

### This toolkit covers the following measures:

- Glycemic Status Assessment for Patients with Diabetes (GSD) –  
(Formerly Hemoglobin A1c Control for Patients with Diabetes (HBD))
- Blood pressure Control for Patients with Diabetes (BPD)
- Eye exam for Patients with Diabetes (EED)

### Who is eligible?

It is the percentage of members 18–75 years of age with diabetes (type 1 or type 2) who had each of the following within the calendar year:

- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Eye Exam for Patients with Diabetes (EED)

### Why it matters?

Diabetes is a chronic condition marked by high blood sugar due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death. **Proper diabetes management is essential to control blood glucose, reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.<sup>1</sup>**

### Overall Best Practices

- Utilize TCHP's population health management tool Inovalon's Converged Provider Enablement to identify comprehensive care gaps when patients are due for care.
- As referenced in [TCHP Clinical Practice Guidelines](#) for diabetic care, schedule member labs or eye exams per ADA Clinical Practice Guidelines and follow up to ensure test/exam was completed.
- Coordinate care with specialty provider groups, such as endocrinology, nephrology, cardiology, and ophthalmology.
- Endorse the use of HIEs, such as Greater Houston Health Connect and Care Everywhere to promote better coordination of care.
- Refer members to TCHP Care Coordination for the Diabetes Disease Management Program.
- Refer patients to community resources that provide diabetes education and support such as Registered Dietitians or Diabetes Educators.
- Address behavioral health and social determinants of health needs that may be creating barriers to self-management.
- Stress the importance of medication adherence and blood glucose management to prevent complications.
- Monitor for medication side or adverse effects and address accordingly.
- Educate patients regarding the importance of annual blood pressure monitoring, maintaining a healthy blood glucose level, and retinal exams. Diabetes can cause impaired vision and other complications that may not be apparent until they become problematic.
- Educate members on [TCHP Value Added Services for Diabetes Screening](#).

### Diabetes Diagnosis

It is important to code with precision, as claim/encounter data is one of the two ways NCQA identifies members with diabetes. The other means of identification is pharmacy data. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

- **Claim/encounter data\*** Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year.
- **Pharmacy data\*** Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

\*Do not include laboratory claims (claims with POS code 81).

Codes listed below are the most commonly used codes to identify diagnosis of diabetes. Providers should use diagnosis codes with the **highest level of specificity** appropriate for their members.

Code System	Definition	Coding Examples*
ICD-10	Type 1 diabetes mellitus	E10._ (i.e. E10.10 or E10.3512)
ICD-10	Type 2 diabetes mellitus	E11._ (i.e. E11.01 or E11.3211)
ICD-10	Other specified diabetes mellitus that does not fit into Type 1 or Type 2 categories	E13._ (i.e. E13.9 or E13.3533)

\*For a full list of diabetes codes, refer to the latest NCQA Quality Rating System (QRS) HEDIS Value Set Directory, available on [NCQA's site](#).

### Diabetes Medications

Description	Prescription
Alpha-glucosidase inhibitors	• Acarbose • Miglitol
Amylin analogs	• Pramlintide
Antidiabetic	• Tirzepatide
Antidiabetic combinations	<ul style="list-style-type: none"> <li>• Alogliptin-metformin</li> <li>• Alogliptin-pioglitazone</li> <li>• Canagliflozin-metformin</li> <li>• Dapagliflozin-metformin</li> <li>• Dapagliflozin-saxagliptin</li> <li>• Empagliflozin-linagliptin</li> <li>• Empagliflozin-linagliptin-metformin</li> <li>• Empagliflozin-metformin</li> <li>• Ertugliflozin-metformin</li> <li>• Ertugliflozin-sitagliptin</li> <li>• Glimepiride-pioglitazone</li> <li>• Glipizide-metformin</li> <li>• Glyburide-metformin</li> <li>• Linagliptin-metformin</li> <li>• Metformin-pioglitazone</li> <li>• Metformin-rosiglitazone</li> <li>• Metformin-saxagliptin</li> <li>• Metformin-sitagliptin</li> </ul>
Insulin	<ul style="list-style-type: none"> <li>• Insulin aspart, human</li> <li>• Insulin aspart, human / insulin aspart protamine, human</li> <li>• Insulin degludec</li> <li>• Insulin degludec-liraglutide</li> <li>• Insulin detemir</li> <li>• Insulin glargine</li> <li>• Insulin glargine-lixisenatide</li> <li>• Insulin glulisine, human</li> <li>• Insulin isophane, human</li> <li>• Insulin isophane, human / insulin, regular, human</li> <li>• Insulin lispro</li> <li>• Insulin lispro / insulin lispro protamine, human</li> <li>• Insulin, regular, human</li> </ul>
Meglitinides	• Nateglinide • Repaglinide
Biguanides	• Metformin

## Diabetes Medications

Description	Prescription		
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide	• Exenatide • Liraglutide	• Lixisenatide • Semaglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin • Dapagliflozin	• Exenatide • Empagliflozin	
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

## Glycemic Status Assessment for Patients with Diabetes (GSD)

### Measure Description

Assesses the percentage of members 18–75 years of age with diabetes (type 1 or type 2) whose HbA1c was at the following levels:

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)

### Additional Glycemic Status Assessment Specific Best Practices

- Schedule labs prior to patient appointments and follow up to ensure labs were completed.
- Adjust therapy as indicated to improve A1C levels.
- Repeat elevated results prior to the end of the year as the last value of the year is used for compliance.
- Ensure proper coding based on the member's test results.

Code System	Definition	Code
CPT	Hemoglobin A1C Test	83036
CPT	Hemoglobin A1C Test	83037
LOINC	Glucose Management Indicator	97506-0
CPT-CAT-II	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	3044F
CPT-CAT-II	Most recent hemoglobin A1c level greater than 9.0% (DM)	3046F
CPT-CAT-II	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	3051F
CPT-CAT-II	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F

\*Do not include laboratory claims (claims with POS code 81).

\*Do not include CPT Category II codes with a modifier.

## Blood Pressure Control for Patients with Diabetes (BPD)

Blood pressure control is captured with the **most recent** blood pressure that is taken during an outpatient visit, telephone visit, e-visit or virtual check-in or a non-acute encounter or remote monitoring event during the measurement year AND an appropriate CPT code is entered at the time of the measurement. Adequate control is determined by a reading of <140/90 mm Hg on the last BP taken during the measurement year.

Blood pressure readings taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope do not meet criteria.

### Additional Blood Pressure Control Specific Best Practices

- Reinforce the importance of low sodium diets, increased physical activity, smoking cessation, and medication adherence at every visit.
- Prescribe single-pill combination medications whenever possible to assist with medication compliance.
- Advise patients not to discontinue blood pressure medication before contacting your office.
- If multiple BP are taken in the same visit, do not average them since the lowest systolic and lowest diastolic are used.
- Repeat elevated results prior to the end of the year as the last value of the year is used for compliance.
- Patient reported blood pressures recorded with an automatic blood pressure cuff can be documented in the medical record during a telephone, e-visit, or a virtual check-in.
- Share [AMA-ASSN's Measure Accurately Best Practices](#) with your team and with patients who are self-reporting blood pressure readings.

Code System	Definition	Code
CPT-CAT-II	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	3074F
CPT-CAT-II	Most recent systolic blood pressure 130-139 mm Hg (DM), (HTN, CKD, CAD)	3075F
CPT-CAT-II	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	3077F
CPT-CAT-II	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD)	3078F
CPT-CAT-II	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD)	3079F
CPT-CAT-II	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD)	3080F

\*Do not include CPT Category II codes with a modifier.

## Eye Exam for Patients with Diabetes (EED)

### Measure Description

Assesses the percentage of members 18–75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam.

### Eye Exam Specific Best Practices

- Provide the member education on risks of Diabetic Eye Disease and encourage scheduling annual exam and explain why it is different from a screening for glasses or contacts.
- Obtain the eye exam reports when possible.
- Notate the eye care provider's name and demographics in the chart if the report is not available, and include that the exam was performed by Optometrist or Ophthalmologist with the date and results, if available.

- A slit-lamp examination must have documentation of dilation or evidence that the retina was examined to be considered compliant.
- Incorporate a retinal camera in primary care with results interpreted by an optometrist or ophthalmologist.

### Eye exams

Screening or monitoring for diabetic retinal disease is captured when one or more of the following are performed and an appropriate claim with correct code is filed:

- A retinal or dilated eye exam by an eye care professional during the measurement year.
- Evidence of a negative retinal or dilated eye exam by an eye care professional in the year prior to the measurement year.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

Code System	Definition	Codes
CPT	Automated eye exam	92229
CPT	Retinal Eye Exams	92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
CPT-CAT-II	Eye Exam With Evidence of Retinopathy	2022F, 2024F, 2026F
CPT-CAT-II	Eye Exam Without Evidence of Retinopathy	2023F, 2025F, 2033F
CPT	Unilateral Eye Enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
CPT-CAT-II	Diabetic retinal screening negative in prior year	3072F
ICD-10-PCS	Left Unilateral Eye Enucleation	08T1XZZ
ICD-10-PCS	Right Unilateral Eye Enucleation	08T0XZZ

\*Do not include CPT Category II codes with a modifier.

<sup>1</sup>"State of Health Care Quality Report." NCQA, 15 Dec. 2025, [www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/](https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/).