Diabetes Management

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicaid
- Medicare

MEASURE DESCRIPTIONS

The percentage of members with a diagnosis of diabetes (Type 1 or 2) who had the following[i]:

Measure	Age	Description
Glycemic Status Assessment for Patients with Diabetes (GSD)	18-75	Most recent glycemic status, hemoglobin A1c or glucose management indicator (GMI), at the following levels during the measurement year: • <8% • >9%
Eye Exam for Patients with Diabetes (EED)	18-75	• Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year • Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
Kidney Health Evaluation for Patients with Diabetes (KED)	18-85	Received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year
Blood Pressure Control for Patients with Diabetes (BPD)	18-75	Blood pressure adequately controlled (<140/90 mmHg) during the measurement year.

EXCLUSIONS

Members are excluded if they:

- Have any of the following during the member's history through December 31 of the measurement year:
  - Bilateral eye enucleation **(EED only)**
  - ESRD or dialysis **(KED only)**
- Have any of the following during 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 (all diabetic measures) or are age 81 and older with frailty; see the Advanced Illness and Frailty Exclusions Guide for more details
  - Used hospice services, received palliative care, or died

Blindness is not an exclusion for EED 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.

MEDICAL RECORDS

Patient medical records should include:

Glycemic Status Assessment for Patients with Diabetes (GSD)

- Date of service and result of most recent glycemic status assessment (HbA1c or GMI)
- GMI values must include documentation of the continuous glucose monitoring (CGM) data range used to derive the estimated average glucose (eAG) value and subsequent A1c value; the terminal date in the range should be used to assign assessment date

Eye Exam for Patients with Diabetes (EED)

- Date of service, eye exam results, and eye care professional's name with credentials.

Kidney Health Evaluation for Patients with Diabetes (KED)

- Dates of service and results for both of the following laboratory tests:
    - At least one estimated glomerular filtration rate (eGFR)
    - At least one urine albumin creatinine ratio (uACR) identified by either of the following:
        - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart OR
        - A urine albumin creatinine ratio test (uACR)

Blood Pressure Control for Patients with Diabetes (BPD)

- All blood pressure readings and dates obtained with exact readings documented
- Blood pressure readings self-reported by the patient during outpatient visits, telephone or telehealth visits, virtual check-ins or e-visits, non-acute inpatient visits; readings must be taken with a digital device, and documentation must state that it was self-reported by the patient

CODING

HbA1c Results (GSD)

When documenting an HbA1c, submit the appropriate CPT® II[ii] result code:

Type	Code	Most recent HbA1c level
CPT® II	3044F	< 7%
CPT® II	3046F	> 9%
CPT® II	3051F	≥ 7% and < 8%
CPT® II	3052F	≥ 8% and ≤ 9%

GMI Results (GSD)

If sharing GMI data electronically with a health plan (not through claims), map GMI to LOINC[iii] code 97506-0 with the GMI result value and unit.

Type	Code	Example Result	Result Unit
LOINC	97506-0	150	EAG
LOINC	97506-0	7.5	%

Retinal Eye Exam Results (EED)

When results are received from an optometrist or ophthalmologist, submit the results on a $0.01 claim with the appropriate CPT® code.

Type	Code	Retinal eye exam findings

CPT® II	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**
CPT® II	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**
CPT® II	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **with** evidence of retinopathy
CPT® II	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without** evidence of retinopathy
CPT® II	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **with** evidence of retinopathy
CPT® II	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without** evidence of retinopathy

Kidney Evaluation (KED)

Submit a claim for an estimated glomerular filtration rate lab test (eGFR), as well as for both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.

Type	Code	Treatment
CPT®	80047, 80048, 80050, 80053, 80069, 82565	Estimated Glomerular Filtration Rate Lab Test (eGFR)
CPT®	82043,	Quantitative Urine Albumin Test
CPT®	82570	Urine Creatinine Lab Test

Blood Pressure Control (BPD)

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

Type	Code	Most recent blood pressure
CPT® II	3074F	Systolic < 130 mm Hg
CPT® II	3075F	Systolic 130–139 mm Hg
CPT® II	3077F	Systolic ≥ 140 mm Hg
CPT® II	3078F	Diastolic < 80 mm Hg
CPT® II	3079F	Diastolic 80–89 mm Hg
CPT® II	3080F	Diastolic ≥ 90 mm Hg

TIPS FOR SUCCESS

Patient Care

- Set up and address care gap alerts in EMR.
- Order diabetic lab screenings and tests to be completed prior to appointments.
  - Schedule uACR labs within four days of each other; pair with HbA1c test to reduce patient travel.
- Review results and services needed at each office visit, including during acute care visits. Establish a process to identify and outreach patients who are due for tests or whose results are out of range.
  - Evaluate HbA1c every three to six months and blood pressure every one to two months.
  - Identify patients whose results are chronically out of range and whose medications have not been adjusted recently.
- Incorporate a retinal camera in primary care with results interpreted by an optometrist or ophthalmologist.

- Refer patients to an optometrist or ophthalmologist for dilated retinal eye exams and explain why it is different than a screening for glasses or contacts.
    - Establish relationships with eye care professionals to ensure coordination of care and follow-up.
    - Have patients give their eye care professional the Eye examination report for diabetes form.
- Educate patients on the effects, symptoms, and importance of screenings and tests as part of their diabetic care plan. Reinforce the importance of healthy lifestyle habits, including increased physical activity and a healthy diet.
- Monitor adherence to medications and talk with your patients about barriers to taking medications as prescribed. Prescribe single-pill combination medications whenever possible to assist with medication compliance. Advise patients not to discontinue medications before contacting your office.
- Prescribe statin therapy to patients 40 to 75 years with diabetes.
- Share best practices for taking blood pressure readings:
    - Have the patient sit quietly for up to 10 minutes before taking the reading.
    - Advise the patient not to talk during the measurement.
    - Have the patient empty their bladder before taking the reading.
    - Don't check blood pressure within 30 minutes of smoking, drinking coffee, or exercising.
    - Ensure patients don't cross their legs and have their feet flat on the floor during the reading; crossing legs can raise the systolic pressure by 2- 8 mm Hg.
    - Use the proper cuff size.
    - Make sure the elbow is at the same level as the heart. If the patient's arm is hanging below heart level and unsupported, it can elevate the measured blood pressure by 10-12 mm Hg.
    - Take multiple readings. If the patient has a high blood pressure reading at the beginning of the visit, retake, and record both at the end of the visit. Also, consider switching arms for subsequent readings.
- Address factors that may be creating barriers to self-management.

Documentation and Coding

- Incorporate GMI into workflows and EMR programming to assess blood sugar control for patients who use a CGM. Document the eAG from a patient's CGM, along with the date range used, and convert this into an HbA1c value.
    - Providers may find this method more expedient as patients don't have to wait 3-6 months for their next A1c test to determine if their care plan is improving blood sugar control. Additionally, any member of the care team can document the GMI, including through a nursing outreach or telehealth visit, with no labs needed.
    - EMRs can be configured to convert the eAG into an HbA1c value or providers can convert using the American Diabetes Association calculator.
- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Code for exclusions.

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[i] National Committee for Quality Assurance. HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans (2025), 134-163.
[ii] CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
[iii] LOINC codes are created and maintained by Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee.