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Chapter 5: Measure Specifications

Overview of Quality Measure Specifications

CMS has developed measurement specifications for the 258 individual and 22 group quality measures. These specifications and the terminology associated with the quality measures can be difficult to understand. However, once the components of each specification, the terminology associated with quality measures, and how this information is used to evaluate performance is understood, the measurement specifications will no longer be confusing. In this chapter, we have taken the key information needed to select and report quality measures and provided it in a concise and easy-to-use format.

Individual measures are numbered one through 328. These measure numbers are not arranged in any group or category. As each new measurement was developed it was simply assigned the next available number. In this Guide, we have arranged the measures not in numerical order but, instead, we have arranged individual measures by relationship. For example, all measures associated with diabetes mellitus have been arranged together.

At the beginning of each measure relationship you will find a table. This table indicates the measures included in that section, the reporting methodology for each of those measures, and the reporting frequency for those measures.

Following this section, information specific to the individual measure is provided. This information includes:

- **Measure Title:** The measure title describes the condition, procedure, service, patient population, and/or other quality criteria being evaluated.
- **Description:** The description provides information on what is being measured.
- **Associated QDC Codes:** All CPT Category II or HCPCS Level II G codes that are considered numerators for the quality measure are identified in this section.
- **Associated Performance Modifiers:** Any performance modifiers associated with the quality measure are listed here.
- **Reporting Requirements:** In this section of the measure specification you will find instructions regarding proper reporting methods. This section also identifies appropriate modifiers to use with the quality data codes, and when each modifier should be used. Also included in this section are reporting requirements specific to the registry-based and E.H.R. requirements as appropriate.

An "*" (asterisk) on the left of the measure description indicates that the measure title has been revised for 2013.

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Reporting Options</th>
<th>Reporting Frequency</th>
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<td></td>
<td></td>
<td>Claims-Based</td>
<td>Registry</td>
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<td>Diabetes Mellitus: Hemoglobin A1c Poor Control</td>
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<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control</td>
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<td>X</td>
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<td>Diabetes Mellitus: High Blood Pressure Control</td>
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<td>X</td>
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<td>Diabetes Mellitus: Dilated Eye Exam</td>
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<td>X</td>
</tr>
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<td>Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy</td>
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<td>X</td>
</tr>
<tr>
<td>126</td>
<td>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy—Neurological Evaluation</td>
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<td></td>
</tr>
<tr>
<td>127</td>
<td>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention—Evaluation of Footwear</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>163</td>
<td>Diabetes Mellitus: Foot Exam</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Measure 1. Diabetes Mellitus: Hemoglobin A1c Poor Control

Description:
This quality measure is used to identify the percentage of patients, aged 18 to 75 years, with diabetes mellitus with poor glycemic (blood sugar) control. Poor glycemic control is defined as an A1c level greater than 9 percent.

Associated QDC Codes:
- 3044F Most recent hemoglobin A1c level < 7.0%
- 3045F Most recent hemoglobin A1c level 7.0%-9.0%
- 3046F Most recent hemoglobin A1c level > 9.0%

Associated Performance Modifiers:
- 8P Performance measure not performed, reason not 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.

Measure 2. Diabetes Mellitus: Low-density Lipoprotein (LDL-C) Control

Description:
This quality measure identifies the percentage of patients, aged 18 to 75 years, with diabetes mellitus with a low-density lipoprotein cholesterol measure of less than 100mg/dl.

Associated QDC Codes:
- 3048F Most recent LDL-C < 100 mg/dl
- 3049F Most recent LDL-C 100-129 mg/dl
- 3050F Most recent LDL-C > 130 mg/dl

Associated Performance Modifiers:
- 8P Performance measure not performed, reason not 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.
- When unable to calculate LDL-C due to high triglycerides, 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.

Measure 3. Diabetes Mellitus: High Blood Pressure Control

Description:
This quality measure identifies the percentage of patients, aged 18 to 75 years, with diabetes mellitus whose most recent blood pressure is in control. “In control” is defined as a blood pressure of less than 140/80 mm Hg. Patients with diabetes whose blood pressure is maintained below 140/80 reduce the risk for diabetes complications, diabetes-related death, stroke, heart failure, and microvascular complications.

Associated QDC Codes:
- 2000F Blood pressure, measured (CAD, CKD, HF, HTN) (OM)
- G8919 Most recent systolic blood pressure < 140 mmHg
- G8920 Most recent systolic blood pressure ≥ 140 mmHg
- G8921 Most recent diastolic blood pressure < 90 mmHg
- G8922 Most recent diastolic blood pressure ≥ 90 mmHg

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

Reporting Requirements:
- This quality measure must be reported with a CPT Category II code or a CPT Category II code with an allowed exclusion modifier.
- The correct number of numerator codes must be submitted; multiple numerator codes may be required.
- This quality measure should be reported once per reporting period for each patient meeting reporting criteria and seen during the reporting period.
- To meet minimum CMS requirements, a blood pressure reading must be obtained at least once every 12 months. If a blood pressure reading is obtained at the current visit, report two CPT Category II codes: one for the systolic blood pressure and one for the diastolic blood pressure. If a blood pressure level is not obtained at the current visit and no reason is indicated, report 2000F-8P to indicate that the quality measure was not performed for an unspecified reason.
Measure 117. Diabetes Mellitus: Dilated Eye Exam

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

**Associated QDC Codes:**
- 2022F Dilated retinal eye exam 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)

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

**Reporting Requirements:**
- There are no allowable performance exclusions for this measure.
- This measure is to be reported at least once per 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.
- All measure-specific coding should be reported on the same claim.

Measure 119. Diabetes Mellitus: Urine Screening for Microalbuminurin or 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 QDC 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
- G8506 Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

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

**Reporting Requirements:**
- There are no allowable performance exclusions for this measure.
- This quality measure should be reported once per reporting period for patients with a diagnosis of diabetes mellitus.
- 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 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 on angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, report G8506.
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. A lower extremity neurological examination should consist of evaluating motor and sensory abilities, including reflexes, vibratory, proprioception, sharp/dull, and 5.07 filament detection.

**Associated QDC 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 reporting period for patients 18 years or older with diabetes mellitus.
- This measure may be reported using non-physician providers.
- 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>

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. Evaluation for proper footwear includes a foot examination documenting the vascular, neurological, dermatological, structural, and biomechanical findings; measurement of the foot using a standard measuring device; and counseling on appropriate footwear based on risk categorization.

**Associated QDC 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 reporting period for patients 18 years or older with a diagnosis of diabetes mellitus.
- This measure may be reported using non-physician providers.