

# Health Benchmarks<sup>®</sup> Program

## Clinical Quality Indicator Specification 2011

<b>Measure Title</b>	MEDICAL ATTENTION FOR DIABETIC NEPHROPATHY		
<b>Disease State</b>	Diabetes	<b>Indicator Classification<sup>1</sup></b>	Disease Management
<b>Strength of Recommendation<sup>2</sup></b>	B		
<b>Organizations Providing Recommendation</b>	American Diabetes Association		
<b>Clinical Intent</b>	To ensure diabetic members ages 18-75 receive a diabetic nephropathy screening test during the measurement year.		
<b>Background</b>	<p><b>Disease Burden</b></p> <ul style="list-style-type: none"> <li>In 2007, it was estimated that 24 million people in the United States have diabetes. [1]</li> <li>Diabetes is the leading cause of end-stage renal disease (ESRD), accounting for 44 percent of new cases. In 2001, over 42,000 people with diabetes began treatment for ESRD and over 142,000 people with ESRD due to diabetes were living on chronic dialysis or with a kidney transplant.[2, 3]</li> </ul> <p><b>Reason for Indicated Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>Type 1 diabetics with microalbuminuria have a higher risk of all-cause mortality than those without (RR = 1.8 95% CI 1.5-2.1). Similarly, Type 2 diabetics with microalbuminuria had a higher all-cause mortality risk (RR=1.9 95% CI 1.7-2.1) than those without.[4]</li> <li>Type 1 diabetics with microalbuminuria are 4.8 times more likely to develop ESRD than those who do not have it. Type 2 diabetics are 3.9 times more likely to develop ESRD than those who did not have microalbuminuria.[4]</li> </ul> <p><b>Evidence Supporting Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>Detection of nephropathy in its earliest stages affords the opportunity to provide patients with effective treatments to slow the progression of renal disease. For example, at least one large prospective randomized trial provided evidence that adequate blood pressure control can reduce the development of severe renal disease.[5-7]</li> <li>In addition, evidence supports that early treatment for diabetic nephropathy with an ACE inhibitor is associated with a reduced risk of progression to ESRD.[8-10]</li> </ul>		

**Clinical Recommendations**

- The American Association of Clinical Endocrinologists states that all patients with diabetes mellitus should be screened for kidney disease annually. Specifically, they state that screening should begin 5 years after diagnosis in patients with type 1- diabetes and at the time of diagnosis in patients with type 2 diabetes.[11]
- The American Diabetes Association recommends that an annual test be performed to measure the presence of microalbuminuria for type 1 diabetic patients who have had diabetes for 5 or more years and in all type 2 diabetic patients starting at diagnosis.[12]

**Source** Healthcare Effectiveness Data and Information Set (HEDIS®) 2011 Technical Specification for Physician Measurement

**Denominator**

**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 Index Date** N/A

**Denominator Encounters/Claims Criteria** CPT-4 code(s): 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

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

UB revenue code(s): 010x, 0110-0114, 0118, 0119, 0120-0124, 0128, 0129, 0130-0134, 0138, 0139, 0140-0144, 0148, 0149, 0150-0154, 0158, 0159, 016x, 019x, 020x-021x, 045x, 051x, 0520-0529, 055x, 057x-059x, 066x, 072x, 080x, 082x-085x, 088x, 0981, 0982, 0983, 0987

**Denominator Exclusion**

**Denominator Exclusion Definition** Members in the denominator with a diagnosis of polycystic ovaries at any time prior to the end of the measurement year 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.

*Note: The denominators for all adult diabetes care measures must be the same (NCQA)*

**Denominator  
Exclusion Claims  
Criteria**

ICD-9 diagnosis code(s): 249.xx, 250.xx, 251.8x, 256.4x, 357.2x, 362.0x, 366.41, 648.0x, 648.8x, 962.0x

CPT-4 code(s): 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

UB revenue code(s): 010x, 0110-0114, 0118, 0119, 0120-0124, 0128, 0129, 0130-0134, 0138, 0139, 0140-0144, 0148, 0149, 0150-0154, 0158, 0159, 016x, 019x, 051x, 020x-021x, 045x, 0520-0529, 055x, 057x-059x, 066x, 072x, 080x, 082x-085x, 088x, 0981, 0982, 0983, 0987

**Numerator**

**Numerator  
Definition**

Members who met one of the following criteria during the measurement year:

- A nephropathy screening test
- A claim indicating evidence of nephropathy
- A nephrologist visit (no restriction on the diagnosis or procedure code submitted)
- A positive urine macroalbumin test
- Evidence of ACE/ARB therapy

**Numerator Claims  
Criteria**

CPT-4 code(s): 36145, 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 81000-81003, 81005, 82042, 82043, 82044, 84156, 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512

CPT category II code(s): 3060F, 3061F, 3062F, 3066F, 4009F

HCPCS code(s): G0257, G0314-G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339

ICD-9 diagnosis code(s): 250.4x, 403.xx, 404.xx, 405.01, 405.11, 405.91, 580.xx-588.xx, 753.0x, 753.1x, 791.0x, V42.0x, V45.1x, V56.xx

ICD-9 surgical proc code(s): 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.4x-55.6x

LOINC code(s): 1753-3, 1754-1, 1755-8, 1757-4, 2887-8, 2888-6, 2889-4, 2890-2, 5804-0, 9318-7, 11218-5, 12842-1, 13705-9, 13801-6, 14585-4, 14956-7, 14957-5, 14958-3, 14959-1, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0,

53532-8, 56553-1, 57369-1, 57735-3, 58448-2, 58992-9, 59159-4 (if available)

Place of service code(s): 65

UB revenue code(s): 0367, 080x, 082x-085x, 088x

UB type of bill code(s): 072X

### Physician Attribution

**Physician Attribution Description** Score all physicians who saw the member during the measurement year.

### References

1. CDC. *National Diabetes Surveillance System*. Available from: <http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm>. 2007.
2. USDHHS. *National Diabetes Fact Sheet*. 2003 [cited 2004 November 5th]; Available from: [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2003.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2003.pdf).
3. *Diabetic nephropathy: diagnosis, prevention, and treatment*. Diabetes Care, 2005. **28**(1): p. 164-76.
4. Newman, D.J., et al., *Systematic review on urine albumin testing for early detection of diabetic complications*. Health Technol Assess, 2005. **9**(30): p. iii-vi, xiii-163.
5. *Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38*. UK Prospective Diabetes Study Group. Bmj, 1998. **317**(7160): p. 703-13.
6. Molitch, M.E., et al., *Nephropathy in diabetes*. Diabetes Care, 2004. **27 Suppl 1**: p. S79-83.
7. Schjoedt, K.J., et al., *Beneficial impact of spironolactone in diabetic nephropathy*. Kidney Int, 2005. **68**(6): p. 2829-36.
8. Blumel, et al., *[Depressive symptoms after an acute myocardial infarction.]*. Rev Med Chil, 2005. **133**(9): p. 1021-1027.
9. Borch-Johnsen, K., et al., *Is screening and intervention for microalbuminuria worthwhile in patients with insulin dependent diabetes?* Bmj, 1993. **306**(6894): p. 1722-5.
10. Thorp and M. L., *Diabetic nephropathy: common questions*. Am Fam Physician, 2005. **72**(1): p. 96-9.
11. (2007) *American Association of Clinical Endocrinologists medical guidelines for clinical practice for the management of diabetes mellitus. ACE diabetes mellitus guidelines. Microvascular complications*. . Endocr Prac **Volume**, 50-5
12. *American Diabetes Association (ADA). Standards of medical care in diabetes. VI. Prevention and management of diabetes complications*. Diabetes Care, 2007. **30**(Suppl 1): p. S15-24.

