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| 1 | newdxdm | Does the record document diabetes mellitus was newly diagnosed by the physician/APN/PA during the study month?  1. Yes  2. No | 1,2 | **The intent of this question is to identify patients who are newly diagnosed with diabetes mellitus by the physician/APN/PA during the study month.**  If there is documentation that the patient had a diagnosis of diabetes mellitus (includes insulin-dependent, oral hypoglycemic medication, or diet control alone) prior to the first day of the study month, answer “2.”  **‘Borderline diabetes’ is not considered DM**  ICD-9-CM codes 250.0 – 250.8 (with 5th digit classification):  (Codes are used only as examples to guide the abstractor and are not all-inclusive. Diagnoses are determined by clinician documentation, not by the presence or absence of codes.)  **Exclude**: gestational diabetes, hyperglycemia NOS, neonatal DM, nonclinical diabetes |
| 2 | dementia | Does the record document a diagnosis of dementia?  1. Yes  2. No | 1,2 | Diagnosis of dementia must be recorded as the patient’s diagnosis by a physician, APN, or PA in clinic notes or discharge summary. Any type of dementia is applicable, such as Alzheimer’s, vascular, dementia due to HIV, head trauma, Parkinson’s, Huntington’s Disease, or Creutzfeldt-Jakob Disease. |
| 3 | lossense | Does the patient have any of the following physical/neurological impairments?  2. quadriplegia/paraplegia  3. past stroke, resulting in bilateral sensory loss in feet  99. none of these impairments | 2,3,99 | Quadriplegia = paralysis of all four limbs  Paraplegia = paralysis of the lower part of the body including the legs  Response #3 may not be used if the sensory loss is confined to one foot. |
| 4 | amputee | Does the patient have a lower extremity amputation?  1. Unilateral amputation  2. Bilateral amputation  99. No documentation of lower extremity amputation | 1,2,99  **If 2, auto-fill footinsp, footplse, and footsens as 95** | Lower extremity amputation = removal of one (unilateral) or both (bilateral) lower extremities.  Amputation of a lower extremity amputation may be above or below the knee. |
| 5 | footinsp | Within the past year, does the record document a visual inspection of the patient’s feet?   1. yes 2. no    1. not applicable   98. Patient refused foot exam | 1,2,95,98  If amputee = 2, will be auto-filled as 95 | If a checklist is used to denote visual foot inspection, a notation of findings, e.g., WNL, must be present in addition to date and initials or signature of individual performing the exam. Patient must have had a clinic visit on that date.  If patient is unilateral amputee of lower extremity, question is pertinent to the remaining foot.  1. Referral to a podiatrist, without documented notes, is acceptable only for the visual foot exam and only if the record verifies the patient kept the appointment.  2. The following are not acceptable unless the foot is specifically mentioned: “extremities negative, lower extremity exam, 1+ edema, extremities – no edema.” Patient self-report is also not acceptable.  3. Acceptable: diabetic foot care (DFC), cyanosis of the toes/feet, edema of the feet, skin exam of foot, toe check/exam, toenail clipping, onychomycosis of toenails, ulcers, pedal edema, feet WNL.  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have a foot inspection. |
| 6 | footplse | Within the past year, does the record document pulses were checked in patient’s feet?   1. yes 2. no 3. not applicable   98. Patient refused foot exam | 1,2,95, 98  If amputee = 2, will be auto-filled as 95 | 1. Foot should be examined to determine presence of dorsalis pedis (DP) and posterior tibial pulses. (One is sufficient.) There must be documentation in the record indicating that pulses were or were not palpable. Body outline with 1+, etc. marked at pulse points is acceptable if feet are included.  2. If services provided by the podiatrist were limited to nail-cutting, answer ‘1’ to footinsp, but ‘2’ to footplse, unless the record specifically states pulses were palpated.  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have assessment of pulses in feet. |

