# Exercise and Appropriate Physical Activity Counseling for Patients with MS

## Measure Description

Percentage of patients with MS who are counseled* on the benefits of exercise and appropriate physical activity for patients with MS in the past 12 months.

## Measure Components

<table>
<thead>
<tr>
<th><strong>Numerator Statement</strong></th>
<th>Patients with MS counseled* on the benefits of exercise and appropriate physical activity for patients with MS in past 12 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Counseled: to advise seriously and formally after consultation</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Denominator Statement</strong></th>
<th>All patients with a diagnosis of MS.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Denominator Exceptions</strong></th>
<th>None**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All patients including those unable to exercise should be provided information on appropriate range of motion and activity.</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Supporting Guideline & Other References

The following evidence statements are quoted verbatim from the referenced clinical guidelines:

- “Evidence-based treatment interventions for mobility optimization include exercise promotion (Level 1).”\(^2\)
- “Encourage participation in a regular pattern of exercise to improve mood (Level 1).”\(^2\)
- “Encourage people with MS to exercise. Advise them that regular exercise may have beneficial effects on their MS and does not have any harmful effects on their MS.”\(^3\)
- “Ensure all people with MS have a comprehensive review of all aspects of their care at least once a year.”\(^3\)
- “Tailor the comprehensive review to the needs of the person with MS assessing: General health: …exercise…”\(^3\)

## Measure Importance

### Relationship to Desired Outcome

Increased rates of physical activity and exercise improve the physical functioning levels and quality of life for patients with MS.\(^4\)

### Opportunity for Improvement

Despite known benefits of exercise and physical activity, persons with MS remain inactive.\(^5,6\) The Work Group encourages referral to rehabilitation services, including physical therapy, when clinically appropriate given the evidence supporting improved outcomes for patients.\(^7,9\)

## National Quality Strategy Domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
  - Clinical Process/Effectiveness

## Exception Justification

Not Applicable

## Harmonization with Existing Measures

There are currently not comparable measures in national measurement programs or endorsed by the National Quality Forum.

## Measure Designation

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| Measure Purpose (Check all that apply) | ☒ Quality improvement  
☐ Accountability |
|----------------------------------------|-------------------|
| Type of Measure (Check all that apply) | ☒ Process  
☐ Outcome  
☐ Structure |
| Level of Measurement (Check all that apply) | ☒ Individual Provider  
☒ Practice  
☐ System or Health Plan |
| Care Setting (Check all that apply) | ☒ Outpatient  
☐ Inpatient  
☐ Emergency Departments and Urgent Care |
| Data Source (Check all that apply) | ☒ Electronic health record (EHR) data  
☐ Administrative Data/Claims  
☒ Chart Review  
☒ Registry |

**References**


**Technical Specifications: Electronic Health Record (EHR) Data**

The AAN is in the process of creating code value sets and the logic required for electronic capture of the quality measures with EHRs. A listing of the quality data model elements, code value sets, and measure logic (through the CMS Measure Authoring Tool) for each of the MS measures will be made available at a later date.

**Technical Specifications: Administrative Data (Claims)**

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.
<table>
<thead>
<tr>
<th>Denominator (Eligible Population)</th>
<th>ICD-9 Code</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>340 Multiple Sclerosis</td>
<td>G35 Multiple Sclerosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disseminated multiple sclerosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generalized multiple sclerosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple sclerosis NOS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple sclerosis of brain stem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple sclerosis of cord</td>
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</tbody>
</table>

AND

CPT E/M Service Code:
99201, 99202, 99203, 99204, 99205 (Office or other outpatient visit-New Patient);
99211, 99212, 99213, 99214, 99215 (Office or other outpatient visit-Established Patient);
99241, 99242, 99243, 99244, 99245 (Office or Other Outpatient Consultation-New or Established Patient);
97001 (Physical therapy evaluation);
97002 (Physical therapy re-evaluation);
97003 (Occupational therapy evaluation);
97004 (Occupational therapy re-evaluation)