



## Diabetes Mellitus CAP Patient Visit Form

Please complete the form below for the required number of patients meeting patient sample criteria for the measure group (20 for CAP Only, 30 Medicare Part B Fee-For-Service for CAP Plus PQRS). For the 2011 Diabetes Mellitus Measure Group, patients you enter must have a valid E&M code during the 2011 Reporting Period, though you are not required to enter this code. Valid E&M codes are: 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271.

1. **Patient ID**

*Use the Patient ID that is automatically assigned, or enter an identifier that is meaningful to your practice. Keep a record of this identifier in case you need to make edits.*

2. **Patient Visit Date**

*The visit date you are reporting on must occur within the 2011 Reporting Period (1/1/2011 – 12/31/2011).*

3. **Patient Age**

*The patient must be between the ages of 18 through 75 to qualify for the 2011 Diabetes Mellitus Measure Group.*

4. **Patient Gender**

5. **Is the patient Hispanic or Latino origin or descent?**  YES  NO

6. **What is the patient's race?**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Skip the question

7. **What is the patient's primary insurance?**

<input type="checkbox"/> Medicare	<input type="checkbox"/> Self Pay
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other/Unknown
<input type="checkbox"/> Commercial	

8. **If commercial insurance, what insurance carrier does the patient have?**

9. **Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board and Medicare Secondary Payer; does not include Medicare Advantage beneficiaries)?**  YES  NO

*If "No," and you are following the CAP Plus PQRS path, the patient is not eligible for the 2011 Diabetes Mellitus Measure Group.*



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10. Please choose the applicable diagnosis code for Diabetes Mellitus.

See definition section below: What if my patient's diagnosis code isn't listed?

- |                                 |                                 |                                 |                                 |                                     |                                 |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 250.00 | <input type="checkbox"/> 250.01 | <input type="checkbox"/> 250.02 | <input type="checkbox"/> 250.03 | <input type="checkbox"/> 250.10     | <input type="checkbox"/> 250.11 | <input type="checkbox"/> 250.12 | <input type="checkbox"/> 250.13 | <input type="checkbox"/> 250.20 | <input type="checkbox"/> 250.21 |
| <input type="checkbox"/> 250.22 | <input type="checkbox"/> 250.23 | <input type="checkbox"/> 250.30 | <input type="checkbox"/> 250.31 | <input type="checkbox"/> 250.32     | <input type="checkbox"/> 250.33 | <input type="checkbox"/> 250.40 | <input type="checkbox"/> 250.41 | <input type="checkbox"/> 250.42 | <input type="checkbox"/> 250.43 |
| <input type="checkbox"/> 250.50 | <input type="checkbox"/> 250.51 | <input type="checkbox"/> 250.52 | <input type="checkbox"/> 250.53 | <input type="checkbox"/> 250.60     | <input type="checkbox"/> 250.61 | <input type="checkbox"/> 250.62 | <input type="checkbox"/> 250.63 | <input type="checkbox"/> 250.70 | <input type="checkbox"/> 250.71 |
| <input type="checkbox"/> 250.72 | <input type="checkbox"/> 250.73 | <input type="checkbox"/> 250.80 | <input type="checkbox"/> 250.81 | <input type="checkbox"/> 250.82     | <input type="checkbox"/> 250.83 | <input type="checkbox"/> 250.90 | <input type="checkbox"/> 250.91 | <input type="checkbox"/> 250.92 | <input type="checkbox"/> 250.93 |
| <input type="checkbox"/> 357.2  | <input type="checkbox"/> 362.01 | <input type="checkbox"/> 362.02 | <input type="checkbox"/> 362.03 | <input type="checkbox"/> 362.04     | <input type="checkbox"/> 362.05 | <input type="checkbox"/> 362.06 | <input type="checkbox"/> 362.07 | <input type="checkbox"/> 366.41 | <input type="checkbox"/> 648.00 |
| <input type="checkbox"/> 648.01 | <input type="checkbox"/> 648.02 | <input type="checkbox"/> 648.03 | <input type="checkbox"/> 648.04 | <input type="checkbox"/> Not listed |                                 |                                 |                                 |                                 |                                 |

11. Was the diagnosis code selected above billed to Medicare for a visit that occurred within the 2011 Reporting Period (1/1/2011 – 12/31/2011)?

YES  NO

If "No," and you are following the CAP Plus PQRS path, the patient is not eligible for the 2011 Diabetes Mellitus Measure Group.

12. Was a Hemoglobin A1c test performed within the reporting year (2011)?

YES  NO

If a "No," skip question 14 and move on to question 15.

13. Most recent Hemoglobin A1c level within the reporting year (2011)

14. Was an LDL-C level performed within the reporting year (2011)?

YES  NO

If "No," skip question 15 and move on to question 16.

15. Most recent LDL-C level within the reporting year (2011)

16. Was a blood pressure measurement performed within the reporting year (2011)?

YES  NO

If "No," skip questions 17 and 18 and move on to question 19.

17. Most recent systolic blood pressure within the reporting year (2011)

See definition section below: What if there is more than one measurement taken on the most recent measurement date?

18. Most recent diastolic blood pressure within the reporting year (2011)

See definition section below: What if there is more than one measurement taken on the most recent measurement date?



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19. Was an appropriate dilated eye exam for diabetic retinal disease performed at least once within the reporting year (2011)?  YES  NO  
*See definition section below: What is considered an appropriate eye exam? If "Yes," skip question 20 and move on to question 21.*
- 
20. Did the patient have a negative retinal exam (no evidence of retinopathy) in the year prior to the reporting year? (If retinal exam not done in previous year, answer no.)  YES  NO
- 
21. Was a urine protein screening performed that was documented and reviewed, or is there documentation of treatment for nephropathy during at least one office visit within the reporting year (2011)?  YES  NO  
*Treatment for nephropathy includes the patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist. If "Yes," skip question 22 and move on to question 23.*
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22. Is the patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy?  YES  NO
- 
23. Was a foot exam (visual inspection, sensory exam with monofilament, or pulse exam) performed at least once within the reporting year (2011)?  YES  
 NO, medical reason documented  
 NO, other reason or reason not specified
- 
24. Is there evidence in the medical record that a LDL, HDL, Total Cholesterol and Triglycerides were completed during the year prior to the last patient visit (inclusive of the last visit)? If any element was ordered but not calculated due to high Triglycerides enter yes.  YES  NO
- 
25. Is there evidence in the medical record that a complete structural examination was done? A complete structural examination must include all of the following components: Evaluation of AP and lateral curvature of the spine or other bony landmark asymmetries. Evaluation of soft tissue abnormalities including tenderness. Evaluation of range of motion or restrictions thereof.  YES  NO
- 
26. Is there evidence in the medical record that osteopathic manipulative treatment was done?  YES  NO



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27. Is there documentation stating the patient received an influenza immunization during the appropriate flu season?

- Yes, influenza immunization was ordered or administered during the appropriate flu season
- No, reason(s) documented by clinician for not ordering or administering an influenza immunization during the appropriate flu season
- No, reason not documented for not ordering or administering an influenza immunization during the appropriate flu season
- 

28. Was the patient screened for tobacco use within the last 24 months and received tobacco cessation counseling intervention when identified as a tobacco user (current tobacco smoker or current smokeless tobacco user)?

- Yes, patient was screened, is a current tobacco user and received cessation counseling intervention (counseling or pharmacotherapy)
- Yes, patient was screened and is not a current tobacco user
- No, there are medical reason(s) documented for not screening for tobacco use, or the patient is a current tobacco user but did not receive cessation counseling intervention (counseling or pharmacotherapy)
- No, there are medical reason(s) or no reason(s) documented for not screening for tobacco use, or the patient is a current tobacco user but did not receive cessation counseling intervention (counseling or pharmacotherapy)
- 

### Definitions

**What if my patient's diagnosis code isn't listed?**

The diagnosis code for the patient must be one of those listed in the question. If you have a diagnosis code that is not listed, this patient is not eligible to be reported for the 2011 Diabetes Mellitus Measure Group.

**What if there is more than one measurement taken on the most recent measurement date?**

If there are multiple blood pressures on the same most recent date of service, use the lowest systolic and the lowest diastolic blood pressure on that date as the representative blood pressure.

**What is considered an appropriate eye exam?**

A dilated retinal eye exam performed with interpretation by an ophthalmologist or optometrist documented and reviewed; Seven standard field stereoscopic photos taken with interpretation by an ophthalmologist or optometrist documented and reviewed; or Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed.