HEDIS® Diabetic Measures at a Glance

With support from their health care providers, patients can manage their diabetes properly. Please use this Provider Tip Sheet to review Healthcare Effectiveness Data and Information Set (HEDIS) diabetic measures, coding tips, and best practice recommendations.

Eligible Population

Patients 18-75 years old with diabetes (Type 1 or Type 2) with either of the following during the measurement year or the year prior to the measurement year:

- Encounter Data: Has at least **two** diagnoses of diabetes on different dates of service.

- Pharmacy Data: Has at least **one** diagnosis of diabetes and has had any of these hypoglycemic or antihyperglycemic diabetes medications dispensed:

  - » Alpha-glucosidase inhibitors
  - » Amylin analogs
  - » Antidiabetic combinations
  - » Dipeptidyl peptidase-4 (DDP-4) inhibitors
  - » Glucagon-like peptide-I (GLP I) agonists
  - » Biguanides
  - » Insulin
  - » Meglitinides
  - » Sulfonylureas
  - » Thiazolidinediones
  - » Sodium-glucose cotransporter 2 (SGLT2) inhibitor

HEDIS Measures, Coding Tips, and Recommendations

HEDIS Measure	Coding Tips	Recommendations

Blood Pressure Control for Patients with Diabetes (BPD)
 	
This measure looks at the percentage of Members 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
	Systolic Blood Pressure
	CPT-CAT II:
	   3074F, systolic <130mmHg
	   3075F, systolic 130-139mmHg
	   3077F, systolic ≥140mmHg
	
	Diastolic Blood Pressure
	CPT-CAT II:
	   3078F, diastolic <80 mmHg
	   3079F, diastolic 80-89 mmHg
	   3080F, diastolic ≥ 90 mmHg
	
	Use CPT Category II codes when billing BP completed in the clinic or if BP was obtained during a telehealth visit.
		Document BP Readings
		
		- Take BP and record it in the patient's medical record at every office visit, telehealth visit, e-visit, or other virtual check-in.
		- Encourage patients to use a digital device to track and report their BP values. If the reading is captured with a digital device, patient-reported data is acceptable to document in the medical record.
		- Ranges and thresholds **do not** meet the criteria for this measure. A distinct numeric result for both the systolic and diastolic BP readings is required.

HEDIS Measure	Coding Tips	Recommendations
Blood Pressure Control for Patients with Diabetes (BPD), continued	• Confirm that CPT Category II codes listed on the superbill or within the Electronic Health Record (EHR) are valid. • Consider adding a $0.01 charge when using CPT Category II codes to ensure they are not rejected on the encounter or claim.	• Instruct office staff to recheck BP for all patients with initial recorded readings greater than systolic 139 mm Hg and diastolic of 89 mm Hg during outpatient office visits. Staff should record the recheck in the patient's medical record. • Select the appropriately sized BP cuff and place cuff on bare arm. • Help the patient get a digital monitoring machine for home use and educate them on how to use it. • Allow the patient to rest for at least five minutes before taking the BP reading. • Review the patient's hypertensive medication history and patient compliance and consider modifying treatment plans for uncontrolled BP, as needed. If the patient's BP is out of control, refer the patient for pharmacy and/or Case Management services. • Educate patients about the risks of uncontrolled blood pressure and reinforce the importance of adhering to their medication program. • Refer high-risk Community First patients to our hypertension programs for additional education and support.

HEDIS Measure	Coding Tips	Recommendations
Eye Exam for Patients with Diabetes (EED) This measure looks at screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who have had **one** of the following: • A retinal or dilated eye exam 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 at any time during the patient's history through December 31 of the measurement year.	**CPT Codes*:** 67028, 67030-67031, 67036, 67039, 67040, 67041, 67042,67043, 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, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 **HCPCS:** S0620, S0621, S3000 **ICD 10:** E10.9, E11.9, E13.9 *Any of the above C codes must be billed by an eye care professional, such as an optometrist or ophthalmologist. **CPT-CAT-II**:** 2022F, 2023F, 2024F, 2025F, 2026F, 2033F **These codes can be billed by any provider type. **Tips for coding:** • When you receive results from an optometrist or ophthalmologist, submit them on a $0.01 claim with an appropriate CPT code (2022F or 2023F). • If a primary care provider's office has equipment to complete retinal imaging with interpretation by artificial intelligence (AI) in their office, the practitioner can report completion of the eye exam by submitting a claim with CPT code 92229 for the services provided and the appropriate CPT II code to report the exam results.	1. **Frequency of Eye Exams:** • Annual dilated or retinal eye exams are required for patients with positive retinopathy. • Patients without evidence of retinopathy should have these exams every **two years**. • Document the date of service, eye exam results, and the eye care professional's name with credentials. 2. **Documentation Requirements:** • Patient-reported eye exams are acceptable, but they must include the required documentation (date, results, eye care professional's name, and their credentials). • If the name of the eye care professional is unknown, document that the exam was conducted by an optometrist or ophthalmologist. • Evidence of prosthetic eye(s) is acceptable for enucleation. Even with unilateral enucleation, the remaining eye still requires an annual exam. 3. **Educational Responsibilities:** • Explain to patients the difference between a routine eye exam (for glasses, glaucoma, or cataracts) and a dilated/retinal exam required for diabetic screening. • Emphasize the importance of routine screenings and compliance with medications.

HEDIS Measure	Coding Tips		Recommendations
Kidney Evaluation (KED) The percentage of patients from ages 18–85 with diabetes (type 1 and type 2) who received both of the following: • A kidney health evaluation defined by an estimated glomerular filtration rate (eGFR) • A urine albumin-creatinine ratio (uACR) during the measurement year.	CPT estimated glomerular filtration rate (eGFR)	80047, 80048, 80050, 80053, 80069, 82565	• Lab test reports should indicate that both an eGFR and uACR were performed during the measurement year on the same or different dates of service. • Order labs to be completed prior to patient appointments. • Ensure labs are ordered at least annually, preferably at the beginning of the year. • When ordering the urine test, be sure that the albumin and creatinine values are being measured and reported and that both codes are being billed (82043, 82570).
	Quantitative urine albumin test	82043	
	Urine creatinine lab test	82570	
Glycemic Status Assessment for Patients with Diabetes (GSD) The GSD measure assesses the percentage of patients from ages 18-75 with diabetes (type 1 and 2) whose most recent glycemic status (hemoglobin A1C [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status <8.0% • Glycemic Status >9.0% *A lower rate indicates better performance.*	CPT CPT II	83036, 83037 3044F, 3046F, 3051F, 3052F	If your practice uses Electronic Medical Records (EMRs), set up flags or reminders in the system to alert your staff when a patient's screenings are due. • Send appointment reminders and call patients to remind them of upcoming appointments and necessary screenings. • Follow up on lab test results and document them. • Draw labs in your office if accessible or refer patients to a local lab for screenings. Remember to include the applicable category II reporting code on the claim form to help reduce the burden of HEDIS medical record reviews. If using an EMR system, consider electronic data sharing with Community First to capture all coded elements. Contact your Community First Provider Relations representative or call 210-358-6294 for reimbursement information.