This is a quick reference tool to help you with coding and documentation of Medicare Star Rating measures that close care gaps.

### Codes

<table>
<thead>
<tr>
<th>Functional status assessment</th>
<th>CPT/CPT II</th>
<th>HCPCS</th>
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<tbody>
<tr>
<td></td>
<td>1170F, 99483</td>
<td>G0438, G0439</td>
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### Exclusion(s)

**Standard Exclusions**

- Patients in hospice.
- Exclude services provided in an acute setting.

**Timeframe**

Anytime during the year.

### Medical Record Documentation

**Test, service, or procedure to close the care gap**

Functional status assessment must occur within the measurement year.

- Functional status assessment tool and results or documentation of all of the following:
  - Assessment of at least four instrumental activities of daily living (IADL) including:
    - Chores, such as laundry.
    - Cleaning.
    - Cooking.
    - Driving or using public transportation.
    - Grocery shopping.
    - Home repair.
    - Paying bills or other financial tasks.
    - Taking prescribed medications.
    - Using a phone.
  - Assessment of at least five activities of daily living (ADL) including:
    - Dressing.
    - Eating meals/snacks.
    - Getting up and down from sitting or lying position.
    - Taking a bath or shower.
    - Using the restroom.
    - Walking.
  - Body systems assessment that includes three of the following:
    - Ambulation status.
    - Cognitive status.
    - Physical independence (exercise, housework, work outside of the home).
    - Sensory status — hearing, vision, and speech.
Medical Record Documentation - continued

Medical record detail, any of the following:

- Functional status assessment forms.
- Progress notes.
- Home health records.
- Physical therapy notes.
- Occupational therapy.
- Health history and physical.
- Skilled nursing facility minimum data set (MDS) form.

Tips and Best Practices to Help Close the Care Gap

- Always clearly document the date of the functional status assessment.
- The use of CPT Category II codes helps identify clinical outcomes such as functional status assessment. It can also reduce the need for chart review.
- A functional status assessment may be conducted face-to-face or over the phone by a qualified health care provider such as a physician, physician assistant, advanced practice registered nurse, registered nurse, medical assistant, etc.
- A functional status assessment limited to an acute or single condition, event, or body system, such as lower back or leg, won’t meet compliance.
- The following notations won’t meet compliance:
  - “Functional status reviewed” doesn’t indicate that a complete functional status assessment was performed.
  - Head, eyes, ears, nose, and throat (HEENT) isn’t a sufficient assessment of the sensory component of the functional status assessment. HEENT is considered a physical exam.
  - “Cranial nerves intact” isn’t evidence of a full sensory exam because it’s not clear that hearing, vision, and speech were assessed.
- Documentation of “normal motor/sensory” during an exam or a checked box next to “normal motor/sensory” on a neurological exam isn’t enough evidence for a functional status assessment.
- “Living independently” isn’t sufficient documentation of ADL guidelines because only one of the four functional status assessment components was assessed.

For information about Medicare Star Ratings measures, please visit the Provider Resource Center at hmsa.com/portal/provider/zav_pel.aa.MED.100.htm.

Information in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS technical specifications. For details, visit ncqa.org.

If you have any questions, call HMSA Provider Services at 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands.

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