

**OUTCOME ASSESSMENT TESTING SUMMARY REPORT**

Patient's Name:

Date of Injury:

Date of Test:

Tests:

- ☐ Headache Disability Index
- ☐ Knee Disability Index (Knee score questionnaire)
- ☐ Neck Disability Index questionnaire
- ☐ Oswestry Low Back Disability questionnaire (Revised)
- ☐ Rolland Morris Low Back Pain and Disability questionnaire
- ☐ Shoulder Pain and Disability Index

Estimated TOTAL Time Spent/Taken: \_\_\_\_\_ minutes



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## MEDICAL NECESSITY FOR OUTCOME ASSESSMENT TESTING

Outcome assessment tools are designed to establish baseline, document progress, assist in goal setting and motivate patients. It provides valid and useful information crucial in determining a correct treatment plan. These tools are invaluable for documenting the response of patients to the medical care they are receiving. They significantly help in clinical decision-making by focusing the physician on issues, which influence the choice of therapy for our patients.

Outcome assessment measures have been proven by numerous studies to be able to –

- Consistently evaluate the effect of care over time.
- Help indicate the point of maximum improvement.
- Uncover problems related to care such as noncompliance.
- Document improvement of the patient, doctor and third parties.
- Suggest modifications of the goals of care if necessary.
- Quantify the clinical experience of the doctor.
- Justify type, dose and duration of care.
- Help provide a database for clinical research.
- Assist in establishing standards of care for specific conditions.

In our practice, we use validated patient questionnaires as a principal method of measuring outcomes for patients with back pain (Revised Oswestry and/or Roland-Morris) and neck pain (Neck Pain Disability Index). Let me give you a brief discussion of the scientific acceptance and now widespread use of this type of outcome measure. It is given because traditionally practitioner measurements (e.g. range of motion measured by straight leg raise, x-ray, etc. and strength measures) have been thought to be more objective and valid than patient-centered survey instruments (questionnaires).

Current health science literature now says that carefully designed, proven questionnaires have at least equal scientific validity to practitioner measurement. Both the Oswestry Low-Back Pain Disability Questionnaire (Oswestry) and the Roland-Morris Low-Back Pain Disability Questionnaire (Roland-Morris) have been shown in randomized controlled trials to have validity and reliability in measuring results for patients with back pain under chiropractic or medical management. The Neck Pain Disability Index is an adaptation of the Oswestry for neck pain patients by the researchers and its validity and reliability have also been confirmed by randomized controlled trials.

A great advantage of patient-centered questionnaires is that they measure results directly. Patients indicate in specific ways whether treatment is improving pain levels, function, and reducing disability. Questionnaires are a great addition to the practitioner's analytical toolbox. Practitioner measurements are firstly indirect - it may be, in some patients, for example, that varying degrees of straight-leg raise or x-ray changes have nothing to do with the pain - and

secondly, there is increasing evidence that they are often less reliable, valid and scientifically sound than patient questionnaires.

The major advantage of the outcome assessment tests is that the things like level of pain, functional limitations in daily living, and level of improvement now can be measured and assigned numerical values and can be easily compared, which leads to more precise treatment plan and faster recovery.

The CPT code we are using for billing the outcome assessment tests is 99358. The description of the code as it is indicated in the New York Worker's Compensation fee schedule is 'prolonged evaluation and management service before and/or after direct face-to-face patient care'. The administering, scoring and evaluating of the tests is done during time not included in the regular visit. The tests are appropriately billed separately and in addition to the initial or a follow-up doctor examination.

Attached you will find a list of some of the articles and research data confirming the validity, reliability and the benefits of outcome assessment measures.

## REFERENCES

- 1 Measuring Health: A Guide to Rating Scales and Questionnaires McDowell I, Newell C, Oxford Press, New York 1987.
- 2 Measuring the Functional Status of Patients with Low Back Pain, Deyo R, Archives of Physical Medicine and Rehabilitation 1988, 69:1044-1053.
- 3 Fairbanks J, Davies J et al (1980) The Oswestry Low Back Pain Disability Questionnaire, Physiotherapy 66:271-272.
- 4 Meade TW, Dyer S et al (1990) Low Back Pain of Mechanical Origin: Randomized Comparison of Chiropractic and Hospital Outpatient Treatment, Br Med J300:1431-37.
- 5 Hsieh C J, Phillips R B et al (1992) Functional Outcomes of Low Back Pain: Comparison of Four Treatment Groups in a Randomized Controlled Trial, J Manipulative Physiol Ther,15(1):4-9.
- 6 Roland M, Morris R (1983) Study of Natural History of Back Pain, Part I: Development of Reliable and Sensitive Measure of Disability in Low Back Pain, Spine 8:141.
- 7 Vernon H, Mior S (1991) The Neck Disability Index: A Study of Reliability and Validity, J Manipulative Physiol Ther 14(7):409-415.