



# Aetna Better Health<sup>®</sup> of Kansas

## HEDIS<sup>®</sup> News you can use



## Improving Treatment for Diabetes

### **Hemoglobin A1c control for patients with diabetes (HBD)**

#### Measure requirements:

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c was HbA1c control <8.0%

### **Blood pressure control for patients with diabetes (BPD) (AAB)**

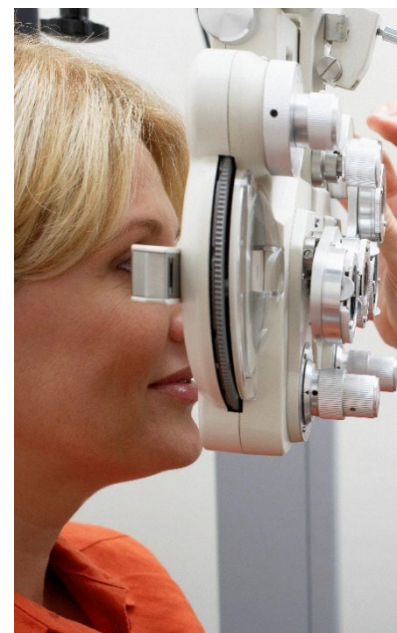
#### Measure requirements:

Members 18- 75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) whose BP was adequately controlled (<140/<90 mm Hg) during the measurement year

### **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



## Common reasons for Gaps in Care:

- Missing A1c– no evidence of A1c in chart and no A1c claim in measurement year– member stays non-compliant.
- A1c test results not documented in chart.
- Documentation of A1c results in the medical record documented as a range do not meet criteria– a distinct numeric results is required for compliance.
- A1c results show poor control– member stays non-compliant for A1c 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, both Systolic BP must be **below 140** **AND** Diastolic BP must be **below 90** (not equal to).
- Elevated blood pressures are not retaken.
- 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.
- 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”, does not meet criteria for retinal eye exam.

## Coding information

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 II	HbA1c tests	83036, 83037

HbA1c Levels – The most recent result		
CPT II	HbA1c level greater than/equal to 7.0 and less than 8.0	3051F
CPT II	HbA1c level greater than/equal to 8.0 and less than/equal to 9.0	3052F
CPT II	HbA1c level greater than 9.0	3046F
CPT II	HbA1c less than 7.0	3044F

Blood Pressure		
CPT II	Most recent Systolic greater than/equal to 140	3077F
CPT II	Most recent Systolic less than 130	3074F
CPT II	Most recent Systolic 130-139	3075F
CPT II	Most recent Diastolic 80-89	3079F
CPT II	Most recent Diastolic less than 80	3078F
CPT II	Most recent Diastolic greater than/equal to 90	3080F

Retinal Eye Exam		
CPT	Diabetic Retinal Screening	67028, 67030, 67031, 67036 67039, 67040
CPT II	Diabetic Retinal Screening - Negative	3072F
CPT II	Diabetic Retinal Screening with Eye Care Professional	2022F, 2024F, 2026F
CPT II	Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
CPT II	Eye Exam Without Evidence of Retinopathy	2023F, 2025F, 2033F

## Best Practices

- 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 verses only getting medication refills.
- Educate members on importance of all diabetes care and testing (A1C, 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 Aetna Better Health of Kansas' Diabetes Case Management Program is available at **1-855-221-5656 (TTY: 711)**.
- Consider partnering with Aetna Better Health of Kansas to hold a diabetes community event to close A1c, blood pressure and eye exam gaps in care.
- Be sure diabetes diagnosis and medication coding that is carried over in the electronic medical record (EMR) is always accurate and current.

- Considering offering ability to perform in office A1c testing.
- Ensure that both outside labs and in office/point of care test results are documented in the medical record.
- Be sure to code for lab tests and results performed in your office and blood pressure CPT II codes.
- Educate members regarding difference between glucose checks and A1c tests.
- If the member has an eye care provider, document the provider, date of the member's last retinal eye exam and result in the chart.

**Patients trust you** - Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

**Thank you for the care you provide to our members**

For questions or for more information, please contact Quality Management Department at **ABHKS\_QM\_Operations@aetna.com**.