

# DIABETES MELLITUS (DM)

## Algorithm for Measures Calculation – EHRS

### PATIENT SELECTION CRITERIA

Include if **ALL** the following criteria are met:

- **Two face to face encounters** with different dates of service in an outpatient setting or non-acute inpatient setting during the measurement period or the year prior to the measurement period (services that occur over both periods may be counted) with a **documented diagnosis** of diabetes mellitus (type 1 or type 2)

**OR**

- **One face-to-face encounter** in an acute inpatient or emergency department setting during the measurement period or the year prior to the measurement period (services that occur over both periods may be counted) with a **documented diagnosis** of diabetes mellitus (type 1 or type 2)

**AND**

- Is **≥ 18 and ≤ 75 years of age** on the last day of the measurement period

**Exclude** from the sample if the following diagnoses are found:

- Polycystic ovaries
- Gestational diabetes
- Steroid induced diabetes

### ➤ *List of Data Elements located in Appendix A*

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Measure Owner Designation
♣ AMA/PCPI is the measure owner
▲ CMS is the measure owner
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**DIABETES MELLITUS (DM)  
Algorithm for Measures Calculation – EHRS**

Two face to face encounters with different dates of service in an outpatient setting or non-acute inpatient setting

**OR**

One face-to-face encounter in an acute inpatient or emergency department setting during the measurement period or the year prior to the measurement period. (services that occur over both periods may be counted)

<b>ENCOUNTER CODE** (C4)</b>
92002-92014, 99201-99205, 99211-
99217-99223, 99231-99236,
99238-99239,
99241-99245, 99251-99255,
99261-99263,
99281-99285, 99291,
99301-99313, 99315, 99316, 99318,
99321-99328, 99331-99337,
99341-99345, 99347-99350,
99384-99387, 99394-99397,
99401-99404, 99411, 99412,
99420, 99429,
99455, 99456, 99499

**AND**

Patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period  
**[DATEOFBIRTH]\*  $\geq 18$  and  $\leq 75$ ]**

**AND**

Patient has a documented diagnosis of DM:

<b>DX CODE (I9)</b>
250.00-250.03, 250.10-250.13,
250.20-250.23, 250.30-250.33,
250.40-250.43, 250.50-250.53,
250.60-250.63, 250.70-250.73,
250.80-250.83, 250.90-250.93,
357.2, 362.01-362.07, 366.41,
648.00-648.04

**[DMCONFIRMED] =1**

**AND NOT**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>EXCLUSION CODE (I9)</b>
251.8, 256.4,
648.80-648.84, 962.0

**[DMCONFIRMED] =3**

\* Bracketed element names reflect MCMP-PAT element names

\*\* Encounter Code box will not be repeated for every measure, but it is a required element for every measure

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**HbA1c Management: Testing (DM-1): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) testing**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

<b>[DMCONFIRMED] = 1</b>	DX CODE (I9)
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>[DMCONFIRMED] = 3</b>	EXCLUSION CODE (I9)
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: One or more HbA1c test(s) performed during the measurement period**

**Numerator Inclusions**

Patients who received one or more HbA1c test(s) during the measurement period.		
TOPIC_EVALUATION_CODES Table lists applicable CPT (C4), CPT Category II (C4), and LOINC (LN) codes for inclusion:		
<b>A1C CODE (C4)</b>	<b>A1C CODE (C4)</b>	<b>A1C CODE (LN)</b>
83036, 83037	3046F, 3047F	4548-4, 4549-2, 17856-6
<b>[DMHBA1CTEST] = 1</b>		

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**HbA1c Management: Poor Control (DM-2): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had HbA1c in poor control (> 9.0%)**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

<b>[DMCONFIRMED] = 1</b>	<b>DX CODE (I9)</b>
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>[DMCONFIRMED] = 3</b>	<b>EXCLUSION CODE (I9)</b>
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: The most recent HbA1c level (performed during the measurement period) is > 9.0% or is missing or was not done during the measurement period**

**Numerator Inclusions**

Patients with most recent A1c > 9.0% or result is missing or was not performed during the measurement period.

TOPIC\_EVALUATION\_CODES Table lists an applicable CPT Category II (C4) code for inclusion:

**Most recent [DMHBA1CDATE]  
WITH**

A1C CODE (C4)
3046F

[DMHBA1CVALUE] = numeric result for A1C value.  
If numeric result = missing OR result was not completed, collect as a 0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Blood Pressure Management (DM-3): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a blood pressure < 140/80 mmHg**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is $\geq 18$ and $\leq 75$ years of age on the last day of the measurement period.	
TOPIC_EVALUATION_CODES Table lists applicable ICD-9 (I9) codes for inclusion:	
<b>[DMCONFIRMED] = 1</b>	<b>DX CODE (I9)</b>
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.	
MEDICAL_EXCLUSION_CODES Table lists applicable ICD-9 (I9) codes for exclusion:	
<b>[DMCONFIRMED] = 3</b>	<b>EXCLUSION CODE (I9)</b>
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)  
Algorithm for Measures Calculation – EHRS**

**Numerator: Patients with most recent systolic blood pressure measurement < 140 mmHg and diastolic blood pressure < 80 mmHg during the measurement period**

**Numerator Inclusions**

Patients with most recent blood pressure measurement recorded during the measurement period.

Note: Both the systolic and diastolic blood pressure measurements are required for inclusion. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

TOPIC\_EVALUATION\_CODES Table lists applicable SNOMED (SNM) and CPT Category II (C4) codes for inclusion:

[DMBPMEASURE] = 1  
WITH  
[DMBPDATE]  
AND

SYSTOLIC CODE (SNM)	SYSTOLIC BP CODE (C4)
72313002, 271649006	3076F, 3077F
AND documentation of systolic BP measurement	

[DMBPSYSTOLIC]  
AND

DIASTOLIC CODE (SNM)	DIASTOLIC BP CODE (C4)
67726005, 271650006	3078F, 3079F, 3080F
AND documentation of diastolic BP measurement	

[DMBPDIASTOLIC]

**DIABETES MELLITUS (DM)  
Algorithm for Measures Calculation – EHRS**

**Lipid Management: Testing (DM-4): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had LDL-C screening performed**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

<b>[DMCONFIRMED] = 1</b>	<b>DX CODE (I9)</b>
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>[DMCONFIRMED] = 3</b>	<b>EXCLUSION CODE (I9)</b>
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: An LDL-C test performed during the measurement period**

**Numerator Inclusions**

Patients with at least one LDL-C test during the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable LOINC (LN), CPT (C4) and CPT Category II (C4) codes for inclusion:

<b>LDL-C CODE (LN)</b>	<b>LDL-C CODE (C4)</b>	<b>LDL-C CODE (C4)</b>
2089-1, 12773-8, 7,	80061,	3048F
13457-7, 18261-8,	83700, 83701,	3049F
18262-6, 24331-1,	83704, 83715,	3050F
22748-8, 39469-2,	83716, 83721,	

**[DMLDLCTEST] = 1**

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Lipid Management: Control (< 100 mg/dL) (DM-5): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had LDL-C testing < 100 mg/dL**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

<b>[DMCONFIRMED] = 1</b>	<b>DX CODE (I9)</b>
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>[DMCONFIRMED] = 3</b>	<b>EXCLUSION CODE (I9)</b>
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: The most recent LDL-C level performed during the measurement period is cholesterol < 100 mg/dL**

**Numerator Inclusions**

Patients with most recent LDL-C < 100 mg/dL during the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable CPT Category II (C4) codes for inclusion:

**[DMLDLCDATE]  
WITH**

LDL-C CODE (C4)
3048F

**[DMLDLCVALUE] = numeric result for LDL-C value.  
If value = null, record as 0**

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Urine Protein Screening (■DM-6): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had medical attention for nephropathy**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

<b>[DMCONFIRMED] = 1</b>	DX CODE (I9)
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>[DMCONFIRMED] = 3</b>	EXCLUSION CODE (I9)
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: Patients who received any test for urine microalbuminuria, or had evidence of medical attention for nephropathy, or had a positive macroalbumin test, or received ACE Inhibitor/ARB therapy during the measurement period**

**Numerator Inclusions Option #1**

Patients who had any test for microalbumin during the measurement period or who had evidence of nephropathy during the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable LOINC (LN), CPT (C4) and CPT Category II (C4) codes for inclusion:

