

Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus

*This measure is to be reported for all patients aged 18 through 75 years with diabetes mellitus — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%¹

What will you need to report for each patient with diabetes mellitus for this measure?

If you select this measure for reporting, you will report:

- The most recent hemoglobin A1c level
 - A1c level > 9.0% OR
 - A1c level 7.0% to 9.0% OR
 - A1c level < 7.0%

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

¹This is a poor control measure. A lower rate indicates better performance (eg, low rates of poor control indicate better care).

Diabetes Mellitus

Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 through 75 years.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code or G-code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			
Most Recent Hemoglobin A1c Level ¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Hemoglobin A1c level > 9.0%	<input type="checkbox"/>	<input type="checkbox"/>	3046F
Hemoglobin A1c level 7.0% to 9.0%	<input type="checkbox"/>	<input type="checkbox"/>	3045F
Hemoglobin A1c level < 7.0%	<input type="checkbox"/>	<input type="checkbox"/>	3044F
			If No is checked for all of the above, report 3046F-8P (Hemoglobin A1c level was not performed during the performance period [12 months], reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has diabetes mellitus and a visit occurred:

An ICD-9 diagnosis code for diabetes mellitus and a CPT E/M service code or G-code are required to identify patients to be included in this measure.

Diabetes mellitus ICD-9 diagnosis codes

- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication),
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT E/M service codes OR G-codes

- 97802, 97803, 97804 (medical nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit),
- G0270, G0271

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3046F:** Most recent hemoglobin A1c level > 9.0%
- **CPT II 3045F:** Most recent hemoglobin A1c level 7.0% to 9.0%
- **CPT II 3044F:** Most recent hemoglobin A1c level < 7.0%
- **CPT II 3046F-8P:** Hemoglobin A1c level was not performed during the performance period (12 months), reason not otherwise specified

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