Quality ID #219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Functional Outcomes

2021 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 foot, ankle and lower leg impairments. The change in functional status (FS) is assessed using the FOTO Lower Extremity Physical Function (LEPF)patient- reported outcome measure (PROM) . 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 level, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure).

INSTRUCTIONS:
This outcome measure is to be submitted **once per Treatment Episode** for all patients with a functional deficit related to the lower leg, foot or ankle. This is an outcome measure and its calculation requires submitting of the patient's FS PROM score, at a minimum, at the start (Initial Evaluation or Intake) and again at the conclusion (Discharge) of a Treatment Episode. The Initial Evaluation score is recorded during the first treatment encounter, and the Discharge score is recorded at or near the conclusion of the final treatment encounter. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians providing treatment for functional lower leg, foot or ankle deficits 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 Initial Evaluation for a functional lower leg, foot or ankle deficit, progressing through treatment, without interruption (for example, a hospitalization or surgical intervention), and ending with Discharge signifying that the treatment has been completed. A patient currently under clinical care for a foot, ankle or lower leg deficit remains in a single Treatment Episode until the Discharge is conducted and documented by the MIPS eligible clinician.
Initial Evaluation – An Initial Evaluation is the first encounter for a functional deficit involving the lower leg, foot or ankle and includes an evaluation (CPT 97161, 97162, 97163, 97165, 97166, 97167, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 98940, 98941, 98942, or 98943), or an Initial Evaluation Status M-code (M1116). A patient presenting with a lower leg, foot or ankle impairment, who has had an interruption of a Treatment Episode for the same functional lower leg, foot or ankle deficit secondary to an appropriate reason like hospitalization or surgical intervention, is an Initial Evaluation.
Discharge – Discharge is accompanied by a treatment finalization and evaluation completion M-Code (M1011) identifying the close of a Treatment Episode for the same lower leg, foot or ankle deficit identified at the Initial Evaluation 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 visit between the patient and the provider for the purpose of assessing and/or improving a functional deficit.

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

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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 foot, ankle or lower leg impairments who have initiated a Treatment Episode

Denominator Criteria (Eligible Cases):
All patients aged ≥14 on date of Initial Evaluation
AND
Patient encounter during the performance period identifying evaluation (CPT or M-code): 97161, 97162, 97163, 97165, 97166, 97167, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 98940, 98941, 98942, 98943, or M1116
AND
With a lower leg, foot, or ankle impairment and/or diagnosis pertaining to a functional deficit affecting lower leg, foot, or ankle: M13.871, M13.872, M19.071, M19.072, M19.171, M19.172, M19.271, M19.272, M24.071, M24.072, M24.074, M24.075, M24.171, M24.172, M24.174, M24.175, M24.271, M24.272, M24.274, M24.275, M24.471, M24.472, M24.474, M24.475, M24.477, M24.478, M24.571, M24.572, M24.574, M24.575, M24.671, M24.672, M24.674, M24.675, M24.871, M24.872, M24.874, M24.875, M25.071, M25.072, M25.074, M25.075, M25.371, M25.372, M25.374, M25.375, M25.471, M25.472, M25.474, M25.475, M25.571, M25.572, M25.671, M25.672, M25.674, M25.675, M25.771, M25.772, M25.774, M25.775, M25.871, M25.872, M62.471, M62.472, M62.571, M62.572, M63.871, M63.872, M66.171, M66.172, M66.174, M66.175, M66.177, M66.178, M66.271, M66.272, M66.371, M66.372, M66.871, M66.872, M67.01, M67.02, M67.471, M67.472, M70.871, M70.872, M70.971, M70.972, M72.2, M76.61, M76.62, M76.71, M76.72, M76.821, M76.822, M77.31, M77.32, M77.41, M77.42, M79.671, M79.672, M79.674, M79.675, M84.371D, M84.371G, M84.371K, M84.371P, M84.371S, M84.372D, M84.372G, M84.372K, M84.372P, M84.372S, M84.374D, M84.374G, M84.374K, M84.374P, M84.374S, M84.375D, M84.375G, M84.375K, M84.375P, M84.375S, M84.377D, M84.377G, M84.377K, M84.377P, M84.377S, M84.378D, M84.378G, M84.378K, M84.378P, M84.378S, M85.871, M85.872, M89.371, M89.372, M94.271, M94.272, M94.8X7, M97.21XD, M97.21XS, M97.22XD, M97.22XS, Q66.01, Q66.02, Q66.11, Q66.12, Q66.211, Q66.212, Q66.221, Q66.222, Q66.31, Q66.32, Q66.41, Q66.42, Q66.51, Q66.52, Q66.6, Q66.71, Q66.72, Q66.81, Q66.82, Q66.89, Q66.91, Q66.92, S82.301D, S82.301E, S82.301F, S82.301G, S82.301H, S82.301J, S82.301K, S82.301M, S82.301N, S82.301P, S82.301Q, S82.301R, S82.301S, S82.302D, S82.302E, S82.302F, S82.302G, S82.302H, S82.302J, S82.302K, S82.302M, S82.302N, S82.302P, S82.302Q, S82.302R, S82.302S, S82.311D, S82.311G, S82.311K, S82.311P, S82.311S, S82.312D, S82.312G, S82.312K, S82.312P, S82.312S, S82.391D, S82.391E, S82.391F, S82.391G, S82.391H, S82.391J, S82.391K, S82.391M, S82.391N, S82.391P, S82.391Q, S82.391R, S82.391S, S82.392D, S82.392E, S82.392F, S82.392G, S82.392H, S82.392J, S82.392K, S82.392M, S82.392N, S82.392P, S82.392Q, S82.392R, S82.392S, S82.51XD, S82.51XE, S82.51XF, S82.51XG, S82.51XH, S82.51XJ, S82.51XK, S82.51XM, S82.51XN, S82.51XP, S82.51XQ, S82.51XR,

