

HEDIS® Tip Sheet

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

Measure Description

The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL C test and an HbA1c test during the measurement year.

Product Line: Medicaid

Codes Included in the Current HEDIS® Measure

Description	Code
Schizophrenia	ICD-10: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Diabetes	ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
HbA1c Lab Test	CPT: 83036, 83037 CPT II: 3044F (if HbA1c <7%), 3046F (if HbA1c >9%), 3051F (if HbA1c 7% and <8%), 3052F (if HbA1c 8% and 9%)
LDL C Lab Test	CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F (<100 mg/dL), 3049F (100-129 mg/dL), 3050F (≥130 mg/dL)
Telephone Visits	CPT: 98966-98968, 99441-99443
Telehealth POS	POS: 02, 10
Online Assessments	CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin
Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) Inhibitor	Canagliflozin, Dapagliflozin, Ertugliflozin, Empagliflozin

Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (Ddp-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Ways Providers can Improve HEDIS® Performance

- Schedule telephone, telehealth, e-visit, or virtual check-in appointments to diagnose patients with schizophrenia or schizoaffective disorder. *Note: two appointments are needed on different dates of service for patients to be part of the measure.*
- Schedule telephone, tele-health, e-visit, or virtual check-in appointments to diagnose patients with diabetes. *Note: two appointments are needed on different dates of service for members to be part of the measure.*
- Review diabetes services needed at each office visit.
- Order labs prior to patient appointments. PCP should notify the BH professional of forthcoming labs.
- Order a direct LDL if the member is not fasting to avoid a missed opportunity. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL.
- Consider prescribing diabetes monitors/glucometer so the member can self-monitor at home.
- Bill for point of care HbA1c tests if completed in office. Ensure HbA1c result and date are documented in the chart.
- Provide any instructions on the course of treatment, labs, or future appointment dates to the patient and/or caregiver, highlighting the importance of the information.
- Monitor body mass index, plasma glucose level, lipid profiles and signs of prolactin elevation at each appointment.
- Educate patients about appropriate health screenings with some medication therapies.

Ways Health Plans can Improve HEDIS® Performance

- Encourage BH providers (MD, NP or other professionals with lab ordering ability) to order diabetic tests for members who do not have regular contact with their PCP.
- Offer the member/family/caregiver Care Coordination/Case Management for additional support and medication/treatment adherence.
- Coordinate with the member's behavioral health provider to develop a comprehensive treatment plan. Discuss with members/caregivers the importance of monitoring emotional well-being and following up with their BH provider.
- Ensure your member understands the local community support resources and what to do in an event of a crisis.
- Educate providers on criteria for identifying patients with schizophrenia or schizoaffective disorder.
- Send at-home HbA1c kits to members who opt-in.
- Include LDL testing in value-based arrangements with providers.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and PCP.
- Ensure receipt of high-volume lab files/feeds.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

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