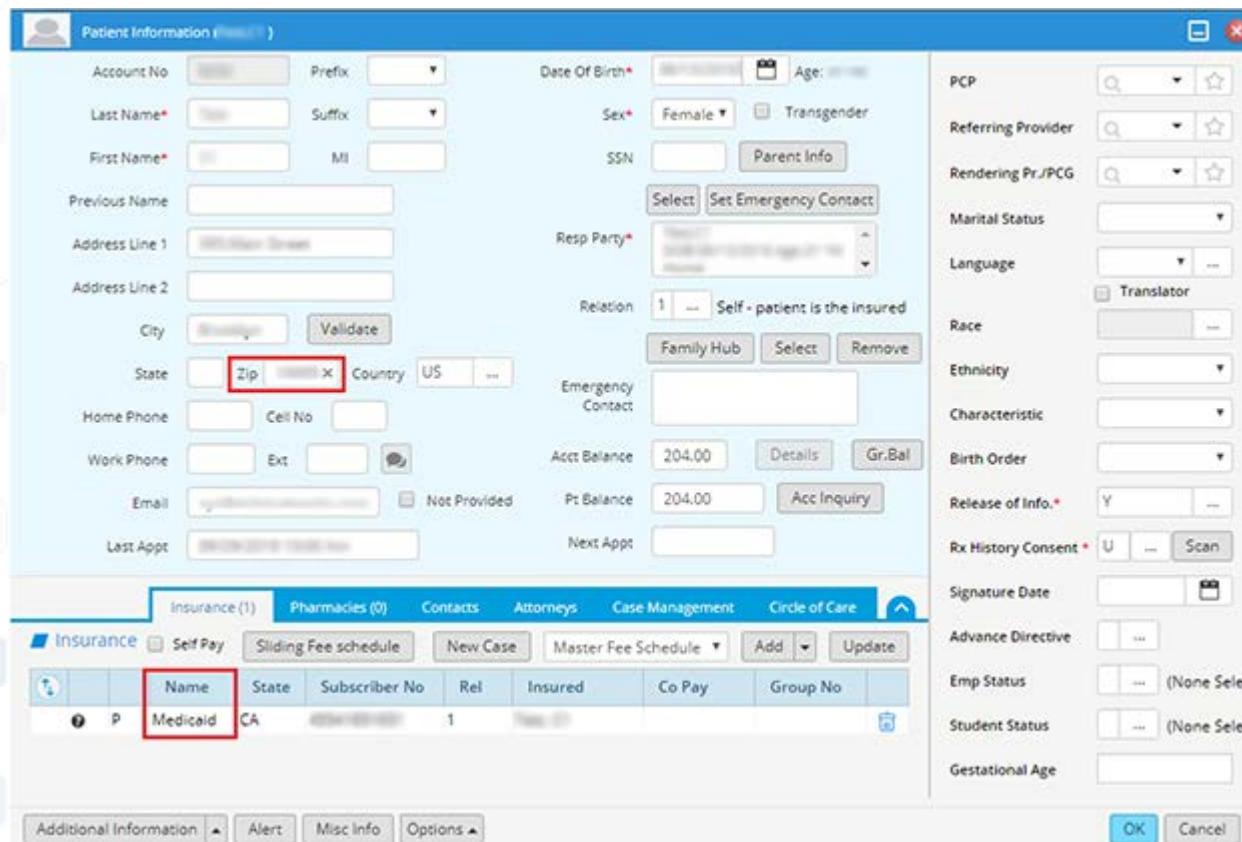
The following diagram depicts the Patients by ZIP Code reporting process:



Patients by ZIP Code Workflow

Path: Patient Hub > Info button > Patient Information window

Enter the ZIP Code and add the insurance in the Patient Information window:



The screenshot shows the 'Patient Information' window with the following details:

- Personal Information:** Account No, Prefix, Last Name, Suffix, First Name, MI, Previous Name, Address Line 1, Address Line 2, City, State (with 'Zip' highlighted in a red box), Home Phone, Work Phone, Email, Last Apt.
- Demographics:** Date Of Birth, Sex (Female), SSN, Resp Party, Relation, Emergency Contact, Acct Balance, Pt Balance, Next Apt.
- Referrals:** PCP, Referring Provider, Rendering Pr./PCG, Marital Status, Language, Race, Ethnicity, Characteristic, Birth Order, Release of Info, Rx History Consent, Signature Date, Advance Directive, Emp Status, Student Status, Gestational Age.
- Insurance:** Tab selected, showing 1 entry: Name (Medicaid), State (CA), Subscriber No, Rel (1), Insured, Co Pay, Group No.
- Buttons:** OK, Cancel.

Generating the Patients by ZIP Code Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the ZIP Code Report:

1. From the UDS Encounter-Based folder, click *Patients by ZIP Code*.

The Patients by ZIP Code prompt page displays:

2. Make the appropriate selections, described in the following table, from the prompt page to generate the report:

Filter/Field	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Insurance/Insurance Group	Select the <i>Insurance</i> or <i>Insurance Group</i> radio button. Note: Insurance/Insurance Group cannot be in multiple categories, or the data will be duplicated.

Filter/Field	Description
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
None/ Uninsured	Select the insurances in the available categories Note: Enter the percent symbol (%) in the <i>Search</i> box to generate a list in the results box. Select an option from the Results list and click <i>Insert</i> to move the selected insurance into the <i>Choice</i> box.
Medicare	Select the insurances in the available categories Note: Enter the percent symbol (%) in the <i>Search</i> box to generate a list in the results box. Select an option from the Results list and click <i>Insert</i> to move the selected insurance into the <i>Choice</i> box.
Medicaid	Select the insurances in the available categories Note: Enter the percent symbol (%) in the <i>Search</i> box to generate a list in the results box. Select an option from the Results list and click <i>Insert</i> to move the selected insurance into the <i>Choice</i> box.

3. Click *OK*.

The report is generated. For more information about the generated report, refer to [Sample of the Patients by ZIP Code Report Output](#).

Sample of the Patients by ZIP Code Report Output

The following images display examples of the Patients by ZIP Code report output in the following tabs:

- **Patient Zip Code tab:**

Patient by Zip Code	Patient Details	Exception		
Patients by Zip Code Jan 1, 2000 - Jul 1, 2020				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Provider: Jones, Mary Smith, John Willis, Sam				
Zip Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private Insurance (e)
01581	18	0	0	138
02143	0	0	0	14
Other Zip Codes	5	0	0	30
Unknown Residence	259	0	0	28
Summary	282	0	0	210

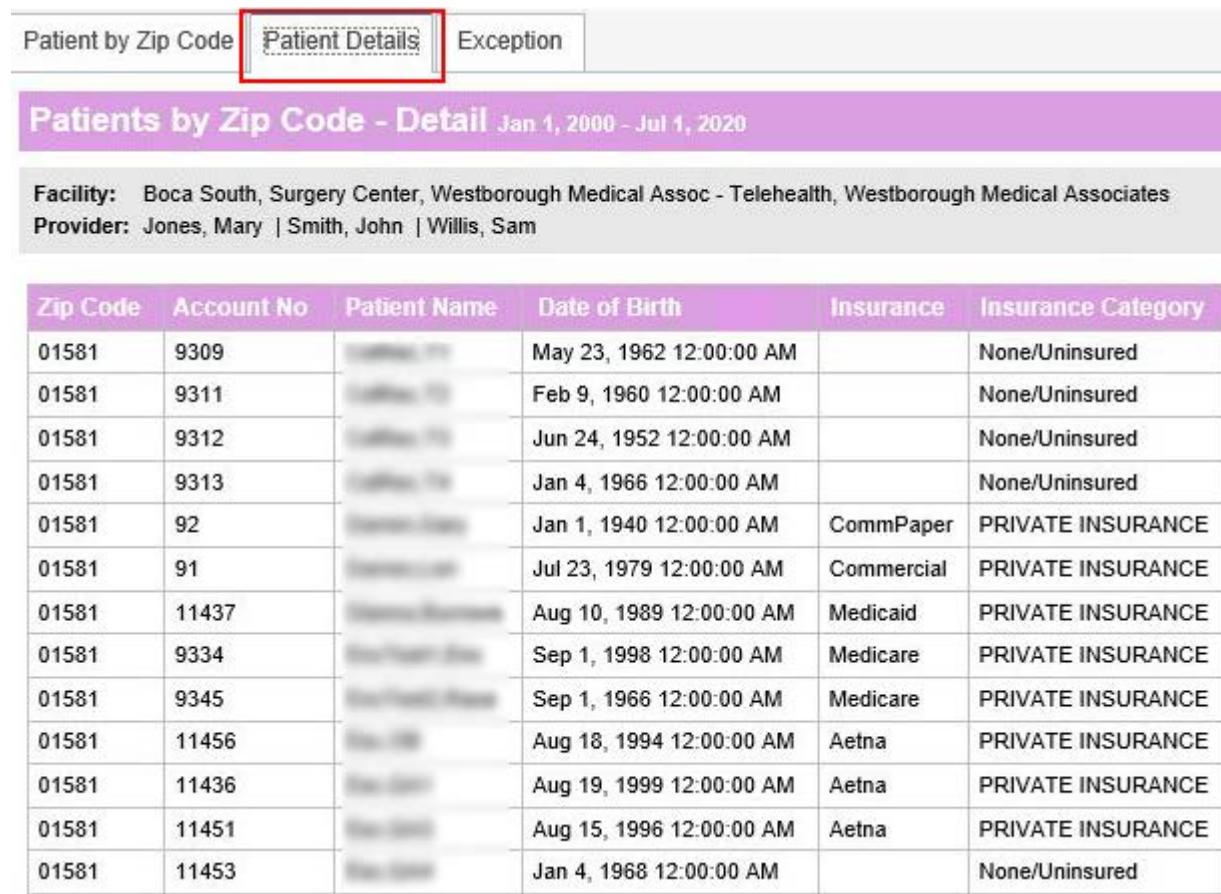
The Patients by ZIP Code report data is organized by:

- ◆ Patients with a missing ZIP Code display under *Unknown Residence*
- ◆ If a ZIP Code has less than 10 patients, those patients will be categorized under Other ZIP Codes
- ◆ If a ZIP Code has 10 or more patients, then those patients will be categorized under that ZIP Code
- ◆ Patients without an insurance display in the *None/Uninsured* category

Note: Grantees must report the number of patients served by ZIP Code. Although patients may be mobile during the reporting period, grantees will report patients as of the most recent ZIP Code on file.

- **Patient Details tab:**

To see patient details, click the *Patient Details* tab:



Patient by Zip Code **Patient Details** Exception

Patients by Zip Code - Detail Jan 1, 2000 - Jul 1, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Zip Code	Account No	Patient Name	Date of Birth	Insurance	Insurance Category
01581	9309	[REDACTED]	May 23, 1962 12:00:00 AM		None/Uninsured
01581	9311	[REDACTED]	Feb 9, 1960 12:00:00 AM		None/Uninsured
01581	9312	[REDACTED]	Jun 24, 1952 12:00:00 AM		None/Uninsured
01581	9313	[REDACTED]	Jan 4, 1966 12:00:00 AM		None/Uninsured
01581	92	[REDACTED]	Jan 1, 1940 12:00:00 AM	CommPaper	PRIVATE INSURANCE
01581	91	[REDACTED]	Jul 23, 1979 12:00:00 AM	Commercial	PRIVATE INSURANCE
01581	11437	[REDACTED]	Aug 10, 1989 12:00:00 AM	Medicaid	PRIVATE INSURANCE
01581	9334	[REDACTED]	Sep 1, 1998 12:00:00 AM	Medicare	PRIVATE INSURANCE
01581	9345	[REDACTED]	Sep 1, 1966 12:00:00 AM	Medicare	PRIVATE INSURANCE
01581	11456	[REDACTED]	Aug 18, 1994 12:00:00 AM	Aetna	PRIVATE INSURANCE
01581	11436	[REDACTED]	Aug 19, 1999 12:00:00 AM	Aetna	PRIVATE INSURANCE
01581	11451	[REDACTED]	Aug 15, 1996 12:00:00 AM	Aetna	PRIVATE INSURANCE
01581	11453	[REDACTED]	Jan 4, 1968 12:00:00 AM		None/Uninsured

Patients by Zip Code - Detail Jan 1, 2020 - Jul 30, 2020					
Zip Code	Account No	Patient Name	Date of Birth	Insurance	Insurance Category
Unknown Residence	11728	[REDACTED]	1981-05-07		None/Uninsured
Unknown Residence	11729	[REDACTED]	1994-06-07		None/Uninsured
Unknown Residence	11731	[REDACTED]	1991-03-06		None/Uninsured
Unknown Residence	11733	[REDACTED]	1970-04-14		None/Uninsured
Unknown Residence	11734	[REDACTED]	1994-06-15		None/Uninsured
Unknown Residence	11737	[REDACTED]	1995-07-05		None/Uninsured
Unknown Residence	11738	[REDACTED]	1993-01-21		None/Uninsured
Unknown Residence	11739	[REDACTED]	2013-07-03		None/Uninsured
Unknown Residence	11754	[REDACTED]	1979-01-03		None/Uninsured
Unknown Residence	11781	[REDACTED]	1998-07-01		None/Uninsured
Unknown Residence	11782	[REDACTED]	1988-02-04		None/Uninsured
Unknown Residence	11783	[REDACTED]	1948-12-31		None/Uninsured
Unknown Residence	11784	[REDACTED]	1954-01-02		None/Uninsured
Unknown Residence	11785	[REDACTED]	1954-01-01		None/Uninsured
Unknown Residence	11786	[REDACTED]	2005-01-05		None/Uninsured
Unknown Residence	11787	[REDACTED]	1989-02-08		None/Uninsured
Unknown Residence	11791	[REDACTED]	1988-02-10		None/Uninsured
Unknown Residence	11792	[REDACTED]	1989-02-02		None/Uninsured
Unknown Residence	11793	[REDACTED]	1978-07-01		None/Uninsured
Unknown Residence	9362	[REDACTED]	1998-01-22	Commercial	PRIVATE INSURANCE
Summary					58

- Exception tab:

The Exception tab lists the patients in more than one Insurance Category:

Patient by Zip Code	Patient Details	Exception
Patients in more than One Insurance Category - Exception Jan 1, 2000 - Jul 1, 2020		
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates Provider: Jones, Mary Smith, John Willis, Sam		
No Data Available		

Validation Report for Patients by ZIP Code

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

Validation reports can be found in the Exception Reports folder in the UDS package. Run the Patients with Missing ZIP Codes validation report to find the list of patients that are missing ZIP Codes.

Table 3A: Patients by Age & Gender

The Table 3A: Patients by Age and Gender report displays the number of patients by age group and gender.

For more information about the Table 3A report, refer to the following sections:

- [Table 3A: Patients by Age & Gender Flowchart](#)
- [Table 3A: Patients by Age & Gender Workflow](#)
- [Generating the Table 3A: Patients by Age & Gender Report](#)
- [Validation Report for Table 3A: Patients by Age & Gender](#)

Table 3A: Patients by Age & Gender Flowchart

The following diagram depicts the Table 3A: Patient by Age and Gender reporting process:

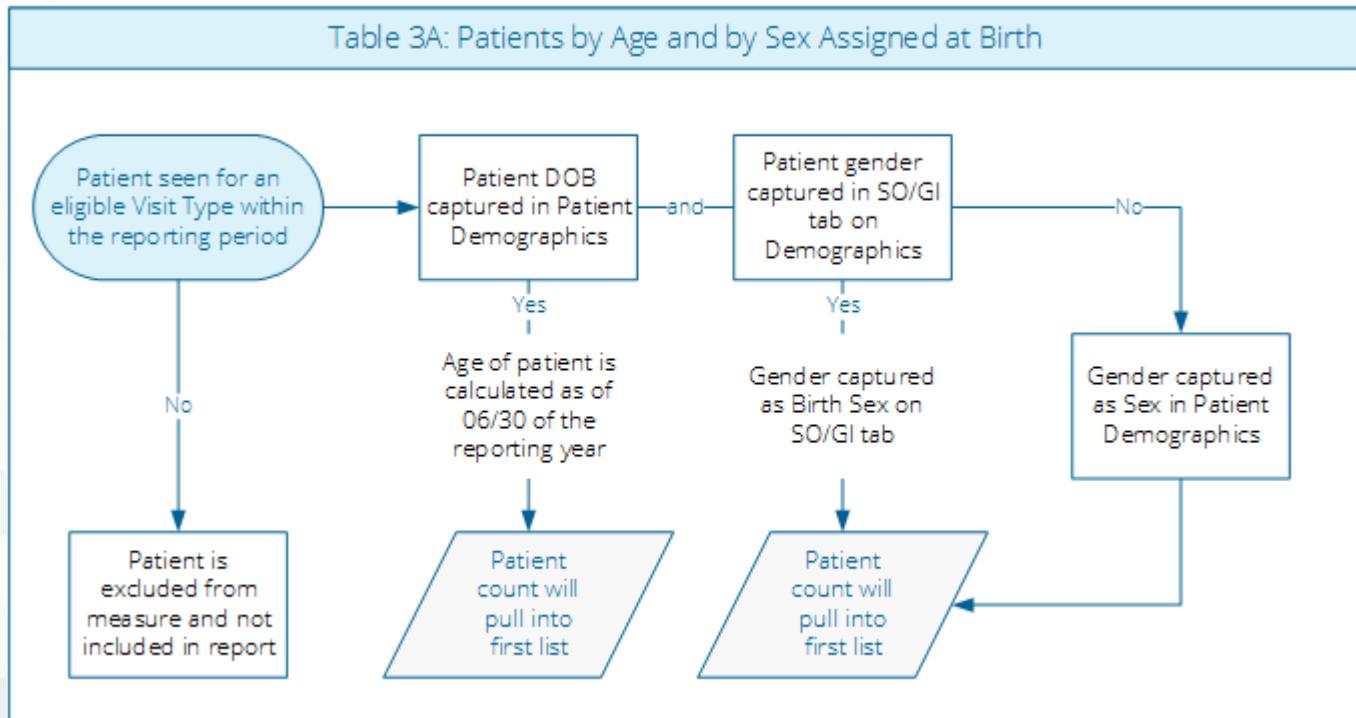


Table 3A: Patients by Age & Gender Workflow

Path: *Patient Hub > Info button > Patient Information window*

1. Click *SO/GI* to open the *SO/GI* window, and select the patient's *Birth Sex*:

S.O./G.I. GINJU, Abhi Apr 28, 1991 (29 yo M) Acc No. 9300

Birth Sex Male Female Unknown

Sexual Orientation

	Name	SNOMED Code
--	------	-------------

2. On the Patient Information window, enter the *Date of Birth* and *Sex*:



Patient Information GINJU, Abhi Apr 28, 1991 (29 yo U) Acc No. 9300

Account No 9300 Prefix Date Of Birth* 04/28/1991 Age: 29Y

Last Name* Ginju Suffix Sex* Male S.O./G.I.

First Name* Abhi MI SSN Not Provided

Previous Name Parent Info Set Emergency Contact

Note:

- The patient's age is calculated as of June 30th of the reporting year.
- The Table 3A report retrieves the *Birth Sex* captured from the SO/GI window. If *Birth Sex* is not selected, the report will pick the patient's gender from the *Sex* field of the Patient Information window.

Note: HRSA no longer accepts *Unknown* as an option for Gender. If patients with *Unknown* display on the report output, correct that in eClinicalWorks from the Patient Information window.

Generating the Table 3A: Patients by Age & Gender Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Encounter folder

To generate the Table 3A: Patients by Age & Gender report:

1. From the UDS Encounter folder, select Table 3A: Patients by Age & Gender.

The report prompt page displays:

Table 3A: Patients by Age & Gender: Prompt Page

Date Range: * <input type="button" value="Custom Date"/> Jan 1, 2020 <input type="button"/> Jul 2, 2020 <input type="button"/>	Facility: * <input type="checkbox"/> Boca South <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: * <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: * <input type="button" value="2020"/> <input type="button"/>	Exclude Visit Type: Search <input type="button"/> Options ▼ Results: <input type="button"/> Insert Remove Select all Deselect all	
Grantee Type: * <input checked="" type="radio"/> All - Community Health Center <input type="radio"/> Migrant <input type="radio"/> Homeless <input type="radio"/> Public Housing	Include Non-billable Visits: * <input checked="" type="radio"/> No <input type="radio"/> Yes	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Grantee Type	Select a <i>Grantee Type</i> radio button.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

Filter	Description
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *OK*.

The report is generated.

Sample of Table 3A: Patients by Age & Gender Report

The following image is an example of the Table 3A: Patients by Age and Gender report:

Table 3A: Patients by Age and Gender Jan 1, 2000 - Jul 2, 2020			
Age Groups	Total Male Patients	Total Female Patients	Total Unknowns
Under age 1	9	5	4
Age 1	6	1	0
Age 2	5	2	0
Age 3	3	0	0
Age 4	1	0	0
Age 5	0	1	0
Age 7	4	2	0
Age 8	3	1	0
Age 9	5	1	0
Age 10	2	1	0
Age 11	4	0	1
Age 12	1	0	0
Age 13	0	3	0
Age 14	2	2	1
Age 15	6	2	0
Age 16	1	2	0
Age 17	1	0	0
Age 18	12	3	0
Age 19	15	4	0
Age 20	13	3	1

≡ Top ⏪ Page up ⏴ Page down ⏵ Bottom

To view more details about the report, click *Page Down*.

The report details display:

Table 3A: Patients by Age and Gender - Detail Jan 1, 2000 - Jul 2, 2020						
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates Provider: Jones, Mary Smith, John Willis, Sam						
Age Groups	Account No	Patient Name	Gender	Date of Birth	Age as of June	
Ages 60-64	9117	Smith, Jane	Female	Jan 30, 1956	64	
Ages 60-64						7
Ages 65-69	9312	Collier, T.J.	Female	Jun 24, 1952	68	
	4	Jones, Maude	Female	May 5, 1952	68	
	2	Perry, Ray	Male	Nov 11, 1953	66	
	18	Samebaugh, Linda	Female	Apr 12, 1951	69	
	1	Smith, Alesia	Female	Oct 21, 1950	69	
Ages 65-69						5
Ages 70-74	11473	Hughes, John	Male	Sep 2, 1948	73	
	11474	Hughes, John	Male	Sep 4, 1945	74	
	3	James, John	Male	Dec 12, 1948	71	
	11421	TeleHealth Home	Male	Jan 1, 1950	70	
Ages 70-74						4
Ages 75-79	11636	OBH10, Michael	Male	Jun 6, 1944	76	
	9398	Ali, Riaz	Male	Jan 1, 1944	76	
	11582	Bradford, Michael	Male	Aug 15, 1940	79	
	11637	OBH10, Michael	Male	Mar 7, 1944	76	
	11424	Umar, Usman	Male	Dec 4, 1944	75	
Ages 75-79						5
Ages 80-84	92	TeleHealth Home	Male	Jan 1, 1940	80	
	11492	TeleHealth Home	Male	Oct 3, 1938	81	
	17	TeleHealth Home	Male	Jan 1, 1940	80	
Ages 80-84						3
Ages 85 and over	9314	Hoppenhoff, Tom	Male	Jan 1, 1933	87	
	9319	TeleHealth Home	Male	Jun 5, 1917	103	
Ages 85 and over						2
Summary						487

Validation Report for Table 3A: Patients by Age & Gender

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder

Validation reports can be found in the Exception Reports folder in the UDS package. Run the *BAD Data: Date of Birth* validation report to find the list of patients with date of birth in the incorrect format.

In order to compare mismatch on gender information documented under *Patient Demographics > Sex* and *Patient Demographics > SO/GI > Gender at Birth*, run the exception report *Patient Gender Data Input Comparison*.

Table 3B: Patients by Race/Ethnicity/Language and SO/GI

The Table 3B: Patients by Race/Ethnicity/Language and SO/GI report displays an unduplicated patient count by race/ethnicity, unduplicated patient count by language, unduplicated patient count by sexual orientation, and unduplicated patient count by gender identity for all patients seen at least once in the reporting year for an eligible visit.

For more information about the Table 3B report, refer to the following sections:

- [Table 3B: Patients by Race/Ethnicity/Language and SO/GI Flowchart](#)
- [Table 3B: Patients by Race/Ethnicity/Language and SO/GI Workflow](#)
- [Generating the Table 3B: Patients by Race/Ethnicity/Language and SO/GI Report](#)

Table 3B: Patients by Race/Ethnicity/Language and SO/GI Flowchart

The following diagram depicts the Table 3B: Patients by Race/Ethnicity/Language and SO/GI reporting process:

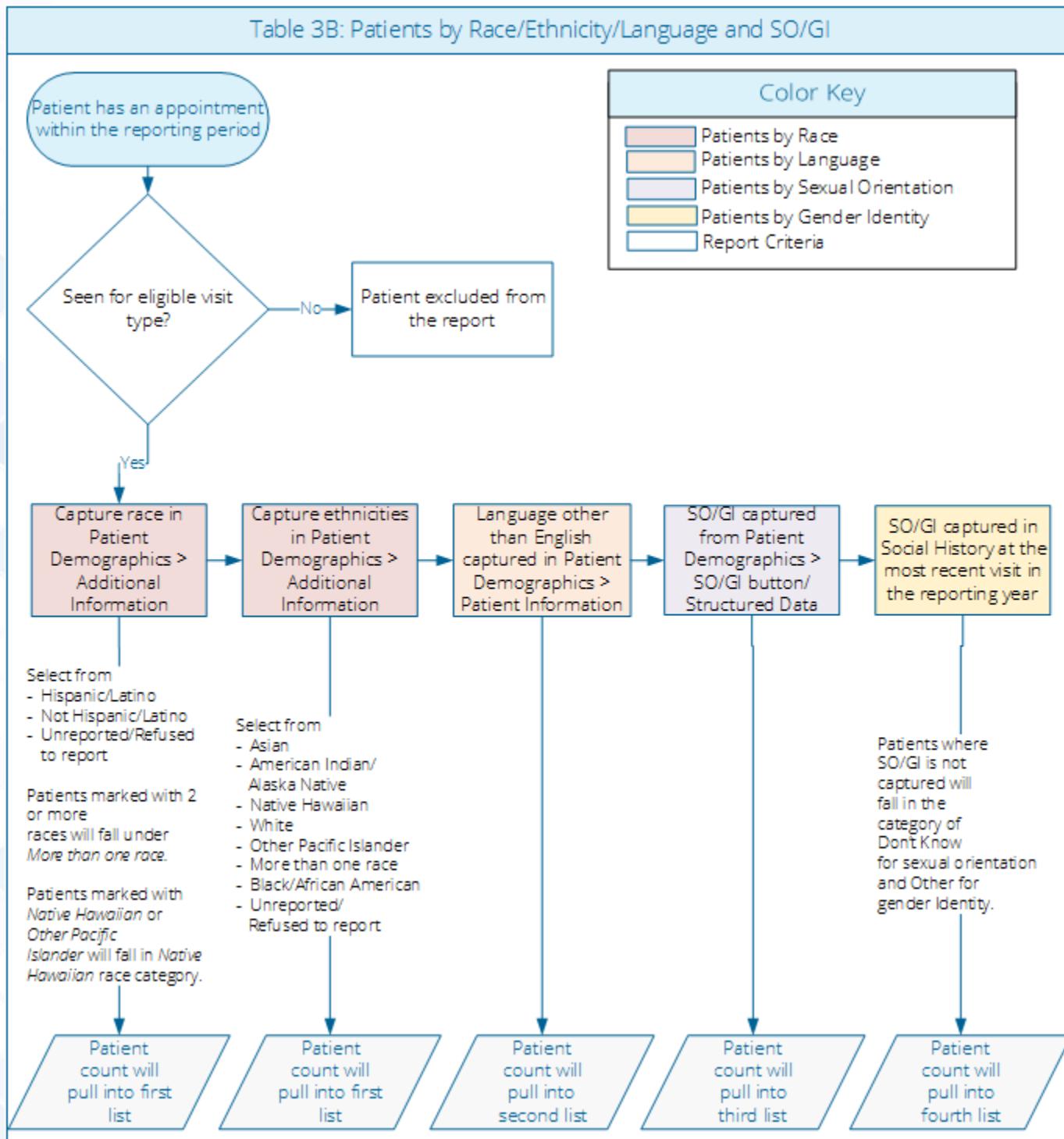
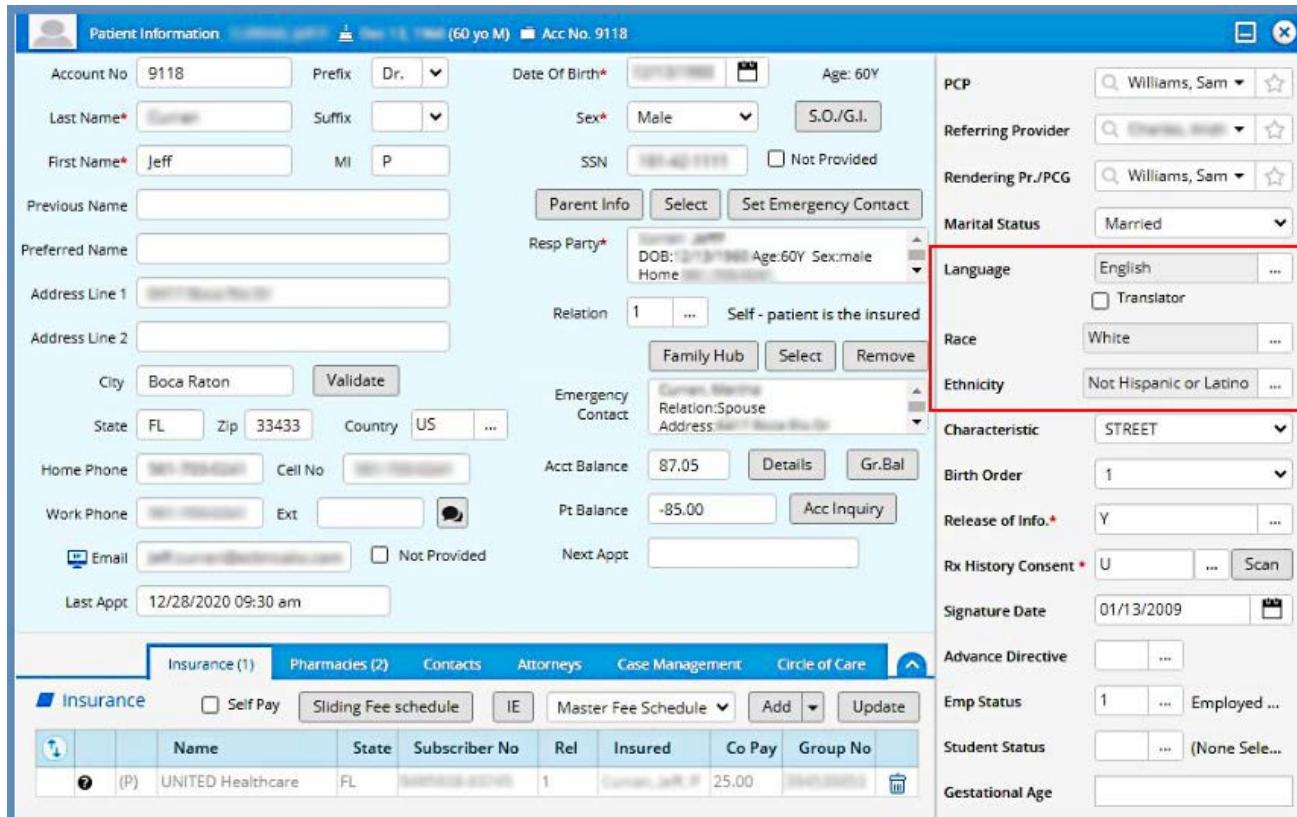


Table 3B: Patients by Race/Ethnicity/Language and SO/GI Workflow

Path: Patient Hub > Info button > Patient Information window

The Table 3B workflow is as follows:

1. On the Patient Information window, select an option from the Language, Race, and Ethnicity fields:



The screenshot shows the 'Patient Information' window with various patient details. The 'Language', 'Race', and 'Ethnicity' fields are highlighted with a red box in the top right corner of the window. The 'Language' field is set to 'English', 'Race' is 'White', and 'Ethnicity' is 'Not Hispanic or Latino'.

2. To capture the patient's sexual orientation and gender identity:

- a. On the Patient Information window, click *SO/G.I.*:



The screenshot shows the 'Patient Information' window with the 'SO./G.I.' button highlighted with a red box. The button is located in the bottom right corner of the main window area.

Note: The *S.O./G.I.* button is available only in version 11.

The SO/GI window opens.

b. Select the applicable *Sexual Orientation* and *Gender Identity* radio buttons:

The screenshot shows a software interface for selecting patient demographic information. At the top, there are radio buttons for Birth Sex (Male, Female, Unknown) and a 'Sexual Orientation' section. The 'Sexual Orientation' section is highlighted with a red box and contains a table with columns for Name and SNOMED Code. It lists options: Lesbian, gay or homosexual; Straight or heterosexual; Bisexual; Do not know; Choose not to disclose; and Something else, please describe. Below this is a 'Gender Identity' section, also highlighted with a red box, containing a table with columns for Name and SNOMED Code. It lists options: Male, Female, Female-to-Male (FTM) / Transgender Male/Trans Man, and Male-to-Female (MTF) / Transgender Female/Trans Woman.

OR

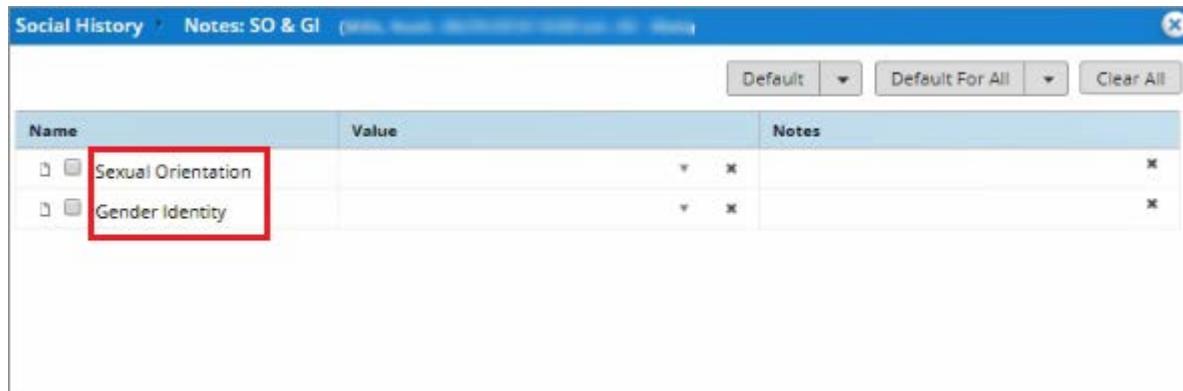
a. On the Patient Information window, click *Additional Information*.
 The Additional Information window opens.
 b. In the Structured pane, select a *Value* for the *Sexual Orientation* and *Gender Identity* structured data fields:

The screenshot shows the 'Patient Information' window with the 'Additional Information' tab selected. The 'Structured' pane on the right lists data fields with checkboxes for 'Value' and 'Notes'. The 'Sexual Orientation' and 'Gender Identity' fields are highlighted with a red box.

Name	Value	Notes
Highest Grade ...	✓	✗
Assigned Charg ...	✓	✗
Another Source ...	✓	✗
Source of Paym ...	✓	✗
Sexual Orienta ...	✓	✗
Gender Identit ...	✓	✗

OR

- a. On the Progress Notes window, click *Social History*.
- b. Click the category where the SO/GI structured data fields are created.
- c. Select a *Value* for the SO/GI structured data questions:



The screenshot shows a software interface titled "Social History" with a sub-tab "Notes: SO & GI". At the top, there are buttons for "Default", "Default For All", and "Clear All". Below this is a table with three columns: "Name", "Value", and "Notes". Two rows are present in the table, both of which are highlighted with a red box. Each row contains a checkbox icon, the text "Sexual Orientation" or "Gender Identity", and a "Y" or "X" in the "Value" column, with an "X" in the "Notes" column.

Name	Value	Notes
Sexual Orientation	Y X	X
Gender Identity	Y X	X

The structured data questions and values must be created in Social History as follows:

Question	Type	Value
Sexual Orientation	Single select	<ul style="list-style-type: none"> ■ Lesbian or Gay ■ Heterosexual (or straight) ■ Bisexual ■ Something else ■ Don't know ■ Choose not to disclose
Gender Identity	Single select	<ul style="list-style-type: none"> ■ Male ■ Female ■ Transgender Man/Transgender Male/Transgender Masculine ■ Transgender Woman/Transgender Female/Transgender Feminine ■ Other ■ Choose not to disclose

Note: For more information about building structured data questions, refer to [Building Structured Data Questions](#).

Note: There is a change in the HRSA 2021 manual on how some of the Sexual Orientation and Gender Identity categories are worded. The report will recognize the prior year's structured data wording for Sexual Orientation and Gender Identity. There is no need to change the wording of your practice's configured Sexual Orientation and Gender Identity structured data.

Generating the Table 3B: Patients by Race/Ethnicity/Language and SO/GI Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 3B report:

1. From the UDS Encounter Based folder, select *Table 3B: Patients by Race/Ethnicity and Language* report.

The Table 3B report prompt page displays:

Table 3B: Patients by Race/Ethnicity/Language and SOGI: Prompt Page

Date Range:

[Select all](#) [Deselect all](#)

Reporting Year:

[Select all](#) [Deselect all](#)

SO/GI:

[Select all](#) [Deselect all](#)

Include Non-billable Visits:
 No
 Yes

Grantee Type:
 All - Community Health Center
 Migrant
 Homeless
 Public Housing

Facility:
 Boca South
 Surgery Center
 Westborough Medical Assoc - Telehealth
 Westborough Medical Associates

Provider:
 Jones, Mary
 Smith, John
 Willis, Sam

Exclude Visit Type:

[Select all](#) [Deselect all](#)

Results:

[Select all](#) [Deselect all](#)

Choice:
 None

Buttons: OK, Cancel

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.

Filter	Description
SO/GI	Select <i>Demographics</i> (Patient Information) or <i>Social History</i> from the <i>SO/GI</i> drop-down list.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.
Grantee Type	Select a <i>Grantee Type</i> radio button.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of the Table 3B: Patients by Race/Ethnicity/Language and SO/GI Report

The following image is an example of the Table 3B: Patients by Race/Ethnicity and Language report:

Table 3B: Patients by Hispanic or Latino Ethnicity/Race/Language and SO/GI Jan 1, 2000 - Jul 2, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates Provider: Jones, Mary Smith, John Willis, Sam					
Patients by Race		Hispanic/Latino (a)	Not Hispanic/Latino (b)	Unreported/Refused to Report (c)	Total
1. Asian		5	5	0	10
2a. Native Hawaiian		3	3	0	6
2b. Other Pacific Islander		2	4	0	6
3. Black/African American		1	3	0	4
4. American Indian/Alaska Native		2	16	0	18
5. White		3	10	0	13
6. More than one Race		1	2	0	3
7. Unreported/Refused to report		1	14	412	427
8. Total Patients (Sum Lines 1+2+3 to 7)		18	57	412	487
Patients by Language					Number (a)
12 . PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH					471
Patients by Sexual Orientation					Number (a)
13. Lesbian or Gay					2
14. Straight (not lesbian or gay)					6
15. Bisexual					5
17. Don't know					80
18. Choose not to disclose					2
18a. Unknown					392
19. Total Patients (Sum Lines 13 to 18 + Unknown)					487
Patients by Gender Identity					Number (a)
20. Male					10
21. Female					7
24. Other					80
25a. Unknown					390
26. Total Patients (Sum Lines 20 to 25 + Unknown)					487

≡ Top ⏪ Page up ⏴ Page down ⏵ Bottom

To view more details about the report, click *Page Down*.

The report details display:

Patients by Ethnicity/Race - Detail Jan 1, 2000 - Jul 2, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates		Provider: Jones, Mary Smith, John Willis, Sam			
Patients by Race	Ethnicity	Patient Name	Account No	Gender	Date of Birth
1. Asian	Hispanic or Latino	[REDACTED]	11435	male	Feb 1, 2018
			11505	male	Oct 15, 1992
			11501	male	Jul 12, 1991
			11408	male	Aug 4, 2010
			9298	male	Jun 6, 1990
	Not Hispanic or Latino	[REDACTED]	11531	female	Jan 20, 1988
			11503	male	Oct 3, 1990
			11553	male	Apr 17, 1990
			9	female	Nov 25, 1981
			9299	female	Aug 30, 1992
1. Asian					10
2a. Native Hawaiian	Hispanic or Latino	[REDACTED]	9300	male	Sep 19, 1992
			11545	male	Apr 22, 1992
			9305	female	Mar 7, 1990
	Not Hispanic or Latino	[REDACTED]	9364	male	Oct 1, 1998
			9315	male	Jan 1, 1999
			11586	female	Mar 7, 1984
2a. Native Hawaiian					6
2b. Other Pacific Islander	Hispanic or Latino	[REDACTED]	9381	male	Sep 20, 1987
			9318	female	Jan 1, 1995
	Not Hispanic or Latino	[REDACTED]	9309	female	May 23, 1962
			9311	female	Feb 9, 1980

≡ Top ⌂ Page up ⌄ Page down ⌁ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Patients by Language - Detail Jan 1, 2000 - Jul 2, 2020				
Patient Name	Account No	Date of Birth	Gender	Language
	11554	Dec 31, 2019	female	
	11546	Sep 1, 2019	male	
	11531	Jan 20, 1988	female	
	11633	Jun 4, 1990	male	
	11532	Jan 11, 1995	male	
	11537	Apr 1, 2004	female	
	11547	Sep 2, 2019	female	
	9358	Sep 1, 2000	male	
	11538	Nov 1, 2019	male	
	11548	Sep 3, 2019	unknown	
	11539	Nov 3, 2019	male	
	11549	Sep 4, 2019	unknown	
	11559	Dec 26, 2019	female	
	11540	Nov 5, 2019	unknown	
	11550	Nov 5, 2019	male	
	11580	Dec 25, 2019	unknown	
	11541	Nov 6, 2019	male	
	11551	Sep 6, 2019	female	
	11588	Mar 7, 1990	female	
	11479	Sep 2, 1985	female	

The categorization of data in the report includes:

- Patients who have multiple races captured will be listed under the *More than one race* category.
- Patients whose Race is documented as Native Hawaiian or Other Pacific Islander will be listed in the *Native Hawaiian* race category.
- Patients whose sexual orientation and gender identity information is not captured will be listed in the category of *18a. Unknown* and *25a. Unknown*.
- When *Social History* is selected from the *SO/GI* drop-down list on the report prompt page, those patients who do not have sexual orientation/gender identity information documented under the Patient Information window *S.O./G.I.* button or Social History section of the ProgressNotes but instead entered within the *Structured* section on the *Patient Information > Additional Information* window, the data entered in the Patient Additional Information window displays on the report output.
- When *Demographics* is selected from the *SO/GI* drop-down list on the report prompt page, those patients who do not have SO/GI information documented from the patient demographics *S.O./G.I.* button or the *Structured* section on the *Patient Information > Additional Information* window but instead entered under the Social History section of the Progress Notes, the data entered under the Social History section displays on the report output.

In cases where the information is entered in both Social History and Patient Information, the prompt option selected on the prompt page takes priority.

Table 3B: Patients by Race/Ethnicity/Language and SO/GI Exception Reports

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

Run the exemption report for patients with more than one ethnic category to view incorrect ethnicity documentation by the user.

Table 4: Selected Patient Characteristics

The Table 4: Selected Patient Characteristics report provides descriptive data on patient demographics, including poverty level, insurance, and characteristics.

This report gives a total number of patients by poverty level, patients by age, by insurance, patients with a veteran status, patients in public housing, patients in seasonal/migrant status, and patients with a homeless status, for all patients seen for an eligible UDS visit in the reporting year.

For more information about the Table 4 report, refer to the following sections:

- [Table 4: Selected Patient Characteristics Flowchart](#)
- [Table 4: Selected Patient Characteristics Workflow](#)
- [Generating the Table 4: Selected Patient Characteristics Report](#)
- [Validation Report for Table 4: Selected Patient Characteristics](#)

Table 4: Selected Patient Characteristics Flowchart

The following diagram depicts the Table 4: Selected Patient Characteristics reporting process:

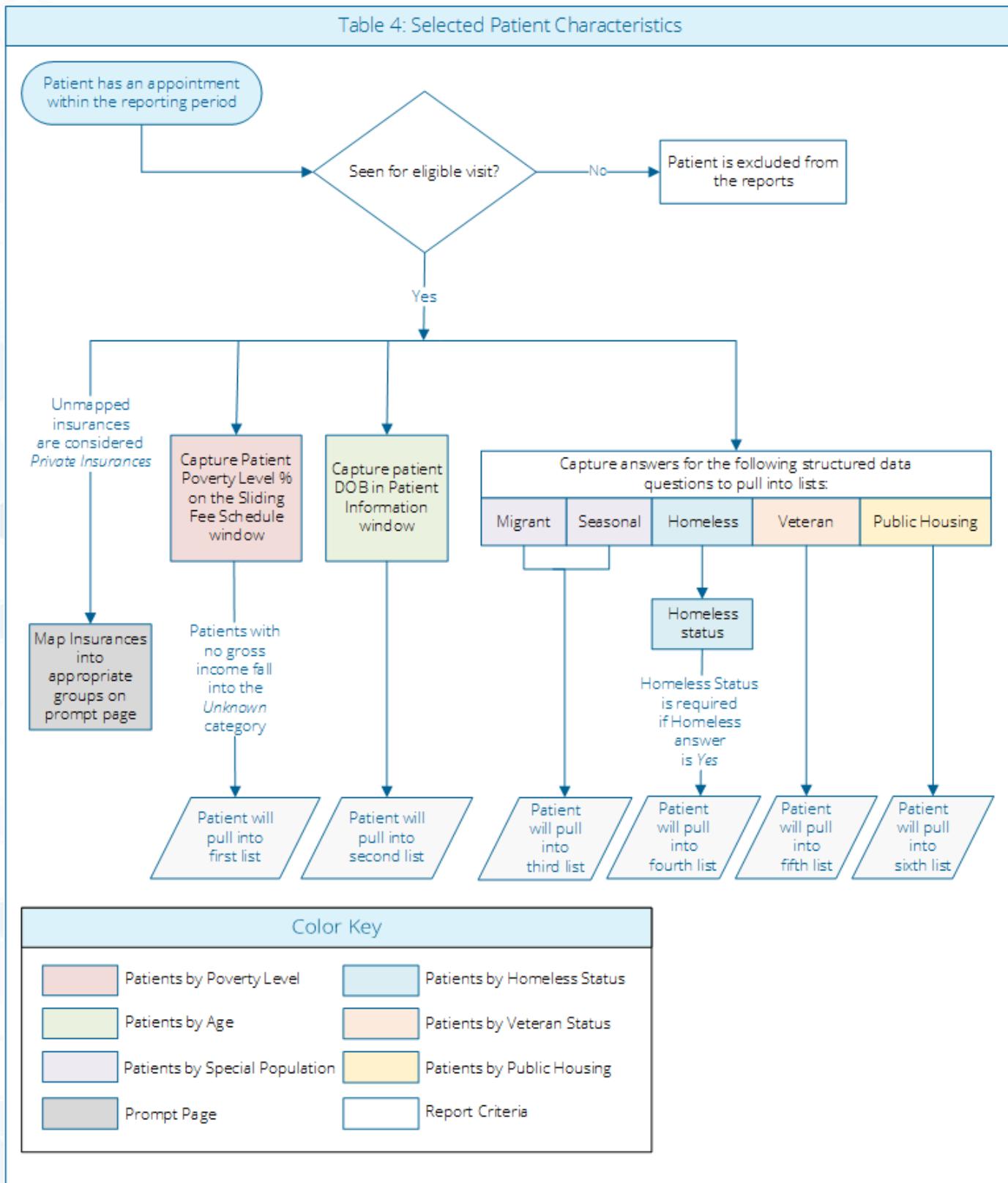


Table 4: Selected Patient Characteristics Workflow

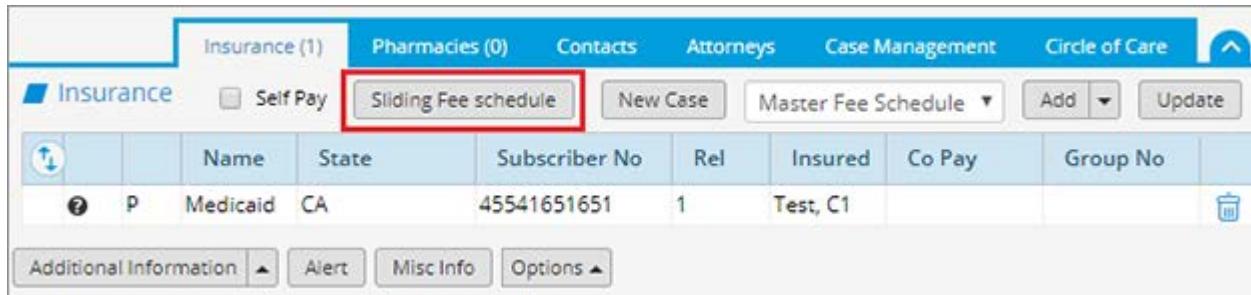
Path: *Patient Hub > Info button > Patient Information window*

The following section describes the workflow required to capture income information and patient characteristics for the Table 4 report.

Note: For the Table 4 report to generate properly, the income details must be captured for ALL patients; the Poverty Level cannot be calculated without the income. Additionally, an associated fee schedule must be set up in eClinicalWorks.

To capture poverty level % information for patients:

1. On the Patient Information window, click *Sliding Fee Schedule*:



The screenshot shows the 'Patient Information' window with the 'Insurance' tab selected. The 'Sliding Fee Schedule' button is highlighted with a red box. Other tabs visible include 'Pharmacies (0)', 'Contacts', 'Attorneys', 'Case Management', and 'Circle of Care'. Below the tabs is a table with columns for Name, State, Subscriber No, Rel, Insured, Co Pay, and Group No. The 'Name' column contains 'Medicaid' and 'CA'. The 'Subscriber No' column contains '45541651651'. The 'Rel' column contains '1'. The 'Insured' column contains 'Test, C1'. At the bottom are buttons for 'Additional Information', 'Alert', 'Misc Info', and 'Options'.

The Income Details – Sliding Fee Schedule window opens.

2. Under the Income Status section, enter the *Gross Income*.
3. Enter the number of *Dependents*.

4. Click *Calculate*:

Patient Information ▶ Income Details - Sliding Fee Schedule

Non Proof of Income (The patient will be set to 100% responsibility level)

Guarantor Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$

Bi-Weekly Income *26 = Total Gross Amt \$

Spouse Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$

Bi-Weekly Income *26 = Total Gross Amt \$

Other types of Incomes

Alimony Child Support Social Security ADC

Disability Pension Retirement Welfare Assistance

Second Part-Time Job Other Income

(Monthly Amt) 0 0 0 0 Total Gross Amt \$

Income Status

Gross Income \$ 0 Daily

Family Size 0

Documentation on Proof of Income
 Proof of Income/Unemployment
 Picture Id
 Proof of Address

The Poverty Level percentage is calculated.

5. Click *Assign*.

The Sliding Fee Schedule is assigned to the patient.

To capture the poverty level % for patients who do not require or do not wish to participate in a sliding fee schedule but are willing to provide income and dependent information:

1. On the Patient Information window, click *Sliding Fee Schedule*.

The Income Details – Sliding Fee Schedule window opens. Follow the steps above to collect only income and dependent information, and then click *Calculate*.

2. Check the *Non Proof of Income* box:

Income Details - Sliding Fee Schedule

Patient Information > Income Details - Sliding Fee Schedule

Non Proof of Income (The patient will be set to 100% responsibility level)

Guarantor Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$

Bi-Weekly Income *26 = Total Gross Amt \$

The Poverty Level percentage is calculated.

3. Click *Assign*:

Income Details - Sliding Fee Schedule DUNN, Theo Aug 1, 2019 (2 yo F) Acc No. 11331

Patient Information > Income Details - Sliding Fee Schedule

Non Proof of Income (The patient will be set to 100% responsibility level)

Guarantor Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$

Bi-Weekly Income *26 = Total Gross Amt \$

Spouse Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$

Bi-Weekly Income *26 = Total Gross Amt \$

Other types of Incomes

Alimony Child Support Social Security ADC

Disability Pension Retirement Welfare Assistance

Second Part-Time Job Other Income

(Monthly Amt) 0 0 0 Total Gross Amt \$

Income Status

Gross Income \$ 30000 Annually

Family Size 3

Documentation on Proof of Income
 Proof of Income/Unemployment
 Picture Id
 Proof of Address

Assigned Sliding Fee Schedule

Poverty Level % 145.0 Sliding Scale Type B

Status Medical Resp 20

Dental Resp 20

Copay Resp 20.00 By Rate

Date 12/07/2021 to 12/07/2022

Fee Schedule Slide B

Household Members

NAME	REL	DOB

Note

Notes:

The income information is captured.

To capture the patient characteristics:

1. On the Patient Information window, click *Additional Information*.
The Additional Information window opens.
2. In the Structured pane, select a value for the following structured data fields:
 - ◆ Veteran
 - ◆ Seasonal
 - ◆ Migrant
 - ◆ Homeless
 - ◆ Public Housing

The screenshot shows the 'Patient Information' window with the 'Additional Information' tab selected. The 'General Information' tab is highlighted. The 'Structured' pane on the right lists various patient characteristics with checkboxes. The checkboxes for 'Veteran', 'Seasonal', 'Migrant', and 'Homeless' are checked and highlighted with a red box.

Name	Value	Notes
<input checked="" type="checkbox"/> Veteran	No	▼
<input checked="" type="checkbox"/> Seasonal	No	▼
<input checked="" type="checkbox"/> Migrant	No	▼
<input checked="" type="checkbox"/> Homeless	No	▼
<input type="checkbox"/> Limited English ...	No	▼
<input type="checkbox"/> Public Housing	No	▼
<input type="checkbox"/> Reason patient ...	In hospice	▼
<input type="checkbox"/> Date of inelig ...	03/21/2018	▼
<input type="checkbox"/> How did you he ...		▼
<input type="checkbox"/> Number of livi ...		▼
<input type="checkbox"/> Referred to pr ...		▼
<input type="checkbox"/> Sexual Orienta ...		▼
<input type="checkbox"/> Gender Identit ...		▼

The structured data questions and values must be created as follows:

Question	Type	Value
Veteran	Boolean	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant	Boolean	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Housing	Boolean	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
Seasonal	Boolean	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	Boolean	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Child Question - Homeless Status	<ul style="list-style-type: none"> <input type="checkbox"/> Doubling Up <input type="checkbox"/> Street <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Transitional <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Note: For more information about building structured data questions, refer to [Building Structured Data Questions](#).

Generating the Table 4: Selected Patient Characteristics Report



Enhanced Feature

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 4: Selected Patient Characteristics report:

1. From the UDS Encounter-Based folder, click *Table 4: Patient Characteristics Report*.

The Patient Characteristics Report prompt page opens:

Table 4: Selected Patient Characteristics: Prompt Page

Note: Unmapped Insurances will automatically be counted on Line item 11. Private Insurances

Please check "Exception Tab" at the end for patients in multiple insurance category.

Date Range: * Custom Date * Jan 1, 2021 Jul 12, 2021	Facility: * <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: * <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: * 2021		
Grantee Type: * <input checked="" type="radio"/> All - Community Health Center <input type="radio"/> Migrant <input type="radio"/> Homeless <input type="radio"/> Public Housing		
Include Non-billable Visits: * <input checked="" type="radio"/> No <input type="radio"/> Yes		
Group by Insurance or Insurance Group: * <input checked="" type="radio"/> Insurance <input type="radio"/> Insurance Group		
<p>Line 24: Select School-Based Facility Only:</p> <ul style="list-style-type: none"> * Line 24: Select School-Based Facility Only: * Exclude Visit Type: * 8a. Regular Medicaid: * 9. MEDICARE (TITLE XVIII): * 10b. Other Public Insurance CHIP: <p>7. None/Uninsured:</p> <p>8b. CHIP Medicaid:</p> <p>10a. Other Public Insurance Non-CHIP:</p> <p>Dental/Vision:</p>		
<p>OK Mapping Validation Cancel</p>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Line 24 Facility	Use this expandable option to select facilities that are considered as having school-based encounters.
Provider	Select all qualified providers from the <i>Providers</i> field.

Filter	Description
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Grantee Type	Select a <i>Grantee Type</i> radio button.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Group by Insurance or Insurance Group	Select the <i>Insurance</i> or <i>Insurance Group</i> radio button. Note: The insurance or insurance group cannot be in multiple categories, or the data will be duplicated.
Expandable options	Select the insurances in the available categories (e.g., Medicare, Medicaid). Note: Enter the percent symbol (%) in the Search box to generate a list in the results box. Select an option from the Results list and click <i>Insert</i> to move the selected insurance into the Choice box.

3. Click *Mapping Validation*:



The Validation Report displays:

Table 4: Selected Patient Characteristics - Validation Report: Prompt Page	
7. None/ Uninsured	None
8a. Regular Medicaid	None
8b. CHIP Medicaid	None
9. Medicare (TITLE XVIII)	None
10a. Other Public Insurance Non CHIP	None
10b. Other Public Insurance CHIP	None
Dental Vision	None

Back **OK**

Note: Insurance mapping on Table 4 should be identical to the insurance mapping on the ZIP Code report.

4. Click *Finish*.

The report is generated.

Note:

- An Insurance/Insurance Group cannot be included in multiple categories; doing so will duplicate the data.
- Any unmapped insurance is grouped under the *Private Insurance* category.

Sample of the Table 4: Selected Patient Characteristics Report Output

The Table 4: Selected Patient Characteristics report is organized into nine different tabs. The different tabs provide an unduplicated count of patients who were seen for an eligible UDS visit type, who have a calculated poverty level percentile, and who answered *Yes* to the migrant/seasonal status, veteran status, homeless status, or public housing status structured data questions. The report also provides a list of patients by age (as of June 30th of the reporting year) and by payer and patients who had a school-based encounter.

Note: For more information about capturing the data represented in Table 4, refer to [Table 4: Selected Patient Characteristics Workflow](#).

The following images are examples of all eight tabs included in the Table 4: Selected Patient Characteristics report:

Main tab:

Table 4: Main	Patient By Poverty Level	Patients By Special Population	Patients By Homeless	Patients By Veteran	Patients By Public Housing	0-17 Years: Patients by Payor	>18 Years: Patients by Payor	Line 24: Patients with School-based Encounter		
Table 4: Selected Patient Characteristics Jan 1, 2021 - Dec 31, 2021										
Note: Unmapped insurances will automatically be counted on Line Item 11. Private insurances										
Facility: Boca South, Health Center 10, Health Center 12, Health Center 3, Health Center 6, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates										
Provider: Jones, Mary Smith, John Willis, Sam										
Income as Percent of Poverty Level								Number of Patients (a)		
1. 100% AND BELOW								12		
5. Unknown								325		
6. Total (Sum Lines 1-5)								337		
Principal Third Party Medical Insurance Source				0-17 Years Old (a)		18 and Older (b)				
07. None/ Uninsured				81		211				
08a. Regular Medicaid (Title XIX)				0		11				
09. MEDICARE (TITLE XVIII)				0		7				
09a. Dually Eligible (Medicare + Medicaid)				0		1				
10a. Other Public Insurance Non-CHIP (specify)				2		11				
11. PRIVATE INSURANCE				1		13				
Total (Sum Lines 7+8+9+10+11)				84		253				
Characteristics - Special Populations								Number of Patients (a)		
14. Migratory (330 grantees only)								8		
15. Seasonal (330 grantees only)								3		
16. Total Agriculture Workers or Dependents (All Grantees Report This Line)								11		
18. Transitional (330 grantees only)								1		
20. Street (330 grantees only)								2		
Unknown								2		
23. Total Homeless (All Grantees Reports This Line)								5		
24. Total School-Based Health Center Patients								1		
25. TOTAL VETERANS (ALL GRANTEES REPORT THIS LINE)								9		
26. Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)								13		

Patient by Poverty Level tab:

Table 4: Main	Patient By Poverty Level	Patients By Special Population	Patients By Homeless	Patients By Veteran	Patients By Public Housing	0-		
Table 4: Patients by Poverty Level - Detail Jan 1, 2000 - Jul 6, 2020								
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates								
Provider: Jones, Mary Smith, John Willis, Sam								
Income as Percent of Poverty Level	Account No	Patient Name	Gender	Poverty Level	Income	Dependants	Assigned Date	Expiry Date
1. 100% AND BELOW	9398		male	97	20,000	3	Jul 9, 2019	Jul 8, 2020
	11437		female	10	1,111	1	Aug 8, 2019	Aug 7, 2020
	9345		male	34	10,000	5	Sep 19, 2018	Sep 19, 2019
	11436		unknown	0	0	1	Mar 7, 2019	Sep 17, 2020
	11454		female	83	10,000	1	Aug 27, 2019	Aug 26, 2020
	11496		female	61	10,000	2	Oct 10, 2019	Oct 9, 2020
	11480		male	0	0	0	Jul 2, 2019	Oct 2, 2020
	11484		male	0	0	0	Feb 4, 2020	Feb 3, 2021
	11596		male	37	500	2	May 15, 2020	May 15, 2021
	11488		male	4	1,000	4	Sep 4, 2019	Oct 3, 2020
	11427		male	9	1,000	1	Jul 19, 2019	Jul 18, 2020
	11655		male	31	5,000	2	Jul 1, 2020	Jul 1, 2021
	11656		male	31	5,000	2	Jul 1, 2020	Jul 1, 2021
	9362		male	83	10,000	1	Sep 25, 2018	Sep 28, 2019
	11587		male	97	20,000	3	Apr 23, 2020	Apr 23, 2021
	9391		male	31	5,000	2	Feb 24, 2020	Feb 23, 2021
1. 100% AND BELOW								16
5. Unknown	11554		female					
	11546		male					
	11531		female					
	11633		male					

Note:

- Patients who do not have gross income calculated will be listed in the *Unknown* category on the report
- The report evaluates data one year (12 months) from the patient's most recent encounter
- The Assign date should be within 12 months prior to most recent appointment in the reporting year

Patients by Special Population Status tab:

Table 4: Main	Patient By Poverty Level	Patients By Special Population	Patients By Homeless	Patients By Veteran	Patients By Public	
Table 4: Migratory and Seasonal - Detail Jan 1, 2000 - Jul 6, 2020						
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates						
Provider: Jones, Mary Smith, John Willis, Sam						
Characteristics - Special Populations	Account No	Patient Name	Gender	Date of Birth	Seasonal Answer	Migrant Answer
14. Migratory (330 grantees only)	11532	John Doe	male	Jan 11, 1995		Yes
	9398	John Doe	male	Jan 1, 1944		Yes
	11483	John Doe	female	Feb 15, 1956		Yes
	11437	John Doe	female	Aug 10, 1989	Yes	Yes
	9345	John Doe	male	Sep 1, 1966	Yes	Yes
	11436	John Doe	unknown	Aug 19, 1999	Yes	Yes
	11453	John Doe	female	Jan 4, 1968		Yes
	11454	John Doe	female	Aug 2, 2018	Yes	Yes
	9381	John Doe	male	Jun 1, 2000		Yes
	11480	John Doe	male	Sep 2, 1990	Yes	Yes
	11442	John Doe	female	Aug 15, 1987	Yes	Yes
	11409	John Doe	male	Aug 22, 2011		Yes
	9377	John Doe	male	Dec 1, 1998		Yes
	11408	John Doe	male	Aug 4, 2010		Yes
	9400	John Doe	male	Sep 1, 1995	Yes	Yes
	9362	John Doe	male	Jan 22, 1998	Yes	Yes
	9386	John Doe	female	Jun 1, 2001		Yes
14. Migratory (330 grantees only)						17
15. Seasonal (330 grantees only)	9334	John Doe	female	Sep 1, 1998	Yes	
	9380	John Doe	male	May 1, 1999	Yes	
	11418	John Doe	male	Jan 1, 2017	Yes	

Note: If the patient was selected as *Migrant and Seasonal*, they will display on the report as *Migrant* only.

Patients by Homeless Status tab:

Table 4: Homeless Patients - Detail Jan 1, 2000 - Jul 6, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates

Provider: Jones, Mary | Smith, John | Willis, Sam

Account No	Gender	Date of Birth	Patient Name	Homeless Status Answer
11483	female	Feb 15, 1956	[REDACTED]	Street
11437	female	Aug 10, 1989	[REDACTED]	Street
9334	female	Sep 1, 1998	[REDACTED]	Street
9345	male	Sep 1, 1986	[REDACTED]	
11438	unknown	Aug 19, 1999	[REDACTED]	Homeless Shelter
11453	female	Jan 4, 1988	[REDACTED]	
11454	female	Aug 2, 2018	[REDACTED]	Doubling Up
9395	female	May 3, 2006	[REDACTED]	Other
11442	female	Aug 15, 1987	[REDACTED]	Street
9363	male	May 5, 2017	[REDACTED]	
11488	male	May 2, 2017	[REDACTED]	Unknown
11427	male	Jul 4, 1998	[REDACTED]	Doubling Up
11418	male	Jan 1, 2017	[REDACTED]	Other
11448	male	Oct 1, 1999	[REDACTED]	
9327	female	Jun 13, 2012	[REDACTED]	
9389	female	Feb 1, 2000	[REDACTED]	Street
Summary				16

Patients by Veteran Status tab:

n	Patient By Poverty Level	Patients By Special Population	Patients By Homeless	Patients By Veteran	Patients By 'aly R
Table 4: Veteran Patients - Detail Jan 1, 2000 - Jul 6, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates					
Provider: Jones, Mary Smith, John Willis, Sam					
Account No	Gender	Date of Birth	Patient Name	Veteran Answer	
9397	female	Mar 11, 1999	[REDACTED]	Yes	
11437	female	Aug 10, 1989	[REDACTED]	Yes	
9334	female	Sep 1, 1998	[REDACTED]	Yes	
9345	male	Sep 1, 1966	[REDACTED]	Yes	
11438	unknown	Aug 19, 1999	[REDACTED]	Yes	
11454	female	Aug 2, 2018	[REDACTED]	Yes	
9382	male	Jan 22, 1998	[REDACTED]	Yes	
11448	male	Oct 1, 1999	[REDACTED]	Yes	
9327	female	Jun 13, 2012	[REDACTED]	Yes	
Summary					9

Patients by Public Housing Status tab:

Patients By Homeless	Patients By Veteran	Patients By Public Housing	0-17 Years: Patients by Payor	>18 Years: P
Table 4: Public Housing Patients - Detail Jan 1, 2000 - Jul 6, 2020				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Provider: Jones, Mary Smith, John Willis, Sam				
Account No	Gender	Date of Birth	Patient Name	Public Housing Answer
9399	male	Dec 31, 2012	[REDACTED]	Yes
9397	female	Mar 11, 1999	[REDACTED]	Yes
11437	female	Aug 10, 1989	[REDACTED]	Yes
9345	male	Sep 1, 1966	[REDACTED]	Yes
11438	unknown	Aug 19, 1999	[REDACTED]	Yes
11453	female	Jan 4, 1968	[REDACTED]	Yes
11454	female	Aug 2, 2018	[REDACTED]	Yes
9395	female	May 3, 2006	[REDACTED]	Yes
11442	female	Aug 15, 1987	[REDACTED]	Yes
11409	male	Aug 22, 2011	[REDACTED]	Yes
11408	male	Aug 4, 2010	[REDACTED]	Yes
9382	male	Jan 22, 1998	[REDACTED]	Yes
Summary				12

0-17 Year - Patient by Payor tab:

Patients By Homeless	Patients By Veteran	Patients By Public Housing	0-17 Years: Patients by Payor	>18 Years: Patients by Payor
Table 4: Patient by Primary Insurance (0 - 17 Years Old) - Detail Jan 1, 2000 - Jul 6, 2020				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Provider: Jones, Mary Smith, John Willis, Sam				
Medical Insurance Category	Account No	Patient Name	Primary Insurance	Date of Birth
07. None/ Uninsured	11408			Aug 4, 2010
07. None/ Uninsured	11409			Aug 22, 2011
07. None/ Uninsured	11414			Jul 16, 2015
07. None/ Uninsured	11418			Jan 1, 2017
07. None/ Uninsured	11419			Jun 6, 2002
07. None/ Uninsured	11428			Jul 1, 2010
07. None/ Uninsured	11431			Mar 3, 2019
07. None/ Uninsured	11432			Jun 3, 2019
07. None/ Uninsured	11443			Apr 2, 2018
07. None/ Uninsured	11449			Aug 1, 2012
07. None/ Uninsured	11450			Aug 22, 2012
07. None/ Uninsured	11454			Aug 2, 2018
07. None/ Uninsured	11461			May 6, 2002
07. None/ Uninsured	11468			Sep 1, 2012
07. None/ Uninsured	11476			Mar 1, 2005
07. None/ Uninsured	11484			Jan 1, 2013
07. None/ Uninsured	11485			Jan 1, 2013
07. None/ Uninsured	11490			Dec 1, 2017
07. None/ Uninsured	11511			Nov 1, 2019
07. None/ Uninsured	11515			Nov 11, 2017

>18 Years – Patient by Payor tab:

Table 4: Main	Patient By Poverty Level	Patients By Special Population	Patients By Homeless	Patients By Veteran
Table 4: Selected Patient Characteristics Jan 1, 2000 - Jul 6, 2020				
Note: Unmapped Insurances will automatically be counted on Line Item 11. Private Insurances				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Provider: Jones, Mary Smith, John Willis, Sam				
Income as Percent of Poverty Level		Number of Patients (a)		
1. 100% AND BELOW		18		
5. Unknown		481		
6. Total (Sum Lines 1-5)		497		
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)	
07. None/ Uninsured		82	205	
11. PRIVATE INSURANCE		15	195	
Total (Sum Lines 7+8+9+10+11)		97	400	
Characteristics – Special Populations		Number of Patients (a)		
14. Migratory (330 grantees only)		17		
15. Seasonal (330 grantees only)		7		
16. Total Agriculture Workers or Dependents (All Grantees Report This Line)		24		
17. Homeless Shelter (330 grantees only)		1		
19. Doubling Up (330 grantees only)		2		
20. Street (330 grantees only)		5		
21. Other (330 grantees only)		2		
22. Unknown (330 grantees only)		1		
Unknown		5		
23. Total Homeless (All Grantees Reports This Line)		16		
25. TOTAL VETERANS (ALL GRANTEES REPORT THIS LINE)		9		
26. Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)		12		

Line 24: Patient with school-based encounter:

Table 4: Patients with School based Encounter - Detail Jan 1, 2021 - Dec 31, 2021				
Facility: Boca South, Health Center 10, Health Center 12, Health Center 3, Health Center 6, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Provider: Jones, Mary Smith, John Willis, Sam				
Account Number	Date of Birth	Patient Name	Service Date	Facility Name
13280	Feb 14, 1994	UDS2,Table4	Apr 30, 2021	Health Center 3
Summary				1

Note: The facility selected in the Line 24 prompt should also be selected in the regular facility prompt.

Exceptions subtab:

Patients By Homeless	Patients By Veteran	Patients By Public Housing	0-17 Years: Patients by Payor	>18 Years: Patients by Payor	Exception: Line 7,8,9,10 & 11
Table 4: Patients Listed in More than One Insurance Category - Exception: Line 7, 8, 9, 10 and 11 Jan 1, 2000 - Jul 6, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates		Provider: Jones, Mary Smith, John Willis, Sam			
Patient Name	Account No	Date of Birth	Age as of June	Principal Third Party Medical Insurance Source	Primary Insurance

Validation Report for Table 4: Selected Patient Characteristics

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

Validation reports can be found in the Exception Reports folder in the UDS package. Run the *Poverty Level missing in Reporting Year* validation report to find the list of patients that do not have their poverty level captured for the reporting year.

Other exception reports related to Table 4 include:

- Patient with multiple primary insurance
- Demographic vs. claim insurance mismatch report

Table 5: Staffing and Utilization

The Table 5: Staffing and Utilization report displays a count of patients and the number of patient encounters within a reporting period.

For more information about the Table 5 report, refer to the following sections:

- [Table 5: Staffing and Utilization Flowchart](#)
- [Table 5: Staffing and Utilization Workflow](#)
- [Generating the Table 5: Staffing and Utilization Report](#)
- [Validation Report for Table 5: Staffing and Utilization](#)

Table 5: Staffing and Utilization Flowchart

The following diagram depicts the Table 5: Staffing and Utilization reporting process:

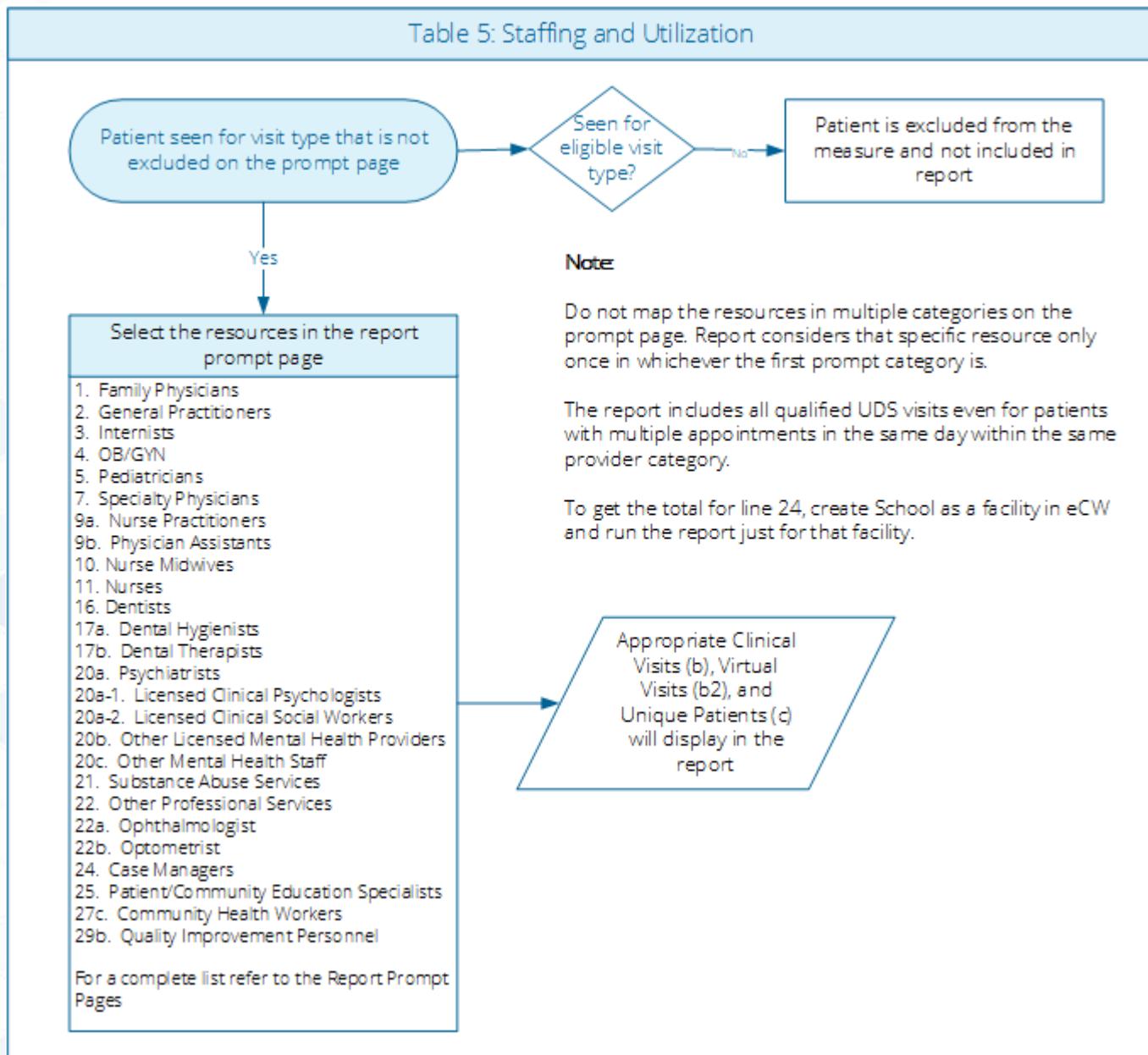
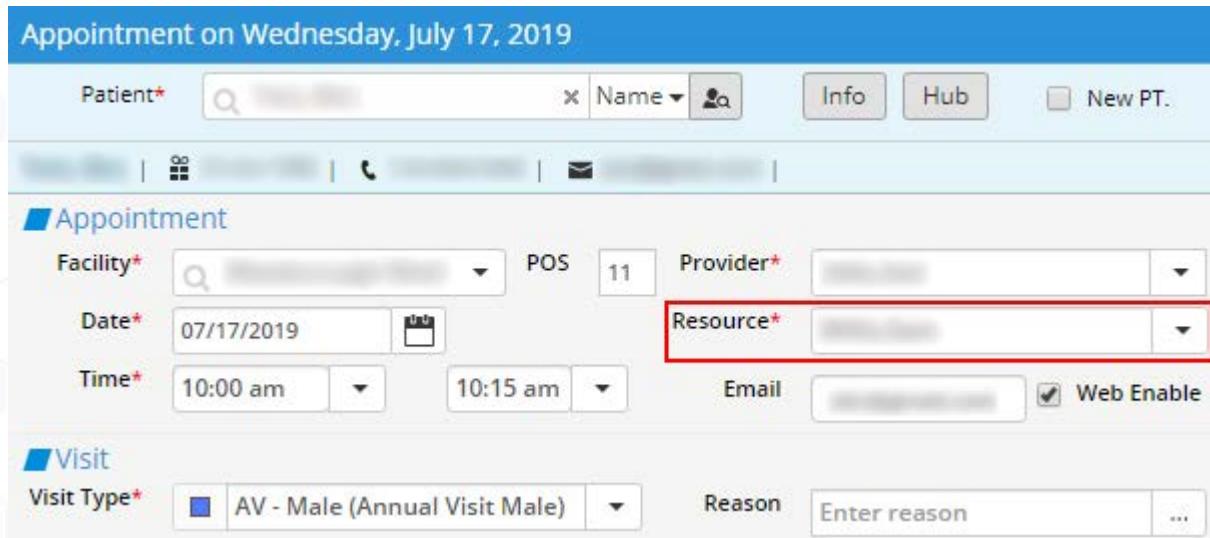


Table 5: Staffing and Utilization Workflow

Path: Main Menu > Practice > Resource Schedule > Appointment window

On the Appointment window, select the *Resource* from the drop-down list:



The screenshot shows the 'Appointment on Wednesday, July 17, 2019' window. The 'Appointment' section is active. The 'Resource*' dropdown is highlighted with a red box. Other fields shown include 'Facility*', 'Date*', 'Time*', 'Provider*', 'Email', and 'Visit Type*'.

Telehealth Visit Workflow

To conform to the reporting requirements in HRSA's 2021 UDS Manual, report any documented virtual (telemedicine) encounter between a patient and a licensed or credentialed provider in column B2.

For more detail please refer to HRSA UDS manual.

The following list contains the telehealth visit workflows:

- Utilize the eClinicalWorks healow module. Create a healow encounter, and place an audio or video call.
- *Progress Notes > Visit Code hyperlink > Billing window > CPT section:*
G0071, G0406, G0407, G0408, G0425, G0426, G0427, G2025, 99441, 99442, 99443
OR
Modifier: 95 or GT
- *Appointment window > POS: 2*

Generating the Table 5: Staffing and Utilization Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Encounter folder

To generate the Table 5 report:

1. From the UDS Encounter-Based folder, select *Table 5: Staffing and Utilization*.

The Staffing and Utilization Report prompt page opens:

Table 5: Staffing and Utilization: Prompt Page
Table 5 runs based on Resource Provider mapping for all Provider Types.

Date Range: Custom Date Jan 1, 2021 - Nov 29, 2021	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Associates	Exclude Visit Type: Search <input type="button" value="Search"/>
Reporting Year: 2021	Results:	Choice: None
Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes	Select all Deselect all	
Grantee Type: <input checked="" type="radio"/> All - Community Health Center <input type="radio"/> Migrant <input type="radio"/> Homeless <input type="radio"/> Public Housing	1. Family Physicians: 2. General Practitioners: 3. Internists: 4. Obstetrician/Gynecologists: 5. Pediatricians: 6. Physician Assistants: 7. Other Specialty Physicians: 8. Physician Assistants: 9. Nurses: 10. Certified Nurse Midwives: 11. Dental Hygienists: 12. Dentists: 13. Dental Therapists: 14. Licensed Clinical Psychologists: 15. Other Licensed Mental Health Providers: 16. Substance Use Disorder Services: 17. Ophthalmologist: 18. Case Managers: 19. Community Health Workers: 20. Psychiatricians: 21. Licensed Clinical Social Workers: 22. Other Mental Health Staff: 23. Other Professional Services: 24. Optometrist: 25. Patient/Community Education Specialists: 26. Quality Improvement:	
Next Cancel	Select all Deselect all	

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

Filter	Description
Grantee Type	Select a <i>Grantee Type</i> radio button.
Expandable options	Select all qualified providers from the different resource filters (<i>i.e. Family Physicians, General Practitioners, etc.</i>) Note: Enter the percent symbol (%) in the Search box to generate a list in the results box. Select an option from the Results list and click <i>Insert</i> to move the selected insurance into the Choice box.

3. Click *Next*.

The Selected Service Detail Addendum prompt page opens:

Table 5: Selected Service Addendum - Detail: Prompt Page
Table 5 runs based on Resource Provider mapping for all Provider Types

Mental Health Service	
+ • 20a01. Physicians (other than Psychiatrists):	+ • 20a02. Nurse Practitioners:
+ • 20a03. Physician Assistants:	+ • 20a04. Certified Nurse Midwives:
Substance Use Disorder	
+ • 21a. Physicians (other than Psychiatrists):	+ • 21b. Nurse Practitioners (Medical):
+ • 21c. Physician Assistants:	+ • 21d. Certified Nurse Midwives:
+ • 21e. Psychiatrists:	+ • 21f. Licensed Clinical Psychologists:
+ • 21g. Licensed Clinical Social Workers:	+ • 21h. Other Licensed Mental Health Providers:

Back **OK** **Mapping Validation** **Cancel**

[CLICK HERE to run VALIDATION REPORT - Tele Med Visits without Audio/Video Call](#)

a. Select the respective resource providers for *Mental Health Service* and *Substance Use Disorder*.

b. Click *Mapping Validation*.

The Validation Report displays:

Table 5: Staffing and Utilization - Validation Report: Prompt Page	
Resource Provider Mapping	
1. Family Physicians	None
2. General Practitioners	None
3. Internists	None
4. Obstetrician/ Gynecologists	None
5. Pediatricians	None
7. Other Specialty Physicians	None
9a. Nurse Practitioners	None
9b. Physician Assistants	None
10. Certified Nurse Midwives	None
11. Nurses	None
16. Dentists	None
17. Dental Hygienists	None

Note: Resources cannot be mapped in multiple categories, or the data will be duplicated.

4. (Optional) Click the *CLICK HERE to run VALIDATION REPORT - Tele Med Visits without AudioVideo Call* button or did not document virtual visit Current Procedural Terminology (CPT®)* on the visit:



5. Click *Finish*.

The report is generated.

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Sample of the Table 5: Staffing and Utilization Report Output

The following images are examples of the Table 5: Staffing and Utilization report:

Main page:

Table 5: Summary Report	Table 5: Addendum Detail	Detail Report	Mental Health Services Detail Report	Substance Use Disorder Detail Report
Table 5: Staffing and Utilization Jan 1, 2000 - Jul 6, 2020				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1. Family Physicians		842	32	
08. Total Physicians (Lines 1-7)		842	32	
15. Total Medical (Lines 8 + 10a through 14)		842	32	505
34. Grand Total Lines (15+19+20+21+22+22d+23+29+29a+33)		842	32	505

Selected Service Detail Addendum page:

The Selected Service Detail Addendum page provides the number of patients that have had face-to-face and virtual visits for mental health services and substance use services provided by medical and mental health providers.

The window identifies visits in which mental health or substance use services were rendered. All visits for the reporting providers in which ICD-10 codes, specified on Table 6A, are included on the Selected Service Detail Addendum:

Table 5: Summary Report	Table 5: Addendum Detail	Detail Report	Mental Health Services Detail Report	Substance Use Disorder
Table 5: Selected Service Addendum - Detail Jan 1, 2000 - Jul 6, 2020				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Personnel by Major Service Category: Mental Health Service Detail				
Personnel by Major Service Category	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01. Physicians (other than Psychiatrists)	Jones,Mary	1	0	3
20a03. Physician Assistants	Smith,John	1	0	1
Personnel by Major Service Category: Substance Use Disorder Detail				
No Data Available				

Note: Substance use disorder treatment ICD-10 codes are specified on lines 18 – 19a of Table 6A. Mental health treatment ICD-10 codes are specified on lines 20a – 20d of Table 6A. To view a list of the mental health and substance use treatment ICD-10 codes, refer to Table 6A - Selected Diagnoses and Services Rendered - HRSA Selected Diagnoses.

Patient Details page:

The Patient Details page displays the number of face-to-face visits and virtual visits for each resource, as well as patient details:

Table 5: Summary Report	Table 5: Addendum Detail	Detail Report	Mental Health Services Detail Report	Substance Use Disorder Detail Report		
Table 5: Staffing and Utilization - Detail Jan 1, 2000 - Jul 7, 2020						
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates						
1. Family Physicians						
Account No	Patient Name	Gender	Resource Name	Appointment Date	Clinic Visit Encounter ID	Virtual Visit Encounter ID
1	[REDACTED]	female	Jones,Mary	Jan 28, 2009	23,974	
				Jul 24, 2019		
			Smith,John	Aug 20, 2019		26,822
10	[REDACTED]	female	Jones,Mary	Jan 14, 2009	23,693	
100			male	Jones,Mary	Jan 14, 2009	23,694
				Willis,Sam	Dec 31, 2008	23,760
101	[REDACTED]	female	Jones,Mary	Jan 14, 2009	23,695	
				Willis,Sam	Dec 31, 2008	23,761
102			female	Jones,Mary	Jan 14, 2009	23,696
					Dec 31, 2008	23,762

Note:

- The report includes all qualified UDS visits, even for patients with multiple appointments in the same day within the same provider category.
- Telehealth visits that use interactive, synchronous audio and/or video are included as Virtual visits.

Mental Health Services Detail Report:

eClinicalWorks eBO Viewer - Table 5: Staffing and Utilization													
Table 5: Summary Report		Table 5: Addendum Detail		Detail Report		Mental Health Services Detail Report							
Table 5: Mental Health Services - Detail Jan 1, 2000 - Jul 28, 2020													
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates													
20a01. Physicians (other than Psychiatrists)													
Account No	Patient Name	Gender	Personnel (a1)	Appointment Date	Clinic Visit Encounter ID	Virtual Visit Encounter ID							
11431	Heg,Karthik	male	Jones,Mary	Aug 2, 2019	26,557								
11436	Esc,QA1	unknown	Jones,Mary	Mar 14, 2018	26,572								
11759	Test,Table 6B -G5	female	Jones,Mary	Jul 15, 2020	27,636								
9408	Test,Keri	female	Jones,Mary	Jun 4, 2019	24,471								
4 Total					4		0						
20a03. Physician Assistants													
Account No	Patient Name	Gender	Personnel (a1)	Appointment Date	Clinic Visit Encounter ID	Virtual Visit Encounter ID							
11420	Manju,MS12	male	Willis,Sam	Mar 14, 2019	26,504								
11425	Samsung_Galaxy	male	Willis,Sam	Oct 31, 2019	27,571								
11430	Hegde,Karthik	male	Willis,Sam	Jan 1, 2019	26,937								
11457	Esc,QA6	female	Willis,Sam	Jun 30, 2019	26,716								
11457			Willis,Sam	Jul 6, 2019	26,678								
11458	Dep,Ression	female	Willis,Sam	Sep 3, 2019	26,685								
11483	Hegde,Krish	male	Willis,Sam	Dec 3, 2018	26,936								
11483			Willis,Sam	Sep 6, 2019	26,706								
11494	Depression2,Hello	female	Willis,Sam	Oct 7, 2019	27,560								

Substance Use Disorder Detail Report:

eClinicalWorks eBO Viewer - Table 5: Staffing and Utilization													
Table 5: Summary Report		Table 5: Addendum Detail		Detail Report		Mental Health Services Detail Report							
Table 5: Substance Use Disorder Patient - Detail Jan 1, 2000 - Jul 28, 2020													
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates													
21e. Psychiatrists													
Account No	Patient Name	Gender	Personnel (a1)	Appointment Date	Office Visit Encounter ID	Tele Encounter ID							
11433	Ahmed,Zubair (Table 5)	male	Willis,Sam	Aug 4, 2019	26,562								
11532	ttab 5,Test	male	Willis,Sam	Dec 9, 2019	26,965								
11598	HIV,AAA	male	Willis,Sam	Apr 12, 2020	27,183								
3 Total						3	0						
3 Summary						3	0						

Validation Report for Table 5: Staffing and Utilization

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

Validation reports can be found in the Exception Reports folder in the UDS package. Run the *Resource Provider Utilization* validation report to return a list of the resources in eClinicalWorks.

Table 6A - Selected Diagnoses and Services Rendered

The Table 6A: Selected Diagnoses and Services Rendered report displays selected diagnoses within diagnostic categories and services rendered.

Table 6A includes all required ICD and Current Procedural Terminology (CPT®)* codes defined by the Health Resources and Services Administration (HRSA) for each line in the report. The ICD and CPT codes are hard-coded on the report according to HRSA guidelines.

For more information about the Table 6A report, refer to the following sections:

- [Table 6A - Selected Diagnoses and Services Rendered Flowchart](#)
- [Table 6A - Selected Diagnoses and Services Rendered Workflow](#)
- [Generating the Table 6A - Selected Diagnoses and Services Rendered Report](#)

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Table 6A - Selected Diagnoses and Services Rendered Flowchart

The following diagram depicts the Table 6A: Selected Diagnoses and Services Rendered reporting process:

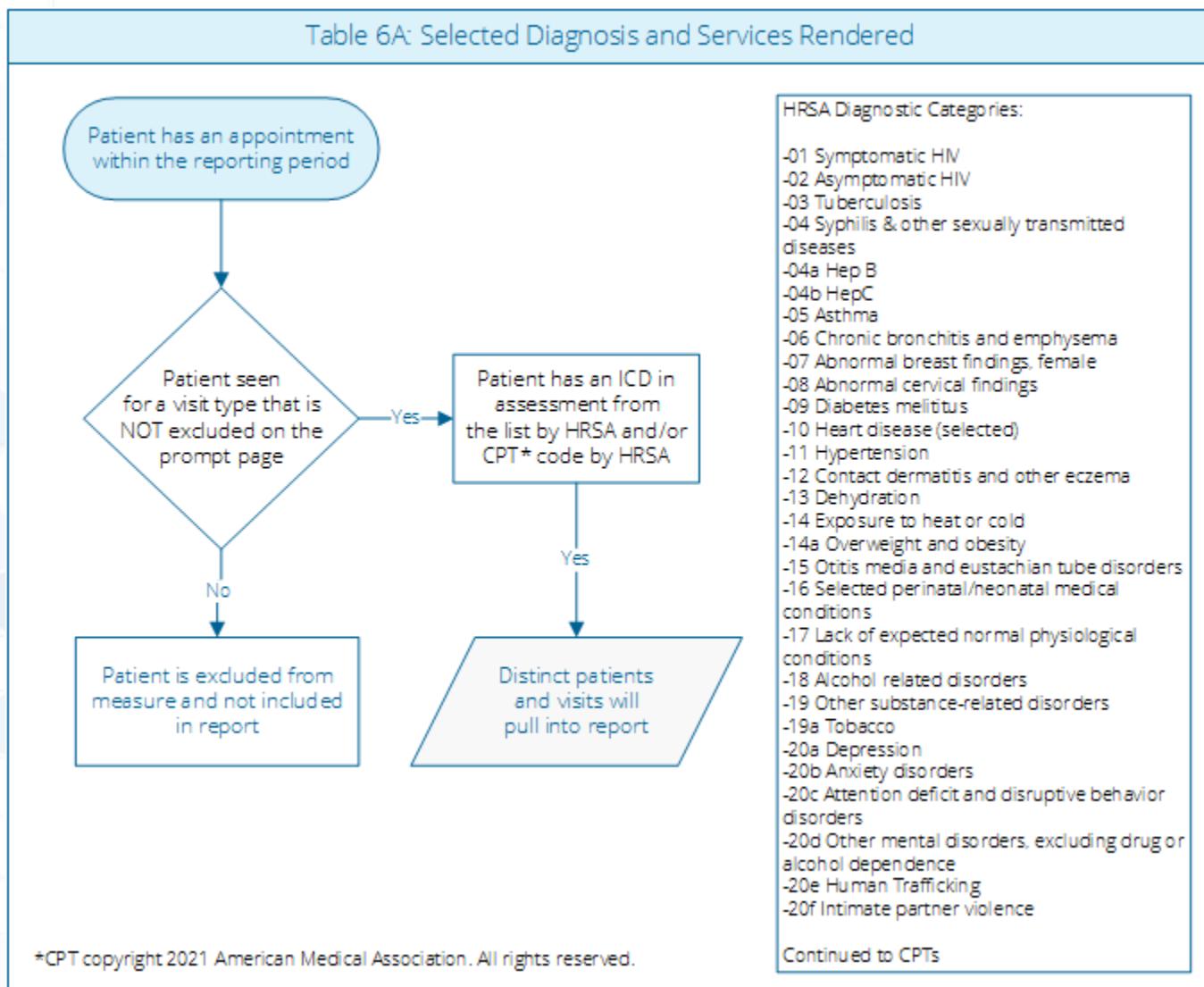
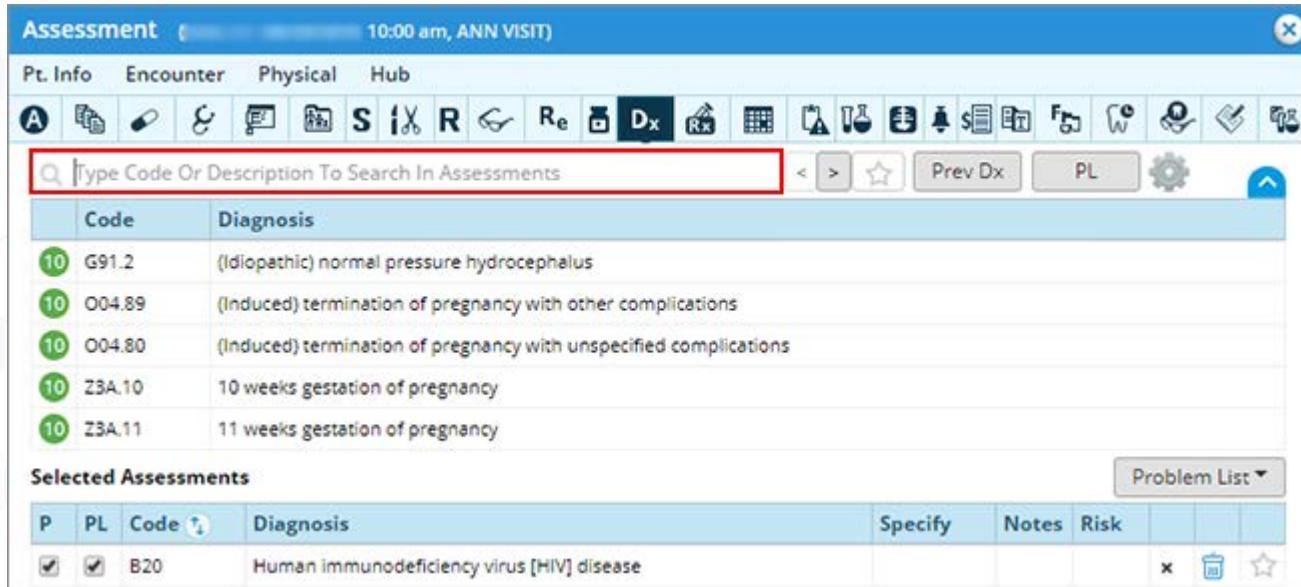


Table 6A - Selected Diagnoses and Services Rendered Workflow

Path: Progress Notes > Assessments

Document the International Classification of Diseases (ICD) codes in the Assessments section of the Progress Notes:



The screenshot shows the 'Assessment' window with the title '10:00 am, ANN VISIT'. The top menu includes 'Pt. Info', 'Encounter', 'Physical', and 'Hub'. Below the menu is a toolbar with various icons. A search bar at the top says 'Type Code Or Description To Search In Assessments'. The main area is a table with columns 'Code' and 'Diagnosis'. The table contains the following data:

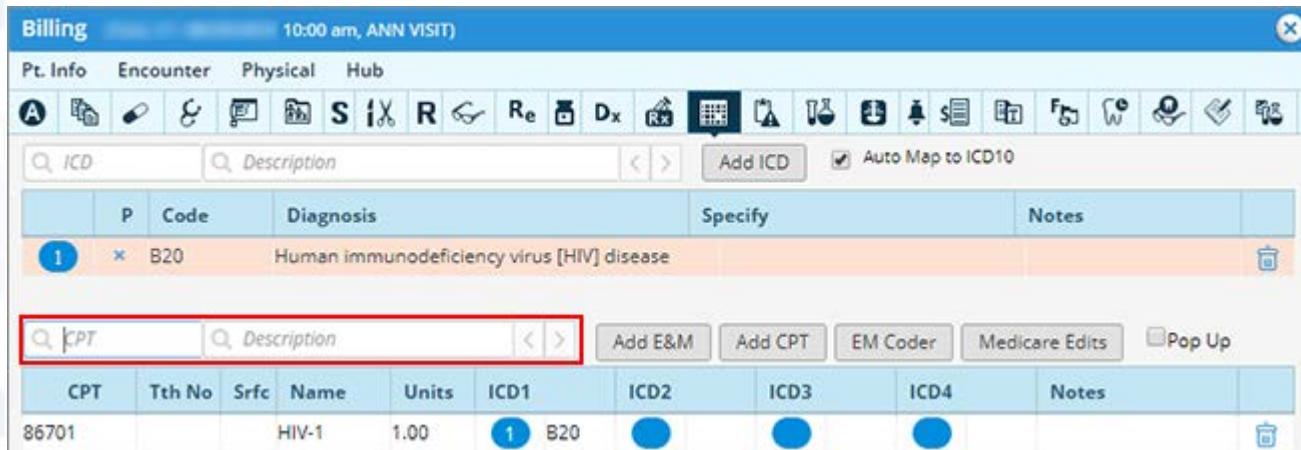
Code	Diagnosis
G91.2	(Idiopathic) normal pressure hydrocephalus
004.89	(Induced) termination of pregnancy with other complications
004.80	(Induced) termination of pregnancy with unspecified complications
Z3A.10	10 weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy

Below this is a section titled 'Selected Assessments' with a table:

P	PL	Code	Diagnosis	Specify	Notes	Risk
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	B20	Human immunodeficiency virus [HIV] disease			

Path: Progress Notes > Procedure Codes

Document the Current Procedural Terminology (CPT*) codes in the Billing window of the Progress Notes:



The screenshot shows the 'Billing' window with the title '10:00 am, ANN VISIT'. The top menu includes 'Pt. Info', 'Encounter', 'Physical', and 'Hub'. Below the menu is a toolbar with various icons. A search bar at the top says 'ICD'. The main area is a table with columns 'P', 'Code', and 'Diagnosis'. The table contains the following data:

P	Code	Diagnosis	Specify	Notes
1	<input checked="" type="checkbox"/> B20	Human immunodeficiency virus [HIV] disease		

Below this is a section titled 'CPT' with a table:

CPT	Tth No	Srfc	Name	Units	ICD1	ICD2	ICD3	ICD4	Notes
86701			HIV-1	1.00	1 B20				

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Table 6A - Selected Diagnoses and Services Rendered - HRSA ICD and CPT/CDT Code Guidelines

The following sections provide tables of the applicable ICD, CPT*, and Current Dental Terminology (CDT®)† codes as defined by HRSA. These codes fit the criteria for the specific diagnostic and service categories listed in Table 6A.

Table 6A - Selected Diagnoses and Services Rendered - HRSA Selected Diagnoses

Line	Diagnostic Category	Applicable ICD-10-CM Code
Selected Infectious and Parasitic Diseases		
1 – 2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21
3.	Tuberculosis	A15- through A19-, O98.0-
4.	Sexually Transmitted Infections	A50- through A64-
4a.	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-
4b.	Hepatitis C	B17.1-, B18.2, B19.2-
4c.	Corona Virus	U07.1
Selected Diseases of the Respiratory System		
5.	Asthma	J45-
6.	Chronic Obstructive Pulmonary Diseases	J40- through J41- through J44-, J47- Note: Code J40 is counted only if code U07.1 (COVID-19) is not used.
6a.	Acute Respiratory Illness due to COVID-19	J12.89, J20.8, J22, J98.8, J80 Note: J40 is only considered when there is also a diagnosis of U07.1.
Selected Other Medical Conditions		
7.	Abnormal Breast Findings, Female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-

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Line	Diagnostic Category	Applicable ICD-10-CM Code
8.	Abnormal Cervical Findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820
9.	Diabetes Mellitus	E08- through E13-, O24- (exclude O24.41-)
10.	Heart Disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-
11.	Hypertension	I10- through I16-, O10-, O11-
12.	Contact Dermatitis and Other Eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-
13.	Dehydration	E86-
14.	Exposure to Heat or Cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-
14a.	Overweight and Obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)
Selected Childhood Conditions (Limited to Ages 0 – 17)		
15.	Otitis Media and Eustachian Tube Disorders	H65- through H69-
16.	Selected Perinatal Medical Conditions	A33-, P19-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89
17.	Lack of Expected Normal Physiological Development (<i>i.e.</i> , delayed milestone, failure to gain weight, failure to thrive) Nutritional Deficiencies in Children Only (does not include sexual or mental development)	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3
Selected Mental Health Conditions and Substance Use Disorders		
18.	Alcohol-Related Disorders	F10-, G62.1, O99.31-
19.	Other Substance-Related Disorders (excluding tobacco use disorders)	F11- through F19- (Exclude F17-), G62.0, O99.32-

Line	Diagnostic Category	Applicable ICD-10-CM Code
19a.	Tobacco Use Disorder	F17-, O99.33-
20a.	Depression and Other Mood Disorders	F30- through F39-
20b.	Anxiety Disorders (including Post-Traumatic Stress Disorder [PTSD])	F06.4, F40- through F42-, F43.0, F43.1-, F93.0
20c.	Attention Deficit and Disruptive Behavior Disorders	F90- through F91-
20d.	Other Mental Disorders (excluding drug or alcohol dependence)	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-) O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0
20e.	Human Trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42
20f.	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0-

Table 6A - Selected Diagnoses and Services Rendered - HRSA Selected Services Rendered

Line	Service Category	Applicable ICD-10-CM and/or CPT Codes, Selected Diagnostic Tests/Screening/Preventive Services
Selected Diagnostic Tests/Screening/Preventive Services		
21.	HIV Test	CPT* : 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806
21a.	Hepatitis B Test	CPT : 80074, 86704 through 86707, 87340, 87341, 87350, 87912
21b.	Hepatitis C Test	CPT : 80074, 86803, 86804, 87520 through 87522, 87902
21c.	Novel COVID-19 diagnostic test	CPT : 87426, 87635, 87636, 87637, 0240U, 0241U HCPCS : U0001, U0002, U0003, U0004
21d.	COVID-19 antibody test	CPT : 86328, 86408, 86409, 86769

Line	Service Category	Applicable ICD-10-CM and/or CPT Codes,
21e.	Pre-Exposure Prophylaxis (PrEP) Prescription (Changed from 2a to 21e)	<p>ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Excluding patients with HIV (ICD-10 codes: B20, B97.35, O98.7-, z21)</p> <p>AND</p> <p>Patients with ICD code documented during visit, with:</p> <ul style="list-style-type: none"> ■ CPT: 99401-99404 OR ■ PrEP Medication: <ul style="list-style-type: none"> ◆ Create Rx group for PrEP medication ◆ Prescribed under the Treatment section of the Progress Notes <p>Note: For PrEP medications, create an Rx Group for the PrEP medication and prescribe the appropriate medication from the Treatment section of a patients Progress Notes - documented on the same visit.</p>
22.	Mammogram	<p>CPT: 77063, 77065, 77066, 77067 OR HCPCS: G0279 OR ICD-10: Z12.31</p>
23.	Pap Test	<p>CPT: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42 (exclude Z01.411 and Z01.419), Z12.4</p>
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B	<p>CPT: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700 through 90708, 90710, 90712 through 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748</p>

Line	Service Category	Applicable ICD-10-CM and/or CPT Codes,
24a.	Seasonal Flu Vaccine	CPT: 90630, 90653 through 90658 (except 90684), 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756
24b.	Coronavirus (SARS-CoV-2) vaccine	CPT: 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0014A, 0021A, 0022A, 0023A, 0024A, 0031A, 0032A, 0033A, 0034A, 0041A, 0042A, 0043A, 0044A, 91300, 91301, 91302, 91303, 91304
25.	Contraceptive Management	ICD-10: Z30-
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT: 99381 through 99383; 99391 through 99393 ICD-10: Z00.1-, Z67.1, Z76.2
26a.	Childhood Lead Test Screening (9 to 72 months)	CPT: 83655 ICD-10: Z13.88
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050
26c.	Smoke and Tobacco Use Cessation Counseling	CPT: 99406, 99407 OR HCPCS: S9075
26d.	Comprehensive and Intermediate Eye Exams	CPT: 92002, 92004, 92012, 92014
Selected Dental Services		
27.	Emergency Services	CDT†: D0140, D9110
28.	Oral Exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180
29.	Prophylaxis (adult or child)	CDT: D1110, D1120
30.	Sealants	CDT: D1351
31.	Fluoride Treatment (adult or child)	CDT: D1206, D1208 CPT: 99188
32.	Restorative Services	CDT: D21xx through D29xx
33.	Oral Surgery (extractions and other surgical procedures)	CDT: D7xxx
34.	Rehabilitative Services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx

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Generating the Table 6A - Selected Diagnoses and Services Rendered Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

1. From the UDS Encounter-Based folder, click *Table 6A: Selected Diagnoses and Services Rendered*.

The Table 6A Selected Diagnoses and Services Rendered report prompt page opens:

TABLE 6A - SELECTED DIAGNOSES AND SERVICES RENDERED: Prompt Page

Date Range:

Reporting Year:

Include Non-billable Visits:
 No Yes

Grantee Type:
 All - Community Health Center Migrant Homeless Public Housing

OK **Cancel**

Facility:

- Boca South
- Ready Med Allergy and Asthma Clinic
- Ready Med Cardiology Clinic
- Ready Med CCM Services
- Ready Med Dental Clinic
- Ready Med Dermatology
- Ready Med Ear Nose & Throat
- Ready Med Endocrinology
- Ready Med Flow sheets
- Ready Med Gastroenterology
- Ready Med GraniteState PT Clinic

[Select all](#) [Deselect all](#)

Exclude Visit Type:

Results:

[Select all](#) [Deselect all](#)

Choice: [Select all](#) [Deselect all](#)

Provider:

- Bryant, Roy
- Clark, Matt
- Davis, Alan
- Diaz, Sean
- Dummy, Provider
- Edwards, Donald
- Gray, Jack
- Harris, Rebecca
- Jones, Mary S
- Nelson, Eric
- Saber, Sam

[Select all](#) [Deselect all](#)

Rx Group:

- None
- Adult BMI
- Anti-Coagulant
- Asthma_UDS
- Depression Scree
- IVD
- Prep Rx Group
- Statin

[Select all](#) [Deselect all](#)

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Grantee Type	Select a <i>Grantee Type</i> radio button.
Rx Group	Check the applicable <i>Rx Group</i> boxes.

Filter	Description
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of Table 6A - Selected Diagnoses and Services Rendered Report Output

The following image is an example of the Table 6A: Selected Diagnoses and Services rendered report.

Report Summary:

Table 6A: Selected Diagnoses and Services Rendered Jan 1, 2000 – Jul 7, 2020		
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates		
Provider: Jones, Mary Smith, John Willis, Sam		
Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
01-02. Symptomatic HIV, Asymptomatic HIV	57	38
03. Tuberculosis	1	1
04. Syphilis and other sexually transmitted diseases	1	1
04a. Hepatitis B	1	1
05. Asthma	4	4
06. Chronic bronchitis and emphysema	3	3
08. Abnormal cervical findings	1	1
09. Diabetes mellitus	34	31
10. Heart disease (selected)	20	18
11. Hypertension	16	14
12. Contact dermatitis and other eczema	1	1
13. Dehydration	1	1
14. Exposure to heat or cold	1	1
14a. Overweight and obesity	1	1
15. Otitis media and eustachian tube disorders	2	1
18. Alcohol related disorders	3	2
19. Other substance related disorders (excluding tobacco use disorders)	1	1

☰ Top ⌂ Page up ⏪ Page down ⏩ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6A: Selected Diagnoses and Services Rendered - Detail Jan 1, 2000 - Jul 7, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
 Provider: Jones, Mary | Smith, John | Willis, Sam

Diagnostic Category	Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Service Date	ICD-10/CPT Code
01-02. Symptomatic HIV, Asymptomatic HIV	11410	Jones, Mary	Jul 1, 2000			Oct 1, 2018	B20
	11415	Jones, Mary	Jul 1, 1998			Dec 18, 2018	B20
	11416	Jones, Mary	Jul 3, 1974			Mar 1, 2019	B20
	11420	Jones, Mary	Jul 6, 1996			Jul 11, 2019	B20
	11436	Jones, Mary	Aug 19, 1999	Jones, Mary	Jones, Mary	Mar 14, 2019	B20
	11471	Jones, Mary	Sep 17, 2009	Jones, Mary	Jones, Mary	Apr 17, 2019	B97.35
						May 24, 2019	B20
							B97.35
							Z21
	11476	Jones, Mary	Mar 1, 2005			Nov 11, 2018	B20
						Jan 3, 2019	B20
	11498	Jones, Mary	Oct 15, 1986	Jones, Mary	Jones, Mary	May 1, 2019	B20
						May 22, 2019	B20
	11508	Jones, Mary	Nov 4, 1996	Jones, Mary	Jones, Mary	Jan 1, 2019	B20
	11511	Jones, Mary	Nov 1, 2019			Nov 8, 2019	B20
	23	Jones, Mary	Jul 23, 2014	Jones, Mary	Jones, Mary	Aug 10, 2018	B20
	9292	Willis, Sam	Jan 2, 1988	Willis, Sam	Willis, Sam	Jul 25, 2018	B20
	9300	Willis, Sam	Sep 19, 1992			Jul 24, 2019	B20
	9302	Willis, Sam	Aug 7, 1991			Aug 10, 2018	B20

Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients

The Table 6B - Section A: Demographic Characteristics of Prenatal Care Patients report displays the total number of patients who received or were referred for prenatal care services at any time during the reporting period by age group. The report includes all women that received any prenatal care during the reporting year, including the delivery of their children, regardless of when that care was initiated. The age of the patient is calculated as of June 30th of the reporting year.

The following table displays that for prenatal care, patients with only a virtual visit should not be included in the prenatal care measures if they do not have an in-person prenatal physical exam visit. Therefore, patients should have at least one in-person OB visit during their pregnancy, which can be during a prior year or within the current year:

In-person OB encounter between pregnancy created date and end of measurement period OR In person OB encounter between flowsheet date and end of measurement period OR <i>Trimester of care if not with grantee filled out</i>	AND	Patient should have at least one in-person OR Telehealth visit during reporting year
---	------------	---

For more information about how to document a telehealth visit, refer to [Telehealth Visit Workflow](#).

For more information about the Table 6B – Section A report, refer to the following sections:

- [Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Flowchart](#)
- [Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Workflow](#)
- [Generating the Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Report](#)

Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Flowchart

The following diagram depicts the Table 6B – Section A: Prenatal Patients reporting process:

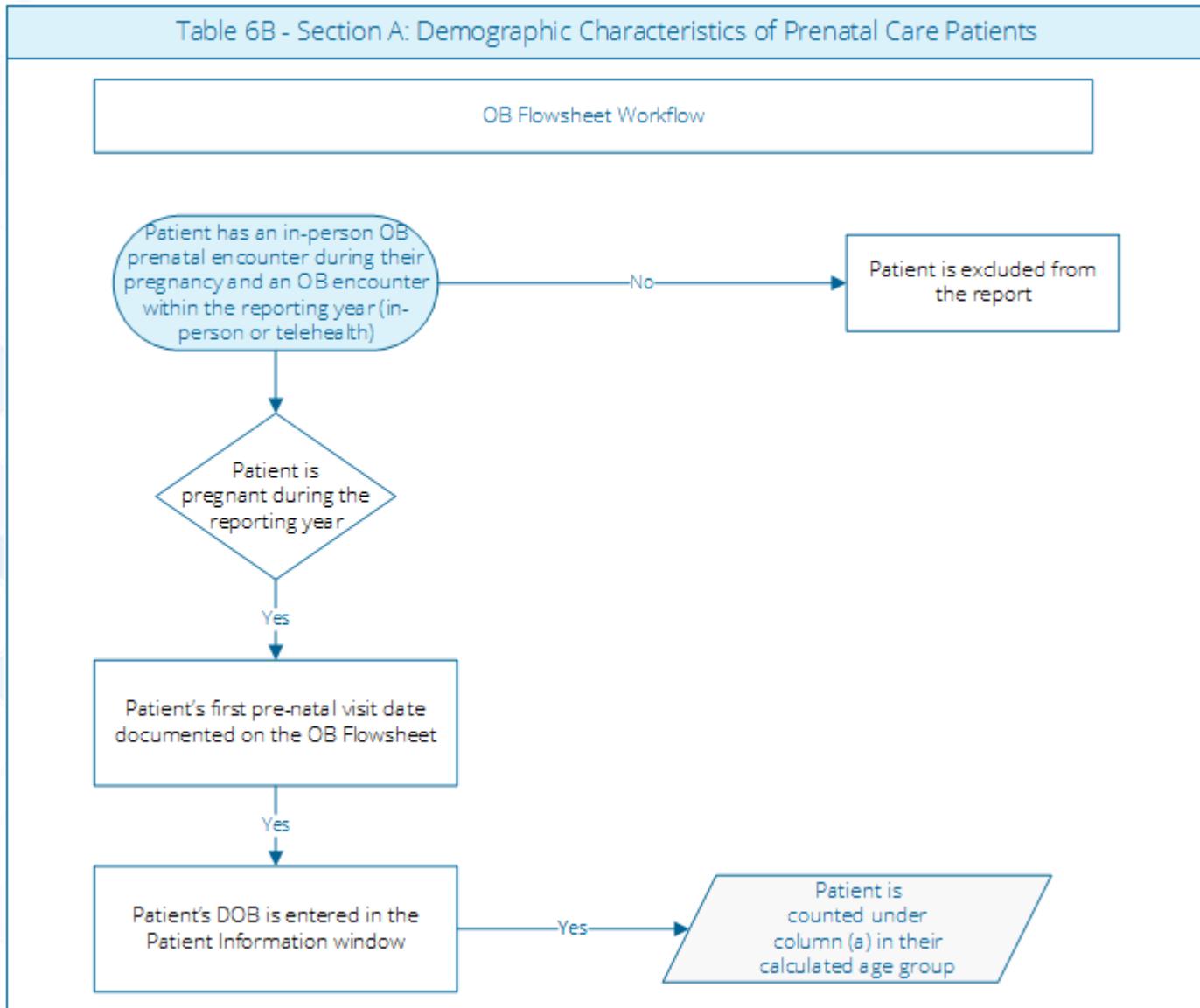


Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Workflow

The following sections describe the workflows for documenting the Last Menstrual Period (LMP), LMP Estimated Delivery Date (EDD), Ultrasound EDD, and OB referral for prenatal care.

For more information, refer to:

- Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients LMP, LMP EDD, and Ultrasound EDD
- Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals

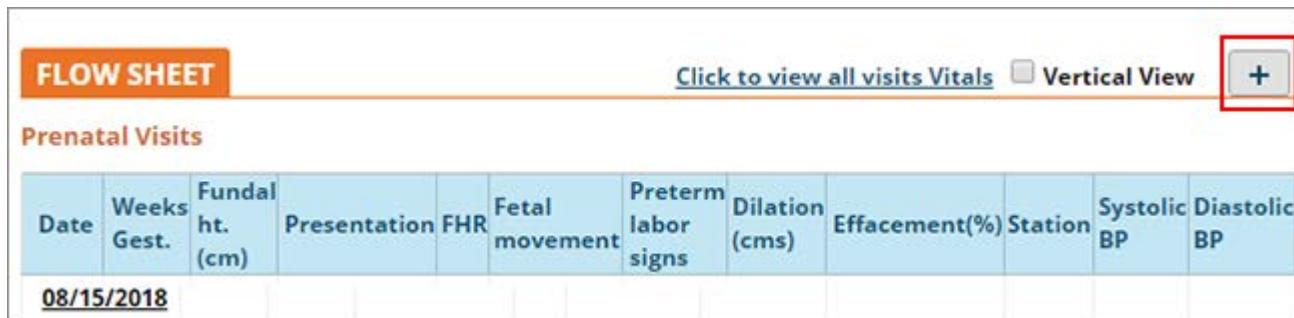
Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients LMP, LMP EDD, and Ultrasound EDD

Path: *Progress Notes > OB Flowsheet*

On the OB Flowsheet, document the LMP, LMP EDD, or Ultrasound EDD for patients who received prenatal care. Documenting the LMP captures the LMP EDD automatically.

To capture OB Flowsheet data:

1. On the OB Flowsheet, under the Flow Sheet tab, click the plus sign (+) to add a new visit:



The screenshot shows the OB Flowsheet interface. At the top, there is a red box around the 'FLOW SHEET' tab. To the right of the tab, there are buttons for 'Click to view all visits Vitals' (with a checked checkbox), 'Vertical View' (with an unchecked checkbox), and a red box around a blue plus sign button. Below the tabs, the text 'Prenatal Visits' is displayed. A table titled 'Prenatal Visits' is shown with the following columns: Date, Weeks Gest., Fundal ht. (cm), Presentation, FHR, Fetal movement, Preterm labor signs, Dilatation (cms), Effacement(%), Station, Systolic BP, and Diastolic BP. The 'Date' column for the first row contains the value '08/15/2018'.

Date	Weeks Gest.	Fundal ht. (cm)	Presentation	FHR	Fetal movement	Preterm labor signs	Dilatation (cms)	Effacement(%)	Station	Systolic BP	Diastolic BP
08/15/2018											

The Flowsheet window opens:

Flow Sheet (**Prenatal Visit** **)**

Name	Value	Name	Value
Date	07/10/2019	Weeks Gest.	27 w 1 d
Fundal ht.(cm)		Presentation	
FHR		Fetal movement	
Preterm labor signs	▼	Dilation (cms)	
Effacement(%)		Station	
Systolic BP		Diastolic BP	
Edema	▼	Weight	
Total Wt gain		Urine Glucose	▼
Urine Albumin	▼	Next Appt.	
Initials	▼		

Note: Patients should have at least one OB flowsheet date recorded. The first prenatal visit per pregnancy is considered the first prenatal visit date.

2. On the EDD tab, select the date from the calendar pop-up next to *LMP*.

The EDD date auto-calculates in the EDD column. Alternatively, you can enter the Ultrasound EDD date manually:

EDD (**Initial EDD** **)**

	Date	Weeks	Days	EDD	
LMP	01/01/2019	0	0	10/08/2019	Sel
Initial Exam	mm/dd/yyyy	0	0	mm/dd/yyyy	Sel
Ultrasound	mm/dd/yyyy	0	0	mm/dd/yyyy	Sel
Add. Ultrasound	mm/dd/yyyy	0	0	mm/dd/yyyy	Sel
Initial EDD: 10/08/2019	Make Final EDD				Initials:

Note: Use the calendar drop-down only to enter the LMP/EDD and Ultrasound EDD dates; manual changes made to the LMP or EDD date can result in inaccurate report output. If the date is not in correct MM/DD/YYYY format, the report dismisses it as incorrect data.

Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals

Path: *Progress Notes > HPI > OB/GYN*

This is the alternative OB documentation workflow for health centers who refer all their OB patients out.

Document this formation in the HPI section of the Progress Notes as structured data.

Note: This workflow has a separate report. To access this report, access any of the OB measure reports, and then from the prompt page, click the *Click Here for REFERRAL WORKFLOW Report* button:

Click Here for the REFERRAL WORKFLOW Report

The structured data questions and values must be created as follows:

Question	Type	Value
Date of First Pre-natal Care Visit	Date	MM/DD/YYYY
Trimester of First Pre-natal Care Visit	Numeric	1, 2, or 3
Delivery Date	Date	MM/DD/YYYY
Baby Delivered by Grantee Provider	Boolean	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome Baby 1	Structured Text	<input type="checkbox"/> Live Birth <input type="checkbox"/> Still Born <input type="checkbox"/> Miscarriage
Note: Up to eight baby outcomes and birth weights can be created.		
Outcome Baby 2	Structured Text	<input type="checkbox"/> Live Birth <input type="checkbox"/> Still Born <input type="checkbox"/> Miscarriage
Birth Weight in Grams – Baby 1	Numeric	Only Numeric Values
Birth Weight in Grams – Baby 2	Numeric	Only Numeric Values

Question	Type	Value
Baby Race	Structured Text	<ul style="list-style-type: none"> ■ Asian ■ Native Hawaiian ■ Other Pacific Islander ■ Black/African American ■ American Indian/ Alaska Native ■ White ■ More than One Race ■ Unreported/ Refused to Report
Baby Ethnicity	Structured Text	<ul style="list-style-type: none"> ■ Hispanic or Latino ■ Non-Hispanic or Latino ■ Unreported/ Refused to Report

To document the OB history:

1. On the HPI window, click *OB/GYN* from the left pane.
The OB/GYN category expands.
2. Click *OB History* from the left pane.
The OB History tab opens in the right pane.
3. Click the *Notes* column next to *OB Referral*.
The Notes window opens and displays structured data fields.

4. Select a value next to each applicable structured data question:

Configure Structured Data for HPI > Notes:OB History

Customize Structured Text		Grid	Wizard	Add	Reorder
Name	Type	Mandatory	Trigger	Default	Action
<input type="checkbox"/> Date of First Pre-Natal Care Visit	Date				<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Trimester of First Pre-Natal Care Visit	Numeric				<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Delivery Date	Date				<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Baby Delivered by Grantee Provider	Boolean				<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Outcome-Baby 1	Structured Text				<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Outcome-Baby 2	Structured Text				<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Birth Weight in Grams-Baby 1	Numeric				<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Birth Weight in Grams-Baby 2	Numeric				<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Baby Race	Structured Text				<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Baby Ethnicity	Structured Text				<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

5. Click *OK*.

The prenatal care received from the OB referral is documented.

Generating the Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B - Section A report:

1. From the UDS Encounter-Based folder, click *Table 6B Section A: Demographic Characteristics of Prenatal Care Patients*.

Note: This report utilizes data entered on the OB Flowsheet.

The Table 6B - Section A report prompt page displays:

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. (*Situational*) If the alternative OB documentation workflow is used, click the *Click Here for the REFERRAL WORKFLOW Report* button to generate the report.

For more information about this alternative workflow, refer to [Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals](#).

4. Click **OK**.

The report is generated.

Sample of the Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Report Output

The following images are examples of the Table 6B – Section A: Prenatal Patients report:

Main page:

Table 6B - Section A: Age Categories for Prenatal Patients Jan 1, 2019 - Jul 7, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Age Groups	Number of Patients (a)
2. AGES 15-19	1
3. AGES 20-24	2
4. AGES 25-44	10
6. Total Patients (Sum Lines 1-5)	13

Note: Patients are grouped by age. Age is calculated as of June 30th of the reporting year.

≡ Top ⌂ Page up ⌂ Page down ⌂ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B – Section A: Age Categories for Prenatal Patients – Detail Jan 1, 2019 - Jul 7, 2020

Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Preg ID	First Visit Date	Flowsheet Status	LMP Date	EDD Date	Ultrasound EDD
11451		Aug 15, 1996	Jones, Mary	Jones, Mary	15	Sep 9, 2018	Unlocked	10/01/2018	07/08/2019	07/08/2019
11466		Sep 1, 1981			19	Sep 11, 2019	Unlocked	01/01/2018	10/08/2018	
11467		Sep 1, 1989			20	Sep 11, 2019	Unlocked	01/01/2019	10/08/2019	
11469		Sep 1, 1984			21	Jan 1, 2019	Unlocked	06/01/2018	03/08/2019	
11470		Jun 30, 1975			22	Sep 16, 2019	Locked	12/01/2018	09/07/2019	
					23	Nov 30, 2019	Unlocked	11/01/2019	08/07/2020	
11472		Sep 1, 1980			24	Dec 1, 2018	Unlocked	03/29/2018	01/03/2019	
11477		Sep 24, 1985			25	Sep 25, 2019	Unlocked	07/16/2019	04/21/2020	
11525		Dec 10, 1986	Smith, Jim	Smith, John	26	May 18, 2019	Unlocked	02/28/2019	12/05/2019	12/06/2019
11531		Jan 20, 1988			27	Jun 1, 2018	Unlocked	03/16/2018	12/21/2018	12/21/2018
9336		Jan 8, 2004			11	Aug 6, 2019	Unlocked	04/02/2019	01/07/2020	02/04/2020
9397		Mar 11, 1999	Smith, Jim	Willis, Sam	10	Feb 14, 2019	Unlocked	02/14/2019	11/21/2019	
9408		Jan 8, 1982			13	May 1, 2019	Unlocked	04/02/2019	01/07/2020	
Total Pregnancies										13

The Table 6B – Section A report output reflects patients with documented LMP/EDD/Ultrasound EDD (USED) dates and considers the following scenarios:

- If the delivery or discharge date is not documented, but the LMP/EDD/USED date is, the patient will be counted in the report output.
- If the delivery or discharge is documented with a date that occurs before the start of the reporting period, the patient will not be counted in the report output.
- Pregnancies that end in miscarriages should be documented with a *Discharge Date* entered on the Discharge tab. As long as the *Discharge Date* is during the reporting year and other OB information is entered correctly, the pregnancy will be counted for 6B - Section A.

Note:

- Counts on Table 6B – Section A should match with Table 6B – Section B.
- *Line 0 – Prenatal Care Provided by Referral Only (Yes or No)* is not captured in eClinicalWorks.

Table 6B - Section B: Trimester of Entry into Prenatal Care

The Table 6B – Section B: Trimester of Entry into Prenatal Care report displays the number of women seen for prenatal care during the year.

Note: An Ultrasound EDD takes priority in this report over the LMP and LMP EDD.

Note: For prenatal care, patients with only a virtual visit should not be included in the prenatal care measures if they do not have an in-person prenatal physical exam visit. Therefore, patients should have at least one in-person OB visit during their pregnancy, which can be during a prior year or within the current year.

In-person OB encounter between pregnancy created date and end of measurement period OR In person OB encounter between flowsheet date and end of measurement period OR <i>Trimester of care if not with grantee filled out</i>	AND	Patient should have at least one in-person OR Telehealth visit during reporting year
---	-----	---

For more information about how to document a telehealth visit, refer to [Telehealth Visit Workflow](#).

The numerator and denominator are defined as the following:

- **Numerator** – The number of women beginning prenatal care at the health center, with the referral provider, or with another prenatal provider during their first trimester.
- **Denominator** – The total number of women seen for prenatal care during the year.

For more information about the Table 6B – Section B report, refer to the following sections:

- [Table 6B – Section B: Trimester of Entry into Prenatal Care Flowchart](#)
- [Table 6B – Section B: Trimester of Entry into Prenatal Care Workflow](#)
- [Generating the Table 6B – Section B: Trimester of Entry into Prenatal Care Report](#)
- [Validation Report for Table 6B - Section B: Trimester of Entry into Prenatal Care](#)

Table 6B – Section B: Trimester of Entry into Prenatal Care Flowchart

The following diagram depicts the Table 6B – Section B: Trimester of Entry into Prenatal Care reporting process:

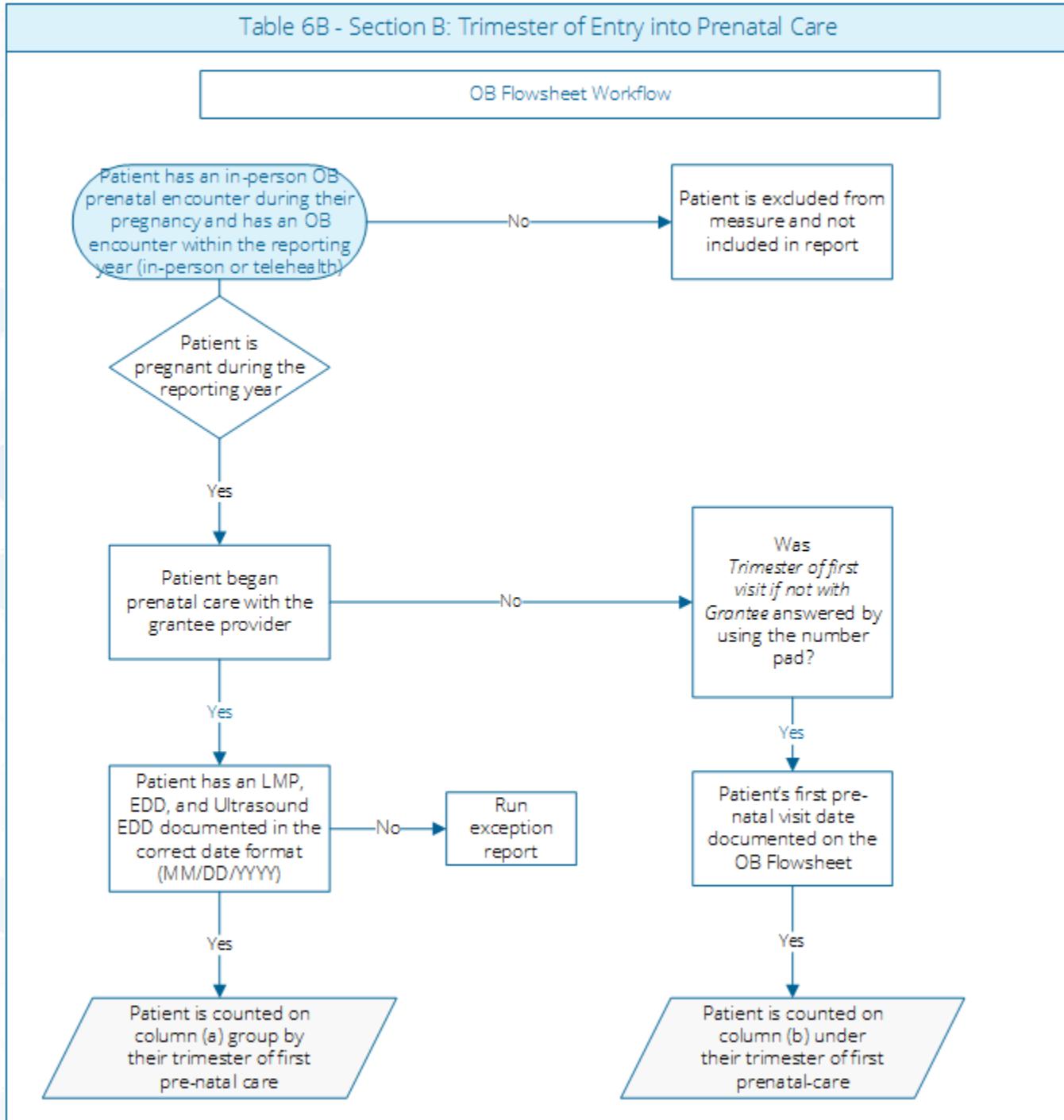


Table 6B – Section B: Trimester of Entry into Prenatal Care Workflow

The following sections describe the workflows for documenting the LMP, EDD, trimester of first prenatal visit, and the OB referral.

Table 6B – Section B: Trimester of Entry into Prenatal Care Workflow: LMP, EDD, Ultrasound EDD, and Trimester of First Prenatal Visit

Path: *Progress Notes > OB Flowsheet*

Enter the LMP, calculate the EDD, Ultrasound EDD, and document the trimester of the first prenatal visit on the OB Flowsheet. For more information about entering the LMP and calculating the EDD, refer to [Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients LMP, LMP EDD, and Ultrasound EDD](#).

Note: Use only the calendar drop-down to enter the LMP/EDD dates; manual changes made to the LMP or EDD date can result in inaccurate report output. If the date is not in correct MM/DD/YYYY format, the report dismisses it as bad data.

On the Physical tab of the OB Flowsheet, select the *Trimester of first visit if NOT with grantee*:

The screenshot shows the 'Physical' tab of the OB Flowsheet. The 'Initial Physical Examination' section contains a table with two columns: 'Name' and 'Value'. The 'Value' column for the 'Diagonal Conjugate (cm)' row is highlighted with a red box and contains the text 'Trimester of first visit if NOT with grantee'. A numeric keypad is overlaid on the screen, with the number '3' highlighted in a red box. The keypad has buttons for 1, 2, 3, 4, 5, 6, 7, 8, 9, 0, ., and C, with an 'OK' button in the top right corner.

Name	Value	Remarks
Date	mm/dd/yyyy	
BP		▼
Pre-OB weight		
Psychiatric		▼
Fundi		▼
Thyroid		▼
Respiratory		▼
Abdomen		▼
Skin		▼
External genitalia		▼
Uterus Size		▼
Rectum		▼
Diagonal Conjugate (cm)		▼
Sacrum		▼
Gynecoid pelvic type		▼

Name	Value	Remarks
Height		
Weight		
General		▼
HEENT		▼
Teeth		▼
Breasts		▼
Cardiovascular		▼
Extremities		▼
Lymph Nodes		▼
Vagina		▼
Adnexa		▼
Diagonal Conjugate		▼
Spines		▼
Pubic arch		

Trimester of first visit if
NOT with grantee

3

OK

1 2 3 4
5 6 7 8
9 0 . C

Lock Copy Defaults Merge Defaults OK

Note:

- Select a number using the number pad only. Do not enter the number of the trimester manually.
- The trimester of the first visit should be only for those patients that did not see the current provider on the first visit.
- The value should be 1, 2, or 3 for first, second, or third trimester, documented respectively. If this field is left blank, the system will determine that the first OB visit was with the current provider and will use the first visit date from the Flow Sheet tab along with LMP, EDD, or Ultrasound EDD to calculate the trimester of the first visit.

Table 6B – Section B: Trimester of Entry into Prenatal Care Workflow: OB Referral

Path: *Progress Notes > HPI > OB/GYN*

The alternative OB documentation workflow is for health centers who refer all their OB patients out. Document the information in the HPI section of the Progress Notes as structured data.

Note: This workflow has a separate report. To access this report, access any of the OB measure reports, and then from the prompt page click the *Click Here for REFERRAL WORKFLOW Report* button:

Click Here for the REFERRAL WORKFLOW Report

For more information about setting up the alternative OB referral workflow, refer to **Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals**.

For more information about documenting prenatal care received by a referral provider, refer to **Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals**.

Generating the Table 6B – Section B: Trimester of Entry into Prenatal Care Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B - Section B report:

1. From the UDS Encounter-Based folder, click *Table 6B – Section B: Trimester of Entry into Prenatal Care*.

The Table 6B - Section B report prompt page displays:

Table 6B - Section B: Trimester of Entry into Prenatal Care: Prompt Page

Note: Total Number of Patients should be equal to Total Number of Pregnancies.

Date Range: * Custom Date Jan 1, 2019 Jul 7, 2020	Facility: <input checked="" type="checkbox"/> Boca South <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: <input checked="" type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Include Non-billable Visits: * <input checked="" type="radio"/> No <input type="radio"/> Yes	Exclude Visit Type: Options Results: <input type="checkbox"/> Choice: None Select all Deselect all	
Reporting Year: * 2019	OK Cancel	

Note: To access the alternative OB referral report, click the *Click Here for the REFERRAL WORKFLOW Report* button on the report's prompt page:

Click Here for the REFERRAL WORKFLOW Report

For more information about setting up the alternative OB referral workflow, refer to [Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals](#).

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of Table 6B – Section B: Trimester of Entry into Prenatal Care Report Output

Pregnancies that end in miscarriage are counted in the report output if the first visit date is captured, the LMP/EDD/Ultrasound EDD is captured, and the patient has at least one medical visit in the reporting period.

The following images are examples of the Table 6B - Section B report:

Main page:

Table 6B - Section B: Trimester of Entry into Prenatal Care Jan 1, 2009 - Jul 7, 2020			
Facility:	Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates		
Provider:	Jones, Mary Smith, John Willis, Sam		
Trimester Care	Women having First Visit with Grantee (a)	Women having First Visit with Another Provider (b)	
7. First Trimester	8		1
8. Second Trimester	0		1
9. Third Trimester	5		0

≡ Top ⏪ Page up ⏴ Page down ⏵ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section B: Trimester of Entry into Prenatal Care - Detail Jan 1, 2008 - Jul 7, 2020													
Account No.	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Preg ID	Flowsheet Status	First Visit Date	LMP Date	EDD Date	Ultrasound EDD	Women having First Visit with Grantee (a)	Women having First Visit with Another Provider (b)	
11451	Jones, Mary	Aug 15, 1998	Jones, Mary	Jones, Mary	15	Unlocked	Sep 9, 2018	10/01/2018	07/08/2019	07/08/2019	7. First Trimester		
11456		Aug 18, 1994	Jones, Mary	Jones, Mary	16	Unlocked	Aug 29, 2019	03/29/2018	01/03/2019		9. Third Trimester		
11466		Sep 1, 1981			19	Unlocked	Sep 11, 2019	01/01/2018	10/08/2018		9. Third Trimester		
11487		Sep 1, 1989			20	Unlocked	Sep 11, 2019	01/01/2019	10/08/2019		9. Third Trimester		
11489		Sep 1, 1984			21	Unlocked	Jan 1, 2019	06/01/2018	03/08/2019		9. Third Trimester		
11470		Jun 30, 1975			22	Locked	Sep 16, 2019	12/01/2018	09/07/2019		9. Third Trimester		
					23	Unlocked	Nov 30, 2019	11/01/2019	08/07/2020		7. First Trimester		
11472		Sep 1, 1980			24	Unlocked	Dec 1, 2018	03/29/2018	01/03/2019			8. Second Trimester	
11477		Sep 24, 1965			25	Unlocked	Sep 25, 2019	07/16/2019	04/21/2020		7. First Trimester		
11525		Dec 10, 1986	Smith, Jim	Smith, John	26	Unlocked	May 18, 2019	02/28/2019	12/05/2019	12/06/2019	7. First Trimester		
11531		Jan 20, 1968			27	Unlocked	Jun 1, 2018	03/16/2018	12/21/2018	12/21/2018	7. First Trimester		
9328		Aug 1, 1994			7	Unlocked	Oct 5, 2018		06/07/2019		7. First Trimester		
9336		Jan 8, 2004			11	Unlocked	Aug 6, 2019	04/02/2019	01/07/2020	02/04/2020		7. First Trimester	
9397		Mar 11, 1999	Smith, Jim	Willis, Sam	10	Unlocked	Feb 14, 2019	02/14/2019	11/21/2019		7. First Trimester		
9408		Jan 6, 1982			13	Unlocked	May 1, 2019	04/02/2019	01/07/2020		7. First Trimester		
Total Pregnancies													15

Note: Counts on Table 6B - Section B should match with Table 6B - Section A.

Validation Report for Table 6B - Section B: Trimester of Entry into Prenatal Care

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder

Validation reports can be found in the Exception Reports folder in the UDS package.

The Validation Report has three tabs:

- *BAD DATA Trimester Value and LMP/EDD Date* – This tab provides a list of patients who have had their trimester value, LMP/EDD/USED/EDD date, delivery date, or discharge date entered in an invalid format. In addition, the validation report includes a new tab that displays a list of patients with an open pregnancy and an LMP/EDD date one year prior to the current reporting period.
- *Blank LMP, EDD, Ultrasound EDD* – This tab provides a list of patients with open pregnancy where the First Visit Date is in the reporting year or in the previous year.
- *Blank Delivery Discharge* – This tab provides a list of patients with open pregnancy where the first visit date is in the previous year of the reporting year.

Table 6B - Section C - Childhood Immunization

The Table 6B - Section C: Childhood Immunization Report displays the percentage of children who turn two years of age during the reporting period that have been fully immunized by their second birthday.

Note: This measure aligns with CMS eCQM No. CMS117v8.

The numerator, denominator, and exclusions are defined as the following:

Numerator - The number of children among those included in the denominator who were fully immunized before their second birthday, have a history of illness documented by diagnosis code, or have a contraindication for the immunization documented prior to the patient turning two years of age.

The following table lists the required number of shots each patient should receive before turning two years of age:

Number of Required Shots	Immunization Name	CPT Codes
4	DTP/DTaP	90698, 90700, 90723
3	IPV	90698, 90713, 90723
1	MMR	90707
3	Hib 3	90647
4	Hib 4	90648, 90698, 90748, 90644
1	HepA	90633
3	HepB	90723, 90740, 90744, 90747, 90748
1	VZV (Varicella)	90710, 90716
2	Rotavirus 2	90681
3	Rotavirus 3	90680
2	Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90687, 90688, 90686
4	Pneumococcal Conjugate	90670

Note: CPT* codes must be documented in the Visit Code section of the Progress Notes.

*. CPT copyright 2021 American Medical Association. All rights reserved.

Denominator - The number of children who had their second birthday during the measurement period and who had a medical visit during the reporting year.

Note: Children for whom no vaccination information is available and/or were first seen at a point when there was not enough time to fully immunize them prior to their second birthday, must be included in the Universe. *Universe* denotes that the patient will be captured in the report with a status of *Non-compliant*.

Exclusions - Patients who have documentation that they were in hospice care during the measurement period are excluded from the denominator.

For more information about the Table 6B – Section C report, refer to the following sections:

- [Table 6B - Section C - Childhood Immunization Flowchart](#)
- [Table 6B - Section C - Childhood Immunization Workflow](#)
- [Generating the Table 6B - Section C - Childhood Immunization Report](#)
- [Validation Report for Table 6B - Section C - Childhood Immunization](#)

Table 6B - Section C - Childhood Immunization Flowchart

The following diagram depicts the Table 6B – Section C: Childhood Immunization reporting process:

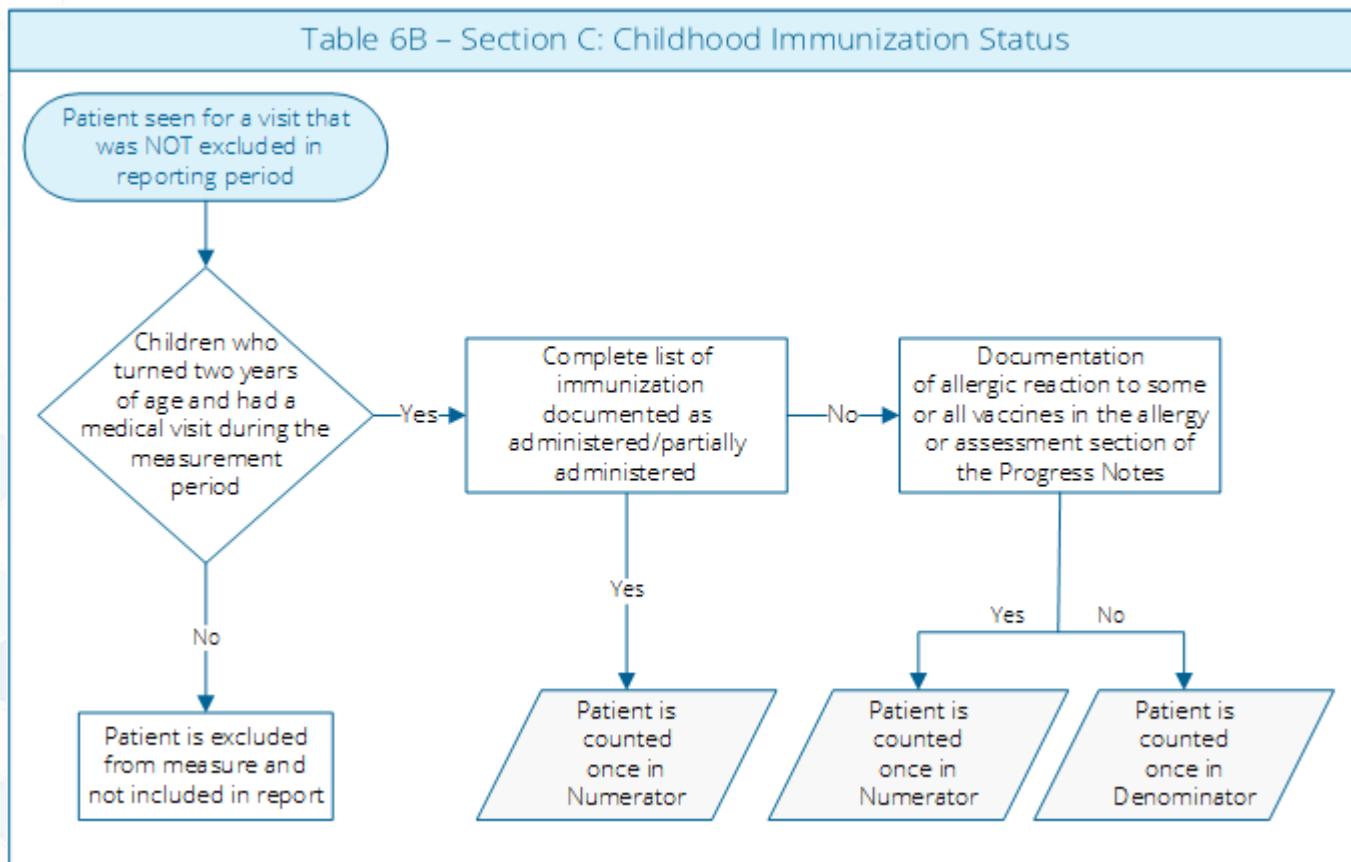


Table 6B - Section C - Childhood Immunization Workflow

Path: *Patient Hub > Info Button > Patient Information*

Enter the patient's date of birth in the Patient Information window:

The screenshot shows the 'Patient Information' window with various fields for account number, last name, prefix, suffix, date of birth, age, sex, and transgender status. The 'Date Of Birth*' field is specifically highlighted with a red box.

AND

Path:

- *Patient Hub > Imm/T. Inj > Immunization tab*
- *Progress Notes > Immunizations*

Document the administration or the historical administration of immunizations in the Immunizations window of the Progress Notes or the Immunizations tab of the Patient Hub.

To document immunizations:

1. Click *Add* to open the Immunization Details window:



2. Select the applicable immunization from the left pane.
3. If the immunization is being administered at the time of documentation, enter the immunization details.

OR

If the immunization was given in the past, check the *Vaccination given in the past* box, select from the *Source of Hx.* drop-down list, and enter the *Given Date/Time*:

Immunization Details				
<input style="width: 100px; height: 20px; margin-bottom: 5px;" type="button" value="Active"/> <input style="width: 20px; height: 20px; margin-bottom: 5px;" type="button" value="Find"/>	<input checked="" type="checkbox"/> Vaccination given in the past	<input type="checkbox"/> Biological/Medication Wasted		
DT	Source of Hx.	Source unspecified	Documenting Fac.	Westborough Medical Associates
DTaP	Dose		Status	Administered
DTaP1	Dose Number	0	Reason	
DTP	Lot Number		VFC	Given By
Ea adult single or combo	Route		Given Date/Time	08/27/2018 10:57 AM
FLU VACCINE NO PRESERV 3 & >	Location		Manufacturer	
FLU VACCINE, NASAL	Exp. Date		VFC	
Hepatitis A (adult)	VIS Given Date	08/27/2018	Date on VIS	
Hepatitis B (11-19)				
Hepatitis B (20 and more)				
Hib				
<input type="button" value="New"/> <input type="button" value="My Defaults"/> <input type="button" value="Prev"/> <input type="button" value="Next"/>				

Note: Immunizations with a status of *Administered* or *Partially Administered*, and with a specified *Given Date*, will be included in this measure.

All immunizations must be linked to their respective CVX codes. The following table lists the immunizations with their CVX codes:

Immunization	CVX Code
DTap	106, 110, 120, 20, 50, 107
HepA	31, 83, 85
HepB	08, 110, 44, 51, 45
HiB 3	49
HiB 4	120, 148, 48, 50, 51
Influenza	88, 135, 140, 141, 150, 153, 155, 158, 161
IPV	10, 89, 110, 120
Measles, Mumps, and Rubella (MMR)	03, 94
Pneumo	133, 152
Rotavirus 2 dose	119
Rotavirus 3 dose	116, 122
VZV	21, 94

Note: For more information about linking immunizations to CVX codes, refer to [Mapping CVX Codes to Immunizations](#).

Table 6B - Section C - Childhood Immunization Workflow: Immunizations Not Administered

The following sections describe the workflows in instances where scheduled immunizations are not administered due to [Table 6B - Section C - Childhood Immunization Workflow: Contraindications](#) or [Table 6B - Section C - Childhood Immunization Workflow: Diagnosis](#).

Table 6B - Section C - Childhood Immunization Workflow: Contraindications

Path: *Progress Notes > Allergies/Intolerance*

Document the contraindication to an immunization as an Allergy in the Allergies/Intolerance section of the Progress Notes.

To document the contraindication:

1. On the Progress Notes, click *Allergies/Intolerance*.
The Past Medical History window opens.
2. In the Allergies section of the window, search for the immunization in the Drug-Based search field.

A list of immunizations that match the search criteria displays.

3. Select the appropriate immunization.
4. Select *Contraindication* from the *Type* drop-down menu.
5. Select *Active* from the *Status* drop-down menu:

6. Click *OK*.

Note: If the uncoded allergy functionality is turned off, the contraindication must be searched and selected from the drug-based database to be included in the report.

Free-text and non-drug-based entries will not be recognized.

Table 6B - Section C - Childhood Immunization Workflow: Diagnosis

Path: Progress Notes > Assessments

Document the diagnosis in the Assessments section of the Progress Notes.

The following table lists the applicable ICD codes by immunization:

Immunization	ICD-10 Codes
DTap	G04.32
Hep A	B15.0, B15.9
Hep B	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, 99.55

Immunization	ICD-10 Codes
Influenza	For the extensive list of influenza ICD codes, refer to the Table 6B - Section C: Childhood Immunization section in Appendix A: List of Referenced ICD Codes .
MMR	For the extensive list of MMR ICD codes, refer to the Table 6B - Section C: Childhood Immunization section in Appendix A: List of Referenced ICD Codes .
Rotavirus	D81.0, D81.1, D81.2, D81.9, K56.1
VZV	For the extensive list of VZV ICD codes, refer to the Table 6B - Section C: Childhood Immunization in Appendix A: List of Referenced ICD Codes .

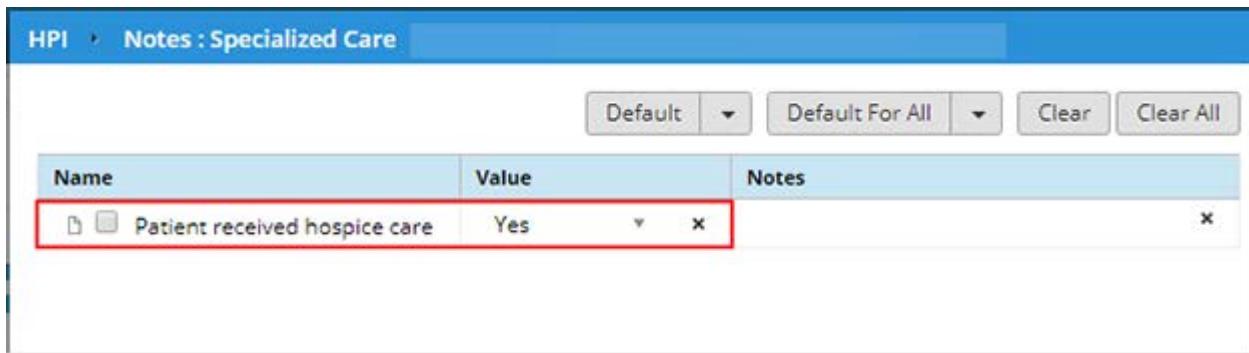
Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care

Path: *Progress Notes > HPI > Interim History*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

To document hospice care:

1. On the HPI window, click *Interim History* from the left pane.
The Interim History tab opens in the right pane.
2. Click the *Notes* column next to *Specialized Care*.
The Notes window opens and displays structured data fields.
3. Select *Yes* from the *Value* drop-down list next to *Patient received hospice care*:



Name	Value	Notes
Patient received hospice care	Yes	x

4. Click *OK*.
The hospice care is documented, and the exclusion is satisfied.

Generating the Table 6B - Section C - Childhood Immunization Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section C: Childhood Immunization report:

1. From the UDS Encounter-Based folder, click *Table 6B – Section C: Childhood Immunization*.

The Table 6B - Section C report prompt page displays:

Table 6B - Section C - Childhood Immunization: Prompt Page

Note: Please run "Immunization Exception Report" in exception reports folder to get list of patients with a lab test for MMR, Hep B, Varicella(VZV), Hep A and count the patients as compliant with positive test result for that specific immunization.

Date Range:
 Custom Date

Reporting Year:
 2019

Report Type:
 Summary
 Detail
 Exclusion
[Select all](#) [Deselect all](#)

Include Non-billable Visits:
 No
 Yes

Facility:
 Boca South
 Surgery Center
 Westborough Medical Assoc - Telehealth
 Westborough Medical Associates
[Select all](#) [Deselect all](#)

Provider:
 Jones, Mary
 Smith, John
 Willis, Sam
[Select all](#) [Deselect all](#)

Exclude Visit Type:

Options: [V](#)

Results:

Choice:
None

[Select all](#) [Deselect all](#)

OK **Cancel**

2. Make the applicable selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click **OK**.

The report is generated.

Sample of the Table 6B - Section C - Childhood Immunization Report Output

The following image is an example of the Table 6B – Section C report:

Table 6B - Section C: Childhood Immunization Jan 1, 2000 - Jul 7, 2020			
Facility:	Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates		
Provider:	Jones, Mary Smith, John Willis, Sam		
Childhood Immunization:	Total Number of Patients with 2nd Birthday during Measurement Period (a)	Number of Patients Immunized (c)	Compliance
10. MEASURE: Children who have received age appropriate vaccines who are 2 years of age before the end of the reporting period	7	3	42.86%

☒ Top ⏪ Page up ⏩ Page down ⏪ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section C: Childhood Immunization - Detail Jan 1, 2000 - Jul 7, 2020																
Account No	Patient Name	Gender	Date of Birth	DTaP	Pneumoc	IPV	MMR	Hib	VZV	HepA	HepB	Rotavirus	Influenza	Demographic PCP	Demographic Rendering Provider	Numerator
9383	[REDACTED]	female	Nov 2, 2017	Compliant			Compliant									
11490	[REDACTED]	female	Dec 1, 2017	Compliant			Compliant									
11418	[REDACTED]	male	Jan 1, 2017	Compliant	Jones, Mary	Willis, Sam	Compliant									
9363	[REDACTED]	male	May 5, 2017	Compliant									Compliant			Non Compliant
11488	[REDACTED]	male	May 2, 2017													Non Compliant
11538	[REDACTED]	male	Oct 1, 2017												Willis, Sam	Non Compliant
11515	[REDACTED]	male	Nov 11, 2017													Non Compliant
Summary																7

Validation Report for Table 6B - Section C - Childhood Immunization

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder

Validation reports can be found in the Exception Reports folder in the UDS package. The following three exception reports are applicable to the Table 6B – Section C report:

- *Immunizations and associated CVX Codes* – displays a list of immunizations associated with the CVX codes.

Note: To view a complete list of CVX codes applicable for the immunizations pertinent to this measure, refer to [Table 6B - Section C - Childhood Immunization Workflow](#).

- *Immunization Exception Report* - displays only those patients who had a lab test performed for a corresponding immunization (MMR, Hep B, VZV, and Hep A). These patients must be marked manually as compliant or non-compliant for respective immunizations.
- *Immunization Report* - Not administered, report captures the patients for whom the Immunization status is not as *Administered*.

Table 6B - Section D [Line 11] - Cervical Cancer Screening



Enhanced Feature

The Table 6B – Section D [Line 11] - Cervical Cancer Screening report displays the percentage of women 21 - 64 years of age, who received one or more screening tests for cervical cancer.

Note: This measure aligns with CMS eCQM No. CMS124v9.

The measure's numerator, denominator, and exclusions are defined as the following:

Numerator - Women at least 21 years old at the time of testing for cervical cytology (Pap test) during the measurement period or the two years prior to the measurement period; or women at least 30 years old at the time of HPV testing performed during the measurement period or the four years prior to the measurement period.

Denominator - Number of all female patients 23 - 64 years of age (born between 01/02/1957-01/01/1998) at the time of testing who had at least one eligible appointment during the reporting year.

Note: Patient gender is identified from the *Birth Sex* (documented in the SO/GI window) and *Sex* (Patient Demographic/Patient Info window) fields. The *Birth Sex* field takes priority over the *Sex* field.

Exclusions:

- Women who had a hysterectomy with no residual cervix documented
- Women who have a congenital absence of the cervix
- Documentation of patient in hospice care during the measurement period

For more information about the Table 6B – Section D [Line 11]: Cervical Cancer Screening, refer to the sections:

- [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Flowchart](#)
- [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Workflow](#)
- [Generating the Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Report](#)
- [Validation Report for Table 6B - Section D \[Line 11\] - Cervical Cancer Screening](#)

Table 6B - Section D [Line 11] - Cervical Cancer Screening Flowchart

The following diagram depicts the Table 6B – Section D [Line 11]: Cervical Cancer Screening reporting process:

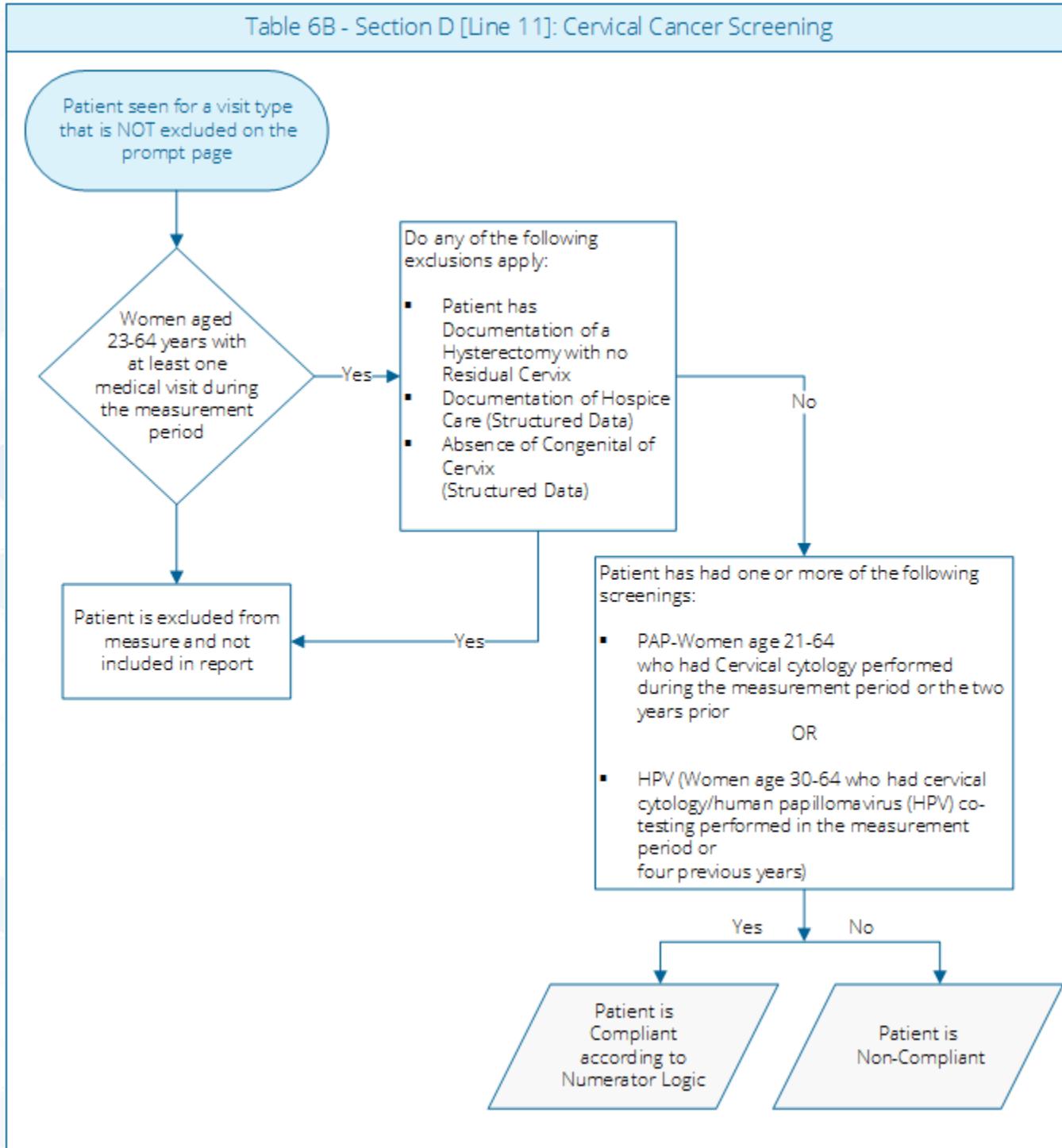


Table 6B - Section D [Line 11] - Cervical Cancer Screening Workflow

Path:

- *Progress Notes > Treatment > Labs*
- *Patient Hub > Labs*

Order Pap and HPV lab tests as part of the cervical cancer screening in the Treatment window of the Progress Notes and from the Labs/DI/Procedure History window of the Patient Hub. For the Pap/HPV labs to be included in the output of the Cervical Cancer Screening report, the labs must be marked as *Received*.

The following table lists the LOINC® codes that must be mapped to the Pap and HPV lab tests:

Lab Test	LOINC Codes
Pap	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
HPV	75406-9, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0

Note: For more information about mapping LOINC codes to labs, refer to [Linking LOINC Codes to Lab Attributes](#).

Table 6B - Section D [Line 11] - Cervical Cancer Screening Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria defined under the following exclusions are met:

- [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Exclusions: Congenital Absence of Cervix](#)
- [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Exclusions: History of Hysterectomy](#)
- [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Exclusions: Hospice Care](#)

Table 6B - Section D [Line 11] - Cervical Cancer Screening Exclusions: Congenital Absence of Cervix

Path: Progress Notes > Examination > CQM Exceptions

Patients who do not have cervical cancer screenings performed due to a congenital absence of the cervix must have this reason documented as structured data under the Examination section of the Progress Notes.

To document a congenital absence of the cervix:

1. Click *CQM Exceptions* from the left pane.
The CQM Exceptions tab opens in the right pane.
2. Click the *Observation* column next to *Cervical Cancer Screening not performed*.
The Notes window opens and displays structured data fields.
3. Select *Congenital Absence of Cervix* from the *Value* drop-down list next to *Reason*.

Note: Selecting *History of hysterectomy* or *Refused by patient* from the *Reason* drop-down list does NOT satisfy this exclusion criterion.

4. Click *OK*.
The reason is documented, and the exclusion is satisfied.

Table 6B - Section D [Line 11] - Cervical Cancer Screening Exclusions: History of Hysterectomy

Path:

- *Progress Notes > Surgical History*
- *Progress Notes > Visit Codes or Procedure Codes*

Patients who have had a hysterectomy must have the procedure documented by CPT* code in the Surgical History section or the Billing window of the Progress Notes.

The following is a list of the applicable hysterectomy CPT codes:

57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135

Hysterectomy ICD Exclusions:

For these exclusions to apply, the assessment must be documented anytime after the practice's Go-Live Date, and the Onset Date in the Problem List must be before the end of measure period.

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Assessment:

618.5, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8, 752.43, V88.01, V88.03, Z90.710, Z90.712

Table 6B - Section D [Line 11] - Cervical Cancer Screening Exclusions: Hospice Care**Path: Progress Notes > HPI**

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Generating the Table 6B - Section D [Line 11] - Cervical Cancer Screening Report**Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder****To generate the Table 6B – Section D: Cervical Cancer Screening report:**

1. From the UDS Encounter-Based folder, click *Table 6B – Section D: Cervical Cancer Screening*.

The Table 6B – Section D report prompt page displays:

Table 6B - Section D [Line 11] - Cervical Cancer Screening: Prompt Page
Note: PAPs performed in past 3 years or HPV + PAP performed in past 5 years are compliant.

Date Range: <input type="button" value="Custom Date"/> <input type="text" value="Jan 1, 2019"/> <input type="button" value="Jan 5, 2021"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Associates <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Provider: <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Williams, Sam <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>
Reporting Year: <input type="button" value="2020"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Exclude Visit Type: <input type="text"/> <input type="button" value="Search"/> <input type="button" value="Options"/>	
Go-Live Date: <input type="button" value="Jan 1, 2009"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Results: <input type="button" value="Insert"/> <input type="button" value="Remove"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Choice: <input checked="" type="radio" value="None"/> None <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>
Report Type: <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>		
Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Go-Live Date	Click the calendar icon to select the <i>Go-Live Date</i> .
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click OK.

Note: Birth Sex documented in the SO/GI window takes priority over a selection made from the Sex field in the Patient Information window.

The report is generated.

Sample of Table 6B - Section D [Line 11] - Cervical Cancer Screening Report Output

The following image is an example of the Table 6B – Section D report:

Table 6B - Section D: Cervical Cancer Screening (Line 11) Jan 1, 2000 - Jul 7, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates					
Provider: Jones, Mary Smith, John Willis, Sam					
PAP Tests	Number of Female Patients 23-64 Years of Age (a)	Number of Charts Sampled or EHR Total (b)	Number of Patients Tested (c)	Compliance	
11. MEASURE: Female patients aged 23-64 who received one or more Pap tests to screen for cervical cancer	149	149	14	9.40%	

☒ Top ☒ Page up ☒ Page down ☒ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section D: Cervical Cancer Screening - Detail Jan 1, 2000 - Jul 7, 2020

Account Number	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
11531		Jan 20, 1968			Non-compliant
11588		Mar 7, 1990			Non-compliant
11479		Sep 2, 1965			Non-compliant
11472		Sep 1, 1960			Non-compliant
11477		Sep 24, 1985			Non-compliant
11579		May 9, 1989			Non-compliant
11466		Sep 1, 1981			Non-compliant
11467		Sep 1, 1989			Non-compliant
9325		Jun 6, 1981			Non-compliant
11583		May 2, 1973			Non-compliant
9340		Jan 23, 1968			Non-compliant
9311		Feb 9, 1960			Non-compliant
9119		Mar 31, 1974	Willis, Sam	Willis, Sam	Non-compliant
9120		Nov 5, 1969	Willis, Sam	Willis, Sam	Non-compliant
91		Jul 23, 1979	Willis, Sam	Willis, Sam	Non-compliant
11458		Sep 17, 1985			Non-compliant
11437		Aug 10, 1989	Jones, Mary	Jones, Mary	Non-compliant
11500		Jan 1, 1977			Non-compliant
9042		Mar 14, 1978			Non-compliant
11469		Sep 1, 1964			Non-compliant

Validation Report for Table 6B - Section D [Line 11] - Cervical Cancer Screening

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder

The validation reports can be found in the Exception Reports folder in the UDS package. The following three exception reports are applicable to the Table 6B – Section D report:

- *Labs and Associated LOINC codes* - select the report type for lists of HPV and PAP labs linked with an LOINC code

Note: To view a complete list of LOINC codes applicable for Pap and HPV lab tests, refer to [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Workflow](#).

- *Surgical History Report* - displays a list of patients excluded by keywords included in the Surgical History section of the Progress Notes

Note: Documenting surgical history by using keywords is no longer an acceptable method for exclusions. For more information about documenting surgical history exclusions, refer to [Table 6B - Section D \[Line 11\] - Cervical Cancer Screening Exclusions: History of Hysterectomy](#).

Table 6B - Section D [Line 11a] - Breast Cancer Screening

The Table 6B - Section D [Line 11a] - Breast Cancer Screening report displays the percentage of women between ages 50 and 74 years who had a mammogram performed to screen for breast cancer.

Note: This measure aligns with CMS eCQM No. CMS125v8.

The measure's numerator, denominator, and exclusions are defined as the following:

Numerator - Number of women who have had one or more mammograms recorded within 27 months before or concurrent with the end of the measurement period.

Denominator - Total number of women 51-73 years of age with a visit during the measurement period.

Exclusions - Patients are excluded from this measure if they meet at least ONE of the following criteria:

- Women who had or had a history of a bilateral mastectomy or two (left and right) unilateral mastectomies before the end of the measurement period.
- Documentation of patient in hospice care overlapping the measurement period.
- Patients who are 65 or older with Advanced Illness and Frailty during the measurement period will be excluded.

For more information about the breast cancer screening report, refer to:

- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Flowchart](#)
- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Workflow](#)
- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Exclusions](#)
- [Generating the Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Report](#)

Table 6B - Section D [Line 11a] - Breast Cancer Screening Flowchart

The following diagram depicts the Table 6B Section D: Breast Cancer Screening reporting process:

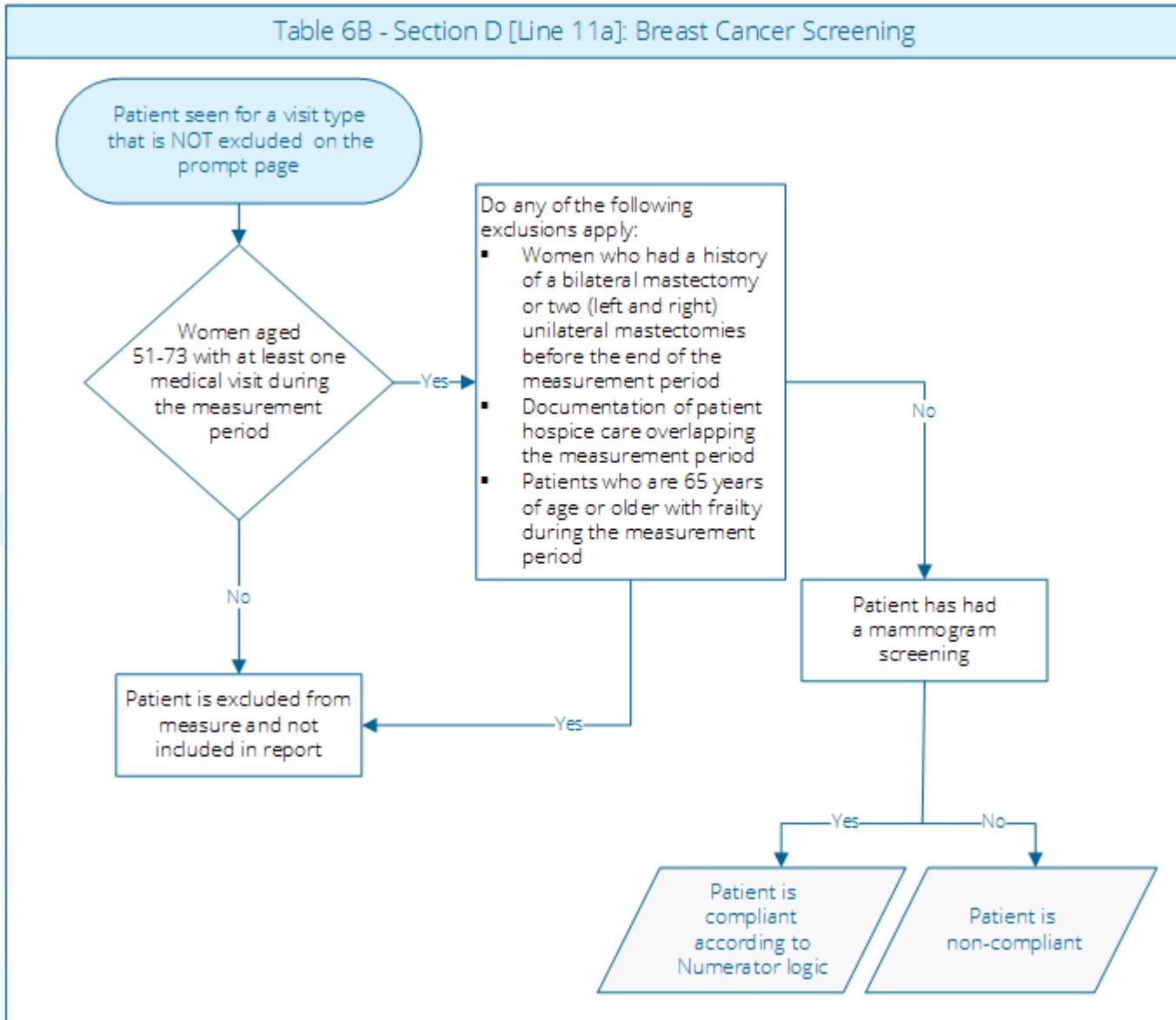


Table 6B - Section D [Line 11a] - Breast Cancer Screening Workflow

Complete at least one of the described workflows to meet the criteria of the Breast Cancer Screening measure:

- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Workflow: Diagnostic Imaging Tests](#)
- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Workflow: Procedures](#)
- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Workflow: Preventive Medicine Structured Data](#)

Table 6B - Section D [Line 11a] - Breast Cancer Screening Workflow: Diagnostic Imaging Tests

Path:

- *Progress Notes > Treatment > DI/Lab*
- *Progress Notes > DI/Lab*

Mammograms recorded as diagnostic imaging tests should be mapped to a community element or associated with an LOINC code. This can be captured from Progress Notes > Diagnostic Imaging OR Progress Notes > Treatment > DI. The ordered diagnostic image must be marked as *Received* to be included in the measure.

Link one of the following DI orders through Community Mapping

The following diagnostic images must be mapped to the local DI orders from the Community Mapping window:

■ Mammogram, Uni Right	■ Mammogram, Uni Left
■ Mammogram Screening	■ Mammogram, Diagnostic

OR

Link one of the following LOINC codes to Mammogram DI/Lab:

24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7

Note: The *Received* box must be checked, and the *Result Date* must be within 27 months before or concurrent with the end of the measurement period.

Table 6B - Section D [Line 11a] - Breast Cancer Screening Workflow: Procedures

Path:

- *Progress Notes > Billing*
- *Progress Notes > Treatment > Procedures*
- *Progress Notes > Procedures*

Record Mammograms as procedures by CPT*/HCPCS codes in the Billing window of the Progress Notes. Below are the appropriate CPT/HCPCS codes:

G0202, G0204, G0206

Note: Associated CPT Codes must be linked to each procedure via the EMR > Labs/Procedures/DI menu. Also, once the procedure is performed, the *Received* box must be checked and the *Result Date* must be within 27 months before or concurrent with the end of the measurement period.

