aaPM&R
American Academy of
Physical Medicine and Rehabilitation

## Quality Measures Guide

For 2020 reporting, CMS has released more than 200 quality measures that MIPS eligible clinicians (ECs) can report on, and there are numerous other more specialty-specific measures that are available through qualified clinical data registries (QCDRs). Note that CMS makes changes to available measures each year, including adding and deleting available measures. Additionally, each measure has its own specifications, codes and reporting options, and measure specifications may also change from year-to-year. As such, it is best to check the 2020 Quality Payment Program website prior to finalizing your reporting strategy to review reporting options and measure specifications for available measures for 2020.

## Measure Concepts

Every measure has a denominator, numerator, reporting frequency and performance timeline.

**THE DENOMINATOR:**
The denominator describes eligible cases for a measure, including patient population and/or patient demographics. A key question to ask when looking at the measure is "Do I provide a patient visit/service included in the denominator such that this quality measure would apply to me?"

**THE NUMERATOR:**
The numerator is the specific clinical action required by the measure for reporting and performance. This includes patients who received a particular service or obtained a particular outcome that is being measured.

**REPORTING FREQUENCY:**
Each measure has a frequency requirement that states how often ECs need to report the measure. Some measures are required to be reported for each visit or each unique patient while others may only require reporting once a year.

**PERFORMANCE TIMELINE:**
Some quality measures have a designated time-frame when the measure should be completed. This may or may not coincide with the reporting frequency requirement.

## 2020 MIPS Quality Measure Guides for PM&R Physicians

The table on the next page is intended to help you identify individual measures that you can report on for 2020. CMS has also organized MIPS measures into specialty-specific sets to help clinicians navigate the large inventory of measures and identify those most relevant to a specialist. Specialty sets are simply suggestions meant to guide clinicians, but are not required. Many, but not all, of the measures listed on the next page can be found in the "Physical Medicine Specialty Set."

When choosing individual measures, remember that:

- If you are reporting a measure via claims, you must report on at least **70%** of your applicable Medicare Part B patients across the full calendar year. (Note that this is an increase over 2020, when reporting on at least 60% of applicable patients was required.) **Additionally, under a policy that CMS started in 2019, claims reporting is only available for small practices (i.e., 15 or fewer eligible clinicians), but may be reported at either the individual or group level**.

- If you are reporting via a registry, QCDR or EHR you must report on at least **70%** of your applicable patients across all payers across the full calendar year.

- You must report on 6 individual measures, including one outcome measure. If an outcome measure is not available that is applicable to your specialty or practice, you must report another high priority measure.

- If you report on more than 6 measures, CMS will base your final score on the 6 measures with the highest performance.

Note that failure to meet the 70% data completeness threshold will result in a score of 0 points for each applicable measure (or 3 points for small practices).

| MIPS QUALITY MEASURE NUMBER | MEASURE DESCRIPTION | MEASURE TYPE | HIGH-PRIORITY MEASURE | REPORTING OPTIONS | REPORTING FREQUENCY |
|---|---|---|---|---|---|
| 9^ | Anti-Depressant Medication Management | Process | No | EHR | |
| 24 | Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older | Process | Yes | Claims, Registry | Each occurrence |
| 39 | Screening for Osteoporosis for Women Aged 65-85 Years of Age | Process | No | Claims, Registry | Once/year |
| 47 | Care Plan | Process | Yes | Claims, Registry | Once/year |
| 48 | Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older | Process | No | Claims, Registry | Once/year |
| 50 | Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older | Process | Yes | Claims, Registry | Once/year |
| 107^ | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment | Process | No | EHR | |
| 110 | Preventive Care and Screening: Influenza Immunization | Process | No | Claims, EHR, CMS Web Interface, Registry | 2 time periods: once for each period |
| 111 | Pneumococcal Vaccination Status for Older Adults | Process | No | Claims, EHR, Registry | Once/year |
| 126 | Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy—Neurological Evaluation | Process | No | Registry | Once/year |
| 127 | Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention—Evaluation of Footwear | Process | No | Registry | Once/year |
| 128^ | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | Process | No | Claims, EHR, Registry | Once/year |
| 130 | Documentation of Current Medications in the Medical Record | Process | Yes | Claims, EHR, Registry | Each visit |
| 134^ | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | Process | No | Claims, EHR, CMS Web Interface, Registry | Once/year |
| 145 | Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy | Process | Yes | Claims, Registry | Each time |
| 154 | Falls: Risk Assessment | Process | Yes | Claims, Registry | Once/year |
| 155 | Falls: Plan of Care | Process | Yes | Claims, Registry | Once/year |

