Comprehensive Diabetes Care (CDC)

Approximately 34.2 million Americans have diabetes. Diabetes is the seventh leading cause of death in the US 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.¹

APPLICABLE LINES OF BUSINESS
- Commercial
- Medicare

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
- Retinal Eye Exam
- Medical Attention for Nephropathy (Medicare)
- Blood Pressure Control (≤140/90 mmHg)

EXCLUSIONS
Patients are excluded if they:
- Have no diagnosis of diabetes in any setting AND a diagnosis of gestational diabetes, steroid-induced diabetes, or polycystic ovarian syndrome in the measurement year or the year prior
- Received hospice or palliative care any time in the measurement year
- Are Medicare members 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 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 members and less than eight for commercial members
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.

• 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 what follow up is needed and when
• 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

Blood pressure readings
The last blood pressure reading of the year must be less than 140/90 to show evidence of control.

• Document all blood pressure readings and dates obtained
• Document exact readings; don’t round blood pressure readings
• For virtual visits, patients can self-report blood pressure readings taken on a digital device. Document the date the reading was taken, the result, and that it was reported by the patient

Medical Attention for Nephropathy
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
• 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

PATIENT CLAIMS SHOULD INCLUDE
HbA1c results: When conducting an HbA1c in your office, submit the appropriate CPT® II result 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>&gt; 7% and &lt; 8%</td>
</tr>
<tr>
<td>3052F</td>
<td>&gt; 8% and &lt; 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:

<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>

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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:

<table>
<thead>
<tr>
<th>CPT® II Code</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3066F</td>
<td>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.</td>
</tr>
<tr>
<td>4010F</td>
<td>ACE/ARB therapy prescribed or currently being taken</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CPT® II code</th>
<th>Most recent systolic blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3074F</td>
<td>&lt; 130 mm Hg</td>
</tr>
<tr>
<td>3075F</td>
<td>130–139 mm Hg</td>
</tr>
<tr>
<td>3077F</td>
<td>≥ 140 mm Hg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT® II code</th>
<th>Most recent diastolic blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3078F</td>
<td>&lt; 80 mm Hg</td>
</tr>
<tr>
<td>3079F</td>
<td>80–89 mm Hg</td>
</tr>
<tr>
<td>3080F</td>
<td>≥ 90 mm Hg</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 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

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