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Table 6B - Section D [Line 11a] - Breast Cancer Screening Workflow: Preventive Medicine Structured Data

Path: *Progress Notes > Preventive Medicine*

Field	Description	Responses
Well Visit > Preventive Screenings > Q: Last done mammogram	Use the calendar pop-up to select the date.	MM/DD/YYYY
	Note: Do not manually enter the date.	
APP Screening > Mammogram > Q: Last screening date	Use the calendar pop-up to select the date.	MM/YYYY
	Note: Do not manually enter the date.	

Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when they meet one of the following criteria:

- Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusion: Bilateral Mastectomies
- Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusion: Breast Cancer Hospice Care
- Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusion: Right and Left Mastectomy
- Table 6B - Section D [Line 11a] - Breast Cancer Screening Exception: Frailty

Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusion: Bilateral Mastectomies

As Structured data:

Path: *Progress Notes > Examination > CQM Exceptions > Breast Cancer Screening Not Performed > Reason*

Field	Type	Responses
Medical Reason: Type of medical Reason	Structured Data	<ul style="list-style-type: none"> ■ Bilateral Mastectomy ■ Unilateral Mastectomy (2 counts)
Type of Mastectomy > Bilateral Mastectomy	Structured Data	Type of Bilateral Mastectomy

As Diagnosis Code:

At least one of the following ICD codes must be added before the end of the measurement period:

Path: *Progress Notes > Assessment*

- ◆ **ICD-10:** OHTV0ZZ
- ◆ **ICD-9:** 85.42, 85.44, 85.46, 85.48, Z90.13

OR

Path: *Progress Notes > Assessment*

Progress Notes > Assessment > Problem List

- ◆ **ICD-10:** Z90.13

Note: Apart from Z90.13 all the other ICD codes will only be considered when documented in assessment section.

Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusion: Breast Cancer Hospice Care

Path: *Progress Notes > HPI > Interim History > Specialized Care*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

To document hospice care:

1. On the HPI window, click *Interim History* from the left pane.
The Interim History tab opens in the right pane.
2. Click the Notes column next to *Specialized Care*.
The Notes window opens and displays structured data fields.
3. Select *Yes* from the Value drop-down list next to *Patient received hospice care: Yes*.
4. Click *OK*.

Table 6B - Section D [Line 11a] - Breast Cancer Screening Exclusion: Right and Left Mastectomy**As Diagnosis Code:**

Path:

- *Progress Notes > Assessment*
- *Progress Notes > Assessment > Problem List > Onset Date*

Documentation of corresponding ICD codes for right and/or left mastectomy before the end of reporting year:

Right Mastectomy ICD-10: Z90.11

Left Mastectomy ICD-10: Z90.12

Table 6B - Section D [Line 11a] - Breast Cancer Screening Exception: Frailty

For more information, refer to [Appendix B: Frailty Exclusion](#).

Generating the Table 6B - Section D [Line 11a] - Breast Cancer Screening Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B - Section D [Line 11a]

1. From the UDS Encounter-Based folder, click *Table 6B - Section D [Line 11a]: Breast Cancer Screening*.

The Table 6B - Section D [Line 11a] report prompt page displays:

Table 6B - Section D [Line 11a] - Breast Cancer Screening (CMS125v9): Prompt Page

Date Range:

Facility:
 Boca South
 Health Center 10
 Health Center 12
 Health Center 3
 Health Center 6
 Surgery Center
 Westborough Medical Assoc - Telehealth
 Westborough Medical Associates
[Select all](#) [Deselect all](#)

Provider:
 Jones, Mary
 Smith, John
 Willis, Sam
[Select all](#) [Deselect all](#)

Reporting Year:

Include Non-billable Visits:
 No
 Yes

Report Type:
 Summary
 Detail
 Exclusion
 Bad Data: Onset Date
[Select all](#) [Deselect all](#)

Exclude Visit Type:

Results:
[Select all](#) [Deselect all](#)

Choice: None
[Select all](#) [Deselect all](#)

Buttons: **OK** **Cancel**

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.

Filter	Description
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click **OK**.

The report is generated.

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents

The Table 6B – Section E: Childhood Weight Assessment and Counseling report displays all patients 3 – 17 years of age who had at least one medical visit in the reporting year, and who have had their Body Mass Index (BMI) percentile, nutrition counseling, and physical activity counseling documented on the Progress Notes.

Note: This measure aligns with CMS eCQM No. CMS155v9.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients who had their height, weight, and BMI percentile recorded during the reporting period, and who had counseling for nutrition and physical activity during a visit that occurred in the reporting period.

Note: BMI% encounter cannot be a telehealth visit criteria based on Table 5 logic. For more information about the Table 5 logic, refer to [Telehealth Visit Workflow](#).

Denominator - Patients from 3 – 17 years of age (*born between 01/02/2004 - 01/01/2018*) as of the last day of the reporting year, with at least one eligible visit during the reporting period.

Exclusions:

- Patients who have a diagnosis of pregnancy during the measurement period
- Documentation of patient in hospice care in the measurement period

For more information about the Table 6B – Section E: Childhood Weight Assessment and Counseling report, refer to the following sections:

- [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Flowchart](#)
- [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Workflow](#)
- [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusions](#)
- [Generating the Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Report](#)
- [Validation Report for Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents](#)

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Flowchart

The following diagram depicts the Table 6B – Section E: Weight Assessment and Counseling for Children and Adolescents reporting process:

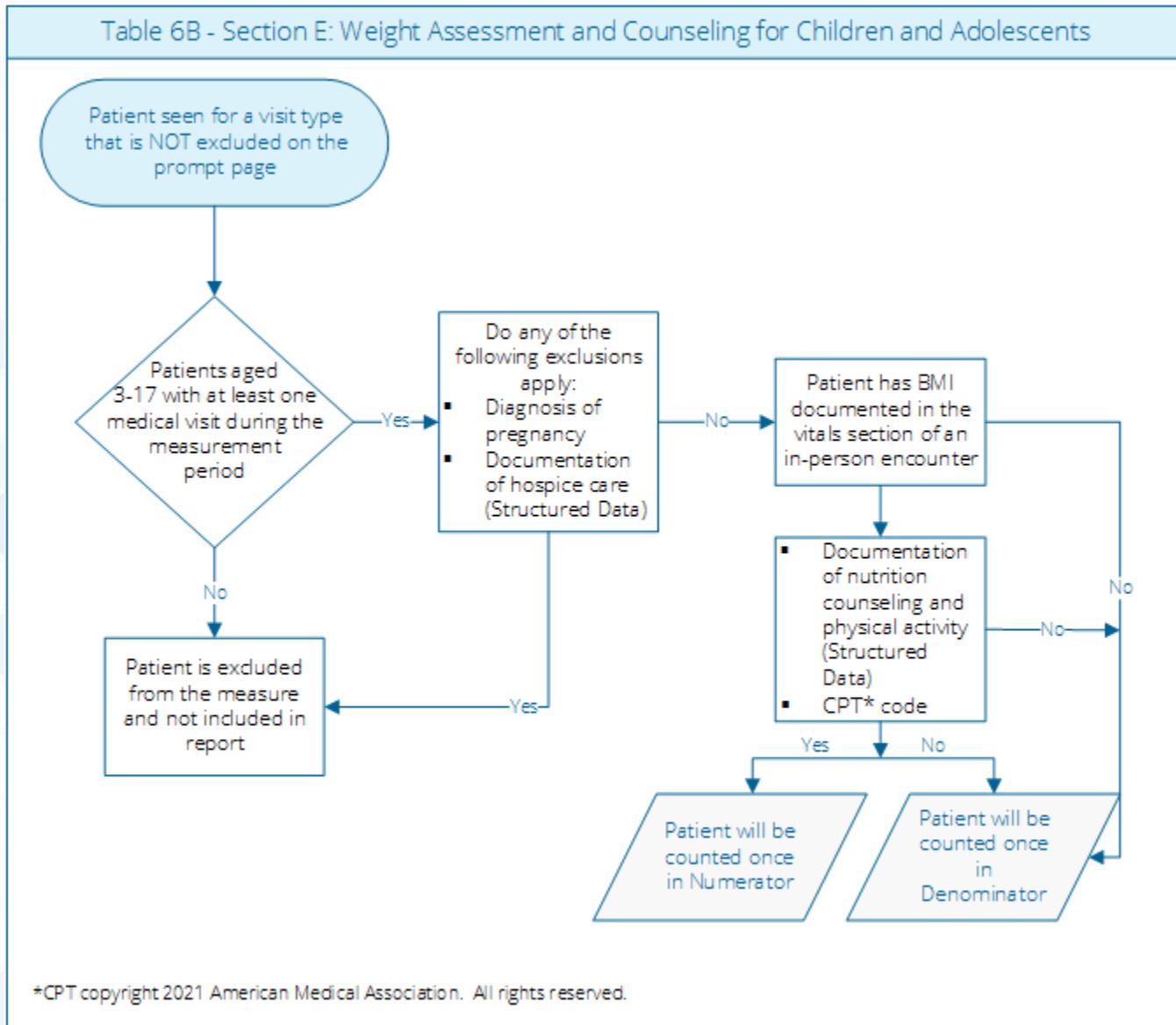


Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Workflow

The following sections describe the BMI, nutrition counseling, physical activity counseling, and exclusion documentation workflows:

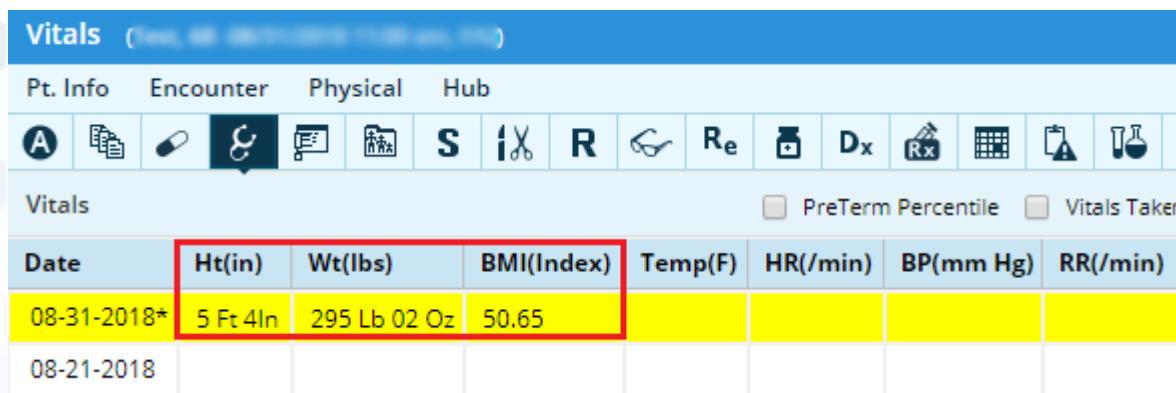
- [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Workflow: BMI](#)
- [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Workflow: Nutrition and Physical Activity Counseling](#)

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Workflow: BMI

Path: *Progress Notes > Vitals*

The BMI Percentile is calculated in the Vitals section of the Progress Notes.

To calculate the BMI, enter the height in the *Ht(in)* column and the weight in the *Wt(lbs)* column of the Vitals window. The BMI Percentile is automatically calculated:



Date	Ht(in)	Wt(lbs)	BMI(Index)	Temp(F)	HR(/min)	BP(mm Hg)	RR(/min)
08-31-2018*	5 Ft 4In	295 Lb 02 Oz	50.65				
08-21-2018							

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Workflow: Nutrition and Physical Activity Counseling

Compliance for nutrition and physical activity counseling are met when one of the following scenarios is completed:

- **Scenario 1** – Both the nutrition and physical activity counseling structured data questions are answered
- **Scenario 2** – The structured data question for physical activity counseling is answered as *Yes* and nutrition counseling is documented via CPT* code

The following sections describe the workflows for documenting nutrition and physical activity counseling.

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents

Workflow: Nutrition and Physical Activity Counseling - Structured Data

Path: *Progress Notes > Preventive Medicine*

Document nutrition and physical activity counseling as structured data in the Preventive Medicine section of the Progress Notes.

The structured data questions and values must be created as follows:

Question	Type	Value
Counseling for Nutrition Provided	Boolean	Yes, No
Counseling for Physical Provided	Boolean	Yes, No

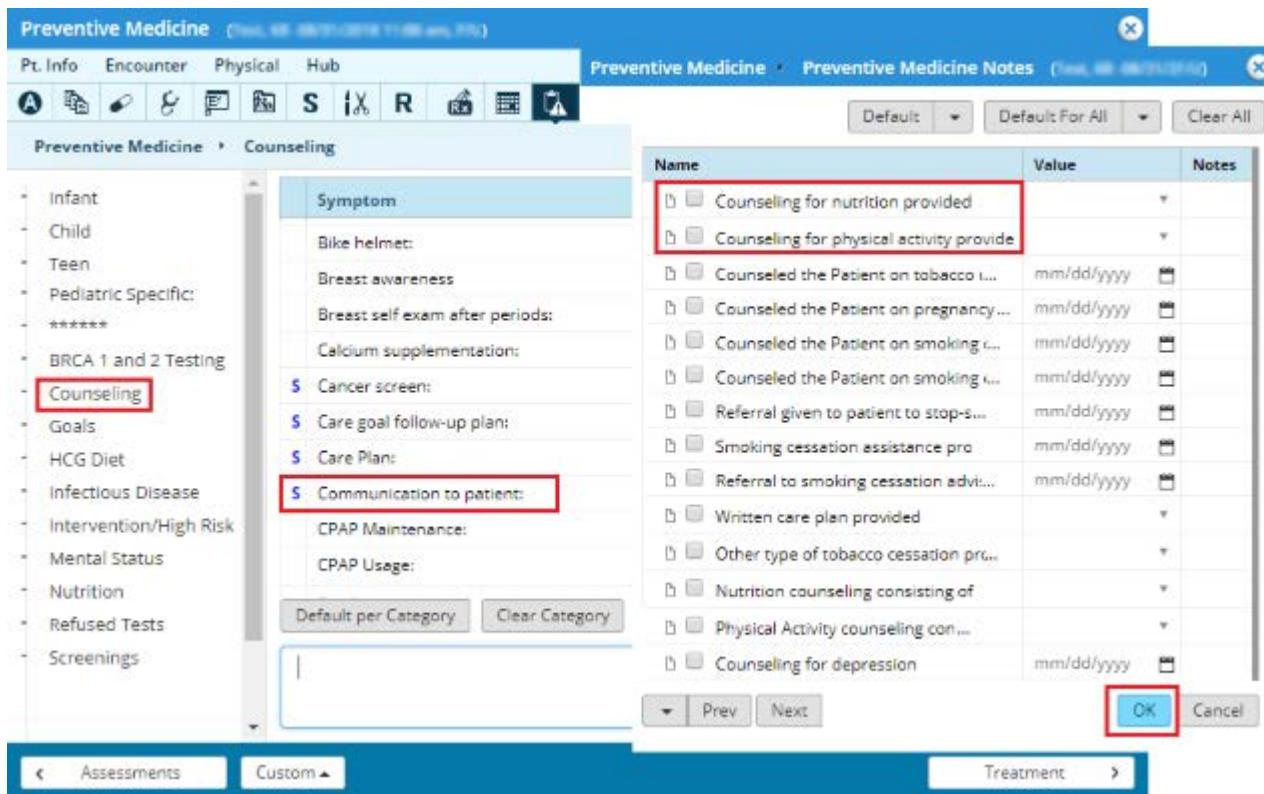
Note: For more information about building structured data questions, refer to [Building Structured Data Questions](#).

To document nutrition and physical activity counseling:

1. On the Progress Notes window, click *Preventive Medicine*.
The Preventive Medicine window opens.
2. Select the *Counseling* category from the left pane.
The symptoms display on the right pane.
3. Click the Notes column next to *Communication to patient*.
The Notes window opens and displays structured data fields.
4. Select *Yes* from the *Value* drop-down list next to *Counseling for nutrition provided* and *Counseling for physical activity provided*.

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5. Click *OK*:



Nutrition and physical activity counseling are documented.

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents
Workflow: Nutrition and Physical Activity Counseling - CPT Codes

Path: *Progress Notes > Visit Codes*

Document nutrition counseling by CPT* code in the Billing window of the Progress Notes.

The applicable CPT codes to report Nutrition Counseling are: 97802, 97803, and 97804.

Note: CPT codes are not a valid method of documenting physical activity counseling. For more information about documenting physical activity counseling, refer to [Building Structured Data Questions](#).

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria defined under [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusions: Hospice Care](#) or [Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusion: Pregnancy](#) are met.

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Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents

Exclusions: Hospice Care

Path: *Progress Notes > HPI*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents

Exclusion: Pregnancy

Path: *Progress Notes > Assessments*

Patients who were pregnant during the measurement period must have the diagnosis documented in the Assessments section of the Progress Notes or on the Problem List.

For the list of applicable pregnancy ICD-10 codes, refer to the [Table 6B - Section E: Childhood Weight Assessment and Counseling](#) section in [Appendix A: List of Referenced ICD Codes](#).

Generating the Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B – Section E: Weight Assessment and Counseling for Children and Adolescents report:

1. From the UDS Encounter-Based folder, click *Table 6B – Section E: Weight Assessment and Counseling for Children and Adolescents*.

The Table 6B - Section E report prompt page displays:

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents (CMS155v9): Prompt Page

Date Range: <input type="text" value="Custom Date"/> <input type="button" value="..."/> <input checked="" type="radio"/> <input type="radio"/> Jan 1, 2021 <input type="button" value="..."/> <input checked="" type="radio"/> <input type="radio"/> Oct 20, 2021 <input type="button" value="..."/>	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Provider: <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Wills, Sam <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>
Reporting Year: <input checked="" type="radio"/> 2021 <input type="button" value="..."/>	Exclude Visit Types: <input type="text"/> <input type="button" value="Search"/>	
Report Type: <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Options Results: <div style="border: 1px solid #ccc; padding: 5px; height: 100px; width: 100px;"></div> <input type="button" value="Insert"/> <input type="button" value="Remove"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	
Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes	Choice: <input checked="" type="radio"/> None <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click **OK**.

The report is generated.

Sample of Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Report Output

The following image is an example of the Table 6B – Section E report:

Table 6B - Section E: Weight Assessment and Counseling for Children and Adolescents Jan 1, 2016 - Jul 7, 2020					
Facility:	Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates				
Provider:	Jones, Mary Smith, John Willis, Sam				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)	Compliance	
12. MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	47	47	9	19.15%	

≡ Top ⌂ Page up ⌂ Page down ⌂ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section E: Weight Assessment and Counseling for Children and Adolescents - Detail Jan 1, 2016 - Jul 7, 2020					
Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
11622		Feb 2, 2011			Non-compliant
11567		Apr 20, 2005			Non-compliant
11576		Apr 5, 2005			Non-compliant
11449		Aug 1, 2012			Non-compliant
10408		Jun 30, 2005	Jones, Mary	Jones, Mary	Non-compliant
9327		Jun 13, 2012			Non-compliant
9333		Aug 1, 2006			Non-compliant
9382		Jun 1, 2012			Non-compliant
23		Jul 23, 2014	Jones, Mary	Jones, Mary	Non-compliant
9388		Jun 1, 2005			Non-compliant
11468		Sep 1, 2012			Non-compliant
9336		Jan 8, 2004			Compliant
11408		Aug 4, 2010	Jones, Mary	Willis, Sam	Compliant
11621		Jun 1, 2005			Compliant
9331		Aug 1, 2011			Compliant
9326		Dec 1, 2008			Compliant
9330		Aug 1, 2008			Compliant
9329		Aug 1, 2010			Compliant
9332		Aug 1, 2009			Compliant
11414		Jul 16, 2015			Compliant
summary					47

≡ Top ⌂ Page up ⌂ Page down ⌂ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section E: Weight Assessment and Counseling for Children and Adolescents - Excluded Patients Jan 1, 2016 - Jul 7, 2020		
Patient Name	Account No	Date of Birth
Janet, Smith	11618	Jan 2, 2003
Summary 1		

Validation Report for Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

The validation reports can be found in the Exception Reports folder in the UDS package. Run the *BAD DATA: BP, BMI, BMI %* to generate a list of patients with incorrect/bad data for BMI Percentile.

Table 6B - Section F - Adult Weight Screening And Follow-Up

The Table 6B - Section F: Adult Weight Screening and Follow-Up report displays all patients aged 18 years and older with a documented BMI during the encounter or during the previous twelve months. Additionally, if the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the encounter.

Note: This measure aligns with CMS eCQM No. CMS69v9.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients who have a documented BMI outside of normal parameters during the encounter or during the previous twelve months and have a follow-up plan documented during the encounter or during the previous twelve months of the current encounter.

Note: The normal BMI parameters for patients 18 years and older are ≥ 18.5 and < 25 kg/m².

Note: BMI% encounter cannot be a telehealth visit criteria based on Table 5 logic. For more information about the Table 5 logic, refer to [Telehealth Visit Workflow](#).

Denominator - Patients 18 years of age or older who had at least one medical visit during the reporting year.

Note: In accordance with CMS logic, this measure includes patients who were 18 years of age or older on the date of their last visit.

Note: The medical visit for the denominator cannot be a telehealth visit. Telehealth visit criteria is based on the logic in Table 5. For more information about the Table 5 logic, refer to [Telehealth Visit Workflow](#).

Exclusions: (patients will be excluded from denominator if criteria is met)

- Patients who are Pregnant during the measurement period
- Patients who have a diagnosis for palliative care during or prior to the visit
- Patients in hospice care during the measurement period

Exceptions: (patients will be excluded from denominator only if numerator is not compliant)

- Patients who refuse measurement of height and/or weight, or refuse follow-up plan
- Patients seen during the measurement period who are in urgent or emergent medical situations where time is of the essence and to delay treatment would jeopardize the patients' health status
- Patient with documented medical reasons

For more information about the Table 6B - Section F: Adult Weight Screening and Follow-Up report, refer to the following sections:

- [Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow](#)
- [Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow](#)
- [Generating the Table 6B - Section F - Adult Weight Screening And Follow-Up Report](#)
- [Validation Report for Table 6B - Section F - Adult Weight Screening And Follow-Up](#)

Table 6B - Section F - Adult Weight Screening And Follow-Up Flowchart

The following diagram depicts the Table 6B - Section F: Adult Weight Screening and Follow-Up reporting process:

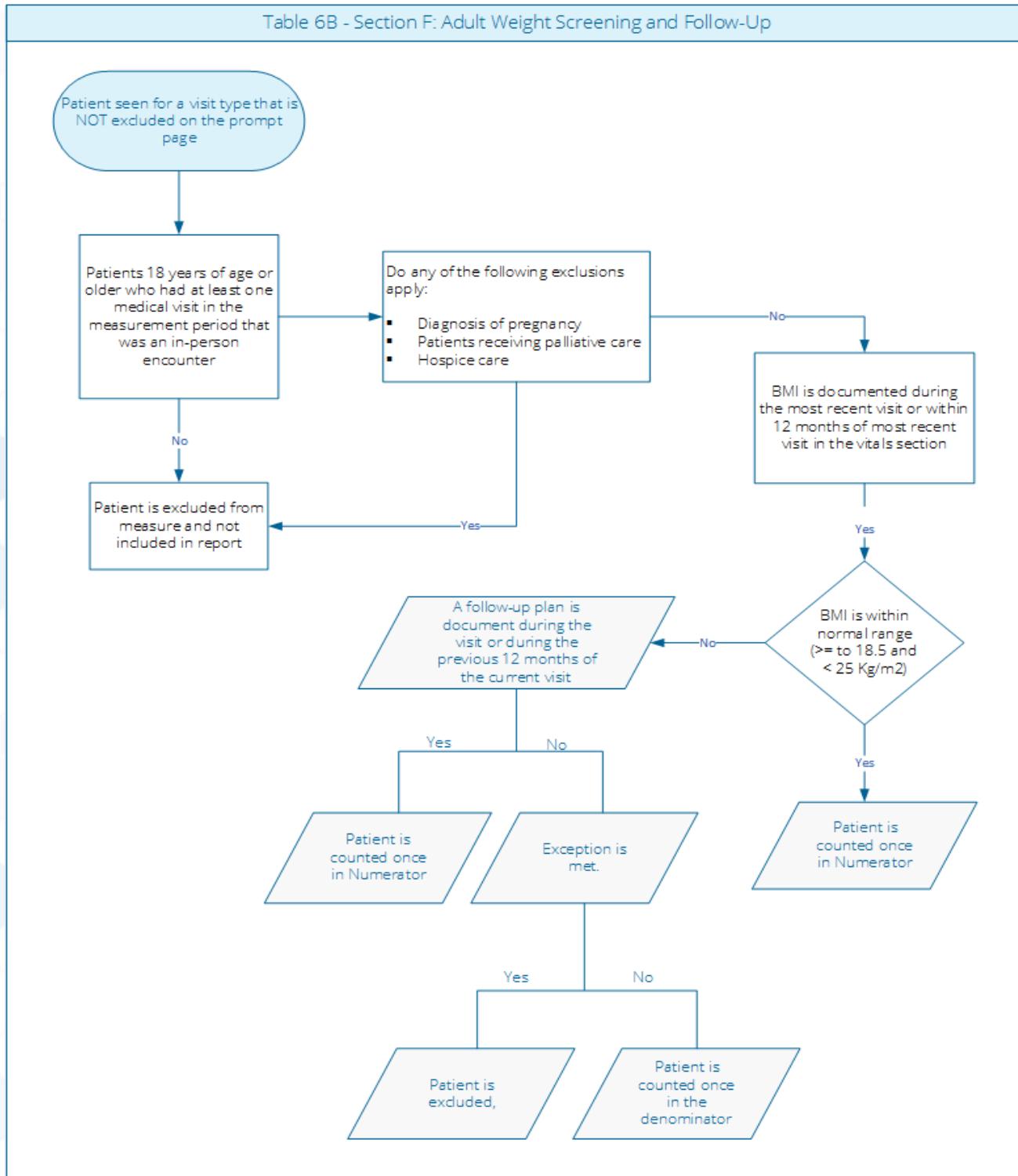


Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow

The following sections describe the workflows used to document the criteria for Table 6B - Section F as well as exclusions that dismiss patients from the measure. The BMI must be documented. If the BMI is above or below normal parameters, a follow-up plan must also be documented.

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: BMI

Path: *Progress Notes > Vitals*

The BMI is calculated in the Vitals section of the Progress Notes.

To calculate the BMI, enter the height in the *Ht(in)* column and the weight in the *Wt(lbs)* column of the Vitals window. The BMI is calculated automatically:

Vitals											
Pt. Info	Encounter	Physical	Hub								
A	Clipboard	Pencil	Document	Icon	S	R	Icon	Re	Icon	Dx	Rx
Vitals										<input type="checkbox"/> PreTerm Percentile	<input type="checkbox"/> Vitals Taken
Date	Ht(in)	Wt(lbs)	BMI(Index)		Temp(F)	HR(/min)	BP(mm Hg)	RR(/min)			
08-31-2018*	5 Ft 4In	295 Lb 02 Oz	50.65								
08-21-2018											

Note: When the BMI is above the normal parameters, the BMI will display in red in the Vitals window, as well as on the Progress Notes.

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Follow-Up Plan

At least one of the following options must be documented as the follow-up plan to meet the criteria of the measure if the recorded BMI is above or below normal parameters:

- Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Assessment
- Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: CPT Code
- Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Outgoing Referral
- Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Prescribing Medications
- Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Structured Data

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Assessment

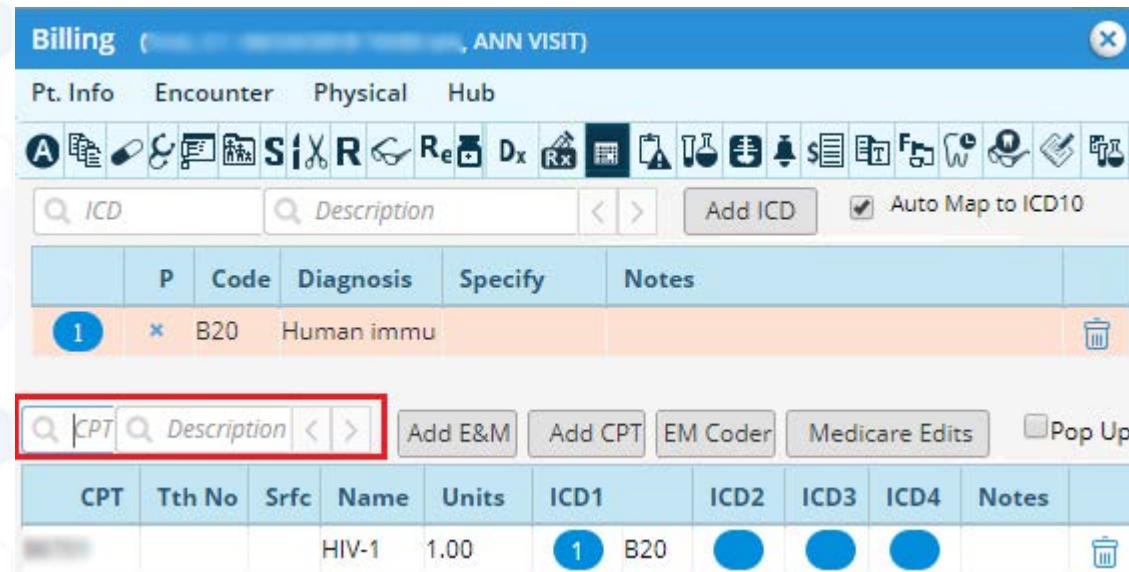
Path: *Progress Notes > Assessments*

Document the follow-up plan by ICD code in the Assessments section of the Progress Notes. The applicable ICD-10 code BMI follow-up plans are z71.3 and z71.82.

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: CPT Code

Path: *Progress Notes > Visit Codes*

Record the follow-up plan by CPT* code in the Billing window of the Progress Notes:



The screenshot shows the eClinicalWorks Billing interface for a visit labeled '(ANN VISIT)'. The top navigation bar includes Pt. Info, Encounter, Physical, and Hub. Below the bar are various icons for medical documentation. The main area is titled 'Billing' and shows a table for entering codes. The first row of the table has columns for 'Pt. Info', 'P', 'Code', 'Diagnosis', 'Specify', and 'Notes'. A row below shows a code entry: '1' in the Pt. Info column, 'B20' in the Code column, and 'Human immu' in the Notes column. A trash can icon is in the Notes column. Below this table is another table for CPT codes, with columns for 'CPT', 'Tth No', 'Srfc', 'Name', 'Units', 'ICD1', 'ICD2', 'ICD3', 'ICD4', and 'Notes'. The 'CPT' column shows 'HIV-1' and '1.00', and the 'ICD1' column shows '1' and 'B20'. The 'CPT' column is highlighted with a red box.

The following table lists the CPT codes applicable to above or below normal BMI follow-up plans:

BMI Parameter	CPT Codes
Above Normal BMI	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 97802, 97803, 97804, 98960, 99078, 99401, 99402, G0270, G0271, G0447, G0473, S9449, S9451, S9452, S9470
Below Normal BMI	97802, 97803, 97804, 98960, 99078, 99401, 99402, S9449, S9452, S9470 HCPCS: G0270, G0271

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Outgoing Referral

Path:

- *Progress Notes > Treatment > Add > Referral*
- *Patient Hub > Referrals > Outgoing*

Refer patients with an above normal or below normal BMI to one of the following specialties:

- Community-Based Dietitian
- Community-Based Occupational Therapy
- Dietitian
- General Physician
- General Practitioner
- Hospital-Based Dietitian
- Hospital-Based Occupational Therapist
- Liaison Psychiatry Service
- Mental Health Counseling
- Mental Health Counseling Service
- Mental Health Counselor
- Mental Health Team
- Mental Health Worker
- Physical Medicine and Rehabilitation
- Physician
- Psychiatry
- Psychiatry Service
- Occupational Therapy

The specialties must be mapped in the Community Mapping window. Map multiple specialties from the local database to one specialty in the community database.

An outgoing referral to a specialist is initiated from either the Treatment section of the Progress Notes or the Referral tab of the Patient Hub. The reason for the referral must be specified as overweight or underweight:

The screenshot shows the 'Referral (Outgoing)' window. In the 'From' section, the 'Specialty' dropdown is highlighted with a red box and set to 'Dietitian'. In the 'Reason' section, the 'Description' table has a single row with the value '1 underweight' highlighted with a red box. In the 'Diagnosis' section, there is one entry with code 'R63.6' and name 'Underweight'.

Reason	
Description	
1 underweight	<input type="button" value="Delete"/>

Diagnosis*	
Code	Name
R63.6	Underweight

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Prescribing Medications

Path: *Progress Notes > Treatment > Rx*

A provider may prescribe medications as part of the follow-up plan. Medications are ordered in the Manage Orders window, accessed from the Treatment section of the Progress Notes.

All medications with a status other than *Stop* are counted towards the measure.

Medication compliance is based on RxNorm. Refer to exception report "Medication List Report" for a list of eligible Rx.

Table 6B - Section F - Adult Weight Screening And Follow-Up Workflow: Structured Data

Path: *Progress Notes > Preventive Medicine > Counseling*

Document the follow-up plan in the Preventive Medicine section of the Progress Notes through structured data questions.

The structured data questions and values must be created as follows to comply with the measure:

Question	Answer
Dietary Consultation Order Provided	Yes
BMI Management Provided	Yes
Dietary Consultation Provided	Yes
Above Normal BMI Follow-up	<ul style="list-style-type: none"> ■ Dietary management education, guidance, and counseling ■ Dietary needs education ■ Exercise promotion: strength training ■ Exercise promotion: stretching ■ Feeding regime ■ Giving encouragement to exercise ■ Lifestyle education regarding diet ■ Nutrition/feeding management ■ Nutrition therapy ■ Prescribed activity/exercise education ■ Prescribed dietary intake ■ Special diet education ■ Weight monitoring
Below Normal BMI Follow-up	<ul style="list-style-type: none"> ■ Dietary education for weight gain ■ Dietary management education, guidance, and counseling ■ Feeding regime ■ Lifestyle education regarding diet

Note: For more information about building structured data questions, refer to [Building Structured Data Questions](#).

To document the follow-up plan by structured data:

1. Click *Counseling* from the left pane.
The symptoms display on the right pane.

2. Click the *Notes* column next to *Care goal follow-up plan*.

The Notes window opens and displays structured data fields.

3. Select the applicable option from the *Value* drop-down list next to each pertinent question.
4. Click *OK*:

Name	Value	Notes
Dietary Counseling provided	Yes	
BMI management provided	Yes	
Above Normal BMI Follow-up	Dietary needs education	
Below Normal BMI Follow-up	Dietary education for weight gain	
Dietary Consultation order provided	Yes	

The follow-up plan is documented.

Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria of any of the following exclusions are met:

- Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Diagnosis of Pregnancy or Palliative Care
- Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Hospice Care
- Table 6B - Section F - Adult Weight Screening And Follow-Up Exception: BMI Not Documented
- Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Palliative Care as Structured Data

Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Diagnosis of Pregnancy or Palliative Care

Path: *Progress Notes > Assessments*

Document a diagnosis of pregnancy or palliative care in the Assessments section of the Progress Notes or on the Problem List during the measurement period.

The applicable palliative care ICD-10 code is Z51.5.

For the list of applicable pregnancy ICD-10 codes, refer to the [Table 6B - Section F: Adult Weight Screening and Follow-Up](#) section in [Appendix A: List of Referenced ICD Codes](#).

Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Hospice Care

Path: *Progress Notes > HPI*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Palliative Care as Structured Data

Path: *Progress Notes > Preventive Medicine > Counseling*

Document the palliative care intervention before or during the BMI encounter as structured data from the Preventive Medicine section of the Progress Notes.

To document the palliative care exclusion:

1. Click *Counseling* from the left pane.
The symptoms display on the right pane.
2. Click the Notes column next to *Provider to Provider Communication*.
The Notes window opens and displays structured data fields.
3. Select a value from the drop-down list next to *Palliative Care*.
4. Click *OK*.
The palliative care exclusion is documented.

Table 6B - Section F - Adult Weight Screening And Follow-Up Exceptions

Patients are excluded from the denominator if one of the following exceptions are met only when the patient does not meet the numerator requirement.

For more information, refer to:

- [Table 6B - Section F - Adult Weight Screening And Follow-Up Exception: BMI Not Documented](#)
- [Table 6B - Section F - Adult Weight Screening And Follow-Up Exception: Follow-Up Not Documented](#)

Table 6B - Section F - Adult Weight Screening And Follow-Up Exception: BMI Not Documented

Path: *Progress Notes > Examination > CQM Exceptions*

When the BMI is not recorded for medical, patient, or other reasons, the reason is documented in the Examination section of the Progress Notes.

To document the reason the BMI was not recorded:

1. Click *CQM Exceptions* from the left pane.
The CQM Exceptions tab opens in the right pane.
2. Click the *Observation* column next to *BMI not documented*.
The Notes window opens, displaying structured data fields.
3. Select *Medical* or *Patient* from the *Value* drop-down list next to Reason.
Depending on the value selected, a subsequent structured data question displays, such as:
 - ◆ Type of medical reason
 - OR
 - ◆ Type of patient reason
4. Select an option from the *Value* drop-down list.
5. Click *OK*.

The reason the BMI was not recorded is documented.

Table 6B - Section F - Adult Weight Screening And Follow-Up Exception: Follow-Up Not Documented

The following paths provide access to the structured data questions and their options available in eCW to be documented for Table 6B - Section F - Adult Weight Screening And Follow-Up:

Path: *Progress Notes > Preventive Medicine > Counseling > BMI Above Normal, Follow up not performed Medical or other reason cited*

- O1: Procedure contraindicated
- O2: Medical contraindicated
- O3: Treatment not tolerated
- O4: Procedure not indicated

Path: *Progress Notes > Preventive Medicine > Counseling > BMI Above Normal, Medication not ordered > Medical or other reason cited*

- O1: Procedure contraindicated
- O2: Medical contraindicated
- O3: Treatment not tolerated
- O4: Procedure not indicated

Path: *Progress Notes > Preventive Medicine > Counseling > BMI Below Normal, Follow up not performed > Medical or other reason cited*

- O1: Procedure contraindicated
- O2: Medical contraindicated
- O3: Treatment not tolerated
- O4: Procedure not indicated

Path: *Progress Notes > Preventive Medicine > Counseling > BMI Below Normal, Medication not ordered > Medical or other reason cited*

- O1: Procedure contraindicated
- O2: Medical contraindicated
- O3: Treatment not tolerated
- O4: Procedure not indicated

Path: *Progress Notes > Preventive Medicine > Counseling > Referrals for weight assessment not initiated > Medical or other reason cited*

- O1: Procedure contraindicated
- O2: Medical contraindicated
- O3: Treatment not tolerated
- O4: Procedure not indicated

Generating the Table 6B - Section F - Adult Weight Screening And Follow-Up Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B - Section F: Adult Weight Screening and Follow-Up report:

1. From the UDS Encounter-Based folder, *click Table 6B - Section F: Adult Weight Screening and Follow-Up*.

The Table 6B - Section F report prompt page displays:

Table 6B - Section F - Adult Weight Screening And Follow-Up (CMS69v9): Prompt Page

Date Range: <input type="button" value="Custom Date"/> <input type="text" value="Jan 1, 2021"/> <input type="button" value="Jul 14, 2021"/>	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: <input type="text" value="2021"/>	Exclude Visit Types: <input type="text"/> <input type="button" value="Search"/>	
Report Type: <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date Select all Deselect all	Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes Select all Deselect all	Results: <input type="button" value="Insert"/> <input type="button" value="Remove"/> Select all Deselect all
		Choice: <input type="text" value="None"/> Select all Deselect all
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *OK*.

The report is generated. For more information about the generated reports, refer to [Sample of Table 6B - Section F - Adult Weight Screening And Follow-Up Report Output](#).

Sample of Table 6B - Section F - Adult Weight Screening And Follow-Up Report Output

The following images are examples of the Table 6B - Section F: Adult Weight Screening and Follow-Up report outputs:

Adult Weight Screening and Follow-Up report output:

Table 6B - Section F: Adult Weight Screening and Follow-Up Jan 1, 2016 - Jul 7, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Total Patients Aged 18 and Over (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)	Compliance
13. MEASURE: Patients aged 18 and over with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	287	287	13	4.87%

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To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section F: Adult Weight Screening and Follow-Up - Detail Jan 1, 2016 - Jul 7, 2020

Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
11428		Jan 31, 1999			Non-compliant
9297		Jun 7, 1991			Non-compliant
9339		Aug 21, 1998			Non-compliant
9302		Aug 7, 1991			Non-compliant
11522		Dec 7, 1995			Non-compliant
11530		Apr 20, 1994			Non-compliant
11599		Apr 8, 1988			Non-compliant
11644		Apr 16, 1980			Compliant
11645		Jun 4, 1957			Compliant
11651		Jan 1, 1991			Compliant
11652		Mar 20, 1981			Compliant
11653		Mar 9, 1983			Compliant
11457		Aug 9, 1991	Jones, Mary	Jones, Mary	Compliant
11637		Mar 7, 1944			Compliant
11465		Aug 6, 1996			Compliant
11427		Jul 4, 1998			Compliant
11519		Nov 24, 1998			Compliant
11518		Nov 27, 1998			Compliant
11521		Nov 18, 1998			Compliant
11512		Nov 27, 1997			Compliant

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To view more details about the report, click *Page Down*.

The excluded patients report displays:

Table 6B - Section F: Adult Weight Screening and Follow-Up - Excluded Patients Jan 1, 2016 - Jul 7, 2020

Patient Name	Account No	Date of Birth
	11412	Dec 14, 1972
	11455	Aug 1, 1997
	11525	Dec 10, 1988
	11422	Jul 7, 1977
	9300	Sep 19, 1992
	9292	Jan 2, 1988
	9321	Feb 2, 2000
Summary	7	Apr 12, 1971
		8

Validation Report for Table 6B - Section F - Adult Weight Screening And Follow-Up

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

The validation reports can be found in the Exception Reports folder in the UDS package. Run the *BAD DATA: BP, BMI, BMI %* to obtain a list of patients with incorrect/bad data for BMI.

Table 6B - Section G: Tobacco Cessation Counseling

The Table 6B - Section G: Tobacco Cessation Counseling report displays the percentage of patients 18 and older screened for tobacco use one or more times within 12 months and received cessation intervention if identified as a tobacco user.

Note: This measure aligns with CMS eCQM No. CMS138v9.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients who were screened for tobacco use at least once within 12 months and received tobacco cessation counseling intervention if identified as a tobacco user.

Denominator - All patients aged 18 years and older seen for at least two medical visits or at least one preventive visit during the measurement period and patients who were born on or before 01/01/2003.

The following are the acceptable CPT codes for medical visits:

99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 92002, 92004, 92012, 92014, 90791, 90792, 90832, 90834, 90837, 90845, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96156, 96158, 97161, 97162, 97163

The following are the acceptable CPT codes for preventive visits:

G0438, G0439, 99395, 99396, 99397, 99411, 99412, 99429, 99401, 99402, 99403, 99404, 99385, 99386, 99387

Exception - Medical reason documented within 12 months before the end of the reporting period or limited life expectancy.

For more information about the Table 6B - Section G: Tobacco Use Screening and Cessation report, refer to the following sections:

- [Table 6B - Section G - Tobacco Cessation Counseling Flowchart](#)
- [Table 6B - Section G - Tobacco Cessation Counseling Workflow](#)
- [Generating the Table 6B - Section G - Tobacco Cessation Counseling Report](#)

Table 6B - Section G - Tobacco Cessation Counseling Flowchart

The following diagram depicts the Table 6B - Section G: Tobacco Cessation Counseling reporting process:

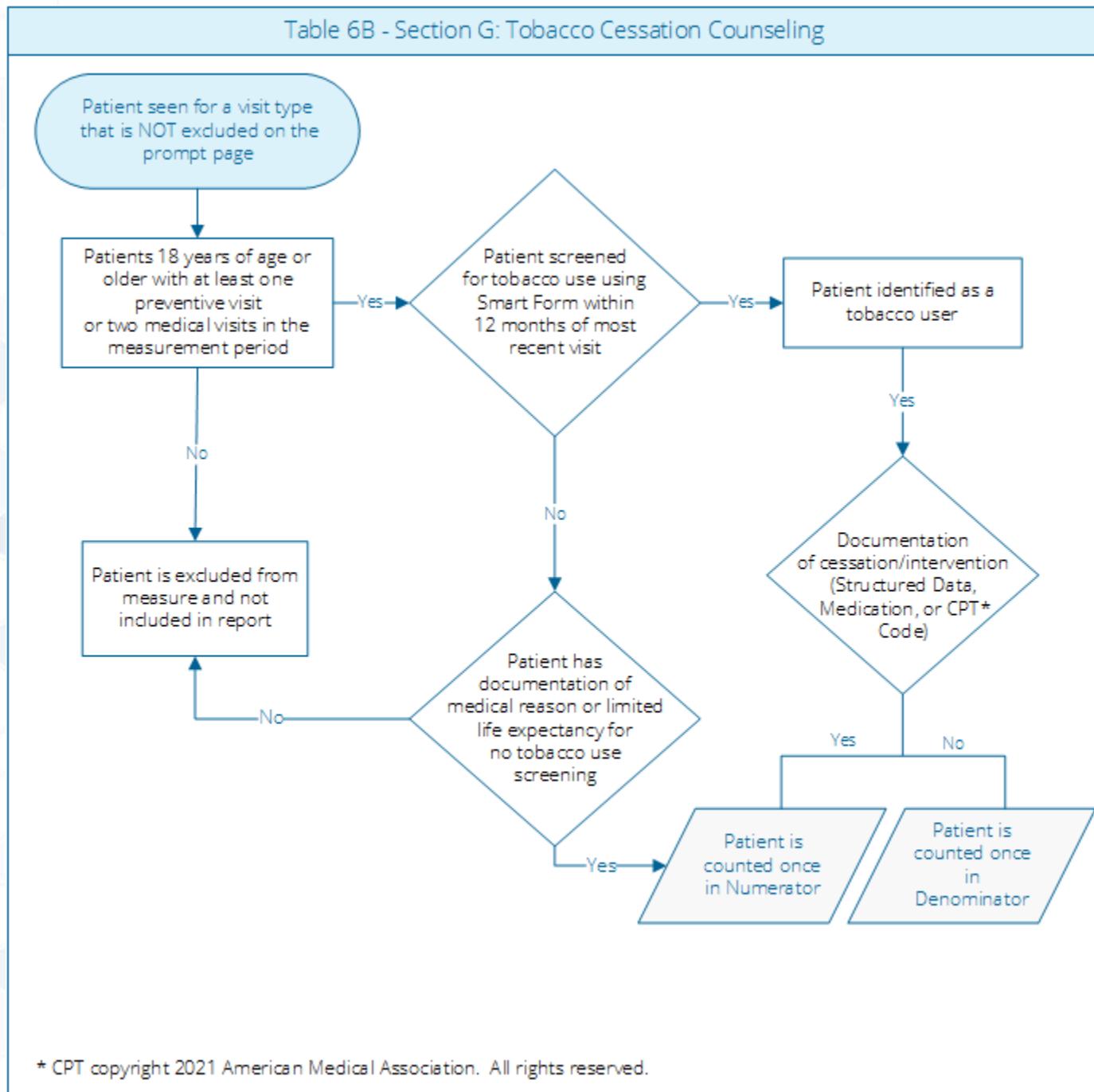


Table 6B - Section G - Tobacco Cessation Counseling Workflow

The following sections describe the workflow for documenting the tobacco use screening and the interventions used towards tobacco cessation for patients who are identified as tobacco users as well as exclusions that dismiss patients from the measure.

Table 6B - Section G - Tobacco Cessation Counseling Workflow: Tobacco Use Screening

Path: *Progress Notes > SF > Tobacco Control*

Document tobacco use screening through the Tobacco Control Smart Form. Answer all the questions and click *Save*. The answers display within the Progress Notes.

Table 6B - Section G - Tobacco Cessation Counseling Workflow: Tobacco Cessation Interventions

If a patient is identified as a tobacco user after completing the Tobacco Control Smart Form, the intervention taken towards tobacco cessation must be documented in at least one of the following ways to meet the criteria of the measure:

- [Table 6B - Section G - Tobacco Cessation Counseling Workflow: Counseling](#)
- [Table 6B - Section G - Tobacco Cessation Counseling Workflow: CPT Code](#)
- [Table 6B - Section G - Tobacco Cessation Counseling Workflow: Medications](#)

Note: The cessation analysis period starts from the last day of the reporting period and then looks back 12 months.

Table 6B - Section G - Tobacco Cessation Counseling Workflow: Counseling

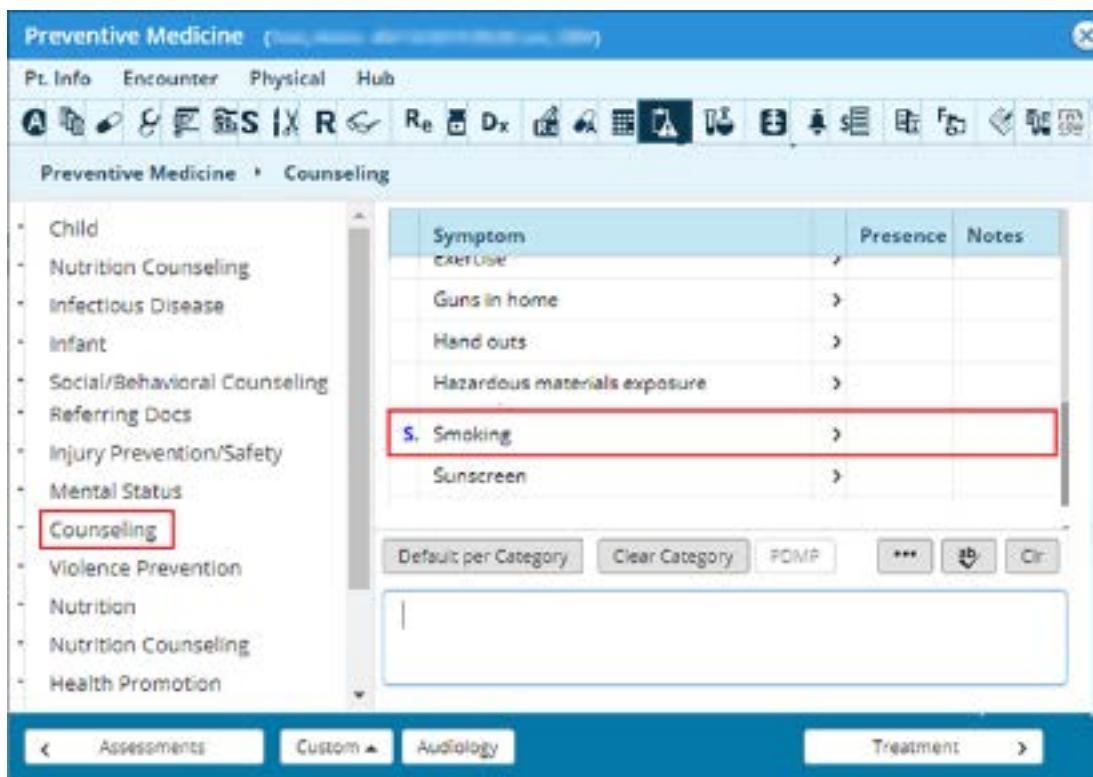
Path: *Progress Notes > Preventive Medicine > Counseling*

Document the counseling provided to a patient about the risks associated with tobacco use in the Preventive Medicine section of the Progress Notes as structured data.

To document tobacco cessation counseling:

1. Click *Counseling* from the left pane.
The symptoms display on the right pane.

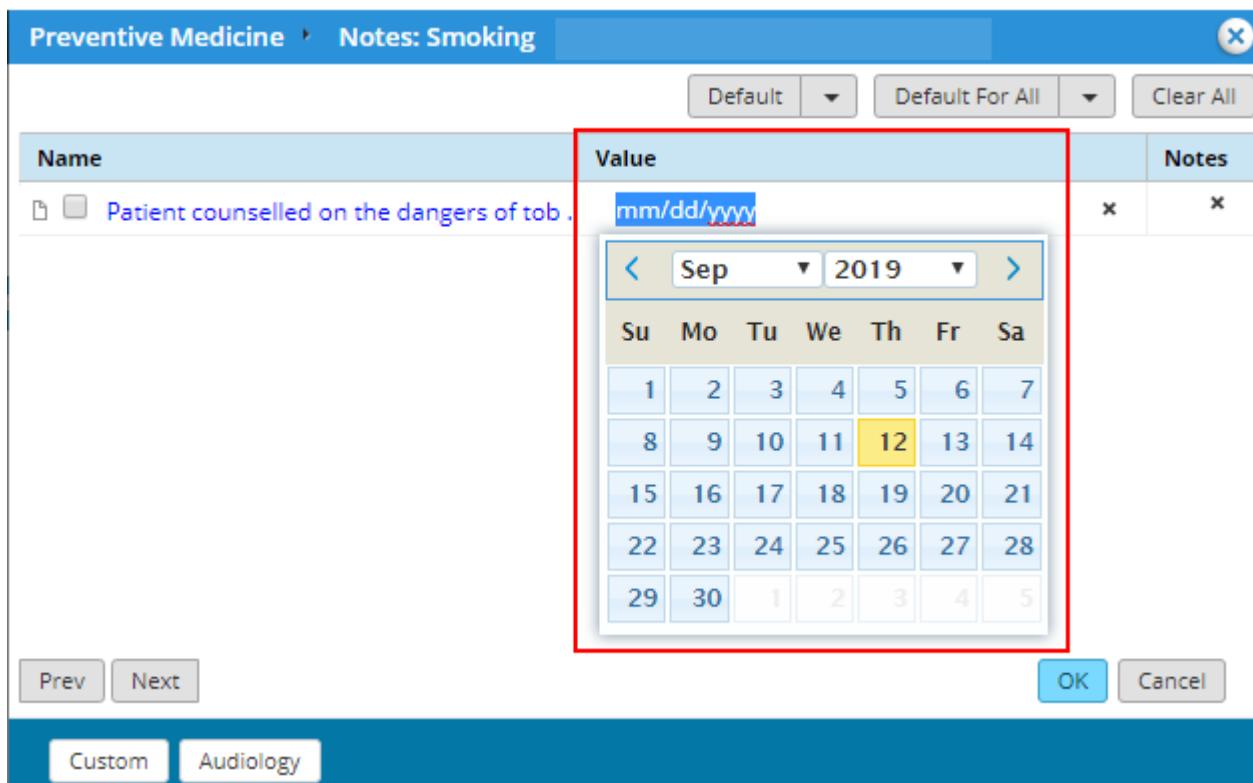
2. Click the *Notes* column next to *Smoking*:



The screenshot shows the Preventive Medicine module with the 'Counseling' tab selected. On the left, a sidebar lists various categories like Child, Nutrition Counseling, etc., with 'Counseling' highlighted. The main area displays a table with columns for 'Symptom', 'Presence', and 'Notes'. The 'Smoking' row is selected and highlighted with a red box. Below the table are buttons for 'Default per Category', 'Clear Category', 'POMP', and 'OK'.

The Notes window opens and displays structured data fields.

3. Click the *Value* column next to *Patient counselled on the dangers of tobacco use and urged to quit*, and select a date from the calendar pop-up:



The screenshot shows the 'Notes: Smoking' window. The 'Value' field is highlighted with a red box and contains a date picker calendar. The calendar shows the month of September 2019, with the date '12' selected and highlighted in yellow. The 'OK' button is visible at the bottom right of the calendar.

4. Click *OK*.

The tobacco cessation counseling is documented.

Table 6B - Section G - Tobacco Cessation Counseling Workflow: CPT Code

Path: *Progress Notes > Visit Code or Procedure Codes*

Record the tobacco cessation counseling provided to a patient by CPT* code in the Billing window of the Progress Notes. The applicable CPT codes for tobacco cessation counseling are: 99406 and 99407

Table 6B - Section G - Tobacco Cessation Counseling Workflow: Medications

Path:

- *Progress Notes > Current Medications*
- *Progress Notes > Treatment > Rx*

For patients who are currently on a tobacco cessation medication, document the patient's use in the Current Medication section of the Progress Notes. Tobacco cessation medications with a status of *Taking* are counted towards this measure.

For patients who are not currently on tobacco cessation medications, a medication must be prescribed in the Treatment Section of the Progress Notes. All medications with a status other than *Stop* are counted towards the measure compliance.

Medication compliance is based on RxNorm. Refer to exception report *Medication List Report* for a list of eligible Rx.

Table 6B - Section G - Tobacco Cessation Counseling Exception

Path: *Progress Notes > Social History > Tobacco Use*

Patients who have medical reasons or limited life expectancy and were not given tobacco use screenings or cessation intervention are excluded from the measure when the information is documented within 12 months before the end of the reporting period. Document the exception in the Social History section of the Progress Notes as structured data.

To document the exception:

1. Click *Tobacco Use* from the left pane.
The Social Info items display on the right pane.
2. Click the *Details* column next to *Screening not performed*.
3. Select the *Value* from the drop-down list next to *Reason*.
The exception is documented.

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Generating the Table 6B - Section G - Tobacco Cessation Counseling Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section G: Tobacco Use Screening and Cessation Intervention report:

1. From the UDS Encounter-based package, click *Table 6B Section- G Tobacco Use Screening and Cessation Intervention report*.

The Table 6B – Section G prompt page displays:

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

Filter	Description
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *OK*.

The report is generated.

Sample of Table 6B - Section G - Tobacco Cessation Counseling Report Output

The following image is an example of the Table 6B – Section G report output:

Table 6B - Section G: Tobacco Use Screening and Cessation Intervention Jan 1, 2014 - Jul 7, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Tobacco Use Screening and Cessation	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)	Compliance
15. MEASURE: Tobacco users aged 18 or older who have received cessation advice or medication	16	16	8	50.00%

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To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section G: Tobacco Use Screening and Cessation Intervention - Detail Jan 1, 2014 - Jul 7, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
9399		Dec 31, 2012	Willis, Sam	Willis, Sam	Non-compliant
9397		Mar 11, 1999	Smith, Jim	Willis, Sam	Non-compliant
9395		May 3, 2008	Jones, Mary	Jones, Mary	Non-compliant
9365		Oct 10, 2007			Non-compliant
11425		Jul 4, 1972			Non-compliant
19		Dec 1, 1997	Jones, Mary	Jones, Mary	Non-compliant
16		Jun 30, 2001	Jones, Mary	Jones, Mary	Non-compliant
11529		Jan 9, 1967			Non-compliant
9398		Jan 1, 1944	Willis, Sam	Willis, Sam	Compliant
9334		Sep 1, 1998			Compliant
9390		Jan 4, 1999			Compliant
22		Jul 23, 1979	Jones, Mary	Jones, Mary	Compliant
11514		Nov 8, 1995			Compliant
11447		Aug 15, 1993			Compliant
11528		Jan 1, 1985			Compliant
9297		Jun 7, 1991			Compliant
Summary					16

Table 6B - Section H - Statin Therapy

The Table 6B – Section H: Statin Therapy report displays the percentage of patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on Statin Therapy during the measurement period.

Note: This measure aligns with CMS eCQM No. CMS347v3.

The numerator, denominators, and exclusions are defined as the following:

Numerator - Patients who are actively using or who received a prescription for statin therapy at any point during the measurement period.

Note: This measure consists of three denominators. The numerator is the same for all three denominators.

Denominators:

■ Patients 21 years of age or older previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD). The following are included in ASCVD:

- ◆ Myocardial Infarction
- ◆ Cerebrovascular Disease, Stroke, Transient Ischemic Attack (TIA)
- ◆ Atherosclerosis and Peripheral Arterial Disease
- ◆ Ischemic Heart Disease or Coronary Occlusion, Rupture, or Thrombosis
- ◆ Stable and Unstable Angina
- ◆ Coronary Artery Bypass Grafting (CABG)
- ◆ Carotid Intervention

OR

■ Patients 21 years of age or older who:

- ◆ Have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL

OR

- ◆ Were previously diagnosed with, or currently have an active diagnosis for, familial or pure hypercholesterolemia

OR

■ Patients 40 - 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level between 70 - 189 mg/dL within three years including the reporting year.

Exclusions:

Note: For more information about the statin therapy exclusions, refer to [Table 6B - Section H - Statin Therapy Exclusions](#).

- Patients who have received palliative care in the reporting period
- Patients who have a diagnosis of end-stage renal disease (ESRD), Hep A, Hep B, or Liver Disease overlapping the reporting period
- Patients who have a diagnosis of pregnancy, breast feeding, or rhabdomyolysis overlapping the reporting period
- Patients who have a documented active allergy to statin medication during the reporting period
- Patients 40-75 years of age with diabetes whose most recent LDL was less than 70mg/dL and patient was not taking statin therapy

For more information about Table 6B – Section H: Statin Therapy, refer to the following sections:

- [Table 6B - Section H - Statin Therapy Flowchart](#)
- [Table 6B - Section H - Statin Therapy Workflow](#)
- [Table 6B - Section H - Statin Therapy ICD Codes](#)
- [Generating the Table 6B - Section H - Statin Therapy Report](#)

Table 6B - Section H - Statin Therapy Flowchart

The following diagram depicts the Table 6B – Section H: Statin Therapy reporting process:

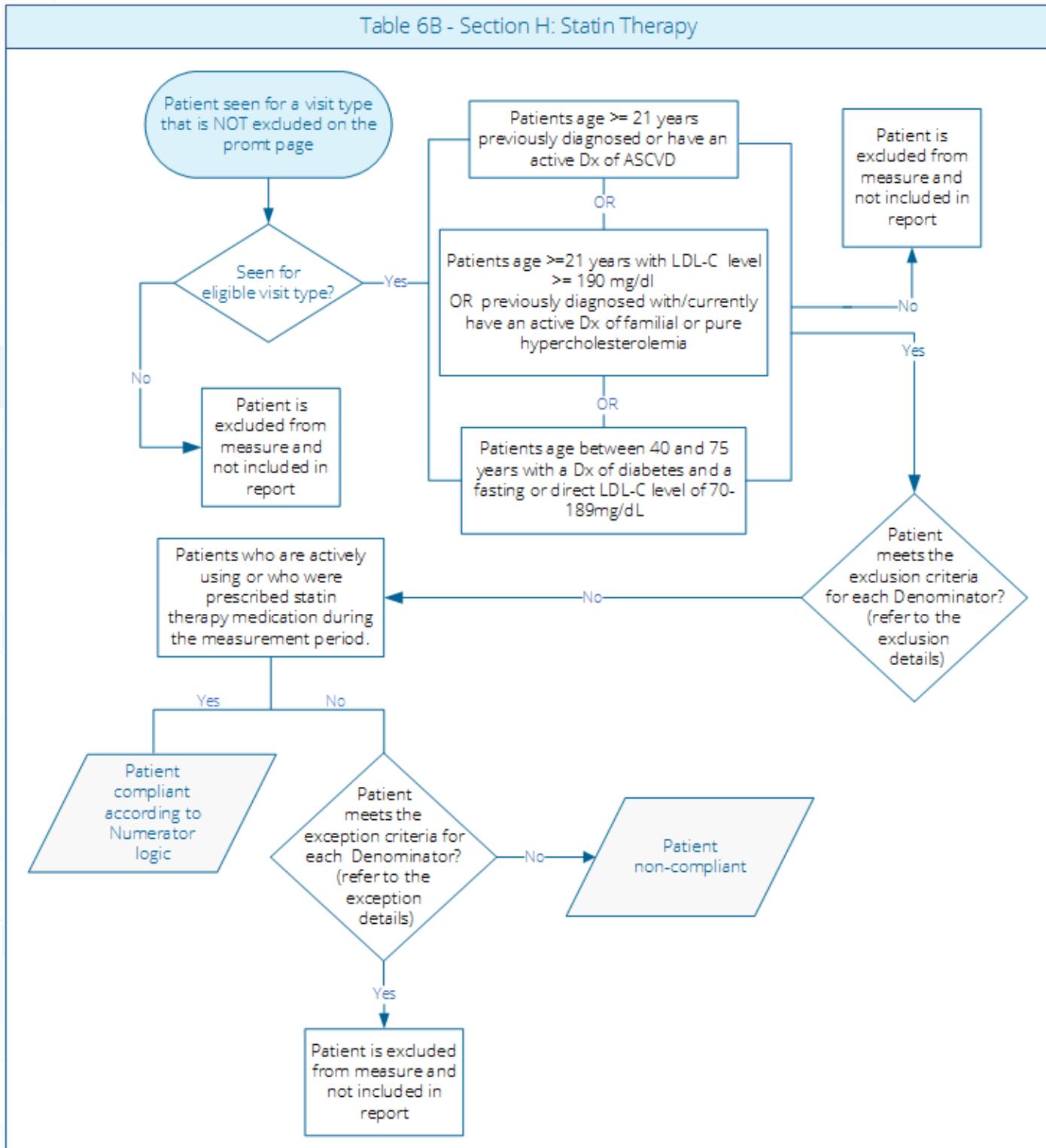


Table 6B - Section H - Statin Therapy Workflow

Patients who qualify for the Table 6B – Section H measure must have specific elements documented to meet the outlined criteria. The following sections describe the workflows required to meet the criteria of the numerator and all three denominators, as well as the exclusions that dismiss patients from the measure.

Table 6B - Section H - Statin Therapy Workflow: Numerator

Path:

- *Progress Notes > Current Medications*
- *Progress Notes > Treatment > Rx*

For patients who are currently on a statin medication, document the patient's use in the Current Medication section of the Progress Notes during the reporting period. Statin medications with a status of *Taking* are counted towards this measure.

For patients who are not currently on statin medications, a medication must be prescribed in the Treatment Section of the Progress Notes during the measurement period.

Medication compliance is based on RxNorm. Refer to the exception report *Medication List Report* for a list of eligible Rx.

Note: To be included in the numerator of this measure, statin medications must be prescribed and documented for patients that meet the criteria defined in all three denominators. For workflows specific to each denominator, refer to [Table 6B - Section H - Statin Therapy Workflow: Denominator One – ASCVD](#), [Table 6B - Section H - Statin Therapy Workflow: Denominator Two – Hypercholesterolemia](#), and [Table 6B - Section H - Statin Therapy Denominator Three – Diabetes](#).

Table 6B - Section H - Statin Therapy Workflow: Denominator One – ASCVD

Path: *Progress Notes > Assessments*

Record ASCVD by ICD code in the Assessments section of the Progress Notes within the reporting year or in the Problem List any time prior to the end of the reporting period. For a list of the ICD codes that are appropriate for ASCVD, refer to [Table 6B - Section H - Statin Therapy ICD Codes](#).

OR

Record the CABG, PCI Procedure CPT code from:

Path:

- *Progress Notes > Visit code (Documentation anytime prior to end of measurement period)*
- *Procedure order Associated with the CPT code*

CPT* Code List:

33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943, S2205, S2206, S2207, S2208, S2209

Table 6B - Section H - Statin Therapy Workflow: Denominator Two – Hypercholesterolemia

Path: *Progress Notes > Assessments*

Record hypercholesterolemia by ICD code in the Assessments section of the Progress Notes within the reporting year or in the Problem List any time prior to the end of the reporting period.

For a list of the ICD codes that are appropriate for hypercholesterolemia, refer to [Table 6B - Section H - Statin Therapy ICD Codes](#).

OR

Path:

- *Progress Notes > Treatment > Labs > Lab Hx*
- *Patient Hub > Labs*

Record an LDL ≥ 190 in the Lab Results window anytime in the patient's history. The lab must be marked as *Received* and the Received Date must be prior to the end of the reporting period.

The following are the LOINC codes that must be mapped to the LDL lab attribute:

13457-7, 18261-8, 18262-6, 2089-1, 43394-6, 49132-4, 50193-2, 55440-2, 86911-5, 90364-1, 91105-7, 91106-5, 91107-3, 91108-1, 91109-9, 91110-7, 91111-5

Note: For more information about mapping LOINC codes to labs, refer to [Linking LOINC Codes to Lab Attributes](#)

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Table 6B - Section H - Statin Therapy Denominator Three – Diabetes

Path: Progress Notes > Assessments

Record diabetes by ICD code in the Assessments section of the Progress Notes within the reporting year or in the Problem List any time prior to the end of the reporting period. Patients must be between the age of 40 and 75. For a list of the ICD codes that are appropriate for diabetes, refer to Table 6B - Section H - Statin Therapy ICD Codes.

AND

Path:

- *Progress Notes > Treatment > Labs > Lab Hx*
- *Patient Hub > Labs*

Record an LDL ≥ 70 and ≤ 189 in the Lab Results window anytime in the patient's history. The lab must be marked as *Received* and the ReceivedDate must be prior to the end of the reporting period.

The following are the LOINC codes that must be mapped to the LDL lab attribute:

13457-7, 18261-8, 18262-6, 2089-1, 43394-6, 49132-4, 50193-2, 55440-2, 86911-5, 90364-1, 91105-7, 91106-5, 91107-3, 91108-1, 91109-9, 91110-7, 91111-5

Note: For more information about mapping LOINC codes to labs, refer to [Linking LOINC Codes to Lab Attributes](#)

Table 6B - Section H - Statin Therapy Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria of any of the following exclusions are met.

The following table lists the different exclusions and to which denominator they apply:

Exclusion/Exception	Denominator 1	Denominator 2	Denominator 3
Exception - Allergy to Statin Medications	Yes	Yes	Yes
Exception - ESRD, Hep A, Hep B, or liver Disease	Yes	Yes	Yes
Exception - LDL Level < 70 (last three years including the measurement year)	No	No	Yes
Exception - Palliative Care	Yes	Yes	Yes

Exclusion - Pregnancy, Breast Feeding, or Rhabdomyolysis	Yes	Yes	Yes
---	-----	-----	-----

For more information about these exceptions and exclusions, refer to:

- [Table 6B - Section H - Statin Therapy Exception: Allergy to Statin Medications](#)
- [Table 6B - Section H - Statin Therapy Exception: ESRD, Hep A, Hep B, or Liver Disease](#)
- [Table 6B - Section H - Statin Therapy Exception: LDL Level Less Than 70 for Specific Patients](#)
- [Table 6B - Section H - Statin Therapy Exception: Palliative Care](#)
- [Table 6B - Section H - Statin Therapy Exclusion: Pregnancy, Breast Feeding, or Rhabdomyolysis](#)

[Table 6B - Section H - Statin Therapy Exclusion: Pregnancy, Breast Feeding, or Rhabdomyolysis](#)

Path: *Progress Notes > Assessments*

Record a diagnosis of pregnancy, breast feeding, or rhabdomyolysis in the Assessments section of the Progress Notes during the reporting period. For a list of the ICD codes that are appropriate for pregnancy, breast feeding, or rhabdomyolysis, refer to [Table 6B - Section H - Statin Therapy ICD Codes](#).

Table 6B - Section H - Statin Therapy Exceptions

For more information about the statin therapy exceptions, refer to:

- [Table 6B - Section H - Statin Therapy Exception: Allergy to Statin Medications](#)
- [Table 6B - Section H - Statin Therapy Exception: Palliative Care](#)
- [Table 6B - Section H - Statin Therapy Exception: ESRD, Hep A, Hep B, or Liver Disease](#)
- [Table 6B - Section H - Statin Therapy Exception: LDL Level Less Than 70 for Specific Patients](#)

[Table 6B - Section H - Statin Therapy Exception: Allergy to Statin Medications](#)

Path: *Progress Notes > Allergies/Intolerance*

Record an allergy to statin medications in the Allergies/Intolerance section of the Progress Notes during the measurement period. The allergy must be added as an *Rx Based* allergy and must be marked as *Active* in the Status column.

Table 6B - Section H - Statin Therapy Exception: Palliative Care

Path: *Progress Notes > Assessments*

Record palliative care by ICD code in the Assessments section of the Progress Notes or in the Problem List any time prior to the end of the reporting period. For a list of the ICD codes that are appropriate for palliative care, refer to [Table 6B - Section H - Statin Therapy ICD Codes](#).

OR

Path: *Progress Notes > Preventive Medicine > Counseling*

Record palliative care as structured data in the Preventive Medicine section of the Progress Notes in the reporting period. For more information about documenting the palliative care exclusion as structured data, refer to [Table 6B - Section H - Statin Therapy ICD Codes](#).

[Table 6B - Section H - Statin Therapy Exception: ESRD, Hep A, Hep B, or Liver Disease](#)

Path: *Progress Notes > Assessments*

Record a diagnosis of ESRD, Hep A, Hep B, or liver disease in the Assessments section of the Progress Notes within the reporting year or in the Problem List any time prior to the end of the reporting period. For a list of the ICD codes that are appropriate for ESRD, Hep A, Hep B, or liver disease, refer to [Table 6B - Section H - Statin Therapy ICD Codes](#).

[Table 6B - Section H - Statin Therapy Exception: LDL Level Less Than 70 for Specific Patients](#)

Path:

- *Progress Notes > Treatment > Labs > Lab Hx*
- *Patient Hub > Labs*

Record an LDL < 70 in the Lab Results window within the last three years including the measurement year. The lab must be marked as *Received* and the Result Date must be prior to the end of the reporting period.

The following are the LOINC codes that must be mapped to the LDL lab attribute:

13457-7, 18261-8, 18262-6, 2089-1, 43394-6, 49132-4, 50193-2, 55440-2, 86911-5, 90364-1, 91105-7, 91106-5, 91107-3, 91108-1, 91109-9, 91110-7, 91111-5

Note: For more information about mapping LOINC codes to labs, refer to [Linking LOINC Codes to Lab Attributes](#).

Table 6B - Section H - Statin Therapy ICD Codes

The following table lists the ICD codes relevant to Table 6B – Section H:

Disease	ICD Code
Atherosclerosis and Peripheral Arterial Disease	For the list of anthrosclerosis and peripheral arterial disease, refer to the Table 6B - Section H: Statin Therapy section in Appendix A: List of Referenced ICD Codes .
Breast Feeding	ICD-10: O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1
CABG	ICD-9: 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19
Carotid Intervention	ICD-9: 00.61, 00.62, 00.63, 00.64, 00.65, 38.02, 38.12, 38.22, 38.30, 38.31, 38.32, 38.42, 39.22, 39.28, 88.41
Cerebrovascular Disease, Stroke, TIA	For the list of the cerebrovascular disease, stroke, and TIA ICD codes, refer to the Table 6B - Section H: Statin Therapy section in Appendix A: List of Referenced ICD Codes .
Diabetes	For the list of diabetes ICD codes, refer to the Table 6B - Section H: Statin Therapy section in Appendix A: List of Referenced ICD Codes .
ESRD	ICD-10: N18.6 ICD-9: 585.6
Hep A	ICD-10: B15.0, B15.9
Hep B	ICD-10: B16.0, B16.1, B16.2, B16.9, B18.0, B18.1, B19.10, B19.11
Hypercholesterolemia	ICD-10: E78.00 or E78.01 ICD-9: 272.0
Ischemic Heart Disease or Coronary Occlusion, Rupture or Thrombosis	ICD-10: I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.8, I24.0, I24.8, I24.9, I25.5, I25.6, I25.82, I25.89, I25.9, ICD-9: 411.0, 411.1, 411.81, 411.89, 414.2, 414.8, 414.9
Liver Disease	ICD-10: B17.0, B17.10, B17.11, B17.2, B17.8, B17.9, B18.2, B18.8, B18.9, B19.0, B19.20, B19.21, B19.9, K70.0, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K71.0, K71.10, K71.11, K71.2, K71.3, K71.4, K71.50, K71.51, K71.6, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K73.0, K73.1, K73.2, K73.8, K73.9, K74.0, K74.1, K74.2, K74.3, K74.4, K74.5, K74.60, K74.69, K75.4, O98.411, O98.412, O98.413, O98.419 ICD-9: 070.41, 070.42, 070.43, 070.44, 070.49, 070.51, 070.52, 070.53, 070.54, 070.59, 070.6, 070.70, 070.71, 570, 571.0, 571.2, 571.3, 571.40, 571.41, 571.42, 571.49, 571.5, 571.6, 571.8, 571.9, 572.4, 572.8

Disease	ICD Code
Myocardial Infraction	ICD-10: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I24.1, I25.2 ICD-9: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 412
Palliative Care	ICD-10: Z51.5
Pregnancy	For the list of pregnancy ICD codes, refer to the Table 6B - Section H: Statin Therapy section in Appendix A: List of Referenced ICD Codes .
Rhabdomyolysis	ICD-10: M62.82, T79.6XXA, T79.6XXD, T79.6XXS
Stable and Unstable Angina	ICD-10: I20.0, I20.1, I20.8, I20.9, I23.7 ICD-9: 411.0, 411.1, 413.0, 413.9, 429.79

Generating the Table 6B - Section H - Statin Therapy Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section H: Statin Therapy report:

1. From the UDS Encounter-based package, click *Table 6B Section - H: Statin Therapy report*.

The Table 6B – Section H prompt page displays:

Table 6B - Section H - Statin Therapy (CMS347v4): Prompt Page

Date Range: * Custom Date * Jan 1, 2021 Jul 14, 2021	Facility: * <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: * <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: * 2021	Include Non-billable Visits: * <input checked="" type="radio"/> No <input type="radio"/> Yes	
Report Type: * <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date Select all Deselect all	Exclude Visit Type: <input type="text"/> Search Options	Results: Select all Deselect all Choice: None Select all Deselect all
OK Cancel		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of Table 6B - Section H - Statin Therapy Report Output

The following image is an example of the Table 6B – Section H report output:

Table 6B - Section I: Statin Therapy Jan 1, 2010 - Jul 7, 2020					
Statin Therapy		Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or on Statin Therapy (c)	Compliance
17a. MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy		20	20	0	0.00%

≡ Top ⏪ Page up ⏩ Page down ⏪ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section I: Statin Therapy - Detail Jan 1, 2010 - Jul 7, 2020						
Account No	Patient Name	Date of Birth	Gender	Numerator	Demographic PCP	Demographic Rendering Provider
11411		Dec 31, 1997	male	Non Compliant		
11413		Jul 12, 1977	male	Non Compliant	Willis, Sam	Willis, Sam
11425		Jul 4, 1972	male	Non Compliant		
11430		May 10, 1994	male	Non Compliant	Willis, Sam	
11441		May 1, 1973	male	Non Compliant		
11451		Aug 15, 1996	female	Non Compliant	Jones, Mary	Jones, Mary
11453		Jan 4, 1968	female	Non Compliant	Jones, Mary	Jones, Mary
11491		Oct 1, 1993	male	Non Compliant		
11492		Oct 3, 1938	male	Non Compliant		
11493		Oct 18, 1961	male	Non Compliant		
11498		Oct 15, 1986	female	Non Compliant	Jones, Mary	Jones, Mary
11500		Jan 1, 1977	female	Non Compliant		
17		Jan 1, 1940	male	Non Compliant	Willis, Sam	Willis, Sam
18		Apr 12, 1951	female	Non Compliant	Willis, Sam	Willis, Sam
2		Nov 11, 1953	male	Non Compliant	Willis, Sam	Willis, Sam
91		Jul 23, 1979	female	Non Compliant	Willis, Sam	Willis, Sam
9323		Jan 21, 1986	male	Non Compliant		
9387		Jan 1, 1979	male	Non Compliant		
9398		Jan 1, 1944	male	Non Compliant	Willis, Sam	Willis, Sam
9407		Jan 18, 1971	male	Non Compliant		
Summary						20

≡ Top ⏪ Page up ⏩ Page down ⏪ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section I: Statin Therapy - Excluded Patients Jan 1, 2010 - Jul 7, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Account No	Patient Name	Date of Birth	Gender
11412		Dec 14, 1972	female
11422		Jul 7, 1977	female
9393		Jun 17, 1982	male
9298		Jun 6, 1990	male
11455		Aug 1, 1997	male
Summary			5

Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy

The Table 6B – Section - I: Ischemic Vascular Disease (IVD) - Aspirin and Antiplatelet Therapy report displays the percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or had coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who have an active diagnosis of IVD during the measurement period, and who have documentation of use of aspirin or another antiplatelet during the measurement period.

Note: This measure aligns with CMS eCQM No. CMS164v7.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients who have an active medication of aspirin or another antiplatelet during the measurement year.

Denominator - Patients 18 years of age and older (born on or before 01/01/2003) with a medical visit during the measurement period who have an active diagnosis of IVD or who have had AMI, CABG, or PCI during the 12 months prior to the measurement year.

Exclusion:

- Patients who have documentation of use of anticoagulant medications overlapping the measurement year
- Patients in hospice care during the measurement period

For more information about Table 6B – Section I: IVD - Aspirin and Antiplatelet Therapy, refer to the following sections:

- [Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Flowchart](#)
- [Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Workflow](#)
- [Generating the Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Report](#)

Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Flowchart

The following diagram depicts the Table 6B – Section I: IVD - Aspirin and Antiplatelet Therapy reporting process:

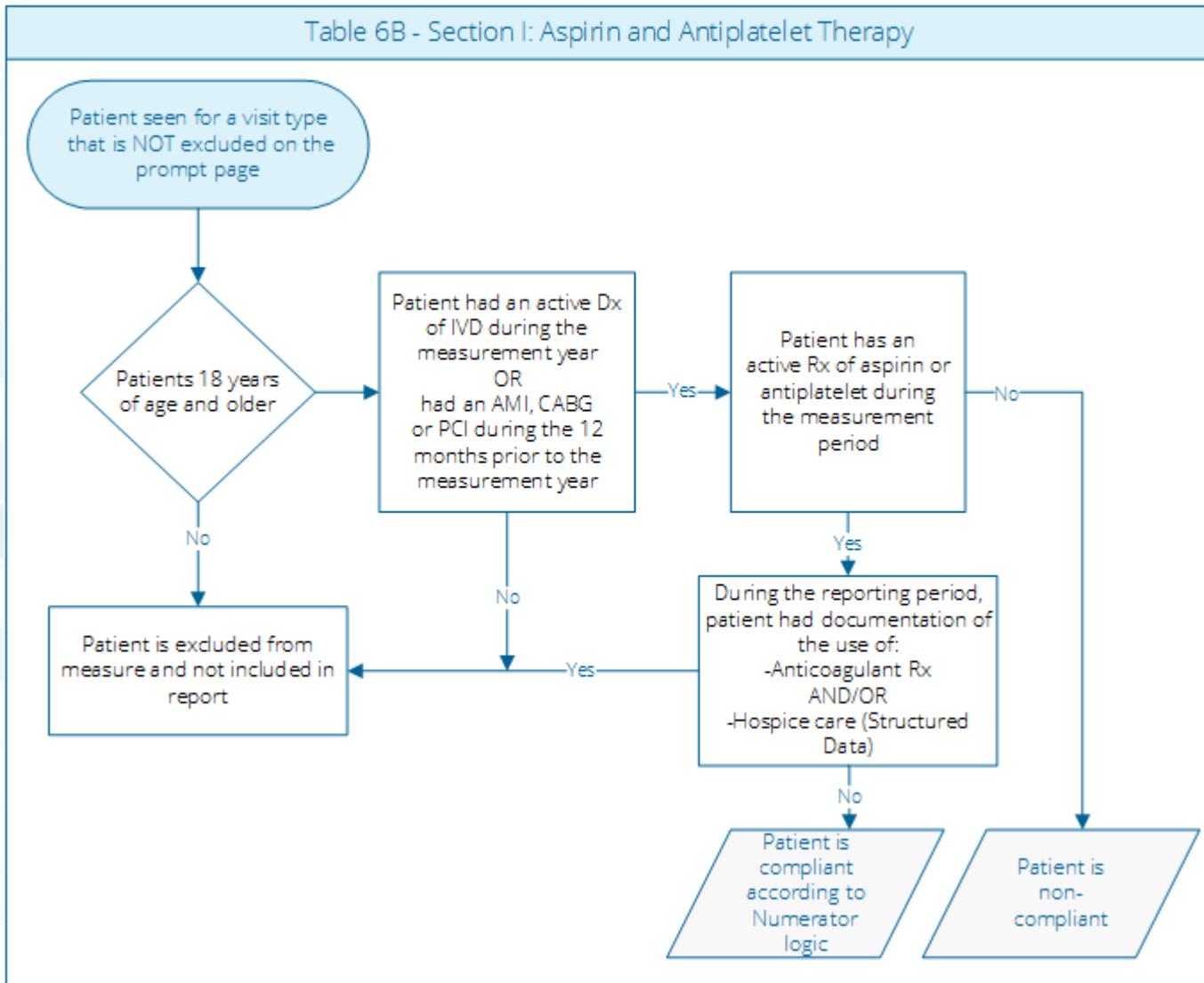
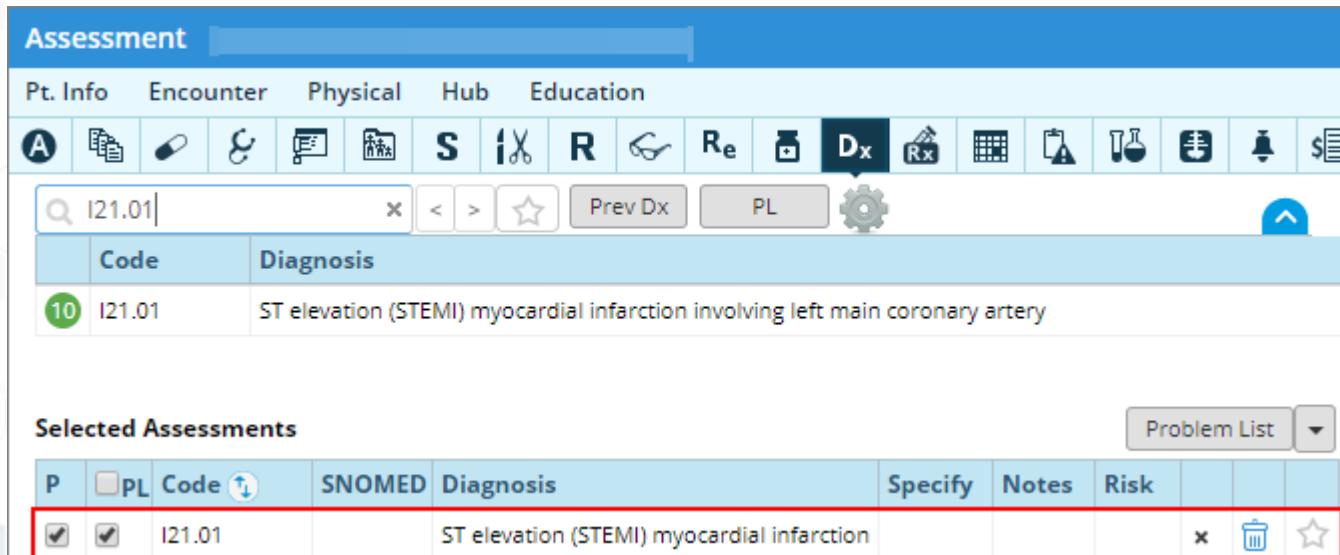


Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Workflow

Path: *Progress Notes > Assessments*

Record a diagnosis of AMI or IVD in the Assessments section of the Progress Notes or in the Problem List within the reporting year:



The screenshot shows the 'Assessment' module in eClinicalWorks. At the top, there are tabs for Pt. Info, Encounter, Physical, Hub, and Education. Below the tabs is a toolbar with icons for various functions. The main area shows a search bar with 'I21.01' and a list of assessments. One assessment is selected, showing the code 'I21.01' and the diagnosis 'ST elevation (STEMI) myocardial infarction involving left main coronary artery'. Below this, a table titled 'Selected Assessments' lists the selected assessment with checkboxes for 'P' and 'PL'.

P	PL	Code 	SNOMED	Diagnosis	Specify	Notes	Risk			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I21.01		ST elevation (STEMI) myocardial infarction						

The following table lists the ICD codes that are appropriate for AMI and IVD:

Diagnosis	ICD Codes
AMI	ICD-10: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9
IVD	For the list of appropriate IVD ICD codes, refer to section Table 6B - Section J : in Appendix A: List of Referenced ICD Codes .

OR

Path: *Progress Note > Treatment > Procedures*

Order a procedure for CABG or PCI that has associated CPT* codes in the Treatment section of the Progress Notes. The procedure order must exist on the patient's chart and must be performed in the prior reporting year only.

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The following CPTs are used to identify the CABG and PCI procedures which must be performed only within the prior reporting year:

Procedure	CPT Code
CABG	33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, S2205, S2206, S2207, S2208, S2209
PCI	92920, 92924, 92928, 92933, 92937, 92941, 92943, C9600, C9602, C9604, C9606, C9607, 92980, 92982, 92995

AND

Path:

- *Progress Notes > Treatment > Rx*
- *Progress Notes > Current Medications*

Prescribe aspirin or other antiplatelet medication in the Treatment section of the Progress Notes. The prescribed medications must be in the Rx Groups selected from the report prompt page when generating the report.

Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria defined in [Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Exclusion: Anticoagulant Medications](#) or [Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Exclusion: Hospice Care](#) are met.

Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Exclusion: Anticoagulant Medications

Path:

- *Progress Notes > Current Medications*
- *Progress Notes > Treatment*

Document use of anticoagulant medication overlapping the measurement year in the Current Medications or Treatment sections of the Progress Notes. The prescribed medication must be in the Rx Groups selected from the *Anticoagulant Exclusion* field on the report prompt page when generating the report.

Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Exclusion: Hospice Care

Path: *Progress Notes > HPI*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Note: Documentation of hospice care by CPT* code in the Surgical History section of the Progress Notes is no longer a supported workflow.

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Generating the Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section I: IVD - Aspirin and Antiplatelet Therapy report:

1. From the UDS Encounter-based package, click *Table 6B Section- I: IVD - Aspirin and Antiplatelet Therapy report*.

The Table 6B – Section I prompt page displays:

Table 6B - Section J - IVD - Aspirin and Antiplatelet therapy: Prompt Page

Date Range: Custom Date (Jan 1, 2019 - Dec 31, 2019)

Facility: Beca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates

Provider: Jones, Mary, Smith, John, Willis, Sam

Reporting Year: 2019

Rx Group: None, Adult BMI, Anticoagulant, Asthma, Depression Meds, IVD, R Grants, Statin, Tobacco

Report Type: Summary, Detail, Exclusion

Exclude Visit Type: Search, Options

Results: Insert, Remove

Anticoagulation Exclusion: None, Adult BMI, Anticoagulant, Asthma, Depression Meds, IVD, R Grants, Statin, Tobacco

Choice: None

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.

Filter	Description
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Rx Groups	Check the applicable <i>Rx Group</i> boxes.
Anticoagulant Exclusion	Select the applicable Rx Groups from the <i>Anticoagulation Exclusion</i> field.

3. Click *Finish*.

The report is generated.

Sample of Table 6B - Section I - IVD - Aspirin and Antiplatelet Therapy Report Output

The following image is an example of the Table 6B – Section I report output:

Table 6B - Section I: Statin Therapy Jan 1, 2010 - Jul 7, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates Provider: Jones, Mary Smith, John Willis, Sam					
Statin Therapy	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or on Statin Therapy (c)	Compliance	
17a. MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	20	20	0	0.00%	
Top Page up Page down Bottom					

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section J: Ischemic Vascular Disease (IVD): CMS164v6 - Detail Jan 1, 2010 - Dec 31, 2019

Account No	Patient Name	Gender	Date of Birth	Demographics PCP	Demographics Rendering Provider	Numerator
17		male	Jan 1, 1940	Willis, Sam	Willis, Sam	Compliant
9390		male	Jan 4, 1999			Compliant
11430		male	May 10, 1994	Willis, Sam		Non Compliant
18		female	Apr 12, 1951	Willis, Sam	Willis, Sam	Non Compliant
91		female	Jul 23, 1979	Willis, Sam	Willis, Sam	Non Compliant
9298		male	Jun 6, 1990			Non Compliant
9323		male	Jan 21, 1986			Non Compliant
9392		male	Jun 6, 2000			Non Compliant
9397		female	Mar 11, 1999	Smith, Jim	Willis, Sam	Non Compliant
9407		male	Jan 18, 1971			Non Compliant
Total Patients						10

☒ Top ☈ Page up ☛ Page down ☞ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section J: Ischemic Vascular Disease (IVD): CMS164v6 - Excluded Patients Jan 1, 2010 - Dec 31, 2019

Account No	Patient Name	Gender	Date of Birth
11451		female	Aug 15, 1996
11480		male	Sep 1, 1998
11481		male	Sep 15, 1998
11498		female	Oct 15, 1986
9321		male	Feb 2, 2000
Total Patients			5

Table 6B - Section J - Colorectal Cancer Screening

The Table 6B – Section J: Colorectal Cancer Screening report displays the percentage of adults aged 50 - 75 who had appropriate screening for colorectal cancer.

Note: This measure aligns with CMS eCQM No. CMS130v9.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- FIT DNA test during the measurement period or the two years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- CT colonography during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period

Denominator - Patients aged 50 - 75 (born between 01/02/1946 - 01/01/1971) with a visit during the measurement period.

Exclusions:

- Patients with a diagnosis or history of total colectomy or colorectal cancer
- Patients in hospice care during the measurement period
- Active, inactive, or resolved diagnosis for malignant neoplasm of the colon
- Patients aged 66 and older with advanced illness and frailty

For more information about Table 6B – Section J: Colorectal Cancer Screening, refer to the following sections:

- [Table 6B - Section J - Colorectal Cancer Screening Flowchart](#)
- [Table 6B - Section J - Colorectal Cancer Screening Workflow](#)
- [Generating the Table 6B - Section J - Colorectal Cancer Screening Report](#)
- [Validation Report for Table 6B - Section J - Colorectal Cancer Screening](#)

Table 6B - Section J - Colorectal Cancer Screening Flowchart

The following diagram depicts the Table 6B – Section J: Colorectal Cancer Screening reporting process:

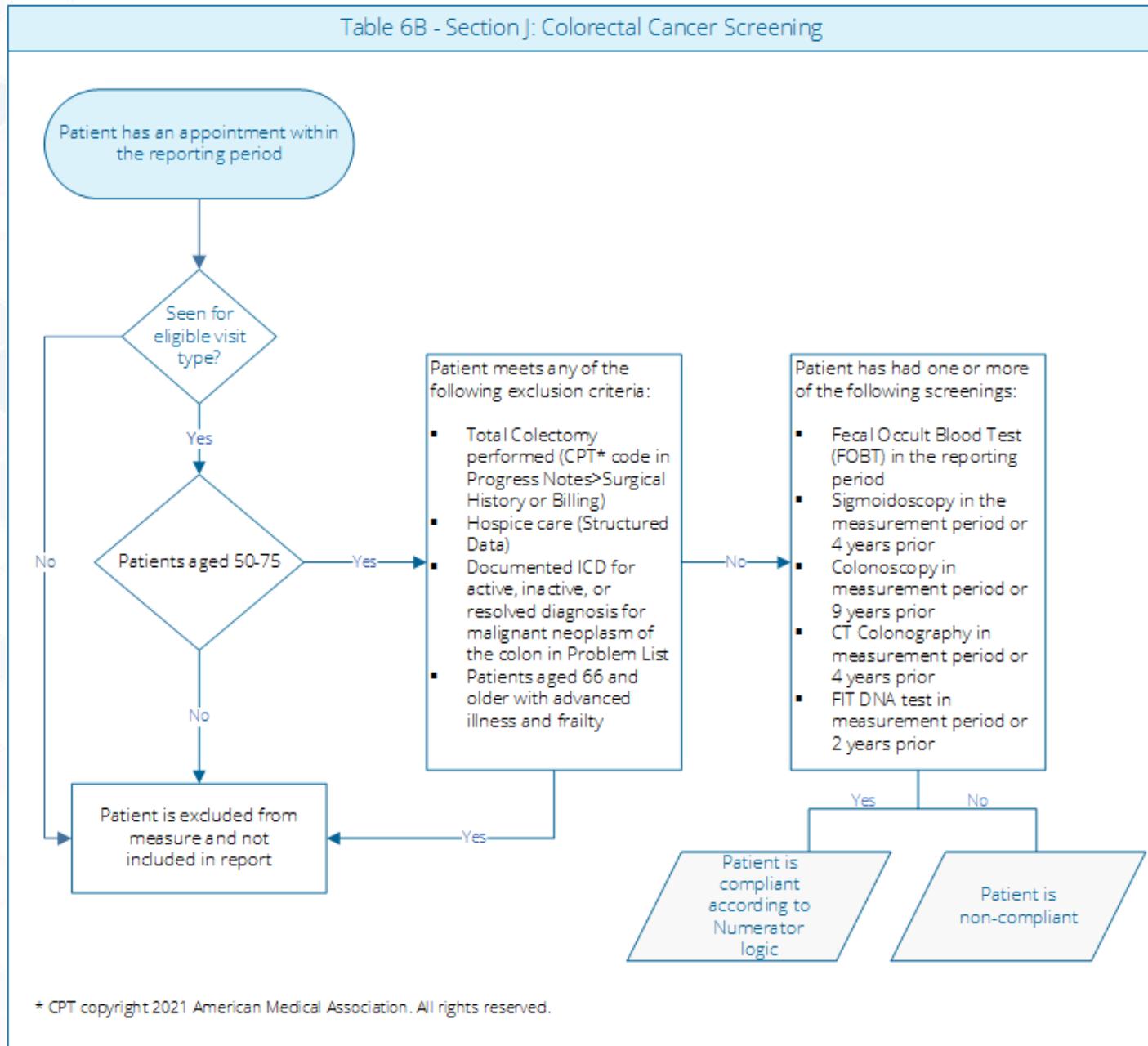


Table 6B - Section J - Colorectal Cancer Screening Workflow

Complete at least one of the described workflows to meet the criteria of the Table 6B – Section J measure:

- [Table 6B - Section J - Colorectal Cancer Screening Workflow: Diagnostic Imaging Tests J](#)
- [Table 6B - Section J - Colorectal Cancer Screening Workflow: Lab Tests](#)
- [Table 6B - Section J - Colorectal Cancer Screening Workflow: Procedures](#)
- [Table 6B - Section J - Colorectal Cancer Screening Exclusions](#)

Table 6B - Section J - Colorectal Cancer Screening Workflow: Diagnostic Imaging Tests J

Path:

- [Progress Notes > Treatment > DI](#)
- [Patient Hub > DI](#)

Colonoscopy, CT Colonography, or Flexible Sigmoidoscopy diagnostic imaging tests are ordered from the Treatment section of the Progress Notes or from the DI tab of the Patient Hub. The ordered diagnostic image must be marked as *Received* to be included in the measure.

The following diagnostic images must be mapped to the local DI orders from the Community Mapping window:

- Colonoscopy
- Flexible Sigmoidoscopy
- CT Virtual Colonoscopy

Multiple orders from the local can be mapped to a community order.

CT Colonography can also be mapped via an LOINC code on the Diagnostic Imaging order:

LOINC codes - 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3

Note: Diagnostic imaging LOINC mapping occurs at the order-level, not the attribute level. Map an LOINC code to a diagnostic imaging order from: *Main Menu > eCW Menu > EMR > Labs, DIs, & Procedures > Diagnostic Imaging > search for order > click the order's edit (pencil) icon > LOINC field*

Note: Map Colonoscopy, CT Colonography, and Sigmoidoscopy only as diagnostic imaging tests to the community items. For more information about Community Mapping, refer to [Community Mapping](#).

Table 6B - Section J - Colorectal Cancer Screening Workflow: Lab Tests

Path:

- *Progress Notes > Treatment > Labs*
- *Patient Hub > Labs*

FOBT or FIT DNA labs are ordered in the Treatment section of the Progress Notes or from the Labs tab of the Patient Hub. The ordered lab must be marked as *Received* to be included in the measure.

Link one of the following LOINC codes to each lab:

Lab	LOINC Code
FOBT	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
FIT DNA	77353-1, 77354-9

Note: For more information about linking LOINC codes to labs, refer to [Linking LOINC Codes to Lab Attributes](#).

Table 6B - Section J - Colorectal Cancer Screening Workflow: Procedures

Path: *Progress Notes > Procedure Codes*

Record Colonoscopy, CT Colonography, and Sigmoidoscopy as procedures by CPT*/HCPCS codes in the Billing window of the Progress Notes. The following table lists the appropriate CPT/HCPCS codes:

Procedure	CPT/HCPCS Codes
Colonoscopy	44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105, G0121
Sigmoidoscopy	45339, 45345, 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350, G0104, 74263

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Table 6B - Section J - Colorectal Cancer Screening Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria of any of the following exclusions are met:

- Table 6B - Section J - Colorectal Cancer Screening Exclusion: Colectomy
- Table 6B - Section J - Colorectal Cancer Screening Exclusion: Colon Cancer
- Table 6B - Section J - Colorectal Cancer Screening Hospice Care
- Table 6B - Section J - Colorectal Cancer Screening Exclusion: Frailty

Table 6B - Section J - Colorectal Cancer Screening Exclusion: Colectomy

Path:

- *Progress Notes > Surgical History*
- *Progress Notes > Procedure Codes*

Record performed colectomies in the Surgical History section or in the Billing window of the Progress Notes by CPT* code.

The following is a list of the appropriate CPT codes:

44150, 44151, 44155, 44156, 44157, 44158, 44210, 44211, 44212

The following is a list of the appropriate Total Colectomy ICD-9 Codes:

45.81, 45.82, 45.83

Table 6B - Section J - Colorectal Cancer Screening Exclusion: Colon Cancer

Path: *Progress Notes > Assessments*

Record an active, inactive, or resolved diagnosis for malignant neoplasm of the colon in the Assessments section of the Progress Notes or on the Problem List.

The following is a list of the appropriate Colon Cancer ICD codes:

ICD-10: C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5

ICD-9: 153, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 197.5

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Table 6B - Section J - Colorectal Cancer Screening Hospice Care

Path: Progress Notes > HPI

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Table 6B - Section J - Colorectal Cancer Screening Exclusion: Frailty

For more information, refer to [Appendix B: Frailty Exclusion](#).

Generating the Table 6B - Section J - Colorectal Cancer Screening Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder**To generate the Table 6B – Section J: Colorectal Cancer Screening report:**

1. From the UDS Encounter-Based package, click *Table 6B – Section J: Colorectal Cancer Screening report*.

The Table 6B – Section J prompt page displays:

Table 6B – Section J - Colorectal Cancer Screening (CMS130v9): Prompt Page

Date Range: <input type="button" value="Custom Date"/> <input type="text" value="Jan 1, 2021"/> <input type="button"/> <input type="text" value="Jul 14, 2021"/> <input type="button"/>	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Provider: <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>
Reporting Year: <input type="text" value="2021"/>	Exclude Visit Type: <input type="text"/> <input type="button" value="Search"/> <input type="button" value="Options"/> Results: <input type="button" value="Insert"/> <input type="button" value="Remove"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Report Type: <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>
Go Live Date: <input type="text" value="Jan 1, 2000"/> <input type="button"/>	Choice: <input type="text" value="None"/> <input type="button" value="Select all"/> <input type="button" value="Deselect all"/>	Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="button" value="OK"/> <input type="button" value="Cancel"/>

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select a date range. OR Click the drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Go-Live Date	Click the calendar icon to select the <i>Go-Live Date</i> .
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Rx Group	Check the applicable <i>Rx Group</i> boxes.

3. Click *OK*.

The report is generated.

Sample of Table 6B - Section J - Colorectal Cancer Screening Report Output

The following image is an example of the Table 6B – Section J Colorectal Cancer Screening report output:

Table 6B - Section J: Colorectal Cancer Screening Jan 1, 2014 - Nov 20, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates Provider: Jones, Mary Smith, John Willis, Sam					
Colorectal Cancer Screening	Total Patients 50 through 75 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)	Compliance	
19. MEASURE: Patients age 50 through 75 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	92	92	14	15.22%	

☰ Top ⌂ Page up ⌂ Page down ⌂ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section J: Colorectal Cancer Screening - Detail Jan 1, 2014 - Nov 20, 2020

Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
11770	[REDACTED]	Jul 15, 1968			Non-compliant
11772	[REDACTED]	Jul 16, 1950			Non-compliant
11760	[REDACTED]	Jul 16, 1967			Non-compliant
11421	[REDACTED]	Jan 1, 1950			Non-compliant
11529	[REDACTED]	Jan 9, 1967			Non-compliant
13090	[REDACTED]	Oct 7, 1954			Non-compliant
11752	[REDACTED]	Jul 14, 1965			Compliant
12800	[REDACTED]	Dec 31, 1953			Compliant
9309	[REDACTED]	May 23, 1962			Compliant
9120	[REDACTED]	Nov 5, 1968	Willis, Sam	Willis, Sam	Compliant
11497	[REDACTED]	Oct 15, 1959	Jones, Mary	Jones, Mary	Compliant
11573	[REDACTED]	Apr 9, 1957			Compliant
11743	[REDACTED]	Jan 2, 1954			Compliant
3	[REDACTED]	Dec 12, 1948	Willis, Sam	Willis, Sam	Compliant
85	[REDACTED]	Apr 12, 1961	Willis, Sam	Willis, Sam	Compliant
12803	[REDACTED]	Dec 31, 1953			Compliant
12801	[REDACTED]	Jul 1, 1955			Compliant
12804	[REDACTED]	Dec 31, 1953			Compliant

Validation Report for Table 6B - Section J - Colorectal Cancer Screening

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder

Validation reports can be found in the Exception Reports folder in the UDS package.

The following are the different validation reports relevant to Table 6B – Section J:

- *List of FOBT/Colonoscopy/Sigmoidoscopy Orders associated with LOINC Code & Community Element* – list of labs associated with LOINC Codes and DIs mapped to the community element.
- *Patients with Colonoscopy/Sigmoidoscopy/FOBT Orders Not Received* – list of labs that were ordered for patients but not marked received.
- *Surgical History Report* – list of patients, excluded by keywords only (in surgical history), which is no longer accepted as an exclusion.

Table 6B - Section K [Line 20] - HIV Linkage to Care

The Table 6B – Section K: HIV Linkage to Care report displays the patients diagnosed with HIV for the first time by health center staff, and their follow-up care. The population for this section includes patients diagnosed with HIV for the first time between December 1st of the past year and November 30th of the current measurement year.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Number of patients in the denominator who had a medical visit for HIV care within 30 days of their first-ever HIV diagnosis.

Denominator - Patients first diagnosed with HIV between December 1st of the prior year and November 30th of the current measurement year and who had at least one medical visit during the measurement year or the prior year.

For more information about Table 6B – Section K: HIC Linkage to Care, refer to the following sections:

- [Table 6B - Section K \[Line 20\] - HIV Linkage to Care Flowchart](#)
- [Table 6B - Section K \[Line 20\] - HIV Linkage to Care Workflow](#)
- [Generating the Table 6B - Section K \[Line 20\] - HIV Linkage to Care Report](#)
- [Validation Report for Table 6B - Section K \[Line 20\] - HIV Linkage to Care](#)

Table 6B - Section K [Line 20] - HIV Linkage to Care Flowchart

The following diagram depicts the Table 6B – Section K [Line 20]: HIV Linkage to Care reporting process:

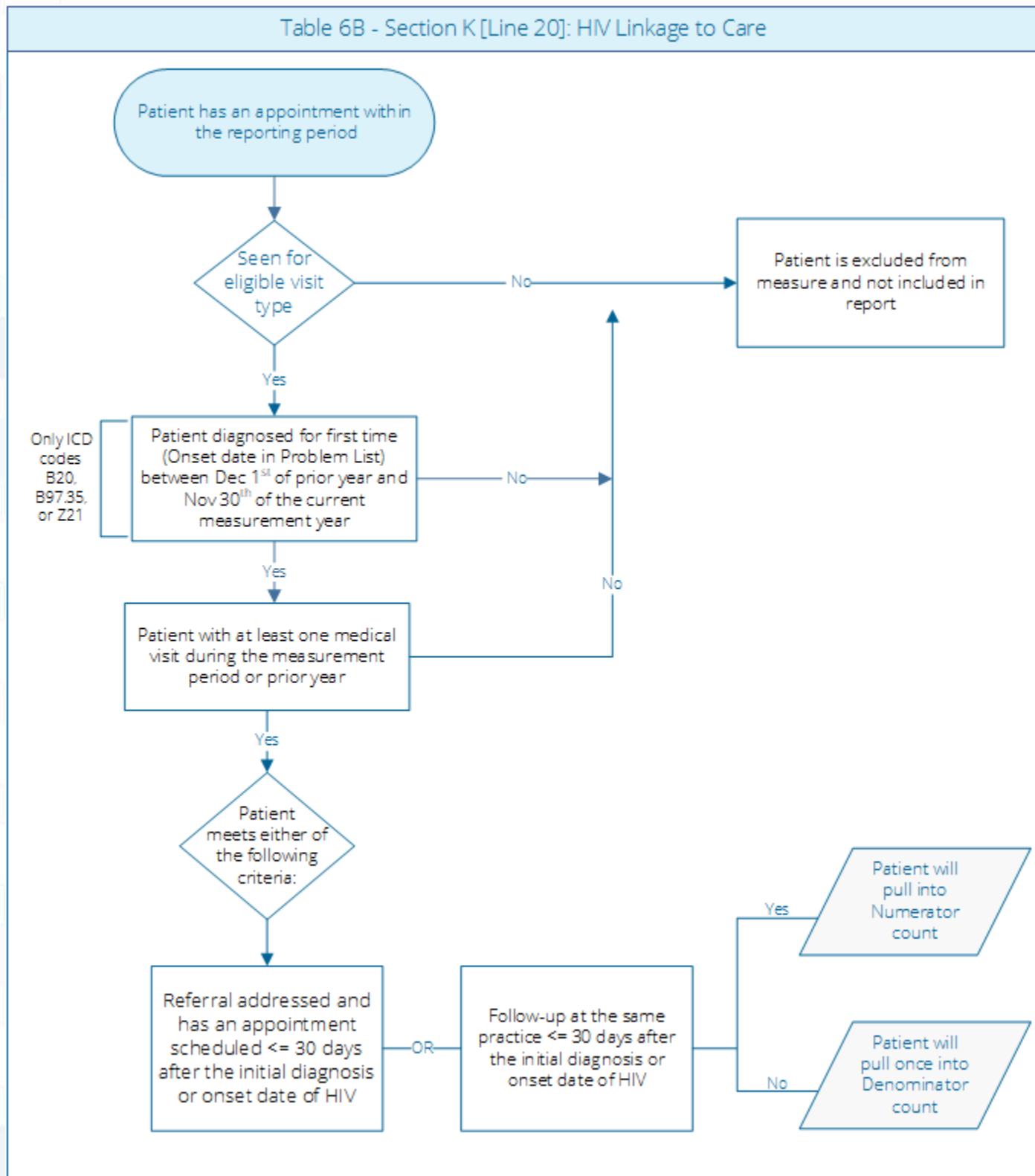


Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow

The following sections describe the Table 6B – Section K required workflows:

- Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Diagnosis and Onset Date
- Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Follow-Up Care

Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Diagnosis and Onset Date

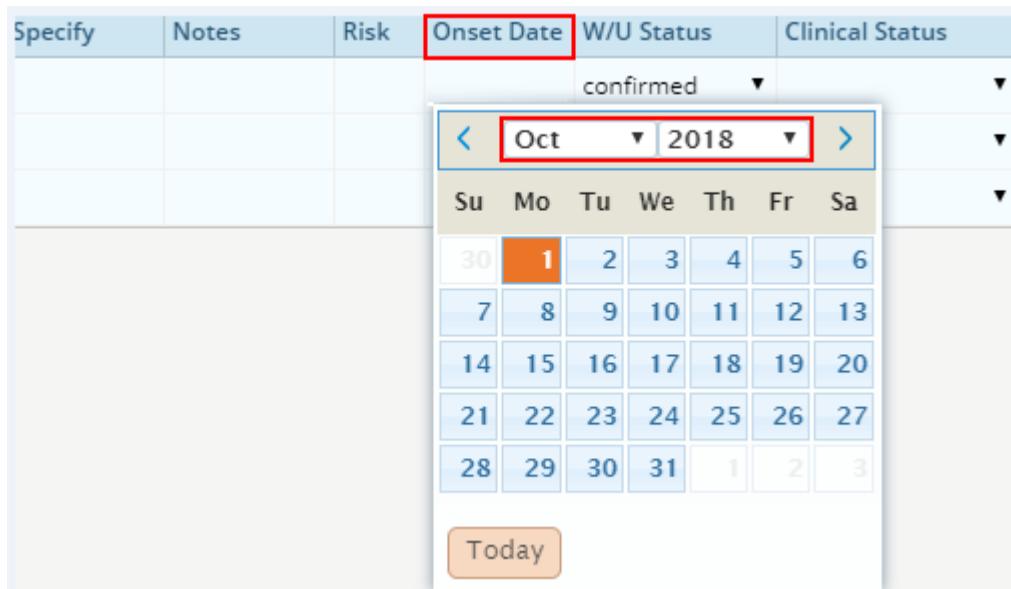
Path: *Progress Notes > Assessments*

Record a diagnosis of HIV in the Assessments section of the Progress Notes and add the diagnosis to the Problem List.

The appropriate HIV ICD codes are: B20, B97.35, Z21.

To update the onset date on the Problem List:

1. On the Assessments window, click *Problem List*.
The Problem List window opens.
2. Next to the HIV diagnosis, click the *Onset Date* column.
A calendar pop-up opens.
3. Use the *Month* and *Year* drop-down list and select the onset date:



Note: The date must be in MM/DD/YYYY format.

The date displays in the Onset Date column.

Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Follow-Up Care

The following sections describe the follow-up care workflows. Complete at least one of the follow-up care options for patients who are diagnosed with HIV for the first time:

- [Table 6B - Section K \[Line 20\] - HIV Linkage to Care Workflow: Follow-Up Appointment](#)
- [Table 6B - Section K \[Line 20\] - HIV Linkage to Care Workflow: Outgoing Referral](#)

Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Follow-Up Appointment

Path:

- *Resource Schedule >Right-click > New Appointment*
- *Patient Hub > New Appointment*

Schedule a follow-up appointment from the Resource Schedule or Patient Hub. The follow-up appointment date must be no later than 30 days from the recorded HIV onset date and must be scheduled for the same practice as the initial diagnosis. The appointment visit type must be specific to HIV follow-up appointments. The HIV follow-up appointment visit type is selected from the Follow-Up Visit Type prompt on the Table 6B – Section K report prompt page.

Note: The diagnosis for the follow-up appointment must be: B20, B97.35, or Z21.

Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Outgoing Referral

Path:

- *Progress Notes > Treatment > Add > Referral*
- *Patient Hub > Referrals > Outgoing*

Create an outgoing referral in the Treatment section of the Progress Notes or from the Referrals tab of the Patient Hub. The referral must include the same diagnosis that is added to the Assessments section of the Progress Notes. The referral diagnosis must be: B20, B97.35, or Z21.

Note: For more information about adding the diagnosis to the Assessments section, refer to [Table 6B - Section K \[Line 20\] - HIV Linkage to Care Workflow: Diagnosis and Onset Date](#).

Additionally, the date of the scheduled appointment with the referred provider must occur within 30 days of the encounter in which HIV is diagnosed. Document the appointment date in the *Appt Date* field of the New Referral (Outgoing) window and place the referral in the *Addressed* status.

Generating the Table 6B - Section K [Line 20] - HIV Linkage to Care Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section K: HIV Linkage to Care report:

1. From the UDS Encounter-Based package, click *Table 6B – Section K: HIV Linkage to Care report*.

The Table 6B – Section K prompt page displays:

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

Filter	Description
Follow Up Visit Type	Select the <i>Follow-Up Visit Type</i> .
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *OK*.

The report is generated.

