

**Quality ID #109: Osteoarthritis (OA): Function and Pain Assessment**

**– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes**

**– Meaningful Measure Area: Patient’s Experience of Care**

**2019 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**

Process – High Priority

**DESCRIPTION:**

Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain

**INSTRUCTIONS:**

This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of osteoarthritis seen during the performance period. The assessment can be completed either during a denominator eligible encounter or via electronic/mobile system. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**

All patient visits for patients aged 21 years and older with a diagnosis of OA

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 21$  years on date of encounter

**AND**

**Diagnosis for osteoarthritis (OA) (ICD-10-CM):** M15.0, M15.1, M15.2, M15.3, M15.4, M15.8, M15.9, M16.0, M16.10, M16.11, M16.12, M16.2, M16.30, M16.31, M16.32, M16.4, M16.50, M16.51, M16.52, M16.6, M16.7, M16.9, M17.0, M17.10, M17.11, M17.12, M17.2, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M18.0, M18.10, M18.11, M18.12, M18.2, M18.30, M18.31, M18.32, M18.4, M18.50, M18.51, M18.52, M18.9, M19.011, M19.012, M19.019, M19.021, M19.022, M19.029, M19.031, M19.032, M19.039, M19.041, M19.042, M19.049, M19.071, M19.072, M19.079, M19.111, M19.112, M19.119, M19.121, M19.122, M19.129, M19.131, M19.132, M19.139, M19.141, M19.142, M19.149, M19.171, M19.172, M19.179, M19.211, M19.212, M19.219, M19.221, M19.222, M19.229, M19.231, M19.232, M19.239, M19.241, M19.242, M19.249, M19.271, M19.272, M19.279, M19.90, M19.91, M19.92, M19.93

**AND**

**Patient encounter during the performance period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**NUMERATOR:**

Patient visits with assessment for level of function and pain documented (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire)

**NUMERATOR NOTE:** For the purposes of this measure, the method for assessing function and pain is left up to the discretion of the individual MIPS eligible clinician and based on the needs of the patient. The assessment may be done via a validated instrument (though one is not required) that measures pain and various functional elements including a patient's ability to perform activities of daily living (ADLs).

Acceptable assessments for **Pain Assessment** include the following:

- Visual Analog Scale (VAS)
- PROMIS
- Numeric Pain Rating System

Acceptable assessments for **Functional Assessment** include the following:

#### **General Quality of Life**

- Veterans RAND 12 (VR-12)
- PROMIS (PROMIS 10 or CAT)
- EuroQol-5D (EQ-5D)

#### **Foot and Ankle**

- Foot and Ankle Ability Measure (FAAM)
- Foot and Ankle Disability Index (FADI)

#### **Knee (Anterior Cruciate Ligament)**

- International Knee Documentation Committee (IKDC) Subjective Knee Form (Pedi-IKDC)
- Marx Activity Rating Scale

#### **Knee (Osteoarthritis)**

- Knee Injury and Osteoarthritis Outcome Score (KOOS)
- Knee Injury and Osteoarthritis Outcome Score Jr. (KOOS Jr.)

#### **Hip (Osteoarthritis)**

- Hip Disability and Osteoarthritis Outcomes Survey (HOOS)
- Hip Disability and Osteoarthritis Outcomes Survey Jr. (HOOS Jr.)

#### **Shoulder**

- American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form (ASES)
- Oxford Shoulder Score (OSS)
- Single Assessment Numeric Evaluation (SANE)

#### **Shoulder (Instability)**

- American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form (ASES)
- Western Ontario Shoulder Instability Index (WOSI)

### **Elbow**

- Disabilities of the Arm, Shoulder, and Hand Score (DASH)
- Quick-DASH

### **Wrist**

- Disabilities of the Arm, Shoulder, and Hand Score (DASH)
- Quick-DASH

### **Hand**

- Disabilities of the Arm, Shoulder, and Hand Score (DASH)
- Quick-DASH

**Numerator Options:**  
***Performance Met:***

Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) **(1006F)**

**OR**

***Performance Not Met:***

Osteoarthritis symptoms and functional status not assessed, Reason not otherwise specified **(1006F with 8P)**

**RATIONALE:**

Osteoarthritis (OA) is the most common joint pathology in the United States and remains the leading cause of disability among the elderly population. The aging population and increasing prevalence of obesity is contributing to the witnessed rise in OA incidence. According to the National Health Interview Survey (NHIS) an estimated 52.5 million (22.7%) adults have been diagnosed with arthritis, of which 22.7 million (9.8%) have some degree of functional disability. As the prevalence and incidence of the disease continues to rise, the proper measurement of OA severity and its impact on health status becomes a crucial component in any orthopedic practice. The symptomatic manifestations of OA as a combination of pain and stiffness contribute substantially to functional disability, lowering the patient's quality of life. Aligning with a patient-centered healthcare delivery model, the quality and success of interventions aiming to treat OA should be assessed based on outcomes deemed imperative by the patients. Hence, measurement instruments applied in the clinical setting should include patient reported outcome measures (PROMs) pertaining to pain and function.

**CLINICAL RECOMMENDATION STATEMENTS:**

Performance measurement should assess both subjective and objective components of pain and physical function pertaining to each osteoarthritic joint. Overall, 100% of all high and moderate quality systematic reviews with sufficient evidence to make a recommendation supported the use of at least one PROM for pain, function, or the combination of the two. (AAOS Systematic Review on Measures for Pain and Function Assessments for Patients with Osteoarthritis 2015).

