LDL Cholesterol Screening

Studies show a 33% increase in incidences and prevalence of diabetes in the U.S. over the past decade. Screening and controlling diabetic members' LDL-C levels is important as they at the same risk for heart disease as those who are currently diagnosed. Measuring diabetic members' lipid levels is a critical step in their comprehensive care. A person with diabetes who lowers his or her LDL-C can reduce cardiovascular complications by 20-50%.[1]

The Measure

This measure is defined as the percentage of Medicare Advantage beneficiaries with diabetes who have had an LDL-C screening test performed with an outcome of a controlled LDL-cholesterol level (100 mg/dL).

Common Barriers

Members do not follow through with proper lifestyle changes recommended to control LDL-C levels. Also, members may be undertreated in dosage for their high LDL-C levels. Financial factors may play a role in poor adherence is another issue such as high drug costs and the coverage gap. Many members may not realize that preventive care is free. Medicare Advantage members pay a $0 copayment, even with specialists, to have an annual wellness exam. We're even giving members a $15 gift card for a few preventive services in 2014.

Best Practices

- Continue LDL screenings for all diabetic members and adjust medications appropriately.
- Order lab tests at the beginning of the year and prior to the member's appointment.
- Continue to educate members on lifestyle changes.
- Consider generic versus brand-name drugs to avoid the coverage gap based on members' preferences or financial needs. Use our website to search for **Drug Alternatives** under the appropriate plan.
- Encourage members to use in-network physicians to facilitate execution of care.
- Remember to report all exclusions for those members whose medical record indicates a diagnosis of polycystic ovaries, in any setting, any time during the member's medical history through the current calendar year and those members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the previous or current calendar year.
- Follow **Clinical Guidelines** for cholesterol management.

[1] http://www.heart.org/HEARTORG/Conditions/Diabetes/WhyDiabetesMatters/Cholesterol-Abnormalities-Diabetes_UCM_313868_Article.jsp [2]

How to Close the Measure

1. Submit or adjust claims with appropriate codes and be sure to include Category II Codes. See Table[1] for more information.
2. Complete and submit the Physician Assessment Form (PAF).
3. Complete the self-report section online within the Physician Quality Incentive Program tool on BlueAccess.SM *
4. Submit an abstract of the member's medical record. This is the method of last resort and should only be used when previous methods are not feasible.

Table [1]

Code	Code Type	Definition
80061	CPT®	Lipid panel- this panel must include the following: Cholesterol, serum, total (82465); lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718); and triglycerides (84478)
63700	CPT®	Lipoprotein, blood; electrophoretic separation and quantitation
83701	CPT®	Lipoprotein, blood; high resolution fractionation and quantitation for lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	CPT®	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)
83721	CPT®	Lipoprotein, direct measurement; LDL cholesterol
3048F	CPT® II	Most recent LDL-C less than 100 mg/dL (DM)
3049F	CPT® II	Most recent LDL-C 100-129 mg/dL (DM)
3050F	CPT® II	Most recent LDL-C greater than or equal to 130 mg/dL (DM)

BlueCross BlueShield of Tennessee Supports

- We offer a $15 gift card incentive to members for a few preventive services in 2014. We will even assist scheduling it for them. Please have BlueAdvantage (PPO)SM members call 1-800-831-BLUE (2583), or BlueChoice (HMO)SM members can call 1-800-317-BLUE (2583), if they need help scheduling an appointment or finding a participating facility.
- We conduct outreach campaigns via letters, postcards and calls that encourage and remind members to have their screenings.
- We provide **Quality Resources** on our website for your convenience.
- Regardless of the method or person closing the gap, all gaps closed will be credited to the attributed primary care provider on file. View more information on how we attribute members to your practice **here**.

*We know some gaps in care may already be closed but not reported through claims. When this occurs, simply login through our secure **BlueAccess** tool, access the member's account and self-report. This must be completed by a licensed clinician designated a BlueAccess practitioner user role. You may also view which members have gaps in care that need to be closed. If training or access to the tool's practitioner role is needed for any licensed clinician staff members, please contact:

West Tennessee:
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Technical Support:
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