

# Diabetes HbA1c LT 9 Percent BCBSAL

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## MEASURE DESCRIPTION:

This custom version of the measure reports people who did not meet the measure as defined by NCQA HEDIS. It reports the inverse of the NCQA HEDIS measures (diabetics with HbA1c less than 9%) for customer reporting purposes.

**#154 - DIABETES HBA1C GREATER THAN 9 PERCENT** indicates the percentage of patients with type 1 or type 2 diabetes, aged 18 to 75 years, whose most recent HbA1c test result value was greater than 9%. Missing results are treated as being numerator-compliant. This excludes patients with a diagnosis of gestational or steroid-induced diabetes, and those with no encounter for diabetes during the measurement year or the year prior. It also excludes patients who used hospice services during the measurement year.

**PROPRIETARY STATUS:** The measure specification methodology used by the IBM Corporation uses Comprehensive Diabetes Care (CDC) - Uncertified, Adjusted, Unaudited HEDIS; NCQA (owner) 2020; NQF (#0059) Endorsed

### DEVIATIONS from HEDIS Criteria:

None

### ALLOWABLE ADJUSTMENTS:

None

## MEASURE PACKAGE:

MINIMUM DATA REQUIREMENTS (months): 24

## MEASURE DETAILS:

### DENOMINATOR:

All patients aged 18-75 at the end of the measurement year with a diagnosis of type 1 or type 2 diabetes

#### Claim Criteria

At least one ambulatory prescription for insulin or hypoglycemics/ anti-hyperglycemics during the measurement year or the year prior to measurement year	NDC Number Code = Diabetes Medications List
OR	
At least 2 outpatient visits, ED visits, observation visits, or non-acute inpatient encounters on different dates of service with a diagnosis of diabetes. During the measurement year or year prior to the measurement year.  [Note: Visit type need not be the same for the 2 visits]  Note: Only 1 of the 2 visits may be a telehealth visit, telephone visit or an online assessment visit	Any Diagnosis Code ICD10 = E10*, E11*, E13*, O24011-O2433, O24811-O2483  and  (CPT Procedure Code = 99201-99215, 99241-99245, 99341-99350, 99381-99397, 99401-99404, 99411-99412, 99421-99429, 99455, 99456, 99281-99285, 99217-99220, 98966-98968, 99441-99443, 98969, 99444  or  HCPCS Procedure Code = G402,G438, G439, G463, T1015  or  Revenue Code UB = 0510-0517, 0519-0523, 0526-0529, 0982, 0983, 0450-0452, 0456, 0459, 0981, 0118, 0128, 0138, 0148, 0158, 0190-0199, 0524, 0525, 0550-0559, 0660-0669))  or  (CPT Procedure Code = 99304-99318, 99324-99337  or  Revenue Code UB = 0118, 0128, 0138, 0148, 0158, 0190-0199, 0524, 0525, 0550-0559, 0660-0669  and  (CPT Procedure Modifier Code = 95, GT  and  Place of Service Medstat <> 02)
OR	

At least one acute inpatient encounter with a diagnosis of diabetes (cannot be a telehealth visit) during the measurement year or the year prior to measurement year.	Any Diagnosis Code ICD10 = E10*, E11*, E13*, O24011-O2433, O24811-O2483 and (CPT Procedure Code = 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 and CPT Procedure Code = 95, GT) or (Revenue Code UB = 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987) and
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Place of Service Medstat <> 02)

**EXCLUSIONS:**

**Required:**

Patients diagnosed with gestational or steroid-induced diabetes during the measurement year or the year prior to the measurement year, and had no encounters for diabetes during that time period, and those patients who used hospice services anytime during the measurement year.

[Note: If a patient was included in the denominator based on claim or encounter data, the exclusion does not apply since the patient had a diagnosis of diabetes. This means that the exclusion applies only to patients who met the denominator based solely on prescription drug claims.]

