

## 2015 MEASURE INFORMATION ABOUT THE HOSPITAL ADMISSIONS FOR ACUTE AND CHRONIC AMBULATORY CARE-SENSITIVE CONDITION (ACSC) COMPOSITE MEASURES, CALCULATED FOR THE 2017 VALUE-BASED PAYMENT MODIFIER PROGRAM

### A. Measure Name

Hospital Admissions for Acute and Chronic Ambulatory Care-Sensitive Condition (ACSC) Composite measures:

- CMS-1: Acute Conditions Composite
- CMS-2: Chronic Conditions Composite

### B. Measure Description

The Acute Conditions Composite and Chronic Conditions Composite measures are the risk-adjusted rates at which Medicare beneficiaries are hospitalized for an established set of acute and chronic ACSCs, respectively, that are potentially preventable given appropriate primary and preventive care. The measures apply to solo practitioners and groups, as identified by their Medicare Taxpayer Identification Number (TIN).

The measures are adapted from the area-level Prevention Quality Indicators (PQIs), which were developed by the Agency for Healthcare Research and Quality (AHRQ) and include measures of potentially avoidable hospitalizations.

### C. Rationale

High rates of hospitalization for these ACSCs in a defined population of beneficiaries could indicate that the beneficiaries are not receiving high-quality ambulatory care. Therefore, measuring these outcomes can provide clear, actionable information on how TINs could improve the care they provide to their beneficiaries.

A TIN's performance on the Acute Conditions and Chronic Conditions ACSC Composite measures would improve if its attributed beneficiaries were hospitalized less frequently for ACSCs. A lower measure performance rate may signify that the TIN is providing better primary and preventive care and coordinating more effectively with other TINs in the continuum of care. Information on TINs' performance on these measures is included in the Mid-Year and Annual Quality and Resource Use Reports (QRURs) and used in the calculation of the Value-Based Payment Modifier (Value Modifier).

The information in this document was used to calculate these measures for the 2017 Value Modifier (based on calendar year 2015 data) as shown in the 2015 Annual QRUR. The 2015 Mid-Year QRUR provides a preview of TINs' performance on these measures based on data from July 1, 2014 to June 30, 2015.

## **D. Acute ACSC Composite**

### **1. Measure Outcome (Numerator)**

The outcome<sup>1</sup> of the Acute Conditions Composite is a hospitalization during the performance period with a primary diagnosis of one or more of the following conditions, as identified by the ICD-9 and ICD-10 codes associated with the relevant PQI (see Tables 1 and 2):

- Dehydration (PQI #10)
- Bacterial Pneumonia (PQI #11)
- Urinary Tract Infection (PQI #12)

### **2. Population Measured (Denominator)**

After applying the exclusions outlined in the next section, all beneficiaries attributed to a TIN during the performance period are included in the calculation of the TIN's Acute Conditions Composite. Beneficiaries are attributed to TINs for this measure according to a two-step process described in section G below.

### **3. Exclusions**

Beneficiaries are excluded from the population measured if they:

- were under the age of 18
- were enrolled in Medicare Part A only or Medicare Part B only for any month during the performance period
- were enrolled in a private Medicare health plan (for example, a Medicare Advantage HMO/PPO or a Medicare private Fee-for-Service [FFS] plan) for any month during the performance period
- resided outside the United States, its territories, and its possessions during the performance period

Hospitalizations are excluded from the measure outcome if:

- the hospital admission is a transfer from a hospital, skilled nursing facility, intermediate care facility, or other health care facility

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<sup>1</sup> This measure does not have a traditional numerator and denominator like a process of care measure; see risk adjustment and other resources below for more detail on measure construction.

- the hospitalization is missing a principal diagnosis
- the discharge had any diagnosis code for sickle-cell anemia or HB-S disease, or any diagnosis or procedure code for immunocompromised state (bacterial pneumonia component measure only)
- the discharge had any diagnosis code for kidney/urinary tract disorder or any diagnosis or procedure code for immunocompromised state (urinary tract infection component measure only)
- the discharge had any diagnosis code for chronic renal failure (dehydration component measure only)

#### **4. Acute ACSC Composite Construction**

To create the Acute Conditions Composite, each acute conditions component measure is first risk adjusted (see section G, Methodological Information, for more information). The Acute Conditions Composite measure is then computed as the case-weighted average of its three component risk-adjusted measures, where the case weight is the expected discharges for each acute condition. This is expressed as a rate by multiplying the ratio of actual to expected hospitalizations (from risk adjustment) by the overall rate per 1,000 beneficiaries in the Medicare population. The number of eligible cases associated with the Acute Conditions Composite measure is the population measured (namely, all beneficiaries attributed to the TIN after applying exclusions).

### **E. Chronic ACSC Composite**

#### **1. Measure Outcome (Numerator)**

The outcome<sup>2</sup> of the Chronic Conditions Composite is a hospitalization during the performance period with a primary diagnosis<sup>3</sup> of one or more of the following conditions, among attributed beneficiaries with the associated chronic condition:

- Short-Term Complications from Diabetes (PQI #1)
- Long-Term Complications from Diabetes (PQI #3)
- Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (PQI #5)
- Heart Failure (PQI #8)
- Uncontrolled Diabetes (PQI #14)
- Lower Extremity Amputation among Patients with Diabetes (PQI #16)

<sup>2</sup> This measure does not have a traditional numerator and denominator like a process of care measure; see risk adjustment and other resources below for more detail on measure construction.

<sup>3</sup> The exception to this rule is diabetes. In addition to the principal diagnosis, hospital stays with a lower extremity amputation (evidenced by a procedure code) and a principal or secondary diabetes diagnosis qualify as a potentially avoidable hospitalization.

The ICD-9 and ICD-10 codes that identify these conditions are in Tables 1 and 2.

## 2. Population Measured (Denominator)

After applying the exclusions outlined in the next section, all beneficiaries who are attributed to a TIN during the performance period and have one or more of the four chronic conditions that constitute the Chronic Conditions Composite are included in the calculation of the TIN's risk-adjusted rate. Beneficiary attribution for the Chronic Conditions Composite follows the same two-step process used for the Acute Conditions Composite.

Patterns of utilization in Medicare claims in either the performance year or prior year identify beneficiaries with one of the four chronic conditions.<sup>4</sup> (Section H contains links to more information on the population included in each measure and the algorithm for identifying chronic conditions.)

## 3. Exclusions

Beneficiaries are excluded from the population measured if they:

- were under the age of 40 for the COPD/asthma component measure or under the age of 18 for any of the other five component measures
- were enrolled in Medicare Part A only or Medicare Part B only for any month during the performance period
- were enrolled in a private Medicare health plan (for example, a Medicare Advantage HMO/PPO or a Medicare private FFS plan) for any month during the performance period
- resided outside the United States, its territories, and its possessions during the performance period

Hospitalizations are excluded from the measure outcome if:

- the admission is a transfer from a hospital, skilled nursing facility, intermediate care facility, or other health care facility
- the admission was for cystic fibrosis and anomalies of the respiratory system (COPD/asthma component measure only)
- there was either a diagnosis of traumatic amputation of the lower extremity and/or a toe amputation procedure; or the hospitalization was associated with a pregnancy, childbirth, or puerperium period, as identified by Major Disease Category 14 (lower extremity amputation with diabetes component measure only)
- the discharge was for a hospitalization during which a cardiac procedure was performed (heart failure component measure only)

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<sup>4</sup> The algorithm used is based on the most current claims-based guidance for identifying these conditions developed by CMS' Chronic Conditions Data Warehouse (CCW).

## 4. Chronic Conditions Composite Construction

Construction of the Chronic Conditions Composite begins with computing a combined rate of hospitalizations for diabetes from the four diabetes component measures as the number of hospitalizations associated with short-term complications from diabetes, long-term complications, uncontrolled diabetes, or lower extremity amputation per 1,000 attributed beneficiaries with diabetes. This combined diabetes rate, the rate of COPD/asthma hospitalizations per 1,000 beneficiaries with COPD or asthma, and the rate of heart failure hospitalizations per 1,000 beneficiaries with heart failure are then risk adjusted (see section G, Methodological Information, for more information on risk adjustment). The Chronic Conditions Composite is the case-weighted average of these three risk-adjusted, condition-specific measures, where the case weight is the expected discharges for attributed beneficiaries (who were not excluded from the measure population) with the condition associated with the condition-specific rate. This is expressed as a rate by multiplying the ratio of actual to expected hospitalizations (from risk adjustment) by the overall rate per 1,000 beneficiaries with the specified conditions.

## F. Data Collection Approach and Measure Collection

The Chronic Conditions Composite and Acute Conditions Composite measures are calculated from Medicare FFS final action claims and Medicare beneficiary enrollment data; no additional data submission by the TIN is required. The measures use one year of inpatient claims to calculate the hospitalization rates. In line with Chronic Condition Warehouse (CCW) guidance, two years of data are used to determine which beneficiaries qualify for the heart failure and diabetes measures, but only one year of data is used to determine which beneficiaries qualify for the COPD/asthma measure. When one year of data is used to identify chronic conditions, that year is the performance period. When two years of data are used to identify chronic conditions, those years are the performance period and the twelve months prior to the start of the performance period. The measure uses Medicare Part A and Part B final action claims from the performance period to attribute beneficiaries to TINs as described in section G (Methodological Information).

## G. Methodological Information

**Attribution.** For the ACSC composite measures, beneficiaries are attributed to a single TIN in a two-step process that takes into account the level of primary care services received (as measured by Medicare-allowed charges from final action claims during the performance period) and the provider specialties that performed these services. Only beneficiaries who received a primary care service during the performance period are considered in attribution. For more information on attribution, please see the document entitled “Two-Step Attribution for Claims-Based Quality Outcome Measures and Per Capita Cost Measures Included in the Value Modifier,” available at the following URL: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2016-03-25-Attribution-Fact-Sheet.pdf>.

The following two steps are used to attribute beneficiaries to a TIN for the ACSC composite measures:

- a. A beneficiary is attributed to a TIN in the first step if the beneficiary received more primary care services (as defined in Table 3) from primary care physicians (PCPs), nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists (CNSs) in that TIN than in any other TIN.<sup>5</sup>
- b. If a beneficiary did not receive a primary care service from any PCP, NP, PA, or CNS during the performance period, the beneficiary is attributed to a TIN in the second step if the beneficiary received more primary care services from specialist physicians within the TIN than in any other TIN.

**Risk adjustment.** Risk adjustment accounts for beneficiary-level risk factors that can affect quality outcomes, regardless of the care provided. The Chronic Conditions Composite and the Acute Conditions Composite are both calculated from individual components that have been risk adjusted for the age and sex of beneficiaries, by comparing the TIN's actual rate of potentially avoidable hospitalizations with the rate that would be expected based on the age and sex distribution of the TIN's attributed beneficiaries (or attributed beneficiaries with the relevant chronic condition for the Chronic Conditions Composite components).

The first step in the risk-adjustment process is to categorize every Medicare beneficiary into 14 mutually exclusive sex-by-age categories.<sup>6</sup> Then, for each of the six ACSCs, a beneficiary-level logistic regression model estimates the relationship between whether the beneficiary was hospitalized for the condition and the beneficiary's sex-by-age category, weighting beneficiaries by the number of months they had both Medicare Part A and Part B coverage during the performance period. The model's output is an estimated probability for each sex-by-age category that a beneficiary in that category will be hospitalized for the condition. For each category, the expected number of beneficiaries who will be hospitalized for the condition is the product of the category's estimated probability and the number of beneficiaries attributed to the TIN (and with the condition, for chronic ACSCs) in that category.<sup>7</sup> The expected number of hospitalizations for the TIN is the sum of these products across all sex-by-age categories.

A TIN's risk-adjusted rate for each component measure is the ratio of the actual (observed) rate to the expected rate for the TIN, multiplied by the overall rate per 1,000 beneficiaries in the Medicare population (for acute ACSCs), or the rate per 1,000 beneficiaries with the specified condition (for chronic ACSCs). This average is the population condition-specific hospitalization rate per 1,000 Medicare beneficiaries (or per 1,000 beneficiaries with the condition) across all TINs with one or more eligible professional.

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<sup>5</sup> These specialties are defined using the following CMS specialty codes: general practice (01), family practice (08), internal medicine (11), geriatric medicine (38), nurse practitioner (50), and certified clinical nurse specialist (89), and physician assistant (92).

<sup>6</sup> The model classifies beneficiaries into one of seven age categories (and separately by sex, for a total of 14 age-sex categories): 0–39, 40–64, 65–69, 70–74, 75–79, 80–84, and 85 or older

<sup>7</sup> In counting beneficiaries, those with fewer than 12 months of Part A and Part B coverage receive a weight equal to the number of months during the performance period for which they *did* have both Part A and Part B, divided by 12.

## H. For Further Information

- Detailed measure specifications for each PQI measure and composite measures are located at: [http://www.qualityindicators.ahrq.gov/modules/pqi\\_resources.aspx](http://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx).
- More information about the 2015 QRURs and 2017 Value Modifier is available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2015-QRUR.html>.
- More information on identifying beneficiaries with the chronic conditions who are included in the Chronic Conditions Composite is available at: [https://www.ccwdata.org/cs/groups/public/documents/document/ccw\\_condition\\_categories.pdf](https://www.ccwdata.org/cs/groups/public/documents/document/ccw_condition_categories.pdf).

## I. Tables

**Table 1. Numerator and exclusion ICD-9 Codes for Prevention Quality Indicators used to identify Acute and Chronic Ambulatory Care-Sensitive Conditions**

Chronic Condition PQI		Numerator ICD-9 Codes	Exclusion ICD-9-Codes
PQI #1 Short-Term Complications from Diabetes	25010	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	
	25011	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	
	25012	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	
	25013	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	
	25020	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	
	25021	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	
	25022	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	
	25023	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	
	25030	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	
	25031	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	
	25032	Diabetes with other coma, type II or unspecified type, uncontrolled	
	25033	Diabetes with other coma, type I [juvenile type], uncontrolled	
	PQI #3 Long-Term Complications from Diabetes	25040	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
25041		Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	
25042		Diabetes with renal manifestations, type II or unspecified type, uncontrolled	
25043		Diabetes with renal manifestations, type I [juvenile type], uncontrolled	
25050		Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	
25051		Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	
25052		Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	
25053		Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	
25060		Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	



Chronic Condition PQI	Numerator ICD-9 Codes	Exclusion ICD-9-Codes
	25061 Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	
	25062 Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	
	25063 Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	
	25070 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	
	25071 Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	
	25072 Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	
	25073 Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	
	25080 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	
	25081 Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	
	25082 Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	
	25083 Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	
	25090 Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	
	25091 Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	
	25092 Diabetes with unspecified complication, type II or unspecified type, uncontrolled	
	25093 Diabetes with unspecified complication, type I [juvenile type], uncontrolled	
PQI#5 COPD or Asthma in Older Adults	4910 Simple chronic bronchitis	27700 Cystic fibrosis without mention of meconium ileus
	4911 Mucopurulent chronic bronchitis	27701 Cystic fibrosis with meconium ileus
	49120 Obstructive chronic bronchitis without exacerbation	27702 Cystic fibrosis with pulmonary manifestations
	49121 Obstructive chronic bronchitis with (acute) exacerbation	27703 Cystic fibrosis with gastrointestinal manifestations
	4918 Other chronic bronchitis	27709 Cystic fibrosis with other manifestations
	4919 Unspecified chronic bronchitis	51661 Neuroendocrine cell hyperplasia of infancy
	4920 Emphysematous bleb	51662 Pulmonary interstitial glycogenosis
	4928 Other emphysema	51663 Surfactant mutations of the lung
	4940 Bronchiectasis without acute exacerbation	51664 Alveolar capillary dysplasia with vein misalignment
	4941 Bronchiectasis with acute exacerbation	51669 Other interstitial lung diseases of childhood

Chronic Condition PQI	Numerator ICD-9 Codes	Exclusion ICD-9-Codes
	496 Chronic airway obstruction, not elsewhere classified	74721 Anomalies of aortic arch
	4660 Acute bronchitis	7483 Other anomalies of larynx, trachea, and bronchus
	490 Bronchitis, not specified as acute or chronic	7484 Congenital cystic lung
	49300 Extrinsic asthma, unspecified	7485 Agenesis, hypoplasia, and dysplasia of lung
	49301 Extrinsic asthma with status asthmaticus	74860 Anomaly of lung, unspecified
	49302 Extrinsic asthma with (acute) exacerbation	74861 Congenital bronchiectasis
	49310 Intrinsic asthma, unspecified	74869 Other congenital anomalies of lung
	49311 Intrinsic asthma with status asthmaticus	7488 Other specified anomalies of respiratory system
	49312 Intrinsic asthma with (acute) exacerbation	7489 Unspecified anomaly of respiratory system
	49320 Chronic obstructive asthma, unspecified	7503 Tracheoesophageal fistula, esophageal atresia and stenosis
	49321 Chronic obstructive asthma with status asthmaticus	7593 Situs inversus
	49322 Chronic obstructive asthma with (acute) exacerbation	7707 Chronic respiratory disease arising in the perinatal period
	49381 Exercise induced bronchospasm	
	49382 Cough variant asthma	
	49390 Asthma, unspecified type, unspecified	
	49391 Asthma, unspecified type, with status asthmaticus	
	49392 Asthma, unspecified type, with (acute) exacerbation	
PQI #8 Heart Failure <sup>8</sup>	39891 Rheumatic heart failure (congestive)	
	4280 Congestive heart failure, unspecified	
	4281 Left heart failure	
	42820 Systolic heart failure, unspecified	
	42821 Acute systolic heart failure	
	42822 Chronic systolic heart failure	
	42823 Acute on chronic systolic heart failure	
	42830 Diastolic heart failure, unspecified	
	42831 Acute diastolic heart failure	
	42832 Chronic diastolic heart failure	
	42833 Acute on chronic diastolic heart failure	
	42840 Combined systolic and diastolic heart failure, unspecified	
	42841 Acute combined systolic and diastolic heart failure	
	42842 Chronic combined systolic and diastolic heart failure	
	42843 Acute on chronic combined systolic and diastolic heart failure	

<sup>8</sup> PQI #8 uses additional ICD-9 procedure codes to exclude patients that have had cardiac procedures. For more information on these codes, refer to the link in Section H of this document for the AHRQ detailed measure specifications.

Chronic Condition PQI	Numerator ICD-9 Codes	Exclusion ICD-9-Codes
	4289 Heart failure, unspecified	
PQI #10 Dehydration	27650 Volume depletion, unspecified	40301 Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
	27651 Dehydration	40311 Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
	27652 Hypovolemia	40391 Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
	2760 Hyperosmolality and/or hyponatremia	40402 Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease
	00861 Enteritis due to rotavirus	40403 Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease
	00862 Enteritis due to adenovirus	40412 Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease
	00863 Enteritis due to norwalk virus	40413 Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease
	00864 Enteritis due to other small round viruses [SRV's]	40492 Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease
	00865 Enteritis due to calicivirus	40493 Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease
	00866 Enteritis due to astrovirus	5855 Chronic kidney disease, Stage V
	00867 Enteritis due to enterovirus nec	5856 End stage renal disease
	00869 Enteritis due to other viral enteritis	
	0088 Intestinal infection due to other organism, not elsewhere classified	
	0090 Infectious colitis, enteritis, and gastroenteritis	
	0091 Colitis, enteritis, and gastroenteritis of presumed infectious origin	
	0092 Infectious diarrhea	
	0093 Diarrhea of presumed infectious origin	
	5589 Other and unspecified noninfectious gastroenteritis and colitis	
	5845 Acute kidney failure with lesion of tubular necrosis	
	5846 Acute kidney failure with lesion of renal cortical necrosis	
	5847 Acute kidney failure with lesion of renal medullary [papillary] necrosis	
	5848 Acute kidney failure with other specified pathological lesion in kidney	
	5849 Acute kidney failure, unspecified	
	586 Renal failure, unspecified	

Chronic Condition PQI	Numerator ICD-9 Codes	Exclusion ICD-9-Codes
	9975 Urinary complications, not elsewhere classified	
PQI #11 Bacterial Pneumonia <sup>9</sup>	481 Pneumococcal pneumonia [Streptococcus pneumoniae pneumonia]	28241 Sickle-cell thalassemia without crisis
	4822 Pneumonia due to Hemophilus influenzae [H. influenzae]	28242 Sickle-cell thalassemia with crisis
	48230 Pneumonia due to Streptococcus, unspecified	28260 Sickle-cell disease, unspecified
	48231 Pneumonia due to Streptococcus, group A	28261 Hb-SS disease without crisis
	48232 Pneumonia due to Streptococcus, group B	28262 Hb-SS disease with crisis
	48239 Pneumonia due to other Streptococcus	28263 Sickle-cell/Hb-C disease without crisis
	48241 Methicillin susceptible pneumonia due to Staphylococcus aureus	28264 Sickle-cell/Hb-C disease with crisis
	48242 Methicillin resistant pneumonia due to Staphylococcus aureus	28268 Other sickle-cell disease without crisis
	4829 Bacterial pneumonia, unspecified	28269 Other sickle-cell disease with crisis
	4830 Pneumonia due to mycoplasma pneumoniae	
	4831 Pneumonia due to chlamydia	
	4838 Pneumonia due to other specified organism	
	485 Bronchopneumonia, organism unspecified	
	486 Pneumonia, organism unspecified	
PQI #12 Urinary Tract Infection	59010 Acute pyelonephritis without lesion of renal medullary necrosis	59000 Chronic pyelonephritis without lesion of renal medullary necrosis
	59011 Acute pyelonephritis with lesion of renal medullary necrosis	59001 Chronic pyelonephritis with lesion of renal medullary necrosis
	5902 Renal and perinephric abscess	59370 Vesicoureteral reflux unspecified or without reflux nephropathy
	5903 Pyeloureteritis cystica	59371 Vesicoureteral reflux with reflux nephropathy, unilateral
	59080 Pyelonephritis, unspecified	59372 Vesicoureteral reflux with reflux nephropathy, bilateral
	59081 Pyelitis or pyelonephritis in diseases classified elsewhere	59373 Other vesicoureteral reflux with reflux nephropathy NOS
	5909 Infection of kidney, unspecified	7530 Renal agenesis and dysgenesis
	5950 Acute cystitis	75310 Cystic kidney disease, unspecified
	5959 Cystitis, unspecified	75311 Congenital single renal cyst
	5990 Urinary tract infection, site not specified	75312 Polycystic kidney, unspecified type
		75313 Polycystic kidney, autosomal dominant
		75314 Polycystic kidney, autosomal recessive
		75315 Renal dysplasia
	75316 Medullary cystic kidney	
	75317 Medullary sponge kidney	
	75319 Other specified cystic kidney disease	

<sup>9</sup> PQI #11 and PQI #12 use additional ICD-9 diagnosis and procedure codes to exclude patients who are immune compromised. For more information on these codes, refer to the link in Section H of this document for the AHRQ detailed measure specifications.

Chronic Condition PQI		Numerator ICD-9 Codes	Exclusion ICD-9-Codes	
			75320	Unspecified obstructive defect of renal pelvis and ureter
			75321	Congenital obstruction of ureteropelvic junction
			75322	Congenital obstruction of ureterovesical junction
			75323	Congenital ureterocele
			75329	Other obstructive defects of renal pelvis and ureter
			7533	Other specified anomalies of kidney
			7534	Other specified anomalies of ureter
			7535	Exstrophy of urinary bladder
			7536	Atresia and stenosis of urethra and bladder neck
			7538	Other specified anomalies of bladder and urethra
			7539	Unspecified anomaly of urinary system
PQI #14 Uncontrolled Diabetes	25002	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled		
	25003	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled		
PQI #16 Lower Extremity Amputation among Patients with Diabetes	8410	Lower limb amputation, not otherwise specified	8411	Amputation of toe
	8412	Amputation through foot	8950	Traumatic amputation of toe(s) (complete) (partial), without mention of complication
	8413	Disarticulation of ankle	8951	Traumatic amputation of toe(s) (complete) (partial), complicated
	8414	Amputation of ankle through malleoli of tibia and fibula	8960	Traumatic amputation of foot (complete) (partial), unilateral, without mention of complication
	8415	Other amputation below knee	8961	Traumatic amputation of foot (complete) (partial), unilateral, complicated
	8416	Disarticulation of knee	8962	Traumatic amputation of foot (complete) (partial), bilateral, without mention of complication
	8417	Amputation above knee	8963	Traumatic amputation of foot (complete) (partial), bilateral, complicated
	8418	Disarticulation of hip	8970	Traumatic amputation of leg(s) (complete) (partial), unilateral, below knee, without mention of complication
	8419	Abdominopelvic amputation	8971	Traumatic amputation of leg(s) (complete) (partial), unilateral, below knee, complicated
	25000	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as controlled	8972	Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication
	25001	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	8973	Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, complicated
	25002	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	8974	Traumatic amputation of leg(s) (complete) (partial), unilateral, level not specified, without mention of complication

Chronic Condition PQI	Numerator ICD-9 Codes	Exclusion ICD-9-Codes
25003	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	8975 Traumatic amputation of leg(s) (complete) (partial), unilateral, level not specified, complicated
25010	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	8976 Traumatic amputation of leg(s) (complete) (partial), bilateral [any level]], without mention of complication
25011	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	8977 Traumatic amputation of leg(s) (complete) (partial), bilateral [any level], complicated
25012	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	
25013	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	
25020	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	
25021	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	
25022	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	
25023	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	
25030	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	
25031	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	
25032	Diabetes with other coma, type II or unspecified type, uncontrolled	
25033	Diabetes with other coma, type I [juvenile type], uncontrolled	
25040	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	
25041	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	
25042	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	
25043	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	
25050	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	
25051	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	
25052	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	
25053	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	
25060	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	
25061	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	
25062	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	

<b>Chronic Condition PQI</b>	<b>Numerator ICD-9 Codes</b>	<b>Exclusion ICD-9-Codes</b>
25063	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	
25070	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	
25071	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	
25072	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	
25073	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	
25080	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	
25081	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	
25082	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	
25083	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	
25090	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	
25091	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	
25092	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	
25093	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	

**Table 2. Numerator and exclusion ICD-10 Codes for Prevention Quality Indicators used to identify Acute and Chronic Ambulatory Care-Sensitive Conditions**

Chronic Condition PQI		Numerator ICD-10 Codes	Exclusion ICD-10 Codes
PQI #1 Short-Term Complications from Diabetes	E1010	Type 1 diabetes mellitus with ketoacidosis without coma	
	E1011	Type 1 diabetes mellitus with ketoacidosis with coma	
	E106411	Type 1 diabetes mellitus with hypoglycemia with coma	
	E1065	Type 1 diabetes mellitus with hyperglycemia	
	E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	
	E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	
	E11641	Type 2 diabetes mellitus with hypoglycemia with coma	
PQI #3 Long-Term Complications from Diabetes	E1165	Type 2 diabetes mellitus with hyperglycemia	
	E1021	Type 1 diabetes mellitus with diabetic nephropathy	
	E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease	
	E1029	Type 1 diabetes mellitus with other diabetic kidney complication	
	E10311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	
	E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	
	E10321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
	E10329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	
	E10331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	
	E10339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	
	E10341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	
	E10349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	
	E10351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	



Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E10359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	
E1036	Type 1 diabetes mellitus with diabetic cataract	
E1039	Type 1 diabetes mellitus with other diabetic ophthalmic complication	
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	
E1049	Type 1 diabetes mellitus with other diabetic neurological complication	
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	
E1059	Type 1 diabetes mellitus with other circulatory complications	
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	
E10620	Type 1 diabetes mellitus with diabetic dermatitis	
E10621	Type 1 diabetes mellitus with foot ulcer	
E10622	Type 1 diabetes mellitus with other skin ulcer	
E10628	Type 1 diabetes mellitus with other skin complications	
E10630	Type 1 diabetes mellitus with periodontal disease	
E10638	Type 1 diabetes mellitus with other oral complications	
E1069	Type 1 diabetes mellitus with other specified complication	
E108	Type 1 diabetes mellitus with unspecified complications	
E1121	Type 2 diabetes mellitus with diabetic nephropathy	
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	
E11321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
E11329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	
E11331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	
E11339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	
E11341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	
E11349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	
E11351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	
E11359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	
E1136	Type 2 diabetes mellitus with diabetic cataract	
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication	
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	
E1159	Type 2 diabetes mellitus with other circulatory complications	
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	
E11620	Type 2 diabetes mellitus with diabetic dermatitis	

Chronic Condition PQI	Numerator ICD-10 Codes		Exclusion ICD-10 Codes
	E11621	Type 2 diabetes mellitus with foot ulcer	
	E11622	Type 2 diabetes mellitus with other skin ulcer	
	E11628	Type 2 diabetes mellitus with other skin complications	
	E11630	Type 2 diabetes mellitus with periodontal disease	
	E11638	Type 2 diabetes mellitus with other oral complications	
	E1169	Type 2 diabetes mellitus with other specified complication	
	E118	Type 2 diabetes mellitus with unspecified complications	
PQI#5 COPD or Asthma in Older Adults	J410	Simple chronic bronchitis	E840 Cystic fibrosis with pulmonary manifestations
	J411	Mucopurulent chronic bronchitis	E8411 Meconium ileus in cystic fibrosis
	J418	Mixed simple and mucopurulent chronic bronchitis	E8419 Cystic fibrosis with other intestinal manifestations
	J42	Unspecified chronic bronchitis	E848 Cystic fibrosis with other manifestations
	J430	Unilateral pulmonary emphysema [MacLeod's syndrome]	E849 Cystic fibrosis, unspecified
	J431	Panlobular emphysema	J8483 Surfactant mutations of the lung
	J432	Centrilobular emphysema	J84841 Neuroendocrine cell hyperplasia of infancy
	J438	Other emphysema	J84842 Pulmonary interstitial glycogenosis
	J439	Emphysema, unspecified	J84843 Alveolar capillary dysplasia with vein misalignment
	J440	Chronic obstructive pulmonary disease with acute lower respiratory infection	J84848 Other interstitial lung diseases of childhood
	J441	Chronic obstructive pulmonary disease with (acute) exacerbation	P270 Wilson-Mikity syndrome
	J449	Chronic obstructive pulmonary disease, unspecified	P271 Bronchopulmonary dysplasia originating in the perinatal period
	J470	Bronchiectasis with acute lower respiratory infection	P278 Other chronic respiratory diseases originating in the perinatal period
	J471	Bronchiectasis with (acute) exacerbation	P279 Unspecified chronic respiratory disease originating in the perinatal period
	J479	Bronchiectasis, uncomplicated	Q254 Other congenital malformations of aorta
	J200	Acute bronchitis due to Mycoplasma pneumoniae	Q311 Congenital subglottic stenosis
	J201	Acute bronchitis due to Hemophilus influenzae	Q312 Laryngeal hypoplasia
	J202	Acute bronchitis due to streptococcus	Q313 Laryngocele
	J203	Acute bronchitis due to coxsackievirus	Q315 Congenital laryngomalacia
	J204	Acute bronchitis due to parainfluenza virus	Q318 Other congenital malformations of larynx
	J205	Acute bronchitis due to respiratory syncytial virus	Q319 Congenital malformation of larynx, unspecified

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
J206	Acute bronchitis due to rhinovirus	Q320 Congenital tracheomalacia
J207	Acute bronchitis due to echovirus	Q321 Other congenital malformations of trachea
J208	Acute bronchitis due to other specified organisms	Q322 Congenital bronchomalacia
J209	Acute bronchitis, unspecified	Q323 Congenital stenosis of bronchus
J40	Bronchitis, not specified as acute or chronic	Q324 Other congenital malformations of bronchus
J4521	Mild intermittent asthma with (acute) exacerbation	Q330 Congenital cystic lung
J4522	Mild intermittent asthma with status asthmaticus	Q331 Accessory lobe of lung
J4531	Mild persistent asthma with (acute) exacerbation	Q332 Sequestration of lung
J4532	Mild persistent asthma with status asthmaticus	Q333 Agenesis of lung
J4541	Moderate persistent asthma with (acute) exacerbation	Q334 Congenital bronchiectasis
J4542	Moderate persistent asthma with status asthmaticus	Q335 Ectopic tissue in lung
J4551	Severe persistent asthma with (acute) exacerbation	Q336 Congenital hypoplasia and dysplasia of lung
J4552	Severe persistent asthma with status asthmaticus	Q338 Other congenital malformations of lung
J45901	Unspecified asthma with (acute) exacerbation	Q339 Congenital malformation of lung, unspecified
J45902	Unspecified asthma with status asthmaticus	Q340 Anomaly of pleura
J45990	Exercise induced bronchospasm	Q341 Congenital cyst of mediastinum
J45991	Cough variant asthma	Q348 Other specified congenital malformations of respiratory system
J45998	Other asthma	Q349 Congenital malformation of respiratory system, unspecified
		Q390 Atresia of esophagus without fistula
		Q391 Atresia of esophagus with tracheo-esophageal fistula
		Q392 Congenital tracheo-esophageal fistula without atresia
		Q393 Congenital stenosis and stricture of esophagus
		Q394 Esophageal web
		Q893 Situs inversus
PQI #8 Heart Failure <sup>10</sup>	I0981 Rheumatic heart failure	
	I501 Left ventricular failure	
	I5020 Unspecified systolic (congestive) heart failure	
	I5021 Acute systolic (congestive) heart failure	

<sup>10</sup> PQI #8 uses additional ICD-10 procedure codes to exclude patients that have had cardiac procedures. For more information on these codes, refer to the link in Section H of this document for the AHRQ detailed measure specifications.

Chronic Condition PQI	Numerator ICD-10 Codes		Exclusion ICD-10 Codes
	I5022	Chronic systolic (congestive) heart failure	
	I5023	Acute on chronic systolic (congestive) heart failure	
	I5030	Unspecified diastolic (congestive) heart failure	
	I5031	Acute diastolic (congestive) heart failure	
	I5032	Chronic diastolic (congestive) heart failure	
	I5033	Acute on chronic diastolic (congestive) heart failure	
	I5040	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	
	I5041	Acute combined systolic (congestive) and diastolic (congestive) heart failure	
	I5042	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	
	I5043	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	
	I509	Heart failure, unspecified	
PQI #10 Dehydration	E860	Dehydration	I120 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
	E861	Hypovolemia	I1311 Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
	E869	Volume depletion, unspecified	I132 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
	E870	Hyperosmolality and hypernatremia	N185 Chronic kidney disease, stage 5
	A080	Rotaviral enteritis	N186 End stage renal disease
	A0811	Acute gastroenteropathy due to Norwalk agent	
	A0819	Acute gastroenteropathy due to other small round viruses	
	A082	Adenoviral enteritis	
	A0831	Calicivirus enteritis	
	A0832	Astrovirus enteritis	
	A0839	Other viral enteritis	
	A084	Viral intestinal infection, unspecified	
	A088	Other specified intestinal infections	
	A09	Infectious gastroenteritis and colitis, unspecified	
	K5289	Other specified noninfective gastroenteritis and colitis	
	K529	Noninfective gastroenteritis and colitis, unspecified	
	N170	Acute kidney failure with tubular necrosis	

<b>Chronic Condition PQI</b>		<b>Numerator ICD-10 Codes</b>		<b>Exclusion ICD-10 Codes</b>
	N171	Acute kidney failure with acute cortical necrosis		
	N172	Acute kidney failure with medullary necrosis		
	N178	Other acute kidney failure		
	N179	Acute kidney failure, unspecified		
	N19	Unspecified kidney failure		
	N990	Postprocedural (acute) (chronic) kidney failure		
PQI #11 Bacterial Pneumonia <sup>11</sup>	J13	Pneumonia due to Streptococcus pneumoniae	D5700	Hb-SS disease with crisis, unspecified
	J14	Pneumonia due to Hemophilus influenzae	D5701	Hb-SS disease with acute chest syndrome
	J15211	Pneumonia due to Methicillin susceptible Staphylococcus aureus	D5702	Hb-SS disease with splenic sequestration
	J15212	Pneumonia due to Methicillin resistant Staphylococcus aureus	D571	Sickle-cell disease without crisis
	J153	Pneumonia due to streptococcus, group B	D5720	Sickle-cell/Hb-C disease without crisis
	J154	Pneumonia due to other streptococci	D57211	Sickle-cell/Hb-C disease with acute chest syndrome
	J157	Pneumonia due to Mycoplasma pneumoniae	D57212	Sickle-cell/Hb-C disease with splenic sequestration
	J159	Unspecified bacterial pneumonia	D57219	Sickle-cell/Hb-C disease with crisis, unspecified
	J160	Chlamydial pneumonia	D5740	Sickle-cell thalassemia without crisis
	J168	Pneumonia due to other specified infectious organisms	D57411	Sickle-cell thalassemia with acute chest syndrome
	J180	Bronchopneumonia, unspecified organism	D57412	Sickle-cell thalassemia with splenic sequestration
	J181	Lobar pneumonia, unspecified organism	D57419	Sickle-cell thalassemia with crisis, unspecified
	J188	Other pneumonia, unspecified organism	D5780	Other sickle-cell disorders without crisis
	J189	Pneumonia, unspecified organism	D57811	Other sickle-cell disorders with acute chest syndrome
			D57812	Other sickle-cell disorders with splenic sequestration
			D57819	Other sickle-cell disorders with crisis, unspecified
PQI #12 Urinary Tract Infection	N10	Acute tubulo-interstitial nephritis	N110	Nonobstructive reflux-associated chronic pyelonephritis
	N119	Chronic tubulo-interstitial nephritis, unspecified	N111	Chronic obstructive pyelonephritis
	N12	Tubulo-interstitial nephritis, not specified as acute or chronic	N118	Other chronic tubulo-interstitial nephritis
	N151	Renal and perinephric abscess	N119	Chronic tubulo-interstitial nephritis, unspecified

<sup>11</sup> PQI #11 and PQI #12 use additional ICD-10 diagnosis and procedure codes to exclude patients who are immune compromised. For more information on these codes, refer to the link in Section H of this document for the AHRQ detailed measure specifications.

