Quality ID #459: Back Pain After Lumbar Surgery

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Patient-Reported Outcome-Based Performance Measure – High Priority

DESCRIPTION:
For patients 18 years of age or older who had a lumbar discectomy/laminectomy or fusion procedure, back pain is rated by the patients as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain scale or a numeric pain scale at three months (6 to 20 weeks) postoperatively for discectomy/laminectomy or at one year (9 to 15 months) postoperatively for lumbar fusion patients. Rates are stratified by procedure type; lumbar discectomy/laminectomy or fusion procedure.

INSTRUCTIONS:
Reporting Frequency:
This measure is to be submitted each time a denominator eligible procedure as defined in the denominator criteria is performed.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients who undergo a lumbar discectomy/laminectomy or fusion. 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 two strata defined by two submission criteria.
This measure produces two performance rates which are used for a weighted average.

There are 2 Submission Criteria for this measure:

1) Back pain improvement at three months post lumbar discectomy/laminectomy procedure

AND

2) Back pain improvement at one year post lumbar fusion procedure

This measure will be calculated with 2 performance rates:

1) Percentage of lumbar discectomy/laminectomy procedures for which the patient reports back pain less than or equal to 3.0 OR an improvement of 5.0 points or greater on the VAS or Numeric Pain scale at three months (6 to 20 weeks) postoperatively
2) Percentage of lumbar fusion procedures for which the patient reports back pain less than or equal to 3.0 OR an improvement of 5.0 points or greater on the VAS or Numeric pain scale at one year (9 to 15 months) postoperatively

A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance.

Implementation Considerations:
For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period. The most recent quality data code will be used if the measure is submitted more than once.

This measure is a target-based measure with two ways to meet the numerator; either a postoperative VAS Pain score or

numeric pain scale score that is less than or equal to 3.0 OR an improvement of 5.0 points or greater from the preoperative to postoperative score. It is expressed as a proportion or rate. Patients having received a lumbar discectomy/laminectomy or fusion procedure who are not assessed for back pain postoperatively remain in the denominator and are considered as not meeting the target. The measure intent is that MIPS eligible clinicians will submit all denominator eligible procedures to be utilized for performance calculation.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from 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.

SUBMISSION CRITERIA 1: BACK PAIN IMPROVEMENT AT THREE MONTHS POST LUMBAR DISCECTOMY/LAMINECTOMY PROCEDURE

DENOMINATOR (CRITERIA 1):
Patients with lumbar discectomy/laminectomy procedure.
Patients 18 years of age or older as of January 1 of the denominator identification period who had a lumbar discectomy/laminectomy procedure performed during the denominator identification period.

Definition:
Denominator Identification Period – The twelve-month period in which eligible patients have a procedure. This allows for enough time for a follow-up assessment to occur during the performance period. The "denominator identification period" includes dates of procedure 1/1/2025 to 12/31/2025.

Denominator Criteria (Eligible Cases):
Patients age ≥ 18 years by January 1 of the Denominator Identification Period
AND
Patient procedure during the denominator identification period (CPT): 63005, 63012, 63017, 63030, 63042, 63047
AND NOT
DENOMINATOR EXCLUSIONS:
Patient had a lumbar fusion on the same date as the discectomy/ laminectomy procedure: M1466
OR
Patient had cancer, acute fracture or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis: G9945

Reference Coding:
Denominator Exclusion for lumbar fusion on the same date [M1466] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:
22533, 22558, 22586, 22612, 22630, 22633

Denominator Exclusion for cancer, acute fracture or infection OR neuromuscular, idiopathic, or congenital lumbar scoliosis [G9945] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

- Lumbar Spine Region Cancer:
  C41.2, C41.4, C79.51, C79.52, D16.6, D16.8, D48.0, D49.2
- Acute Lumbar Spine Region Fracture:
  M48.44XA, M48.45XA, M48.46XA, M48.47XA, M48.48XA, M48.54XA, M48.55XA, M48.56XA, M48.57XA, M48.58XA, S22.060A, S22.060B, S22.061A, S22.061B, S22.062A, S22.062B, S22.068A, S22.068B, S22.069A, S22.069B, S22.070A, S22.070B, S22.071A, S22.071B, S22.072A, S22.072B, S22.078A, S22.078B, S22.079A, S22.079B, S22.080A, S22.080B, S22.081A, S22.081B, S22.082A, S22.082B, S22.088A, S22.088B, S22.089A, S22.089B, S24.103A, S24.104A, S24.113A, S24.114A, S24.133A, S24.134A, S24.143A, S24.144A, S24.153A, S24.154A, S32.000A, S32.000B, S32.001A, S32.001B, S32.002A, S32.002B, S32.008A, S32.008B, S32.009A, S32.009B, S32.010A, S32.010B, S32.011A, S32.011B, S32.012A, S32.012B, S32.018A, S32.018B, S32.019A, S32.019B, S32.020A, S32.020B, S32.021A, S32.021B, S32.022A, S32.022B, S32.028A, S32.028B, S32.029A, S32.029B, S32.030A, S32.030B, S32.031A, S32.031B, S32.032A, S32.032B, S32.038A, S32.038B, S32.039A, S32.039B, S32.040A, S32.040B, S32.041A, S32.041B, S32.042A, S32.042B, S32.048A, S32.048B, S32.049A, S32.049B, S32.050A, S32.050B, S32.051A, S32.051B, S32.052A, S32.052B, S32.058A, S32.058B, S32.059A, S32.059B, S32.10XA, S32.10XB, S32.110A, S32.110B, S32.111A, S32.111B, S32.112A, S32.112B, S32.119A, S32.119B, S32.120A, S32.120B, S32.121A, S32.121B, S32.122A, S32.122B, S32.129A, S32.129B, S32.130A, S32.130B, S32.131A, S32.131B, S32.132A, S32.132B, S32.139A, S32.139B, S32.14XA, S32.14XB, S32.15XA, S32.15XB, S32.16XA, S32.16XB, S32.17XA, S32.17XB, S32.19XA, S32.19XB, S32.2XXA, S32.2XXB, S32.9XXA, S32.9XXB, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.3XXA
- Lumbar Spine Region Infection:
  M46.25, M46.26, M46.27, M46.28, M46.35, M46.36, M46.37, M46.38, M46.45, M46.46, M46.47, M46.48, M46.55, M46.56, M46.57, M46.58
- Lumbar Neuromuscular, Idiopathic, or Congenital Scoliosis:
  M41.05, M41.06, M41.07, M41.08, M41.45, M41.46, M41.47, M41.115, M41.116, M41.117, M41.125, M41.126, M41.127, M41.25, M41.26, M41.27, Q67.5, Q76.3

