

**Quality ID #220 (NQF 0425): Functional Status Change for Patients with Low Back Impairments**  
– National Quality Strategy Domain: Communication and Care Coordination  
– Meaningful Measure Area: Patient Reported Functional Outcomes

**2019 COLLECTION TYPE:**  
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Patient Reported Outcome – High Priority

**DESCRIPTION:**  
A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with low back impairments. The change in functional status (FS) is assessed using the Low Back FS patient-reported outcome measure (PROM) (©Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level by to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static survey)

**INSTRUCTIONS:**  
This patient reported outcome measure is to be submitted **once per treatment episode** for all patients with a functional deficit related to the low back region. This is a patient reported outcome measure and its calculation requires submitting of the patient's FS score, as a minimum, at admission to and again at discharge from an episode of rehabilitation. The admission score is recorded during the first rehabilitation treatment encounter, and the discharge score is recorded at or near the conclusion of the final rehabilitation treatment encounter. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians providing treatment for functional deficits related to the low back region will submit this measure.

**Definitions:**

**Functional Deficit** – Limitation or impairment of physical abilities/function resulting in evaluation and inclusion in a treatment plan of care.

**Treatment Episode** – A Treatment Episode is defined as beginning with an Admission for a functional low back deficit, progressing to development of a plan of care, including treatment, without interruption of care (for example, a hospitalization or surgical intervention), and ending with Discharge from clinical care by the MIPS eligible clinician. A patient currently under clinical care for a low back functional deficit remains in a single episode of care until the Discharge is conducted and documented by the MIPS eligible clinician.

**Admission (Option 1 & 2)** – An Admission is the first encounter for a functional deficit involving the low back and includes an evaluation (CPT 97161, 97162, 97163 for physical therapy or 97165, 97166, 97167 for occupational therapy) and development of a plan of care by the MIPS eligible clinician. A patient presenting with a low back impairment, who has had an interruption of a Treatment Episode for the same functional deficit secondary to an appropriate reason like hospitalization or surgical intervention, is a new Admission.

**Admission (Option 3 & 4)** – An Admission is the first encounter for a functional deficit involving the low back and includes an evaluation (CPT 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 for physician or 98940, 98941, 98942, 98943 for chiropractic care) and development of a plan of care by the MIPS eligible clinician. A patient presenting with a low back impairment, who has had an interruption of a Treatment Episode for the same functional deficit secondary to an appropriate reason like hospitalization or surgical intervention, is a new Admission.

**Discharge (Option 1 & 2)** – Discharge is accompanied by a re-evaluation CPT 97164 for physical therapy, or 97168 for occupational therapy, or Functional Limitation Submitting Discharge Status G-Code (G8980, G8983, G8986, G8989, G8992 or G8995) identifying the close of a Treatment Episode for the same low back deficit identified at admission and documented by a Discharge report by the MIPS eligible clinician. An

interruption in clinical care for an appropriate reason like hospitalization or surgical intervention requires a Discharge from the current Treatment Episode.

**Discharge (Option 3 & 4)** – Discharge is accompanied by a treatment finalization and evaluation completion M-Code (M1012) for physicians and chiropractors identifying the close of a Treatment Episode for the same low back deficit identified at admission and documented by a Discharge report by the MIPS eligible clinician. An interruption in clinical care for an appropriate reason like hospitalization or surgical intervention requires a Discharge from the current Treatment Episode.

**Encounter** – A face to face visit between the patient and the provider for the purpose of assessing and/or improving a functional deficit.

**Patient Reported** – The patient directly provides answers to the FS measure items using standardized, reliable and valid, computerized adaptive testing or paper and pencil methods. If the patient cannot reliably respond independently (e.g. in the presence of cognitive deficits), a suitable proxy may provide answers.

