

Diabetes Mellitus Measures Group

This measures group is to be reported for patients aged 18 through 75 years with diabetes mellitus receiving office or other outpatient services, nursing facility care, domiciliary/rest home/custodial care services, or medical nutrition therapy.

You will need to report G-code G8485 once to indicate your intent to report on the Diabetes Mellitus Measures Group. Once you have reported the G-code, you should begin reporting using one of the patient sample methods listed below.

The following 2011 Physician Quality Reporting System, measures are included in the Diabetes Mellitus Measures Group:

#1. Hemoglobin A1c Poor Control in Diabetes Mellitus

Measure Description

Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%

#2. Low Density Lipoprotein Cholesterol (LDL-C) Control in Diabetes Mellitus

Measure Description

Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)

#3. High Blood Pressure Control in Diabetes Mellitus

Measure Description

Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)

#117. Dilated Eye Exam in Diabetic Patient

Measure Description

Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam

#119. Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

Measure Description

Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months

#163. Foot Exam

Measure Description

Percentage of patients aged 18 through 75 years with diabetes mellitus who had a foot examination

This measures group can be reported by one of the following patient sample methods:

- **30 Patient Sample Method** — 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
- **50% Patient Sample Method via Claims or 80% Patient Sample Method via Registry** — All patients meeting patient sample criteria for the measure group during the entire reporting period (January 1 through December 31, 2011 OR July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory. For the 6-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory.

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