Quality ID #119 (NQF 0062): Diabetes: Medical Attention for Nephropathy
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients with diabetes mellitus seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Patients 18 - 75 years of age with diabetes with a visit during the measurement period

> ***DENOMINATOR NOTE:*** **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*
>
> **Denominator Criteria (Eligible Cases):**
> Patients aged 18 years to 75 years on date of encounter
> **AND**
> **Diagnosis for diabetes (ICD-10-CM):** E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2,

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E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.359, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

AND

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

AND NOT

DENOMINATOR EXCLUSION:

Patients who use hospice services any time during the measurement period: G9715

OR

Patient age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the measurement period: G2108

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: G2109

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: G2110

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Rivastigimine Galantamine
Miscellaneous central nervous system agents	Memantine

NUMERATOR:

Patients with a screening for nephropathy or evidence of nephropathy during the measurement period

Numerator Instructions:

This measure is looking for a nephropathy screening test or evidence of nephropathy.

Numerator Options:

Performance Met: Positive microalbuminuria test result documented and reviewed **(3060F)**

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OR

Performance Met: Negative microalbuminuria test result documented and reviewed **(3061F)**

OR

Performance Met: Positive macroalbuminuria test result documented and reviewed **(3062F)**

OR

Performance Met: 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) **(3066F)**

OR

Performance Met: Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy **(G8506)**

OR

Performance Not Met: Nephropathy screening was not performed, reason not otherwise specified **(3060F or 3061F or 3062F *with* 8P)**

RATIONALE:

As the seventh leading cause of death in the U.S., diabetes kills approximately 79,500 people a year and affects more than 30 million Americans (9.4 percent of the U.S. population) (CDC Health 2017; CDC National Diabetes 2017). Diabetes is a long-lasting disease marked by high blood glucose levels, resulting from the body's inability to produce or use insulin properly (CDC About Diabetes 2017). People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, amputation of toes, feet or legs, and premature death. (At a Glance 2016).

In 2017, diabetes cost the U.S. an estimated $327 billion: $237 billion in direct medical costs and $90 billion in reduced productivity. This is a 34 percent increase from the estimated $245 billion spent on diabetes in 2012 (ADA Economic 2018).

CLINICAL RECOMMENDATION STATEMENTS:

American Diabetes Association (2018b):

Screening

- At least once a year, assess urinary albumin (e.g., spot urinary albumin-to-creatinine ratio [UACR]) and estimated glomerular filtration rate (eGFR) in patients with type 1 diabetes duration of greater than or equal to 5 years in all patients with type 2 diabetes, and in all patients with comorbid hypertension. (Level of evidence: B)

Treatment

- An angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) is not recommended for the primary prevention of diabetic kidney disease in patients with diabetes who have normal blood pressure, normal UACR (<30 mg/g creatinine), and normal estimated glomerular filtration rate. (Level of evidence: B)
- Either an ACE inhibitor or ARB is suggested for the treatment of the nonpregnant patient with modestly elevated UACR (30-299 mg/g creatinine) (Level of evidence: B) and is strongly recommended for those with urinary albumin to creatinine ratio >=300 mg/g creatinine and/or estimated glomerular filtration rate < 60 mL/min/1.73.m2. (Level of evidence: A)
- Periodically monitor serum creatinine and potassium levels for the development of increased creatinine or changes in potassium when ACE inhibitors, angiotensin receptor blockers, or diuretics are used. (Level of evidence: B)
- Continued monitoring of UACR in patients with albuminuria treated with an ACE inhibitor or ARBs is reasonable to assess the response to treatment and progression of diabetic kidney disease. (Level of evidence: E)

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- When estimated glomerular filtration rate is <60 mL/min/1.73 m2, evaluate and manage potential complications of chronic kidney disease. (Level of evidence: E)
-Patients should be referred for evaluation for renal replacement treatment if they have an estimated glomerular filtration rate <30 mL/min/1.73 m2. (Level of evidence: A)
-Promptly refer to a physician experienced in the care of kidney disease for uncertainty about the etiology of kidney disease, difficult management issues, and rapidly progressing kidney disease. (Level of evidence: B)

American Association of Clinical Endocrinologists & American College of Endocrinology (2015):
- Beginning 5 years after diagnosis in patients with type 1 diabetes (if diagnosed before age 30) or at diagnosis in patients with type 2 diabetes and those with type 1 diabetes diagnosed after age 30, annual assessment of serum creatinine to determine the estimated glomerular filtration rate (eGFR) and urine albumin excretion rate (AER) should be performed to identify, stage, and monitor progression of diabetic nephropathy (Grade C; best evidence level 3).
- Patients with nephropathy should be counseled regarding the need for optimal glycemic control, blood pressure control, dyslipidemia control, and smoking cessation (Grade B; best evidence level 2).
- In addition, they should have routine monitoring of albuminuria, kidney function electrolytes, and lipids (Grade B; best evidence level 2).
- Associated conditions such as anemia and bone and mineral disorders should be assessed as kidney function declines (Grade D; best evidence level 4).
- Referral to a nephrologist is recommended well before the need for renal replacement therapy (Grade D; best evidence level 4).

