

Osteoarthritis
Physician Performance Measurement Set

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Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

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THE SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Purpose of Measures:

These clinical performance measures, developed by the American Academy of Orthopaedic Surgeons (AAOS) and the Physician Consortium for Performance Improvement® (Consortium), and are designed for individual quality improvement. Unless otherwise indicated, the measures are also appropriate for accountability if appropriate methodological, statistical, and implementation rules are achieved.

Accountability Measures:

- Measure #1: Assessment for Use of Anti-inflammatory or Analgesic Over-the-Counter (OTC) Medications – NQF-Endorsed™
- Measure #2: GI Prophylaxis
- Measure #3: Function and Pain Assessment – NQF-Endorsed™
- Measure #4: NSAID Risk Assessment
- Measure #5: Physical Examination of the involved joint
- Measure #6: Anti-inflammatory/ analgesic therapy
- Measure #7: Therapeutic exercise for the involved joint

Intended Audience and Patient Population:

These measures are designed for use by physicians and for calculating reporting or performance measurement at the individual physician level. When existing hospital-level or plan-level measures are available for the same measurement topics, the Consortium attempts to harmonize the measures to the extent feasible.

These measures are designed for physicians who manage the ongoing care of patients (aged 21 years and older) with a diagnosis of osteoarthritis.

The Consortium also encourages the use of these measures by other health care professionals, where appropriate.

Measure Specifications

The Consortium seeks to specify measures for implementation using multiple data sources, including paper medical record, administrative (claims) data, and particular emphasis on Electronic Health Record Systems (EHRS). Draft specifications to report on these measures for osteoarthritis using administrative (claims) data are included in this document. We have identified codes for these measures, including ICD-9 and CPT (Evaluation & Management Codes, Category I and where Category II codes would apply). Specifications for additional data sources, including EHRS, will be fully developed at a later date. We welcome comments on the draft specifications included in addition to the measure language.

Measure Exclusions:

For process measures, the Consortium provides three categories of reasons for which a patient may be excluded from the denominator of an individual measure:

1. Medical reasons

Includes:

- not indicated (absence of organ/limb, already received/performed, other)
- contraindicated (patient allergic history, potential adverse drug interaction, other)
- intolerant

2. Patient reasons

Includes:

- patient declined
- economic, social, or religious reasons
- other patient reasons

3. System reasons

Includes:

- resources to perform the services not available
- insurance coverage/payor-related limitations
- other reasons attributable to health care delivery system

These measure exclusion categories are not available uniformly across all measures; for each measure, there must be a clear rationale to permit an exclusion for a medical, patient, or system reason. The exclusion of a patient may be reported by appending the appropriate modifier to the CPT Category II code designated for the measure:

- **Medical reasons:** modifier 1P
- **Patient reasons:** modifier 2P
- **System reasons:** modifier 3P

Although this methodology does not require the external reporting of more detailed exclusion data, the Consortium recommends that physicians document the *specific* reasons for exclusion in patients' medical records for purposes of optimal patient management and audit-readiness. The Consortium also advocates the systematic review and analysis of each physician's exclusions data to identify practice patterns and opportunities for quality improvement. For example, it is possible for implementers to calculate the percentage of patients that physicians have identified as meeting the criteria for exclusion.

Please refer to documentation for each individual measure for information on the acceptable exclusion categories and the codes and modifiers to be used for reporting.

Measures #1-7 in the Osteoarthritis measurement set are process measures.

For **outcome measures**, the Consortium specifically identifies all acceptable reasons for which a patient may be excluded from the denominator. Each specified reason is reportable with a CPT Category II code designated for that purpose.

There are no outcome measures in the Osteoarthritis measurement set.

The Consortium continues to evaluate and likely will evolve its methodology for handling exclusions as it gains experience in the use of the measures. The Consortium welcomes comments on its exclusions methodology.

Data Capture and Measure Calculation

The Consortium intends for physicians to collect data on each patient eligible for a measure. Feedback on measures should be available to physicians by patient to facilitate patient management and in aggregate to identify opportunities for improvement across a physician's patient population.

Measure calculations will differ depending on whether a rate is being calculated for performance or reporting purposes.

The method of calculation for performance follows these steps: first, identify the patients (or reports) who meet the eligibility criteria for the denominator (PD); second, identify which of those patients (or reports) meet the numerator criteria (A); and third, for those patients (or reports) who do not meet the numerator criteria, determine whether an appropriate exclusion applies and subtract those patients from the denominator (C). (see examples below)

The methodology also enables implementers to calculate the rates of exclusions and to further analyze both low and high rates, as appropriate (see examples below).

The method of calculation for reporting differs. One program which currently focuses on reporting rates is the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI). Currently, under that program design, there will be a reporting denominator determined solely from claims data (CPT and ICD-9), which in some cases result in a reporting denominator that is much larger than the eligible population for the performance denominator. Additional components of the reporting denominator are explained below.