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

(History of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year	Any Diagnosis Code ICD10 = E08*-E09*, O244*, O249*
AND	
No encounters in any setting with a diagnosis of diabetes) During the measurement year or the year prior to measurement year	All Diagnosis Codes ICD10 <> E10*, E11*, E13*, O24011-O2433, O24811-O2483
OR	
Hospice services during the measurement year	CPT/HCPCS Procedure Code = 99377, 99378, G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046  or  Revenue Code UB = 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659

**Required**

Members 66 years old and older with Frailty and advanced illness during the measurement year.

[Note: Set index to check to look at birthdate to include Age 66 years of Age and Older]

Advanced illness with frailty during the measurement year	CPT/HCPCS Procedure Code = 99504, 99509, E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031
	or
during the measurement year	ICD10 Diagnosis Code = L89119, L89139, L89149, L89159, L89209, L89309, L89899, L8990, M6250, M6281, M6284, R260, R261, R262, R2689, R269, R4181, R531, R5381, R5383, R54, R627, R634, R636, R64, W010XXA, W010XXD, W010XXS, W0110XA, W0110XD, W0110XS, W01110A, W01110D, W01110S, W01111A, W01111D, W01111S, W01118A, W01118D, W01118S, W01119A, W01119D, W01119S, W01190A, W01190D, W01190S, W01198A, W01198D, W01198S, W06XXA, W06XXD, W06XXS, W07XXA, W07XXD, W07XXS, W08XXA, W08XXD, W08XXS, W100XXA, W100XXD, W100XXS, W101XXA, W101XXD, W101XXS, W102XXA, W102XXD, W102XXS, W108XXA, W108XXD, W108XXS, W109XXA, W109XXD, W109XXS, W1800XA, W1800XD, W1800XS, W1802XA, W1802XD, W1802XS, W1809XA, W1809XD, W1809XS, W1811XA, W1811XD, W1811XS, W1812XA, W1812XD, W1812XS, W182XXA, W182XXD, W182XXS, W1830XA, W1830XD, W1830XS, W1831XA, W1831XD, W1831XS, W1839XA, W1839XD, W1839XS, W19XXA, W19XXD, W19XXS, Y92199, Z593, Z736, Z7401, Z7409, Z741, Z742, Z743, Z748, Z749, Z9181, Z9111, Z993, Z9981, Z9989
See Note for Age criteria	
AND	
(Two Outpatient, ED, Observation, or Nonacute Inpatient visits with a	ICD10 Diagnosis Code = A8100, A8101, A8109, C250-C254, C257-C259, C710-C719, C770-C775, C778-C7802, C781, C782, C7830, C7839, C784-C787, C7880, C7889, C7900-C7902, C7910, C7911, C7919, C792, C7931, C7932, C7940, C7949, C7951, C7952, C7960-C7962, C7970, C7971,

