

Diabetes Lipid Test

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MEASURE DESCRIPTION:

Diabetes Lipid Test indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had a lipid test performed. This excludes patients with a previous diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes.

The measure is based on the HEDIS measure *Comprehensive Diabetes Care* (CDC).

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 files released November 2012.

CRITERIA REVIEW DATE: 03/29/2013

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 with different dates of service in an ambulatory or nonacute inpatient setting 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 = 92002-92014, 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 And Place of Service Code Medstat = 4-12, 15, 20, 22, 24,

	26, 49, 50, 52, 53, 57, 61, 62, 65, 71, 72, 95, 99))
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)	ICD-9 Diagnosis Code = 250*, 357.2, 362.0*, 366.41, 648.0* And (CPT Procedure Code = 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99281-99285, 99291 Or (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 And Place of Service Code = 21, 23, 25, 51, 55))
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 a lipid test done.

At least one lipid test (LDL-C) (during the measurement year)	CPT Procedure Code = 80061, 83700, 83701, 83704, 83715, 83716, 83721, 3048F, 3049F, 3050F
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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. 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.

Monitoring the LDL cholesterol level is an important part of diabetic management. Patients with type 2 diabetes mellitus frequently have lipid abnormalities which contribute to cardiovascular disease (CVD). Studies have shown benefits of treatment of hyperlipidemia, particularly with the statin type of drugs. The current guidelines by the American Diabetes Association (ADA) indicate that most adults with diabetes mellitus should have an annual lipid profile test; patients with very low-risk lipid values may be tested every 2 years. Statin therapy should be considered for all diabetic patients regardless of lipid levels if they have CVD, or if they are over the age of 40 and have a risk factor of CVD. For other patients, statin therapy should be considered if LDL cholesterol remains above 100 mg/dl, or if the patient has multiple CVD risk factors. The goal of statin therapy is for LDL cholesterol to be less than 100 mg/dl, although it should be less than 70 mg/dl with overt CVD. Statin therapy is contraindicated in pregnancy. Clinical trials have shown that treatment to better control blood sugar results in decreased rates of retinopathy, nephropathy, and neuropathy.

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