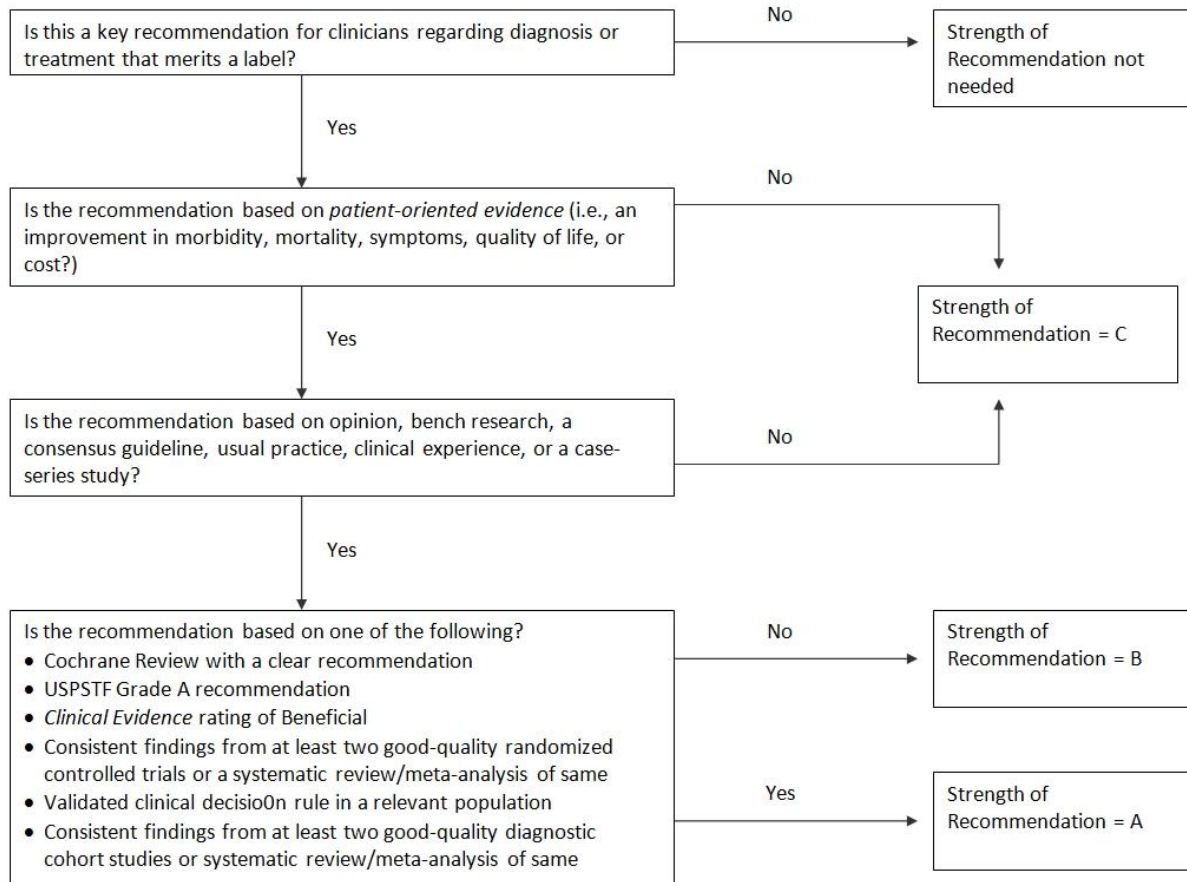
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<sup>1</sup> **Indicator Classification** (Adapted from HEDIS® technical specifications)

<b>Diagnosis</b>	Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain)
<b>Effectiveness of Care</b>	
<b>Prevention</b>	Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations).
<b>Screening</b>	Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure).
<b>Disease Management</b>	Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).
<b>Medication Monitoring</b>	Measures applicable to patients taking medications with narrow therapeutic windows and / or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy)
<b>Medication Adherence</b>	Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).
<b>Utilization</b>	Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).

## <sup>2</sup> Strength of Recommendation

### Strength of Recommendation Based on a Body of Evidence



**FIGURE 2.** Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)