NUMERATOR (CRITERIA 1):

All eligible patients whose back pain is less than or equal to 3.0 OR an improvement of 5.0 points or greater on the VAS or Numeric Pain scale at three months (6 to 20 weeks) postoperatively.

Definitions:

Measure Assessment Period (Performance Period) – The period of time following the procedure date that is in which a postoperative VAS or Numeric pain scale score is obtained.

Preoperative Assessment VAS or Numeric Pain – A preoperative VAS or Numeric pain scale score can be obtained from the patient any time up to three months preoperatively, inclusive of the date of the procedure. Assessment scores obtained more than three months before the procedure will not be used for measure calculation. If more than one preoperative VAS or Numeric score was obtained, use the VAS or Numeric score that is the most recent and prior to the procedure.

Postoperative Assessment VAS or Numeric Pain – A postoperative VAS or Numeric pain scale score can be obtained from the patient at three months (6 - 20 weeks) after the date of procedure. Assessment scores obtained prior to six weeks and after 20 weeks postoperatively will not be used for measure calculation. If more than one postoperative VAS or Numeric score was obtained during the six to 20 weeks following the procedure, use the most recent score obtained during the allowable timeframe.

Visual Analog Scale (VAS) – A "visual analog scale" is a continuous line indicating the continuum between two

states of being.
Numeric Pain Scale – a "numeric pain scale" is one that asks the patient to rate their pain on a scale of 0 to 10 where zero is "No Pain" and 10 is pain that is intolerable. This type of pain score tool can be administered verbally to the patient and because it does not involve a visual line, multiple modes of administration (e.g., phone, virtual visit, patient portal, verbally in-person, etc.) are acceptable.
Copies of the pain scale tools can be obtained at the following link:
https://helpdesk.mncm.org/helpdesk/KB/View/17776810-spine-surgery-pro-tools
Back Pain Target #1 – A patient who is assessed postoperatively at three months (6 to 20 weeks) after the procedure who rates their back pain as less than or equal to 3.0.
Back Pain Target #2 – A patient who does not meet Back Pain Target #1 is assessed both preoperatively within 3 months prior to the procedure AND postoperatively at three months (6 to 20 weeks) after the procedure AND the improvement in back pain is greater than or equal to 5.0 points.

NUMERATOR NOTE:
It is recommended that both a preoperative and postoperative assessment tool be administered to the patient increasing the chances that one of the numerator targets will be met. The following situations are those in which the numerator target cannot be reached and Performance Not Met G9943 or G2137 is submitted:

- *VAS or Numeric Pain Scale is not administered postoperatively at three months (6 to 20 weeks)*
- *Back pain is measured using a different patient reported tool*
- *Postoperative VAS or Numeric Pain Scale is administered less than six weeks or more than 20 weeks (3-month window)*
- *Postoperative VAS or Numeric value is greater than 3.0 and no valid preoperative to measure improvement*
- *Postoperative VAS or Numeric value is greater than 3.0 and preoperative VAS or Numeric Pain Scale (to measure improvement) is administered beyond the three-month timeframe prior to and including the date of procedure (e.g. 6 months before procedure)*

Numerator Options:

Performance Met:	Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at three months (6 – 20 weeks) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within three months preoperatively AND at three months (6 – 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater (G2136)
OR	
Performance Not Met:	Back pain was not measured by the Visual Analog Scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively (G9943)
OR	
Performance Not Met:	Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at three months (6 – 20 weeks) postoperatively was greater than 3.0 AND Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within three months preoperatively AND at three months (6 – 20 weeks) postoperatively demonstrated improvement of less than 5.0 points (G2137)

AND

SUBMISSION CRITERIA 2: BACK PAIN IMPROVEMENT AT ONE YEAR POST LUMBAR FUSION PROCEDURE

DENOMINATOR (CRITERIA 2):

Patients 18 years of age or older as of October 1 of the denominator identification period who had a lumbar fusion procedure performed during the denominator identification period.

Definition:
Denominator Identification Period – The twelve-month period in which eligible patients have a procedure. This allows for enough time for a follow-up assessment to occur during the performance period. The "denominator identification period" includes dates of procedure 10/1/2024 to 9/30/2025.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years by October 1 of the Denominator Identification Period
AND
Patient procedure during the denominator identification period (CPT): 22533, 22558, 22586, 22612, 22630, 22633
AND NOT
DENOMINATOR EXCLUSIONS:
Patient had cancer, acute fracture or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis: G9945

Reference Coding:
Denominator Exclusion for cancer, acute fracture or infection OR neuromuscular, idiopathic, or congenital lumbar scoliosis [G9945] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

- Lumbar Spine Region Cancer:
  C41.2, C41.4, C79.51, C79.52, D16.6, D16.8, D48.0, D49.2
- Acute Lumbar Spine Region Fracture:
  M48.44XA, M48.45XA, M48.46XA, M48.47XA, M48.48XA, M48.54XA, M48.55XA, M48.56XA, M48.57XA, M48.58XA, S22.060A, S22.060B, S22.061A, S22.061B, S22.062A, S22.062B, S22.068A, S22.068B, S22.069A, S22.069B, S22.070A, S22.070B, S22.071A, S22.071B, S22.072A, S22.072B, S22.078A, S22.078B, S22.079A, S22.079B, S22.080A, S22.080B, S22.081A, S22.081B, S22.082A, S22.082B, S22.088A, S22.088B, S22.089A, S22.089B, S24.103A, S24.104A, S24.113A, S24.114A, S24.133A, S24.134A, S24.143A, S24.144A, S24.153A, S24.154A, S32.000A, S32.000B, S32.001A, S32.001B, S32.002A, S32.002B, S32.008A, S32.008B, S32.009A, S32.009B, S32.010A, S32.010B, S32.011A, S32.011B, S32.012A, S32.012B, S32.018A, S32.018B, S32.019A, S32.019B, S32.020A, S32.020B, S32.021A, S32.021B, S32.022A, S32.022B, S32.028A, S32.028B, S32.029A, S32.029B, S32.030A, S32.030B, S32.031A, S32.031B, S32.032A, S32.032B, S32.038A, S32.038B, S32.039A, S32.039B, S32.040A, S32.040B, S32.041A, S32.041B, S32.042A, S32.042B, S32.048A, S32.048B, S32.049A, S32.049B, S32.050A, S32.050B, S32.051A, S32.051B, S32.052A, S32.052B, S32.058A, S32.058B, S32.059A, S32.059B, S32.10XA, S32.10XB, S32.110A, S32.110B, S32.111A, S32.111B, S32.112A, S32.112B, S32.119A, S32.119B, S32.120A, S32.120B, S32.121A, S32.121B, S32.122A, S32.122B, S32.129A, S32.129B, S32.130A, S32.130B, S32.131A, S32.131B, S32.132A, S32.132B, S32.139A, S32.139B, S32.14XA, S32.14XB, S32.15XA, S32.15XB, S32.16XA, S32.16XB, S32.17XA, S32.17XB, S32.19XA, S32.19XB, S32.2XXA, S32.2XXB, S32.9XXA, S32.9XXB, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.3XXA
- Lumbar Spine Region Infection:
  M46.25, M46.26, M46.27, M46.28, M46.35, M46.36, M46.37, M46.38, M46.45, M46.46, M46.47, M46.48, M46.55, M46.56, M46.57, M46.58
- Lumbar Neuromuscular, Idiopathic, or Congenital Scoliosis:
  M41.05, M41.06, M41.07, M41.08, M41.45, M41.46, M41.47, M41.115, M41.116, M41.117, M41.125, M41.126, M41.127, M41.25, M41.26, M41.27, Q67.5, Q76.3

NUMERATOR (CRITERIA 2):
All eligible patients whose back pain is less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) or Numeric pain scale at one year (9 to 15 months) postoperatively.

Definitions:
Measure Assessment Period (Performance Period) – The period of time following the procedure date that is in which a postoperative VAS or Numeric pain scale score is obtained.
Preoperative Assessment VAS or Numeric Pain – A preoperative VAS or Numeric pain scale score can be obtained from the patient any time up to three months preoperatively, inclusive of the date of the procedure. Assessment scores obtained more than three months before the procedure will not be used for measure calculation. If more than one preoperative VAS or Numeric score was obtained, use the VAS or Numeric score that is the most recent and prior to the procedure.
Postoperative Assessment VAS or Numeric Pain – A postoperative VAS or Numeric pain scale score can be obtained from the patient one year (9 to 15 months) after the date of procedure. Assessment scores obtained prior to 9 months and after 15 months postoperatively will not be used for measure calculation. If more than one postoperative VAS or Numeric score was obtained during the 9 to 15 months following the procedure, use the most recent score obtained during the allowable timeframe.
Visual Analog Scale (VAS) – A "visual analog scale" is a continuous line indicating the continuum between two states of being.
Numeric Pain Scale – a "numeric pain scale" is one that asks the patient to rate their pain on a scale of 0 to 10 where zero is "No Pain" and 10 is pain that is intolerable. This type of pain score tool can be administered verbally to the patient and because it does not involve a visual line, multiple modes of administration (e.g., phone, virtual visit, patient portal, verbally in-person, etc.) are acceptable.
Copies of the pain scale tools can be obtained at the following link:
https://helpdesk.mncm.org/helpdesk/KB/View/17776810-spine-surgery-pro-tools
Back Pain Target #1 – A patient who is assessed postoperatively at one year (9 to 15 months) after the procedure rates their back pain as less than or equal to 3.0.
Back Pain Target #2 – A patient who does not meet Back Pain Target #1 is assessed both preoperatively within 3 months prior to the procedure AND postoperatively at one year (9 to 15 months) after the procedure AND the improvement in back pain is greater than or equal to 5.0 points.

