Comprehensive Diabetes Care – CDC
HEDIS - Medical record review documentation guidelines

mercy care advantage HMO SNP

Description: Members age 18-75 years of age with diabetes (Type 1 and Type 2) * who had the following:
*Exclusions may apply

- Eye Exam
- HbA1c testing
- BP Control
- Medical Attention for Nephropathy

1. Eye Exam: Screening or monitoring for diabetic retinal disease.

Provide one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A *negative* retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
- Evidence of Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and one of the following:
  - Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
  - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
  - Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.
- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
  - Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.

Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

The intent of the Eye Exam indicator is to ensure that members with evidence of any type of retinopathy have an eye exam annually, while members who remain free of retinopathy (i.e., the retinal exam was negative for retinopathy) are screened every other year.

The use of Category II codes for performance measurement may decrease the need for record abstraction and chart review, thereby, minimizing administrative burden.

Eye Exam (Retinal) Performed – with evidence of retinopathy	
CPT Category II Codes make it easy for providers to share data with Mercy Care Advantage	
CPT-CAT-II Code	CPT-CAT-II Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

Eye Exam (Retinal) Performed – without evidence of retinopathy	
CPT Category II Codes make it easy for providers to share data with Mercy Care Advantage	
CPT-CAT-II Code	CPT-CAT-II Description
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

Eye Exam (Retinal) Performed – Negative in prior year	
CPT Category II Codes make it easy for providers to share data with Mercy Care Advantage	
CPT-CAT-II Code	CPT-CAT-II Description
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

2. HbA1c testing, HbA1c Poor Control >9%, and HbA1c Control <8%

Provide the most recent HbA1c test performed during the measurement year.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Count notation of the following in the medical record:

- A1c
- HbA1c
- HgbA1c
- HB1c
- Hemoglobin A1c
- Glycohemoglobin A1c
- Glycohemoglobin
- Glycated hemoglobin
- Glycosylated hemoglobin

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

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Blood Sugar Controlled - HbA1c screening		
CPT Category II codes make it easy for providers to share data with Mercy Care Advantage		
Sub-Measure	CPT-CAT-II Code	CPT-CAT-II Description
HbA1c Level Less Than 7.0	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
HbA1c Level Greater Than or Equal To 7.0 and Less	3051F	Most recent hemoglobin A1c (HbA1c)

Than 8.0		level greater than or equal to 7.0% and less than 8.0%
HbA1C Level Greater Than or Equal to 8.0 and Less Than or Equal to 9.0	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
HbA1c Level Greater Than 9.0	3046F	Most recent hemoglobin A1c level greater than 9.0%

* The Centers for Medicare and Medicaid Services (CMS) retired CPT II code 3045F (HbA1c between 7.0 and 9.0) as of October 1, 2019.

3. BP Control <140/90 mm Hg

Provide the most recent BP level taken during the measurement year.

Do include BP readings taken on the same day that the patient receives a common low-intensity or preventive procedure. For example, the following procedures are considered common low-intensity or preventive procedures (this list is just for reference, and is not exhaustive):

- Vaccinations
- Injections (e.g., allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine)
- TB test
- IUD insertion
- Eye exam with dilating agents
- Wart or mole removal

Do <u>not</u> include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

When excluding BP readings, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication. For example, this list is for reference, and is not exhaustive:

- A colonoscopy requires a change in diet (NPO on the day of procedure) and a medication change (a medication is taken to prep the colon)
- Dialysis, infusions and chemotherapy (including oral chemotherapy) are all therapeutic procedures that require a medication regimen
- A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen (the albuterol)
- A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and therefore the BP reading is eligible

The use of Category II codes for performance measurement may decrease the need for record abstraction and chart review, thereby, minimizing administrative burden.

Blood Pressure Control		
CPT Category II Codes make it easy for providers to share data with Mercy Care Advantage		
CPT-CAT-II Code	CPT-CAT-II Description	Sub-Measure Compliance

3074F	Systolic less than 130	Compliant
3075F	Systolic between 130 to 139	Compliant
3077F	Systolic greater than or equal to 140	Non-Compliant
3078F	Diastolic less than 80	Compliant
3079F	Diastolic 80-89	Compliant
3080F	Diastolic greater than or equal to 90	Non-Compliant

4. Medical Attention for Nephropathy

Provide a nephropathy screening or monitoring test that was performed during the measurement year ***or*** evidence of nephropathy during the measurement year.

Any of the following during the measurement year meet criteria for a nephropathy screening or monitoring test or evidence of nephropathy.

- A urine test for albumin or protein. At a minimum, documentation must include a note indicating the date when a urine test was performed, and the result or finding. Any of the following meet the criteria:
  - 24-hour urine for albumin or protein
  - Timed urine for albumin or protein
  - Spot urine (e.g., urine dipstick or test strip) for albumin or protein
  - Urine for albumin/creatinine ratio
  - 24-hour urine for total protein
  - Random urine for protein/creatinine ratio
- Documentation of a visit to a nephrologist
- Documentation of a renal transplant
- Documentation of a nephrectomy
- Documentation of medical attention for any of the following (no restriction on provider type):
  - Diabetic nephropathy
  - ESRD
  - Chronic renal failure (CRF)
  - Chronic kidney disease (CKD)
  - Renal insufficiency
  - Proteinuria
  - Albuminuria
  - Renal dysfunction
  - Acute renal failure (ARF)
  - Dialysis, hemodialysis or peritoneal dialysis
- Evidence of ACE inhibitor/ARB therapy. Documentation in the medical record must include evidence that the member received ACE inhibitor/ ARB therapy during the measurement year. Any of the following meet criteria:
  - Documentation that a prescription for an ACE inhibitor/ARB was written during the measurement year
  - Documentation that a prescription for an ACE inhibitor/ARB was filled during the measurement year
  - Documentation that the member took an ACE inhibitor/ARB during the measurement year

The use of Category II codes for performance measurement may decrease the need for record abstraction and chart review, thereby, minimizing administrative burden.

Nephropathy screening or monitoring test or evidence of nephropathy	
CPT Category II Codes make it easy for providers to share data with Mercy Care Advantage	
CPT-CAT-II Code	CPT-CAT-II Description
3060F	Positive microalbuminuria test result documented and reviewed
3061F	Negative microalbuminuria test result documented and reviewed
3062F	Positive macroalbuminuria test result documented and reviewed
3066F	Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, renal insufficiency, or any visit to a nephrologist)

4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken