

Quality ID #478: Functional Status Change for Patients with Neck Impairments
– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes
– Meaningful Measure Area: Functional Outcomes

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Patient-reported outcome – High Priority

DESCRIPTION:
This is a patient-reported outcome measure of risk-adjusted change in functional status for patients aged 14 years+ with neck impairments. The change in functional status (FS) is assessed using the FOTO Neck FS 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/paper-pencil).

INSTRUCTIONS:
This outcome measure is to be submitted **once per Treatment Episode** for all patients with a functional deficit related to the neck. This measure is intended for patients with neck impairments. 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 neck 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 neck 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 neck 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 neck 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 (M1143). A patient presenting with a neck impairment, who has had an interruption of a Treatment Episode for the same functional neck 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 (M1009) identifying the close of a Treatment Episode for the same neck 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.

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-type) 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 aged 14 years and older with neck impairments who initiated a Treatment Episode.

Denominator Criteria (Eligible Cases):

All patients aged \geq 14 years 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 M1143

AND

With a neck impairment and/or diagnosis pertaining to a functional deficit affecting the neck:

G54.0, G54.2, M40.03, M40.12, M40.13, M40.202, M40.203, M41.122, M41.123, M41.22, M41.23, M41.41, M41.42, M41.43, M41.52, M41.53, M41.82, M41.83, M42.01, M42.02, M42.03, M42.11, M42.12, M42.13, M43.01, M43.02, M43.03, M43.11, M43.12, M43.13, M43.21, M43.22, M43.23, M43.3, M43.4, M43.5X2, M43.5X3, M43.6, M43.8X1, M43.8X2, M43.8X3, M45.1, M45.2, M45.3, M46.01, M46.02, M46.03, M46.21, M46.22, M46.23, M46.31, M46.32, M46.33, M46.41, M46.42, M46.43, M46.51, M46.52, M46.53, M46.81, M46.82, M46.83, M46.91, M46.92, M46.93, M47.11, M47.12, M47.13, M47.21, M47.22, M47.23, M47.811, M47.812, M47.813, M47.891, M47.892, M47.893, M48.01, M48.02, M48.03, M48.11, M48.12, M48.13, M48.21, M48.22, M48.23, M48.31, M48.32, M48.33, M48.41XD, M48.41XG, M48.41XS, M48.42XD, M48.42XG, M48.42XS, M48.43XD, M48.43XG, M48.43XS, M48.51XD, M48.51XG, M48.51XS, M48.52XD, M48.52XG, M48.52XS, M48.53XD, M48.53XG, M48.53XS, M48.8X1, M48.8X2, M48.8X3, M49.81, M49.82, M49.83, M50.01, M50.020, M50.021, M50.022, M50.023, M50.03, M50.11, M50.120, M50.121, M50.122, M50.123, M50.13, M50.21, M50.220, M50.221, M50.222, M50.223, M50.23, M50.31, M50.320, M50.321, M50.322, M50.323, M50.33, M50.81, M50.820, M50.821, M50.822, M50.823, M50.83, M50.91, M50.920, M50.921, M50.922, M50.923, M50.93, M53.0, M53.1, M53.2X1, M53.2X2, M53.2X3, M53.81, M53.82, M53.83, M54.11, M54.12, M54.13, M54.2, M54.01, M54.02, M54.03, M95.3, M99.01, M99.11, M99.21, M99.31, M99.41, M99.51, M99.61, M99.71, M99.81, P14.3, Q76.1, Q76.411, Q76.412, Q76.413, Q76.5, S12.000D, S12.000G, S12.000K, S12.000S, S12.001D, S12.001G, S12.001K, S12.001S, S12.01XD, S12.01XG, S12.01XK, S12.01XS, S12.02XD, S12.02XG, S12.02XK, S12.02XS, S12.030D, S12.030G, S12.030K, S12.030S, S12.031D, S12.031G, S12.031K, S12.031S, S12.040D, S12.040G, S12.040K, S12.040S, S12.041D, S12.041G, S12.041K, S12.041S, S12.090D, S12.090G, S12.090K, S12.090S, S12.091D, S12.091G, S12.091K, S12.091S, S12.100D, S12.100G, S12.100K, S12.100S, S12.101D, S12.101G, S12.101K, S12.101S, S12.110D, S12.110G, S12.110K, S12.110S, S12.111D, S12.111G, S12.111K, S12.111S, S12.112D, S12.112G, S12.112K, S12.112S, S12.120D, S12.120G, S12.120K, S12.120S, S12.121D, S12.121G, S12.121K, S12.121S, S12.130D, S12.130G, S12.130K, S12.130S, S12.131D, S12.131G, S12.131K, S12.131S, S12.14XD, S12.14XG, S12.14XK, S12.14XS, S12.150A, S12.150B, S12.150D, S12.150G, S12.150K, S12.150S, S12.151D, S12.151G, S12.151K, S12.151S, S12.190D, S12.190G, S12.190K, S12.190S, S12.191D, S12.191G, S12.191K, S12.191S, S12.200D, S12.200G, S12.200K, S12.200S, S12.201D, S12.201G, S12.201K, S12.201S, S12.230D, S12.230G, S12.230K,

S12.230S, S12.231D, S12.231G, S12.231K, S12.231S, S12.24XD, S12.24XG, S12.24XK, S12.24XS, S12.250D, S12.250G, S12.250K, S12.250S, S12.251D, S12.251G, S12.251K, S12.251S, S12.290D, S12.290G, S12.290K, S12.290S, S12.291D, S12.291G, S12.291K, S12.291S, S12.300D, S12.300G, S12.300K, S12.300S, S12.301D, S12.301G, S12.301K, S12.301S, S12.330D, S12.330G, S12.330K, S12.330S, S12.331D, S12.331G, S12.331K, S12.331S, S12.34XD, S12.34XG, S12.34XK, S12.34XS, S12.350D, S12.350G, S12.350K, S12.350S, S12.351D, S12.351G, S12.351K, S12.351S, S12.390D, S12.390G, S12.390K, S12.390S, S12.391D, S12.391G, S12.391K, S12.391S, S12.400D, S12.400G, S12.400K, S12.400S, S12.401D, S12.401G, S12.401K, S12.401S, S12.430D, S12.430G, S12.430K, S12.430S, S12.431D, S12.431G, S12.431K, S12.431S, S12.44XD, S12.44XG, S12.44XK, S12.44XS, S12.450D, S12.450G, S12.450K, S12.450S, S12.451D, S12.451G, S12.451K, S12.451S, S12.490D, S12.490G, S12.490K, S12.490S, S12.491D, S12.491G, S12.491K, S12.491S, S12.500D, S12.500G, S12.500K, S12.500S, S12.501D, S12.501G, S12.501K, S12.501S, S12.530D, S12.530G, S12.530K, S12.530S, S12.531D, S12.531G, S12.531K, S12.531S, S12.54XD, S12.54XG, S12.54XK, S12.54XS, S12.550D, S12.550G, S12.550K, S12.550S, S12.551D, S12.551G, S12.551K, S12.551S, S12.590D, S12.590G, S12.590K, S12.590S, S12.591D, S12.591G, S12.591K, S12.591S, S12.600D, S12.600G, S12.600K, S12.600S, S12.601D, S12.601G, S12.601K, S12.601S, S12.630D, S12.630G, S12.630K, S12.630S, S12.631D, S12.631G, S12.631K, S12.631S, S12.64XD, S12.64XG, S12.64XK, S12.64XS, S12.650D, S12.650G, S12.650K, S12.650S, S12.651D, S12.651G, S12.651K, S12.651S, S12.690D, S12.690G, S12.690K, S12.690S, S12.691D, S12.691G, S12.691K, S12.691S, S12.8XXD, S12.8XXS, S12.9XXD, S12.9XXS, S13.0XXD, S13.0XXS, S13.100D, S13.100S, S13.101D, S13.101S, S13.110D, S13.110S, S13.111D, S13.111S, S13.120D, S13.120S, S13.121D, S13.121S, S13.130D, S13.130S, S13.131D, S13.131S, S13.140D, S13.140S, S13.141D, S13.141S, S13.150D, S13.150S, S13.151D, S13.151S, S13.160D, S13.160S, S13.161D, S13.161S, S13.170D, S13.170S, S13.171D, S13.171S, S13.180D, S13.180S, S13.181D, S13.181S, S13.29XD, S13.29XS, S13.4XXA, S13.4XXD, S13.4XXS, S13.5XXA, S13.5XXD, S13.5XXS, S13.8XXA, S13.8XXD, S13.8XXS, S14.0XXD, S14.0XXS, S14.2XXD, S14.2XXS, S14.3XXD, S14.3XXS, S14.4XXD, S14.4XXS, S14.5XXD, S14.5XXS, S14.8XXD, S14.8XXS, S14.9XXD, S14.9XXS, S16.1XXA, S16.1XXD, S16.1XXS, S16.2XXA, S16.2XXD, S16.2XXS, S16.8XXA, S16.8XXD, S16.8XXS, S16.9XXA, S16.9XXD, S16.9XXS, S17.8XXA, S17.8XXD, S17.8XXS, S19.89XA, S19.89XD, S19.89XS, S19.9XXA, S19.9XXD, S19.9XXS,

AND

Discharge/discontinuation of the episode of care documented in the medical record (M-code): M1009

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: G2151

OR

Patient unable to complete the Neck FS PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available: M1149

NUMERATOR:

Patients who were presented with the Neck FS 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 (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 neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) (**G2152**)

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 (**M1146**)

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 (**M1147**)

OR

Denominator Exception:

Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) (**M1148**)

OR

Denominator Exception:

Patient refused to participate (**G2209**)

OR

Performance Not Met:

Risk-Adjusted Functional Status Change Residual Score for the neck impairment successfully calculated and the score was less than zero (< 0) (**G2167**)

OR

Performance Not Met:

Risk-Adjusted Functional Status Change Residual Score for the neck impairment not measured because the

patient did not complete the Neck FS PROM at Initial Evaluation and/or near Discharge, reason not given (G2210)

RATIONALE:

Neck impairments provide a common reason for patients seeking care in healthcare settings. During 2017, the FOTO database recorded 414,436 episodes of care across multiple healthcare systems and clinics throughout the United States. Prevalence estimates from epidemiologic studies on neck pain (defined as pain in the neck, with or without pain referred into one or both upper limbs, that lasts for at least 1 day) have a mean 1-year prevalence range of 23%¹ to 37%² and a mean lifetime prevalence of 49%.² Consequently, neck pain is recognized as a global health care burden.^{3,4} Assessment of functional status using PROMs in patients with neck pain is an essential step in addressing this burden, provided the scores can be interpreted in clinically useful ways to inform patient-centered clinical decision making.

The Neck FS PROM offers the advantages of modern scientific measurement methods like item response theory (IRT). IRT and related methods provide a number of measurement advantages including valid assumptions of interval scaling, superior scale coverage, uni-dimensionality for valid score change interpretations, and precise methods for evaluating components of the measures such as the functional questions and scales. IRT additionally forms the basis for computer adaptive testing (CAT) administration which reduces patient burden by minimizing the number of functional questions the patient must respond to in order to obtain a precise estimate of the patient's functional ability level. When combined with robust risk adjustment to provide for fair comparisons between providers, the Neck FS PROM forms the basis for a valuable patient reported outcome performance measure (PRO-PM).

1. Hoy DG, Protani M, De R, Buchbinder R. The epidemiology of neck pain. *Best Pract Res Clin Rheumatol*. 2010;24:783-792. <https://doi.org/10.1016/j.berh.2011.01.019>
2. Fejer R, Kyvik KO, Hartvigsen J. The prevalence of neck pain in the world population: a systematic critical review of the literature. *Eur Spine J*. 2006;15:834-848. <https://doi.org/10.1007/s00586-004-0864-4>
3. Hoy D, March L, Woolf A, et al. The global burden of neck pain: estimates from the Global Burden of Disease 2010 study. *Ann Rheum Dis*. 2014;73:1309-1315. <https://doi.org/10.1136/annrheumdis-2013-204431>
4. Hurwitz EL, Randhawa K, Yu H, Côté P, Haldeman S. The Global Spine Care Initiative: a summary of the global burden of low back and neck pain studies. *Eur Spine J*. 2018;27:796-801. <https://doi.org/10.1007/s00586-017-5432-9>

CLINICAL RECOMMENDATION STATEMENTS:

