



## **DATA COLLECTION GUIDE**

**2016**

**Acute and Sub-Acute Low Back Pain  
Functional Status Outcome Measure**  
(07/01/2016 to 06/30/2017 Dates of Service)

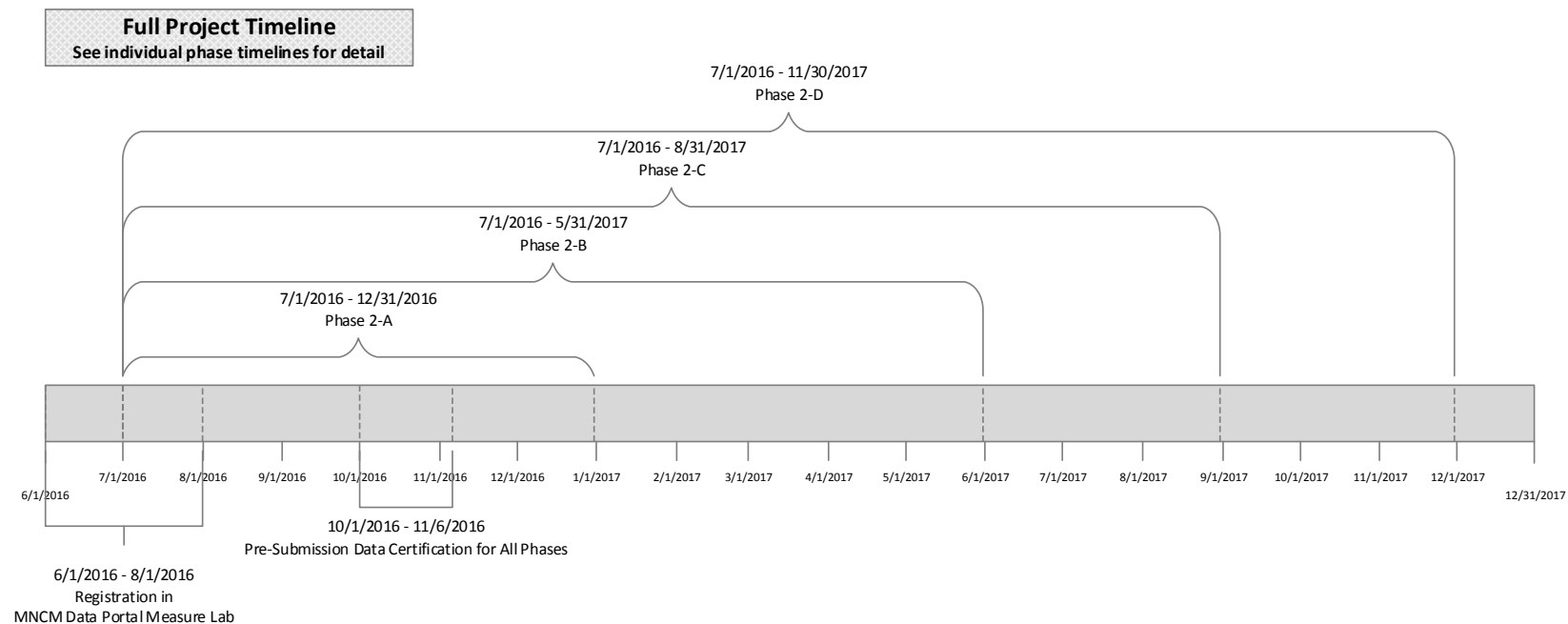
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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure

### Process and Timeline Overview



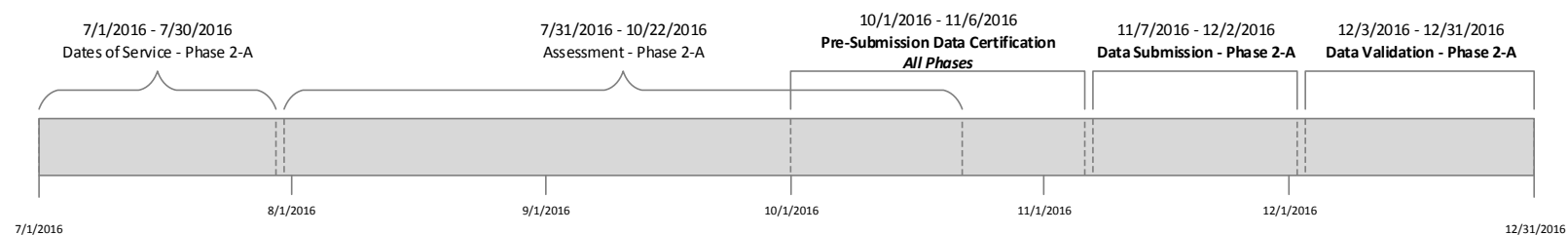
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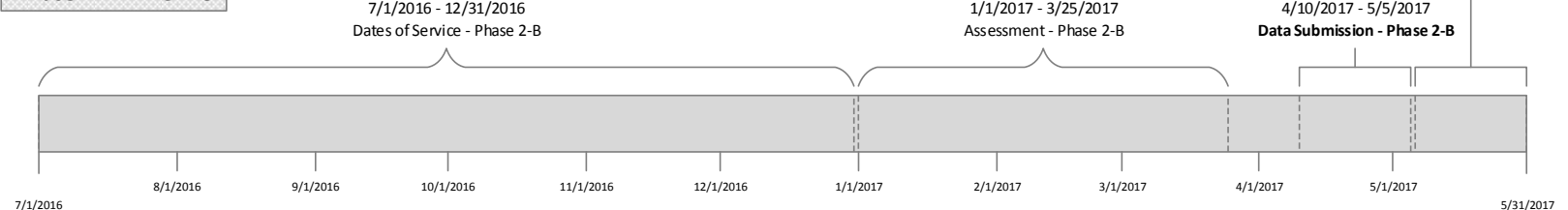


# 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure

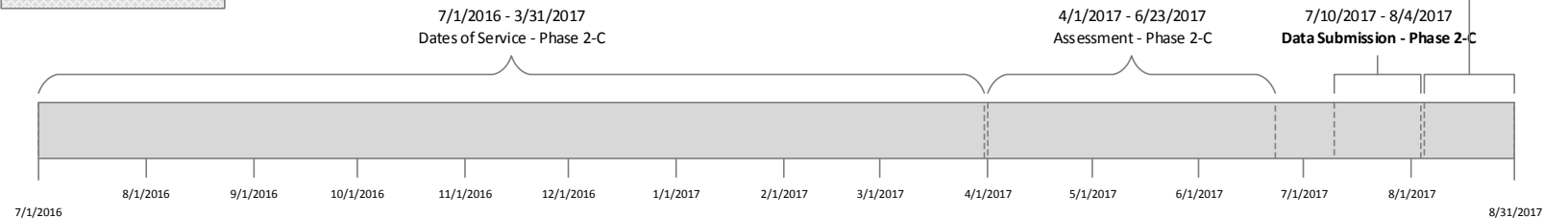
## Phase 2-A Timeline



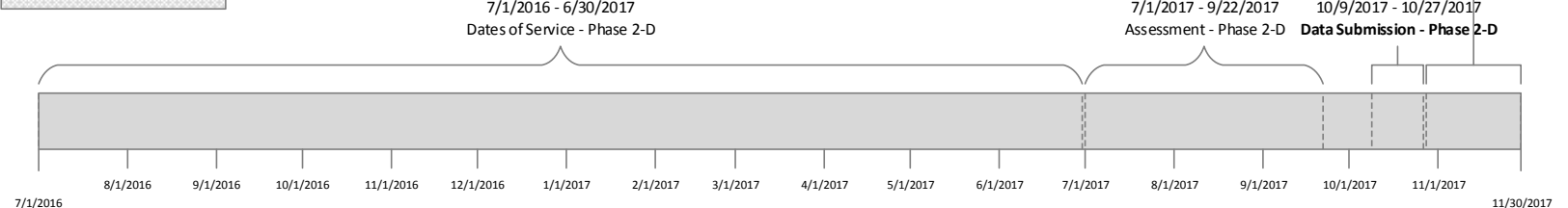
## Phase 2-B Timeline



## Phase 2-C Timeline



## Phase 2-D Timeline



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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Registration Instructions

### Section I: Registration in the MNCM Data Portal

Verification of medical group and clinic information, documentation of medical group and clinic contacts, and the electronic signing of the Business Associates Agreement (BAA) and the Direct Data Submission (DDS) Terms and Conditions must be completed prior to data submission.

The following instructions apply to medical groups new to clinical data submission with MN Community Measurement. Medical groups already registered in the MNCM Data Portal should contact [support@mncm.org](mailto:support@mncm.org) to request access to the Measure Lab for participation in this project.

#### A. Data Portal User Access

1. Navigate to the MNCM Data Portal: <https://data.mncm.org/login>
2. Under Registration, click **register** or **Click Here**.

**Welcome to the MNCM Data Portal!**

**Log In**

E-mail Address

Password  
 [I forgot my password.](#)

**GO >>**

**Registration**

Need to [register](#) for an account? [Click Here.](#)



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Registration Instructions

3. Complete the required information.



### Data Portal

#### Register for an Account

First Name:

Last Name:

E-Mail Address:

Phone:

☐ Click here if you are registering for Ambulatory Surgical Center (ASC) access

Please use the name of your organization, even if you are a survey vendor registering on the portal for the purpose of working with a specific medical group.

Organization:

Your registration request will be reviewed by a member of our staff, and you will be contacted about your account as soon as possible.

