

OT Medicare Part B Evaluation Checklist & Quality Measures



This checklist is not comprehensive and does not replace the clinical judgement of an occupational therapist. The checklist should be used as a reminder of baseline areas that should be addressed during the OT evaluation process. The areas below relate to occupation-based practice and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the occupational therapy practice framework. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

For more information on the Quality Payment Program Merit-Based Incentive Payment System (MIPS), this checklist, and occupational therapy click on “Quality Payment Program” at www.aota.org/value.

Occupational Profile:

Download the template at www.aota.org/profile.

- Reason for OT services
- Successful occupations
- Interests & Values
- Occupational History
- Performance Patterns
 - Habits
 - Routines
 - Roles
 - Rituals
- Environment: Supports & Barriers (Physical, Social)
- Context: Supports & Barriers (Cultural, Personal, Temporal, Virtual)

Analysis of Occupational Performance

Click on the Quality Toolkit at www.aota.org/value for links to standardized assessments and screeners used in each of the areas below.

	Addressed	Is this area a Priority		Addressed	Is this area a Priority
Occupations					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
Performance Skills					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
Client Factors					
In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Performance Patterns					
Habits, Routines, Roles	<input type="checkbox"/>	<input type="checkbox"/>			
Contexts & Environments					
Include Safety Screen	<input type="checkbox"/>	<input type="checkbox"/>			

QPP MIPS Quality Measures (2021)

Download details of the measures including collection type at www.aota.org/value.

Measures Finalized for PHYSICAL THERAPY / OCCUPATIONAL THERAPY Specialty List

Done	High Priority	Quality #	Measure Title and Description
		128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
<input type="checkbox"/> G8422: BMI not Documented, Patient Not Eligible <input type="checkbox"/> G8938: BMI Documented Outside of Normal Limits, Follow-up Plan not Documented, Patient Not Eligible <input type="checkbox"/> G8420: BMI Documented as Normal, No Follow-Up Plan Required, Performance Met <input type="checkbox"/> G8417: BMI Documented as Above Normal Parameters, AND Follow-Up Documented, Performance Met <input type="checkbox"/> G8418: BMI Documented as Below Normal Parameters, AND Follow-Up Documented, Performance Met <input type="checkbox"/> G9716: BMI Documented Outside of Normal Limits, Follow-Up Plan not Completed for Documented Reason, Denominator Exception <input type="checkbox"/> G8421: BMI not Documented, Reason not Given, Performance Not Met <input type="checkbox"/> G8419: BMI Documented Outside of Normal Parameters, Follow-Up Plan not Documented, Reason not Given, Performance Not Met			
	!	130	Documentation of Current Medications in the Medical Record
<input type="checkbox"/> G8427: Current Medications Documented, Performance Met <input type="checkbox"/> G8430: Current Medications not Documented, Patient not Eligible, Denominator Exception <input type="checkbox"/> G8428: Current Medications with Name, Dosage, Frequency, or Route not Documented, Reason not Given, Performance Not Met			
	!	182	Functional Outcome Assessment
<input type="checkbox"/> G8539: Functional Outcome Assessment Documented as Positive AND Care Plan Documented, Performance Met <input type="checkbox"/> G8942: Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated, Within the Previous 30 Days, Performance Met <input type="checkbox"/> G8542: Functional Outcome Assessment Documented, No Functional Deficiencies Identified, Care Plan not Required, Performance Met <input type="checkbox"/> G9227: Functional Outcome Assessment Documented, Care Plan not Documented, Patient not Eligible, Denominator Exception <input type="checkbox"/> G8540: Functional Outcome Assessment not Documented, Patient not Eligible, Denominator Exception <input type="checkbox"/> G8541: Functional Outcome Assessment not Documented, Reason not Given, Performance Not Met <input type="checkbox"/> G8543: Functional Outcome Assessment Documented as Positive, Care Plan not Documented, Reason not Given, Performance Not Met			
	!	154	Falls: Risk Assessment
<input type="checkbox"/> G9718: Patient receiving Hospice Services, Patient Not Eligible <input type="checkbox"/> 1101F: Not at Risk for Falls (documentation of no falls or only one fall without injury), Denominator Exclusion <input type="checkbox"/> 1101F-8P: Fall status is not documented, Denominator Exclusion <input type="checkbox"/> 3288F & 1100F: Risk Assessment for Falls Completed AND Patient screened for future fall risk, Performance Met <input type="checkbox"/> 3288F-1P & 1100F: Risk Assessment for Falls not Completed for Medical Reasons, Denominator Exception <input type="checkbox"/> 3288F-8P & 1100F: Risk Assessment for Falls not Completed, Reason not Otherwise Specified, Performance Not Met			
	!	155	Falls: Plan of Care
<input type="checkbox"/> G9720: Patient receiving Hospice Services, Patient Not Eligible, Denominator Exclusion <input type="checkbox"/> CPT II 0518F: Plan of Care Documented, Performance Met <input type="checkbox"/> 0518F with 1P: Risk Assessment for Falls not Completed for Medical Reasons, Denominator Exception <input type="checkbox"/> 0518F with 8P: Plan of Care not Documented, Reason not Otherwise Specified, Performance Not Met			
		134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
<input type="checkbox"/> G9717: Depression Screening or Follow-Up Plan not Documented, Patient not Eligible, Denominator Exclusion <input type="checkbox"/> G8431: Screening for Depression Documented as Positive, AND Follow-Up Plan Documented, Performance Met <input type="checkbox"/> G8510: Screening for Depression Documented as Negative, Follow-Up Plan not Required, Performance Met <input type="checkbox"/> G8433: Screening for Depression not Completed, Documented Reason, Denominator Exception <input type="checkbox"/> G8432: Screening for Depression not Documented, Reason not Given, Performance Not Met <input type="checkbox"/> G8511: Screening for Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given, Performance Not Met			
	!	181	Elder Maltreatment Screen and Follow-Up Plan

Done	High Priority	Quality #	Measure Title and Description
<input type="checkbox"/>			G8733: Elder Maltreatment Screen Documented as Positive AND Follow-Up Plan Documented, Performance Met
<input type="checkbox"/>			G8734: Elder Maltreatment Screen Documented as Negative, Follow-Up Plan not Required, Performance Met
<input type="checkbox"/>			G8535: Elder Maltreatment Screen not Documented, Patient not Eligible, Denominator Exception
<input type="checkbox"/>			G8941: Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible for Follow-Up Plan, Denominator Exception
<input type="checkbox"/>			G8536: Elder Maltreatment Screen not Documented, Reason not Given, Performance Not Met
<input type="checkbox"/>			G8735: Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Reason not Given, Performance Not Met

		226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<input type="checkbox"/>			G9902: Patient Screened for Tobacco Use, Identified as a Tobacco User or Tobacco Non-User, Performance Met
<input type="checkbox"/>			G9903: Patient Screened for Tobacco Use AND Identified as a Tobacco Non-User, Performance Met
<input type="checkbox"/>			G9904: Tobacco Use Screening not Performed for Medical Reasons, Denominator Exception
<input type="checkbox"/>			G9905: Tobacco Use Screening not Performed, Reason Not Given, Performance Not Met

Measures Below Cannot be Submitted via Claims			
		126	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy—Neurological Evaluation
		127	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention—Evaluation of Footwear
	!	217	Functional Status Change for Patients with Knee Impairments FOTO (Outcome)
	!	218	Functional Status Change for Patients with Hip Impairments FOTO (Outcome)
	!	219	Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments FOTO (Outcome)
	!	220	Functional Status Change for Patients with Low Back Impairments FOTO (Outcome)
	!	221	Functional Status Change for Patients with Shoulder Impairments FOTO (Outcome)
	!	222	Functional Status Change for Patients with Elbow, Wrist or Hand Impairments FOTO (Outcome)
		281	Dementia: Cognitive Assessment
	!	288	Dementia: Education and Support of Caregivers for Patients with Dementia
	!	318	Falls: Screening for Future Fall Risk
	!	478	Functional Status Change for Patients with Neck Impairments
Additional Measures Reportable by OT Below Cannot be Submitted via Claims			
		283	Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management
		286	Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia

Lookup details for individual measures by visiting <https://qpp.cms.gov/mips/explore-measures>.