NUMERATOR NOTE:
It is recommended that both a preoperative and postoperative assessment tool be administered to the patient increasing the chances that one of the numerator targets will be met. The following situations are those in which the numerator target cannot be reached and Performance Not Met G9946 or G2139 is submitted:

- *VAS Pain or Numeric Scale is not administered postoperatively at one year (9 to 15 months)*
- *Back pain is measured using a different patient reported tool*
- *Postop VAS or Numeric Pain Scale is administered less than nine months or more than 15 months (1 year window)*
- *Postoperative VAS or Numeric value is greater than 3.0 and no valid preop to measure improvement*
- *Postoperative VAS or Numeric value is greater than 3.0 and preoperative VAS or Numeric Pain Scale (to measure improvement) is administered beyond the three-month timeframe prior to and including the date of procedure (e.g. 6 months before procedure)*

Numerator Options:

Performance Met: Back pain as measured by the Visual Analog Scale (VAS) or Numeric pain scale at one year (9 to 15 months) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within three months preoperatively AND at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater (G2138)

OR

Performance Not Met: Back pain was not measured by the Visual Analog Scale (VAS) or Numeric pain scale at one year (9 to 15 months) postoperatively (G9946)

OR

Performance Not Met: Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 AND Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within three months preoperatively AND at one year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points (G2139)

RATIONALE:

Mechanical low back pain (LBP) remains the second most common symptom-related reason for seeing a physician in the United States. Of the US population, 85% will experience an episode of mechanical LBP at some point during their lifetime. Fortunately, the LBP resolves for the vast majority within 2-4 weeks.

For individuals younger than 45 years, mechanical LBP represents the most common cause of disability and is generally associated with a work-related injury. For individuals older than 45 years, mechanical LBP is the third most common cause of disability, and a careful history and physical examination are vital to evaluation, treatment, and management (Hills et al 2022).

Overall, spine surgery rates have declined slightly from 2002-2007, but the rate of complex fusion procedures increased 15-fold, from 1.3 to 19.9 per 100,000 Medicare beneficiaries. Complications increased with increasing surgical invasiveness, from 2.3% among patients having decompression alone to 5.6% among those having complex fusions. After adjustment for age, comorbidity, previous spine surgery, and other features, the odds ratio (OR) of life-threatening complications for complex fusion compared with decompression alone was 2.95 (95% confidence interval [CI], 2.50- 3.49). A similar pattern was observed for rehospitalization within 30 days, which occurred for 7.8% of patients undergoing decompression and 13.0% having a complex fusion (adjusted OR, 1.94; 95% CI, 1.74-2.17).

Adjusted mean hospital charges for complex fusion procedures were US $80,888 compared with US $23,724 for decompression alone (Deyo, R. JAMA 2010). The MNCM Spine Surgery Measure development workgroup developed patient reported outcome measures for two populations of patients undergoing different lumbar spine procedures, a more complex procedure (lumbar fusion) and a second procedure that represented the most common procedure CPT code 63030 for the most common diagnosis of disc herniation. In 2018, the development workgroup reconvened and redesigned the measure construct to a target-based measure and additionally expanded the denominator for this measure to include all lumbar discectomy laminectomy procedures.

Rationale for measure construct and calculation change:

Target score based on 2016 study in the Spine Journal Fetke, TF et al “What level of pain are patients happy to live with after surgery for lumbar degenerative disorders?” This study compared the Core Outcomes Measures Index (COMI) and symptom well-being questions to two 0 to 10 graphic ratings scales for back and leg pain. Most spine interventions decrease pain, but rarely do they totally eliminate it. Reporting of the percent of patients achieving a pain score equivalent to the "acceptable symptom state" may represent a more stringent target for denoting surgical success in the treatment of painful spinal disorders. For disc herniation, this is less than or equal to 2, and for other degenerative pathologies it is less than or equal to 3. The OR benchmark of change (5.0) derived from MNCM data (3 years); the average change in points of

patients that did achieve the target of less than or equal to 3.0.

Rationale for the expansion of the denominator and addition of exclusions:
During the original development of this measure, the intent was to have a homogeneous population procedure that represented the most common procedure CPT code 63030 for the most common diagnosis of disc herniation. This strategy did not translate well from ICD-9 to ICD-10 diagnosis codes and the volume of eligible denominator patients dropped significantly. In 2018, the MNCM development workgroup reconvened for measure construct redesign and adopted a broader denominator population; all applicable discectomy laminectomy procedure codes and not limited by a type of diagnosis (includes all). With this decision, the workgroup decided to adopt the same exclusions for the spine fusion population and added exclusions for spine related cancer, acute fracture or infection, neuromuscular, idiopathic or congenital scoliosis.

CLINICAL RECOMMENDATION STATEMENTS:
Journal of Neurosurgery guidelines indicate that there is no evidence that conflicts with the previous recommendations published in the original version of the guideline. This recommendation is for the use of reliable, valid and responsive outcomes instrument to assess functional outcome in lumbar spinal fusion patients. It is recommended that when assessing functional outcome in patients treated for low-back pain due to degenerative disease, a reliable, valid, and responsive outcomes instrument, such as the disease-specific Oswestry Disability Index (ODI), be used (Level II evidence).