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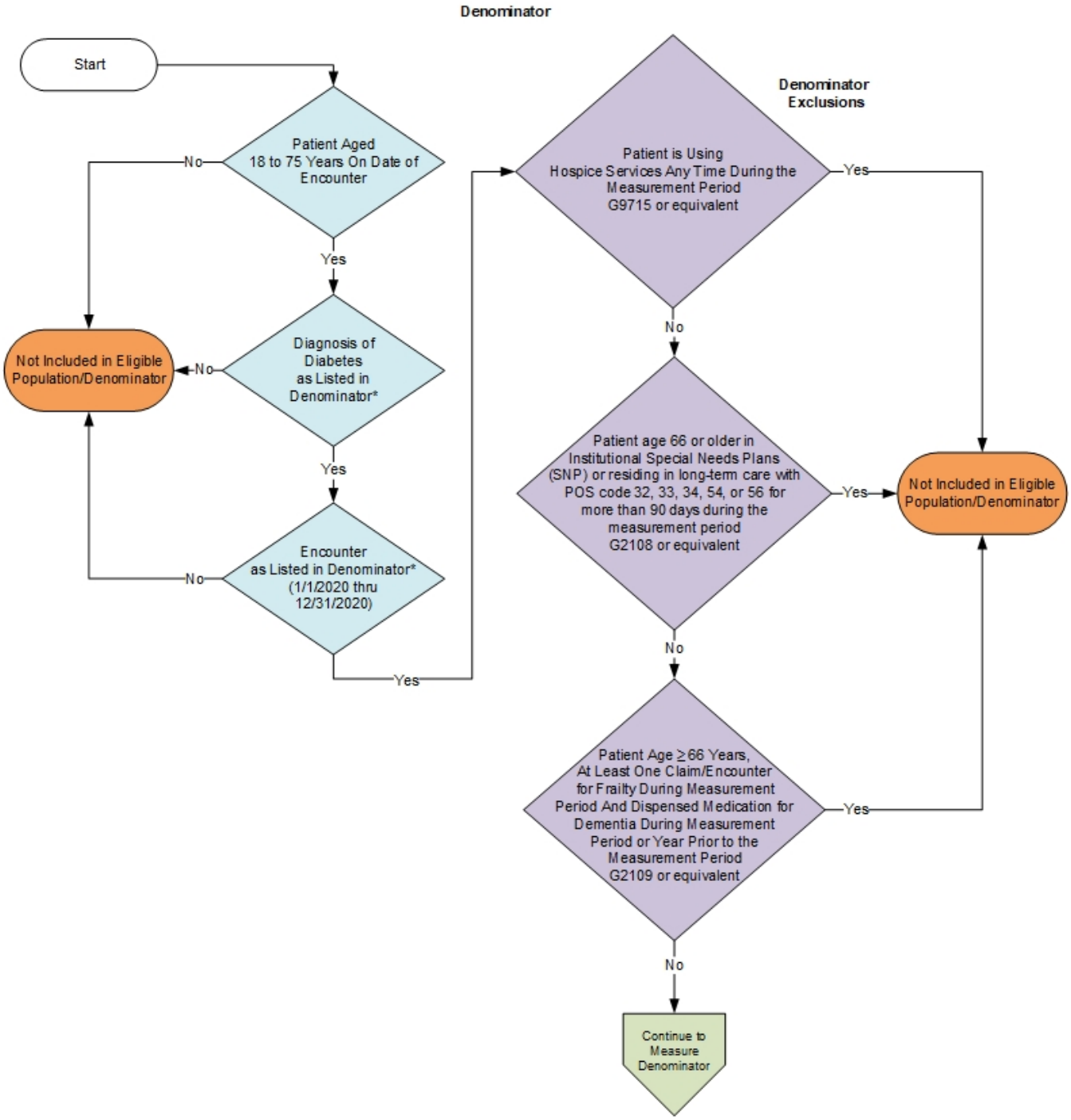
2020 Clinical Quality Measure Flow for Quality ID #119 NQF #0062: Diabetes: Medical Attention for Neuropathy

