

DOCUMENTATION TIPS

MIPS #131: Pain Assessment and Follow-Up

Electronic health records (EHRs) collect and organize notes, medication lists, and patient information using various formats. With providers also documenting this information in unique ways, this can potentially cause confusion and an increased timeline for measure mapping with DataDerm. This tip sheet can help you manage reporting requirements for performance measures and streamline standard documentation practices to allow seamless data pull into DataDerm.

The DataDerm team will work with you to connect DataDerm with your EHR to extract data. To make that as smooth as possible, it helps to document key elements of patient care. DataDerm cannot read scanned images of any kind, including scanned images for labs, letters to physicians, pathology reports, follow-up plans, and dates. If you have scanned images with information needed for your measures, please add a note in your chart with the date and required patient information for this data to be accurately collected.

This tip sheet can assist paper-based practices in standardizing documentation practices. Keeping notes in the patient's paper chart of all documentation requirements will assist you when reporting for this measure.

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For all patients 18 and older, document the following in your notes:

- The CPT or HCPCS code for the patient encounter during the reporting period
 - 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 97127, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 98940, 98941, 98942, 98943, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99234, 99235, 99236, 99238, 99239, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, D7140, D7210, G0101, G0402, G0438, G0439
 - Telehealth patient encounters are ineligible (telehealth modifiers: GQ, GT, 95, POS 02)

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- Pain assessed using standardized tools – document the assessment scale name, date provided, and results/score
 - Brief Pain Inventory (BPI)
 - Faces Pain Scale (FPS)
 - McGill Pain Questionnaire (MPQ)
 - Multidimensional Pain Inventory (MPI)
 - Neuropathic Pain Scale (NPS)
 - Numeric Rating Scale (NRS)
 - Oswestry Disability Index (ODI)
 - Roland Morris Disability Questionnaire (RMDQ)
 - Verbal Descriptor Scale (VDS)
 - Verbal Numeric Rating Scale (VNRS)
 - Visual Analog Scale (VAS)
 - Patient-Reported Outcomes Measurement Information System (PROMIS)
- Follow-up plan documented for a positive pain assessment
 - Date of follow-up appointment
 - Referral to another provider
 - Notification to other care providers as applicable
 - Statement that initial treatment plan is still in effect. Plan may include pharmacologic, interventional therapies, behavioral, physical medicine, and/or educational intervention
- If pain assessment using standardized tool did not occur OR if a follow-up plan is not documented, include if applicable:
 - Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others
 - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

Additional Tips:

- Collect **for each denominator eligible visit** during the performance period.
- See measure specifications for additional codes that can assist in seamless measure mapping from your EHR to DataDerm, if applicable (e.g. G8730).
- Go to the DataDerm dashboard "Resources" tab. Click "Tools" for resources on picking the best assessment tool for your workflow.
- GQ, GT, 95, and POS 02 telehealth modifiers make cases ineligible.