

Quality ID #144 (CBE 0383): Oncology: Medical and Radiation – Plan of Care for Pain

**2024 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)**

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

INSTRUCTIONS:
This measure is to be submitted at **each denominator eligible visit** occurring during the performance period for patients with a diagnosis of cancer and in which pain is present who are seen during the performance period. It is anticipated that eligible clinicians providing care for patients with cancer will submit this measure.

NOTE: Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) are allowable.

Measure Submission Type:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

1) All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy who report having pain

OR

2) All visits for patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy who report having pain

SUBMISSION CRITERIA 1: ALL VISITS FOR PATIENTS, REGARDLESS OF AGE, WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING CHEMOTHERAPY WHO REPORT HAVING PAIN

DENOMINATOR (SUBMISSION CRITERIA 1):

All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy who report having pain

Denominator Criteria (Eligible Cases):

All eligible instances when pain severity quantified; pain present (**1125F**) is submitted in the numerator for Measure #143

AND

Diagnosis for cancer (ICD-10-CM): C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8,

C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C51.0, C51.1, C51.2, C51.8, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C60.0, C60.1, C60.2, C60.8, C60.9, C61, C62.00, C62.01, C62.02, C62.10, C62.11, C62.12, C62.90, C62.91, C62.92, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.7, C63.8, C63.9, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0, C68.1, C68.8, C68.9, C69.00, C69.01, C69.02, C69.10, C69.11, C69.12, C69.20, C69.21, C69.22, C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.50, C69.51, C69.52, C69.60, C69.61, C69.62, C69.80, C69.81, C69.82, C69.90, C69.91, C69.92, C70.0, C70.1, C70.9, C71.0, C71.1, C71.2, 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AND

Patient encounter during the performance period (CPT) – Service codes: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND

Patient procedure during the performance period (CPT) – Procedure codes: 51720, 96401, 96405, 96406, 96409, 96413, 96416, 96420, 96422, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

NUMERATOR (SUBMISSION CRITERIA 1):

Patient visits that included a documented plan of care to address pain

Numerator Instructions: A documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

Numerator Options:

Performance Met: Plan of care to address pain documented (**0521F**)

OR

Performance Not Met: Plan of care for pain not documented, reason not otherwise specified (**0521F with 8P**)

SUBMISSION CRITERIA 2: ALL VISITS FOR PATIENTS, REGARDLESS OF AGE, WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING RADIATION THERAPY WHO REPORT HAVING PAIN

DENOMINATOR (SUBMISSION CRITERIA 2):

All visits for patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy who report having pain

DENOMINATOR NOTE: For the reporting purposes of this measure, in instances where CPT code 77427 is reported, the billing date, which may or may not be the same date as the face-to-face or telehealth encounter with the physician, should be used to pull the appropriate patient population into the denominator. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face or telehealth encounter during the series of treatments.

Denominator Criteria (Eligible Cases) 2:

All eligible instances when pain severity quantified; pain present (**1125F**) is submitted in the numerator for Measure #143

AND

Diagnosis for cancer (ICD-10-CM): C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520,

C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, 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AND

Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435

NUMERATOR (SUBMISSION CRITERIA 2):

Patient visits that included a documented plan of care to address pain

Numerator Instructions: A documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

Numerator Options:

Performance Met: Plan of care to address pain documented (**0521F**)

OR

Performance Not Met: Plan of care for pain not documented, reason not otherwise specified (**0521F with 8P**)

RATIONALE:

Pain is one of the most common symptoms associated with cancer. Pain is defined by the International Association for the Study of Pain as an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Cancer pain or cancer-related pain distinguishes pain experienced by patients with cancer from that experienced by patients without malignancies. A meta-analysis revealed that pain was reported in 59% of patients undergoing cancer treatment, in 64% of patients with advanced disease, and in 33% of patients after curative treatment. In addition, this is one of the symptoms patients fear most. Unrelieved pain denies patients comfort and greatly affects their activities, motivation, interactions with family and friends, and overall quality of life. There is mounting evidence in oncology that quality of life and survival are linked to early and effective palliative care, including pain management. Although improvements have been observed, undertreatment of pain remains an issue in a significant subset of patients with cancer and this issue may be exacerbated by the inappropriate application of

recommendations against the use of opioids to patients with cancer in the setting of the United States opioid epidemic (NCCN, 2022).

