Quality Spotlight 2026

Measures for Patients with Diabetes

- Diabetic Definition
- A1C Control/ Glycemic Status Assessment – Blood Sugar Control (<8% and ≤9%)
- Blood Pressure Control
- Kidney Health Evaluation
- Statin Therapy
- Eye Exam

Presentation is based on BCBSM detail. For all payers, please be sure to reference the most current version of Evidence Based care (EBC) colored sheets for measure inclusion and if incentivized.

DIABETES DEFINITION for Quality Metrics

ENCOUNTER DATA: Members who had at least two **diagnosis of diabetes** on different dates of service during the measurement year or the year prior to the measurement year

OR

PHARMACY DATA: Members who were dispensed insulin or hypoglycemics/ antihyperglycemics AND at least one **diagnoses of diabetes** during the measurement year or the year prior to the measurement year

Glycemic Status Assessment for Patients with Diabetes (GSD)

Replaced A1c Control

Adult diabetic patients whose glycemic status was adequately controlled

- 18 – 75 years old with Type 1 or 2 diabetes
- **Encounter Data:** at least 2 diagnoses of diabetes on different dates of service
- **Pharmacy Data:** dispensed insulin or hypoglycemics/ antihyperglycemics AND have at least one diagnosis of diabetes

Diabetic Patients must have their glucose level under control as monitored by Glucose Management Indicator (GMI) or HbA1c

Measure Compliance Specifics

- The last glycemic status assessment of the measurement year showing control:
  - ≤ 9% for All Medicare Advantage
  - < 8% for Commercial PPO

Patient–reported HbA1c or GMI results are acceptable if the date and result are documented in the medical record

NOTE: HbA1c home kits are not acceptable.
The test must be processed in a lab

Exclusions

- Hospice or palliative care during the measurement year
- Age 66+ with advanced illness and frailty

Glycemic Status Assessment for Patients with Diabetes (GSD)

Replaced A1c control

Tips for coding

When HbA1c or GMI reports are received, or the patient reports their HbA1c results, submit the appropriate CPT® II code on a $0.01 claim.

CPT® II code	Most recent HbA1c or GMI level
3044F	< 7%
3046F	> 9%
3051F	≥ 7% and < 8%
3052F	≥ 8% and ≤ 9%

Document and bill exclusions annually (see the *Advanced Illness and Frailty Guide* for details).

CGM Device - Glucose Management Indicator (GMI)

- GMI gives you an estimate of your A1c without needing to get a blood test.
- GMI provides a more real time value of the patients HbA1c trend.
  - Calculation of the average glucose levels obtained from a CGM reading for 12 days
- The GMI percentage is then interpreted in relation to A1c levels.
  - For example, a GMI of 6.5% would suggest an A1c of 6.5%

Glucose management indicator (GMI) and Hemoglobin A1c medical record documentation

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1. To identify the most recent glycemic status assessment (HbA1C or GMI):
   - GMI values must include documentation of the date range for the continuous glucose monitoring data used to derive the value.
   - Use the terminal date in the range to assign the assessment date.
   - If multiple glycemic status assessments are recorded for a single date, use the lowest result.
2. Documentation must include a note indicating when the glycemic status assessment (HbA1C or GMI) was performed and the result.
3. GMI results collected by a member and documented in the member's medical record are eligible for use in reporting. Note: HbA1c home tests are not eligible.
4. There is no requirement that the GMI must be collected by a primary care provider or specialist.
5. Ranges and thresholds don't meet the criteria.
6. A distinct numeric result is required for numerator compliance.
7. Unknown' is not considered a result of finding.

Controlling High Blood Pressure (BPD)

Adult members with diabetes that have a final blood pressure reading of ≤ 139/89

- 18 – 75 years old with Type 1 or 2 diabetes
- **Encounter Data:** at least 2 diagnoses of diabetes on different dates of service
- **Pharmacy Data:** dispensed insulin or hypoglycemics/ antihyperglycemics AND have at least one diagnosis of diabetes

Blood Pressures must be
AT or BELOW 139 AND **AT or BELOW** 89.

