

# Glycemic Status Assessment for Patients with Diabetes (GSD)

## Measure Overview

The percentage of member 18–75 years of age with diabetes (type 1 or type 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 < 8.0% (Good Control) – The member is compliant if the most recent glycemic status assessment HbA1c) has a result of <8.0%. If there are multiple glycemic status assessments on the same date of service, use the lowest result. Note: a higher rate indicates better performance (compliance) for this indicator.
- Glycemic Status ≥ 8.0% (Poor Control) or not documented – The member is not compliant if the most recent glycemic status assessment has a result of ≥ 8.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. Note: a lower rate indicates better performance for this indicator.

\*The most recent is the closest to the end of the measurement year, December 31.

## Measurement Period

January 1 - December 31

## Exclusions

- Death in the measurement period.
- Members in hospice, using hospice or elect to use a hospice benefit any time during the measurement period.
- Members using palliative care or who had an encounter for palliative care anytime during the measurement period. (ICD-10-CM code Z51.5\*)
- Members 66-80 years of age as of December 31 of the measurement period with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded.
  - Frailty - At least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS: 81)
  - Advanced Illness - Either of the following during the measurement period or the year prior to the measurement period:
    - (a) Advanced illness on at least two different dates of service;
    - (b) Dispensed dementia medication.
- Medicare members 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long term in an institution (LTI)
  - Enrolled in an institutional SNMP (I-SNP) anytime during the measurement period.
  - Living long-term in an institution any time during the measurement period through the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.

## Codes included in the current HEDIS Measure

HbA1c Lab Test CPT: 83036, 83037

HbA1c Test Result or Findings:

CPT II: 3044F – Results HbA1c < 7.0%

CPT II: 3046F – Results HbA1c > 9%

CPT II: 3051F – Results HbA1c  $\geq$  7.0% to < 8.0%

CPT II: 3052F – Results HbA1c  $\geq$  8.0% to  $\leq$  9.0%

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## Tips to improve HEDIS scores

- Schedule A1c labs before the patient's visit so that results are available during the appointment.
  - Schedule visits earlier in the year to give them time to decrease their levels. Since the last value of the year is used, have the member repeat elevated test before the end of the year to achieve a lower result.
  - Documentation in the medical record must include a note indicating the date when the glycemic test was performed and the result. Use correct coding.
  - Educate patients at every visit on the importance of A1c screenings, how food, physical activity and medications affect blood sugar, and signs of high or low blood sugar.
  - Review medications at each visit.
  - Use medical record alerts to flag patients who are overdue for A1c testing and call patients who missed their appointments or labs.
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