

# OT Medicare Part B Evaluation Checklist & Quality Measures

Use the checklist below during outpatient, Medicare Part B occupational therapy evaluations as a reminder of areas to address. The American Occupational Therapy Association (AOTA) encourages practitioners to print the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality occupational therapy evaluations that lead to occupation-based, client-centered interventions and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework* (AJOT, 2020). 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.

## Occupational Profile

Each element of the occupational profile is considered from the client's perspective. Take notes here or download the Occupational Profile at [aota.org/profile](https://aota.org/profile) to facilitate the interview and goal development.

- ☐ Client's Concerns
- ☐ Successful Occupations
- ☐ Occupational History
- ☐ Interests & Values
- ☐ Contexts: Environment & Personal
- ☐ Performance Patterns
  - ☐ Habits ☐ Routines ☐ Roles ☐ Rituals
- ☐ Client Factors
  - ☐ Values/Beliefs ☐ Body Function ☐ Body Structure
- ☐ Client Goals/Priorities

## Analysis of Occupational Performance

Click on the [Quality Toolkit](#) for links to standardized assessments and screenings used in each of the areas below.

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

## QPP MIPS Quality Measures (2026)

Download details of the Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) measures including collection type on [AOTA's Quality Page](#). Search details for individual measures by visiting <https://qpp.cms.gov/mips/explore-measures>.

### 2026 Measures Finalized for PHYSICAL THERAPY / OCCUPATIONAL THERAPY Specialty Measure Set

Done	High Priority	Quality #	Measure Title and Description
		048*	Urinary Incontinence: Assessment of Presence or Absence or Urinary Incontinence in Woman Aged 65 Years and Older
	!	050*	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
		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
	!	130*	Documentation of Current Medications in the Medical Record
		134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
<input type="checkbox"/> <b>G9717:</b> Depression Screening or Follow-Up Plan not Documented, Patient not Eligible, <b>Denominator Exclusion</b> <input type="checkbox"/> <b>G8431:</b> Screening for Depression Documented as Positive, AND Follow-Up Plan Documented, <b>Performance Met</b> <input type="checkbox"/> <b>G8510:</b> Screening for Depression Documented as Negative, Follow-Up Plan not Required, <b>Performance Met</b> <input type="checkbox"/> <b>G8433:</b> Screening for Depression not Completed, Documented Reason, <b>Denominator Exception</b> <input type="checkbox"/> <b>G8432:</b> Screening for Depression not Documented, Reason Not Given, <b>Performance Not Met</b> <input type="checkbox"/> <b>G8511:</b> Screening for Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given, <b>Performance Not Met</b>			
	!	155*	Falls: Plan of Care
	!	181	Elder Maltreatment Screen and Follow-Up Plan
<input type="checkbox"/> <b>G8733:</b> Elder Maltreatment Screen Documented as Positive AND Follow-Up Plan Documented, <b>Performance Met</b> <input type="checkbox"/> <b>G8734:</b> Elder Maltreatment Screen Documented as Negative, Follow-Up Plan not Required, <b>Performance Met</b> <input type="checkbox"/> <b>G8535:</b> Elder Maltreatment Screen not Documented, Patient not Eligible, <b>Denominator Exception</b> <input type="checkbox"/> <b>G8941:</b> Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible for Follow-Up Plan, <b>Denominator Exception</b> <input type="checkbox"/> <b>G8536:</b> Elder Maltreatment Screen not Documented, Reason not Given, <b>Performance Not Met</b> <input type="checkbox"/> <b>G8735:</b> Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Reason not Given, <b>Performance Not Met</b>			
	!	182*	Functional Outcome Assessment
	!	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)

! Indicates measures are high priority – utilize high priority measures if there is not an applicable outcome measure.

\* Indicates measures that cannot be submitted via claims

## 2026 Measures Finalized for PHYSICAL THERAPY / OCCUPATIONAL THERAPY Specialty Measure Set (CONT.)

Done	High Priority	Quality #	Measure Title and Description
		226	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>
<input type="checkbox"/> <b>G9902:</b> Patient Screened for Tobacco Use, Identified as a Tobacco User, <b>Performance Met</b> <input type="checkbox"/> <b>M1159:</b> Hospice services provided to patient any time during measurement period, <b>Denominator Exclusion</b> <input type="checkbox"/> <b>G9903:</b> Patient Screened for Tobacco Use AND Identified as a Tobacco Non-User, <b>Performance Met</b> <input type="checkbox"/> <b>G9905:</b> Tobacco Not Screened for Tobacco Use, <b>Performance Not Met</b>			
		281*	<b>Dementia: Cognitive Assessment</b>
	!	286*	<b>Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</b>
	!	288*	<b>Dementia: Education and Support of Caregivers for Patients with Dementia</b>
		291*	<b>Assessment of Cognitive Impairment or Dysfunction of Patients with Parkinson's Disease</b>
	!	318*	<b>Falls: Screening for Future Fall Risk</b>
	!	478*	<b>Functional Status Change for Patients with Neck Impairments FOTO (Outcome)</b>
		317	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</b>
<input type="checkbox"/> <b>G8783:</b> Normal blood pressure reading documented, follow-up not required, <b>Performance Met</b> <input type="checkbox"/> <b>G8950:</b> Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented, <b>Performance Met</b> <input type="checkbox"/> <b>G9745:</b> Documented reason for not screening or recommending a follow-up for high blood pressure, <b>Denominator Exception</b> <input type="checkbox"/> <b>G8785:</b> Blood pressure reading not documented, reason not given, <b>Performance Not Met</b> <input type="checkbox"/> <b>G8952:</b> Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given, <b>Performance Not Met</b>			
	!	502*	<b>Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder</b>
	!	503*	<b>Gains in Patient Activation Measures (PAM) Scores at 12 Months</b>

! Indicates measures are high priority – utilize high priority measures if there is not an applicable outcome measure.

\* Indicates measures that cannot be submitted via claims

## Resources

Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. Am J Occup Ther August 2020, Vol. 74(Supplement\_2), 7412410010p1–7412410010p87. doi: <https://doi.org/10.5014/ajot.2020.74S2001>

AOTA Evaluation & Assessment: <https://www.aota.org/practice/domain-and-process/evaluation-and-assessment>

AOTA Payment Policy – Medicare Resources for Occupational Therapy Practitioners: <https://www.aota.org/practice/practice-essentials/payment-policy/medicare1>

AOTA Quality – Volume to Value: [www.aota.org/value](http://www.aota.org/value)

Quality Payment Program – Explore Measures & Activities: <https://qpp.cms.gov/mips/explore-measures>

Quality Payment Program – MIPS Participation Options Overview: <https://qpp.cms.gov/mips/overview>