

## HEDIS MEASURE OVERVIEW

# Glycemic Status Assessment for Patients With Diabetes (GSD)

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) draft technical specifications for 2024 have renamed the Hemoglobin A1c measure to Glycemic Status Assessment for Patients With Diabetes (GSD) and were updated to include glucose management indicator (GMI) as an option to meet numerator compliance.

Please note that the information offered in this flyer is based on HEDIS technical specifications. It is not meant to replace your clinical judgment.

### Measure description

Percentage of patients 18–75 years old with type 1 or type 2 diabetes whose most recent glycemic status (hemoglobin A1c [HbA1c] or GMI) was 9% or less

### Who is included in the GSD measure?

Patients 18–75 years old with type 1 or type 2 diabetes are eligible for this measure. In order to be identified as diabetic, a patient must have one of the following during the measurement year or the year prior to the measurement year:

- At least two diagnoses of diabetes on different dates of service **or**
- A dispensed insulin or hypoglycemics/antihyperglycemic and at least one diagnosis of diabetes

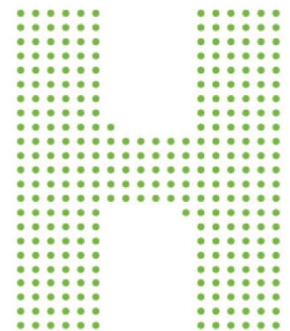
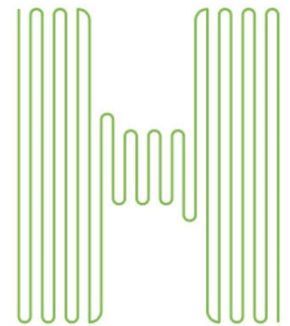
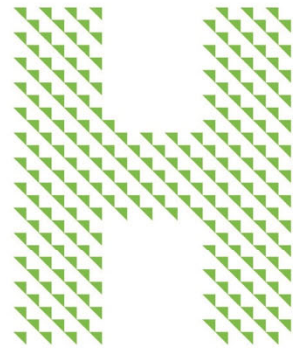
### Exclusions

- Patients in hospice or using hospice services
- Patients receiving palliative care during the measurement year
- Patients 66 years old and older with both frailty and advanced illness
- Medicare patients 66 years old and older who live long-term in an institutional setting
- Patients who died anytime during the measurement year

### Performing well on the GSD measure

Measure performance is determined by the eligible patient's most recent glycemic status (hemoglobin A1c [HbA1c] or GMI) with a goal of 9% or less.

If there are multiple glycemic status assessments on the same date, use the lowest result. GMI results collected by the member and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria). There is no requirement that there be evidence the GMI was collected by a primary care physician or specialist.



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Patient measure reporting may indicate an open care opportunity for the following key reasons:

- The test was not performed in the measurement year
- A claim was not received
- A claim for a lab test was received, but the result of the test is missing or entered incorrectly
- The patient had an HbA1c or GMI result above the acceptable range (greater than 9%)

After reviewing the patient’s medical record, healthcare professionals need to document the most recent HbA1c or GMI result, including the date of service. GMI results collected by the patient from their continuous glucose monitoring (CGM) documented in the patient’s medical record are eligible for use in reporting. To be measure compliant, the result must be 9% or less.

### Measure best practices

- Review recommendations for diabetes care at each office visit.
- Schedule labs prior to patient appointments to assist with compliance and visit guidance.
- Encourage patients to monitor their blood glucose levels between office visits using at-home tests or monitors and to keep a journal to document situations impacting results.
- Consider adjusting therapy to improve HbA1c and blood pressure levels. Follow up with patients to monitor changes.
- Coordinate diabetic care as needed with specialists, such as endocrinologists, nephrologists and cardiologists, especially following emergency room visits and hospitalizations where medication changes can occur.
- When point-of-care HbA1c tests are completed in-office, bill for service with results.
- If the result is greater than 9%, order and document follow-up HbA1c testing, as appropriate.
- Ensure documentation in the medical record includes the date when the HbA1c test was performed, or date range when the GMI was recorded and reviewed along with the result or finding.
  - The finding must be in the format of a numeric value (e.g., 7.0%). Missing values or results recorded in a format other than this example will result in noncompliance for the measure.
- Ensure submitted claims or encounters include the appropriate Current Procedural Terminology (CPT®) Category II codes for the most recent HbA1c or GMI level.

### Codes that support the GSD measure

<b>Physician codes</b>	CPT II: 3044F, 3046F*, 3051F, 3052F Note: These codes count for both the HbA1c test and HbA1c level.
<b>Pathology/laboratory codes</b>	CPT: 83036, 83037 LOINC (Logical Observation Identifiers Names and Codes): 97506 – Glucose management indicator Note: Pathology/laboratory codes count for the HbA1c test measure. They must include the result value to count for the HbA1c poor control measure.

\* Code indicates results that do not meet Star measure control levels and will not fully address care opportunities. However, this code should be used to verify that the test was performed and for monitoring/reporting of results.

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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