Condition management – diabetes

Glycemic Status Assessment for Patients With Diabetes (GSD)

Glycemic Status Assessment for Patients With Diabetes (GSD) Measure year 25 | Weight = 3

Measurement period
January–December

Eligible population
Patients 18–75 years of age with type 1 or type 2 diabetes

Service needed for compliance
Glycemic status assessment can be either HbA1c test or glucose management indicator (GMI) review from a continuous glucose monitor (CGM).

- HbA1c testing is still required for diagnosed diabetics who do not use a glucose monitor.
- Compliance is achieved by either method if the patient has achieved a glycemic status assessment result equal to or less than 9%.
- For HbA1c and GMI, the last documented/coded reading of the year is the reading of record for compliance. For GMI, a date range is required.

Note: If multiple glycemic status assessments (HbA1c or GMI review) are recorded for a single date, use the lowest result.

Exclusions

- Patients in hospice, using hospice services or receiving palliative care anytime during the measure year
- Patients who died during the measurement year
- Patients who did not have a diagnosis of diabetes during the measure year or the year prior to the measure year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measure year or the year prior
- Patients 66 years of age and older as of Dec. 31 of the measurement year who live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP)
- Patients 66 years of age and older who have frailty and advanced illness

Measure best practices

- Ensure processes exist to regularly test HbA1c at patient visits during the year.
- Ensure the practice has a process to conduct reviews of patients' records when diagnosed with diabetes and those who are new to the practice or Medicare, especially those who are also receiving care from specialists, and submit records that document evidence of completed tests in the measurement year through supplemental data.
- Verify provider documentation and coding practices include submitting the appropriate Current Procedural Terminology (CPT®) Category II codes or Logical Observation Identifier Names and Codes (LOINC) codes with claims and encounters. Without these codes, the gap will not close.
- Have processes to monitor diabetic patients who are not getting in for regular exams and have them get in-office or in-lab tests completed.
- For patients who are not able/willing to go to an office or lab, verify they have received a test kit from Humana and encourage completion of that test kit.
- Execute processes to monitor patients with greater than 9% HbA1c levels and encourage the appropriate follow-ups and retesting.
- When documenting in a medical record, include the date the HbA1c or GMI test was performed and the results of the test. The medical record must include the date range used to derive the values, and the finding must be in the format of a value (e.g., 7%). Missing values or results recorded in a format other than the above example will not be compliant.

Code	Code type	Definition
3044F, 3046F*, 3051F, 3052F	CPT II	Physician codes. **Note:** These codes count for both the HbA1c test and HbA1c level.
83036, 83037	CPT	Pathology/laboratory codes. **Note:** Pathology/laboratory codes count for the HbA1c test measure. They must include the result value to count for the HbA1c poor control measure.
97506-0	LOINC	Glucose management indicator

* 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.

The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Humana®