NIPM-QCDR
2019 QCDR Measure Detail

January 2019

Contents

NIPM18: CHANGE IN PATIENT REPORTED QUALITY OF LIFE FOLLOWING EPIDURAL LYSIS OF ADHESIONS

Measurement Period: January 1, 2019 to December 31, 2019

Measure Developer: American Society of Interventional Pain Physicians

Description: Measurement of the change in patient-reported quality of life following epidural lysis of adhesions. Quality-of-life measurement on standardized scale includes pain, mobility, analgesic medication use, and activities of daily living.

Disclaimer: These performance measures are not standards and do not establish a standard of medical care.

NQS Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

Risk Adjustment: None

Performance rate: 1

Denominator: All patients 18 years and older who undergo epidural lysis of adhesions. ANY of the following CPT Codes: 62263, 62264

Denominator Exclusions: Patients who choose to not provide consent or participate in patient-reported outcome surveys.

(NOTE: Your reporting and performance rates will only include those patients who respond to the surveys).

Denominator Exceptions: Patients who are within the 120-day patient-reported outcome window, but for whom the reporting year ends prior to their responding to the survey.

Numerator: Improvement in quality of life on a standardized scale (including pain, mobility, analgesic medication use, and activities of daily living), as reported by the patient between 3-6 weeks following the procedure.

Numerator Exclusions: None

NIPM19: CHANGE IN PATIENT REPORTED QUALITY OF LIFE AND FUNCTIONAL STATUS FOLLOWING MEDIAL BRANCH RADIOFREQUENCY ABLATION

Measurement Period: January 1, 2019 to December 31, 2019

Measure Developer: American Society of Interventional Pain Physicians

Description: Measurement of the change in patient reported quality of life following medial branch radiofrequency ablation. Quality of life measurement on standardized scale includes mobility, analgesic medication use, psychological well-being and activities of daily living.

Disclaimer: These performance measures are not standards and do not establish a standard of medical care.

NQS Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

Risk Adjustment: None

Performance rate: 2 (cervical/thoracic, lumbar/sacral)

Denominator: All patients aged 18 years and older who undergo medial branch radiofrequency ablation. ANY of the following CPT codes in the same encounter: 64633, 64634, 64635, 64636

Denominator Exclusions: Patients who choose to not provide consent or participate in patient-reported outcome surveys.

(NOTE: Your reporting and performance rates will only include those patients who respond to the surveys).

Denominator Exceptions: Patients who are within the 120-day patient-reported outcome window, but for whom the reporting year ends prior to their responding to the survey.

Numerator: Improvement in quality of life on a standardized scale (including mobility, analgesic medication use, psychological well-being and activities of daily living), as reported by the patient within 120 days following the procedure.

Numerator Exclusions: None

NIPM20: CHANGE IN PATIENT REPORTED PAIN AND FUNCTIONAL STATUS FOLLOWING SPINAL CORD STIMULATOR IMPLANTATION

Measurement Period: January 1, 2019 to December 31, 2019

Measure Developer: American Society of Interventional Pain Physicians

Description: Measurement of percentage of patients aged 18 years and older receiving cervical/thoracic facet joint interventions that do not receive an excessive number of procedures during the measurement period, based on the recommendations of the American Society of Interventional Pain Physicians, multiple Medicare carriers, or private insurers.

Disclaimer: These performance measures are not standards and do not establish a standard of medical care.

NQS Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

Risk Adjustment: None

Performance rate: 1

Denominator: All patients aged 18 years and older who undergo surgical implantation of a spinal cord stimulator with implantable pulse generator, excluding replacement or revision of existing spinal cord stimulation systems. ALL of the following CPT Codes in the same encounter: 63650, 63685

Denominator Exclusions:
- Patients undergoing revision or replacement of pulse generator: 63688
- Patients undergoing temporary placement of neuroelectrodes: 63650 without 63685
- Patients undergoing revision or replacement of existing neuroelectrodes: 63663

(NOTE: Your reporting and performance rates will only include those patients who respond to the surveys).

Denominator Exceptions: Patients who are within the 120-day patient-reported outcome window, but for whom the reporting year ends prior to their responding to the survey.

Numerator: Improvement in pain and quality of life on a standardized scale (including mobility, analgesic medication use, psychological well-being and activities of daily living), as reported by the patient within 120 days following the procedure.

Numerator Exclusions: Patients in whom the neuroelectrodes and/or pulse generator were revised or explanted during the 120-day post-operative period: 63661, 63663, 63688

NIPM21: REDUCTION IN PATIENT REPORTED PAIN FOLLOWING MEDIAL BRANCH RADIOFREQUENCY ABLATION

Measurement Period: January 1, 2019 to December 31, 2019

Measure Developer: American Society of Interventional Pain Physicians

Description: Measurement of reduction in pain as reported by patients aged 18 years and older following cervical/thoracic medial branch radiofrequency ablation

Disclaimer: These performance measures are not standards and do not establish a standard of medical care.

NQS Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

Risk Adjustment: None

Performance rate: 2 (cervical/thoracic, lumbar/sacral)

Denominator: All patients aged 18 years and older who undergo medial branch radiofrequency ablation. ANY of the following CPT codes in the same encounter: 64633, 64634, 64635, 64636.

