



## 2009 PQRI Measures Most Applicable to Nephrology Practice

The table below includes measures directly relevant to nephrology providers and are intended only for claims-based reporting options. Two ESRD PQRI measures, hemodialysis adequacy plan of care (measure #81) and peritoneal dialysis adequacy plan of care (measure #82) may only be reported through qualified registries. [Click here](#) for information about PQRI registry information.

END STAGE RENAL DISEASE (ESRD) MEASURES				
Measure 79 – End Stage Renal Disease (ESRD): Influenza Immunization in Patients with ESRD <a href="#">Measure Description</a> <a href="#">Data Collection Sheet</a> <a href="#">Coding Specifications</a>				
Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
All patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis who received the influenza immunization during the flu season (September through February)  <b>ICD-9 Codes:</b> 585.6 <b>AND</b> <b>CPT Codes:</b> 90935, 90937, 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970	<b>Influenza immunization ordered or administered</b> <b>CPT II 4037:</b> Patient received influenza administration during the flu season (September through February)	Once per reporting period	Claims, Registry	Each eligible patient seen during the reporting period will be counted once when calculating the eligible professional's reporting rate for this measure.  Review clinical data regarding influenza immunization ordered or administered at an encounter occurring during the reporting period (January 1 through December 31, 2009). Select and submit the appropriate CPT Category II code corresponding to the measure.  The inclusion of inpatient dialysis codes in the measure denominator means that any time
	<b>Influenza immunization NOT ordered or administered for medical reasons</b> <b>CPT II 4037F-1P:</b> Documentation of medical reason(s) for patient not receiving the influenza immunization			
	<b>Influenza immunization NOT ordered or administered for patient reasons</b> <b>CPT II 4037F-2P:</b> Documentation of patient reason(s) for patient not receiving the influenza immunization			
	<b>Influenza immunization NOT ordered or administered for system reasons</b> <b>CPT II 4037F-3P:</b> Documentation of system reason(s) for patient not receiving the influenza immunization			

	<p><b>Influenza immunization NOT ordered or administered, reason not specified</b> <b>CPT II 4037F-8P:</b> Patient did not receive influenza immunization during the flu season, reason not otherwise specified</p>			<p>a provider reports 90935 or 90937, those instances will count towards the 80% validation requirement and therefore providers should include a PQRI code when reporting inpatient dialysis OR be mindful that any time a 90935 or 90937 are reported, CMS will consider it a reportable event for PQRI.</p>
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# DIABETES MELLITUS

[Diabetes Measures Group Description](#)  
[Diabetes Measures Group Data Collection Sheet](#)

**Measure 1: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus**

[Measure Description](#)  
[Data Collection Sheet](#)  
[Coding Specifications](#)

**Reporting Eligibility**

**Measure Coding**

**Reporting  
Frequency**

**Reporting Options**

**Considerations**

<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p> <p><b>AND</b></p> <p><b>CPT Codes:</b> 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271</p>	<p><b>Hemoglobin A1c level &gt; 9.0%</b>  <b>CPT II 3046F:</b> Most recent hemoglobin A1c level is greater than 9.0%</p>	Once per reporting period	Claims, Registry, OR Measures Group	
	<p><b>Hemoglobin A1c level = 7.0% to 9.0%</b>  <b>CPT II 3045F:</b> Most recent hemoglobin A1c level is between 7.0% and 9.0%</p>			
	<p><b>Hemoglobin A1c level &lt; 7.0%</b>  <b>CPT II 3044F:</b> Most recent hemoglobin A1c level is less than 7.0%</p>			
	<p><b>Hemoglobin A1c level was not performed</b>  <b>CPT II 3046F-8P:</b> Hemoglobin A1c level was not performed during the performance period (12 months), reason not otherwise specified</p>			
<p><b>Measure 2: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</b></p> <p style="text-align: center;"> <a href="#">Measure Description</a>  <a href="#">Data Collection Sheet</a>  <a href="#">Coding Specifications</a> </p>				
Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41,</p>	<p><b>LDL-C &lt; 100 mg/dL</b>  <b>CPT II 3048F:</b> Most recent LDL-C is less than 100 mg/dL</p>	Once per reporting period	Claims, Registry, OR Measures Group	
	<p><b>LDL-C = 100 – 129 mg/dL</b>  <b>CPT II 3049F:</b> Most recent LDL-C is between 100 and 129 mg/dL</p>			
	<p><b>LDL-C ≥ 130 mg/dL</b>  <b>CPT II 3050F:</b> Most recent LDL-C is greater than or equal to 130 mg/dL</p>			
	<p><b>LDL-C was not performed</b>  <b>CPT II 3048F-8P:</b> LDL-C was not performed during</p>			

