Banner Plans & Networks

Diabetic Toolkit

Revised January 2025

Contents

Introduction Letter

Dear Providers,

Banner Plans and Networks is focused on the diabetic population to improve quality care and the member experience, while decreasing total cost of care. Providers that partner with Banner have historically shown improved outcomes of diabetic members. In fact, the percentage of members with controlled diabetes (A1C $\leq$ 9) has increased from 65% in 2022 to 75% in 2024 for Medicare and Medicare Advantage plans. However, there is still variation between BHN provider groups these areas, and we believe following evidence-based guidelines and adopting best practices is the surest way to reduce variation.

To achieve these goals, we have created this DM toolkit. We hope these documents will help keep you up to date with the latest practice guidelines, best practices, and patient resources.

First, we recommend our partner providers prioritize their diabetic members for an annual wellness visit. This will provide well care and thorough evaluation of all sequelae of their disease as well as encourage conversations with patients regarding their diabetic goals.

This year we are also including information on screening and coding for Pre-Diabetes. Discussing prediabetes with your patients can be empowering for them, eliciting engagement in their treatment plan, and producing desirable change. The CDC estimates that prediabetes is present in 1 out of 3 adults, yet over 80% of these individuals are unaware of their status and the associated increased risk of heart disease, stroke, retinopathy, nephropathy, and type 2 diabetes. Evidence indicates that the ability to prevent or delay the escalation to type 2 diabetes through lifestyle interventions (i.e., Diabetes Prevention Program), can reduce the risk of developing type 2 diabetes by 58%. Identifying prediabetes can motivate a patient to engage in evidenced based actions that can prevent or delay these complications and improve overall health and wellbeing.

Updated Toolkit Items:

- Continuous Glucose Monitoring Tipsheet
- Hypoglycemia Tip Sheet
- Diabetic Quality Guide
- New GSD Measure

We hope these resources assist you in your practice. Thank you for your ongoing work to help Banner Plans and Networks make health care easier, so life can be better.

Sincerely,

Dr. Cori Norgaard

Chief Medical Officer for Care Transformation

Care Standards & Best Practices

Care Guidelines for Adults with Type 2 Diabetes

Criteria for the Screening and Diagnosis of Diabetes: (1)

	Normal	Prediabetes	Diabetes
A1C	≤5.6% (38 mmol/mol)	5.7–6.4% (39–47 mmol/mol)	≥6.5% (48 mmol/mol)
Fasting plasma glucose	≤99mg/dL (5.5 mmol/L)	100–125 mg/dL (5.6–6.9 mmol/L)	≥126 mg/dL (7.0 mmol/L)
2-hour plasma glucose during 75-g OGTT	≤139 mg/dL (7.7 mmol/L)	140–199 mg/dL (7.8–11.0 mmol/L)	≥200 mg/dL (11.1 mmol/L)
Random plasma glucose	—	—	≥200 mg/dL (11.1 mmol/L)

Recommended Annual Diabetic Care:

- Complete a wellness visit yearly
- Test A1C at least twice per year for patients meeting treatment goals, and at least quarterly for patients not meeting glycemic goals and/or have had recent therapy changes
- Nephropathy screening
- Retinopathy screening
- Diabetic peripheral neuropathy assessment
- Comprehensive foot evaluation
- Make sure patient is up to date with recommended immunizations
- Manage other chronic conditions and ensure medication adherence

Lifestyle Recommendations to Improve Health Outcomes: (2)

	ADA Recommendations for Adults with Type 2 Diabetes:	
Diabetes Self-Management Education & Support (DSMES)	Who should participate? • All patients with type 2 diabetes	When? • At diagnosis • Annually or when not meeting targets • When complicating factors develop • During transitions in life or care
Medical Nutrition Therapy (MNT)	Referral to a registered dietician nutritionist is recommended to promote and support healthful eating patterns to improve overall health and: • Achieve and maintain weight goals (at least ≥5% weight loss) • Attain individualized glycemic, blood pressure, and lipid goals • Delay or prevent complications of diabetes	
Physical Activity	Regular physical activity is an important part of managing diabetes: • Promote non-sedentary activities above baseline for sedentary individuals • Most should engage in at least 150 minutes of moderate to vigourous aerobic activity 3 days/week (depending on other comorbid conditions) • All should engage in resistance training 2 to 3 times weekly	
Smoking Cessation	Advise individuals not to use tobacco products or e-cigarettes	
Psychosocial Care	Routinely monitor for diabetes distress and refer to a mental health professional for	
Sleep Health	Sleep disturbances are associated with less engagement in diabetes self-management and may interfere with achieving glycemic targets: •Screen for symptoms of sleep disorders, distruption to sleep due to diabetes symptoms and refer to a sleep medicine professional, if indicated	

Diabetic Medication Guidelines

Medication Recommendations:

Diabetes Therapy Based on Comorbid Condition	**For:** CKD, patients with an eGFR ≥20 mL/min/1.73 m^2 **Recommend:** SGLT2i with primary evidence of reducing CKD progression
	For: ASCVD or high risk **Recommend:** GLP-1 RA and/or SGLT2i with proven CVD benefit
	For: Heart Failure (HFrEF/HFpEF) **Recommend:** SGLT2i with proven benefit
	For: Obesity, efficacy for weight loss **Recommend:** GIP|GLP-1 RA > > GLP-1 RA > > SGLT2i
Hypertension	**For:** CAD or albuminuria (urinary albumin-to-creatinine ratio ≥30 mg/g creatinine) **Recommend:** ACEI or ARB as first-line therapy
Lipid Management	**For:** Primary Prevention, patients aged 40-75 years **Recommend:** Moderate intensity statin Note: High intensity statin recommended for those at higher CV risk (one or more ASCVD risk factors); target LDL goal of < 70m dL
	For: Secondary Prevention, all ages **Recommend:** High intensity statin; target LDL goal of <55 mg/dL Note: Addition of ezetimibe or a PCSK9 inhibitor with proven benefit is recommended if goal is not achieved on maximum tolerated statin therapy
Antiplatelet Agents	**For:** Primary Prevention **Recommend:** Aspirin 81 mg/day may be considered in those who are at increased CV risk after comprehensive discussion with patient on benefits versus risk of bleeding
	For: Secondary Prevention **Recommend:** Aspirin 81mg/day

Duplicate Diabetic Medication Therapy:

GIP/GLP-1 RAs & DPP-4 inhibitors	**For:** Due to overlapping mechanisms of action, the combination of GLP-1 RA and DPP-4 inhibitor is not recommended
	Recommend: Discontinuation of the DPP-4

Metformin Dosing Recommendations:

	Start Extended Release:	Do Not Start:
Metformin Extended release version preferred due to better patient tolerability (order equivalent of Glucophage XR)	**eGFR >45 mL/min/1.73m²** at 500 mg and titrate up to 2000 mg daily	**eGFR <30 mL/min/1.73m²**
	eGFR 30-45 mL/min/1.73m² at 500 mg and titrate up to 1000 mg daily	

These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.

Care Guidelines for Adults with Prediabetes

Why Screen & Treat Prediabetes: (1)

Discussing prediabetes with your patients can be empowering for them, eliciting engagement in their treatment plan, and producing desirable change. The CDC estimates that prediabetes is present in 1 out of 3 adults and the NIH reports a 48.3% prevalence in those 65 years and older. Yet over 80% of these individuals are unaware of their status and the associated increased risk of heart disease, stroke, retinopathy, nephropathy, and type 2 diabetes. Evidence indicates that the ability to prevent or delay the escalation to type 2 diabetes through lifestyle interventions (i.e., Diabetes Prevention Program), can reduce the risk of developing type 2 diabetes by 58%. Identifying prediabetes can motivate a patient to engage in evidenced based actions that can prevent or delay these complications and improve overall health and wellbeing.

Criteria for the Screening and Diagnosis of Prediabetes: (2)

	Normal	Prediabetes	Diabetes
A1C	≤5.6% (38 mmol/mol)	5.7–6.4% (39–47 mmol/mol)	≥6.5% (48 mmol/mol)
Fasting plasma glucose	≤99mg/dL (5.5 mmol/L)	100–125 mg/dL (5.6–6.9 mmol/L)	≥126 mg/dL (7.0 mmol/L)
2-hour plasma glucose during 75-g OGTT	≤139 mg/dL (7.7 mmol/L)	140–199 mg/dL (7.8–11.0 mmol/L)	≥200 mg/dL (11.1 mmol/L)
Random plasma glucose	—	—	≥200 mg/dL (11.1 mmol/L)

Screening to Detect Diabetes or Prediabetes in Adults: (3)

Who to Screen?	How Often to Screen?
1) Everyone starting at age 35 years 2) Adults with overweight or obesity (BMI of ≥25 kg/m^2 or ≥23 kg/m^2 in Asian Americans) plus one or more risk factors: • First-degree relative with diabetes • High-risk race/ethnicity (e.g. African American, Latino Native American, Asian American, Pacific Islander) • History of cardiovascular disease • Hypertension (≥140/90 mmHg or on therapy for HTN) • HDL cholesterol level <35 mg/dL and/or triglyceride level >250 mg/dL • Individuals with polycystic ovary syndrome • Physical inactivity • Other clinical conditions associated with insulin resistance 3) People who were diagnosed with gestational diabetes 4) People with HIV	<u>Test at least every 3 years:</u> • A1C <5.7% • History of gestational diabetes <u>Test at least yearly:</u> • A1C ≥5.7%-6.4%

Recommended Annual Prediabetic Care:

- Schedule and complete a wellness visit yearly
- Test A1C every 12 months
- Screen for and treat modifiable risk factors for cardiovascular disease
- Make sure patient is up to date with immunizations
- Manage other chronic conditions

Lifestyle Changes to Prevent or Delay Progression of disease: (4)

	Decrease the Risk of Developing Type 2 Diabetes:
Diabetes Prevention Program (DPP)	• Refer adults with overweight/obesity at high risk of type 2 diabetes to a CDC-recognized DPP for intensive lifestyle intervention
Nutrition and Activity Counseling	• Promote achieving and maintaining at least 7% loss of initial body weight in individuals who are overweight/obese • Encourage a healthy reduced calorie eating plan • Recommend engaging in moderate-intensity physical activity at least 150 minutes/week, spread over 3 or more days/week
Smoking Cessation	• Advise individuals not to use tobacco products or e-cigarettes

Prediabetes Medication Guidelines

Metformin Therapy Should be Considered for Prediabetes: (5)

In adults aged 25-59 years* with the following:
• BMI ≥35 kg/m^2 • Higher fasting plasma glucose (≥110mg/dl) • Higher A1C (≥6%) • And in people with prior history of gestational diabetes
**Maximum effectiveness has been seen in adults aged 25-59 years but may be beneficial in adults ≥60 years*

Metformin Dosing Recommendations:

	Start Extended Release:	Do Not Start:
Metformin Extended release version preferred due to better patient tolerability (order equivalent of Glucophage XR)	**eGFR >45 mL/min/1.73m^2** at 500 mg and titrate up to 2000 mg daily	**eGFR <30 mL/min/1.73m^2**
	eGFR 30-45 mL/min/1.73m^2 at 500 mg and titrate up to 1000 mg daily	

These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.

Continuous Glucose Monitoring (CGM)

What is CGM: [1,2]

Continuous Glucose Monitoring (CGM) is a technology that provides real-time updates of a patient's blood glucose 24/7. Unlike traditional fingerstick testing, CGM uses a small sensor inserted under the skin, typically on the arm or abdomen, to measure glucose levels in interstitial fluid. The data is transmitted to a reader, smartphone, or wearable device, allowing patients to see trends and make informed decisions in real-time. Moreover, CGM plays a critical role in improving clinical outcomes and meeting Glycemic Status Assessment for Patients with Diabetes (GSD) measure targets, making it an essential element in comprehensive diabetes management.

Benefits of CGM:

Benefit	Outcome
A1C	Real-time glucose tracking leads to better glycemic control, which directly impacts HbA1c levels, a crucial GSD measure.
Reduced Hypoglycemic Events	Patients with CGM experience fewer hypoglycemic episodes due to early warnings and trend data, which helps prevent emergency room visits and hospitalizations.
Improved Patient Engagement	Adherence to treatment plans is more likely, including making medication adjustments and lifestyle changes. This increases overall patient engagement, which is crucial for GSD outcomes.
Provider-Patient Collaboration	Data can be shared electronically with providers, allowing for more informed and timely adjustments to patient's diabetes management plan, thus improving the effectiveness of care.

Why CGM is a Preferred Method: [3,4]

CGM may be a preferred choice for many patients due to its convenience and comprehensive approach to managing diabetes:

Reduces/Eliminates Fingerstick Testing: Traditional glucose monitoring requires several fingerstick tests each day, which can be painful and inconvenient. Many patients find CGM more comfortable and less invasive, making it easier to adhere to their diabetes management plan.

Reduces Hypoglycemia: For patients who experience hypoglycemia unawareness or unpredictable glucose swings, CGM provides alerts when glucose levels are trending too high or too low, allowing for quick corrective action, reducing emergency visits and hospitalizations.

24/7 Monitoring Real-Time Data: This round-the-clock monitoring helps patients identify patterns they may not have been aware of with traditional methods, making adjustments to treatment more precise with continuous tracking.

Improves A1c: Studies have shown that patients using CGM have better control of their blood sugar, reducing the risk of both hypoglycemia and hyperglycemia.

Improves Glycemic Control: Studies have shown that patients using CGM have better control of their blood sugar, reducing the risk of both hypoglycemia and hyperglycemia.

Who is CGM Recommended For: [4]

While CGM is beneficial for many people with diabetes, certain populations may particularly benefit:

Recommended For:	Description
Type 1 Diabetes	Recommended for all patients with Type 1 diabetes. Ideal for patients needing tight glucose control and frequent monitoring, especially those using insulin pumps or multiple daily injections.
Type 2 Diabetes	Recommended for patients with Type 2 diabetes, particularly those using insulin, CGM can help fine-tune dosing and improve overall control. Beneficial for patients on multiple daily injections or insulin pumps.
Type 2 Diabetes with: Frequent Hypoglycemia/ Hypoglycemia Unawareness/ Hypoglycemia Fluctuations	CGM is highly beneficial for patients with a history of frequent hypoglycemia or hypoglycemia unawareness, providing early alerts to prevent dangerous episodes. Suitable for patients experiencing frequent low blood sugar levels. Individuals experiencing significant glucose variability or unpredictable swings in their blood sugar will benefit from the data CGM provides.
High A1C for Long Periods	Patients with persistently high HbA1c levels can benefit from CGM by gaining insight into glucose patterns and improving their overall glycemic control. *Not currently eligible for Medicare coverage

How to Prescribe CGM: [3,4]

- Determine if the patient meets the criteria for CGM use. Assess the patient's diabetes type, insulin use, and any issues with hypoglycemia or glucose variability.
- Provide education on insertion, interpretation of readings, how to respond to glucose trends, interactions with medications such as acetaminophen or hydroxyurea which may cause less accurate readings.
- Schedule regular follow-ups to review CGM data and adjust treatment plans as needed.

How CGM Helps Close Care Gaps for GSD Measures:

The use of CGM is directly aligned with closing gaps in care for Glycemic Control in Diabetic (GSD) measures, helping to improve patient outcomes and meet key quality metrics. Here's how:

- Document the date and result of the GMI test in the medical record
- Include the date range of CGM data used to derive the GMI value; use the last date as the assessment date
- GMI results collected from a member's CGM and documented in their medical record can be used in reporting if all data points are included (provided the GMI does not meet any exclusion criteria)
- If multiple glycemic status assessments were recorded for a single date, use the lowest result.
- Always list the date of service, result and test together

How to Order CGMs for Coverage

Unlike diabetic test strips or glucose meters, CGMs cannot be prescribed generically due to differences in product durations and specifications. Retail pharmacists have confirmed that prescribers must specify a CGM brand to ensure proper coverage. Some prescribers may submit prescriptions for both CGMs to prevent delays in processing or coverage.

Coverage Information:

- **Medicaid**: Covers **Freestyle Libre** (including Freestyle Libre 3+/3+ sensor/system).
- **Medicare**: Will begin covering **Freestyle Libre** in 2025.

CGM Eligibility Criteria for Coverage:

Insurance	Criteria
Medicare	To be eligible for coverage of a CGM and related supplies, the beneficiary must meet **all** of the following criteria: • The beneficiary has a diagnosis of diabetes mellitus (refer to the appropriate ICD-10 codes for applicable diagnoses). • The beneficiary or their caregiver has demonstrated sufficient training in using the prescribed CGM, as evidenced by a prescription from the treating practitioner. • The CGM is prescribed in accordance with its FDA-approved indications for use. • The CGM is being prescribed to improve glycemic control, and the beneficiary meets at least **one** of the following criteria: A. The beneficiary is insulin-treated; or B. The beneficiary has a history of problematic hypoglycemia, documented by at least one of the following: i. Recurrent level 2 hypoglycemic events (glucose <54 mg/dL) that persist despite adjustments to medications or treatment plan. ii. A history of one level 3 hypoglycemic event (glucose <54 mg/dL) requiring third-party assistance. • Patient has had an in-person or telehealth visit within the past six months to evaluate their DM control
AHCCCS	**Medical Records Submission (choose one of the following):** • Member is already using a closed-loop insulin pump. The current CGM product will be approved. • Member is insulin-dependent, confirmed by claims for insulin within the past 60 days, and is requesting a Freestyle Libre product. **OR Submission of medical records documenting the following:** One of the following: • Both of these: - Diagnosis of Type I or II Diabetes - Frequent insulin adjustments based on blood glucose/CGM results, with supporting documentation from the provider • One of these diagnoses, with supporting documentation: - Gestational Diabetes - Hypoglycemia Unawareness - Documented Postprandial Hyperglycemia - Documented Recurrent Diabetic Ketoacidosis • Short-term CGM use (72 hours) to determine baseline insulin levels before starting an insulin pump **AND** • One of the following: - Hemoglobin A1c > 7.0% - Frequent hypoglycemia, documented in charts - Diagnosis not defined by high A1c or hypoglycemia (e.g., Gestational Diabetes) **AND** Provider confirms member is enrolled in or has completed diabetes education
Banner Aetna	Initial CGM prior auth coverage criteria will be the following: *(submission of medical records is required)* ***One of the following:*** • Diagnosis of Type 1 OR Type 2 DM using insulin therapy • Uncontrolled Type 2 DM diagnosis with a recent A1c >7% or higher showing inadequate glycemic control AND documented regular glucose self-testing (≥4 times/day) during the previous two months. • Non-Insulin Treated Type 2 DM with a history of problematic hypoglycemia with documentation of at least one of the following: ○ Two or more level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple modifications to the treatment or medication plan. ○ One level 3 hypoglycemic event characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia. ○ Patient has had more than one previous medication adjustment and/or modification to the treatment plan prior to the most recent level 2 hypoglycemic events (glucose < 54 mg/dL). • Diagnosis of Gestational Diabetes Mellitus (GDM) • Diagnosis of Hypoglycemia Unawareness (HU) • Recurrent Diabetic Ketoacidosis (DKA) ***AND all the following documented:*** • Patient has had an in-person visit or telehealth visit to evaluate the patient's DM condition within 6 months prior to ordering the CGM. • Patient has had DM education. • Patient will share CGM device readings with the physician or healthcare professional. Continuation of CGM therapy prior auth coverage criteria will be the following: *(Submission of medical records/supporting documentation is required)* • Patient has experienced a positive clinical response with clinical documentation showing either improved glycemic control or a decrease in hypoglycemic episodes while using CGM

Hypoglycemia in Diabetics

In the United States, hypoglycemic events contribute to 100,000 emergency department visits, costing $120 million annually [1]. Severe Hypoglycemia can be mitigated through risk identification, medication management, and patient education on prevention and treatment of hypoglycemia [2]. It is an ADA Standard of Care that all treated with insulin or who are at risk for Level 2 and 3 hypoglycemia be prescribed glucagon [3]. Despite its proven efficacy in the management of severe hypoglycemia, glucagon is underused amongst diabetic patients at risk for hypoglycemia [1].

Providers should regularly assess an individual's risk factors for hypoglycemia [4], offer patient education to help manage and prevent hypoglycemia, and prescribe glucagon as appropriate.

Risk Factors for Hypoglycemia [4]

	Major Risk Factors:	Other Risk Factors:
Clinical/Biological Risk Factors	• Recent history level 2 or 3 hypoglycemia • Intensive insulin therapy • Impaired hypoglycemia awareness • End-stage kidney disease • Cognitive impairment or dementia	• Multiple recent episodes of level 1 hypoglycemia • Basal insulin therapy • Age ≥75 years • Female sex • High glycemic variability • Polypharmacy • Cardiovascular disease • Chronic Kidney Disease • Neuropathy • Retinopathy • Major depressive disorder
Social, Cultural, and Economic Risk Factors	• Food insecurity • Low socioeconomic status • Homelessness • Fasting for religious or cultural reasons	• Limited health literacy • Alcohol or substance abuse disorder

Classification of Hypoglycemia [4]

Level 1	• A single Glucose <70 mg/dL (<3.9 mmol/L) and ≥54 mg/dL (≥3.0 mmol/L)
Level 2*	• A single Glucose <54 mg/dL (<3.0 mmol/L)
Level 3*	• A severe event characterized by altered mental and/or physical status requiring assistance for treatment of hypoglycemia, irrespective of glucose level

***Glucagon should be prescribed for ALL at risk for Level 2 and 3 hypoglycemia**.

Hypoglycemic Treatment/Prevention Plan [4]

	Hypoglycemia Assessment	Patient Education	Glucagon Prescription
Level 1	✓	✓	
Level 2	✓	✓	✓
Level 3	✓	✓	✓

Clinicians should routinely review the patient's glucagon plan (access to glucagon, proper use, identification of support individual, expiration dates and proper storage).

Glucagon Dosing for Adults [5]

	Route	Dose	Adverse Drug Events
Glucagon or GlucaGen	IM, Sub-Q	**1 mg** If no response in 15 minutes, may repeat dose	Nausea, vomiting, headache, and injection site reactions Nasal spray may cause red, watery, and/or itchy eyes, stuffy, itchy, and/or runny nose, itch throat
Gvoke	Sub-Q	**1 mg** If no response in 15 minutes, may repeat dose	
Basqimi	Intranasal	**3 mg (1 actuation intranasally into a single nostril)** If no response in 15 minutes, may repeat dose using a new device	

- Educate caregivers to give glucagon if patient is unconscious or unable to take oral carbohydrates.
- Turn patient on their side after glucagon administration in case they vomit.
- May take 5-15 minutes to regain consciousness after administration of glucagon.
- Once hypoglycemia is reversed, patient should eat their usual meal or snack of carbohydrate (15g) plus protein.

Patient Education

https://www.diabetesdpg.org/viewdocument/managing-hypoglycemia

The link to the Diabetes DPG (Dietetic Practice Group) Managing and Preventing Hypoglycemia Handout can be reproduced for education purposes.

