



Hemoglobin A1c (HbA1c) Poor Control Guide

Importance of Hemoglobin A1c Control

Diabetes is the seventh leading cause of death in the United States. People with diabetes are at increased risk for serious health complications including vision loss, heart disease, stroke, and kidney damage. Controlling Hemoglobin A1c (HbA1c) is essential for effective diabetes management. Improved HbA1c control also results in better outcomes, including fewer hospital admissions, reduced healthcare expenses, and enhanced overall patient well-being.

Measure Definition

Contract	Age	A1C Value	Improvement Notation
CMS	18-75	> 9.0%	Lower score indicates better quality
Humana MA	18-85	≤ 9.0%	Higher score indicates better quality
AR BCBS MA and CHI	18-75	≤ 9.0%	Higher score indicates better quality

Code Submission to Close Care Gaps

When submitting claims or encounters, ensure to include the appropriate CPT Category II codes for the most recent HbA1c level:

- **3044F** - HbA1c < 7%
- **3046F *** - HbA1c > 9%
- **3051F** - HbA1c = 7% - 7.98%
- **3052F** - HbA1c = 8% - 9%

* Code will not close care gap

Tips for Improving Performance

- **Order Labs:** Schedule labs before patient appointments. Obtain HbA1c at each visit.
- **Urine Protein Testing:** Conduct urine protein tests at any office visit to monitor for nephropathy using a dipstick or tablet reagent.
- **Patient Education:** Inform patients about the importance of routine screenings and medication adherence. Bill for in-office point-of-care HbA1c tests.
- **Reminders to Patients:** Send reminders for diabetes-related health maintenance checks (eye exams, labs, vaccines).
- **Documentation:** Record the date and result of HbA1c tests. Ensure the value format to avoid non-compliance.
- **Use EMR Template:** Implement a diabetic EMR template covering HbA1c, medication adherence, statin use, eye exams, urine protein, and foot exams.



Initial Population

Patients 18-75 (Humana 18-85) with diabetes with a visit during the measurement period OR an active diagnosis of diabetes during the prior year.

Denominator

Equals initial population

Guidance: Only patients diagnosed with Type 1 or Type 2 diabetes are included in the **denominator** of this measure; those with secondary diabetes due to another condition are excluded.

Numerator

Patients with diabetes whose most recent HbA1c level (performed during the measurement period) is ($>9.0\%$ CMS) ($\leq 9.0\%$ AR BCBS, Humana) OR is missing OR was not performed during the measurement period.

Guidance: Patients are included in the **numerator** if the most recent HbA1c level is $> 9.0\%$ (CMS) or $\leq 9.0\%$ (AR BCBS, Humana), if the most recent HbA1c result is missing, or if no HbA1c tests are documented during the measurement period. Patient-reported HbA1c levels are invalid. A specific numeric result is required for numerator compliance.

Exclusions

- Patients 66 years old and older living long-term in an institutional setting or enrolled in an Institutional Special Needs Plan (I-SNP) (**G9898**)
- Frailty diagnosis on 2 different DOS during the measurement year (**G2099**)
- Advanced Illness: Either of the following during the measurement or performance year (**G2098**)
- Patients who used hospice services or palliative care (**G9709 or G9992**) or who have died

Disclaimer: *This information is not intended to dictate or substitute your professional judgment in a particular patient.*

References

[CMS, Diabetes: Hemoglobin A1c \(HBA1c\) Poor Control \(>9%\)](#)

[Arkansas Blue Cross and Blue Shield, Glycemic Status Assessment for Patients with Diabetes \(GSD\)](#)

[Humana, Quality Indicator Reference for Physicians](#)

For more info,
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