



Hemoglobin A1c Control for Patients with Diabetes (HBD)

HEDIS® Measurement Year 2022 Measures

Measure Description: The percentage of members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c was:

- HbA1c control <8.0%

Eligible Population

NEW for measurement year 2022: Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c was at the following levels during the measurement year:

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%) *

*A level less than 9.0% indicates better performance.

Hemoglobin A1c (HbA1c) Testing and Results


- Evidence of an HbA1c test and the most recent HbA1c level performed during the measurement year. At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.

Numerator Codes

The complete NCQA approved code set list can be referenced in the coding guide at healthplan.org/providers/patient-care-programs/population-health.

For questions, please contact your practice management consultant. To identify your practice management consultant please refer to healthplan.org/providers/overview/meet-provider-servicing-team

Code Type	Codes	Description
CPT HbA1c Screening	83036; 83037	Diabetes Hemoglobin A1c testing
CPT II Result	3044F	HbA1c less than 7.0%
CPT II	3046F	HbA1c greater than 9.0%
CPT II	3051F	HbA1c greater than 7.0% and less than 8.0%
CPT II	3052F	HbA1c greater than or equal to 8.0% and less than or equal to 9.0%



The Health Plan has a team of member advocates, health coaches, social workers and nurses who can assist you and your patients to remove or overcome any barriers to care through benefit assistance, community resource referrals or enrollment in a THP clinical program. To refer a patient who is a THP member for assistance, call **1.877.903.7504** and let us know what we can do to help your patient receive and adhere to your recommended plan of care.

Exclusions

Members are excluded from the measure if they meet the following criteria:

- Hospice care or using hospice services anytime in the measurement year
 - Codes for Hospice Care**
 - CPT: 99377, 99378
 - HCPCS: G0182, G9473 – G9479, Q5003 – Q5010, S9126, T2042 – T2046
- Receiving palliative care anytime in the measurement year
 - Codes for Palliative Care**
 - ICD: 10 Z51.5
 - HCPCS: G9054, M1017
- Medicare members age 66 and older as of Dec. 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Members age 66 and older as of Dec. 31 of the measurement year who meet *both* frailty and advanced illness criteria.
- Members with a diagnosis of Polycystic ovarian syndrome, gestational diabetes or steroid induced diabetes during measurement year or the year prior to measurement year and *do not* have a diagnosis of diabetes during the measurement year or the year prior to the measurement year.