

eClinicalWorks®

Clinical Quality Measure Code
Capture Tools and Features

**Relationships.
Reliability.
Results.**

eCLINICALWORKS FEATURES AND TOOLS AVAILABLE

- Favorites
- Templates
- Superbill
- ICD/CPT Association
- CPT Explosion Codes
- ICD Manifestation Code
- Clinical Rules Engine
- Claims Rule Engine



TOOLS AND FEATURES - Favorites

Build/Configuration: **Easy**

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON
<p>FAVORITES</p>	<ul style="list-style-type: none"> A folder where CPT/HCPCS/CPTII codes can be kept for clinicians and providers to easily select from; Shared folder for all end-users 	<ul style="list-style-type: none"> End-user will click into appropriate folder to select the code(s) 	<ul style="list-style-type: none"> Easy to configure Accessible via eClinicalMobile App Eliminates need to search for common codes Once created, folders cannot be deleted Codes contained in a folder will be duplicated in the CPT Master Files Extra 'clicks' = minimum 4

Subjective:
Chief Complaint(s):
 • CRE testing
HPI:
 • Current Medication:
 Not-Taking/PRN
 • Vyvanse 70 MG Capsule 1 capsule in the morning Oral
Medical History:
Allergies/intolerance:
Gyn History:
OB History:
Surgical History:
Hospitalization:
Family History:
Social History:
ROS:

Objective:
Vitals:
 BP: 142/91.
Past Results:
Examination:
Physical Examination:

Assessment:
Assessment:
 • DM (diabetes mellitus) type 2, uncontrolled, with keto

Plan:
Treatment:
 DM (diabetes mellitus) type 2, uncontrolled, with ketoacidosis
 Lab:H - Hemoglobin A1c
 A1c
Recommended Wellness and Prevention Guidelines:
Procedures:
Immunizations:
Therapeutic Injections:
Diagnostic Imaging:
Lab Reports:
Procedure Orders:
Preventive Medicine:
Next Appointment:

Billing Information:
Visit Codes:
Procedure Codes:
 • 83036 GLYCATED HEMOGLOBIN TEST.

Billing TEST, 12345 Nov 5, 1959 (63 yo F) Acc No. 259126 ASK EVA

Pt. Info Encounter Physical Hub

Q ICD Q Description Add ICD Auto Map to ICD10

P	Code	Diagnosis	Specify	Notes
1	x E11.10	DM (diabetes mellitus) type 2, uncontrolled, with ...		

Q CPT Q Description Add E&M Add CPT EMDer Medicare Edits Pop Up

CPT	Name	Units	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Notes
83036	GLYCATED HEMOGLOBIN TE...	1.00					1 E11.10				

Billing Notes Follow Up Reason

2-3 Ds 1 W 2 W 3 W 4 W 6 W Follow up N/A
 2 M 3 M 4 M 6 M 1 Y prn

CDSS Addl. Billing Data Confidential Note Close Done

Procedures, Immunizations TEST, 12345 Nov 5, 1959 (63 yo F) Acc No. 259126

Billing Categories Show Invalid Codes Show Fee 0.00 Active Effective Date 04/23/2023

Previous CPT

- AllCodes
- Beh
- CPT2009
- CPT2010
- CPT2011
- CPT2012
- CPT2013
- CPT2015
- CPT2016
- HCPCS
- Import_CPT
- Injection Codes**
- Injections
- Modifiers

CPT	Description	Fee	M1	M2	M3
90471	IMMUNIZATION ADMIN	35.0			
90472	IMMUNIZATION ADMIN, EAC...	35.0			
90473	IMMUNE ADMIN ORAL/NASAL	22.0			
90474	IMMUNE ADMIN ORAL/NASA...	15.0			
96372	THER/PROPH/DIAG INJ, SC/IM	3.67			

Procedures Selected Procedures and E&M

Code	Description
83036	GLYCATED HEMOGLOBIN TEST
3074F	SYST BP LT 130 MM HG
3075F	SYST BP GE 130 - 139MM HG
3077F	SYST BP = 140 MM HG6 IT
3078F	DIAST BP < 80 MM HG
3079F	DIAST BP 80-89 MM HG
3080E	DIAST BP = 90 MM HG

Procedures to be used

Code	Description
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New Organize < Prev Next OK Cancel



TOOLS AND FEATURES - Templates

Build/Configuration: **Easy**

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON
TEMPLATES	<ul style="list-style-type: none"> • Predetermined outline of documentation that can also contain codes OR can only contain codes • Frequently used templates can be displayed in Right Chart Panel for one-click use 	<ul style="list-style-type: none"> • End-user can use one click to import the template into the current note OR • End-use can search the template library to select a generic note or pull from a previous patient encounter to update prior documentation 	<ul style="list-style-type: none"> • Easy to configure • Easy to use; one-click • No limit on how many templates can be imported into one progress note • All clinicians have ability to utilize <ul style="list-style-type: none"> ▪ Potential to have too many for end-users to find ▪ End-user may not remember to utilize; no pop-up reminders ▪ Manual workflow intervention

