

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

September 2022



Let's Improve the Treatment of Diabetes Together!

Hemoglobin A1c Control for Patients with Diabetes (HBD)

i Measure Requirements:

NEW for measurement year 2022: 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%

i Coding Information:

HbA1c Test

CPT: 83036, 83037

HbA1c Results

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

Statin Therapy for Patients with Diabetes (SPD)

i Measure Requirements:

The percentage of members 40–75 years of age during the measurement year with diabetes (who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria). Two rates are reported:

- *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
- *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

i 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.

Blood Pressure Control for Patients with Diabetes (BPD)

i Measure Requirements:

NEW for measurement year 2022: 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

i 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)

i Measure Requirements:

NEW for measurement year 2022: 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

i 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, 92225-92229, 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, 3072F

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 **\$25**. Members can also call our office at 1-888-348-2922 for details on a member incentive program to encourage diabetic eye exams.

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, Systolic BP must be **below 140 AND** Diastolic BP must be **below 90** (not equal to).
- Elevated blood pressures are not reassessed and documented.
- 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 \$25 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 **Sherry Griffith** at ABHVVHEDIS@aetna.com.



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 versus 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 ABHWV Diabetes Case Management program is available 1 888 348 2922.
- Consider partnering with ABHWV to hold a Diabetes wellness 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 EMR is always accurate and current.
- Considering offering 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'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.
- Review and reconcile medications at every visit.
- 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.