

## Diabetes- HEDIS Medical Record Review Guidelines

5 separate measures -3 Hybrid and 2 Administrative (Comprehensive Diabetes Care retired this year):

- HBD- Hemoglobin A1C Control for Patients with Diabetes (Hybrid)
- BPD- Blood Pressure Control for Patients with Diabetes (Hybrid)
- EED- Eye Exam for Patients with Diabetes (Hybrid)
- KED- Kidney Health Evaluation for Patients with Diabetes (Administrative)
- SPD- Statin Therapy for Patients with Diabetes (Administrative)

### Hybrid Measures (3)

#### 1. Hemoglobin A1C Control for Patients with Diabetes (HBD)-

The American Diabetes Association recommends that an HbA1c be completed biannually for those that are meeting goal and quarterly for those that are working towards this goal.

This measure reports on the *most recent* HbA1c test performed during the measurement year and is dependent upon the actual results being received from the lab or complete coding of results via CPT II codes submitted by the provider.

Percentage of members 18-75 years of age with diabetes (type 1 or 2) whose *most recent* hemoglobin A1C (HbA1C) was at the following levels during the measurement year:

- **HbA1c control (<8.0%)**- Member is compliant if the most recent HbA1c is less than 8% during the measurement year and non-compliant if the HbA1c is greater than 8%, result is missing, or if a test was not performed
- **HbA1c poor control (>9.0%)** - Member is compliant if the most recent HbA1c is greater than 9%, is missing a result or if an HbA1c was not done during the measurement year (this is an inverse measure; lower rates are better). Non-compliant if the result for the most recent HbA1c test during the measurement year is less than 9%

Medical Record documentation must have the date when the test was performed and a result, a distinct numeric result is required for numerator compliance, ranges and threshold do not meet compliance.

The following test meet compliance for A1c:

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

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

### Blood Sugar Control- HbA1c CPT II Codes

#### 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 than 8.0	3051F	Most recent hemoglobin A1c (HbA1c) 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%

## 2. Blood Pressure Control for Patients with Diabetes (BPD)-

The most recent blood pressure reading taken during an outpatient visit, a non-acute inpatient encounter or from a remote monitoring event during the measurement year.

Percentage of members 18-75 years of age with Diabetes (type1 or 2) whose *most recent* blood pressure (BP) was adequately controlled during the measurement year:

- BP <140/90 (BP documented as an “average BP” with a precise numeric value is acceptable)  
The member is compliant if the BP is <140/90 mm Hg. If there are multiple blood pressure readings on the same dates of service, the lowest systolic and lowest diastolic BP on that date is used as the representative BP (they do not need to be from the same reading)

The measure will be non-compliant if the BP reading is > 140/90, is missing/incomplete or there is no BP reading 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 not** 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 II Codes

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

### 3. Eye Exam for Patients with Diabetes (EED)-

The percentage of members 18-75 years of age with diabetes (type 1 or 2) who had a retinal eye exam:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year
- Bilateral eye enucleation any time during the members 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 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.

## Diabetes Eye Exam CPT II Codes

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
Eye Exam (Retinal) Performed – without Evidence of Retinopathy	

CPT category II codes make it easy for providers to share data with Mercy Care Advantage	
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

Eye Exam (Retinal) Performed – Negative in Prior Year	
CPT category II codes make it easy for providers to share data with Mercy Care Advantage	
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

## Administrative Measures (2):

### 1. Kidney Health Evaluation for Patients with Diabetes (KED)-

The percentage of members 18-85 years of age with Diabetes (type 1 or 2) who received a kidney health evaluation during the measurement year.

Kidney evaluation is defined as a member having both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

- Estimated Glomerular Filtration Rate (eGFR) at least one during measurement year (2022)
- Urine Albumin-Creatinine Ratio (uACR) having both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart. Example would be if the quantitative urine albumin was done on December 1 of measurement year, the urine creatinine test must have service date on or between November 27<sup>th</sup> and December 5<sup>th</sup> of the same year.

### 2. Statin Therapy for Patients with Diabetes (SPD)-

Percentage of members 40-75 years of age with Diabetes who do not have atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

- Received Statin Therapy- members who were dispensed at least one statin medication of any intensity during the measurement year
- Statin Adherence 80%- members who remained on a statin medication of any intensity for at least 80% of the treatment period

The treatment period is calculated by the earliest prescription dispensing date, for any statin medication of any intensity, through the last day of the measurement year (2022). The number of days the member is covered by at least one statin medication of appropriate intensity, divided by the number of days in the treatment period.



Adherence is defined by the total of the prescription days supplied divided by the number of days in the treatment period. Example would be if three prescriptions for Lovastatin are first dispensed to the patient on October 1, 2022 then the treatment period would be 91 days (or number of days between 10/1/22 and 12/31/22). Each prescription has a 30-day supply, so the sum of the days' supply equal 90 days covered by a statin. Divide 90 by 91 for an adherence rate of 99%.