Physicians’ Quality Reporting Guide

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<th>Reporting Options</th>
<th>Reporting Frequency</th>
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<td>Diabetes: Hemoglobin A1c Poor Control</td>
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<td>117</td>
<td>Diabetes: Eye Exam</td>
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<td>X</td>
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<td>119</td>
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<td>126</td>
<td>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neurophthalmology — Neurological Evaluation</td>
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<td>127</td>
<td>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention — Evaluation of Footwear</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>163</td>
<td>Diabetes: Foot Exam</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Measure 1. Diabetes: Hemoglobin A1c Poor Control**

**Description:**
This quality measure identifies the percentage of patients, aged 18 to 75 years, with diabetes mellitus whose most recent hemoglobin A1c level was greater than 9 percent.

**Associated Denominator Codes:**

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numarator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

**Associated Numerator Codes:**

- 3044F Most recent hemoglobin A1c (HbA1c) level < 7.0%
- 3045F Most recent hemoglobin A1c (HbA1c) level 7.0%-9.0%
- 3046F Most recent hemoglobin A1c level > 9.0%

**Associated Performance Modifiers:**

- 8P Performance measure not performed, reason not otherwise specified

**Reporting Requirements:**
- There are no allowable performance exclusions for this measure.
- If an A1c level is obtained at the current visit, report the QDC that describes the current level.
- If an A1c level is not obtained at the current visit because an A1c level has been previously obtained and reported, no QDC is required.
- When an A1c level is not obtained at the current visit and no reason is indicated, report 3046F with modifier 8P.
- This quality measure must be reported on the same claim as the E/M visit and one of the associated diagnosis codes.
- This measure is included in the Diabetes Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.
- When reporting via a registry, the patient’s demographics, as well as the ICD-9-CM, CPT, or HCPCS Level II codes, are used to identify eligible patients for this measure. The numerator options as described in the quality-data codes are used to report the numerator of the measure. Quality-data codes 3044F, 3045F, or 3046F (with modifier 8P as applicable) do not have to be reported. However, these codes may be reported for registries that utilize claims data.

**Measure 2. Diabetes: Low-density Lipoprotein (LDL-C) Control (<100 mg/dL)**

**Description:**
This quality measure identifies the percentage of patients, aged 18 to 75 years, with diabetes mellitus whose most recent low-density lipoprotein cholesterol level is less than 100 mg/dL.
Measure 117. Diabetes: Eye Exam

Description:
This quality measure identifies the percentage of patients, aged 18 to 75 years, with a diagnosis of type 1 or type 2 diabetes mellitus who had a dilated eye examination at least once within 12 months.

Associated Denominator Codes:

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

Associated Numerator Codes:
3048F Most recent LDL-C <100 mg/dL
3049F Most recent LDL-C 100-129 mg/dL
3050F Most recent LDL-C >= to 130 mg/dL

Associated Performance Modifiers:
8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- If an LDL-C is obtained at the current visit, report the appropriate QDC that describes the current LDL-C level.
- When no LDL-C level is obtained because the level has been previously obtained and reported, no quality data code is required.
- When no LDL-C level is obtained at the current visit and no reason is provided, report 3048F with modifier 8P.
- This quality measure must be reported on the same claim as the E/M visit and one of the associated diagnosis codes.
- This measure is included in the Cardiovascular Prevention and Diabetes Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.
- When reporting via a registry, the patient's demographics, as well as the ICD-9-CM, CPT, or HCPCS Level II codes, are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. Quality-data codes 3048F (with modifier 8P as appropriate), 3049F, or 3050F do not have to be reported. However, these codes may be reported for registries that utilize claims data.

Associated Denominator Codes:

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

Associated Numerator Codes:
2022F Dilated retinal eye examination with interpretation by an ophthalmologist or optometrist documented and reviewed
2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
2026F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)

Note: Numerator 3072F may only be used if the encounter was during the measurement period because it indicates that the patient had “no evidence of retinopathy in the past year.” This code definition indicates the results are negative; therefore, an automated result is not required.

Associated Performance Modifiers:
8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.
- This measure is to be reported at least once per the reporting period for patients aged 18 to 75 years with a diagnosis of diabetes mellitus.
- If the patient did not have a dilated eye examination performed and no reason is specified in the medical record, submit the listed ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code with modifier 8P appended to the CPT Category II codes.
- When an automated result is not documented because the patient is at low risk for retinopathy (no evidence of retinopathy in the prior year), report 3072F.
- All measure-specific coding should be reported on the same claim.
- This measure is included in the Diabetes Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.
- When reporting via a registry, the patient demographics, as well as the ICD-9-CM, CPT, and HCPCS Level II codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. The quality-data codes indicated above do not have to be reported. However, these codes may be reported for registries that utilize claims data.

Measure 119. Diabetes: Medical Attention for Nephropathy

Description:
This quality measure identifies the percentage of patients, aged 18 to 75 years, with diabetes mellitus who received a urine protein screening or medical attention for nephropathy during at least one office visit within 12 months.

Screening for microalbuminuria may be performed by measurement of albumin/creatinine (A/C) ratio in random spot collection; 24-hour urine creatinine clearance; or timed (e.g., four hour, overnight) urine collection with spot sample of A/C ratio.

