

CMS Measure ID 1: Diabetes: Hemoglobin A1c Poor Control

07/08/2024 7:20 pm EDT



You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data at multiple points. Please see our [article](#) on all the areas in DrChrono you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

My Measures

Select, review, and change the measures you will be reporting.


Notifications

-  You have met the measure selection requirements
-  You may now proceed with entering patient visits

Checklist

Select Measures

Selected Measures

- #1 **Diabetes: Hemoglobin A1c Poor Control** 
Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

[View details](#) 

Description

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Instructions

This measure is to be submitted a minimum of **once per performance period** for patients with diabetes seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Note: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The

listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS-eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

Denominator

The patient is between 18 and 75 on the date of the appointment. This information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth** field.

The screenshot shows a patient profile for Jenny (Jen) Harris. The left sidebar has a 'Demographics' tab selected. The main content area shows patient information: Name (Jenny (Jen) Harris), Gender (Female), Age (43 years old), and Date of Birth (Feb. 11, 1980). Below this is contact information (Phone: (443) 555-5555, Email: sample@sample.com, Address: 328 Gibraltar Dr, Sunnyvale, CA 94089) and appointment dates (Last Scheduled Appt: Wed Feb 15, 2023, Next Scheduled Appt: [blank]). A 'CDS' link points to 'Adult Immunization Schedule Age: 27-49'. The primary provider is Dr. James Smith. There are buttons for 'New Referral', 'Fax Demographics', 'Print Demographics', 'Apple Health App Data', and 'Vitals'. A navigation bar includes 'Important', 'Demographics', 'Insurances', 'Authorizations', 'Smoking Status', 'Flags', 'Balance', and 'onpatient Payments'. Below the navigation bar are status tags: 'Sufficient patient demographics to bill insurance.', 'Fall Risk', 'Gestational Diabetes', and 'Likes Cats'. The 'Demographics' section has input fields for 'Patient SSN' (111-11-1111) and 'Patient Date of birth' (02/11/1980) with a note 'e.g. 8/8/1979'.

DENOMINATOR NOTE: To assess the age for exclusions, the patient’s age at the end of the measurement period should be used.

AND

- An **ICD-10** diagnosis for diabetes was documented in one of the ICD-10 entry points. See your Healthmonix [MIPSPRO](#) account, the [CMS website](#), or the attached document for a full list.
- A relevant **CPT** or **HCPCS** code for the encounter: 97802, 97803, 97804, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0270, G0271, G0438, G0439

CPT and HCPCS codes can be entered into the billing section of the encounter. Below is an example from the appointment window.

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status **HCFA Box 10 - Is patient's condition related to:**

ICD Version: ICD-10

Patient Payment: \$ 0 Copay: \$20

Pre Authorization Approval:

Referral #:

Payment Profile: Cash

Billing Profile: +

Billing Pick List: Choose Codes from Pick List

Diagnosis Pick List: Choose Codes from Pt Problems

Credit Card Payment:

Employment: No

Auto Accident: No

Other Accident: No

Onset Date Type: Onset of Current Symptoms o

Onset Date:

Other Date Type: - Other Date Type -

Other Date:

Claim Balance: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
1	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
2	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma

ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
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NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	0.00

Modifiers: --- --- --- ---

Quantity/Minutes: 1.00

Diagnosis Pointers: 1:0:0

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G0439	Ppps subseq visit	0.00

Modifiers: --- --- --- ---

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

AND NOT

DENOMINATOR EXCLUSION:

Hospice services provided to patients at any time during the measurement period: **G9687**

OR

Palliative care services provided to patient any time during the measurement period: **G9988**

OR

Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period: **G2081**

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: **G2090**

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED

or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: **G2091**.

Please see your Healthmonix [MIPSPRO](#) account, the attached document, the [CMS website](#), or the attached document for a full list of codes that identify frailty and/or advanced illness.

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigimine
Miscellaneous central nervous system agents	Memantine

Numerator

Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Patient is numerator compliant if most recent HbA1c level 9%, the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement period. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. Do not include HbA1c levels reported by the patient.

Numerator Options: The following codes can be entered in the **CPT** code section for the visit.

Performance Met: Most recent hemoglobin A1c level > 9.0% (**3046F**)

OR

Performance Met: Hemoglobin A1c level was not performed during the measurement period (12 months) (**3046F with 8P**)

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

<p>Billing Status <input type="text"/></p> <p>ICD Version <input type="text" value="ICD-10"/></p> <p>Patient Payment \$ <input type="text" value="0"/> Copay: \$20 <input type="button" value="+"/></p> <p>Pre Authorization Approval <input type="text"/></p> <p>Referral # <input type="text"/></p> <p>Payment Profile <input type="text" value="Cash"/></p> <p>Billing Profile <input type="text"/> <input type="button" value="+"/></p> <p>Billing Pick List <input type="text" value="Choose Codes from Pick List"/></p> <p>Diagnosis Pick List <input type="text" value="Choose Codes from Pt Problems"/></p> <p>Credit Card Payment <input type="button" value="Process Credit Card"/></p>	<p>HCFA Box 10 - Is patient's condition related to:</p> <p>Employment <input type="text" value="No"/></p> <p>Auto Accident <input type="text" value="No"/></p> <p>Other Accident <input type="text" value="No"/></p> <p>Onset Date Type <input type="text" value="Onset of Current Symptoms o"/></p> <p>Onset Date <input type="text"/></p> <p>Other Date Type <input type="text" value="- Other Date Type -"/></p> <p>Other Date <input type="text"/></p>
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Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
1	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
2	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma

ICD-9 Codes to Convert

#	Code	Description
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NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

CPT Codes

Code	Description	Price (\$)
1 3046F	HEMOGLOBIN A1C LEVEL >9.0%	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
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OR

Performance Not Met: Most recent hemoglobin A1c (HbA1c) level < 7.0% (3044F)

OR

Performance Not Met: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (3051F)

OR

Performance Not Met: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (3052F)

Schedule Appointment

- Appointment
- Billing**
- Eligibility
- Vitals
- Growthcharts
- Flags
- Log Comm.
- Revisions
- Custom Data
- MU Helper

- Patient SuperBill
- Clinical Note
- Billing Details
- Other Forms

Billing Status **ICD Version** ICD-10

Patient Payment \$ 0 **Copay: \$20** +

Pre Authorization Approval

Referral #

Payment Profile Cash

Billing Profile +

Billing Pick List Choose Codes from Pick List

Diagnosis Pick List Choose Codes from Pt Problems

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment No

Auto Accident No

Other Accident No

Onset Date Type Onset of Current Symptoms

Onset Date

Other Date Type - Other Date Type -

Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
1	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma

ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description
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CPT Codes

Code	Description	Price (\$)
1 3051F	HG A1C>EQUAL 7.0%<8.0%	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
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