Measure #220 (NQF 0425): Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments – National Quality Stratgy Domain: Communication and Care Coordination

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured

INSTRUCTIONS:
This outcomes measure is to be reported once per treatment episode for all patients with a functional deficit related to the lumbar spine. This is an outcomes measure, and its calculation requires reporting of the patient's functional status score, as a minimum, at admission to and again at discharge from an episode of rehabilitation. The admission score, estimated using patient self-report surveys, is recorded during the first rehabilitation treatment encounter, and the discharge score is recorded at or near the conclusion of the final rehabilitation treatment encounter. It is anticipated that physical and occupational therapists providing treatment for functional lumbar spine deficits will report this measure.

Definitions:
Functional deficit – Limitation or impairment of physical abilities/function resulting in evaluation and inclusion in a treatment plan of care.
Treatment Episode – A Treatment Episode is defined as beginning with an Admission for a functional lumbar spine deficit, progressing to development of a plan of care, including treatment, without interruption of care (for example, a hospitalization or surgical intervention), and ending with Discharge from clinical care by the Eligible Professional. A patient currently under clinical care for a lumbar spine deficit remains in a single episode of care until the Discharge is conducted and documented by the Eligible Professional.
Admission – An Admission is the first encounter for a functional deficit involving the lumbar spine and includes an evaluation (CPT 97001 or 97003) and development of a plan of care by the Eligible Professional. A patient presenting with a lumbar spine impairment, who has had an interruption of a Treatment Episode for the same functional lumbar spine deficit secondary to an appropriate reason like hospitalization or surgical intervention, is a new Admission.
Discharge – Discharge is accompanied by a re-evaluation (CPT 97002 or 97004) or Functional Limitation Reporting Discharge Status G-Code (G8980, G8983, G8986, G8989, G8992 or G8995) identifying the close of a Treatment Episode for the same lumbar spine deficit identified at admission and documented by a discharge report by the Eligible Professional. An interruption in clinical care for an appropriate reason like hospitalization or surgical intervention requires a discharge from the current Treatment Episode.
Encounter – A face to face visit between the patient and the provider for the purpose of assessing and/or improving a functional deficit.
Patient Reported – The patient directly, or through a proxy, provides answers to functional status survey items using standardized, reliable and valid, computerized adaptive testing or paper and pencil survey methods.

Measure Reporting via Registry:
CPT codes or HCPCS, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.
DENOMINATOR:
All patients aged 18 years and older who receive a treatment episode for a functional deficit related to the lumbar spine

Option 1 – Physical Therapy Denominator Criteria (Eligible Cases):
All patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period identifying evaluation (CPT): 97001
AND
Patient encounter during the reporting period identifying discharge (CPT or HCPCS): 97002, G8980, G8983, G8986, G8989, G8992, G8995
AND
Functional deficit affecting the lumbar spine

OR
Option 2 – Occupational Therapy Denominator Criteria (Eligible Cases):
All patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period identifying evaluation (CPT): 97003
AND
Patient encounter during the reporting period identifying discharge (CPT or HCPCS): 97004, G8980, G8983, G8986, G8989, G8992, G8995
AND
Functional deficit affecting the lumbar spine

NUMERATOR:
Patients presented FOTO’s Functional Intake Survey for the Lumbar Spine at admission and FOTO’s Functional Status Survey at discharge for the purpose of calculating the patient’s Risk-adjusted Functional Status Change Residual Score

Definitions:
Patient’s Functional Status Score – A functional status score is produced when the patient completes the FOTO functional status survey (either by paper and pencil or computerized adaptive testing administration). The functional status score is continuous and linear. Scores range from 0 (low function) to 100 (high function). The survey is standardized, and the scores are validated for the measurement of function for this population.

Patient’s Functional Status Change Score – A functional status change score is calculated by subtracting the Patient’s Functional Status Score at Admission from the Patient’s Functional Status Score at Discharge.

Predicted Functional Status Change Score – Functional Status Change Scores for patients are risk adjusted using multiple linear regression methods that include the following independent variables: Patient’s Functional Status Score at Admission, patient age, symptom acuity, surgical history, gender, number of co-morbidities and level of fear-avoidance. The Patient’s Functional Status Change Score is the dependent variable. The statistical regression produces a Risk-Adjusted Predicted Functional Status Change Score.

