

2014 eMeasure Flows
Cover Page

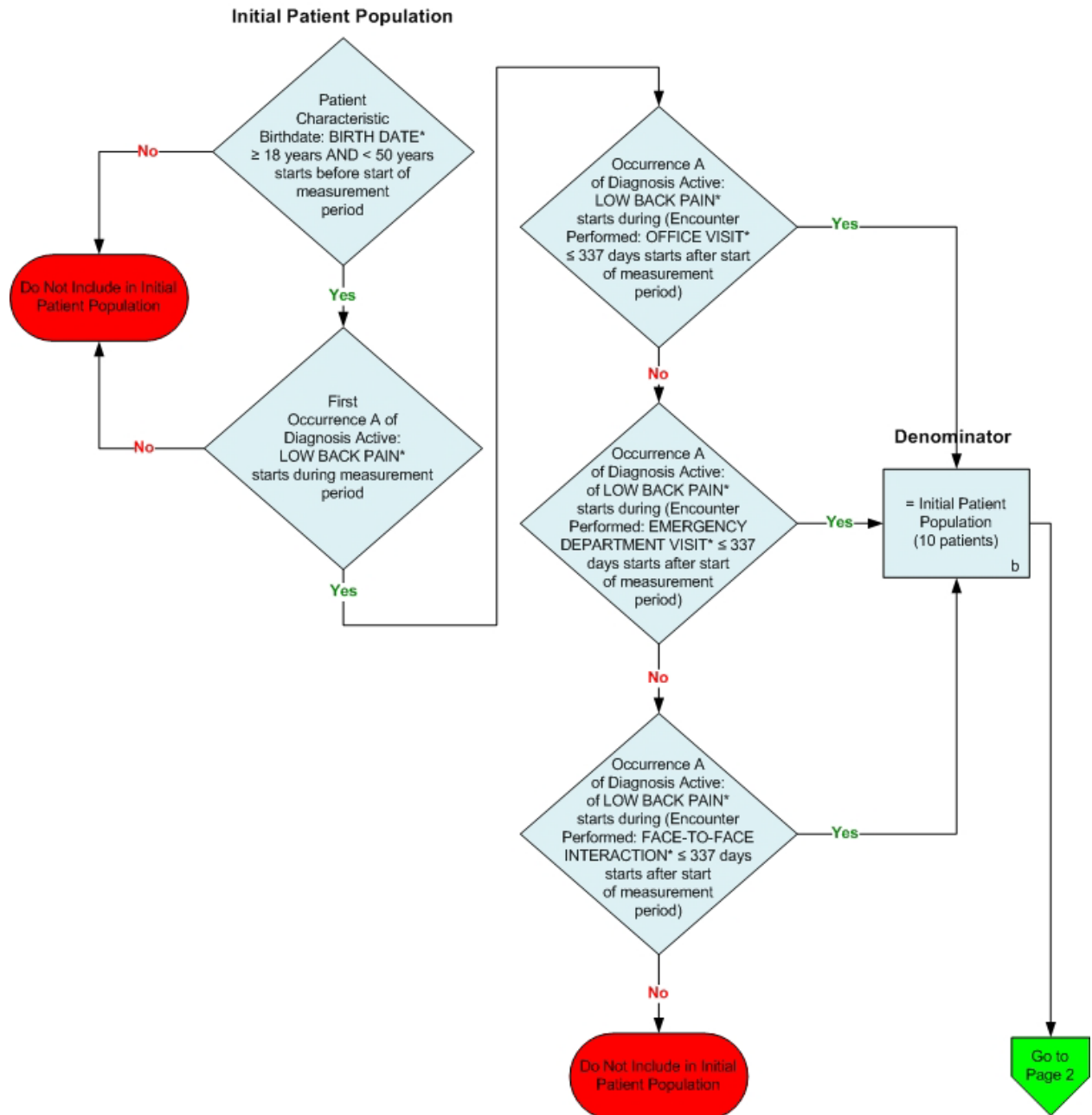
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 1 – Rendering NPI and TIN on QRDA Category III files
- 2 – Payers for all eligible patients identified on QRDA Category III files
- 3 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category III files even if they do not have any eligible patients for those eMeasures
- 4 – Performance rate(s) (or a measure observation value) must be included in the QRDA Category III file for every eMeasure the eligible professional intended to report according to the performance rate (or measure observation) algorithms provided in each of the flows
- 5 – For every patient evaluated for the eMeasures also identify payer, race, ethnicity and sex.

