

Quality ID #220: Functional Status Change for Patients with Low Back Impairments

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Patient-Reported Outcome-Based Performance Measure – High Priority

DESCRIPTION:

A patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients 14 years+ with low back impairments. The change in FS is assessed using the FOTO Low Back FS 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, individual clinician, and clinic levels to assess quality.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of **once per treatment episode** for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

The intent of this measure is to assess the change in functional status for patients 14 years and older with a diagnosis of low back impairments or functional deficit affecting the low back. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For purposes of MIPS implementation, this episode measure is submitted once for each treatment episode during the performance period. It requires submitting 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.

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 low back 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 low back functional 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 low back and includes an evaluation (CPT 97161, 97162, 97163, 97165, 97166, 97167, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 98940, 98941, 98942, 98943*, 99304, 99305, or 99306), or an “Initial Evaluation” Status M-code (M1121). A patient presenting with a low back impairment, who has had an interruption of a Treatment Episode for the same functional low back 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 (M1012) identifying the close of a Treatment Episode for the same low back 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 PROM items. If the patient cannot reliably respond independently (e.g., in the presence of cognitive deficits), a suitable proxy may provide answers.

Risk Adjustment Factors – A set of factors used to calculate a patient's risk score which predict the outcome score. In addition to the risk adjustment factors collected in the patient demographic portion of the assessment, a full list of considered specific comorbidity details can be found in Table 1 of this publication

<https://www.ncbi.nlm.nih.gov/pubmed/29787696>⁵.

The Low Back FS PROM score^{1,2,3,4} – The "Low Back FS PROM score" may be achieved using one of three forms: the FOTO Low Back FS PROM computer adaptive test, the FOTO Low Back PROM short form, or an alternative PROM score that is cross-walked to the FOTO Low Back PROM using a cross-walk form developed by the measure steward. Computer adaptive test (CAT) is recommended to achieve best balance between reduced patient burden and score precision. At least one cross-walk form has been developed by the measure steward and meets scientific standards to successfully link a construct-equivalent PROM using advanced psychometric equating methods.

For more information about the Low Back PROM score forms and to access the components that are available free of charge for use with this MIPS quality measure [e.g., patient-reported outcome measure(s), cross-walking, risk adjustment], visit [Public Access to FOTO Measures](#).

Telehealth:

TELEHEALTH ELIGIBLE: This measure **is appropriate for and applicable to the telehealth setting**. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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 a Treatment Episode.

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.*

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, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 98940, 98941, 98942, 98943*, 99304, 99305, 99306, M1121, M1426

AND

With a low back impairment and/or diagnosis pertaining to a functional deficit affecting the low back at time of initial evaluation (ICD-10-CM): G54.1, G54.4, G57.01, G57.02, G57.03, M40.36, M40.37, M40.46, M40.47, M40.56, M40.57, M41.126, M41.127, M41.26, M41.27, M41.46, M41.47, M41.56, M41.57, M41.86, M41.87, M42.06, M42.07, M42.08, M42.16, M42.17, M42.18, M43.06, M43.07, M43.08, M43.16, M43.17, M43.18, M43.26, M43.27, M43.28, M43.5X6, M43.5X7, M43.5X8, M43.8X6, M43.8X7, M43.8X8, M45.A5, M45.A6, M45.A7, M45.A8, M45.6, M45.7, M45.8, M46.06, M46.07, M46.08, M46.1, M46.26, M46.27, M46.28, M46.46, M46.47, M46.48, M46.86, M46.87, M46.88, M46.96, M46.97, M46.98, M47.16, M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.062, M48.07, M48.08, M48.16, M48.17, M48.18, M48.26, M48.27, M48.36, M48.37, M48.38, M48.46XA, M48.46XD, M48.46XG, M48.46XS, M48.47XA, M48.47XD, M48.47XG, M48.47XS, M48.48XA, M48.48XD, M48.48XG, M48.48XS, M48.56XA, M48.56XD, M48.56XG, M48.56XS, M48.57XA, M48.57XD, M48.57XG, M48.57XS, M48.58XA, M48.58XD, M48.58XG, M48.58XS, M48.8X6, M48.8X7, M48.8X8, M49.86, M49.87, M49.88, M51.A0, M51.A1, M51.A2, M51.A3, M51.A4, M51.A5, M51.06, M51.16, M51.17, M51.26, M51.27, M51.360, M51.361, M51.362, M51.369, M51.370, M51.371, M51.372, M51.379, M51.46, M51.47, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.31, M54.32, M54.41, M54.42, M54.50, M54.51, M54.59 M99.03, M99.04, M99.13, M99.14, M99.23, M99.24, M99.33, M99.34, M99.43, M99.44, M99.53, M99.54, M99.63, M99.64, M99.73, M99.74, M99.83, M99.84, Q05.2, Q05.3, Q05.7, Q05.8, Q76.426, S32.010D, S32.010G, S32.010K, S32.010S, S32.011D, S32.011G, S32.011K, S32.011S, S32.012D, S32.012G, S32.012K, S32.012S, S32.018D, S32.018G, S32.018K, S32.018S, S32.019D, S32.019G, S32.019K, S32.019S, S32.020D, S32.020G, S32.020K, S32.020S, S32.021D, S32.021G, S32.021K, S32.021S, S32.022D, S32.022G, S32.022K, S32.022S, S32.028D, S32.028G, S32.028K, S32.028S, S32.029D, S32.029G, S32.029K, S32.029S, S32.030D, S32.030G, S32.030K, S32.030S, S32.031D, S32.031G, S32.031K, S32.031S, S32.032D, S32.032G, S32.032K, S32.032S, S32.038D, S32.038G, S32.038K, S32.038S, S32.039D, S32.039G, S32.039K, S32.039S, S32.040D, S32.040G, S32.040K, S32.040S, S32.041D, S32.041G, S32.041K, S32.041S, S32.042D, S32.042G, S32.042K, S32.042S, S32.048D, S32.048G, S32.048K, S32.048S, S32.049D, S32.049G, S32.049K, S32.049S, S32.050D, S32.050G, S32.050K, S32.050S, S32.051D, S32.051G, S32.051K, S32.051S, S32.052D, S32.052G, S32.052K, S32.052S, S32.058D, S32.058G, S32.058K, S32.058S, S32.059D, S32.059G, S32.059K, S32.059S, S32.10XD, S32.10XG, S32.10XX, S32.10XS, S32.110D, S32.110G, S32.110K, S32.110S, S32.111D, S32.111G, S32.111K, S32.111S, S32.112D, S32.112G, S32.112K, S32.112S, S32.119D, S32.119G, S32.119K, S32.119S, S32.120D, S32.120G, S32.120K, S32.120S, S32.121D, S32.121G, S32.121K, S32.121S, S32.122D, S32.122G, S32.122K, S32.122S, S32.129D, S32.129G, S32.129K, S32.129S, S32.130D, S32.130G, S32.130K, S32.130S, S32.131D, S32.131G, S32.131K, S32.131S, S32.132D, S32.132G, S32.132K, S32.132S, S32.139D, S32.139G, S32.139K, S32.139S, S32.14XD, S32.14XG, S32.14XK, S32.14XS, S32.15XD, S32.15XG, S32.15XK, S32.15XS, S32.16XD, S32.16XG, S32.16XK, S32.16XS, S32.17XD, S32.17XG, S32.17XK, S32.17XS, S32.19XD, S32.19XG, S32.19XK, S32.19XS, S32.2XXD, S32.2XXG, S32.2XXK, S32.2XXS, S33.0XXD, S33.0XXS, S33.110A, S33.110D, S33.110S, S33.111D, S33.111S, S33.120A, S33.120D, S33.120S, S33.121D, S33.121S, S33.130A, S33.130D, S33.130S, S33.131D, S33.131S, S33.140A, S33.140D, S33.140S, S33.141D, S33.141S, S33.2XXD, S33.2XXS, S33.5XXA, S33.5XXD, S33.5XXS, S33.6XXA, S33.6XXD, S33.6XXS, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

AND

Discharge/discontinuation of the episode of care documented in the medical record (M-code): M1012

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: M1122

OR

Patient unable to complete the Low Back 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: G9733

NUMERATOR:

Patients who were presented with the Low Back FS PROM at Initial Evaluation (Intake) and at or near Discharge (Status) for the purpose of calculating the patient's Residual Score.

Definitions:

Functional Status (FS) Score – This is the **Low Back FS PROM** score as described under Instructions Definitions.
FS Change Score – The “FS Change Score” is calculated by subtracting the FS Score at Initial Evaluation from the FS Score at Discharge.

Predicted FS Change Score – The “Predicted FS Change Score” is calculated by accounting for the influence of multiple patient characteristics as designated by the risk adjustment model. For each patient completing an Low Back FS PROM at Initial Evaluation (Intake), the predictive model provides a risk-adjusted prediction of FS Change at Discharge.