Systolic of 140 / __ does not meet
Diastolic of __/ 90 does not meet

Controlling a Diabetic Patients' Blood Pressure may count for 2 measures:
Diabetic Blood Pressure measure (BPD)
And if diagnosed with HTN, Controlling Blood Pressure measure (CPB)

Exclusions
- Nonacute inpatient admission during the measurement year.
- Pregnancy diagnosis during measurement year
- Hospice or palliative care during the measurement year
- Age 66-80 with advanced illness and frailty
- Age 81+ with frailty during the measurement year
- End stage renal diseases (ESRD), dialysis, nephrectomy, or kidney transplant

Closing the Blood Pressure Control for Patients with Diabetes (BPD) gap

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Readings that are eligible for the CBP measure include:

1. BP readings taken during an in-person or telehealth primary care provider visit
2. Blood pressure, or BP, readings taken during an in-person or telehealth specialist or urgent care visit
3. BP readings taken by a nurse, medical assistant or other clinical staff during a BP check (no visit with a provider)
4. BP readings taken by the patient with a digital device with or without an associated visit
5. BP readings taken during remote patient monitoring

Tips for coding

Submit the appropriate most recent CPT II code on a claim with $0.01 as the charged amount

CPT II code	Most recent systolic blood pressure
*3074F	Less than 130 mm Hg
*3075F	130 to 139 mm Hg
*3077F	Greater than or equal to 140 mm Hg

CPT II code	Most recent diastolic blood pressure
*3078F	Less than 80 mm Hg
*3079F	80 to 89 mm Hg
*3080F	Greater than or equal to 90 mm Hg

Note: Any provider type can submit a BP reading that would count toward the CBP measure. Therefore, it's important for patients' PCPs to coordinate care with other providers who may also be managing their patients' care.

Kidney Health Evaluation (KED)

Adult patients who received a kidney health evaluation

- Age 18-85 with Type 1 or 2 diabetes
- **Encounter Data:** at least 2 diagnoses of diabetes on different dates of service
- **Pharmacy Data:** dispensed insulin or hypoglycemics/ antihyperglycemics AND have at least one diagnosis of diabetes
- Closed by claims only

Diabetic patients must have an eGFR AND a URINE Albumin/ Creatinine ratio

Measure compliance Specifics:

At least one eGFR (blood test) during the measurement year

AND

A quantitative **urine albumin** test and a **urine creatinine** test (these two urine tests must be within 4 days of each other)

OR

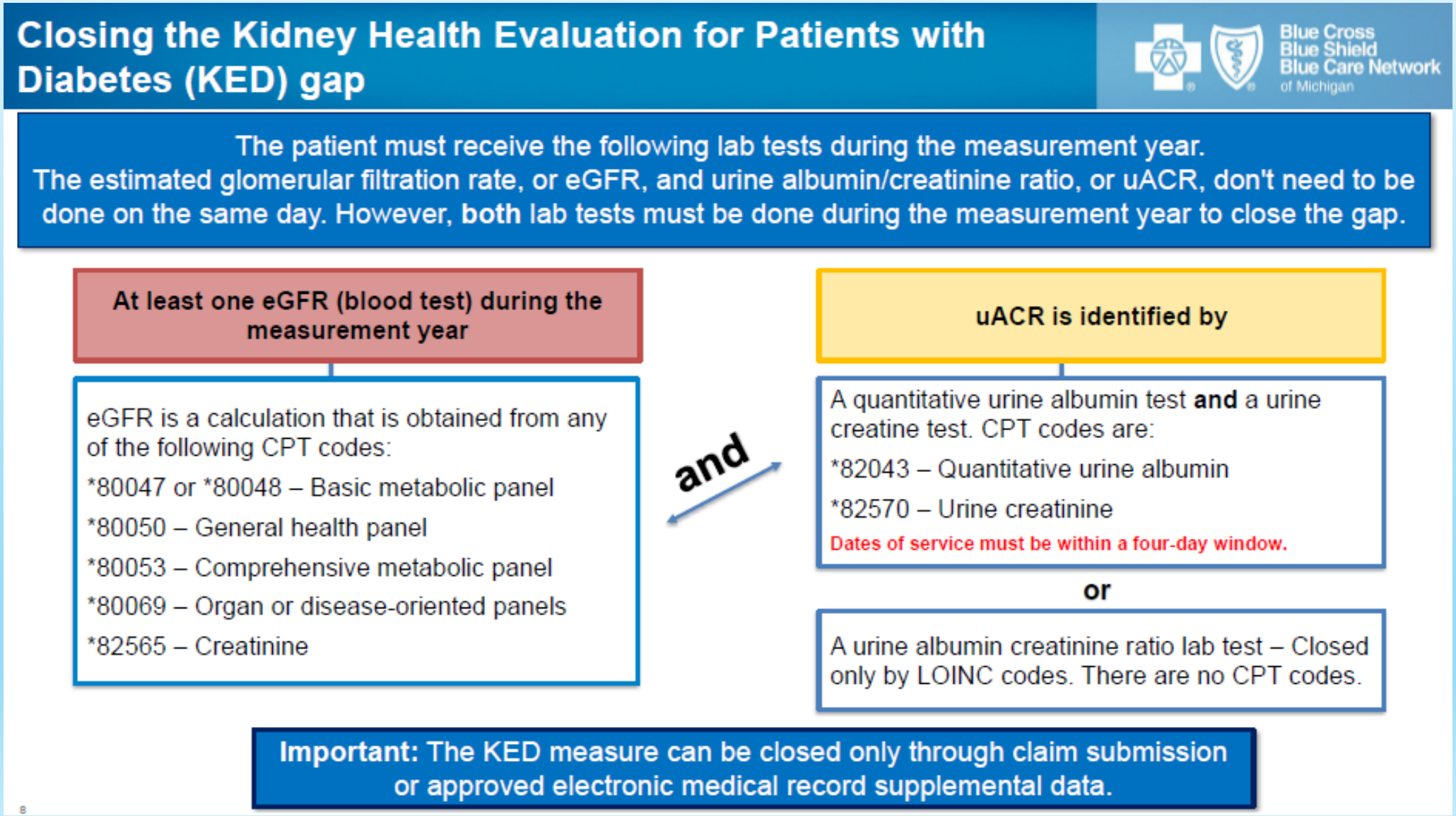
a combined urine albumin creatinine ratio lab test

