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>Pain assessment</th>
<th>CPT/CPT II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1125F, 1126F</td>
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</table>

**Exclusions**

<table>
<thead>
<tr>
<th>Standard exclusions</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients in hospice.</td>
<td>Anytime during the year.</td>
</tr>
<tr>
<td>Excludes services provided in an acute inpatient setting.</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Record Documentation**

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

- Standardized pain assessment tool and results.
- Pain assessment must be completed within the measurement year.
- Date and notation of “no pain” in the medical record after the patient’s pain was assessed.

**Medical record detail, any of the following:**

- Pain assessment forms.
- Progress notes.
- SOAP notes.
- Home health records.
- Physical therapy notes.
- Occupational therapy notes.
- 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 pain assessment or note that the patient’s pain was assessed.
- The use of CPT Category II codes helps identify clinical outcomes such as pain assessment. It can also reduce the need for chart review.
- A pain assessment may be conducted face-to-face or over the phone by a health care provider such as a physician, physician assistant, advanced practice registered nurse, registered nurse, medical assistant, etc.
- Documentation in the patient’s medical record of a pain management plan or pain treatment alone will not meet compliance.
- Documentation in the patient’s medical record of screening for chest pain or documentation of chest pain alone will not meet compliance.
- A pain assessment related to a single body part, with the exception of chest, meets compliance.
- Pain scales, numbers, or faces are an acceptable form of pain assessment and meets compliance.
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.