REFERENCES:
There are no sources in the current document.

MEASURE CALCULATION EXAMPLE:

Patient	Pre-op VAS	Post-op VAS	Post-op < 3.0?	If No, (Pre-op minus Post-op)	If No, Met Improvement Target of > 5.0?	Met Numerator Target?
Patient A	8.5	3.5	No	5.0	Yes	Yes
Patient B	9.0	2.5	Yes	na	na	Yes
Patient C	7.0	0.5	Yes	na	na	Yes
Patient D	6.5	8.0	No	-1.5	No	No
Patient E	8.5	2.0	Yes	na	na	Yes
Patient F	7.5	1.5	Yes	na	na	Yes
Patient G	9.0	4.5	No	4.5	No	No
Patient H	5.5	7.5	No	-2.0	No	No
Patient I	9.0	5.0	No	4.0	No	No
Patient J	7.0	2.5	Yes	na	na	Yes
Rate						60%

MEASURE TOOL:

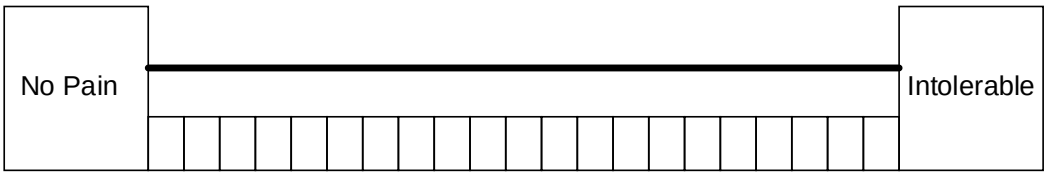
Visual Analog Scale (VAS) - A visual analog scale is a continuous line indicating the continuum between two states of being.

Visual Analog Pain

Scale Back Pain:

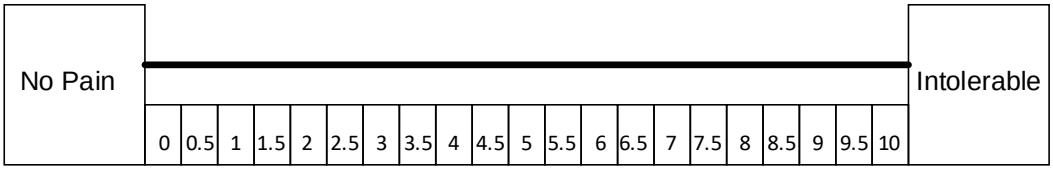
How severe is your back pain today?

Please place an "X" in a box below the line to indicate how bad you feel your back pain is today. Please select ("X") only ONE box.



The tool must contain the end points of "No Pain" and "Intolerable". The tool must not display the actual numbers to the patient. It is not acceptable to substitute a numeric rating scale (e.g., to ask the patient on a scale of one to 10 what number would you use to rate your pain).

Below is the key for MIPS eligible clinicians to utilize in order to convert patient's "X" to a number for measuring change. Do not use this scale for patient completion. The corresponding numeric value is used for measurement of improvement. The numeric equivalent has 21 possible points from 0 to ten with 0.5 intervals (e.g., 0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0).



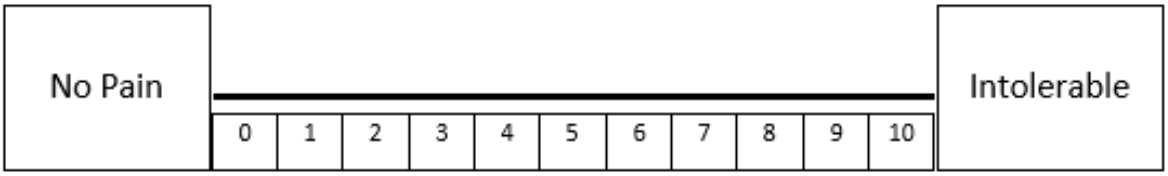
Numeric Pain Scale

Back Pain:

How severe is your **back** pain today?

Please rate your back pain on a scale of 0 to 10 where zero is “No Pain” and 10 is pain that is intolerable.

This may be administered verbally to the patient.

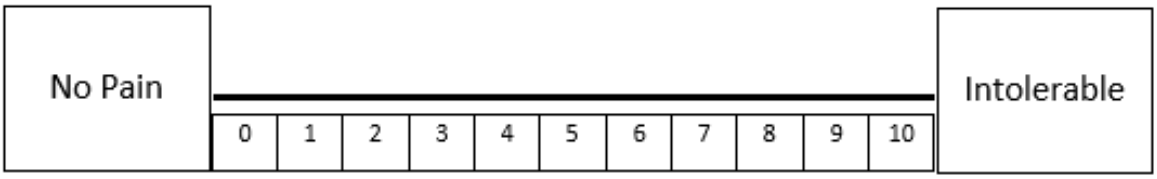


Leg Pain:

How severe is your **leg** pain today?

Please rate your leg pain on a scale of 0 to 10 where zero is “No Pain” and 10 is pain that is intolerable.

This may be administered verbally to the patient.