CLINICAL RECOMMENDATION STATEMENTS:

If the patient has no pain, re-screening should be performed at each subsequent visit or as requested. Identifying the presence of pain through repeated screening is essential to allow implementation of effective pain management (NCCN 2022).

If the Pain Rating Scale score is above 0, a comprehensive pain assessment is initiated. The comprehensive pain assessment should focus on the type and quality of pain; pain history (eg, onset, duration, course); pain intensity (ie, pain experienced at rest; with movement); location; referral pattern; radiation of pain; impact of pain (ie, interference with activities such as work, sleep, and interpersonal interactions); the associated factors that exacerbate or relieve pain; current pain management plan; patient's pain experience and response to current therapy; prior pain therapies; breakthrough or episodic pain inadequately managed with existing pain regimen; important psychosocial factors (eg, patient distress, family/caregiver and other support, psychiatric history, risk factors for undertreatment of pain); and other special issues relating to pain (eg, meaning of pain for patient and family/caregiver; cultural beliefs toward pain, pain expression, and treatment; spiritual or religious considerations and existential suffering). Finally, the patient's goals and expectations of pain management should be discussed, including level of comfort and function, with family/caregivers included (NCCN, 2022).

In addition, a thorough physical examination and review of appropriate laboratory and imaging studies are essential for a comprehensive pain assessment. This evaluation should enable caregivers to determine if the pain is related to an underlying cause that requires specific therapy. For example, it is inappropriate to provide only opioids to a patient suffering with pain from impending spinal cord compression. Without glucocorticoids and local radiation therapy, the pain is unlikely to be well-managed, and the patient will remain at high risk for spinal cord injury (NCCN, 2022).

The NCCN Panel recommends monitoring risk factors for aberrant use or diversion of pain medication, which might be identified at initiation of care using tools such as SOAPP-R (Screener and Opioid Assessment for Patients with Pain-Revised) or ORT (Opioid Risk Tool) (NCCN, 2022).

The endpoint of comprehensive pain assessment is to diagnose the etiology and pathophysiology (somatic, visceral, or neuropathic) of the pain. Treatment must be individualized based on clinical circumstances and patient wishes, with the goal of maximizing function and quality of life (NCCN, 2022).

For management of cancer-related pain in adults, the algorithm distinguishes three levels of pain intensity determined by a numerical or pictorial rating scale employed as part of the comprehensive pain assessment. The three levels of pain intensity referred to in the algorithm are mild pain, moderate pain, and severe pain (NCCN, 2022).

The NCCN Panel recommends that providers consider all pain management interventions in the context of patient-specific goals for comfort and function, as well as safety. Individualized pain treatment should also take into account the etiology and characteristics of pain and the patient's clinical condition. Patients presenting with an acute, severe pain or pain crisis may be candidates for hospital admission to achieve patient-specific goals for comfort and function. It is important to separate pain related to an oncologic emergency from pain not related to an oncologic emergency (NCCN, 2022).

Clinicians must respond to pain reports in a manner appropriate to the type of pain (e.g., acute vs. chronic) and setting (e.g., inpatient vs. outpatient). Appropriate responses may not always include more opioids but rather more detailed assessments, use of nonopioid analgesics or techniques, or non-pharmacologic interventions (e.g., education, relaxation, and use of heat or cold) (APS, 2005).

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The PCPI's and AMA's significant past efforts and contributions to the development and updating of the Measures are acknowledged.

ASCO is solely responsible for the review and enhancement ("Maintenance") of the Measure as of January 2015.

ASCO encourages use of the Measure by other health care professionals, where appropriate.

