**MEDICAL ATTENTION FOR DIABETIC NEPHROPATHY**

**Disease State**: Diabetes

**Indicator Classification**: Screening

**Strength of Recommendation**: B

**Organizations Providing Recommendation**: American Diabetes Association

**Clinical Intent**: To ensure diabetic members ages 18-75 receive a diabetic nephropathy screening test during the measurement year.

**Physician Specialties**: Endocrinology, Family Practice, Geriatric Medicine, Internal Medicine

**Disease Burden**

- Diabetes is a chronic, serious disease that affects approximately 14.7 million Americans.[1]
- 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]

**Reason for Indicated Intervention or Treatment**

- 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]
- 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]

**Evidence Supporting Intervention or Treatment**

- 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]
- 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]

Clinical Recommendations

- 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.[11]

Source

Healthcare Effectiveness Data and Information Set (HEDIS®) 2008 Technical Specification for Physician Measurement

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 Codes

Diabetes

ICD-9 diagnosis code(s): 250.xx, 357.2x, 362.0x, 366.41, 648.0x
DRG code(s): 294, 295
Outpatient/nonacute inpatient setting
CPT-4 code(s): 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99499
UB revenue code(s): 0118, 0128, 0138, 0148, 0158, 019x, 051x, 052x, 055x, 057x-059x, 066x, 077x, 082x-085x, 088x, 0982, 098
Acute inpatient or emergency room setting
CPT-4 code(s): 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99281-99285, 99291
UB revenue code(s): 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 045x, 072x, 080x, 0981, 0987

Denominator Exclusion Definition

Members in the denominator with a diagnosis of polycystic ovaries at any time in the member’s history 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.

Denominator Exclusion Codes

Polycystic ovaries

ICD-9 diagnosis code(s): 256.4x
Diabetes

ICD-9 diagnosis code(s): 250.xx, 357.2x, 362.0x, 366.41, 648.0x
DRG code(s): 294, 295
Outpatient/nonacute inpatient setting
CPT-4 code(s): 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337, 99341-99345
Numerator

Definition

- 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 Codes

**Nephropathy screening test**
CPT-4 code(s): 82042, 82043, 82044, 84156
LOINC code(s): 1753-3, 1754-1, 1755-8, 1757-4, 2887-8, 2888-6, 2889-4, 2890-2, 9318-7, 11218-5, 12842-1, 13705-9, 13801-6, 14585-4, 14956-7, 14957-5, 14958-3, 14959-1, 18373-1, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 34535-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1 (if available)
CPT category II code(s): 3060F, 3061F (if available)

**Chronic renal disease**
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

**Dialysis**
CPT-4 code(s): 36145, 36800, 36810, 36815, 36818-36821, 36831-36833, 90920, 90921, 90924, 90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512
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,
ICD-9 diagnosis code(s): V45.1x, V56.xx
UB revenue code(s): 0367, 080x, 082x-085x, 088x

**Renal transplantation**
CPT-4 code(s): 50300, 50320, 50340, 50360, 50365, 50370, 50380
ICD-9 diagnosis code(s): V42.0x

**Diabetic nephropathy**
DRG code(s): 316, 317
CPT category II code(s): 3066F (if available)
HCPCS code(s): G0257, G0314-G0319, G0322, G0326, G0327, G0392, G0393, S9339
ACE inhibitor/ARB therapy
CPT category II code(s): 4009F (if available)
Urinary macro-albumin test
CPT category II code(s): 3062F (if available)
CPT-4 code(s): 81000-81003, 81005
LOINC code(s): 5804-0, 20454-5, 24356-8, 24357-6 (if available)

### Physician Attribution

**Description**

If client data does not contain PCP:

Score all physicians (in the selected specialties) who saw the member during the measurement year.

If client data contains PCP:

Score all primary care physicians who were assigned to the member during the measurement year.

### References


