

## Function and Pain Assessment

### Coding Specifications

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

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

All measure-specific coding should be reported ON THE SAME CLAIM.

#### Osteoarthritis line item ICD-9-CM 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:

#### CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **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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