National Functional Evaluation

Medicare 2017 Guidelines

***MACRA: "*Medicare Access & CHIP Reauthorization Act":** It replaces the three old Medicare reporting programs.

1- **Medicare meaningful use→→→** Replaced by **Advanced care information.**
2- **PQRS→→→** Replaced by **Quality.**
3- **Value based modifier →→→** Replaced by **Cost.**

***MIPS*: Merit incentive based payment system:** It is a performance-based payment adjustment system focused on evidence based and specific quality data practices.

- **Program started on January 1st 2017.**
- **Failure to participate and report:** 4% fee schedule penalty in 2018 and 2019.
- **Successful participation and reporting**: + 5% in 2019 with a 9% potential in 2022. The more you report the higher the incentive.

Quality:

- It replaces PQRS.
- Single practitioners: required to report 6 quality measures including a minimum of one outcome assessment measure.
- Group practitioner: required to report 15 measures.

Functional Evaluation testing: provide the necessary information and data to report.

7 outcome measures and 6 process measures

- **All high priority measures.**
- **Eligible patients:** Aged 18 years or older who receives treatment for functional deficits.
- **Rational:** If the treatment is designed to improve the functional deficits, it is logical to assess functional status using a standardized, **objective** tool to determine if the treatment improved the functional status of the patient over the treatment episode.
- **Clinical recommendation:** Functional status measures should be used to assist in the **planning, implementing and modification** of treatment interventions and should be used as measure of outcome.

❖ **Process Measures:** Evidence-Based practices that represent health system measures to systematize its improvement effort.

Measure	Measure number	Reported via
1-Functional outcome assessment	182	G8942: Baseline G8539: Positive G8542: Negative
2-Pain assessment and follow up	131	G8730: Positive G8731: Negative
3-Osteoarthritis, functional and pain assessment	109	1006F
4-Rheumatoid arthritis function status assessment	178	1170F
5-Functional status assessment for total hip replacement	376	EHR reporting "PROMISE-Global HOOS"
6-Functional status assessment for total knee replacement	375	HER reporting "PROMISE Global KOOS"

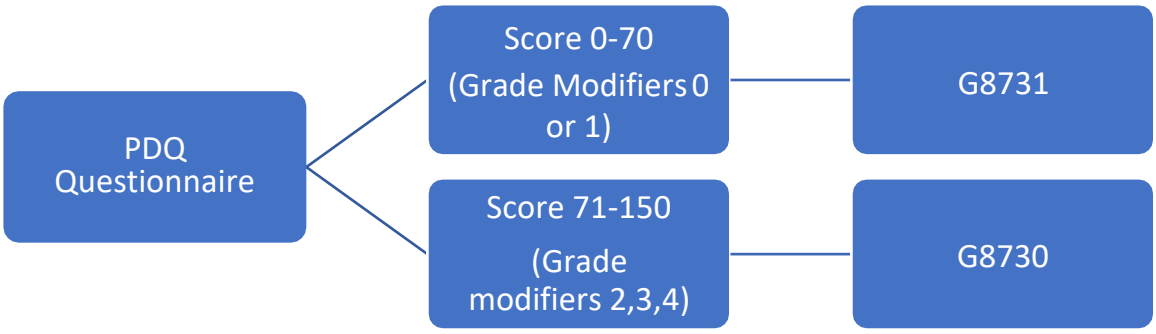
❖ **Outcome Measures:** High level clinical outcome measurements. A critical part of testing and implementing changes. Measures tell a team whether the changes they are making led to improvement.

Functional status changes for patients with impairments.
7 measures based on the body part.

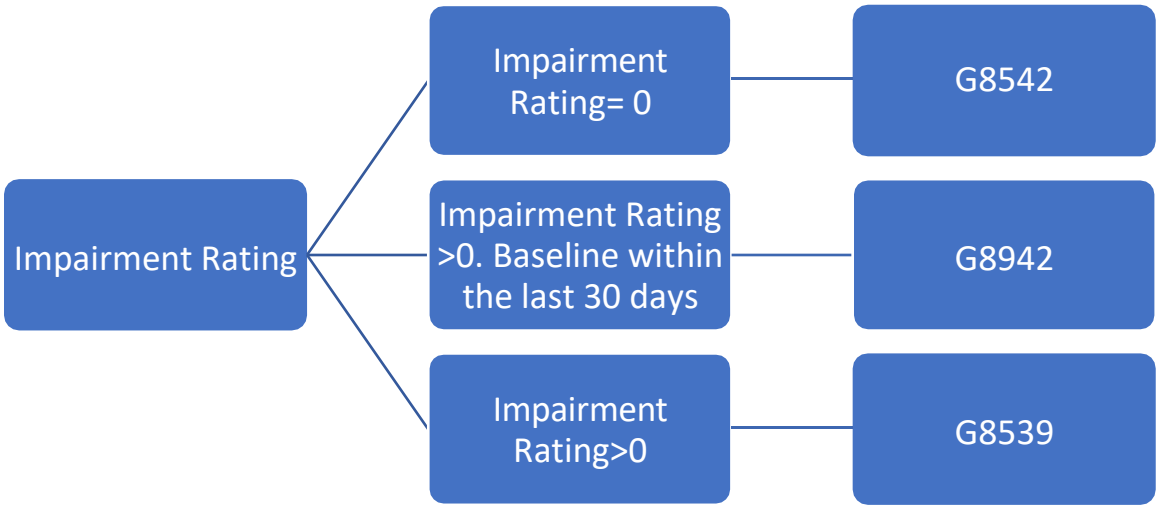
Measure	Measure number	Reported via
1-Functional Status changes for patients with General Orthopedic Impairments: (Mostly **Cervical** & **Thoracic** regions for this measure)	223	G8671: Negative G8672: Positive
2-Functional Status changes for patients with **Elbow**, **Wrist** Or **Hand** Impairments.	222	G8667: Negative G8688: Positive
3-Functional Status changes for patients with **Shoulder** Impairments.	221	G8663: Negative G8664: Positive
4-Functional Status changes for patients with **Lumbar Spine** Impairments.	425	G8659: Negative G8660: Positive
5-Functional Status changes for patients with **Knee** Impairments.	217	G8647: Negative G8648: Positive
6-Functional Status changes for patients with **Hip** Impairments.	218	G8651: Negative G8652: Positive
7-Functional Status changes for patients with **Lower Leg**, **Foot** or **Ankle** impairments.	219	G8655: Negative G8656: Positive