The components that make up the numerator for reporting include all patients/reports from the eligible population for which the physician has reported, including: the number of patients/reports who meet the numerator criteria (A), the number of patients/reports for whom valid exclusions apply (C) and also the number of patients/reports who do not meet the numerator criteria (D). These components, where applicable, are summed together to make up the inclusive reporting numerator. The calculation for reporting will be the reporting numerator divided by the reporting denominator. (see examples below).

Examples of calculations for reporting and performance are provided for each measure.

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Numerator (A) Includes:

Number of patients/reports meeting numerator criteria

Performance Denominator (PD) Includes:

Number of patients/reports meeting criteria for denominator inclusion

Denominator Exclusions (C) Include:

Number of patients/reports with valid medical, patient or system exclusions (where applicable; will differ by measure)

Performance Calculation

$$\frac{A \text{ (\# of patients meeting numerator criteria)}}{PD \text{ (\# patients in denominator)} - C \text{ (\# patients with valid denominator exclusions)}}$$

It is also possible to calculate the percentage of patients excluded overall, or excluded by medical, patient, or system reason where applicable:

Overall Exclusion Calculation

$$\frac{C \text{ (\# of patients with any valid exclusion)}}{PD \text{ (\# patients in denominator)}}$$

OR

Exclusion Calculation by Type

$$\frac{C_1 \text{ (\# patients with medical reason)}}{PD \text{ (\# patients in denominator)}}$$

$$\frac{C_2 \text{ (\# patients with patient reason)}}{PD \text{ (\# patients in denominator)}}$$

$$\frac{C_3 \text{ (\# patients with system reason)}}{PD \text{ (\# patients in denominator)}}$$

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following components, where applicable. (There may be instances where there are no patients to include in A, C, D, or E).

A. Number of patients/reports meeting additional denominator criteria (for measures where true denominator cannot be determined through ICD-9 and CPT Category I coding alone) AND numerator criteria

C. Number of patients/reports with valid medical, patient or system exclusions (where applicable; will differ by measure)

D. Number of patients/reports not meeting numerator criteria and without a valid exclusion

E. All other patients/reports not meeting additional denominator criteria (for measures where true denominator cannot be determined through ICD-9 and CPT Category I coding alone)

Reporting Denominator (RD) Includes:

RD. Denominator criteria (identifiable through ICD-9 and CPT Category I coding)

Reporting Calculation

$$\frac{\text{A(\# of patients meeting additional denominator criteria AND numerator criteria) + C(\# of patients with valid exclusions) + D(\# of patients meeting additional denominator criteria NOT meeting numerator criteria) + E(\# of patients not meeting additional denominator criteria)}}{\text{RD (\# of patients in denominator)}}$$

Osteoarthritis (OA)

Measure #1: Assessment for Use of Anti-inflammatory or Analgesic Over-the-Counter (OTC) Medications

This measure may be used as an Accountability measure.

Clinical Performance Measure
<p>Numerator: Patient visits with assessment* for use of anti-inflammatory or analgesic OTC medications</p> <p><i>*Assessment may include: Documentation of current medications, continue same medications, change in medication dose, documentation indicating that the patient was asked about OTC medication use</i></p> <p>Denominator: All patient visits for patients aged 21 years and older with a diagnosis of OA</p> <p>Denominator Exclusions: None</p> <p>Measure: Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>[The strength of the recommendations for assessment for use of OTC medications are not specified in the guidelines; however, the assessment for use of OTC medications serves as a basis for treatment modification.]</p> <p>Although it is one of the safest analgesics, acetaminophen can be associated with clinically important adverse events. Recent reports have highlighted long-recognized conditions in which increased awareness of potential toxicity is important. (American College of Rheumatology, 2000¹)</p> <p>Additional considerations involved in a practitioner's decision to treat the individual OA patient include existing comorbidities and concomitant therapy, as well as the side effects and costs of specific treatments. (American College of Rheumatology, 2000¹)</p>
<p>Rationale for the measure:</p> <p>Treatment goals for OA are to reduce pain, maintain or improve joint mobility, and limit functional impairment. Use of anti-inflammatory and analgesics has a documented role in these goals. Assessment of current medication use is a precursor to appropriate pharmacologic therapy.</p>
<p>Data capture and calculations:</p> <p>Calculation for Performance</p> <p>For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.</p> <p>Numerator (A) Includes:</p> <ul style="list-style-type: none">• Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications <p>Denominator (PD) Includes:</p> <ul style="list-style-type: none">• All patient visits for patients aged 21 years and older with a diagnosis of OA