For eligible professionals and group practices reporting EHR clinical quality measures for Meaningful Use (MU) and the Physician Quality Reporting System (PQRS) (Option #2) in 2014, the following must be included in the submitted file(s):

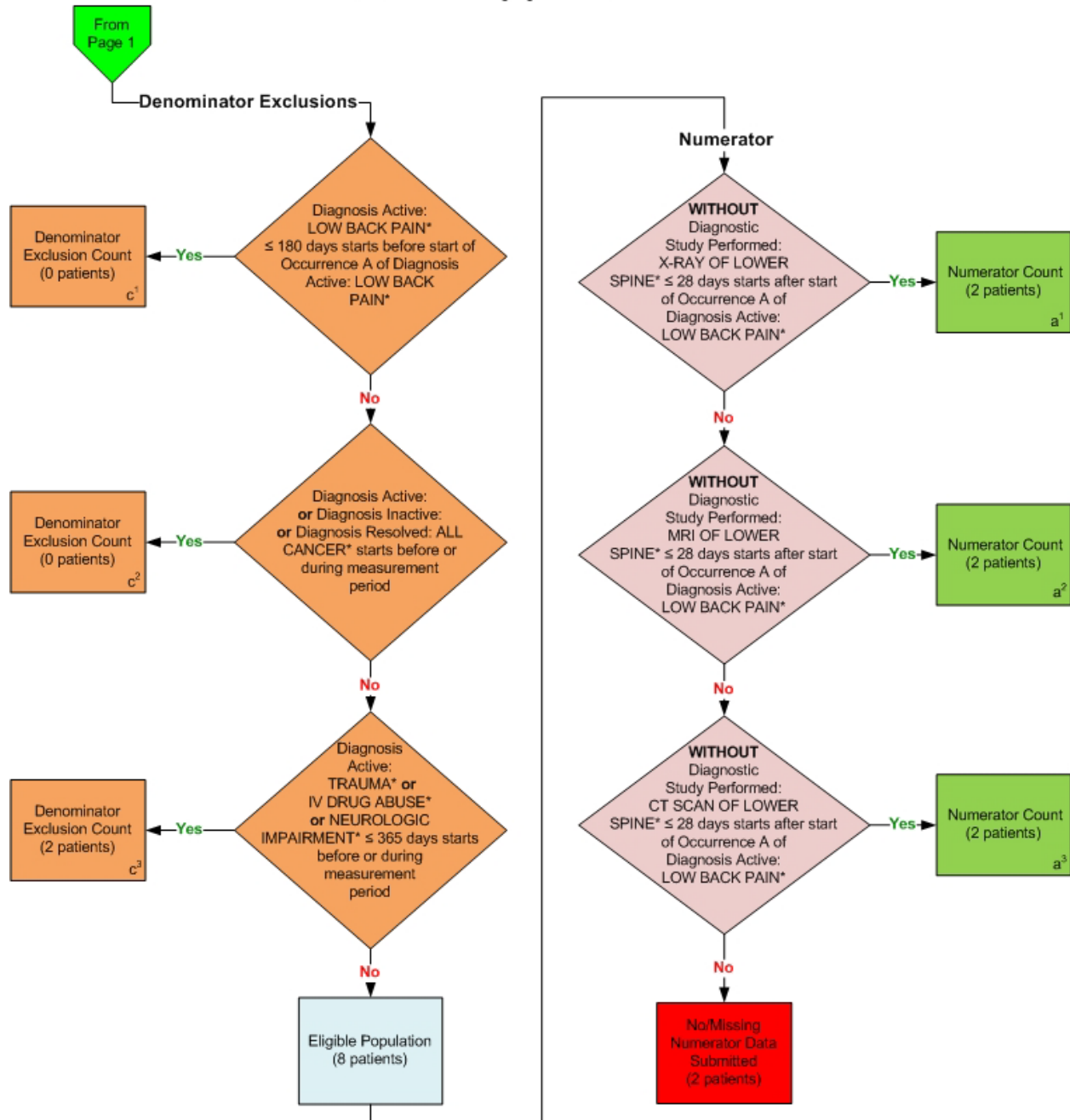
- 1 – Rendering NPI and TIN on the appropriate fields of the QRDA Category I or QRDA Category III files for eligible professionals reporting as *individuals* **OR** submission of all NPIs within the TIN when reporting as a *group practice*
- 2 – At least **one** Medicare Part B beneficiary that is eligible for at least one of the eMeasures either via QRDA Category I or III files
- 3 – Valid HIC# for Medicare beneficiaries on QRDA Category I files
- 4 – Payers for all eligible patients identified on QRDA Category I or III files
- 5 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category I or III files even if they do not have any eligible patients for those eMeasures
- 6 – Performance rate(s) (or a measure observation value) must be included in the QRDA Category III file for every eMeasure the eligible professional intended to report according to the performance rate (or measure observation) algorithms provided in each of the flows
- 7 – All of the detailed data pertaining to the eMeasures the eligible professional intends to report must be included in the patient-level QRDA Category I files so that the system may generate accurate performance rate(s) (or a measure observation value)
- 8 – For every patient evaluated for the eMeasures also identify payer, race, ethnicity and sex.

