

Quality ID #117 (NQF 0055): Diabetes: Eye Exam
– 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:

Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for 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 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 18 to 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 the performance period (CPT or HCPCS): 92002, 92004, 92012, 92014, 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:

Patient is using hospice services any time during the measurement period: G9714

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: G2105

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: G2106

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: G2107

Table: Dementia Exclusion Medications

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

NUMERATOR:

Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:

- Diabetic with a diagnosis of retinopathy that overlaps the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period
- Diabetic with no diagnosis of retinopathy overlapping the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period or the year prior to the measurement period

NUMERATOR NOTE: *The eye exam must be performed or reviewed by an ophthalmologist or optometrist. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.*

Numerator Options:

Performance Met:

Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed **(G2102)**

OR

Performance Met:

Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed **(G2103)**

OR

Performance Met:

Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed **(G2104)**

OR

Performance Met:

Low risk for retinopathy (no evidence of retinopathy in the prior year)* **(3072F)**

***Note:** *This code can only be used if the claim/encounter was during the measurement period because it indicates that the patient had “no evidence of retinopathy in the prior year”. This code definition indicates results were negative; therefore, a result is not required.*

OR

Performance Not Met:

Dilated eye exam was not performed, reason not otherwise specified **(G2102 with 8P or G2103 with 8P or G2104 with 8P)****

****Note:** *For Performance Year 2020 reporting, the Centers for Medicare & Medicaid Services and the American Medical Association have approved the use of the 8P modifier with HCPCS codes to report the Performance Not Met numerator option for Quality ID #117.*

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) (Centers for Disease Control and Prevention [CDC], 2017a, 2017b). 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, 2017c). 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, 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 (American Diabetes Association, 2018a).

Diabetic retinopathy is progressive damage to the small blood vessels in the retina that may result in loss of vision. It is the leading cause of blindness in adults between 20-74 years of age. Approximately 4.1 million adults are affected by

diabetic retinopathy (CDC, 2015).

CLINICAL RECOMMENDATION STATEMENTS:

American Diabetes Association (2018b):

- Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes. (Level of evidence: B)
- Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of the diabetes diagnosis. (Level of evidence: B)

-If there is no evidence of retinopathy for one or more annual eye exam and glycemia is well controlled, then exams every 1–2 years may be considered. If any level of diabetic retinopathy is present, subsequent dilated retinal examinations should be repeated at least annually by an ophthalmologist or optometrist. If retinopathy is progressing or sight threatening, then examinations will be required more frequently. (Level of evidence: B)

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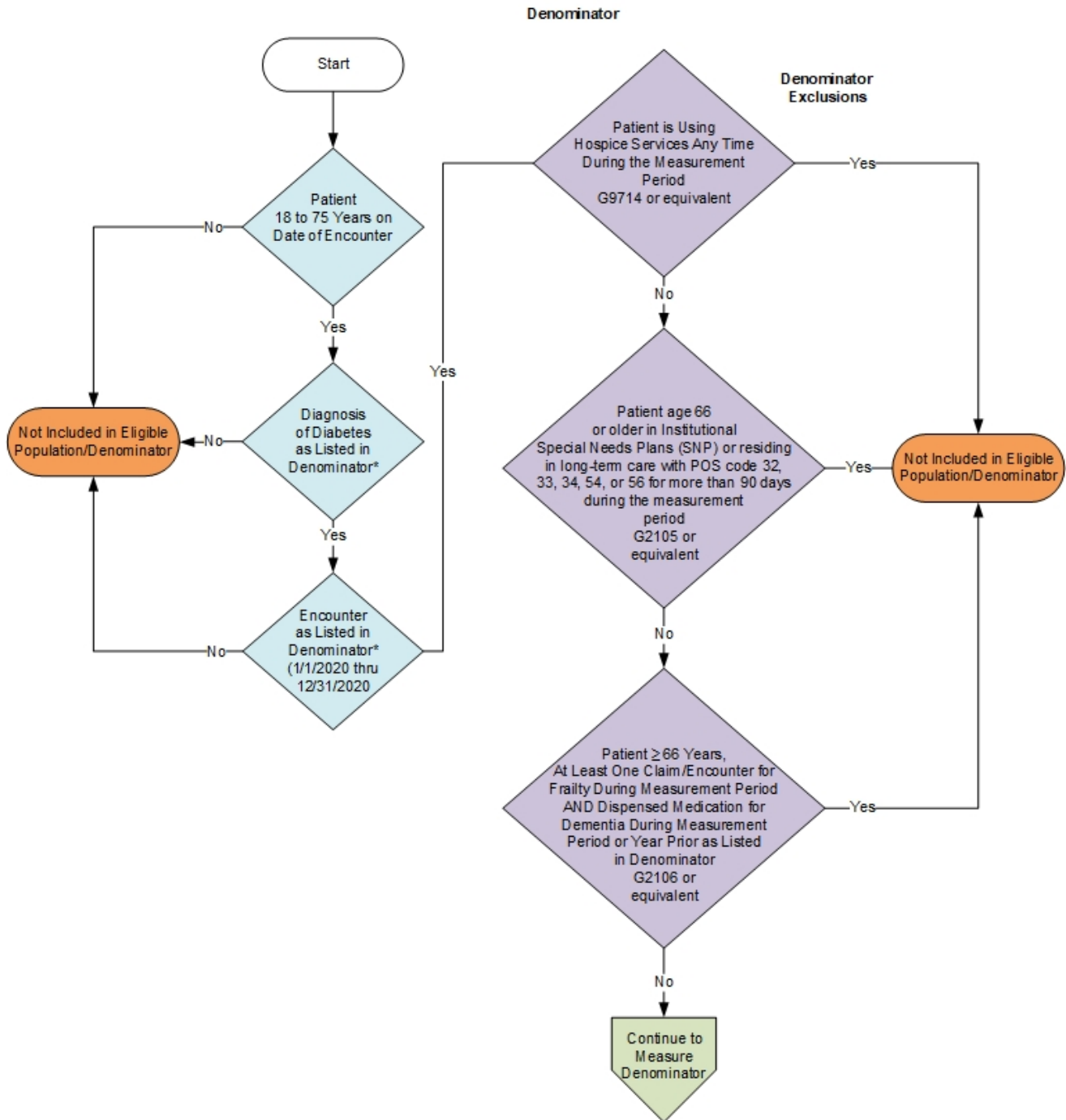
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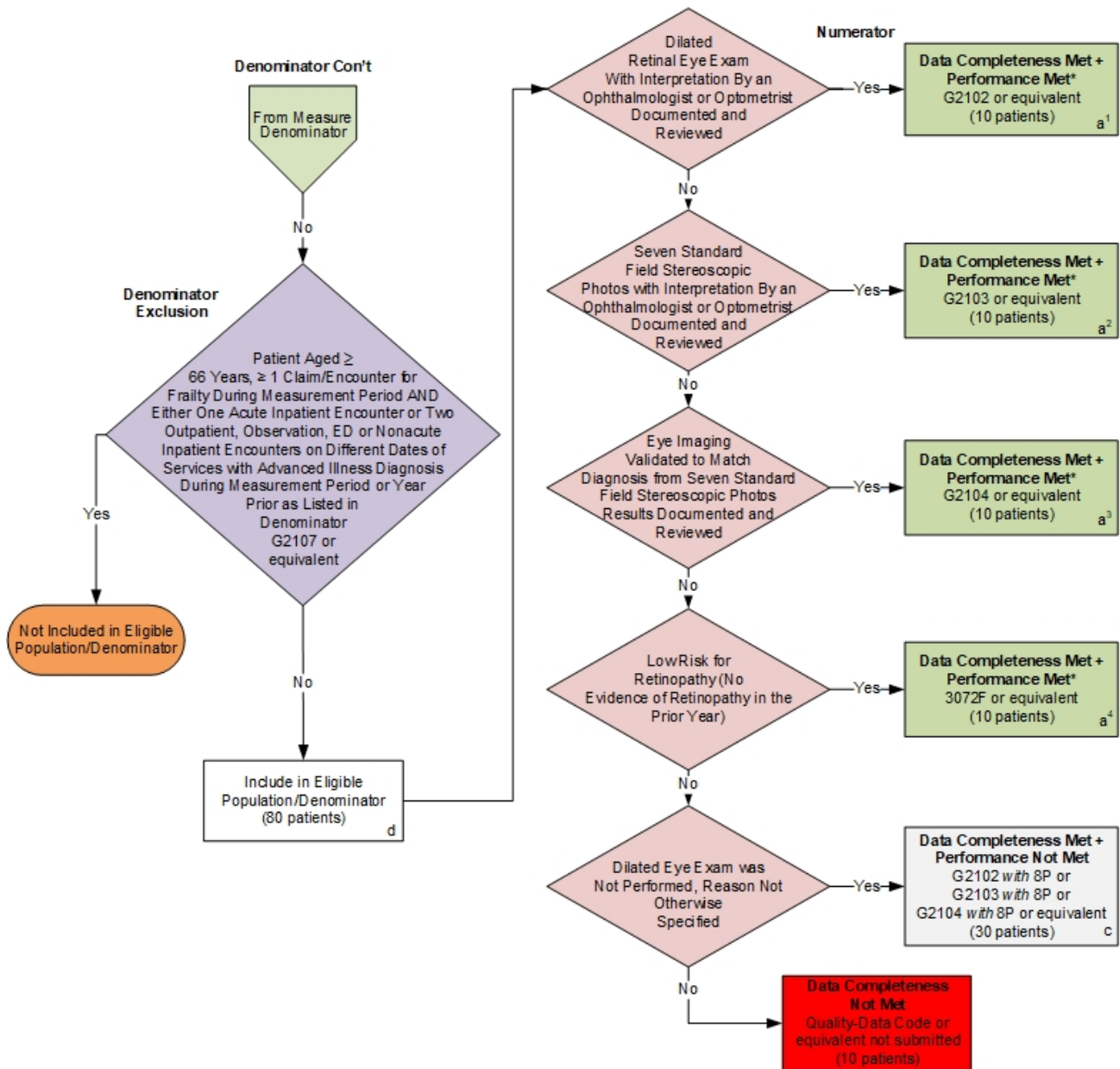
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**2020 Clinical Quality Measure Flow for Quality ID #117 NQF #0055:
Diabetes: Eye Exam**

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





SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{+a}^3\text{+a}^4\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
 NOTE: Submission Frequency: Patient-Process

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**2020 Clinical Quality Measure Flow Narrative for Quality ID #117 NQF #0055:
Diabetes: Eye Exam**

***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 18 to 75 Years on Date of Encounter equals No do not include in Eligible Population. Stop Processing.
 - b. If Patient 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 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 Age 65 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.
6. Check Patients Age 65 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:
 - a. If Patients Age 65 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 equals Yes, do not include in Eligible Population. Stop processing.
 - b. If Patients Age 65 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 equals No, proceed to check Patient 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.

7. Check Patient 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:
 - a. If Patient 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 equals Yes, do not include in Eligible Population. Stop processing.
 - b. If Patient 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 equals No, proceed to check Patient 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.
8. Check Patient 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:
 - a. If Patient 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 equals Yes, do not include in Eligible Population. Stop processing.
 - b. If Patient 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 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 Dilated Retinal Eye Exam with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed:
 - a. If Dilated Retinal Eye Exam with Interpretation by an Ophthalmologist or Optometrist 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 Dilated Retinal Eye Exam with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed equals No, proceed to check Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed.
12. Check Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed:
- a. If Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist 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 Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed equals No, proceed to check Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Results Documented and Reviewed.
13. Check Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Results Documented and Reviewed:
- a. If Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Results Documented and Reviewed 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 a³ equals 10 patients in the Sample Calculation.
 - c. If Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Results Documented and Reviewed equals No, proceed to check Low Risk for Retinopathy (No Evidence of Retinopathy in the Prior Year).
14. Check Low Risk for Retinopathy (No Evidence of Retinopathy in the Prior Year):
- a. If Low Risk for Retinopathy (No Evidence of Retinopathy in the Prior Rear) 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 Low Risk for Retinopathy (No Evidence of Retinopathy in the Prior Year) equals No, proceed to check Dilated Eye Exam was Not Performed, Reason Not Otherwise Specified.
15. Check Dilated Eye Exam was Not Performed, Reason Not Otherwise Specified:
- a. If Dilated Eye Exam was 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 Dilated Eye Exam was Not Performed, Reason Not Specified equals No, proceed to check Data Completeness Not Met.

16. 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=

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

Performance Rate=

$$\frac{\text{Performance Met (a}^1+\text{a}^2+\text{a}^3+\text{a}^4=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$