

Hemoglobin A1c Control for Patients With Diabetes

Community Health Plan of Imperial Valley (CHPIV) wants to help your practice increase HEDIS¹ rates. This tip sheet outlines key details of the Hemoglobin A1c Control for Patients With Diabetes (HBD) measure, its codes and guidance for documentation.

Measure

The percentage of members ages 18-75 with diabetes (types 1 and 2) who had each of the following HbA1c levels during the measurement year, as defined by the following criteria:

- ▶ HbA1c poor control > 9.0%

Note: For HbA1c poor control, a lower rate indicates better performance.

Exclusions

Members who meet any of the following criteria are excluded from the measure:

- Did not have a diagnosis of diabetes in any setting during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.
- In hospice or using hospice services any time during the measurement year.
- Died any time during the measurement year.
- Received palliative care any time during the measurement year.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an Institutional SNP (I-SNP) or living long-term in an institution.
- Members ages 66 and older (for all product lines) with frailty and advanced illness.

¹ Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

Best practices

How to improve HEDIS scores

- HbA1c testing should be completed by the patient 2-4 times per year.
- The last HbA1c result of the year counts toward the HEDIS score.
- Schedule the patient's lab testing before office visits to review results and adjust treatment plans if needed.
- Need date and most recent result during measurement year in chart. Use reported value and not threshold for result.
- Re-evaluate the patient's care plan and repeat HbA1c testing as needed.
- Documentation in the medical record must include a note indicating the date when the most recent HbA1c test was performed in the measurement year along with result or findings. Always list the date of service, result and test together.

Helpful coding tips

- Use CPT Category II codes when billing for A1c test.
- Confirm that CPT Category II codes listed on the superbill or within the Electronic Health Record (EHR) are valid.
- Consider adding a \$0.01 penny charge when using CPT Category II codes to ensure they are not rejected on the encounter or claim.

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	Description	CPT-CAT II codes
Code sets	HbA1c test	83036, 83037
	HbA1c level greater than 9.0	3046F
	HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
	HbA1c level greater than or equal to 8.0 and less than or equal to 9.0	3052F
	HbA1c level less than 7.0	3044F

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