

Comprehensive Diabetes Care (CDC): HbA1c

Patient Profile

MVP members 18–75 years of age with Diabetes (Type 1 and Type 2) and who have had an HbA1c test performed during the calendar year.

Refer to the *Comprehensive Diabetes Care (CDC) Overview* Tip Sheet for exclusions to this sub-measure.



How to Implement Best Practices and Improve Performance

- The HbA1c must be performed annually, at a minimum. Documentation must include the date of the A1C test as well as the result.
- Documentation may be in the form of a lab report, an office note, or on a Diabetes flowchart. Ranges and thresholds do not meet criteria, e.g., “HbA1c is <7%”, or “HbA1c is between 7–9%”. A distinct numeric result is required for compliance.
- The date of the latest A1C of the added "measurement" should be submitted.
- Consider Endocrinology and Diabetes education referrals for patients with suboptimal control.
- Consider the use and maintenance of a Diabetes flowchart for efficient A1C tracking.
- Be sure to coordinate an exchange of information with specialists such as Endocrinologists, Nephrologists, Cardiologists, Hospitalists, and Diabetes Educators. Contact providers that are out of the area that may care for patients at a seasonal location.
- Utilize the *MVP Gaps in Care Report (GIC)* for a list of all MVP members still in need of screenings.
- Consider the use of an electronic medical record flag system and patient reminder mechanisms to prevent overdue A1C testing.
- Exchange laboratory data with your local Regional Health Information Organization (RHIO).

Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Billing Codes

CPT Codes

HbA1C Screening

83036, 83037

CPT II Codes

HbA1C Results

3044F (<7.0%)

This code alone satisfies the HEDIS A1C sub-measure.

These codes alone do not, because the exact value must also be documented in the medical record: 3045F (7.0–9.0%), 3046F (≥9.0%)