

🔥 Measure #182: Functional Outcome Assessment

2012 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool AND documentation of a care plan based on identified functional outcome deficiencies

INSTRUCTIONS:

This measure is to be reported each visit indicating the appropriate numerator code; however, the assessment is required to be current as defined for patients seen during the reporting period. This measure may be reported by non-MD/DO clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Documentation of a current functional outcomes assessment must include identification of the standardized tool used.

The use of a standardized tool assessing pain alone, such as the visual analog scale (VAS), does **not** meet the criteria of a functional outcome assessment standardized tool.

Clarification:

The intent of the measure is for the functional outcome assessment tool to be utilized at a minimum of every 30 days but reporting is required each visit due to coding limitations. Therefore, for visits occurring within 30 days of a previously documented functional outcome assessment, the numerator quality data code **G8540: Current Functional Outcome Assessment not Documented, Patient not Eligible** should be used for reporting purposes.

Measure Reporting via Claims:

CPT codes and patient demographics are used to identify patients that are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT codes, and the appropriate numerator G-code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients aged 18 years and older

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the reporting period (CPT): 97001, 97002, 98940, 98941, 98942

NUMERATOR:

Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan

Definitions:

Standardized Tool – An assessment tool that has been appropriately normalized and validated for the population in which it is used. Examples of tools for functional outcome assessment include, but are not limited to: Oswestry Disability Index (ODI), Roland Morris Disability/Activity Questionnaire (RM), Neck Disability Index (NDI) and Physical Mobility Scale (PMS). The use of a standardized tool assessing pain alone, such as the visual analog scale (VAS), does ***not*** meet the criteria of a functional outcome assessment standardized tool.

Functional Outcome Assessment – Questionnaires designed to measure a patient's limitations in performing the usual human tasks of living. Functional questionnaires seek to quantify symptoms, functional and behavior directly, rather than to infer them from less relevant physiological tests.

Current – A patient having a documented functional assessment within the previous 30 days.

Functional Outcome Deficiencies – Impairment or loss of physical function related to neuromusculoskeletal capacity, may include but are not limited to: restricted flexion, extension and rotation, back pain, neck pain, pain in the joints of the arms or legs, and headaches.

Care Plan – A care plan is an ordered assembly of expected or planned activities, including observations goals, services, appointments and procedures, usually organized in phases or sessions, which have the objective of organizing and managing health care activity for the patient, often focused upon one or more of the patient's health care problems. Care plans may include order sets as actionable elements, usually supporting a single session or phase and may also be known as a treatment plan.

Not Eligible – A patient is not eligible if the following reasons(s) exist:

- Patient refuses to participate
- Patient unable to complete questionnaire
- Functional outcomes assessment completed within the previous 30 days

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Current Functional Outcome Assessment and Care Plan Documented

G8539: Documentation of a current functional outcome assessment using a standardized tool **AND** documentation of a care plan based on identified deficiencies

OR

Current Functional Outcome Assessment Documented, no Functional Deficiencies Identified, Care Plan not Required

G8542: Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required

OR

Current Functional Outcome Assessment not Documented, Patient not Eligible

G8540: Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool

OR

Current Functional Outcome Assessment not Documented, Reason not Specified

G8541: **No** documentation of a current functional outcome assessment using a standardized tool, reason not specified

OR

Current Functional Assessment Documented, Care Plan not Documented, Reason not Specified

G8543: Documentation of a current functional outcome assessment using a standardized tool; **no** documentation of a care plan, reason not specified

RATIONALE:

Standardized outcome measures (OMs), questionnaires or tools are a vital part of evidence-based practice. Despite the recognition of the importance of OMs, recent evidence suggests that the use of OMs in clinical practice is limited. Selecting the most appropriate OM enhances clinical practice by (1) identifying and quantifying body function and structure limitations; (2) formulating the evaluation, diagnosis, and prognosis; (3) informing the plan of care; and (4) helping to evaluate the success of physical therapy interventions (Potter et al., 2011).

A recent unpublished review of the literature found more than 50 references to the use of functional health status assessment tools in evaluating chiropractic spinal manipulation. Among those most commonly identified were the Oswestry Pain Disability Index (ODI), Roland Morris Disability/Activity Questionnaire (RM), and Neck Disability Index (NDI). While there is a strong scientific basis for the use of outcome assessment in evaluating the impact of chiropractic manipulative procedures, these tools have not yet been widely incorporated into the clinical setting as a quality benchmark.

In 2007, Tao et al. studied the increased use of standardized outcome instruments in rehabilitation, questions frequently arise as to how to interpret the scores derived from these standardized outcome instruments and to yield meaningful outcome data for use in rehabilitation research and practice. The results demonstrated users are encouraged to consider the range of analysis and presentation strategies available to them to evaluate a standardized scale score, both from a quantitative and a content perspective.

Pike & Landers (2010) studied the Physical Mobility Scale (PMS) used to evaluate the functional ability of aged adults. It has been shown to be reliable and has evidence to support its validity, good reliability and responsiveness in long-term care facilities. The utility of the PMS in the long-term care setting for assessing patient status and positive and/or negative functional outcomes is of value to both researcher and clinician.

CLINICAL RECOMMENDATION STATEMENTS:

As a category, functional outcome assessments of everyday tasks are very suitable for evaluating treatment of dysfunctions of the neuromusculoskeletal system. Many questionnaires could be used; choice should depend upon the validity, reliability, responsiveness, and practicality demonstrated in the scientific literature. Functional questionnaires seek to directly quantify symptoms, function and behavior, rather than draw inferences from less relevant physiological tests. Clinicians contemplating the use of functional instruments should be aware of differences between questionnaires and choose the most appropriate assessment tool for the specific purpose (Haldeman, et al., 2005). (Evidence Class: I, II, III, Consensus Level: 1)

Outcome measures/standardized assessments are used by physical therapists to evaluate patient response to therapeutic interventions. In a 2006 report sponsored by The Centers for Medicare & Medicaid Services, it was recommended there is a role for uniform outcome assessments to determine long term function for patients leaving the acute care hospital.

Farrel (2004) recommends the use of screening tools allowed therapists to identify patients overall function, degree of frailty, risk of falls and endurance and can act as a communication tool for collaboration of physical therapists with other health care professionals may lead to improved outcomes.

The Council on Chiropractic Education (2007) recommends keeping appropriate records of the patient's evaluation and case management needs to aptly respond to changes in patient status, or failure of the patient to respond to care.