2014 eMeasure Flows
eMeasure Identifier: 166
NQF 0052: Use of Imaging Studies for Low Back Pain



*Please refer to the specific section of the eMeasure to identify the QDM data elements and associated value sets for use in reporting this eMeasure.

2014 eMeasure Flows
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NQF 0052: Use of Imaging Studies for Low Back Pain



*Please refer to the specific section of the eMeasure to identify the QDM data elements and associated value sets for use in reporting this eMeasure.

SAMPLE CALCULATION:

Performance Rate =

$$\frac{\text{Numerator } (a^1 + a^2 + a^3 = 6 \text{ patients})}{\text{Denominator } (b=10 \text{ patients}) - \text{Denominator Exclusions } (c^1 + c^2 + c^3 = 2 \text{ patients}) - \text{Denominator Exceptions } (N/A)} = 75.00\%$$

2014 eMeasure Flows
eMeasure Identifier: 166
NQF 0052: Use of Imaging Studies for Low Back Pain

Please refer to the specific section of the eMeasure to identify the QDM data elements and associated value sets for use in reporting this eMeasure.

1. Start Initial Patient Population
2. Check Patient Characteristic Birthdate:
 - a. If QDM data element, BIRTH DATE, is greater than or equal to 18 years and less than 50 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
 - b. If QDM data element, BIRTH DATE, is greater than or equal to 18 years and less than 50 years starts before start of measurement period equals Yes, go to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If First Occurrence A of QDM data element, LOW BACK PAIN, starts during measurement period equals Yes, go to check Diagnosis Active.
 - b. If First Occurrence A of QDM data element, LOW BACK PAIN, starts during measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
4. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, LOW BACK PAIN, starts during Encounter Performed QDM data element, OFFICE VISIT, less than or equal to 337 days starts after start of measurement period equals Yes, include in the Initial Patient Population and continue on to the Denominator.
 - b. If Occurrence A of QDM data element, LOW BACK PAIN, starts during Encounter Performed QDM data element, OFFICE VISIT, less than or equal to 337 days starts after start of measurement period equals No, go to check Diagnosis Active.
5. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, LOW BACK PAIN, starts during Encounter Performed QDM data element, EMERGENCY DEPARTMENT VISIT, less than or equal to 337 days starts after start of measurement period equals Yes, include in the Initial Patient Population and continue on to the Denominator.
 - b. If Occurrence A of QDM data element, LOW BACK PAIN, starts during Encounter Performed QDM data element, EMERGENCY DEPARTMENT VISIT, less than or equal to 337 days starts after start of measurement period equals No, go to check Diagnosis Active.
6. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, LOW BACK PAIN, starts during Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, less than or equal to 337 days starts after start of measurement period equals Yes, include in the Initial Patient Population and continue on to the Denominator.
 - b. If Occurrence A of QDM data element, LOW BACK PAIN, starts during Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, less than or equal to 337 days starts after start of measurement period equals No, do not include in the Initial Patient Population. Stop Processing.