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AND

Discharge/discontinuation of the episode of care documented in the medical record (M-code): M1011

AND NOT

DENOMINATOR EXCLUSIONS:

Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care: M1117

OR

Patient unable to complete the LEPF PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available: G9731

NUMERATOR:

Patients who were presented with the LEPF PROM at Initial Evaluation (Intake) and at or near 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 functional status patient-reported outcome measure (either by short form or computerized adaptive testing administration). The functional status score is continuous and linear. Scores range from 0 to 100 with higher scores meaning 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 Initial Evaluation 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 Initial Evaluation, patient age, symptom acuity, surgical history, gender, specific co- morbidities, use of medication for the condition at Initial Evaluation, 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 Initial Evaluation

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(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 Scores, 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.

Numerator Options:

Performance Met: Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) **(G8655)**

OR

Denominator Exception: Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record **(M1118)**

OR

Denominator Exception: Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery **(M1119)**

OR

Denominator Exception: Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) **(M1120)**

OR

Denominator Exception: Patient refused to participate **(G9730)**

OR

Performance Not Met: Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0) **(G8656)**

OR

Performance Not Met: Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at Initial Evaluation and/or near discharge, reason not given **(G8658)**

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

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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-1874)

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 FOTO Lower Extremity Physical Function patient-reported outcome 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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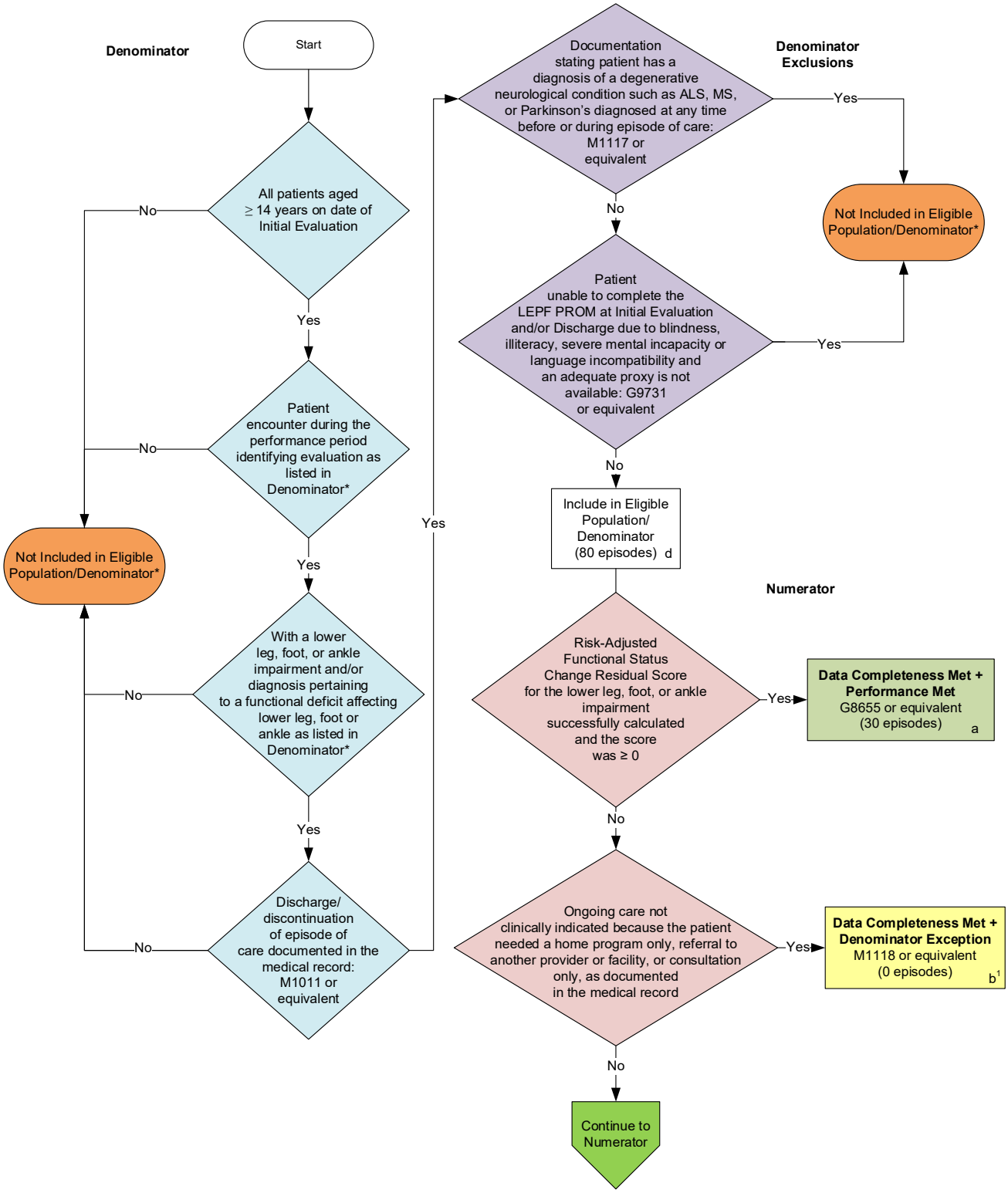
2021 Clinical Quality Measure Flow for Quality ID #219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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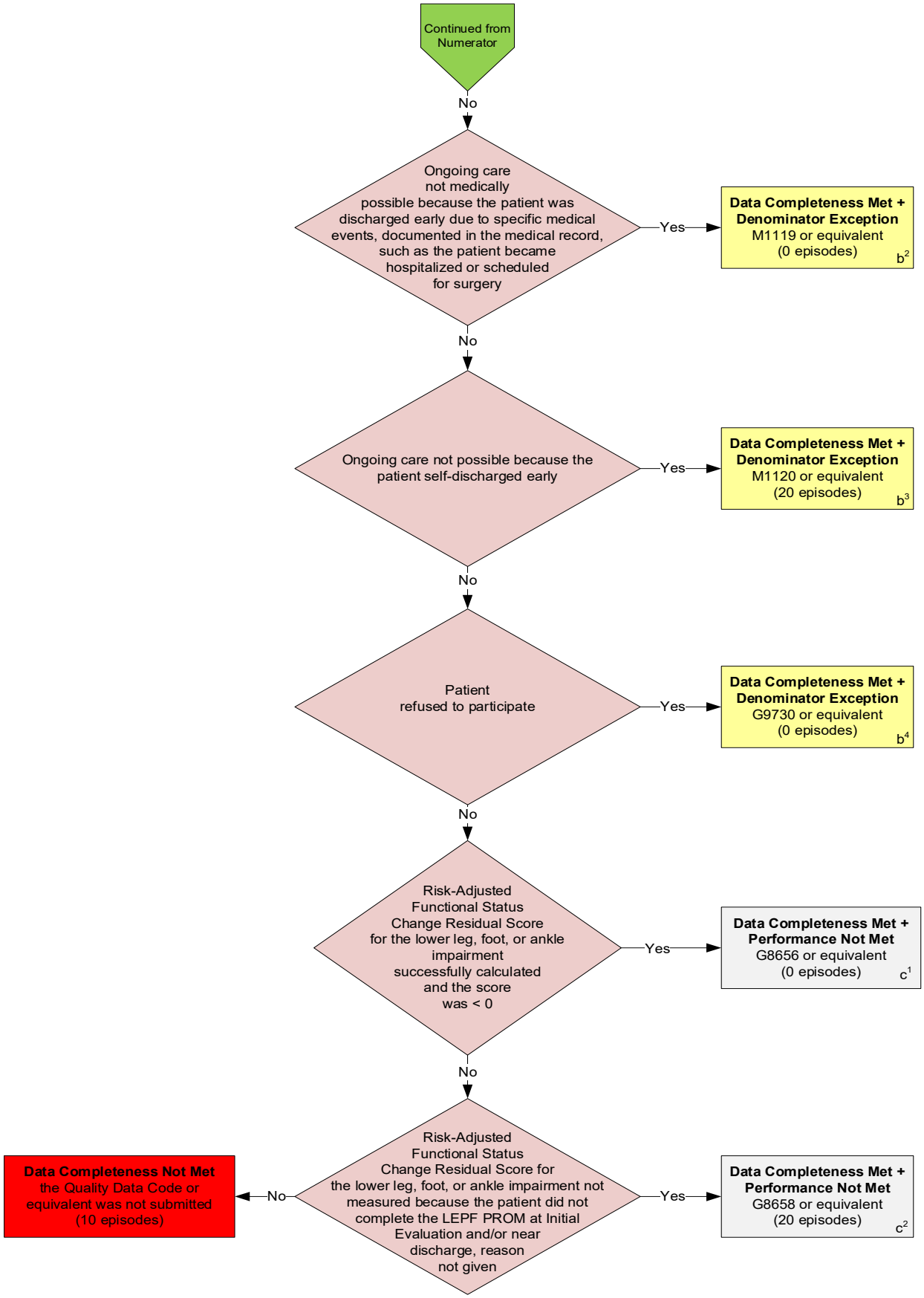

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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=30 episodes) + Denominator Exception ($b^1+b^2+b^3+b^4$=20 episodes) + Performance Not Met (c^1+c^2=20 episodes) = 70 episodes = **87.50%**
Eligible Population / Denominator (d=80 episodes) = 80 episodes

Performance Rate=

Performance Met (a=30 episodes) = 30 episodes = **60.00%**
Data Completeness Numerator (70 episodes) – Denominator Exception ($b^1+b^2+b^3+b^4$=20 episodes) = 50 episodes

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

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2021 Clinical Quality Measure Flow Narrative for Quality ID #219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *All patients aged greater than or equal to 14 Years on date of Initial Evaluation*:
    a. If *All patients aged greater than or equal to 14 Years on date of Initial Evaluation* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *All patients aged greater than or equal to 14 Years on date of Initial Evaluation* equals Yes during the measurement period, proceed to check *Patient encounter during the performance period identifying evaluation as listed in Denominator**.
3. Check *Patient encounter during the performance period identifying evaluation as listed in Denominator**:
    a. If *Patient encounter during the performance period identifying evaluation as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period identifying evaluation as listed in Denominator** equals Yes, proceed to check *With a lower leg, foot, or ankle impairment and/or diagnosis pertaining to a functional deficit affecting the lower leg, foot or ankle as listed in Denominator**.
4. Check *With a lower leg, foot, or ankle impairment and/or diagnosis pertaining to a functional deficit affecting the lower leg, foot or ankle as listed in Denominator**:
    a. If *With a lower leg, foot, or ankle impairment and/or diagnosis pertaining to a functional deficit affecting the lower leg, foot or ankle as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *With a lower leg, foot, or ankle impairment and/or diagnosis pertaining to a functional deficit affecting the lower leg, foot or ankle as listed in Denominator** equals Yes, proceed to check *Discharge/discontinuation of episode of care documented in the medical record*.
5. Check *Discharge/discontinuation of episode of care documented in the medical record*:
    a. If *Discharge/discontinuation of episode of care documented in the medical record* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Discharge/discontinuation of episode of care documented in the medical record* equals Yes, proceed to check *Documentation stating patient has a diagnosis of degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during episode of care*.
6. Check *Documentation stating patient has a diagnosis of degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during episode of care*:
    a. If *Documentation stating patient has a diagnosis of degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during episode of care* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Documentation stating patient has diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during episode of care* equals No, proceed to check *Patient unable to complete the LEPF PROM at Initial Evaluation and/or Discharge due to blindness,*

