

Hemoglobin A1c Control for Patients with Diabetes (HBD)

EFFECTIVENESS OF CARE HEDIS® MEASURE

HEDIS MEASURE DEFINITION

Patients ages 18–75 with a diagnosis of diabetes (type 1 or type 2) whose HbA1c was adequately controlled ($\leq 9\%$) as of December 31 of the measurement year.

EXCLUSIONS FROM THE HEDIS MEASURE

Patients are excluded if they:

- Have no diagnosis of diabetes in any setting, during the measurement year or the year prior to the measurement year, **and** a diagnosis of:
 - Gestational diabetes, steroid-induced diabetes, or polycystic ovarian syndrome in the measurement year or the year prior to the measurement year
- Received hospice care during the measurement year
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the [Advanced Illness Frailty Guide](#))
- Are deceased during the measurement year
- Received palliative care during the measurement year

TO SUPPORT CARE GAP CLOSURE

INFORMATION THAT PATIENT MEDICAL RECORDS MUST INCLUDE

HbA1c results: HbA1c should be completed two to four times each year with result date and distinct numeric result. The last HbA1c result of the year must be less than or equal to nine to show evidence of diabetes control. An EMR data file can be used for documentation of gap closure for this hybrid measure.

INFORMATION THAT PATIENT CLAIMS SHOULD INCLUDE

HbA1c results: When conducting an HbA1c in your office, submit the distinct numeric results as \$0.01 on the HbA1c claim with the appropriate CPT® II code for HEDIS compliance:

CPT® II code	Most recent HbA1c level
3044F	< 7%
3046F	> 9%
3051F	≥ 7% and ≤ 8%
3052F	> 8% and ≤ 9%

GENERAL TIPS

- Order labs to be completed prior to patient appointments.
- Educate patients about the importance of routine screening and medication compliance.
- Review diabetic services needed at each office visit.