

# Comprehensive Diabetes Care (CDC)

Approximately 34.2 million Americans have diabetes. Diabetes is the seventh leading cause of death in the U.S. and complications from the disease cost the country nearly \$327 billion annually. Complications such as amputations, blindness, cardiovascular disease, and kidney failure can be delayed or prevented when diabetes is managed.<sup>1</sup>

## APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

## MEASURE DESCRIPTION

Patients 18-75 years of age with a diagnosis of diabetes (type 1 or 2) who had each of the following:

- Hemoglobin A1c (HbA1c) control
  - <8% Commercial
  - ≤9% Medicare
- Retinal Eye Exam (additional information available in the CDC-Eye Tip Sheet)
- Medical Attention for Nephropathy (Medicare)
- Blood Pressure Control<sup>1</sup> (<140/90 mmHg)

## EXCLUSIONS

Patients are excluded if they:

- Had gestational diabetes, 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 or palliative care any time in the measurement year
- Are Medicare patients 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution
- Are age 66 or older with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Exclusions Guide)

## PATIENT MEDICAL RECORDS SHOULD INCLUDE

### HbA1c

- HbA1c testing should be completed 2-4 times annually with result date and distinct numeric result
- The last HbA1c result of the year must be <8% for Commercial and ≤9% for Medicare to show evidence of diabetes control

### Retinal eye exam

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 eye care reports 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 eye care reports in the patient's medical record. Make sure the date of service, results, and the 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 with credentials who conducted the exam. If the name of the eye care professional is unknown, document that an optometrist or ophthalmologist conducted the exam.

### Medical attention for nephropathy (Medicare)

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
- Evidence of treatment for nephropathy with an ACE Inhibitor/ARB
- Evidence of CKD stage 4, 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.

- Document all blood pressure readings and dates obtained. The lowest systolic and lowest diastolic blood pressures from the most recent visit will be used, even if they are not from the same reading.
- Document exact readings; don't round blood pressure readings.
- If the patient is self-reporting a blood pressure, document the date of the reading and that it was self-reported by the patient.
- Blood pressure readings can be captured during a telehealth, telephone, e-visit, or virtual visit.

## PATIENT CLAIMS SHOULD INCLUDE

### HbA1c results

When conducting an HbA1c in your office, submit the appropriate CPT® II<sup>ii</sup> result 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 optometrist or ophthalmologist, submit the results on a \$0.01 claim with the appropriate CPT® II code:

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)

## Medical attention for nephropathy

Submit a claim for a urine protein screening test or report evidence of medical attention for nephropathy during the current measurement 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, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
4010F	ACE/ARB therapy prescribed or currently being taken

## Blood pressure control

Submit blood pressure result CPT® II codes with each office visit claim:

CPT® II code	Most recent systolic blood pressure
3074F	< 130 mm Hg
3075F	130–139 mm Hg
3077F	≥ 140 mm Hg
CPT® II code	Most recent diastolic blood pressure
3078F	< 80 mm Hg
3079F	80–89 mm Hg
3080F	≥ 90 mm Hg

## TIPS FOR SUCCESS

- Order labs to be completed prior to patient appointments
- Refer patients to an optometrist or ophthalmologist for dilated retinal eye exam annually and explain why it is different than a screening for glasses or contacts.
- Consider incorporating a retinal imaging device in primary care practices with results interpreted by an optometrist or ophthalmologist
- Evaluate and document HbA1c every three to six months
- Prescribe statin therapy to patients with diabetes age 40 to 75 years
- Build care gap alerts in your EHR and include when diabetic patients are due for care
- When taking a blood pressure:
  - Use the proper cuff size
  - Have the patient uncross their legs and sit with feet flat on the floor
  - If the initial reading was above 140/90, take the blood pressure again at the end of the visit or after the patient sits quietly for several minutes. Record all readings if more than one was taken
  - Take the reading after the patient has emptied their bladder

<sup>i</sup> <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

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