MIPS G codes Explanation:

1- Process Measure #131 " Pain Assessment and Follow Up" based on the PDQ questionnaire:



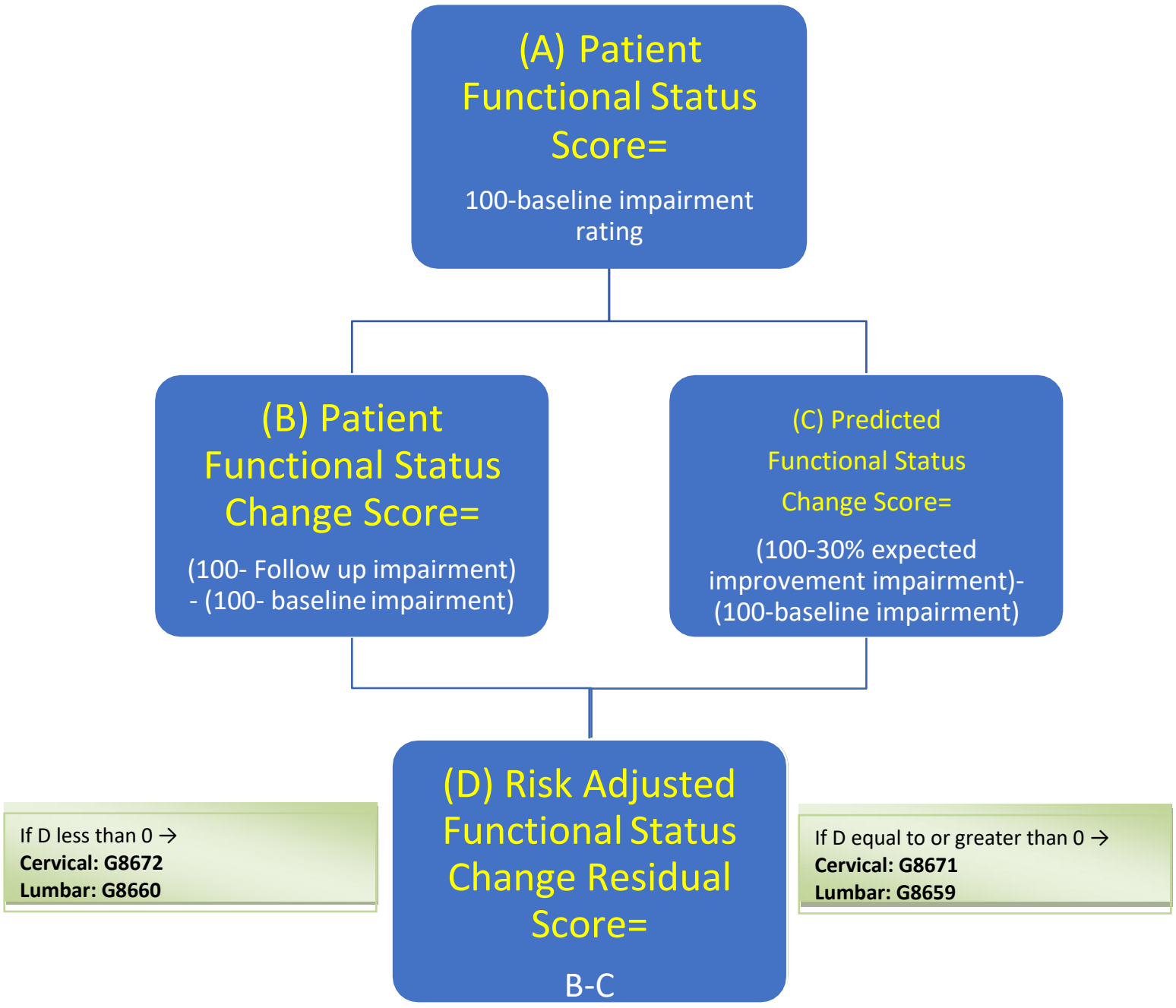
2- Process Measure #182 " Functional Assessment" based on the Impairment rating:



3- Outcome Measures #217, #218, #219, #220, #221, #222, #223,

"Functional Status Change"

Based on the Impairment rating change between 1st impairment calculation and last impairment calculation in the reporting period:



Example 1:

Patient baseline impairment 40%
Patient follow up impairment 20%

Then

A= 100-40= 60
B= (100-20)-(100-40) = 20
30% expected improved impairment= 30% of 40= 12, so expected Impairment is 28%
C= (100- 28) – (100-40) = 12
D= 20-12= 8 ≥0 → Cervical G8671 or Lumbar G8659

Example 2:

Patient baseline impairment 40%
Patient follow up impairment 30%

Then

A= 100-40= 60
B= (100-30)-(100-40) = 10
30% expected improved impairment= 30% of 40= 12, so expected Impairment is 28%
C= (100- 28) – (100-40) = 12
D= 10-12= -2 < 0 → Cervical G8672 or Lumbar G8660