

Hemoglobin A1c Poor Control in Diabetes Mellitus

Coding Specifications

Codes required to document patient has diabetes mellitus and a visit occurred:

A line item ICD-9-CM diagnosis code for diabetes mellitus and a CPT E/M service code or G-code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Diabetes mellitus line item ICD-9-CM diagnosis codes

- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication),
- 357.2 (polyneuropathy in diabetes),
- 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07 (diabetic retinopathy),
- 366.41 (diabetic cataract),
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT E/M service codes or G-codes

- 97802, 97803, 97804 (medical nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit),
- G0270, G0271

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 3046F:** Most recent hemoglobin A1c level > 9.0%
- **CPT II 3045F:** Most recent hemoglobin A1c level 7.0% to 9.0%
- **CPT II 3044F:** Most recent hemoglobin A1c level < 7.0%
- **CPT II 3046F-8P:** Hemoglobin A1c level was not performed during the performance period (12 months), reason not otherwise specified

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