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



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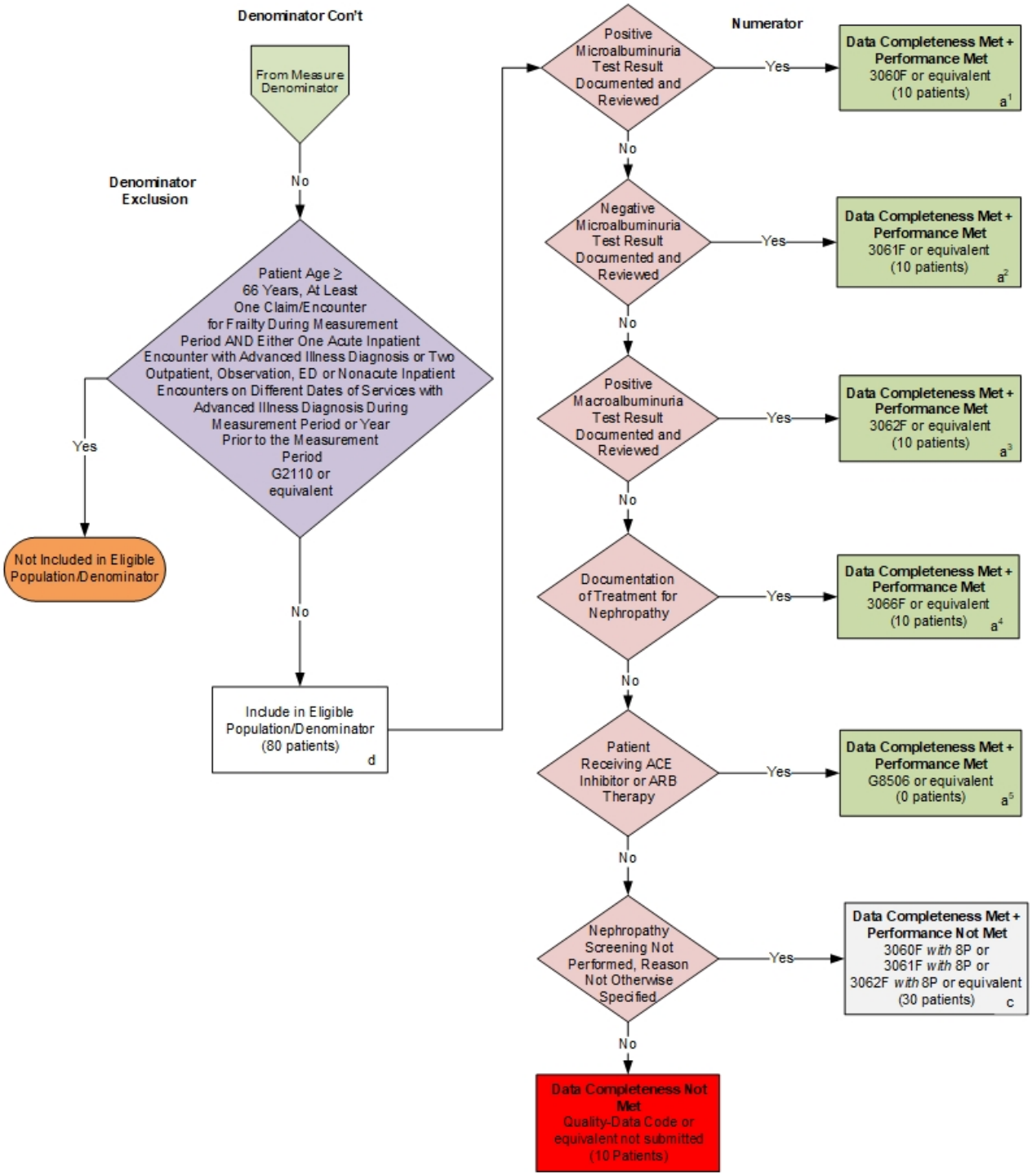

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SAMPLE CALCULATIONS:

Data Completeness=

Performance Met ($a^1+a^2+a^3+a^4+a^5$=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

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

NOTE: Submission Frequency: Patient-Process

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2020 Clinical Quality Measure Flow Narrative for Quality ID #119 NQF #0062: Diabetes: Medical Attention for Neuropathy