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| 7 | footsens | Within the past year, does the record document the result of testing for foot sensation by monofilament?   1. yes 2. no    1. not applicable   98. Patient refused monofilament testing | 1,2,95,98  **If lossense = 2 or 3, or amputee = 2, auto-fill as 95** | **The use of monofilament to test sensation and the result of the testing must be documented in the medical record. A general statement that “monofilament is always used” is not acceptable.**  **If the facility is using the “Vibration Perception Threshold Test,” accept as equivalent to monofilament and answer “yes.”**  If services provided by a podiatrist were limited to nail-cutting, answer ‘1’ to footinsp, but ‘2’ to footsens, unless record specifically states sensation was tested by monofilament.  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have testing for foot sensation by monofilament. |
| 8 | riskfeet1  riskfeet2  riskfeet3  riskfeet4  riskfeet5  riskfeet6  riskfeet7  riskfeet8  riskfeet9  riskfeet95  riskfeet99 | Within the past year, did any examination of the feet reveal any of the following injuries or abnormalities?  **Indicate all that apply:**   1. Minor abnormality : corn, onychomycosis, erythema, blister, or callus (preulcer Grade 0 or 1) 2. Preulcer Grade 2 – hemorrhage noted under a callus (with or without cellulitis) 3. Break in cutaneous barrier, i.e., puncture wound, cut, healing ulcer 4. ulceration or other sores (incl ingrown nail) 5. dependent rubor or pallor on elevation 6. decreased temperature and/or absent pulses 7. decreased protective sensation (insensate to 5.07 monofilament) or other neurologic abnormality 8. foot deformity (hammertoes, claw toes, Charcot’s foot) 9. other abnormal finding 10. not applicable   99. no abnormal findings | 1,2,3,4,5,6,7,8,9,95,99  **If amputee = 2, or footinsp = 2, and footplse = 2, and footsens = 2, auto-fill as 95**  **If 95 or 99, auto-fill ftrefer as 95** | Note: this question is applicable to findings from foot exams throughout the year, and is not limited to the most recent exam.  **Do not consider as abnormal foot:** Documentation of: diminished pulses, poorly palpable pulses, pedal edema, pitting edema of lower extremities, or claudication. Documentation of “peripheral vascular disease (PVD)” or “peripheral neuropathy” is not an abnormal foot unless there is documentation specific to the feet.  **Consider As Abnormal**:  1 = onychomycosis or fungal infection of the toenails. (description of thick, yellow nails not sufficient);dry skin, callosity, “cornified,” tyloma; athlete’s foot (*tinea pedis*) if skin intact  3 = additionally includes cracks in skin. Includes loss of toenail if not yet healed: if healed, do not include.  4 = ulceration or other sores includes ingrown nail. Includes necrotic tissue  6 = cool dusky feet, pain in feet (or foot) at rest  7 = “Pt complains of numbness in feet (or foot),” vibratory deficit, sensory deficit, insensate feet (or foot)  8 = talipes (clubfoot) of various types depending on the deformity; Charcot’s Foot – a foot which is moderately to severely deformed as a result of insensitivity and repeated injury. Fractures in an insensitive foot frequently fail to heal properly and can progress to a so-called boat-shaped foot. These feet are at extreme risk of amputation and require immediate, expert care.  9 = symptomatic gout of the foot, plantar fasciitis, entrapped calcaneal nerve  **Abstractor cannot enter 95 if lossense = <> 1, or footinsp = 1 or footplse = 1 or footsens = 1.** |
| 9 | ftrefer | Within the past year, was any foot abnormality addressed by a change in the patient’s footwear or referral to a foot care specialist (PACT Coordinator, Podiatrist, Orthopaedic or Vascular Surgeon, Diabetic Educator, etc.) for further evaluation of the abnormal finding?   1. yes 2. no 3. patient already under specialist’s care for the problem 4. previous evaluation concluded problem stable 5. not applicable | 1,2,3,4,95  If riskfeet = 95 or 99, will be auto-filled as 95 | 1. Recommendation for a change in footwear can come from a provider in the Primary Care clinic or from a specialist, i.e., podiatrist. Suggestion of new shoes, larger shoes, use of athletic shoes, or “no bare feet” is a recommended change in footwear. 