

Comprehensive Diabetes Control: Medical Nephropathy

Members with diabetes are at a higher risk for developing chronic kidney disease, referred to as diabetic nephropathy, which occurs in about 20-40% of the diabetic population. Research suggests that the increased risk for high blood pressure is a primary cause for the prevalence of kidney failure in these members.¹ In addition, a significant percentage of members are diagnosed with diabetic nephropathy shortly after their initial diabetes diagnosis, as diabetes is often present many years before the diagnosis is actually made. Early detection and treatment reduce the development of kidney failure and need for dialysis by 30-70%. Annual examinations should be completed for early detection.²

The Measure

This measure is defined as the percentage of Medicare Advantage members with diabetes whose medical record indicates a performed nephropathy screening test or evidence of nephropathy during the current calendar year.

Common Barriers

Once diagnosed with nephropathy, members should be checked annually or more often if kidney function begins decreasing rapidly to assess appropriate interventions. Protein restriction, blood pressure control and glycemic control are all important care and treatment therapies of diabetic nephropathy, which are aimed at preventing further/complete damage to the member's organ.

Best Practices

- Include a note to indicate the date and result of a urine microalbumin test performed.
- Remember to exclude all members who:
 - are not diabetic during the current or previous calendar year
 - have medical records indicating a diagnosis of polycystic ovaries at any point in their history through the current calendar year
 - have gestational diabetes or steroid-induced diabetes during the current or previous calendar year.
- Follow the [American Diabetes Association](#) Guidelines.

How to Close the Measure

1. Submit or adjust claims with appropriate codes and be sure to include [Category II Codes](#). See table¹ 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.

¹http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/ClinicalGuidelines/2011_CSK_Screening_FAQ_508c.pdf

² http://care.diabetesjournals.org/content/25/suppl_1/s85.full

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Table¹

Code	Code Type	Definition
82042	CPT [®]	Albumin; urine or other source, quantitative, each specimen
82043	CPT [®]	Albumin; urine , microalbumin, quantitative
82044	CPT [®]	Albumin; urine, microalbumin, semiquantitative (e.g., reagent strip assay)
84156	CPT [®]	Protein, total, except by refractometry
3060F	CPT [®] II	Positive microalbuminuria test result documented and reviewed (diabetes mellitus)
3061F	CPT [®] II	Negative microalbuminuria test result documented and reviewed (diabetes mellitus)
3062F	CPT [®] II	Positive macroalbumin test result documented and reviewed
3066F	CPT [®] II	Documentation of treatment for nephropathy (e.g., member receiving dialysis, member being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
4010F	CPT [®] II	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin receptor blocker (ARB) therapy prescribed or currently being taken

BlueCross BlueShield of Tennessee Supports

- We offer a \$15 gift card incentive to members for a few preventive services. We will even help schedule appointments for them. Please have BlueAdvantage(PPO)SM members call 1-800-831-BLUE (2583), and BlueChoice(HMO)SM members call 1-800-317-BLUE (2583), if they need help scheduling an appointment or finding a participating facility.
- We conduct outreach campaigns through 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:

Debbie Angner

Phone: (901) 544-2285

Email: Debbie_Angner@bcbst.com

Middle Tennessee:

Faye Mangold

Phone: (423) 535-2750

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Technical Support:

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Option 2

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