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**HEDIS<sup>®</sup> AT-A-GLANCE GUIDE**

# **DIABETES CARE**

**Lines of Business: Medicaid, Marketplace (Ambetter), Medicare (Wellcare)**

The percentage of members ages 18-75 years with diabetes (types 1 and 2) who had each of the following:

- **Hemoglobin A1c Control for Patients with Diabetes (HBD)**
  - HbA1c control (<8%)
  - HbA1c poor control (>9%)
- **Blood Pressure Control for Patients with Diabetes**
  - BP adequately controlled (<140/90)
- **Eye Exam for Patients with Diabetes (EED)**
  - Retinal Eye Exam

## **HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)**

<b>Description</b>	<b>CPT-CAT II</b>
Most recent HbA1c level less than 7% (DM)	3044F
Most recent HbA1c greater than 9% (DM)	3046F
Most recent HbA1c level greater than or equal to 7% and less than or equal to 8% (DM)	3051F
Most recent HbA1c level greater than or equal to 8% and less than or equal to 9% (DM)	3052F

## BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

Description	CPT-CAT II
Systolic Blood Pressure less than 130mm Hg	3074F
Systolic Blood Pressure 130-139mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140mm Hg	3077F
Diastolic Blood Pressure less than 80mm Hg	3078F
Diastolic Blood Pressure 80-90mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90mm Hg	3080F
Remote Blood Pressure Monitoring	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

## EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Description	CPT/CPT-CAT II
Automated Eye Exam	92229
Measure Year: Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Measure Year: Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
Diabetic Retinal Screening Negative in Prior Year: <i>Must be a negative result to be compliant and the reported date should be the date the provider reviewed the patient's eye exam from the prior year.</i>	3072F

Note: Codes subject to change.

### Best Practices

- During each office visit, check for care gaps.
- Discuss the importance of diabetes treatment with patient to reduce the risk of serious complications, highlighting HbA1c and blood pressure.
- Assess any barriers the patient faces in completing treatment recommendations.
- Repeat HbA1c testing later in the year to assess any improvement.
- Call patients and send postcard reminders for required tests and screenings.
- Reinforce the importance of annual Eye Exam. Follow-up on referrals to eye care providers.



## KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

The percentage of members ages 18-85 years with diabetes (types 1 and 2) who received a kidney health evaluation — defined by an estimated glomerular filtration rate (eGFR) **and** a urine-creatinine ratio (uACR) — during the measurement year.

Description	CPT
Estimated Glomerular Filtration Rate (eGFR)	80047, 80048, 80050, 80053, 80069, 82565
Quantitative Urine Albumin Lab Test	82043
Urine Creatinine Lab Test (uACR)	82570

Note: Codes subject to change.

### Best Practices

- Routinely refer members with type 1 or 2 diabetes to a participating lab for their eGFR and uACR tests.
- Follow up with patients to discuss their lab results.
- Educate the patient on how diabetes can affect the kidneys and share tips for how they can prevent damage to their kidneys via:
  - Controlling High Blood Pressure
  - Medication adherence for taking prescribed meds that protect kidney functionality (ACE inhibitors or ARBs)
  - Educate about medications that can harm the kidneys (NSAIDs such as naproxen or ibuprofen)
  - Suggest a low-protein diet and limiting salt intake
- Coordinate patient care with specialists (endocrinologist or nephrologist) as needed.

## STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

The percentage of members ages 40-75 years 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.

### Best Practices

- Review the patient’s medication list during each visit.
- Educate the patient on the importance of medication adherence.

## DIABETES MEDICATIONS

Description	Prescription
Alpha-glucosidase Inhibitors	<ul style="list-style-type: none"> <li>Acarbose</li> <li>Miglitol</li> </ul>
Amylin analogs	<ul style="list-style-type: none"> <li>Pramlintide</li> </ul>
Antidiabetic combinations	<ul style="list-style-type: none"> <li>Alogliptin-metformin</li> <li>Empagliflozin-metformin</li> <li>Pioglitazone-metformin</li> <li>Alogliptin-pioglitazone</li> <li>Glimepiride-pioglitazone</li> <li>Repaglinide-metformin</li> <li>Canagliflozin-metformin</li> <li>Glipizide-metformin</li> <li>Rosiglitazone-metformin</li> <li>Dapagliflozin-metformin</li> <li>Glyburide-metformin</li> <li>Saxagliptin-metformin</li> <li>Empagliflozin-linagliptin</li> <li>Lingaliptin-metformin</li> <li>Sitagliptin-metformin</li> </ul>
Insulin	<ul style="list-style-type: none"> <li>Insulin aspart</li> <li>Insulin aspart-insulin aspart protamine</li> <li>Insulin degludec</li> <li>Insulin detemir</li> <li>Insulin glargine</li> <li>Insulin glulisine</li> <li>Insulin isophane human</li> <li>Insulin isophane-insulin regular</li> <li>Insulin lispro</li> <li>Insulin lispro-insulin lispro protamine</li> <li>Insulin regular human</li> <li>Insulin human inhaled</li> </ul>
Meglitinides	<ul style="list-style-type: none"> <li>Nateglinide</li> <li>Repaglinide</li> </ul>
Glucagon-like Peptide-1 (GLP1) Agonists	<ul style="list-style-type: none"> <li>Albiglutide</li> <li>Dulaglutide</li> <li>Exenatide</li> <li>Liraglutide (excluding Saxenda<sup>®</sup>)</li> <li>Semaglutide</li> </ul>
Sodium-Glucose Cotransportor 2 (SGLT2) Inhibitor	<ul style="list-style-type: none"> <li>Canagliflozin</li> <li>Dapagliflozin (excluding Farxiga<sup>®</sup>)</li> <li>Empagliflozin</li> </ul>
Sulfonylureas	<ul style="list-style-type: none"> <li>Chlorpromamide</li> <li>Glimepiride</li> <li>Glipizide</li> <li>Glyburide</li> <li>Tolazamide</li> <li>Tolbutamide</li> </ul>
Thiazolidinediones	<ul style="list-style-type: none"> <li>Pioglitazone</li> <li>Rosiglitazone</li> </ul>
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors	<ul style="list-style-type: none"> <li>Alogliptin</li> <li>Linagliptin</li> <li>Saxagliptin</li> <li>Sitagliptin</li> </ul>

Note: Codes subject to change. Please refer to [SunshineHealth.com](http://SunshineHealth.com) for specific drug coverage.