2. In VHA, the prescription of special shoes for diabetic patients is handled through referral to Prosthetics. 3. PACT (Preservation/Amputation Care and Treatment) Coordinator 4. If an appointment with a specialist was arranged for the patient, but the patient failed to appear, answer “1” since the referral still occurred. 5. If the foot exam was performed by a podiatrist or other foot care specialist, and problem is noted as currently being treated, enter ‘3.’ 6. Use ‘4’ only if the clinician or specialist performing the foot exam documented the problem and noted it had already been evaluated or treated and was currently stable   If RISKFEET = 95 or 99, FTREFER will auto-fill as 95. Abstractor cannot enter 95 if RISKFEET = <> 95 or 99. |
| 10 | kidisdx | Within the past year, did the patient have an active diagnosis of diabetic nephropathy or documented end-stage renal disease (ESRD)? | 1,2  Computer will auto-fill as 1 if selckd = -1   |  | | --- | | Warning if 2 and selckd = -1 | | **Diabetic nephropathy**: acute renal failure; arterionephrosclerosis; azotemia; chronic kidney disease, chronic renal disorder; chronic renal failure (CRF); chronic renal insufficiency; diabetic kidney disease; dialysis (hemodialysis or peritoneal dialysis); diffuse diabetic or nodular glomerulosclerosis; Kimmelstein-Wilson lesion; papillary necrosis; renal insufficiency |
| 11 | dmdialys | At the time of the most recent NEXUS clinic visit, was the patient receiving chronic dialysis?  3. Receiving chronic dialysis at VHA  4. Receiving chronic dialysis at non-VHA facility  99. No documentation the patient is receiving chronic dialysis | 3,4,99 | The intent of the question is to determine if the patient was receiving ongoing dialysis by the time of the nexus clinic visit (date entered in NEXUSDT).  **Dialysis** is defined as ESRD (End Stage Renal Disease) with peritoneal dialysis or hemodialysis. Also includes documentation of continuous arterio-venous hemofiltration (CAVH) or continuous veno-venous hemofiltration (CVVH). |
| 12 | seeneph | Within the past year, was the patient seen at any time by a nephrologist? | 1,2 | Seen by nephrologist: may be clinic visit or during an inpatient episode of care. To answer “1,” the specialist seeing the patient must be clearly identified as a nephrologist. |
| 13 | blind | Does the record document blindness in one or both eyes?  1. Yes  2. No | 1, 2 | Diagnosis of blindness must be recorded as the patient’s diagnosis by a physician, APN, or PA in clinic notes or discharge summary. |
| 14 | fundexam | Within the past year, does the record document a funduscopic examination of the retina?   1. exam performed by VHA 2. exam performed by a private sector provider 3. explicit statement by ophthalmologist or optometrist that retinal imaging no longer necessary for this blind patient 4. Patient refused funduscopic examination of retina   99. no documentation funduscopic exam was  performed | 1,3,97,98,99   |  | | --- | | Hard Edit: If 97 and blind = 2 |   **If 97, 98, or 99, auto-fill fundt as 99/99/9999 and eyespec as 95, retinpath as 95, whatretn1 as 95, and go to prevscop** | Blind patients are not excluded from this question unless option #97 is applicable.  Documentation that indicates funduscopic exam of the retina was performed: reference to optic disc, arterioles, no hemorrhage or exudates, microaneuryms, no papilledema, any reference to terms indicating retinopathy. Documentation of a dilated eye exam may include abbreviations such as Dil, DL, DI, or DFE. The term “non-mydriatic” means non-dilated.  **Acceptable:**   * Presence of a note, report, or letter summarizing results of a retinal or dilated eye exam completed by an eye care specialist (ophthalmologist or optometrist), or a photograph or chart of retinal abnormalities * Note by the PCP/staff that the funduscopic or retinal examwas completed by a private eye care specialist (ophthalmologist or optometrist), date of exam, and result of exam. The month and year should be known. * Retinal photo taken in the ambulatory care setting and sent to an eye care specialist for review, **if the results are in the record.** * **Screening for retinopathy by digital imaging (dilated or non-dilated), read by an ophthalmologist or optometrist**   **Unacceptable:**  Pt referred to ophthalmology/optometry but no exam results available.  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have a funduscopic exam of the retina performed. |