The screenshot displays a medical software interface with two main panels. The left panel shows a patient's progress note for 'TEST, 12345' (Nov 5, 1959, 63 yo F, Acc. No. 259126). The note includes sections for Hospitalization, Family History, Social History, ROS, Objective, Vitals (BP: 142/91), Past Results, Examination, Physical Examination, Assessment (DM (diabetes mellitus) type 2, uncontrolled, with ketoacidosis - E11.10), Plan, Treatment (DM (diabetes mellitus) type 2, uncontrolled, with ketoacidosis; Lab: H - Hemoglobin A1c), Recommended Wellness and Prevention Guidelines, Procedures, Immunizations, Therapeutic Injections, Diagnostic Imaging, Lab Reports, Procedure Orders, Preventive Medicine, Advanced Care Planning, and Billing Information (Visit Code, Procedure Codes: 1158F ADVNC CARE PLAN TLK DOCD).

The right panel, titled 'UpToDate', shows a search for templates. A yellow warning banner states: 'Right Panel data last modified on: 09/27/2022 10:30 AM. Please manually check all Copied/Merged Template data for completeness including potential Interactions for all Medications ordered from Templates.' Below this, a list of templates is shown under 'My Favorite Templates', including 'QM_Adv Care Plan - Discussed', 'QM_Tobacco Use - NEGATIVE', 'QM_Tobacco Use - POSITIVE', and 'Tobacco Cessation Counseling'. A red callout box points to the 'Tobacco Cessation Counseling' template, stating: 'Order Sets can be associated to templates to make placing orders faster'. Another red callout box points to the 'Advanced Care Planning' section of the progress note, stating: 'Documentation location will appear in progress note to complete or default values can be entered'. A third red callout box points to the 'Procedure Codes' section of the progress note, stating: 'CPTII codes on the template will display and be included on the claim when created'.



TOOLS AND FEATURES - Superbill

Build/Configuration: [Medium](#)

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON
<p>SUPERBILL</p>	<ul style="list-style-type: none"> An electronic encounter form use to select commonly used ICD, CPT/HCPCS/CPTII codes. 	<ul style="list-style-type: none"> End-user will click the Superbill icon to access from any documentation window in the progress note Click the codes that apply and Save Codes appear on progress note 	<ul style="list-style-type: none"> Easy to configure and update Able to default superbill by user Eliminates need to search for code(s) Accessible via eClinicalMobile App Links CPT to ICD <ul style="list-style-type: none"> Manual workflow intervention End-user may not remember to utilize; no pop-up reminder Extra 'clicks' = minimum 5

The image displays three screenshots of the Superbill tool interface. The first screenshot shows the patient's vital signs table with columns for Date, BP: Systoli..., BP: Diasto..., LMP, Wt(lbs), Ht(in), BMI(Index), BMI Perce..., and Temp(F). The second screenshot shows the 'Super Bill' window with a search bar and a 'CPT Codes' dropdown menu. The third screenshot shows the 'Super Bill' window with a table of selected codes and a 'Save' button highlighted.

Super Bill Window - Selected Codes

Code	ICD1	ICD2	ICD3	ICD4	MOD1	MOD2	MOD3	MOD4	Units
DIABT BP 80-89 MM HG	E11.1C								1.00
DIABT BP < 80 MM HG									
DIABT BP = 90 MM HG									
SYST BP = 140 MM HG6 IT									
SYST BP GE 130 - 139MM HG	E11.1C								1.00
SYST BP LT 130 MM HG									
AMNT PAIN NOTED NONE PRSNT	E11.1C								1.00
AMNT PAIN NOTED PAIN PRSNT									
MED LIST DOCD IN RCRD	E11.1C								1.00
RVV MEDS BY RX/DR IN RCRD	E11.1C								1.00
HEMOGLOBIN A1C LEVEL > 9.0%									
HG A1C LEVEL LT 7.0%									
HG A1C>EQUAL 7.0%<8.0%	E11.1C								1.00
HG A1C>FOUHA 8.0%<FOUHA 9.0%									



