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| Client | HEALTH BENCHMARKS, INC. STANDARD ALGORITHM <i>Implemented for Blue Cross Blue Shield of Texas</i> | | |
| Measure Title | GLYCOSYLATED HEMOGLOBIN (HBA1C) TEST FOR DIABETICS | | |
| Disease State | Diabetes | Indicator Classification | Prevention |
| Strength of Recommendation | B | | |
| Organizations Providing Recommendation | American Diabetes Association | | |
| Clinical Intent | To ensure that all diabetic members ages 18-75 receive at least 1 glycosylated hemoglobin test during the measurement year. | | |
| Physician Specialties | Endocrinology, Family Practice, Geriatric Medicine, Internal Medicine, Nephrology | | |
| Background | <p>Disease Burden</p> <ul style="list-style-type: none"> • Diabetes is a chronic, serious disease that affects approximately 14.7 million Americans. This disease is the leading cause of new cases of blindness among adults aged 20-74, the leading cause of end-stage renal disease, and a major contributing cause of lower extremity amputations.[1] <p>Reason for Indicated Treatment or Intervention</p> <ul style="list-style-type: none"> • Screening for hemoglobin A1C levels and improved glycemic control for patients with diabetes is associated with a reduced risk of developing microvascular diabetic complications (eye, kidney, and nerve disease).[2-4] <p>Evidence Supporting Intervention or Treatment</p> <ul style="list-style-type: none"> • Detection of elevated hemoglobin A1C affords the opportunity to provide patients with effective treatments to improve their glycemic control and decrease the risk of or delay the onset of diabetic vascular related complications. Prospective randomized clinical trials such as the Diabetes Control and Complications Trial and the United Kingdom Prospective Diabetes Study have demonstrated that improved glycemic control is associated with decreased rates of retinopathy, nephropathy, and neuropathy.[5-9] | | |
| Clinical Recommendations | <ul style="list-style-type: none"> • The ADA recommends doctors to perform the A1C test at least two times a year in patients who are meeting treatment goals (and who have | | |

stable glycemic control). Perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals. Use of point-of-care testing for A1C allows for timely decisions on therapy changes, when needed.[10, 11] [12]

Source Healthcare Effectiveness Data and Information Set (HEDIS®) 2008 Technical Specification for Physician Measurement

Denominator Definition Continuously enrolled members ages 18-75 years by the end of the measurement year who were identified as having diabetes during the measurement year or year prior.

Denominator Codes

Diabetes
ICD-9 diagnosis code(s): 250.xx, 357.2x, 362.0x, 366.41, 648.0x
DRG code(s): 294, 295

Outpatient/nonacute inpatient setting
CPT-4 code(s): 92002-92014, 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, 99499
UB revenue code(s): 0118, 0128, 0138, 0148, 0158, 019x, 051x, 052x, 055x, 057x-059x, 066x, 077x, 082x-085x, 088x, 0982, 0983

Acute inpatient or emergency room setting
CPT-4 code(s): 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99281-99285, 99291
UB revenue code(s): 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 045x, 072x, 080x, 0981, 0987

Denominator Exclusion Definition Members in the denominator with a diagnosis of polycystic ovaries at any time in the member's history who did **NOT** have a face-to-face encounter with a diagnosis of diabetes in any setting during the measurement year or year prior, or members diagnosed with gestational diabetes or steroid-induced diabetes during the measurement year or year prior who did **NOT** have a face-to-face encounter with a diagnosis of diabetes in any setting during the measurement year or year prior.

Denominator Exclusion Codes

Polycystic ovaries
ICD-9 diagnosis code(s): 256.4x

Diabetes
ICD-9 diagnosis code(s): 250.xx, 357.2x, 362.0x, 366.41, 648.0x
DRG code(s) : 294, 295

Outpatient/nonacute inpatient setting
CPT-4 code(s): 92002-92014, 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, 99499

UB revenue code(s): 0118, 0128, 0138, 0148, 0158, 019x, 051x, 052x, 055x, 057x-059x, 066x, 077x, 082x-085x, 088x, 0982, 0983

Acute inpatient or emergency room setting

CPT-4 code(s): 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99281-99285, 99291

UB revenue code(s): 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 045x, 072x, 080x, 0981, 0987

Steroid-induced or gestational diabetes

ICD-9 diagnosis code(s): 251.8x, 648.8x, 962.0x

Numerator Definition Members who received 1 glycosylated hemoglobin (HbA1c) test during the measurement year.

Numerator Codes HbA1c test
CPT-4 code(s): 83036, 83037
LOINC code(s): 4548-4, 4549-2, 17856-6 (if available)
CPT category II: 3044F-3046F, 3047F (if available)

Physician Attribution Description **If client data does not contain PCP:**
Score all physicians (in the selected specialties) who saw the member during the measurement year

If client data contains PCP:
Score all primary care physicians who were assigned to the member during the measurement year.

- References**
1. CDC. *National Diabetes Surveillance System*. 2004 [cited 2004 November 17th]; Available from: <http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm>
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