Residual Score – The “Residual Score” is calculated by subtracting the Predicted FS Change Score from the FS Change Score (i.e., actual minus predicted). The “Residual Score”, which is in the same units as the FS Score, should be interpreted as the amount of FS change that is different than the amount of change that was predicted given the risk-adjustment variables of the patient being treated. Residual Scores of zero (0) or greater (> 0) should be interpreted as FS Change Scores that met or exceeded what was predicted. Residual Scores less than zero (< 0) should be interpreted as FS Change Scores that were less than predicted. Aggregated Residual Scores allow meaningful comparisons amongst clinicians or clinics.

Numerator Options:

Performance Met:

Residual Score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) (**G8659**)

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 (**M1123**)

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 (**M1124**)

OR

Denominator Exception:

Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) (**M1125**)

OR

Denominator Exception:

Patient refused to participate (**G9732**)

OR

Performance Not Met:

Residual Score for the low back impairment successfully calculated and the score was less than zero (< 0) (**G8660**)

OR

Performance Not Met:

Residual Score for the low back impairment not measured because the patient did not complete the Low Back FS PROM at Initial Evaluation and/or near discharge, reason not given (**G8662**)

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 (APTA). 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 it improved over the treatment episode.¹⁻⁴

CLINICAL RECOMMENDATION STATEMENTS:

The American Physical Therapy Association, 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.

REFERENCES:

1. Hart, D.L., Mioduski, J.E., Werneke, M.W., and Stratford, P.W. *Simulated computerized adaptive test for patients with lumbar spine impairments was efficient and produced valid measures of function.* *Journal of Clinical Epidemiology*, 2006. 59(9): p. 947-56. <https://www.ncbi.nlm.nih.gov/pubmed/16895818>.
2. Hart, D.L., Werneke, M.W., Wang, Y.C., Stratford, P.W., and Mioduski, J.E. *Computerized adaptive test for patients with lumbar spine impairments produced valid and responsive measures of function.* *Spine (Phila Pa 1976)*, 2010. 35(24): p. 2157-64. <https://www.ncbi.nlm.nih.gov/pubmed/20595928>.
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4. Kallen, M.A., Deutscher, D., and Hayes, D. *Advancing Measurement for Low Back Function. Expanding the FOTO Low Back Functional Status (Low Back FS) Item Bank: A Brief Report.* 2022. https://fotoinc.com/wp-content/uploads/2022/10/Low-Back-Item-Bank-Maintenance_Final-Report-2022.pdf.
5. Daniel Deutscher, Mark W. Werneke, Deanna Hayes, Jerome e. Mioduski, Karon F. Cook, Julie M. Fritz, Linda J. Woodhouse, Paul W. Stratford. *Impact of Risk Adjustment on Provider Ranking for Patients With Low Back Pain Receiving Physical Therapy* DOI: 10.2519/jospt.2018.7981 Table: 1 <https://pubmed.ncbi.nlm.nih.gov/29787696>

