

Quality ID #502: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder

2026 COLLECTION TYPE:

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

MEASURE TYPE:

Patient-Reported Outcome-based Performance Measure (PRO-PM) – High Priority

DESCRIPTION:

The percentage of patients aged 18 and older with a mental and/or substance use disorder who demonstrated improvement or maintenance of functioning based on results from the 12-item World Health Organization Disability Assessment Schedule (WHODAS 2.0) or Sheehan Disability Scale (SDS) 30 to 180 days after an index assessment.

INSTRUCTIONS:

Reporting Frequency:

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

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients with a mental and/or substance use disorder. 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 the purposes of MIPS implementation, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

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:

Patients aged 18 years and older with a mental and/or substance use disorder and an encounter with an index assessment completed using the 12-item WHODAS 2.0 or Sheehan Disability Scale (SDS) during the denominator identification period.

Definitions:

Denominator identification period – Period in which patients had an encounter with an index assessment using the WHODAS 2.0 or SDS. The “denominator identification period” is defined by a 12-month window starting 6 months prior to the measurement year through the first 6 months of the measurement year (July 1 of the previous year through June 30 of the current year).

Index assessment – The outpatient encounter where the patient first completed the WHODAS 2.0 or SDS is counted as the “index assessment”. If there are multiple assessments during the denominator identification period, the first assessment completed is counted as the “index assessment”.

WHODAS 2.0 – “WHODAS 2.0” assesses change-over-time in functioning for all individuals with mental health and/or substance use disorders. The domains covered in the tool are communication and understanding, mobility, self-care, social functioning, life activities (work and home), and participation in society. Response options include: (0) None, (1) Mild, (2) Moderate, (3) Severe, and (4) Extreme or Cannot Do. A 12-item and 36-item version of the WHODAS 2.0 are available. Summed scores on the 12-item and 36-item “WHODAS 2.0” are converted to a summary scale from 0 to 100 (where 0 = no disability; 100 = full disability). There is no recommended cutoff score. A higher score on the “WHODAS 2.0” equates to a lower level of functioning (Ustun et al., 2010). Available at: <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule>.

Sheehan Disability Scale (SDS) – SDS assesses change-over-time in functioning for individuals with mental health and/or substance use disorders. The domains covered in the tool are work/school, social life/leisure activities, and family life/home responsibilities. Response options include: (0) Not at all, (1-3) Mildly, (4-6) Moderately, (7-9) Markedly, and (10) Extremely, regarding how current symptoms have disrupted activities in each of the domains covered by the assessment. The 3 items are summed into a single dimensional measure of global functioning from 0 to 30 (where 0 = unimpaired and 30 = highly impaired). There is no recommended cutoff score. A higher score on the SDS equates to a lower level of functioning (Sheehan et al., 2008). Available at: <https://eprovide.mapi-trust.org/instruments/sheehan-disability-scale>.

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):

Patients aged 18 years and older as of the date of the index encounter

AND

Diagnosis for any mental, behavioral, or substance use disorder on date of index encounter (ICD-10-CM):
F10.10, F10.11, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.21, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.90, F10.91, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.91, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.10, F12.11, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.90, F12.91, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.10, F13.11, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180

F13.181, F13.182, F13.188, F13.19, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.91, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.10, F14.11, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.21, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F14.90, F14.91, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.10, F15.11, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.21, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F15.90, F15.91, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.10, F16.11, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.21, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F16.90, F16.91, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, F18.10, F18.11, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.21, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F18.90, F18.91, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.10, F19.11, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.21, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29, F19.90, F19.91, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.01, F50.010, F50.011, F50.012, F50.013, F50.019, F50.02, F50.020, F50.021, F50.022, F50.023, F50.029, F50.2, F50.20, F50.21, F50.22, F50.23, F50.24, F50.81, F50.810, F50.811, F50.812, F50.813, F50.819, F50.82, F50.83, F50.84, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F54, F55.0, F55.1, F55.2, F55.3, F55.4, F55.8, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99