| 15 | fundt | Enter the date the funduscopic exam of the retina was performed. | mm/dd/yyyy  If fundexam = 97, 98 or 99, will be auto-filled as 99/99/9999   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.  If FUNDEXAM = 97 or 99, FUNDT will auto-fill as 99/99/9999. Abstractor cannot enter the default date of 99/99/9999 if FUNDEXAM = 1 or 3. |
| 16 | eyespec | Enter the number applicable to the clinician that performed the funduscopic examination.   1. ophthalmologist 2. optometrist 3. primary care practitioner 4. retinal photo sent to eye care specialist 5. digital imaging (dilated or non-dilated) sent to be read by an ophthalmologist or optometrist 6. not applicable   99. unable to determine | 1 2,3,5,6,95,99  If fundexam = 97, 98, or 99, will be auto-filled as 95 | **Eye care specialist=ophthalmologist or optometrist**  **Scoring for the retinal or dilated retinal exam of diabetic patients will be based on whether the exam was performed by an ophthalmologist or optometrist, by retinal photo sent to an eye care specialist or by funduscopic digital imaging (dilated or non-dilated) sent to an ophthalmologist or optometrist for reading.**  If uncertain regarding the specialty of the clinicians who perform funduscopic exams at the VAMC, request assistance from the Liaison.  **If the patient was seen by an eye care specialist outside VHA and it is known the eye exam was accomplished (i.e. documentation the funduscopic or retinal exam was done by eye care specialist, date of exam, and result of exam), but the specialty is unknown, use response “1” as default.**  Answer ‘6’ as applicable to use of retinal digital imaging, either dilated or non-dilated, taken in Primary Care or other ambulatory clinic, and sent to an ophthalmologist or optometrist for reading.  **If use of the Inoveon, Joslin, or Vanderbilt system is documented in the record, this is acceptable.** |
| 17 | retinpath | Did the report from the most recent retinal eye exam indicate a finding of retinopathy?  1. Yes  2. No   1. not applicable    1. no report available | 1,2,95,99  If fundexam = 97, 98, or 99, will be auto-filled as 95  If 2 or 99, auto-fill whatretn as 95 and go to prevscop | **Proliferative Diabetic Retinopathy Synonyms:**  Any hemorrhage Photocoagulation  Preretinal or vitreous hemorrhage Rubeosis  Background retinopathy Iritis  Diabetic retinal or eye changes Fibrosis  Laser treatment of the eyes Diabetic iritis  Macular lesion  New vessels on the disc, (NVD) iris, or retina  Macular changes with retinopathy Preproliferative Retinopathy Synonyms Diabetic macular edema Multiple cotton wool spots  Retinal blot hemorrhages Venous beading/looping  Intraretinal microvascular abnormalities (IRMA) Nonproliferative Diabetic Retinopathy Synonyms Blot hemorrhage Microaneuryms  Hard exudates Soft exudates  **Exclude:** macular degeneration w/o mention of retinopathy  R/O retinopathy; rule out retinopathy  Will auto-fill as 95 if FUNDEXAM = 97 or 99 and PREVSCOP = 2 or 97. Abstractor cannot enter 95 if FUNDEXAM = 1 or 2 or PREVSCOP = 1. |
| 18 | whatretn1 | What finding of retinopathy was documented in the record for the most recent retinal exam?   1. Proliferative Diabetic Retinopathy 2. Preproliferative Diabetic Retinopathy 3. Nonproliferative Diabetic Retinopathy 4. Laser treatment of the eyes 5. Other   95. Not applicable | 1,2,3,4,5,95  Will be auto-filled as 95 if retinpath = 2 or 99 | **Proliferative Diabetic Retinopathy Synonyms:**  Any hemorrhage Photocoagulation  Preretinal or vitreous hemorrhage Rubeosis  Background retinopathy Iritis  Diabetic retinal or eye changes Fibrosis  Laser treatment of the eyes Diabetic iritis  Macular lesion  New vessels on the disc, (NVD) iris, or retina  Macular changes with retinopathy Preproliferative Retinopathy Synonyms Diabetic macular edema Multiple cotton wool spots  Retinal blot hemorrhages Venous beading/looping  Intraretinal microvascular abnormalities (IRMA) Nonproliferative Diabetic Retinopathy Synonyms Blot hemorrhage Microaneuryms  Hard exudates Soft exudates |