### **Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

### **DENOMINATOR:**

All patients 14 years and older with a low back impairment who have initiated rehabilitation treatment and completed the Low Back FS PROM

***DENOMINATOR NOTE:*** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

### **Option 1 – Physical Therapy Denominator Criteria (Eligible Cases):**

All patients aged  $\geq 14$  years on date of encounter

**AND**

**Patient encounter during the performance period identifying evaluation (CPT):** 97161, 97162, 97163

**AND**

**Patient encounter during the performance period identifying discharge (CPT or HCPCS):** 97164, G8980, G8983, G8986, G8989, G8992, G8995

**AND**

**Functional deficit affecting the low back region**

**AND NOT**

### **DENOMINATOR EXCLUSIONS:**

**Patient refused to participate:** G9732

**OR**

**Patient unable to complete the Low Back FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available:** G9733

**OR**

### **Option 2 – Occupational Therapy Denominator Criteria (Eligible Cases):**

All patients aged  $\geq 14$  years on date of encounter

**AND**

**Patient encounter during the performance period identifying evaluation (CPT):** 97165, 97166, 97167

**AND**

**Patient encounter during the performance period identifying discharge (CPT or HCPCS): 97168, G8980, G8983, G8986, G8989, G8992, G8995**

**AND**

**Functional deficit affecting the low back region**

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

**Patient refused to participate: G9732**

**OR**

**Patient unable to complete the Low Back FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available: G9733**

**OR**

**Option 3 – Physician Denominator Criteria (Eligible Cases)**

All patients aged  $\geq 14$  years on date of encounter

**AND**

**Patient encounter during the performance period identifying evaluation (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215**

**AND**

**Patient treatment and final evaluation complete: M1012**

**AND**

**Functional deficit affecting the low back region**

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

**Patient refused to participate: G9732**

**OR**

**Patient unable to complete the Low Back FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available: G9733**

**OR**

**Option 4 – Chiropractic Care Denominator Criteria (Eligible Cases)**

All patients aged  $\geq 14$  years on date of encounter

**AND**

**Patient encounter during the performance period identifying evaluation (CPT): 98940, 98941, 98942, 98943\***

**AND**

**Patient treatment and final evaluation complete: M1012**

**AND**

**Functional deficit affecting the low back region**

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

**Patient refused to participate: G9732**

**OR**

**Patient unable to complete the Low Back FS PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available: G9733**

**NUMERATOR:**

Patients who were presented with the Low Back FS PROM at Admission (Intake) and Discharge (Status) for the purpose of calculating the patient's Risk-Adjusted Functional Status Change Residual Score

**Definitions:**

**Patient's Functional Status Score** – A functional status score is produced when the patient completes the FS measure (either by paper and pencil or computerized adaptive testing administration). The FS score is continuous and linear. Scores range from 0 to 100 with higher scores indicating higher functional abilities. The measure is standardized, and the scores are validated for the measurement of function for this population.

**Patient's Functional Status Change Score** – A functional status change score is calculated by subtracting the Patient's Functional Status Score at Admission from the Patient's Functional Status Score at Discharge.

**Predicted Functional Status Change Score** – Functional Status Change Scores for patients are risk adjusted using multiple linear regression methods that include the following independent variables: Patient's Functional Status Score at Admission, patient age, symptom acuity, surgical history, gender, specific comorbidities, use of medication for the condition at Intake, exercise history, history of previous treatment for the condition and type of post-surgical status. The Patient's Functional Status Change Score is the dependent variable. For each patient completing a functional status assessment at admission (intake), the regression model provides a risk-adjusted prediction of functional status change at discharge.

**Risk-Adjusted Functional Status Change Residual Score** – The difference between the raw non-risk-adjusted Patient's Functional Status Change Score and the Risk-Adjusted Predicted Functional Status Change Score (raw minus predicted) is the Risk-Adjusted Functional Status Change Residual Score, which is in the same units as the Patient's Functional Status Score, and should be interpreted as the unit of functional status change different than predicted given the risk-adjustment variables of the patient being treated. As such, the Risk-Adjusted Residual Change Score represents Risk-Adjusted Change corrected for the level of severity of the patient. Risk-Adjusted Residual Change Scores of zero (0) or greater ( $> 0$ ) should be interpreted as functional status change scores that were predicted or better than predicted given the risk-adjustment variables of the patient, and risk-adjusted residual change scores less than zero ( $< 0$ ) should be interpreted as functional status change scores that were less than predicted given the risk-adjustment variables of the patient. Aggregated Risk-Adjusted Residual Scores allow meaningful comparisons amongst clinicians or clinics.

**Not Appropriate (Denominator Exception)** – Prior to conclusion of Plan of Care, intervention was interrupted or discontinued for any reason including by the referring physician, the provider, the payer or the patient, and attempts by the provider to complete a follow-up functional status survey near Discharge were unsuccessful.

