Quality ID #1 (NQF 0059): Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2019 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Intermediate Outcome – High Priority

DESCRIPTION:
Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with diabetes seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. 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 using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

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

Denominator Criteria (Eligible Cases):
Patients 18 through 75 years of age 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, 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, E13.36, 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 performance period (CPT or HCPCS): 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271, G0402, G0438, G0439

NUMERATOR:

Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control. Patient is numerator compliant if most recent HbA1c level >9% or is missing a result or if an HbA1c test was not done during the measurement year. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Numerator Quality-Data Coding Options:

Patient receiving Hospice Services, Patient Not Eligible:

***Denominator Exclusion:* G9687:** Hospice services provided to patient any time during the measurement period

OR

Most Recent Hemoglobin A1c Level > 9.0%

***Performance Met:* CPT II 3046F**: Most recent hemoglobin A1c level > 9.0%

OR

Hemoglobin A1c not Performed, Reason not Otherwise Specified

Append a submission modifier (8P) to CPT Category II code 3046F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

***Performance Met:* 3046F *with* 8P:** Hemoglobin A1c level was not performed during the measurement period (12 months)

OR

Most Recent Hemoglobin A1c Level ≤ 9.0%

***Performance Not Met:* CPT II 3044F:** Most recent hemoglobin A1c (HbA1c) level < 7.0%

OR

Performance Not Met: **CPT II 3045F:**	Most recent hemoglobin A1c (HbA1c) level 7.0 to 9.0%

RATIONALE:

As the seventh leading cause of death in the U.S., diabetes kills approximately 79,500 people a year (CDC Health 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. (CDC At a Glance 2016).

In 2012, diabetes cost the U.S. an estimated $245 billion: $176 billion in direct medical costs and $69 billion in reduced productivity. This is a 41 percent increase from the estimated $174 billion spent on diabetes in 2007 (ADA Economic 2013).

Reducing A1c blood level results by 1 percentage point (eg, from 8.0 percent to 7.0 percent) helps reduce the risk of microvascular complications (eye, kidney and nerve diseases) by as much as 40 percent (CDC Estimates 2011).

CLINICAL RECOMMENDATION STATEMENTS:

American Diabetes Association (2017):

A reasonable A1C goal for many nonpregnant adults is <7%. (Level of evidence: A)

Providers might reasonably suggest more stringent A1C goals (such as <6.5%) for selected individual patients if this can be achieved without significant hypoglycemia or other adverse effects of treatment. Appropriate patients might include those with short duration of diabetes, type 2 diabetes treated with lifestyle or metformin only, long life expectancy, or no significant cardiovascular disease (CVD). (Level of evidence: C)

Less stringent A1C goals (such as <8%) may be appropriate for patients with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, or long-standing diabetes in whom the general goal is difficult to attain despite diabetes self-management education, appropriate glucose monitoring, and effective doses of multiple glucose-lowering agents including insulin. (Level of evidence: B)

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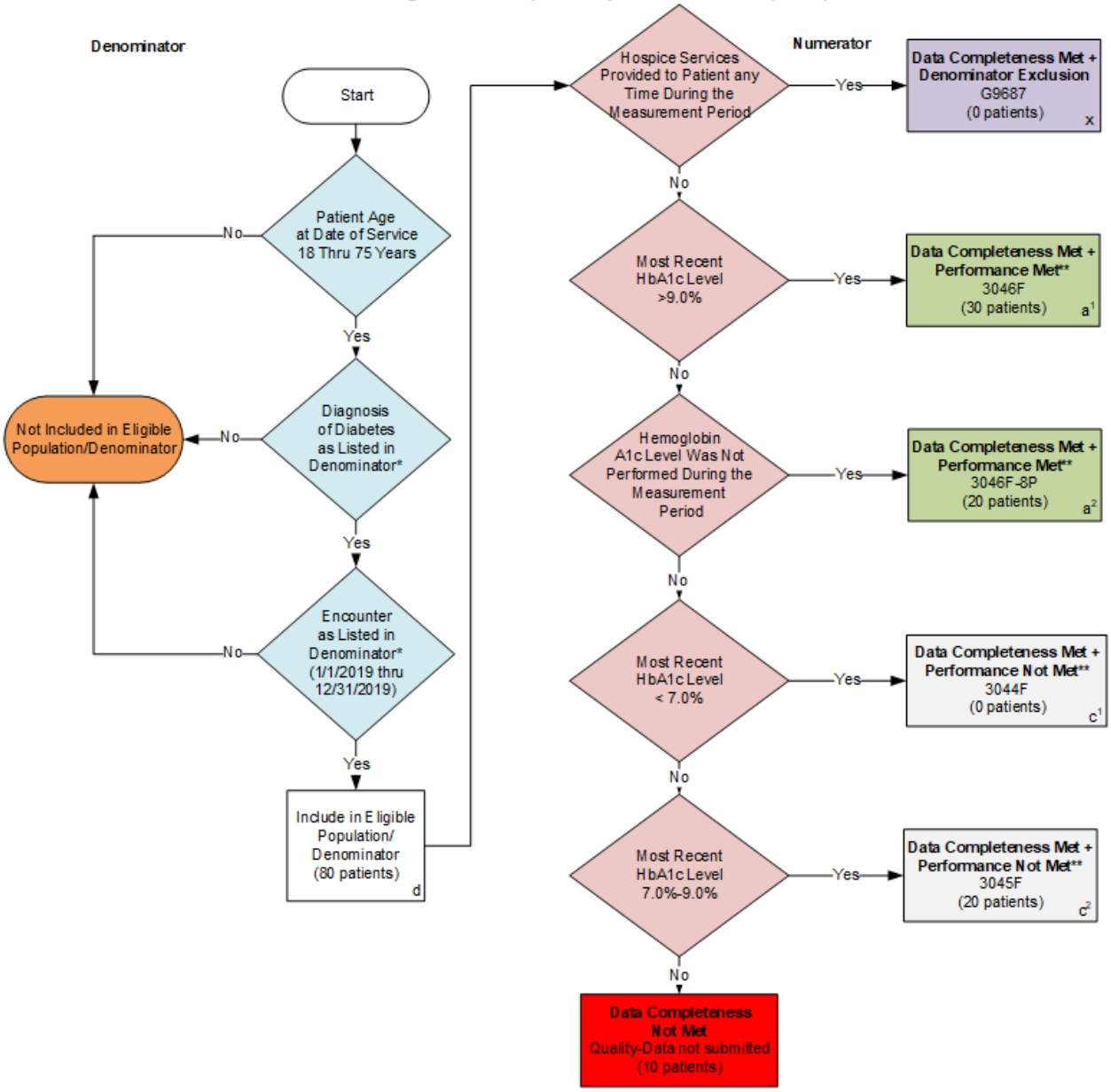
2019 Medicare Part B Claims Flow for Quality ID #1 NQF #0059: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)



