Diabetes Mellitus

Hemoglobin A1c Poor Control in Diabetes Mellitus

Physician Quality Reporting System Data Collection Sheet

		/ /	☐ Male ☐ Female
Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)	Gender

National Provider Identifier (NPI)	Date of Service

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?

	Yes	No	Code Required on Claim Form
Patient is aged 18 through 75 years on date of encounter.	☐	☐	Verify date of birth on claim form.
Patient has a diagnosis of diabetes mellitus.	☐	☐	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT Code or G-code for this visit.	☐	☐	

If **No** is checked for any of the above, STOP. Do not report a CPT category II code or a G-code.

Step 2 Does patient meet the measure?

Most Recent Hemoglobin A1c Level[1]	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)
Hemoglobin A1c level > 9.0%	☐	☐	3046F
Hemoglobin A1c level 7.0% to 9.0%	☐	☐	3045F
Hemoglobin A1c level < 7.0%	☐	☐	3044F
			If **No** is checked for **all** of the above, report 3046F–8P (Hemoglobin A1c level was not performed during the performance period [12 months], reason not otherwise specified.)

[1]For performance, a lower rate indicates better performance.