

Diabetes LDL-C Less Than 100 mg

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MEASURE DESCRIPTION:

Diabetes LDL-C Less Than 100 mg indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had at least one LDL cholesterol lab test record in the database, and the most recent non-zero test result value was less than 100 mg/dL. This excludes patients with a previous diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes.

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

PROPRIETARY STATUS:

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

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.

CRITERIA REVIEW DATE: 04/01/2013

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 with type 1 or type 2 diabetes, aged 18 to 75 years, who had at least one LDL cholesterol lab result record in the database during the measurement year with a value greater than zero.

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

At least one ambulatory prescription for a diabetes drug (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 = 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	
<p>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>	<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	
<p>At least one LDL-C lab result record in the database, and the result is greater than zero (during the measurement year)</p>	<p>LOINC Code = 2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2, 69419-0</p> <p>And</p> <p>Lab Result Numeric Value > 0 mg/dL</p>
AND	
<p>Age in years (as of the end of the measurement year)</p>	<p>Age in years = 18-75</p>

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 a diagnosis of diabetes in any setting during the measurement year or the year prior.

<p>Polycystic ovaries (anytime prior to or during the measurement year)</p>	<p>ICD-9 Diagnosis Code = 256.4</p>
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 at least one LDL cholesterol lab result record with a value greater than zero and less than 100 mg/dL.

Most recent LDL-C test result > 0 and < 100 mg/dL (during the measurement year)	LOINC Code = 2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2, 69419-0 And Lab Result Numeric Value > 0 and < 100 mg/dL
OR	
Performance measurement code indicating LDL-C test was performed, and the result was < 100 mg/dL (during the measurement year)	CPT Procedure Code = 3048F

CONTINUOUS ENROLLMENT:

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

MEASURE BACKGROUND:

Seven 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. From the American Diabetes Association Guidelines (ADA): "Patients with type 2 diabetes have an increased prevalence of lipid abnormalities that contributes to higher rates of CVD (cardiovascular disease). Lipid management aimed at lowering LDL cholesterol, raising HDL cholesterol, and lowering triglycerides has been shown to reduce macrovascular disease and mortality in patients with type 2 diabetes, particularly those who have had prior cardiovascular events. In studies using HMG CoA reductase inhibitors (statins), patients with diabetes achieved significant reductions in coronary and cerebrovascular events. In two studies using the fibric acid derivative gemfibrozil, reductions in cardiovascular end points were also achieved.

There are a number of studies that have shown clear benefits of cholesterol reduction in diabetics, even those diabetics who do not have hyperlipidemia. For example, the Collaborative Atorvastatin Diabetes Study (CARDS) showed a significant reduction in cardiovascular events for type 2 diabetics, even patients with normal LDL levels. Although, much of the research in this area focuses on type 2 diabetics with hyperlipidemia, CAD, or increased risk factors for CAD, there is some evidence that ALL diabetics should be treated with a statin, regardless of their lipid levels. For instance, the Heart Protection Study demonstrated a decrease in cardiovascular events for all diabetic patients, regardless of whether or not they had normal LDL levels or other risk factors. The reduction in cardiovascular events for the 600 type 1 diabetic patients was proportionately similar to the much larger group of type 2 patients, but it was not statistically significant. The American Diabetes Association (ADA) states that although the data are not definitive, consideration should be given to similar lipid-lowering therapy in patients with type 1 diabetes as in type 2 diabetes, particularly if they have other cardiovascular risk factors or features of the metabolic syndrome.

Current treatment goals and recommendations from the ADA are as follows:

- * Lifestyle modification focusing on the reduction of saturated fat and cholesterol intake, weight loss (if indicated), and increased physical activity have been shown to improve the lipid profile in patients with diabetes.
- * In individuals with diabetes over the age of 40 years with a total cholesterol = or >135 mg/dl, without overt CVD, statin therapy to achieve an LDL reduction of 30 to 40 percent regardless of baseline LDL levels is recommended. The primary goal is an LDL <100 mg/dl (2.6 mmol/l).
- * For individuals with diabetes aged <40 years without overt CVD, but at increased risk (due to other cardiovascular risk factors or long duration of diabetes), who do not achieve lipid goals with lifestyle modifications alone, the addition of pharmacological therapy is appropriate, and the primary goal is an LDL cholesterol <100 mg/dl (2.6 mmol/l).
- * People with diabetes and overt CVD are at very high risk for further events and should be treated with a statin.
- * A lower LDL cholesterol goal of <70 mg/dl (1.8 mmol/l), using a high dose of a statin, is an option in these high-risk patients with diabetes and overt CVD.
- * Lower triglycerides to <150 mg/dl (1.7 mmol/l) and raise HDL cholesterol to >40 mg/dl (1.15 mmol/l). In women, an HDL goal 10 mg/dl higher (>50 mg/dl) should be considered.
- * Lowering triglycerides and increasing HDL cholesterol with a fibrate is associated with a reduction in cardiovascular events in patients with clinical CVD, low HDL, and near-normal levels of LDL.
- * Combination therapy employing statins and fibrates or niacin may be necessary to achieve lipid targets, but it has not been evaluated in outcomes studies for either CVD event reduction or safety.
- * Statin therapy is contraindicated in pregnancy.

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