AND

Patient encounter during the denominator identification period (CPT): 90791, 90792, 90832, 90834, 90837, 90839, 90845, 90847, 90849, 90853, 90865, 90875*, 90876*, 90880, 90901, 90912, 96112, 96116, 96125, 96127, 96130, 96132, 96136, 96138, 96146, 97165, 97166, 97167, 97168, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99401*, 99402*, 99403*, 99404*,

99406, 99407, 99408*, 99409*, 99421, 99422, 99423, 99492, 99493, 99484, G0323, G0556, G0557
G0558

AND

Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period: M1340

AND NOT

DENOMINATOR EXCLUSIONS:

Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools, such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders: M1473

OR

Patients who died during the performance period: M1342

Reference Coding:

Denominator Exclusion for Patient Situations that may Impact Accuracy of Results [M1473] may be defined by the following coding only:

F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.70, F06.71, F06.8, F07.0, F07.81, F07.89, F07.9, F09, F70, F71, F72, F73, F78.A1, F78.A9, F79, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, QA00101, QA00102, QA00109, QA0011, QA0012, QA0013, QA00131, QA00139, QA00141, QA00142, QA00149, QA00151, QA00159, QA08

NUMERATOR:

Patients who demonstrated improvement or maintenance of functioning, as demonstrated by results of follow-up assessment using the 12-item WHODAS 2.0 or Sheehan Disability Scale 30 to 180 days after the index assessment during the performance period.

Definitions:

Follow-up Assessment – The “follow-up assessment” is the 12-item WHODAS 2.0 or Sheehan Disability Scale (SDS) assessment completed at an encounter 30 to 180 days after the encounter with the index assessment, within the 17-month performance period. If there are multiple assessments completed within the follow-up time window (i.e., a 150-day window, beginning 30 days after the index assessment), the assessment that will be counted as the follow-up is the last assessment completed during the window.

Improvement or Maintenance – “Improvement” is defined as any positive improvement in score at the follow-up assessment compared to the index assessment. “Maintenance” is defined as no change in score at the follow-up assessment compared to the index assessment.

Performance Period – A 17-month period starting 5 months prior to the performance year through the end of the performance year.

Numerator Options:

Performance Met:

Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period (M1339)

OR

Performance Not Met:

Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period (M1338)

OR

Performance Not Met:

Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period (M1341)

RATIONALE:

Mental and substance use disorders are among the 25 leading causes of years lived with disability and contribute significantly to the global burden of disease (Mokdad et al., 2018). Specifically, 19% of U.S. adults (46.6 million individuals aged 18 and older) have a mental illness and 7.6% (18.7 million individuals aged 18 and older) have a substance use disorder (McCance-Katz, 2019). Mental and substance use disorders often co-occur, with about 8.5 million adults aged 18 and older in the U.S. having both conditions (McCance-Katz, 2019). Individuals with mental and/or substance use disorders are more likely to report severe impairment in functioning compared to those with chronic medical conditions (Kostanjsek, 2011). In fact, the level and pattern of functional impairment is described as the best indicator of service needs, treatment outcomes, and quality care, with greater level of functional impairment being a risk factor for poor prognosis for both mental and substance use disorders as well other medical conditions (Kilbourne et al., 2018). Improvement or maintaining functioning is strongly predictive of a positive outcome. Improvement or maintaining functioning is strongly predictive of a positive outcome (Kilbourne et al., 2018).

CLINICAL RECOMMENDATION STATEMENTS:

WHO Disability Assessment Scale 2.0 (WHODAS 2.0) (Ustun et al., 2010) assesses change-over-time in functioning for all individuals with mental health and/or substance use disorders. The domains covered in the tool are communication and understanding, mobility, self-care, social functioning, life activities (work and home), and participation in society. Response options include: (0) None, (1) Mild, (2) Moderate, (3) Severe, and (4) Extreme or Cannot Do. A 12-item and 36-item version of the WHODAS 2.0 are available. Summed scores on the 12-item and 36-item WHODAS 2.0 are converted to a summary scale from 0 to 100 (where 0 = no disability; 100 = full disability). There is no recommended cutoff score. A higher score on the WHODAS 2.0 equates to a lower level of functioning. Available at:

<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule>.

