



Glycemic Status Assessment for Patients With Diabetes (**GSD**)

HEDIS® is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). These measures are used to drive improvement efforts surrounding best practices.

The Glycemic Status Assessment for Patients With Diabetes measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic status < 8%
- Glycemic status > 9%

A lower rate indicates better performance for this indicator (in other words, low rates of glycemic status > 9% indicate better care).

Record your efforts:

- Document the result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year.
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.



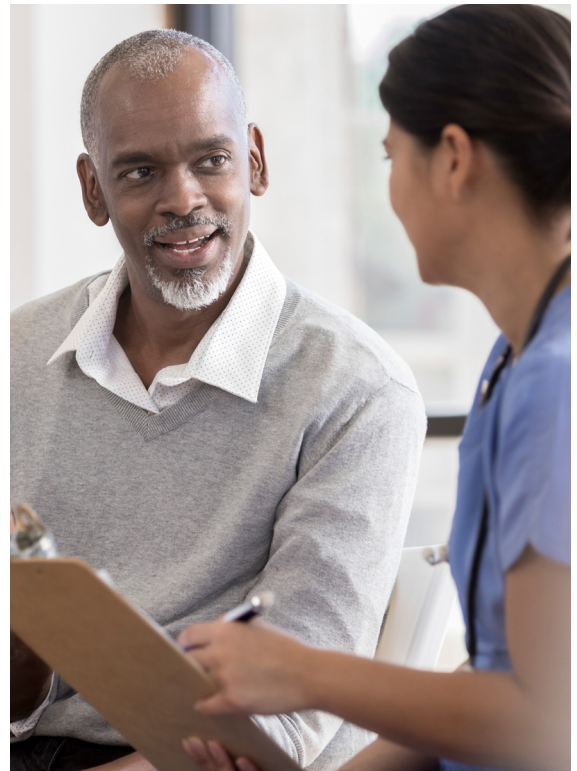
Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year
- Members who die any time during the measurement year
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative anytime during the measurement year.
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
- Living long-term in an institution any time during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.

Description	Code(s)	Code(s)
HbA1c level greater than or equal to 8	CPT®-CAT II	3046F: Most recent hemoglobin A1c level greater than 9% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)
HbA1c level less than 8	CPT-CAT II	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM)
Hb1c level less than or equal to 9	CPT-CAT II	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)
HbA1c tests results or findings	CPT-CAT II	3044F: Most recent hemoglobin A1c (HbA1c) level less than 7% (DM) 3046F: Most recent hemoglobin A1c level greater than 9% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7% and less than 8% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8% and less than or equal to 9% (DM)
HbA1c lab test	CPT	83036, 83037
	LOINC	17855-8: Hemoglobin A1c/Hemoglobin total in blood by calculation 17856-6: Hemoglobin A1c/Hemoglobin total in blood by HPLC 4548-4: Hemoglobin A1c/Hemoglobin total in blood 4549-2: Hemoglobin A1c/Hemoglobin total in blood by Electrophoresis 96595-4: Hemoglobin A1c/Hemoglobin total in DBS
CDC race and ethnicity	1002-5: American Indian or Alaska Native	
	2028-9: Asian American	
	2054-5: Black or African American	
	2076-8: Native Hawaiian or Other Pacific Islander	
	2106-3: White	
	2135-2: Hispanic or Latino	
2186-5: Not Hispanic or Latino		

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses electronic medical records (EMRs), have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
 - Taking all prescribed medications as directed.
 - Adding regular exercise to daily activities.
 - Regularly monitoring blood sugar and blood pressure at home.
 - Maintaining healthy weight and ideal body mass index.
 - Eating heart-healthy, low-calorie, and low-fat foods.
 - Stopping smoking and avoiding second-hand smoke.
 - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
 - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.



- Remember to include the applicable category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider contract or health plan contact for reimbursement information.

Learn more about Healthy Blue programs

<https://provider.healthybluelua.com>



The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS MY2024 technical specifications and is subject to change based on guidance given by the NCQA, CMS, and state recommendations. Please refer to the appropriate agency for additional guidance.

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