

Effectiveness of Care Measure

Comprehensive Diabetes Care



Health Net* wants to help your practice increase Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet outlines key details of the Comprehensive Diabetes Care (CDC) measure, its codes and guidance for documentation.

Measure

Patients ages 18–75 with diabetes (type 1 and type 2) who had each of the following:¹



Hemoglobin A1c (HbA1c) testing and control



Retinal eye exam



Blood pressure control (<140/90 mm Hg)



Medical attention for nephropathy

Exclusions

- Patients without a diagnosis of diabetes but with a diagnosis of one of the following during the measurement year or year prior:
 - Gestational diabetes
 - Steroid-induced diabetes
- Patients who meet the following criteria anytime during the measurement year:
 - Medicare patients ages 66 and older enrolled in an institutional Special Needs Plan (I-SNP) or living long-term in an institution
 - Patients ages 66 and older with frailty and advanced illness
 - Patients in hospice

HbA1c testing and control

An HbA1c test performed during the measurement year (MY) with value. Depending on the test value, patients will fall into different categories of control:

- HbA1c control < 8.0%
- HbA1c poor control > 9.0%²

Medical record documentation and best practices

- Need date and most recent result during measurement year in chart – use reported value and not threshold for result.
- HbA1c should be completed 2–4 times per year.
- The last HbA1c result of the year counts toward the HEDIS score.
- Re-evaluate care plan and repeat testing as needed.

CPT/CPT II codes

HbA1c tests	83036, 83037
HbA1c tests and level <7.0%	3044F
HbA1c tests and level 7.0–9.0%	3045F
HbA1c tests and level >9.0%	3046F

¹NCQA. HEDIS 2019 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2018.

²A lower rate indicates better performance for this indicator. For CMS Star Ratings, Diabetes Care–Blood Sugar Controlled is calculated as subtraction of the HbA1c poor control (>9.0%) rate from 100.

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Comprehensive Diabetes Care (continued)

Blood pressure (BP) control (<140/90 mm Hg)³

The most recent BP reading taken during outpatient visit, non-acute inpatient encounter or remote monitoring event during the measurement year (MY).

Medical record documentation and best practices	CPT/CPT II codes	
<ul style="list-style-type: none"> Need date and most recent BP reading during the measurement year in the chart – use reported reading and not threshold for result. Blood pressure should be taken at every office visit. The last BP reading of the year counts toward the HEDIS score. If BP is >139/89: <ul style="list-style-type: none"> Repeat blood pressure at the end of the visit. Discuss medication adherence and lifestyle improvements and bring the patient back in for follow-up BP checks until BP is under control. Consider medication adjustments and/or additions if BP is still out of control. 	Systolic <130 mm Hg	3074F
	Systolic between 130–139mm Hg	3075F
	Systolic ≥140 mm Hg	3077F
	Diastolic <80 mm Hg	3078F
	Diastolic between 80–89 mm Hg	3079F
	Diastolic ≥90 mm Hg	3080F

³Please see Controlling Blood Pressure Tip Sheet for more recommendations and best practices.

Retinal eye exam

Eye screening or monitoring for diabetic retinal disease. This includes diabetics who had any of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the MY.
- A retinal or dilated eye exam by an eye care professional in the year prior to the MY that was negative for retinopathy.
- Bilateral eye enucleation anytime during patient's history through December 31 of the MY.

Medical record documentation and best practices	CPT/CPT II codes	
<ul style="list-style-type: none"> Need date of service eye exam was rendered by an eye care professional and the results (specialty must be noted), or A chart or photograph indicating the date when fundus photography was performed with evidence that the eye care professional reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist, or Evidence that member had bilateral eye enucleation: <ul style="list-style-type: none"> Unilateral eye enucleation with a bilateral modifier Two unilateral eye enucleations with service dates 14 days or more apart Left unilateral eye enucleation and right unilateral enucleation on the same or different dates of service Documentation of a negative retinal or dilated eye exam must clearly note that the retinopathy was not present in the medical record. Review eye exam report (from an eye care professional) and place it in patient's medical record. 	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist and reviewed	2022F
	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	2024F
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photo results documented and reviewed	2026F
	Low risk for retinopathy (no evidence of retinopathy in the prior year)	3072F
	Unilateral eye enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
	Unilateral eye enucleation left	08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ
	Unilateral eye enucleation right	08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ

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Comprehensive Diabetes Care (continued)

Medical attention for nephropathy

A nephropathy screening or monitoring test or evidence of nephropathy. This includes diabetics who had any of the following:

- A nephropathy screening or monitoring test.
- Evidence of treatment for nephropathy or angiotensin converting enzyme (ACE) or angiotensin receptor blocker (ARB) therapy.
- Evidence of stage 4 chronic kidney disease (CKD), end-stage renal disease (ESRD), kidney transplant, or nephrology visit.
- At least one ACE inhibitor or ARB dispensing event.

Medical record documentation and best practices	CPT/CPT II codes	
<ul style="list-style-type: none"> • Date urine protein screening was completed with result, or • Confirmatory documentation such as proteinuria (unspecific), albuminuria (specific), BUN/creatinine ratio (urine), or • Documentation of a visit to a nephrologist or kidney transplant, or • Documentation of medical attention for ESRD, chronic renal failure (CRF), CKD, acute renal failure (ARF), or renal insufficiency, or • Clear evidence that patient received ACE/ARB therapy during the MY: <ul style="list-style-type: none"> – Documentation that a prescription for an ACE/ARB was written, or – Documentation that a prescription for an ACE/ARB was filled, or – Documentation that patient took an ACE/ARB 	Urine protein tests	81000–81003, 81005, 82042–82044, 84156
	Positive microalbuminuria test result documented and reviewed	3060F
	Negative microalbuminuria test result documented and reviewed	3061F
	Positive macroalbuminuria test result documented and reviewed	3062F
	Documentation of treatment for nephropathy (includes visit to nephrologist, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency)	3066F
	ACE or ARB therapy prescribed or currently being taken	4010F

Ace Inhibitor/ARB Medications

Description	Prescription				
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> • Benazepril • Captopril 	<ul style="list-style-type: none"> • Enalapril • Fosinopril 	<ul style="list-style-type: none"> • Lisinopril • Moexipril 	<ul style="list-style-type: none"> • Perindopril • Quinapril 	<ul style="list-style-type: none"> • Ramipril • Trandolapril
Angiotensin II inhibitors	<ul style="list-style-type: none"> • Azilsartan • Candesartan 	<ul style="list-style-type: none"> • Eprosartan • Irbesartan 	<ul style="list-style-type: none"> • Losartan • Olmesartan 	<ul style="list-style-type: none"> • Telmisartan • Valsartan 	
Antihypertensive combinations	<ul style="list-style-type: none"> • Aliskiren-valsartan • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-perindopril 	<ul style="list-style-type: none"> • Amlodipine-telmisartan • Amlodipine-valsartan • Azilsartan-chlorthalidone • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide 	<ul style="list-style-type: none"> • Enalapril-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril 	<ul style="list-style-type: none"> • Hydrochlorothiazide-losartan • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Sacubitril-valsartan • Trandolapril-verapamil 	