

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

September 2024



Let's Improve the Treatment of Diabetes Together!

Glycemic Status Assessment for Patients with Diabetes (GSD)

Measure Requirements:

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose most recent glycemic status or glucose management indicator (GMI) was at the following during the measurement year:

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

The result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year through laboratory data or medical record review is required.

Coding Information:

HbA1c Test CPT: 83036, 83037

HbA1c Results CPT-CAT- II: 3044F, 3046F, 3051F, 3052F

Kidney Health Evaluation for Patients with Diabetes (KED)

Measure Requirements:

The percentage of members 18-85 years of age with diabetes (Type 1 or Type 2) who received a kidney health evaluation during the measurement year:

- Estimated Glomerular Filtration Rate (eGFR)

AND

- Urine albumin-creatinine ratio (UACR)
 - Quantitative albumin test, **AND**
 - Urine creatine test

Coding Information:

eGFR CPT: 80047, 80048, 80050, 80053, 80069, 82565

Urine Albumin CPT: 82043

Urine Creatinine CPT: 82570

Blood Pressure Control for Patients with Diabetes (BPD)

Measure Requirements:

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) whose blood pressure was:

- Adequately controlled (<140/<90 mm Hg) during the measurement year

Coding Information:

CPT-CAT-II:

Systolic: 3074F, 3075F, 3077F

Diastolic: 3078F-3080F

*Please bill one code each for systolic and diastolic.

Eye Exam for Patients with Diabetes (EED)

Measure Requirements:

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) who had:

- A retinal eye exam

Coding Information:

Eye Exam with Eye Care Professional

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

Eye Exam billed by ANY Provider

CPT-CAT-II: 2022F-2026F, 2033F

Incentive Programs

All PCPs—Encourage targeted members to obtain a diabetic eye exam with an eye care provider. For each claim we receive for this service performed on your targeted patients, you will receive **\$50**.

Members can also call our office at 1-888-348-2922 for details on a member incentive program to encourage diabetic eye exams.

\$50.00 Reward: Members who complete a diabetic eye exam during the calendar year.

Common Reasons for Gaps in Care:

- Missing GMI— no evidence of GMI in chart and no claim in measurement year— member stays non-compliant.
- GMI results in the medical record documented as a range do not meet criteria— a distinct numeric result is required for compliance.
- Glycemic status results show poor control.
- Member reported blood pressures during telehealth visits are not present in the chart— member reported blood pressures meet compliance.
- Documented blood pressure readings are poorly controlled; Systolic BP must be **below 140 AND** Diastolic BP must be **below 90** (not equal to).
- Elevated blood pressures are not reassessed and documented within the same visit.
- No referral for retinal eye exam.
- Retinal eye exams results must be reviewed by an eye care professional (optometrist and ophthalmologist).
- Member misconception regarding the difference between glucose checks and A1c testing.
- Member is unaware diabetic eye exams are covered— educate members regarding the \$50 gift card from ABHWV for a completed diabetic eye exam.
- Documentation must be clear that the member had a dilated or retinal eye exam by an eye care professional, and that retinopathy was not present. Eye exam letters or results documentation that solely states, “Diabetes without complications” do not meet criteria for Retinal Eye exam.

Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact **Alana Hoover** at ABHWVHEDIS@aetna.com.



Best Practices

- Be sure to code for A1c lab tests and results performed in your office and blood pressure CPT II codes.
- Request office visit notes and results of tests performed by specialists.
- Consider using a flag to review potential need for diabetes services at each visit.
- Be sure members are coming in for regular office visits for diabetes care versus only getting medication refills.
- Educate members on importance of all diabetes care and testing (GMI, blood pressure, eye exam, etc.).
- Retake blood pressure during visit if initially elevated. Be sure to record **ALL** readings taken.
- Be sure to record all member-reported blood pressures in the medical record. Encourage members to take blood pressures at home and bring readings to in-person visits and report blood pressures during telehealth appointments.
- Remind members ABHWV Diabetes Case Management program is available by contacting 1-888-348-2922.
- Consider partnering with ABHWV to hold a Diabetes wellness event to close GMI, blood pressure, and eye exam gaps in care.
- Be sure diabetes diagnosis and medication coding that is carried over in the EMR is always accurate and current.
- Consider offering in-office GMI testing.
- Ensure that both outside labs and in-office/point of care test results are documented in the medical record.
- Educate members regarding difference between glucose checks and GMI tests.
- If the member’s eye care provider and date the member last had a retinal eye exam is known, document the provider, date, and result in the chart.
- Educate members on importance of statin therapy and taking medication as prescribed.
- Educate members regarding side effects and importance of reporting any side effects to their PCP so medication can be adjusted if necessary.
- Advise members not to stop taking medication without consulting their PCP.
- Both eGFR and uACR must be performed in the measurement year to be compliant.
- GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value.
- GMI results collected by the member and documented the member’s medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria). There is no requirement that there be evidence the GMI was collected by a PCP.