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

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Aged 18 to 75 Years on Date of Encounter equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Aged 18 to 75 Years on Date of Encounter equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis of Diabetes as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis of Diabetes as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Patient Is Using Hospice Services Any Time During the Measurement Period .
5. Check Patient Is Using Hospice Services Any Time During the Measurement Period:
    a. If Patient Is Using Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop processing.
    b. If Patient Is Using Hospice Services Any Time During the Measurement Period equals No, proceed to check Patients Aged 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days During Measurement Period.
6. Check Patients Aged 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days During Measurement Period**:**
    a. If Patients Aged 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days During Measurement Period equals Yes, do not include in Eligible Population. Stop processing.
    b. If Patients Aged 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days During Measurement Period equals No, proceed to check Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter For Frailty During The Measurement Period AND Dispensed Medication for Dementia During The Measurement Period Or Year Prior To The Measurement Period.
7. Check Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter For Frailty During The Measurement Period AND Dispensed Medication for Dementia During The Measurement Period Or Year Prior To The Measurement Period:

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a. If Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter For Frailty During The Measurement Period AND Dispensed Medication for Dementia During The Measurement Period Or Year Prior To The Measurement Period equals Yes, do not include in Eligible Population. Stop processing.

b. If Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter For Frailty During The Measurement Period AND Dispensed Medication for Dementia During The Measurement Period Or Year Prior To The Measurement Period equals No, proceed to check Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter for Frailty During Measurement Period AND Either One Acute Inpatient Encounter with Advanced Illness Diagnosis or Two Outpatient, Observation, ED or Nonacute Inpatient Encounters on Different Dates of Services with Advanced Illness Diagnosis During Measurement Period or Year Prior to the Measurement Period.

8. Check Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter for Frailty During Measurement Period AND Either One Acute Inpatient Encounter with Advanced Illness Diagnosis or Two Outpatient, Observation, ED or Nonacute Inpatient Encounters on Different Dates of Services with Advanced Illness Diagnosis During Measurement Period or Year Prior to the Measurement Period:

    a. If Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter for Frailty During Measurement Period AND Either One Acute Inpatient Encounter with Advanced Illness Diagnosis or Two Outpatient, Observation, ED or Nonacute Inpatient Encounters on Different Dates of Services with Advanced Illness Diagnosis During Measurement Period or Year Prior to the Measurement Period equals Yes, do not include in Eligible Population. Stop processing.

    b. If Patient Age greater than or equal to 66 Years, At Least One Claim/Encounter for Frailty During Measurement Period AND Either One Acute Inpatient Encounter with Advanced Illness Diagnosis or Two Outpatient, Observation, ED or Nonacute Inpatient Encounters on Different Dates of Services with Advanced Illness Diagnosis During Measurement Period or Year Prior to the Measurement Period equals No, include in Eligible Population.

9. Denominator Population:

    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.

10. Start Numerator

11. Check Positive Microalbuminuria Test Result Documented and Reviewed:

    a. If Microalbuminuria Test Result Documented and Reviewed equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 10 patients in the Sample Calculation.

    c. If Microalbuminuria Test Result Documented and Reviewed equals No, proceed to check Negative Microalbuminuria Test Result Documented and Reviewed.

12. Check Negative Microalbuminuria Test Result Documented and Reviewed:

    a. If Negative Microalbuminuria Test Result Documented and Reviewed equals Yes, include in Data Completeness Met and Performance Met.

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b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[2] equals 10 patients in the Sample Calculation.

c. If Negative Microalbuminuria Test Result Documented and Reviewed equals No, proceed to check Positive Macroalbuminuria Test Result Documented and Reviewed.

13. Check Positive Macroalbuminuria Test Result Documented and Reviewed:

a. If Positive Macroalbuminuria Test Result Documented and Reviewed equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[3] equals 10 patients in the Sample Calculation.

c. If Positive Macroalbuminuria Test Result Documented and Reviewed equals No, proceed to check Documentation of Treatment for Nephropathy.

14. Check Documentation of Treatment for Nephropathy:

a. If Documentation of Treatment for Nephropathy equals Yes, include in the Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[4] equals 10 patients in the Sample Calculation.

c. If Documentation of Treatment for Nephropathy equals No, proceed to check Patient Receiving ACE Inhibitor or ARB Therapy.

15. Check Patient Receiving ACE Inhibitor or ARB Therapy:

a. If Patient Receiving ACE Inhibitor or ARB Therapy equals Yes, include in the Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[5] equals 0 patients in the Sample Calculation.

c. If Patient Receiving ACE Inhibitor or ARB Therapy equals No, proceed to check Nephropathy Screening Not Performed, Reason Not Otherwise Specified.

16. Check Nephropathy Screening Not Performed, Reason Not Otherwise Specified:

a. If Nephropathy Screening Not Performed, Reason Not Otherwise Specified equals Yes, include in the Data Completeness Met and Performance Not Met.

b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

c. If Nephropathy Screening Not Performed, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

17. Check Data Completeness Not Met:

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a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met ($a^1+a^2+a^3+a^4+a^5$=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **57.14%**

Data Completeness Numerator (70 patients) = 70 patients

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