TOOLS AND FEATURES - ICD/CPT Association

Build/Configuration: Easy

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON	
<p>ICD/CPT ASSOCIATION</p>	<ul style="list-style-type: none"> Linking CPT/HCPCS/CPTII codes to an ICD diagnosis 	<ul style="list-style-type: none"> End-user searches and selects a code in the Assessments area of the progress note Pop-up appears for end-user to check or uncheck the codes based on what applies to the visit 	<ul style="list-style-type: none"> Easy to configure, use, and update Real-time decision-making No need to search for additional codes 	<ul style="list-style-type: none"> End-user can bypass Overuse can cause pop-up fatigue Extra 'clicks' = minimum 1

The screenshot shows a medical software interface with a pop-up window titled "Associated CPT Codes". The pop-up displays the ICD Code: Z00.00, Annual physical exam. Below this, it asks: "Following CPT Codes are associated with the above ICD Code. Do you want to select them automatically?". A list of CPT codes is shown with checkboxes:

CPT Code	Description
<input checked="" type="checkbox"/> 1158F	ADVNC CARE PLAN TLK DOCD
<input checked="" type="checkbox"/> 1170F	FXNL STATUS ASSESSED
<input checked="" type="checkbox"/> 1125F	AMNT PAIN NOTED PAIN PRSNT
<input checked="" type="checkbox"/> 1126F	AMNT PAIN NOTED NONE PRSNT

At the bottom of the pop-up are "Yes" and "No" buttons. Red circles and arrows in the image highlight the search bar containing "z00.00", the list of CPT codes, and the "Yes" button.



TOOLS AND FEATURES -CPT Explosion Code

Build/Configuration: [Medium](#)

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON
CPT EXPLOSION CODE	<ul style="list-style-type: none"> Adds additional CPT/HCPCS/CPTII codes to a selected code OR Replaces the selected CPT/HCPCS/CPTII code to a different code based on Insurance, Facility, or Provider configured rules 	<ul style="list-style-type: none"> End-user searches and selects a code from E&M Code or Add CPT button Additional or replacement code appears on Progress Note 	<ul style="list-style-type: none"> Automatic No pop-up for end-user Easy to update No additional training for end-user No extra clicks for end-user <ul style="list-style-type: none"> All or none; the explosion code is triggered based on the code selected and rule set up every time Workflows must be hardwired to document codes on progress note

Typical workflow for adding E & M codes to the progress note

Selected code displays along with associated codes with no additional clicks by end-user

CPT	Name	Units	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Notes
1159F	MED LIST DOCD IN RCRD	1.00					1	Z00.00			
1160F	RWV MEDS BY RX/DR IN RCRD	1.00					1	Z00.00			
G0467	FQHC VISIT ESTABLISHED PA...	1.00					1	Z00.00			
99213	Office Visit, Est Pt., Level 3	1.00					1	Z00.00			



TOOLS AND FEATURES - ICD Manifestation Code

Build/Configuration: Easy

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON
<p>ICD MANIFESTATION CODE</p>	<ul style="list-style-type: none"> When ICD selected, this feature will assist end-user in selecting necessary secondary codes or alternatives to an unspecified code 	<ul style="list-style-type: none"> End-user searches and selects an ICD code in the Assessments area of the progress note Pop-up appears for end-user to check or uncheck the additional codes 	<ul style="list-style-type: none"> Easy to configure, use, and update Real-time decision-making No need to search for additional codes Increase specificity and RAF weighting <ul style="list-style-type: none"> Will fire even if all codes are present If used too much may cause pop-up fatigue End-User can bypass without selecting any codes Very specific/limited use for CQM collection Extra 'clicks' = minimum 2

The screenshot illustrates the 'Manifestation Codes' feature in a clinical application. It shows a patient assessment for 'DM w/CKD' with a search for 'e11.22'. A pop-up window lists related codes (N18.2, N18.1, N18.31, N18.4) with checkboxes for selection. Red arrows highlight the search input, the list of codes, and the 'OK' button.



TOOLS AND FEATURES - Clinical Rule Engine

Build/Configuration: **Medium - Complex**

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON	
CLINICAL RULE ENGINE	<ul style="list-style-type: none"> Enables practice to automate events or actions based on clinical data captured from the progress note 	<ul style="list-style-type: none"> Typically triggered when end-users lock the encounter Pop-up appears to run the rule engine; yes Outcome determined by type of rule: Add code, orders, assessment, create action, referral, telephone encounter, appointment, etc 	<ul style="list-style-type: none"> Many configuration options Automate current manual actions If conditions are met, rule will not trigger Actions logged 	<ul style="list-style-type: none"> Most rules trigger on Locked notes May cause pop-up fatigue Unlocked and 'Done' notes may already have claim created, causing missing codes from claim Can be unstable Extra 'clicks' = minimum 2

Date	BP: Systoli...	BP: Diastol...	LMP:	Wt(lbs)	Ht(in)	BMI(Index)	BMI Perce...	Temp(F)
04-26-2023*				89	61	16.81	85.55	
04-24-2023				82	61	15.49	58.13	
01-11-2023								
10-01-2021								
09-17-2021								
08-31-2021								
08-28-2021								
08-28-2021								
08-28-2021								
08-28-2021								
08-28-2021								

Objective:
Vitals:
 Wt: 89 lbs, Ht: 61 in, BMI: 16.81, BMI Percentile: **85.55**.