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
N159	Renal tubulo-interstitial disease, unspecified	N1370 Vesicoureteral-reflux, unspecified
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	N1371 Vesicoureteral-reflux without reflux nephropathy
N2884	Pyelitis cystica	N13721 Vesicoureteral-reflux with reflux nephropathy without hydroureter, unilateral
N2885	Pyeloureteritis cystica	N13722 Vesicoureteral-reflux with reflux nephropathy without hydroureter, bilateral
N2886	Ureteritis cystica	N13729 Vesicoureteral-reflux with reflux nephropathy without hydroureter, unspecified
N3000	Acute cystitis without hematuria	N13731 Vesicoureteral-reflux with reflux nephropathy with hydroureter, unilateral
N3001	Acute cystitis with hematuria	N13732 Vesicoureteral-reflux with reflux nephropathy with hydroureter, bilateral
N3090	Cystitis, unspecified without hematuria	N13739 Vesicoureteral-reflux with reflux nephropathy with hydroureter, unspecified
N3091	Cystitis, unspecified with hematuria	N139 Obstructive and reflux uropathy, unspecified
N390	Urinary tract infection, site not specified	Q600 Renal agenesis, unilateral
		Q601 Renal agenesis, bilateral
		Q602 Renal agenesis, unspecified
		Q603 Renal hypoplasia, unilateral
		Q604 Renal hypoplasia, bilateral
		Q605 Renal hypoplasia, unspecified
		Q606 Potter's syndrome
		Q6100 Congenital renal cyst, unspecified
		Q6101 Congenital single renal cyst
		Q6102 Congenital multiple renal cysts
		Q6111 Cystic dilatation of collecting ducts
		Q6119 Other polycystic kidney, infantile type
		Q612 Polycystic kidney, adult type
		Q613 Polycystic kidney, unspecified
		Q614 Renal dysplasia
		Q615 Medullary cystic kidney
		Q618 Other cystic kidney diseases
		Q619 Cystic kidney disease, unspecified
		Q620 Congenital hydronephrosis
		Q6210 Congenital occlusion of ureter, unspecified
		Q6211 Congenital occlusion of ureteropelvic junction
		Q6212 Congenital occlusion of ureterovesical orifice
		Q622 Congenital megaureter
		Q6231 Congenital ureterocele, orthotopic
		Q6232 Cecoureterocele
		Q6239 Other obstructive defects of renal pelvis and ureter

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
		Q624 Agenesis of ureter
		Q625 Duplication of ureter
		Q6260 Malposition of ureter, unspecified
		Q6261 Deviation of ureter
		Q6262 Displacement of ureter
		Q6263 Anomalous implantation of ureter
		Q6269 Other malposition of ureter
		Q627 Congenital vesico-uretero-renal reflux
		Q628 Other congenital malformations of ureter
		Q630 Accessory kidney
		Q631 Lobulated, fused and horseshoe kidney
		Q632 Ectopic kidney
		Q633 Hyperplastic and giant kidney
		Q638 Other specified congenital malformations of kidney
		Q639 Congenital malformation of kidney, unspecified
		Q6410 Exstrophy of urinary bladder, unspecified
		Q6411 Supravesical fissure of urinary bladder
		Q6412 Cloacal extrophy of urinary bladder
		Q6419 Other extrophy of urinary bladder
		Q642 Congenital posterior urethral valves
		Q6431 Congenital bladder neck obstruction
		Q6432 Congenital stricture of urethra
		Q6433 Congenital stricture of urinary meatus
		Q6439 Other atresia and stenosis of urethra and bladder neck
		Q645 Congenital absence of bladder and urethra
		Q646 Congenital diverticulum of bladder
		Q6470 Unspecified congenital malformation of bladder and urethra
		Q6471 Congenital prolapse of urethra
		Q6472 Congenital prolapse of urinary meatus
		Q6473 Congenital urethrorectal fistula
		Q6474 Double urethra
		Q6475 Double urinary meatus
		Q6479 Other congenital malformations of bladder and urethra
		Q648 Other specified congenital malformations of urinary system
		Q649 Congenital malformation of urinary system, unspecified
PQI #14 Uncontrolled Diabetes	E1065	Type 1 diabetes mellitus with hyperglycemia
	E1165	Type 2 diabetes mellitus with hyperglycemia



Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
	E10649 Type 1 diabetes mellitus with hypoglycemia without coma	
	E11649 Type 2 diabetes mellitus with hypoglycemia without coma	
PQI #16 Lower Extremity Amputation among Patients with Diabetes	0Y620ZZ Detachment at Right Hindquarter, Open Approach	S78011A Complete traumatic amputation at right hip joint, initial encounter
	0Y630ZZ Detachment at Left Hindquarter, Open Approach	S78012A Complete traumatic amputation at left hip joint, initial encounter
	0Y640ZZ Detachment at Bilateral Hindquarter, Open Approach	S78019A Complete traumatic amputation at unspecified hip joint, initial encounter
	0Y670ZZ Detachment at Right Femoral Region, Open Approach	S78021A Partial traumatic amputation at right hip joint, initial encounter
	0Y680ZZ Detachment at Left Femoral Region, Open Approach	S78022A Partial traumatic amputation at left hip joint, initial encounter
	0Y6C0Z1 Detachment at Right Upper Leg, High, Open Approach	S78029A Partial traumatic amputation at unspecified hip joint, initial encounter
	0Y6C0Z2 Detachment at Right Upper Leg, Mid, Open Approach	S78111A Complete traumatic amputation at level between right hip and knee, initial encounter
	0Y6C0Z3 Detachment at Right Upper Leg, Low, Open Approach	S78112A Complete traumatic amputation at level between left hip and knee, initial encounter
	0Y6D0Z1 Detachment at Left Upper Leg, High, Open Approach	S78119A Complete traumatic amputation at level between unspecified hip and knee, initial encounter
	0Y6D0Z2 Detachment at Left Upper Leg, Mid, Open Approach	S78121A Partial traumatic amputation at level between right hip and knee, initial encounter
	0Y6D0Z3 Detachment at Left Upper Leg, Low, Open Approach	S78122A Partial traumatic amputation at level between left hip and knee, initial encounter
	0Y6F0ZZ Detachment at Right Knee Region, Open Approach	S78129A Partial traumatic amputation at level between unspecified hip and knee, initial encounter
	0Y6G0ZZ Detachment at Left Knee Region, Open Approach	S78911A Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter
	0Y6H0Z1 Detachment at Right Lower Leg, High, Open Approach	S78912A Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter
	0Y6H0Z2 Detachment at Right Lower Leg, Mid, Open Approach	S78919A Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
	0Y6H0Z3 Detachment at Right Lower Leg, Low, Open Approach	S78921A Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter
	0Y6J0Z1 Detachment at Left Lower Leg, High, Open Approach	S78922A Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter
	0Y6J0Z2 Detachment at Left Lower Leg, Mid, Open Approach	S78929A Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
	0Y6J0Z3 Detachment at Left Lower Leg, Low, Open Approach	S88011A Complete traumatic amputation at knee level, right lower leg, initial encounter

<b>Chronic Condition PQI</b>	<b>Numerator ICD-10 Codes</b>	<b>Exclusion ICD-10 Codes</b>
0Y6M0Z0	Detachment at Right Foot, Complete, Open Approach	S88012A Complete traumatic amputation at knee level, left lower leg, initial encounter
0Y6M0Z4	Detachment at Right Foot, Complete 1st Ray, Open Approach	S88019A Complete traumatic amputation at knee level, unspecified lower leg, initial encounter
0Y6M0Z5	Detachment at Right Foot, Complete 2nd Ray, Open Approach	S88021A Partial traumatic amputation at knee level, right lower leg, initial encounter
0Y6M0Z6	Detachment at Right Foot, Complete 3rd Ray, Open Approach	S88022A Partial traumatic amputation at knee level, left lower leg, initial encounter
0Y6M0Z7	Detachment at Right Foot, Complete 4th Ray, Open Approach	S88029A Partial traumatic amputation at knee level, unspecified lower leg, initial encounter
0Y6M0Z8	Detachment at Right Foot, Complete 5th Ray, Open Approach	S88111A Complete traumatic amputation at level between knee and ankle, right lower leg, initial encounter
0Y6M0Z9	Detachment at Right Foot, Partial 1st Ray, Open Approach	S88112A Complete traumatic amputation at level between knee and ankle, left lower leg, initial encounter
0Y6M0ZB	Detachment at Right Foot, Partial 2nd Ray, Open Approach	S88119A Complete traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter
0Y6M0ZC	Detachment at Right Foot, Partial 3rd Ray, Open Approach	S88121A Partial traumatic amputation at level between knee and ankle, right lower leg, initial encounter
0Y6M0ZD	Detachment at Right Foot, Partial 4th Ray, Open Approach	S88122A Partial traumatic amputation at level between knee and ankle, left lower leg, initial encounter
0Y6M0ZF	Detachment at Right Foot, Partial 5th Ray, Open Approach	S88129A Partial traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter
0Y6N0Z0	Detachment at Left Foot, Complete, Open Approach	S88911A Complete traumatic amputation of right lower leg, level unspecified, initial encounter
0Y6N0Z4	Detachment at Left Foot, Complete 1st Ray, Open Approach	S88912A Complete traumatic amputation of left lower leg, level unspecified, initial encounter
0Y6N0Z5	Detachment at Left Foot, Complete 2nd Ray, Open Approach	S88919A Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter
0Y6N0Z6	Detachment at Left Foot, Complete 3rd Ray, Open Approach	S88921A Partial traumatic amputation of right lower leg, level unspecified, initial encounter
0Y6N0Z7	Detachment at Left Foot, Complete 4th Ray, Open Approach	S88922A Partial traumatic amputation of left lower leg, level unspecified, initial encounter
0Y6N0Z8	Detachment at Left Foot, Complete 5th Ray, Open Approach	S88929A Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter
0Y6N0Z9	Detachment at Left Foot, Partial 1st Ray, Open Approach	S98011A Complete traumatic amputation of right foot at ankle level, initial encounter
0Y6N0ZB	Detachment at Left Foot, Partial 2nd Ray, Open Approach	S98012A Complete traumatic amputation of left foot at ankle level, initial encounter
0Y6N0ZC	Detachment at Left Foot, Partial 3rd Ray, Open Approach	S98019A Complete traumatic amputation of unspecified foot at ankle level, initial encounter
0Y6N0ZD	Detachment at Left Foot, Partial 4th Ray, Open Approach	S98021A Partial traumatic amputation of right foot at ankle level, initial encounter

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
0Y6N0ZF	Detachment at Left Foot, Partial 5th Ray, Open Approach	S98022A Partial traumatic amputation of left foot at ankle level, initial encounter
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	S98029A Partial traumatic amputation of unspecified foot at ankle level, initial encounter
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	S98111A Complete traumatic amputation of right great toe, initial encounter
E1021	Type 1 diabetes mellitus with diabetic nephropathy	S98112A Complete traumatic amputation of left great toe, initial encounter
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease	S98119A Complete traumatic amputation of unspecified great toe, initial encounter
E1029	Type 1 diabetes mellitus with other diabetic kidney complication	S98121A Partial traumatic amputation of right great toe, initial encounter
E10311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	S98122A Partial traumatic amputation of left great toe, initial encounter
E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	S98129A Partial traumatic amputation of unspecified great toe, initial encounter
E10321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	S98131A Complete traumatic amputation of one right lesser toe, initial encounter
E10329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	S98132A Complete traumatic amputation of one left lesser toe, initial encounter
E10331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	S98139A Complete traumatic amputation of one unspecified lesser toe, initial encounter
E10339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	S98141A Partial traumatic amputation of one right lesser toe, initial encounter
E10341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	S98142A Partial traumatic amputation of one left lesser toe, initial encounter
E10349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	S98149A Partial traumatic amputation of one unspecified lesser toe, initial encounter
E10351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	S98211A Complete traumatic amputation of two or more right lesser toes, initial encounter
E10359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	S98212A Complete traumatic amputation of two or more left lesser toes, initial encounter
E1036	Type 1 diabetes mellitus with diabetic cataract	S98219A Complete traumatic amputation of two or more unspecified lesser toes, initial encounter
E1039	Type 1 diabetes mellitus with other diabetic ophthalmic complication	S98221A Partial traumatic amputation of two or more right lesser toes, initial encounter
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	S98222A Partial traumatic amputation of two or more left lesser toes, initial encounter
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	S98229A Partial traumatic amputation of two or more unspecified lesser toes, initial encounter
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	S98311A Complete traumatic amputation of right midfoot, initial encounter
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	S98312A Complete traumatic amputation of left midfoot, initial encounter

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	S98319A Complete traumatic amputation of unspecified midfoot, initial encounter
E1049	Type 1 diabetes mellitus with other diabetic neurological complication	S98321A Partial traumatic amputation of right midfoot, initial encounter
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	S98322A Partial traumatic amputation of left midfoot, initial encounter
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	S98329A Partial traumatic amputation of unspecified midfoot, initial encounter
E1059	Type 1 diabetes mellitus with other circulatory complications	S98911A Complete traumatic amputation of right foot, level unspecified, initial encounter
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	S98912A Complete traumatic amputation of left foot, level unspecified, initial encounter
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	S98919A Complete traumatic amputation of unspecified foot, level unspecified, initial encounter
E10620	Type 1 diabetes mellitus with diabetic dermatitis	S98921A Partial traumatic amputation of right foot, level unspecified, initial encounter
E10621	Type 1 diabetes mellitus with foot ulcer	S98922A Partial traumatic amputation of left foot, level unspecified, initial encounter
E10622	Type 1 diabetes mellitus with other skin ulcer	S98929A Partial traumatic amputation of unspecified foot, level unspecified, initial encounter
E10628	Type 1 diabetes mellitus with other skin complications	0Y6P0Z0 Detachment at Right 1st Toe, Complete, Open Approach
E10630	Type 1 diabetes mellitus with periodontal disease	0Y6P0Z1 Detachment at Right 1st Toe, High, Open Approach
E10638	Type 1 diabetes mellitus with other oral complications	0Y6P0Z2 Detachment at Right 1st Toe, Mid, Open Approach
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	0Y6P0Z3 Detachment at Right 1st Toe, Low, Open Approach
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	0Y6Q0Z0 Detachment at Left 1st Toe, Complete, Open Approach
E1065	Type 1 diabetes mellitus with hyperglycemia	0Y6Q0Z1 Detachment at Left 1st Toe, High, Open Approach
E1069	Type 1 diabetes mellitus with other specified complication	0Y6Q0Z2 Detachment at Left 1st Toe, Mid, Open Approach
E108	Type 1 diabetes mellitus with unspecified complications	0Y6Q0Z3 Detachment at Left 1st Toe, Low, Open Approach
E109	Type 1 diabetes mellitus without complications	0Y6R0Z0 Detachment at Right 2nd Toe, Complete, Open Approach
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	0Y6R0Z1 Detachment at Right 2nd Toe, High, Open Approach
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	0Y6R0Z2 Detachment at Right 2nd Toe, Mid, Open Approach
E1121	Type 2 diabetes mellitus with diabetic nephropathy	0Y6R0Z3 Detachment at Right 2nd Toe, Low, Open Approach
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	0Y6S0Z0 Detachment at Left 2nd Toe, Complete, Open Approach
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	0Y6S0Z1 Detachment at Left 2nd Toe, High, Open Approach
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	0Y6S0Z2 Detachment at Left 2nd Toe, Mid, Open Approach

