

PATIENT POPULATION: Patients 18-75 years of age with a diagnosis of diabetes (Type I or Type II) during the measurement year or the year prior to the measurement year. All payers.

NUMERATOR COMPLIANCE: Per HEDIS^{®1}, patients in the eligible population must have an HbA1c or GMI test performed during the measurement year.

HbA1c and glucose management indicator (GMI) control measures vary across payer contracts and may include:

- » Poor control (inverse measure, where a lower performance rate indicates better clinical outcomes), in which the most recent HbA1c or GMI of the measurement year is greater than 9.0%.
- » Control, in which the most recent HbA1c or GMI of the measurement year is either less than 9.0%, or less than 8.0%.

EXCLUSIONS

- » Excluding patients who had hospice or palliative care services or died during the measurement year.

DOCUMENTATION REQUIREMENTS

- » A note in the medical record indicating the date when the HbA1c or GMI test was performed (must be during the current measurement year), and the result, expressed as a specific numeric value (i.e., 6.0%, not a range or threshold).

COMMON DOCUMENTATION INSUFFICIENCIES

- » Failing to document the most recent HbA1c or GMI in the current measurement year and the result
- » Failing to document the date when the specimen/lab was drawn or collected (collection date)

BEST PRACTICES

- 1 Follow-up calls to patients who have not completed their HbA1c or GMI test; Use care gap lists to identify non-compliant patients
- 2 Educate patients on risks of uncontrolled HbA1c (ACN Diabetes Toolkit)
- 3 Our care coordination team can provide patients with individualized support. To refer a patient please contact us: Phone: 602-406-7226 or 855-218-3451; or Email CareCoordination@azcarenetwork.org
- 4 Upload reports with most recent HbA1c or GMI dates and results into your EMR and label clearly for easy identification
- 5 When providing Point of Care Testing, utilize CPT Category II Codes to capture HbA1c result information, which may reduce the need for chart review
- 6 Ensure workflows are in place to notify and remind providers of when a patient's next HbA1c or GMI test is due. Utilize ACN Provider Portal when chart prepping.

CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
83036	Hemoglobin; glycosylated (A1C)
83037	Hemoglobin, glycosylated (A1C) by device cleared by FDA for home use
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0% (less than 7.0%)



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¹HEDIS[®] stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA)