

Quality ID #282: Dementia: Functional Status Assessment
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

2020 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.

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, F02.80, F02.81, F03.90, F03.91, 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, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96156, 96158, 96164, 96167, 96170, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251*, 99252*, 99253*, 99254*, 99255*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99487, 99490, 99497

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

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) (i.e., cleaning, money management, and medication management, transportation, cleaning, and cooking) and basic activities of daily living (ADL) (i.e., grooming, bathing, dressing, eating, toileting, gait, and transferring). Documentation why an assessment could not be completed due to advanced staging of dementia in combination with a lack of a knowledgeable informant would meet the measure criteria.

Numerator Instructions:

Functional status can be assessed by direct examination of the patient or knowledgeable informant. An assessment of functional status should include, at a minimum, an evaluation of the patient's ability to perform instrumental activities of daily living (IADL) and basic activities of daily living (ADL). Functional status can also be assessed using one of a number of available valid and reliable instruments available from the medical literature. Examples include, but are not limited to:

- Lawton Instrumental Activities of Daily Living Scale
- Barthel ADL Index
- Katz Index of Independence in Activities of Daily Living
- Functional Activities Questionnaire

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 why an assessment could not be completed due to medical reasons such as advanced staging of dementia in combination with a lack of a knowledgeable informant would meet the measure criteria.*

The denominator exception quality-data code has been removed for 2020. *This code does not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions.*

Numerator Options:

Performance Met:

Functional status performed once in the last 12 months **(G9916)**

OR

Denominator Exception:

Documentation of medical reason(s) for not performing functional status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason)

OR

Performance Not Met:

Functional status not performed, reason not otherwise specified **(G9918)**

RATIONALE:

Dementia is characterized by cognitive deficits that cause functional impairment compromising basic and instrumental activities of daily living. Functional decline for dementia patients is progressive and continuous and typically marked by decline in instrumental activities of daily living followed by a slower decline in basic activities of daily living. (Lechowski L et al. Dement Geriatr Cogn Disord. 2010; 29(1):46-54.) Functional impairment is the main factor negatively impacting quality of life in patients with dementia including reported links to the development of apathy and depression. (Andersen CK, et al. Health Qual Life Outcomes. 2004, 2:52., Starkstein SE et al. Am J Psychiatry. 2005;162:2086-2093., Boyle PA, et al. Am J Geriatr Psychiatry. 2003 Mar-Apr;11(2): 214-21.) In addition,

decline in basic activities of daily living is an important risk factor for institutionalization and a strong predictor of decreased survival in dementia patients. (Steeman E, et al. Arch Psychiatr Nurs. 1997; 11, 295-303., Bracco L, et al. Arch Neurol. 1994 Dec; 51(12): 1213-9.) Initial and ongoing assessments of functional status should be conducted to determine baseline level of functioning, monitor changes over time, and to identify strategies to maximize patient's independence.

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. 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:

A detailed assessment of functional status may also aid the clinician in documenting and tracking changes over time as well as providing guidance to the patient and caregivers. Functional status is typically described in terms of the patient's ability to perform instrumental activities of daily living such as shopping, writing checks, basic housework, and activities of daily living such as dressing, bathing, feeding, transferring, and maintaining continence. These regular assessments of recent cognitive and functional status provide a baseline for assessing the effect of any intervention, and they improve the recognition and treatment of acute problems, such as delirium. (APA, 2007)