SAMPLE CALCULATIONS:

Data Completeness=

Denominator Exclusion (x=0 patients) + Performance Met (a^1+a^2=50 patients) + Performance Not Met (c^1+c^2=20 patients) / Eligible Population / Denominator (d=80 patients) = 70 patients / 80 patients = **87.50%**

Performance Rate=**

Performance Met (a^1+a^2=50 patients) / Data Completeness Numerator (70 patients) – Denominator Exclusion (x=0 patients) = 50 patients / 70 patients = **71.43%**

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**A lower calculated performance rate for this measure indicates better clinical care or control.
NOTE: Submission Frequency: Patient-intermediate

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

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2019 Medicare Part B Claims Flow Narrative for Quality ID #1 NQF #0059: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is equal to 18 thru 75 years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is equal to 18 thru 75 years on Date of Service equals Yes during the measurement period, 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, include in Eligible Population.
5. 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.
6. Start Numerator
7. Check Hospice Services Provided to Patient Any Time During the Measurement Period:
    a. If Eligible Hospice Services Provided to Patient Any Time During the Measurement Period equals Yes, include in Data Completeness Met and Denominator Exclusion
    b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 0 patients in the Sample Calculation.
    c. If Eligible Hospice Services Provided to Patient Any Time During the Measurement Period equals No, proceed to check Most Recent HbA1c greater than 9.0%
8. Check Most Recent HbA1c greater than 9.0%:
    a. If Most Recent HbA1c is greater than 9.0% 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 30 patients in the Sample Calculation.

c. If Most Recent HbA1c is greater than 9.0% equals No, proceed to check Hemoglobin A1c Level Was Not Performed During the Measurement Period.

9. Check Hemoglobin A1c Level Was Not Performed During the Measurement Period:

   a. If Hemoglobin A1c Level Was Not Performed During the Measurement Period 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^2 equals 20 patients in the Sample Calculation.

   c. If Hemoglobin A1c Level Was Not Performed During the Measurement Period equals No, proceed to check Most Recent HbA1c Level is Less than 7.0%.

10. Check Most Recent HbA1c Level is less than 7.0%:

    a. If Most Recent HbA1c is less than 7.0% 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^1 equals 0 patients in the Sample Calculation.

    c. If Most Recent HbA1c is less than 7.0% equals No, proceed to check Most Recent HbA1c Level is 7.0% through 9.0%.

11. Check Most Recent HbA1c Level is 7.0% through 9.0%:

    a. If Most Recent HbA1c Level is 7.0% through 9.0% equals Yes, include in 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^2 equals 20 patients in the Sample Calculation.

    c. If Most Recent HbA1c is 7.0% through 9.0% equals No, proceed to check Data Completeness Not Met.

12. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion (x=0 patients) + Performance Met } (a^1+a^2=50 \text{ patients}) + \text{ Performance Not Met } (c^1+c^2=20 \text{ patients})}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=**

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exclusion (x=0 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = \mathbf{71.43\%}$$