Performance Calculation

$$\frac{A \text{ (\# of patient visits meeting measure criteria)}}{PD \text{ (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits with assessment for use of anti-inflammatory or analgesic OTC medications
PD	# of patient visits for patients aged 21 years and older with a diagnosis of OA

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications
- D. Patient visits with no documented assessment for use of anti-inflammatory or analgesic OTC medications

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Reporting Calculation

$$\frac{A(\text{\# of patient visits meeting numerator criteria}) + D(\text{\# of patient visits NOT meeting numerator criteria})}{RD \text{ (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits with assessment for use of anti-inflammatory or analgesic OTC medications
D	# of patient visits with <u>no</u> documented assessment for use of anti-inflammatory or analgesic OTC medications
RD	# of patient visits for patients aged 21 years and older with a diagnosis of OA

Measure Specifications – *Measure #1: Assessment for Use of Anti-inflammatory or Analgesic Over-the-Counter (OTC) Medications*

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patient visits for patients aged 21 years and older with a diagnosis of OA

ICD-9 diagnosis codes: 715.00, 715.04, 715.09, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98

AND

CPT service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

Numerator: Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications

- **Report the CPT Category II code designated for this numerator:**
 - 1007F: Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed

Denominator Exclusion: None

B. Electronic Health Record System (*in development*)

C. Paper Medical Record (*in development*)

Osteoarthritis (OA)
Measure #2: Gastrointestinal (GI) Prophylaxis

This measure may be used as an Accountability measure.

Clinical Performance Measure
<p>Numerator: Patient visits during which GI prophylaxis was considered</p> <p>Denominator: All patient visits for patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID</p> <p>Numerator Inclusion: Documentation of medical reason(s) for not prescribing GI prophylaxis; Documentation of patient reason(s) for not prescribing GI prophylaxis</p> <p>Measure: Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA during which GI prophylaxis was considered</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>The strength of the recommendations for GI prophylaxis is not specified in the guidelines; however, GI prophylaxis serves as a basis for treatment modification.</p> <p>Assess risk factors for GI or Renal toxicity – if none present, use of a non-selective NSAID is appropriate. (AAOS, 2003²)</p> <p>If risk factors present, add a gastroprotective agent, or consider use of a COX-2 inhibitor (B recommendation). (AAOS, 2003)</p> <p>For certain high-risk patients, including pregnant women, NSAIDs are best avoided. (AAOS, 2003)</p> <p>The choice of pharmacologic agent should be made after evaluation of risk factors for serious upper gastrointestinal (GI) and renal toxicity. In the patient who is at increased risk for a serious upper GI adverse event, gastroprotective agents should be used even if nonselective NSAIDs are given at low dosage. (American College of Rheumatology, 2000)</p>
<p>Rationale for the measure:</p> <p>Evidenced based treatment of OA often includes treatment with NSAIDs, which have a known risk of adverse GI events. An estimated 35-78% of patients with OA are prescribed NSAIDs³. According to the American College of Rheumatology, an estimated 20-30% of hospitalizations and deaths due to peptic ulcer disease in persons over the age of 65 were attributable to therapy with NSAIDs. NSAID users are four times more likely than non-users to experience a GI bleed; the likelihood of bleeding varies according to patient risk factors⁴. Assessment of GI risk and subsequent GI prophylaxis are recommended in guidelines as preventive intervention. Meta-analysis of prevention strategies indicates that they can be effective at reducing GI events⁵.</p>
<p>Data capture and calculations:</p> <p>Calculation for Performance</p> <p>For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator and Numerator Inclusion.</p> <p>Numerator (A) Includes:</p> <ul style="list-style-type: none">● Patient visits during which GI prophylaxis was considered <p>Denominator (PD) Includes:</p>

- All patient visits for patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID

Numerator Inclusions (C):

- Documentation of medical reason(s) for not prescribing GI prophylaxis
- Documentation of patient reason(s) for not prescribing GI prophylaxis

Performance Calculation

$$\frac{A (\# \text{ of patient visits meeting measure criteria}) - C (\# \text{ of patient visits with valid numerator inclusion})}{PD (\# \text{ of patient visits in denominator})}$$

Components for this measure are defined as:

A	# of patient visits during which GI prophylaxis was considered
PD	# of patient visits for patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID
C	# of patient visits with documented medical reason(s) or patient reason(s) for not prescribing GI prophylaxis (numerator inclusion for this measure)

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits during which GI prophylaxis was considered
- C. Documentation of medical reason(s) for not prescribing GI prophylaxis or documentation of patient reason(s) for not prescribing GI prophylaxis (numerator inclusions for this measure)
- D. Patient visits with no documented consideration of GI prophylaxis
- E. Patient visits where patient is not on a prescribed or OTC NSAID

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Reporting Calculation

$$\frac{A (\# \text{ of patient visits meeting numerator criteria}) + C (\# \text{ of patient visits with valid numerator inclusions}) + D (\# \text{ of patient visits NOT meeting numerator criteria}) + E (\# \text{ of patient visits not meeting additional denominator criteria})}{RD (\# \text{ of patient visits in denominator})}$$

Components for this measure are defined as:

A	# of patient visits during which GI prophylaxis was prescribed
C	# of patient visits with documented reason for not prescribing GI prophylaxis (either medical or patient reason)

D	# of patient visits with <u>no</u> documented consideration of GI prophylaxis	
E	# of patient visits where patient is not on a prescribed or OTC NSAID	
RD	# of patient visits for patients aged 21 years and older with a diagnosis of OA	

Measure Specifications – Measure #2: Gastrointestinal (GI) Prophylaxis

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patient visits for patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID

ICD-9 diagnosis codes: 715.00, 715.04, 715.09, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98

AND

CPT service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

AND

CPT Category II code: 4XXXF (in development) – Patient taking an NSAID (either prescribed or OTC)

OR

CPT Category II code: 4XXXF (in development) – Patient not taking any NSAID (neither prescribed nor OTC)

(Only patients taking an NSAID will be included in the performance calculation for this measure).

Numerator: Patient visits during which GI prophylaxis was considered

Report the CPT Category II code designated for this numerator:

CPT Category II code: 4017F: Gastrointestinal prophylaxis for NSAID use prescribed

OR

CPT Category II code: 4017F-1P: Documentation that gastrointestinal prophylaxis for NSAID use was considered (numerator inclusion)

OR

CPT Category II code: 4017F-2P: Documentation of patient reason(s) for not prescribing GI prophylaxis (numerator inclusion)

NOTE: In this measure, modifiers do not act as denominator exclusions, but rather demonstrate therapy was considered and are included in the numerator when calculating the measure.

B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Osteoarthritis (OA)
Measure #3: Function and Pain Assessment

This measure may be used as an Accountability measure.

Clinical Performance Measure		
<p>Numerator: Patient visits with assessment for level of function and pain documented (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire)</p> <p>Denominator: All patient visits for patients aged 21 years and older with a diagnosis of OA</p> <p>Denominator Exclusions: None</p> <p>Measure: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis with assessment for function and pain</p>		
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>The strength of the recommendations for symptom and functional assessment is not specified in the guidelines; however, symptom and functional assessment serves as a basis for treatment modification.</p> <p><u>AAOS, 2003</u> Control of pain and maintenance of activity correlate well with satisfactory quality of life. If the patient is not satisfied with the outcome due to continued pain and limitation of activity, more aggressive intervention may be warranted.</p> <p>Treatment response criteria:</p> <table><tr><td><u>Good:</u> Patient satisfied with outcome Symptoms decreasing Patient satisfied with progress</td><td><u>Poor:</u> Patient dissatisfied with outcome No decrease in symptoms Patient unsatisfied with progress</td></tr></table>	<u>Good:</u> Patient satisfied with outcome Symptoms decreasing Patient satisfied with progress	<u>Poor:</u> Patient dissatisfied with outcome No decrease in symptoms Patient unsatisfied with progress
<u>Good:</u> Patient satisfied with outcome Symptoms decreasing Patient satisfied with progress	<u>Poor:</u> Patient dissatisfied with outcome No decrease in symptoms Patient unsatisfied with progress	
<p>Rationale for the measure: Osteoarthritis can be a debilitating condition. An assessment of patient symptoms and functional status is important as it serves as the basis for making treatment modifications, which in turn, assists in improving the patient's quality of life.</p>		

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.

Numerator (A) Includes:

- Patient visits with assessment for level of function and pain documented

Denominator (PD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Performance Calculation

$$\frac{A \text{ (\# of patient visits meeting measure criteria)}}{PD \text{ (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits with assessment for level of function and pain documented
PD	# of patient visits for patients aged 21 years and older with a diagnosis of OA

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits with assessment for level of function and pain documented
- D. Patient visits with no documented assessment for level of function and pain

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Reporting Calculation

$$\frac{A(\text{\# of patient visits meeting numerator criteria}) + D(\text{\# of patient visits NOT meeting numerator criteria})}{RD \text{ (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits with assessment for level of function and pain documented
D	# of patient visits with <u>no</u> documented assessment for level of function and pain
RD	# of patient visits for patients aged 21 years and older with a diagnosis of OA

Measure Specifications – Measure #3: Function and Pain Assessment

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patient visits for patients aged 21 years and older with a diagnosis of OA

ICD-9 diagnosis codes: 715.00, 715.04, 715.09, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98

AND

CPT service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

Numerator: Patient visits with assessment for level of function and pain documented

- **Report the CPT Category II code designated for this numerator:**
 - 1006F: Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire)

Denominator Exclusion: None

B. Electronic Health Record System (*in development*)

C. Paper Medical Record (*in development*)

Osteoarthritis (OA)
Measure #4: Non-steroidal/Anti-inflammatory (NSAID) Risk Assessment

This measure may be used as an Accountability measure.