2026 Clinical Quality Measure Flow for Quality ID #459:
Back Pain After Lumbar Surgery
Multiple Performance Rates

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

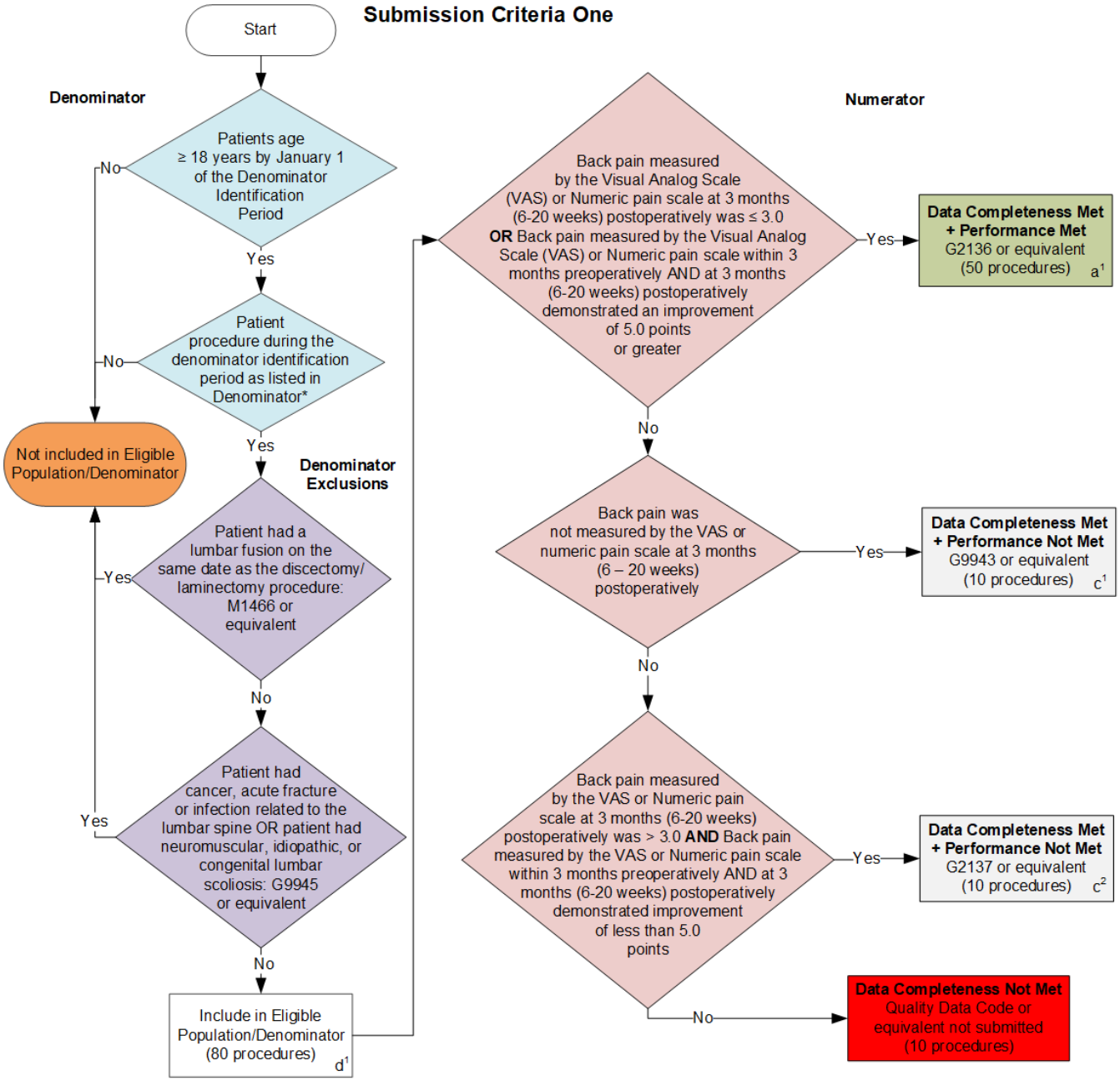
ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

Overall Data Completeness (All Submission Criteria)=
Performance Met (a^1+a^2=100 procedures) + Performance Not Met ($c^1+c^2+c^3+c^4$=40) = 140 procedures = **87.50%**
Eligible Population / Denominator (d^1+d^2=160 procedures) = 160 procedures

Overall Performance Rate (Weighted Average)=
Performance Met (a^1+a^2=100 procedures) = 100 procedures = **71.43%**
Data Completeness Numerator (140 procedures) = 140 procedures

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

Submission Criteria One



SAMPLE CALCULATION: SUBMISSION CRITERIA ONE

Data Completeness=

Performance Met (a^1=50 procedures) + Performance Not Met (c^1+c^2=20 procedures) = 70 procedures = **87.50%**

Eligible Population / Denominator (d^1=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a^1=50 procedures) = 50 procedures = **71.43%**

