QUALITY MEASURE GUIDE

Glycemic Status Assessment for Patients with Diabetes (GSD)

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Glycemic Status Assessment for Patients with Diabetes (GSD), best practices and more resources.

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] showed their blood sugar under control during the measurement year. Adequate control is <8.0%, poor control is >9.0%).

LOB	CMS Weight	HEDIS
Commercial Medicaid Medicare	1x	2025

Compliance

HbA1c Control <8%: The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

HbA1c Poor Control >9%: The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

Required Exclusions

- Exclude members who meet any of the following criteria:
- Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.
- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.
- Members receiving palliative care any time during the measurement year.

Learn more about EPIC workflow by following:
https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick%20Tips/Forms/AllItems.aspx

Best Practices

- Always list the date of service, result and test together
- Patient reported GMI results can be documented in the patient's medical record and do not need to be collected by a PCP or specialist
- Consider point of care A1c testing in an office setting, when possible
- If test results are documented in the vitals section of your progress note, please include the date of the blood draw with the result. The date of the progress notes will not count.

Coding Guidance

Result/Test	Codes
HbA1c Lab Test	CPT: 83036, 83037 LIONC: 4548-4, 4549-2, 17856-6, 96595-4
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	CPT II: 3051F
HbA1c Level Less Than 7.0	CPT II: 3044F
HbA1c Test Result or Finding	CPT II: 3044F, 3046F, 3051F, 3052F
HbA1c Level Greater Than 9.0	CPT II: 3046F
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	CPT II: 3052F

For additional best practices regarding

https://diabetes.org/diabetes/eye-health
https://www.cdc.gov/visionhealth/resources/features/keep-eye-on-vision-health.html

Send feedback to: Tia Palko at Tia.Corder-Palko@Uhhospitals.org.