

Diabetes HbA1c Test

©2013 Truven Health Analytics Inc. Proprietary and confidential.

MEASURE DESCRIPTION:

Diabetes HbA1c Test indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had a hemoglobin A1c test performed. 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™].

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: 03/29/2013

MEASURE TYPE:

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 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 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 Medstat = 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 an HbA1c test done.

At least one HbA1c test (during the measurement year)	CPT Procedure Code = 83036, 83037, 3044F, 3045F, 3046F, 3047F
---	---

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.

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, 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. A1C is thought to reflect the average blood sugar over several months. The American Diabetes Association (ADA) currently recommends a goal of A1C less than 7 percent for most patients, and indicates that an A1C should be monitored at least twice yearly. They also indicate the A1C 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. All other major guidelines are consistent with these recommendations.

AMA PCPI Notice of Use. Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

Measures are subject to review and may be revised or rescinded at any time by the Consortium. The Measures may not be altered without the prior written approval of the Consortium. Measures developed by the Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American Medical Association, on behalf of the Consortium. Neither the Consortium nor its members shall be responsible for any use of these Measures.

The Measures are provided as is without warranty of any kind. ©2007 American Medical Association. All Rights Reserved.

CPT® copyright 2012 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS restrictions apply to government use.

CPT is a registered trademark of the American Medical Association.

The LOINC® codes, LOINC® table (regardless of format), LOINC® Release Notes, LOINC® Changes File, and LOINC® Users Guide are copyright© 1995-2012, Regenstrief Institute, Inc., and the Logical Observation Identifiers Names and Codes (LOINC) Committee. All rights reserved.

NCQA Notice of Use. Broad public use and dissemination of these measures is encouraged and the measure developers have agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care providers in connection with their own practices is not commercial use. Commercial use of a measure does require the prior written consent of the measure developer. As used herein, a • commercial use• refers to any sale,

license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain (even if there is no actual charge for inclusion of the measure).

These performance measures were developed and are owned by the National Committee for Quality Assurance (• NCQA•). These performance measures are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA.

© 2009-2012 National Committee for Quality Assurance. All rights reserved.

RED BOOK™ is a trademark of Truven Health Analytics Inc.
