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## KNEE INJURY FUNCTIONAL IMPROVEMENT

### Measure ID

IROMS11

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with knee injury measured via their validated Knee Outcome Survey (KOS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.

### Measure Description

The proportion of patients failing to achieve an MCID of ten (10) points or more improvement in the KOS change score for patients with knee injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline KOS score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with knee injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with knee injuries to not achieve an MCID in their KOS change score (MCID  $\geq 10$ ) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.

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## KNEE INJURY FUNCTIONAL IMPROVEMENT

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## KNEE INJURY NPRS

### Measure ID

IROMS12

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation of patients with knee injury.

### Measure Description

The proportion of patients failing to achieve an MCID of two (2) points or more improvement in the NPRS change score for patients with knee injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline KOS score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with knee injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with knee injuries to not achieve an MCID in their NPRS change score (MCID  $\geq$  2) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.



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## KNEE INJURY NPRS

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## HIP, LEG OR ANKLE INJURY FUNCTIONAL IMPROVEMENT

### Measure ID

IROMS13

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with hip, leg, or ankle injuries using the validated Lower Extremity Function Scale (LEFS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.

### Measure Description

The proportion of patients failing to achieve an MCID of nine (9) points or more improvement in the LEFS change score for patients with hip, leg, or ankle injuries treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline LEFS score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with hip, leg, or ankle injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with hip, leg, or ankle injuries to not achieve an MCID in their LEFS change score (MCID  $\geq$  9) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.

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## HIP, LEG OR ANKLE INJURY FUNCTIONAL IMPROVEMENT

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## HIP, LEG OR ANKLE INJURY NPRS

### Measure ID

IROMS14

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation of patients with hip, leg, or ankle (lower extremity except knee) injury.

### Measure Description

The proportion of patients failing to achieve an MCID of two (2) points or more improvement in the NPRS change score for patients with hip, leg, or ankle injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline LEFS score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with hip, leg, or ankle injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with hip, leg, or ankle (lower extremity except knee) injuries to not achieve an MCID in their NPRS change score ( $MCID \geq 2$ ) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.



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## HIP, LEG OR ANKLE INJURY NPRS

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## NECK PAIN/INJURY FUNCTIONAL IMPROVEMENT

### Measure ID

KEET01\*

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with neck pain/injury measured via their validated Neck Disability Index (NDI) score.

### Measure Description

The proportion of patients failing to achieve an MCID of seven and ½ (7.5) points or more improvement in the NDI change score for patients with neck pain/injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline NDI score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with neck injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with neck injuries to not achieve an MCID in their NDI change score (MCID  $\geq 7.5$ ) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.

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## NECK PAIN/INJURY FUNCTIONAL IMPROVEMENT

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth

*\*KEET01 mirrors the historical IROMS15 quality measure except for the MCID which is set at 7.5 to reflect the most recent evidence based research.*

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## NECK PAIN/INJURY NPRS

### Measure ID

IROMS16

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation of patients with neck pain/injury.

### Measure Description

The proportion of patients failing to achieve an MCID of two (2) points or more improvement in the NPRS change score for patients with neck pain/injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline NDI score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with neck pain/injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with neck pain/injuries to not achieve an MCID in their NPRS change score (MCID  $\geq$  2) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.



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## NECK PAIN/INJURY NPRS

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## LOW BACK PAIN FUNCTIONAL IMPROVEMENT

### Measure ID

IROMS17

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with low back pain measured via their validated Modified Low Back Pain Disability Questionnaire (MDQ) score.

### Measure Description

The proportion of patients failing to achieve an MCID of six (6) points or more improvement in the MDQ change score for patients with low back pain treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline MDQ score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with low back injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with low back pain to not achieve an MCID in their MDQ change score (MCID  $\geq 6$ ) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.



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## LOW BACK PAIN FUNCTIONAL IMPROVEMENT

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## LOW BACK PAIN NPRS

### Measure ID

IROMS18

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation of patients with low back pain.

### Measure Description

The proportion of patients failing to achieve an MCID of two (2) points or more improvement in the NPRS change score for patients with low back pain treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline MDQ score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with low back pain evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with low back pain to not achieve an MCID in their NPRS change score (MCID  $\geq$  2) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.



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## LOW BACK PAIN NPRS

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## ARM, SHOULDER, AND HAND INJURY FUNCTIONAL IMPROVEMENT

### Measure ID

IROMS19

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with arm, shoulder, or hand injury measured via their validated Disability of the Arm, Shoulder and Hand (DASH) score, Quick Disability of the Arm, Shoulder and Hand (QDASH) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.

### Measure Description

The proportion of patients failing to achieve an MCID of ten (10) points or more improvement in the DASH change score or eight (8) points or more improvement in the QDASH change score for patients with arm, shoulder or hand injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline DASH or QDASH score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit). These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with arm, shoulder, or hand injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with arm, shoulder, or hand injuries to not achieve an MCID in their DASH change score (MCID  $\geq$  10 for DASH, MCID  $\geq$  8 for QDASH) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.

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## ARM, SHOULDER, AND HAND INJURY FUNCTIONAL IMPROVEMENT

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth

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## ARM, SHOULDER, AND HAND INJURY NPRS

### Measure ID

IROMS20

### Measure Title

Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation of patients with arm, shoulder, or hand injury.