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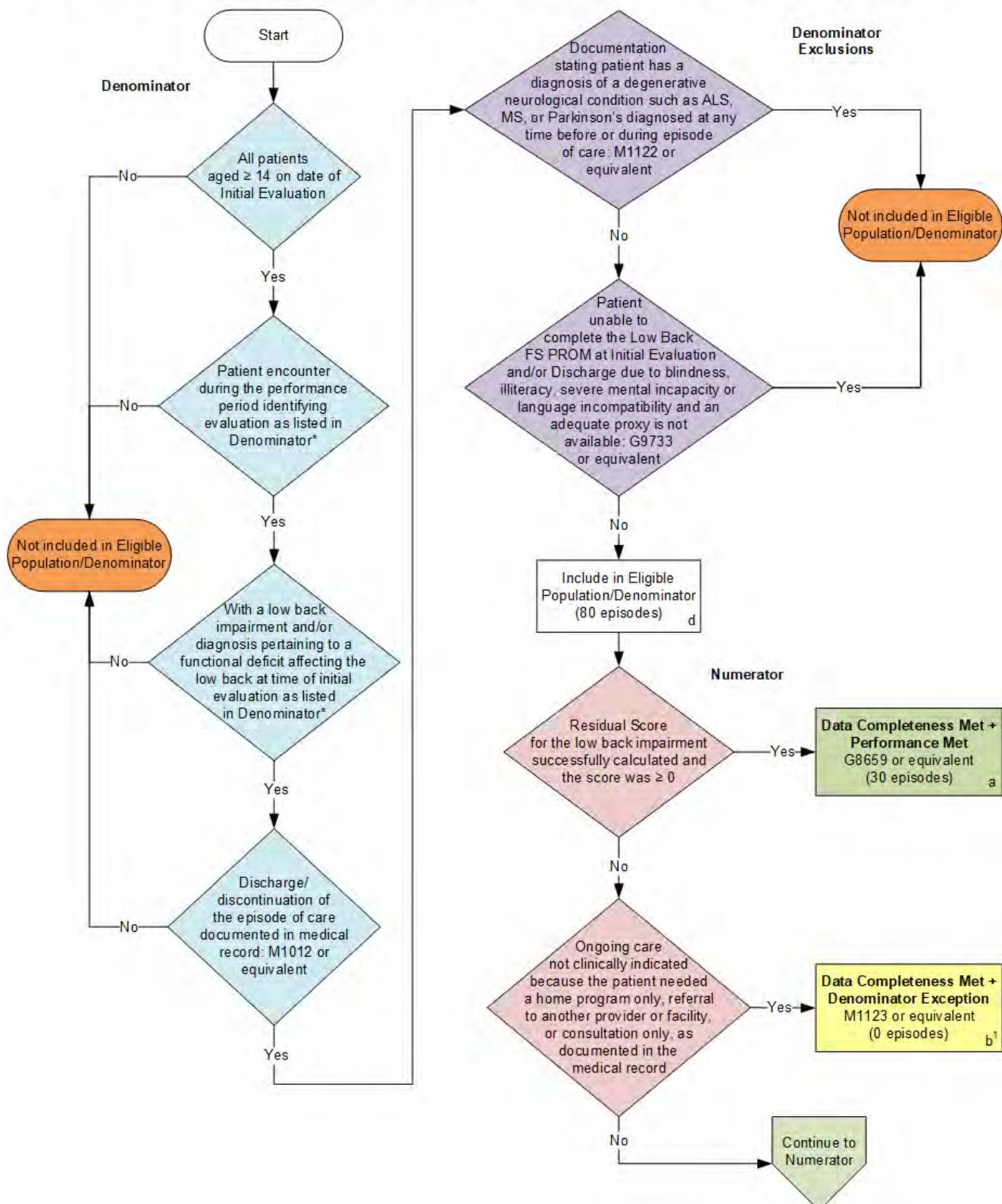
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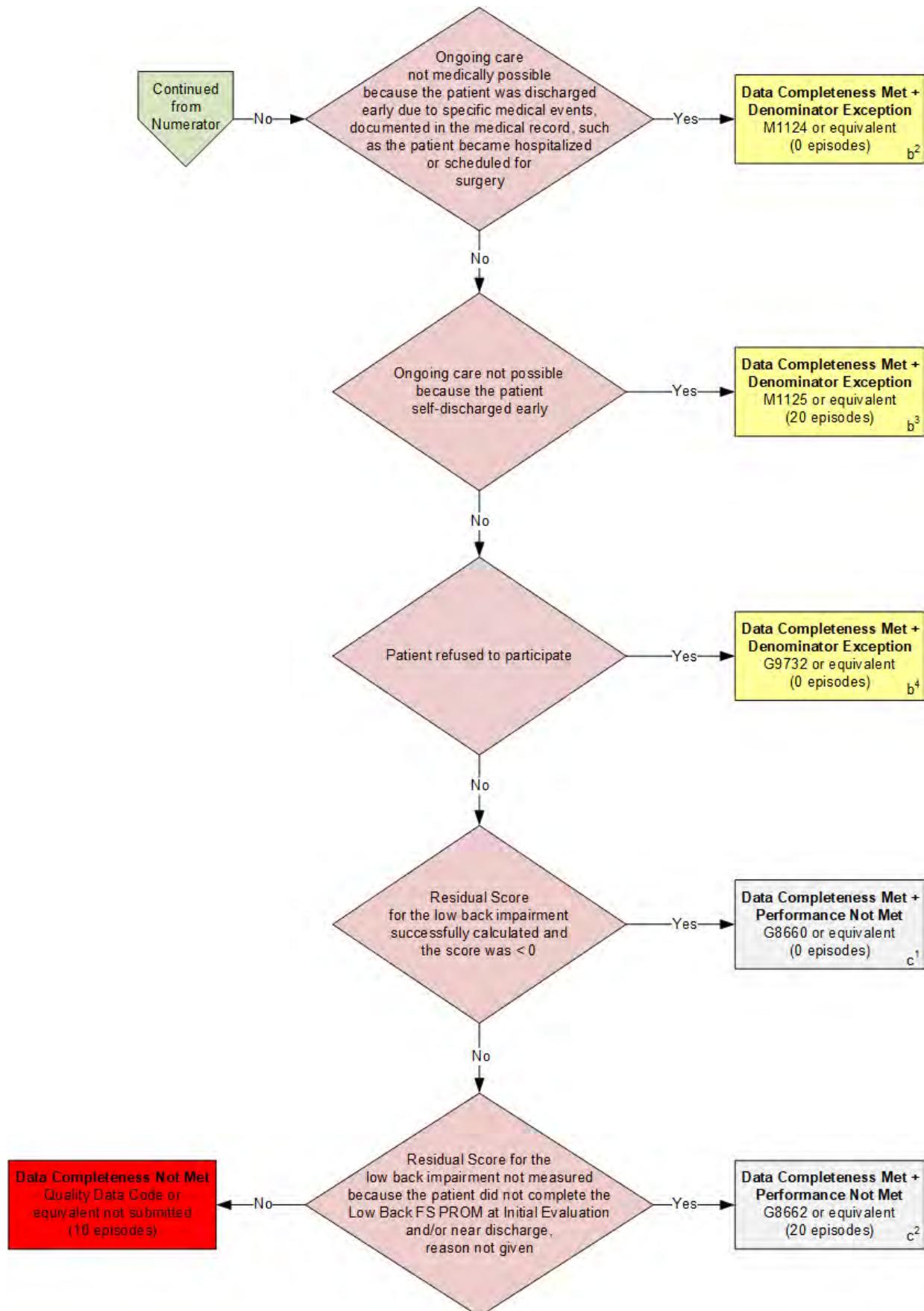
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2026 Clinical Quality Measure Flow for Quality ID #220: Functional Status Change for Patients with Low Back Impairments

