

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

September 2025



Let's Improve the Treatment of Diabetes Together!

Glycemic Status Assessment for Patients with Diabetes (GSD)

i Measure Requirements:

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose most recent glycemic status or glucose management indicator (GMI) was at the following level during the measurement year:

- Glycemic Status <8.0%

The result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year through laboratory data or medical record review is required.

i Coding Information:

HbA1c Test CPT: 83036, 83037

HbA1c Results CPT-CAT- II: 3044F, 3046F, 3051F, 3052F

Kidney Health Evaluation for Patients with Diabetes (KED)

i Measure Requirements:

The percentage of members 18-85 years of age with diabetes (Type 1 or Type 2) who received a kidney health evaluation during the measurement year:

- Estimated Glomerular Filtration Rate (eGFR)

AND

- Urine albumin-creatinine ratio (uACR) by either the following:
 - Quantitative albumin test, **and** a Urine creatine test **OR**
 - Urine albumin-creatinine ratio test (uACR)

i Coding Information:

eGFR CPT: 80047, 80048, 80050, 80053, 80065, 82569

Urine Albumin CPT: 82043

Urine Creatinine CPT: 82570

Blood Pressure Control for Patients with Diabetes (BPD)

i Measure Requirements:

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:

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: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245

HCPCS: S0620, S0621, S3000

Eye Exam billed by ANY Provider

CPT-CAT-II: 2022F-2026F, 2033F

Incentive Programs

\$50.00 Reward: Members who complete a diabetic eye exam during the calendar year (Ages 18 and older).

Members can also call 1-888-348-2922 to learn more about the additional incentive programs available.

Common Reasons for Gaps in Care:

- Not adding relevant BP and A1c CPT II codes on claims, which could eliminate the need for submitting medical records.
- No evidence of A1c/GMI in chart and no claim in measurement year – member stays non-compliant.
- A1c/GMI results in the medical record documented as a range do not meet criteria– a distinct numeric result is required for compliance.
- Glycemic status results show poor control.
- Member misconception regarding the difference between glucose checks and A1c testing.
- Member reported blood pressures during telehealth visits are not present in the chart– member reported blood pressures meet compliance if documented as distinct values.
- 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 within the same visit.
- Inconsistent focus on nutrition, exercise and lifestyle factors that impact BP and glycemic status control.
- No referral for retinal eye exam.
- Retinal eye exams results must be reviewed by an eye care professional (optometrist and ophthalmologist).
- Member is unaware diabetic eye exams are covered.
- Lack of medication adjustments to improve HbA1c and BP Levels; insufficient follow-up with patients to monitor changes.
- Member noncompliance with medication regimen.

Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact **Quality Practice Advisors** at WVMedicaidQuality@aetna.com.



Best Practices

- Be sure to include CPT II results codes on A1c and BP claims.
- Educate members on importance of all diabetes care and testing (A1c/GMI, blood pressure, eye exam, kidney test, etc.).
- Consider partnering with ABHWV to hold a diabetes wellness event to close A1c/GMI, blood pressure, and eye exam gaps in care.
- Consider offering in-office A1c testing.
- Educate members regarding difference between glucose checks and A1c/GMI testing.
- GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value.
- Reassess blood pressure during visit if initially elevated. Be sure to record **ALL** readings taken.
- Encourage members to take blood pressures at home and bring readings to in-person visits and report blood pressures during telehealth appointments.
- Be sure members are coming in for regular office visits for diabetes care versus only getting medication refills.
- Be sure diabetes diagnosis and medication coding that is carried over in the EMR is always accurate and current.
- Consider using a flag to review potential need for diabetes services at each visit.
- Educate members that diabetic eye exams are a covered ABHWV benefit.
- Educate members on the \$50 reward for completing a diabetic eye exam.
- Both eGFR and uACR must be performed in the measurement year to be compliant.
- Ensure that both outside labs and in-office/point of care test results are documented in the medical record.
- Educate members on the importance of 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.
- Request office visit notes and results of tests performed by specialists.
- ABHWV Case Management program is available by contacting 1-888-348-2922.