



Comprehensive Diabetes Care (CDC) — Blood Pressure Control 2014 HEDIS Measure

Measurement year is defined as the calendar year in which care is rendered

Which Members Meet the Measure?	Eligible Member Population
<p>Members with a diagnosis of Diabetes who had a BP measurement at an outpatient visit or non-acute inpatient encounter during the measurement year (2013), and whose <i>most recent</i> BP level was</p> <ul style="list-style-type: none"> • <140/80 mm Hg, or • <140/90 mm Hg <p>(These 2 levels of BP control are reported)</p> <p>*Note: If multiple BP readings are measured on the same date of service, the lowest systolic and the lowest diastolic values are used as the representative BP.</p>	<p>Members 18–75 years of age with Type I or Type II Diabetes who have been identified by:</p> <ul style="list-style-type: none"> • claims/ encounter data and/ or • pharmacy data <p>in the measurement year (2013) or the year prior (2012).</p>
Codes to Identify Systolic/ Diastolic BP Levels And Visit Type	BP Readings That Are Not Included
<p>CPT Category II- use the codes for the most recent SBP and DBP</p> <p>3074F, 3075F - Systolic BP <140 mmHg 3077F- Systolic BP ≥ 140 mm Hg 3078F - Diastolic BP <80 mm Hg 3079F - Diastolic BP 80-89 mm Hg 3080F - Diastolic BP ≥ 90 mm Hg</p> <p>Outpatient: CPT- 99201-99205, 99211-99215, 99241- 99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 HCPCS- G0402, G0438, G0439 UB Rev – 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p>Nonacute inpatient: CPT – 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 UB Rev – 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669</p>	<p>BP readings that meet the following criteria cannot be included:</p> <ul style="list-style-type: none"> • Taken during an acute inpatient stay or an ED visit. • Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole). • Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy). • Reported or taken by the member.

Identifying Members with Diabetes ~ Diagnosis/ Visit Codes and DM Medications

- **Claims/ Encounter Data:**

ICD-9-CM- Diabetes – 250-250.93, 357.2, 362.0-362.07, 366.41, 648.0-648.04

Visit Types with a diagnosis of Diabetes:

Outpatient/ Observation:

CPT- 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS- G0402, G0438, G0439

UB Rev – 0510-0517, 0519-0523, 0526-0529, 0982, 0983

Nonacute inpatient:

CPT – 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

UB Rev – 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669

Acute inpatient:

CPT – 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

UB Rev – 0100, 0101, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0987

ED:

CPT - 99281-99285

UB Rev– 0450-0452, 0456, 0459, 0981

- **Pharmacy Data:**

Members who were dispensed insulin or oral hypoglycemics/ antihyperglycemics on an ambulatory basis (**see table→**)

Prescription	Description		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	<ul style="list-style-type: none"> • Glimepiride-pioglitazone • Glimepiride-rosiglitazone • Glipizide-metformin • Glyburide-metformin 	<ul style="list-style-type: none"> • Linagliptin-metformin • Metformin-pioglitazone • Metformin-rosiglitazone • Metformin-saxagliptin 	<ul style="list-style-type: none"> • Metformin-sitagliptin • Saxagliptin • Sitagliptin-simvastatin
Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin detemir • Insulin glargine • Insulin glulisine • Insulin inhalation 	<ul style="list-style-type: none"> • Insulin isophane beef-pork • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro 	<ul style="list-style-type: none"> • Insulin lispro-insulin lispro protamine • Insulin regular human
Meglitinides	• Nateglinide	• Repaglinide	
Miscellaneous antidiabetic agents	<ul style="list-style-type: none"> • Exenatide • Linagliptin • Liraglutide 	<ul style="list-style-type: none"> • Metformin-repaglinide • Sitagliptin 	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin		
Sulfonylureas	<ul style="list-style-type: none"> • Acetohexamide • Chlorpropamide • Glimepiride 	<ul style="list-style-type: none"> • Glipizide • Glyburide • Tolazamide 	• Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	

Note: Glucophage/metformin is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

How Do Members Get Out of the Measure? ~Exclusions	Codes to Identify Exclusions
<p>Members who <i>do not have a diagnosis of diabetes</i> in any setting, during the measurement year (2013) or year prior to the measurement year (2012) and who meet either of the following criteria:</p> <ul style="list-style-type: none"> • A diagnosis of polycystic ovaries in any setting, any time during the member's history through December 31, 2013. • A diagnosis of gestational diabetes or steroid-induced diabetes in any setting, during the measurement year (2013) or the year prior to the measurement year (2012). 	<p>ICD-9-CM: Polycystic ovaries – 256.4 Steroid induced diabetes – 249-249.91, 251.8, 962.0 Gestational diabetes – 648.8- 648.84</p>
How Can You Improve Your Performance and/or Partner with CDPHP?	
<ol style="list-style-type: none"> 1) Work with CDPHP to identify appropriate members for outreach: <i>Performance Management, Provider Relations and Quality Teams are here to help.</i> Send visit reminders to these patients. 2) Confirm completion of requirements for all diabetes measures <i>at each patient visit.</i> Do not rely on patient self-report. <i>Ensure that results are documented in the medical record.</i> 3) Confirm that the billing code related to selected service is a HEDIS appropriate code. 4) Use CPT Category II codes when appropriate. 5) Have acceptable medical record documentation for corrections process. <ol style="list-style-type: none"> a. Ensure that both the systolic and diastolic values are documented 6) Encourage your patient to call Health Coach Connection for disease management support. Members can access this program by calling 1-800-365-4180. 	