(closed by LOINC codes – no CPT codes apply)

Exclusions

- Hospice or palliative care during the measurement year
- Age 66-80 with advanced illness and frailty
- Age 81+ with frailty during the measurement year
- End stage renal diseases (ESRD) or dialysis

Kidney Health Evaluation (KED)



Eye Exam for Patients with Diabetes (EED)

Diabetic patients who had a dilated or retinal eye exam during the measurement year or the year prior (if negative).

- 18 -75 years old with Type 1 or 2 diabetes
- **Encounter Data:** at least 2 diagnoses of diabetes on different dates of service
- **Pharmacy Data:** dispensed insulin or hypoglycemics/ antihyperglycemics AND have at least one diagnosis of diabetes

Patients diagnosed with diabetes must have diabetic retinal or dilated eye exam during the year.

Measure Compliance Specifics

- Imaging of Retina **or** Dilated Retinal eye exam by an eye care professional
  - Negative eye exam during the year or year prior
  - Positive eye exam during the measurement year (MUST BE DONE **ANNUALLY)**
- Diagnosing Bilateral eye enucleation any time during the patient's history

Exclusions

Blindness is NOT an exclusion for diabetic eye exam.

Hospice or palliative care during the measurement year

Age 66+ with advanced illness and frailty

Eye Exam for Patients with Diabetes (EED)

Tips for coding

When results are received from an eye care professional, or the patient reports an eye exam, submit the results on a $0.01 claim with the appropriate CPT® II code:

CPT® II code	Retinal eye exam findings
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**

CPT® code	Description
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral (interpreted by artificial intelligence)

Eye Exam for Patients with Diabetes (EED)

Closing the Eye Exam for Patients with Diabetes (EED) gap

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Information for primary care providers to close the EED gap

Copy of the eye exam, report or progress note must include:

- Evidence the exam was completed by an ophthalmologist or optometrist or read by artificial intelligence
- Indication that an ophthalmoscopic exam was completed
- Date the exam was performed
- Results of the exam
- **Note:** Findings for both eyes are required unless there is clear evidence that one of the eyes was removed

A chart, photograph, diagram or drawing of retinal abnormalities must include:

- Date fundus photography was performed
- Evidence that an eye care professional (ophthalmologist or optometrist) or artificial intelligence reviewed the results

Tips for coding

	Codes	Can satisfy EED PRP incentive	Reimbursable
CPT Codes	*92227	No	Yes
	*92228	No	Yes
	*92229	Yes[1]	Yes
	*92250	No	Yes
CPT II Codes	*2022F	Yes	No reimbursement associated with these codes. These codes are used only for reporting purposes.
	*2023F	Yes	
	*2024F	Yes	
	*2025F	Yes	
	*2026F	Yes	
	*2033F	Yes	

[1]Procedure code *92229 without a CPT II reporting code will give credit for the EED measure. However, we encourage providers to continue to include a CPT II reporting code when submitting code *92229.
If the results are negative for retinopathy, submitting a CPT II reporting code from the 'Eye exam without evidence of retinopathy' value set with code *92229 will close the gap for two years.

Statin Therapy for Patients with Diabetes (SPD)

Adult patients with diabetes without clinical atherosclerotic cardiovascular disease (ASVCD) who were dispensed and adhered to statin medication therapy during the measurement year.