Clinical Performance Measure

Numerator: Patients who were assessed for *all* of the following GI and renal risk factors

GI risk factor assessment includes all the following:

- Age > 65 years
- GI bleed
- History of peptic ulcer disease (PUD)
- Concomitant use of glucocorticoids or anticoagulants
- Smoking
- Significant alcohol use

Renal risk factor assessment includes all of the following:

- Renal disease (Cr > 2.0 mg/dl)
- Hypertension
- Heart failure
- Concomitant use of diuretic or angiotensin-converting enzyme (ACE) inhibitor

Denominator: All patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID

Denominator Exclusions: NONE

Measure: Percentage of patients aged 21 years and older with a diagnosis of OA on prescribed or OTC NSAIDs who were assessed for GI and renal risk factors

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The strength of the recommendations for NSAID risk assessment is not specified in the guidelines; however, NSAID risk assessment serves as a basis for treatment modification.

For patients presenting to the first contact physician with knee pain, (incapacitating) instability, (incapacitating) deformity or (incapacitating) pain should be referred immediately to a musculoskeletal specialist. For the remainder, initial treatment should include activity modification and trial of an analgesic or non-steroidal anti-inflammatory medication (NSAID) (A recommendation). Acetaminophen has been shown to be as effective a pain reliever as NSAIDs in patients with OA of the knee (A recommendation). (AAOS, 2003)

Assess risk factors for GI or renal toxicity. If none present, use of a non-selective NSAID is appropriate. If risk factors present, add a gastro-protective agent, or consider use of a COX-2 inhibitor (B recommendation). GI risk factors include age > 65 years; history of peptic ulcer disease or GI bleed; concomitant use of glucocorticoids or anticoagulants; smoking; significant ETOH use; and comorbid medical conditions. Renal risk factors include renal disease (Cr > 2.0 mg/dl), hypertension, CHF, and concomitant use of diuretic or ACE inhibitor. (AAOS, 2003)

All pharmacologic agents should be considered additions to nonpharmacologic measures. Agents include:

- Non-opioid analgesics (eg, acetaminophen)
- Topical analgesics (eg, capsaicin and methylsalicylate creams)
- Nonsteroidal anti-inflammatory drugs

- Opioid analgesics (eg, propoxyphene, codeine, oxycodone)

The choice of a pharmacologic agent should be made after evaluation of risk factors for serious upper gastrointestinal (GI) and renal toxicity. Risk factors for upper GI bleeding in patients treated with NSAIDs include age ≥ 65 years; history of peptic ulcer disease or of upper GI bleeding; concomitant use of oral glucocorticoids or anticoagulants; presence of comorbid conditions; and, possibly, smoking and alcohol consumption. Risk factors for reversible renal failure in patients with intrinsic renal disease (usually defined as a serum creatinine concentration of ≥ 2.0 mg/dl) who are treated with NSAIDs include age ≥ 65 years; hypertension and/or congestive heart failure; and concomitant use of diuretics and angiotensin-converting enzyme inhibitors. (American College of Rheumatology, 2000)

Rationale for the measure:

Evidenced based treatment of OA often includes treatment with NSAIDs, which have a known risk of adverse GI events. An estimated 35-78% of patients with OA are prescribed NSAIDs. According to the American College of Rheumatology, an estimated 20-30% of hospitalizations and deaths due to peptic ulcer disease in persons over the age of 65 were attributable to therapy with NSAIDs. NSAID users are four times more likely than non-users to experience a GI bleed; the likelihood of bleeding varies according to patient risk factors. Assessment of GI risk and subsequent GI prophylaxis are recommended in guidelines as preventive intervention. Meta-analysis of prevention strategies indicates that they can be effective at reducing GI events.

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.