[Need Help? Have Questions? Contact Support](#)

4. Click **Submit**.
  - a. Registration requests are reviewed and verified by MNCM staff prior to approval. MNCM staff will respond as soon as possible.
5. Upon initial log-in to the MNCM Data Portal:
  - a. Reset password.
    - i. Enter New Password and Repeat New Password and click **Change Password**.
  - b. Agree to Site Terms of Use
    - i. Click applicable checkbox and click **OK**.
    - ii. Failure to agree to Site Terms of Use will preclude User from utilizing the MNCM Data Portal.

## B. Medical Group Registration

1. Log-in to the MNCM Data Portal.
2. Click on the **MLab Group** tab.
3. Verify information entered on this page.
  - a. Click **Edit My MLab Group** to make changes to Group information.
4. Add staff contact information.
  - a. Click **Add New Contact** to add a contact to the Contact Name list.
  - b. Once contact names are added, select a Contact Name and Contact Type from the drop-down selections and click **Assign**.
    - i. A minimum of one contact is required. MNCM recommends adding more than one contact.
  - c. Identify one person as the Primary Contact by clicking **Make Primary**.
5. Once contacts have been added and information verified, click **Done** at the top of the page.

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Registration Instructions

### C. Clinic Registration

1. Click on the **MLab Clinics** tab.
2. Verify Clinic Site information.
  - a. Click the **Edit** link immediately to the right of the Clinic Site name (between the Clinic Site name and the MNCM ID). Verify/edit information as necessary.
    - i. If clinic has closed, change the Clinic Site status by selecting Inactive from the Status drop-down and completing the Inactivation Date and Inactivation Reason.
  - b. Click **Save**.
3. Add staff contact information.
  - a. Click **Edit** under the Contacts heading to the far right of the table.
  - b. Add a new contact to the Contact Name list if necessary.
  - c. Once contact names are added, select a Contact Name and Contact Type from the drop-down selections and click **Assign**.
    - i. A minimum of one contact is required. MNCM recommends adding more than one contact.
  - d. Identify one person as the Primary Contact by clicking **Make Primary**.
  - e. Click **Finished**.
4. If a new Clinic Site needs to be added, click **Add New MLab Clinic Site**.
  - a. Complete the applicable fields and click **Save**.
  - b. Add contacts as detailed in the steps above.

### D. Business Associates Agreement (BAA)

A “business associate” is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. The HIPAA Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the protected health information it receives on behalf of the covered entity. Since MN Community Measurement is performing services on behalf of CCMI that involve the use and disclosure of protected health information, it is necessary for covered entities submitting PHI to MNCM to sign a Business Associate Agreement.

To electronically sign the BAA:

1. Click on the **Submissions** tab.
2. Click on the **BAA Agreement** link under the *Acute and Sub-Acute Low Back Pain* measure heading.
3. Review the text, click the check box at the bottom of the Agreement and click **OK**.
  - a. Once electronically signed, the Agreement does not need to be signed again unless provisions of the Agreement are changed.
  - b. Failure to agree to the Agreement will preclude the Medical Group from participating in data submission for the measure.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Registration Instructions

### E. Direct Data Submission (DDS) Terms and Conditions

Please see Appendix A for detailed information about the DDS Terms and Conditions.

To confirm agreement with the DDS Terms and Conditions:

1. Click on the **Submissions** tab.
2. Click on the **DDS Terms & Conditions** link under the *Acute and Sub-Acute Low Back Pain* measure heading.
3. Review the text, click the check box at the bottom of the DDS Terms and Conditions and click **Select**.
  - a. Failure to agree to the DDS Terms and Conditions will preclude the Medical Group from participating in data submission for the measure.





## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Resources

### Section II: Data Submission Resources

To identify your population, collect data, and get started in the data submission process, MNCM offers several resources and tools. To access the resources and tools for the **Acute and Sub-Acute Low Back Pain** measure, log in to the [MNCM Data Portal](#) and click on the MLab RESOURCES tab. Select '**Acute and Sub-Acute Low Back Pain**' from the drop down menu.

The **Acute and Sub-Acute Low Back Pain Resources** screen contains helpful documents and answers to Frequently Asked Questions.

The documents you will need to download include:

- *2016 Acute and Sub-Acute Low Back Pain Data Collection Guide*
- *2016 Acute and Sub-Acute Low Back Pain Data Collection Spreadsheet Template*
- *2016 Acute and Sub-Acute Low Back Pain Pre-Submission Data Certification Form*
- Optional: *2016 Acute and Sub-Acute Low Back Pain Data Collection Form*. This is a patient-level form that is most useful for medical groups and clinics using paper records.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Measure Specifications

### Section III: Measure Specifications

<b>Measure</b>	Low Back Pain: Average change in functional status	
<b>Description</b>	The average change in functional status within 12 weeks of a treatment start date for adult patients experiencing acute or sub-acute low back pain.	
<b>Measurement Period</b>	Treatment Start Dates occurring 07/01/2016 to 06/30/2017 with allowance for subsequent follow up to occur through 9/22/2017.	
<b>Eligible Population</b>	<b>Eligible Specialty</b>	Chiropractic Medicine
	<b>Eligible Providers</b>	Doctor of Chiropractic (DC)
	<b>Ages</b>	18 years of age or older as of July 1, 2016
	<b>Event</b>	<p>An outpatient face to face encounter (Table 1) with an eligible provider in an eligible specialty with a low back pain related ICD-10 diagnosis code (Table 2) in the primary position.</p> <p>Treatment Start Date: The earliest date of service for an outpatient face to face encounter during the measurement period with a principal diagnosis of low back pain.</p>
<b>Exclusions</b>	<p>Exclusions from eligible population definition (allowed prior to submission):</p> <ul style="list-style-type: none"> <li>• Patients with any chiropractic medicine encounter in the 180 days prior to the treatment start date that included a low back pain related ICD-10 diagnosis code (Table 2) in any position.</li> <li>• Patients with a diagnosis of cancer, trauma or infection related to the lumbar spine; drug abuse; or neurologic impairment (Table 3) any time during the previous or current measurement year.</li> <li>• Patients who were pregnant during the measurement period.</li> </ul> <p>Calculated exclusion (based on data submission):</p> <ul style="list-style-type: none"> <li>• Patients who report that current symptoms began more than 3 months prior to the treatment start date.</li> </ul>	



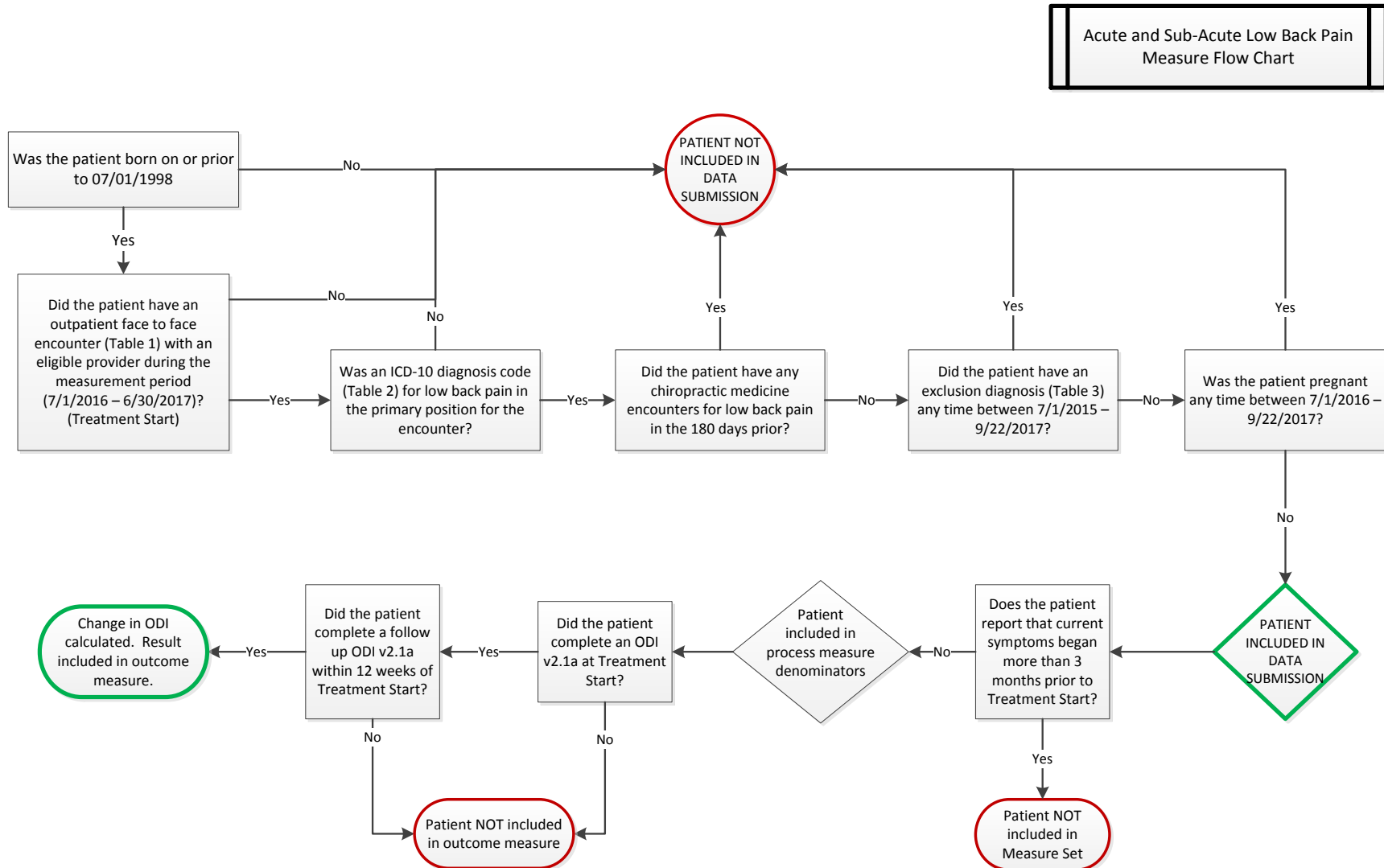
## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Measure Specifications