NEPHRO TEST CODE (LN)	NEPHRO TEST CODE (C4)	NEPHRO TEST CODE (C4)
1753-3, 1754-1, 1755-8,	82042-82044, 84156	3060F, 3061F
2887-8, 2888-6, 2889-4,		
2890-2, 9318-7, 11218-5,		
12842-1, 13705-9, 13801-6		
14585-4, 14956-7, 14957-5,		
14958-3, 14959-1, 18373-1,		
20621-9, 21059-1, 21482-5,		
26801-1, 27298-9, 30000-4,		
30001-2, 30003-8, 32209-9,		
32294-1, 32551-4,		
34366-5, 35663-4		

[DMNEPHROPATHY] = 1

**OR**

## DIABETES MELLITUS (DM) Algorithm for Measures Calculation – EHRS

### Numerator Inclusions Option #2

TOPIC\_EVALUATION\_CODES Table lists applicable LOINC (LN), CPT (C4), CPT Category II (C4), HCPCS (HCPCS), and ICD-9 (I9) codes for inclusion:

URINE MACRO CODE (LN)	URINE MACRO CODE (C4)	URINE MACRO CODE (C4)
5804-0, 20454-5,	81000-81003,	3062F
24356-8, 24357-6,	81005	

**OR**

NEPHRO TX CODE (C4)	NEPHRO TX CODE (C4)
36145, 36800, 36810, 36815, 36818-36820, 36821, 36831-36833	3066F
50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920-90921, 90924, 90925, 90935, 90937, 90939-90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512	

**OR**

NEPHRO TX CODE (HCPCS)
G0257, G0314-G0319, G0322-G0323, G0326-G0327, S9339

**OR**

NEPHRO TX CODE (I9)
250.40-250.43, 403.00-403.01, 403.10-403.11, 403.90-403.91, 404.00-404.03, 404.10-404.13, 404.90-404.93, 405.01, 405.11, 405.91, 581.81, 582.9, 583.81, 584.5-584.9, 585.1-585.6, 585.9, 586, 588.0, 588.1, 588.81, 588.89, 588.9, 753.0, 753.10-753.17, 753.19, 791.0, V42.0, V45.1, V56.0, V56.1, V56.2, V56.31, V56.32, V56.8, 38.95, 39.27, 39.42, 39.43, 39.53, 39.93, 39.94, 39.95, 54.98, 55.4, 55.51-55.54, 55.61, 55.69

**[DMNEPHROPATHY] = 1**

**OR**

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator Inclusions Option #3**

TOPIC\_EVALUATION\_CODES Table lists an applicable CPT Category II (C4) code for patients who were prescribed ACE Inhibitor or ARB therapy during the measurement period.

ACE ARB THERAPY CODE (C4)
4009F

**[DMNEPHROPATHY] = 1**

**OR**

TOPIC\_DRUG\_CODES Table lists applicable drug codes for patients who were prescribed ACE Inhibitor or ARB therapy during the measurement period and DRUG\_EXCLUSION = N.

**[DMNEPHROPATHY] = 1**

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Eye Examination (DM-7): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had an eye exam (retinal) performed**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

[DMCONFIRMED] = 1

DX CODE (I9)
250.00-250.03, 250.10-250.13,
250.20-250.23, 250.30-250.33,
250.40-250.43, 250.50-250.53,
250.60-250.63, 250.70-250.73,
250.80-250.83, 250.90-250.93,
357.2, 362.01-362.07, 366.41,
648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

[DMCONFIRMED] = 3

EXCLUSION CODE (I9)
251.8, 256.4,
648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: Patients who received a retinal eye exam during the measurement period or a *negative* retinal eye exam during the year prior to the measurement period**

**Numerator Inclusions**

Patients who received a dilated eye exam or evaluation by an optometrist or ophthalmologist in the measurement period OR a *negative* retinal eye exam (no evidence of retinopathy) in the year prior to the measurement period.