Numerator (A) Includes:

- Patients who were assessed for *all* of the following GI and renal risk factors

Denominator (PD) Includes:

- Patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID

Performance Calculation

$\frac{\text{A (\# of patients meeting measure criteria)}}{\text{PD (\# of patient visits in denominator)}}$
--

Components for this measure are defined as:

A	# of patients who were assessed for <i>all</i> of the following GI and renal risk factors
PD	# of patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patients who were assessed for *all* of the following GI and renal risk factors
- D. Patients who were not assessed for *all* of the following GI and renal risk factors and there is documented reason for not

doing so

E. Patients where patient is not on a prescribed or OTC NSAID

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Reporting Calculation

$$\frac{A(\text{\# of patients meeting numerator criteria}) + D(\text{\# of patients NOT meeting numerator criteria}) + E(\text{\# of patients not meeting additional denominator criteria})}{RD(\text{\# of patients in denominator})}$$

Components for this measure are defined as:

A	# of patients who were assessed for <i>all</i> of the following GI and renal risk factors
D	# of patients who were <u>not</u> assessed for <i>all</i> of the following GI and renal risk factors and there is documented reason for not doing so
E	# of patients where patient is not on a prescribed or OTC NSAID
RD	# of patients aged 21 years and older with a diagnosis of OA

Measure Specifications – Measure #4: Non-steroidal/Anti-inflammatory (NSAID) Risk Assessment

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients aged 21 years and older with a diagnosis of OA on a prescribed or OTC NSAID

ICD-9 diagnosis codes: 715.00, 715.04, 715.09, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98

AND

AND

CPT Category II code: 4XXXF (in development) – Patient taking an NSAID (either prescribed or OTC)

OR

CPT Category II code: 4XXXF (in development) – Patient not taking any NSAID (neither prescribed nor OTC)

(Only patients taking an NSAID will be included in the performance calculation for this measure).

Numerator: Patients who were assessed for *all* of the following GI and renal risk factors

- **Report the CPT Category II code designated for this numerator:**
1008F: Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID)

Denominator Exclusion: None

B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Osteoarthritis (OA)
Measure #5: Physical Examination of the Involved Joint

This measure may be used as an Accountability measure.

Clinical Performance Measure
<p>Numerator: Patients for whom a physical examination of the involved joint was performed during the initial visit</p> <p><i>Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion)</i></p> <p>Note: Look for documentation of physical examination of the involved joint in the medical record; do not limit search to the measurement period</p> <p>Denominator: All patients aged 21 years and older with a diagnosis of OA</p> <p>Denominator Exclusions: NONE</p> <p>Measure: Percentage of patients aged 21 years and older with a diagnosis of OA for whom a physical examination of the involved joint was performed during the initial visit</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>The strength of the recommendations for physical examination the involved joint is not specified in the guidelines; however, an initial physical examination of the involved joint is a necessary component for the management of OA.</p> <p>The initial contact (for patients presenting with acute knee pain) may not require obtaining radiographs but should rely on a comprehensive history and physical exam.</p> <p>Significant Physical Examination:</p> <ul style="list-style-type: none">• Visual inspection for abnormalities• Presence and location of warmth• Tenderness (location)• Presence and location of swelling• Range of motion (active and passive)• Meniscal compression• Varus/valgus instability (0° and 30° of flexion)• Anterior Drawer with + or – Lachman• Foot pulse• Presence and location of erythema• Hip pain or abnormalities present• Patella apprehension• Crepitance (AAOS, 2003) <p>On physical examination, patients with OA often have tenderness on palpation, bony enlargement, crepitus on motion, and/or limitation of joint motion. (American College of Rheumatology, 2000)</p>
<p>Rationale for the measure:</p> <p>Physical examination of the involved joint is a necessary part of the initial evaluation for OA as it serves as the basis for the treatment plan to improve functional status and reduce pain.</p>

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.

Numerator (A) Includes:

- Patients for whom a physical examination of the involved joint was performed during the initial visit

Denominator (PD) Includes:

- Patients aged 21 years and older with a diagnosis of OA

Performance Calculation

$$\frac{\text{A (\# of patients meeting measure criteria)}}{\text{PD (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patients for whom a physical examination of the involved joint was performed during the initial visit
PD	# of patients aged 21 years and older with a diagnosis of OA

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patients for whom a physical examination of the involved joint was performed during the initial visit
- D. Patients for whom a physical examination of the involved joint was not performed during the initial visit

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Reporting Calculation

$$\frac{\text{A(\# of patients meeting numerator criteria) + D(\# of patients NOT meeting numerator criteria)}}{\text{RD (\# of patients in denominator)}}$$

Components for this measure are defined as:

A	# of patients for whom a physical examination of the involved joint was performed during the initial visit
D	# of patients for whom a physical examination of the involved joint was <u>not</u> performed during the initial visit
RD	# of patients aged 21 years and older with a diagnosis of OA

Measure Specifications – Measure #5: Physical Examination of the Involved Joint

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients aged 21 years and older with a diagnosis of OA

ICD-9 diagnosis codes: 715.00, 715.04, 715.09, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98

AND

CPT service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

Numerator: Patients for whom a physical examination of the involved joint was performed during the initial visit

- **Report the CPT Category II code designated for this numerator:**
2004F: Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion)

Denominator Exclusion: None

B. Electronic Health Record System (*in development*)

C. Paper Medical Record (*in development*)

Osteoarthritis (OA)
Measure #6: Anti-inflammatory/Analgesic Therapy

This measure may be used as an Accountability measure.

