Diabetes Mellitus Measures Group

PQRI Data Collection Sheet*

☐ Male ☐ Female

Patient's Name | Practice Medical Record Number (MRN) | Birth Date (mm/dd/yyyy)

National Provider Identifier (NPI) | Date of Encounter

Step 1 Preliminary reporting requirements

You must identify your intent to report the Diabetes Mellitus Measures Group by submitting the G-code specified for this measures group on the first patient claim (G8485: I intend to report the Diabetes Mellitus Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

*(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)*

	Yes	No	
Patient is aged 18 through 75 years on date of encounter.	☐	☐	Refer to date of birth listed above or on claim form.
Patient has a line item diagnosis of diabetes mellitus.	☐	☐	250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04
There is a CPT Service Code for a visit in the office, nursing facility, domiciliary, or home OR a code for medical nutrition therapy.	☐	☐	97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code or G-code.

Step 3 Complete individual measures

Blood Pressure (BP) Management		Report one code for systolic BP AND one code for diastolic BP OR one code for NOT assessed.	
PQRI Measure #3 • *measure target: <140/80 mmHg* • *reporting frequency: BP must be assessed and reported once during the calendar year* • *most recent BP should be reported*	Systolic BP	< 130 mmHg	☐ 3074F
		130–139 mmHg	☐ 3075F
		≥ 140 mmHg	☐ 3077F
	Diastolic BP	< 80 mmHg	☐ 3078F
		80–89 mmHg	☐ 3079F
		≥ 90 mmHg	☐ 3080F
		OR	
		Blood pressure NOT assessed	☐ 2000F–8P

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*For additional information on the PQRI program and reporting on measures groups, please visit the CMS Web site at http://www.cms.hhs.gov/pqri.

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Hemoglobin A1c Management (poor control)		Report one code for A1c level OR one code for NOT assessed.	
PQRI Measure #1 • *poor control: >9.0%* • *reporting frequency: A1c must be assessed and reported once during the calendar year* • *most recent A1c should be reported*	A1c level	< 7.0 %	☐ 3044F
		7.0 to 9.0 %	☐ 3045F
		> 9.0 %	☐ 3046F
		OR	
		HbA1c NOT assessed	☐ 3046F–8P
Lipid Profile		Report one code for LDL-C level OR one code for NOT assessed.	
PQRI Measure #2 • *measure target: < 100 mg/dL (lower is better)* • *reporting frequency: LDL-C level must be assessed and reported once during the calendar year* • *most recent LDL-C level should be reported*	LDL-C level	< 100 mg/dL	☐ 3048F
		100–129 mg/dL	☐ 3049F
		≥ 130 mg/dL	☐ 3050F
		OR	
		LDL-C level NOT assessed	☐ 3048F–8P
Nephropathy Screening or Treatment		Report one code for nephropathy screening OR one code for nephropathy treatment OR one code for NOT performed.	
PQRI Measure #119 • *reporting frequency: nephropathy screening (or documentation of treatment for nephropathy) must be performed and reported once during the calendar year*	Screened for nephropathy	Microalbuminuria positive test result	☐ 3060F
		Microalbuminuria negative test result	☐ 3061F
		Macroalbuminuria positive test result	☐ 3062F
	Receiving treatment for nephropathy	**OR**	
		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
		Patient prescribed ACE inhibitor or ARB therapy	☐ G8506
		OR	
		Nephropathy screening NOT performed	☐ 3060F-8P OR 3061F-8P OR 3062F-8P
Comprehensive Foot Exam *(visual inspection, sensory exam with monofilament, or pulse exam)*		Report one of the following comprehensive foot exam codes OR one code for NOT completed.	
PQRI Measure #163 • *reporting frequency: comprehensive foot exam must be completed and reported once during the calendar year*		Completed	☐ 2028F
		Not Completed for medical reasons *(eg, patient has bilateral foot amputation)* • Document reason in medical chart	☐ 2028F–1P
		OR	
		Comprehensive foot exam NOT completed	☐ 2028F-8P

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<table>
<tr><td colspan="2">Eye Exam
(including interpretation by an ophthalmologist or optometrist)</td><td colspan="2">Report one of the following eye exam codes
OR one code for NOT performed.</td></tr>
<tr><td rowspan="4">PQRI Measure #117
• reporting frequency: eye exam (or evidence that patient is at low risk for retinopathy) must be performed and reported once during the calendar year</td><td rowspan="3">Eye exam completed by an eye care professional and results reviewed</td><td>Dilated retinal eye exam results reviewed</td><td>☐ 2022F</td></tr>
<tr><td>Seven standard field stereoscopic photo results reviewed</td><td>☐ 2024F</td></tr>
<tr><td>Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results</td><td>☐ 2026F</td></tr>
<tr><td>Eye exam not required</td><td>Low risk for retinopathy: in the year prior to the reporting period, patient's retinal eye exam had no evidence of retinopathy</td><td>☐ 3072F</td></tr>
<tr><td colspan="2" rowspan="2"></td><td colspan="2">OR</td></tr>
<tr><td>Eye exam NOT performed</td><td>☐ 2022F-8P OR
2024F-8P OR
2026F-8P</td></tr>
</table>

Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Report the corresponding CPT category II codes(s) as selected above for each of the six measures in the Diabetes Mellitus Measures Group.

   OR

2. If **all** quality actions for the patient have been performed for each of the six measures in the Diabetes Mellitus Measures Group, **G8494** may be reported. *Note: G8494 is not appropriate for this patient if any of the following codes have been selected from Step 3: 3077F, 3079F, 3080F, 3044F, 3045F, 3049F, 3050F, any CPT category II code with the 8P modifier.*