

CLOSING GAPS IN CARE BEST PRACTICES

HbA1c



November 2022

File a claim with an HbA1c CPT Category II Code to close a gap in care.

Submission Process: *ProviderAccess* Claim Entry (eClaims)

1. Select the business and provider
2. Enter patient information
3. Enter the applicable diabetic diagnosis code
4. Enter date of test
5. Use POS 11
6. Enter the applicable HbA1c CPT Category II Code:
 - 3044F: less than 7
 - 3051F: between 7 and 7.9
 - 3052F: greater than or equal to 8 and less than 9
 - 3046F: greater than 9

Note: These codes are subject to change. Refer to the full clinical measure specifications and/or coding guides on *ProviderAccess* for a complete list of codes.

7. Leave modifiers blank
8. Point to the diagnosis code(s)
9. Enter a zero charge amount
10. Enter 1 in the days and units fields
11. Click Add
12. Click Submit

After Claim Submission:

- › Check audit report.
 - Accepted: No action needed.
 - Rejected: Make corrections and submit a new claim.

Note: For Blue Advantage® claims, the gap should close in 7 to 14 days. For commercial claims, the gap should close in 30 to 60 days. Claim will be returned on a remittance advice.

Additional Resources:

- › [Coding Guides](#)
 - [Adult Primary Care Coding Guide](#)
 - [Blue Advantage Quality Measures Coding Guide](#)
- › [Quality Measures](#)
- › [Quality Measures – Blue Advantage](#)

Available on
AlabamaBlue.com/Providers

Vendor Submission: If you use practice management software to file your claims, contact your vendor for information about that submission process.

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