

How can I report on other measures with Healthmonix?

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Healthmonix MIPSpro features other measures beyond the measures supported by DrChrono. You can select these measures for your MIPSpro dashboard for reporting.

While you are in your Healthmonix MIPSpro account selecting measures, you can add the measures you would like to use for reporting from the **Select Measures** menu.

My Measures

Select, review, and change the measures you will be reporting.

Notifications

- ✔ You have met the measure selection requirements
- ✔ You may now proceed with entering patient visits

Checklist

Select Measures

For example, let's use **Advanced Care Plan**. Click **Select** to add this measure to your dashboard for reporting. You can click on the **measures title** or click **View Details** to see what data you need for the numerator and denominator.

#47 **Advance Care Plan**

Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

High Priority: True

Outcome: False

Reporting Frequency: Once per patient per year

Benchmarks Exist: Yes

Topped Out: No

Select

[View Details](#)

Denominator

All patients aged 65 years and older

DENOMINATOR NOTE: Eligible clinicians indicating the Place of Service as the emergency department will not be included in this measure.

Denominator Criteria (Eligible Cases):

Age is entered in the patient chart with the date of birth.

Patients aged ≥ 65 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

AND NOT

CPT and/or HCPCS codes can be entered in the billing section for the encounter.

DENOMINATOR EXCLUSION:

Hospice services received by patient any time during the measurement period: G9692

Numerator

Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

Numerator Instructions: If patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, submit 1124F.

NUMERATOR NOTE: The CPT Category II codes used for this measure indicate: Advance Care Planning was discussed and documented. The act of using the Category II codes on a claim indicates the provider confirmed that the Advance Care Plan was in the medical record (that is, at the point in time the code was assigned, the Advance Care Plan in the medical record was valid) or that advance care planning was discussed. The codes are required annually to ensure that the provider either confirms annually that the plan in the medical record is still appropriate or starts a new discussion.

The provider does not need to review the Advance Care Plan annually with the patient to meet the numerator criteria; documentation of a previously developed advanced care plan that is still valid in the medical record meets numerator criteria.

Services typically provided under CPT codes 99497 and 99498 satisfy the requirement of Advance Care Planning discussed and documented, minutes. If a patient received these types of services, submit CPT II 1123F or 1124F.

Definition:

Documentation that Patient did not Wish or was not able to Name a Surrogate Decision Maker or Provide an Advance Care Plan – May also include, as appropriate, the following:

- That the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship.

Numerator Options:

Performance Met:

Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record **(1123F)**

OR

Similar to the denominator, the CPT codes in this example can be entered in the billing section for the encounter.

Performance Met:

Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan **(1124F)**

OR

Performance Not Met:

Advance care planning not documented, reason not otherwise specified **(1123F with 8P)**

You can follow a similar process for other measures you need.

You can see our [article](#) on all the data entry points in DrChrono for more information.
