

Measure ID: FOT06

Title of measure:

Functional Status Change in Dizziness

Measure Description:

This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted functional status (FS) change for patients aged 14 years and older with vestibular and other dizziness-related impairments. The change in FS is assessed using the FOTO Dizziness Positional Status (DPS) or Dizziness Functional Status (DFS) PROM; these are item-response theory-based PROMs developed using items from the Dizziness Handicap Inventory (DHI), scored using the T-score metric (mean=50, SD=10), with higher scores representing better FS.¹

The DPS and DFS measure separate domains represented within DHI items. The DPS score will be applied to this quality measure for patients with a statistically derived DPS cut-score (T-score) of 55 or lower; the DFS score will be applied for patients with a DPS T-score of greater than 55 at initial evaluation. This approach is consistent with clinical and research observations that two types of vestibular impairments, positional- and functional-dominant, have distinctly different clinical presentations and expected outcomes.

Using a single PROM score derived from all 25 DHI items is not recommended due to score validity weaknesses.²⁻⁵ Robust analyses using extensive exploratory and confirmatory factor analyses based on over 28,000 episodes of care determined the DHI items represent multiple domains that are different from those originally hypothesized,⁶ thus using a single overall score would pose a threat to validity. However, patient responses to DHI items may be used to directly score the DPS and DFS, thus allowing clinicians greater flexibility of choice of PROM used in routine clinical care without adding to clinician nor patient burden.

To fairly measure performance between providers, this quality measure is risk-adjusted to patient characteristics known to be associated with FS outcomes and used as a performance measure at the patient and provider levels to assess quality.

Denominator Description:

All patients aged 14 years and older with vestibular or other dizziness-related impairments who initiated and completed an episode of 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).

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

- A88.1 Epidemic vertigo
- D33.3 Benign neoplasm of cranial nerves
- H81.1 Benign paroxysmal vertigo
- H81.2 Vestibular neuronitis
- H81.3 Aural vertigo
- H81.4 Vertigo of central origin
- H81.8 Other disorders of vestibular function
- H81.9 Unspecified disorder of vestibular function
- H82 Vertiginous syndromes in diseases classified elsewhere (*Requires the underlying disease to be coded first)

H83.0 Labyrinthitis
H83.2 Labyrinthine dysfunction
R42 Dizziness and giddiness
T75.23 Vertigo from infrasound

* 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. This was done to manage the number of codes.

The completion of an episode of care (Discharge) is indicated by documentation in the medical record and/or a Discharge Status G-Code identifying the close of the episode of care for the vestibular/dizziness condition identified at the start of the episode of care (Initial Evaluation).

Numerator Description:

The numerator is the number of a provider's (clinic or clinician) patient care episodes that initiated and 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 more.

Numerator Definitions:

- **Functional Status (FS) Score:** This is the DPS or DFS PROM score as described under Measure Description. (Note: Because the DPS and DFS items use the same wording as DHI items, for scenarios in which clinicians might prefer to administer all 25 items from the traditional DHI, patient responses may be used to calculate DFS and DPS scores without adding to patient or clinician burden.)
- **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 zero) and
- Performance Not Met (The Residual Score is less than zero 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 Predicted FS Change Score.
2. **Provider Level:** The average of the performance met rate for patient care episodes managed by a provider (clinic or clinician) over a 12-month 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. Patients unable to complete the PROMs 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)

Numerator Exclusions:

None

High Priority: Yes

Measure Type: Patient-Reported Outcome-based Performance Measure (PRO-PM)

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: The FS Change score is risk adjusted (as described in the Numerator)

MIPS Reporting Options: Traditional MIPS

References

1. Hayes D, Kallen M, Werneke M, Deutscher D. New Item-response Theory-based Dizziness Impact Measures Were Reliable, Valid, and Efficient. *Archives of Physical Medicine and Rehabilitation*; 2022:e97.
2. Asmundson GJ, Stein MB, Ireland D. A factor analytic study of the dizziness handicap inventory: does it assess phobic avoidance in vestibular referrals? *J Vestib Res.* 1999;9(1):63-8.
3. Kurre A, Bastiaenen CH, van Gool CJ, Gloor-Juzi T, de Bruin ED, Straumann D. Exploratory factor analysis of the Dizziness Handicap Inventory (German version). *BMC Ear Nose Throat Disord.* 2010;10:3.
4. Perez N, Garmendia I, Garcia-Granero M, Martin E, Garcia-Tapia R. Factor analysis and correlation between Dizziness Handicap Inventory and Dizziness Characteristics and Impact on Quality of Life scales. *Acta Otolaryngol Suppl.* 2001;545:145-54.
5. Valancius D, Ulyte A, Masiliunas R, et al. Validation and Factor Analysis of the Lithuanian Version of the Dizziness Handicap Inventory. *J Int Adv Otol.* 2019;15(3):447-453.
6. Jacobson GP, Newman CW. The development of the Dizziness Handicap Inventory. *Arch Otolaryngol Head Neck Surg.* 1990;116(4):424-7.