Comprehensive Diabetes Care (CDC)
Effectiveness of Care HEDIS® Measure

Diabetes is a common and costly disease and is the seventh leading cause of death in the U.S. 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. ii

**HEDIS MEASURE DEFINITION**
Patients ages 18-75 years with diagnosis of diabetes (Type 1 and Type 2) in compliance with the following:
- HbA1c control
- Retinal eye exam
- Medical attention for nephropathy
- Blood pressure control iii

**EXCLUSIONS FROM THE MEASURE**
Patients are excluded if they:
- Have gestational or steroid-induced diabetes
- Are in hospice care
- Are living long-term in an institution
- Are enrolled in an institutional skilled nursing facility (SNF)
- Are age 66 or older with advanced illness and frailty (For additional definition information see the ‘Frailty and Advanced Illness’ tip sheet)

**INFORMATION PATIENT MEDICAL RECORDS SHOULD INCLUDE**
- **HbA1c results:**
  - HbA1c results (HbA1c should be completed 2-4 times each year)
  - The last HbA1c result of the year must be less than 9 to show evidence of control
- **Retinal eye exam results:** Eye exam reports received 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.
• **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 (and every year). Documentation should include at least 1 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

**INFORMATION PATIENT CLAIMS SHOULD INCLUDE**

**HbA1c results:** When conducting an HbA1c in your office, submit the 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>3045F</td>
<td>7.0 – 9.0%</td>
</tr>
<tr>
<td>3046F</td>
<td>&gt; 9%</td>
</tr>
</tbody>
</table>

**Retinal eye exam results:** When results are received from an eye care professional and the patient is in a Medicare Advantage plan, submit the results on a $0.01 claim with one of the following CPT II codes as appropriate:

<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</td>
</tr>
<tr>
<td>3072F</td>
<td>Low risk for retinopathy (no evidence of retinopathy in the prior year)</td>
</tr>
</tbody>
</table>

**Nephropathy:** To 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>4010F</td>
<td>Use when you prescribe an ACE Inhibitor/ARB</td>
</tr>
<tr>
<td>3066F</td>
<td>Use to indicate kidney transplant or nephrology visit, patient receiving dialysis or patient being treated for ESRD, chronic renal failure (CRF), acute renal failure (ARF) or renal insufficiency</td>
</tr>
</tbody>
</table>

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i HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).


iii Peter Bach et al. HEDIS 2019Technical Specifications for Health Plans (National Committee for Quality Assurance 2018), 150-168

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