

## 2019 HEDIS® MEASURE: COMPREHENSIVE DIABETES CARE (CDC)

Gold Coast Health Plan's goal is to help its providers gain compliance with their annual Healthcare Effectiveness Data and Information Set (HEDIS®) scores by providing guidance and resources. This tip sheet will provide the key components to the HEDIS® measure, "Comprehensive Diabetes Care (CDC)."

**Measure Description: Members ages 18 to 75 with a diagnosis of diabetes. This measure requires that each member with diabetes receive the following screenings and exams identified through claims / encounters or lab data:**

- ▶ Hemoglobin A1C (HbA1c) testing
  - » HbA1c poor control (>9.0%)
  - » HbA1c control (<8.0%)
- ▶ Retinal eye exam and result
- ▶ Medical attention to [nephropathy](#)
- ▶ BP control (<140/90 mm Hg)

### Methods used to identify members with diabetes

Description	ICD-10-CM Diagnosis	Diabetic Medications
Claims Data: Diagnosis of Diabetes	E10.10-E13.9, 024.011-024.33, 024.811-024.83	
Pharmacy Data: Dispensed insulin or hypoglycemic / antihyperglycemics on an ambulatory basis		Alpha-glucosidase inhibitors Amylin analogs Antidiabetic combinations Insulin Meglitinides Glucagon-like peptide-1 (GLP1) agonists Sodium glucose cotransporter 2 (SGLT2) inhibitor Sulfonylureas Thiazolidinediones Dipeptidyl peptidase-4 (DDP-4) inhibitors

### Codes used to identify visit types

Description	CPT	Telehealth CPT Modifier	Telehealth POS	HCPCS	UB REV
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456			G0402, G0438, G0439, G0463, T1015	0510-0517, 0519-0523, 0526-0529, 0982, 0983
Outpatient Visit Associated with Telemedicine	99212-99215, 99241-99245	95 – Professional claim GT – Institutional Claim	02		
Observation	99217-99220				
Acute Inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291				0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987



Description	CPT	Telehealth CPT Modifier	Telehealth POS	HCPCS	UB REV
Nonacute Inpatient	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337				0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669
ED	99281-99285				0450-0452, 0456, 0459, 0981
Telephone Visit	98966, 98967, 98968, 99441, 99442, 99443		02		
Online Assessment	98969, 99444		02		

**Diabetic screenings**

HbA1c	CPT	CPT-ii	LOINC
HbA1c Test	83036, 83037		4548-4, 4549-2, 17856-6
HbA1c Level < 7.0		3044F	
HbA1c Level 7.0 – 9.0		3045F	
HbA1c Level > 9.0		3046F	

Diabetic Retinopathy	CPT	CTP Modifier	CPT-II	HCPCS	ICD-10-PCS
Diabetic Retinal Screening <b><i>On claims only from an eye care professional</i></b>	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99205			S0620, S0621, S3000	
Diabetic Retinal Screening <b><i>On claims from any provider</i></b>			2022F, 2024F, 2026F, 3072F		
Unilateral Eye Enucleation <b><i>with bilateral modifier</i></b>	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	50			
Two Unilateral Eye Enucleations <b><i>with two services completed 14 days or more apart</i></b>	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114				
Left and Right Unilateral Eye Enucleations <b><i>on the same or different dates of service</i></b>					Right Eye: 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ, Left Eye: 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ

The Eye Exam: The eye exam screens for diabetic retinal disease as identified through administrative data or medical record review, including members with diabetes who had one of the following:

- ▶ A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year;  
OR
- ▶ 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 anytime during the member’s history through December 31 of the measurement year.

Nephropathy Screening of Evidence of Nephropathy	ICD-CM Codes	ICD-PCS Codes	CPT	CPT-II	LOINC
Urine Protein Tests			81000-81003, 81005, 82042, 82043, 82044, 84156	3060F, 3061F, 3062F	11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454- 5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000- 4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607- 1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525- 2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804- 0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7
Nephropathy Treatment	<b>CD-10-CM Codes:</b> E08.2x, E09.2x, E10.2x, E13.2x, I12.x, I13.x, I15.0-I15.1, N00.00-N08, N14.x, N17.0-N19, N25.0-N26.9, Q60.0-Q61.9, R80.0-R80.9			3066F, 4010F	
Stage 4 CKD	<b>ICD-10-CM:</b> N18.4  <b>ICD-9-CM:*</b> 585.4				