^ **Measures have substantive changes to measure specifications relative to 2019.**

* **Measures are new for 2020.**

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|---|---|---|---|---|---|
| 178 | Rheumatoid Arthritis (RA): Functional Status Assessment | Process | No | Registry | Once/year |
| 181^ | Elder Maltreatment Screen and Follow-Up Plan | Process | Yes | Claims, Registry | Once/year |
| 182^ | Functional Outcome Assessment | Process | Yes | Claims, Registry | Each eligible visit |
| 226^ | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Process | No | Claims, EHR, CMS Web Interface, Registry | Once/year |
| 236^ | Controlling High Blood Pressure | Intermediate Outcome | Yes | Claims, EHR, CMS Web Interface, Registry | Once/year |
| 238^ | Use of High-Risk Medications in the Elderly | Process | Yes | EHR, Registry | Once/year |
| 281 | Dementia: Cognitive Assessment | Process | No | EHR | |
| 317^ | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | Process | No | Claims, EHR, Registry | Once/year |
| 318 | Falls: Screening for Future Fall Risk | Process | Yes | EHR, CMS Web Interface | |
| 342^ | Pain Brought Under Control Within 48 Hours | Outcome | Yes | Registry | Once/year |
| 370^ | Depression Remission at 12 Months | Outcome | Yes | EHR, CMS Web Interface, Registry | Once/year |
| 374 | Closing the Referral Loop: Receipt of Specialist Report | Process | Yes | EHR, Registry | Once/year |
| 375 | Functional Status Assessment for Total Knee Replacement | Process | Yes | EHR | |
| 376 | Functional Status Assessment for Total Hip Replacement | Process | Yes | EHR | |
| 402 | Tobacco Use and Help with Quitting Among Adolescents | Process | No | Registry | Once/year |
| 408 | Opioid Therapy Follow-up Evaluation | Process | No | Registry | Once/year |
| 412 | Documentation of Signed Opioid Treatment Agreement | Process | No | Registry | Once/year |
| 414 | Evaluation or Interview for Risk of Opioid Misuse | Process | No | Registry | Once/year |
| 418^ | Osteoporosis Management in Women Who Had a Fracture | Process | No | Claims, Registry | Each occurrence of a fracture |
| 419 | Overuse of Neuroimaging for Patients with Primary Headache and a Normal Neurological Examination | Efficiency | Yes | Claims, Registry | Each visit |

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**healthpolicy@aapmr.org**

# MIPS

## Quality Measures Guide

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|---|---|---|---|---|---|
| 431 | Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling | Process | No | Registry | Once/year |
| 435 | Quality of Life Assessment for Patients With Primary Headache Disorders | Outcome | Yes | Claims, Registry | Once/year |
| 459^ | Average Change in Back Pain Following Lumbar Discectomy/Laminotomy | Outcome | Yes | Registry | Each occurrence |
| 460^ | Average Change in Back Pain Following Lumbar Fusion | Outcome | Yes | Registry | Each occurrence |
| 461^ | Average Change in Leg Pain Following Lumbar Discectomy/Laminotomy | Outcome | Yes | Registry | Each occurrence |
| 468 | Continuity of Pharmacotherapy for Opioid Use Disorder | Process | Yes | Registry | Once/year |
| 469^ | Average Change in Functional Status Following Lumbar Spine Fusion Surgery | Outcome | Yes | Registry | Each occurrence |
| 470^ | Average Change in Functional Status Following Total Knee Replacement Surgery | Outcome | Yes | Registry | Each occurrence |
| 471^ | Average Change in Functional Status Following Lumbar Discectomy Laminotomy Surgery | Outcome | Yes | Registry | Each occurrence |
| 473^ | Average Change in Leg Pain Following Lumbar Spine Fusion Surgery | Outcome | Yes | Registry | Each occurrence |
| 477* | Multimodal Pain Management | Process | Yes | Registry | Each occurrence |
| 478* | Functional Status Change for Patients with Neck Impairment | Outcome | Yes | Registry | Each treatment episode |

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