Measure #5: Querying about Pain and Pain Interference with Function

Distal Symmetric Polyneuropathy

Measure Description
Percentage of patient visits for patient age 18 years and older with a diagnosis of distal symmetric polyneuropathy who was queried about pain and pain interference with function using a valid and reliable instrument.

Measure Components

Numerator Statement
Patient visits with the patient queried about pain and pain interference with function using a valid and reliable instrument (eg Graded Chronic Pain Scale).

Denominator Statement
All visits for patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy.

Denominator Exceptions
- Documentation of a medical reason for not querying the patient about pain and pain interference with function (eg patient cognitively impaired and unable to respond)
- Documentation of a patient reason for not querying the patient about pain and pain interference with function (eg patient declines to respond to questions)

Supporting Guideline & Other References
The following evidence statements are quoted verbatim from the referenced clinical guidelines:
- Assessment of neuropathic pain (NP) should focus on identifying and treating the underlying disease processes and peripheral or central nervous system lesions, response to prior therapies, and comorbid conditions that can be affected by therapy. Particular attention should be paid to identifying coexisting depression, anxiety, sleep disturbances, and other adverse impacts of NP on health-related quality of life, and both pain and its adverse effects should be reassessed frequently. Patient education and support are critical components of the successful management of NP. Careful explanation of the cause of NP and the treatment plan are essential. Patient and provider expectations regarding treatment effectiveness and tolerability must be discussed, and realistic treatment goals should be established with patients. (Strength not available)

Measure Importance

Relationship to desired outcome
Treatment of chronic painful diabetic neuropathy remains a challenge for physicians as individual tolerability remains a major aspect in any treatment decision. In the case of painful diabetic neuropathy it is a chronic disease that is often treated with analgesics, there is little data regarding the efficacy of any chronic treatment regimen. Improved patient outcomes and preventing complications such as neuropathic pain and complications such as microvascular diabetic neuropathy may significantly improve the quality of life in certain populations. Patients with severe pain may present with very few clinical symptoms which can lead often to a misdiagnosis or under-diagnosis, persistent pain over time can lead to disability and impaired quality of life. The use of a valid and reliable assessment instrument for neuropathic pain may prevent complications and improve the patient’s quality of life.

Opportunity for
At least one of four diabetic patients is affected by distal symmetric polyneuropathy, which
Improvement represents a major health problem, since it may present with partly excruciating neuropathic pain and is responsible for substantial morbidity, increased mortality, and impaired quality of life.

<table>
<thead>
<tr>
<th>IOM Domains of Health Care Quality Addressed</th>
<th>Safe</th>
<th>Effective</th>
<th>Efficient</th>
<th>Patient-Centered</th>
</tr>
</thead>
</table>

| Exception Justification                     | In patients who are cognitively impaired, it may not be possible to obtain this information (medical exception). Patients may also refuse to answer questions about pain and function (patient exception). |
| Harmonization with Existing Measures        | There are no other measures currently available that are similar to this measure or need to be harmonized with this measure. |

Measure Designation

<table>
<thead>
<tr>
<th>Measure purpose</th>
<th>• Quality improvement</th>
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</thead>
<tbody>
<tr>
<td>Type of measure</td>
<td>• Process</td>
</tr>
<tr>
<td>Level of Measurement</td>
<td>• Individual practitioner</td>
</tr>
<tr>
<td>Care setting</td>
<td>• Ambulatory care</td>
</tr>
<tr>
<td>Data source</td>
<td>• Electronic health record (EHR) data</td>
</tr>
<tr>
<td></td>
<td>• Administrative Data/Claims (outpatient claims)</td>
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<tr>
<td></td>
<td>• Administrative Data/Claims Expanded (multiple-source)</td>
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<tr>
<td></td>
<td>• Paper medical record</td>
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</tbody>
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Technical Specifications: 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.

The specifications listed below are those needed for performance calculation. Additional CPT II codes may be required depending on how measures are implemented in reporting programs versus performance assessment programs.

Denominator (Eligible Population)

All visits for patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy.

ICD-9–CM Diagnosis Codes:

250.60, 250.61, 250.62, 250.63, 356.4, 356.9, 357.1, 357.2, 357.3, 357.4, 357.5, 357.6, 357.7, 357.8, 357.89, 357.9

AND

CPT E/M Service Code:

99201, 99202, 99203, 99204, 99205 (office-new patient),
99212, 99213, 99214, 99215 (office-established patient),
99241, 99242, 99243, 99244, 99245 (outpatient consult),
99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit)
**Numerator**

Patient visits with the patients queried about pain and pain interference with function using a valid and reliable instrument (eg Graded Chronic Pain Scale).

Note: Neuropathic pain can be assessed using one of a number of available valid and reliable instruments available from medical literature. Examples include, but are not limited to: Graded Chronic Pain Scale.

**Reporting Instructions:**
- For all patients meeting the denominator criteria, report CPT Category II code 1502F, *Patient queried about pain and pain interference with function using a valid and reliable instrument.*

<table>
<thead>
<tr>
<th>1502F</th>
<th>Patient queried about pain and pain interference with function using a valid and reliable instrument</th>
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</table>

**Denominator Exceptions**

All visits for patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy.

- Documentation of a medical reason for not querying the patient about pain and pain interference with function (eg patient cognitively impaired and unable to respond)
  - Append modifier to CPT II code: 1502-1P
- Documentation of a patient reason for not querying the patient about pain and pain interference with function (eg patient declines to respond to questions)
  - Append modifier to CPT II code: 1502-2P