

Quality ID #X: Diabetic Foot Assessment and Follow-up

20XX COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients 18 years of age and older with diabetes who had a lower-extremity neurological examination, vascular examination, and visual inspection of both feet; who received foot care education at least once in the past 12 months; and who received a follow-up plan of care if the results of the neurological, vascular, or visual inspection were abnormal.

INSTRUCTIONS:

This measure is to be submitted once per measurement period for patients seen during the measurement period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the services in the measure-specific denominator coding.

This measure will be calculated with 2 performance rates:

1. Percentage of patients aged 18 years of age and older with diabetes who received a lower extremity neurological examination, vascular examination, and visual inspection of both feet, and who received foot care education, during the encounter or during the previous twelve months of the current encounter.
2. Percentage of patients aged 18 years of age and older with diabetes with abnormal neurological, vascular, or visual inspection results who received a follow-up plan of care during the encounter or during the previous twelve months of the current encounter.

The denominator of submission criteria 2 is a subset of the resulting numerator for submission criteria 1, as submission criteria 2 is limited to assessing if patients who had abnormal exam results received a follow-up plan of care. For all patients, submission criteria 1 are applicable, but submission criteria 2 will only be applicable for patients who have abnormal neurological, vascular or visual inspection results.

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 1:

Patients 18 years of age and older with diabetes with a visit during the measurement period.

Denominator Criteria (Eligible Cases): Patients aged \geq 18 years on date of encounter

AND

Diagnosis for diabetes (ICD-10-CM): Codes TBD

AND

Patient encounter during the performance period (CPT): Codes TBD

AND NOT

DENOMINATOR EXCLUSION: Clinician documented that patient was not an eligible candidate for diabetic foot assessment and follow-up as patient has had either bilateral amputee above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period: Codes TBD

OR

Hospice services provided to patient any time during the measurement period: Codes TBD

OR

Palliative care services provided to patient any time during the measurement period: Codes TBD

OR

Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period: Codes TBD

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: Codes TBD

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: Codes TBD

NUMERATOR 1:

Patients who received a lower extremity neurological examination, a vascular examination, and a visual inspection of both feet, and who received foot care education during the encounter or during the previous twelve months of the current encounter.

Definitions:

Lower Extremity Neurological Exam: Consists of a documented evaluation of motor and sensory abilities and should include 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold.

Lower Extremity Vascular Exam: Consists of a documented evaluation of vascular status and should include pulse exam of both feet.

Lower Extremity Visual Inspection: Consists of a documented evaluation of dermatological and musculoskeletal status, to assess for skin integrity, presence of deformity or ulcer.

Foot Care Education: Structured, culturally appropriate foot care education that is aligned with a patient's health literacy and personal circumstances, which includes at minimum instructions for foot self-inspection, proper footwear and foot hygiene practices.

Numerator Options:

Performance Met: Lower extremity neurological exam, vascular exam, visual inspection AND foot care education performed and documented.

OR

Performance Not Met: Lower extremity neurological exam, vascular exam, visual inspection and foot care education not performed.

DENOMINATOR 2:

Patients in denominator 1 with abnormal lower extremity neurological, vascular, or visual inspection results during the encounter or during the previous twelve months of the current encounter.

Denominator Criteria (Eligible Cases): Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for diabetes (ICD-10-CM): Codes TBD

AND

Patient encounter during the performance period (CPT): Codes TBD

AND

Abnormal lower extremity neurological exam, vascular exam OR visual inspection results documented:
Codes TBD

Definitions:

Lower Extremity Neurological Exam – Abnormal Findings: Sensation diminished, absent or abnormal in one or both feet, or diagnosis of peripheral neuropathy.

Lower Extremity Vascular Exam – Abnormal Findings: Pulses diminished, absent or abnormal in one or both feet, or diagnosis of peripheral arterial disease.

Lower Extremity Visual Inspection – Abnormal Findings: Presence of callus, ulcer or deformity.

NUMERATOR 2:

Patients with a follow-up plan documented during the encounter or during the previous twelve months of the current encounter.

Definitions:

Follow-up Plan of Care: Proposed outline of treatment to be conducted as a result of abnormal diabetic foot exam results. A follow-up plan includes any of the following:

- Referral (for example to a podiatrist, vascular specialist or wound care specialist)
- Therapeutic footwear
- Offloading interventions
- Pharmacological interventions
- Plan for repeat visit with clinician within three months

Numerator Options:

Performance Met: Follow-up plan of care documented.

OR

Performance Not Met: Follow-up plan of care not documented.