Clinical Performance Measure
<p>Numerator: Patient visits during which an anti-inflammatory agent or analgesic was considered</p> <p>Denominator: All patient visits for patients aged 21 years and older with a diagnosis of OA</p> <p>Denominator Exclusions: Documentation of medical reason(s) for not prescribing an anti-inflammatory agent or analgesic Documentation of patient reason(s) for not prescribing an anti-inflammatory agent or analgesic</p> <p>Measure: Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA during which an anti-inflammatory agent or analgesic was considered</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure: The strength of the recommendations for assessment for use of OTC medications are not specified in the guidelines; however, the assessment for use of OTC medications serves as a basis for treatment modification.</p> <p>Although it is one of the safest analgesics, acetaminophen can be associated with clinically important adverse events. Recent reports have highlighted long-recognized conditions in which increased awareness of potential toxicity is important. (American College of Rheumatology, 2003)</p> <p>Additional considerations involved in a practitioner's decision to treat the individual OA patient include existing comorbidities and concomitant therapy, as well as the side effects and costs of specific treatments. (American College of Rheumatology, 2003)</p>
<p>Rationale for the measure: Treatment goals for OA are to reduce pain, maintain or improve joint mobility, and limit functional impairment. Use of anti-inflammatory and analgesics has a documented role in these goals and is consistent with guidelines.</p>
<p>Data capture and calculations:</p> <p><u>Calculation for Performance</u> For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator and Denominator Exclusions.</p> <p>Numerator (A) Includes:</p> <ul style="list-style-type: none">• Patient visits during which an anti-inflammatory agent or analgesic was considered <p>Denominator (PD) Includes:</p> <ul style="list-style-type: none">• All patient visits for patients aged 21 years and older with a diagnosis of OA <p>Numerator Inclusions (C):</p> <ul style="list-style-type: none">• Documentation of medical reason(s) for not prescribing an anti-inflammatory agent or analgesic• Documentation of patient reason(s) for not prescribing an anti-inflammatory agent or analgesic

Performance Calculation

$$\frac{A \text{ (# of patient visits meeting measure criteria) + } C \text{ (# of patient visits with valid numerator inclusions)}}{PD \text{ (# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits during which an anti-inflammatory agent or analgesic was considered
PD	# of patient visits for patients aged 21 years and older with a diagnosis of OA
C	# of patient visits with documented medical reason(s) or patient reason(s) for not prescribing an anti-inflammatory agent or analgesic (numerator inclusions for this measure)

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits during which an anti-inflammatory agent or analgesic was considered

- C. Documentation of medical reason(s) for not prescribing an anti-inflammatory agent or analgesic or documentation of patient reason(s) for not prescribing an anti-inflammatory agent or analgesic (numerator inclusions for this measure)

- D. Patient visits with no documented consideration of an anti-inflammatory agent or analgesic

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA

Reporting Calculation

$$\frac{A \text{ (# of patient visits meeting numerator criteria) + } C \text{ (# of patient visits with valid exclusions) + } D \text{ (# of patient visits NOT meeting numerator criteria)}}{RD \text{ (# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits during which an anti-inflammatory agent or analgesic was prescribed
C	# of patient visits for not prescribing an anti-inflammatory agent or analgesic (either medical or patient reason)
D	# of patient visits with <u>no</u> documented consideration of an anti-inflammatory agent or analgesic
RD	# of patient visits for patients aged 21 years and older with a diagnosis of OA

Measure Specifications – Measure #6: Anti-inflammatory/Analgesic Therapy

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patient visits for patients aged 21 years and older with a diagnosis of OA

ICD-9 diagnosis codes: 715.00, 715.04, 715.09, 715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98

AND

CPT service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

Numerator: Patient visits during which an anti-inflammatory agent or analgesic was considered

Report the CPT Category II code designated for this numerator:

CPT Category II code: 4016F: Anti-inflammatory/analgesic agent prescribed

OR

CPT Category II code: 4016F-1P: Documentation that anti-inflammatory/analgesic agent was considered (numerator inclusion)

OR

CPT Category II code: 4016F-2P: Documentation of patient reason(s) for not prescribing anti-inflammatory/analgesic agent (numerator inclusion)

NOTE: In this measure, modifiers do not act as denominator exclusions, but rather demonstrate therapy was considered and are included in the numerator when calculating the measure.

B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Osteoarthritis (OA)

Measure #7: Therapeutic Exercise for the Involved Joint

This measure may be used as an Accountability measure.

