Quality ID #435: Quality of Life Assessment For Patients With Primary Headache Disorders
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Functional Outcomes

2020 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Patient Reported Outcome – High Priority

DESCRIPTION:
Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved.

INSTRUCTIONS:
This measure is to be submitted at least once per performance period for patients with a diagnosis of primary headache during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
All patients with a diagnosis of primary headache disorder

Denominator Instruction:
Primary Headache for the purpose of this measure includes the following types of headache:

- Migraine: Migraine without aura, migraine with aura, childhood periodic syndromes that are commonly precursors of migraine, retinal migraine, complications of migraine, probable migraine
- Tension-Type Headache (TTH): Infrequent episodic TTH, frequent episodic TTH, chronic TTH, probable TTH.
- Cluster Headache (CH) and Other Trigeminal Autonomic Cephalgias: Cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgia form headache attacks with conjunctival injection and tearing (SUNCT), probable trigeminal autonomic cephalgia
- Other Primary Headaches: Primary stabbing headache, primary cough headache, primary exertional headache, primary headache associated with sexual activity, hypnic headache, primary thunderclap headache, hemicrania continua, new daily-persistent headache.

*DENOMINATOR NOTE: *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 will not be counted in the denominator population for Medicare Part B claims measures.*

Denominator Criteria (Eligible Cases):

Diagnosis for Primary Headache (ICD-10-CM): G43.001, G43.009, G43.011, G43.019, G43.101, G43.109, G43.111, G43.119, G43.401, G43.409, G43.411, G43.419, G43.501, G43.509, G43.511, G43.519, G43.601, G43.609, G43.611, G43.619, G43.701, G43.709, G43.711, G43.719, G43.801, G43.809, G43.811, G43.819, G43.821, G43.829, G43.831, G43.839, G43.901, G43.909, G43.911, G43.919, G44.009, G44.019, G44.029, G44.039, G44.049, G44.059, G44.099, G44.1, G44.209, G44.219, G44.221, G44.229, G44.51, G44.52, G44.53, G44.59, G44.81, G44.82, G44.83, G44.84, G44.85, G44.89
AND
Encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND
At Least Two Visits during the Performance Period

NUMERATOR:
Patient whose health related quality of life was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved

Numerator Instructions:
List quality of life (QoL) tools: Migraine Disability Assessment (MIDAS) and PedMIDAS (proprietary); Headache Impact Test-6 (HIT-6) (proprietary); Migraine Specific Quality of Life Tool (MSQ); Neck Disability Index (NDI)-used for cervicogenic headaches; McGill Questionnaire.
Timing Between Visits: Must be separated by at least 90 days for MIDAS and at least 4 weeks for any other tool.
See specific tools for scoring methods related to improvement or stayed the same: Each tool defines improvement differently based on their scoring methodology. For example, when using the MIDAS improvement would be indicated by reduction in MIDAS disability grade and in the HIT-6 a reduction in the number of days with disability overtime indicates improvement.

NUMERATOR NOTE: The two assessments must be separated by at least 90 days for MIDAS and at least 4 weeks for any other tool. It is expected that the QoL score or ranking will stay the same or improve in order for this measure to be successfully completed. Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Numerator Quality-Data Coding Options:
Health-related Quality of Life Assessed with Tool

Performance Met: G9634:	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved

OR

Health-related Quality of Life not Assessed with Tool for Documented Reason(s)

Denominator Exception: G9635:	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQoL survey, patient has the inability to read and/or write in order to complete the HRQoL questionnaire)

OR

Health-related Quality of Life not Assessed with Tool OR Quality of Life Score Declined

Performance Not Met: G9636: Health-related quality of life not assessed with tool during at least two visits or quality of life score declined

RATIONALE:
This measure establishes an initial or baseline QoL score from which the patient should use the same QoL tool/questionnaire at least one additional time during the measurement period. The two assessments must be separated by at least 90 days for MIDAS and at least 4 weeks for any other tool (Lipton et al., 2000). It is expected that the QoL score or ranking will stay the same or improve in order for this measure to be successfully completed.

