



One in a series of tip sheets that look at key 2019 Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Comprehensive Diabetes Care (CDC)

Effectiveness of Care HEDIS® Measure

### HEDIS measure definition

Patients ages 18 to 75 within the measurement year with diagnosis of diabetes (Type 1 and Type 2) in compliance with the following criteria done annually:

- HbA1c control
- Retinal eye exam
- Medical attention for nephropathy
- Blood pressure control

### Exclusions from the HEDIS measure

Patients are excluded if they:

- Have gestational or steroid-induced diabetes.
- Are a patient in hospice or living in a long-term institutional setting any time in the measurement year.
- Have an advanced illness and frailty:
  - Medicare members ages 66 and older with advanced illness in the measurement year or the year prior to the measurement year **and** frailty in the measurement year are excluded when claims are received with advanced illness (includes dispensed dementia medication) and frailty codes. See the *Advanced illness and frailty guide* for more information.

### Information patient medical records should include

**HbA1c results:** HbA1c should be completed two to four times each year. Document date and result in the office note. The last HbA1c result of the year must be less than or equal to nine to show evidence of control to count towards star gap closure.

**Retinal eye exam results:** When you receive an eye exam report from an eye care professional for your patient with diabetes:

- Review the report and note if there are any abnormalities. If so, add the abnormalities to the patient's active problem list and indicate what and when follow up is needed.
- Place the report in the patient's medical record.
- Make sure the eye care professional's name and credentials are included.

Patients with positive retinopathy results need an annual exam. Those with negative results can be biannually examined.

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**Blood pressure readings:** The last blood pressure reading of the year must be less than 140/90 to show evidence of control. Do not round blood pressure readings.

**Nephropathy screening test:** Patients with diabetes must have a nephropathy screening test or there must be evidence of medical attention for nephropathy during the measurement year (and every year).

Documentation should include at least one of the following, reported yearly:

- Urine albumin or protein screening
- Treatment with an angiotensin-converting enzyme inhibitors / angiotensin-II receptor blockers
- Evidence of chronic kidney disease stage 4, end stage renal disease
- Evidence of a visit to a nephrologist

## Information patient claims should include

**HbA1c results:** When conducting an HbA1c in your office, submit the results on the HbA1c claim with the appropriate CPT® II code:

CPT® II code	Most recent HbA1c level
*3044F	< 7%
*3045F	7.0 – 9.0%
*3046F	> 9%

**Retinal eye exam results:** When results are received from an eye care professional, submit the results on a \$0.01 claim with one of the following CPT® II codes, as appropriate:

CPT® II code	Retinal eye exam findings
*2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
*3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

**Kidney disease monitoring:** Submit a claim for a urine protein screening test or report evidence of medical attention for nephropathy during the current year. Patient claims should include:

CPT® II code	Situation
*4010F	Use when you prescribe an ACE/ARB
*3066F	Use to indicate kidney transplant or nephrology visit, patient receiving dialysis or patient being treated for ESRD, chronic renal failure, acute renal failure or renal insufficiency

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