Clinical Performance Measure
<p>Numerator: Patient visits during which therapeutic exercise for the hip or knee was considered</p> <p>Denominator: All patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee</p> <p>Denominator Exclusions: Documentation of medical reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)</p> <p>Documentation of patient reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)</p> <p>Measure: Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee during which therapeutic exercise for the hip or knee (therapeutic exercise instructed or physical therapy prescribed) was considered</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>Recommendations for therapeutic exercises to treat osteoarthritis of the knee: Low impact exercises should be emphasized. Exercises, which have been shown to decrease pain and disability, include combinations of:</p> <ol style="list-style-type: none">1. pain free range of motion;2. quadriceps and hip muscular strengthening, which typically progresses from isometric muscle contractions (contracting the muscle while the leg remains stationary) to open kinetic chain (knee extension against progressive resistance while in a seated position) to closed kinetic chain (knee motion while the feet are on the ground, i.e. stair climbing); and3. aerobic conditioning and strengthening can be achieved with walking, exercise bicycle, elliptical trainer, and aquatic exercises. <p>Initial treatment of osteoarthritis of the knee should include activity modification and trial of an analgesic or non-steroidal anti-inflammatory medication. For patients that fail to respond to the initial treatment, or for whom pain returns, subsequent treatment should include consideration of physical therapy (A recommendation). Physical therapy should include general conditioning, muscle strengthening, particularly the quadriceps, and range of motion. (AAOS, 2003)</p> <p>The recommended approach to medical management of OA knee includes nonpharmacologic modalities and drug therapy. Aerobic exercise programs, physical therapy range of motion exercises, and muscle-strengthening exercises are some of the recommended nonpharmacologic modalities. (American College of Rheumatology, 2000)</p>
<p>Rationale for the measure:</p> <p>Therapeutic exercise for the involved joint should be considered as part of the treatment plan in order to improve function and reduce pain.</p>
<p>Data capture and calculations:</p> <p>Calculation for Performance For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator and Denominator Exclusions.</p> <p>Numerator (A) Includes:</p>

- Patient visits during which therapeutic exercise for the hip or knee was considered

Denominator (PD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee

Denominator Exclusions (C) Include:

- Documentation of medical reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)
- Documentation of patient reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)

Performance Calculation

$$\frac{A \text{ (# of patient visits meeting measure criteria)}}{PD \text{ (# of patient visits in denominator)} - C \text{ (# of patient visits with valid denominator exclusions)}}$$

Components for this measure are defined as:

A	# of patient visits during which therapeutic exercise for the hip or knee was considered
PD	# of patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee
C	# of patient visits with documented medical reason(s) or patient reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits during which therapeutic exercise for the hip or knee was considered
- C. Documentation of medical reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee) or documentation of patient reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)
- D. Patient visits with no documented consideration of therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee) and there is no documented reason for not doing so

Reporting Denominator (RD) Includes:

- All patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee

Reporting Calculation

$$\frac{A \text{ (# of patient visits meeting numerator criteria)} + C \text{ (# of patient visits with valid exclusions)} + D \text{ (# of patient visits NOT meeting numerator criteria)}}{RD \text{ (# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits during which therapeutic exercise for the hip or knee was considered
C	# of patient visits with <u>no</u> documented consideration of therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee) and there is a documented medical reason or a documented patient reason for not doing so
D	# of patient visits with <u>no</u> documented consideration of therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee) and there is <u>no</u> documented reason for not doing so
RD	# of patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee

Measure Specifications – Measure #7: Therapeutic Exercise for the Involved Joint

Measure specifications will be provided for multiple data sources.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patient visits for patients aged 21 years and older with a diagnosis of OA of the hip or knee

ICD-9 diagnosis codes: 715.15, 715.16, 715.25, 715.26, 715.35, 715.36, 715.89, 715.95, 715.96

AND

CPT service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

Numerator: Patient visits during which therapeutic exercise for the hip or knee was considered

- **Report the CPT Category II code designated for this numerator:**

- 4018F: Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed

Denominator Exclusion: Documentation of medical reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)

- Append modifier to CPT Category II code (in development): 4018F-1P

Documentation of patient reason(s) for not considering therapeutic exercise for the involved joint (hip or knee) or prescribing physical therapy for the involved joint (hip or knee)

- Append modifier to CPT Category II code (in development): 4018F-2P

B. Electronic Health Record System (*in development*)

C. Paper Medical Record (*in development*)

References

- ¹ American College of Rheumatology Subcommittee on Osteoarthritis Guidelines. Recommendations for the Medical Management of Osteoarthritis of the Hip and Knee. 2000 Update. *Arthritis Rheum*. Sept 2000;43: 1905-1915.
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- ⁴ Belsey JD. Non-steroidal anti-inflammatory induced upper GI event rates in patients awaiting joint replacement in the United Kingdom. *Current Medical Research and Opinion*. 2003;19:306-312.
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