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





SAMPLE CALCULATIONS

Data Completeness=

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

Performance Rate=

$$\frac{\text{Performance Met (a=30 episodes)}}{\text{Data Completeness Numerator (70 episodes)} - \text{Denominator Exception (b}^1+\text{b}^2+\text{b}^3+\text{b}^4=20 \text{ episodes)}} = \frac{30 \text{ episodes}}{50 \text{ episodes}} = 60.00\%$$

*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.

v10

2026 Clinical Quality Measure Flow Narrative for Quality ID #220: Functional Status Change for Patients with Low Back 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 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 low back impairment and/or diagnosis pertaining to a functional deficit affecting the low back as listed in Denominator**.
4. Check *With a low back impairment and/or diagnosis pertaining to a functional deficit affecting the low back at time of initial evaluation as listed in Denominator**:
 - a. If *With a low back impairment and/or diagnosis pertaining to a functional deficit affecting the low back at time of initial evaluation as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *With a low back impairment and/or diagnosis pertaining to a functional deficit affecting the low back at time of initial evaluation as listed in Denominator** equals Yes, proceed to check *Discharge/discontinuation of the episode of care documented in medical record*.
5. Check *Discharge/discontinuation of the episode of care documented in medical record*:
 - a. If *Discharge/discontinuation of the episode of care documented in medical record* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Discharge/discontinuation of the episode of care documented in the medical record* equals Yes, 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 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 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 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 episode of care* equals No, proceed to check *Patient unable to complete Low Back 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 Low Back 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 Low Back 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 Low Back 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 *Residual Score for the low back impairment successfully calculated and the score was greater than or equal to 0*:
 - a. If *Residual Score for the low back 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 *Residual Score for the low back 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* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b¹ 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 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 and Performance Rate 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, 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 *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 b³ 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 *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 b⁴ equals 0 episodes in the Sample Calculation.
- b. If *Patient refused to participate* equals No, proceed to check *Residual Score for the low back impairment successfully calculated and the score was less than 0*.

15. Check *Residual Score for the low back impairment successfully calculated and the score was less than 0*:

- a. If *Residual Score for the low back 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 0 episodes in the Sample Calculation.
- b. If *Residual Score for the low back impairment successfully calculated and the score was less than 0* equals No, proceed to check *Residual Score for the low back impairment not measured because the patient did not complete the Low Back FS PROM at Initial Evaluation and/or near discharge, reason not given*.

16. Check *Residual Score for the low back impairment not measured because the patient did not complete the Low Back FS PROM at Initial Evaluation and/or near discharge, reason not given*:

- a. If *Residual Score for the low back impairment not measured because the patient did not complete the Low Back FS PROM at Initial Evaluation and/or near 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 in the Sample Calculation listed at the end of this document. Letter c² equals 20 episodes in the Sample Calculation.

b. If *Residual Score for the low back impairment not measured because the patient did not complete the Low Back FS PROM at Initial Evaluation and/or near discharge, reason not given* equals No, proceed to check *Data Completeness Not Met*.

17. Check *Data Completeness Not Met*:

- 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 (b¹ plus b² plus b³ plus b⁴ equals 20 episodes) plus Performance Not Met (c¹ plus c² 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 (b¹ plus b² plus b³ plus b⁴ 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

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.