Past Results:
Examination: [dropdown]
Physical Examination: [dropdown]

Assessment:
Assessment: [dropdown]
 • BMI (body mass index), pediatric, 85% to less than 95% for age - Z68.53

Plan:
Treatment: [dropdown]
Recommended Wellness and Prevention Guidelines:
Procedures: [dropdown]
Immunizations:
Therapeutic Injections:
Diagnostic Imaging:
Lab Reports:
Procedure Orders:
Preventive Medicine: [dropdown]
Next Appointment: [dropdown]

Billing Information:
Visit Code: [dropdown]

Confirmation dialog: Do you want to run Clinical Rule Engine? [Yes] [No]

Toolbar: [Send] [Print] [Fax] [Reco] [Lock] [Details] [Templates] [Claim] [Letters] [Ink] [Attachments]



TOOLS AND FEATURES - Claims Rule Engine

Build/Configuration: **Medium - Complex**

TOOL / FEATURE	WHAT IS IT	HOW IS IT USED	PROS/CON
CLAIMS RULE ENGINE	<ul style="list-style-type: none"> Enables practice to create their own custom claim edits to scrub claims prior to submission to the payer; billing feature 	<ul style="list-style-type: none"> Claim edit is included in the claim scrubbing process If criteria is met, claim is errored out for manual review OR If criteria is met, claim rule can have an action attached to correct claim without manual intervention (newer feature) 	<ul style="list-style-type: none"> Serve as a double-check for proper code submission Ability to create edits that are specific to payers Eliminates the need for manual claim review for all claims Opportunity to educate end-users and providers on proper coding <ul style="list-style-type: none"> May allow for errors to continue on clinical side or front end Claims may still need manual intervention to correct

Claim Edit Rule: Detail

Create Rule Wizard

Rule Name: A1c Result Code Missing

Rule Scope: CLAIM

Rule Category: General

Rule Effective Date: 04/26/2023

Rule Termination Date: []

Enterprise Directory Hierarchy: []

Rule Description: A1c CPT test code billed with no A1c result CPT

Name Rule
Enter Effective Date
Enter Description

Claim Edit Rule: Elements (A1c Result Code Missing)

Condition: AND

Block 1: (AND)	Condition	Master File	Data Element	Operator	Value
AND	CPT	CPT Code(s)	=	83036	
NOT	CPT	CPT Group	=	A1c Result	

Build the Rule Criteria for the edit

Claim Edit Rule: Actions (A1c Result Code Missing)

Block 1: (AND)

Condition	Master File	Data Element	Operator	Value
AND	CPT	CPT Code(s)	=	83036
NOT	CPT	CPT Group	=	A1c Result

Rule Message: A1c test requires the CPTII code that corresponds to result value: 3044F, 3046F, 3051F, or 3052F

Rule URL: []

Rule Status: ON

Action: Warning (Claims submission will be allowed)

Assign Claim Status: RULE ENGINE ERRORS

Select Claim Status

Set the Action

Claim Summary

TEST, Abcnew 4Y 4M, Female | Nov 29, 2018 (4 yo F) | Acc No. 160491

Claim No: 1641113 | Service Date: 04/26/2023 | Claim Date: 04/26/2023

#	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Units	Billed Fee	Pro Id
1	83036	11	1	04/26/2023	04/26/2023					2	3			1	13.34	

Summary

Sr.No	Error
1	[CLAIM RULE # 30: WARNING - A1c Result Code Missing] A1c test requires the CPTII code that corresponds to result value...

*Error (1)

If rule criteria is met, Claim will error out with the message for the biller



TOOLS AND FEATURES - Recommendations

- Use a combination of tools and features; 'one size does not fit all'
- Incorporate into Medical Assistant/RN workflows to reduce provider burden
 - Favorites
 - Templates
 - Superbills
- Use features/tools that have pop-ups for urgent or often missed items
 - ICD/CPT Association
 - ICD Manifestation Code
- Use CPT Explosion Codes for hardwired workflows to ensure documentation is present for codes such as medication documented and reconciled
- Clinical Rule Engine is useful and ideal
 - Con = providers not locking notes in a timely fashion; locking is trigger
- Claims Rule Engine helps to act as a 'double-check' to ensure proper coding on the first submission to the payer