Risk-Adjusted Functional Status Change Residual Score – The difference between the raw non-risk-adjusted Patient’s Functional Status Change Score and the Risk-Adjusted Predicted Functional Status Change Score (raw minus predicted) is the Risk-Adjusted Functional Status Change Residual Score, which is in the same units as the Patient’s Functional Status Scores, and should be interpreted as the unit of functional status change different than predicted given the risk-adjustment variables of the patient being treated. As such, the Risk-Adjusted Residual Change Score represents Risk-Adjusted Change corrected for the level of severity of the patient. Risk-Adjusted Residual Change Scores of zero (0) or greater (> 0) should be interpreted as functional status change scores that were predicted or better than predicted given the risk-adjustment variables of the patient and risk-adjusted residual change scores less than zero (< 0) should be...
interpreted as functional status change scores that were less than predicted given the risk-adjustment variables of the patient. Aggregated Risk-Adjusted Residual Scores allow meaningful comparisons amongst clinicians or clinics.

Not Eligible/Not Appropriate – A patient is not eligible if one or more of the following conditions exist:
- Patient refused to participate
- Patient unable to complete the questionnaire due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
- Prior to conclusion of Plan of Care, intervention was interrupted or discontinued for any reason including by the referring physician, the provider, the payer or the patient, and attempts by the provider to complete a follow-up functional status survey near Discharge were unsuccessful.

**Numerator Options:**

**Performance Met:**
Risk-Adjusted Functional Status Change Residual Score for the lumbar spine successfully calculated and the score was equal to zero (0) or greater than zero (> 0) (G8659)

OR

**Performance Met:**
Risk-Adjusted Functional Status Change Residual Score for the lumbar spine successfully calculated and the score was less than zero (< 0) (G8660)

OR

**Other Performance Exclusion:**
Risk-Adjusted Functional Status Change Residual Scores for the lumbar spine not measured because the patient did not complete FOTO’s Functional Intake on admission and/or follow up Status Survey near discharge, patient Not Eligible/Not Appropriate (G8661)

OR

**Performance Not Met:**
Risk-Adjusted Functional Status Change Residual Scores for the lumbar spine not measured because the patient did not complete FOTO’s Functional Intake on admission and/or follow up Status Survey 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. 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 activity domain of the International Classification of Function. If treatment is designed to improve the functional deficit, it is logical to assess functional status at discharge using a standardized score to determine if treatment improved the functional status of the patient over the treatment episode.

The National Quality Measures Clearinghouse has approved the measurement of change in functional status, using this survey. (NQMC-2632)

**CLINICAL RECOMMENDATION STATEMENTS:**
The American Physical Therapy Association (APTA), in their Guide to Physical Therapy Practice, described five recommended elements of patient management: examination, evaluation, diagnosis, prognosis and intervention. The
elements were intended to direct therapists in their approach to patient treatment for the purpose of optimizing patient outcomes. The APTA clearly identifies functional status data as one of the major forms of data to be collected for patients receiving rehabilitation. The functional status measures should be used to assist in the planning, implementation and modification of treatment interventions and should be used as measures of outcomes. The current functional status scores can be used by therapists to fulfill the recommended methods of the APTA in the management of patients in rehabilitation.

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Link to access all Measures:

Link to All FOTO Measures

Link to specific Measure Short-Form Surveys:

Measure 220: Functional Deficit – Lumbar Spine Impairments

Link to Measure 220: Functional Deficit - Lumbar Spine Impairments

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**2016 Registry Individual Measure Flow**

PQRS #220 NQF #0425: Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments

![Diagram](image)

**SAMPLE CALCULATIONS:**

**Reporting Rate**

\[
\text{Performance Met (a*+a**=3 episodes) + Performance Exclusion (b=2 episodes) + Performance Not Met (c=2 episodes)} = \frac{7 \text{ episodes}}{8 \text{ episodes}} = 87.50\%
\]

**Performance Rate**

\[
\text{Reporting Numerator (7 episodes) – Performance Exclusion (b=2 episodes)} = \frac{5 \text{ episodes}}{3 \text{ episodes}} = 60.00\%
\]

* See the posted Measure Specification for specific coding and instructions to report this measure.

** See the posted Measure Specification for specific patient score levels for this measure.

**NOTE:** Report 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.
2016 Registry Individual Measure Flow
PQRS #220 NQF #0425: Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 years of age at Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 18 years of age at Date of Service and equals Yes during the measurement period, proceed to check Functional Deficit Affecting the Lumbar Spine.