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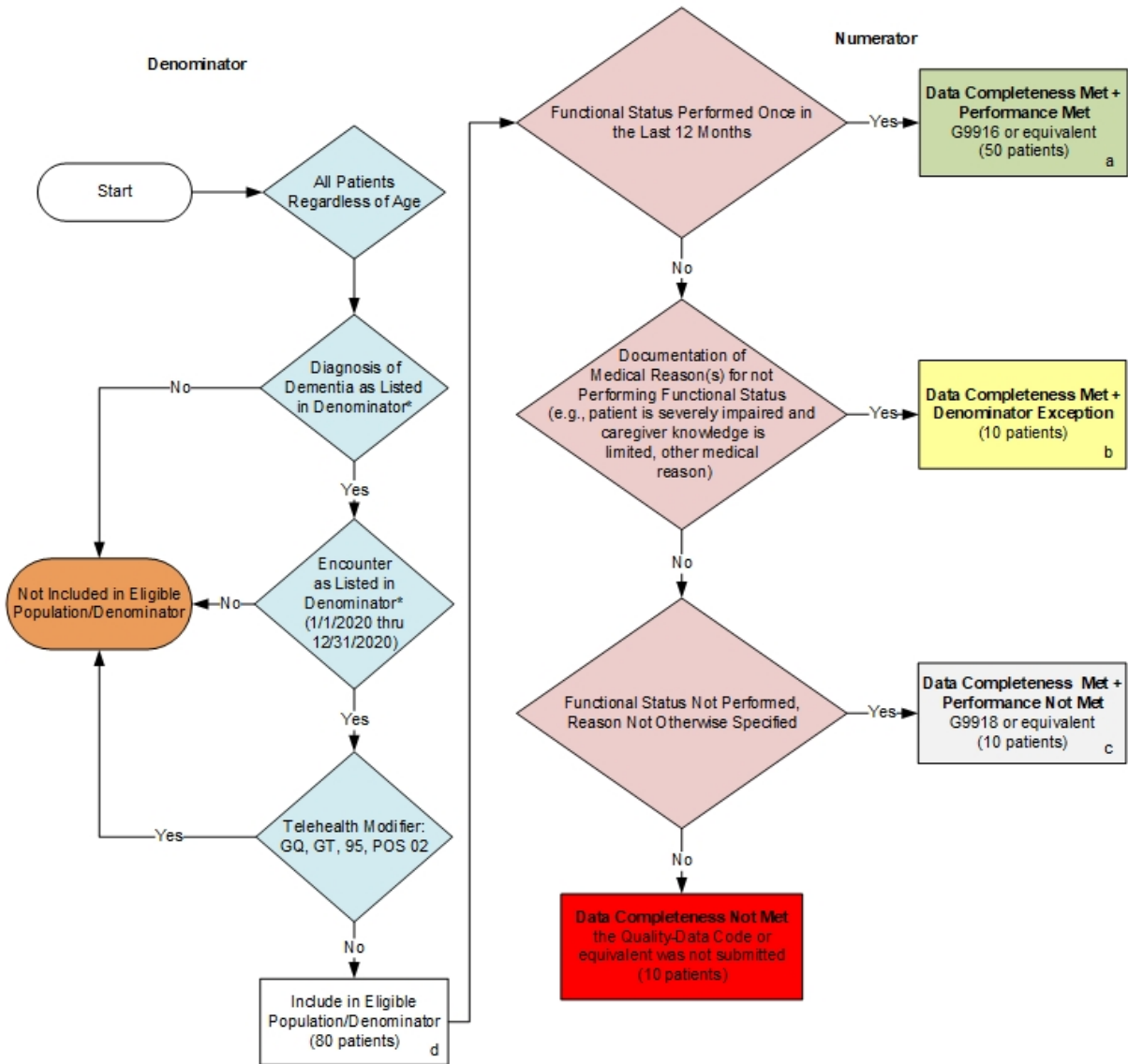
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2020 Clinical Quality Measure Flow for Quality ID #282: Dementia: Functional Status Assessment

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



SAMPLE CALCULATION S:

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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**2020 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 Patient Diagnosis:
 - a. If Diagnosis of Dementia as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of Dementia as Listed in the 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, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in Eligible Population.
6. 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.
7. Start Numerator
8. 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.
 - 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 50 patients in the Sample Calculation.
 - c. If Functional Status Performed Once in the Last 12 Months equals No, proceed to check Documentation of Medical Reason(s) for not Performing Functional Status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason).
9. Check Documentation of Medical Reason(s) for not Performing Functional Status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason):

- a. If Documentation of Medical Reason(s) for not Performing Functional Status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason) equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. 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.
 - c. If Documentation of Medical Reason(s) for not Performing Functional Status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason) equals No, proceed to check Functional Status Not Performed, Reason Not Otherwise Specified.
10. 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.
 - 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 10 patients in the Sample Calculation.
 - c. If Functional Status Not Performed, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.
11. 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.
12. Sample Calculations
13. 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 87.5 percent.
14. 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.

SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

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