

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

2019 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 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, E11.341, E11.3411, E11.3412, E11.3413, E11.3419, E11.349, E11.3491, E11.3492, E11.3493, E11.3499, E11.351, 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, E11.359, 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, E13.321, E13.3211, E13.3212, E13.3213, E13.3219, E13.329, E13.3291, E13.3292,

E13.3293, E13.3299, E13.331, E13.3311, E13.3312, E13.3313, E13.3319, E13.339, E13.3391, E13.3392, E13.3393, E13.3399, E13.341, E13.3411, E13.3412, E13.3413, E13.3419, E13.349, E13.3491, E13.3492, E13.3493, E13.3499, E13.351, 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, G0402, G0438, G0439

AND NOT

DENOMINATOR EXCLUSION:

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

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)**

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 (eg, 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 (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).

High blood sugar levels in patients with diabetes put them at a higher risk of damaging their kidneys and causing chronic kidney disease, which can lead to kidney failure (CDC Fact Sheet 2017, CDC At a Glance 2016). During 2011-2012 there were 36.5% new cases of chronic kidney disease (stages 1-4) among 297,000 diabetic patients 20 years and older (Murphy 2016). In 2014, diabetes accounted for 44% of 118,000 new cases of end stage renal disease (USRDS 2016).

CLINICAL RECOMMENDATION STATEMENTS:

American Diabetes Association (2017):

Screening

- At least once a year, assess urinary albumin (eg, 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)

- When ACE inhibitors, ARBs, or diuretics are used, monitor serum creatinine and potassium levels for the development of increased creatinine or changes in potassium. (Level of evidence: E)

- 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)

American Association of Clinical Endocrinologists (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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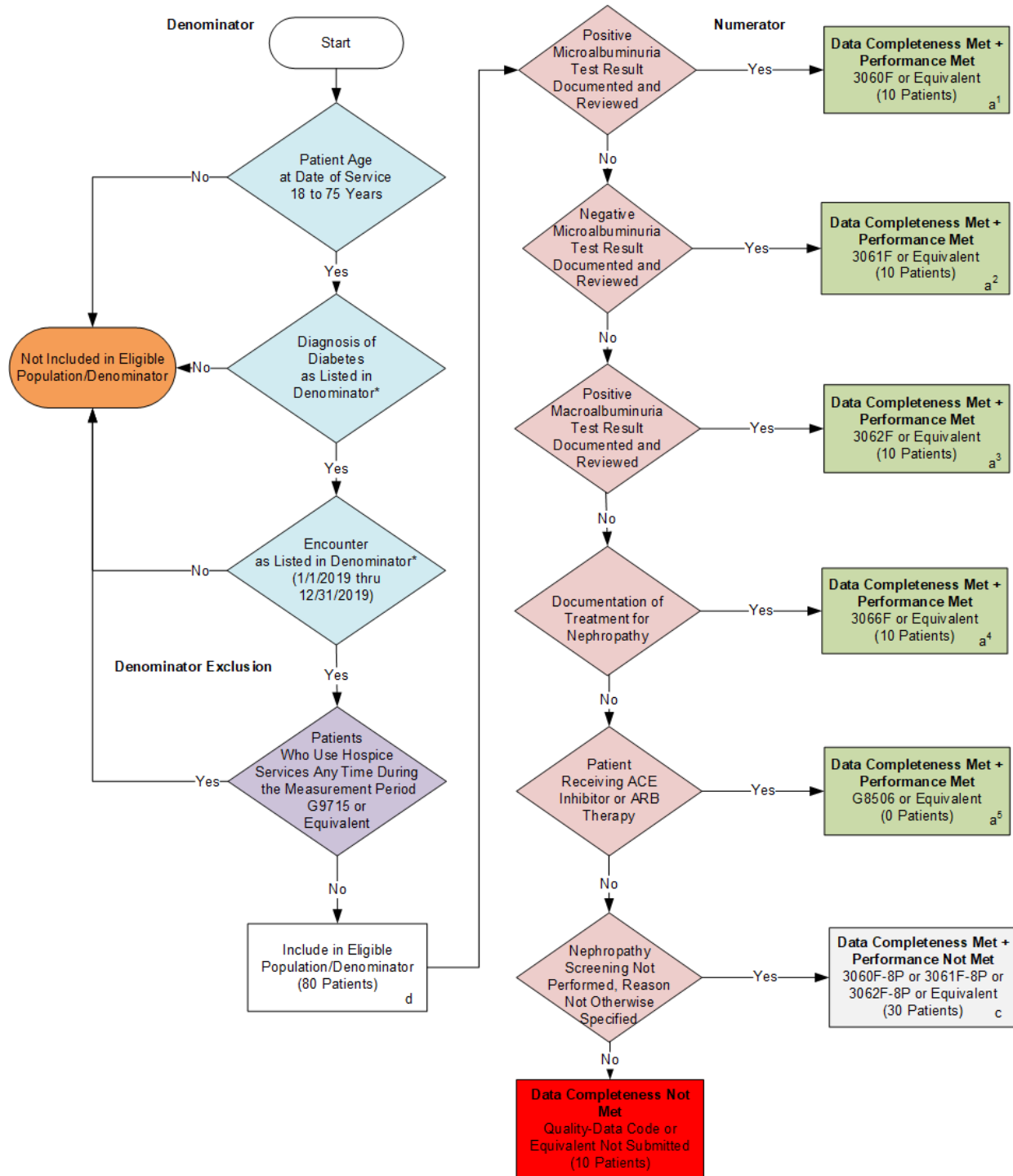
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2019 Clinical Quality Measure Flow for Quality ID #119 NQF #0062: Diabetes: Medical Attention for Neuropathy



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

NOTE: Submission Frequency: Patient-process

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2019 Clinical Quality Measure Flow for Quality ID #119 NQF #0062: Diabetes: Medical Attention for Neuropathy

SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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

NOTE: Submission Frequency: Patient-process

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**2019 Clinical Quality Measure Flow Narrative for Quality ID #119 NQF #0062:
Diabetes: Medical Attention for Neuropathy**

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 equal to 18 to 75 Years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age equal to 18 to 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, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
5. Check Patients Who Use Hospice Services Any Time During the Measurement Period:
 - a. If Patients Who Use Hospice Services Any Time During the Measurement Period No, include in Eligible Population.
 - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
6. 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.
7. Start Numerator
8. 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 a¹ 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.

9. 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.
 - 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 a² 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.
10. 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 a³ 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.
11. 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 a⁴ 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.
12. 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 a⁵ 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.
13. 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.

14. Check Data Completeness Not Met:

- 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=

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

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$