HEDIS MEASURE OVERVIEW

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to replace your clinical judgment.

The Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) measure is one of the National Committee for Quality Assurance (NCQA) HEDIS measures. It is used to evaluate whether those with schizophrenia and diabetes are having their cholesterol and blood glucose monitored. Patients taking antipsychotics are at an increased risk for diabetes and cardiovascular disease. Improving blood sugar control leads to lower use of healthcare services and better satisfaction with diabetes treatment.[1]

Who is included in the SMD measure?

Patients with schizophrenia or schizoaffective disorder and diabetes who were 18–64 years of age during the measurement year who met at least one of the following criteria:

- At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, emergency department or nonacute inpatient setting on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder
- Diagnostic events can also come from telehealth, online assessments, telephone and e-visits or virtual check-ins

Service(s) needed for measure compliance

One low-density lipoprotein-cholesterol (LDL-C) test and one hemoglobin A1c (HbA1c) test during the measurement year

Exclusions

- Patients using hospice services
- Patients who died anytime during the measurement year

Measure best practices

- Use correct coding and submit claims in a timely manner.
- Refer patients with heart disease for annual lab draws and follow up to discuss results.
- Coordinate care with any treating behavioral health specialists.

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SMD coding

Code type	Description	Code
CPT	LDL-C tests	80061, 83700, 83701, 83704, 83721
CPT II	LDL-C result or finding	3048F–3050F
CPT	HbA1c tests	83036, 83037
CPT II	HbA1c result or finding	3044F, 3046F, 3051F, 3052F

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

1. National Committee for Quality Assurance. (2025). *HEDIS Measurement Year 2025: Volume 1: Narrative.*

Current Procedural Terminology (CPT®) and CPT Category II (CPT II) codes are developed by the American Medical Association. CPT codes are used to communicate services and procedures rendered to patients. CPT II codes are supplemental tracking codes used for quality performance measurement.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2026: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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