Diagnosis of Advanced Illness	C7972, C7981, C7982, C7989, C799, C9100, C9102, C9200, C9202, C9300, C9302, C9390, C9392, C93Z0, C93Z2, C9430, C9432, F0150, F0151, F0280, F0281, F0390, F0391, F04, F1027, F1096, F1097, G10, G1221, G20, G300, G301, G308, G309, G3101, G3109, G3183, I0981, I110, I120, I130, I1311, I132, I501, I5020, I5021, I5022, I5023, I5030, I5031, I5032, I5033, I5040, I5041, I5042, I5043, I50810, I50811, I50812, I50813, I50814, I5082, I5083, I5084, I5089, I509, J430, J431, J432, J438, J439, J684, J8410, J84112, J8417, J9610, J9611, J9612, J9620, J9621, J9622, J9690, J9691, J9692, J982, J983, K7010, K7011, K702, K7030, K7031, K7040, K7041, K709, K740, K741, K742, K744, K745, K7460, K7469, L89000-L89004, L89006, L89009-L89014, L89016-L89026, L89029, L89100, L89101-L89104, L89106, L89109-L89116, L89119-L89124, L89126, L89129, L89130-L89134, L89136, L89139-L89144, L89146, L89149-L89154, L89156, L89159, L89200-L89204, L89206, L89209-L89214, L89216, L89219-L89224, L89226, L89229, L89300-L89304, L89306, L89309-L89314, L89316, L89319-L89324, L89326, L89329, L8940-L8946, L89500-L89504, L89506, L89509-L89514, L89516, L89519-L89524, L89526, L89529, L89600-L89604, L89606, L89609-L89614, L89616, L89619-L89624, L89626, L89629, L89810-L89814, L89816, L89819-L89894, L89896, L89899-L8996, N185, N186
During the measurement year or one year prior to the measurement year	and
Note: each visit needs to be on different dates of service from either current or prior measurement year	(CPT/HCPCS Procedure Code = 99201-99215, 99241-99245, 99341-99350, 99381-99397, 99401-99404, 99411-99412, 99421-99429, 99455, 99456, G0402, G0438, G0439, G0463, T1015, 99217-99220, 99281-99285, 99304-99318, 99324-99337
See Note for Age criteria	or Revenue Code UB = 0510-0523, 0526-0529, 0982, 0983, 0450, 0451, 0452, 0456, 0459, 0981, 0118, 0128, 0138, 0148, 0158, 0190-0199, 0524, 0525, 0550-0559, 0660-0669)
OR	
One Acute Inpatient visit with diagnosis code of Advanced Illness	ICD10 Diagnosis Code = A8100, A8101, A8109, C250-C254, C257-C259, C710-C719, C770-C775, C778-C7802, C781, C782, C7830, C7839, C784-C787, C7880, C7889, C7900-C7902, C7910, C7911, C7919, C792, C7931, C7932, C7940, C7949, C7951, C7952, C7960-C7962, C7970, C7971, C7972, C7981, C7982, C7989, C799, C9100, C9102, C9200, C9202, C9300, C9302, C9390, C9392, C93Z0, C93Z2, C9430, C9432, F0150, F0151, F0280, F0281, F0390, F0391, F04, F1027, F1096, F1097, G10, G1221, G20, G300, G301, G308, G309, G3101, G3109, G3183, I0981, I110, I120, I130, I1311, I132, I501, I5020, I5021, I5022, I5023, I5030, I5031, I5032, I5033, I5040, I5041, I5042, I5043, I50810, I50811, I50812, I50813, I50814, I5082, I5083, I5084, I5089, I509, J430, J431, J432, J438, J439, J684, J8410, J84112, J8417, J9610, J9611, J9612, J9620, J9621, J9622, J9690, J9691, J9692, J982, J983, K7010, K7011, K702, K7030, K7031, K7040, K7041, K709, K740, K741, K742, K744, K745, K7460, K7469, L89000-L89004, L89006, L89009-L89014, L89016-L89026, L89029, L89100, L89101-L89104, L89106, L89109-L89116, L89119-L89124, L89126, L89129, L89130-L89134, L89136, L89139-L89144, L89146, L89149-L89154, L89156, L89159, L89200-L89204, L89206, L89209-L89214, L89216, L89219-L89224, L89226, L89229, L89300-L89304, L89306, L89309-L89314, L89316, L89319-L89324, L89326, L89329, L8940-L8946, L89500-L89504, L89506, L89509-L89514, L89516, L89519-L89524, L89526, L89529, L89600-L89604, L89606, L89609-L89614, L89616, L89619-L89624, L89626, L89629, L89810-L89814, L89816, L89819-L89894, L89896, L89899-L8996, N185, N186
during the measurement year or one year prior to the measurement year	and
See Note Age criteria	CPT Procedure Code = 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 or Revenue Code UB = 0100, 0101, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016*, 020*, 021*, 072*, 0987
OR	
NDC of Dispensed Dementia Medication	
during the measurement year or one year prior to the measurement year	NDC Code = Dementia Medications List
See Note Age criteria	

