

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. Identify early in the year who may need A1c testing and set them up, if results are high you have time to do education on diet, exercise and/or medication adjustment and then repeat to see if A1c improves.
- 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 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for CDC: HbA1c

Codes for CDC-HbA1c	Use of these codes will make the member a pass for CDC-HbA1c
Acute Inpatient with diagnosis of DM and without telehealth modifier	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 9929
Bilateral Modifier	Modifier: 50
Diabetes	ICD-10 CM: Multiple codes in E10.10 through O24.83 code values.
Diabetes Mellitus Without Complications	ICD-10 CM: E10.9, E11.9, E13.9
ED	CPT: 99281-99285
	UB Rev: 0450-0452, 0456, 0459, 098
Inpatient Stay	UB Rev: 0164, 0167, 0179, 0219, 0100-1, 0110-14, 0116-24, 0126-34, 0136-44, 0146-54, 0156-60, 0169-74, 0190-94, 0199-0204, 0206-14, 1000-2
Nonacute Inpatient with a diagnosis of DM	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
	UB Rev: 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559-0663, 0669
Observation	CPT: 99217-99220
Online Assessment	CPT: 98969, 99444

2020 Coding for CDC: HbA1c (continued)	
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456, 99483
	HCPCS: G0402, G0438-G0439, G0463, T1015
	UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983
HbA1c Lab Test	CPT: 83036-83037
	LOINC: 17856-6, 4548-4, 4549-2
HbA1c Level Greater Than 9.0	CPT-CAT-II: 3046F
HbA1c Level Less Than 7.0	CPT-CAT-II: 3044F
HbA1c Test Result or Finding	CPT-CAT-II: 3044F, 3045F, 3046F, 3051F, 3052F
Telehealth Modifier	CPT Modifier: 95, GT
Telehealth POS	POS: 02
Telephone Visits	CPT: 98966-98968, 99441-99443
Exclusion from CDC-HbA1c	Use of these codes will exclude member from CDC-HbA1c
Acute Inpatient IF Diagnosed with Advanced Illness	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291
Advanced Illness	ICD-10 CM: Multiple codes such as A81.00, A81.01, A81.09, C25.1-C25.9, C71/0-C71.0, C77.0-C94.32, F01.50-F10.97, G10-G31.83, through N18.6
Diabetes Exclusions	ICD-10 CM: Multiple codes from E08.00-E08.9, E09.00-E09.9, O24.410-O24.93
Dementia	ICD-10 CM: F01.50-F01.51, F02.80-F02.81, F03.90-F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0-G30.1, G30.8-G30.9, G31.83
Frailty Device	HCPCS: E0100, E0105, E0130, E0135, E0140-E0141, E0143-E0144, E0147-E0149, E0163, E0165, E0167-E0168, E0170-E0171, E0250-E0251, E0255-E0256, E0260-E0261, E0265-E0266, E0270, E0290-E0297, E0301-E0304, E0424-E0425, E0430-E0431, E0433-E0435, E0439-E0444, E0462, E0465-E0466, E0470-E0472, E0561-E0562, E1130, E1140, E1150, E1160-E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298
Frailty Diagnosis	ICD-10 CM: L89.119, L89.139, L89.149, L89.159, L89.209, L89.309, L89.899, L89.90, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1-3, Z74.8-9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89
Frailty Encounter	CPT: 99504, 99509
	HCPCS: G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000-5, T1019-22, T1030-31
Frailty Symptom	ICD-10 CM: R26.0-R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78
	HCPCS: G08182
Nonacute Inpatient Stay	UB Rev: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002
Palliative Care	ICD-10 CM: Z51.5