Gap in Care

Migraine impacts a person's functions in different activity domains during attacks. HRQoL is affected both during and after attacks (Buse et al., 2009). Migraine reduces HRQoL more than osteoarthritis or diabetes (Buse et al., 2012). In the US and UK, subjects with migraine had lower scores ($p < 0.001$) on both the Mental Component Score (MCS-12) and Physical Component Score (PCS-12) than their non-migraine counterparts. Significant differences were maintained after controlling for gender, age, and education. Migraine and depression were highly correlated (adjusted prevalence ratio 2.7, 95% CI 2.1 to 3.5). Further, migraine and depression are highly associated with attack frequency (for MCS-12 and PCS-12) and disability (MCS-12). Subjects with migraine selected from the general population have lower HRQoL as measured by the Short Form (SF-morbid) and each exerts a significant and independent influence on HRQoL (Lipton et al., 2000).

Opportunity for Improvement

This is the first clinician level patient reported outcome measure (PROM) focused on maintaining or improving the QoL of patients with primary headache disorders. The Work Group felt that even though the majority of evidence is focused on migraine, patients with other primary headache disorders could also greatly benefit from the utilization of this measure.

The use of PROMs to investigate levels of disability and HRQoL are increasingly being used in headache services research. HRQoL and disability are positively impacted by treatment interventions (D'Amico et al., 2013). Health care professionals often do not recognize the degree and the scope of functional impairment imposed by migraines. There is a missed opportunity for clinicians to effectively communicate with the patient to understand their headache-related disability and appropriately prescribe acute, prophylactic, or biobehavioral treatments. This measure has the potential to reduce personal and societal costs of headache disorders offering a continuity of care.

Buse DC, Rupnow MF, Lipton RB. Assessing and managing all aspects of migraine: migraine attacks, migraine related functional impairment, common comorbidities, and quality of life. Mayo Clin Proc 2009; 84: 422-435

Buse DC, Manack AN, Fanning KM, et al. Chronic Migraine Prevalence, Disability, and Sociodemographic Factors: Results From the American Migraine Prevalence and Prevention Study. Headache. 2012 Jun 22. doi: 10.1111/j.1526-4610.2012.02223.x. [Epub ahead of print]

Lipton RB, Hamelsky SW Kolodner KB et al. Migraine, quality of life, and depression A population-based case–control study Neurology, 2000 vol. 55 no. 5 629-635

D'Amico D, Grazzi L, Usai S, Leonardi M. Disability and quality of life in headache: where are we not and where we are heading. Neurol Sci 2013 34(S1):S1-S5

CLINICAL RECOMMENDATION STATEMENTS:
Discuss the benefits and risks of prophylactic treatment for migraine with the person, taking into account the person's preference, comorbidities, risk of adverse events and the impact of the headache on their QoL (No level of evidence) (NICE, 2012).