7. Start Denominator
 - a. Denominator equals the Initial Patient Population. Denominator is represented by letter B in the sample calculation listed at the end of this document. Letter B equals 10 patients in the sample calculation.
8. Start Denominator Exclusions
9. Check for Diagnosis Active:
 - a. If QDM data element, LOW BACK PAIN, less than or equal to 180 days starts before start of Occurrence A of QDM data element, LOW BACK PAIN, equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 0 patients in the sample calculation.
 - b. If QDM data element, LOW BACK PAIN, less than or equal to 180 days starts before start of Occurrence A of QDM data element, LOW BACK PAIN equals No, go to check Diagnosis Active or Diagnosis Inactive or Diagnosis Resolved.
10. Check for Diagnosis Active or Diagnosis Inactive or Diagnosis Resolved:
 - a. If QDM data element, ALL CANCER, starts before or during the measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
 - b. If QDM data element, ALL CANCER, starts before or during the measurement period equals No, go to check Diagnosis Active.
11. Check for Diagnosis Active:
 - a. If QDM data element, TRAUMA, or QDM data element IV DRUG ABUSE, or QDM data element NEUROLOGIC IMPAIRMENT, less than or equal to 365 days starts before or during measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C³ in the sample calculation listed at the end of this document. Letter C³ equals 2 patients in the sample calculation.
 - b. If QDM data element, TRAUMA, or QDM data element IV DRUG ABUSE, or QDM data element NEUROLOGIC IMPAIRMENT, less than or equal to 365 days starts before or during measurement period equals No, include in Eligible Population and go to start Numerator.
12. Start Numerator
13. Check Diagnostic Study Performed:
 - a. If WITHOUT QDM data element, X-RAY OF LOWER SPINE, less than or equal to 28 days starts after start of Occurrence A of Diagnosis Active QDM data element, LOW BACK PAIN, equals Yes, include in Numerator Count. Numerator is represented by letter A¹ in the sample calculation listed at the end of this document. Letter A¹ equals 2 patients in the sample calculation.
 - b. If Without QDM data element, X-RAY OF LOWER SPINE, less than or equal to 28 days starts after start of Occurrence A of Diagnosis Active QDM data element, LOW BACK PAIN, equals No, go to check Diagnostic Study Performed.
14. Check Diagnostic Study Performed:
 - a. If WITHOUT QDM data element, MRI OF LOWER SPINE, less than or equal to 28 days starts after start of Occurrence A of Diagnosis Active QDM data element, LOW BACK PAIN, equals Yes, include in Numerator Count. Numerator is represented by

- letter A² in the sample calculation listed at the end of this document. Letter A² equals 2 patients in the sample calculation.
- b. If Without QDM data element, MRI OF LOWER SPINE, less than or equal to 28 days starts after start of Occurrence A of Diagnosis Active QDM data element, LOW BACK PAIN, equals No, go to check Diagnostic Study Performed.
15. Check Diagnostic Study Performed:
- a. If WITHOUT QDM data element, CT SCAN OF LOWER SPINE, less than or equal to 28 days starts after start of Occurrence A of Diagnosis Active QDM data element, LOW BACK PAIN, equals Yes, include in Numerator Count. Numerator is represented by letter A³ in the sample calculation listed at the end of this document. Letter A³ equals 2 patients in the sample calculation.
 - b. If Without QDM data element, CT SCAN OF LOWER SPINE, less than or equal to 28 days starts after start of Occurrence A of Diagnosis Active QDM data element, LOW BACK PAIN, equals No, include in the No/Missing Data Submitted count. Stop Processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator ($a^1 + a^2 + a^3 = 6$ patients)

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Denominator (b=10 patients) – Denominator Exclusions ($c^1 + c^2 + c^3 = 2$ patients) – *Denominator Exceptions (N/A)*
= 75.00%