Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) HEDIS Tip Sheet MY 2025



Measure definition		Quality	Collection and
Percentage of members ages 18–64 with schizophrenia,	Medicaid	Program(s) NCQA	Reporting Administrative:
schizoaffective disorder or bipolar disorder who were		Accreditation	Claim/Encounter
dispensed an antipsychotic medication and had a diabetes		Select Medicaid	Data
screening test during the measurement year		state reporting	

Best practices for quality care

- Schedule a screening for diabetes (glucose test or an HbA1c) during the measurement year.
- If members do not have regular contact with their PCP, order diabetic screening tests (HgA1c).
- Screen all members prescribed antipsychotic medications that have a family history of diabetes.
- Educate members of the signs and symptoms of diabetes and encourage exercise and a healthy diet.

Quality score improvement tips

- The use of CPT Category II codes can help identify clinical outcomes and can reduce the need for chart review.
- HbA1c test results can be accepted as supplemental data also reducing the need for chart review.

Exclusions

- Members with diabetes.
 - Claim/encounter data. Members who had at least two diagnoses of diabetes on different dates of service during the measurement year ore year prior to the measurement year.
 - o Pharmacy data. Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.
- Members who had no antipsychotic medications dispensed during the measurement year. There are two ways to identify dispensing events:
 - o Claim/encounter data.
 - o Pharmacy data.
- Members who used hospice services or elected to use a hospice benefit at any time during the measurement year.
- Members who died at any time during the measurement year.

Numerator Codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

CODES		DESCRIPTIONS
CPT	80047-80050, 80053,	Glucose Lab Test
	80069, 82947, 82950-	
	82951	
CPT	83036-83037	HbA1c Test
CPT II	3044F (less than 7%)	
	3046F (greater than 9%)	
	3051F (≥ 7% and <8%)	
	3052F (≥ 8% and ≤9%)	

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.