UMA/UPQC Tip of the Week “Diabetes: Hemoglobin A1c Control”

Background
In order to improve the Clinical Care for an At-Risk Population, patients aged 10-85 with a diagnosis of diabetes must have a hemoglobin A1c reported each year. The measure reports those diabetic patients in poor control (HbA1c > 9%). For this measure, a lower score is better.

How Do I Do This?
• Check the HbA1c at least once in the calendar year
• Document the HbA1c result in CareScreen Quality Registry noting the date and value
• Tip: If an HbA1c was not done, it is counted as missing, and adversely affects the calculation

How Do I Get Credit?
Document the HbA1c in your medical record AND
Bill using CPT II code 3046F (most recent HbA1c > 9%) OR
Bill using CPT II code 3045F (most recent HbA1c 7-9%) OR
Bill using CPT II code 3044F (most recent HbA1c < 7%)