

Who is eligible?

CDC includes both process and outcome measures. It is the percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following within the calendar year:

- Eye exam
- Hemoglobin A1c (HbA1c) testing
- HbA1c control
- Blood pressure control

Due to the ongoing pandemic, NCQA has removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis. Please refer to the TMPPM billing instructions for your specific situation.

Important recommendations

- Talk to patients regarding the importance of annual retinal exams, as diabetes can cause impaired vision
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists, and ophthalmologists
- Refer patients to community resources that provide diabetes education and support
- Stress the importance of medication and insulin adherence and their effect on blood glucose management and overall health

Diabetes diagnosis

Diabetes diagnosis is captured when an appropriate claim with correct codes is filed during the measurement year. 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	Code
ICD-10	Type 1 diabetes mellitus without complications	E10.9
ICD-10	Type 2 diabetes mellitus without complications	E11.9
ICD-10	Other specified diabetes mellitus without complications	E13.9

Eye exams

An eye exam is captured when one or more of the following are performed and an appropriate claim with correct codes is filed:

- Screening or monitoring for diabetic retinal disease 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

HbA1c testing

Hemoglobin A1c testing is captured when a HbA1c test is coded on a claim or an A1c test result is documented in the medical record during the measurement year.

The HbA1c control is dependent on your documentation/coding of the member's test results during the measurement year as follows:

- **HbA1c poor control >9.0%:**
Members with an HbA1c test result >9.0% or if an HbA1c test was not performed
- **HbA1c control <8.0%:**
Member's HbA1c value is between 7% and 8%.
- **HbA1c control <7.0%:**
Member's HbA1c test result <7.0%.

HbA1c testing

Code system	Definition	Code
CPT	HbA1c lab tests	83036, 83037

HbA1c levels – most recent result

Code system	Definition	Code
CPT-CAT-II	HbA1c less than 7.0%	3044F
CPT-CAT-II	HbA1c level 7.0%-8.0%	3051F
CPT-CAT-II	HbA1c level greater than 9.0%	3046F

Blood pressure

Blood pressure control is captured with the most recent blood pressure reading of <140/90 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.

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.

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