| 19 | prevscop | Within the year previous to the past year, did the patient have a funduscopic exam of the retina performed by an ophthalmologist, an optometrist, or by retinal digital imaging sent to an ophthalmologist or optometrist for reading   1. yes 2. no 3. explicit statement by ophthalmologist or optometrist that retinal imaging no longer necessary for this blind patient | 1,2,97  **If 2 or 97, auto-fill prevdt as 99/99/9999, retinpath2 as 95, whatretn2 as 95, and eyefolo as 95 and go to Shared Data Module** | Year previous to the past year = Determine “the past year” by counting back one year to the first day of the month of the first date of the study interval (as is calculated for “within the past year.”). The year’s period prior to this date is within the year previous to the past year.  **Rules applicable to the questions “fundscop” and “eyespec” apply.** |
| 20 | prevdt | Enter the date of the retinal exam performed within the year previous to the past year. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if prevscop = 2 or 97  If prevscop = 2 or 97, will be auto-filled as 99/99/9999   |  | | --- | | < = 2 yrs prior to stdybeg and > 1 yr prior to stdybeg | | Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.  Will auto-fill as 99/99/9999 if PREVSCOP = 2 or 97. Abstractor cannot enter the default date of 99/99/9999 if PREVSCOP = 1. |
| 21 | retinpath2 | Did the report from the retinal eye exam within the year previous to the past year indicate a finding of retinopathy?  1. Yes  2. No  95. Not applicable  99. No report available | 1,2,95,99  Will be auto-filled as 95 if prevscop = 2 or 97  If 2 or 99, auto-fill **whatretn2 as 95, and go to eyefolo** | **Proliferative Diabetic Retinopathy Synonyms:**  Any hemorrhage Photocoagulation  Preretinal or vitreous hemorrhage Rubeosis  Background retinopathy Iritis  Diabetic retinal or eye changes Fibrosis  Laser treatment of the eyes Diabetic iritis  Macular lesion  New vessels on the disc, (NVD) iris, or retina  Macular changes with retinopathy Preproliferative Retinopathy Synonyms Diabetic macular edema Multiple cotton wool spots  Retinal blot hemorrhages Venous beading/looping  Intraretinal microvascular abnormalities (IRMA) Nonproliferative Diabetic Retinopathy Synonyms Blot hemorrhage Microaneuryms  Hard exudates Soft exudates  **Exclude:** macular degeneration w/o mention of retinopathy  R/O retinopathy; rule out retinopathy  Will auto-fill as 95 if FUNDEXAM = 97 or 99 and PREVSCOP = 2 or 97. Abstractor cannot enter 95 if FUNDEXAM = 1 or 2 or PREVSCOP = 1. |
| 22 | whatretn2 | What finding of retinopathy was documented in the record for the retinal exam performed in the year previous to the past year?  1. Proliferative Diabetic Retinopathy  2. Preproliferative Diabetic Retinopathy  3. Nonproliferative Diabetic Retinopathy  4. Laser treatment of the eyes  5. Other  95. Not applicable | 1,2,3,4,5,95  Will be auto-filled as 95 if prevscop = 2 or 97 or retinpath2 = 2 or 99 | **Proliferative Diabetic Retinopathy Synonyms:**  Any hemorrhage Photocoagulation  Preretinal or vitreous hemorrhage Rubeosis  Background retinopathy Iritis  Diabetic retinal or eye changes Fibrosis  Laser treatment of the eyes Diabetic iritis  Macular lesion  New vessels on the disc, (NVD) iris, or retina  Macular changes with retinopathy Preproliferative Retinopathy Synonyms Diabetic macular edema Multiple cotton wool spots  Retinal blot hemorrhages Venous beading/looping  Intraretinal microvascular abnormalities (IRMA) Nonproliferative Diabetic Retinopathy Synonyms Blot hemorrhage Microaneuryms  Hard exudates Soft exudates |
| 23 | eyefolo | At the time of the retinal exam performed in the year previous to the past year, what eye care follow-up time interval was recommended?  1. 1 month  2. 2-3 months  3. 4-6 months  4. 7 - 9 months  5. 10-12 months (or 1 year)  6. 13-24 months ( or 2 years)  99. follow up interval not specified | 1,2,3,4,5,6,99 | Look for documentation indicating what time interval for follow-up eye care was recommended to the patient. There does not have to be documentation that the patient was seen or returned at the recommended follow-up time interval. |
| **Go to Shared Data Module** | | | | |