

## Quality ID #282: Dementia: Functional Status Assessment

### **2023 COLLECTION TYPE:** **MIPS CLINICAL QUALITY MEASURES (CQMS)**

### **MEASURE TYPE:**

Process

### **DESCRIPTION:**

Percentage of patients with dementia for whom an assessment of functional status was performed at least once in the last 12 months.

### **INSTRUCTIONS:**

This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of dementia seen during the performance period. 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.

**NOTE:** Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

### **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 patients with a diagnosis of dementia

**DENOMINATOR NOTE:** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

### **Denominator Criteria (Eligible Cases):**

All patients regardless of age

### **AND**

**Diagnosis for dementia (ICD-10-CM):** A52.17, A81.00, A81.01, A81.89, F01.50, F01.51, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.81, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.91, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F05, F10.27, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G31.85, G31.89, G94

### **AND**

**Patient encounter during the performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 96116, 96130,

96132, 96136, 96138, 96146, 96156, 96158, 96164, 96167, 96170\*, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99242\*, 99243\*, 99244\*, 99245\*, 99252\*, 99253\*, 99254\*, 99255\*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426, 99487, 99490, 99491, 99497

## **NUMERATOR:**

Patients for whom an assessment of functional status was performed at least once in the last 12 months

### **Definition:**

**Assessment of functional status** – Functional status is assessed by use of a validated tool, direct assessment of the patient, or by querying a knowledgeable informant. A direct “assessment of functional status” includes an evaluation of the patient’s ability to perform instrumental activities of daily living (IADL) and basic activities of daily living (ADL).

### **Numerator Instructions:**

To meet this measure providers must assess BOTH IADL and ADL performance.

1. IADL Assessment (users must meet one of the two below bullets to meet IADL assessment component)
  - To meet the measure’s IADL component using a validated tool, providers must use one of the following tools:
    - Lawton Instrumental Activities of Daily Living Scale
    - Bristol Activities of Daily Living Scale
    - Katz Index of Independence in Activities of Daily Living
    - Functional Activities Questionnaire
    - Functional Independence Measure Instrument
  - To meet the measure’s IADL component using a direct assessment, providers must document 3 out of the following 5 domains.
    - Cleaning or hobbies,
    - Money management,
    - Medication management,
    - Transportation, and
    - Cooking or communication
2. ADL Assessment (users must meet one of the two below bullets to meet ADL assessment component)
  - To meet the measure’s ADL component using a validated tool, providers must use either:
    - Barthel ADL Index
    - Bristol Activities of Daily Living Scale
  - To meet the measure’s ADL component using a direct assessment, providers must document 3 out of the following 7 domains.
    - Grooming,
    - Bathing,
    - Dressing,
    - Eating,
    - Toileting,
    - Gait, and
    - Transferring.

**NUMERATOR NOTE:** *The 12 month look back period is defined as 12 months from the date of the denominator eligible encounter. Denominator Exception(s) are determined on the date of the denominator eligible encounter. Documentation of advanced stage dementia and caregiver knowledge is limited would meet the measure exception criteria.*

### **Numerator Options:**

#### **Performance Met:**

Functional status performed once in the last

<b><u>OR</u></b>	<b>Denominator Exception:</b>	12 months ( <b>G9916</b> ) Documentation of advanced stage dementia and caregiver knowledge is limited ( <b>G9917</b> )
<b><u>OR</u></b>	<b>Performance Not Met:</b>	Functional status not performed, reason not otherwise specified ( <b>G9918</b> )

**RATIONALE:**

Maintaining or increasing physical functioning levels is a desired outcome. This is key to maintaining quality of life and reducing caregiver burden. This requires regular assessment of function in multiple domains.

In routine practice, persons with dementia may not be assessed regularly for changes in their ability to perform both basic and instrumental activities of daily living. (Black BS, Johnston D, Rabins PV, et al. Unmet Needs of Community-Residing Persons with Dementia and Their Informal Caregivers: Findings from the MIND at Home Study. J Am Geriatr Soc 2013;61(12):2087-2095.) Frequent and comprehensive assessments will allow health care providers to track these changes and to make timely interventions aimed at preserving function or mitigating disability.

When planning interventions to improve or maintain function, it is important to consider a broad range of causes of functional impairment, including impaired cognition.

**CLINICAL RECOMMENDATION STATEMENTS:**

Perform regular, comprehensive person-centered assessments and timely interim assessments. Assessments, conducted at least every 6 months, should prioritize issues that help the person with dementia to live fully. These include assessments of the individual and care partner’s relationships and subjective experience and assessment of cognition, behavior, and function, using reliable and valid tools. Assessment is ongoing and dynamic, combining nomothetic (norm-based) and idiographic (individualized) approaches. (Molony SL, Kolanowski A, Van Haitsma K, et al. Person-Centered Assessment and Care Planning. The Gerontologist. 2018; 58(1):S32-S47.)

