

## MIPS 503: Gains in Patient Activation Measure (PAM) Scores at 12 Months

Electronic health records (EHRs) collect and organize notes, medication lists, and patient information using various formats. With providers also documenting this information in unique ways, this can potentially cause confusion and an increased timeline for measure mapping with DataDerm. This tip sheet can help you manage reporting requirements for performance measures and streamline standard documentation practices to allow seamless data pull into DataDerm.

The DataDerm team will work with you to connect DataDerm with your EHR to extract data. To make the process as smooth as possible, it helps to document key elements of patient care. DataDerm cannot read scanned images of any kind, including scanned images for labs, letters to physicians, pathology reports, follow-up plans, and dates. If you have scanned images with information needed for your measures, please add a note in your chart with the date and required patient information for this data to be accurately collected.

This tip sheet can assist paper-based practices in standardizing documentation practices. Keeping notes in the patient's paper chart of all documentation requirements will assist you when reporting for this measure.

### MIPS 503: Gains in Patient Activation Measure (PAM) Scores at 12 Months

For all patients 14 years and older, document the following in your notes:

The CPT code for encounters during the reporting period: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 90834, 90837, 97164, 97165, 97166, 97167, 98966, 98967, 98968, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401\*, 99402\*, 99403\*, 99424, 99441, 99442, 99443, 99484, 99491, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0402, G0438, G0439

OR

Diagnosis of Huntington's disease (ICD-10-CM): G10

OR

Diagnosis of Cognitive Impairment or Alzheimer's disease (ICD-10-CM): A81.00, A81.09, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.9, G31.01, G31.09, G31.84, G40.909, I67.850, R41.0

For more information, see: [aad.org/measures](https://aad.org/measures)



Note in the medical record that:

There are Four Submission Criteria for this Measure:

- 1) All patients aged 14 years and older who had two PAM scores 6 to 12 months apart
- 2) All patients aged 14 years and older who achieved a net increase in PAM score of at least 3 points
- 3) All patients aged 14 years and older who achieved a net increase in PAM score of at least 6 points
- 4) Average change in PAM score

This measure will be calculated with 3 performance rates:

- 1) Percentage of patients aged 14 years and older who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period.
- 2) Percentage of patients aged 14 years and older who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period.
- 3) Average change between baseline PAM score and the second score within 6 to 12 months of a baseline PAM score.

This measure contains 4 submission criteria that are utilized to calculate the 3 performance rates. For accountability reporting in the CMS MIPS program, Submission Criteria 2 will be used for performance.

Unique to this measure is the Minimum Performance Threshold Requirement. This measure-based threshold includes two requirements:

- 1) Clinicians must have collected a follow-up PAM survey on at least 50% of all eligible patients during the performance period.
- 2) Clinicians must have administered a follow-up PAM survey to a minimum of 50 unique patients.

Therefore, if the performance rate for Submission Criteria 1 is below 50% and does not include 50 unique patients, the MIPS eligible clinician would not be able to meet the denominator of the Submission Criteria 2 and this measure CANNOT BE SUBMITTED. CMS anticipates the performance rate for Submission Criteria 2 and Submission Criteria 3 will be calculated using 100% of patients that met performance in Submission Criteria 1.

**Additional Tips:**

- This measure is to be submitted at least once per performance period for patients 14 and older.
- GQ, GT, 95, POS 02, and POS 10 telehealth modifiers are allowable.