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illiteracy, severe mental incapacity or language incapatability and an adequate proxy is not available.

7. Check *Patient unable to complete the LEPF PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incapatability and an adequate proxy is not available*:

    a. If *Patient unable to complete the LEPF PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incapatability and an adequate proxy is not available* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient unable to complete the LEPF PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incapatability and an adequate proxy is not available* equals No, proceed to include in *Eligible Population/Denominator*.

8. Denominator Population:

    - 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.

9. Start Numerator

10. Check *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment successfully calculated and the score was greater than or equal to 0*:

    a. If *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment successfully calculated and the score was greater than or equal to 0* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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 equals 30 episodes in the Sample Calculation.

    b. If *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment successfully calculated and the score was greater than or equal to 0* equals No, proceed to check *Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record*.

11. Check *Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record*:

    a. If *Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record* Yes, include in *Data Completeness Met and Denominator Exception*.

        - *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[1] equals 0 episodes in the Sample Calculation.

    b. If *Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record* equals No, proceed to check *Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery*.

12. Check *Ongoing care not medically possible because the patient was discharged early due to specific*

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medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery:

a. If *Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery* equals Yes, include in the *Data Completeness Met and Denominator Exception*.

    - *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^2 equals 0 episodes in the Sample Calculation.

b. If *Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery* equals No, proceed to check *Ongoing care not possible because the patient self-discharged early*.

13. Check *Ongoing care not possible because the patient self-discharged early*:

    a. If *Ongoing care not possible because the patient self-discharged early* equals Yes, include in the *Data Completeness Met and Denominator Exception*.

        - *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^3 equals 20 episodes in the Sample Calculation.

    b. If *Ongoing care not possible because the patient self-discharged early* equals No, proceed to check *Patient refused to participate*.

14. Check *Patient refused to participate*:

    a. If *Patient refused to participate* equals Yes, include in the *Data Completeness Met and Denominator Exception*.

        - *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^4 equals 0 episodes in the Sample Calculation.

    b. If *Patient refused to participate* equals No, proceed to check *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot, or ankle impairment successfully calculated and the score was less than 0*.

    c. Check *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot, or ankle impairment successfully calculated and the score was less than 0*:

    d. If *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot, or ankle impairment successfully calculated and the score was less than 0* equals Yes, include in the *Data Completeness Met and Denominator Exception*.

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c^1 equals 0 episodes in the Sample Calculation.

    e. If *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot, or ankle impairment successfully calculated and the score was less than 0* equals No, proceed to check *Risk-*

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Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at Initial Evaluation and/or near discharge, reason not given.

15. Check *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at Initial Evaluation and/or near discharge, reason not given*:

    a. If *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at Initial Evaluation and/or 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^2 equals 20 episodes in the Sample Calculation.

    c. If *Risk-Adjusted Functional Status Change Residual Score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at Initial Evaluation and/or near discharge, reason not given* equals No, proceed to check *Data Completeness Not Met*.

16. 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 equals Performance Met (a equals 30 episodes) plus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 20 episodes) plus Performance Not Met (c^1 plus c^2 equals 20 episodes) divided by Eligible Population/Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 30 episodes) divided by Data Completeness Numerator (70 episodes) minus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 20 episodes). All equals 30 episodes divided by 50 episodes. All equals 60.00 percent.

* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Episode

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