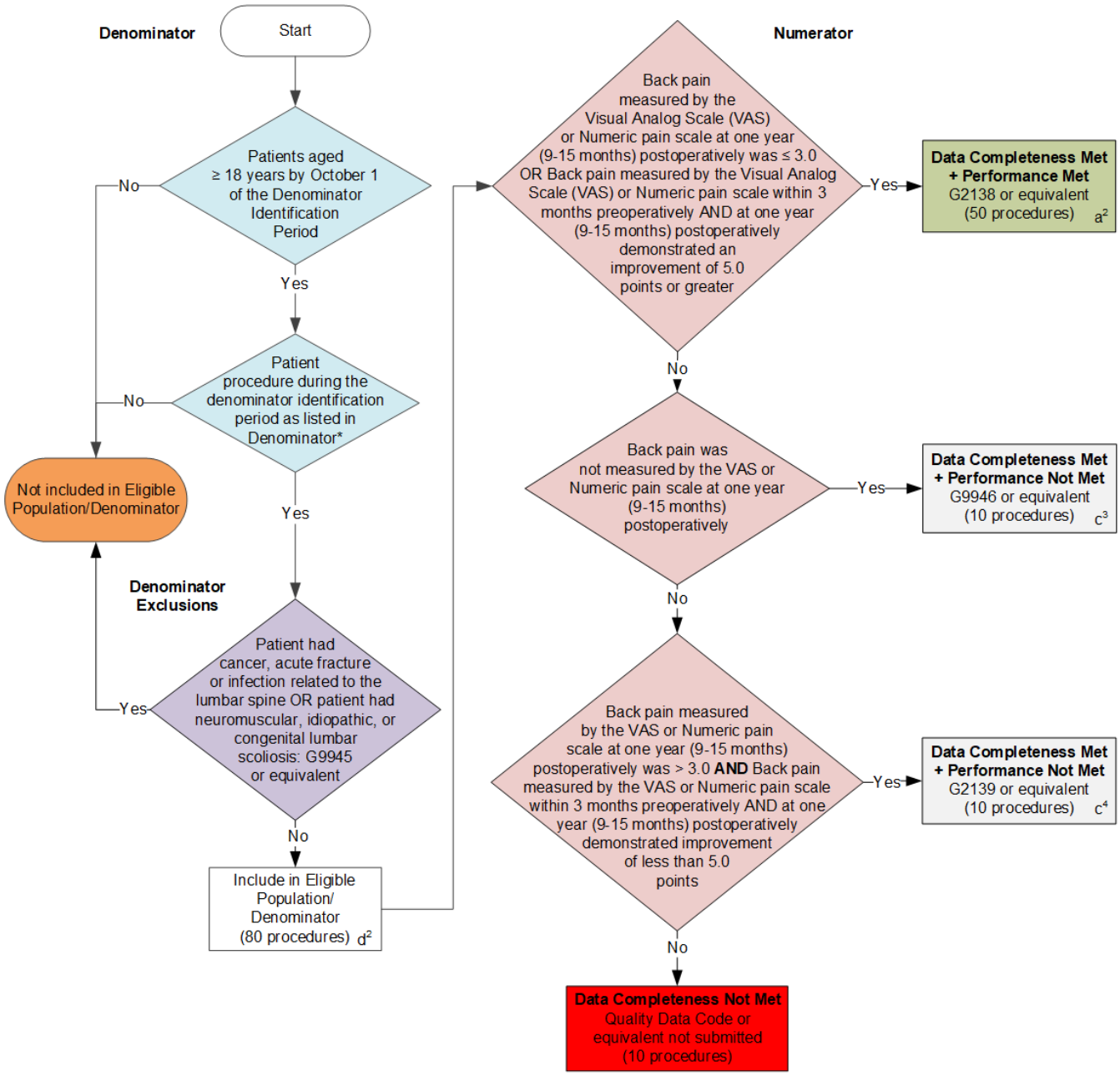
Data Completeness Numerator (70 procedures) = 70 procedures

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

NOTE: Submission Frequency: Procedure

v10

Submission Criteria Two



SAMPLE CALCULATION: SUBMISSION CRITERIA TWO

Data Completeness=

Performance Met (a^2=50 procedures) + Performance Not Met (c^3+c^4=20 procedures) = 70 procedures = **87.50%**

Eligible Population / Denominator (d^2=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a^2=50 procedures) = 50 procedures = **71.43%**

Data Completeness Numerator (70 procedures) = 70 procedures

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

NOTE: Submission Frequency: Procedure

v10

2026 Clinical Quality Measure Flow Narrative for Quality ID #459: Back Pain After Lumbar Surgery

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

Multiple Performance Rates

Accountability Reporting in the CMS MIPS Program: Sample Calculations:

Overall Data Completeness (All Submission Criteria) equals Performance Met (a^1 plus a^2 equals 100 procedures) plus Performance Not Met (c^1 plus c^2 plus c^3 plus c^4 equals 40 procedures) divided by Eligible Population/Denominator (d^1 plus d^2 equals 160 procedures). All equals 140 procedures divided by 160 procedures. All equals 87.50 percent.

Overall Performance Rate (Weighted Average) equals Performance Met (a^1 plus a^2 equals 100 procedures) divided by Data Completeness Numerator (140 procedures). All equals 100 procedures divided by 140 procedures. All equals 71.43 percent.

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

NOTE: Submission Frequency: Procedure

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.

Submission Criteria One:

1. Start with Denominator
2. Check *Patients age greater than or equal to 18 years by January 1 of the Denominator Identification Period*:
    a. If *Patients age greater than or equal to 18 years by January 1 of the Denominator Identification Period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients age greater than or equal to 18 years by January 1 of the Denominator Identification Period* equals Yes, proceed to check *Patient procedure during the denominator identification period as listed in Denominator**.
3. Check *Patient procedure during the denominator identification period as listed in Denominator**:
    a. If *Patient procedure during the denominator identification period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during the denominator identification period as listed in Denominator** equals Yes, proceed to check *Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure.*
4. Check *Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure*:
    a. If *Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure* equals No, proceed to check *Patient had cancer, acute fracture or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis*.
5. Check *Patient had cancer, acute fracture or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis*:

a. If *Patient had cancer, acute fracture or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

b. If *Patient had cancer, acute fracture or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis* equals No, include in *Eligible Population/Denominator*.