<b>Denominator</b> Outcome measure	Patients within the eligible population whose functional status was measured by the Oswestry Disability Index, version 2.1a (ODI, v2.1a) at treatment start AND within the first 12 weeks of treatment.
<b>Measure Calculation – Functional Status Change within 12 weeks</b> Outcome measure	Measures the average change in functional status within the first 12 weeks of treatment for patients experiencing acute or sub-acute low back pain.
<b>Denominator</b> Process measures	Eligible population
<b>Measure Calculation – ODI Administration at Treatment Start</b> Process measure	The percentage of eligible patients with an Oswestry Disability Index (ODI) v2.1a result recorded in the medical record on the treatment start date.
<b>Measure Calculation – Follow Up ODI Administration within 12 weeks</b> Process measure	The percentage of eligible patients with an Oswestry Disability Index (ODI) v2.1a result recorded in the medical record on or prior to 12 weeks after the treatment start date.
<b>Measure Calculation – ODI Administration at BOTH Treatment Start AND within 12 weeks</b> Process measure	The percentage of eligible patients with an Oswestry Disability Index (ODI) v2.1a result recorded in the medical record on BOTH the treatment start date AND on or prior to 12 weeks after the treatment start date.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Measure Specifications

### Measure Logic / Flow Chart



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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Pre-Submission Data Certification

### Section IV: Pre-Submission Data Certification

To aid medical groups in the identification of the correct eligible patient population, MNCM will review each medical group's source code and/or methodology for producing the eligible population. Medical groups document the methodology and source code on a template provided by MNCM and upload the template to the MNCM Data Portal for review. This standard template is provided to ensure that all medical groups are using the same required set of criteria to identify the eligible population. MNCM recommends that medical groups complete this review process **prior to using the source code and/or methodology to identify the eligible population and collect data.**

This review process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups; however, the responsibility to submit an accurate eligible population rests with the medical group.

#### Sharing Data Files and Protected Health Information (PHI) Securely:

It is important that data files and PHI are shared securely between organizations. Email is not a secure mode of transmitting data.



- Do not send a data file or patient list that contains PHI to MNCM via email.
- Do not include any identifiable patient information in the body of an email message.
  - Examples of PHI include (but are not limited to) the following: patient ID, patient date of birth, patient name, patient address or zip code, insurance member ID, dates of service.

Please contact [support@mncm.org](mailto:support@mncm.org) to determine a secure mode of transmission.

#### A. Pre-Submission Data Certification Form Submission

To download and complete the template and submit it for certification:

1. Login to the [MNCM Data Portal](#).
2. Under RESOURCES, download the *Acute and Sub-Acute Low Back Pain 2016 Pre-Submission Data Certification Form*.
3. Complete and save the form.
4. Login to the [MNCM Data Portal](#) and click on **Pre-Submission Data Certification** under the *Acute and Sub-Acute Low Back Pain – PILOT Phase 2-A (DOS July 1 2016 through July 31 2016)* section. Follow the instructions to upload the saved form to the MNCM Data Portal.

MNCM will review the information and will either (1) contact the medical group if more clarification is needed or (2) certify the methodology. An automatic e-mail will notify the medical group that the method is certified.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

### Section V: Data Collection

#### A. Eligible Population Identification

After Pre-submission Data Certification is complete, medical groups may query their systems to identify the eligible population. MNCM recommends saving all original queries, spreadsheets and other documentation of the process used to identify the eligible population for potential review. This information may be requested during validation.

**NOTE:** Regardless of the successful administration of the ODI, all patients who meet the initial patient population criteria after upfront exclusions must be included in the data submission file. For example:

- A patient who has no initial or follow up functional status score must still be included in the data submission file.
- A patient who has either an initial or a follow up functional status score must still be included in the data submission file.
- A patient who has initial and follow up functional status scores must be included in the data submission file.

#### Preparing the eligible population list:

1. **Query** the system to generate a list according to the eligible population as described in the measure specifications.
2. **Remove** patients from the list who meet any of the criteria described in the exclusions section of the measure specifications.
  - **NOTE:** Patients with a calculated exclusion should remain in the list.
3. **De-duplicate** the list; one record per patient.
4. **Review** the number of patients in the population and consider whether the number is accurate. If not, correct the methodology and/or query.

#### Total Population

This measure requires total population data submission. The submission of all patients meeting eligibility criteria is required regardless of the assessment tool completion status. **Sampling is not allowed.**

#### Patient Attribution

Patients are attributed to the clinic and provider within the medical group that billed for the patient's initial face-to-face encounter within the measurement period.

If a provider has left the medical group, the patient must remain in the data file if they meet eligibility criteria.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

### B. Data Collection

After the eligible population is identified, data will need to be collected for the elements found in the Data Elements and Field Specifications table.

Data collection occurs after:

1. The clinic's billing and medical record updates are complete for the measurement period;
2. The patient identification methodology is certified by MNCM; and
3. The total eligible population is pulled.

The medical record is considered the true source of information. Administrative claims data or documentation outside of the medical record may be useful in the identification of patient characteristics and/or data collection of specific data elements. However, upon audit, submitted data elements will be verified against the medical record regardless of the use of other information in the preparation of the data file for submission.

### Data Collection: Using Multiple Data Abstractors

For medical groups that must collect data via manual chart abstraction, MNCM recommends that one data abstractor is used, when possible. If more than one abstractor is needed, maximize inter-rater reliability (IRR) by training all abstractors about the definitions of each data element and about the location of clinical information in the patient record.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

### Data Elements and Field Specifications

Use this section to build your data submission. The specifications contain detailed information regarding each column in the submission file, including column order, definitions, examples, and appropriate formatting.

Column	Field Name	Notes	Excel Format	Example
<b>A</b>	<b>Clinic ID</b>	<p>Enter the <b>MNCM MLab Clinic ID</b> of the clinic to which the patient is attributed based on the attribution methodology detailed in Section II. MNMCM assigns clinic IDs at the time of registration. Clinic IDs are listed in the MNMCM Data Portal on the Clinics tab. Do NOT use the medical group ID. A blank field will create an ERROR upon submission.</p> <p><b>Quality Check:</b> Verify that the ID in each cell matches the clinic ID in the MNMCM Data Portal.</p>	Text	905
<b>B</b>	<b>Patient ID</b>	<p>Enter a unique patient ID to identify each patient. The patient's medical record number may be used. Medical groups or clinics that choose not to use the medical record number should:</p> <ul style="list-style-type: none"> <li>• NOT use the patient's Social Security Number</li> <li>• Maintain a crosswalk between the patient ID and the medical record number or patient name and Date of Birth (DOB)</li> </ul> <p>Medical groups or clinics that do not have an EHR should also maintain a crosswalk between patient ID and patient name and DOB as a tool to locate records during audit. A blank field will create an ERROR upon submission.</p> <p><b>Quality Check:</b> Verify all cells have a valid Patient ID and IDs are not duplicated.</p>	Text	56609
<b>C</b>	<b>Patient Date of Birth</b>	<p>Enter patient's date of birth. Patient must be 18 years or older at the start of the measurement period. Blank values or values <i>after</i> 07/01/1998 will create ERRORS upon submission.</p> <p><b>Quality Check:</b> Verify each date of birth is within the accepted range.</p>	Date (mm/dd/yyyy)	05/08/1985

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Column	Field Name	Notes	Excel Format	Example
D	Patient Gender	<p>Enter the patient's gender:</p> <p>Female = F      Male = M      Unknown = U</p> <p>Unknown should be utilized for transgender or androgynous patients or in situations when the patient's gender is not available in the record.</p> <p>A blank field will create an ERROR upon submission.</p> <p><b>Quality Check:</b> Verify that each cell has an accepted code.</p>	Text	F
E	Patient Zip Code	<p>Enter the five-digit zip code of patient's primary residence at the most recent encounter on or prior to 9/22/2017.</p> <ul style="list-style-type: none"> <li>If EMR query extracts a nine-digit number, submit the nine-digit number. The MNCM Data Portal will remove the last four digits automatically.</li> </ul> <p>A blank field will create an ERROR upon submission.</p> <p><b>Quality Check:</b> Verify the zip code is at least five digits and each cell has data.</p>	Text	55111
F	Race/Ethnicity1	<p>Please refer to the separate document, <a href="#">REL Data Elements, Field Specifications and Codes</a>, for the field specifications in Columns F-N. This document can also be found under MLab Resources and at <a href="http://MNCM.org/supplemental-dds-specifications">MNCM.org/supplemental-dds-specifications</a>.</p> <p>These are optional fields.</p> <p>For more information about collecting this data from patients, refer to the <a href="#">Handbook on the Collection of REL Data in Medical Groups</a>, also available on the website noted above.</p> <p><b>Quality Check:</b> Verify each cell has one of the accepted codes. Blank cells are acceptable.</p>		
G	Race/Ethnicity2			
H	Race/Ethnicity3			
I	Race/Ethnicity4			
J	Race/Ethnicity5			
K	Country of Origin Code			
L	Country of Origin "Other" Description			
M	Preferred Language Code			

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Column	Field Name	Notes	Excel Format	Example
N	Preferred Language “Other” Description			
O	Provider NPI Number	Enter the ten digit NPI number of the eligible provider.  A blank field will create an ERROR upon submission. <b>Quality Check:</b> Verify each cell has data.	Text	1997993992
P	Provider Specialty Code	Enter the code for the specialty of the eligible provider. 35 = Chiropractic Medicine  A blank field will create an ERROR upon submission. <b>Quality check:</b> Verify each cell has an accepted code.	Number	35
Q	Insurance Coverage Code	Please refer to a separate document, <a href="#">Insurance Coverage Data Elements, Field Specifications and Codes</a> , for these field specifications. This document can also be found under MLab Resources and at <a href="http://MNCM.org/supplemental-dds-specifications/">MNCM.org/supplemental-dds-specifications/</a> .  This should be the patient’s most recent insurance on or prior to 9/22/2017.	Number	1
R	Insurance Coverage “Other” Description		Text	Assurant Health
S	Insurance Plan Member ID		Text	FBOXZ7969
T	Treatment Start Date	Enter the earliest date of service for an outpatient face to face chiropractic medicine encounter during the measurement period with a principal diagnosis of low back pain.  A blank field or values outside the measurement period will create an ERROR upon submission.  <b>Quality Check:</b> Verify all dates are between 07/01/2016 to 06/30/2017.	Date (mm/dd/yyyy)	5/10/2016

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Column	Field Name	Notes	Excel Format	Example
<b>U</b>	<b>Duration of low back pain at Treatment Start Date</b>	<p>Enter the value corresponding to the patient's response at treatment start to the following question: When did your current symptoms begin?</p> <p>0 = Less than 2 weeks ago 1 = 2 – 6 weeks ago 2 = 6 weeks – 3 months ago 3 = More than 3 months ago</p> <p>Leave BLANK if the patient does not answer or if there is no documentation. <b>Quality Check:</b> Verify that codes entered are valid.</p>	Number; Whole numbers only	1
<b>For patients with a "3" in Field U:</b>		<b><u>STOP.</u> For patients with duration of low back pain at Treatment Start Date of More than 3 months ago, the remaining fields (V – AR) are not required.</b>		
<b>V</b>	<b>Claim Type</b>	<p>Enter the value that indicates whether the patient has an active or pending <b>motor vehicle accident, worker's compensation or other personal injury claim</b> related to this episode of treatment.</p> <p>0 = No, the patient does not have an active or pending claim of these types 1 = Yes, the patient has an active or pending claim of these types</p> <p>If U ≠ 3, a blank field will create an ERROR upon submission.</p> <p><b>Quality Check:</b> Verify that codes entered are valid and all fields are populated.</p>	Number; Whole numbers only	1
<b>W</b>	<b>Radicular Pain</b>	<p>Enter the value that indicates whether the patient has radicular pain associated with this episode of low back pain.</p> <p>0 = No, the patient does not have radicular pain 1 = Yes, the patient does have radicular pain</p> <p>If U ≠ 3, a blank field will create an ERROR upon submission. <b>Quality Check:</b> Verify that codes entered are valid and all fields are populated.</p>	Number; Whole numbers only	0

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Column	Field Name	Notes	Excel Format	Example
<b>For all Oswestry Disability Index (ODI) Fields; refer to Appendix C for more information.</b>				
<b>X</b>	<b>Treatment Start – ODI Pain</b>	<p>Enter the value that corresponds with the patient’s selection for ODI Section 1- Pain intensity.</p> <p>0 = I have no pain at the moment.  1 = The pain is very mild at the moment.  2 = The pain is moderate at the moment.  3 = The pain is fairly severe at the moment.  4 = The pain is very severe at the moment.  5 = The pain is the worst imaginable at the moment.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	2
<b>Y</b>	<b>Treatment Start – ODI Care</b>	<p>Enter the value that corresponds with the patient’s selection for ODI Section 2- Personal Care (washing, dressing, etc.).</p> <p>0 = I can look after myself normally without causing additional pain.  1 = I can look after myself normally but it is very painful.  2 = It is painful to look after myself and I am slow and careful.  3 = I need some help but manage most of my personal care.  4 = I need help every day in most aspects of my personal care.  5 = I do not get dressed; I wash with difficulty and stay in bed.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	1

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
<b>Z</b>	<b>Treatment Start – ODI Lifting</b>	<p>Enter the value that corresponds with the patient’s selection for ODI Section 3- Lifting.</p> <p>0 = I can lift heavy weights without additional pain.  1 = I can lift heavy weights but it give me additional pain.  2 = Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.  3 = Pain prevents me from lifting heavy weights, but I can manage light to medium weights if off they are conveniently positioned.  4 = I can lift only very light weights.  5 = I cannot lift or carry anything at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	4
<b>AA</b>	<b>Treatment Start – ODI Walking</b>	<p>Enter the value that corresponds with the patient’s selection for ODI Section 4- Walking.</p> <p>0 = Pain does not prevent me from walking any distance.  1 = Pain prevents me from walking more than one mile.  2 = Pain prevents me from walking more than a quarter of a mile.  3 = Pain prevents me from walking more than 100 yards.  4 = I can only walk using a cane or crutches.  5 = I am in bed most of the time and have to crawl to the toilet.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	2

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
AB	Treatment Start – ODI Sitting	<p>Enter the value that corresponds with the patient’s selection for ODI Section 5- Sitting.</p> <p>0 = I can sit in any chair as long as I like.  1 = I can sit in my favorite chair as long as I like.  2 = Pain prevents me from sitting more than one hour.  3 = Pain prevents me from sitting more than half an hour.  4 = Pain prevents me from sitting more than 10 minutes.  5 = Pain prevents me from sitting at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	1
AC	Treatment Start – ODI Standing	<p>Enter the value that corresponds with the patient’s selection for ODI Section 6- Standing.</p> <p>0 = I can stand as long as I want without additional pain.  1 = I can stand as long as I want but it gives me additional pain.  2 = Pain prevents me from standing more than one hour.  3 = Pain prevents me from standing more than half an hour.  4 = Pain prevents me from standing more than 10 minutes.  5 = Pain prevents me from standing at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	3

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Column	Field Name	Notes	Excel Format	Example
AD	Treatment Start – ODI Sleeping	<p>Enter the value that corresponds with the patient’s selection for ODI Section 7- Sleeping.</p> <p>0 = My sleep is never interrupted by pain.  1 = My sleep is occasionally interrupted by pain.  2 = Because of pain I have less than 6 hours of sleep.  3 = Because of pain I have less than 4 hours of sleep.  4 = Because of pain I have less than 2 hours of sleep.  5 = Pain prevents me from sleeping at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	1
AE	Treatment Start – ODI Sex, if applicable	<p>Enter the value that corresponds with the patient’s selection for ODI Section 8- Sex life.</p> <p>0 = My sex life is normal and causes no additional pain.  1 = My sex life is normal but causes some additional pain.  2 = My sex life is nearly normal but is very painful.  3 = My sex life is severely restricted by pain.  4 = My sex life is nearly nonexistent because of pain.  5 = Pain prevents me from having any sex life at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	2

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
AF	Treatment Start – ODI Social	<p>Enter the value that corresponds with the patient’s selection for ODI Section 9- Social Life.</p> <p>0 = My social life is normal and causes no additional pain.  1 = My social life is normal but increases the degree of pain.  2 = Pain has no significant effect on my social life apart from limiting my more energetic interests.  3 = Pain has restricted my social life and I do not go out as often.  4 = Pain has restricted my social life to home.  5 = I have no social life because of pain.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	0
AG	Treatment Start – ODI Travelling	<p>Enter the value that corresponds with the patient’s selection for ODI Section 10- Travelling.</p> <p>0 = I can travel anywhere without pain.  1 = I can travel anywhere but it gives me additional pain.  2 = Pain is bad but I’m able to manage trips over two hours.  3 = Pain restricts me to trips on less than one hour.  4 = Pain restricts me to short necessary trips of under 30 minutes.  5 = Pain prevents me from travelling except to receive treatment.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	0

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
AH	12WeekODI Date	<p>Enter the <b>most recent</b> date corresponding to an ODI v2.1a administration <b>on or prior to 12 weeks</b> after the treatment start date.</p> <p>Leave BLANK if a follow up ODI v2.1a was not administered on or prior to 12 weeks after the treatment start date.</p> <p><b>Quality Check:</b> Verify that dates are on or before 9/22/2017.</p>	Date (mm/dd/yyyy)	08/01/2016
AI	12 Weeks - ODI Pain	<p>Enter the value of the patient's selection for ODI Section 1- Pain intensity.</p> <p>0 = I have no pain at the moment.  1 = The pain is very mild at the moment.  2 = The pain is moderate at the moment.  3 = The pain is fairly severe at the moment.  4 = The pain is very severe at the moment.  5 = The pain is the worst imaginable at the moment.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	2

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
AJ	12 Weeks - ODI Care	<p>Enter the value of the patient's selection for ODI Section 2- Personal Care (washing, dressing, etc.).</p> <p>0 = I can look after myself normally without causing additional pain.  1 = I can look after myself normally but it is very painful.  2 = It is painful to look after myself and I am slow and careful.  3 = I need some help but manage most of my personal care.  4 = I need help every day in most aspects of my personal care.  5 = I do not get dressed; I wash with difficulty and stay in bed.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	1
AK	12 Weeks - ODI Lifting	<p>Enter the value that corresponds with the patient's selection for ODI Section 3- Lifting.</p> <p>0 = I can lift heavy weights without additional pain.  1 = I can lift heavy weights but it give me additional pain.  2 = Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.  3 = Pain prevents me from lifting heavy weights, but I can manage light to medium weights if off they are conveniently positioned.  4 = I can lift only very light weights.  5 = I cannot lift to carry anything at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	4