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	0Y6S0Z3 Detachment at Left 2nd Toe, Low, Open Approach
E11321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	0Y6T0Z0 Detachment at Right 3rd Toe, Complete, Open Approach
E11329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	0Y6T0Z1 Detachment at Right 3rd Toe, High, Open Approach
E11331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	0Y6T0Z2 Detachment at Right 3rd Toe, Mid, Open Approach
E11339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	0Y6T0Z3 Detachment at Right 3rd Toe, Low, Open Approach
E11341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	0Y6U0Z0 Detachment at Left 3rd Toe, Complete, Open Approach
E11349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	0Y6U0Z1 Detachment at Left 3rd Toe, High, Open Approach
E11351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	0Y6U0Z2 Detachment at Left 3rd Toe, Mid, Open Approach
E11359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	0Y6U0Z3 Detachment at Left 3rd Toe, Low, Open Approach
E1136	Type 2 diabetes mellitus with diabetic cataract	0Y6V0Z0 Detachment at Right 4th Toe, Complete, Open Approach
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication	0Y6V0Z1 Detachment at Right 4th Toe, High, Open Approach
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	0Y6V0Z2 Detachment at Right 4th Toe, Mid, Open Approach
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	0Y6V0Z3 Detachment at Right 4th Toe, Low, Open Approach
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	0Y6W0Z0 Detachment at Left 4th Toe, Complete, Open Approach
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	0Y6W0Z1 Detachment at Left 4th Toe, High, Open Approach
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	0Y6W0Z2 Detachment at Left 4th Toe, Mid, Open Approach
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	0Y6W0Z3 Detachment at Left 4th Toe, Low, Open Approach
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	0Y6X0Z0 Detachment at Right 5th Toe, Complete, Open Approach
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	0Y6X0Z1 Detachment at Right 5th Toe, High, Open Approach
E1159	Type 2 diabetes mellitus with other circulatory complications	0Y6X0Z2 Detachment at Right 5th Toe, Mid, Open Approach
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	0Y6X0Z3 Detachment at Right 5th Toe, Low, Open Approach
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	0Y6Y0Z0 Detachment at Left 5th Toe, Complete, Open Approach
E11620	Type 2 diabetes mellitus with diabetic dermatitis	0Y6Y0Z1 Detachment at Left 5th Toe, High, Open Approach

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E11621	Type 2 diabetes mellitus with foot ulcer	0Y6Y0Z2 Detachment at Left 5th Toe, Mid, Open Approach
E11622	Type 2 diabetes mellitus with other skin ulcer	0Y6Y0Z3 Detachment at Left 5th Toe, Low, Open Approach
E11628	Type 2 diabetes mellitus with other skin complications	
E11630	Type 2 diabetes mellitus with periodontal disease	
E11638	Type 2 diabetes mellitus with other oral complications	
E11641	Type 2 diabetes mellitus with hypoglycemia with coma	
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	
E1165	Type 2 diabetes mellitus with hyperglycemia	
E1169	Type 2 diabetes mellitus with other specified complication	
E118	Type 2 diabetes mellitus with unspecified complications	
E119	Type 2 diabetes mellitus without complications	
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	
E1301	Other specified diabetes mellitus with hyperosmolarity with coma	
E1310	Other specified diabetes mellitus with ketoacidosis without coma	
E1311	Other specified diabetes mellitus with ketoacidosis with coma	
E1321	Other specified diabetes mellitus with diabetic nephropathy	
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease	
E1329	Other specified diabetes mellitus with other diabetic kidney complication	
E13311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	
E13319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	
E13321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
E13329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	
E13331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E13339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	
E13341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	
E13349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	
E13351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	
E13359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	
E1336	Other specified diabetes mellitus with diabetic cataract	
E1339	Other specified diabetes mellitus with other diabetic ophthalmic complication	
E1340	Other specified diabetes mellitus with diabetic neuropathy, unspecified	
E1341	Other specified diabetes mellitus with diabetic mononeuropathy	
E1342	Other specified diabetes mellitus with diabetic polyneuropathy	
E1343	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	
E1344	Other specified diabetes mellitus with diabetic amyotrophy	
E1349	Other specified diabetes mellitus with other diabetic neurological complication	
E1351	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	
E1352	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	
E1359	Other specified diabetes mellitus with other circulatory complications	
E13610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	
E13618	Other specified diabetes mellitus with other diabetic arthropathy	
E13620	Other specified diabetes mellitus with diabetic dermatitis	
E13621	Other specified diabetes mellitus with foot ulcer	
E13622	Other specified diabetes mellitus with other skin ulcer	
E13628	Other specified diabetes mellitus with other skin complications	

Chronic Condition PQI	Numerator ICD-10 Codes	Exclusion ICD-10 Codes
E13630	Other specified diabetes mellitus with periodontal disease	
E13638	Other specified diabetes mellitus with other oral complications	
E13641	Other specified diabetes mellitus with hypoglycemia with coma	
E13649	Other specified diabetes mellitus with hypoglycemia without coma	
E1365	Other specified diabetes mellitus with hyperglycemia	
E1369	Other specified diabetes mellitus with other specified complication	
E138	Other specified diabetes mellitus with unspecified complications	
E139	Other specified diabetes mellitus without complications	

**Table 3. Healthcare Common Procedure Coding System (HCPCS) primary care service codes**

HCPCS codes	Brief description
99201–99205	New patient, office, or other outpatient visit
99211–99215	Established patient, office, or other outpatient visit
99304–99306	New patient, nursing facility care
99307–99310	Established patient, nursing facility care
99315–99316	Established patient, discharge day management service
99318	Established patient, other nursing facility service
99324–99328	New patient, domiciliary or rest home visit
99334–99337	Established patient, domiciliary or rest home visit
99339–99340	Established patient, physician supervision of patient (patient not present) in home, domiciliary, or rest home
99341–99345	New patient, home visit
99347–99350	Established patient, home visit
G0402	Initial Medicare visit
G0438	Annual wellness visit, initial
G0439	Annual wellness visit, subsequent

Note: Labels are approximate. For detailed definitions, see the American Medical Association’s Current Procedural Terminology and the CMS website ([http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS\\_Quarterly\\_Update.html](http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS_Quarterly_Update.html)).