ENCOUNTER CODE (C4)
92002, 92004, 92012, 92014,
99201-99205, 99211-99215,
99217-99223, 99231-99236,
99238-99239,
99241-99245, 99251-99255,
99261-99263,
99281-99285, 99291,
99301-99313, 99315-99316, 99318,
99321-99328, 99331-99337,
99341-99345, 99347-99350,
99384-99387, 99394-99397,
99401-99404, 99411-99412,
99420, 99429,
99455, 99456, 99499

**AND**

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9), CPT (C4), HCPCS (HCPCS), and CPT Category II (C4) codes for eye exam inclusion:

EYE EXAM CODE (I9)	EYE EXAM CODE (C4)	EYE EXAM CODE (HCPCS)	EYE EXAM CODE (C4)
14.11, 14.19,	67028, 67038-67040, 67101,	S0620,	2022F,
14.21-14.29,	67105, 67107, 67108,	S0621,	2024F,
14.31-14.35,	67110, 67112, 67141, 67145,	S0625,	2026F,
14.39, 14.41, 14.49,	67208, 67210, 67218, 67227,	S3000	3072F
14.51-14.55, 14.59, 14.9,	67228, 92002, 92004, 92012,		
95.02-95.04, 95.11,	92014, 92018, 92019, 92225,		
95.12, 95.16,	92226, 92230, 92235, 92240,		
V72.0	92250, 92260		

**[DMEYEEXAM] = 1**

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Foot Examination (#DM-8): The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam)**

**Denominator: Patients 18 - 75 years of age who had a diagnosis of diabetes (type 1 or type 2)**

**Denominator Inclusions**

All patients with a documented diagnosis of DM and patient is  $\geq 18$  and  $\leq 75$  years of age on the last day of the measurement period.

TOPIC\_EVALUATION\_CODES Table lists applicable ICD-9 (I9) codes for inclusion:

<b>[DMCONFIRMED] = 1</b>	<b>DX CODE (I9)</b>
	250.00-250.03, 250.10-250.13,
	250.20-250.23, 250.30-250.33,
	250.40-250.43, 250.50-250.53,
	250.60-250.63, 250.70-250.73,
	250.80-250.83, 250.90-250.93,
	357.2, 362.01-362.07, 366.41, 648.00-648.04

**AND NOT**

**Denominator Exclusions**

Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>[DMCONFIRMED] = 3</b>	<b>EXCLUSION CODE (I9)</b>
	251.8, 256.4,
	648.80-648.84, 962.0

**DIABETES MELLITUS (DM)**  
**Algorithm for Measures Calculation – EHRS**

**Numerator: Patients who received a foot exam (visual inspection, sensory exam with monofilament or pulse exam) during the measurement period**

**Numerator Inclusions**

Patients who received a foot exam (visual inspection, sensory exam with monofilament or pulse exam) during the measurement period.

TOPIC\_EVALUATION\_CODES Table lists an applicable CPT Category II (C4) code for inclusion:

<b>FOOT EXAM CODE (C4)</b>
2028F

**[DMFOOTEXAM] = 1**

**Denominator Exclusions** (*Exclusions only applied if patient did not receive a foot exam, which consists of visual inspection, sensory exam with monofilament or pulse exam*)

Exclude diabetes patients with a diagnosis bilateral foot/leg amputation who did not have any face-to-face visits during the measurement period.

MEDICAL\_EXCLUSION\_CODES Table lists applicable ICD-9 (I9) codes for exclusion:

<b>BIL AMPUTEE CODE (I9)</b>
896.2, 896.3, 897.6, 897.7

**[DMFOOTEXAM] = 3**

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-1 HbA1c Management: Testing</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	A1C CODING SYSTEM	Type of coding system applicable for A1C testing (LOINC, CPT4, CPT Category II)
	A1C CODE	Code used for A1C test
	A1C DATE	Date A1C testing was performed

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-2 HbA1c Management: Poor Control</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	A1C CODING SYSTEM	Type of coding system applicable for A1C testing (CPT Category II)
	A1C CODE	Code used for A1C
	A1C DATE	Date A1C testing was performed
	A1C RESULT	Numeric result for HbA1c value