Nephropathy Screening of Evidence of Nephropathy	ICD-CM Codes	ICD-PCS Codes	CPT	CPT-II	LOINC
ESRD	<p><b>ICD-10-CM:</b> N18.5, N18.6, Z91.15, Z99.2</p> <p><b>ICD-9-CM:*</b> 585.5, 585.6, V45.11, V45.12</p>	<p><b>ICD-10-PCS:</b> 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z</p> <p><b>ICD-9-PCS:*</b> 38.95, 39.27, 39.42, 39.43, 39.53, 39.93, 39.94, 39.95, 54.98</p>	36147, 36880, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951- 90970, 90989, 90993, 90997, 90999, 99515	G0257, S9339	
Kidney Transplant	<p><b>ICD-10-CM:</b> Z94.0</p> <p><b>ICD-9-CM:*</b> V42.0</p>	<p><b>ICD-10-PCS:</b> 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2</p> <p><b>ICD-9-PCS:*</b> 55.61, 55.69</p>	50300, 50320, 50340, 50360, 50365, 50370, 50380	S2065	
ACE inhibitor/ ARB Medication	<b>Type of Medication</b>	<b>Prescription</b>			
	Angiotensin Converting Enzyme Inhibitors	Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolapril			
	Angiotensin II Inhibitors	Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan			
	Anti-hypertensive Combinations	Aliskiren-valsartan, Amlodipine-benazepril, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-hydrochlorothiazide-olmesartan, Amlodipine-olmesartan, Amlodipine-perindopril, Amlodipine-telmisartan, Amlodipine-valsartan, Azilsartan-chlorthalidone, Benazepril-hydrochlorothiazide, Candesartan-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-irbesartan, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-losartan, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-telmisartan, Hydrochlorothiazide-valsartan, Sacubitril-valsartan, Trandolapril-verapamil			

\* ICD-9 codes used for the retrospective claim review prior to the October 1, 2016 implementation of ICD-10 codes.



BP in the OP or Nonacute IP Setting	CPT	CPT-II	HCPCS	UBREV
Systolic < 140		3074F, 3075F		
Systolic ≥ 140		3077F		
Diastolic < 80		3078F		
Diastolic 80-89		3079F		
Diastolic ≥ 90		3080F		
Outpatient Setting	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456		G0402, G0438, G0439, G0463, T1015	0510-0517, 0519-0523, 0526-0529, 0982-0983
Non-Acute Inpatient Setting	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337			0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0663, 0669

Nephropathy screening: A nephropathy screening or monitoring test or evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.

**Best Practices for HbA1c Testing:**

- ▶ Perform A1C test at least two times per year in patients who are meeting treatment goals (and who have stable glycemic control).
- ▶ Perform A1C test every 3 months in patients whose therapy has changed or who are not meeting glycemic goals (> 8.0 HbA1c).
- ▶ Set appropriate individualized A1C goals based on relevant comorbidities, demographic factors, and other considerations.
- ▶ Point-of-care testing for A1C provides the opportunity for more timely treatment changes.
- ▶ Recommend lifestyle changes as appropriate.

**Best Practices for Retinal Eye-Exam:**

- ▶ Schedule retinal or dilated eye exams at a minimum every two years.
- ▶ Inform patients of their risks of diabetic retinopathy.
- ▶ Incorporate Telemedicine Diabetic Retinopathy system into your clinic.
- ▶ Additional information on diabetes is available [here](#).

**Best Practices for Blood Pressure Control Checks:**

- ▶ Instruct staff to always take a repeat reading if an abnormal BP value is obtained.
- ▶ Encourage the use of proper technique when obtaining BP readings:
  - Ensure the patient’s bladder is empty.
  - Do not have a conversation.
  - Support the patient’s back and feet.
  - Use the correct cuff on the bare arm.
  - Support the arm at heart level.
  - Keep the patient’s legs uncrossed.
- ▶ Treat associated cardiovascular risk factors as part of managing hypertension to lower overall cardiovascular risk.
- ▶ Encourage lifestyle changes (improved diet, exercise, smoking cessation, stress reduction).
- ▶ Initiate appropriate pharmacologic treatment to lower blood pressure.



**Best Practices for Nephropathy Screening:**

- ▶ Schedule periodic office visits to monitor patients diagnosed with diabetes.
- ▶ During the office visit, complete a point-of-care (POC) urine test for protein or albumin to screen for nephropathy.
- ▶ Implement standing orders to empower clinic staff to take leading roles in diabetic screenings.
- ▶ Use electronic health records to implement diabetes management support system to improve management of annual diabetic screenings.

**Helpful Tip:** Using the information in this tool may decrease the number of chart reviews required during the HEDIS® data collection. For example, if you perform an HbA1c test but do not file a claim for the test and the result of the test, you will not receive credit in the administrative data. Therefore, a chart review may be required.

For additional information on specific HEDIS® measures, please visit the websites for the [National Committee for Quality Assurance \(NCQA\)](#) or the [Agency for Healthcare Research and Quality \(AHRQ\)](#).

Effective January 1, 2014, NCQA replaced the coding tables with “value sets” which contain all applicable codes that can be used to identify a specific service or condition included in any measure. Detailed information on the data sets and technical specifications can be found [here](#).

GCHP does not intend this information to be medical advice, but a tool to assist in compliance with the HEDIS® measures.