VHA EXTERNAL PEER REVIEW PROGRAM
DIABETES MODULE
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
1	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.
2	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, and go to kidisdx**	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.
3	footinsp	Within the past year, does the record document a visual inspection of the patient's feet? 1. yes 2. no 95. 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.

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4	footplse	Within the past year, does the record document pulses were checked in patient's feet? 1. yes 2. no 95. 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.
5	footsens	Within the past year, does the record document the result of testing for foot sensation by monofilament? 1. yes 2. no 95. 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.
6	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
7	rnltrans	Is there documentation the patient had renal (kidney) transplantation?	1, 2	Kidney transplantation is a procedure that places a healthy kidney from a donor into the body of a patient who has end stage renal disease.

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8	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).
9	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.
10	fundexam	Within the past year, does the record document a funduscopic examination of the retina? 1. exam performed by VHA 3. exam performed by a private sector provider 97. explicit statement by ophthalmologist or optometrist that retinal imaging no longer necessary for this blind patient 98. 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 exam was 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.

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11	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.
12	eyespec	Enter the number applicable to the clinician that performed the funduscopic examination. 1. ophthalmologist 2. optometrist 3. primary care practitioner 5. retinal photo sent to eye care specialist 6. digital imaging (dilated or non-dilated) sent to be read by an ophthalmologist or optometrist 95. 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.**

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13	retinpath	Did the report from the most recent retinal eye exam indicate a finding of retinopathy? 1. Yes 2. No 95. not applicable 99. no report available	1, 2, 95, 99 If fundexam = 97, 98, or 99, will be auto-filled as 95	**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.

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14	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 97. 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, and go to end**	**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. 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 exam was 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 (ophthalmologist or optometrist) 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.

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15	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.

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16	retinpath2	Did the report from the retinal eye exam <u>within the year previous to the past year</u> 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	**Proliferative Diabetic Retinopathy Synonyms:** Any hemorrhage Preretinal or vitreous hemorrhage Background retinopathy Diabetic retinal or eye changes Laser treatment of the eyes Macular lesion New vessels on the disc, (NVD) iris, or retina Macular changes with retinopathy Photocoagulation Rubeosis Iritis Fibrosis Diabetic iritis **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.