

Hemoglobin A1c Control for Patients With Diabetes (HBD)

New for 2023

Added

- A direct reference code, Z51.5, for an encounter for palliative care
- Frailty exclusion now requires 2 different dates of service during the measurement year

Updated

- Members who died during the measurement year is now a required exclusion
- Rates stratified for race and ethnicity



Yes!

Supplemental Data Accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (good control is < 8.0%, poor control is > 9.0%).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	Hybrid <ul style="list-style-type: none"> • Automated Lab Data • Claim/Encounter Data • Medical Record Documentation

Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

HbA1c Level < 7.0%	
CPT®/CPT II	3044F
SNOMED	165679005
HbA1c ≥ 7.0% and <8.0%	
CPT®/CPT II	3051F
HbA1c ≥ 8.0% and ≤ 9.0%	
CPT®/CPT II	3052F
HbA1c > 9.0%	
CPT®/CPT II	3046F
SNOMED	451061000124104

(Codes continued)

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Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> Members in hospice or using hospice services Members receiving palliative care Members who died 	Any time during the measurement year
Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes	During the measurement year or year prior
<p>Members ages 66 and older as of December 31 of the measurement year who had at least 2 diagnoses of frailty on different dates of service and advanced illness.* Advanced illness is indicated by one of the following:</p> <ul style="list-style-type: none"> Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s) on separate dates of service with a diagnosis of advanced illness One or more acute inpatient encounter(s) with a diagnosis of advanced illness One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine 	<p>Frailty diagnoses must be in the measurement year and on different dates of service</p> <p>Advanced illness diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> Enrolled in an Institutional Special Needs Plan (I-SNP) Living long term in an institution* 	Any time during the measurement year

*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<p>HbA1c test must be performed during the measurement year. If multiple tests were performed in the measurement year, the result from the last test is used.</p> <hr/> <p>Ranges and thresholds do not meet compliance.</p>	<ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c 	<ul style="list-style-type: none"> • Diabetic flow sheets • Consultation reports • Lab reports • Progress notes • Vitals sheet

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service, result and test together.**
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- Consider point of care A1c testing in the office setting, when applicable.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- HbA1c tests and results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
 - Please remember to submit LOINCs for any point of care HbA1c tests done in addition to those completed at a lab or hospital facility.
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status. As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.