



# HEDIS<sup>®</sup> Lunch and Learn

November 2021

Diabetes



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# Diabetes

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# HEDIS<sup>®</sup>

## News You can Use

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**Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information**

# Monthly Webinars: 30 minutes, 1 HEDIS topic



# Revised Measure in Measurement Year 2022

## **Comprehensive Diabetes Care (CDC) measure has been separated into three standalone measures:**

- Hemoglobin A1c Control for Patients With Diabetes (HBD).
- Blood Pressure Control for Patients With Diabetes (BPD).
- Eye Exam for Patients With Diabetes (EED).

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# **Hemoglobin A1c Control for Patients with Diabetes (HBD)**

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# Hemoglobin A1c Control for Patients with Diabetes (HBD)

## 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%

Must be **most recent** in measurement year.

Hybrid methodology

Chart review allowed

*However...coding!*

# Hemoglobin A1c Control for Patients with Diabetes (HBD) Coding

## HbA1c Test

**CPT: 83036, 83037**

**HbA1c Results** – can decrease chart review!

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

3044F	3051F	3052F	3046F
<7	7.0 – 7.9	8.0 -9.0	>9



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# **Blood Pressure Control for Patients with Diabetes (BPD)**

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# Blood Pressure Control for Patients with Diabetes (BPD)

## 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

Must be **most recent** of measurement year.

*Systolic AND diastolic MUST be below the thresholds (less than 140 and less than 90) to be considered compliant.*

Hybrid  
methodology

Chart review  
allowed

However...  
coding!

# Blood Pressure Control for Patients with Diabetes (BPD) Coding

**CPT-CAT-II:** - Can decrease chart review!

## Systolic:

- **3074F** – Most recent systolic BP less than 130
- **3075F** – Most recent systolic BP 130-139
- **3077F** – Most recent systolic BP greater than or equal to 140

## Diastolic:

- **3078F** – Most recent diastolic BP less than 80
- **3079F** – Most recent diastolic BP 80-89
- **3080F** – Most recent diastolic BP greater than or equal to 90

**\*Please bill one code each for systolic and diastolic**

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# **Eye Exam for Patients with Diabetes (EED)**

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# Eye Exam for Patients with Diabetes (EED)

## 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 or dilated eye exam performed or interpreted by an eye care professional (optometrist or ophthalmologist) in the measurement year



# Eye Exam for Patients with Diabetes (EED) Coding

## 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

# Provider Incentives Program:



**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**.

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# Gaps in Care

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# Challenges

## Why Gaps in Care?



- **Missing A1c- no evidence of A1c in chart and/or no A1c claim**
- **POCT/ in-office A1cs not /billed/received on a claim**
- **Documentation of A1c results in documented as a range - do not meet chart review criteria**
- **ABHWV not receiving all documentation during HEDIS**
- **Elevated BPs not retaken**
- **No referral for eye exam**
- **Need to go to another facility if not able to perform in-office**



- **Member reported BPs 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)**
- **Member misconception regarding the difference between glucose checks and A1c testing**
- **Denial for some members – “touch of sugar”**
- **A1c results show poor control – member remains non-compliant**



- **Retinal eye exams results must be reviewed by an eye care professional (optometrist/ ophthalmologist)**
- **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.**
- **Member unaware diabetic eye exams are covered- educate members regarding \$25 gift card from ABHWV for a completed diabetic eye exam.**
- **Minimal focus on nutrition, exercise and lifestyle than can significantly impact BP and A1c**

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# Take-Aways

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# Take-away Actions - Diabetes

## Best Practices

**Request office visit notes and results** of tests performed by specialists.

### Educate members regarding importance

of all diabetes care (A1C, BP, eye exam, etc.).

Also, healthy nutrition, exercise and lifestyle

**Be sure diabetes diagnosis and medication coding** that is carried over in the EMR is always accurate and current.

### Remember

\$25 member eye exam incentive

\$25 provider eye exam incentive

**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.

**Remind members ABHWV Diabetes Care Management program** is available 1-888-348-2922.

**Consider partnering with ABHWV to hold a Diabetes community event** to close A1c, blood pressure and eye exam gaps in care

# Take-away Actions - Diabetes



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**Questions?**  
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# ABHWV website

## NEW Provider HEDIS Section

There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis>

# Closing Thoughts and Resources

## Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their diabetes management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

## ABHWV Quality Partnerships

**Sherry Griffith, ABHWV Quality HEDIS Project Manager**

[ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

### EMR data file transfer options

**Tosha Morris**

[ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

**304-348-2003**

### Wellness Event Partnering

**David Roberts**

[ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

**304-539-9046**

## Other Resources

### ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922.

### Diabetes links:

<https://professional.diabetes.org/content-page/practice-guidelines-resources>

Thank  
You for  
making a  
difference!