**Numerator Options:**

***Performance Met:***

Risk-Adjusted Functional Status Change Residual Score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero ( $> 0$ ) (**G8659**)

**OR**

***Performance Met:***

Risk-Adjusted Functional Status Change Residual Score for the low back impairment successfully calculated and the score was less than zero ( $< 0$ ) (**G8660**)

**OR**

***Denominator Exception:***

Risk-Adjusted Functional Status Change Residual Score for the low back impairment not measured because the patient did not complete the FS Status Survey near discharge, patient Not Appropriate (**G8661**)

**OR**

***Performance Not Met:***

Risk-Adjusted Functional Status Change Residual Score for the low back impairment not measured because the patient did not complete the FS Intake

**RATIONALE:**

Functional deficits are common in the general population and are costly to the individual, their family and society. Improved functional status has been associated with greater quality of life, self-efficacy, improved financial well-being and lower future medical costs. Improving functional status in people seeking rehabilitation has become a goal of the American Physical Therapy Association. Therefore, measuring change in functional status is important for providers treating patients in rehabilitation and can be used to assess the success of treatment and direct modification of treatment.

Change in functional status represents the Activities and Participation domain of the International Classification of Functioning, Disability and Health. If treatment is designed to improve the functional deficit, it is logical to assess functional status at discharge using a standardized score to determine if treatment improved the functional status of the patient over the treatment episode.

The National Quality Measures Clearinghouse has approved the measurement of change in functional status, using this measure. (NQMC-2632)

**CLINICAL RECOMMENDATION STATEMENTS:**

The American Physical Therapy Association (APTA), in their Guide to Physical Therapist Practice, described five recommended elements of patient management: examination, evaluation, diagnosis, prognosis and intervention. The elements were intended to direct therapists in their approach to patient treatment for the purpose of optimizing patient outcomes. The APTA clearly identifies functional status data as one of the major forms of data to be collected for patients receiving rehabilitation. The functional status measures should be used to assist in the planning, implementation and modification of treatment interventions and should be used as measures of outcomes. The current functional status scores can be used by therapists to fulfill the recommended methods of the APTA in the management of patients in rehabilitation.

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The Lumbar functional status measure is available in both short form (static/paper-pencil) and computer adaptive test formats, together with a scoring table and risk adjustment specifications, free of charge for the purposes of individual clinical practice, i.e., patient-level measurement, including but not limited to for the purposes of participation in the CMS Quality Payment Programs.

Link to access all Measures: [Link to All FOTO Measures](#)

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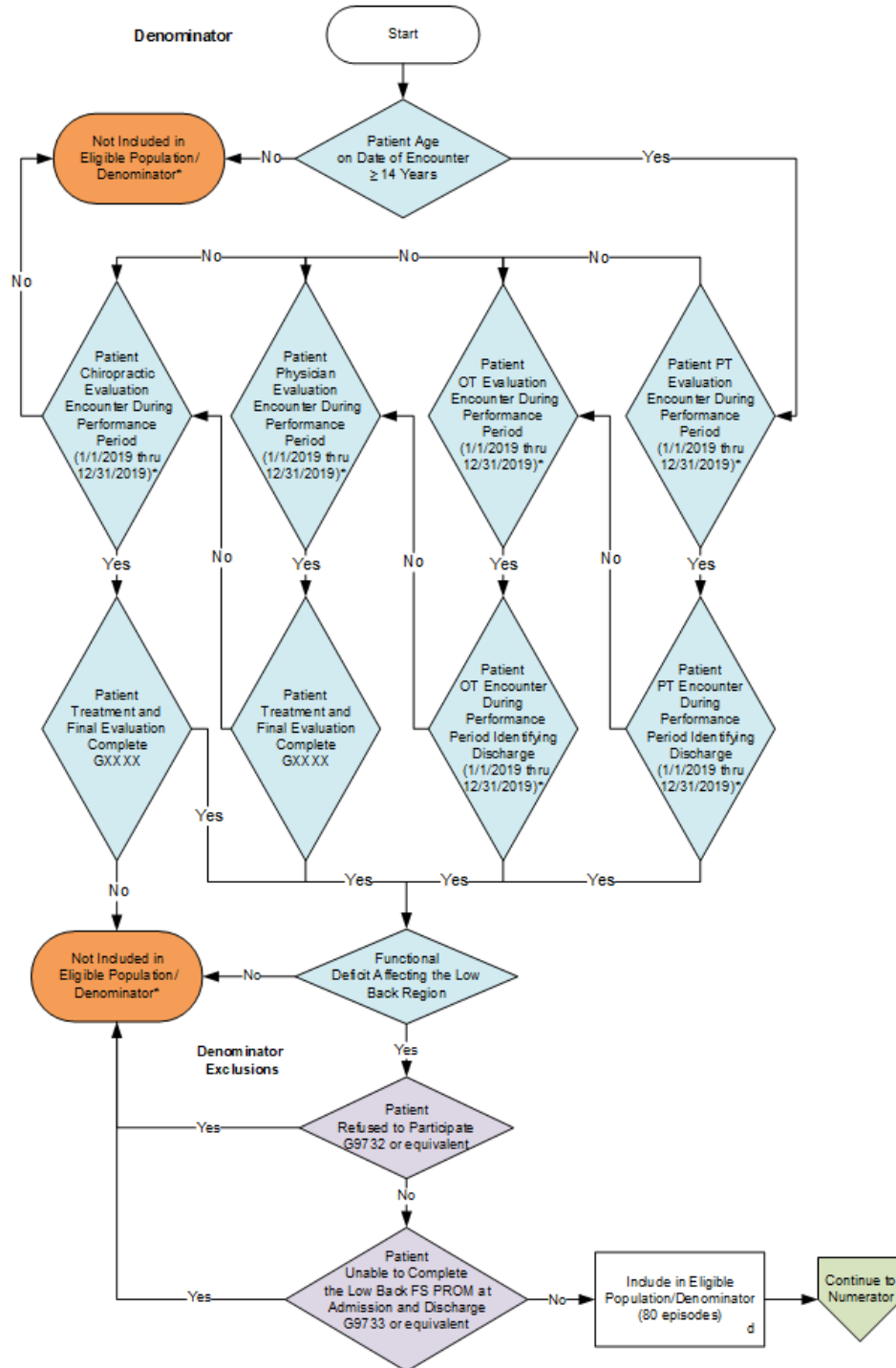
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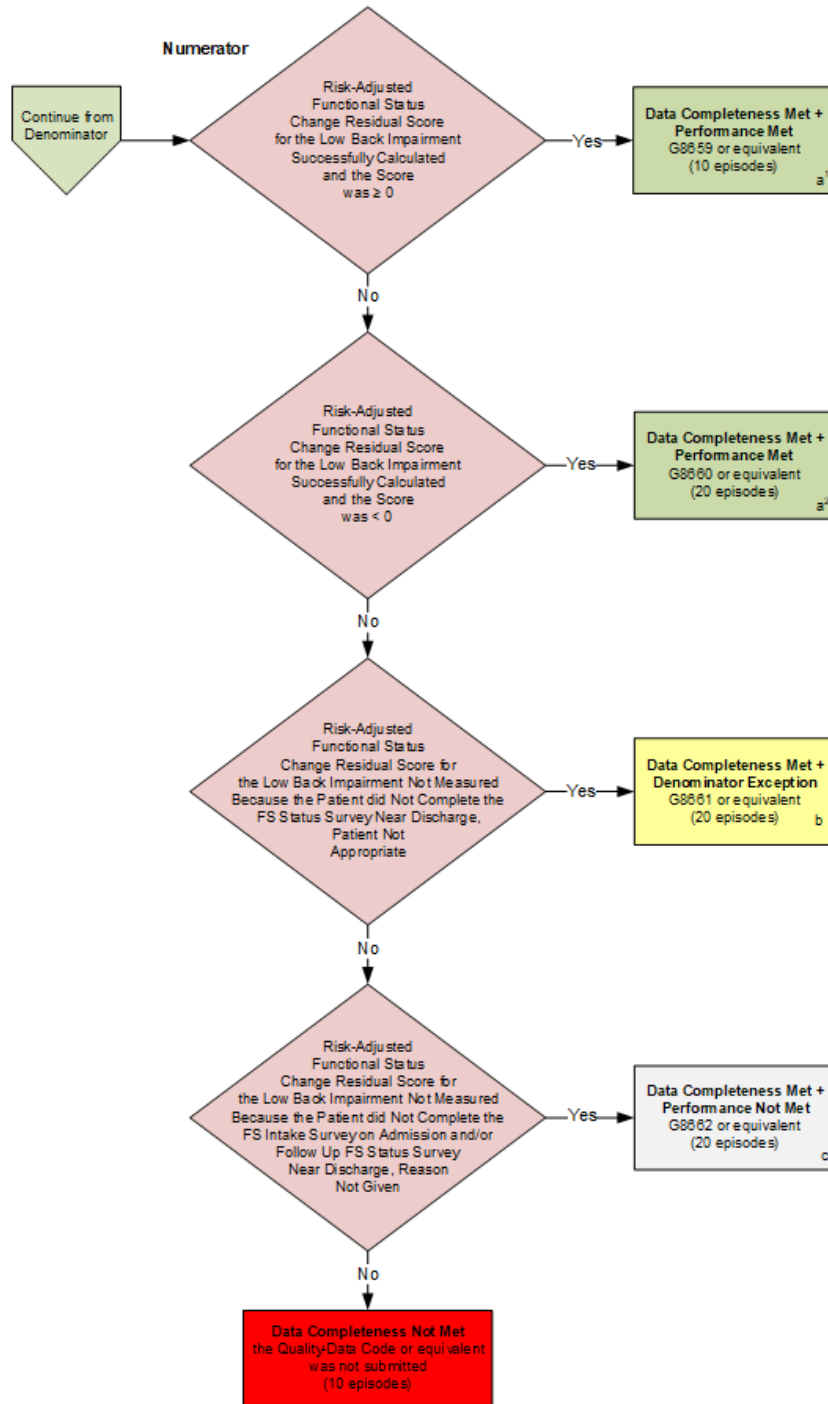
## 2019 Clinical Quality Measure Flow for Quality ID #220 NQF #0425: Functional Status Change for Patients with Low Back Impairments



