

♣Measure #131: Pain Assessment Prior to Initiation of Patient Therapy

DESCRIPTION:

Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity and description) through discussion with the patient or through use of a standardized tool on each initial evaluation prior to initiation of therapy

INSTRUCTIONS:

This measure is to be reported for each initial evaluation occurring during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. This measure may be reported by non-MD/DO clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is reported using G-codes:

CPT service codes and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate denominator code(s) and the appropriate numerator G-code.

NUMERATOR:

Patient's pain assessment prior to initiation of treatment is documented

Definitions:

Standardized tool – A standardized tool is a test or measure administered and scored in a consistent manner and supported by psychometric literature. Examples of tools for pain assessment include, but are not limited to, Multidimensional Pain Score and McGill Pain Questionnaire.

Not eligible – A patient is not eligible if the following condition(s) exist:

- Patient refuses to participate
- Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools
- Situations where the patient's motivation to improve may impact the accuracy of results of nationally recognized standardized pain assessment tools
- 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

Numerator Coding:

Pain Assessment Documented

G8440: Documentation of pain assessment (including location, intensity and description) prior to initiation of treatment or documentation of the absence of pain as a result of assessment

OR

Pain Assessment not Documented, Patient not Eligible

G8442: Documentation that patient is not eligible for pain assessment

OR

Pain Assessment not Documented, Reason not Specified

G8441: No documentation of pain assessment (including location, intensity and description) prior to initiation of treatment

DENOMINATOR:

Patients aged 18 years and older

Denominator Coding:

A CPT service code is required to identify patients for denominator inclusion.

CPT service codes: 90801, 90802, 96116, 96150, 97001, 97003, 98940, 98941, 98942

RATIONALE:

The multidisciplinary pain management team is the optimal method for delivery of comprehensive treatment to patients in pain. Thus, it is essential for therapists to assess pain prior to initiation of therapy. Pain is the most common symptom for which the general population seeks health care, with chronic pain costing the U.S. \$100 billion per year in lost worker productivity and health costs.

CLINICAL RECOMMENDATION STATEMENTS:

The Institute for Clinical Systems Improvement (ICSI) supports that the intensity of pain should be assessed prior to the initiation of appropriate treatment and continually reassessed throughout the duration of treatment.

Reducing the intensity of the pain by just 25% has been shown to achieve a 50% improvement in functional status (Flor, Fydrich, & Turk, 1992. *Evidence Grade = A*).

Older adults with persistent pain commonly experience an increase in pain intensity with movement and, as a result, will limit the activities or movements that exacerbate the pain (e.g., stair climbing or walking) (Davis, Hiemenz, & White, 2002; Duong et al., 2005. *Evidence Grade = C*).

A multidisciplinary approach to diagnosis and treatment of pain is the preferred method of delivering health care to patients with chronic pain of any etiology due to the complexity of diagnosis and management. (International Association for the Study of Pain (IASP). Task Force on Guidelines for Desirable Characteristics for Pain Treatment Facilities, Level N/A).

Evidence Supporting the Criterion of Quality Measure:

Overall Evidence Grading: SORT Strength of Recommendation B: considerable patient-oriented evidence, i.e., re: improved diagnosis and treatment, improved pain management, and improved outcomes, but not consistently high quality evidence

Bloch, R. (2004). "Rehabilitation medicine approach to cancer pain." Cancer Investigation 22(6): 944-948.

Treatment of cancer pain may benefit from interventions focusing on function and physical and occupational therapy may all be needed to help manage cancer pain, especially

insofar as pain may result not only from the cancer itself but also from immobility and debilitation. Therefore assessment of the patient is important in addressing the source of pain.

Study quality level 2 (limited-quality patient-oriented evidence)

Loeser, J. D. (2007). "Task force on guidelines for desirable characteristics for pain treatment facilities." Retrieved May 16, 2007, from www.iasp-pain.org.

The task force on guidelines for desirable characteristics for pain treatment facilities recommends the multidisciplinary approach to diagnosis and treatment as the preferred method of delivering health care to patients with chronic pain of any etiology. It further recommends evaluation and treatment by non-medical health care providers, i.e., therapists, given that medical treatments have already failed many patients in pain.

Study quality level 2 (limited-quality patient-oriented evidence)

Schunk, C., et al. (2000). "Pain outcomes: Measurement and application to the American physical therapy association guide to physical therapy practice." Orthopaedic Physical Therapy Clinics of North America 9(1): 89 - 97.

Pain is a viable factor in physical therapy and should be included in outcome measurement. The American Physical Therapy Association Guide to Physical Therapy Practice includes the parameter of pain as an element of patient management. The appropriate tool depends on the practice setting and the patient population served.

Study quality level 2 (limited-quality patient-oriented evidence)

Shannon, E. (2002). "Reflections on clinical practice by occupational therapists working in multidisciplinary pain management programs in the UK and the USA." Australian Occupational Therapy Journal 49(1).

All patients with chronic pain should be appropriately evaluated before treatment is implemented, with a multidisciplinary approach to diagnosis and treatment the preferred method of delivering health care to patients with chronic pain of any etiology.

Study quality level 2 (limited-quality patient-oriented evidence)

Starke, A. (2005). "Managing the elusive beast of chronic pain: A challenge for PTs." PT magazine: 11.

Pain causes more adult disability than any other condition in the U.S. There are many components to treatment of chronic pain, assessment being a critical component.

Study quality level 2 (limited-quality patient-oriented evidence)