

# Diabetes Mellitus

## Hemoglobin A1c Poor Control in Diabetes Mellitus

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	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 E/M Service Code or G-code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			

#### Step 2 Does patient meet the measure?

Most Recent Hemoglobin A1c Level <sup>1</sup>	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%	<input type="checkbox"/>	<input type="checkbox"/>	3046F
Hemoglobin A1c level 7.0% to 9.0%	<input type="checkbox"/>	<input type="checkbox"/>	3045F
Hemoglobin A1c level < 7.0%	<input type="checkbox"/>	<input type="checkbox"/>	3044F
			If <b>No</b> is checked for <b>all</b> of the above, report 3046F-8P (Hemoglobin A1c level was not performed during the performance period [12 months], reason not otherwise specified.)

<sup>1</sup>For performance, a lower rate indicates better performance.