Sheehan Disability Scale (SDS) (Sheehan et al., 2008) assesses change-over-time in functioning for individuals with mental health and/or substance use disorders. The domains covered in the tool are work/school, social life/leisure activities, and family life/home responsibilities. Response options include: (0) Not at all, (1-3) Mildly, (4-6) Moderately, (7-9) Markedly, and (10) Extremely, regarding how current symptoms have disrupted activities in each of the domains covered by the assessment. The 3 items are summed into a single dimensional measure of global functioning from 0 to 30 (where 0 = unimpaired and 30 = highly impaired). There is no recommended cutoff score. A higher score on the SDS equates to a lower level of functioning. Available at: <https://harmresearch.org/about-us/david-v-sheehan-md-mba/sheehan-scales-and-structured-diagnostic-interviews/sheehan-disability-scale-sds>.

REFERENCES:

There are no sources in the current document

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The measure specification was developed by and is co-owned by the American Psychiatric Association (APA) and the National Committee for Quality Assurance (NCQA). Funding was provided by the Centers for Medicare & Medicaid Services under Grant # 1V1CMS331640-01-01 ("Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

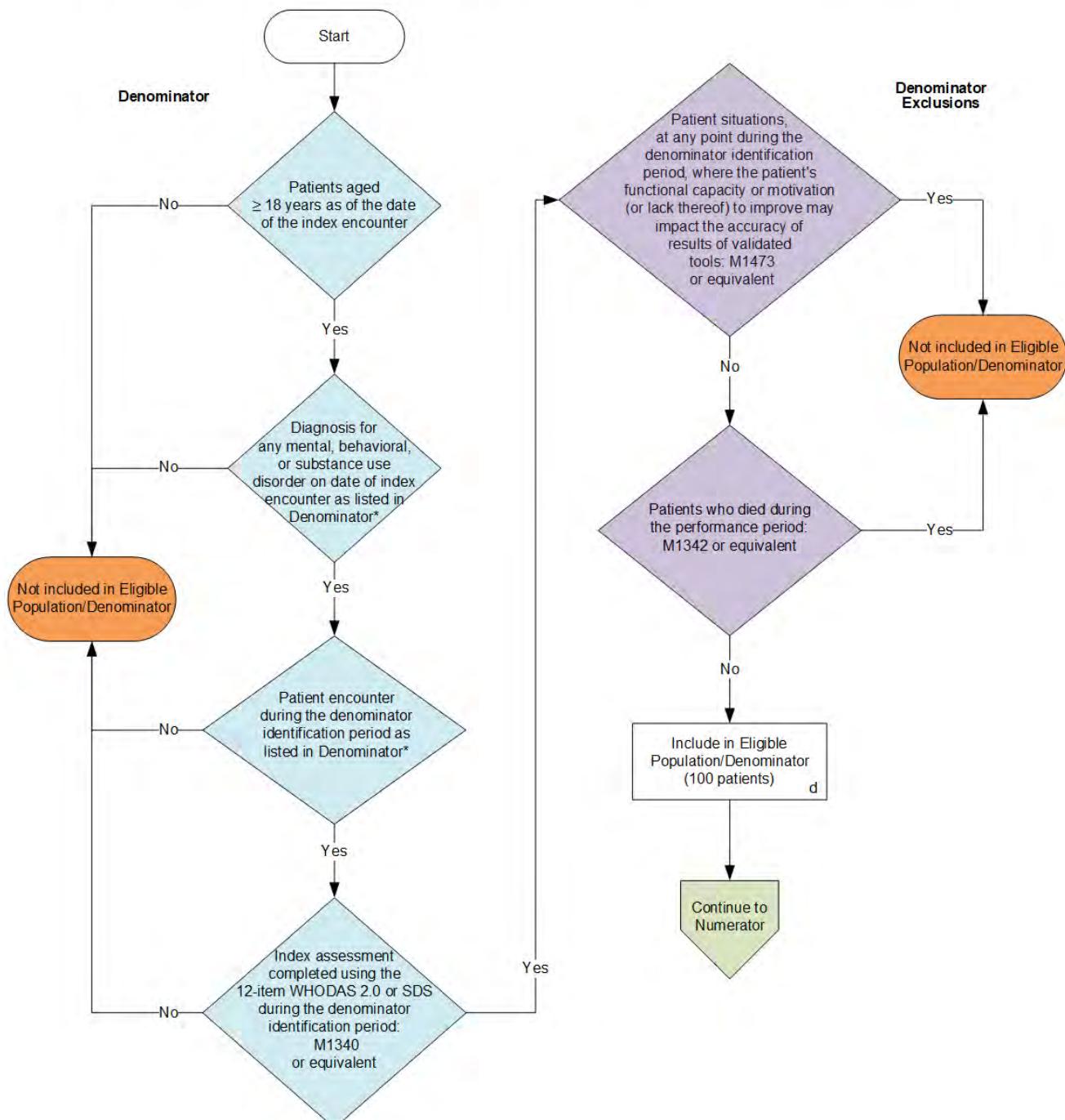
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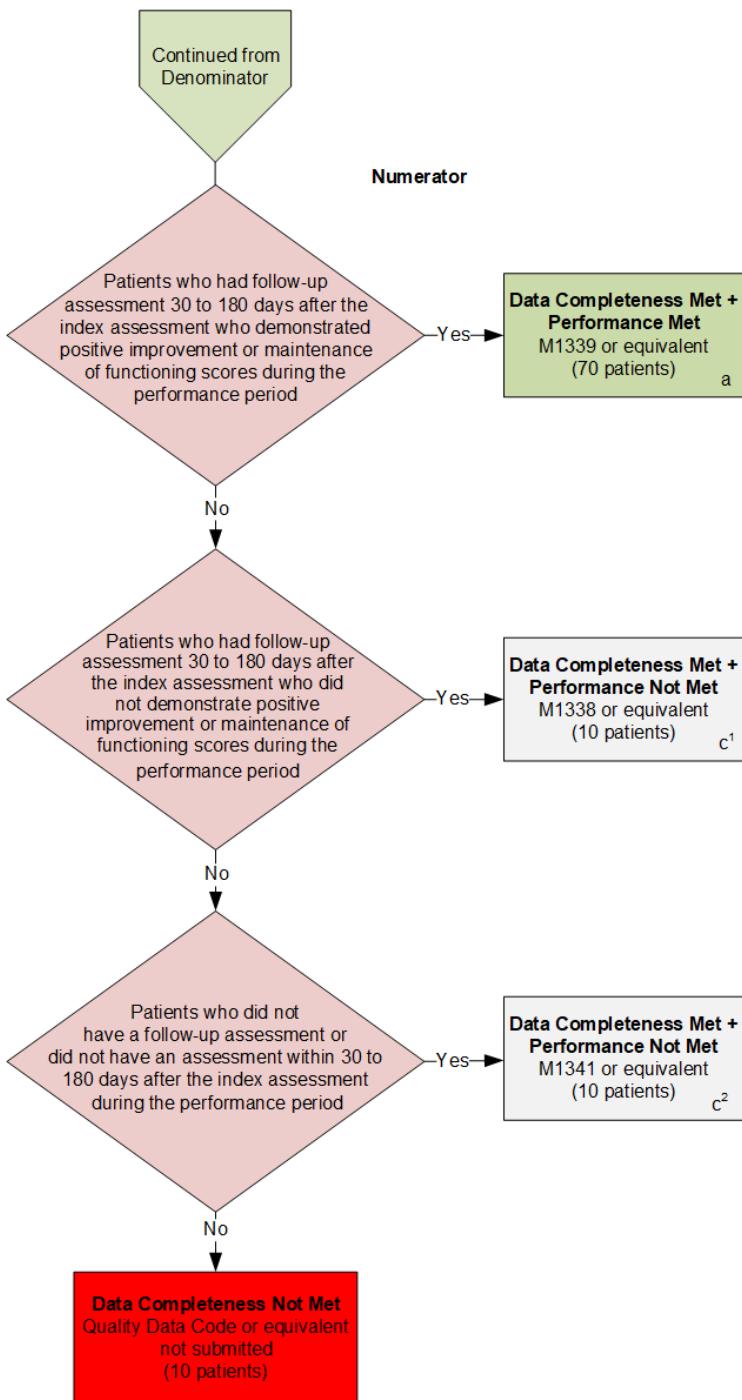
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**2026 Clinical Quality Measure Flow for QID #502:
Improvement or Maintenance of Functioning for Individuals with a Mental
and/or Substance Use Disorder**

