

HEDIS® Helpful Hints: CPT II Coding for Gap Closure

Glycemic Status Assessment for Patients with Diabetes (GSD)



Best Practice:

Aim for <8% with all patients, regardless of line of business.

Medicare Advantage is compliant with an **A1c/GMI result of <9.**

Federal Employee Plan is compliant with an **A1c/GMI result of <8%.**

What are CPT II Codes?¹ CPT II codes are supplemental tracking codes that can be used for performance measurement. The use of the tracking codes for performance measurement will decrease the need for record abstraction and chart review, and thereby minimize administrative burdens on physicians and other healthcare professionals. These codes are intended to facilitate data collection about quality of care by coding certain services and/or test results that support performance measures and that have been agreed upon as contributing to good patient care. CPT II codes are billed with a \$0 billable charge amount.

Medicare Advantage* The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was >9%

***Inverse measure: A lower rate indicates better performance**

Federal Employee Plan: The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was <8%



**HbA1c Test
with Results**

Codes	Definition
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3046F	Most recent hemoglobin A1c (HbA1c) level greater than 9.0%
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%



**For detailed information
about this measure**

**Click
here**

Resources/Disclaimers:

*Gap closure result is contingent on whether the result reflects the patient's final test results for the year. If the patient receives another test later in the year, the compliance result is subject to change and the initial results provided no longer apply.

¹ CPT® overview and code approval | [American Medical Association \(ama-assn.org\)](https://www.ama-assn.org)

² HEDIS Measurement Year 2024 Volume 2: Technical Specifications for Health Plans