

Measure ID: FOTO7

Title of measure: Functional Status Change for Patients Post Stroke

Measure Description:

This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years and older who have experienced a stroke with sequelae impacting physical functional abilities. For patients with such conditions affecting use of the hand, arm, and upper trunk, the change in FS is assessed using the FOTO Stroke Upper Extremity (SUE) FS PROM. For patients with such conditions affecting the foot, leg, and lower trunk, the change in FS is assessed using the FOTO Stroke Lower Extremity (SLE) FS PROM. PROM cores were scaled to the 0-100 metric, with higher scores representing higher perceived functional status. In order to fairly measure performance between providers, the measure is risk-adjusted to patient characteristics known to be associated with FS outcomes and used as a performance measure (PM) at the patient and provider levels to assess quality.

Denominator description:

All patients aged 14 years and older who initiated and completed an episode of physical therapy, occupational therapy, or medical care (with a start of the episode of care as defined by the following CPT codes: 97161, 97162, 97163 for physical therapy or 97165, 97166, 97167 for occupational therapy or as otherwise documented in the medical record as the start of an episode of care) who have experienced a stroke with sequelae impacting functional abilities related to use of the upper or lower limb, as documented in the medical record.

The following ICD-10 codes* are provided to further clarify the target population:

- I69.031 Monoplegia of UL following nontraumatic subarachnoid hemorrhage affect right dominant side
- I69.032 Monoplegia of UL following nontraumatic subarachnoid hemorrhage affect left dominant side
- I69.033 Monoplegia of UL following nontraumatic subarachnoid hemorrhage affect right non-dominant side
- I69.034 Monoplegia of UL following nontraumatic subarachnoid hemorrhage affect left non-dominant side
- I69.041 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
- I69.042 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
- I69.043 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
- I69.044 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side

- I69.051 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
- I69.052 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
- I69.053 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
- I69.054 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
- I69.061 Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
- I69.062 Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
- I69.063 Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
- I69.064 Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
- I69.065 Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
- I69.090 Apraxia following nontraumatic subarachnoid hemorrhage
- I69.093 Ataxia following nontraumatic subarachnoid hemorrhage
- I69.131 Monoplegia of UL following nontraumatic intracerebral hemorrhage affect right dominant side
- I69.132 Monoplegia of UL following nontraumatic intracerebral hemorrhage affect left dominant side
- I69.133 Monoplegia of UL following nontraumatic intracerebral hemorrhage affect right non-dominant side
- I69.134 Monoplegia of UL following nontraumatic intracerebral hemorrhage affect left non-dominant side
- I69.141 Monoplegia of LL following nontraumatic intracerebral hemorrhage affect right dominant side
- I69.142 Monoplegia of LL following nontraumatic intracerebral hemorrhage affect left dominant side
- I69.143 Monoplegia of LL following nontraumatic intracerebral hemorrhage affect right non-dominant side
- I69.144 Monoplegia of LL following nontraumatic intracerebral hemorrhage affect left non-dominant side
- I69.151 Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
- I69.152 Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
- I69.153 Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
- I69.154 Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side

- I69.161 Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
- I69.162 Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
- I69.163 Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
- I69.164 Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
- I69.165 Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
- I69.190 Apraxia following nontraumatic intracerebral hemorrhage
- I69.193 Ataxia following nontraumatic intracerebral hemorrhage
- I69.231 Monoplegia of UL following other nontraumatic intracranial hemorrhage affect right dominant side
- I69.232 Monoplegia of UL following other nontraumatic intracranial hemorrhage affect left dominant side
- I69.233 Monoplegia of UL following other nontraumatic intracranial hemorrhage affect right non-dominant side
- I69.234 Monoplegia of UL following other nontraumatic intracranial hemorrhage affect left non-dominant side
- I69.241 Monoplegia of LL following other nontraumatic intracranial hemorrhage affect right dominant side
- I69.242 Monoplegia of LL following other nontraumatic intracranial hemorrhage affect left dominant side
- I69.243 Monoplegia of LL following other nontraumatic intracranial hemorrhage affect right non-dominant side
- I69.244 Monoplegia of LL following other nontraumatic intracranial hemorrhage affect left non-dominant side
- I69.251 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
- I69.252 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
- I69.253 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
- I69.254 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
- I69.261 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
- I69.262 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
- I69.263 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
- I69.264 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side