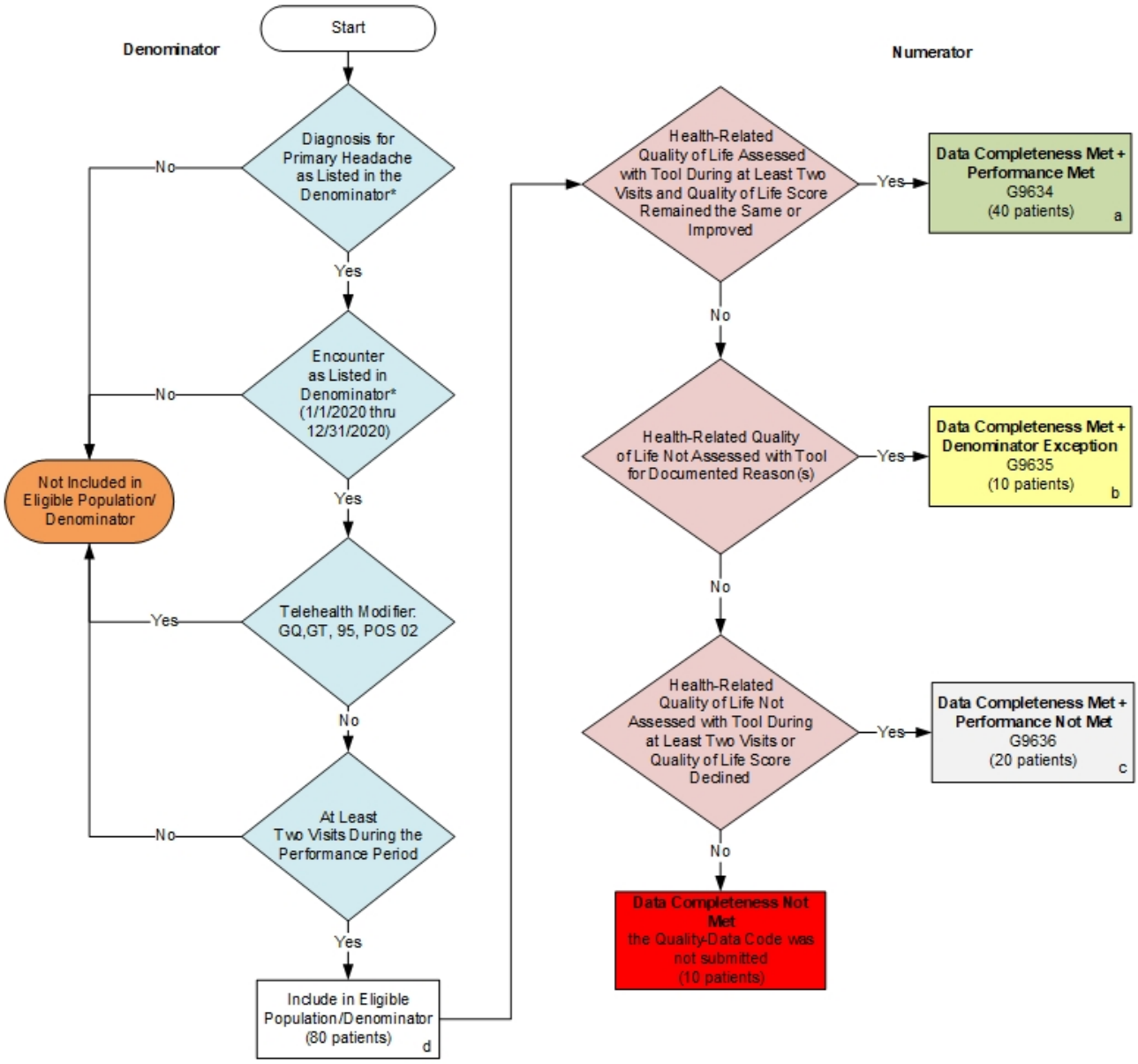
Compared with people without headache and to people with other chronic conditions, people with headache report compromised physical, mental, and social functioning, particularly those with a high frequency of attack. People with headache reported diminished functioning and well-being on all eight domains as compared with people without headache (Terwindt et al., 2000).

NICE Headaches: Diagnosis and management of headaches in young people and adults. National Clinical Guideline Centre on behalf of the National Institute for Health and Clinical Excellence (NICE) September 2012; NICE clinical guideline 150

Terwindt GM, Ferrari MD, Tihuis M et al. The impact of migraine on quality of life in the general population: The GEM study Neurology 2000 55:624-629

2020 Medicare Part B Claims Flow for Quality ID #435: Quality of Life Assessment For Patients With Primary Headache Disorders

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **66.66%**

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Patient-Intermediate

v4

2020 Medicare Part B Claims Flow Narrative for Quality ID #435: Quality of Life Assessment For Patients With Primary Headache Disorders

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Patient Diagnosis:
    a. If Diagnosis for Primary Headache as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis for Primary Headache as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
3. Check Encounter Performed:
    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, proceed to check At Least Two Visits During the Performance Period.
5. Check At Least Two Visits During the Performance Period:
    a. If At Least Two Visits During the Performance Period equals No, do not include in Eligible Population. Stop Processing.
    b. If At Least Two Visits During the Performance Period equals Yes, include in Eligible Population.
6. Denominator Population:
    a. Denominator Population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Health-Related Quality of Life Assessed With Tool During at Least Two Visits and Quality of Life Score Remained the Same or Improved:
    a. If Health-Related Quality of Life Assessed With Tool During at Least Two Visits and Quality of Life Score Remained the Same or Improved equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

c. If Health-Related Quality of Life Assessed With Tool During at Least Two Visits and Quality of Life Score Remained the Same or Improved equals No, proceed to check Health-Related Quality of Life Not Assessed with Tool for Documented Reason(s).

9. Check Health-Related Quality of Life Not Assessed with Tool for Documented Reason(s):

   a. If Health-Related Quality of Life Not Assessed with Tool for Documented Reason(s) equals Yes, include in Data Completeness Met and Denominator Exception

   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

   c. If Health-Related Quality of Life Not Assessed with Tool for Documented Reason(s) equals No, proceed to check Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined.

10. Check Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined:

    a. If Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

    c. If Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined equals No, proceed to check Data Completeness Not Met

11. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.66\%}$$