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HEDIS[®] 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:

- **Glycemic Status Assessment for Patients with Diabetes (GSD)**
 - HbA1c control (<8%)
 - HbA1c poor control (>9%)
- **Blood Pressure Control for Patients with Diabetes (BPD)**
 - BP adequately controlled (<140/90)
- **Eye Exam for Patients with Diabetes (EED)**
 - Retinal Eye Exam

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

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

Note: Codes subject to change. Please refer to SunshineHealth.com for specific drug coverage.