Patients with Osteoarthritis who have an Assessment of Their Pain and Function

This measure is to be reported at each visit of osteoarthritis during the reporting period for all patients aged 21 years and older.

Measure description

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

What will you need to report for each visit for patients with osteoarthritis for this measure?

If you select this measure for reporting, you will report:

- Whether or not you assessed for osteoarthritis symptoms and functional status (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire)

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender ☐ Male ☐ Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information / Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	**No**	**Code Required on Claim Form**
Patient is aged 21 years and older.	☐	☐	Verify date of birth on claim form.
Patient has a diagnosis of osteoarthritis.	☐	☐	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	☐	☐	
If **No** is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet the measure?			
Osteoarthritis Symptoms and Functional Status	**Yes**	**No**	**Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)**
Assessed[1]	☐	☐	1006F
			If **No** is checked for the above, report 1006F–8P (Osteoarthritis symptoms and functional status not assessed, reason not otherwise specified.)

[1]May include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire.

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Coding Specifications

Codes required to document patient has osteoarthritis and a visit occurred:

An ICD-9 diagnosis code for osteoarthritis and a CPT E/M service code are required to identify patients to be included in this measure.

Osteoarthritis ICD-9 diagnosis codes

- 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98 (osteoarthritis)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- ***CPT II 1006F:*** Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire)
- ***CPT II 1006F–8P:*** Osteoarthritis symptoms and functional status not assessed, reason not otherwise specified

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