

## Appendix B: Sample 2010 PQRI Measure

The following is a sample 2010 PQRI quality measure which includes text boxes to assist eligible professionals with PQRI reporting.

The official measure title follows the symbol.

### \* Measure #19: Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care

#### 2010 PQRI REPORTING OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

Each individual measure specification identifies the reporting options available for the 2010 PQRI incentive.

#### DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months

Details when the measure should be reported and who should report.

#### INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all patients with diabetic retinopathy seen during the reporting period. It is anticipated that clinicians who provide the primary management of patients with diabetic retinopathy (in either one or both eyes) will submit this measure.

#### Measure Reporting via Claims:

Line-item ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II and/or G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code AND/OR G-code OR the CPT Category II code with the modifier AND G-code. The modifiers allowed for this measure are: 2P- patient reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported ON THE SAME CLAIM.

To ensure satisfactory PQRI reporting, submit all measure-specific coding for the beneficiary on the **SAME CLAIM** for the **SAME DATE** of SERVICE for the NPI/TIN reporting the measures.

#### Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

A clinical action counted as meeting the measure's requirements (i.e., patients who received the particular service or obtained a particular outcome that is being measured).

#### NUMERATOR:

Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care

This symbol (asterisks) represents the Measure Developer (as noted in the Symbol and Copyright Information section following the 2010 PQRI Measure Specifications Manual for Claims and Registry).

This segment includes a high-level description of the measure.

Sample Measure #19 is a claims and registry measure.

Refer to PQRI measure specification #33 to view a registry only specification.

Refer to the Glossary of Terms "line-item diagnosis" and the introduction of the 2010 PQRI Measure Specifications Manual for Claims and Registry Reporting of Individual Measures for additional information.

Sample Measure #19 is a claims and registry measure.

Refer to PQRI measure specification #33 to view a registry only specification.

Measures may or may not contain definitions.

**Definition:**

**Communication** – May include documentation in the medical record indicating that the results of the dilated macular or fundus exam were communicated (e.g., verbally, by letter) with the clinician managing the patient’s diabetic care OR a copy of a letter in the medical record to the clinician managing the patient’s diabetic care outlining the findings of the dilated macular or fundus exam.

Measure #19 is an example of a complex measure. Review carefully to submit the quality-data codes that meet the quality action being reported.

**NUMERATOR NOTE:** The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.

Numerator section outlines applicable quality-data coding options for reporting the numerator.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Dilated Macular or Fundus Exam Findings Communicated**

(One CPT II code & one G-code [5010F & G8397] are required on the claim form to submit this numerator option)

Section 1: Satisfactory Reporting and Performance

**CPT II 5010F** Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care

Example of CPT Category II quality-data codes

**AND**

**G8397:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

**OR**

**Dilated Macular or Fundus Exam Findings not Communicated for Patient Reasons**

(One CPT II code & one G-code [5010F-2P & G8397] are required on the claim form to submit this numerator option)

Section 2: Satisfactory Reporting and Excluded from Performance

Append a modifier (**2P**) to CPT Category II code **5010F** to report documented circumstances that appropriately exclude patients from the denominator.

**5010F with 2P:** Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes

Modifiers developed exclusively for use with CPT Category II codes to indicate documented medical (1P), patient (2P), or system (3P) reasons for excluding patients from a measure’s denominator.

**AND**

**G8397:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

**OR**

Some measures allow no performance exclusions; some have only one or two.

Section 2: Satisfactory Reporting and Excluded from Performance

**If patient is not eligible for this measure because patient did not have dilated macular or fundus exam performed, report:**

(One G-code [G8398] is required on the claim form to submit this numerator option)

**G8398:** Dilated macular or fundus exam not performed

**OR**

**Section 3:**  
Satisfactory  
Reporting and  
Performance Not Met

**Dilated Macular or Fundus Exam Findings not Communicated, Reason not Specified**  
(One CPT II code & one G-code [5010F-8P & G8397] are required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 5010F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**5010F with 8P:** Findings of dilated macular or fundus exam was not communicated to the physician managing the diabetes care, reason not otherwise specified

**AND**

**G8397:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

Denominator statement describes the population evaluated by the performance measure.

**DENOMINATOR:**

All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed

Review patient demographics, DX, and encounter codes to determine if the patient meets denominator criteria.

Review other PQRI measures for which the patient meets denominator inclusion.

Enter the correct combination of codes on the claim.

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years on date of encounter

**AND**

**Diagnosis for diabetic retinopathy (line-item ICD-9-CM):** 362.01, 362.02, 362.03, 362.04, 362.05, 362.06

**AND**

**Patient encounter during the reporting period (CPT):** 92002, 92004, 92012, 92014, 9201, 9202, 9203, 9204, 9205, 9212, 9213, 9214, 9215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

Patient population that may be counted as eligible to meet a measure's inclusion requirements.

Identified by ICD-9-CM, CPT Category I, and HCPCS codes, as well as patient demographics (age, gender, etc), and place of service (if applicable).

**RATIONALE:**

The physician that manages the ongoing care of the patient with diabetes should be aware of the patient's dilated eye examination and severity of retinopathy to manage the on-going diabetes care. Such communication is important in assisting the physician to better manage the diabetes. Several studies have shown that better management of diabetes is directly related to lower rates of development of diabetic eye disease. (Diabetes Control and Complications Trial – DCCT, UK Prospective Diabetes Study – UKPDS)

A brief statement describing the evidence base and/or intent for the measure that serves to guide interpretation of results.

Questions or comments regarding how the measure is constructed or suggestions for changes to a measure should be submitted to the measure's developer/owner. (see PQRI FAQ #9382).

Summary of clinical recommendations based on best practices.

**CLINICAL RECOMMENDATION STATEMENTS:**

While it is clearly the responsibility of the ophthalmologist to manage eye disease, it is also the ophthalmologist's responsibility to ensure that patients with diabetes are referred for appropriate management of their systemic condition. It is the realm of the patient's family physician, internist or endocrinologist to manage the systemic diabetes. The ophthalmologist should communicate with the attending physician. (Level A: III Recommendation) (AAO, 2003)