<p>250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p> <p><b>AND</b></p> <p><b>CPT Codes:</b> 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271</p>	<p>the performance period (12 months), reason not otherwise specified</p>			
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**Measure 3: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus**

[Measure Description](#)  
[Data Collection Sheet](#)  
[Coding Specifications](#)

Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p> <p><b>AND</b></p> <p><b>CPT Codes:</b> 97802, 97803, 97804, 99201, 99202, 99203,</p>	<p><b>Systolic blood pressure &lt; 130 mmHg</b>  <b>CPT II 3074F:</b> Most recent systolic blood pressure &lt; 130 mmHg</p> <p><b>Systolic blood pressure = 130 to 139 mmHg</b>  <b>CPT II 3075F:</b> Most recent systolic blood pressure is between 130 and 139 mmHg</p> <p><b>Systolic blood pressure is ≥ 140 mmHg</b>  <b>CPT II 3077F:</b> Most recent systolic blood pressure is greater than or equal to 140 mmHg</p> <p><b>Diastolic blood pressure is less than 80 mmHg</b>  <b>CPT II 3078F:</b> Most recent diastolic blood pressure is less than 80 mmHg</p> <p><b>Diastolic blood pressure = 80 to 89 mmHg</b>  <b>CPT II 3079F:</b> Most recent diastolic blood pressure is between 80 and 89 mmHg</p> <p><b>Diastolic blood pressure is ≥ 90 mmHg</b>  <b>CPT II 3080F:</b> Most recent diastolic blood pressure is greater than or equal to 90 mmHg</p> <p><b>No documentation of blood pressure management</b>  <b>CPT II 2000F-8P:</b> No documentation of blood pressure management</p>	<p>Once per reporting period</p>	<p>Claims, Registry, OR Measures Group</p>	

<p>99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271</p>				
<b>Measure 117: Dilated Eye Exam in Diabetic Patient</b> <a href="#">Measure Description</a> <a href="#">Data Collection Sheet</a> <a href="#">Coding Specifications</a>				
Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p> <p><b>AND</b></p> <p><b>CPT Codes:</b> 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271</p>	<p><b>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed</b>  <b>CPT II 2022F:</b> Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed</p> <p><b>Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed</b>  <b>CPT II 2024F:</b> Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed</p> <p><b>Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed</b>  <b>CPT II 2026F:</b> Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed</p> <p><b>Low risk for retinopathy</b>  <b>CPT II 3072F:</b> Low risk for retinopathy (no evidence of retinopathy in the prior year)</p> <p><b>Dilated eye exam was not performed</b>  <b>CPT II 2022F-8P OR CPT II 2024F-8p OR CPT II 2026F-8P:</b> Dilated eye exam was not performed, reason not otherwise specified</p>	<p>Once per reporting period</p>	<p>Claims, Registry, OR Measures Group</p>	
<b>Measure 119: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients</b> <a href="#">Measure Description</a>				

[Data Collection Sheet](#)  
[Coding Specifications](#)

Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p> <p><b>AND</b></p> <p><b>CPT Codes:</b> 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271</p>	<p><b>Positive microalbuminuria test result documented and reviewed</b> <b>CPT II 3060F:</b> Positive microalbuminuria test result documented and reviewed</p> <p><b>Negative microalbuminuria test result documented and reviewed</b> <b>CPT II 3061F:</b> Negative microalbuminuria test result documented and reviewed</p> <p><b>Positive macroalbuminuria test result documented and reviewed</b> <b>CPT II 3062F:</b> Positive macroalbuminuria test result documented and reviewed</p> <p><b>Documentation of treatment for nephropathy</b> <b>CPT II 3066F:</b> Documented treatment for nephropathy (eg., patient receiving dialysis, patient being treated for ESRD&lt; CRF, ARF, or renal insufficiency, any visit to a nephrologist)</p> <p><b>Patient receiving ACE inhibitor or ARB therapy</b> <b>G8506:</b> Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy</p> <p><b>Nephropathy screening was not performed</b> <b>CPT II 3060F-8P OR CPT II 3061F-8P OR 3062F-8P:</b> Nephropathy screening was not performed, reason not otherwise specified</p>	<p>Once per reporting period</p>	<p>Claims, Registry, OR Measures Group</p>	
<p><b>Measure 163: Diabetic Foot Exam</b></p> <p><a href="#">Measure Description</a> <a href="#">Data Collection Sheet</a> <a href="#">Coding Specifications</a></p>				
Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations

<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a foot examination</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04</p> <p><b>AND</b></p> <p><b>CPT Codes:</b> 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271</p>	<p><b>Foot examination performed</b> <b>CPT II 2028F:</b> Foot examination performed</p> <hr/> <p><b>Foot examination NOT performed due to medical reason</b> <b>CPT II 2028F-1P:</b> Documentation of medical reason for not performing foot examination</p> <hr/> <p><b>Foot examination NOT performed, reason not specified</b> <b>CPT II 2028F-8P:</b> Foot exam was not performed, reason not otherwise specified</p>	<p>Once per reporting period</p>	<p>Claims, Registry, OR Measures Group</p>	<p><b>Foot exam includes examination through visual inspection, sensory exam with monofilament, and pulse exam – report when any of the three components are completed</b></p> <p><b>There may be times when it is not appropriate to perform a foot examination due to medical reasons (ie, patient with bilateral foot/leg amputation)</b></p>
<p><b>Measure 126: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation</b></p> <p style="text-align: center;"> <a href="#">Measure Description</a>  <a href="#">Data Collection Sheet</a>  <a href="#">Coding Specifications</a> </p>				
Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21,</p>	<p><b>Lower extremity neurological exam preformed and documented</b> <b>G8404:</b> Lower extremity neurological exam performed and documented</p>	<p>Once per reporting period</p>	<p>Claims OR Registry</p>	<p><b>There may be times when it is not appropriate to perform a lower extremity exam. In these cases, you will need to indicate that a documented reason applies, and specify the reason in the medical chart.</b></p>

<p>250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93</p> <p><b>AND</b>  <b>CPT Codes:</b> 11040, 11041, 11042, 11043, 11044, 11055, 11056, 11057, 11719, 11720, 11721, 11730, 11740, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350</p>	<p><b>Patient not eligible for lower extremity neurological exam measure</b>  <b>G8406:</b> clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure</p>			
	<p><b>Lower extremity neurological exam not performed</b>  <b>G8405:</b> Lower neurological exam not performed</p>			

**Measure 127: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear**  
[Measure Description](#)  
[Data Collection Sheet](#)  
[Coding Specifications](#)

Reporting Eligibility	Measure Coding	Reporting Frequency	Reporting Options	Considerations
<p>All patients aged 18 through 75 years with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing</p> <p><b>ICD-9 Codes:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.80, 250.91, 250.92, 250.93</p> <p><b>AND</b>  <b>CPT Codes:</b> 11040, 11041, 11042, 11043, 11044, 11055,</p>	<p><b>Footwear evaluation performed and documented</b>  <b>G8410:</b> footwear evaluation performed and documented</p>	<p>Once per reporting period</p>	<p>Claims OR Registry</p>	<p><b>There may be times when it is not appropriate to evaluate a diabetic patient for proper footwear and sizing. In these cases, you will need to indicate that a documented reason applies, and specify the reason in the medical chart.</b></p>
	<p><b>Patient not eligible for footwear evaluation</b>  <b>G8416:</b> clinician documented that patient was not an eligible candidate for footwear evaluation measure</p>			

11056, 11057, 11719, 11720, 11721, 11730, 11740, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350	<b>Footwear evaluation not performed</b> <b>G8415: Footwear evaluation not performed</b>			
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