

Diabetes Management HEDIS Measures and Tips



Improving Quality Outcomes

Line of Business: Medicaid, Marketplace, Medicare ●●●



BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

Measure Description

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

| Description | CPT II Codes |
|--|---|
| Systolic Blood Pressure less than 130 mm Hg | 3074F |
| Systolic Blood Pressure 130-139 mm Hg | 3075F |
| Systolic Blood Pressure greater than or equal to 140 mm Hg | 3077F |
| Diastolic Blood Pressure less than 80 mm Hg | 3078F |
| Diastolic Blood Pressure 80-89 mm Hg | 3078F |
| Diastolic Blood Pressure greater than or equal to 90 mm Hg | 3080F |
| Remote Patient Monitoring | |
| Description | CPT Codes |
| Remote Blood Pressure Monitoring | 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 |

| Telehealth Visits | |
|-------------------|--|
| Description | Codes |
| Telephonic visit | CPT: 98966-98968, 99441-99443 |
| Online visit | CPT: 98970-98972, 99421-99423, 99457, 99458 |
| | HCPCS: G2012, G2251 |

Codes subject to change

Improving HEDIS Measure


- Patients frequency of visit is based on their blood pressure being controlled. An uncontrolled blood pressure may require more frequency.
- Bill with CPT II codes both systolic and diastolic to report BP frequency for each visit. This can reduce the need for medical record chart reviews.
- Use telehealth when applicable for blood pressure remote patient monitoring and medication management. Patient can only self-report with a digital blood pressure cuff.

Note:

HEDIS captures the last blood pressure reading of the measurement year.

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Measure Description



The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

| Description | Codes |
|--------------------------------------|--|
| Automated Eye Exam | CPT: 92229 |
| Retinal Eye Exam | CPT: 92002,92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92240, 92250, 92260, 99203- 99205, 99213- 99215, 99242-99245 HCPCS: S0620, S0621 S3000 |
| Retinal Imaging | CPT: 92227, 92228 |
| Eye Exam w/ Evidence of Retinopathy | CPT II: 2022F, 2024F, 2026F |
| Eye Exam w/o Evidence of Retinopathy | CPT II: 2023F, 2025F, 2033F |

| Description | Codes |
|--|--|
| Diabetic Retinal Screening Negative in prior year to MY | CPT II: 3072F |
| Unilateral Eye Enucleation | CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 |

Codes subject to change

Improving HEDIS Measure

- Work with a local ophthalmologist or optometrist to establish DRE referral contacts/relationships. Refer to www.pshpgeorgia.com to find-a-provider in-network
- Educate patients about the difference between a routine eye exam to get new glasses and a comprehensive diabetic eye exam.
- Documentation of hypertensive retinopathy is considered positive for diabetic retinopathy. An annual comprehensive diabetic eye exam is recommended.

Helpful Documentation Tips



- At a minimum, documentation in the medical record must include one of the following:
 - A note or letter prepared by an ophthalmologist, optometrist, PCP, or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed, and the results.
 - A chart or photograph indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist 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 by a system that provides an artificial intelligence (AI) interpretation.
 - Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, results indicating retinopathy was not present.
 - Notate anytime in the member's history



GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD) Formerly HBD

Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- Glycemic Status < 8.0%
- Glycemic Status > 9.0%

| Description | Codes |
|--|--------------------------|
| HbA1c Lab Test | CPT: 83036, 83037 |
| HbA1c – CPT II Codes | |
| Description | CPT II |
| HbA1c level less than 7.0% (DM) | 3044F |
| HbA1c greater than 9.0% (DM) | 3046F |
| HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM) | 3051F |
| HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM) | 3052F |

Codes subject to change

Improving HEDIS Measure

- The frequency of visits should depend on the level of A1c control; members with elevated A1c levels need to be seen more frequently.
- Schedule follow-up visits and A1c testing with diabetic patients to monitor for changes.
- Document the date of the HbA1c with the results.
- Submit the CPT code for the test performed and the CPT II codes to report the A1c results and findings. Also, billing with CPT II codes can reduce medical records chart reviews.

Note

If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized to close the HEDIS care gap.



KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Measure Description

The percentage of members 18–85 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.

| Blood Test | AND | Urine Test (must include both quantitative albumin and urine creatinine) | | |
|---|-----|--|----|--|
| Estimated Glomerular Filtration Rate (eGFR) | | Option 1 | OR | Option 2 |
| | | Urine Creatinine Lab Test (uACR) | | Quantitative urine albumin test Urine creatinine lab test |
| CPT: 80047, 80048, 80053, 80050, 80069, 82565 | | LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7 | | CPT: 82043 CPT: 82570 |
| | | | | Note: If submitting two urine tests <ul style="list-style-type: none">One must be quantitative urine albumin lab testThe other must be urine creatinine lab testThe two test dates must be within the MY and the test dates must be within four days from each other Best Practice: Order or perform both urine test on the same day |

Codes subject to change

Improving HEDIS Measure

- Order all lab test: Estimated Glomerular Filtration Rate (eGFR) and Urine albumin-creatinine ratio (uACR) on the SAME DAY to close the care gap.
- Routinely refer members with type 1 or type 2 diabetes to a participating lab for an eGFR and uACR.
- Follow up with patients to discuss their lab results.

- Educate the patient on how diabetes can affect the kidneys and provide tips on preventing damage to their kidneys:
 - Controlling High Blood Pressure
 - Medication Adherence by taking prescribed medication that protects the kidney functionality (ACE inhibitors or ARBs)
- Coordinate patient care with specialists (endocrinologist or nephrologist) as needed.

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

The percentage of members 40–75 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:

- 1. Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year.
- 2. Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Improving HEDIS Measure

- Educate patients on the importance of statin medication adherence.
- Adherence to the SPD measure is determined by the member remaining on their prescribed high or low-intensity statin medication for 80% of their treatment period.
- Adherence is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).
- Use telehealth to manage medication adherence when applicable, this helps with consistency and continual medication adherence compliance.
- If the member's pharmacy benefit allows for a 90-day supply, write a prescription for 90- days.
- Refer to website for pharmacy formulary and coverage.

| Diabetic Medication List | | | |
|--|---|---|---|
| Description | Prescription | | |
| Alpha- glucosidase inhibitors | Acarbose | Miglitol | |
| Amylin analogs | Pramlintide | | |
| Antidiabetic combinations | Alogliptin-metformin, Alogliptin-pioglitazone. Canagliflozin-metformin. Dapagliflozin-metformin. Empagliflozin-linagliptin. Empagliflozin-metformin. | Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide | Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin |
| Insulin | Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin detemir, Insulin glargine, Insulin glulisine | Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human Insulin human inhaled | |
| Meglitinides | Nateglinide | Repaglinide | |
| Glucagon-like peptide-1 (GLP1) agonists | Albiglutide, Dulaglutide, Exenatide | Liraglutide (excluding Saxenda®), Semaglutide Empagliflozin | |
| Sodium-glucose cotransporter 2 (SGLT2) inhibitor | Canagliflozin Dapagliflozin (excluding Farxiga®) | | |

| Diabetic Medication List | | | |
|---|--------------------------------|-----------------------------|----------------------------|
| Description | Prescription | | |
| Sulfonylureas | Chlorpropamide, Glimepiride | Glipizide, Glyburide | Tolazamide, Tolbutamide |
| Thiazolidinediones | Pioglitazone | Rosiglitazone | |
| Dipeptidyl peptidase-4 (DDP- 4) inhibitors | Alogliptin, Linagliptin | Saxagliptin, Sitagliptin | |

Links:

Peach State Health Plan: www.pshp.com

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