**NUMERATOR:**

**This custom version of the measure reports people who did not meet the measure as defined by NCQA HEDIS below. It reports the inverse of the NCQA HEDIS measures (diabetics with HbA1c less than 9%) for customer reporting purposes.**

For each patient who meets the denominator criteria, those in which the result for the most recent non-zero HbA1c test during the measurement year was greater than 9%

Use all of the following criteria to determine the most recent test result. If a CPT code from the HbA1c Tests Value Set or a Category II code from one of the performance tracking code value sets occurs within 7 days of a test result based on the LOINC codes, use the date of the LOINC code as the test result date. In other words, any HbA1c result from the lab data that occurs within 7 days of a CPT code from the medical claims is assumed to be the same test. In that case, the date of the lab result takes precedence.

HbA1c test result > 9 % or is missing during the measurement year	LOINC Code = 17856-6, 4548-4, 4549-2
[Note: If there is more than more test result during the measurement year, use the most recent.]	and

	(Lab Result Numeric Value > 9.0 or Lab Result Numeric Value = 0.0) [Note: Result value = 0.0 implies result was missing.]
OR	
Performance measurement tracking code indicates HbA1c test result during the measurement year [Note: If there is more than one Category II code during the measurement year, select the most recent.]	CPT Procedure Code = 3044F, 3045F, 3046F, 3051F, 3052F
OR	
Performance measurement tracking code indicates HbA1c test result 7-9% during the measurement year [Note: If there is more than one Category II code during the measurement year, select the most recent.]	CPT Procedure Code =3046F
OR	
No Lab Data for the patient.	
Once the most recent HbA1c test result has been identified, use the following criteria to determine whether or not the patient is numerator compliant.	
Meets numerator	LOINC Code = 17856-6, 4548-4, 4549-2 and (Lab Result Numeric Value > 9 or Lab Result Numeric Value = 0.0)
Does not meet numerator	CPT Procedure Code = 3044F
Does not meet numerator	CPT Procedure Code = 3045F
Does not meet numerator	CPT Procedure Code =3051F
Does not meet numerator	CPT Procedure Code =3052F
Meets numerator	CPT Procedure Code = 3046F
Meets numerator	No result records identified that meet the above criteria
Meets the numerator	No Lab Data for the patient.

## CONTINUOUS ENROLLMENT:

Patients continuously enrolled with medical coverage during the measurement year, with no more than one 45-day gap in enrollment. The patient must be enrolled on the last day of the measurement period (anchor date)

## MEASURE BACKGROUND:

About 7 percent of people in the United States are known to have diabetes mellitus. This disease accounts for about 14 percent of healthcare expenditures in the United States because of the microvascular and macrovascular manifestations of the disease, such as coronary artery disease (CAD), stroke, end-stage renal disease, retinopathy and ulcers. Complications due to diabetes can be postponed or prevented if patients undergo proper screening and early treatment when necessary.

Maintaining a proper blood glucose level is a major part of diabetic patient management. Better control of blood glucose has been shown to lead to fewer complications of the disease. The development of the HbA1c test (also known as glycated hemoglobin, glycohemoglobin, and glycosylated hemoglobin) was a revolution in diabetes care, as it allowed clinicians and patients to see how the disease was being managed over time (2 to 3 months), not just over a period of hours. Clinical trials have shown that treatment to better control blood sugar results in decreased rates of retinopathy, nephropathy, and neuropathy. HbA1c is thought to reflect the average blood sugar over several months. The American Diabetes Association (ADA) currently recommends a goal of HbA1c less than 7 percent for most patients, and indicates that an HbA1c should be monitored at least twice yearly. They also indicate the HbA1c test should be done quarterly in patients whose therapy has changed or who are not meeting glycemic goals. As such, it has appropriately become a mainstay and gold standard for diabetes care.

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