Diabetes is a common and costly disease. It’s the seventh leading cause of death in the United States (U.S.) and complications from diabetes cost the U.S. nearly $245 billion each year. Many complications, such as amputation, blindness, cardiovascular disease, and kidney failure, can be prevented if detected and managed early.\(^1\)

**APPLICABLE LINES OF BUSINESS**
- Commercial
- Medicare Advantage
- Individual market/Exchange

**MEASURE DESCRIPTION**
Percentage of patients 18-75 years of age with diabetes (Type 1 or Type 2) who had each of the following:
- Hemoglobin A1c (HbA1c) control
  - <8% Commercial
  - ≤9% Medicare Advantage
- Retinal Eye Exam
- Medical Attention for Nephropathy
- Blood Pressure Control\(^2\) (<140/90 mmHg)

**EXCLUSIONS**
Patients are excluded if they:
- Have gestational or steroid-induced diabetes
- Received hospice care any time in the measurement year
- Are Medicare Advantage members 66 years of age and older as of December 31 of the measurement year who meet either of the following criteria:
  - Are living long-term in an institution
  - Are enrolled in an institutional skilled nursing facility (I-SNP)
- Are age 66 or older as of December 31 of the measurement year with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Exclusions Guide)

**PATIENT MEDICAL RECORDS SHOULD INCLUDE**
- HbA1c results:
- HbA1c should be completed 2-4 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 for Medicare Advantage (MA) members and less than eight for commercial members.

- **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 professional 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 the eye care professional’s name and credentials are included for HEDIS compliance.
  - Ensure patients with positive retinopathy results are screened annually. Those with negative results may be examined every two years.
  - 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.

- **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 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 ACE Inhibitor/ARB
  - Evidence of CKD stage 4, ESRD, or kidney transplant
  - Evidence of a visit to a nephrologist

**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:

<table>
<thead>
<tr>
<th>CPT® II Code:</th>
<th>Most recent HbA1c level</th>
</tr>
</thead>
<tbody>
<tr>
<td>3044F</td>
<td>&lt; 7%</td>
</tr>
<tr>
<td>3046F</td>
<td>&gt; 9%</td>
</tr>
<tr>
<td>3051F</td>
<td>≥ 7% and &lt; 8%</td>
</tr>
<tr>
<td>3052F</td>
<td>≥ 8% and ≤ 9%</td>
</tr>
</tbody>
</table>

**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 for HEDIS compliance:

<table>
<thead>
<tr>
<th>CPT® II Code:</th>
<th>Retinal eye exam findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022F</td>
<td>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <strong>with evidence of retinopathy</strong></td>
</tr>
<tr>
<td>2023F</td>
<td>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <strong>without evidence of retinopathy</strong></td>
</tr>
<tr>
<td>3072F</td>
<td>Low risk for retinopathy (no evidence of retinopathy in the prior year)</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>CPT® II Code</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3066F</td>
<td>Use to indicate kidney transplant or nephrology visit, patient receiving dialysis or being treated for ESRD, chronic renal failure (CRF), acute renal failure (ARF), or renal insufficiency.</td>
</tr>
<tr>
<td>4010F</td>
<td>Use when you prescribe an ACE Inhibitor/ARB.</td>
</tr>
</tbody>
</table>

**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’s different than a screening for glasses or contacts.
- Use appropriate code (3072F) if the eye exam was negative or showed low risk of retinopathy in the prior year.
- Ensure HbA1c result and date are documented in the medical record.
- 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.