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
AL	12 Weeks - ODI Walking	<p>Enter the value that corresponds with the patient's selection for ODI Section 4- Walking.</p> <p>0 = Pain does not prevent me from walking any distance.  1 = Pain prevents me from walking more than one mile.  2 = Pain prevents me from walking more than a quarter of a mile.  3 = Pain prevents me from walking more than 100 yards.  4 = I can only walk using a cane or crutches.  5 = I am in bed most of the time and have to crawl to the toilet.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	2
AM	12 Weeks - ODI Sitting	<p>Enter the value that corresponds with the patient's selection for ODI Section 5- Sitting.</p> <p>0 = I can sit in any chair as long as I like.  1 = I can sit in my favorite chair as long as I like.  2 = Pain prevents me from sitting more than one hour.  3 = Pain prevents me from sitting more than half an hour.  4 = Pain prevents me from sitting more than 10 minutes.  5 = Pain prevents me from sitting at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	1

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Column	Field Name	Notes	Excel Format	Example
AN	12 Weeks - ODI Standing	<p>Enter the value that corresponds with the patient's selection for ODI Section 6- Standing.</p> <p>0 = I can stand as long as I want without additional pain.  1 = I can stand as long as I want but it gives me additional pain.  2 = Pain prevents me from standing more than one hour.  3 = Pain prevents me from standing more than half an hour.  4 = Pain prevents me from standing more than 10 minutes.  5 = Pain prevents me from standing at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	3
AO	12 Weeks - ODI Sleeping	<p>Enter the value that corresponds with the patient's selection for ODI Section 7- Sleeping.</p> <p>0 = My sleep is never interrupted by pain.  1 = My sleep is occasionally interrupted by pain.  2 = Because of pain I have less than 6 hours of sleep.  3 = Because of pain I have less than 4 hours of sleep.  4 = Because of pain I have less than 2 hours of sleep.  5 = Pain prevents me from sleeping at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	1

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

Column	Field Name	Notes	Excel Format	Example
AP	12 Weeks - ODI Sex, if applicable	<p>Enter the value that corresponds with the patient's selection for ODI Section 8- Sex life.</p> <p>0 = My sex life is normal and causes no additional pain.            1 = My sex life is normal but causes some additional pain.            2 = My sex life is nearly normal but is very painful.            3 = My sex life is severely restricted by pain.            4 = My sex life is nearly nonexistent because of pain.            5 = Pain prevents me from having any sex life at all.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	2
AQ	12 Weeks - ODI Social	<p>Enter the value that corresponds with the patient's selection for ODI Section 9- Social Life.</p> <p>0 = My social life is normal and causes no additional pain.            1 = My social life is normal but increases the degree of pain.            2 = Pain has no significant effect on my social life apart from limiting my more energetic interests.            3 = Pain has restricted my social life and I do not go out as often.            4 = Pain has restricted my social life to home.            5 = I have no social life because of pain.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	0

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Column	Field Name	Notes	Excel Format	Example
AR	12 Weeks - ODI Travelling	<p>Enter the value that corresponds with the patient's selection for ODI Section 10- Travelling.</p> <p>0 = I can travel anywhere without pain.  1 = I can travel anywhere but it gives me additional pain.  2 = Pain is bad but I'm able to manage trips over two hours.  3 = Pain restricts me to trips on less than one hour.  4 = Pain restricts me to short necessary trips of under 30 minutes.  5 = Pain prevents me from travelling except to receive treatment.</p> <p>If patient selects more than one response to a question, submit the worst (higher numeric value) response.</p> <p>Leave BLANK if the patient did not answer the question or if a preoperative ODI was not obtained.</p> <p><b>Quality Check:</b> If data is entered, verify that each cell has a value between zero and five.</p>	Number; Whole numbers only	0

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Collection

### C. Data Quality Checks

MNCM recommends that medical groups complete several quality checks of the data prior to file upload. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be successfully validated upon audit.

#### Quality Check 1: File Check

Use Excel's AutoFilter feature to complete data quality checks of specific data elements in the Excel file. To set the filter and review specific data elements:

1. Click inside any data cell and activate the AutoFilter by :
  - a. In Excel 2003, click the **Data** menu, point to **Filter**, and then click **AutoFilter**.
  - b. In Excel 2007 and 2010, click the **Data** tab and in the **Sort & Filter** area click **Filter**.
2. Click on the drop-down boxes of any column and scan for key entry errors, "out-of-range" or missing data and determine if the data needs to be corrected.

#### Quality Check 2: Verify Clinical Data

Verify the collected clinical data by reviewing a small sample of records (eight to 10) to compare with the documentation within the patients' medical records. If errors are identified, make the corrections in the data file. Also consider whether the errors were isolated or indicative of a larger data collection problem.

#### Quality Check 3: General

Complete the general quality checks outlined below:

1. Complete the quality checks listed in the Notes section of each data element in the Data Elements and Field Specifications table.
2. Verify excluded records are removed. See Tables 3 and 4 for all applicable codes used to identify patients who meet exclusion criteria.
3. Verify that all fields intended to be left blank are indeed blank. Do NOT enter hyphens or zeroes.
4. Remove blank rows at the bottom of the Excel spreadsheet.
  - a. Press **Ctrl/End** to go to the bottom-most cell in the spreadsheet. If there are blank rows, highlight them, right-click in the left margin, and select **Delete**.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Submission

### Section VI: Data Submission

#### A. Data File Creation

Before proceeding with the file submission, be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- Combine all clinic files onto one spreadsheet. All clinics in a medical group must be uploaded in one, single file. The clinic identifier is the Clinic ID.
- Verify each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can remain at any width.
- Verify all original columns remain in the spreadsheet even if there is no data in a column. Do NOT delete any columns.

Once the above steps are completed:

1. Save the Excel template.
2. Save the file as a CSV file.
  - a. The CSV file will be the data file uploaded to the MNCM Data Portal.

#### How to create a CSV file from an Excel file:

For Excel 2003 Users	For Excel 2007 Users	For Excel 2010 & 2013 Users
1. Open the original Excel file (.xls).		
2. Activate the worksheet to be uploaded by clicking the worksheet tab.		
3. Click <b>File, Save As.</b>	3. Click the <b>Office Button</b> (upper left-hand corner of screen); select <b>Save As.</b>	3. Click the <b>File</b> tab (upper left-hand corner of screen); select <b>Save As.</b>
4. Navigate to the folder where the file will be saved.		
5. Enter the file name.		
6. At the bottom of the <b>Save As</b> dialog box, choose <b>CSV (comma delimited)</b> from the <b>Save as type</b> drop-down.		
7. Click <b>Save</b> . The following warning will appear: "...may contain features that are not compatible with CSV. Do you want to keep the workbook in this format?" Click <b>Yes</b> .		
8. Close the file. A message will appear: "Do you want to save this file..." Click <b>Yes</b> or <b>No</b> .		

**NOTE:** If corrections to the data are needed after the CSV file has been created; **do NOT open the CSV file in Excel** to make these corrections. Doing so alters the data. To make changes, follow these steps:

1. Open the original Excel template.
2. Make changes in the Excel template.
3. Save the Excel template.
4. Save the file with the changes as a new CSV file.





## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Submission

### B. Data Submission

Next click on the **Data Submission** step on the SUBMISSIONS tab under the *Acute and Sub-Acute Low Back Pain* measure heading that corresponds to the current submission phase and use the following steps to submit data to MNCM.

#### Step 1: Enter Denominator

Using the instructions below, manually enter denominator counts and information *or* complete and upload a file with this information. Whether done manually or via a file upload, the information must be completed for each clinic row. Once the information is populated, click on **Save and Continue**.

#### Manual Entry:

- **Method Used for Data Collection:** Select one of the methods from the drop-down box.
- **Number of Patients That Meet Inclusion Criteria (Less Exclusions):** Enter the number of patients who are eligible or met the inclusion criteria for the measure (based on diagnosis codes, age, visit criteria, etc.).
  - Do NOT include patients who met an accepted exclusion. Including excluded patients in this count will decrease the final rate, so remember to subtract these patients from the total population.
- **Number of Patients Submitting:** Enter the number of patients in the clinic that are being submitted.
  - For total population submission, this number should be the same number as what was entered in the **Number of Patients That Meet Inclusion Criteria (Less Exclusions)** category.
  - This count must match the count in your data CSV file.
- **Not Reporting:** Check this box if a clinic is not reporting for this cycle of data collection.
  - Provide a reason the clinic is not reporting. For example: The clinic has no patients meeting eligibility criteria.

#### File Upload:

1. Click on Download the Denominator Worksheet.
  - Clinic names will display in Column A and clinic IDs will display in Column B.
2. Complete the worksheet by entering the following information for each clinic:
  - **Method Used for Data Collection (Column C):** Enter the code for the method of data collection used in each clinic
    - 1 = EMR: All data pulled via query
    - 4 = EMR: Some data looked up manually
    - 5 = EMR: All data looked up manually
    - 2 = Manual: Paper records only
    - 3 = Manual: EMR and paper record
  - **Number of Patients That Meet Inclusion Criteria (Less Exclusions) (Column D):** Enter the number of patients who are eligible or met the inclusion criteria for the measure (based on diagnosis codes, age, visit criteria, etc.).
    - Do NOT include patients who met an accepted exclusion (e.g., deceased, etc.). Including excluded patients in this count will decrease the final rate, so remember to subtract these patients from the total population.

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Submission

- **Number of Patients Submitting (Column E):** Enter the number of patients in the clinic that are being submitted.
    - For total population submission, this number should be the same number as what was entered in the **Number of Patients That Meet Inclusion Criteria (Less Exclusions)** category.
    - This count must match the count in your data CSV file.
  - **Not Reporting (Column F):** Indicate if a clinic is not reporting for this cycle of data collection.
    - 1 = No, this clinic is NOT reporting
    - 0 = Yes, this clinic IS reporting
  - **Reason not reporting (Column G):** Provide a reason the clinic is not reporting. For example: The clinic has no patients meeting eligibility criteria.
3. Save the Excel file as a CSV file (See Section VI-A for more information about how to create a CSV file). Click **Browse** to search and find the CSV file and click **Submit File**.
  4. Once the file has successfully uploaded, click **Save and Continue**.

