Glycemic Status Assessment for Patients with Diabetes (GSD) **2025**

HEDIS® is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). These are used to drive improvement efforts surrounding best practices.

HEDIS measure

The Glycemic Status Assessment for Patients with Diabetes (GSD) measure looks at the percentage of patients 18 to 75 years old 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:

- Glycemic status < 8%
- Glycemic status ≤ 9%

Note: Groups are measured on only one of the two numerators (< 8 or ≤ 9). Check your measurement period handbook for your applicable numerator. Also, note that the standard HEDIS metric of non-compliance (values > 9.0) has been inverted for consistency (higher rates = better performance).

Numerator

Glycemic Status < 8%

Identify the most recent glycemic status assessment (HbA1c) or (GMI LOINC code 97506-0) during the measurement year. Omit CPT Category II codes with a modifier or from laboratory claims (claims with POS code 81). The member is numerator compliant if the most recent glycemic status assessment has a result of < 8.0%. The member is not numerator compliant if the most recent glycemic status assessment result is ≥ 8.0%, is missing a result, or if a glycemic status assessment was not done during the measurement year. Use the lowest result if multiple glycemic status assessments are performed on the same date of service.

Glycemic Status ≤ 9.0%

Identify the most recent glycemic status assessment (HbA1c) or (GMI LOINC code 97506-0) during the measurement year. Omit CPT Category II codes with a modifier or from laboratory claims (claims with POS code 81). The member is numerator compliant if the most recent glycemic status assessment has a result of < 9.0%, is missing a result, or if a glycemic status assessment was not done during the measurement year. The member is not numerator compliant if the most recent glycemic status assessment result during the measurement year is > 9.0%. Use the lowest result if multiple glycemic status assessments are done on the same date.

Denominator

Patients ages 18 to 75 as of the measurement year meeting criteria for diabetes, which requires either of the following:

- At least two diagnoses of diabetes on different dates of service during the measurement year or the prior year
- At least one prescription claim for insulin or oral hypoglycemic medication dispensed in the 730 days before the end of the measurement period and at least one diagnosis of diabetes in the 730 days before the end of the measurement period

Members must also be continuously enrolled for the entire 365-day measurement period, with no more than one gap of no more than 45 days.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit at any time during the measurement year
- Patients who die during the measurement year
- Patients receiving palliative care at any time during the measurement year
- Patients who had an encounter for palliative any time during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients 66 years and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

Note: Exclusions require a code to be submitted each calendar year.

Please visit **My Diverse Patients** for additional information about eLearning experiences on provider cultural competency and health equity.

Closing the gap

Documentation needed:

- HbA1c/GMI Value Control (< 9.0%):
- Identify the most recent HbA1c test or GMI value during 2024:
  - Claims/encounter or supplemental laboratory data
  - Medical record documentation to include the date and the result of the most recent HbA1c test or GMI value and the date range for that data collected from the patient
- CPT® II 3044F: most recent HbA1c level < 7%
- CPT II 3051F: most recent HbA1c level ≥ 7% to < 8%
- CPT II 3052F: most recent HbA1c level ≥ 8% to ≤ 9%
- CPT II 3046F: most recent HbA1c level > 9% (will not close gap)
- HbA1c lab test
- CPT: 83036, 83037
- LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4

Always include the date of A1c when documenting results in progress notes.

Note: Two patient identifiers are required.

Best practices:

- Modify treatment plans and document follow-up HbA1c testing/GMI for results > 9%.
- Empower patients by teaching them self-management skills for improved blood sugar control.
- Refer your patient to a diabetic educator.
- Perform point-of-care testing and document results in the medical record.
- Use structured result data in EMR for flat file submissions.
- Consider laboratory walk-in visits for blood testing.
- Add ticklers to electronic medical records (EMR) for advanced illness and frailty exclusions.

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