\* See the posted Measure Specification for specific coding and instructions to submit this measure.  
NOTE: Submission Frequency: Episode

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

**2019 Clinical Quality Measure Flow for Quality ID #220 NQF #0425:  
Functional Status Change for Patients with Low Back Impairments**



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**2019 Clinical Quality Measure Flow for Quality ID #220 NQF #0425:  
Functional Status Change for Patients with Lumbar Impairments**

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=30 episodes)} + \text{Denominator Exception (b=20 episodes)} + \text{Performance Not Met (c=20 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=30 episodes)}}{\text{Data Completeness Numerator (70 episodes) - Denominator Exception (b=20 episodes)}} = \frac{30 \text{ episodes}}{50 \text{ episodes}} = 60.00\%$$

\* See the posted Measure Specification for specific coding and instructions to submit this measure.  
NOTE: Submission Frequency: Episode

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.



**2019 Clinical Quality Measure Flow Narrative for Quality ID #220 NQF #0425:  
Functional Status Change for Patients with Low Back Impairments**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
  - a. If Patient Age is greater than or equal to 14 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
  - b. If Patient Age is greater than or equal to 14 Years on Date of Encounter equals Yes during the measurement period, proceed to check Patient Physical Therapy (PT) Evaluation Encounter During Performance Period.
3. Check Patient PT Evaluation Encounter During Performance Period:
  - a. If Patient PT Evaluation Encounter During Performance Period equals No, proceed to check Patient Occupational Therapy (OT) Evaluation Encounter During Performance Period.
  - b. If Patient PT Evaluation Encounter During Performance Period equals Yes, proceed to check Patient PT Encounter During Performance Period Identifying Discharge.
4. Check Patient PT Encounter During Performance Period Identifying Discharge:
  - a. If Patient PT Encounter During Performance Period Identifying Discharge No, proceed to check Patient OT Evaluation Encounter During Performance Period.
  - b. If Patient PT Encounter During the Performance Period Identifying Discharge equals Yes, proceed to check Functional Deficit Affecting the Low Back Region.
5. Check Patient OT Evaluation Encounter During Performance Period:
  - a. If Patient OT Evaluation Encounter During Performance Period equals No, proceed to check Patient Physician Evaluation Encounter During Performance Period.
  - b. If Patient OT Evaluation Encounter During Performance Period equals Yes, proceed to check Patient OT Encounter During Performance Period Identifying Discharge.
6. Check Patient OT Encounter During Performance Period Identifying Discharge:
  - a. If Patient OT Encounter During Performance Period Identifying Discharge equals No, proceed to check Patient Physician Evaluation Encounter During Performance Period.
  - b. If Patient OT Encounter During Performance Period Identifying Discharge equals Yes, proceed to check Functional Deficit Affecting the Low Back Region.
7. Check Patient Physician Evaluation Encounter During Performance Period:
  - a. If Patient Physician Evaluation Encounter During Performance Period equals No, proceed to check Patient Chiropractic Evaluation During Performance Period.

