

To find the category (Medicare Stars, Federal Employee Program®, etc.) this measure applies to, see our [chart of HEDIS® measures](#).

Comprehensive Diabetes Care (CDC)

Let's work together to improve health outcomes. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet details key points of the featured HEDIS measure, some of which are Stars measures (noted with ★).

What is the measure?

The measure assesses the percentage of members age 18-75 with a diagnosis of diabetes (Type 1 and Type 2) who had each of the following during the measurement year as identified by claim/encounter or automated laboratory data:

- Hemoglobin A1c (HbA1c) testing in current measurement year
- HbA1c control (<8.0%)
- HbA1c control (<9.0%) (Compliant for Medicare)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- B/P control (<140/90 mm Hg)

Hemoglobin A1c (HbA1c) Testing and Results

HbA1c Control (<8.0%) Commercial and HbA1c (<9.0%) Medicare

HbA1c test must be done in the measurement year with a result of <8.0%



Result of <9.0% is compliant for Medicare

- Use the most recent HbA1c test from the measurement year
- The member is numerator-compliant if the most recent HbA1c level is <8.0% (last test in the measurement year)
- At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.

Note: The goal is to have HbA1c controlled (<8.0%).

Codes for Hemoglobin HbA1c Test and Results

CPT	CPT II and Results
83036	3044F HbA1c >7
83037	3051F HbA1c =7<8
	3052F HbA1c =8<=9
	3045F HbA1c 7-9
	3046F HbA1c >9

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HEDIS Measure: Comprehensive Diabetes Care (CDC) *(continued)*



Eye Exam (Diabetes Retinal Exam—DRE)

Eye Exam Performed (Retinal/Dilated)

Retinal or dilated eye exam performed in the measurement year or the year prior to the measurement year.

- Retinal or dilated eye exam must be performed 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 any time during the member's history through December 31 of the measurement year.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed results.

Eye Exam Codes

CPT Category II

2022F Dilated eye exam with interpretation by an ophthalmologist or optometrist; documented and reviewed.

2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy

2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; documented and reviewed.

2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; documented and reviewed; without evidence of retinopathy

2026F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results; documented and reviewed.

2033F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results; documented and reviewed; without evidence of retinopathy

3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)

HCPCS

S0620 Routine ophthalmological examination including refraction; new patient

S0621 Routine ophthalmological examination including refraction; established patient

S3000 Diabetic indicator; retinal eye exam, dilated, bilateral

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Medical Attention for Neuropathy

Medical Screening for Nephropathy

Screening or documented use of ACE/ARB in the measurement year.

- Includes nephropathy screening or monitoring test or evidence of nephropathy; documented through administrative data or medical record documentation. Includes diabetics who had one of the following during the measurement year:
 - Nephropathy screening or monitoring test (urine test for albumin or protein), with date and results. At a minimum, documentation must include a note indicating the date a urine test was performed, and the result or finding. Any of the following meet the criteria:
 - ◆ 24-hour urine for albumin or protein
 - ◆ Timed urine for albumin or protein
 - ◆ Spot urine (e.g., urine dipstick or test strip) for albumin or protein
 - ◆ Urine for albumin/creatinine ratio
 - ◆ 24-hour urine for total protein
 - ◆ Random urine for protein/creatinine ratio
 - Evidence of ACE/ARB therapy. Documentation in the medical record can be one of these:
 - ◆ Documentation that a prescription for ACE inhibitor or ARB was written during the measurement year.
 - ◆ Documentation that a prescription for ACE inhibitor or ARB was filled during the measurement year.
 - ◆ Documentation that the patient took an ACE inhibitor or ARB during the measurement year.
 - Documentation of medical attention for any of the following:
 - ◆ Diabetic nephropathy
 - ◆ End-stage renal disease (ESRD)
 - ◆ Chronic renal failure (CRF)
 - ◆ Chronic kidney disease (CKD)
 - ◆ Renal insufficiency
 - ◆ Proteinuria
 - ◆ Albuminuria
 - ◆ Renal dysfunction
 - ◆ Acute renal failure (ARF)
 - ◆ Dialysis, hemodialysis or peritoneal dialysis
 - Documentation of a renal transplant
 - Documentation of a visit with a nephrologist
 - At least one ACE inhibitor or ARB dispensing event

Urine Protein Test Codes

CPT: 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156

CPT II: 3060F, 3061F, 3062F, 3066F, 4010F

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Blood Pressure Control

Blood Pressure (BP) Screening

Screening for BP with results <140/90

- The most recent BP reading taken during an outpatient visit or a non-acute inpatient encounter or remote monitoring event during the measurement year.
- BP readings from a remote monitoring device that are digitally stored and transmitted to the provider may be included. Documentation must clearly state the reading was taken by an electronic device and results were digitally stored, transmitted to the provider, and interpreted by the provider.
- **Does not** include:
 - ◆ BP taken during an acute inpatient stay or an ED visit.
 - ◆ BP taken on the same day as a diagnostic test or a diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of test or procedure, with the exception of fasting blood test.
 - ◆ BP reported by or taken by member.

Exclusions

Either of the following, any time during the member's history through December 31 of the measurement year:

- Hospice care during the measurement year
- Members age 66 and older as of December 31 of the measurement year who meet **both** frailty and advanced illness criteria.