



## Comprehensive diabetes care (CDC)

Effectiveness of Care HEDIS® Measure

### Measurement definition

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

- HbA1c control ( $\leq 9\%$ )
- Retinal eye exam
- Medical attention for nephropathy
- Blood pressure control ( $< 140/90$  mmHg)

### Exclusions

Patients are excluded if they:

- Have gestational or steroid-induced diabetes, or polycystic ovarian syndrome (without a diagnosis of diabetes) in the measurement year or the year prior to the measurement year.
- 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*).
- Are deceased during the measurement year.
- Received palliative care during the measurement year.

### Information that patient medical records should include

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

**Retinal eye exam results:** A retinal or dilated eye exam must be performed by an eye care professional annually for patients with positive retinopathy and every two years for patients without evidence of retinopathy. 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 the necessary follow-up.
- 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 with the results 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. If the name of the eye care professional is unknown, document that an optometrist or ophthalmologist conducted the exam.

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

**Medical attention for nephropathy:** 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 annually:

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

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

- Blood pressure readings can be captured during a telehealth, telephone, e-visit or virtual visit.
  - Patient-reported readings taken with a digital device are acceptable and should be documented in the medical record (MR).
  - The provider does not need to see the reading on the digital device, the patient can verbally report the digital reading.
- If multiple readings are taken on the same date, use the lowest systolic and lowest diastolic results.

### Information that patient claims should include

**HbA1c results:** When conducting an HbA1c in your office, submit the distinct numeric results as \$0.01 on the HbA1c claim with the appropriate CPT® II code for HEDIS compliance:

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, or the patient reports an eye exam, submit the results on a \$0.01 claim with the appropriate CPT® II code for HEDIS compliance:

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CPT® II code	Retinal eye exam findings
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <b>with evidence of retinopathy</b>
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <b>without evidence of retinopathy</b>
3072F	Low risk for retinopathy; <b>no evidence of retinopathy in the prior year</b> (use only if the eye exam was completed in the prior measure year)

**Medical attention for 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	Treatment
3066F	Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, chronic renal failure (CRF), acute renal failure (ARF), renal insufficiency or any visit to a nephrologist)
4010F	ACE Inhibitor/ARB prescribed or currently being taken

### 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.

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