

HEDIS Provider Guide: Glycemic Status Assessment for Patients with Diabetes (GSD)

Measure Description

Members 18 to 75 years of age with diabetes (Type 1 and 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% (a higher rate indicates better performance on measure)
- Glycemic Status >9.0% (a lower rate indicates poorer performance on measure)

Product Line: **Medicaid, Medicare, Commercial**

Medi-Cal	Medicare
<ul style="list-style-type: none"> • This measure is held to minimum performance level • Compliant: Most recent glycemic status assessment with a result of <8.0%. • Not compliant: Most recent glycemic status assessments are greater than or equal to 8.0%; is missing a result; or if a glycemic status assessment was not done during the measurement period. • The Medi-Cal CAR report identifies the following: <ul style="list-style-type: none"> ○ Glycemic Status <8.0% (Increased score indicates improvement.) ○ Glycemic Status >9.0% (Decreased score indicates improvement.) 	<ul style="list-style-type: none"> • This measure is a triple-weight measure • Compliant: HbA1c must be <9.0% (i.e., 8.9% or below) • Not Compliant: Most recent glycemic status assessments are greater than or equal to 9.0; a result is missing (i.e., missing CPT II code); or if a glycemic status assessment was not done during the measurement year.

Documentation Tips

- **Admin:** If multiple assessments are conducted on the same date, use the lowest result.
- **Hybrid:** The most recent glycemic status assessment will be used.

Exclusions

- Members in hospice or palliative care
- Members who died during the measurement
- Medicare members ages 66 or older as of December 31st of the measurement year who:
 - Are enrolled in an institutional Special Needs Plan (I-SNP)
 - Live long-term in an institution, or
 - Are identified as frail and have advanced illness (must meet both criteria to be excluded)

Additional Important Measures for Patients with Diabetes

- While the above measure is part of the Managed Care Accountability Set (MCAS) and held to the minimum performance level, the following measures will also be collected and reported:
 - Eye Exam (EED) (retinal) performed; see EDD Provider Guide for details and billing codes
 - Blood Pressure Control (BPD) (<140/90 mm Hg)
 - Kidney Health Evaluation (KED); see KED Provider Guide for details and billing codes
 - Statin Therapy (SPD) (40-75 years)
 - Received Statin Therapy
 - Statin Adherence 80%

Codes to identify Diabetes

Description	Codes
Diabetes	ICD10CM: E10 – E13, O24

Using Correct Billing Codes

Description	Codes		
HbA1c Testing and Result (HBD)	CPT: 83036, 83037	LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4, 97506-0	SNOMED: 165679005, 451061000124104
	CPT-CAT-II:		<ul style="list-style-type: none"> 3052F – HbA1c \geq 8% to \leq 9% (does not meet measure) 3046F – HbA1c > 9% (does not meet measure)
BP Control (BPD)	<p>Hypertension ICD-10 Code: I10</p> <p>Systolic – CPT-CAT-II: 3074F (<130 mm Hg), 3075F (130 – 139 mm Hg), 3077F (\geq 140 mm Hg)</p> <p>Diastolic – CPT-CAT-II: 3078F (< 80 mm Hg), 3079F (80 – 89 mm Hg), 3080F (\geq 90 mm Hg)</p>		
Statin Medication (SPD)	amlodipine-atorvastatin, atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin		

How to Improve HEDIS® Scores

<p>Timely Testing</p> <ul style="list-style-type: none"> Order HbA1c labs early to allow time for follow-up. Use reports/EHRs to track and follow up on missing results, mid-year. Use EMR standing orders to ensure annual HbA1c testing is not missed. If multiple tests are done the same day, use the lowest value for compliance <p>Accurate Coding and Documentation</p> <ul style="list-style-type: none"> The CPT II code submitted must reflect the most recent HbA1c result during MY2026. Clearly document both test date and numeric result in the medical record. <p>Treatment and Follow-Up</p> <ul style="list-style-type: none"> Adjust or escalate treatment for patients with poor HbA1c control. Use case managers, coordinators, or navigators to support outreach and education <p>Performance Monitoring</p> <ul style="list-style-type: none"> Regularly review provider/site-level reports to find gaps and coach a low performer. 	<p>Patient Engagement and Outreach</p> <ul style="list-style-type: none"> Educate patients on glucose control and routine HbA1c testing. Conduct outreach (calls, texts, or letters) to those who are overdue or have high results. Use telehealth or at-home testing when it is appropriate, and ensure results are captured. <p>Digital Integration</p> <ul style="list-style-type: none"> For GMI from CGM data, document the full date range; use the terminal date as the test date. Encourage CGM/remote tools and ensure the data reaches providers or EMRs. <p>Standing Orders and Workflow Integration</p> <ul style="list-style-type: none"> Train staff on standing orders and workflows to ensure consistent test ordering. <p>Cultural and Linguistic Support</p> <ul style="list-style-type: none"> Provide patient education and outreach in multiple languages and accessible formats.
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