### Measure Description

The proportion of patients failing to achieve an MCID of two (2) points or more improvement in the NPRS change score for patients with arm, shoulder, or hand injury treated during the observation period will be reported.

Additionally, a risk-adjusted MCID proportional difference determined by calculating the difference between the risk model predicted and observed MCID proportion will be reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline DASH score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit).

These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.

### Denominator Description

The total number of all patients with arm, shoulder, or hand injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window.

### Numerator Description

The total number of patients with arm, shoulder, or hand injuries to not achieve an MCID in their NPRS change score (MCID  $\geq$  2) from their initial visits to their final visits in PT/OT practice or PT/OT group during the observation window.

### Denominator Exclusions

Patients who are < 18 years old. Patients who did not complete 2 or more surveys. Patients that are non-English speaking and translation services are unavailable. Patients that have a mental or cognitive impairment that compromises their ability accurately complete the MIPS patient reported outcome (PRO). Patients that have a life expectancy of 6 months or less. Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.

### Denominator Exceptions

Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only, or discharged due to significant decline in medical status as documented in the medical record). PT/OT can use their clinical judgement to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress. The provider must clearly document in the medical record the specific medical complexity / complexities present to qualify for this exception.



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## ARM, SHOULDER, AND HAND INJURY NPRS

### Numerator Exclusions

None

### NQF Number

N/A

### NQS Domain

Effective Clinical Care

### Includes Telehealth

Yes

### High Priority Measure

Yes

### High Priority Type

Outcome

### Measure Type

Patient Reported Outcome

### Meaningful Measure Area

Functional Outcomes

### Inverse Measure

Yes

### Proportional Measure

Yes

### Continuous Variable Measure

No

### Ratio Measure

No

### Number of performance rates to be submitted

6

### Measure Risk-Adjusted?

Yes

### Care Setting(s)

Ambulatory Care, Clinician Office / Clinic, Outpatient and Telehealth



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## DIZZINESS HANDICAP INVENTORY

### Measure ID

HM7

### Measure Title

Functional Status Change for Patients with Vestibular Dysfunction.

### Measure Description

Percentage of patients aged 14 years and older diagnosed with vestibular dysfunction who achieve a Minimal Clinically Important Difference (MCID) to indicate functional, emotional, and physical improvement.

- Submission Age Criteria 1: Patients aged 14-17 years of age
- Submission Age Criteria 2: Patients aged 18-64 years of age
- Submission Age Criteria 3: Patients aged 65 years and older
- Submission Criteria 4: Overall total rate of patients aged 14 years and older
- Submission Risk Adjusted Criteria 5: Overall total rate of patients aged 14 and older.

The measure is adjusted to patient characteristics known to be associated with functional status and quality of life outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.

### Denominator Description

Denominator Criteria (Eligible Cases):

SUBMISSION CRITERIA 1: Patients aged 14-17 years of age on date of encounter

SUBMISSION CRITERIA 2: Patients aged 18-64 years and older on date of encounter

SUBMISSION CRITERIA 3: Patients aged 65 years of age and older on date of encounter

SUBMISSION CRITERIA 4: Patients aged 14 years of age and older on date of encounter

AND

A diagnosis of vestibular dysfunction diagnosis (ICD-10-CM): BPPV: H81.10, H81.11, H81.12, H81.

OR

Dizziness: R42, H81.10, H81.11, H81.12, H81.13,

OR

Disorders of vestibular function: H81\*

OR

Vertiginous syndromes: H82\*

OR

Other diseases of inner ear: H83\*

OR

Abnormalities of gait and mobility: R26\*

OR

Other lack of coordination: R27\*

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## DIZZINESS HANDICAP INVENTORY

OR  
Repeated falls: R29.6  
OR  
Concussion: S06.0\*, F07.81  
OR  
History of falling: Z91.81  
OR  
Epidemic vertigo: A88.1  
OR  
Benign neoplasm of cranial nerves: D33.3  
OR  
Migraine: B43.109, G43.819  
AND  
An Index Patient Visit Indicator:  
Physical Therapy CPT: 97161, 97162, 97163  
OR  
Occupational Therapy CPT: 97165, 97166, 97167  
AND  
Two face to face patient encounters for a treatment episode that began or ended during the performance period.

### Numerator Description

Patients who achieved a MCID in vestibular dysfunction, as measured via the validated Dizziness Handicap Inventory or equivalent instrument, to indicate functional improvement greater than zero and a Risk Adjusted Functional Status Change Residual Score for the dizziness handicap successfully calculated with an MCID score that is greater than zero from their initial visits and just prior to or at their discharge visits from the PT/OT practice.

### Denominator Exclusions

Hospice services received by patient at any time during the performance period OR Patient unable to complete a DHI or equivalent instrument at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility without the availability of an adequate proxy available.

### Denominator Exceptions

N/A



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## DIZZINESS HANDICAP INVENTORY

**NQF Number**

N/A

**NQS Domain**

Effective Clinical Care

**Includes Telehealth**

Yes

**High Priority Measure**

Yes

**High Priority Type**

Outcome

**Measure Type**

Patient Reported Outcome

**Meaningful Measure Area**

Functional Outcomes

**Inverse Measure**

No

**Proportional Measure**

Yes

**Continuous Variable Measure**

No

**Ratio Measure**

No

**Number of performance rates to be submitted**

4

**Measure Risk-Adjusted?**

No

**Care Setting(s)**

Ambulatory Care, Clinician Office / Clinic

*\* 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*

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