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-3 Blood Pressure Management</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	SYSTOLIC CODING SYSTEM	Type of coding system applicable for a systolic blood pressure measurement (SNOMED)
	SYSTOLIC CODE	Code used for systolic blood pressure
	SYSTOLIC DATE	Date systolic blood pressure was documented
	SYSTOLIC RESULT	Result of systolic blood pressure measurement
	DIASTOLIC CODING SYSTEM	Type of coding system applicable for a diastolic blood pressure measurement (SNOMED)
	DIASTOLIC CODE	Code used for diastolic blood pressure
	DIASTOLIC DATE	Date diastolic blood pressure was documented
	DIASTOLIC RESULT	Result of diastolic blood pressure measurement
	SYSTOLIC BP < 140 CODING SYSTEM	Type of coding system applicable for a systolic blood pressure measurement < 140 (CPT Category II)
	SYSTOLIC BP < 140 CODE	Code used for systolic BP < 140
	SYSTOLIC BP < 140 DATE	Date systolic BP < 140 was documented
	DIASTOLIC BP < 80 CODING SYSTEM	Type of coding system applicable for a diastolic blood pressure measurement < 80 (CPT Category II)
	DIASTOLIC BP < 80 CODE	Code used for diastolic BP < 80
	DIASTOLIC BP < 80 DATE	Date diastolic BP < 80 was documented

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-4 Lipid Management: Testing</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	LDL-C CODING SYSTEM	Type of coding system applicable for a LDL-C test (LOINC, CPT4, CPT Category II)
	LDL-C CODE	Code used for LDL-C testing
	LDL-C DATE	Date LDL-C test was performed

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-5 Lipid Management: Control (&lt; 100 mg/dL)</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	LDL-C CODING SYSTEM	Type of coding system applicable for a LDL-C test (CPT Category II)
	LDL-C CODE	Code used for LDL-C testing
	LDL-C DATE	Date LDL-C test was performed
	LDL-C RESULT	Numeric result for LDL-C value

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-6 Urine Protein Screening</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	NEPH TEST CODING SYSTEM	Type of coding system applicable for evidence of nephropathy (CPT4, CPT Category II, LOINC)
	NEPH TEST CODE	Code used for nephropathy
	NEPH TEST DATE	Date nephropathy was documented
	NEPHRO EVID CODING SYSTEM	Type of coding system applicable for microalbumin testing (CPT4, CPT Category II, LOINC)
	NEPHRO EVID CODE	Code used for microalbumin testing
	NEPHRO EVID DATE	Date the microalbumin testing was performed
	NEPHRO TX CODING SYSTEM	Type of coding system applicable for treatment of nephropathy (ICD9, CPT4, CPT Category II, HCPCS)
	NEPHRO TX CODE	Code used for nephropathy treatment
	NEPHRO TX DATE	Date nephropathy treatment was documented
	ACE ARB CODING SYSTEM	Type of coding system applicable for ACE Inhibitor or ARB therapy (CPT Category II)
	ACE ARB CODE	Code used for ACE or ARB therapy
	ACE ARB DATE	Date ACE or ARB therapy was prescribed
	DRUG CODING SYSTEM	Type of coding system applicable for ACE Inhibitor or ARB drugs (NDC)
	DRUG CODE	ACE Inhibitor ARB drug codes
	ORDER DATE	Date ACE Inhibitor or ARBs were prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-7 Eye Examination</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	EYE EXAM CODING SYSTEM	Type of coding system applicable for a dilated eye exam (ICD9, CPT4, HCPCS, CPT Category II)
	EYE EXAM CODE	Code used for eye exam
	EYE EXAM DATE	Date eye exam was documented

Shaded data elements apply to each measure

**APPENDIX A**  
**DM MEASURES WITH CORRESPONDING DATA ELEMENTS**

Ambulatory Care Measure	Short Name	Description
<b>DM-8 Foot Examination</b>		
	TOPIC TYPE	Topic that is being reported on
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Coding system applicable to face-to-face office visit (CPT4)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Coding system applicable to the diagnosis code (ICD9)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EXCLUSION CODING SYSTEM	Type of coding system applicable for medical exclusions (ICD9)
	EXCLUSION CODE	Code used for medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	FOOT EXAM CODING SYSTEM	Type of coding system applicable for a foot exam (CPT Category II)
	FOOT EXAM CODE	Code for foot exam
	FOOT EXAM DATE	Date foot exam was documented
	BIL AMPUTEE CODING SYSTEM	Type of coding system applicable for a bilateral foot amputation (ICD9)
	BIL AMPUTEE CODE	Code for bilateral foot amputation
	BIL AMPUTEE DATE	Date bilateral foot amputation was documented

Shaded data elements apply to each measure