



HbA1c Poor Control Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at medicare.gov to help consumers compare health plans more easily.

Measure Description

Weight: 3

This measure shows the percent of plan members with diabetes who had an A1C lab test during the year that showed their average blood sugar is under control.

Measure Source

- Claims & Chart Review
- 1/1 – 12/31

Stars/Quality Specifications

The percentage of diabetic MA enrollees 18-75 whose most recent HbA1c level is greater than 9%, or who were not tested during the measurement year. This measure for public reporting is *reverse scored* so higher scores are better.

Strategies for Success

- Adjust patients medications based on A1C levels.
- Order routine lab work.
 - ✓ HgA1c test bi-annually for patients meeting treatment goals.
 - ✓ HgA1c test quarterly for patients NOT meeting treatment goals.
- Refer patients to case management to improve A1C levels.

Coding and Documentation Tips

CPT II Codes Reflecting Control:

- **3044F**: HbA1c:<7.0%
- **3046F**: HbA1c: >9.0%
- **3051F**: HbA1c greater than or equal to 7.0% and less than 8.0%
- **3052F**: HbA1c greater than or equal to 8.0% and less than or equal to 9.0%

Member may be excluded from this measure due to frailty and/or advanced illness. Click the following link to review master code list for exclusions: [Exclusion Codes](#)

If you have questions, please contact your provider relations specialist.