Diabetes HbA1c Less Than 8%

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MEASURE DESCRIPTION:

Diabetes HbA1c Less Than 8% indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had at least one HbA1c test record in the database, and the most recent non-zero test result value was less than 8%. 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: 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 HbA1c 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 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	
At least one HbA1c lab result record in the database, and the result is greater than zero (during the measurement year)	LOINC Code = 4548-4, 4549-2, 17856-6, 59261-8, 62388-4, 71875-9 And Lab Result Numeric Value > 0.0
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 includeded 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 at least one HbA1c lab result record with a value greater than zero and less than 8%.

Most recent HbA1c test result > 0% and < 8% (during the measurement year)	LOINC Code = 4548-4, 4549-2, 17856-6, 69261-8, 62388-4, 71875-9 And Lab Result Numeric Value > 0.0% and < 8.0%
OR	
Performance measurement code indicating HbA1c test was performed, and the result was < 8% (during the measurement year)	CPT Procedure Code = 3044F

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 (2 to 3 months), 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. 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% 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. As such, it has appropriately become a mainstay and gold standard for diabetes care.

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