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





SAMPLE CALCULATION

Data Completeness=

$$\frac{\text{Performance Met (a=70 patients)} + \text{Performance Not Met (c}^1\text{+c}^2\text{=20 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=70 patients)}}{\text{Data Completeness Numerator (90 patients)}} = \frac{70 \text{ patients}}{90 \text{ patients}} = 77.78\%$$

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

NOTE: Submission Frequency: Patient-Periodic

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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.

**2026 Clinical Quality Measure Flow Narrative for Quality ID #502:
Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use
Disorder**

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years as of the date of the index encounter*:
 - a. If *Patients aged greater than or equal to 18 years as of the date of the index encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 18 years as of the date of the index encounter* equals Yes, proceed to check *Diagnosis for any mental, behavioral, or substance use disorder on date of index encounter as listed in Denominator**.
3. Check *Diagnosis for any mental, behavioral, or substance use disorder on date of index encounter as listed in Denominator**:
 - a. If *Diagnosis for any mental, behavioral, or substance use disorder on date of index encounter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for any mental, behavioral, or substance use disorder on date of index encounter as listed in Denominator** equals Yes, proceed to check *Patient encounter during the denominator identification period as listed in the Denominator**.
4. Check *Patient encounter during the denominator identification period as listed in the Denominator**:
 - a. If *Patient encounter during the denominator identification period as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the denominator identification period as listed in the Denominator** equals Yes, proceed to check *Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period*.
5. Check *Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period*:
 - a. If *Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period* equals Yes, proceed to check *Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools as listed in Denominator**.
6. Check *Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools as listed in Denominator**:

- a. If *Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
- b. If *Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools as listed in Denominator** equals No, proceed to check *Patients who died during the performance period*.

7. Check *Patients who died during the performance period*:
 - a. If *Patients who died during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who died during the performance period* equals No, include in *Eligible Population/Denominator*.
8. Denominator Population:
 - Denominator Population is all *Eligible Patients in the Denominator*. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 100 patients in the Sample Calculation.
9. Start Numerator
10. Check *Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period*:
 - a. If *Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period* 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 equals 70 patients in the Sample Calculation.
 - b. If *Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period* equals No, proceed to check *Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period*.
11. Check *Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period*:
 - a. If *Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 10 patients in the Sample Calculation.
 - b. If *Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period*

period equals No, proceed to check Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period.

12. Check *Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period*:

- a. If *Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 10 patients in the Sample Calculation.
- b. If *Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period* equals No, proceed to check *Data Completeness Not Met*.

13. Check *Data Completeness Not Met*:

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

Sample Calculations

Data Completeness equals Performance Met (a equals 70 patients) plus Performance Not Met ($c^1 + c^2$ equals 20 patients) divided by Eligible Population/Denominator (d equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a equals 70 patients) divided by Data Completeness Numerator (90 patients). All equals 70 patients divided by 90 patients. All equals 77.78 percent.

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

NOTE: Submission Frequency: Patient-Periodic

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