Any persistent pain that has an impact on physical function, psychosocial function, or other aspects of quality of life should be recognized as a significant problem. (AGS; IIA Recommendation)

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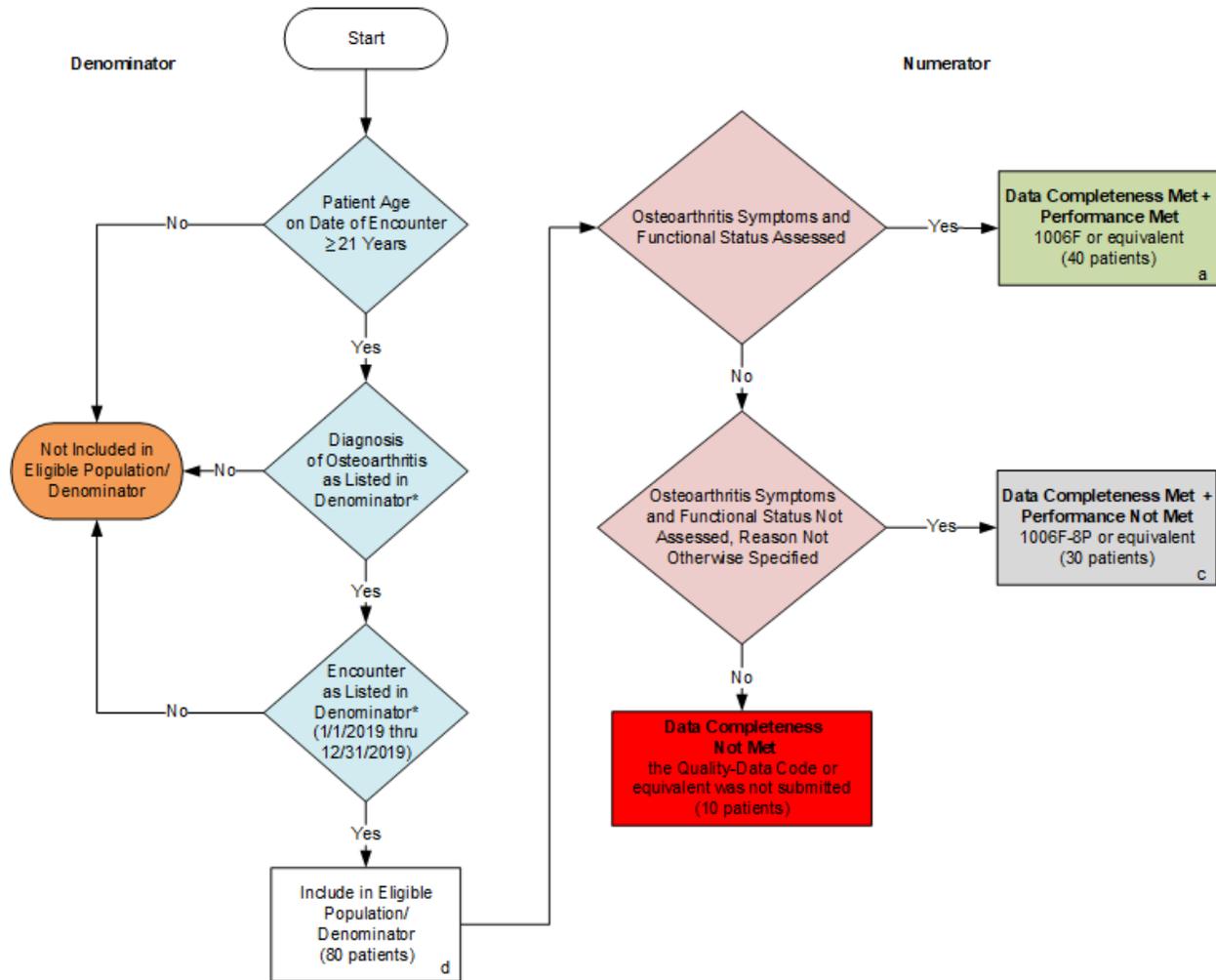
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## 2019 Clinical Quality Measure Flow for Quality ID #109: Osteoarthritis (OA): Function and Pain Assessment



### SAMPLE CALCULATIONS:

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 visits)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

\*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Patient-Process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

**2019 Clinical Quality Measure Flow Narrative for Quality ID #109:  
Osteoarthritis (OA): Function and Pain Assessment**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
  - a. If Patient Age is greater than or equal to 21 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
  - b. If Patient Age is greater than or equal to 21 Years on Date of Encounter and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Osteoarthritis as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Diagnosis of Osteoarthritis as Listed in Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, include in Eligible Population.
5. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check Osteoarthritis Symptoms and Functional Status Assessed:
  - a. If Osteoarthritis Symptoms and Functional Status Assessed equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
  - c. If Osteoarthritis Symptoms and Functional Status Assessed equals No, proceed to check Osteoarthritis Symptoms and Functional Status Not Assessed, Reason Not Otherwise Specified.
8. Check Osteoarthritis Symptoms and Functional Status Not Assessed, Reason Not Otherwise Specified:
  - a. If Osteoarthritis Symptoms and Functional Status Not Assessed, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
  - c. If Osteoarthritis Symptoms and Functional Status Not Assessed, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.
9. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 visits)} + \text{Performance Not Met (c=30 visits)}}{\text{Eligible Population / Denominator (d=80 visits)}} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 visits)}}{\text{Data Completeness Numerator (70 visits)}} = \frac{40 \text{ visits}}{70 \text{ visits}} = 57.14\%$$