PROMs are increasingly advocated as necessary components of an overall strategy to improve healthcare (Black 2013; Griggs et al. 2017) and are advocated for use in clinical decision making in clinical practice guidelines pertaining to neck impairments (Blanpied et al. 2017; Bier et al. 2018; Childs et al. 2008; Baisden et al. 2010; Bono et al. 2011). Placing risk-adjusted Neck FS PROM data directly into the hands of the provider embodies the definition of patient-centered healthcare and is consistent with National Quality Forum's vision to achieve performance improvement and accountability through patient-reported outcomes (National Quality Forum 2013). This approach improves quality of care by promoting improved communication between provider and patient, and it enhances the provider's understanding of the patient's perception of functional status. The Neck FS PROM and PRO-PM results can be shared with the patient to further promote patient engagement.

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The FOTO Neck FS PROM 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, ie, 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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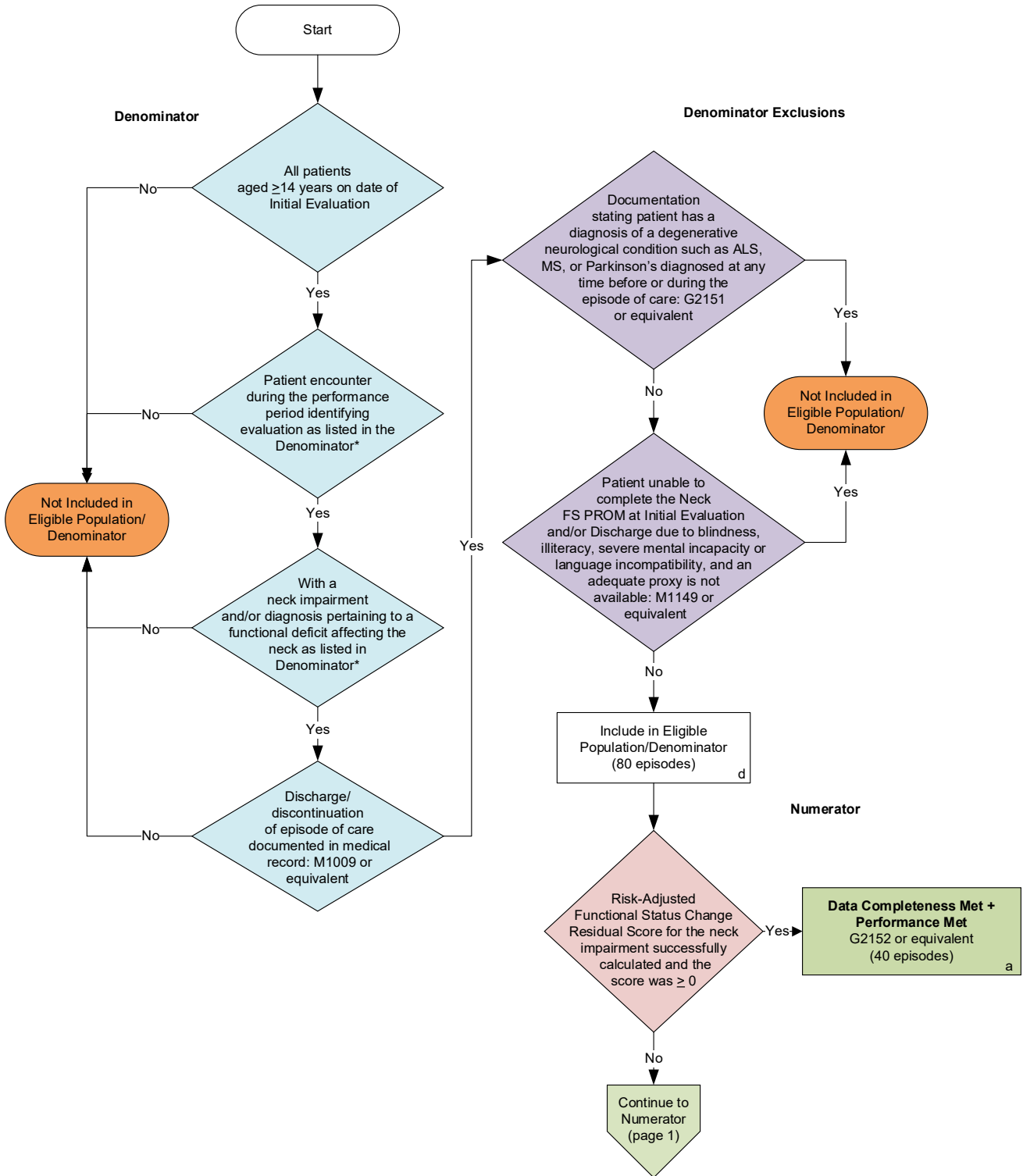
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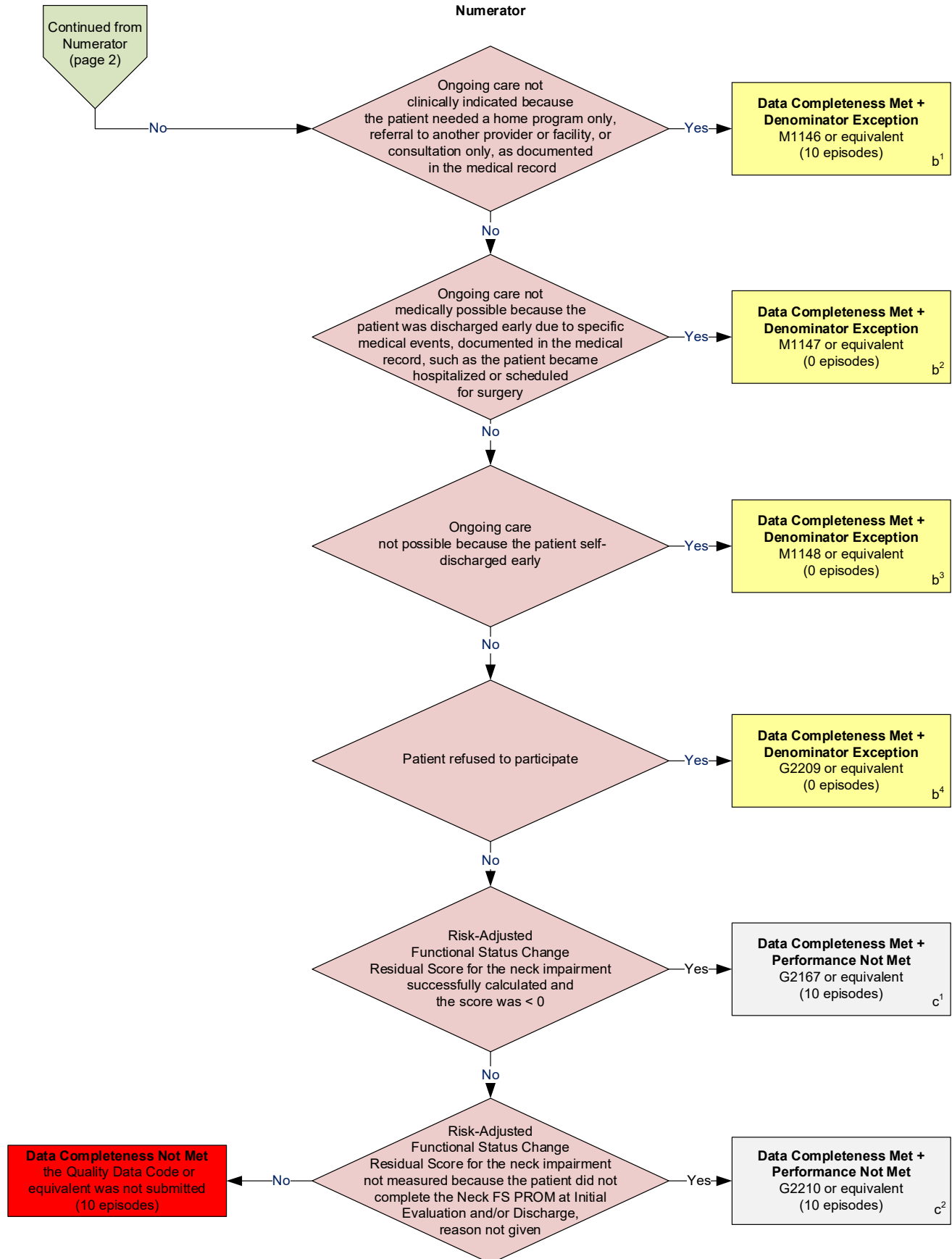
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**2021 Clinical Quality Measure Flow for Quality ID #478:
Functional Status Change for Patients with Neck Impairments**

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





SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 episodes) + Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{=10 episodes) + Performance Not Met (c}^1\text{+c}^2\text{=20 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 episodes)}}{\text{Data Completeness Numerator (70 episodes) - Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{=10 episodes)}} = \frac{40 \text{ episodes}}{60 \text{ episodes}} = 66.67\%$$

*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.

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2021 Clinical Quality Measure Flow Narrative for Quality ID #478: Functional Status Change for Patients with Neck 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, proceed to check *Patient encounter during the performance period identifying evaluation as listed in the Denominator**.
3. Check *Patient encounter during the performance period identifying evaluation as listed in the Denominator**.
 - a. If *Patient encounter during the performance period identifying evaluation as listed in the 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 the Denominator** equals Yes, proceed to *With a neck impairment and/or diagnosis pertaining to a functional deficit affecting the neck as listed in Denominator**.
4. Check *With a neck impairment and/or diagnosis pertaining to a functional deficit affecting the neck as listed in Denominator**.
 - a. If *With a neck impairment and/or diagnosis pertaining to a functional deficit affecting the neck as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *With a neck impairment and/or diagnosis pertaining to a functional deficit affecting the neck as listed in Denominator** equals Yes, proceed to check *Discharge/discontinuation of episode of care documented in medical record*.
5. Check *Discharge/discontinuation of episode of care documented in medical record*.
 - a. If *Discharge/discontinuation of episode of care documented in medical record* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Discharge/discontinuation of episode of care documented in medical record* equals No, proceed to check *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*.
6. Check *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*.
 - a. If *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* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *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* equals No, check *Patient unable to complete the Neck FS PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available*.

7. Check *Patient unable to complete the Neck FS PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available.*
 - a. If *Patient unable to complete the Neck FS PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, 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 Neck FS PROM at Initial Evaluation and/or Discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available* equals No, 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 neck impairment successfully calculated and the score was greater than or equal to 0.*
 - a. If *Risk-Adjusted Functional Status Change Residual Score for the neck 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 40 episodes in the Sample Calculation.
 - b. If *Risk-Adjusted Functional Status Change Residual Score for the neck 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* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* is represented by letter b¹ in the Sample Calculation listed at the end of this document. Letter b¹ equals 10 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 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 *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b² 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, 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 *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b³ equals 0 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 *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b⁴ 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 neck impairment successfully calculated and the score was less than 0*.
15. Check *Risk-Adjusted Functional Status Change Residual Score for the neck impairment successfully calculated and the score was less than 0*.
- a. If *Risk-Adjusted Functional Status Change Residual Score for the neck impairment successfully calculated and the score was less than 0* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *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 c¹ equals 10 episodes in the Sample Calculation.
 - b. If *Risk-Adjusted Functional Status Change Residual Score for the neck impairment successfully calculated and the score was less than 0* equals No, proceed to check *Risk-Adjusted Functional Status Change Residual Score for the neck impairment not measured because the patient did not complete the Neck FS PROM at Initial Evaluation and/or Discharge, reason not given*.
16. Check *Risk-Adjusted Functional Status Change Residual Score for the neck impairment not measured because the patient did not complete the Neck FS PROM at Initial Evaluation and/or Discharge, reason not*

given.

- a. If *Risk-Adjusted Functional Status Change Residual Score for the neck impairment not measured because the patient did not complete the Neck FS PROM at Initial Evaluation and/or Discharge, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *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^2 equals 10 episodes in the Sample Calculation.
- b. *Risk-Adjusted Functional Status Change Residual Score for the neck impairment not measured because the patient did not complete the Neck FS PROM at Initial Evaluation and/or Discharge, reason not given* equals No, include in *Data Completeness Not Met*

17. 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 Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 episodes) plus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 10 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 patients divided by 80 episodes. All equals 87.5 percent.

Performance Rate equals Performance Met (a equals 40 episodes) divided by Data Completeness Numerator (70 episodes) minus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 10 episodes). All equals 40 episodes divided by 60 episodes. All equals 66.67 percent.

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

NOTE: Submission Frequency: Episode

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.