### Step 2: Review & Save

Verify the numbers entered by reviewing all of the clinic site's information for accuracy (no typos or duplicate patients). Click **Save and Continue**, or click **Back to Step 1** to make corrections.

### Step 3: Upload Data

Click **Browse** to search for the CSV file and click **Upload CSV and Continue**. The MN CM Data Portal will scan the CSV file to identify possible errors. The Data Portal will then provide an upload status that will indicate if there are errors or warnings in the data file. Click on the **Refresh** link to view an updated upload status. To view errors and warnings, click **View Errors & Warnings**. If there are errors, the data file will need to be corrected and resubmitted to the MN CM Data Portal. Refer to the Data Elements and Field Specifications to review the required data specifications for each column.

- **Errors:** Corrections must be made and a corrected file uploaded (e.g., date of birth is out-of-range). Proceed to instructions below.
- **Warnings:** Closely review these possible errors and decide whether corrections are needed. If corrections to the data file are necessary, proceed to instructions below. If corrections are not necessary, click **Continue to Step 4**.

**If corrections to the data file are necessary, make corrections in the original Excel file and save the corrected file.** Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

- To re-enter the data collection method and/or REL Best Practice status and upload the corrected file starting from **Step 1: Enter Denominator** click **Clear & Start Over**. Note: Completion of Steps 1, 2 and 3 will be necessary if **Clear & Start Over** is clicked.
- If corrections are only needed to the data file click **Re-Upload Data (csv) file**. Begin with **Step 3: Upload Data**.

Once the Data (CSV) File has been successfully uploaded to the Data Portal, click **Continue to Step 4**.

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## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Submission

### Step 4: Review & Submit

Review the quality checks for each item listed in the Data Elements and Field Specifications table as well as the preliminary results to determine if there are errors in the data.

If additional time is needed for review, click “Save as Draft”. To access the submission again, click on **Data Submission Data Submission** under the *Acute and Sub-Acute Low Back Pain* that corresponds to the current submission phase on the HOME tab.

- To resubmit the data file only, click **Re-Upload Data (CSV) File**.
- To resubmit the data collection method and/or REL Best Practice status and the data file, click **Clear & Start Over** at the bottom of the page.

**Again, make corrections in the original Excel file and save the corrected file with a new name.** Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

**When the data file is ready to submit to MNCM:** Click **Submit Data to MNCM** and proceed to **Step 5: Done**.

### Step 5: Done

The data file has been successfully submitted. The MNCM Data Portal will generate an e-mail confirming receipt.

You can download the data by clicking **Download Data**.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Validation

### Section VII: Data Validation

After data is submitted, MNCM completes the following validation steps. Each step is critical to ensure results are accurate and comparable.

#### Quality Checks

MNCM completes quality checks of the demographic data, eligible population and preliminary performance results. If errors are identified, the medical group must make corrections to the data file and resubmit.

#### Validation Audit

All medical groups are subject to an audit. Medical groups selected for an audit are contacted by MNCM. A list of records for audit will be provided. Other audit preparations:

- The medical group or clinic site representative must be available to participate in the entire audit process.
  - For data that resides in an electronic record, the audit will be conducted via a HIPAA secure, online meeting service; the medical group or clinic representative will need to retrieve and display the selected records and screens necessary to complete the audit.
  - For data that resides in a paper record, the audit will take place onsite.
- Patient names or other personal information may be blinded. MNCM will verify the record is correct using the date of birth that was submitted.
- The following items must be available for the audit:
  - ALL requested patient records.
  - The “crosswalk” between the unique patient identifier and the patient’s name and date of birth, as necessary.
  - Data collection forms and other notes describing where various data elements were located in the patient record.
  - List of patients that were excluded.

#### NCQA 8 and 30 Audit Process

MNCM utilizes the National Committee for Quality Assurance (NCQA) “8 and 30” process for audits.

- MNCM randomly selects 33 records from each applicable clinic site for validation. At most, 30 records **for each clinic site** will be reviewed. The additional three records are oversamples to ensure 30 records will be available on the day of the review.
- The MNCM auditor reviews records one through eight in the sample to verify whether the submitted data matches the source data in the medical record.
- If no errors are found in these eight records, the compliance rate is 100 percent, and the clinic site is determined to be in high compliance. The MNCM auditor may determine no further record review is necessary. The MNCM auditor communicates results to MNCM staff.
- If the auditor identifies one or more errors in these eight records, the auditor will continue auditing records nine through 30 and a compliance rate is calculated (e.g., 27/30 records compliant, 90 percent). If the compliance rate is less than 90 percent, the auditor will communicate the results with MNCM, who will contact the medical group to discuss a data resubmission plan.



## **2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Data Validation**

### **After Validation**

Once MNCM validation processes are complete, MNCM will approve the data in the MNCM Data Portal. An e-mail will be sent to the medical group's data contact notifying them that the data is approved. Results can be found on the MNCM Data Portal > Results tab.



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Appendices

### Appendices

#### Appendix A: About Direct Data Submission (DDS)

The goal of Direct Data Submission (DDS) is to collect data from medical groups on specific health care conditions. All medical groups follow the same instructions for population identification and data collection. MNCM certifies methodologies prior to data collection. Then, each medical group submits data to MNCM via a secure, online data portal. As an independent auditor MNCM validates the data for accuracy, and calculates rates from the validated data.

#### DDS Terms and Conditions

To participate in the DDS process, medical groups must agree to:

- MNCM's *DDS terms and conditions* (signed electronically on the MNCM Data Portal).
- Complete a Business Associate Agreement with MNCM (signed electronically on the MNCM Data Portal).
- Submit data in good faith.
- Submit a patient-level file to the secure MNCM Data Portal that automatically calculates rates.
- Adhere to and follow all data submission timelines and formatting specifications.
- Submit data in required format (CSV).
- Participate in the data validation process as required by MNCM.

#### Uses of DDS Data

After signing a business associate agreement with the medical group, MNCM uses patient level data as authorized by the business associate agreement:

- To validate and audit the quality measure data
- For risk adjustment and to evaluate risk adjustment methodologies
- To test the reliability and validity of the measure
- For research and quality improvement initiatives as permitted by HIPAA

After the successful submission and validation of the quality measure data, MNCM calculates summary provider, clinic and/or medical group level results. MNCM uses these results to send summary data from medical groups that are participants in the ChiroCare Centers of Excellence Program within Chiropractic Care of Minnesota, Inc. (CCMI), to CCMI as contracted between MNCM and CCMI.

#### Compliance with Federal and State Regulations

Our legal counsel has assured us that the DDS method complies with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, and Minnesota statute as long as we are acting as a business associate to

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each participating medical group (e.g., by gathering and submitting data on its behalf) and have a signed Business Associate Agreement (BAA) with the medical group. The BAA can be signed electronically on the MNCM Data Portal, or MNCM is open to signing a medical group's standard BAA document version if certain key provisions from MNCM's BAA are added to the medical group's standard BAA. The BAA is signed once and remains in effect for all DDS measures.

### Health Insurance Portability and Accountability Act (HIPAA) Law:

- The activities of data collection, data submission and use of results for quality improvement are considered within the scope of "health care operations" associated with the medical group quality improvement efforts.
- The federal HIPAA law specifically allows release of individually identifiable health information - without the consent or authorization of the individual - for treatment, payment and health care operations of, or for, the provider.
- **MNCM's business associate agreement has been updated to include all provisions required by the HITECH Act and its implementing regulations.**

### Minnesota Statute:

- The primary governing Minnesota statute is MN Stat. Section 144.335.
- Subd. 3a. entitled "Patient consent to release of records; liability" states: (a) A provider, or a person who receives health records from a provider, may not release a patient's health records to a person without a signed and dated consent from the patient or the patient's legally authorized representative authorizing the release, unless the release is specifically authorized by law.
- However, the statute **does not restrict release** (without patient authorization) to only those circumstances authorized by state law – the statute also applies to a release authorized by federal law.
- Legal counsel assures us that it is reasonable to conclude that the HIPAA privacy regulation does specifically authorize the release of such information. A covered entity is authorized by HIPAA to release patient information for, among other things, health care operations and to its business associate that is providing such health care operations on its behalf. As stated above, the services MNCM is engaged in with providers falls within the scope of health care operations, and MNCM is acting as a business associate to the medical groups when performing the services discussed above.



## **2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Appendices**

### **Appendix B: About MN Community Measurement**

MN Community Measurement is an independent, non-profit organization dedicated to improving health by publicly reporting health care information. As the primary trusted source of health care measurement, data sharing and public reporting for more than a decade, MNCM works with health plans, providers, employers, consumers and state agencies to spur quality improvement, reduce health care costs and maximize value. Learn more at [MNCM.org](http://MNCM.org).





## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Appendices

### Appendix C: Patient Reported Outcome (PRO) Tool

#### Oswestry Disability Index (ODI) version 2.1a

This is a patient completed survey consisting of 10 structured questions asking the patient to describe the impact of their low back pain and function in the following areas: pain, personal care, lifting, walking, sitting, standing, sleeping, sex life (if applicable), social life, and ability to travel. More information can be found at

[http://www.proqolid.org/instruments/oswestry\\_disability\\_index\\_odi?fromSearch=yes&text=yes](http://www.proqolid.org/instruments/oswestry_disability_index_odi?fromSearch=yes&text=yes).