Denominator Exclusions: Patients who choose to not provide consent or participate in patient-reported outcome surveys.

(NOTE: Your reporting and performance rates will only include those patients who respond to the surveys).

Denominator Exceptions: Patients who are within the 120-day patient-reported outcome window, but for whom the reporting year ends prior to their responding to the survey.

Numerator:

1. The percent reduction in pain score on a visual analog scale (0-10), comparing pre-procedure pain (recorded within 90 days prior to the procedure) and post-procedure pain (recorded within 120 days following the procedure) in the area targeted for treatment
2. The reduction in pain as reported by the patient as a percent reduction in pain in the area targeted for treatment, comparing pre-procedure and post-procedure pain. Percent reduction in pain must be reported within 120 days following the procedure.

Numerator Exclusions: None

NIPM22: CHANGE IN PATIENT REPORTED QUALITY OF LIFE FOLLOWING EPIDURAL CORTICOSTEROID INJECTION

Measurement Period: January 1, 2019 to December 31, 2019

Measure Developer: American Society of Interventional Pain Physicians

Description: Measurement of the change in patient reported quality of life following caudal, lumbar, thoracic, or cervical epidural corticosteroid injection. Quality of life measurement on standardized scale includes pain, mobility, psychological well-being, analgesic medication use, and activities of daily living.

Disclaimer: These performance measures are not standards and do not establish a standard of medical care.

NQS Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

Risk Adjustment: None

Performance rate: 2 (cervical/thoracic, lumbar/sacral)

Denominator: All patients 18 years and older who undergo epidural lysis of adhesions.
ANY of the following CPT Codes: 62263, 62264

Denominator Exclusions: Patients who choose to not provide consent or participate in patient-reported outcome surveys.

(NOTE: Your reporting and performance rates will only include those patients who respond to the surveys).

Denominator Exceptions: Patients who are within the 120-day patient-reported outcome window, but for whom the reporting year ends prior to their responding to the survey.

Numerator: Improvement in quality of life on a standardized scale (including pain, mobility, analgesic medication use, and activities of daily living), as reported by the patient between 3-6 weeks following the injection(s).

Numerator Exclusions: None

NIPM23: CHANGE IN PATIENT REPORTED QUALITY OF LIFE FOLLOWING MAJOR JOINT CORTICOSTEROID INJECTION

Measurement Period: January 1, 2019 to December 31, 2019

Measure Developer: American Society of Interventional Pain Physicians

Description: Measurement of the change in patient reported quality of life following major corticosteroid injection. Quality of life measurement on standardized scale includes pain, mobility, analgesic medication use, and activities of daily living.

Disclaimer: These performance measures are not standards and do not establish a standard of medical care.

NQS Domain: Person and Caregiver-Centered Experience and Outcomes

Measure Type: Outcome

Risk Adjustment Variable: None

Performance rate: 1

Denominator: All patients 18 years and older who undergo sacroiliac joint corticosteroid injection(s) or major joint corticosteroid injections.

ANY of the following CPT Codes: 27096, G0260 (SI joint) OR
ANY of the following CPT Codes: 20610 (hip, knee, shoulder, subacromial bursa)

Denominator Exclusions: Patients who choose to not provide consent or participate in patient-reported outcome surveys.

(NOTE: Your reporting and performance rates will only include those patients who respond to the surveys).

Denominator Exceptions: None

Numerator: Improvement in quality of life on a standardized scale (including pain, mobility, analgesic medication use, and activities of daily living), as reported by the patient between 3-6 weeks following the injection(s).

Numerator Exclusions: None

Appendix A: IPM Custom Quality Code Table

Coding System	Code	Description	Applies to Measure(s)
CPT	IPM01	Denominator Exclusion: Patient not an eligible candidate for lower extremity and neurological exam measure.	MIPS 126
CPT	IPM02	Denominator: Functional deficit affecting the lumbar region.	MIPS 220
CPT	IPM17	Denominator Exclusions: Patients with an active diagnosis or bipolar disorder anytime prior to the end of the measure assessment period OR Patients with an active diagnosis or personality disorder anytime prior to the end of the measure assessment period OR Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period OR Patients who were permanent nursing home residents any time during denominator identification period or the measure assessment period	MIPS 370 MIPS 411
VAS	BACK	Baseline overall pain score for lumbar procedure using visual analog scale. For example, a VAS score of 7 would be expressed as Coding System: VAS, Code: BACK, Value: 7	NIPM 21
VAS	NECK	Baseline overall pain score for cervical thoracic procedure using visual analog scale. For example, a VAS score of 7 would be expressed as Coding System: VAS, Code: NECK, Value: 7	NIPM 21

Appendix B: Relevant HCPCS Code Table

Quality Code	Description	Applies to Measure(s)
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	MIPS 408
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	MIPS 408
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy	MIPS 412
G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy	MIPS 412
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient interviewed at least once during opioid therapy	MIPS 414
G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient not interviewed at least once during opioid therapy	MIPS 414