- b. If Patient Physician Evaluation Encounter During Performance Period equals Yes, proceed to check Patient Treatment and Final Evaluation Complete.
8. Check Patient Treatment and Final Evaluation Complete:
  - a. If Patient Treatment and Final Evaluation Complete equals No, proceed to check Patient Chiropractic Evaluation Encounter During Performance Period.
  - b. If Patient Treatment and Final Evaluation Complete equals Yes, proceed to check Functional Deficit Affecting the Low Back Region.
9. Check Patient Chiropractic Evaluation Encounter During Performance Period:
  - a. If Patient Chiropractic Evaluation Encounter During Performance Period equals No, do not include in Eligible Population. Stop Processing.
  - b. If Patient Chiropractic Evaluation Encounter During Performance Period equals Yes, proceed to check Patient Treatment and Final Evaluation Complete.
10. Check Patient Treatment and Final Evaluation Complete:
  - a. If Patient Treatment and Final Evaluation Complete equals No, do not include in Eligible Population. Stop Processing.
  - b. If Patient Treatment and Final Evaluation Complete equals Yes, proceed to check Functional Deficit Affecting the Low Back Region.
11. Check Functional Deficit Affecting the Low Back Region:
  - a. If Functional Deficit Affecting the Low Back Region equals No, do not include in Eligible Population. Stop Processing.
  - b. If Functional Deficit Affecting the Low Back Region equals Yes, proceed to check Patient Refused to Participate.
12. Check Patient Refused to Participate:
  - a. If Patient Refused to Participate equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Patient Refused to Participate equals No, proceed to check Patient Unable to Complete the Low Back FS PROM at Admission and Discharge.
13. Check Patient Unable to Complete the Low Back FS PROM at Admission and Discharge:
  - a. If Patient Unable to Complete the Low Back FS PROM at Admission and Discharge equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Patient Unable to Complete the Low Back FS PROM at Admission and Discharge equals No, include in Eligible Population.
14. Denominator Population:
  - a. Denominator Population is all Eligible Episodes in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the sample calculation.

15. Start Numerator
16. Check Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $\geq 0$ :
  - a. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $\geq 0$  equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 10 episodes in the Sample Calculation.
  - c. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $\geq 0$  equals No, proceed to check Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $< 0$ .
17. Check Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $< 0$ :
  - a. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $< 0$  equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>2</sup> equals 20 episodes in the Sample Calculation.
  - c. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Successfully Calculated and the Score was  $< 0$  equals No, proceed to check Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Status Survey Near Discharge, Patient Not Appropriate.
18. Check to Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Status Survey Near Discharge, Patient Not Appropriate:
  - a. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Status Survey Near Discharge, Patient Not Appropriate equals Yes, include in the Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 20 episodes in the Sample Calculation.
  - c. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Status Survey Near Discharge, Patient Not Appropriate equals No, proceed to check Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Intake Survey on Admission and/or Follow Up FS Status Survey Near Discharge, Reason Not Given
19. Check Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Intake Survey on Admission and/or Follow Up FS Status Survey Near Discharge, Reason Not Given:
  - a. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Intake Survey on Admission and/or Follow Up FS Status

Survey Near Discharge, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 episodes in the Sample Calculation.
- c. If Risk-Adjusted Functional Status Change Residual Score for the Low Back Impairment Not Measured Because the Patient did Not Complete the FS Intake Survey on Admission and/or Follow Up FS Status Survey Near Discharge, Reason Not Given equals No, proceed to check Data Completeness Not Met.

20. Check Data Completeness Not Met:

- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  
$$\frac{\text{Performance Met (a}^1+\text{a}^2=30 \text{ episodes)} + \text{Denominator Exception (b=20 episodes)} + \text{Performance Not Met (c=20 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

**Performance Rate=**  
$$\frac{\text{Performance Met (a}^1+\text{a}^2=30 \text{ episodes)}}{\text{Data Completeness Numerator (70 episodes) - Denominator Exception (b=20 episodes)}} = \frac{30 \text{ episodes}}{50 \text{ episodes}} = 60.00\%$$