3. Check Functional Deficit Affecting the Lumbar Spine:
   a. If Functional Deficit Affecting the Lumbar Spine equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Functional Deficit Affecting the Lumbar Spine equals Yes, check Patient Evaluation Encounter During Reporting Period (CPT) 97001.

4. Check Patient Evaluation Encounter During Reporting Period (CPT) 97001:
   a. If Patient Evaluation Encounter During Reporting Period (CPT) 97001 equals No, proceed to Patient Encounter Evaluation during the reporting period (CPT) 97003.
   b. If Patient Evaluation Encounter During Reporting Period (CPT) 97001 equals Yes, proceed to Patient Encounter During the Reporting Period Identifying Discharge (CPT) 97002.

5. Check Patient Encounter During the Reporting Period Identifying Discharge (CPT) 97002:
   a. If Patient Encounter During the Reporting Period Identifying Discharge (CPT) 97002 and as listed in the denominator equals No, proceed to Patient Evaluation Encounter during Reporting Period (CPT) 97003.
   b. If Patient Encounter During the Reporting Period Identifying Discharge (CPT) 97002 and as listed in the denominator equals Yes, include in the Eligible Population.

6. Check Patient Encounter Evaluation During the Reporting Period (CPT) 97003:
   a. If Patient Encounter Evaluation During the Reporting Period (CPT) 97003 and as listed in the denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Patient Encounter Evaluation During the Reporting Period (CPT) 97003 and as listed in the denominator equals Yes, proceed to Patient Encounter During Reporting Period Identifying Discharge (CPT) 97004.

7. Check Patient Encounter During Reporting Period Identifying Discharge (CPT) 97004:
   a. If Patient Encounter During Reporting Period Identifying Discharge (CPT) 97004 as listed in the denominator equals No, do not include in Eligible Population. Stop Processing.
b. If Patient Encounter During Reporting Period Identifying Discharge (CPT) 97004 as listed in the
denominator equals Yes, proceed to include in the Eligible Population.

8. Denominator Population:
   a. 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 8 episodes in
   the sample calculation.

9. Start Numerator

10. Check Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Successfully Calculated
    and the Score was ≥ 0:
    a. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Successfully Calculated
       and the Score was ≥ 0 equals Yes, include in Reporting Met and Performance Met.
    b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in
       the Sample Calculation listed at the end of this document. Letter a1 equals 1 episode in Sample
       Calculation.
    c. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Successfully Calculated
       and the Score was ≥ 0 equals No, proceed to Risk-Adjusted Functional Status Change Residual Score
       for the Lumbar Spine Successfully Calculated and the Score was < 0.

11. Check Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Successfully Calculated
    and the Score was < 0:
    a. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Successfully Calculated
       and the Score was < 0 equals Yes, include in Reporting Met and Performance Met.
    b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in
       the Sample Calculation listed at the end of this document. Letter a2 equals 2 episodes in the Sample
       Calculation.
    c. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Successfully Calculated
       and the Score was < 0 equals No, proceed to Risk-Adjusted Functional Status Change Residual Score
       for the Lumbar Spine Not Measured, Patient Not Eligible/Not Appropriate.

12. Check to Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Not Measured,
    Patient Not Eligible/Not Appropriate:
    a. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Not Measured, Patient
       Not Eligible/Not Appropriate equals Yes, include in the Reporting Met and Performance Exclusion.
    b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate
       in the Sample Calculation listed at the end of this document. Letter b equals 2 episodes in the Sample
       Calculation.
    c. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Not Measured, Patient
       Not Eligible/Not Appropriate equals No, proceed to Risk-Adjusted Functional Status Change Residual
       Score for the Lumbar Spine Not Measured, Reason Not Given.
13. Check Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Not Measured, Reason Not Given:
   
a. If Risk-Adjusted Functional Status Change Residual Score for the Lumbar Spine Not Measured, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 episodes in the Sample Calculation.


14. Check Reporting Not Met:

   a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 episode has been subtracted from the reporting numerator in the sample calculation.

   **SAMPLE CALCULATIONS:**

   Reporting Rate = Performance Met (a+b=3 episodes) + Performance Exclusion (b=2 episodes) + Performance Not Met (c=2 episodes) = 7 episodes = 87.50%
   
   Eligible Population / Denominator (d=8 episodes)

   Performance Rate = Performance Met (a+b=3 episodes) = 3 episodes = 60.00%
   
   Reporting Numerator (7 episodes) - Performance Exclusion (b=2 episodes) = 5 episodes