Sample of 6B - Section K [Line 20] - HIV Linkage to Care Report Output

The following image is an example of the Table 6B – Section K report output:

Table 6B - Section L: HIV Linkage to Care Jan 1, 2010 - Dec 31, 2020				
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates		Provider: Jones, Mary Smith, John Willis, Sam		
HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen within 90 Days of First Diagnosis of HIV (c)	Compliance
20. MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1 and September 30 and who were seen for follow up within 90 days of that first ever diagnosis	50	50	3	6.00%
☰ Top ▴ Page up ▼ Page down ☰ Bottom				

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section L: HIV Linkage to Care - Detail Jan 1, 2010 - Dec 31, 2020						
Account No	Patient Name	Gender	Date of Birth	Demographics PCP	Demographics Rendering Provider	Numerator
11410		male	Jul 1, 2000			Non Compliant
9356		male	Sep 1, 2000			Non Compliant
9354		male	Sep 1, 2000			Non Compliant
9378		male	Oct 1, 2000			Non Compliant
9371		male	Oct 1, 2000			Non Compliant
9355		male	Oct 1, 2000			Non Compliant
9372		male	Oct 1, 2000			Non Compliant
9359		male	Sep 1, 2001			Non Compliant
9357		male	Sep 1, 2001			Non Compliant
9348		male	Sep 1, 2001			Non Compliant
9358		male	Sep 1, 2001			Non Compliant
9352		male	Sep 1, 2001			Non Compliant
9388		male	Oct 1, 2001			Non Compliant
9373		male	Oct 1, 2001			Non Compliant
11675		male	Jul 9, 2003			Non Compliant
11476		male	Mar 1, 2005			Non Compliant
9375		male	Oct 1, 2005			Non Compliant
9346		male	Sep 1, 2009			Non Compliant
9374		male	Oct 1, 2010			Non Compliant
11511		male	Nov 1, 2019			Non Compliant
Summary						50

Validation Report for Table 6B - Section K [Line 20] - HIV Linkage to Care

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

Validation reports can be found in the Exception Reports folder in the UDS package. Run the *BAD DATA: HIV Onset Date* validation report for a list of patients with incorrect/bad data for the HIV onset date on the Problem List.

Table 6B - Section K [Line 20a] - HIV Screening

The Table 6B - Section K [Line 20a]: reports displays the percentage of patients aged 15 - 65 years at the start of the measurement period who were tested for HIV when they were between the ages of 15 and 65.

Note: This measure aligns with CMS eCQM No. CMS349v2.

The numerator, denominator, and exclusions for table 6B Section K Line 20a HIV Screening are defined as the following:

Numerator - Patients with a HIV screening performed on or after their 15th birthday and before their 66th birthday.

Denominator - Patients age ≥ 15 and < 66 before start of measurement period with an eligible encounter during the measurement period.

Exclusion - Patients with Conditions Due to Human Immunodeficiency Virus (HIV) prior to the start of the measurement period.

Table 6B - Section K [Line 20a] - HIV Screening Flowchart

The following diagram depicts the Table 6B – Section K [Line 20a]: HIV Screening reporting process:

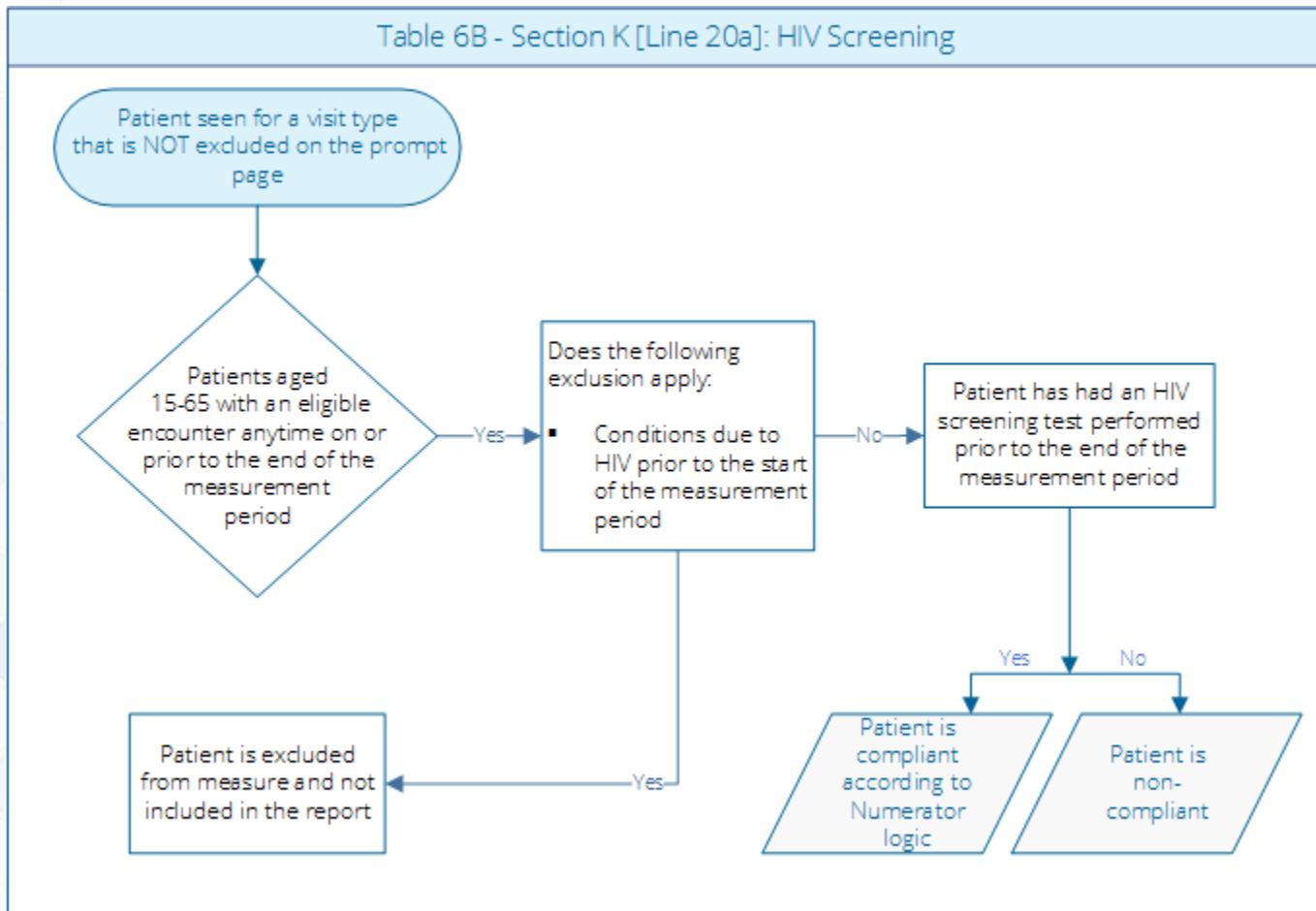


Table 6B - Section K [Line 20a] - HIV Screening Workflow

Path:

- *Progress notes > Treatment > Lab*
- *Progress note > Lab*

Patients with an HIV screening test performed anytime on or prior to the end of the measurement period.

Lab Test - The lab *Result Date* should be prior to the end of the measurement period and between patient age ≥ 15 and < 66 .

Lab LOINC Codes - 49965-7, 51866-2, 10901-7, 10902-5, 11078-3, 11079-1, 11080-9, 11081-7, 11082-5, 12855-3, 12856-1, 12857-9, 12858-7, 12859-5, 12870-2, 12871-0, 12872-8, 12875-1, 12876-9, 12893-4, 12894-2, 12895-9, 13499-9, 13920-4, 14092-1, 14126-7, 16132-3, 16974-8, 16975-5, 16976-3, 16977-1, 16978-9, 16979-7, 18396-2, 19110-6, 21007-0, 21331-4, 21332-2, 21334-8, 21335-5, 21336-3, 21337-1, 21338-9, 21339-7, 21340-5, 22356-0, 22357-8, 22358-6, 24012-7, 28004-0, 28052-9, 29327-4, 29893-5, 30361-0, 31072-2, 31073-0, 31201-7, 31430-2, 32571-2, 32602-5, 32827-8, 32842-7, 33508-3, 33660-2, 33806-1, 33807-9, 33866-5, 34591-8, 34592-6, 35437-3, 35438-1, 35439-9, 35440-7, 35441-5, 35442-3, 35443-1, 35444-9, 35445-6, 35446-4, 35447-2, 35448-0, 35449-8, 35450-6, 35452-2, 35564-4, 35565-1, 40437-6, 40438-4, 40439-2, 40732-0, 40733-8, 41143-9, 41144-7, 41145-4, 41290-8, 42339-2, 42600-7, 42627-0, 42768-2, 43008-2, 43009-0, 43010-8, 43011-6, 43012-4, 43013-2, 43185-8, 43599-0, 44531-2, 44532-0, 44533-8, 44607-0, 44872-0, 44873-8, 45212-8, 47029-4, 48345-3, 48346-1, 49483-1, 49580-4, 49718-0, 49905-3, 51786-2, 5220-9, 5221-7, 5222-5, 5223-3, 5224-1, 5225-8, 53379-4, 53601-1, 54086-4, 56888-1, 57974-8, 57975-5, 57976-3, 57977-1, 57978-9, 58900-2, 62456-9, 68961-2, 69668-2, 73905-2, 73906-0, 75622-1, 75666-8, 77685-6, 7917-8, 7918-6, 7919-4, 80203-3, 80387-4, 81641-3, 83101-6, 85037-0, 85686-4, 86233-4, 86657-4, 89365-1, 89374-3, 9660-2, 9661-0, 9662-8, 9663-6, 9664-4, 9665-1, 9666-9, 9667-7, 9668-5, 9669-3, 9821-0

Table 6B - Section K [Line 20a] - HIV Screening Exclusion

Path:

- *Progress Notes > Assessment*
- *Progress Notes > Assessment > Problem List > Onset Date*

Patients with Conditions Due to Human Immunodeficiency Virus (HIV) prior to the start of the measurement period.

As diagnosis code:

Dx codes have to be documented prior to start of measurement period

OR

Dx onset date has to be prior to the start of measurement period.

Dx Code:

- ICD-10 - B20, B97.35 ,O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, Z21
- ICD-9 - 042, 079.53, 176.9, 795.71, V08

Generating the Table 6B - Section K [Line 20a] - HIV Screening Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B - Section K [Line 20a] - HIV Screening report:

1. From the UDS Encounter-Based folder, click *Table 6B - Section K [Line 20a] - HIV Screening*.

The Table 6B - Section K report prompt page displays:

Table 6B - Section K [Line 20a] - HIV Screening: Prompt Page

Date Range: • <input type="button" value="Custom Date"/> <input type="text" value="Jan 1, 2020"/> <input type="button" value="Calendar"/> <input type="text" value="Dec 31, 2020"/> <input type="button" value="Calendar"/>	Facility: • <input type="checkbox"/> Boca South <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: • <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: • <input type="text" value="2020"/>	Exclude Visit Type: <input type="text"/> <input type="button" value="Search"/>	
Go-Live Date: • <input type="text" value="Jan 1, 2009"/> <input type="button" value="Calendar"/>	Results: <input type="text"/> <input type="button" value="Insert"/> <input type="button" value="Remove"/> Select all Deselect all	
Include Non-billable Visits: • <input checked="" type="radio"/> No <input type="radio"/> Yes	Choice: None Select all Deselect all	
Report Type: • <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion Select all Deselect all		
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Go-Live Date	Click the calendar icon to select the <i>Go-Live Date</i> .
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

Filter	Description
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Report Type	Check the applicable <i>Report Type</i> boxes.

3. Click *OK*.

The report is generated.

Table 6B - Section K : HIV Screening Jan 1, 2000 - Dec 31, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates

Provider: Jones, Mary | Smith, John | Willis, Sam

HIV Screening	Total Patients Aged 15 through 65 (a)	Den Count (b)	Num Count (c)	Compliance
20a. MEASURE: Percentage of patients 15-65 years of age who have been tested for HIV within that age range	460	460	83	18.04%

☰ Top ⌂ Page up ⌄ Page down ⌁ Bottom

To view more details about the report, click *Page Down*.

The report details display:

Table 6B - Section K: HIV Screening - Detail Jan 1, 2000 - Dec 31, 2020

Account Number	Patient Name	Date of Birth	Demographics PCP	Demographics Rendering Provider	Compliant
9118		Dec 13, 1960	Willis, Sam		Willis, Sam Compliant
9119		Mar 31, 1974	Willis, Sam		Willis, Sam Compliant
9120		Nov 5, 1968	Willis, Sam		Willis, Sam Compliant
9122		Jan 1, 1983	Willis, Sam		Willis, Sam Compliant
9300		Sep 19, 1992			Compliant
9313		Jan 4, 1968	Charles, Andrew		Compliant
9321		Feb 2, 2000			Compliant
9323		Jan 21, 1988			Compliant
9324		Jan 1, 2000			Compliant
9325		Jun 6, 1961			Compliant
9334		Sep 1, 1998			Compliant
9364		Oct 1, 1998			Compliant
9387		Jan 1, 1999			Compliant
9387		Jan 1, 1979			Compliant
9400		Sep 1, 1995	Jones, Mary	Jones, Mary	Compliant
9401		Jun 1, 1990			Compliant
9402		Jun 8, 1988			Compliant
9405		Jun 8, 1988			Compliant
9406		Jun 8, 1988			Compliant
9408		Jan 6, 1982			Compliant

Table 6B - Section L [Line 21] - Depression Screening



Enhanced Feature

The Table 6B – Section L [Line 21] - Clinical Depression Screening report displays the percentage of patients ages 12 years and older, screened for clinical depression on the date of the visit or 14 days prior to the visit using an age appropriate standardized depression screening tool and, if the screening is positive, a follow-up plan documented on the date of the positive screen.

Note: This measure aligns with CMS eCQM No. CMS2v10.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool and, if positive, a follow-up plan documented on the date of the positive screen.

For screenings other than PHQ2, PHQ9, and PHQA – document the screening with structured data from the *Progress Notes > HPI > Depression Screening > Findings > Intervention > Question: Depression Screening Findings > Answer: Positive or Answer: Negative*.

Note: The name of the screening must be documented on the Progress Notes.

Denominator - All patients aged 12 years and older (born on or before 01/01/2009) with at least one medical visit during the measurement period.

Exceptions:

- Patients who refuse to participate, who are in urgent or emergent situations
- Patients whose functional capacity or motivation to improve may affect the accuracy of results

Note: Patients will be excluded from denominator only if numerator is not compliant.

Exclusions

- Patients with an active diagnosis for depression or a diagnosis of Bipolar Disorder

Note: Patients will be excluded from denominator if the exclusion criteria is met.

For more information about Table 6B – Section L [Line 21]: Clinical Depression Screening, refer to the following sections:

- [Table 6B - Section L \[Line 21\] - Depression Screening Flowchart](#)
- [Table 6B - Section L \[Line 21\] - Depression Screening Workflow](#)
- [Generating the Table 6B - Section L \[Line 21\] - Depression Screening Report](#)

Table 6B - Section L [Line 21] - Depression Screening Flowchart

The following diagram depicts the Table 6B – Section L [Line21] - Clinical Depression Screening reporting process:

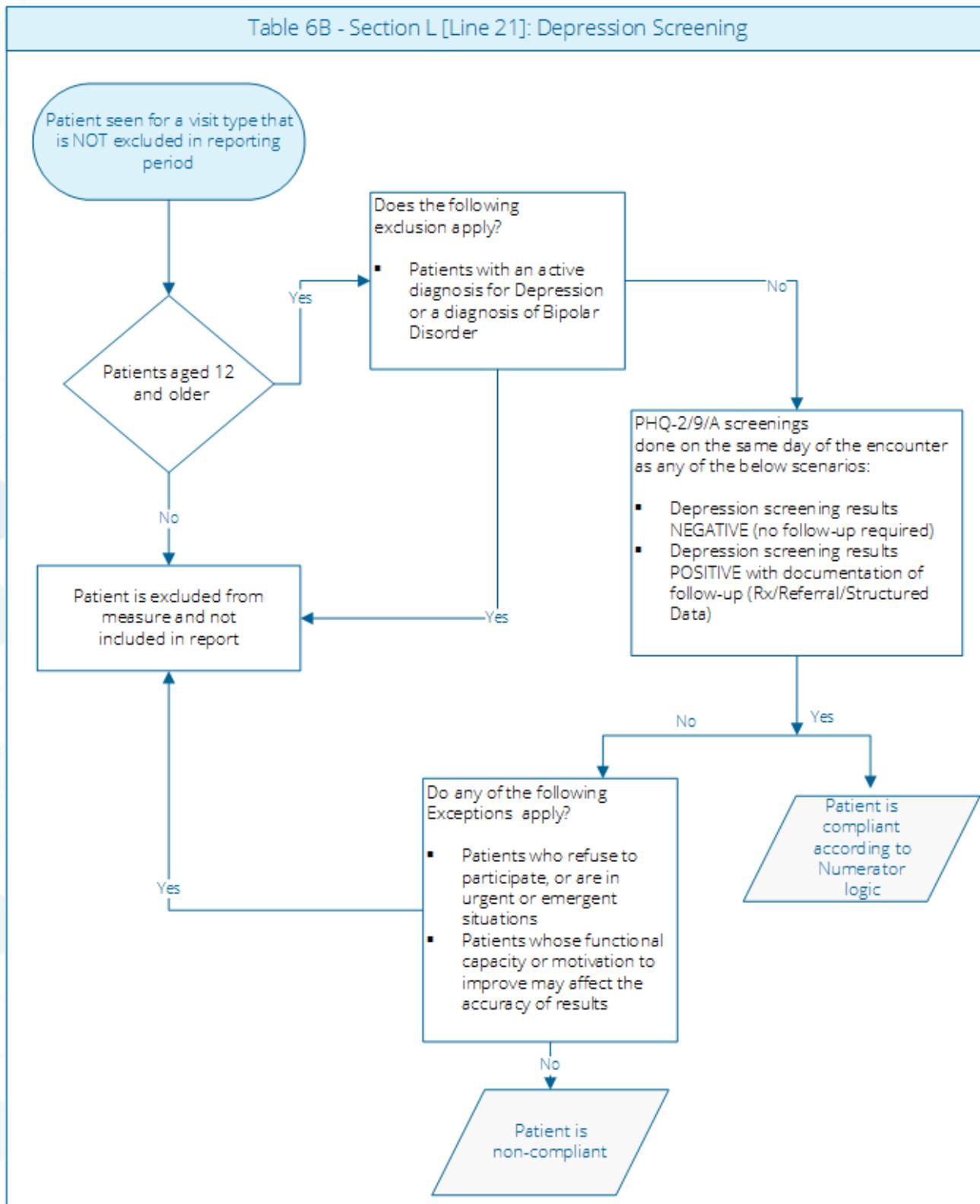


Table 6B - Section L [Line 21] - Depression Screening Workflow

Path: Progress Notes > SF > PHQ2, PHQ2 (2015 Edition), PHQ9 or PHQA

The PHQ2, PHQ2 (2015 Edition), PHQ9, and PHQA Smart Forms are the clinical depression screening tools found under the SF menu on the Progress Notes.

Note: Screening can be performed up to 14 days prior to the eligible encounter.

The following table describes the structure of the Smart Forms and the follow-up options when applicable:

Smart Form	Responses	Result	Follow-Up Options
PHQ2 (Old)	No to Both Questions	Negative	N/A
PHQ2: 2015 Edition (New)	Score = 0, 1, or 2	Negative	N/A
PHQ9	PHQ9 (Score <10)	Negative	N/A
PHQA	PHQA (Score <10 AND No to Question 12 or 13)	Negative	N/A
PHQ2 (Old)	Yes to Either Question	Positive	<ul style="list-style-type: none"> ■ Medication ■ Referral ■ Structured Data
PHQ2: 2015 Edition (New)	Score ≥ 3	Positive	<ul style="list-style-type: none"> ■ Medication ■ Referral ■ Structured Data
PHQ9	PHQ9 (Score ≥ 10)	Positive	<ul style="list-style-type: none"> ■ Medication ■ Referral ■ Structured Data
PHQA	PHQA (Score ≥ 10 or Yes to Question 12 or 13)	Positive	<ul style="list-style-type: none"> ■ Medication ■ Referral ■ Structured Data

Use structured data to document screenings other than PHQ2, PHQ9, and PHQA from:

Result	Path
Positive	Progress Notes > HPI > Depression Screening > Findings > A: Positive
Negative	Progress Notes > HPI > Depression Screening > Findings > A: Negative

Note: The name of the screening should be documented on the Progress Notes.

Table 6B - Section L [Line 21] - Depression Screening Workflow: Positive Screening Follow-Up Plan

Positive clinical depression screenings must have a follow-up plan documented. Complete at least one of the follow-up plan options described in the following sections:

- [Table 6B - Section L \[Line 21\] - Depression Screening Workflow: Medications](#)
- [Table 6B - Section L \[Line 21\] - Depression Screening Workflow: Outgoing Referral](#)
- [Table 6B - Section L \[Line 21\] - Depression Screening Workflow: Structured Data](#)

Table 6B - Section L [Line 21] - Depression Screening Workflow: Medications

Path: *Progress Notes > Treatment > Rx*

A provider may prescribe medications on the same day as a positive clinical depression screening result as part of the follow-up plan. Medications are ordered in the Treatment section of the Progress Notes.

All medications with a status other than *Stop* are counted towards the measure.

Medication compliance is based on RxNorm. Refer to exception report *Medication List Report* for a list of eligible Rx.

Table 6B - Section L [Line 21] - Depression Screening Workflow: Outgoing Referral

Path: *Progress Notes > Treatment > Add > Referral*

Create an outgoing referral to a depression specialist from the Treatment section of the Progress Notes. The Referral Date must be the same as the date of the positive screening:

Patients must be referred to one of the following specialties:

- Child & Adolescent Psychiatry
- Clinical Psychologist
- Depression Management Program
- Emergency Clinic
- Liaison Psychiatry Service
- Mental Handicap Psychiatry Service
- Mental Health Counseling
- Mental Health Counseling Service
- Mental Health Counselor
- Mental Health Team
- Mental Health Worker
- Psychiatric Aftercare
- Psychiatrist for the Elderly Mentally Ill
- Psychiatry
- Psychiatry Service
- Psychogeriatric Day Hospital
- Psychogeriatric Service
- Psychologist

Table 6B - Section L [Line 21] - Depression Screening Workflow: Structured Data

Path: Progress Notes > HPI > Depression Screening

Document the follow-up plan as structured data in the HPI section of the Progress Notes.

To document the follow-up plan as structured data:

1. Click *Depression Screening* from the left pane.
2. Click the *Duration* column next to *Intervention* on the right pane:

	c/o	Denies	Symptom	Duration	Notes
S			PHQ-2 In last tw...		
S			PHQ-9		
S			GAD-7 Form		
S			Depression		
S			Intervention		

3. Select a *Value* from the drop-down list next to *Follow-Up for Depression*:

Note: This structured data element allows a multi-select response.

Table 6B - Section L [Line 21] - Depression Screening Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria defined in [Table 6B - Section L \[Line 21\] - Depression Screening Exclusion: Bipolar Disorder or Depression](#) or [Table 6B - Section L \[Line 21\] - Depression Screening Exception: Screening Not Performed](#) are met.

[Table 6B - Section L \[Line 21\] - Depression Screening Exclusion: Bipolar Disorder or Depression](#)

Path: *Progress Notes > Assessments > Problem List*

If any qualifying encounter during the reporting year overlaps the depression or bipolar disorder Dx on Problem List, the patient will be excluded from the measure even if the patient is compliant otherwise.

If Dx is *Unresolved*, the onset date must be prior to the qualifying encounter date. Onset Date is a required field.

If Dx is *Resolved*, the qualifying encounter must be between the onset and resolved date.

The following table lists the applicable Bipolar Disorder and Depression ICD codes:

Diagnosis	ICD Code
Bipolar Disorder	<p>ICD-10: F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9</p> <p>ICD-9: 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.52, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80</p>

Diagnosis	ICD Code
Depression	ICD-10: F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345 ICD-9: 290.13, 290.21, 290.43, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.36, 296.82, 298.0, 300.4, 301.12, 309.0, 309.1, 309.28, 311

Table 6B - Section L [Line 21] - Depression Screening Exception: Screening Not Performed

Path: *Progress Notes > HPI > Depression Screening > Screening not performed > Reason*

Document the reason a depression screening was not performed as structured data in the HPI section of the Progress Notes.

To document the reason screening was not performed:

1. Click *Depression Screening* from the left pane.
2. Click the *Duration* column next to *Screening not performed* on the right pane.
3. Select one of the following options from the *Value* drop-down list next to *Reason*:
 - ◆ *patient refusal to participate*
 - ◆ *urgent/emergent visit*
 - ◆ *patient lacks the functional capacity*

The Reason is documented.

Generating the Table 6B - Section L [Line 21] - Depression Screening Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section L [Line 21]: Clinical Depression Screening report:

1. From the UDS Encounter-Based package, click *Table 6B – Section L [Line 21]: Depression Screening*.

The Table 6B – Section L [Line 21] - Depression Screening prompt page displays:

Table 6B - Section L [Line 21] - Depression Screening (CMS2v10): Prompt Page

PHQ-2 score of 3 or higher requires follow-up plan. PHQ-8 or PHQ-A score of 10 or higher requires follow-up plan.

Date Range: * Custom Date * Jan 1, 2021 Jul 14, 2021	Facility: * <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: * <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: * 2021	Exclude Visit Type: <input type="text"/> Search Options Results: Select all Deselect all	Choice: * None Select all Deselect all
Report Type: * <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date Select all Deselect all		
Include Non-billable Visits: * <input checked="" type="radio"/> No <input type="radio"/> Yes		
<div style="text-align: center;"> <input type="button" value="OK"/> <input type="button" value="Cancel"/> </div>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Go-Live Date	Click the calendar icon to select the <i>Go-Live Date</i> .

Filter	Description
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *Finish*.

The report is generated.

Sample of Table 6B - Section L [Line 21] - Depression Screening Report Output

The following image is an example of the Table 6B – Section L: Clinical Depression Screening report output:

Table 6B - Section L: Depression Screening (Line 21) Jan 1, 2014 - Jul 8, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
 Provider: Jones, Mary | Smith, John | Willis, Sam

Patients Screened for Depression and Followed Up as Appropriate	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened and Documented as Appropriate (c)	Compliance
21. MEASURE: Patients aged 12 and over who were (1) screened for depression with a standardized tool and (2) had a follow-up plan documented if screened positive	312	312	9	2.88%

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To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section L: Depression Screening (Line 21) - Detail Jan 1, 2014 - Jul 8, 2020

Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
11423		Jan 1, 1967			Non-compliant
9386		Jun 1, 2001			Non-compliant
11426		Jan 31, 1999			Non-compliant
9296		Oct 25, 2000			Non-compliant
9297		Jun 7, 1991			Non-compliant
9339		Aug 21, 1996			Non-compliant
9302		Aug 7, 1991			Non-compliant
11522		Dec 7, 1995			Non-compliant
11530		Apr 20, 1994			Non-compliant
11599		Apr 8, 1988			Non-compliant
11512		Nov 27, 1997			Non-compliant
9340		Jan 23, 1968			Compliant
11458		Sep 17, 1985			Compliant
11494		Dec 31, 2006			Compliant
11437		Aug 10, 1989	Jones, Mary	Jones, Mary	Compliant
11436		Aug 19, 1999	Jones, Mary	Jones, Mary	Compliant
11457		Aug 9, 1991	Jones, Mary	Jones, Mary	Compliant
11427		Jul 4, 1998			Compliant
11419		Jun 6, 2002			Compliant
11438		Aug 1, 1981	Jones, Mary	Willis, Sam	Compliant
Summary					312

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To view excluded patients details about the report, click *Page Down*.

The report displays:

Table 6B - Section L: Depression Screening (Line 21) - Excluded Patients Jan 1, 2014 - Jul 8, 2020

Patient Name	Account No	Date of Birth
	9398	Jan 1, 1944
	11430	May 10, 1994
	11463	Jan 1, 2002
	11420	Jul 6, 1996
	9408	Jan 6, 1982
Summary		5

To view more details about the report, click *Page Down*:

≡ Top ⏪ Page up ⏴ Page down ⏵ Bottom

Table 6B - Section L [Line 21a] - Depression Remission

The Table 6B - Section L [Line 21a] - Depression Remission at Twelve Months report displays the percentage of adolescent patients 12 years of age or older with major depression or dysthymia who reached depression remission 12 months (+/- 60 days) after an index event.

Note: This measure aligns with CMS eCQM No. CMS159v9.

The numerator, denominator, and exclusions are defined as the following:

Denominator - Adolescent patients 12 years of age or older, with a diagnosis of major depression or dysthymia, and an initial PHQ-9 score greater than nine with at least one medical visit during the reporting year. Patients may be screened using PHQ-9 up to 7 days prior to the office visit (including the day of the Office Visit). The index event date range is:

11/01/2019 - 10/31/2020

Numerator - Patients who achieved remission at twelve months (+/- 60 days) as demonstrated by a PHQ-9 score of less than five.

Note: The Index Event is the date of the patient's initial PHQ-9 Assessment Tool with a score greater than 9. The patient can be screened up to 7 days prior to an eligible Office Visit. The Denominator identification period is 2-14 months prior to the start of the measurement period.

Exclusions:

Patients are excluded from this measure if they meet at least ONE of the following criteria:

- Deceased Patients
- Patients in Hospice or Palliative care
- Patients with a diagnosis of personality disorder emotionally liable, pervasive developmental disorder, bipolar disorder, schizophrenia or psychotic disorder

Note: For more information about depression remission exclusions, refer to [6B - Section L \[Line 21a\] - Depression Remission Exclusions](#).

For more information about Table 6B - Section L [Line 21a] - Depression Remission, refer to the following sections:

- [Table 6B - Section L \[Line 21a\] - Depression Remission Flowchart](#)
- [Table 6B - Section L \[Line 21a\] - Depression Remission Workflow](#)
- [Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder](#)

Table 6B - Section L [Line 21a] - Depression Remission Flowchart

The following diagram depicts the Table 6B - Section L [Line 21a] - Depression Remission reporting process:

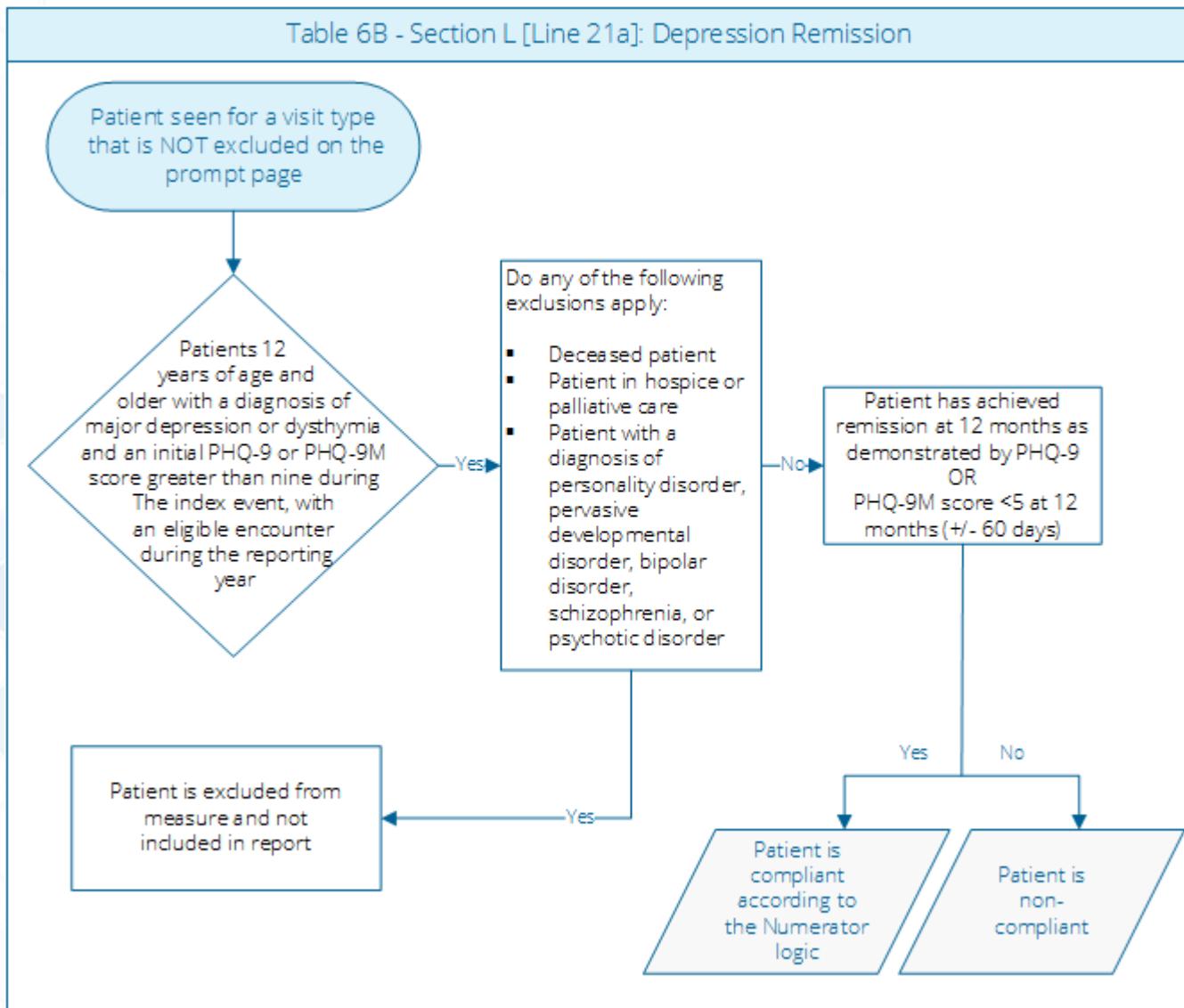


Table 6B - Section L [Line 21a] - Depression Remission Workflow

This measure does not follow the typical measurement period logic for the denominator. The following table contains important time frames for this measure:

Measure Component	Description	Applicable Lookback Period
Measure Period	UDS calendar year	01/01/2021 - 12/31/2021
Denominator	2 to 14 months prior to start of measurement period	11/01/2019 - 10/31/2020
Index Event	Initial PHQ9 with score greater than 9; may be screened up to seven days prior to an eligible encounter	10/25/2019 - 10/31/2019
Numerator	Remission at 12 months (+/- 60 days) after an Index Event. Remission is achieved with PHQ9 score of less than 5	Date range is dependent on the Index Event Date: Index Event Date + 12 months +/- 60 days

Denominator - Adolescent patients 12 years of age or older, with a diagnosis of major depression or dysthymia, and an initial PHQ-9 or PHQ-9M score greater than nine. Patients may be screened using PHQ-9 or PHQ-9M up to 7 days prior to the office visit (including the day of the Office Visit).

- **Eligible Office Visit**

Patient with an eligible visit during the measure period

AND

- **Index Event:**

Path: *Progress Notes > SF drop-down list > PHQ-9 (Score greater than 9)*

The initial PHQ-9 Assessment Tool with a score greater than 9. The patient can be screened up to 7 days prior to an eligible Office Visit. The look back period for Index Event is 2 - 14 months prior to reporting year.

- **Depression/Dysthymia Diagnosis**

Paths:

- ◆ *Progress Notes > Assessment*
- ◆ *Progress Notes > Assessment > Problem List*

Patients who had a diagnosis for dysthymia that overlaps the Index Event encounter.

- ◆ **Dysthymia ICD-10: F34.1**

- ◆ **Major depression ICD-10:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9

Note: For the Problem List, the onset date of Dx must be prior to the start of the eligible encounter, and the Dx can be unresolved. If resolved, it must be resolved after the start of the eligible encounter.

Numerator:

Path: *Progress Notes > SF drop-down list > PHQ-9 (Score= 0,1,2,3,4)*

Patients who achieved remission as demonstrated by the latest PHQ9 score less than 5 recorded at 12 months (+/- 60 days) after the Index Event.

Note: The follow-up remission period is Index Event Date + 12 months, then + and - 60 days for a range.

6B - Section L [Line 21a] - Depression Remission Exclusions

For more information about depression remission exclusions, refer to:

- **6B - Section L [Line 21a] - Depression Remission Exclusion: Patients Who are Marked as Deceased**
- **6B - Section L [Line 21a] - Depression Remission Exclusion: Palliative care**
- **6B - Section L [Line 21a] - Depression Remission Exclusion: Hospice Care**
- **6B - Section L [Line 21a] - Depression Remission Exclusion: Bipolar Disorder, Personality Disorder Emotionally Liable, or Schizophrenia or, Psychotic Disorder or Pervasive Developmental Disorder**

6B - Section L [Line 21a] - Depression Remission Exclusion: Patients Who are Marked as Deceased

Path: *Patient Information > Additional Information > Deceased check box and date (in MM/DD/YYYY format).*

Note: Patients are excluded when the deceased date is prior to the end of the follow-up remission period.

6B - Section L [Line 21a] - Depression Remission Exclusion: Palliative care

- As Structured data

Path: *Progress Notes > Preventive Medicine > Counseling > Provider to Provider Communication*

Documentation of palliative care intervention using structured data prior to the end of the follow-up remission period:

Field	Type	Responses (Options)
Palliative Care	Structured Data	<p>O1: Admission by palliative care physician</p> <p>O2: Admission to palliative care department</p> <p>O3: Referral by palliative care physician</p> <p>O4: Referral to palliative care physician</p> <p>O5: Referral to palliative care service</p>

- As Diagnosis:

Path: *Progress Notes > Assessment*

Documentation of palliative care as a diagnosis prior to the end of the follow-up remission period.

Note: Resolved date not relevant if documented in the Problem List.

Palliative Care Dx: Z51.5

6B - Section L [Line 21a] - Depression Remission Exclusion: Bipolar Disorder, Personality Disorder Emotionally Liable, or Schizophrenia or, Psychotic Disorder or Pervasive Developmental Disorder

Path:

- *Progress Notes > Assessment*
- *Progress Notes > Assessment > Problem List > Onset Date*

Patients who had a diagnosis for personality disorder emotionally liable or schizophrenia or psychotic disorder or pervasive developmental disorder or bipolar disorder recorded within 12 months (+/- 60 days) after the Index Event.

The following table lists the applicable ICD codes:

Diagnosis	Codes
Bipolar Disorder	ICD-10: F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9 ICD-9: 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.81, 296.82, 296.89
Personality Disorder Emotionally Liable	ICD-10: F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13 ICD-9: 301.13, 301.50, 301.51, 301.83
Schizophrenia or Psychotic Disorder	ICD-10: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28, F29 ICD-9: 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 298.0, 298.1, 298.4, 298.8, 298.9
Pervasive Developmental Disorder	ICD-10: F84.0, F84.3, F84.8, F84.9 ICD-9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91

6B - Section L [Line 21a] - Depression Remission Exclusion: Hospice Care

Path: *Progress Notes > HPI > Interim History > Specialized Care > Patient Received Hospice Care:*

Documentation of Hospice Care recorded within 12 months (+60 days) after the Index Event.

To document hospice care:

1. On the HPI window, click *Interim History* from the left pane.
The Interim History tab opens in the right pane.
2. Click the Notes column next to *Specialized Care*.
The Notes window opens and displays structured data fields.
3. Select *Yes* from the *Value* drop-down list next to Patient received hospice care.

4. Click *OK*.

Generating the Table 6B - Section L [Line 21a] - Depression Remission Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 6B - Section L [Line 21a] - Depression Remission report:

1. From the UDS Encounter-Based folder, click *Table 6B - Section L [Line 21a] - Depression Remission*.

The Table 6B - Section L [Line 21a] - Depression Remission report prompt page displays:

Table 6B - Section L [Line 21a] - Depression Remission (CMS159v9): Prompt Page

Reporting Year Date Range: <input type="button" value="Custom Date"/> <input type="text" value="Jan 1, 2021"/> <input type="button" value=""/> <input type="text" value="Jul 14, 2021"/> <input type="button" value=""/> Index Event Lookback Period: For UDS 2021, please utilize date range 11/01/2018 - 10/31/2020. <input type="text" value="Nov 1, 2019"/> <input type="button" value=""/> <input type="text" value="Oct 31, 2020"/> <input type="button" value=""/>	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Provider: <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: <input type="text" value="2021"/>	Exclude Visit Type: <input type="text"/> <input type="button" value="Search"/>	Choice: None Select all Deselect all
Go-live Date: <input type="text" value="Jul 14, 2021"/> <input type="button" value=""/>	Results: <input type="button" value="Insert"/> <input type="button" value="Remove"/> Select all Deselect all	
Report Type: <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion <input type="checkbox"/> Bad Data: Onset Date Select all Deselect all		
Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes		
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Go-Live Date	Click the calendar icon to select the <i>Go-Live Date</i> .

Filter	Description
Report Type	Check the applicable <i>Report Type</i> boxes.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.
Include Non-Billable Visits	Select Yes or No in the <i>Include Non-Billable Visits</i> section.

3. Click *OK*.

The report is generated:

Table 6B - Section L: Depression Remission (Line 21a) Jan 1, 2014 - Jul 17, 2020

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Patients Achieved Depression Remission at 12 Months	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened and Documented as Appropriate (c)	Compliance
21a. MEASURE: The percentage of patients 12 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an Index Event.	2	2	1	50.00%

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To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section L: Depression Remission (Line 21a) - Detail Jan 1, 2014 - Jul 17, 2020

Account No	Patient Name	Date of Birth	Demographic PCP	Demographic Rendering Provider	Numerator
11494	[REDACTED]	Dec 31, 2006 12:00:00 AM	Jones, Mary	Smith, John	Non-compliant
11736	[REDACTED]	Jul 1, 2005 12:00:00 AM			Compliant
Summary					2

☰ Top ⏪ Page up ⏴ Page down ⏵ Bottom

To view more details about the report, click *Page Down*.

The Excluded Patients report displays:

Table 6B - Section L: Depression Remission (Line 21a) - Excluded Patients Jan 1, 2014 - Jul 17, 2020

Patient Name	Account No	Date of Birth

Table 6B – Section M - Sealants to First Molars eCW DENTAL

The Table 6B – Section M: Dental Sealants report displays all the dental patients 6 - 9 years old who had an oral assessment during the reporting year, are at a moderate to high risk for caries, and received a sealant on the first permanent molar during the measurement period.

Note: This measure aligns with CMS eCQM No. CMS277.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Number of dental patients in the denominator who received a sealant on the first permanent molar in the measurement year.

Denominator - Number of dental patients ages 6 - 9 (born between 01/02/2011 - 01/01/ 2015) who had at least one dental visit and were found to be at moderate to high risk for caries in the measurement year. Patients who meet the following criteria are included in the denominator:

Exclusions:

■ **Oral Evaluation:**

- ◆ Patients with a documented CDT* code of D0191, D0120, D0145, D0150, or D0180 documented in the Dental module.

For more information about working in the dental module, refer to the comprehensive dental-related product documentation:

- *Dental (EXE) Setup and User Guide*
- *Dental (browser) Setup and User Guide*
- *Dental Billing User Guide*

■ **Patients with a moderate to high risk for caries:**

- ◆ Patient with a documented CDT code of D0602 or D0603 in the Dental Examination window within date range selected.

OR

- ◆ Patient with one of the following diagnosis codes documented on the Progress Notes within the date range selected:

ICD-10: K02.3, K02.51, K02.52, K02.53, K02.61, K02.62, K02.63, K02.7, K02.9

ICD-9: 521.00, 521.01, 521.02, 521.03, 521.04, 521.05, 521.06, 521.07, 521.08, 521.09

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Exception - Children whose first permanent molar is non-sealable (tooth number 19, 14, 3, and 30) due to one of the following reasons:

- Tooth is already filled/restored
- Tooth is already sealed (elsewhere or before the measurement period at the practice)
- Tooth is decayed
- Tooth is unerupted or missing

For more information about these exclusions, refer to [Table 6B – Section M - Sealants to First Molars eCW DENTAL Exceptions](#).

For more information about Table 6B – Section M: Dental Sealants, refer to the following sections:

- [Table 6B – Section M - Sealants to First Molars eCW DENTAL Flowchart](#)
- [Table 6B – Section M - Sealants to First Molars eCW DENTAL Workflow](#)
- [Generating the Table 6B – Section M - Sealants to First Molars eCW DENTAL Report](#)

Table 6B – Section M - Sealants to First Molars eCW DENTAL Flowchart

The following diagram depicts the Table 6B – Section M: Sealants to First Molars reporting process:

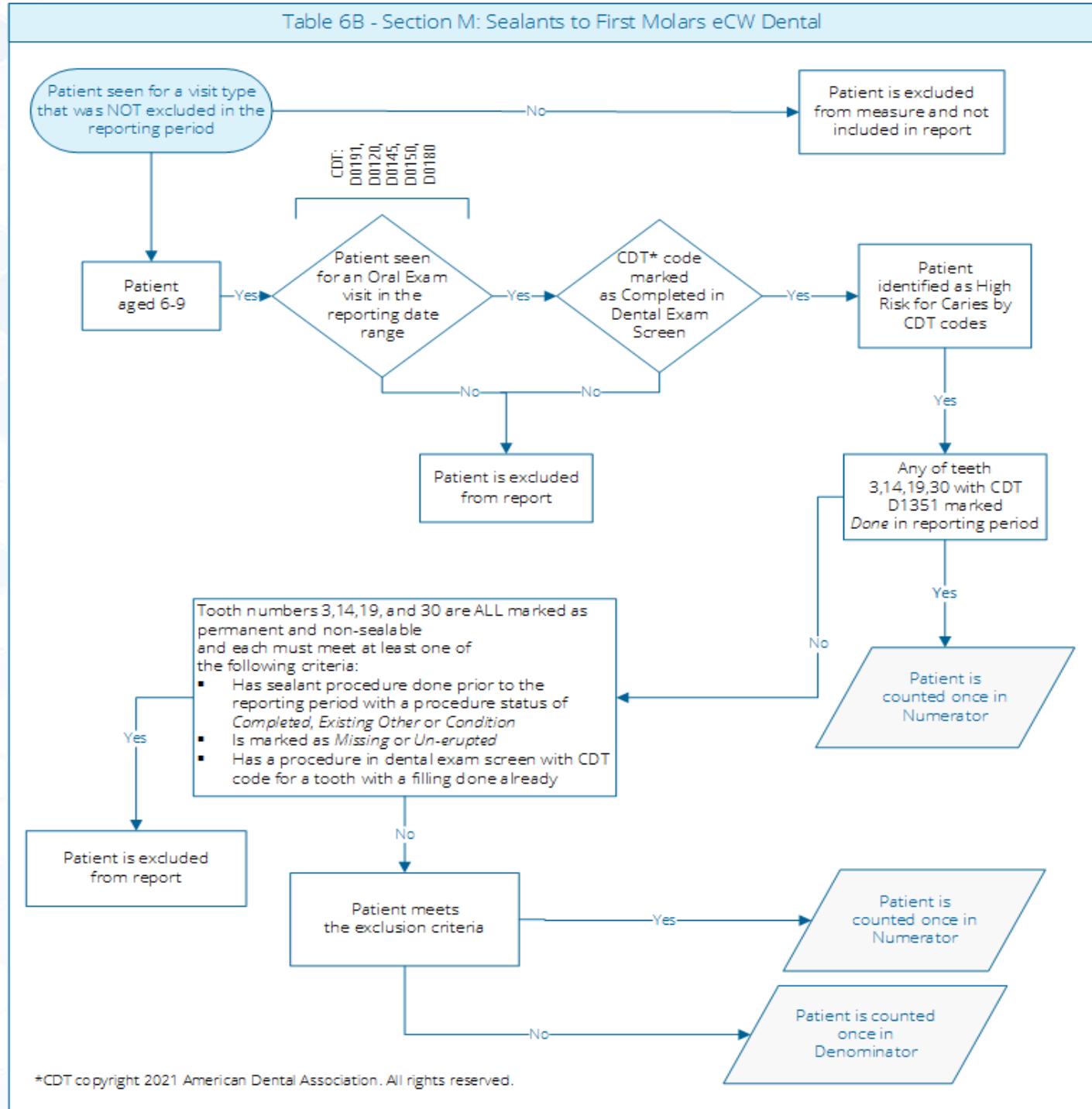


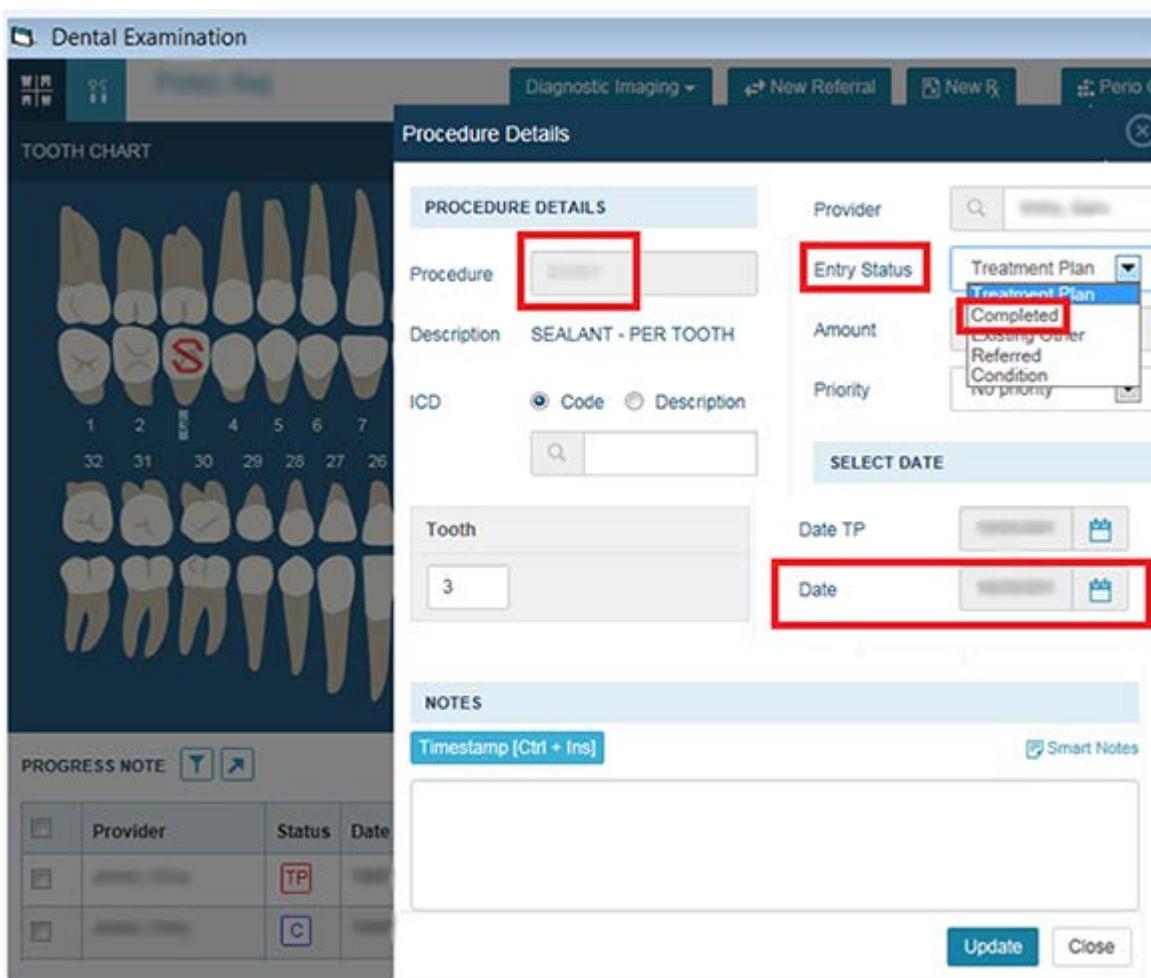
Table 6B – Section M - Sealants to First Molars eCW DENTAL Workflow

Path: *Progress Notes > Dental Examination/Plan > Tooth Chart > Procedure Details*

Patients who received a sealant on their first permanent molar must have it documented in the Dental Examination window.

To document sealants:

1. On the Tooth Chart, select tooth number 3, 14, 19, or 30.
2. In the Procedure Details window, add the Procedure as CDT* code *D1351*.
3. Select *Completed* from the *Entry Status* drop-down list:



The sealant displays on the Tooth Chart.

Note: The completed date should occur within the reporting period.

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Table 6B – Section M - Sealants to First Molars eCW DENTAL Exceptions

If the following exceptions are met for all four first permanent molars, patients will be excluded from the denominator only if the numerator is not compliant:

- Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Decayed Tooth
- Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Filled Tooth
- Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Previously Sealed Tooth
- Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Unerupted/Missing Tooth

Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Decayed Tooth

Path: *Progress Notes > Dental Examination/Plan > Tooth Chart > Procedure Details*

To document a decayed tooth:

1. On the Tooth Chart, select tooth number 3, 14, 19, or 30.
2. In the Procedure Details window, add the Procedure as a dummy CDT* code for the decayed tooth.

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3. Select *Condition* or *Existing Other* from the *Entry Status* drop-down list:

The decayed tooth displays on the Tooth Chart.

Note: A new dummy CDT* code must be created for Decayed Tooth.

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Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Filled Tooth

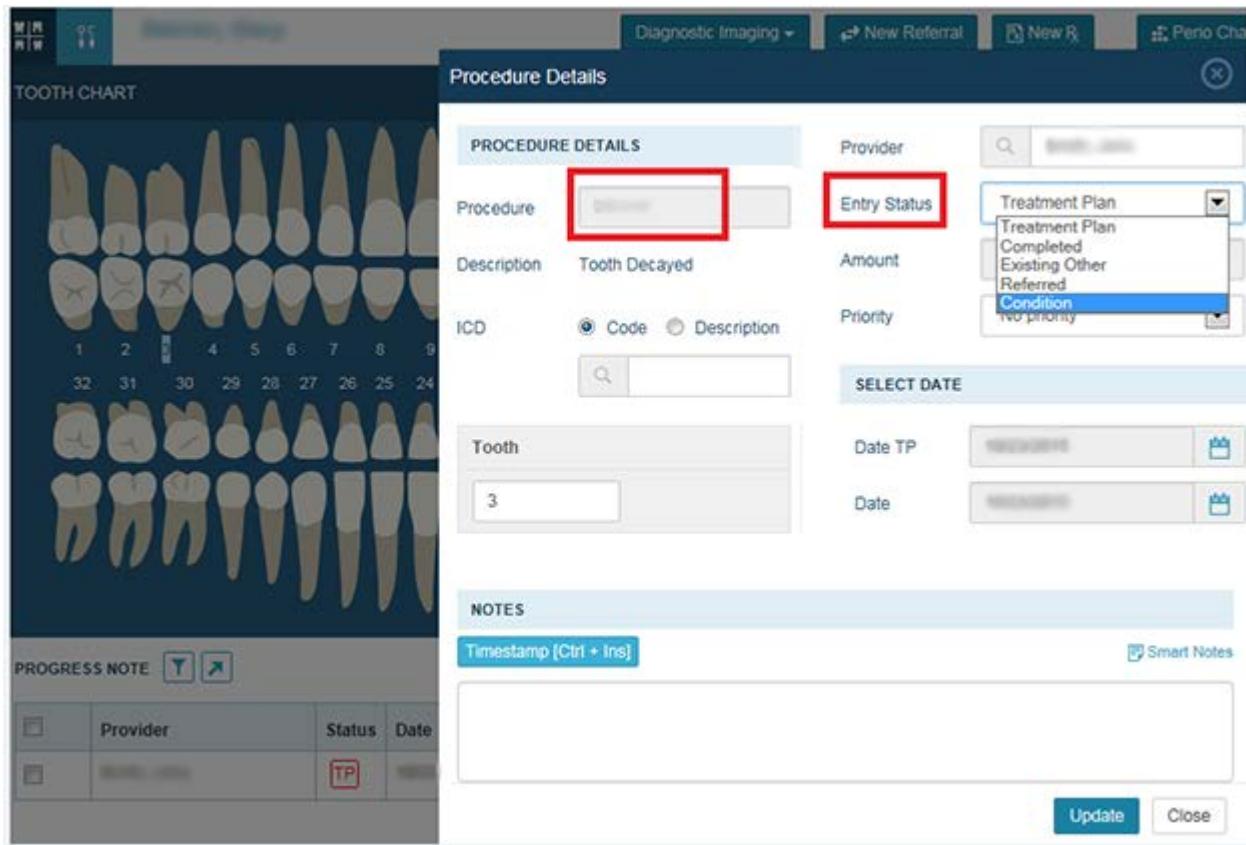
Path: *Progress Notes > Dental Examination/Plan > Tooth Chart > Procedure Details*

To document a filled tooth:

1. On the Tooth Chart, select tooth number 3, 14, 19, or 30.
2. In the Procedure Details window, add the Procedure with a filling CDT code.

Note: The filling CDT codes are selected from the Decayed Permanent Molar CDT field on the report prompt page when generating the Table 6B – Section N report.

3. Select any applicable option from the *Entry Status* drop-down list:



The filling displays on the Tooth Chart.

Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Previously Sealed Tooth

Path: *Progress Notes > Dental Examination/Plan > Tooth Chart > Procedure Details*

To document a previously sealed tooth:

1. On the Tooth Chart, select tooth number 3, 14, 19, or 30.
2. In the Procedure Details window, add the Procedure as CDT* code *D1351*.
3. Select *Condition*, *Existing Other*, or *Completed* from the *Entry Status* drop-down list.

Note: Ensure the completed date is changed at the time the procedure is performed.

The sealant displays on the Tooth Chart.

