



2015 Diabetes Quality Incentive Program
 Primary Care Providers
PROVIDER TRACKING SHEET
 (For internal provider use only – do not submit to Paramount)

PATIENT NAME _____ BIRTH DATE _____
(for patients 18 years of age and older)

When a Paramount patient with diabetes meets the A1C, Blood Pressure, and LDL control criteria in the measurement year 2015, **REPORT** the following Category II CPT Codes to Paramount per the usual claim submission process using the CMS 1500 claim form. Paramount prefers that the **lab date** is used when reporting Category II CPT Codes.

DIABETES CONTROL CRITERIA	LAB DATE (when applicable)	YES	NO	REPORTING CODE	DATE REPORTED TO PARAMOUNT
Hemoglobin A1C < 8.0%					
Most recent hemoglobin A1c(HbA1c) level 7.0-9.0%* <i>* ONLY REPORT this code if A1c < 8.0%</i>		<input type="checkbox"/>	<input type="checkbox"/>	3045F*	
Most recent hemoglobin A1c(HbA1c) level is less than 7.0%		<input type="checkbox"/>	<input type="checkbox"/>	3044F	
Blood Pressure Systolic < 140 Diastolic < 90					
Most recent systolic blood pressure less than 130 mm Hg		<input type="checkbox"/>	<input type="checkbox"/>	3074F	
Most recent systolic blood pressure 130 -139 mm Hg		<input type="checkbox"/>	<input type="checkbox"/>	3075F	
Most recent diastolic blood pressure less than 80 mm Hg		<input type="checkbox"/>	<input type="checkbox"/>	3078F	
Most recent diastolic blood pressure 80 - 89 mm Hg		<input type="checkbox"/>	<input type="checkbox"/>	3079F	
ADDITIONAL CONTROL CRITERIA	YES	NO	COMPLIANCE TRACKING BY PARAMOUNT		
Nephrology Monitoring (Urine microalbumin test, ACE or ARB therapy if hypertensive, or nephrology visit)			Paramount will track through pharmacy and claims data		
Dilated Eye Exam* *If patient refuses exam, contact the Hotline at 419.887.2537 Option 2 or email PHCQuality@promedica.org so that we may contact the patient and facilitate an eye exam.			Paramount will track through claims data		