

HEDIS spotlight

This month there is going to be a focus on diabetes measures. Diabetes can affect almost every part of the body. With the help of the healthcare team, we want to promote and help our members live a healthy life with diabetes. Adhering to medications, attending the necessary appointments, and providing education can help prevent or delay serious diabetes complications such as heart disease, kidney disease, and vision loss.

Eye Exam for Patient With Diabetes (EED)

| HEDIS® definition | |
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| This HEDIS measure evaluated the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) who received a retinal eye exam. | |
| Documentation tips | |
| Measurement period | <ul style="list-style-type: none"> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. Bilateral eye enucleation at any time during the member’s history through December 31 of the measurement year. |
| Exclusions | <ul style="list-style-type: none"> Members who do not have a diagnosis of diabetes. Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. |
| Helpful tips | <ul style="list-style-type: none"> Make sure to document the required documentation for compliance: Date, correct provider type, and retinopathy result. If your practice uses electronic medical records (EMRs), have flags or reminders set in the system to alert your staff when a patient’s screening is due. Follow up on lab test results, eye exam results, or any specialist referral and document on your chart. Refer members to the network of eye providers for their annual diabetic eye exam. Remember to include the applicable Category II reporting code on the claim form to help reduce the burden of HEDIS medical record review. |

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The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

<https://provider.amerigroup.com/WA>

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| | <ul style="list-style-type: none"> • If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Experience associate for additional details and questions. • Educate your members and their families, caregivers, and guardians on diabetes care, including: <ul style="list-style-type: none"> ○ Taking all prescribed medications as directed. ○ Adding regular exercise to daily activities. ○ Having a diabetic eye exam each year with an eye care provider. ○ Regularly monitoring blood sugar and blood pressure at home. ○ Maintaining a healthy weight and ideal body mass index. ○ Eating heart-healthy, low-calorie, and low-fat foods. ○ Stopping smoking and avoiding second-hand smoke. ○ Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance. |
| How we can help | <ul style="list-style-type: none"> • Supplying copies of educational resources on diabetes that may be available for your office. • Members are eligible for transportation assistance at no cost. Contact Member Services at 800-600-4441 for arrangement. |

| Description | CPT®/ICD-10/HCPCS |
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| Unilateral eye enucleation left | ICD-10-PCS: 08T1XZZ |
| Unilateral eye enucleation right | ICD-10-PCS: 08T0XZZ |
| Diabetic retinal screenings | CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000 |
| Diabetic retinal screening negative in the prior year | CPT-CAT II: 3072F |
| An eye exam with evidence of retinopathy | CPT-CAT II: 2022F, 2024F, 2026F |
| An eye exam without evidence of retinopathy | CPT-CAT II: 2023F, 2025F, 2033F |

Hemoglobin A1c Control for Patients With Diabetes (HBD)

| HEDIS definition | |
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| <p>This measure evaluated the percentage of members 18 to 75 years of age with diabetes (type 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> • HbA1c control (< 8%) • HbA1c poor control (> 9%) | |
| Documentation tips | |
| Record your efforts | <ul style="list-style-type: none"> • Document the date with which the HbA1c test was performed and the result. |
| Exclusions | <ul style="list-style-type: none"> • Members who do not have a diagnosis of diabetes. • Members in hospice or using hospice services anytime during the measurement year. • Members receiving palliative care. |
| Helpful tips | <ul style="list-style-type: none"> • Follow up on lab test results and document them on your chart. • Draw labs in your office if accessible or refer members to a local lab for screenings. |

| Services | CPT/HCPCS/LOINC |
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| HbA1c level greater than 9 | CPT-CAT II: 3046F |
| HbA1c level less than 7 | CPT-CAT II: 3044F |
| HbA1c level greater than or equal to 7 or less than 8 | CPT-CAT II: 3051F |
| HbA1c level greater than or equal to 8 or less than 9 | CPT-CAT II: 3052F |
| HbA1c tests results or findings | CPT-CAT II: 3044F, 3046F, 3051F, 3052F |
| HbA1c lab test | CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2 |
| Online assessments | CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012 |
| Telephone visits | CPT: 98966, 98967, 98968, 99441, 99442, 99443 |

Kidney Health Evaluation for Patients With Diabetes (KED)

| HEDIS definition | |
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| This measure evaluates members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. | |
| Documentation tips | |
| Exclusions | <ul style="list-style-type: none"> Members with evidence of ESRD. Members using hospice anytime during the measurement year. Members receiving palliative care. |
| Services | CPT/HCPCS/LOINC |
| Estimated glomerular filtration rate lab test | CPT: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1 |
| Urine albumin creatinine ratio lab test | LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7 |
| Urine creatinine lab test | CPT: 82570 LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5 |
| Online assessments | CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012 |
| Telephone visits | CPT: 98966, 98967, 98968, 99441, 99442, 99443 |

Statin Therapy for Patients With Diabetes (SPD)

| HEDIS definition | |
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| Members 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. | |
| Two rates are reported: | |
| <ul style="list-style-type: none"> Received statin therapy: members who were dispensed at least one statin medication of any intensity during the measurement year. Statin Adherence 80%: members who remained on a statin medication of any intensity for at least 80% of the treatment period. | |
| Documentation tips | |
| Record your efforts | <ul style="list-style-type: none"> Document review of continued use of prescribed medications during member visits. Document evidence of exclusion criteria. |
| Exclusions | <ul style="list-style-type: none"> CABG MI PCI Other revascularization procedures Ischemic vascular disease (IVD) |

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| | <ul style="list-style-type: none"> • Pregnancy • Polycystic ovarian syndrome • In vitro fertilization • Prescription for clomiphene • ESRD • Cirrhosis • Myalgia, myositis, myopathy or rhabdomyolysis • Members age 66 and older who meet both frailty and advanced illness criteria • Members receiving palliative care • Members in hospice or using hospice services anytime during the measurement year. |
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| Services | CPT/HCPCS/ICD-10 |
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| Diabetes | <p>ICD-10: E10.10-11, E10.21-22, E10.29, E10.311, E10.319, E10.321, E10.3211-E10.3213, E10.3219, E10.329, E10.3291, E10.3292, E10.3293, E10.3299, E10.331, E10.3311-E10.3313, E10.3319, E10.339, E10.3391-E10.3393, E10.3399, E10.341, E10.3411-3413, E10.3419, E10.349, E10.3491-E10.3493, E10.3499, E10.351, E10.3511-E10.3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.359, E10.3591-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.311, E11.319, E11.321, E11.3211-E11.3213, E11.3219, E11.329, E11.3291-E11.3293, E11.3299, E11.331, E11.3311-E11.3313, E11.3319, E11.339, E11.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, E11.349, E11.3491-E11.3493, E11.3499, E11.351, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3549, E11.3551-E11.3553, E11.3559, E11.359-E11.3593, E11.3599, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.321, E13.3211-E13.3213, E13.3219, E13.329, E13.3291-E13.3293, E13.3299, E13.331, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.341, E13.3411-E13.3413, E13.3419, E13.349, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.359, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59,</p> |

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| | E13.610, E13.618, E13.620-22, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011-024.013, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83 |
| Online assessments | CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012 |
| Telephone visits | CPT: 98966, 98967, 98968, 99441, 99422 |



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