Diabetic Coding

Diabetic Coding

Pre-Diabetes	ICD-10-CM Code	Pre-Diabetes	ICD-10-CM Code
Impaired Fasting Glucose	R73.01	Pre-Diabetes	R73.03
Impaired Glucose Tolerance (oral)	R73.02	Other Abnormal Glucose	R73.09
Hyperglycemia	R73.9		

Diabetic Complication	ICD-10-CM Code		Coding Guidelines and Documentation Best Practices
	Type 2	Type 1	
Diabetes Mellitus without Complications	E11.9	E10.9	Use when no other complications of diabetes exist.
Diabetes with Amyotrophy	E11.44	E10.44	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Arthropathy (other) NEC	E11.618	E10.618	Use linking language such as "with, due to or associated with" in addition to the code for the complication.
Autonomic (poly)neuropathy	E11.43	E10.43	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Diabetic cataract	E11.36	E10.36	
Charcot's joints and/or neuropathic arthropathy	E11.610	E10.610	
Chronic Kidney Disease	E11.22	E10.22	ICD-10-CM Guideline: Use additional code to identify the stage of CKD, supported by documentation.
Circulatory Complication NEC	E11.59	E10.59	Use linking language such as "with, due to or associated with" in addition to the code for the complication.
Dermatitis (diabetic necrobiosis lopoidica)	E11.620	E10.620	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Foot Ulcer	E11.621	E10.621	ICD-10-CM Guideline: Use additional code to identify site and severity of ulcer.
Peripheral angiopathy with gangrene	E11.52	E10.52	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Hypoglycemia	E11.64X	E10.64X	6th character required: E11.641 with coma, E11.649 without coma. 'Uncontrolled' is not an acceptable term. Use the term hypoglycemia for coding and billing purposes.
Hyperglycemia	E11.65	E10.65	"Uncontrolled" is not an acceptable term. Use the term hyperglycemia for coding and billing purposes

Note: Bolded conditions are HCC/risk adjustable codes

Diabetic Coding

Diabetic Complication	ICD-10-CM Code		Coding Guidelines and Documentation Best Practices
	Type 2	Type 1	
Neuropathy or Loss of Protective Sensation (LOPS)	E11.40	E10.40	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Mononeuropathy	E11.41	E10.41	
Nephropathy, intercapillary glomerulosclerosis, intracapillary glomerulonephrosis, and/or Kimmelstiel-Wilson disease	E11.21	E10.21	
Neurologic Complication NEC	E11.49	E10.49	Use linking language such as "with, due to or associated with" in addition to the code for the complication.
Ophthalmologic complication NEC	E11.39	E10.39	
Oral complication NEC	E11.638	E10.638	
Other specified complications	E11.69	E10.69	
Periodontal Disease	E11.630	E10.630	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Peripheral angiopathy (Peripheral Vascular Disease, or PVD)	E11.51	E10.51	
Polyneuropathy and/or neuralgia	E11.42	E10.42	
Renal Complication NEC	E11.29	E10.29	Use linking language such as "with, due to or associated with" in addition to the code for the complication.
Renal Tubular Degeneration	E11.29	E10.29	ICD-10-CM Guideline: Causal relationship presumed with diabetes unless documentation states unrelated.
Retinopathy (unspecified)	E11.31X	E10.31X	Diabetes mellitus with unspecified diabetic retinopathy: E11.311 with macular edema, E11.319 without macular edema.
Skin Complication NEC	E11.628	E10.628	Use linking language such as "with, due to or associated with" in addition to the code for the complication.
Skin ulcer NEC	E11.622	E10.622	Use linking language such as "with, due to or associated with" in addition to the code for the complication.

Sources: 2023 ICD-10-CM Expert for Physicians, UHC Quality Reference guide

Note: Bolded conditions are HCC/risk adjustable codes

Diagnosis	Type 2 Diabetes Mellitus
COMMON CONDITIONS INCLUDED IN HCC GROUP: 37, 38 RAF = 0.166	• Type 2 diabetes mellitus with CKD – E11.22 • Type 2 diabetes mellitus with mild Nonproliferative diabetic retinopathy with macular edema, bilateral – E11.3213 • Type 2 diabetes mellitus with polyneuropathy – E11.42 • Type 2 diabetes mellitus with peripheral angiopathy without gangrene – E11.51 • Type 2 diabetes mellitus with hyperglycemia – E11.65 • Type 2 diabetes mellitus without complication – E11.9 • Long term current use of insulin – Z79.4 • Long term current use of oral hypoglycemic drugs – Z79.84**
KEY CODING or DOCUMENTATION TIPS	• When coding diabetes with a complication, be sure to add the diagnosis for the complication and use linking words (due to, secondary to, etc.) in your documentation. • If the provider doesn't indicate the type of diabetes, the coder must defer to E11.XX, or type 2 diabetes mellitus per coding guidelines.
MEAT the DOCUMENTATION **M= Monitor** **E = Evaluate** **A = Assess/Address** **T = Treat**	• Assessment and Plan example: **Type 2 DM with CKD Stage 3b (E11.22, N18.32)** **Long term current use of insulin (Z79.4)** **Long term current use of oral hypoglycemic drugs (Z79.84)** – Reviewed Mrs. H's diabetes log with her, most FBS around 160s. A1c today 7.2, good control. No hypoglycemic episodes. eGFR 42, secondary to diabetes. Pt continues with glipizide and insulin glargine and sees her endocrinologist every 3 months. No changes in medications. Diabetic foot exam negative, no skin breakdown, good pedal pulses. **M** – Signs and symptoms, such as hypoglycemia. **E** – Test results or vital signs, such as A1c and eGFR. **A** – Order tests or patient discussion, such diabetic foot exam and reviewed diabetic log with patient. **T** – Medications, therapy, or other modalities, such as diabetic medications and follows with endocrinologist.
IMPACT on QUALITY – HEDIS MEASURES	• Diabetes: Eye Exam (CMS 131) – retinal exam • Diabetes: Hemoglobin A1c Poor Control (9%) (CMS 122) • Diabetic Retinopathy: Communication with the Physician Managing • Ongoing Diabetes (CMS 142) • Kidney Health Evaluation (CMS 95) – GFR and uACR Frailty or advanced illness, ESRD, and/or palliative care diagnosis codes may provide a denominator exclusion.

** Not part of HCC 37 or HCC 38 yet recommended to include in you're A&P to tell the best patient story

Quality Measures

Diabetes Quality Measures

Measure	Description & Best Practices	Documentation	NSSD
Glycemic Status Assessment for Patients With Diabetes (GSD) Weight – 3	Percentage of members ages 18–75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) showed their blood sugar is under control during the measurement year. (MA/MSSP/ Medicaid: ≤9%; Commercial <8%*) **The final lab result of the year is the one used for this metric* • Patients who have high A1c/GMI may need additional medication changes and/or diabetic education. Please make appropriate adjustments & retest in 3 mos.	**Note:** Report with date of test, not with date of office visit. Actual lab value must be reported (not value range). • 3044F: HbA1c/GMI level < 7.0% • 3051F: HbA1c/GMI ≥ 7.0% and < 8.0% • 3052F: HbA1c/GMI ≥ 8.0% and ≤ 9.0%	**Accepted**
Eye Exam for Patients With Diabetes (EED) Weight – 1	Percentage of members ages 18-75 with diabetes (Types 1 and 2) who had any one of the following: • Retinal or dilated eye exam by an optometrist or ophthalmologist any time between Jan. 1 - Dec. 31 current year • Negative retinal or dilated eye exam by an optometrist or ophthalmologist in current year or year prior • Bilateral eye enucleations any time during their history through Dec. 31 current year	**Note:** Documentation must include: • Provider first and last name • Provider credentials (must be ophthalmologist or optometrist) • Date of test • 92229: Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report • 2022F: Dilated retinal eye exam with evidence of retinopathy • 2023F: Dilated retinal eye exam without evidence of retinopathy • 2024F: 7 standard field stereoscopic retinal photos with evidence of retinopathy • 2025F: 7 standard field stereoscopic retinal photos without evidence of retinopathy • 3072F: Low risk for retinopathy (no evidence of retinopathy in the prior year)	**Accepted**
Kidney Health Evaluation for Patients With Diabetes (KED) Weight – 1	Percentage of patients ages 18-85 with diabetes (Types 1 and 2) who had a kidney health evaluation in the measurement year. • Order eGFR and uACR per recommendation of National Kidney Foundation (required) • Complete urine albumin and urine creatinine tests for uACR within 4 days of each other(required) • Education of patient that kidney disease is asymptomatic in early stages and routine testing is recommended	• eGFR and uACR lab results are required via claims Additional Exclusions: • Dialysis or ESRD • Ages 81 and older with frailty only	**Not Accepted**

Exclusions		
• Hospice • Members who had an encounter for palliative care (ICD-10 code Z51.5)	• Ages 66 and older with frailty and advanced illness • Ages 66 and older with I-SNP or who are institutionalized	• Members who died during the measurement year • No diagnosis of diabetes in any setting and steroid-induced diabetes

Measure	Description & Best Practices	Documentation	NSSD
Statin Use in Patients With Diabetes (SUPD) Weight – 1	Percentage of patients who are 40-75 years of age who were dispensed at least two diabetes medication fills and who received a statin medication fill **using their Part D (pharmacy) benefit** during the measurement year. When prescribing a statin, educate patient on importance of staying adherent and reinforce as necessary. Any intensity statin can meet this measure.	• Only prescription fills processed with the member's insurance card are used to measure adherence • Samples or information on cash prescriptions can't be submitted to CMS in supplemental files for Part D Star Ratings measures	**Not Accepted**
Medication Adherence for Diabetes Weight – 1	Percentage of patients ages 18 or older who were dispensed at least 2 prescriptions for diabetes medication on different dates of service during the measurement year **using their Part D (pharmacy) benefit** and fill the prescribed medication often enough to cover at least 80% of the treatment period.	• Only prescription fills processed with the member's insurance card are used to measure adherence • Samples or information on cash prescriptions can't be submitted to CMS in supplemental files for Part D Star Ratings measures	**Not Accepted**

Best Practices for Medication Adherence

- Consider 90-day supplies to decrease the administrative burden of 30-day refills
- Consider low-cost generic prescriptions
- Respond to refill renewals and prior authorization requests ASAP
- Educate patient on the importance of timely refills when ongoing therapy is required
- Consider barriers to adherence:
  - Discuss barriers at each visit and provide opportunities for patients to ask questions or share concerns about side effects, transportation, copays, language barriers and proper drug administration
  - Leverage validated assessment tools and PharmD resources to assist
- Review/refill all medications during all patient encounters, allowing for appropriate disease management, documentation and time management of refills
- Diagnose and document the holistic disease burden of the patient
- Improve health literacy and organization of patients:
  - Educate patient about why they are on the medication
  - Educate patient about what to expect with the medication and what side effects warrant discontinuation of therapy and a call to the office
  - Encourage patients to use a 7-day pillbox, set alarms/reminders on phone/clock and join a reminder program at pharmacy
- Encourage patients to use home delivery or mail order for maintenance medications. Mail order pharmacies have processes in place to promote adherence including contacting members and proactively seeking refill requests

Banner Family Pharmacy
Home Delivery
7300 W Detroit St.
Chandler, AZ, 85226

Phone: 844-747-6441
Fax: 602-747-2170

Glycemic Status Assessment for Patients with Diabetes (GSD) [i]

Metric

Percentage of members ages 18–75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) showed their blood sugar is under control during the measurement year. (MA/MSSP/Medicaid: ≤9%; Commercial <8%*). The GSD metric is replacing the Hemoglobin A1c Control for Patients with Diabetes (HBD) as the new standard.

**The final lab result of the year is the one used for this metric*

Measure Compliance

Glycemic Status Assessment (HbA1c or GMI) must be performed during measurement year. If more than one test was performed in the measurement year, the result from the final lab result of the year is used.

Accepted laboratory tests:

- Hemoglobin A1c (HbA1c, HgbA1c)

Accepted medical record documentation:

- Glucose Management Indicator (GMI)

Codes Used to Close Measure

Code Type	Code	Description
CPT II	3044F	Most recent HbA1c level less than 7.0% (DM)*
CPT II	3051F	Most recent HbA1c level greater than or equal to 7.0% and less than 8.0% (DM)*
CPT II	3052F	Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)**

**These codes close the measure & indicate HbA1c control for MA/MSSP, Medicaid & Commercial*

***This code closes the measure & indicates HbA1c control for MA/MSSP and Medicaid only*

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Supplemental Data Requirements*

- At a minimum, HbA1c documentation in the medical record must include a note indicating the name of the test, date when the HbA1c test was performed and the result.
- At a minimum, GMI documentation in the medical record must include a note indicating the name of the test, date range of when the GMI test was captured and the value.
- The member is numerator compliant if the most recent HbA1c/ GMI level during the measurement year is ≤9% for MA/MSSP; ≤9% for Medicaid; <8% for Commercial plan types.
  - GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
  - If multiple HbA1c levels and glycemic status assessment were recorded for a single date, use the lowest result.
  - GMI results collected by the member and documented in the member's medical record are eligible for use in reporting. Example of GMI report:
    - Date value collect/terminal date (last test date)
    - Date range used to derive value
    - Value

- The member is not numerator compliant if the last HbA1c/GMI level of the measurement year is >9% for MA/MSSP, >9% for Medicaid, or ≥8% for Commercial plan types), if HbA1c/GMI value is missing, or if HbA1c/GMI test was not performed during the measurement year.
- Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

The final GMI result of the year is the one used for this metric.

Star Cut Points

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
<49%	≥49% to <72%	≥72% to <84%	≥84% to <90%	≥90%

Tips and Best Practices

Documentation

- For non-standard supplemental data submission, always include a date of service (collection date), result and test name together when documenting hemoglobin A1c for a patient
  - Example: HbA1c 7.9% on 9/2/25
- GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- GMI values can only be captured via non-standard supplemental documentation submission

Innovaccer

- Utilize InNote at point-of-care
- Designate November Diabetes Awareness Month; utilize Network PCP Dashboard/ Quality tab to create list of patients with open care gap for HbA1c Control for Patients with Diabetes

Clinical

- Prepare lab order prior to patient's scheduled appointment
- Create in-house lab workflow and documentation in EMR
- Pre-visit huddles/planning process with clinical staff (Provider/Scribe/MA)
- Routinely monitor glucose control as clinically appropriate

Office Team & Resources

- Office team member reviews chart following visit to ensure lab was ordered and given to patient
- Office team member to mail lab order to patient, if needed
- Workflow in place for staff to generate a list of lab orders placed and monitors for completion; if report not received in 30 days, follow-up with patient
- Use Point of Care (POC) testing
- CPT® codes 83036 and 83037 are only used when HbA1c serum collection has been performed and should not be used when ordering the test; these two codes open the metric and will not close the care gap until a result has been reported showing patient's blood sugar is under control

Qualifying Event/Diagnosis

There are two ways to identify members with diabetes:

- Claim/encounter data—Patients who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year.
- Pharmacy data—Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (see table below) and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

Diabetes Medications*

**Diabetic medication alone will not cause patient to fall into the denominator for this measure*

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
Insulins	•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 and Glucose-Dependent Insulinoptropic Polypeptide (GIP)/GLP-1 agonists	•Dulaglutide	•Exenatide •Liraglutide	•Lixisenatide •Semaglutide •Tirzepatide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	•Bexagliflozin •Canagliflozin •Dapagliflozin	•Ertugliflozin •Empagliflozin	
Sulfonylureas	•Chlorpropamide •Glimepiride	•Glipizide •Glyburide	•Tolazamide •Tolbutamide
Thiazolidinediones	•Pioglitazone	•Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	•Alogliptin •Linagliptin	•Saxagliptin •Sitagliptin	

Required Exclusions*

- Patients who die any time during the measurement year
- Palliative care any time during the measurement year
- Hospice care or utilization of hospice services any time during measurement year
- Frailty and advanced illness**
    - Patients aged 66 and older as of December 31 of measurement year with both frailty and advanced illness:
        - Frailty – At least two diagnoses of frailty on different dates of service in the measurement year
        - Advanced illness – One of the following:
            - At least one diagnosis of advanced illness in the measurement year or year prior
            - Dispensed dementia medication:
                - Cholinesterase inhibitors (Donepezil, Galantamine, Rivastigmine)
                - Central nervous system agents (Memantine)
                - Dementia combinations (Donepezil-Memantine)
- Patients aged 66 and older as of December 31 of the measurement year who are living long-term in an institution any time during the measurement year**

**All exclusion considerations must be submitted through claims, by place of service, services provided or exclusionary diagnosis*
***Non-standard supplemental data cannot be used for frailty and advanced illness or living in long-term care facility exclusions*

[1] 2024/2025 Updates/Changes:

1. Measure name changed from Hemoglobin A1c Control for Patients with Diabetes (HBD) to Glycemic Status Assessment for Patients with Diabetes (GSD).
2. Glucose Management Indicator (GMI) as an option to meet numerator criteria has been added.
3. Event/diagnosis criteria for required exclusion has been updated to no longer require patients who do not have a diagnosis of diabetes.
4. Laboratory claims will not be accepted to meet exclusion criteria.

Part D Measures: Medication Adherence for Diabetes Medications (MAD)

Measure Description (Triple-Weighted)

Percentage of members ages 18 or older who were dispensed at least 2 fills of diabetes medication on different dates of service during the measurement year and fill the prescribed medication often enough to cover at least 80% of the treatment period. (Treatment period begins when member picks up their first fill at the pharmacy; when member picks up their second fill, they will fall into the denominator and can only miss 20% of the days from date of first fill until the end of the year.)

Measure Compliance

Member must have a Proportion of Days Covered (PDC) of 80% or higher for the following diabetes medication(s) in the measurement period*:

- Biguanides
- DPP-4 inhibitors
- GLP-1 receptor agonists
- Meglitinides
- SGLT2 inhibitors
- Sulfonylureas
- Thiazolidinediones

**Patients who take insulin are not included in this metric.*

Additional notes:

- Prescription alone will not close this measure; prescription must be filled and billed on pharmacy claim
- Medication must be filled using a patient's Part D prescription drug benefit
  - Discount programs, such as GoodRx® or Amazon RxPass, cash claims, and medication samples do not satisfy the measure since the patient's Part D benefit is not used in such cases
- CPT® II codes and Non-Standard Supplemental Data (NSSD) cannot be utilized to close this metric; this metric will close via pharmacy claims data only

Star Cut Points

Measure	2 Stars	3 Stars	4 Stars	5 Stars
MA	**80%**	**85%**	**87%**	**91%**

Tips and Best Practices

- Utilize InNote at point of care to identify diabetic patients qualifying for this metric
- Utilize Innovaccer's Network PCP Dashboard/Quality tab to create a list of diabetic patients qualifying for this metric

Tips and Best Practices (continued)

- Consider 100-day supplies to decrease the administrative burden of 30-day refills; consider adding a note in ePrescribe to pharmacy instructing them to fill in 100-day supply unless their insurance doesn't allow it
    - Example: Please dispense 100-day supply of medication; may convert to 90-day supply if insurance doesn't cover
- Encourage patients to use home delivery or mail order for maintenance medications; mail order pharmacies have processes in place to promote adherence including contacting members and proactively seeking refill requests
- Consider low-cost generic prescriptions
- Turn refill renewals and prior authorization requests around ASAP
- Educate patient on the importance of timely refills when ongoing therapy is required
- Review/refill all medications during all patient encounters, allowing for appropriate disease management, documentation and time management of refills
- Diagnose and document the holistic disease burden of the patient
- Improve health literacy and organization of patients:
    - Educate patient about why they are on the medication
    - Educate patient about what to expect with the medication and what side effects warrant discontinuation of therapy and a call to the office
    - Encourage patients to use a 7-day pillbox, set alarms/reminders on phone/clock and join a reminder program at pharmacy
- Consider barriers to adherence:
    - Discuss barriers at each visit and provide opportunities for patients to ask questions or share concerns about side effects, transportation, copays, language barriers and proper drug administration
    - Leverage validated assessment tools and PharmD resources to assist

Exclusions*

- Received hospice services anytime during the measurement year
- Patients with end-stage renal disease diagnosis or dialysis coverage dates
- Prescription for insulin

**All exclusion considerations must be submitted through claims, by place of service, services provided or exclusionary diagnosis*

Exclusion Codes

- End Stage Renal Disease (ESRD)
    - ICD-10-CM: N18.5, N18.6, Z99.2

Eye Exam for Patients with Diabetes (EED)

Measure Description

Percentage of members ages 18-75 with diabetes (Types 1 and 2) who had any one of the following:

- Retinal or dilated eye exam by an optometrist or ophthalmologist any time between Jan. 1, 2025 - Dec.31, 2025
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to 2025
- Bilateral eye enucleations any time during their history through Dec. 31, 2025

Star Cut Points

HEDIS	2 Stars	3 Stars	4 Stars	5 Stars
EED	**57%**	**70%**	**77%**	**83%**

Tips and Best Practices

- **Documentation**
  - Member must be between the ages of 18-75 by Dec. 31, 2025, with Diabetes
  - Retinal or dilated eye exam must complete:
    - No Retinopathy - Between Jan. 1, 2024 – Dec. 31, 2025
    - With Retinopathy - Between Jan. 1, 2025 – Dec. 31, 2025
  - Documentation of bilateral eye enucleation any time in the member's history
  - Documentation of 2 unilateral eye enucleations any time in the member's history
  - Documenting historical retinal or dilated eye exam must include all of the following:
    - Provider first and last name
    - Provider credentials (must be ophthalmologist or optometrist)
    - Month and year of exam
    - Exam results
      - Example: Dilated eye exam June 2024 with Dr. John Smith, OD - No retinopathy
  - Accepted documentation:
    - Consultation reports
    - Diabetic flow sheets
    - Eye exam report
    - Progress notes
  - No abbreviations (credentials okay)
  - No acronyms
- **Innovaccer**
  - Utilize InNote at point-of-care
  - Utilize Network PCP Dashboard/Quality tab to create list of patients with open care gap for Eye Exam for Patients with Diabetes
- **Clinical**
  - Utilize in-office RetinaView camera to perform fundus photography
  - Pre-visit huddles/planning process with clinical staff (Provider/Scribe/MA)
  - Eye Exam Frequency:
    - Patients negative for retinopathy – every two years
    - Patients positive for retinopathy – every year
- **Office Team & Resources**
  - Team member reviews chart following visit to ensure referral or test was ordered and given to patient
  - Team member takes ownership of care gap closure for having referral prepared prior to visit

- **Office Team & Resources (continued)**
  - Workflow in place for staff to generate a list of eye exam referrals placed and monitors for completion; if report not received in 30 days, follow up with patient

Exclusions*

- Palliative Care any time during the measurement year
- Hospice care or utilization of hospice services any time during measurement year
- Frailty and Advanced Illness (diagnosis must be in current measurement year)
  - Beginning Jan. 1, 2023, Frailty exclusion requires two different dates of service during the measurement year
- Living long-term in an institution any time during the measurement year
- Patients who have not been diagnosed with diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes
  **All exclusion considerations must be submitted through claims, by place of service, services provided or exclusionary diagnosis*

Codes Used to Close Measure

Code Type	Code	Description
CPT II	2022F	Eye Exam with Evidence of Retinopathy
CPT II	2024F	Eye Exam with Evidence of Retinopathy
CPT II	2026F	Eye Exam with Evidence of Retinopathy
CPT II	2023F	Eye Exam without Evidence of Retinopathy
CPT II	2025F	Eye Exam without Evidence of Retinopathy
CPT II	2033F	Eye Exam without Evidence of Retinopathy
CPT II	3072F	Diabetic Retinal Screening Negative In Prior Year
CPT®	92229	Automated Eye Exam

Kidney Health Evaluation for Patients with Diabetes (KED)

Measure Description

Percentage of patients ages 18-85 with diabetes (Types 1 and 2) who had a kidney health evaluation in the measurement year.

Measure Compliance

Both an eGFR and a uACR test are required on the same or different dates of service anytime between Jan. 1, 2025 – Dec. 31, 2025:

- At least 1 estimated glomerular filtration rate (eGFR); and
- At least 1 urine albumin-creatinine ratio (uACR) test identified by one of the following:
  - A quantitative urine albumin test and a urine creatinine test 4 or less days apart; or
  - A uACR

Star Cut Points

HEDIS	2 Stars	3 Stars	4 Stars	5 Stars
KED	**33%**	**49%**	**61%**	**73%**

Tips and Best Practices

- **Documentation**
  - eGFR and uACR lab results are required; documented results from EMR Progress Note are not accepted for Non-Standard Supplemental Data submission
  - Medical record documentation is accepted to exclude patients from the denominator in the following cases:
    - Patients with end-stage renal disease any time during patient's history on or prior to December 31, 2025
    - Patients who have been diagnosed with polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes
- **Innovaccer**
  - Utilize InNote at point-of-care
  - Utilize Network PCP Dashboard/Quality tab to create list of patients with open care gap for Kidney Health Evaluation for Patients with Diabetes
- **Clinical***
  - Create in-house lab workflow and documentation in EMR
  - Pre-visit huddles/planning process with clinical staff (Provider/Scribe/MA)
  - Analyze appropriateness of routine labs for diabetic patients
  - Education of patient that kidney disease is asymptomatic in early stages and routine testing is recommended
  - Education of patient about disease process for improved management of health condition
  - Care coordination with a network nephrologist for patients with CKD 4 and CKD 5
- **Office Team & Resources**
  - Team member reviews chart following visit to ensure lab was ordered and given to patient
  - Office team member to mail lab order to patient, if needed
  - Workflow in place for staff to generate a list of lab orders placed and monitors for completion; if report not received in 30 days, follow up with patient
  - Creation of alerts in EMR for laboratory test due dates

**Patients with diabetes can request these laboratory tests without an order from their provider.*

Exclusions*

- Palliative Care any time during the measurement year
- Hospice care or utilization of hospice services any time during measurement year
- Frailty and Advanced Illness (diagnosis must be in current measurement year)
    - Beginning Jan. 1, 2023, Frailty exclusion requires two different dates of service during the measurement year
- Living in Long-term Care Facility any time during the measurement year
- Patients with end-stage renal disease diagnosis or dialysis any time during patient's history on or prior to Dec. 31, 2025
- Patients who have not been diagnosed with diabetes
- Patients who have been diagnosed with polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes

**All exclusion considerations must be submitted through claims, by place of service, services provided or exclusionary diagnosis*

Codes Used to Close Measure

Estimated Glomerular Filtration Rate Lab Test:

Code Type	Code	Description
CPT®	80047	Estimated Glomerular Filtration Rate Lab Test
CPT®	80048	Estimated Glomerular Filtration Rate Lab Test
CPT®	80050	Estimated Glomerular Filtration Rate Lab Test
CPT®	80053	Estimated Glomerular Filtration Rate Lab Test
CPT®	80069	Estimated Glomerular Filtration Rate Lab Test
CPT®	82565	Estimated Glomerular Filtration Rate Lab Test
LOINC	48642-3	Estimated Glomerular Filtration Rate Lab Test
LOINC	48643-1	Estimated Glomerular Filtration Rate Lab Test
LOINC	50044-7	Estimated Glomerular Filtration Rate Lab Test
LOINC	50210-4	Estimated Glomerular Filtration Rate Lab Test
LOINC	50384-7	Estimated Glomerular Filtration Rate Lab Test
LOINC	62238-1	Estimated Glomerular Filtration Rate Lab Test
LOINC	69405-9	Estimated Glomerular Filtration Rate Lab Test
LOINC	70969-1	Estimated Glomerular Filtration Rate Lab Test
LOINC	77147-7	Estimated Glomerular Filtration Rate Lab Test
LOINC	88293-6	Estimated Glomerular Filtration Rate Lab Test
LOINC	88294-4	Estimated Glomerular Filtration Rate Lab Test
LOINC	94677-2	Estimated Glomerular Filtration Rate Lab Test
LOINC	96591-3	Estimated Glomerular Filtration Rate Lab Test
LOINC	96592-1	Estimated Glomerular Filtration Rate Lab Test
LOINC	98979-8	Estimated Glomerular Filtration Rate Lab Test
LOINC	98980-6	Estimated Glomerular Filtration Rate Lab Test
SNOMED	12341000	Estimated Glomerular Filtration Rate Lab Test
SNOMED	18207002	Estimated Glomerular Filtration Rate Lab Test
SNOMED	241373003	Estimated Glomerular Filtration Rate Lab Test
SNOMED	444275009	Estimated Glomerular Filtration Rate Lab Test
SNOMED	444336003	Estimated Glomerular Filtration Rate Lab Test
SNOMED	446913004	Estimated Glomerular Filtration Rate Lab Test
SNOMED	706951006	Estimated Glomerular Filtration Rate Lab Test
SNOMED	763355007	Estimated Glomerular Filtration Rate Lab Test

Quantitative Urine Albumin Lab Test:

Code Type	Code	Description
CPT®	82043	Quantitative Urine Albumin Lab Test
LOINC	14957-5	Quantitative Urine Albumin Lab Test
LOINC	1754-1	Quantitative Urine Albumin Lab Test
LOINC	21059-1	Quantitative Urine Albumin Lab Test
LOINC	30003-8	Quantitative Urine Albumin Lab Test
LOINC	43605-5	Quantitative Urine Albumin Lab Test
LOINC	53530-2	Quantitative Urine Albumin Lab Test
LOINC	53531-0	Quantitative Urine Albumin Lab Test
LOINC	57369-1	Quantitative Urine Albumin Lab Test
LOINC	89999-7	Quantitative Urine Albumin Lab Test
SNOMED	104486009	Quantitative Urine Albumin Lab Test
SNOMED	104819000	Quantitative Urine Albumin Lab Test

Urine Creatinine Lab Test:

Code Type	Code	Description
CPT®	82570	Urine Creatinine Lab Test
LOINC	20624-3	Urine Creatinine Lab Test
LOINC	2161-8	Urine Creatinine Lab Test
LOINC	35674-1	Urine Creatinine Lab Test
LOINC	39982-4	Urine Creatinine Lab Test
LOINC	57344-4	Urine Creatinine Lab Test
LOINC	57346-9	Urine Creatinine Lab Test
LOINC	58951-5	Urine Creatinine Lab Test
SNOMED	8879006	Urine Creatinine Lab Test
SNOMED	36793009	Urine Creatinine Lab Test
SNOMED	271260009	Urine Creatinine Lab Test
SNOMED	444322008	Urine Creatinine Lab Test

Part D: Statin Use in Patients with Diabetes (SUPD)

Measure Description

Percentage of patients who are 40-75 years of age who were dispensed at least two diabetes medication fills and who received a statin medication fill **using their Part D (pharmacy) benefit** during the measurement year.

Note: Medicare Advantage members who are dispensed at least two prescriptions for statin medications are placed into another measure – Statin Medication Adherence. This measure requires that the member remain adherent to their statin medication for at least 80% of the treatment period. When initiating a statin, patient education on the importance of staying adherent, with appropriate reinforcement, is necessary.

Medication List

Drug Category	Medications	
High-Intensity Statin Therapy	Amlodipine-atorvastatin 40-80mg Atorvastatin 40-80mg Ezetimibe-simvastatin 80mg	Rosuvastatin 20-40mg Simvastatin 80mg
Moderate-Intensity Statin Therapy	Amlodipine-atorvastatin 10-20mg Atorvastatin 10-20mg Ezetimibe-simvastatin 20-40mg Fluvastatin 40-80mg Lovastatin 40mg	Pitavastatin 1-4mg Pravastatin 40-80mg Rosuvastatin 5-10mg Simvastatin 20-40mg
Low-Intensity Statin Therapy	Ezetimibe-simvastatin 10mg Fluvastatin 20mg Lovastatin 10-20mg	Pravastatin 10-20mg Simvastatin 5-10mg

Measure Compliance

- Prescription alone will not close this measure; prescription must be filled and billed on pharmacy claim
- Medication must be filled using a patient's Part D prescription drug benefit
    - Discount programs, such as GoodRx® or Amazon RxPass do not satisfy the measure since the patient's Part D benefit is not used in such cases
- CPT® II codes and Non-Standard Supplemental Data (NSSD) cannot be utilized to close this metric; this metric will close via pharmacy claims data only

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GoodRX® is a registered trademark for GoodRx, Inc.

Star Cut Points

MEASURE	2 Stars	3 Stars	4 Stars	5 Stars
SUPD	**81%**	**86%**	**89%**	**93%**

Tips and Best Practices

- To exclude members who cannot tolerate statin medications, a claim must be submitted annually using the appropriate ICD-10 CM code
- Utilize InNote at point of care to identify diabetic patients requiring statin therapy
- Utilize Innovaccer's Network PCP Dashboard/Quality tab to create a list of diabetic patients requiring statin therapy
- Encourage patients to use home delivery or mail order for maintenance medications; mail order pharmacies have processes in place to promote adherence including contacting members and proactively seeking refill requests
- Consider low-cost generic prescriptions
- Turn refill renewals and prior authorization requests around ASAP
- Educate patient on the importance of timely refills when ongoing therapy is required
- Review/refill all medications during all patient encounters, allowing for appropriate disease management, documentation, and time management of refills
- Diagnose and document the holistic disease burden of the patient
- Improve health literacy and organization of patients:
    - Educate patient about why they are on the medication
    - Educate patient about what to expect with the medication and what side effects warrant discontinuation of therapy and a call to the office
    - Encourage patients to use a 7-day pillbox, set alarms/reminders on phone/clock and join a reminder program at pharmacy
- Consider barriers to adherence:
    - Discuss barriers at each visit and provide opportunities for patients to ask questions or share concerns about side effects, transportation, copays, language barriers and proper drug administration
    - Leverage validated assessment tools and PharmD resources to assist

Exclusions

Conditions for statin therapy exclusions must be submitted each measurement year as an active diagnosis and submitted through claims during a billable outpatient encounter

- Palliative Care any time during the measurement year
- Hospice care or utilization of hospice services any time during measurement year
- Frailty and Advanced Illness (diagnosis must be in current measurement year)*
- Living in Long-term Care facility any time during the measurement year*
- During the measurement year, the following patients will be excluded from the denominator:
    - ESRD
    - Cirrhosis
    - Dialysis
    - Rhabdomyolysis, myopathy, myositis
    - Hospice enrollmentPregnancy or Lactation
    - In vitro fertilization
    - Pre-diabetes
    - Polycystic Ovary Syndrome

Exclusions (continued)

- During the measurement year and the year prior, the following patients will be excluded from the denominator (must be in both years):
    - Ischemic Vascular Disease (IVD)

**Non-Standard Supplemental Data cannot be used for Frailty and Advanced Illness or Living in Long-term Care Facility exclusions*

Exclusion Codes

ICD-10 code	Condition
T46.6X5A	Adverse effect of antihyperlipidemic and anti-arteriosclerotic drugs, initial encounter
G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82	Myositis, myopathy or rhabdomyolysis
R73.03	Prediabetes
R73.09	Other abnormal blood glucose
E28.2	Polycystic ovarian syndrome
K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69	Cirrhosis
I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2	End-stage renal disease
Multiple codes	Pregnancy
O91.03 O91.13 O91.23 O92.03 O92.13 O92.5 O92.70 O92.79	Lactation

Care Management & Diabetes Education

Care Management Resource Grid

	Medicare/MA				B-UFC			Commercial
	Banner MA	BCBS MA	UHC MA	MSSP	Medicaid (BUFC/ACC)	ALTCS (BUFC/ALTCS	DSNP (Banner MA)	Banner|Aetna
DPP- Diabetes Prevention Program	x	x	x	x	x	x	x	x
Healthy Living Classes	x	x	x	x	x	x	x	x
DSMES- Diabetes Self-Management Education & Support	x		x	x	x	x	x	x
Dial into Diabetes	x						x	
BMA Wellness Classes	x						x	
Ignite Your Health	x		x	x	x	x	x	x
Daily Care	x						x	
Virta								x
Complex Care Management	x		x	x	x	x	x	x

Diabetic Care Management Referral Form

Patient Information	
Referral Date:	
Patient's Name:	DOB:
Address:	
Primary Phone #:	2nd Phone #:
Email Address:	
Insurance Type: ☐AARP Medicare Advantage/United Healthcare ☐Medicare - MSSP ☐Banner University Family Care - ACC ☐Banner University Family Care - ALTCS	☐Banner Aetna ☐Banner Medicare Advantage Prime ☐Banner Medicare Advantage Dual
Insurance ID #:	

Referral Source	
Patient's PCP:	Phone #:
Person Submitting Referral:	Phone #:

Reason for Referral

Pre-Diabetic Education

Email: Tucsondiabetes@bannerhealth.com

☐ 1 Year Diabetic Prevention Program (DPP) ☐ Healthy Living Classes

Diabetic Self-Management, Education & Support (DSMES) Program

Fax Referral to: 623-285-2624

☐ DSMES (Diabetes Self-Management, Education and Support)

Fax Specialty Referral to: Banner Medical Group Diabetes Nutrition & Education: 623-285-2624

Call for more info: 623-876-6960

Diabetic Care Management & Education

Fax: 480-655-2537 or Email: BHNPopHealthManagement@bannerhealth.com

☐ Enroll Patient in Appropriate Care Management for Diabetes

Please Describe Any Additional Patient Needs:

Diabetes Education for Patients

Diabetes Prevention Program (DPP)

Free (no copay required), one-year, on-line program offered through Banner University Medical Center – new groups starting three dates each year (January, April, August). Available to patients

Healthy Living Program

Virtual classes available for ALL patients, Arizona statewide who have been either diagnosed with type 2 diabetes or who are at high risk for developing diabetes. Friends and family are welcome too.

Banner Health

Healthy Living Program 2025

Learn how to have better blood sugar control!

Classes Repeat Every Month on Mondays at 12 - 1 pm and 5:30 - 6:30 pm MST

Classes are free, no co-pay. You do not need to be a Banner patient to attend

To Join,
Call (520) 694-8041
email TucsonDiabetes@BannerHealth.com

Diabetes Overview

Learn the basics of diabetes and how to create a plan to prevent or to be healthy while living with diabetes
(1st Monday of the month)

Healthy Eating Basics

Learn the basics and benefits of eating healthily to live with or to prevent diabetes, identifying dietary myths, and mindful eating.
(2nd Monday of the month)

Easy Fitness Basics

Learn how to make moving your body improve your blood glucose levels or reduce your risk for developing type 2 diabetes.
(3rd Monday of the month)

Scan this QR code using your phone to sign up!

Diabetes Self-Management, Education & Support (DSMES)

Adult outpatient ADA recognized diabetes education is offered through Banner Medical Group. To qualify, a referral is required from a provider treating the patient's diabetic condition. This service is for all diabetic patients regardless of Primary Care Provider. Verify with the patient's insurance if they will cover diabetes education and/or nutritional therapy.

Banner Medical Group

Diabetes and Nutrition Education

Banner Medical Group offers an all-inclusive diabetes education and management program that is tailored to your individual needs. Our program is recognized by the American Diabetes Association and is Medicare-approved.

American Diabetes Association.

Our comprehensive diabetes program includes individual consultation with a:

- Diabetes educator
- Registered dietitian

In addition, our Diabetes and Nutrition Education clinic offers the following services:

- Pre-diabetes education
- Gestational diabetes counseling
- Diabetes medication and insulin instruction
- Insulin pump training and management
- Medical nutrition therapy for a variety of diagnoses

Meet Our Team

Damian Plues, CDCES, RD

Education: Bachelor of Science, Dietetics, Arizona State University, Tempe
Certifications: Certification Board for Diabetes Care and Education; Commission on Dietetic Registration

Melva Zerkoune, CDCES, RD

Education: Master of Science, Community Nutrition, University of Nebraska, Lincoln
Certifications: Certification Board for Diabetes Care and Education; Commission on Dietetic Registration

For questions or to schedule an appointment, please call: 623-876-6960

Peoria
Banner Health Center
9165 W. Thunderbird Rd., Ste. 100 | Peoria, AZ 85381

Sun City West
Banner Health Center
14416 W. Meeker Blvd., Bldg. C, Ste. 300
Sun City West, AZ 85375

Hours of operation:
Monday – Friday: 8 am – 4 pm

To send a fax to either location: 623-285-2624

More information: bannerhealth.com

Ignite Your Health: Diabetes Community Support

Virtual meetings are held on the second Tuesday of the month and are a free health plan benefit for Banner|Aetna, BMA (DSNP, HMO, PPO), UHC-MA, MSSP, B-UFC/ACC and B-UFC/ALTCS members with a diagnosis of diabetes, and those who support them.

Banner Medicare Advantage

Ignite Your Health

A virtual community of support offered as a Banner Medicare Advantage benefit

The Ignite Your Health community supports and advocates for the health of our members with a **diagnosis of diabetes**, and those who support them!

What you can do:

- Share your concerns in a judgement-free setting.
- Brainstorm ways to tackle difficult situations.
- Receive validation from others.
- Build a social support network.
- Develop a deeper understanding of your health.
- Share tips and strategies to ignite your health.
- Receive expert guidance in topics such as: physical activity, nutrition, coping, diabetes distress, stress and more.

Your team of experts includes:

- Registered Dietitian Nutritionists
- Exercise Physiologists
- Registered Nurses
- Certified Diabetes Care and Education Specialist

For more information or to register please contact:

Participation is free of charge for our members. Registration is required to obtain the computer link or telephone number to join. To register for Ignite Your Health, please call 480-684-5090, 8 a.m. to 4:30 p.m., Monday through Friday.

For information on additional wellness opportunities and more, please visit the Banner Medicare Advantage website:

www.BannerHealth.com /MA-Wellness-Programs

Eligibility:

Banner Medicare Advantage members living with diabetes and those who support them.

When:

Virtual meetings are from 12 p.m. to 1 p.m., on the second Tuesday of the month.

2025 Schedule:

January 14, 2025: Fitness is Better Together *(hybrid - Casa Grande)*

February 11, 2025: Food on a Budget

March 11, 2025: Living w/Diabetes: Victim vs. VICTOR

April 8, 2025: One Day at a Time: Preventing Diabetes Burnout

May 13, 2025: Is Your Diet Healthy *(hybrid - Tucson)*

June 10, 2025: Ask the Pharmacist

July 8, 2025: Take a Seat: Chair Yoga

August 12, 2025: Staying Motivated

September 9, 2025: Let's Take a Breath: Relaxation *(hybrid - Mesa)*

October 14, 2025 : Sleep Meditation

November 11, 2025: Body Positivity

December 9, 2025: The Little Things in Life: What Do You Enjoy?

For accommodations for persons with special needs at meetings, please call our Customer Care Center. We are open from 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711

Banner Medicare Advantage: Dial into Diabetes Program

Banner Medicare Advantage

Dial Into Diabetes

We will teach you how you can thrive with diabetes!

Banner Medicare Advantage invites you to participate in our diabetes education and management program **Dial Into Diabetes!**

What we do:

The Dial Into Diabetes program is a voluntary, no-cost service to help you with managing your health. Our goal is to assist you in feeling good today and lowering your risk for complications in the future!

Your care team of experts includes:

- Certified Diabetes Educators
- Registered Dietitian Nutritionists
- Registered Nurses
- Exercise Physiologists
- Health Coaches
- Pharmacists

The education and life skills you will learn from taking part in our program can slow down the advancement of your disease and prevent complications from developing.

After enrolling, your diabetes team will schedule telephonic visits with you. Your team will help you create a personalized Diabetes Action Plan, guiding you step by step into improved health.

To learn more about your Banner Medicare Advantage wellness benefits, please scan QR code or visit:

www.BannerHealth.com/MA-Wellness-Programs

Your journey to improved health has begun!

We're glad you're here!

To self-enroll or for more information about the program, please call 480-684-5090.

Banner Medicare Advantage

Dial Into Diabetes

¡Le enseñaremos como mejorar con la diabetes!

Banner Medicare Advantage le invita a participar en nuestro programa de educación y control de la diabetes **¡Dial Into Diabetes!**

Lo que hacemos:

El programa Dial Into Diabetes es un servicio voluntario y sin costo para ayudarle a controlar su salud. ¡Nuestro objetivo es ayudarle a sentirse bien hoy y reducir su riesgo de complicaciones en el futuro!

Su equipo de expertos en atención médica incluye:

- Educadores Certificados en Diabetes
- Nutricionistas Dietistas Registrados
- Enfermeras Registradas
- Fisiólogos del Ejercicio
- Entrenadores de Salud
- Farmacéuticos

La educación y las habilidades para la vida que aprenderá al participar en nuestro programa pueden retrasar el avance de su enfermedad y evitar que se desarrollen complicaciones.

Después de inscribirse, su equipo de diabetes programará consultas telefónicas con usted. Su equipo le ayudará a crear un Plan de Acción para la Diabetes personalizado, guiándolo paso a paso para mejorar su salud.

Para obtener más información sobre sus beneficios de bienestar de Banner Medicare Advantage, escanee el código QR o visite:

www.BannerHealth.com/MA-Wellness-Programs

¡Su camino hacia una mejor salud ha comenzado!

¡Nos alegra que esté aquí!

Para inscribirse o más información sobre el programa, favor de llamar al 480-684-5090.

Banner Medicare Advantage

Let's Talk About Diabetes Series!

2025 Class Schedule: English

The "Let's Talk" series is a free benefit for Banner Medicare Advantage members with a diagnosis of diabetes. These virtual sessions are led by our Dial Into Diabetes team. All sessions are available in English and Spanish.

Registration is required to reserve your spot and to obtain the computer link or telephone number to join. The instructions on how to join will be sent a few days prior to each session.

Each session will be on a separate topic. You can attend these sessions in any order, but we do recommend that you register for the entire series.

To register for one or more of these "Let's Talk" sessions, or to enroll in the Dial Into Diabetes program and receive individualized diabetes self-management from a team of diabetes educators, please call 480-684-5090, 8 a.m. to 4:30 p.m., Monday through Friday.

English Classes

Date	Time	Class	Location
2/18/2025 4/1/2025 5/20/2025 7/1/2025 8/19/2025 9/30/2025	10 a.m. to 11 a.m.	**Let's Talk About Diabetes and Staying Healthy** Would you like to learn how to control your diabetes instead of letting it control you? If so, please join us for this talk! Attending will help you understand what diabetes is, and what you can do to stay healthy by following proven guidelines.	Virtual
2/25/2025 4/15/2025 5/27/2025 7/15/2025 8/26/2025 10/7/2025	10 a.m. to 11 a.m.	**Let's Talk About Diabetes and Blood Glucose Monitoring** Monitoring is for YOU. Blood glucose changes from moment to moment. Glucose targets are different for fasting and after meals. Monitoring provides instant information about what is happening in your body. Join us as we talk about finger sticks and continuous glucose monitors. Knowledge is power.	Virtual
3/4/2025 4/22/2025 6/3/2025 7/22/2025 9/2/2025 10/21/2025	10 a.m. to 11 a.m.	**Let's Talk About Diabetes and Nutrition** This talk will discuss how food impacts your diabetes. Learn how you can still eat your favorite foods, while managing your diabetes. We will help you find the balance that works for you.	Virtual

Date	Time	Class	Location
3/18/2025 4/29/2025 6/17/2025 7/29/2025 9/16/2025 10/28/2025	10 a.m. to 11 a.m.	**Let's Talk About Diabetes: Exercise *IS* Medicine** Did you know that walking 30 minutes a day can help lower your blood glucose? In this interactive presentation we will talk about the different types of physical activity, the benefits, how to make exercise enjoyable, and how to do different activities without expensive gym equipment.	Virtual
3/25/2025 5/6/2025 6/24/2025 8/5/2025 9/23/2025 11/4/2025	10 a.m. to 11 a.m.	**Let's Talk about Diabetes, Losing Weight and Living Well** Be the boss of your weight loss. Let us show you how! Let's talk about diabetes, losing weight and living well!	Virtual
4/3/2025 5/22/2025 6/5/2025 7/17/2025 8/7/2025 9/25/2025 10/2/2025	10 a.m. to 10:45 a.m.	**Continuous Glucose Monitors:** Dexcom, Beyond the Basics The Dexcom Continuous Glucose Monitor provides details of blood glucose readings all throughout the day and night. This discussion is for those who currently use a Dexcom and goes beyond the basic information provided in the Let's Talk About Blood Sugar Monitoring. It is recommended to attend the Let's Talk about Diabetes and Monitoring prior to this talk.	Virtual
4/3/2025 5/22/2025 6/5/2025 7/17/2025 8/7/2025 9/25/2025 10/2/2025	1 p.m. to 1:45 p.m.	**Continuous Glucose Monitors:** Libre, Beyond the Basics The Libre Continuous Glucose Monitor provides details of blood glucose readings all throughout the day and night. This discussion is for those who currently use a Libre and goes beyond the basic information provided in the Let's Talk About Blood Sugar Monitoring. It is recommended to attend the Let's Talk about Diabetes and Monitoring prior to this talk.	Virtual

For accommodations for persons with special needs at meetings, please call our Customer Care Center. We are open from 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711

Banner Medicare Advantage

¡Hablemos de las Sesiones de Diabetes!

Horario de Clases 2025: Español

La serie "Let's Talk" o "Hablemos" es un beneficio gratuito para los miembros de Banner Medicare Advantage con un diagnóstico de diabetes. Estas sesiones virtuales son dirigidas por nuestro equipo de Dial Into Diabetes. Todas las sesiones están disponibles en inglés y español.

Es necesario registrarse para reservar su lugar y obtener el enlace de la computadora o el número de teléfono para unirse. Las instrucciones sobre cómo unirse se enviarán unos días antes de cada sesión.

Cada sesión tratará sobre un tema diferente. Puede asistir a estas sesiones en cualquier orden, pero le recomendamos que se registre para toda la serie.

Para inscribirse en una o más de estas sesiones de "Hablemos", o para inscribirse en el programa Dial Into Diabetes y recibir un autocontrol individualizado de la diabetes por parte de un equipo de educadores en diabetes, llame al 480-684-5090, de 8 a.m. a 4:30 p.m., de lunes a viernes.

Clases en Español

Fecha	Hora	Clase	Ubicación
2/18/2025 4/1/2025 5/20/2025 7/1/2025 8/19/2025 9/30/2025	2 p.m. a 3 p.m.	**Hablemos de Diabetes y de Mantenerse Saludable** ¿Le gustaría aprender a controlar su diabetes en lugar de dejar que ella la controle a usted? Si es así, ¡acompáñenos en esta charla! Asistir le ayudará a entender qué es la diabetes y qué puede hacer para mantenerse saludable siguiendo guías comprobadas.	Virtual
2/25/2025 4/15/2025 5/27/2025 7/15/2025 8/26/2025 10/7/2025	2 p.m. a 3 p.m.	**Hablemos de la Diabetes y el Control de la Glucosa en la Sangre** El monitoreo es para USTED. La glucosa en sangre cambia de un momento a otro. Los objetivos de glucosa son diferentes para el ayuno y después de las comidas. El monitoreo proporciona información instantánea sobre lo que está sucediendo en su cuerpo. Acompáñenos a hablar de los pinchazos en los dedos y los monitores continuos de glucosa. Saber es poder.	Virtual
3/4/2025 4/22/2025 6/3/2025 7/22/2025 9/2/2025 10/21/2025	2 p.m. a 3 p.m.	**Hablemos de Diabetes y Nutrición** Esta charla hablará sobre cómo los alimentos afectan su diabetes. Aprenda cómo puede seguir comiendo sus comidas favoritas mientras controla su diabetes. Le ayudaremos a encontrar el balance que funcione para usted.	Virtual

Diabetes Education

Fecha	Hora	Clase	Ubicación
3/18/2025 4/29/2025 6/17/2025 7/29/2025 9/16/2025 10/28/2025	2 p.m. a 3 p.m.	**Hablemos de la Diabetes: El Ejercicio ES Medicina** ¿Sabía que caminar 30 minutos al día puede ayudar a reducir su nivel de glucosa en sangre? En esta presentación interactiva hablaremos sobre los diferentes tipos de actividad física, los beneficios, cómo hacer que el ejercicio sea placentero y cómo realizar diferentes actividades sin costosos equipos de gimnasio.	Virtual
3/25/2025 5/6/2025 6/24/2025 8/5/2025 9/23/2025 11/4/2025	2 p.m. a 3 p.m.	**Hablemos de la Diabetes, Perder Peso y Vivir Bien** Sea el jefe de su pérdida de peso. ¡Permítanos mostrarle cómo! ¡Hablemos de la Diabetes, Perder Peso y Vivir Bien!	Virtual
4/3/2025 5/22/2025 6/5/2025 7/17/2025 8/7/2025 9/25/2025 10/2/2025	11 a.m. a 11:45 a.m.	**Monitores Continuos de Glucosa:** Dexcom, Más allá de lo Básico El Monitor Continuo de Glucosa de Dexcom proporciona detalles de las lecturas de glucosa en sangre durante todo el día y la noche. Esta charla es para aquellas personas que actualmente usan un Dexcom y va más allá de la información básica proporcionada en el Control de la Glucosa en la Sangre. Se recomienda asistir a la charla Hablemos de Diabetes y Monitoreo antes de esta plática.	Virtual
4/3/2025 5/22/2025 6/5/2025 7/17/2025 8/7/2025 9/25/2025 10/2/2025	2 p.m. a 2:45 p.m.	**Monitores Continuos de Glucosa:** Libre, Más allá de lo Básico El Monitor Continuo de Glucosa de Libre proporciona detalles de las lecturas de glucosa en sangre durante todo el día y la noche. Esta charla es para aquellas personas que actualmente usan un Libre y va más allá de la información básica proporcionada en el Control de la Glucosa en la Sangre. Se recomienda asistir a la charla Hablemos de Diabetes y Monitoreo antes de esta plática.	Virtual

Para acomodaciones para personas con necesidades especiales en juntas, llame a nuestro Centro de Atención al Cliente. Estamos abiertos de 8 a.m. a 8 p.m., los siete días de la semana.

Banner Medicare Advantage Dual HMO SNP: 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711

Banner Medicare Advantage: Wellness Classes

Banner Medicare Advantage

Healthy Habits for Diabetes Prevention

What was your most recent blood glucose *(sugar)* reading? If your blood glucose is higher than normal, but not high enough to be considered diabetes, you may have prediabetes.

More than 1/3 of US adults have diabetes. Most people don't know they have it. Research shows that healthy habits can prevent or delay prediabetes becoming diabetes. These healthy habits can improve more than just the blood glucose, they can improve your overall health.

Healthy Habits for Diabetes Prevention

- 3-part weekly group series
- Taught by diabetes and wellness experts
- Telephonic
  (join through e-mail link or via phone)
- Learn what Healthy Habits can prevent or delay diabetes
- Create your own Action Plan
- Classes available in English and Spanish

Eligibility

This is an insurance benefit for those with Banner Medicare Advantage.

Who should attend?

- Those who have been diagnosed with prediabetes.
- Those who have had elevated blood glucose levels, but not diagnosed with diabetes.
- Those who want to prevent diabetes.

Schedule

- Series 1:
  3/6/2025 | 3/12/2025 | 3/20/2025
- Series 2:
  7/10/2025 | 7/17/2025 | 7/24/2025
- Series 3:
  9/4/2025 | 9/11/2025 | 9/18/2025
- Series 4:
  10/30/2025 | 11/6/2025 | 11/13/2025

English Series is from 10 a.m. to 11 a.m.
Spanish Series is from 2 p.m. to 3 p.m.

To register, please call 602-230-CARE (2273).

To learn more about your other Wellness Benefits, please visit ***www.BannerHealth.com/MA***.
For questions, please call 480-684-5090.

For accommodations for persons with special needs at meetings or if you have any questions, please call our Customer Care Center, 8 a.m. to 8 p.m., seven days a week. Or visit ***www.BannerHealth.com/MA.***

Banner Medicare Advantage Dual HMO D-SNP 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO 844-549-1857, TTY 711

Banner Medicare Advantage

Hábitos Saludables para la Prevención de la Diabetes

¿Cuál fue su lectura más reciente de glucosa *(azúcar)* en la sangre? Si su glucosa en la sangre es más alta de lo normal, pero no lo suficientemente alta como para ser considerada diabetes, es posible que tenga prediabetes.

Más de 1/3 de los adultos estadounidenses tienen diabetes. La mayoría de las personas no saben que la tienen. Las investigaciones demuestran que los hábitos saludables pueden prevenir o retrasar que la prediabetes se convierta en diabetes. Estos hábitos saludables pueden mejorar más que solo la glucosa en la sangre, pueden mejorar su salud en general.

Hábitos Saludables para la Prevención de la Diabetes

- Serie grupal semanal de 3 partes
- Enseñadas por expertos en diabetes y bienestar
- Telefónicas *(unirse a través de un enlace de correo electrónico o por teléfono)*
- Conozca qué hábitos saludables pueden prevenir o retrasar la diabetes
- Desarrolle su propio Plan de Acción
- Clases disponibles en inglés y español

Elegibilidad

Este es un beneficio de seguro para las personas con Banner Medicare Advantage.

¿Quiénes deberían asistir?

- Las personas que han sido diagnosticadas con prediabetes.
- Las personas que han tenido niveles elevados de glucosa en la sangre, pero no han sido diagnosticadas con diabetes.
- Las personas que quieren prevenir la diabetes.

Horario

- Serie 1: 3/6/2025 | 3/12/2025 | 3/20/2025
- Serie 2: 7/10/2025 | 7/17/2025 | 7/24/2025
- Serie 3: 9/4/2025 | 9/11/2025 | 9/18/2025
- Serie 4: 10/30/2025 | 11/6/2025 | 11/13/2025

La serie en inglés es de 10 a.m. a 11 a.m.
La serie en español es de 2 p.m. a 3 p.m.

Para registrarse, favor de llamar al 602-230-CARE (2273).

Para obtener más información sobre sus otros beneficios de bienestar, visite ***www.BannerHealth.com/MA***.
Si tiene preguntas, llame al 480-684-5090.

Para acomodaciones para personas con necesidades especiales en juntas o si tiene preguntas, por favor llame a nuestro Centro de Atención al Cliente, de 8 a.m. a 8 p.m., los siete días de la semana. O bien visite ***www.BannerHealth.com/MA.***

Banner Medicare Advantage Dual HMO D-SNP 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO 844-549-1857, TTY 711

Banner Medicare Advantage: Daily Care

Daily Care is an interactive presentation where are BMA Prime, Plus and Dual members living with diabetes will learn about diabetes management, healthy meal preparation and taste recipes that can be cooked at home.

Banner Medicare Advantage

Daily Care: Living Your Best Life with Diabetes

An in-person group where you learn about managing different phases of diabetes.

Daily Care is an interactive presentation where our members will learn about nutrition, the benefits of being active, and solving everyday problems. We'll have open discussions about any diabetes concerns.

What to expect:

- Work directly with a dietitian.
- Receive valuable handouts that will help manage your diabetes.
- Learn about different eating patterns.
- Compare portion sizes of common meals.
- Discuss solutions for everyday problems.

Space is limited for this event, registration is required.

To register for Daily Care, please call 480-684-5090, 8 a.m. to 4:30 p.m., Monday through Friday.

Please visit the Banner Medicare Advantage website to learn about additional diabetes programs and wellness opportunities.

www.BannerHealth.com /MA-Wellness-Programs

Eligibility:

Banner Medicare Advantage members living with diabetes.

When:

Date:

February 20, 2025:
Spring is Here, Let's Eat Healthy and Be Active

April 17, 2025:
Stay Hydrated and Active for the Summer

June 19, 2025:
Enjoy Fruit Smartly

August 19, 2025:
Eating to Keep Your Heart Healthy

October 16, 2025:
Balancing Your Meals

November 20, 2025:
Holiday Meals and Staying Active

Time:

9 a.m. (English group)
11 a.m. (Spanish group)

Location:

Banner Plans & Networks
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

Room number to be provided to registered members prior to the event.

For accommodations for persons with special needs at meetings, please call our Customer Care Center. We are open from 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711

Banner Medicare Advantage

Cuidado Diario: Viviendo lo Mejor de su Vida con Diabetes

Un grupo presencial donde aprenderá acerca del manejo de las diferentes fases de la diabetes.

Cuidado Diario es una presentación interactiva donde nuestros miembros aprenderán acerca de nutrición, beneficios por estar activo, resolver problemas diarios, y tener conversaciones abiertas acerca de los asuntos de la diabetes.

Qué esperar:

- Trabajará directamente con un dietista.
- Recibirá valiosos folletos que le ayudarán a controlar su diabetes.
- Aprenderá sobre diferentes patrones de alimentación.
- Comparará el tamaño de las porciones de comidas comunes.
- Hablará sobre soluciones para problemas cotidianos.

El espacio para este evento es limitado, es necesario registrarse

Para registrarse para el Cuidado Diario, por favor llame al 480-684-5090, de 8 a.m. a 4:30 p.m., de lunes a viernes.

Visite el sitio web de Banner Medicare Advantage para obtener información sobre programas adicionales para la diabetes y oportunidades de bienestar.

www.BannerHealth.com/MA-Wellness-Programs

Elegibilidad:

Miembros de Banner Medicare Advantage que tienen diabetes.

Cuando:

Fecha:

20 de febrero de 2025:
La primavera está aquí, Vamos a Comer Saludable y a Estar Activos.

17 de abril de 2025:
Mantenerse Hidratado y Activo para el Verano

19 de junio de 2025:
Disfrute las Frutas Inteligentemente

19 de agosto de 2025
Comer para Mantener el Corazón Sano

16 de octubre de 2025:
Balanceando sus Comidas

20 de noviembre de 2025:
Comidas Navideñas y Mantenerse Activo

Hora:

9 a.m. (Inglés)
11 a.m. (Español)

Lugar:

Banner Plans & Networks
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

El número de salón se proporcionará a los miembros registrados antes del evento.

Para acomodaciones para personas con necesidades especiales en juntas, por favor llame a nuestro Centro de Atención al Cliente. Estamos abiertos de 8 a.m. a 8 p.m., los siete días de la semana.

Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711

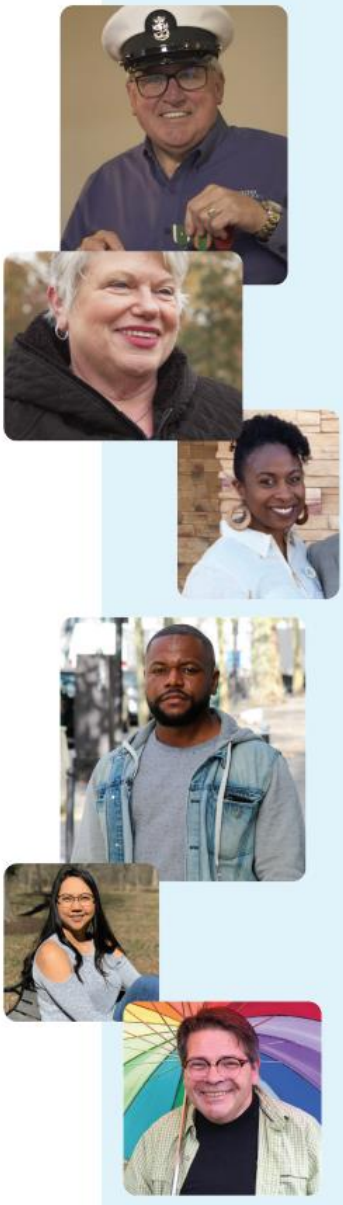
Banner|Aetna: Virta Type 2 Diabetes and Prediabetes Treatment Programs

Virta is available at no cost to Banner Health team members and their eligible dependents between the ages of 18 and 79 who are enrolled in a Banner|Aetna medical plan through Banner Health. This benefit is currently being offered to those with type 2 diabetes or prediabetes (based on A1c lab values).

virta | Banner Health + Banner | aetna

Join the movement to treat type 2 diabetes.

Virta uses the research-backed combination of nutritional ketosis, medical supervision, and one-on-one health coaching. You also get all the supplies you need for biomarker tracking, access to a private patient community, and curated recipes, food guides, and meal plans!



Virta can help you:

- Lower blood sugar
- Decrease medications
- Reduce A1c
- Lose weight
- Lower triglycerides

How is Virta different?

- No calorie counting
- No fasting
- No exercise required
- No medication
- No surgery

Who is Virta for?

Virta is available to Banner Health team members and eligible dependents between the ages of 18 and 79 who are enrolled in a Banner|Aetna medical plan through Banner Health. This benefit is currently being offered to those with type 2 diabetes.

What's the cost?

Banner Health, fully covers the cost of Virta (valued at over $3,000) for you and your eligible family members with type 2 diabetes who are enrolled in a Banner|Aetna medical plan.

Learn more at
www.virtahealth.com/join/bannerhealth

Scan here to learn more

Provider FAQs

virta

What is Virta?

Virta is a leading telehealth provider clinically proven to reverse type 2 diabetes without medication, calorie restrictions, or surgery.

Reversal is defined as HbA1c less than 6.5% and eliminating diabetes medications, excluding metformin.[1]

What results can members achieve with Virta?

Outcomes among one year completers of Virta's clinical trial[2]:

1.3%	59%	31lbs
HBA1C REDUCTION	RX REDUCTION	AVG WEIGHT LOSS

1 How does Virta fit in with the member's current care team and PCP?

Virta employs our own providers, licensed in all 50 states, to provide diabetes care for members in partnership with their health coach. Virta functions as a specialist focused on diabetes care, additive to the member's relationship with their PCP. Virta's providers advocate for our members to seek care regularly for health maintenance and medical conditions outside Virta's scope of practice.

2 What updates will the PCP receive from Virta?

When a member provides Virta with their PCP's contact information during enrollment, Virta provides fax updates to the member's PCP at enrollment, 14 days post enrollment, when a diabetes medication is started or stopped, and when the member is released from Virta's care. Progress reports will include:

- Member-reported biomarkers: blood glucose, weight, BMI, and blood pressure (if clinically relevant)
- Comparison to prior values
- Diabetes Rx starts and stops

3 Will Virta order labs for members? How will PCPs see the lab results?

During enrollment, Virta either collects recent lab results for the member (if available) or sends the member to get new labs. Once enrolled in care, Virta will order labs every 6-months for the member. If the member has had labs completed through their PCP or health plan and provides Virta with a copy of those lab results, or if those labs are shared through the Health Information Exchange, Virta can access those in lieu of ordering new labs.

Virta will send members to LabCorp or Quest for labs (included in care, at no cost to the member). Note—additional costs may be incurred for labs obtained from an out-of-network provider.

4 What deprescribing protocols do the Virta providers follow?

Virta providers follow established protocols, focused on safely and appropriately reducing and eliminating diabetes medications as glucose normalizes following adoption of dietary changes. The primary focus is on avoiding hypoglycemia, by initially deprescribing medications with a risk of inducing low blood glucose (insulin,sulfonylureas, and meglitinides).

Virta takes the American Diabetes Association standards of care guidelines into consideration with regards to continuation of medications such as GLP-1 receptor agonists and SGLT-2 inhibitors in patients with cardiovascular or renal indications. In patients without cardiovascular or renal indications for SGLT-2 inhibitors, Virta providers eliminate these medications due to potential risk for euglycemic DKA. GLP-1 receptor agonists and DPP-4 inhibitors are generally reduced or eliminated when glucose is well-controlled.

5 What is Virta's scope of practice with regards to hypertension, lipids, mental health, or other conditions?

Virta is focused on the care and reversal of type 2 diabetes and metabolic syndrome. Virta defers management of conditions such as hypertension, lipids or mental health to the member's PCP, except in acute instances when Virta will direct the member to emergency care. As referenced in Virta's clinical trial outcomes, Virta generally sees improvements in blood pressure, lipid profile, and ASCVD risk, although there is of course some individual variability.

6 Are there exclusions for participating in Virta?

The following criteria excludes individuals from care in Virta's type 2 diabetes reversal care:

- Younger than 18 or older than 79 years old
- Type 1 diabetes diagnosis
- Pregnant or nursing
- Does not speak English or Spanish
- No smartphone access
- Stage 4 or 5 chronic kidney disease or end stage renal disease on dialysis

7 How does the Virta Care team triage acute symptoms?

Virta provides all members guidance that Virta is not an emergency clinic, and advises that they seek in-person care locally if they have an urgent or emergent health event. If the member messages Virta about emergent symptoms, Virta coaches will tell the member to seek care and the coach will alert the member's Virta provider.

Regarding hypoglycemia, there are automated alerts in the app instructing members to treat lows and if/when to seek immediate care. The Virta provider is also alerted, and the member's care team will troubleshoot and adjust medications as needed.

8 What happens if a Virta member gets admitted to the hospital?

When someone is hospitalized, Virta communicates with them via app or phone calls while in the hospital (with medical management of course being managed by the hospital team). Virta is available to talk with the hospital team as needed. Upon discharge, Virta asks the member to update their care team with any medication changes, and to verify their med list in the member app, with special attention towards any changes in diabetes medications. Virta closely monitors and adjusts medications as needed based on their glucose control after discharge.

In terms of communicating with the PCP, Virta updates the PCP on the medication list via the next scheduled fax, or in the very rare instance where the hospitalization is related to their diabetes care, Virta would communicate directly with the PCP to discuss the care plan.

1. *Virta's reversal target is defined as achieving HbA1c <6.5% without the use of diabetes medications, or only metformin.*
2. *Hallberg SJ et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers (83% retention in Virta Treatment; 90% retention in Standard Care). Rx refers to the net change in diabetes prescription volume at one year (which excludes metformin) compared to baseline and multiple insulins prescribed to a patient were counted as one rx.*

For more information, visit **www.virtahealth.com/join**

If you have any questions, please reach out to Virta's Provider Support team at 844-847-8216 or providersupport@virtahealth.com.

References

References

Care Guidelines for Adults with Type 2 Diabetes

- American Diabetes Association (ADA), Standards of Care in Diabetes – 2023 Abridged for Primary Care Providers: Standards of Care in Diabetes—2023 Abridged for Primary Care Providers | Clinical Diabetes | American Diabetes Association (diabetesjournals.org)
  (1) Adapted from Table 2.2/2.5 - Criteria for the Screening and Diagnosis of Prediabetes and Diabetes
  (2) Adapted from Section 5 - Facilitating Positive Health Behaviors and Well-Being to Improve Health Outcomes
- See also: https://diabetesjournals.org/care/issue/46/Supplement_1; https://www.cdc.gov/vaccines/adults/rec-vac/health-conditions/diabetes.html

Care Guidelines for Adults with Prediabetes

- Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/; American Diabetes Association (ADA): https://diabetes.org/; National Institutes of Health (NIH): https://www.nih.gov/
  (1) Why to screen for prediabetes - sources from CDC, ADA, NIH
- American Diabetes Association (ADA), Standards of Care in Diabetes – 2023 Abridged for Primary Care Providers: Standards of Care in Diabetes—2023 Abridged for Primary Care Providers | Clinical Diabetes | American Diabetes Association (diabetesjournals.org)
  (2) Adapted from Table 2.2/2.5 - Criteria for the Screening and Diagnosis of Prediabetes and Diabetes
  (3) Adapted from Table 2.3 - Criteria for Screening for Diabetes or Prediabetes in Asymptomatic Adults
  (4) Adapted from Section 3 - Lifestyle Behavior Change for Diabetes Prevention
  (5) Adapted from Section 3.6 - Pharmacologic Interventions

Continuous Glucose Monitoring (CGM)

- Clevelandclinic.org
  (1) Cleveland Clinic. "Continuous Glucose Monitoring (CGM): What It Is." Cleveland Clinic.
- Diabetes.org
  (2) American Diabetes Association. "Continuous Glucose Monitors (CGM)." American Diabetes Association.
  (3) American Diabetes Association. "Choosing a CGM | Glucose Monitor." American Diabetes Association.
- Care.diabetesjournals.org.
  (4) American Diabetes Association. "Standards of Medical Care in Diabetes-2023." *Diabetes Care Journal*, vol. 46, Supplement 1, 2023.

Hypoglycemia in Diabetics

- (1) Maheswaran AB, Gimbar RP, Eisenberg Y, & Lin J. (2022). Hypoglycemic Events in the Emergency Department. *Endocrine Practice : Official Journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists*, *28*(4), 372–377. https://doi.org/10.1016/j.eprac.2022.01.006
- (2) Kasia J Lipska, MD, MHS. UpToDate. UpToDate. [Online] UpToDate, July 2024.
- (3) Association, American Diabetes. https://diabetes.org/living-with-diabetes/treatment-care/hypoglycemia. diabetes.org. [Online]
- (4) 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes-2024. (2024). Diabetes Care, 47(Suppl 1), S111–S125. https://doi.org/10.2337/dc24-S006

- (5) Insights., Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber. Clinical Resource, Preventing and managing hypoglycemia in patients with diabetes. s.l. : Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber Insights., 2024.

Pharmacy Recommendations:

- ADA Standards of Care in Diabetes – 2023: Practice Guidelines Resources | American Diabetes Association
  - Diabetes Therapy Based on Comorbid Condition section: Diabetes Care December 2022, Vol.46, S140-S157. doi:https://doi.org/10.2337/dc23-S009
  - Hypertension, Lipid Management, and Antiplatelet Agents sections: Diabetes Care December 2022, Vol.46, S158-S190. doi:https://doi.org/10.2337/dc23-S010

Glycemic Status Assessment for Patients with Diabetes (GSD)

[1] 2024/2025 Updates/Changes:

5. Measure name changed from Hemoglobin A1c Control for Patients with Diabetes (HBD) to Glycemic Status Assessment for Patients with Diabetes (GSD).
6. Glucose Management Indicator (GMI) as an option to meet numerator criteria has been added.
7. Event/diagnosis criteria for required exclusion has been updated to no longer require patients who do not have a diagnosis of diabetes.
8. Laboratory claims will not be accepted to meet exclusion criteria.

Links to Banner Education Resources:

- https://www.bannerhealth.com/calendar; TucsonDiabetes@bannerhealth.com

Acronyms:

ACEI:	Angiotensin-Converting Enzyme Inhibitors
ARB:	Angiotensin Receptor Blockers
ASCVD:	Atherosclerotic Cardiovascular Disease
BMI:	Body Mass Index
CAD:	Coronary Artery Disease
CKD:	Chronic Kidney Disease
CVD:	Cardiovascular Disease
HDL:	High-Density Lipoprotein
HIV:	Human Immunodeficiency Virus
HTN:	Hypertension

Acronyms (continued):

LDL:	Low-Density Lipoprotein
OGTT:	Oral Glucose Tolerance Test
SDOH:	Social Determinants of Health
SMBG:	Self-Monitored Blood Glucose