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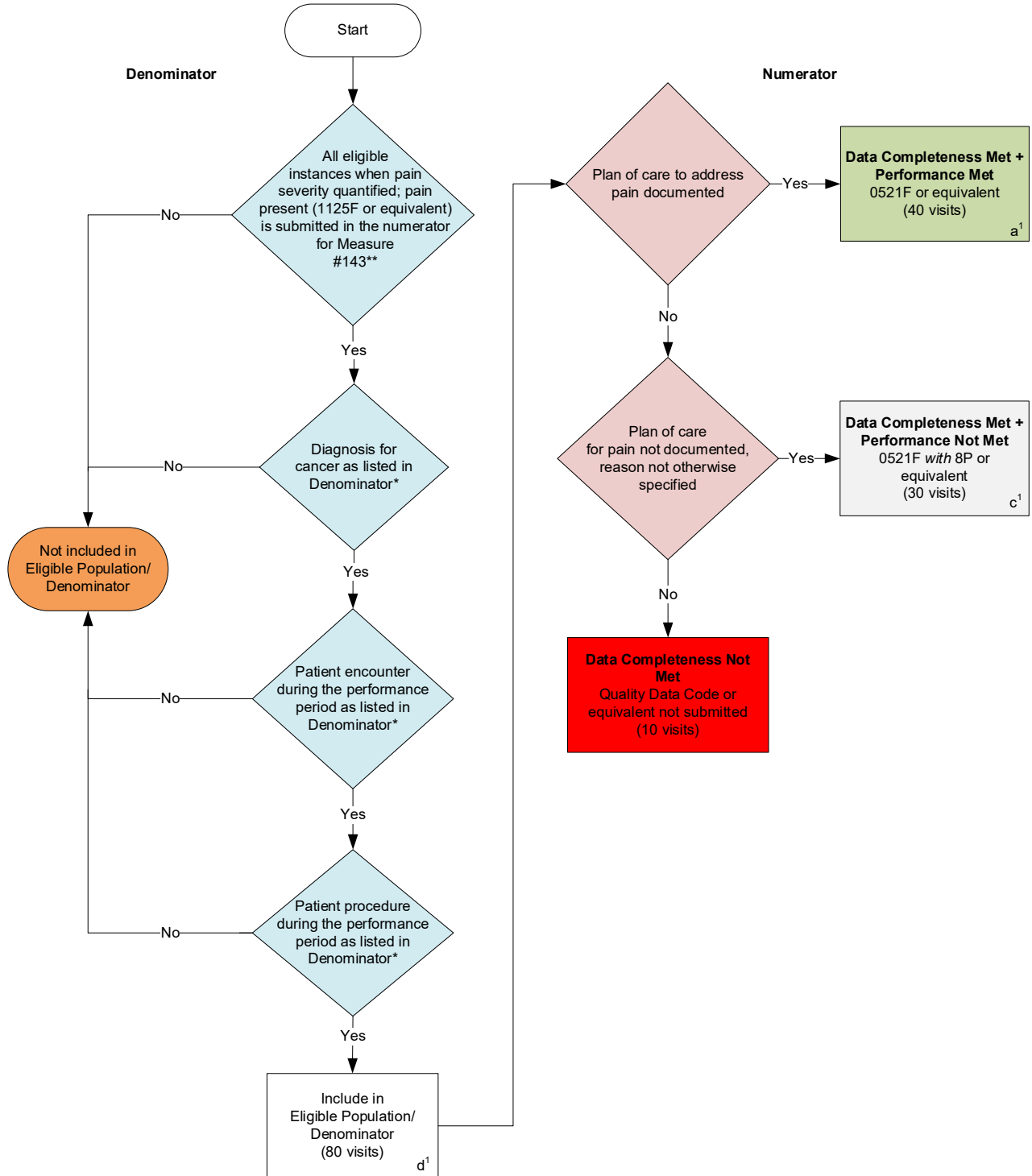
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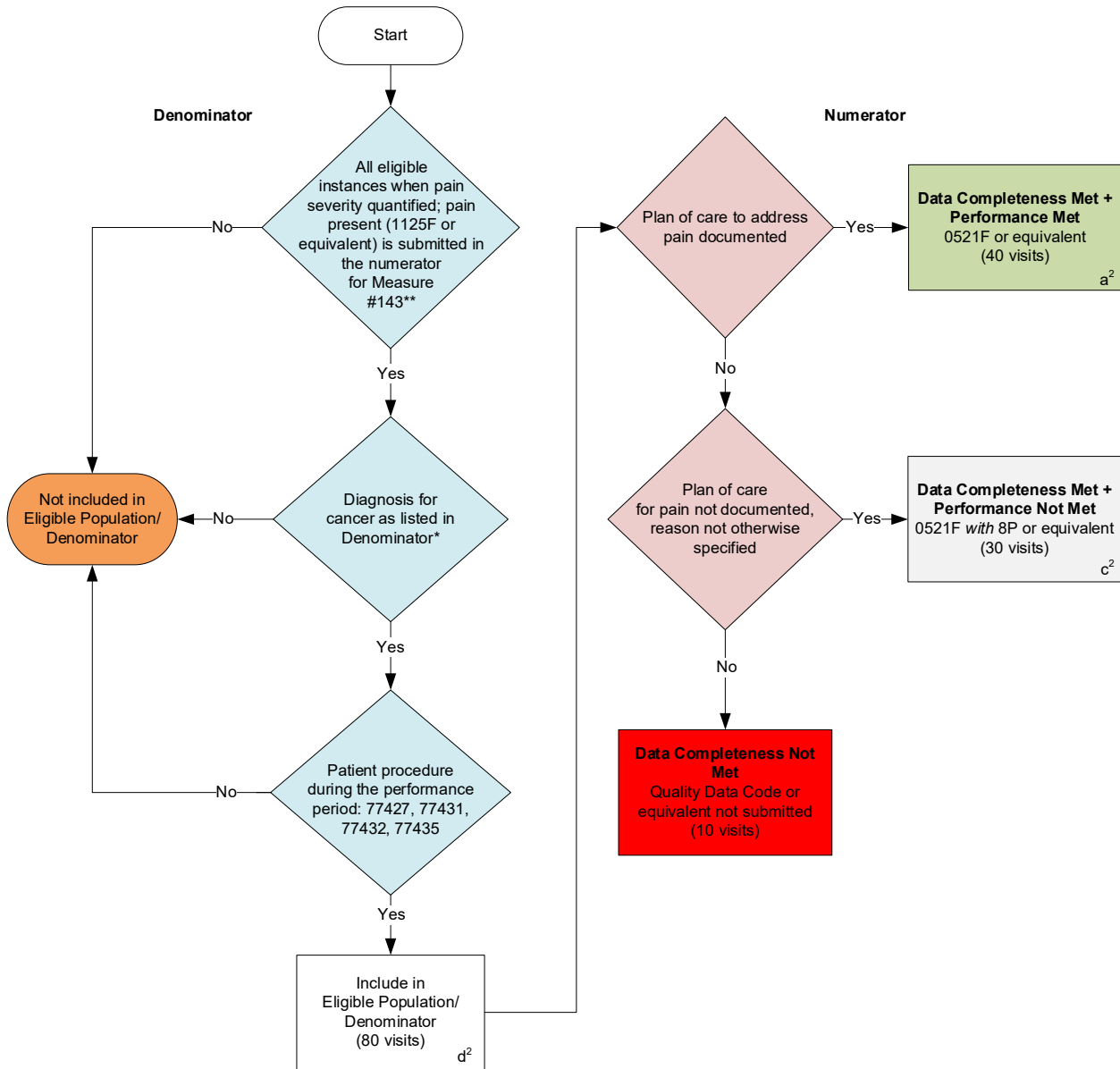
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**2024 Clinical Quality Measure Flow for Quality ID #144 (CBE 0383):
Oncology: Medical and Radiation – Plan of Care for Pain
Submission Criteria One**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



