



## MNCM Measurement Specifications for Optimal Diabetes Care

Dates of Service: 01/01/2009 – 12/31/2009

<b>Description</b>	Composite (“optimal” care) measure of the percentage of adult patients who have type 1 or type 2 diabetes with optimally managed modifiable risk factors.
<b>Methodology</b>	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review.
<b>Rationale</b>	According to the American Diabetes Association, there are 23.6 million children and adults in the United States who have diabetes. Most people with diabetes have other risk factors, such as high blood pressure and cholesterol that increase the risk for heart disease and stroke. In fact, more than 65% of people with diabetes die from these afflictions. Current evidence-based guidelines show that by controlling blood sugars, blood pressure, LDL cholesterol, taking daily aspirin, and staying tobacco-free, people with diabetes can significantly reduce their risk for heart disease and stroke.
<b>Denominator</b>	<p>Established patients meeting all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Date of birth between 01/01/1934 and 12/31/1991 (ages 18-75 during measurement period)</li> <li>• <b>Patient has been seen at least two times for diabetes (face-to-face with a provider) in the past two years (01/01/2008 - 12/31/2009), AND patient has had at least one office visit during the measurement period or six months prior (07/01/2008 - 12/31/2009).</b> Visits with diabetes ICD-9 codes are listed below. Please use the two-year dates of service (01/01/2008 – 12/31/2009) when querying your practice management or EMR system to allow you to count the number of visits within this time frame.</li> <li>• Include the following provider specialties: Family Medicine, Internal Medicine, Geriatric Medicine, and Endocrinology. Include provider types who manage care: MD, Physician Assistant, Nurse Practitioner, etc.</li> <li>• Diabetes defined as any one of the following ICD-9 diagnosis codes, in any position, not just primary. Codes are stated to the minimum specificity required. For example, if a three-digit code is listed, it is valid as a three, four, or five-digit code. Where there is a range of codes, we have listed them in an effort to be clearer. Please see Page 2 for a complete list of codes and descriptions.</li> </ul> <p style="text-align: center;"><b>250-250.93      Diabetes mellitus</b></p>
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Patient was a permanent nursing home resident home during the measurement period</li> <li>• Patient was in hospice at any time during the measurement period</li> <li>• Patient died prior to the end of the measurement period</li> <li>• Documentation that diagnosis was coded in error</li> </ul>
<b>Optimal Diabetes Care</b>	<p>Percentage of diabetes patients ages 18-75 in the measurement period (01/01/2009-12/31/2009) who met all of the following targets:</p> <ul style="list-style-type: none"> <li>• The most recent HbA1c in the measurement period has a value &lt;8.0</li> <li>• The most recent LDL test in the measurement period has a value &lt;100</li> <li>• The most recent Blood Pressure in the measurement period has a systolic value of &lt;130 and a diastolic value of &lt;80 (<b>both</b> values must be less than)</li> <li>• There is documentation in the chart that the patient is currently a non-tobacco user.</li> <li>• If the patient is <b>age 41 or older (patients born prior to 12/31/1968)</b>, there is documentation in the measurement period that the patient is on daily aspirin <b>or</b> there is documentation of an accepted contraindication (any date).</li> </ul>



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### ICD-9-CM Coding Conventions Used in MNCM Documentation

We are using the standard HEDIS coding conventions from HEDIS 2010, *Comprehensive Diabetes Care*. From the HEDIS manual:

*Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a code is presented to the third digit, any valid fourth or fifth digits may be used. When necessary, a code may be specified with an “x,” which represents a required digit; for example, ICD-9-CM Diagnosis code 640.0x indicates a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.*

DIABETES			
250.00	DMII WO CMP NT ST UNCNTR	250.50	DMII OPHTH NT ST UNCNTRL
250.01	DMI WO CMP NT ST UNCNTRL	250.51	DMI OPHTH NT ST UNCNTRLD
250.02	DMII WO CMP UNCNRD	250.52	DMII OPHTH UNCNRD
250.03	DMI WO CMP UNCNRD	250.53	DMI OPHTH UNCNRD
250.10	DMII KETO NT ST UNCNRD	250.60	DMII NEURO NT ST UNCNTRL
250.11	DMI KETO NT ST UNCNRD	250.61	DMI NEURO NT ST UNCNRD
250.12	DMII KETOACD UNCONTROL	250.62	DMII NEURO UNCNRD
250.13	DMI KETOACD UNCONTROL	250.63	DMI NEURO UNCNRD
250.20	DMII HPRSM NT ST UNCNTRL	250.70	DMII CIRC NT ST UNCNRD
250.21	DMI HPRSM NT ST UNCNRD	250.71	DMI CIRC NT ST UNCNRD
250.22	DMII HPROSMLR UNCONTROL	250.72	DMII CIRC UNCNRD
250.23	DMI HPROSMLR UNCONTROL	250.73	DMI CIRC UNCNRD
250.30	DMII O CM NT ST UNCNRD	250.80	DMII OTH NT ST UNCNRD
250.31	DMI O CM NT ST UNCNRD	250.81	DMI OTH NT ST UNCNRD
250.32	DMII OTH COMA UNCONTROL	250.82	DMII OTH UNCNRD
250.33	DMI OTH COMA UNCONTROL	250.83	DMI OTH UNCNRD
250.40	DMII RENL NT ST UNCNRD	250.90	DMII UNSPF NT ST UNCNRD
250.41	DMI RENL NT ST UNCNRD	250.91	DMI UNSPF NT ST UNCNRD
250.42	DMII RENAL UNCNRD	250.92	DMII UNSPF UNCNRD
250.43	DMI RENAL UNCNRD	250.93	DMI UNSPF UNCNRD