

Diabetes Eye Exam

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MEASURE DESCRIPTION:

Diabetes Eye Exam indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had an eye exam performed. This excludes patients with a previous diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes.

The measure is modeled after the HEDIS measure *Comprehensive Diabetes Care (CDC)* Eye Exam section.

PROPRIETARY STATUS:

This measure is owned by NCQA [NQF-Endorsed™].

CRITERIA REVISION:

- This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.
- The NDC drug codes are from the NCQA files released November 2012.

MEASURE TYPE: Quality - process of care

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 24

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of patients, aged 18 to 75 years, with type 1 or type 2 diabetes.

It excludes patients with a previous diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes.

At least one ambulatory prescription for diabetes drugs (during the measurement year or the year prior)	NDC Codes as defined by NCQA (www.ncqa.org)
OR	
At least 2 face-to-face encounters in an ambulatory or nonacute inpatient setting, with different dates of service, with a diagnosis of diabetes (during the measurement year or the year prior)	ICD-9 Diagnosis Code = 250*, 357.2, 362.0*, 366.41, 648.0* And (CPT Procedure Code = 99201-99205, 99211-99215, 99217-99220, 99241- 99245, 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 Or (Revenue Code UB = 0118, 0128, 0138, 0148, 0158, 019*, 051*, 052*, 055*, 0570-0599, 066*, 0820-0859, 088*, 0982, 0983

	<p>And</p> <p>Place of Service Code Medstat = 4-12, 15, 20, 22, 24, 26, 49, 50, 52, 53, 57, 61, 62, 65, 71, 72, 95, 99))</p>
OR	
At least one face-to-face encounter in an acute inpatient or emergency room setting with a diagnosis of diabetes (during the measurement year or the year prior)	<p>ICD-9 Diagnosis Code = 250*, 357.2, 362.0*, 366.41, 648.0*</p> <p>And</p> <p>(CPT Procedure Code = 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99281-99285, 99291</p> <p>Or</p> <p>(Revenue Code UB = 010*, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016*, 0200-0219, 045*, 072*, 080*, 0981, 0987</p> <p>And</p> <p>Place of Service Code Medstat = 21, 23, 25, 51, 55))</p>
AND	
Age in years (as of the end of the measurement year)	Age in years = 18-75

EXCLUSIONS:

Excludes from the eligible population all patients with a history of polycystic ovaries (based on claims included in the database), gestational diabetes, or steroid-induced diabetes, and who did not have a face-to-face encounter with the diagnosis of diabetes in any setting during the measurement year or the year prior.

Polycystic ovaries (anytime prior to or during the measurement year)	ICD-9 Diagnosis Code = 256.4
OR	
Gestational diabetes or steroid-induced diabetes (during the measurement year or the year prior)	ICD-9 Diagnosis Code = 249*, 251.8, 648.8*, 962.0
AND	
No face-to-face encounters for diabetes (during the measurement year or the year prior)	ICD-9 Diagnosis Code <> 250*, 357.2, 362.0*, 366.41, 648.0*

NUMERATOR:

Identifies patients with type 1 or type 2 diabetes, aged 18 to 75 years, who had an eye exam done. NOTE: Through administrative data there is no way to determine whether a dilated eye exam was performed. Therefore, eye exams provided by eye care professionals are used as a proxy for dilated exams.

Retinal or dilated eye exam by an eye care professional (during the measurement year)	Provider Type Code Claim Medstat = 330, 415, 830, 945
Note: Missing Provider Type Codes are counted as physician visits.	And
	(CPT Procedure Code = 67028, 67030, 67031, 67036, 67038, 67039-67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
	Or
	HCPCS Procedure Code = S0620, S0621, S3000
	Or
	CPT Procedure Code = 2022F, 2024F, 2026F, 3072F
	Or
	HCPCS Procedure Code = S0625

CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage during the measurement year, which equates to 12 months out of 12 months.

MEASURE BACKGROUND:

About 7 percent of people in the United States are known to have diabetes mellitus (DM). 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. Having an eye exam by a qualified eye specialist (optometrist or ophthalmologist) is an important part of diabetic management. There are many eye complications that develop in diabetics over a period of time, such as glaucoma, macular degeneration and retinopathy. These diseases can lead to diminished vision and blindness. Proper treatment at an early stage in the disease can halt or slow the progression of the condition. The HEDIS measure indicates that diabetic patients should have an exam every year, unless the patient has had a negative exam on the previous visit.

Screening for retinopathy is recommended for patients with DM, either type 1 or type 2. Initial screening is recommended 3 to 5 years after the diagnosis of type 1 DM, and soon after the diagnosis of type 2. Routine screening is then recommended every 1 to 3 years by most guidelines, if no abnormalities are found after one or more normal exams by an eye care specialist. The current American Diabetes Association (ADA) guidelines indicate that exams every 2 to 3 years may be appropriate following one or more normal eye exams. More frequent exams will be needed if retinopathy is progressing. Clinical trials have shown that treatment to better control blood sugar results in decreased rates of retinopathy, nephropathy, and neuropathy.

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