6. Denominator Population:

- Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d[1] equals 80 procedures in the Sample Calculation.

7. Start Numerator

8. Check *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater*:

a. If *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater* equals Yes, include in *Data Completeness Met and Performance Met*.

- *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[1] equals 50 procedures in the Sample Calculation.

b. If *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater* equals No, proceed to check *Back pain was not measured by the Visual Analog Scale (VAS) or numeric pain scale at 3 months (6 – 20 weeks) postoperatively*.

9. Check *Back pain was not measured by the Visual Analog Scale (VAS) or numeric pain scale at 3 months (6 – 20 weeks) postoperatively*:

a. If *Back pain was not measured by the Visual Analog Scale (VAS) or numeric pain scale at 3 months (6 – 20 weeks) postoperatively* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness and Performance Rate Not Met in the Sample Calculation listed at the end of this document. Letter c[1] equals 10 procedures in the Sample Calculation.

b. If *Back pain was not measured by the Visual Analog Scale (VAS) or numeric pain scale at 3 months (6 – 20 weeks) postoperatively* equals No, proceed to check *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was greater than 3.0 AND Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated improvement of less than 5.0 points*.

10. Check *Back pain measured by the VAS or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated improvement of less than 5.0 points*:

    a. If *Back pain measured by the VAS or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated improvement of less than 5.0 points* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness and Performance Rate Not Met in the Sample Calculation listed at the end of this document. Letter c^2 equals 10 procedures in the Sample Calculation.

    b. If *Back pain measured by the VAS or Numeric pain scale at 3 months (6 – 20 weeks) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at 3 months (6 – 20 weeks) postoperatively demonstrated improvement of less than 5.0 points* equals No, proceed to check *Data Completeness Not Met*.

11. Check *Data Completeness Not Met*:

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

Sample Calculations: Submission Criteria One

Data Completeness equals Performance Met (a^1 equals 50 procedures) plus Performance Not Met (c^1 plus c^2 equals 20 procedures) divided by Eligible Population / Denominator (d^1 equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 equals 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 percent.

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

NOTE: Submission Frequency: Procedure

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.

Submission Criteria Two:

1. Start with Denominator

2. Check *Patients aged greater than or equal to 18 years by October 1 of the Denominator Identification Period*:

    a. If *Patients aged greater than or equal to 18 years by October 1 of the Denominator Identification Period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients aged greater than or equal to 18 years by October 1 of the Denominator Identification Period* equals Yes, proceed to check *Patient procedure during the denominator identification period as listed in Denominator**.

3. Check *Patient procedure during the denominator identification period as listed in Denominator**:

    a. If *Patient procedure during the denominator identification period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient procedure during the denominator identification period as listed in Denominator** equals Yes, proceed to check *Patient had cancer, acute fracture, or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis*.

4. Check *Patient had cancer, acute fracture, or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis*:

    a. If *Patient had cancer, acute fracture, or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient had cancer, acute fracture, or infection related to the lumbar spine OR patient had neuromuscular, idiopathic, or congenital lumbar scoliosis* equals No, include in *Eligible Population/Denominator*.

5. Denominator Population:

    - Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 80 procedures in the Sample Calculation.

6. Start Numerator

7. Check *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at one year (9-15 months) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated an improvement of 5.0 points or greater*:

    a. If *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at one year (9-15 months) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated an improvement of 5.0 points or greater* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 50 procedures in the Sample Calculation.

    b. If *Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale at one year (9-15 months) postoperatively was less than or equal to 3.0 OR Back pain measured by the Visual Analog Scale (VAS) or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated an improvement of 5.0 points or greater* equals No, proceed to check *Back pain was not measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively*.

8. Check *Back pain was not measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively*:

    a. If *Back pain was not measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness and Performance Rate Not Met in the Sample Calculation listed at the end of this document. Letter c^3 equals 10 procedures in the Sample Calculation.

b. If *Back pain was not measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively* equals No, proceed to check *Back pain measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated improvement of less than 5.0 points*.

9. Check *Back pain measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated improvement of less than 5.0 points*:

   a. If *Back pain measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated improvement of less than 5.0 points* equals Yes, include in *Data Completeness Met and Performance Not Met*.

      - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness and Performance Rate Not Met in the Sample Calculation listed at the end of this document. Letter c^4 equals 10 procedures in the Sample Calculation.

   b. If *Back pain measured by the VAS or Numeric pain scale at one year (9-15 months) postoperatively was greater than 3.0 AND Back pain measured by the VAS or Numeric pain scale within 3 months preoperatively AND at one year (9-15 months) postoperatively demonstrated improvement of less than 5.0 points* equals No, proceed to check *Data Completeness Not Met* .

10. Check *Data Completeness Not Met*:

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

Sample Calculations: Submission Criteria Two

Data Completeness equals Performance Met (a^2 equals 50 procedures) plus Performance Not Met (c^3 plus c^4 equals 20 procedures) divided by Eligible Population / Denominator (d^2 equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 percent.

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

NOTE: Submission Frequency: Procedure

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.