

# Functional Gains and the QPOP Program

The Quality Performance and Outcomes Payments program (QPOP) is a Division of Workers' Compensation certification program that allows providers to bill for documenting an injured worker's functional progress. The use of functional and psychological assessments can give more information on the patient's current condition and help identify a plateau, the need for mental health intervention, or give the provider data to discuss with the patient regarding progress.

For providers who participate in the QPOP program, it's important to understand the process for determining functional gains. Completing a Division approved functional assessment to document functional gains will ensure appropriate participation in this program and timely payments.

A QPOP functional assessment determines an individual's physical abilities by their report of function such as activities of daily living or job duties and the improvements over time. In addition to objective measurements, the assessment records patient compliance and incorporates goal-setting with the patient.

## 7 CCR 1101-3, Workers' Compensation Rules of Procedure

### **Medical Fee Schedule: Rule 18-9(C)(1-2):**

Medical providers who are Level I or II accredited, or who have completed the Division-sponsored Level I or II accreditation program and have successfully completed the QPOP training may bill separately for documenting functional progress made by the injured worker.

The medical providers must utilize both a Division-approved psychological screen and a Division-approved functional tool. The psychological screen and the functional tool are approved by the Division and are validated for the specific purpose for which they have been created.

The medical provider also must document whether the injured worker's perception of function correlates with clinical findings. The documentation of functional progress should assist the provider in preparing a successful plan of care, including specific goals and expected time frames for completion, or for modifying a prior plan of care.

### **The documentation must include:**

- (a) Specific testing that occurred, interpretation of testing results, and the weight given to these results in forming a reasonable and necessary plan of care;
- (b) Explanation of how the testing goes beyond the evaluation and management (E&M) services typically provided by the provider;
- (c) Meaningful discussion of actual or expected functional improvement between the provider and the injured worker.

**If the DOWC certification and documentation requirements have been met, the billing codes are as follows:**

// **DOWC Z0815** for the **initial assessment** during which the injured worker provides functional data and completes the validated psychological screen, which the provider considers in preparing a plan of care. This code also may be used for the final assessment that

includes review of the functional gains achieved during the course of treatment and documentation of MMI.

// **DOWC Z0816** for **subsequent visits** during which the injured worker provides follow-up functional data which could alter the treatment plan. The provider may use this code if the analysis of the data causes him or her to modify the treatment plan. The provider should not bill this code more than once every two to four weeks.

QPOP for injured workers who have reached maximum medical improvement requires prior authorization based on clearly documented functional goals.

**Information on certification for QPOP is available here:**

[www.colorado.gov/pacific/cdle/prospective-providers](http://www.colorado.gov/pacific/cdle/prospective-providers)

**A list of Division approved functional tests is posted here:**

[www.colorado.gov/pacific/sites/default/files/2018\\_5\\_QPOP\\_Table\\_of\\_approved\\_tests.pdf](http://www.colorado.gov/pacific/sites/default/files/2018_5_QPOP_Table_of_approved_tests.pdf)

**Documentation sample for QPOP functional assessment submitted by a QPOP certified MD, DO or DC visit:**

**Documentation**

(Example provided from April 2016 DOWC training.)

**Patient:** Brooke Back      **DOB:** 10/25/68      **Provider:** Brock Fixer MD

Ms. Back presents with lumbar disc herniation at L4-5 and mild degenerative changes L3-5. She had a work injury as described in her initial evaluation.\* She reports that she has difficulty with her normal activities of daily living including working and chores around the house. She denies any current symptoms of depression.

Patient was given the Oswestry Low Back Pain Disability Questionnaire and the Zung Depression Inventory, both of which are approved by the Division of Workers' Compensation for Quality Performance and Outcomes Payments.

Ms. Back scored a 30% (21%-40%: moderate disability) on the Oswestry. This reports that she is only able to lift light weights, she is unable to work at this time and she has difficulty walking greater than 10 minutes. She scored in the "mildly depressed" (50-59) category on the Depression Inventory; this indicates elements of depression which we will monitor and discuss as treatment progresses.

I presented the results of the functional and psychological assessments to Ms. Back. At this time she denies feeling significantly depressed and will let me know if there are changes. She understands we will be following her functional progress using the Oswestry. We discussed an appropriate progression in function and then developed functional goals using shared decision making. We will continue to monitor her depression and function, and progress her plan of care using the above assessments.

**Shared Functional Goals:**

Ms. Back will be able to walk 1 mile or for 20 minutes with minimal pain in 3 weeks.

Ms. Back will be able to lift 15 lbs from floor to counter with minimal pain in 4 weeks.

Ms. Back will be able to vacuum for 30 minutes without pain in 4 weeks.

\* Note: The functional goals may be copied and pasted from the initial evaluation report.

**If you have any questions, Pinnacol's provider medical billing auditors would be happy to assist you. Please call the Medical Payments Team and Payment Appeals Department at 303.361.4940 or email [billingsuccess@pinnacol.com](mailto:billingsuccess@pinnacol.com). (Fax: 303.361.5940)**

**For additional coding guidance and training, please visit [www.aapc.com/training/medical-coding-training.aspx](http://www.aapc.com/training/medical-coding-training.aspx).**