

Functional Status Assessment for THR (CMS56)

The following is for educational purposes only and is not intended to be clinical or legal advice. The information provided in the Measure Details section is based on specification published by CMS at <https://ecqi.healthit.gov/ecqm/ec/2023/cms056v11>

Measure Details

Description *

Percentage of patients 18 19 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment (FSA) within 90 days prior to the surgery and in the 270-365 365 days after the surgery

Initial Population

Patients 19 years of age and older who had a primary total hip arthroplasty (THA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period

Denominator

Equals Initial Population

Numerator

Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12], [Patient-Reported Outcomes Measurement Information System \[PROMIS\]-10-Global Health, Hip Disability and Osteoarthritis Outcome Score \[HOOS\], HOOS Jr.](#)) in the 90 days prior to or on the day of the primary THA procedure, and in the 270 - 365 days after the THA procedure

Denominator Exclusion

- Exclude patients with two or more fractures indicating trauma in the 24 hours before or at the time start of the total hip arthroplasty
- Patients with severe cognitive impairment that starts before or in any part of the measurement period
- Exclude patients who are in hospice care for any part of the measurement period

Numerator Exclusion

NA

Overview

| What is Documented | When is it Documented | Where in QMER |
|--------------------------------|--|-------------------------|
| Qualifying Encounter | During Measurement Period (2023) | Coded SOAP Note |
| Total Hip Arthroplasty in 2022 | At the Time of THA | DxCPT or History Module |
| Pre-Op FSA | On or 90 Days Prior to THA | Screening Tools |
| Outpatient Visit | During Measurement Period (2023) | Past Exams |
| Post Op FSA | 270 - 365 days after the THA procedure | Screening Tools |

| Exclusions/Exceptions | Where in QEMR |
|---|----------------|
| Two or more fractures indicating trauma in the 24 hours before or at the start of the THA | DxCPT Module |
| Patients who are in hospice care for any part of the measurement period | History Module |
| Patients with severe cognitive impairment that starts before or during the measurement period | History Module |

| 2022 to 2023 Changes |
|----------------------|
| NA |

Set Up

All codification shown is an example for incrementation, for a full list of accepted codes please visit [Value Set Authority Center](#).

Qualifying Encounter

No set up required

Pre/Post Op FSA

No set up required

Building Hospice Care History Item

Build the history items below:

1. Log into **QEMR** > Navigate to **Edit > History**
2. Highlight **desired History Category** list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button

Workflow

Qualifying Encounter

Following standard office workflow, document patient visit(s) via SOAP notes and code with CPT and diagnosis codes using either DxCPT, SmartDx or Smart CPT modules.

Pre/Post Op FSA

HOOS Hip Survey must be completed 90 days prior to THA and 270-365 days after THA via **Go > Screening Tools > HOOS Hip Survey**

Documenting Hospice Exclusion

To document, follow steps below:

1. Navigate to **History Module > Health Maintenance** category
 - a. Double-click applicable history item
 - b. Enter **Occur Date**

| Category | Item | Comments | Smoking Status | Active | Occur Date | Date Entered | Source |
|------------------------------|--------------|----------|----------------|--------|------------|-------------------|--------|
| Health Maintenance Screening | Hospice Care | | | | 01/13/2022 | 1/18/2022 9:51 AM | gloEMR |

Incrementing Details

Occur Dates

To increment ANY measure using the History Module the Occur Dater MUST be documented using appropriate date based upon Measure Description.

Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

Measure Specific Codes

The codification shown in this document are examples of qualifying documentation. To see a full list please visit [Value Set Authority Center](#).

CMS Guidance *

The same functional status assessment (FSA) instrument must be used for the initial and follow-up assessment