

Diabetes Microalbumin Test for Nephropathy

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MEASURE DESCRIPTION:

Diabetes Microalbumin Test for Nephropathy indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had a screening test for nephropathy or evidence of nephropathy. 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 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 in 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 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, on 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 = 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 = 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 a urine microalbumin test done.

At least one urine microalbumin test (during the measurement year)	CPT Procedure Code = 82042, 82043, 82044, 84156, 3060F, 3061F
OR	
Evidence of diagnosis of or treatment for nephropathy (during the measurement year)	<p>CPT Procedure Code = 36145, 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90939, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512, 3066F</p> <p>Or</p> <p>HCPCS Procedure Code = G0257, G0314-G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339</p> <p>Or</p> <p>ICD-9 Procedure Code = 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.4-55.69</p> <p>Or</p> <p>Revenue Code UB = 0367, 080*, 0820-0859, 088*</p> <p>Or</p> <p>ICD-9 Diagnosis Code = 250.4* 403*, 404*, 405.01, 405.11, 405.91, 5800-5889, 753.0, 753.1*, 791.0, V42.0, V45.1</p> <p>Or</p> <p>Bill Type Code UB = 72*</p> <p>Or</p> <p>Place of Service Code Medstat = 65</p>
OR	
Nephrologist visit (during the measurement year)	Provider Type Code = 290, 413
OR	
ACE inhibitor/ARB drug therapy (during the measurement year)	<p>CPT Procedure Code = 4009F</p> <p>Or</p>

	NDC Codes as defined by NCQA (www.ncqa.org)
OR	
Performance measurement code indicating microalbumin test was performed, and the result was positive (during the measurement year)	Procedure Code = 3062F

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.

Clinical trials have shown that treatment to better control blood sugar results in decreased rates of retinopathy, nephropathy, and neuropathy. The lab test HbA1c is thought to reflect the average blood sugar over several months. The American Diabetes Association (ADA) currently recommends a goal of HbA1c less than 7 percent for most patients, and indicates that an HbA1c should be monitored at least twice yearly. They also indicate the HbA1c test should be done quarterly in patients whose therapy has changed or who are not meeting glycemic goals.

Increased urinary protein excretion is the earliest clinical finding of diabetic nephropathy. Normal albumin excretion is less than 20 mg/day, and persistent values between 30 and 300 mg/day is called microalbuminuria and usually indicates diabetic nephropathy. Microalbumin may be detected with specific screening tests. Diabetic nephropathy can be treated with angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) to delay progression of disease. Screening for microalbuminuria should be started 3 to 5 years after the diagnosis of type 1 DM, but for patients with type 2, screening may be started at the time of diagnosis.

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