Table 6B – Section M - Sealants to First Molars eCW DENTAL Exception: Unerupted/Missing Tooth

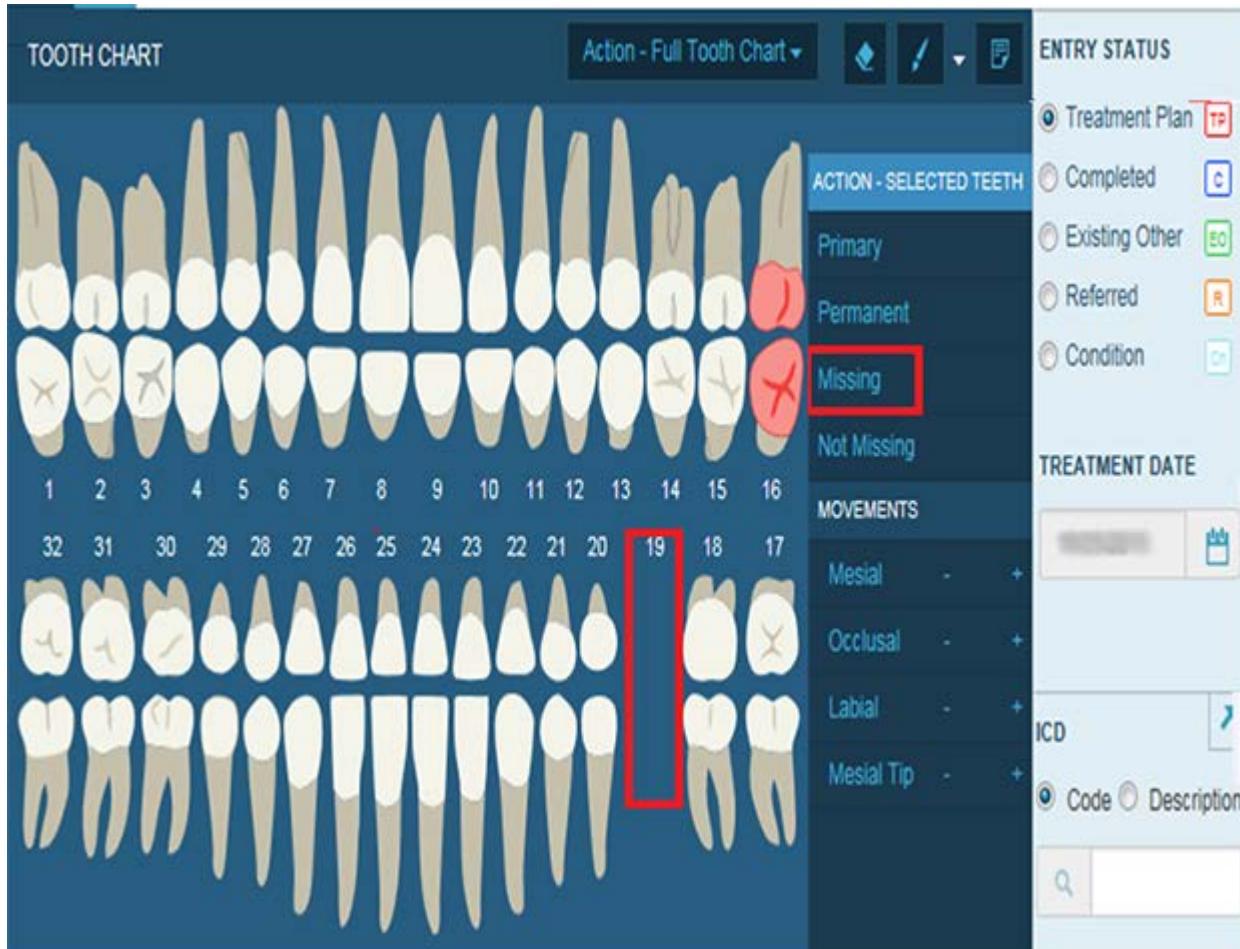
Path: *Progress Notes > Dental Examination/Plan > Tooth Chart*

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A tooth is considered unerupted if it is not marked permanent or if the occlusal movement of the tooth is ≤ -2 .

To document an unerupted or missing tooth:

1. On the Tooth Chart, select tooth number 3, 14, 19, or 30.
2. Select *Missing* from the Action – Selected Teeth menu:



The image of the selected tooth no longer displays on the Tooth Chart.

Generating the Table 6B – Section M - Sealants to First Molars eCW DENTAL Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 6B – Section M: Dental Sealants report:

1. From the UDS Encounter-Based package, click *Table 6B – Section M: Dental Sealants* report.

The Table 6B – Section M prompt page displays:

Table 6B - Section M - Sealants to First Molars eCW DENTAL: Prompt Page

Note: Select only Dental Providers and Dental Visit Types to get correct count.

Date Range: <input type="button" value="Custom Date"/> <input type="text" value="Jan 1, 2021"/> <input type="button" value="Jul 14, 2021"/>	Facility: <input type="checkbox"/> Boca South <input type="checkbox"/> Health Center 10 <input type="checkbox"/> Health Center 12 <input type="checkbox"/> Health Center 3 <input type="checkbox"/> Health Center 6 <input type="checkbox"/> Surgery Center <input type="checkbox"/> Westborough Medical Assoc - Telehealth <input type="checkbox"/> Westborough Medical Associates Select all Deselect all	Dental Provider: <input type="checkbox"/> Jones, Mary <input type="checkbox"/> Smith, John <input type="checkbox"/> Willis, Sam Select all Deselect all
Reporting Year: <input type="text" value="2021"/>	Dental Visit Type Only: <input type="checkbox"/> None <input type="checkbox"/> CON - Consult <input type="checkbox"/> AV - Femal - Annual Visit Female <input type="checkbox"/> URG - Urgent visit <input type="checkbox"/> OB-GYN - OB Visit <input type="checkbox"/> ESTPT - Established Patient <input type="checkbox"/> NP - New Patient <input type="checkbox"/> OV - Office Visit <input type="checkbox"/> FU - Follow Up Visit <input type="checkbox"/> NV - Nurse Visit <input type="checkbox"/> NOB - New OB Visit Select all Deselect all	Decayed Permanent Molars CDT: <input type="text"/> <input type="button" value="Search"/>
Look Back Period Start Date: <input type="text" value="Jan 1, 2012"/> <input type="button" value=""/>	Filling/Other Procedures on Permanent Molars: <input type="text"/> <input type="button" value="Search"/>	Results: <input type="button" value="Insert"/> <input type="button" value="Remove"/> Choice: <input type="text" value="None"/> Select all Deselect all
Include Non-billable Visits: <input checked="" type="radio"/> No <input type="radio"/> Yes		
Report Type: <input checked="" type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail <input type="checkbox"/> Exclusion Select all Deselect all		
<input type="button" value="OK"/> <input type="button" value="Cancel"/>		

2. Make the appropriate selections on the prompt page to generate the report:

Note: In the *Search* field for the Decayed Permanent Molars CDT* and Filling/Other Procedures on Permanent Molars fields, enter the percent symbol (%) to generate a list in the results box. Select an option from the Results list and click *Insert* to move the selected options into the Choice box.

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Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Dental Provider	Select all qualified providers from the Dental Providers field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.
Go-Live Date	Click the calendar icon to select the <i>Go-Live Date</i> .
Dental Visit Type Only	Select the visit types from the Select Dental Visit Types Only field.
Decayed Permanent Molars CDT	Select the applicable CDT* codes from the Decayed Permanent Molars CDT field.
Filling/Other Procedures on Permanent Molars	Select the applicable options from the Filling/Other Procedures on Permanent Molars field.

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3. Click *OK*.

The report is generated.

Sample of Table 6B – Section M - Sealants to First Molars eCW DENTAL Report Output

The following image is an example of the Table 6B – Section M report output:

Table 6B - Section M: Dental Sealants Jan 1, 2019 - Oct 27, 2020				
Sealants to First Molars	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)	Compliance
22. MEASURE: Children age 6 through 9 years at moderate to high risk of caries who received a sealant on a permanent first molar tooth	5	5	4	80.00%

☒ Top ☈ Page up ☛ Page down ☞ Bottom

To view more details about the report, click *Page Down*.

The report displays:

Table 6B - Section M: Dental Sealants - Detail Jan 1, 2019 - Oct 27, 2020			
Patient Name	Account No	Date of Birth	Numerator
[REDACTED]	11742	Jul 12, 2012	Non Compliant
[REDACTED]	9399	Dec 31, 2012	Compliant
[REDACTED]	13113	Apr 22, 2013	Compliant
[REDACTED]	11739	Jul 3, 2013	Compliant
[REDACTED]	9327	Jun 13, 2012	Compliant
Summary			5

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

The Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity report displays the percentage of babies of health center prenatal care patients born with a birth weight below normal.

Note: The mothers' and babies' race and ethnicity can be different for this report.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Number of live births and babies with a birth weight of less than 2500 grams

Denominator - Number of babies born during the measurement period to prenatal patients

Exclusion - Still-births or miscarriages

Note: Patients who have had a still birth are counted once in column 1a and are included in the detail page of the report.

For more information about Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity, refer to the following sections:

- [Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Flowchart](#)
- [Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow](#)
- [Generating the Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Report](#)
- [Validation Report for Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity](#)

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Flowchart

The following diagram depicts the Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity reporting process:

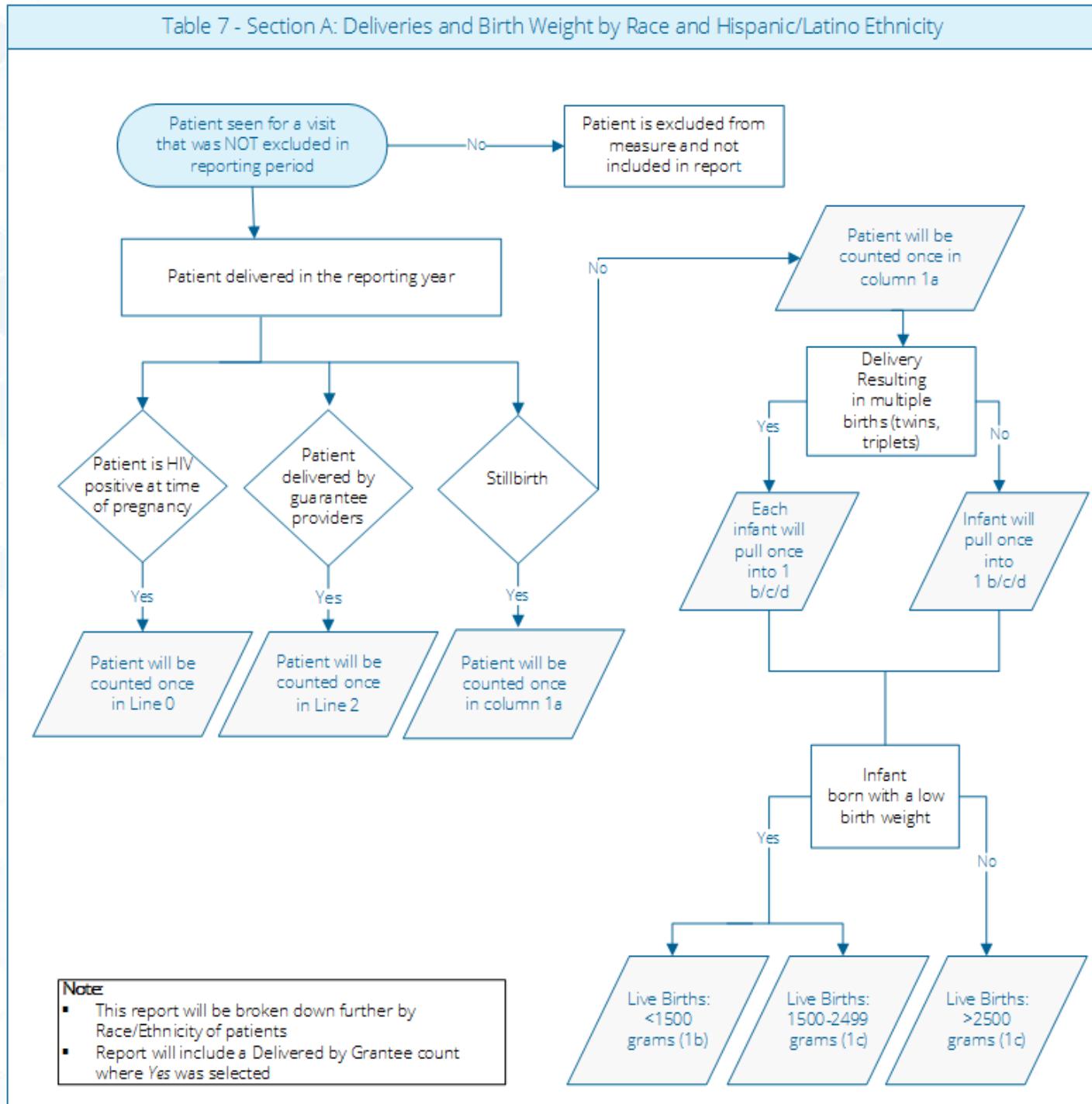


Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow

The following sections describe the workflows for documenting the delivery and neonatal details, OB referrals, HIV-positive pregnancies, and multiple pregnancies.

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow: Delivery and Neonatal Details

Path: *Progress Notes > OB Flowsheet > Discharge*

At the end of a pregnancy, the delivery and neonatal details must be updated on the Discharge tab of the OB Flowsheet:

OB Chart PN Print OB Exit

G: - P: -, - EDD: GA: 0 (Wks) 0 (Days)

Note

Delivered By

Delivered by grantee provider yes

Neonatal Info

Name	Value
Sex	
If male, circumcision	
Birth weight	
Disposition	
Name of baby	
Complications/Anomalies	
Father of Baby	
Birth weight by grams	
Birth weight by grams-baby 2	
Birth weight by grams-baby 3	
Birth weight by grams-baby 4	
Outcome Baby 1	Live birth
Outcome Baby 2	Live birth
Outcome Baby 3	

Physical

History

Genetics

Form A

Flowsheets

Notes

EDD

Plans

Graphs

Rx

Labs DI

Risks

Problems

Discharge

The following table describes the required fields and responses:

Field	Description	Responses
Delivery Date	Use the calendar pop-up to select the date of delivery.	MM/DD/YYYY
	Note: Do not manually enter the date.	
Delivered by Grantee Provider	Specify whether the baby was delivered by the grantee provider.	Yes/No
Outcome Baby, 1, 2, etc.	Specify the condition of the baby. In the event of multiple births, enter the outcome in the corresponding fields.	<ul style="list-style-type: none"> ■ Live birth ■ Still birth
		Note: In instances of still births, the baby is excluded from the report output while the mother's delivery is counted in column 1a.
Birth Weight by Grams, 1, 2, etc.	Enter the weight of the baby in kilograms. In the event of multiple births, enter the outcome in the corresponding fields.	Numeric (e.g., 2500) in grams and decimals only; no alpha or special characters (e.g., 2,500kg)
Baby Race Description	Specify the baby's race. If missing, baby will be grouped under mother's race.	Asian, Native Hawaiian, Other Pacific Islander, Black/African American, American Indian/Alaska Native, White, More than One Race, Unreported/Refused to Report
Baby Ethnicity Description	Specify baby's ethnicity. If missing, baby will be grouped under mother's ethnicity.	Hispanic or Latino, Non Hispanic or Latino, Unreported/Refused to Report

Note: Data entered in incorrect formats is identified as bad data and therefore is excluded from the report output. A validation report may be run to view all patients with existing bad data. For more information about validation reports, refer to [Validation Report for Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity](#).

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow: OB Referral

Path: *Progress Notes > HPI > OB/GYN*

The alternative OB documentation workflow is for health centers that refer all their OB patients out. Document the information in the HPI section of the Progress Notes as structured data.

Note: This workflow has a separate report. To access this report, access any of the OB measure reports, and then from the prompt page click the *Click Here for REFERRAL WORKFLOW Report* button:

Click Here for the REFERRAL WORKFLOW Report

For more information about setting up the alternative OB referral workflow, refer to **Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals**.

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow: HIV-Positive Pregnancies

Pregnant patients who are HIV positive must have an HIV diagnosis added to the Problem List with a documented onset date. The HIV ICD codes are: B20, B97.35, or Z21. The onset date must be before the delivery date, and the status cannot be *Resolved*. HIV patients will display on the report as *HIV Positive Pregnant Women*.

Note: For more information about adding the HIV diagnosis and onset date to the Problem List, refer to **Table 6B - Section K [Line 20] - HIV Linkage to Care Workflow: Diagnosis and Onset Date**.

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow: Multiple Pregnancies

Patients who have multiple pregnancies within a reporting period must have two separate pregnancies opened in the OB Flowsheet. The first pregnancy must be closed before creating the subsequent pregnancy. The delivery and neonatal information must be entered in the Discharge tab of the OB Flowsheet for both pregnancies, and the delivery dates must occur within the reporting period date range. If both delivery dates occur within the reporting period date range, the patient is counted twice on the report output in column 1a.

Generating the Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity report:

1. From the UDS Encounter-Based package, click *Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity* report.

The Table 7 – Section A prompt page displays:

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity: Prompt Page

Date Range: * Custom Date Jan 1, 2019 Jul 8, 2020	Facility: * Boca South Surgery Center Westborough Medical Assoc - Telehealth Westborough Medical Associates Select all Deselect all	Provider: * Jones, Mary Smith, John Willis, Sam Select all Deselect all
Reporting Year: * 2019	Exclude Visit Type: Search Options Results: Insert Remove * Choice: None Select all Deselect all	
ONLY IF you have REFERRAL workflow set-up, CLICK HERE!		

Note: To access the alternative OB referral report, click the *Click Here for the REFERRAL WORKFLOW Report* button on the report's prompt page:

Click Here for the REFERRAL WORKFLOW Report

For more information about setting up the alternative OB referral workflow, refer to **Table 6B – Section A: Demographic Characteristics of Prenatal Care Patients Prenatal Care Referrals**.

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Report Output

The following image is an example of the Table 7 – Section A report output:

Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Jan 1, 2010 - Jul 8, 2020					
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates					
Provider: Jones, Mary Smith, John Willis, Sam					
0 - HIV Positive Pregnant Women					0
2 - Deliveries Performed by Grantee's Providers					3
Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500-2499 grams (1c)	Live Births: ≥2500 grams (1d)	
Hispanic/Latino					
a. Asian	1	0	0	0	0
d. American Indian/Alaska Native	1	0	0	1	
g. Unreported/Refused to Report Race	1	0	0	0	
Subtotal Non-Hispanic/Latino	3	0	0	1	
Unreported/Refused to Report Ethnicity					
h. Unreported/Refused to Report Race and Ethnicity	4	1	2	0	
Summary	7	1	2	1	
☰ Top ⤒ Page up ⤓ Page down ⤓ Bottom					

To view more details about the report, click *Page Down*.

The report details display:

Table 7 - Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity - Detail Jan 1, 2010 - Jul 8, 2020

Account No	Patient Name	Date of Birth	Race	Ethnicity	Demographic PCP	Demographic Rendering Provider	Preg ID	Flowsheet Status	Delivery Date	HIV Added Date	Delivered by Grantee Provider	Birth Weight	Outcome Baby
11456		Aug 18, 1994	g. Unreported/Refused to Report Race	Non-Hispanic/Latino	Jones, Mary	Jones, Mary	16	Unlocked	Sep 3, 2019				
11472		Sep 1, 1980	h. Unreported/Refused to Report Race and Ethnicity	Unreported/Refused to Report			24	Unlocked	Jan 3, 2019			1,500	Live Birth
11525		Dec 10, 1986	d. American Indian/Alaska Native	Non-Hispanic/Latino	Smith, Jim	Smith, John	26	Unlocked	Dec 12, 2019		Yes	2,600	Live Birth
11531		Jan 20, 1988	a. Asian	Non-Hispanic/Latino			27	Unlocked	Jan 10, 2019				
11589		May 1, 1985	h. Unreported/Refused to Report Race and Ethnicity	Unreported/Refused to Report			33	Unlocked	Dec 31, 2019				
9336		Jan 8, 2004	h. Unreported/Refused to Report Race and Ethnicity	Unreported/Refused to Report			11	Unlocked	Dec 31, 2019		Yes	2,000	Live Birth
9408		Jan 8, 1982	h. Unreported/Refused to Report Race and Ethnicity	Unreported/Refused to Report			13	Unlocked	Aug 2, 2019		Yes	1,283.5	Live Birth
Summary													7

The following describes the categorization of data in the Table 7 – Section A report:

- Patients who do not have an ethnicity captured in the Patient Information window will be listed under the *Non Hispanic or Latino* category.
- Patients who do not have both race and ethnicity captured in the Patient Information window will be listed under the *Unreported/Refused to Report Ethnicity* category (row h).
- When there are multiple births, the information entered in the Outcome Baby and Birth Weight by grams fields matches. For example, the value entered in *Birth Weight by grams* is linked to *Baby Outcome 1, Birth Weight by grams baby 2* is linked to *Baby Outcome 2, etc.* For more information about documenting multiple births, refer to the Discharge tab image in Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity Workflow.

Validation Report for Table 7 – Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder

Validation reports can be found in the Exception Reports folder in the UDS package. Run the *BAD DATA: Birthweight* validation report for a list of patients who have the birthweight value in the incorrect format.

Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity

The Table 7 – Section B: Hypertension by Race and Hispanic/Latino Ethnicity report displays patients aged 18 - 85 years old with a diagnosis of hypertension, and whose blood pressure was adequately controlled during the measurement period.

Note: This measure aligns with CMS eCQM No. CMS165v8.

The numerator, denominator, and exclusions are defined as the following:

Numerator - Patients whose blood pressure at the most recent visit is adequately controlled (<140/90 mm Hg) during the measurement period.

Denominator - Patients aged 18 - 85 years old (born between 01/02/1936 – 01/01/2003) who had a diagnosis of essential hypertension at any point prior to the end of the measurement period with a medical visit during the measurement period.

Exclusions:

- A diagnosis of pregnancy during the measurement period
- A diagnosis of end stage renal disease (ESRD) prior to the end of the reporting period
- A diagnosis of chronic kidney disease (CKD), Stage Five prior to the end of the reporting period
- A CPT code or history of one of the following procedures documented prior to the end of the measurement period:
 - Vascular access for dialysis
 - Kidney transplant
 - Other services related to dialysis
 - ESRD monthly outpatient services
 - Dialysis services
- Documentation of receiving hospice care during the measurement period
- Frailty

For more information about this exclusion, refer to [Appendix B: Frailty Exclusion](#).

For more information about Table 7 – Section B, refer to the following sections:

- [Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Flowchart](#)
- [Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Workflow](#)
- [Generating the Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Report](#)

Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Flowchart

The following diagram depicts the Table 7 – Section B: Hypertension by Race and Hispanic/Latino Ethnicity reporting process:

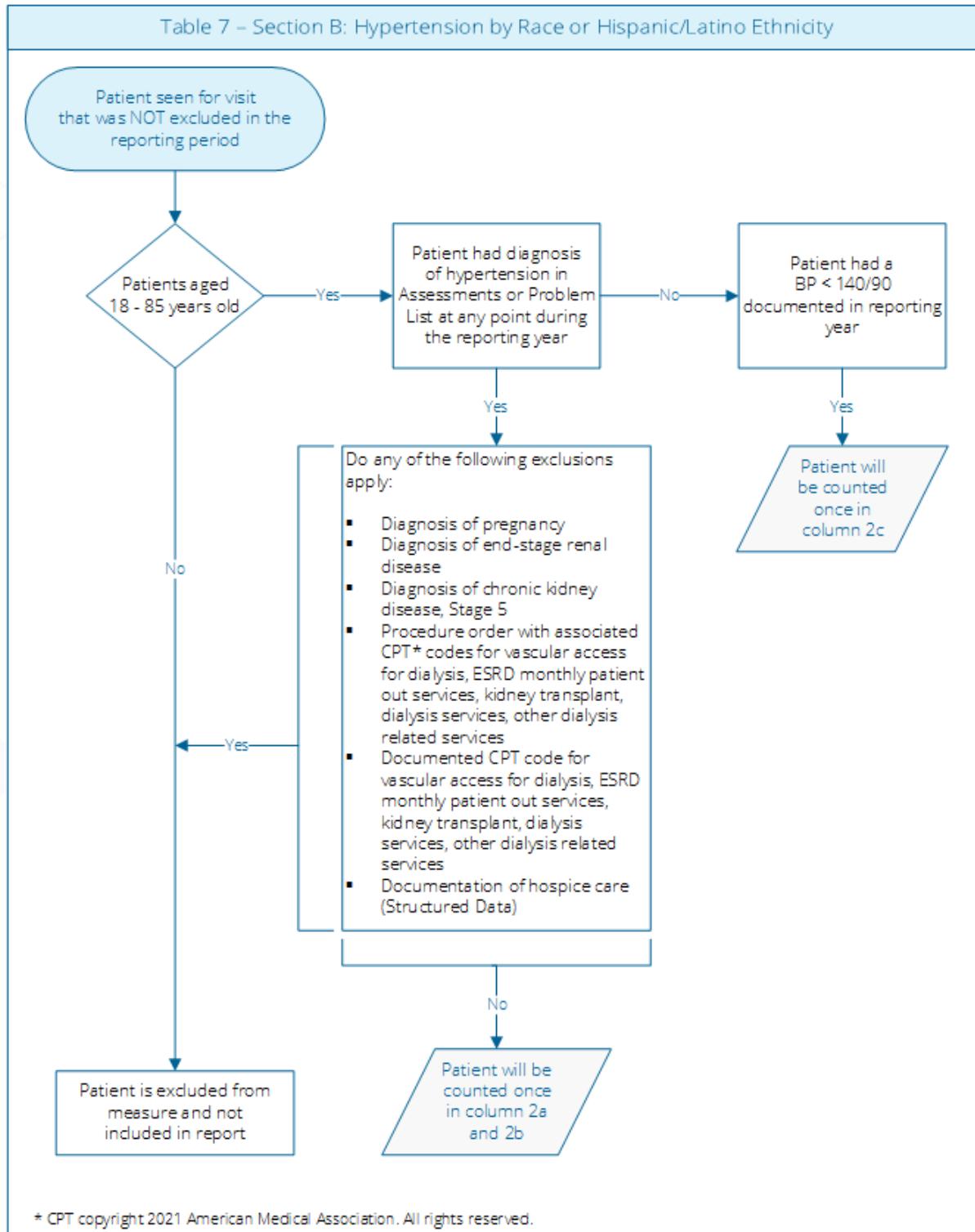


Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Workflow

Path: Progress Notes > Assessment

Record the diagnosis of hypertension in the Assessments section of the Progress Notes or to the Problem List prior to the end of the reporting year.

The following are the appropriate ICD codes for hypertension:

ICD-10: I10

ICD-9: 401.0, 401.1, 401.9

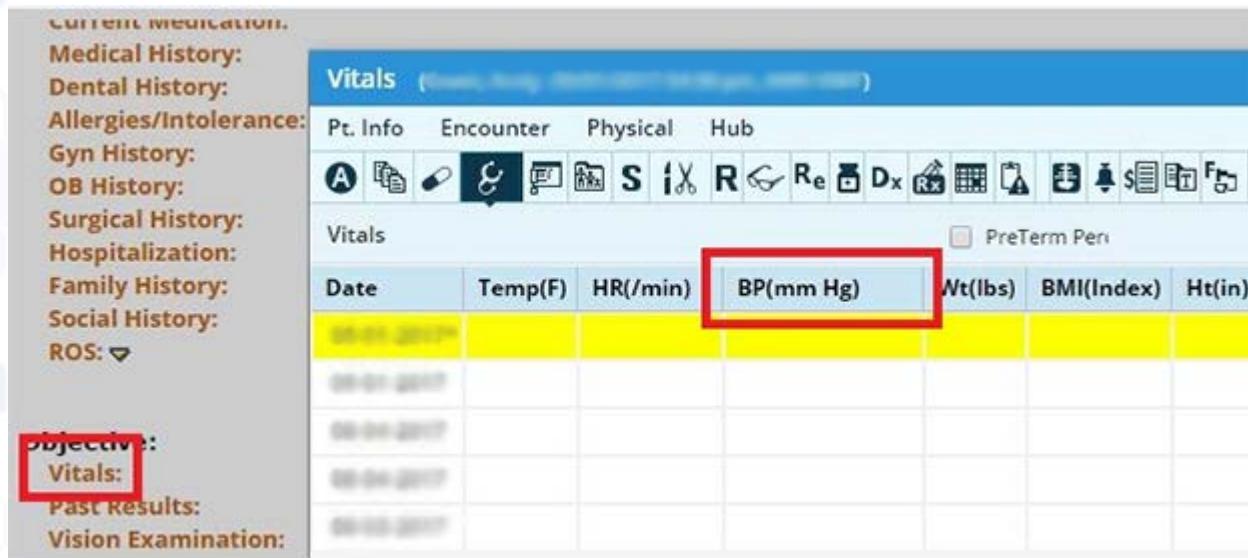
Note: If the diagnosis is added to the Assessments section, the report considers the encounter date. If the diagnosis is added to the Problem List, the report considers the Onset date and the status cannot be *Resolved*.

AND

Path: Progress Notes > Vitals

Record the blood pressure reading in the Vitals section of the Progress Notes.

Note: The report accounts for independent systolic and diastolic readings from the most recent encounter. If the blood pressure is recorded more than once within the same encounter, the report will look for the systolic reading that is <140 and diastolic reading that is <90 independently.



The screenshot shows the 'Vitals' section of the eClinicalWorks EMR. On the left, a sidebar lists medical history sections: Current Medications, Medical History, Dental History, Allergies/Intolerance, Gyn History, OB History, Surgical History, Hospitalization, Family History, Social History, and ROS. Below this is an 'Objective' section with 'Vitals' highlighted, also with a red box. The main 'Vitals' screen has a header with tabs: Pt. Info, Encounter, Physical, and Hub. Below the header is a toolbar with various icons. The data entry grid is titled 'Vitals' and includes columns for Date, Temp(F), HR(/min), BP(mm Hg), Wt(lbs), BMI(Index), and Ht(in). The 'BP(mm Hg)' column is highlighted with a red box. The first row of the grid is yellow, and the second row is white, showing a date of 08-01-2017.

Date	Temp(F)	HR(/min)	BP(mm Hg)	Wt(lbs)	BMI(Index)	Ht(in)
08-01-2017						
08-01-2017						
08-01-2017						
08-01-2017						
08-01-2017						

Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria of any of the following exclusions are met:

- [Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Dialysis Therapies or Transplants](#)
- [Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Hospice Care](#)
- [Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Pregnancy, Renal Disease, or Kidney Transplant Recipient](#)

Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Dialysis Therapies or Transplants

Path:

- *Progress Notes > Surgical History*
- *Progress Notes > Procedure Codes*

Patients who have had a procedure related to renal disease recorded prior to the end of the measurement period are excluded from the measure. The CPT* code for these services must be documented in the Surgical History section or the Billing window of the Progress Notes.

The following table lists the applicable CPT codes for these procedures:

Procedure	CPT Code
Vascular Access for Dialysis	36147, 36148, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831, 36832, 36833
ESRD Monthly Outpatient Services	90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512
Kidney/Renal Transplant	50300, 50320, 50340, 50360, 50365, 50370, 50380, S2065
Dialysis Services	G0257, 90935, 90937, 90940, 90945, 90947, 90957, 90958, 90959

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Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Hospice Care

Path: *Progress Notes > HPI*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Pregnancy, Renal Disease, or Kidney Transplant Recipient

Path: *Progress Notes > Assessments*

Patients who are pregnant and have a pregnancy ICD documented in a set of their Progress Notes during the measurement period or, are diagnosed with ESRD or stage five CKD, or are kidney transplant recipients must have the ICD code recorded in the Assessments section of the Progress Notes or on the Problem List in the measurement period to be excluded from the measure.

The following table lists the applicable ICD codes for these conditions:

Diagnosis	ICD Code
Pregnancy	For a complete list of applicable pregnancy ICD codes, refer to Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusion: Pregnancy .
ESRD	ICD-10: N18.6; ICD-9: 585.6
Stage Five CKD	ICD-10: N18.5; ICD-9: 585.5
Kidney Transplant Recipient	ICD-10: Z94.0; ICD-9: V42.0

Generating the Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 7 – Section B: Hypertension by Race and Hispanic/Latino Ethnicity report:

1. From the UDS Encounter-Based package, click *Table 7 – Section B: Hypertension by Race and Hispanic/Latino Ethnicity* report.

The Table 7 – Section B prompt page displays:

Date Range:

Reporting Year:

Include Non-billable Visits:
 No Yes

Report Type:
 Summary Detail Exclusion Bad Data: Onset Date

Facility:
 Boca South Health Center 10 Health Center 12 Health Center 3 Health Center 6 Surgery Center Westborough Medical Assoc - Telehealth Westborough Medical Associates

Provider:
 Jones, Mary Smith, John Willis, Sam

Exclude Visit Type:

Results:

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.

Filter	Description
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Report Output

The following image is an example of the Table 7 – Section B: Hypertension by Race and Hispanic/Latino Ethnicity report output:

Table 7 - Section B: Health Outcomes and Disparities Jan 1, 2010 - Jul 8, 2020

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates
Provider: Jones, Mary | Smith, John | Willis, Sam

Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino			
a. Asian	1	1	0
b2. Other Pacific Islander	1	1	1
e. White	1	1	1
Subtotal Hispanic/Latino	3	3	2
Non-Hispanic/Latino			
b1. Native Hawaiian	1	1	1
b2. Other Pacific Islander	1	1	0
e. White	1	1	0
Subtotal Non-Hispanic/Latino	3	3	1
Unreported/Refused to Report Ethnicity			
h. Unreported/Refused to Report Race and Ethnicity	4	4	3
Summary	10	10	6

☒ Top ☒ Page up ☒ Page down ☒ Bottom

To view more details about the report, click *Page Down*.

The report details display:

Table 7 - Section B: Health Outcomes and Disparities - Detail Jan 1, 2010 - Jul 8, 2020							
Section B: Hypertension by Race and Hispanic/Latino Ethnicity							
Ethnicity: Hispanic/Latino							
Account No	Patient Name	Race and Ethnicity	Date of Birth	Gender	Demographic PCP	Demographic Rendering Provider	Numerator
9298	[REDACTED]	a. Asian	Jun 6, 1990	male			Non Compliant
9318	[REDACTED]	b2. Other Pacific Islander	Jan 1, 1995	female			Compliant
9323	[REDACTED]	e. White	Jan 21, 1986	male			Compliant
Hispanic/Latino							3
Ethnicity: Non-Hispanic/Latino							
Account No	Patient Name	Race and Ethnicity	Date of Birth	Gender	Demographic PCP	Demographic Rendering Provider	Numerator
9315	[REDACTED]	b1. Native Hawaiian	Jan 1, 1999	male			Compliant
9294	[REDACTED]	b2. Other Pacific Islander	Jul 26, 1992	female			Non Compliant
9118	[REDACTED]	e. White	Dec 13, 1960	male	Willis, Sam	Willis, Sam	Non Compliant
Non-Hispanic/Latino							3

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To view more details about the report, click *Page Down*.

The report details display:

Table 7 - Section B: Health Outcomes and Disparities - Excluded Patients Jan 1, 2010 - Jul 8, 2020				
Account No	Patient Name	Gender	Date of Birth	Age
9300	[REDACTED]	male	Sep 19, 1992	26
Summary				

The following describes the categorization of data in the Table 7 – Section B: Hypertension by Race and Hispanic/Latino Ethnicity report:

■ **Patient Race:**

- ◆ If a patient has more than one race category selected (races from 2 different categories selected), then the patient will display multiple times under each category
- ◆ If a patient has more than one race selected, but from the same category, then the patient displays in that category
- ◆ If a patient has only one race selected, the patient displays under the category of that race
- ◆ If no race is selected, then the patient displays under *Unreported/Refused to report*

Note: If a patient's race has not been edited after the V11 upgrade, the patient displays in the original category.

■ **Patient Ethnicity:**

- ◆ If a patient has either *Non-Hispanic/Latino* or *Unreported/Refused to Report* selected as their ethnicity, the patient displays under the respective group
- ◆ If a patient has an ethnicity selected other than *Non-Hispanic/Latino* or *Unreported/Refused to Report*, the patient displays under *Hispanic/Latino*
- ◆ If a patient has more than one ethnicity selected other than *Non-Hispanic/Latino* or *Unreported/Refused to Report*, the patient displays under *Hispanic/Latino*
- ◆ If a patient has more than one ethnicity selected, and one is *Non-Hispanic/Latino* or *Unreported/Refused to Report*, the priority is:
 - Non-Hispanic/Latino
 - Unreported/refused to report
 - Declined to specify
 - Hispanic/Latino

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity

The Table 7 - Section C: Diabetes by Race and Hispanic/Latino Ethnicity report displays patients 18 – 75 years old with diabetes who had a hemoglobin A1c (HbA1c) >9.0% during the measurement period or who had no test conducted during the measurement period.

Note: This measure aligns with CMS eCQM No. CMS122v8.

Numerator - Patients whose most recent HbA1c level performed during the measurement period is >9.0% or who had no test conducted during the measurement year.

Denominator - Patients 18 - 75 years old (born between 01/02/1946 - 01/01/2003) at the end of the reporting period with diabetes with a medical visit during the measurement period.

Exclusions – Patients in hospice care or patients diagnosed with frailty during the measurement period. For more information about these exclusions, refer to:

- ◆ [Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Exclusion: Hospice Care](#)
- ◆ [Appendix B: Frailty Exclusion](#)

For more information about Table 7 – Section C: Diabetes by Race and Hispanic/Latino Ethnicity, refer to the following sections:

- [Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Flowchart](#)
- [Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow](#)
- [Generating the Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Report](#)
- [Validation Reports for 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity](#)

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Flowchart

The following diagram depicts the Table 7 – Section C: Diabetes by Race and Hispanic/Latino Ethnicity reporting process:

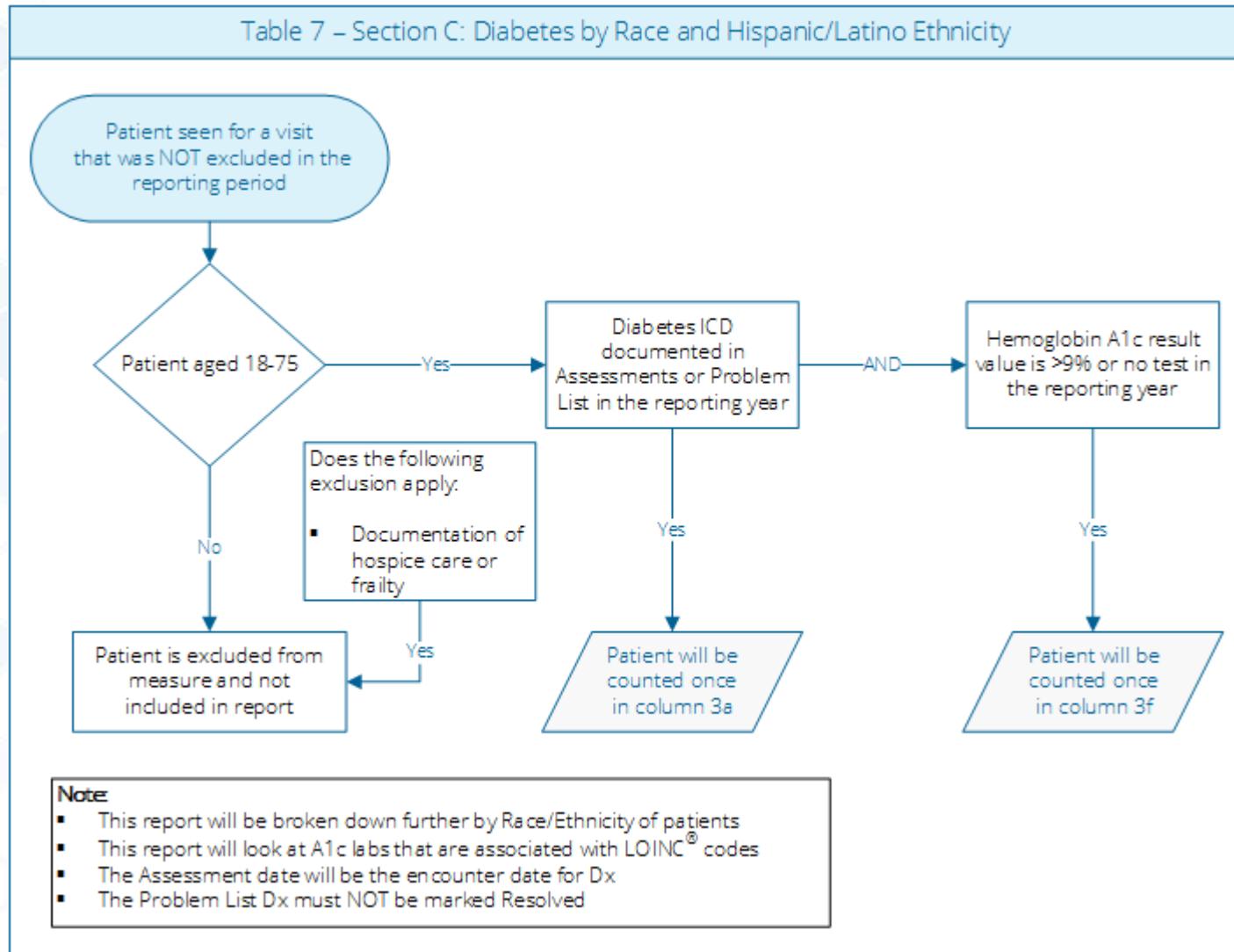


Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow

The following sections describe the Table 7 – Section C required workflows and the exclusion that excludes patients from the measure.

- [Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow: Hemoglobin A1c](#)
- [Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow: Gestational and Steroid-Induced Diabetes](#)

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow: Hemoglobin A1c

Path:

- *Progress Notes > Treatment > Labs*
- *Patient Hub > Labs*

Order an HbA1c lab in the Treatment section of the Progress Notes or from the Labs tab of the Patient Hub. The ordered lab must be marked as *Received* to be included in the measure.

Note: The *Result Date* of the HbA1c date must be within the measurement period to be considered.

Link one of the following LOINC codes to the HbA1c lab: 17856-6, 4548-4, 4549-2.

Note: For more information about linking LOINC codes to lab attributes, refer to [Linking LOINC Codes to Lab Attributes](#).

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow: Gestational and Steroid-Induced Diabetes

Path:

- *Progress Notes > Assessments*
- *Progress Notes > Assessments > Problem List*

For the list of the applicable diabetes ICD codes, refer to section [Table 7 - Section C: Gestational and Steroid-Induced Diabetes](#) in [Appendix A: List of Referenced ICD Codes](#).

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Exclusions

Patients who may otherwise meet the criteria detailed in this measure are excluded from the denominator when the criteria of the following exclusion is met.

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Exclusion: Hospice Care Path: *Progress Notes > HPI*

Patients who were in hospice care during the measurement period are excluded from the denominator when the care is documented under the HPI section of the Progress Notes.

For more information about documenting the hospice care exclusion, refer to [Table 6B - Section C - Childhood Immunization Exclusions – Hospice Care](#).

Generating the Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Report

Path: Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder

To generate the Table 7 – Section C: Diabetes by Race and Hispanic/Latino Ethnicity report:

1. From the UDS Encounter-Based package, click *Table 7 – Section C: Diabetes by Race and Hispanic/Latino Ethnicity* report.

The Table 7 – Section C prompt page displays:

Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity (CMS122v9): Prompt Page

Date Range:

Reporting Year:

Include Non-billable Visits:
 No
 Yes

Report Type:
 Summary
 Detail
 Exclusion
 Bad Data: Onset Date

Facility:
 Boca South
 Health Center 10
 Health Center 12
 Health Center 3
 Health Center 6
 Surgery Center
 Westborough Medical Assoc - Telehealth
 Westborough Medical Associates

Provider:
 Jones, Mary
 Smith, John
 Willis, Sam

Exclude Visit Type:

Results:

Choice:
 None

Buttons: OK, Cancel

2. Make the appropriate selections on the prompt page to generate the report:

Filter	Description
Date Range	Click the calendar icons to select the <i>Date Range</i> . OR Click the <i>Date-Range</i> drop-down to select a predefined time frame.
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Reporting Year	Select the <i>Reporting Year</i> from the drop-down list.
Report Type	Check the applicable <i>Report Type</i> boxes.

Filter	Description
Exclude Visit Type	Select the visit types that do not qualify for UDS from the <i>Exclude Visit Type</i> field.

3. Click *OK*.

The report is generated.

Sample of Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Report Output

The following image displays a sample of the Table 7 – Section C: Diabetes by Race and Hispanic/Latino Ethnicity report output:

Table 7 - Section C: Health Outcomes and Disparities Jan 1, 2010 - Jul 8, 2020			
Section C: Diabetes by Race and Hispanic/Latino Ethnicity			
Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
Hispanic/Latino			
c. Black/African American	1	1	0
d. American Indian/Alaska Native	1	1	1
e. White	1	1	1
Subtotal Hispanic/Latino	3	3	2
Non-Hispanic/Latino			
b1. Native Hawaiian	3	3	3
b2. Other Pacific Islander	2	2	2
d. American Indian/Alaska Native	1	1	1
e. White	6	6	6
f. More than One Race	1	1	1
g. Unreported/Refused to Report Race	4	4	4
Subtotal Non-Hispanic/Latino	17	17	17
Unreported/Refused to Report Ethnicity			
h. Unreported/Refused to Report Race and Ethnicity	20	20	19
Summary	40	40	38

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To view more details about the report, click *Page Down*.

The report details display:

Table 7 - Section C: Health Outcomes and Disparities - Detail Jan 1, 2010 - Jul 8, 2020
Section C: Diabetes by Race and Hispanic/Latino Ethnicity

Total Patients for A1c <=9:	2	Total Patients for A1c >9:	4	Total Patients for A1c:	34
-----------------------------	---	----------------------------	---	-------------------------	----

Ethnicity: Unreported/Refused to Report

Account No	Patient Name	Race	Gender	Date of Birth	HbA1c Result Date	HbA1c Value	Demographic PCP	Demographic Rendering Provider
11413		unreported/refused to report race and ethnicity	male	Jul 12, 1977			Willis, Sam	Willis, Sam
11425			male	Jul 4, 1972				
11437			female	Aug 10, 1889			Jones, Mary	Jones, Mary
11441			male	May 1, 1973				
11446			male	Aug 9, 1987				
11473			male	Sep 2, 1946	Sep 19, 2019	9.10		
11493			male	Oct 18, 1981				
11500			female	Jan 1, 1977				
11506			male	Oct 1, 1979	Oct 18, 2019	9.00		
11507			female	Oct 2, 1889	Oct 18, 2019	9.20		
11523			male	Dec 8, 1997				
11527			male	Aug 23, 2000	Dec 12, 2019	12.00		
11571			male	Feb 5, 1990				
2			male	Nov 11, 1953			Willis, Sam	Willis, Sam
85			male	Apr 12, 1981			Willis, Sam	Willis, Sam
9120			female	Nov 5, 1988			Willis, Sam	Willis, Sam
9316			male	Dec 31, 1999				
9317			male	Jan 1, 2000				
9324			male	Jan 1, 2000	Oct 8, 2018			
9366			male	Oct 1, 1979				
Unreported/Refused to Report								20
Summary								40

The following describes the categorization of data in the Table 7 – Section C: Diabetes by Race and Hispanic/Latino Ethnicity report:

■ **Patient Race:**

- ◆ If a patient has more than one race category (races from two different categories selected), then the patient will display multiple times under each category
- ◆ If a patient has more than one race selected, but from the same category, then the patient displays in that category
- ◆ If a patient has only one race selected, the patient displays under the category of that race
- ◆ If no race is selected, then the patient displays under *Unreported/Refused to report*

Note: If a patient's race has not been edited after the V11 upgrade, the patient displays in the original category.

- **Patient Ethnicity:**
 - ◆ If a patient has either *Non-Hispanic/Latino* or *Unreported/Refused to Report* selected as their ethnicity, the patient displays under the respective group
 - ◆ If a patient has an ethnicity selected other than *Non-Hispanic/Latino* or *Unreported/Refused to Report*, the patient displays under *Hispanic/Latino*
 - ◆ If a patient has more than one ethnicity selected other than *Non-Hispanic/Latino* or *Unreported/Refused to Report*, the patient displays under *Hispanic/Latino*
 - ◆ If a patient has more than one ethnicity selected, and one is *Non-Hispanic/Latino* or *Unreported/Refused to Report*, the priority is:
 - Non-Hispanic/Latino
 - Unreported/refused to report
 - Declined to specify
 - Hispanic/Latino

Validation Reports for 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > Public Folders > UDS > Exception Folder*

Validation reports can be found in the Exception Reports folder in the UDS package.

The following reports are the validation reports for Table 7 – Section C:

- *HbA1c Labs with LOINC codes* – the HbA1c labs linked to LOINC Codes
- *BAD Data: HbA1c Values and Labs Not Marked as Received* - lists the HbA1c labs that are not marked *Received*

Table 9D

The Table 9D report displays a total of revenue generated by Federally Qualified Health Centers (FQHC) within the reporting year. This table provides information on charges, payments, contractual allowances, bad debt, and sliding fee adjustments grouped by payer groups.

For more information about Table 9D – Patient Related Revenue, refer to the following sections:

- [Table 9D Workflow](#)
- [Table 9D Workflow - Generating the Table 9D Report](#)

Table 9D Workflow

The information collected for this report is retrieved from the claims generated in eClinicalWorks. Each column of the report displays values collected from different claim scenarios.

For a detailed explanation of the report and its requirements, refer to [Analysis of Table 9D Report Output](#).

Table 9D Workflow - Generating the Table 9D Report

Path: *Main Menu > eCW Menu > Reports tab > eBO Reports > UDS Encounter folder*

To generate the Table 9D: Patient Related Revenue report:

1. From the UDS Encounter-Based package, click *Table 9D: Patient Related Revenue* report.

The Table 9D prompt page displays:

Table 9D: Prompt Page

Data Range:
Custom Date
Jan 1, 2021 - Jul 14, 2021

Facility:
 Boca South
 Health Center 10
 Health Center 12
 Health Center 13
 Health Center 15
 Health Center 16
 Health Center 17
 Health Center 18
 Surgery Center
 Westborough Medical Assoc - Telehealth
 Westborough Medical Associates

Provider:
 Jones, Mary
 Smith, John
 Willis, Sam

Bad Debt Adjustments:
 Adjustment
 Co-pay not required for post operative global period
 Financial code to pt
 PD
 Visionplan Adjustment
 WRITE OFF OLD SYSTEM

Sliding Fee Adjustment Codes:
 Adjustment
 Co-pay not required for post operative global period
 Financial code to pt
 PD
 Visionplan Adjustment
 WRITE OFF OLD SYSTEM

Note: Do Not Assign Insurances to More than One Group

- 1. Medicaid Non Managed Care:
- 2b. Medicaid Managed Care (fee for service):
- 5a. Medicare Managed Care (capitated):
- 7. Other Public Including Non-Medicaid CHIP (Non Managed Care):
- 8b. Other Public Including Non-Medicaid CHIP (Managed Care fee-for-service):
- 10. Private Non-Managed Care:
- 11a. Private Managed Care (capitated):
- 13. Self Pay:
- 2a. Medicaid Managed Care (capitated):
- 4. Medicare Non-Managed Care:
- 5b. Medicare Managed Care (fee for service):
- 8a. Other Public Including Non-Medicaid CHIP (Managed Care Capitated):
- 8c. Other Public, Including COVID-19 Uninsured Program:
- 11b. Private Managed Care (fee-for-service):
- G Code/s (PPS):

2. Make the appropriate selections on the prompt page to generate the report:

Filter/Field	Description
Date Range	<p>Click the calendar icons to select a date range.</p> <p>OR</p> <p>Click the drop-down to select a predefined time frame. For example, January 1, 2019 – December 31, 2019</p>

Filter/Field	Description
Facility	Select the facilities that participate in UDS from the <i>Facilities</i> field.
Provider	Select all qualified providers from the <i>Providers</i> field.
Group by Insurance or Insurance Group	Select the <i>Insurance</i> or <i>Insurance Group</i> radio button. Note: The insurance or insurance group cannot be in multiple categories, or the data will be duplicated.
Bad Debt Adjustment	Select the <i>Bad Debt Adjustments</i> codes.
Sliding Fee Adjustment Codes	Select the <i>Sliding Fee Adjustment Codes</i> .

3. Complete the expandable options that may be required by selecting the insurances in the available categories:

Note: Do Not Assign Insurances to More than One Group

- + • 1. Medicaid Non Managed Care:
- + • 2b. Medicaid Managed Care (fee for service):
- + • 5a. Medicare Managed Care (capitated):
- + • 7. Other Public including Non-Medicaid CHIP (Non Managed Care):
- + • 8b. Other Public including Non-Medicaid CHIP (Managed Care fee-for-service):
- + • 11a. Private Managed Care (capitated):
- + • 13. Self Pay:
- + • 2a. Medicaid Managed Care (capitated):
- + • 4. Medicare Non-Managed Care:
- + • 5b. Medicare Managed Care (fee for service):
- + • 8a. Other Public including Non-Medicaid CHIP (Managed Care Capitated):
- + • 10. Private Non-Managed Care:
- + • 11b. Private Managed Care (fee-for-service):
- + • G Code/s (PPS):

ONLY IF you have created Write-off Adjustments for Insurances, CLICK HERE!

UDS 2020

For example, select the *PPS/G Code(s)* to be excluded from the report from the Medicare.

Note: Prospective Payment System (PPS) is a predetermined Medicare payment amount. To submit these charges to Medicare, additional CPT* codes are typically added to the claim. This prompt enables the exclusion of the PPS CPT codes from the full charge calculation.

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Note: After expanding an option, in the *Search* field, enter the percent symbol (%) to generate a list in the results box. Select an option from the Results list and click *Insert* to move the selected insurance into the *Choice* box.

4. Click *OK*.

The report is generated.

Sample of Table 9D Report Output

The following image displays a sample of the Table 9D report output:

Table 9D Jul 8, 2010 - Jul 8, 2020									
Facility: Boca South, Surgery Center, Westborough Medical Assoc - Telehealth, Westborough Medical Associates Provider: Jones, Mary Smith, John Willis, Sam									
Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation/Wrap around Current Year (c1)	Collection of Reconciliation/Wrap around Previous Years (c2)	Collection of Other Retroactive Payments including Risk Pool/Incentives/Withhold (c3)	Penalty/Payout (d)	Allowances (d)	Sliding Discounts (e)	Bad Debt Write-off (f)
10. Private Non-Managed Care	26,421.23	1,826.87					16,228.24	0.00	0.00
13. Self Pay	21,910.05	1,404.00					103.64	1,598.22	1,598.22
Summary	48,331.28	3,230.87					16,331.88	1,598.22	1,598.22
Total G Code Charge (PPS) (Included in Charge Column):									

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To view more details about the report, click *Page Down*.

The report displays:

Table 9D - Detail Jul 8, 2010 - Jul 8, 2020							
Payer Category	Claim No	Insurance	Full Charges This Period (a)	Amount Collected This Period (b)	Allowances (d)	Sliding Discounts (e)	Bad Debt Write-off (f)
13. Self Pay	1,759	Self Pay	21.10	0.00	0.00	0	0
	1,760	Self Pay	0.00	0.00	0.00	0	0
	1,761	Self Pay	0.00	0.00	0.00	0	0
	1,762	Self Pay	0.00	0.00	0.00	0	0
	1,763	Self Pay	-768.90	0.00	0.00	0	0
	1,764	Self Pay	768.90	0.00	0.00	0	0
	1,766	Self Pay	21.10	0.00	0.00	0	0
	1,767	Self Pay	21.10	0.00	0.00	0	0
	1,768	Self Pay	20.39	0.00	0.00	0	0
	1,769	Self Pay	20.39	0.00	0.00	0	0
	1,770	Self Pay	21.10	0.00	0.00	0	0
	1,771	Self Pay	21.10	0.00	0.00	0	0
	1,772	Self Pay	21.10	0.00	0.00	0	0
	1,773	Self Pay	21.10	0.00	0.00	0	0
	1,774	Self Pay	21.10	0.00	0.00	0	0
	1,775	Self Pay	21.10	0.00	0.00	0	0
	1,776	Self Pay	21.10	0.00	0.00	0	0
	1,777	Self Pay	21.10	0.00	0.00	0	0
	1,778	Self Pay	21.10	0.00	0.00	0	0
	1,779	Self Pay	21.10	0.00	0.00	0	0
13. Self Pay			21,810.05	1,404.00	103.64	1,598.22	1,598.22
Summary			48,331.28	3,230.87	16,331.88	1,598.22	1,598.22

Analysis of Table 9D Report Output

This section provides a detailed analysis of the Table 9D report output by column:

- **Payer Category** - The grouping values in the Payer Category column are associated to the insurance grouping options selected from the prompt page.
- **Full Charges This Period (a)** - This column reports all charges during the reporting period. Charges are based on claim service date.

Charges are recalculated for secondary charges:

All payments + contractual adjustments + insurance withheld - refund = a payer's charge against a claim.

The Bill-To flag is then considered when determining which payer to distribute the remaining balance of the claim:

Claim

Claim No: [redacted] Service Date: 02/02/2009 Appt Facility: [redacted] POS: 11 Billing: [redacted]
Claim Date: 02/02/2009 Servicing Provider: [redacted] Rendering: [redacted]
Resource: [redacted] Supervisor: [redacted]
Copay: 25.00 Pt. Uncovered Amt: 15.00 Claim Status: Patient

ICD & CPT Insurances & Payment Additional Information

Bill To Patient

Bill To	Ins Id	Name	State	Subscriber No	Rel	Insured	Group No
P	3	UNITED Healthcare				1	

Payments / Adjustments / Refunds (3)

#	Id	Date	From	Allowed	Deduct	Colns	Copay	Paid	Adjust	Withheld	Code
1		02/02/2009	Patient	0.00	0.00	0.00	0.00	25.00	0.00	0.00	
2		02/03/2009	UNITED He...	160.00	0.00	0.00	0.00	120.00	105.00	0.00	
3		07/17/2018	Patient	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Summary

	Patient Portion	Total
Patient Responsibility	40.00	Charges 265.00
Payments	25.00	Payments/Adj 250.00
Balance	15.00	Balance 15.00

Error
Claims Logs
Suppressed Error

Header Data Option Print HCFA (02-12) Adjustments Prog. Notes OK Cancel

◆ **Example 1:**

- *Scenario:*

The claim's total charges = \$100.

Primary insurance has paid \$10 and the secondary insurance is marked as the *Bill To*.

- *Result:*

The Payer Category to which the primary insurance is associated displays the \$10 under the Full Charges this Period (a) column.

The Payer Category to which the secondary insurance is associated displays the remaining \$90 under the Full Charges this Period (a) column.

- ◆ **Example 2:**
 - *Scenario:*

The claim's total charges = \$100.
Primary insurance has paid \$10.
Secondary insurance has paid \$5, and the patient is marked as the *Bill To*.
 - *Result:*

The Payer Category to which the primary insurance is associated displays the \$10 under the Full Charges this Period (a) column.
The Payer Category to which the secondary insurance is associated displays with \$5 under the Full Charges this Period (a) column.
The 13. *Self Pay* Payer Category displays with the remaining \$85 under the Full Charges this Period (a) column.
- ◆ **Charges** – Report the total billed charges for each payer source on the claim. This initially reflects the total charges on the claim for the payer to which the claim is billed. As the payer pays the billed charge and the billed-to changes, the rest of the balance on the claim should move to the next billed-to payer.

If a patient has more than one insurance on the claim, a charge is against the first payer who can deny the total or some portion of the charge. The report then moves the rest of the balance to secondary insurance and to tertiary insurance if it exists, and eventually to the patient (self-pay category).
- ◆ **PPS Code (or G code) Exclusion on Charges:** The report has a CPT* prompt on the prompt page. The practice will enter the PPS/G code that is used in the prompt for the *PPS Charges*, and the output will have a separate line for *Total PPS Charge*.

