



One in a series of tip sheets about HEDIS® and other measures that contribute to star ratings of Medicare Advantage plans.

Comprehensive diabetes care (CDC)

Effectiveness of Care HEDIS® Measure

Measurement definition

Patients ages 18–75 with a diagnosis of diabetes (Type 1 or Type 2) in compliance with the following:

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

Exclusions

Patients are excluded if they:

- Have gestational or steroid-induced diabetes.
- Received hospice care during the measurement year.
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*).

Information that patient medical records should include

HbA1c results: HbA1c should be completed two to four times each year with documented date and distinct numeric result. The last HbA1c result of the year must be less than or equal to nine to show evidence of control.

Retinal eye exam results: A retinal or dilated eye exam must be performed by an eye care professional. When you receive an eye exam report from an eye care provider 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 follow up is needed and when.
- Place the report in the patient's medical record.
- Make sure the date of service and eye care professional's name and credentials are included for HEDIS compliance.
- If a copy of the report isn't available, document in the patient's medical history the date of the eye exam, the result and the eye care professional who conducted the exam with credentials.
- Patients with positive retinopathy results need an annual exam. Those with negative results may be examined every two years.

Blood pressure readings: The last blood pressure reading of the year must be less than 140/90 to show evidence of control. Don't round up 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 current measurement year.

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

- Urine albumin or protein screening
- Treatment with an angiotensin-converting enzyme (ACE) inhibitor/angiotensin-II receptor blockers (ARBs)
- Evidence of chronic kidney disease (CKD) stage 4, end stage renal disease (ESRD)
- Evidence of a visit to a nephrologist

Information that patient claims should include

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

CPT® II code	Most recent HbA1c level
3044F	< 7%
3046F	> 9%
3051F	≥ 7% and < 8%
3052F	≥ 8% and ≤ 9%

Retinal eye exam results: When results are received from an eye care professional, submit the results on a \$0.01 claim with the appropriate CPT® II code for HEDIS compliance:

CPT® II code	Retinal eye exam findings
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

Nephropathy: 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
3066F	Use to indicate kidney transplant or nephrology visit, patient receiving dialysis or patient being treated for

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CPT® II code	Situation
	ESRD, chronic renal failure (CRF), acute renal failure (ARF) or renal insufficiency
4010F	Use when you prescribe an ACE Inhibitor/ARB

Tips for success

- Order labs to be completed prior to patient appointments.
- Refer patients to optometrist or ophthalmologist for dilated retinal eye exam annually and explain why this is different than a screening for glasses or contacts.

Tips for talking with patients

- Educate patients about the importance of routine screening and medication compliance.
- Review diabetic services needed at each office visit.