169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
169.290	Apraxia following other nontraumatic intracranial hemorrhage
169.293	Ataxia following other nontraumatic intracranial hemorrhage
169.331	Monoplegia of UL following cerebral infarction affect right dominant side
169.332	Monoplegia of UL following cerebral infarction affect left dominant side
169.333	Monoplegia of UL following cerebral infarction affect right non-dominant side
169.334	Monoplegia of UL following cerebral infarction affect left non-dominant side
169.341	Monoplegia of LL following cerebral infarction affect right dominant side
169.342	Monoplegia of LL following cerebral infarction affect left dominant side
169.343	Monoplegia of LL following cerebral infarction affect right non-dominant side
169.344	Monoplegia of LL following cerebral infarction affect left non-dominant side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
169.361	Other paralytic syndrome following cerebral infarction affecting right dominant side
169.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
169.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
169.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
169.365	Other paralytic syndrome following cerebral infarction, bilateral
169.390	Apraxia following cerebral infarction
169.393	Ataxia following cerebral infarction
169.831	Monoplegia of UL following other cerebrovascular disease affect right dominant side
169.832	Monoplegia of UL following other cerebrovascular disease affect left dominant side
169.833	Monoplegia of UL following other cerebrovascular disease affect right non-dominant side
169.834	Monoplegia of UL following other cerebrovascular disease affect left non-dominant side
169.841	Monoplegia of LL following other cerebrovascular disease affect right dominant side
169.842	Monoplegia of LL following other cerebrovascular disease affect left dominant side
169.843	Monoplegia of LL following other cerebrovascular disease affect right non-dominant side
169.844	Monoplegia of LL following other cerebrovascular disease affect left non-dominant side
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side

- 169.852 Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
- 169.853 Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
- 169.854 Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
- 169.861 Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
- 169.862 Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
- 169.863 Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
- 169.864 Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
- 169.865 Other paralytic syndrome following other cerebrovascular disease, bilateral
- 169.890 Apraxia following other cerebrovascular disease
- 169.893 Ataxia following other cerebrovascular disease
- 169.931 Monoplegia of UL following unspecified cerebrovascular disease affect right dominant side
- 169.932 Monoplegia of UL following unspecified cerebrovascular disease affect left dominant side
- 169.933 Monoplegia of UL following unspecified cerebrovascular disease affect right non-dominant side
- 169.934 Monoplegia of UL following unspecified cerebrovascular disease affect left non-dominant side
- 169.941 Monoplegia of LL following unspecified cerebrovascular disease affect right dominant side
- 169.942 Monoplegia of LL following unspecified cerebrovascular disease affect left dominant side
- 169.943 Monoplegia of LL following unspecified cerebrovascular disease affect right non-dominant side
- 169.944 Monoplegia of LL following unspecified cerebrovascular disease affect left non-dominant side
- 169.951 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
- 169.952 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
- 169.953 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
- 169.954 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
- 169.961 Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side

- I69.962 Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
- I69.963 Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
- I69.964 Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
- I69.965 Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
- I69.990 Apraxia following unspecified cerebrovascular disease
- I69.993 Ataxia following unspecified cerebrovascular disease

*Codes with less than the number of characters required for billing are used to represent the inclusion of the more specific codes in that category.

Numerator description:

The numerator is the number of a provider's (clinic or clinician) patient care episodes that completed an episode of care and met or exceeded the Predicted FS Change Score. Thus, performance met is determined by a Residual Score of zero or greater.

Numerator Definitions:

- Functional Status (FS) Score – This is the PROM score as described under Measure Description.
- FS Change Score – The FS Change Score is calculated by subtracting the FS Score at Initial Evaluation from the FS Score at Discharge.
- Predicted FS Change Score – The Predicted FS Change Score is calculated by accounting for the influence of multiple patient characteristics as designated by the risk adjustment model. For each patient completing the PROM at Initial Evaluation (Intake), the predictive model provides a risk-adjusted prediction of FS change at Discharge.
- Residual Score – The Residual Score is calculated by subtracting the Predicted FS Change Score from the FS Change Score (i.e., actual minus predicted). The Residual Score, which is in the same units as the FS Score, should be interpreted as the amount of FS Change that is different than amount of change that was predicted given the risk-adjustment variables of the patient being treated. Residual Scores of zero or greater (≥ 0) should be interpreted as FS Change scores that met or exceeded what was predicted. Residual Scores less than zero (< 0) should be interpreted as FS Change Scores that were less than predicted.

Numerator Options are

- Performance Met (The Residual Score is equal to or greater than 0) and
- Performance Not Met (The Residual Score is less than 0 or patient did not complete the measure and reason not given or reason does not match the exclusion or exception criteria.)

Performance may be calculated on the patient and provider levels:

1. Patient Level: For the individual patient episode, the patient's FS Change Score relative to the risk-adjusted predicted.

2. Provider Level: The average of the Residuals for patient care episodes managed by a provider (clinic or clinician) over a 12-month time period.

Denominator exclusions:

1. Patients with diagnosis of a degenerative neurological condition such as ALS, MS, Parkinson's diagnosed at any time before or during the episode of care (F2007).
2. Patient unable to complete the SUE or SLE PROM at Initial Evaluation or Discharge due to cognitive deficit, visual deficit, motor deficit, language barrier, or low reading level, and a suitable proxy/recorder is not available (F2002).

Denominator exceptions:

1. Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record (F2005)
2. Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery (F2004)
3. Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) (F2003)
4. Patient refused to participate (F2001)

High Priority: Yes

Measure Type: Patient Reported Outcome (PRO)

Care Settings: Ambulatory, Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Hospital, Hospital Outpatient, Outpatient Services, Post-Acute Care (includes Telehealth)

Telehealth: yes

Number of Performance Rates: 1

Traditional measure (not inverse)

Proportional Measure: Yes

Risk Adjustment: PROM score is the score that is risk-adjusted. Specifically, a risk-adjusted prediction of FS change, as described in the Numerator.

Submission pathway: QCDR