### 2019 ICP Focused Medicare Advantage Quality Metrics Tip Sheet

For our Medicare/Medicare Advantage patient population, ICP will be keenly focused on the AWV and the quality metrics listed below.

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Denominator</th>
<th>Numerator</th>
<th>Codes</th>
</tr>
</thead>
</table>
| Comprehensive Diabetes Care: Eye Exam        | Members 18-75 years of age with type 1 or 2 diabetes | Dilated retinal eye exam performed by an ophthalmologist or optometrist in measurement year or year prior if negative result for retinopathy | CPT II Codes: *report must be in chart  
2022F - Diabetic retinal screening w/ eye care prof.  
3072F – Diabetic retinal screening negative  

*Exclusions: Steroid induced diabetes*

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| Comprehensive Diabetes Care: Blood Sugar Controlled             | Members 18-75 years of age with type 1 or 2 diabetes          | A1c test with a result **less than or equal to 9.0%** during measurement year (Poor control >9%) | CPT Codes: *date and result documented in chart  
83036, 83037  
CPT II Codes:  
3044F - Less than 7%  
3045F - Between 7%-9%  
3046F - Greater than 9%  

*Exclusions: Steroid induced diabetes*

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| Comprehensive Diabetes Care: Kidney Disease Monitoring          | Members 18-75 years of age with type 1 or 2 diabetes          | Medical attention to nephropathy met by 1 of the following:  
• Urine Protein (U/A)  
• Microalbumin  
• ACE/ARB medication  
• Annual visit to nephrologist | CPT Codes: *date and result documented in chart  
81000, 81001, 81002, 82043, 82044, 84156  
CPT II Codes:  
3060F - Positive microalbuminuria  
3061F - Negative microalbuminuria  

*Exclusions: Steroid induced diabetes*

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<tbody>
<tr>
<td>Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</td>
<td>Members 18 years of age or older diagnosed with RA</td>
<td>Dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD)</td>
<td>Exclusions: HIV diagnosis</td>
</tr>
</tbody>
</table>

*Exclusions: Steroid induced diabetes*
**Controlling Blood Pressure**

Members 18-85 years of age who had a diagnosis of HTN and whose BP was adequately controlled diagnosis of HTN and whose BP was adequately controlled (<140/90) or (150/90) for members 60-85 with a diagnosis of diabetes

**CPT II Codes:**

<table>
<thead>
<tr>
<th>Systolic</th>
<th>Diastolic</th>
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<tr>
<td>3074F - &lt;130</td>
<td>3078F – &lt;80</td>
</tr>
<tr>
<td>3075F – 130-139</td>
<td>3079F – 80-89</td>
</tr>
<tr>
<td>3077F – &gt;140</td>
<td>3080F - &gt;90</td>
</tr>
</tbody>
</table>

*Exclusions: Steroid induced diabetes*

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**Medication Reconciliation Post-Discharge**

All members

- Review all acute and non-acute inpatient stays
- Reconcile discharge medication and outpatient medications within 30 days of discharge
- Reconciliation must be done by a prescribing practitioner, registered nurse or clinical pharmacist

**CPT II Code: 1111F** Indicates a medication reconciliation was performed

*make sure to note the reconciliation in the medical record, referencing the outpatient med list and discussion of the discharge medications*