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

## Measure Description

Patients 18–75 years of age with Type 1 or Type 2 diabetes who had a HbA1c test during the measurement year.

For **Medicare**, HbA1c must be **<9.0% (i.e., 8.9% or below)** to be considered **compliant.**

**Exclusions:**

- Members in hospice or receiving palliative care at any time during the measurement year.
- Members who died during the measurement year.
- Medicare members aged 66+ as of December 31 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)

## Using Correct Billing Codes

**Codes to Identify Diabetes: These diagnosis codes are used to confirm the eligible population for GSD**

| Description | ICD-10-CM Codes |
|---|---|
| Type 1 diabetes | *E10.0 – E10.9 |
| Type 2 diabetes | *E11.0 – E11.9 |

Note:
- Asterisk (*) includes all subcategories (e.g., E11.9, E11.65).
- Members are denominator eligible if they have ≥2 diabetes diagnoses on different dates in the measurement year or prior year (or meet pharmacy criteria).

**CPT II Codes That Close the GSD Gap: GSD Results**

| Description | CPT-CAT-II Codes | Compliance |
|---|---|---|
| HbA1c less than 7.0% | 3044F | Compliant |
| HbA1c 7.0%–7.9% | 3051F | Compliant |
| HbA1c 8.0%–8.9% | 3052F | Compliant |
| HbA1c ≥9.0% or test not done | 3046F | Non-compliant |
| No test performed | None submitted | Non-compliant |

Note:
- Members are non-compliant if no CPT II code is submitted, no test is done, or the result is ≥9.0%.
- CPT II codes must reflect the most recent HbA1c result in MY2025.
- Use codes 3044F, 3051F, or 3052F on claims to report compliant HbA1c values.

**Codes That *Do Not* Close the Gap by Themselves**

| CPT Code | Result Required to Close Gap? |
|---|---|
| 83036 | Yes |
| 83037 | Yes |
| **LOINC Code** | **Result Required to Close Gap?** |
| 4548-4, 17856-6, 41995-2, 4549-2, 17855-8, 59261-8, 62388-4, 71875-9, 97506-0 | Yes |

Note:
- LOINC and regular CPT codes (e.g., 83036, 83037) confirm a test was performed, but do not close the gap on their own.
- To meet compliance, the HbA1c result must be documented (e.g., 7.8%) or submitted using a CPT II code (3044F, 3051F, or 3052F).

**Best Practices to Improve HEDIS® Scores**

**Timely Testing**

- 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 isn't missed.
- If multiple tests are done the same day, use the lowest value for compliance

**Accurate Coding & Documentation**

- The CPT II code submitted must reflect the most recent HbA1c result during MY2025.
- Clearly document both test date and numeric result in the medical record.

**Treatment & Follow-Up**

- Adjust or escalate treatment for patients with poor HbA1c control.
- Use case managers, coordinators, or navigators to support outreach and education

**Performance Monitoring**

- Regularly review provider/site-level reports to find gaps and coach low performer.

**Patient Engagement & Outreach**

- Educate patients on glucose control and routine HbA1c testing.
- Conduct outreach (calls, texts, or letters) to those overdue or with high results.
- Use telehealth or at-home testing when appropriate, and ensure results are captured.

**Digital Integration**

- For Glucose Management Indicator (GMI) from Continuous glucose monitoring (CGM) data, document the full date range; use the terminal date as the test date.
- Encourage CGM/remote tools and ensure data reaches providers or EMRs

**Standing Orders & Workflow Integration**

- Train staff on standing orders and workflows to ensure consistent test ordering.

**Cultural & Linguistic Support**

Provide patient education and outreach in multiple languages and accessible formats.