Ideally tools are completed by the patient at the time of treatment; however office visits are not required for tool completion. Any provider or office staff may administer the initial and follow-up instruments.

Modes of acceptable administration

Administration Mode	
In person/during visit	Acceptable
Via mail	Acceptable
Via telephone	Not Acceptable*
Administer electronically **	Acceptable

\*Instrument has not been validated for telephone administration.

\*\*When administering electronically, the tools must be kept intact including content, order and scoring. Electronic examples: Email, patient portal, iPad/tablet, patient kiosk.

Other Activities	
Store results in EMR	Acceptable
Must seek approval for other uses (examples: Research, publication, use of tool beyond measure population, etc.)	Yes

The MNCM Data Portal will evaluate all incoming responses, if eight of the ten questions are completed by the patient, the assessment tool can be used and the MNCM Data Portal will calculate a score. The MNCM Data Portal will score appropriately, recalculating the denominator as recommended by the developer, Jeremy Fairbank.

If an ODI was administered and any answers were skipped, leave the correlated fields blank in the data file. Do not replace a blank response with a zero as this is a valid response in the instrument.

If a patient selects more than one response to a question, submit the highest (worst) response.

**NOTE:** Regardless of the successful administration of the ODI, all patients who meet the initial patient population criteria after upfront exclusions must be included in the data submission file. For example:

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- A patient who has no initial or follow up functional status score must still be included in the data submission file.
- A patient who has either an initial or a follow up functional status score must still be included in the data submission file.
- A patient who has initial and follow up functional status scores must be included in the data submission file.

The MNCM Data Portal will calculate process measures based on the submission to determine the rate of administration of the instruments at treatment start date and in follow up.

### References

ODI © Jeremy Fairbank, 1980. All Rights Reserved. ODI - United States/English - Version of 29 Jul 11 - Mapi Institute. ID6287/ODI\_AU2.1a\_eng-US.doc

Fairbank J, Pynsent PB. The Oswestry Disability Index. Spine 2000; 25(22):2940-2953

Baker DJ, Pynsent PB and Fairbank JCT (1989) The Oswestry Disability revisited. In Roland Jenner JR (eds) Back pain: New approaches to rehabilitation and education. Manchester University Press.pp174-186

Fairbank JCT, Couper J, Davies JB, O'Brien JP. The Oswestry Low Back Pain Disability Questionnaire. Physiotherapy. 1980; 66:271-273

### Permissions

MNCM obtained permission to make the ODI version 2.1a available on the MNCM Data Portal for use by providers participating in MNCM reporting and improvement efforts. This tool is also available in the public domain and is free of charge for use in clinical practice.

For research use, please refer to the MAPI Trust website for more information:

[http://www.proqolid.org/instruments/oswestry\\_disability\\_index\\_odi?fromSearch=yes&text=yes](http://www.proqolid.org/instruments/oswestry_disability_index_odi?fromSearch=yes&text=yes)

The tool developer, Dr. Jeremy Fairbank, has stipulated as a part of the user agreement that for all new studies, version 2.1a of the ODI must be used.



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### Appendix D: Diagnosis Code Tables

Table 1: CPT Codes for Identifying Eligible Face to Face Encounters

CPT Codes	Code Description
99201	Office or other outpatient visit, New patient, Level I
99202	Office or other outpatient visit, New patient, Level II
99203	Office or other outpatient visit, New patient, Level III
99204	Office or other outpatient visit, New patient, Level IV
99205	Office or other outpatient visit, New patient, Level V
99211	Office or other outpatient visit, Established patient, Level I
99212	Office or other outpatient visit, Established patient, Level II
99213	Office or other outpatient visit, Established patient, Level III
99214	Office or other outpatient visit, Established patient, Level IV
99215	Office or other outpatient visit, Established patient, Level V

Table 2: ICD-10 Diagnosis Codes for Identifying Low Back Pain

ICD-10 Diagnosis Code	ICD-10 Diagnosis Code Description
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.08	Spondylolysis, sacral and sacrococcygeal region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.26	Fusion of Spine, lumbar region
M43.27	Fusion of Spine, lumbosacral region
M43.28	Fusion of Spine, sacral and sacrococcygeal region
M43.4	Other recurrent atlantoaxial dislocation
M43.5X6	Other recurrent vertebral dislocation, lumbar region
M43.5X7	Other recurrent vertebral dislocation, lumbosacral region
M43.5X8	Other recurrent vertebral dislocation, sacral and sacrococcygeal region
M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M43.8X8	Other specified deforming dorsopathies, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M46.95	Unspecified inflammatory spondylopathy, thoracolumbar region
M46.96	Unspecified inflammatory spondylopathy, lumbar region
M46.97	Unspecified inflammatory spondylopathy, lumbosacral region
M46.98	Unspecified inflammatory spondylopathy, sacral and sacrococcygeal region
M46.99	Unspecified inflammatory spondylopathy, multiple sites in spine
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region

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ICD-10 Diagnosis Code	ICD-10 Diagnosis Code Description
M51.26	Other intervertebral disc displacement, lumbar region (aka lumbago due to displacement of intervertebral disc)
M51.27	Other intervertebral disc displacement, lumbosacral (aka lumbago due to displacement of intervertebral disc)
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.86	Other intervertebral disc disorder, lumbar region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbrosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified (Coccygodynia)
M54.06	Panniculitis affecting regions of neck and back, lumbar region
M54.07	Panniculitis affecting regions of neck and back, lumbosacral region
M54.08	Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.30	Siatica, unspecified site
M54.31	Siatica, right side
M54.32	Siatic, left side
M54.5	Low Back Pain (aka lumbago NOS) (aka lion pain)
M54.8	Dorsalgia, unspecified (aka Backache NOS) (aka Back Pain NOS)
M54.87	Other intervertebral disc disorder, lumbosacral region
M54.89	Other dorsalgia
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela
S33.9XXA	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter
S33.9XXD	Sprain of unspecified parts of lumbar spine and pelvis, subsequent encounter
S33.9XXS	Sprain of unspecified parts of lumbar spine and pelvis, sequela

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Table 3: ICD-10 Exclusion Definitions

ICD-10 Codes for Exclusion	
Code	Description
C41.2	Malignant neoplasm of vertebral column
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
D16.6	Benign neoplasm of vertebral column
D16.8	Benign neoplasm of sacrum and coccyx
D48.0	Neoplasm of uncertain behavior of bone & articular cartilage
D49.2	Neoplasm unspecified behavior of bone, soft tissue and skin
F11.10 – F11.99	Opioid related disorders
F13.10 – F13.99	Sedative, hypnotic or anxiolytic related disorders
F14.10 – F14.99	Cocaine related disorders
F15.10 – F15.99	Other stimulant related disorders
G83.4	Cauda equina syndrome
M46.25	Osteomyelitis of vertebra, thoracolumbar region
M46.26	Osteomyelitis of vertebra, lumbar region
M46.27	Osteomyelitis of vertebra, lumbosacral region
M46.28	Osteomyelitis of vertebra, sacral and sacrococcygeal region
M46.35	Infection of intervertebral disc (pyogenic), thoracolumbar region
M46.36	Infection of intervertebral disc (pyogenic), lumbar region
M46.37	Infection of intervertebral disc (pyogenic), lumbosacral region
M46.38	Infection of intervertebral disc (pyogenic), sacral and sacrococcygeal region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M46.48	Discitis, unspecified, sacral and sacrococcygeal region
M46.55	Other infective spondylopathies, thoracolumbar region
M46.56	Other infective spondylopathies, lumbar
M46.57	Other infective spondylopathies, lumbosacral region
M46.58	Other infective spondylopathies, sacral and sacrococcygeal region
M47.16	Other spondylosis with myelopathy, lumbar region
M48.45XA – M48.48XS	Fatigue fracture of vertebra (specified regions, all encounters)
M48.56XA – M48.58XS	Collapse vertebra (aka wedging of vertebra NOS), not elsewhere classified, (specified regions, all encounters)
M54.10 – M54.14, M54.18	Radiculopathy (neuritis or radiculitis NOS)
M79.2	Neuralgia and neuritis, unspecified
S32.000A - S32.059S	Fracture of lumbar vertebra
S32.10XA - S32.19XX	Fracture of sacrum
S32.2XXA - S32.2XXS	Fracture of coccyx
S32.9XXA - S32.9XXS	Fracture of unspecified parts of lumbosacral spine and pelvis (aka fracture of lumbosacral spine NOS) (aka fracture of pelvis NOS)
S34.101A - S34.109S	Unspecified injury lumbar spinal cord
S34.111A - S34.119S	Complete lesion of lumbar spinal cord
S34.121A - S34.129S	Incomplete lesion of lumbar spinal cord

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ICD-10 Codes for Exclusion	
Code	Description
S34.131A - S34.131S	Complete lesion of sacral spinal cord (aka complete lesion of conus medullaris)
S34.132A - S34.132S	Incomplete lesion of sacral spinal cord (aka incomplete lesion of conus medullaris)
S34.139A - S34.139S	Unspecified injury of sacral spinal cord (aka unspecified injury of conus medullaris)
S34.21XA – S34.22XS	Injury of nerve root of lumbar and sacral spine
S34.3XXA - S34.3XXS	Injury of cauda equina
S34.4XXA – S34.4XXS	Injury of lumbosacral plexus
S34.5XXA – S34.5XXS	Injury of lumbar, sacral and pelvic sympathetic nerves
S34.6XXA – S34.6XXS	Injury of peripheral nerve(s) at abdomen, lower back and pelvis level
S34.8XXA – S34.8XXS	Injury of other nerves at abdomen, lower back and pelvis level
S34.9XXA – S34.9XXS	Injury of unspecified nerves at abdomen, lower back and pelvis level

Table 4: ICD-10 Code Ranges (inclusive) that Indicate Pregnancy

Start of Range	End of Range	Description of Range
O00.0	O9A.53	Pregnancy, Childbirth and the Puerperium
Z33.1	Z33.2	Pregnant state
Z34.00	Z34.93	Encounter for supervision of normal pregnancy



## 2016 Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure Appendices

### Appendix E: Glossary of Terms

**Audit:** Process by which MNCM reviews the data submitted to ensure that it matches the source data in the patient record. Audits are completed either on-site at a clinic or electronically.

**Calculated Exclusions:** Exclusions that are calculated by the MNCM Data Portal based on data supplied in the data file. Patients to whom a calculated exclusion applies must still be included in the data file; upon submission, the Data Portal will remove the appropriate patients from measure calculation.

**Clinic:** This is the individual clinic site or sites that are registered under a medical group. Clinics are unique geographic locations. A clinic site location is a building, separate space, or an entity with a street address.

**Clinic ID:** The unique identifier assigned to a clinic during its first ever registration in the MNCM Data Portal.

**Crosswalk:** Process by which a unique identifier is linked to a patient's name and DOB, so that records can be located by clinic staff at the time of validation by MNCM.

**CSV File:** Acronym for "comma separated values." A CSV file is a common and simple format that is used to import /transport data between systems or software applications that are not directly related (e.g., from a spreadsheet to a database). All data submission files are formatted as a CSV file.

**Data Collection Form:** Form that has all patient-level data elements necessary for measure submission. It is optional to use this form and may be most useful for medical groups/clinics using paper records.

**Data Collection Guide:** Document to be used to provide instructions for medical groups/clinics to submit data files to the MNCM Data Portal.

**Data Elements:** Pieces of information necessary to submit data files to MNCM and to calculate measure rates.

**Data File:** Excel Template available on the MNCM Data Portal to use for data submission. Templates are formatted correctly for each field (e.g. date, text or numeric) as needed for the measure.

**Data Portal:** Secure, HIPAA-compliant portal where medical groups/clinics can submit patient level data to MNCM.

**Data Portal User:** Medical group employee granted access to the Data Portal for the purposes of submitting data as well as obtaining data submission resources and measure results. Medical group employees must request and be granted access by MNCM staff following MNCM's standard procedure.

**Data Quality Checks:** MNCM recommends completing several internal quality checks of the data before and after uploading the data file to the MNCM Data Portal. Doing so ensures that the data is accurate and able to be validated by a MNCM auditor. Please refer to the Data Elements and Field Specifications table and data submission instructions for guidance on specific data quality checks.

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**Denominator:** The denominator is the bottom number in a fraction. In epidemiology, the denominator represents a population group at risk of a specific disease.

**Direct Data Submission (DDS):** The process by which a medical group uploads a file of patient-level clinical data to the MNCM Data Portal and clinic rates are automatically calculated.

**Electronic Medical Record:** Also known as EMR or Electronic Health Record (EHR)

**Errors:** The error and warning report will be displayed after a patient level data file is submitted to the MNCM Data Portal. Errors are “hard stops” in the MNCM Data Portal (example: dates of birth outside the allowed range). Corrections must be made to any errors and a corrected patient level data file uploaded to the MNCM Data Portal.

**Excel Format:** Format of Excel Template columns necessary to submit data file to MNCM Data Portal.

**Excel Template:** See Data File

**Exclusions:** Reasons a patient may or must be excluded from a measure such as death, hospice, etc. Please read more about the Exclusions in the Measure Specifications.

**Field Specifications:** A detailed section in the Data Collection Guide that provides data element and file field requirements and instructions for the collection of data in preparation for submission.

**Final rates:** Rates calculated by the MNCM Data Portal after submission of a patient level data file through DDS and after validation or passing of the data. Final rates are available to all medical groups/clinics that submitted data for the measure.

**Home Tab:** This Data Portal tab displays information about all of the current measures and deadlines for which the medical group is responsible for submitting data.

**Inactive patients:** Patients designated as “inactive” in a practice management system, billing system or electronic medical record must be included in the patient population if they meet criteria.

**Insurance Coverage Data Field Specifications and Codes:** [Document](#) to be used in conjunction with the Data Collection Guide in order to accurately collect and report insurance coverage data elements. The document can be found via the link above or at [mncm.org/submitting-data/training-and-guidance/#data-collection-guides](http://mncm.org/submitting-data/training-and-guidance/#data-collection-guides).

**Measure Lab (MLab):** Area within the MNCM Data Portal where measure testing and/or short-term data collection takes place.

**Measure Logic/Flow Charts:** A step-by-step visual aid located in the Data Collection Guide used to illustrate how patients are included and counted in a measure.

**Measure Specifications:** Provides detailed information about each measure including measure description, measurement period, eligible population, denominator, numerator exclusions, and measure calculation.

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**Medical Group:** One or more clinic sites operated by a single organization, made up of many providers, at multiple clinics and/or multiple locations. Medical groups with only one clinic site must enter information under both the medical group and clinic sections, even though the information will be the same. Data for all clinic sites is submitted to MNCM in one file (via the medical group).

**Medical Group ID:** The MNCM ID assigned upon initial registration of the medical group.

**MLab Group and Clinic Sites Tabs:** These Data Portal tabs display information about the medical group and clinic sites. If needed, information can be edited for the group or clinic sites under these tabs.

**National Provider Identifier (NPI):** A unique identifier for individual providers or organizations that render health care. Health care providers who are HIPAA-covered entities obtain an NPI to identify themselves in HIPAA standard transactions. Also referred to as Provider ID.

**Number of Eligible Patients (Exclusions Removed):** Number of patients who are eligible or met the inclusion criteria for the measure with excluded patients removed for each clinic. This count is meant to be entered into the MNCM Data Portal during data submission.

**Number of Patients Submitting:** Number of patients who are eligible and are being submitted. This should be the same number as the as “Number of Eligible Patients (Exclusions Removed)” if submitting total population.

**Numerator:** The numerator is the top number in a fraction. In epidemiology, the numerator represents the number of people in a population group who develop the disease of interest.

**Patient Attribution:** A patient is attributed to one clinic and provider that are considered to be responsible for managing the patient’s care. Please refer to Data Collection Guide to review patient attribution.

**Patient Level Data:** Data elements from individuals who meet measure criteria. Data is submitted to MNCM Data Portal via a HIPAA-secure process.

**Patient Registries:** A tool that some clinics use to track patient progress and for quality improvement purposes. MNCM cautions the use of a patient registry for identifying patients in the population or for the collection of clinic data. Many registries give a “snapshot” of patients at a given time and would, therefore, not include all patients according to measure requirements or may not reflect the most recent clinical data (e.g., most recent blood pressure or labs). Registries that are programmed to update the patient population and clinical results on a continual basis (24/7) could possibly be used, however, please discuss this with MNCM. During the validation audit, the MNCM auditor will review the patient record for validation and not the patient registry. If a clinic uses data from a patient registry, the auditor may find a more recent date/value in the medical record and this would be counted as a validation error.



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**Pre-Submission Data Certification:** A review of each medical group's pre-submission data certification template form that outlines processes to identify the patient population. The process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups. However, the responsibility to submit an accurate patient population rests with the medical group. A completed form must be submitted to the Data Portal and reviewed/approved by MNCM prior to data collection.

**Pre-Submission Data Certification Template Form:** A document that medical groups complete to outline the method for identifying the patient population. The form requires source code or screen shots, which are helpful for the pre-submission data certification process. Medical groups need to complete this form and submit it through the MNCM Data Portal.

**Preliminary Rates:** Rates calculated by the MNCM Data Portal after submission of a patient level data file submission. Preliminary rates are only available to the medical group/clinics for which they are calculated and are not rates created with validated/passed data.

**Primary Data Contact:** The person from the medical group responsible for completing required steps in the data submission process. This person will receive communications from MNCM about data submission and other important updates. It is important to ensure that the Primary Data Contact information remains up-to-date to ensure that MNCM communication is received by the medical group.

**Provider Specialty Code:** Board certified specialty of provider. Included in data file. Please see the Field Specifications in this guide for further guidance.

**Registration:** Medical groups register clinics in the Data Portal as well as electronically sign the Site Terms of Use Agreement, Business Associate Agreement and DDS Terms and Conditions. Registration must be completed prior to data submission. Please see the Registration instructions in this guide for further information.

**REL:** Acronym referring to data elements of Race, Ethnicity, Preferred Language and Country of Origin.

**REL Data Field Specifications and Codes:** [Document](#) to be used in conjunction with the DDS guides in order to accurately collect and report REL data elements. The document can be found via the link above or at [mncm.org/submitting-data/training-and-guidance/#data-collection-guides](http://mncm.org/submitting-data/training-and-guidance/#data-collection-guides).

**Results Tab:** This portal tab includes final data results and file downloads.

**Resources Tab:** This portal tab is organized by topic or measure and houses the data submission guides and tools and frequently asked questions for each topic or measure.

**System Query:** Process by which data elements are programmatically extracted from an EMR or practice management system by medical groups/clinics.

**Total Population:** Consists of the entire patient population who meet measure eligibility criteria.

**Validation:** Process conducted by MNCM to verify that the submitted data matches the source data in the medical record. Completed after the data is successfully uploaded to MNCM Data Portal.

Helpline: 612-746-4522 | E-mail: [support@mncm.org](mailto:support@mncm.org) | MNCM Data Portal: <https://data.mncm.org/login>

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**Warnings:** The error and warning report will be displayed after you submit your patient level data file. Warnings are possible incorrect data elements and should be reviewed to determine if corrections are needed. Warnings will not prevent the data file from being uploaded to the Data Portal.