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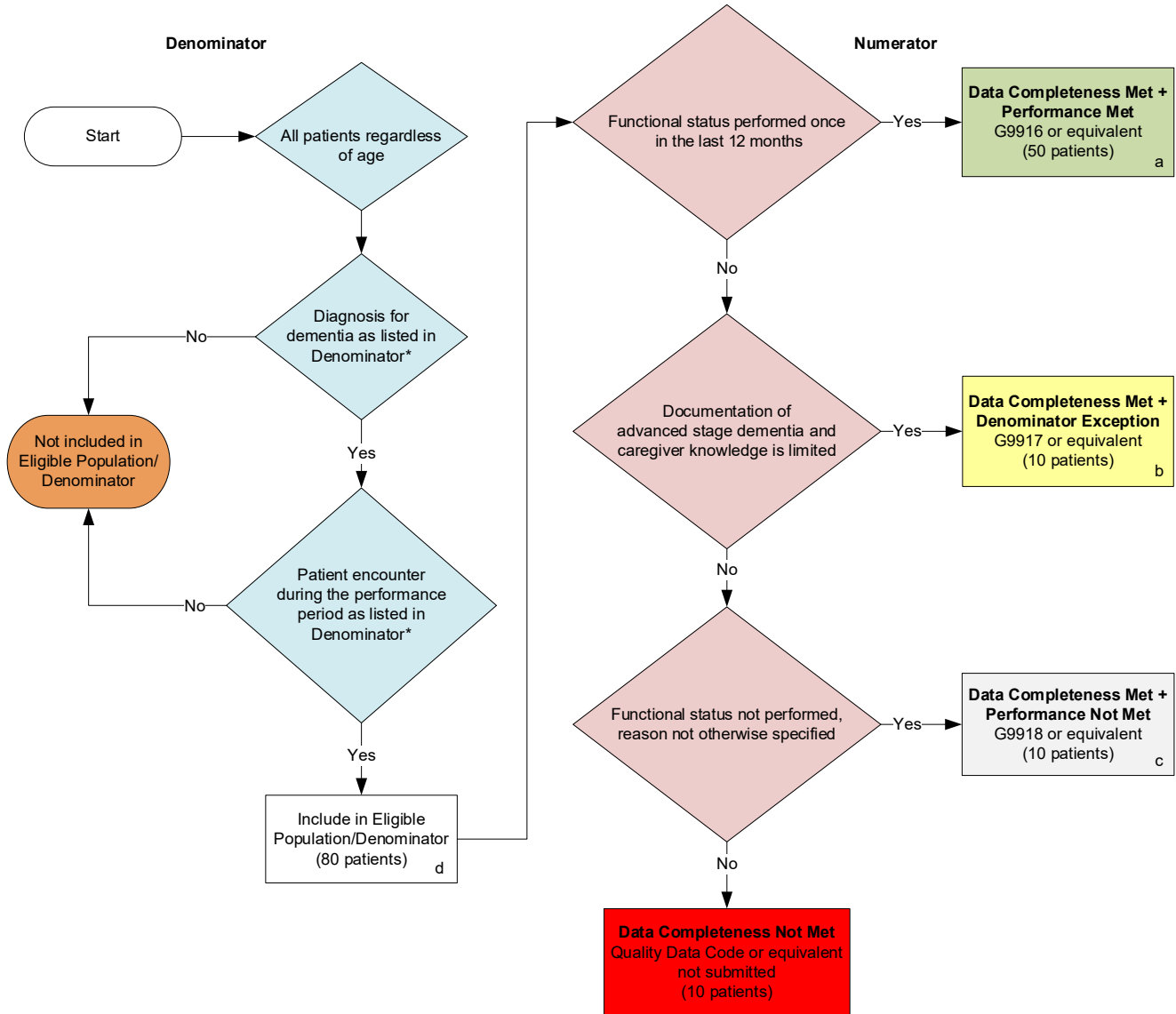
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## 2023 Clinical Quality Measure Flow for Quality ID #282: Dementia: Functional Status Assessment

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



### SAMPLE CALCULATIONS

**Data Completeness=**  

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$

\* See the posted measure specification for specific coding and instructions to submit this measure.  
 NOTE: Submission Frequency: Patient-Process

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**2023 Clinical Quality Measure Flow Narrative for Quality ID #282:  
Dementia: Functional Status Assessment**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. All patients regardless of age
3. Check *Diagnosis for dementia as listed in Denominator\**:
  - a. If *Diagnosis for dementia as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for dementia as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - 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 *Functional status performed once in the last 12 months*:
  - a. If *Functional status performed once in the last 12 months* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *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 50 patients in the Sample Calculation.
  - b. If *Functional status performed once in the last 12 months* equals No, proceed to check *Documentation of advanced stage dementia and caregiver knowledge is limited*.
8. Check *Documentation of advanced stage dementia and caregiver knowledge is limited*:
  - a. If *Documentation of advanced stage dementia and caregiver knowledge is limited* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
  - b. If *Documentation of advanced stage dementia and caregiver knowledge is limited* equals No, proceed to check *Functional status not performed, reason not otherwise specified*.

9. Check *Functional status not performed, reason not otherwise specified*:
  - a. If *Functional status not performed, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *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 10 patients in the Sample Calculation.
  - b. If *Functional status not performed, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
  - 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 equals Performance Met (a equals 50 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 50 patients divided by 60 patients. All equals 83.33 percent.

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

NOTE: Submission Frequency: Patient-Process

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.