

Practice Name:  
Practice Tax ID:  
Practice Address:



BlueCross BlueShield of South Carolina and  
BlueChoice HealthPlan of South Carolina

## Comprehensive Diabetes Care: Hemoglobin A1c Testing and Value

The Comprehensive Diabetes Care: Hemoglobin A1c Testing and Value measure assesses whether patients diagnosed with diabetes (Type 1 and Type 2) have had appropriate hemoglobin A1c testing. Member compliance is based on the most recent HbA1c testing performed during the current year.

WHAT CODES DO I FILE?	
When filing claims in the future, you can help improve our awareness of the services you provide related to HbA1c testing and/or values by using these codes:	
<b>Most Recent HbA1c Level Less Than 7.0</b>	
CPT Codes:	3044F
<b>Most Recent HbA1c Level 7.0 – 9.0</b>	
CPT Codes:	3045F
<b>Most Recent HbA1c Level Greater Than 9.0</b>	
CPT Codes:	3046F
<b>Most Recent HbA1c Testing</b>	
CPT Codes:	83036, 83037, 3044F, 3045F, 3046F

Use this form to let us know about any gaps in care you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set (HEDIS) audit.
- Target our educational outreach to members who need preventive or health services.
- Increase your reimbursement through the Rewarding Excellence program if you choose to participate.

**Please complete this form.**

<b>Member Information</b>	
ID Card Number: _____	Member's Date of Birth: _____
First Name: _____	Last Name: _____
<b>Option 1</b>	
HbA1c Testing Date: _____	(Must be within the current year) HbA1c Test Result: _____
<b>Provider Certification</b>	
This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.	
Provider's Signature: _____	Date: _____

Once completed, please fax to 800-610-5685, Attn: HEDIS  
or send by secure email only to [HEDIS.Records@bcbssc.com](mailto:HEDIS.Records@bcbssc.com)