Measure description: The percentage of members 18–75 years of age with diabetes type 1 and type 2 who had each of the following:

- HbA1c Control: The member will fall into one of the following categories, based upon their results: HbA1c Control >9.0 or HbA1c control <8.0. These categories are dependent upon actual results being received from the labor complete coding of results via CPT-II codes by provider.
 - HbA1c Poor Control >9.0: Inverse measure. Fewer members in this category are better. Will fall into poor control category if:
 - > Results actually >9.0 or a result was not received on a member
 - > An HbA1c test was not done during the measurement year.
- Retinal Eye Exam: An eye screening for diabetic retinal disease:
 - A retinal or dilated eye exam by an eye care professional in the measurement year (regardless of results)
 - A retinal or dilated eye exam by an eye care professional in the year prior to the measurement year that was negative for retinopathy.
- BP Control <140/90 mm Hg: The most recent BP reading taken during an outpatient visit or anon-acute inpatient encounter during the measurement year.

Eligible population

Those aged 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and lab tests.
- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Coordinate care with specialists such as endocrinologists, cardiologists, and ophthalmologists.
- Stress the importance of medication and insulin adherence and their effect on blood glucose management.

- There is a large list of approved NCQA codes used to identify the services included in the CDC measure.
- Refer patients to community resources that provide diabetes education and support.

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the CDC measure. The following are just a few of the approved codes. For a complete list please refer to the NCQA website at www.ncqa.org.

Diabetes HbA1c Testing			
CPT	HbA1c Level 7.0-9.0	3045F	
CPT	HbA1c Level Greater Than 9.0	3046F	
CPT	HbA1c Less Than 7.0	3044F	





Diabetes Diagnosis			
ICD-10	Type 1 diabetes mellitus without complications	E10.9	
ICD-10	Type 2 diabetes mellitus without complications	E11.9	
ICD-10	Other specified diabetes mellitus without complications	E13.9	

HbA1c Tests		
CPT	HbA1c Tests	83036 83037

Retinal Eye Exam			
CPT	Diabetic Retinal	67028	
	Screening	67030	
		67031	
		67036	
		67039	
		67040	
CPT	Diabetic Retinal	3072F	
	Screening-Negative		
CPT	Diabetic Retinal	2022F	
	Screening with Eye Care	2024F	
	Professional	2026F	

Blood Pressure		
CPT	Most recent Systolic Greater Than/Equal to 140	3077F
CPT	Most recent Systolic Less Than 140	3074F 3075F
CPT	Most recent Diastolic 80-89	3079F
CPT	Most recent Diastolic Less Than 80	3078F
CPT	Most recent Diastolic Greater Than/Equal to 90	3080F

What You Can Do – Coding for Telehealth:

- Synchronous telehealth visits: Requires real-time interactive audio and video telecommunications. A measure specification that is silent about telehealth includes synchronous telehealth. This is because tele-health is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.
- Telephone visits: A measure will indicate when telephone visits are eligible for use by referencing the Telephone Visits Value Set.
- Asynchronous e-visits: Sometimes referred to as an e-visit or virtual check-in, is not "real-time" but still requires two-way interaction between the member and provider.

Codes

Telehealth Modifier: 95, GT Telehealth POS: 02 Telephone Visit CPT: 98966-98968, 99441-99443 Online Assessment CPT: 989-98972, 99421-99423, 99444, 99458

Online Assessment HCPCS: G2010, G2012, G2061-G2063