Associated Denominator Codes:

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

Associated Numerator Codes:
3060F Positive microalbuminuria test result documented and reviewed
3061F Negative microalbuminuria test result documented and reviewed
3062F Positive macroalbuminuria test result documented and reviewed
3066F Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
G8506 Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

Associated Performance Modifiers:
8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.

This quality measure should be reported once per the reporting period for patients with a diagnosis of diabetes mellitus.

- Report the appropriate nephropathy screening code, as applicable; positive microalbuminuria test 3060F, negative microalbuminuria test 3061F, positive macroalbuminuria test 3062F.
- When nephropathy screening is not performed and no reason is identified, append modifier 8P to one of the above performance codes usually performed by the practice (3060F, 3061F, or 3062F).
- When documentation indicates that the patient is under treatment for nephropathy (e.g., those receiving dialysis, being treated for ESRD, CRF, ARF, or renal insufficiency, or referred to a nephrologist), report 3066F.
- When documentation indicates that the patient is on angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, report G8506.
- This measure is included in the Diabetes Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.

Measure 126. Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation

Description:
This quality measure identifies the percentage of patients, aged 18 years or older, with a diagnosis of diabetes who have had a neurological examination of their lower extremities within a 12-month period.

Associated Denominator Codes:

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

Associated Numerator Codes:
G8404 Lower extremity neurological exam performed and documented
G8405 Lower extremity neurological exam not performed
G8406  Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure

**Associated Performance Modifiers:**
N/A

**Reporting Requirements:**
- This quality measure must be reported using a HCPCS Level II G code.
- This quality measure should be reported a minimum of once per the reporting period for patients 18 years or older with diabetes mellitus.
- This measure may be reported using nonphysician providers.
- A lower extremity neurological examination should consist of evaluating motor and sensory abilities, including:
  - reflexes
  - vibratory
  - proprioception
  - sharp/dull
  - 5.07 filament detection

**Note:** A minimum of two of the aforementioned tests should be performed to evaluate for loss of protective sensation; however, the provider should conduct ALL tests in order to ensure a proper evaluation.

- A risk categorization and follow-up treatment plan should be prepared according to the table below to assign the level of risk and evaluation frequency.

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk Profile</th>
<th>Evaluation Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal</td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>Peripheral Neuropathy (LOPS)</td>
<td>Semi-annual</td>
</tr>
<tr>
<td>2</td>
<td>Neuropathy, deformity, and/or PAD</td>
<td>Quarterly</td>
</tr>
<tr>
<td>3</td>
<td>Previous ulcer or amputation</td>
<td>Monthly to quarterly</td>
</tr>
</tbody>
</table>

- This measure is reported through a registry only. When reporting via a registry, the patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure’s denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data codes G8404, G8405, and G8406 do not have to be reported. However, these codes may be reported for registries that utilize claims data.

**Measure 127. Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear**

**Description:**
This quality measure identifies the percentage of patients, aged 18 years or older, with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing at least once within 12 months.

**Associated Denominator Codes:**

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

**Associated Numerator Codes:**
G8410  Footwear evaluation performed and documented
G8415  Footwear evaluation was not performed
G8416  Clinician documented that patient was not an eligible candidate for footwear evaluation measure

**Associated Performance Modifiers:**
N/A

**Reporting Requirements:**
- This quality measure should be reported a minimum of once per the reporting period for patients 18 years or older with a diagnosis of diabetes mellitus.
- This measure may be reported using nonphysician providers.
- Evaluation for proper footwear includes a foot examination documenting:
  - vascular findings
  - neurological findings
  - dermatological findings
  - structural/biomechanical findings

**Note:** Measurement of the foot should be performed using a standard measuring device and counseling on appropriate footwear should be based on risk categorization.

- This measure is reported through a registry only. When reporting via a registry, the patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure’s denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data codes G8410, G8415, and G8416 do not have to be reported. However, these codes may be reported for registries that utilize claims data.
Measure 163. Diabetes: Foot Exam

Description:
This quality measure identifies the percentage of patients, aged 18 to 75 years, with diabetes mellitus who had a foot examination.

Associated Denominator Codes:

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS14.

Associated Numerator Codes:
G9224 Documentation of medical reason for not performing foot exam (e.g., patient with bilateral foot/leg amputation)
G9225 Foot exam was not performed, reason not given
G9226 Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam—report when all of the 3 components are completed)

Associated Performance Modifiers:
N/A

Reporting Requirements:
- This quality measure must be reported using a CPT Category II code.
- This measure should be reported once per the reporting period for all patients with a diagnosis of diabetes mellitus.
- A diabetic foot exam includes any of the following three components: visual inspection, sensory exam with monofilament, or pulse exam.
- When a foot examination is performed (must include visual inspection, sensory exam with monofilament, and pulse exam), report G9226.
- When documentation indicates that there is a medical reason for not performing the foot examination (such as bilateral amputation), report G9224.
- When the foot examination was not performed and the documentation does not indicate a medical reason for not performing the exam, report G9225.
- This measure is included in the Diabetes Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.
- When reporting via a registry, the patient demographics, as well as the ICD-9-CM, CPT, and HCPCS Level II codes, are used to identify patients who are included in the measure’s denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data codes G9224–G9226 do not have to be reported. However, these codes may be reported for registries that utilize claims data.