Note:

- For practices that have CAS Code Configuration for PPS/G Codes:
 - ◆ Refer to report 37.08 or 371.02
 - ◆ Filter for PPS (G Codes) on the prompt page
 - ◆ Run the report by Service Date
 - ◆ Get the total G code charges for the reporting year
 - ◆ Subtract the G code charges from the charge on the 9D report
- For practices that do not have CAS Code Configuration for PPS/G Codes and instead create write-offs for these codes, the report charges remain the same

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- ◆ **Validation** - The total at the bottom of the column should match the total Billed Charges from report 36.14 – *Financial Analysis at Claim Level (With Everything)* when the following prompt options are selected:
 - Select the Same Date Range from the Date prompt.
 - Select *Service Date* from the Transaction Type prompt.
 - Select *Associated* from the Payment Transactions prompt.
- **Amount Collected This Period (b)** - Report total payment collected in the reporting period, regardless of when the service was provided. Classify payments based on where the payer was mapped on the prompt page. Any payment by Patient will be listed in the *Self-Pay* category. Amounts collected this period (payments) are based on transaction date.
 - ◆ **Validation** - The total at the bottom of the column should match the total from the Payment column on report 36.14 – *Financial Analysis at Claim Level (With Everything)* when the following prompt options are selected:
 - Select the same date range from the Date prompt.
 - Select *Claim Date* from the Transaction Type prompt.
 - Select *Unassociated* from the Payment Transactions prompt.
 - Select *Insurance* from the Group 1 drop-down list. This selection will list all the insurance names to consider for calculations at the Payer Category grouping level. Otherwise, match only the total at the bottom of the column.
- **Columns C1, C2, C3, and C4** – eClinicalWorks does not provide any totals for these columns.
- **Allowances (d)** - The difference between the amount that the health center charges for a service and the maximum amount that an insurance company has agreed to pay for said service is known as an allowance (*i.e.*, contractual adjustment). This column reports the allowances per payer category. Allowances are based on transaction date.
 - ◆ **Validation** - The total at the bottom of the column should match the total from the Contractual column on report 36.14 – *Financial Analysis at Claim Level (With Everything)* when the following prompt options are selected:
 - Select the same date range from the Date prompt.
 - Select *Claim Date* from the Transaction Type prompt.
 - Select *Unassociated* from the Payment Transactions prompt.
 - Select *Insurance* from the Group 1 drop-down list; this will display all insurance names to consider for calculations at the Payer Category grouping level. Otherwise, match only the total at the bottom of the column.

- **Sliding Discounts (e)** - For patients that do not meet certain identified federal poverty levels, charges are discounted based on a health center's sliding discount policy to better align with patients' ability to pay. This column reports the amount that has been discounted based on the health center's sliding discount policy.

Sliding discounts are always at the patient level and therefore will be reflected in the Payer Category row - 13. *Self-Pay*. The values associated to this column are mapped using the Sliding Fee Adjustment Codes prompt. Sliding discounts are based on the claims' service date.

- ◆ **Validation** - The total at the bottom of the column should match the total from the Adjustment Amount column on the report 121.03 – *Adjustment by User* when the following prompt options are selected:

- Select the same date range from the Date prompt.
- Select *Service Date* from the Transaction Type prompt.
- Select *Associated* from the Payment Transactions prompt.
- Select the same adjustment codes associated to sliding discounts from the Adjustment Code prompt.

- **Bad Debt Write-Off (f)** - This column reports amounts defaulted by patients. Therefore, the bad debt write-off amount will always display in the Payer Category row - 13. *Self-Pay*.

The values associated to this column are mapped using the Bad Debt Adjustments prompt.

Bad debt is based on transaction date.

- ◆ **Validation** - The total at the bottom of the column should match the total from the Adjustment Amount column on the report 121.03 – *Adjustment by User* when the following prompt options are selected:

- Select the same date range from the Date prompt.
- Select *Claim Date* from the Transaction Type prompt.
- Select *Unassociated* from the Payment Transactions prompt.
- Choose the same adjustment codes associated to bad debt write-offs from the Adjustment Code prompt.

ADDENDUM

The following sections provide additional information about the following topics mentioned throughout this guide:

- Community Mapping
- Linking LOINC Codes to Lab Attributes
- Mapping CVX Codes to Immunizations
- Building Structured Data Questions

Community Mapping

Path: *Main Menu > eCW Menu > Community tab > Mapping*

To map to community items:

1. In the eClinicalWorks application, click *Mapping* from the Community menu.
2. Select the category (*Structured Data, Specialties, Diagnostic Imaging, Procedures*).
 - a. Locate the item on the community side.
 - b. Locate the item on the local side:

The screenshot shows the 'Community DI Mapper' window. The left sidebar has tabs for 'Labs', 'DI' (which is selected), 'Procedures', 'Structured Data', and 'Speciality'. The main area is divided into 'COMMUNITY' and 'LOCAL' panes. In the 'COMMUNITY' pane, there is a 'Lookup' field containing 'colon' with a clear button 'x'. In the 'LOCAL' pane, there is also a 'Lookup' field containing 'colon' with a clear button 'x'. Below these panes are tables for 'ORDER NAME' and 'COMMUNITY LINK'. The 'LOCAL' table shows a row with 'colonoscopy' and 'Colonoscopy'. At the bottom, there are buttons for 'Previous', 'Next', 'Clear All Association', 'Previous' (for the bottom row), 'Map' (which is highlighted with a red box), 'Next', and 'Close'.

3. Click *Map*.
4. Repeat Steps 1, 2, and 3 for the other items.

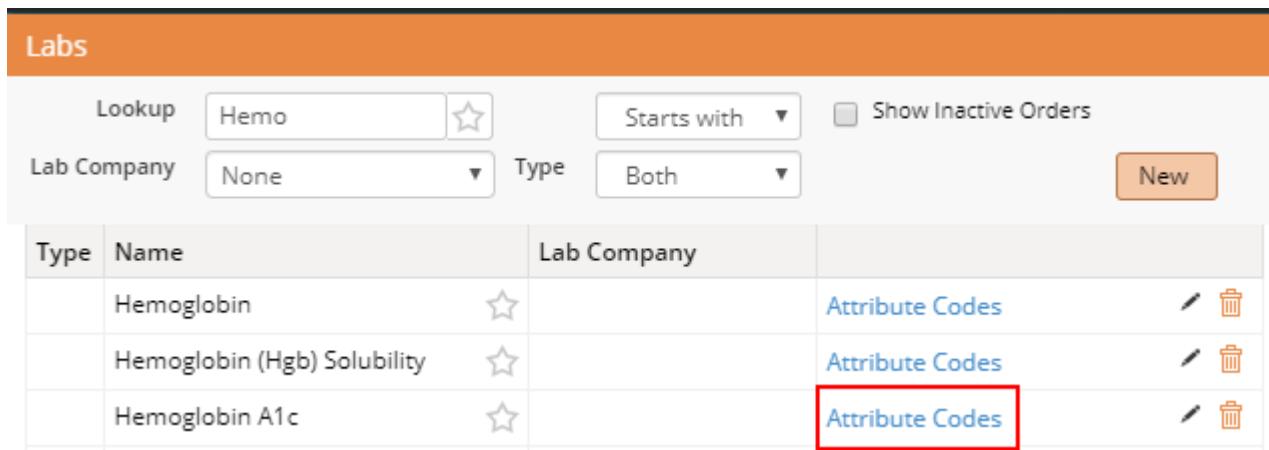
The items on the Local pane are successfully mapped to the community.

Linking LOINC Codes to Lab Attributes

Path: Main Menu > eCW Menu > EMR tab > Labs, DI, & Procedures > Labs

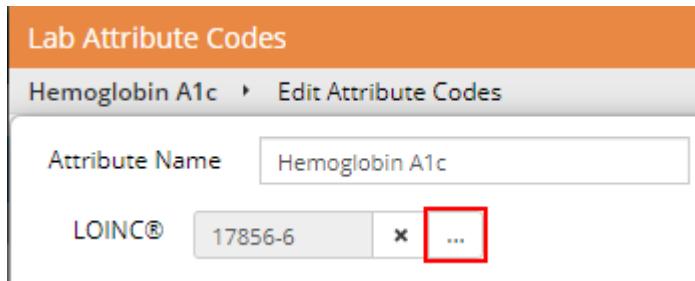
To link LOINC codes to lab attributes:

1. On the Labs window, search by lab name in the Lookup field.
Labs that meet the search criteria display.
2. Click *Attribute Codes* next to the applicable lab:



Type	Name	Lab Company	Attribute Codes	
	Hemoglobin	☆		/ ⚡
	Hemoglobin (Hgb) Solubility	☆		/ ⚡
	Hemoglobin A1c	☆	Attribute Codes	/ ⚡

3. Click the pencil icon next to the attribute.
The Edit Attribute Codes window opens.
4. Click the ellipsis next to *LOINC*:



Lab Attribute Codes

Hemoglobin A1c > Edit Attribute Codes

Attribute Name: Hemoglobin A1c

LOINC®: 17856-6

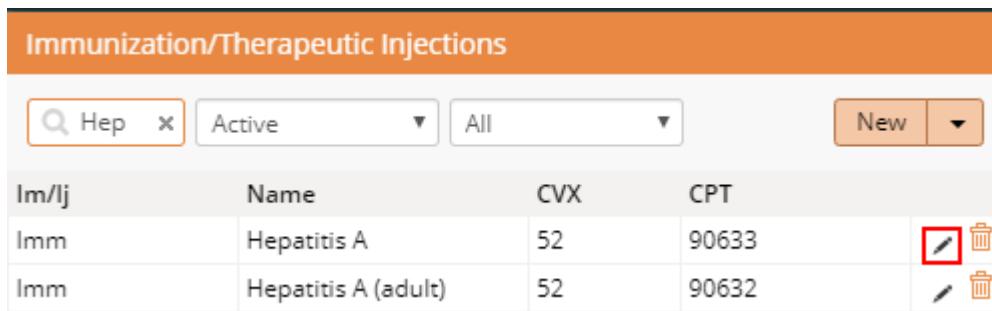
5. Search the code in the LOINC field.
6. Select the LOINC code and click *OK*.
The LOINC code is linked to the lab attribute.

Mapping CVX Codes to Immunizations

Path: Main Menu > eCW Menu > EMR tab > Immunizations/Therapeutic Injections > Immunizations/Therapeutic Injections

To map CVX codes to immunizations:

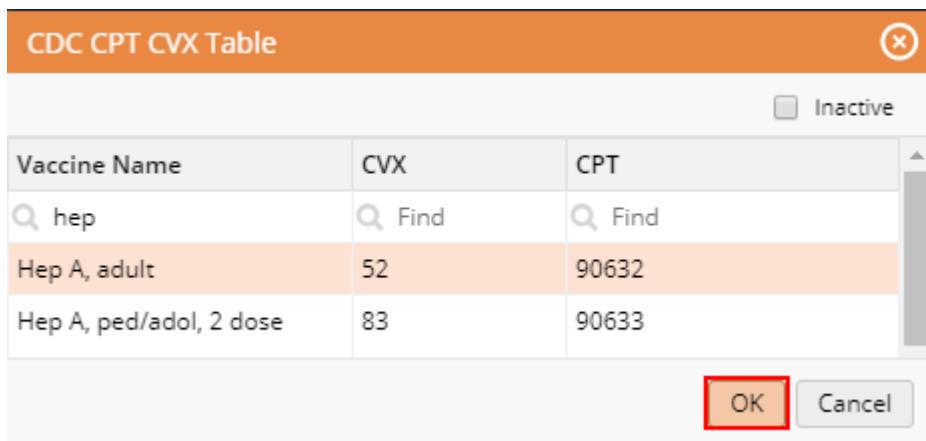
1. On the Immunizations/Therapeutic Injections window, search by name in the Find field. Immunizations that meet the search criteria display.
2. Click the pencil icon next to the applicable immunization:



Immunization/Therapeutic Injections			
Im/Ij	Name	CVX	CPT
Imm	Hepatitis A	52	90633
Imm	Hepatitis A (adult)	52	90632

The Update Immunizations window opens.

3. Click the ellipsis next to *CVX Code*.
4. Search by Vaccine Name or CVX in the respective Find fields.
5. Select the CVX code and click *OK*:



CDC CPT CVX Table		
Vaccine Name	CVX	CPT
hep	Find	Find
Hep A, adult	52	90632
Hep A, ped/adol, 2 dose	83	90633

The CVX code is mapped to the Immunization.

Building Structured Data Questions

The following sections describe the steps to build structured data questions in the Patient Information window and in sections of the Progress Notes.

Structured Data Questions – Patient Information

Path: *Patient Information > Additional Information*

To build structured data questions in the Patient Information window:

1. On the Patient Information window, click *Additional Information*.
The Additional Information window opens.
2. In the Structured pane, click *Custom*:

Name	Value	Notes
Occupation	▼	×
Do you smoke	×	×

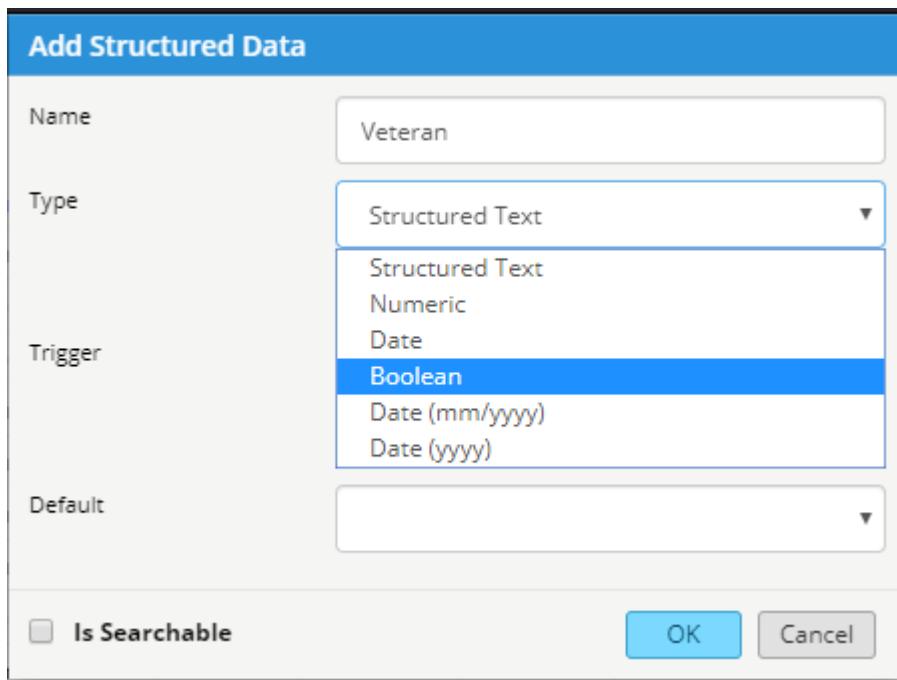
Custom

The Configure Structured Data window opens.

3. Click *Add*.

The Add Structured Data window opens.

4. Enter the *Name* and select the *Type*:



Name: Veteran

Type: Structured Text

Trigger: Boolean

Default:

Is Searchable

OK Cancel

5. *(Optional)* Check *Multi Select* to enable multi-select responses.

6. *(Optional)* Check *Mandatory* to make the question mandatory.

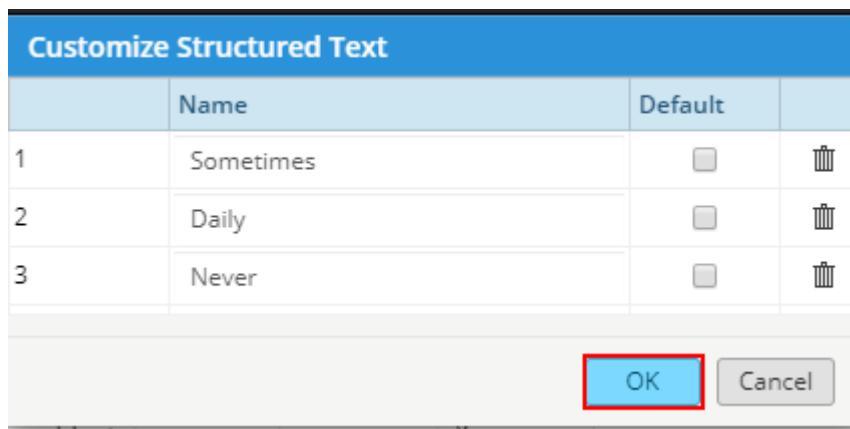
7. Click *OK*.

8. To customize Structured Text questions:

- Select the question from the list.
- Click *Customize Structured Text*.

The Customize Structured Text window opens.

- Enter the structured text options in the Name column.
- (Optional)* Click the *plus sign* (+) or press the *Enter* key to add a new line.
- Click *OK*:



	Name	Default	
1	Sometimes	<input type="checkbox"/>	
2	Daily	<input type="checkbox"/>	
3	Never	<input type="checkbox"/>	

OK Cancel

9. To add a child question:

- Click the *plus sign* (+) in the Action column:

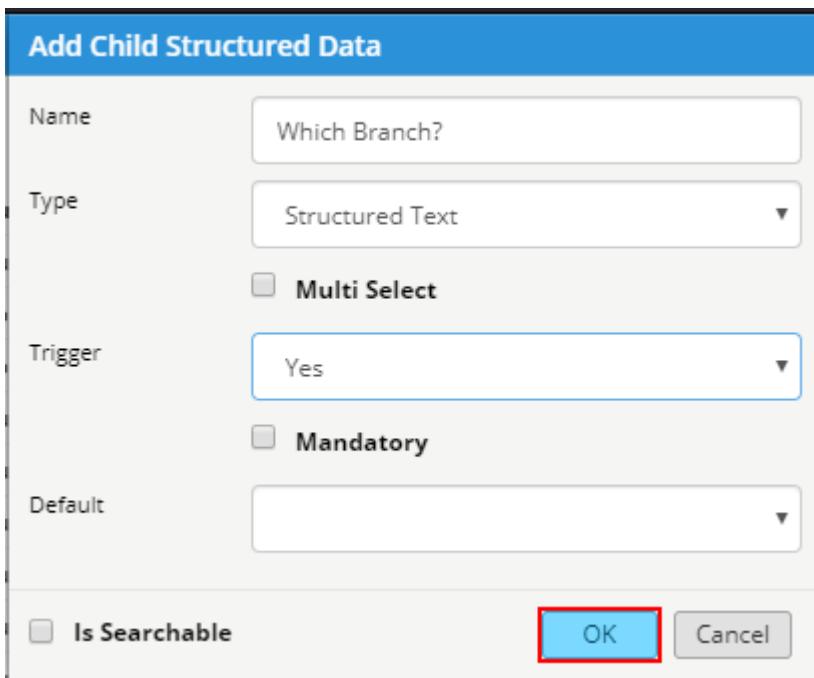


The Add Child Structured Data window opens.

- Enter the *Name*, select the *Type*, and select the *Trigger*.

Note: The option selected as the Trigger is the response that prompts the child question.

- Click *OK*:



The Structured Data questions are built in the Patient Information window.

Structured Data Questions – Progress Notes

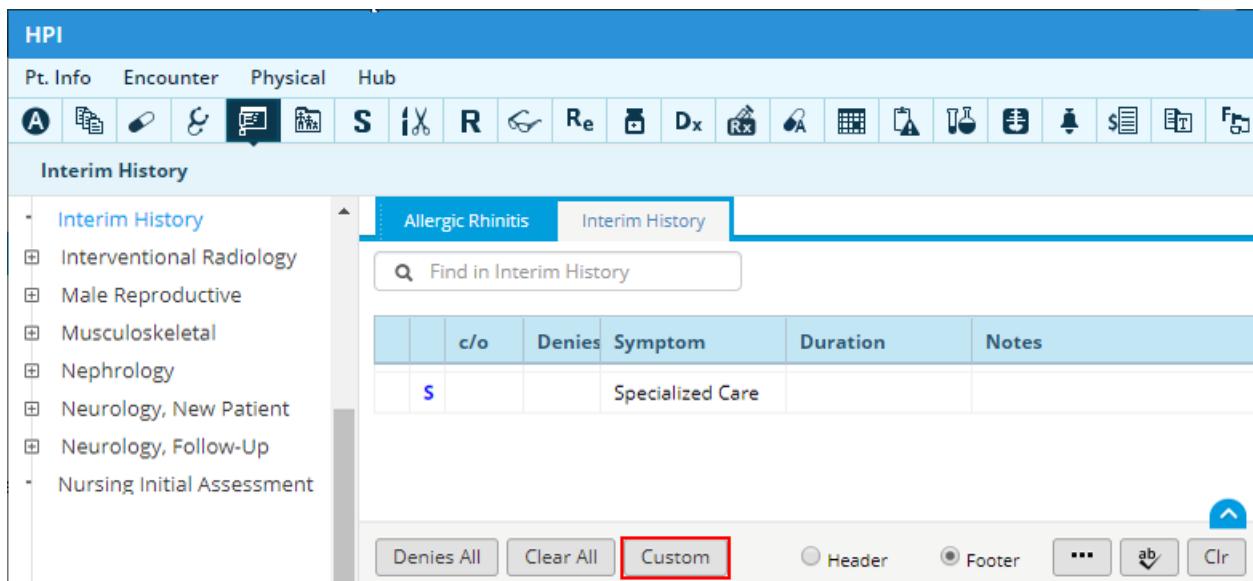
The following sections describe how to build structured data questions, child questions, and values in the HPI, Social History, Examination, and Preventive Medicine sections of the Progress Notes.

HPI Sections

Path: Progress Notes > HPI

To build structured data questions in the HPI section of the Progress Notes:

1. On the HPI window, select the Category from the right pane.
2. On the category tab, click *Custom*:

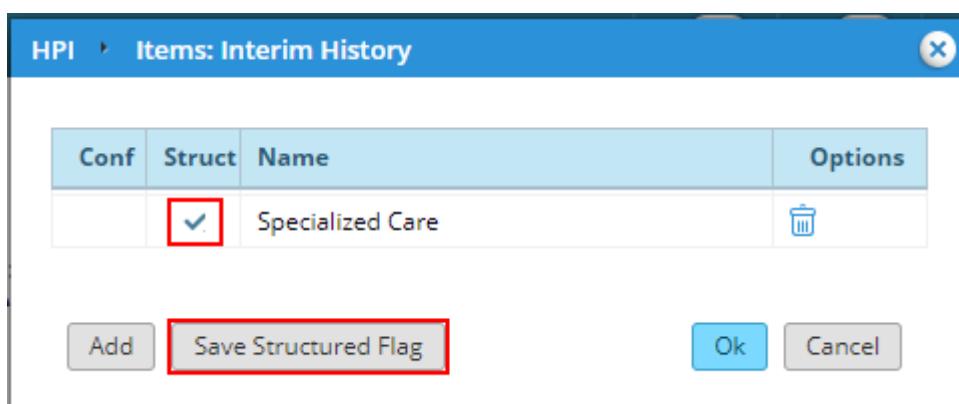


The Items window for the select category opens.

3. Click *Add*.
4. Enter the *Property Name* and click *OK*.
5. Click in the Structured column.

A check mark icon displays.

6. Click *Save Structured Flag*:



7. Click *OK*.

A blue or red S icon displays next to the added symptom:

- ◆ **Blue S icon** - indicates the structured data questions
- ◆ **Red S icon** - indicates that the structured data questions are mandatory to answer

8. To add structured data questions:

- a. Click in the Notes column next to the applicable symptom.

The Notes window opens.

- b. Click *Custom*.

The Configure Structured Data window opens.

- c. Follow Steps 3 – 9c of [Structured Data Questions – Patient Information](#) to add the structured data questions and values.

The structured data questions are built in the Progress Notes sections.

Social History, Examination, and Preventive Medicine Sections

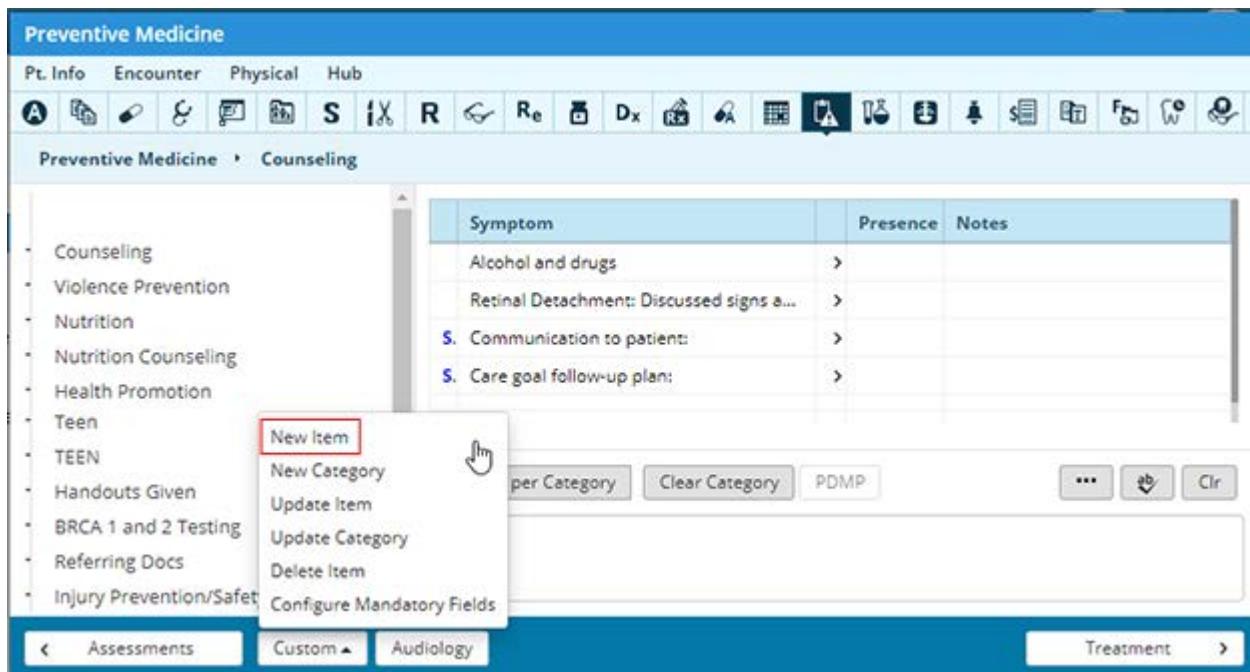
Path: *Progress Notes > Social History, Examination, or Preventive Medicine*

To build structured data questions in the Social History, Examination, or Preventive Medicine sections of the Progress Notes:

1. On the Social History, Examination, or Preventive Medicine window, select a category from the left pane.

The items configured for that category display on the right pane.

2. Click the *Custom* menu and select *New Item*:



The New Item window opens displaying the selected category in the Parent field.

3. Enter the *Name* and check the *Structured* box.
4. Click *OK*.

The created item displays in the right pane with a blue S icon.

5. To add structured data questions:
 - a. Click in the Details or Notes column of the applicable item.
The Notes window opens.
 - b. Click *Custom*.
The Configure Structured Data window opens.
 - c. Follow Steps 3 – 9c of [Structured Data Questions – Progress Notes](#) to add the structured data questions and values.

The structured data questions are built in the Progress Notes sections.

APPENDIX A: LIST OF REFERENCED ICD CODES

The following table lists the ICD-20, CPT, and HCPS codes referenced in this document:

Section	ICD-10/CPT/HCPS Code
Table 6B - Section C: Childhood Immunization	
Influenza	C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78

Section	ICD-10/CPT/HCPS Code
Influenza <i>continued</i>	C84.79, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.A0, C84.A1, C84.A2, C84.A3, C84.A4, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.2, C88.3, C88.4, C88.8, C88.9, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.4, C96.9, C96.A, C96.Z, C94.80, C94.81, C94.82, C93.Z2, C96.20, C96.21, C96.22, C96.29, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, 042, V08, 079.53, B97.35, B20, Z21, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, 042, V08, 079.53, B97.35, B20, Z21, C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19,

Section	ICD-10/CPT/HCPS Code
Influenza <i>continued</i>	C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37
MMR	C82.38, C82.39, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.A0, C84.A1, C84.A2, C84.A3, C84.A4, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.2, C88.3, C88.4, C88.8, C88.9, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C95.00, C95.01, C95.02, C95.10,

Section	ICD-10/CPT/HCPS Code
MMR <i>continued</i>	C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.4, C96.9, C96.A, C96.Z, C94.80, C94.81, C94.82, C93.Z2, C96.20, C96.21, C96.22, C96.29
VZV	D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, 042, V08, 079.53, B20, Z21, C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.A0, C84.A1, C84.A2, C84.A3, C84.A4, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C84.Z0, C84.Z1, C84.Z2,

Section	ICD-10/CPT/HCPS Code
VZV <i>continued</i>	C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.2, C88.3, C88.4, C88.8, C88.9, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.4, C96.9, C96.A, C96.Z, C94.80, C94.81, C94.82, C93.Z2, C96.20, C96.21, C96.22, C96.29, B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9

Table 6B - Section E: Childhood Weight Assessment and Counseling

Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusion: Pregnancy	O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O00.80, O00.81, O00.90, O00.91, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.911, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00,
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Section	ICD-10/CPT/HCPS Code
Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusion: Pregnancy <i>continued</i>	O00.00, O00.01, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.111, O24.112, O24.113, O24.119, O24.311, O24.312, O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811, O24.812, O24.813, O24.819, O24.911, O24.912, O24.913, O24.919, O25.10, O25.11, O25.12, O25.13, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.711, O26.712, O26.713, O26.719, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.229, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1,

Section	ICD-10/CPT/HCPS Code
Table 6B - Section E - Weight Assessment And Counseling For Children And Adolescents Exclusion: Pregnancy <i>continued</i>	O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1 Note: These ICD codes apply to the pregnancy section of Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity Exclusion: Pregnancy, Renal Disease, or Kidney Transplant Recipient as well.
Table 6B - Section F: Adult Weight Screening and Follow-Up	
Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Palliative Care as Structured Data	Z51.5, A34, O00.00, O00.01, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O00.80, O00.81, O00.90, O00.91, O01.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.37, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.00, O09.10, O09.11, O09.12, O09.13, O09.211, O09.291, O09.30, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.621, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O12.00, O12.01, O12.02, O12.03, O12.04, O12.05, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O12.24, O12.25, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O14.00, O14.02, O14.03, O14.04, O14.05, O14.10, O14.12, O14.13, O14.14, O14.15, O14.20, O14.22, O14.23, O14.24, O14.25, O14.90, O14.92, O14.93, O14.94, O14.95, O15.02, O15.03, O15.1, O15.2, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9, O20.0, O20.8, O20.9, O21.0, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.90, O22.91, O22.92,

Section	ICD-10/CPT/HCPS Code
Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Palliative Care as Structured Data <i>continued</i>	O22.93, O23.00, O23.10, O23.20, O23.30, O23.40, O23.41, O23.42, O23.43, O23.519, O23.529, O23.599, O23.90, O23.91, O23.92, O23.93, O24.319, O24.32, O24.415, O24.419, O24.425, O24.429, O24.435, O24.439, O24.911, O24.912, O24.913, O24.92, O24.93, O25.10, O25.11, O25.12, O25.13, O25.2, O25.3, O26.00, O26.01, O26.02, O26.03, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.62, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O30.001, O30.002, O30.003, O30.009, O30.021, O30.022, O30.023, O30.029, O30.101, O30.102, O30.103, O30.109, O30.201, O30.202, O30.203, O30.209, O30.801, O30.802, O30.803, O30.809, O30.90, O30.91, O30.92, O30.93, O33.0, O33.1, O33.2, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.211, O34.212, O34.219, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O36.0110, O36.0120, O36.0130, O36.0190, O36.0910, O36.0920, O36.0930, O36.0990, O36.1110, O36.1120, O36.1130, O36.1190, O36.1910, O36.1920, O36.1930, O36.1990, O36.5110, O36.5120, O36.5130, O36.5190, O36.5910, O36.5920, O36.5930, O36.5990, O36.8120, O36.8130, O36.8190, O36.8210, O36.8220, O36.8230, O36.8290, O36.8910, O36.8920, O36.8930, O36.8990, O41.1010, O41.1020, O41.1030, O41.1090, O41.1210, O41.1220, O41.1230, O41.1290, O41.1410, O41.1420, O41.1430, O41.1490, O42.00, O42.011, O42.012, O42.013, O42.02, O42.10, O42.111, O42.112, O42.113, O42.12, O43.011, O43.019, O43.101, O43.102, O43.103, O43.199, O43.211, O43.212, O43.213, O43.221, O43.222, O43.223, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.011, O45.012, O45.013, O45.021, O45.022,

Section	ICD-10/CPT/HCPS Code
Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Diagnosis of Pregnancy or Palliative Care <i>continued</i>	O45.023, O45.091, O45.092, O45.093, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O61.0, O61.1, O61.9, O62.0, O62.1, O62.2, O62.3, O62.4, O62.9, O63.0, O63.1, O63.2, O63.9, O65.4, O65.5, O65.9, O66.0, O66.1, O66.40, O66.5, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O70.0, O70.1, O70.20, O70.21, O70.22, O70.23, O70.3, O70.4, O70.9, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.82, O71.89, O71.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, O74.1, O74.2, O74.3, O74.8, O74.9, O75.0, O75.1, O75.2, O75.3, O75.4, O75.5, O75.81, O75.89, O75.9, O76, O77.0, O80, O82, O85, O86.00, O86.01, O86.02, O86.03, O86.04, O86.09, O86.11, O86.12, O86.13, O86.19, O86.20, O86.21, O86.22, O86.29, O86.4, O86.81, O86.89, O87.0, O87.1, O87.2, O87.3, O87.4, O87.8, O87.9, O88.011, O88.012, O88.013, O88.019, O88.02, O88.03, O88.111, O88.112, O88.113, O88.119, O88.12, O88.13, O88.211, O88.212, O88.213, O88.219, O88.22, O88.23, O88.311, O88.312, O88.313, O88.319, O88.32, O88.33, O88.811, O88.812, O88.813, O88.819, O88.82, O88.83, O89.09, O89.1, O89.2, O89.8, O89.9, O90.0, O90.1, O90.2, O90.3, O90.4, O90.5, O90.6, O90.81, O90.89, O90.9, O91.011, O91.012, O91.013, O91.019, O91.02, O91.111, O91.112, O91.113, O91.119, O91.12, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.20, O92.29, O92.3, O92.5, O92.6, O92.70, O92.79, O94, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.119, O99.12, O99.13, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332,

Section	ICD-10/CPT/HCPS Code
Table 6B - Section F - Adult Weight Screening And Follow-Up Exclusion: Diagnosis of Pregnancy or Palliative Care <i>continued</i>	O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.810, O99.814, O99.815, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, Z33.1, Z33.2, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
Table 6B - Section H: Statin Therapy	
Atherosclerosis and Peripheral Arterial Disease	ICD-10: E08.51, E08.52, E09.51, E09.52, I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.83, I25.84, I25.89, I67.2, I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668,

Section	ICD-10/CPT/HCPS Code
Atherosclerosis and Peripheral Arterial Disease <i>continued</i>	<p>I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91, I70.92</p> <p>ICD-9: 414, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.3, 414.4, 437, 440, 440.1, 440.2, 440.21, 440.22, 440.23, 440.24, 440.29, 440.3, 440.31, 440.32, 440.4, 440.8, 440.9</p>
Cerebrovascular Disease, Stroke, TIA	<p>ICD-10: G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, G46.3, G46.4, G46.5, G46.6, G46.7, G46.8, I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.81, I63.89, I63.9, I69.00, I69.010, I69.011, I69.012, I69.013, I69.014, I69.015, I69.018, I69.019, I69.020, I69.021, I69.022, I69.023, I69.028, I69.031, I69.032, I69.033, I69.034, I69.039, I69.041, I69.042, I69.043, I69.044, I69.049, I69.051, I69.052, I69.053, I69.054, I69.059, I69.061, I69.062, I69.063, I69.064, I69.065, I69.069, I69.090, I69.091, I69.092, I69.093, I69.098, I69.10, I69.110, I69.111, I69.112, I69.113, I69.114, I69.115, I69.118, I69.119, I69.120, I69.121, I69.122, I69.123, I69.128, I69.131, I69.132, I69.133, I69.134, I69.139, I69.141, I69.142, I69.143, I69.144, I69.149, I69.151, I69.152, I69.153, I69.154, I69.159, I69.161, I69.162, I69.163, I69.164, I69.165, I69.169, I69.190, I69.191, I69.192, I69.193, I69.198, I69.20, I69.210, I69.211, I69.212, I69.213, I69.214, I69.215, I69.218, I69.219, I69.220, I69.221, I69.222, I69.223, I69.228, I69.231, I69.232, I69.233, I69.234, I69.239, I69.241, I69.242, I69.243, I69.244, I69.249, I69.251, I69.252, I69.253, I69.254, I69.259, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.290, I69.291, I69.292, I69.293, I69.298, I69.30, I69.310, I69.311, I69.312, I69.313, I69.314, I69.315, I69.318, I69.319, I69.320, I69.321, I69.322, I69.323, I69.328, I69.331, I69.332, I69.333, I69.334, I69.339, I69.341, I69.342, I69.343, I69.344, I69.349, I69.351, I69.352, I69.353, I69.354, I69.359, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.390, I69.391, I69.392, I69.393, I69.398, I69.80, I69.810, I69.811, I69.812, I69.813, I69.814, I69.815, I69.818, I69.819,</p>

Section	ICD-10/CPT/HCPS Code
Cerebrovascular Disease, Stroke, TIA <i>continued</i>	<p>I69.820, I69.821, I69.822, I69.831, I69.832, I69.833, I69.834, I69.839, I69.841, I69.842, I69.843, I69.844, I69.849, I69.863, I69.864, I69.865, I69.869, I69.890, I69.892, I69.893, I69.898, I69.90, I69.910, I69.911, I69.912, I69.913, I69.914, I69.915, I69.918, I69.919, I69.920, I69.921, I69.922, I69.923, I69.928, I69.931, I69.932, I69.933, I69.934, I69.939, I69.941, I69.942, I69.943, I69.944, I69.949, I69.990, I69.991, I69.992, I69.993, I69.998, Z86.73</p> <p>ICD-9: 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 435.0, 435.1, 435.3, 435.8, 435.9, 436, 437.1, 438.0, 438.10, 438.11, 438.12, 438.13, 438.14, 438.19, 438.20, 438.21, 438.22, 438.30, 438.31, 438.32, 438.40, 438.41, 438.42, 438.50, 438.51, 438.52, 438.53, 438.6, 438.7, 438.81, 438.82, 438.83, 438.84, 438.85, 438.89, 438.9, V12.54</p>
Diabetes	<p>ICD-10: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.3211, E10.3212, E10.3213, E10.3219, E10.329, E10.3291, E10.3292, E10.3293, E10.3299, E10.331, E10.3311, E10.3312, E10.3313, E10.3319, E10.339, E10.3391, E10.3392, E10.3393, E10.3399, E10.341, E10.3411, E10.3412, E10.3413, E10.3419, E10.349, E10.3491, E10.3492, E10.3493, E10.3499, E10.351, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.359, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.3211, E11.3212, E11.3213, E11.3219, E11.329, E11.3291, E11.3292, E11.3293, E11.3299, E11.331, E11.3311, E11.3312, E11.3313, E11.3319, E11.339, E11.3391, E11.3392, E11.3393, E11.3399, E11.341, E11.3411, E11.3412, E11.3413, E11.3419, E11.349, E11.3491, E11.3492, E11.3493, E11.3499, E11.351, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.359, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.3211, E13.3212, E13.3213, E13.3219, E13.329, E13.3291, E13.3292, E13.3293, E13.3299, E13.331, E13.3311, E13.3312, E13.3313, E13.3319, E13.339, E13.3391, E13.3392,</p>

Section	ICD-10/CPT/HCPS Code
Diabetes <i>continued</i>	<p>E13.3393, E13.3399, E13.341, E13.3411, E13.3412, E13.3413, E13.3419, E13.349, E13.3491, E13.3492, E13.3493, E13.3499, E13.351, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.359, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83</p> <p>ICD-9: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p>
Pregnancy	<p>ICD-10: A34, O00.00, O00.01, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O00.80, O00.81, O00.90, O00.91, O01.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.37, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.00, O09.10, O09.11, O09.12, O09.13, O09.211, O09.291, O09.30, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.621, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O12.00, O12.01, O12.02, O12.03, O12.04, O12.05, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O12.24, O12.25, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O14.00, O14.02, O14.03, O14.04, O14.05, O14.10, O14.12, O14.13, O14.14, O14.15, O14.20, O14.22, O14.23, O14.24, O14.25,</p>

Section	ICD-10/CPT/HCPS Code
Pregnancy <i>continued</i>	O14.90, O14.92, O14.93, O14.94, O14.95, O15.02, O15.03, O15.1, O15.2, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9, O20.0, O20.8, O20.9, O21.0, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.90, O22.91, O22.92, O22.93, O23.00, O23.10, O23.20, O23.30, O23.40, O23.41, O23.42, O23.43, O23.519, O23.529, O23.599, O23.90, O23.91, O23.92, O23.93, O24.319, O24.32, O24.415, O24.419, O24.425, O24.429, O24.435, O24.439, O24.911, O24.912, O24.913, O24.92, O24.93, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O25.10, O25.11, O25.12, O25.13, O25.2, O25.3, O26.00, O26.01, O26.02, O26.03, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.62, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O30.001, O30.002, O30.003, O30.009, O30.021, O30.022, O30.023, O30.029, O30.101, O30.102, O30.103, O30.109, O30.201, O30.202, O30.203, O30.209, O30.801, O30.802, O30.803, O30.809, O30.90, O30.91, O30.92, O30.93, O33.0, O33.1, O33.2, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.211, O34.212, O34.219, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O36.0110, O36.0120, O36.0130, O36.0190, O36.0910, O36.0920, O36.0930, O36.0990, O36.1110, O36.1120, O36.1130, O36.1190, O36.1910, O36.1920, O36.1930, O36.1990, O36.5110, O36.5120, O36.5130, O36.5190, O36.5910, O36.5920, O36.5930, O36.5990, O36.8120, O36.8130, O36.8190, O36.8210, O36.8220, O36.8230, O36.8290, O36.8910, O36.8920, O36.8930, O36.8990, O41.1010, O41.1020, O41.1030, O41.1090, O41.1210, O41.1220, O41.1230, O41.1290, O41.1410, O41.1420, O41.1430, O41.1490, O42.00, O42.011, O42.012, O42.013, O42.02, O42.10, O42.111, O42.112, O42.113, O42.12, O43.011, O43.019, O43.101, O43.102, O43.103, O43.199, O43.211, O43.212, O43.213, O43.221, O43.222, O43.223, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10,

Section	ICD-10/CPT/HCPS Code
<i>Pregnancy continued</i>	O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.011, O45.012, O45.013, O45.021, O45.022, O45.023, O45.091, O45.092, O45.093, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O61.0, O61.1, O61.9, O62.0, O62.1, O62.2, O62.3, O62.4, O62.9, O63.0, O63.1, O63.2, O63.9, O65.4, O65.5, O65.9, O66.0, O66.1, O66.40, O66.5, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O70.0, O70.1, O70.20, O70.21, O70.22, O70.23, O70.3, O70.4, O70.9, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.82, O71.89, O71.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, O74.1, O74.2, O74.3, O74.8, O74.9, O75.0, O75.1, O75.2, O75.3, O75.4, O75.5, O75.81, O75.89, O75.9, O76, O77.0, O80, O82, O85, O86.00, O86.01, O86.02, O86.03, O86.04, O86.09, O86.11, O86.12, O86.13, O86.19, O86.20, O86.21, O86.22, O86.29, O86.4, O86.81, O86.89, O87.0, O87.1, O87.2, O87.3, O87.4, O87.8, O87.9, O88.011, O88.012, O88.013, O88.019, O88.02, O88.03, O88.111, O88.112, O88.113, O88.119, O88.12, O88.13, O88.211, O88.212, O88.213, O88.219, O88.22, O88.23, O88.311, O88.312, O88.313, O88.319, O88.32, O88.33, O88.811, O88.812, O88.813, O88.819, O88.82, O88.83, O89.09, O89.1, O89.2, O89.8, O89.9, O90.0, O90.1, O90.2, O90.3, O90.4, O90.5, O90.6, O90.81, O90.89, O90.9, O91.011, O91.012, O91.013, O91.019, O91.02, O91.111, O91.112, O91.113, O91.119, O91.12, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.20, O92.29, O92.3, O92.5, O92.6, O92.70, O92.79, O94, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.13, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.119, O99.12, O99.13, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.810, O99.814, O99.815, O99.834, O99.835, O99.840, O99.841, O99.842,

Section	ICD-10/CPT/HCPS Code
Pregnancy <i>continued</i>	O99.843, O99.844, O99.845, O99.89, Z33.1, Z33.2, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9

Table 6B - Section J:

IVD	<p>ICD-10: I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735,</p>
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Section	ICD-10/CPT/HCPS Code
IVD <i>continued</i>	I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89 ICD-9: 411.0, 411.1, 411.81, 411.89, 413.0, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.3, 414.4414.8, 414.9, 429.2, 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 437.0, 440.0, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.30, 440.31, 440.32, 440.4, 440.8, 440.9, 444.01, 444.0945.01, 445.02, 445.81, 445.89
Table 7 - Section C: Gestational and Steroid-Induced Diabetes	
Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow: Gestational and Steroid-Induced Diabetes	ICD-10: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.3211, E10.3212, E10.3213, E10.3219, E10.329, E10.3291, E10.3292, E10.3293, E10.3299, E10.331, E10.3311, E10.3312, E10.3313, E10.3319, E10.339, E10.3391, E10.3392, E10.3393, E10.3399, E10.341, E10.3411, E10.3412, E10.3413, E10.3419, E10.349, E10.3491, E10.3492, E10.3493, E10.3499, E10.351, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.359, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.3211, E11.3212, E11.3213, E11.3219, E11.329, E11.3291, E11.3292, E11.3293, E11.3299, E11.331, E11.3311, E11.3312, E11.3313, E11.3319, E11.339, E11.3391, E11.3392, E11.3393, E11.3399, E11.341, E11.3411, E11.3412, E11.3413, E11.3419, E11.349, E11.3491, E11.3492, E11.3493, E11.3499, E11.351, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.359, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.3211, E13.3212, E13.3213, E13.3219, E13.329, E13.3291, E13.3292, E13.3293, E13.3299,

Section	ICD-10/CPT/HCPS Code
Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity Workflow: Gestational and Steroid-Induced Diabetes <i>continued</i>	<p>E13.331, E13.3311, E13.3312, E13.3313, E13.3319, E13.339, E13.3391, E13.3392, E13.3393, E13.3399, E13.341, E13.3411, E13.3412, E13.3413, E13.3419, E13.349, E13.3491, E13.3492, E13.3493, E13.3499, E13.351, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.359, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83</p> <p>ICD-9: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p>

APPENDIX B: FRAILTY EXCLUSION

The Frailty Exemption can be applied to the following UDS reports:

- [Table 6B - Section D \[Line 11a\] - Breast Cancer Screening Exception: Frailty](#)
- [Table 6B - Section J - Colorectal Cancer Screening Exclusion: Frailty](#)
- [Table 7 - Section B - Hypertension by Race and Hispanic/Latino Ethnicity](#)
- [Table 7 - Section C - Diabetes by Race and Hispanic/Latino Ethnicity](#)

The following describes the process to determine the Frailty exception.

Note:

- There are multiple criteria for frailty as described below
- Patients should satisfy one of the following combinations of criteria

Criteria A		Criteria B		Criteria C
Patient age 65 or older	AND	During measurement period: Frailty ICD documented. OR Frailty CPT documented.	AND	Within 2 years prior to the end of the measurement period: At least 2 outpatient encounters with advanced illness. OR At least 1 inpatient encounter with advanced illness. OR Taking dementia medications.

The following table describes the frailty criteria listed above:

Criteria	Description
A	Patient must be Age >=65 at the start of measurement period.
B	Frailty Symptom ICD documented: Assessment: ICD documented during measurement period Problem List: ICD documented with onset date before or during measurement period and resolved date is blank or during/after measurement period

Criteria	Description
<p>B <i>continued</i></p>	<p>ICD Codes: R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64</p> <p>OR</p> <p>Frailty Diagnosis ICD documented:</p> <ul style="list-style-type: none"> ■ Assessment - ICD documented during measurement period ■ Problem List - ICD documented with onset date before or during measurement period and resolved date during or after measurement period or resolved date is blank. <p>ICD Codes: L89.119, L89.139, L89.149, L89.159, L89.209, L89.309, L89.899, L89.90, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89</p> <p>OR</p> <p>Frailty Encounter: CPT/HCPCS code documented on Office Visits anytime during measurement period</p> <p>CPT/HCPCS Codes: 99504, 99509, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031</p> <p>OR</p>

Criteria	Description
B	<p>Frailty device ordered or used during measurement period (Use HCPCS Code):</p> <p>HCPCS Codes: E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298</p>
C	<p>Condition 1: At least 2 encounters satisfying criteria below with both ICD and CPT/HCPCS present on the encounter.</p> <ul style="list-style-type: none"> ■ Outpatient/ED/Observation/Non-Acute inpatient encounter: CPT/HCPCS documented in progress note or out of office encounter <= 2 years prior to the end of measurement period <p>AND</p> <ul style="list-style-type: none"> ■ Advanced illness ICD code documented on those same encounters (Problem list not considered) <p>CPT/HCPCS codes:</p> <ul style="list-style-type: none"> ■ Outpatient - 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015 ■ ED - 99281, 99282, 99283, 99284, 99285 ■ Observation - 99217, 99218, 99219, 99220 <p>Non-Acute inpatient - 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p>

Criteria	Description
	<p>ICD Codes: (Advanced illness)</p> <p>A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.1, C78.2, C78.39, C78.4, C78.5, C78.6, C78.7, C78.89, C79.00, C79.11, C79.19, C79.2, C79.31, C79.32, C79.49, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6</p> <p>OR</p>

Criteria	Description
	<p>Condition 2: At least one encounter satisfying the following criteria with both ICD and CPT/HCPCS codes present on the encounter.</p> <ul style="list-style-type: none"> ■ Acute Inpatient Encounter: CPT/HCPCS documented in progress note or out of office encounter <= 2 years prior to the end of measurement period AND ■ Advanced illness ICD code documented on those same encounters. (Do not consider problem list here) <ul style="list-style-type: none"> ◆ CPT/HCPCS code (Acute Inpatient): 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 ◆ ICD Codes: (Advanced illness, Same as above) A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.1, C78.2, C78.39, C78.4, C78.5, C78.6, C78.7, C78.89, C79.00, C79.11, C79.19, C79.2, C79.31, C79.32, C79.49, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6 <p>OR</p>

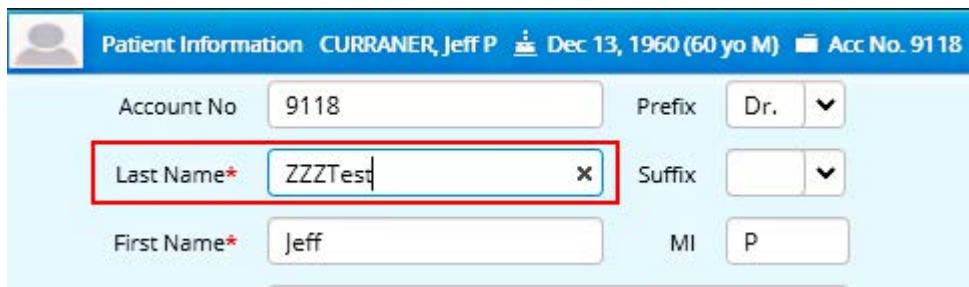
Criteria	Description
	<p>Condition 3:</p> <p>Patient Actively taking Dementia medications anytime within the 2 years prior to the end of measurement period.</p> <ul style="list-style-type: none"> ■ Consider medication documented in both treatment section and current medication section. Follow the criteria below. Based on start and stop date. ■ Start date: Can be any time prior to end of the measurement period ■ Stop Date: can be <=2 years from the end of the measurement period or NULL/UNK <p>Medication Status to Consider:</p> <ul style="list-style-type: none"> ■ Treatment - Start, Refill, Increase, Decrease, Continue, Stop ■ Current Meds - Taking, Not Taking (PRN), and Discontinued

APPENDIX C: HOW TO MANUALLY REMOVE TEST PATIENTS

"Test" patients that have been created in the eClinicalWorks production system can cause the UDS reports to be off.

To identify these patients and manually remove them before submitting to HRSA do the following:

1. Log in to eClinicalWorks, and navigate to the Patient Information window.
2. Update the patient's last name to ZZZTest or ZZZ:



The screenshot shows the Patient Information window for a patient named CURRANER, Jeff P. The patient's date of birth is Dec 13, 1960 (60 yo M) and the account number is 9118. The prefix is Dr. The last name field contains 'ZZZTest' and has a red box around it, indicating it is the field being modified. The first name is Jeff, and the middle initial is P. The suffix dropdown is empty.

3. Run UDS reports and then identify the ZZZTest patients by scrolling to the bottom of the report and counting the number of test patients that display.
4. Before submitting numbers to HRSA, manually remove the number of test patients from the denominator.
5. When test patients are displaying as compliant, manually remove the number of compliant test patients from the numerator.

APPENDIX D: CONFIRMING RxNORM CODES ARE AVAILABLE IN THE eCW SYSTEM



New Feature

The eCW UDS 2021 package incorporates RxNorm from CMS-provided value sets. This will reduce the effort needed for creating and maintaining Rx Groups at the individual practice level. This will be a mandatory pre-requisite for the UDS 2021 package.

Rx Groups are custom medication groups that are created and maintained by users. To create an Rx Group, go to *Main Menu > eCW Menu > EMR > Rx Group*.

Note: The Table 6A (PrEP medications) and Table 6B Section I: IVD measure reports will continue to utilize Rx Groups as these tables are not aligned with CMS.

RxNorm provides normalized names and unique identifiers for medicines and drugs. The goal of RxNorm is to allow computer systems to communicate drug-related information efficiently and unambiguously.

For more information about ensuring RxNorm codes are available in the eCW system, refer to [Running the Medication List Exception Report for RxNorm Code Mapping](#).

Running the Medication List Exception Report for RxNorm Code Mapping

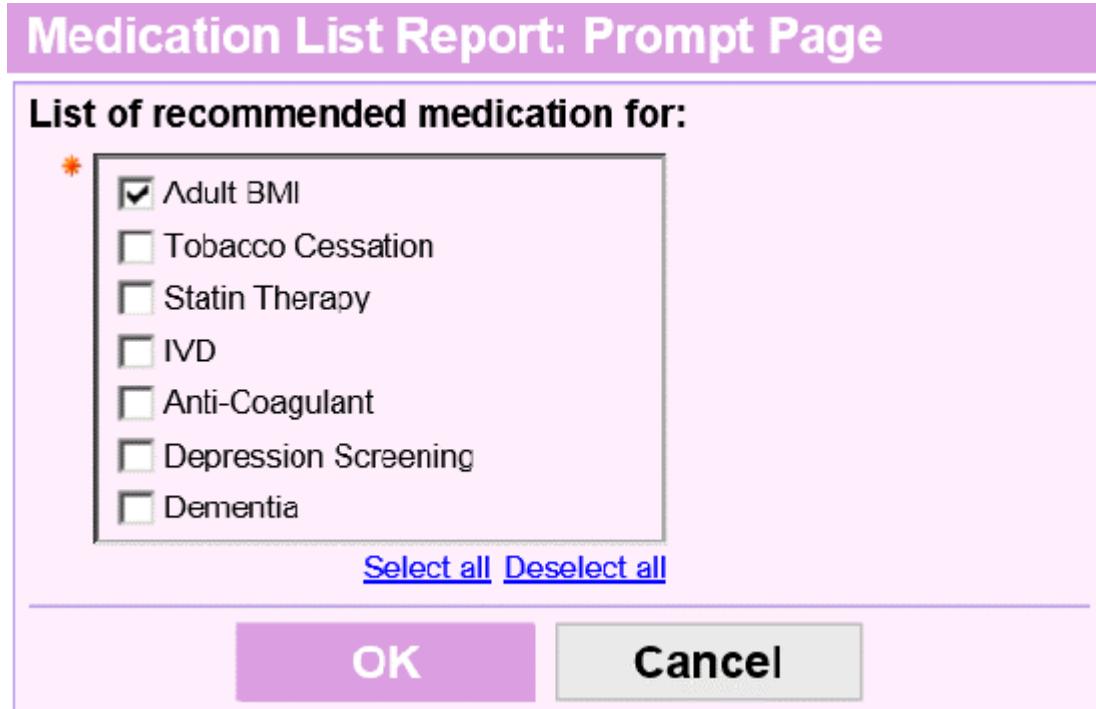
Path: *Main Menu > eCW Menu > Reports > eBO Reports > UDS > Exceptions Reports folder*

To ensure RxNorm mapping is available in the eClinicalWorks system, please run the exception report named *Medication List Report*, located in the UDS *Exceptions Reports* folder. Medications should be populated in the *Medication List Report* for each Rx Group (with the exception of IVD and Anticoagulant Rx Groups).

Note: If a report returns no results for any Rx Group, create a case for with eCW Support.

Running the report:

1. From the UDS *Exceptions Reports* folder, access the UDS Medication List Report prompt page:



2. From the *List of recommended medication for:* section, select all the options that apply.
3. Click *OK* to run the report.

The Adult BMI Medication report displays:

Adult BMI Medication		
Drug Name	Strength	Formulation
Diethylpropion HCl	25 MG	Tablet
Diethylpropion HCl CR	75 MG	Tablet Extended Release
Diethylpropion HCl ER	75 MG	Tablet Extended Release 24 Hour
Dronabinol	10 MG	Capsule
Dronabinol	2.5 MG	Capsule
Dronabinol	5 MG	Capsule
Lorcaserin HCl	10 MG	Tablet
Lorcaserin HCl FR	20 MG	Tablet Extended Release 24 Hour
Megace Oral	40 MG/ML	Suspension
megestrol	20 mg	tablet
mogestrol	40 mg	tablet
megestrol	40 mg/ml	suspension
Megestrol Acetate	20 MG	Tablet
Megestrol Acetate	40 MG	Tablet

Notes:

- Do not run the exception report for IVD and Anticoagulant medications as they are not aligned with eCQMs.
- Do not delete existing Rx Groups.

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