Measure #182: Functional Outcome Assessment

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.

INSTRUCTIONS:
This measure is to be reported each visit for patients seen during the 12 month reporting period. The functional outcome assessment is required to be current as defined in the definition section. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT codes and patient demographics are used to identify patients that are included in the measure’s denominator. Quality-data 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 quality-data 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 listed numerator options 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 visits for 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, 97003, 97004, 98940, 98941, 98942

NUMERATOR:
Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies

Numerator Instructions: Documentation of a current functional outcome assessment must include identification of the standardized tool used.

Definitions:
Standardized Tool – A tool that has been normalized and validated. 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 Patient-Reported Outcomes Measurement Information System (PROMIS).

Note: A functional outcome assessment is multi-dimensional and quantifies pain and neuromusculoskeletal capacity; therefore 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 – Patient completed questionnaires designed to measure a patient’s limitations in performing the usual human tasks of living and to directly quantify functional and behavioral symptoms.

Current (Functional Outcome Assessment) – A patient having a documented functional outcome assessment utilizing a standardized tool and a care plan if indicated 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/planned activities or actionable elements based on identified deficiencies. These may include 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 on one or more of the patient’s health care problems. Care plans may also be known as a treatment plan.

Not Eligible – A patient is not eligible if one or more of the following reasons(s) is documented:
- Patient refuses to participate
- Patient unable to complete questionnaire
- Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient’s health status.

NUMERATOR NOTE: The intent of this measure is for a functional outcome assessment tool to be utilized at a minimum of every 30 days but reporting is required at 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 G8942 should be used for reporting purposes.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Functional Outcome Assessment Documented as Positive AND Care Plan Documented
(One quality-data code [G8539 or G8542 or G8942] is required on the claim form to submit this numerator option)

G8539: Functional outcome assessment documented as positive using a standardized tool AND a care plan based, on identified deficiencies on the date of the functional outcome assessment, is documented

OR

Functional Outcome Assessment Documented, No Functional Deficiencies Identified, Care Plan not Required

G8542: Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required

OR

Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated, Within the Previous 30 Days

G8942: Functional outcome assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented

OR

Functional Outcome Assessment not Documented, Patient not Eligible
(One quality-data code [G8540 or G9227] is required on the claim form to submit this numerator option)

G8540: Functional Outcome Assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool

OR

Functional Outcome Assessment Documented, Care Plan Not Documented, Patient Not Eligible

G9227: Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan

OR

Functional Outcome Assessment not Documented, Reason not Given

(One quality-data code [G8541 or G8543] is required on the claim form to submit this numerator option)

G8541: Functional outcome assessment using a standardized tool not documented, reason not given

OR

Functional Outcome Assessment Documented as Positive, Care Plan not Documented, Reason not Given

G8543: Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given

RATIONALE:

Standardized outcome assessments, questionnaires or tools are a vital part of evidence-based practice. Despite the recognition of the importance of outcomes assessments, questionnaires and tools, recent evidence suggests their use in clinical practice is limited. Selecting the most appropriate outcomes assessment, questionnaire or tool 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).

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 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 Centers for Medicare & Medicaid Services report, Uniform Patient Assessment for Post-Acute Care, the Division of Health Care Policy and Research recommended there is a role for uniform outcome assessments to determine long term function for patients leaving the acute care hospital. Clinicians should use validated self-report questionnaires/tools that are useful for identifying a patient’s baseline status relative to pain, function, and disability and for monitoring a change in a patient’s status throughout the course of treatment. Tools such as the Oswestry Disability Index and the Roland-Morris Disability Questionnaire can be used. (Delitto et al., 2012)

The Council on Chiropractic Education (2012) recommended 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.

The Institute of Medicine’s (2012) Living Well with Chronic Illness: A Call for Public Health Action stated the surveillance systems need to be improved to assess health-related quality of life and functional status of patients. Federal and state governments should expand surveillance systems which can be used to inform the planning,
development, implementation, and evaluation of public health policies, programs and interventions relevant to individuals with chronic illness.