- Age: 40-75 years
- Dispensed at least one statin medication of **any intensity** during the measurement year.
- Statin adherence of at least 80% of treatment period.
- Must be closed by claims only (no data entry)

Statin medications need to be filled through the Pharmacy Benefit unless there is an exclusion.

Encourage use of their insurance card at pharmacy.

Any Exclusions must be coded every year.

Exclusions

- Members with cardiovascular disease
- Received hospice or palliative care during measurement year.
- Age 66+ with advanced illness and frailty
- Cannot tolerate statin medications: claim for myalgia, myositis, myopathy, or rhabdomyolysis each year
- Myalgia or rhabdomyolysis caused by a statin any time during the patient's history
- Pregnancy, in vitro fertilization, dispensed Estrogen Agonists
- End stage renal disease (ESRD) or dialysis
- Cirrhosis

Statin Therapy for Patients with Diabetes (SPD)

Lifetime Exclusion
Only submittable through EMR SNOMED Codes
OR
Can fax record to #866-648-5530

Tips for coding

- In order to exclude patients who cannot tolerate statin medications, a claim **MUST** be submitted **annually** using the appropriate ICD-10-CM code.
- These codes are intended to exclude patients from the measure and do not apply to payment or reimbursement. Only the codes listed below are acceptable exclusions.
- Providers may contact the patient to confirm and document the diagnosis in the medical record. They should then bill the non-reimbursable HCPCS code G9781 for $0.01 with the applicable ICD-10 code attached to process the claim and remove the patient from the measure.

Condition	ICD-10 codes
Myalgia	M79.10–M79.12, M79.18
Myositis	M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88–M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82
Cardiovascular disease (MI, CABG, PCI)	Numerous > 800
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
End stage renal disease (ESRD)	N18.5, N18.6
Pregnancy	Numerous > 1,000
Condition	**SNOMED codes**
Rhabdomyolysis due to statin	787206005
Myalgia caused by statin	16462851000119106
History of myalgia caused by statin	16524291000119105
History of rhabdomyolysis due to statin	16524331000119104
Condition	**CPT®/HCPCS codes**
Dialysis	90935, 90937, 90945, 90947, 90997, 90999, 99512, G0257, S9339
Condition	**HCPCS codes**
In vitro fertilization (IVF)	S4015, S4016, S4018, S4020, S4021

Statin Therapy for Patients with Diabetes (SPD)

Helpful Hints

- Gap closure is dependent on **pharmacy claims**
- Instruct patients to fill prescriptions using their **insurance card/pharmacy benefit**.
  - Discount programs, cash claims, VA benefits and medication samples do not count
  - Add verbiage on the statin prescription to “run it through their pharmacy benefit”
- Educate pts on the importance of statin medications for diabetic & over 40 yrs old
  - Provide evidence-based handout or other materials
- Request pts to contact their practitioner if they think they are experiencing adverse effects to statins.
  - Consider trying a different statin that is more hydrophilic or reducing the dose or frequency
- Once patients demonstrate they can tolerate statin therapy, encourage them to obtain a 90-day supply with their retail or mail order pharmacy.

Diabetes Measures

GSD	Glycemic Status Assessment	CPT® II	Most recent HbA1c level
	– Star Reporting: HbA1c ≤ 9%. – The last HbA1c of the year is used to determine compliance. – Ensure the HbA1c result is reported with the appropriate code on a $0.01 claim.	3044F	< 7%
		3046F	>9%
		3051F	≥ 7% and < 8%
		3052F	≥ 8% and ≤ 9%
REE	**Retinal Eye Exam**	**CPT® II**	**Evidence of date, result & eye care provider**
	– When reports are received from an eye care professional review and document results. – Submit the results on a $0.01 claim with one of the codes as appropriate.	2022F	Retinal eye exam **WITH** evidence of retinopathy (compliant for 1 year)
		2023F	Retinal eye exam **WITHOUT** evidence of retinopathy (compliant for 2 years)
		CPT®	**Procedure**
		92229	Retinal imaging interpreted by artificial intelligence (AI)
KED	**Kidney Health Evaluation**	**CPT®**	**Lab tests**
	– Ensure all 3 CPT codes are submitted to close the measure. (eGFR, uALB, uCREAT) – Labs must be completed annually (urine tests must be ≤ 4 days apart).	80047 80053 80048 80069 80050 82565	Estimated Glomerular Filtration Rate (eGFR)
		82043	Quantitative Urine Albumin Test (uALB)
		82570	Urine Creatinine Lab Test (uCREAT)

Questions?

Presentation is based on BCBSM detail.

For all payers, please be sure to reference the most current version of Evidence Based care (EBC) colored sheets for measure inclusion and if incentivized.

2026 EBC Sheets were recently provided at office manager meetings