Glycemic Status Assessment for Patients with Diabetes (GSD)

2025

Members ages 18-75 **COMMERCIAL | MEDICARE | MEDICAID**

Measure definition

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) was at the following levels during the measurement year:

- HbA1c control <8%
- HbA1c poor control ≤ 9%
- Glycemic status control <8.0%
- Glycemic status poor control ≤ 9.0%

Measure performance is determined by the eligible members most recent glycemic status (HbA1c or GMI) **with a goal of 9% or less.**

To be an eligible diabetic, member must have one of the following during the measurement year **or** the year prior to the measurement year:

- At least 2 diagnoses of diabetes on different dates of service **or**
- A dispensed insulin **or** hypoglycemics/antihyperglycemic **and** at least 1 diagnosis of diabetes

Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected

Commonly used claim codes*

(Not all-inclusive)

- Diabetes: **E10.9, E10.10**
- **HbA1c:**
  - **83036**: HbA1c Lab Test
  - **3044F:** HbA1c < 7.0%
  - **3046F:** HbA1c > 9.0%
  - **3051F:** HbA1c ≥ 7.0% and < 8.0%
  - **3052F:** HbA1c ≥ to 8.0% and ≤ 9.0%
- **Exclusions:**
  - Hospice encounter: **0115**

Medical record submission methods may not be applicable to all plan types.
For more details, you can reach out to your HEDIS plan representative.

Required exclusions (Other exclusions may also apply)

- Members in hospice or using hospice services during the measurement year
- Members who have died during the measurement year
- Members who had an encounter for or received palliative care 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) anytime during the measurement year
  - Living long-term in an institution anytime during the measurement year
- Members 66 years of age and older by the end of the measurement year with frailty and advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded:
  - For frailty: At least two indications of frailty with different dates of service during the measurement year
  - For advanced illness: Either of the following during the measurement year or the year prior to the measurement year:
    - Advanced illness on at least two different dates of service
    - Dispensed dementia medication

Insights and recommendations

General tips

- Complete annual diabetic screenings and a glycemic status assessment (GMI)
- Ensure HbA1c and other labs are ordered prior to member appointments
- Evaluate and document HbA1c every three to six months
- Submit accurate claims and encounter data in a timely manner
- Ranges and thresholds **do not** meet criteria for this indicator. A distinct numeric result is required for numerator compliance. “Unknown” is not considered a result/finding.
- When point-of-care HbA1c tests are completed in-office, bill for service with results
- Coordinate members’ care with other treating providers
- Follow-up with members who cancel or do not show up for appointments

HbA1c

- Identify the **most recent** glycemic status assessment (HbA1c or GMI) during the measurement year
- If multiple glycemic status assessments were performed on the same date, use the lowest result
- Use CPTII coding to report HbA1C values or GMI levels
- If a member’s HbA1c is over 8%, re-check more than twice per year
- Members may have open care gaps 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
  - Member had an HbA1c or GMI result above the acceptable range (greater than 9%)

*FOR COMMONLY USED CODES: Not a comprehensive list of codes
For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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The above information is not a complete list of services for this measure. For a complete list, please refer to the NCQA website at **NCQA.org**. HEDIS 2025 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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