

Diabetes HbA1c Test

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MEASURE DESCRIPTION:

#93 - DIABETES HBA1C TEST indicates The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test. This excludes patients diagnosed with gestational or steroid-induced diabetes during the measurement year or the year prior to the measurement year, and had no encounters for diabetes during that time period, and those patients who used hospice services anytime during the measurement year.

This measure is based on the HEDIS measure *Comprehensive Adult Diabetes Care* (CDC) and NQF measure #0057.

PROPRIETARY STATUS: The measure specification methodology used by the IBM Corporation is different than NCQA's methodology. NCQA has not validated the altered measure specifications, but has granted IBM Corporation permission to modify as needed.

CRITERIA REVIEW DATE: January 2018

MEASURE PACKAGE: Physician Focus

MINIMUM DATA REQUIREMENTS (months): 24

MEASURE DETAILS:

DENOMINATOR:

Patients who meet the age requirement in the measurement year and meet at least one of the 3 event conditions that identify diabetes in either the measurement year or the year prior to the measurement year

Eligibility Criteria

Age is 18-75 as of the end of the measurement year	Age in Years = 18-75
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Claim Criteria

At least one ambulatory prescription for insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to measurement year	NDC Number Code = Diabetes List Medications
OR	
At least 2 outpatient visits, ED visits, observation visits, or non-acute inpatient encounters on different dates of service with a diagnosis of diabetes during the measurement year or year prior to the measurement year [Note: Visit type need not be the same for the 2 visits]	Any Diagnosis Code ICD9 = 250*, 3572, 3620*, 36641, 64800-64804 or Any Diagnosis Code ICD10 = E10*, E11*, E13*, O24011-O2433, O24811-O2483 and (CPT Procedure Code = 99201-99215, 99241-99245, 99341-99350, 99381-99397, 99401-99404, 99411-99412, 99421-99429, 99455, 99456, 99281-99285, 99217-99220, 99304-99318, 99324-99337 or HCPCS Procedure Code = G0402, G0438, G0439, G0463, T1015 or Revenue Code UB = 0510-0523, 0526-0529, 0982, 0983, 0450-0459, 0981, 0118, 0128, 0138, 0148, 0158, 0190-0199, 0524, 0525, 0550-0559, 0660-0669))
OR	
At least one acute inpatient encounter with a diagnosis of diabetes during the measurement year or the year prior to measurement year	Any Diagnosis Code ICD9 = 250*, 3572, 3620*, 36641, 64800-64804 or Any Diagnosis Code ICD10 = E10*, E11*, E13*, O24011-O2433, O24811-O2483 and (CPT Procedure Code = 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 or Revenue Code UB = 0100, 0101, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016*, 020*, 021*, 072*, 0987))

EXCLUSIONS:

Required: Patients diagnosed with gestational or steroid-induced diabetes during the measurement year or the year prior to the measurement year, and had no encounters for diabetes during that time period, and those patients who used hospice services anytime during the measurement year.

[Note: If a patient was included in the denominator based on claim or encounter data, the exclusion does not apply since the patient had a diagnosis of diabetes. This means that the exclusion applies only to patients who met the denominator based solely on prescription drug claims.]

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

History of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year	Any Diagnosis Code ICD9 = 24900-24991, 2518, 64880-64884, 9620 or Any Diagnosis Code ICD10 = E08*-E09*, O244*, O249*
AND	
No encounters in any setting with a diagnosis of diabetes during the measurement year or the year prior to measurement year	Any Diagnosis Code ICD9 <> 250*, 3572, 3620*, 36641, 64800-64804 and Any Diagnosis Code ICD10 <> E10*, E11*, E13*, O24011-O2433, O24811-O2483
AND	
Hospice services during the measurement year	(CPT Procedure Code = 99377, 99378 or HCPCS Procedure Code = G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046 or Revenue Code UB = 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659 or Bill Type Code UB = 0810-0815, 0817-0825, 0827-0829, 081A-081K, 081M, 081O, 081X-081Z, 082A-082K, 082M, 082O, 082X-082Z)

NUMERATOR:

For each patient who meets the denominator criteria, those who had an HbA1c test done during the measurement year

At least one HbA1c test (during the measurement year)	CPT Procedure Code = 83036, 83037, 3044F, 3045F, 3046F or LOINC Code = 17856-6, 4548-4, 4549-2
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CONTINUOUS ENROLLMENT:

Patients continuously enrolled with medical coverage during the measurement year, with no more than one 45-day gap in coverage. Patients must be enrolled on the last day of the measurement year (anchor date).

Continuous enrollment during the measurement year	Continuous Enrollment is 11 out of 12 months (one 45-day gap allowed)
AND	
Has medical coverage	Coverage Indicator Medical = Y

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.

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