Submission Criteria Two



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=80 visits)} + \text{Performance Not Met (c}^1\text{+c}^2\text{=60 visits)}}{\text{Eligible Population / Denominator (d}^1\text{+d}^2\text{=160 visits)}} = \frac{140 \text{ visits}}{160 \text{ visits}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=80 visits)}}{\text{Data Completeness Numerator (140 visits)}} = \frac{80 \text{ visits}}{140 \text{ visits}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
 **Submitting Measure #143 is a precursor for submitting this measure. Patients where 1125F without modifier or equivalent (pain is present) is submitted in Measure #143 are pulled into the denominator for Measure #144.
 NOTE: Submission Frequency: Visit

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**2024 Clinical Quality Measure Flow Narrative for Quality ID #144 (CBE 0383):
Oncology: Medical and Radiation – Plan of Care for Pain**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Submission Criteria One:

1. Start with Denominator
2. Check *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143***:
 - a. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143*** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143*** equals Yes, proceed to check *Diagnosis for cancer as listed in Denominator**.
3. Check *Diagnosis for cancer as listed in Denominator**:
 - a. If *Diagnosis for cancer as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for cancer as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
5. Check *Patient procedure during the performance period as listed in Denominator**:
 - a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - Denominator Population is all Eligible Visits in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d¹ equals 80 visits in the Sample Calculation.
7. Start Numerator
8. Check *Plan of care to address pain documented*:
 - a. If *Plan of care to address pain documented* equals Yes, include in *Data Completeness Met and Performance Met*.

- *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a¹ equals 40 visits in the Sample Calculation.
- b. If *Plan of care to address pain documented* equals No, proceed to check *Plan of care for pain not documented, reason not otherwise specified*.
9. Check *Plan of care for pain not documented, reason not otherwise specified*:
- a. If *Plan of care for pain not documented, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c¹ equals 30 visits in the Sample Calculation.
- b. If *Plan of care for pain not documented, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

*See the posted measure specification for specific coding and instructions to submit this measure.

**Submitting Measure #143 is a precursor for submitting this measure. Patients where 1125 F without modifier or equivalent (pain is present) is submitted in Measure #143 are pulled into the denominator for Measure #144.

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

Submission Criteria Two:

1. Start with Denominator
2. Check *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143***:
 - a. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143*** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143*** equals Yes, proceed to check *Diagnosis for cancer as listed in Denominator**.
3. Check *Diagnosis for cancer as listed in Denominator**:
 - a. If *Diagnosis for cancer as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

- b. If *Diagnosis for cancer as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period*.
4. Check *Patient procedure during the performance period*:
 - a. If *Patient procedure during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period* equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
 - Denominator Population is all Eligible Visits in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d² equals 80 visits in the Sample Calculation.
6. Start Numerator
7. Check *Plan of care to address pain documented*:
 - a. If *Plan of care to address pain documented* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a² equals 40 visits in the Sample Calculation.
 - b. If *Plan of care to address pain documented* equals No, proceed to *Plan of care for pain not documented, reason not otherwise specified*.
8. Check *Plan of care for pain not documented, reason not otherwise specified*:
 - a. If *Plan of care for pain not documented, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c² equals 30 visits in the Sample Calculation.
 - b. If *Plan of care for pain not documented, reason not otherwise specified* equals No, proceed to *Data Completeness Not Met*.
9. Check *Data Completeness Not Met*:
 - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a¹ plus a² equals 80 visits) plus Performance Not Met (c¹ plus c² equals 60 visits) divided by Eligible Population/Denominator (d¹ plus d² equals 160 visits). All equals 140 visits divided by 160 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a¹ plus a² equals 80 visits) divided by Data Completeness Numerator (140 visits). All equals 80 visits divided by 140 visits. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

**Submitting Measure #143 is a precursor for submitting this measure. Patients where 1125 F without modifier or equivalent (pain is present) is submitted in Measure #143 are pulled into the denominator for Measure #144.

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.