

# Glycemic Status Assessment for Patients With Diabetes (GSD)

## New for 2024

### Added

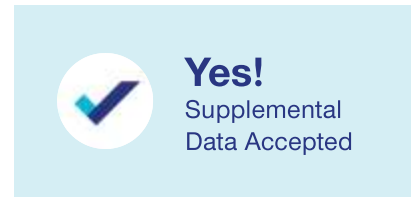
- Glucose management indicator (GMI) was added as an option to meet gap closure criteria

### Updated

- Measure name changed from Hemoglobin A1c Control for Patients with Diabetes (HBD) to Glycemic Status Assessment for Patients with Diabetes (GSD)
- Method for identifying advanced illness in exclusions
- Members who do not have a diagnosis of diabetes is no longer a required exclusion

### Clarified

- Laboratory claims cannot be used for exclusions related to palliative care, advanced illness and frailty



## 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]) showed their blood sugar is under control during the measurement year (adequate control is < 8.0%, poor control is > 9.0%).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Star Ratings</li> <li>• CMS Quality Rating System</li> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<b>Hybrid</b> <ul style="list-style-type: none"> <li>• Automated Lab Data</li> <li>• Claim/Encounter Data</li> <li>• Medical Record Documentation</li> </ul>

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

<b>HbA1c Level &lt; 7.0%</b>	
<b>CPT®/CPT II</b>	3044F
<b>SNOMED</b>	165679005
<b>HbA1c ≥ 7.0% and &lt;8.0%</b>	
<b>CPT®/CPT II</b>	3051F
<b>HbA1c ≥ 8.0% and ≤ 9.0%</b>	
<b>CPT®/CPT II</b>	3052F
<b>HbA1c &gt; 9.0%</b>	
<b>CPT®/CPT II</b>	3046F
<b>SNOMED</b>	451061000124104
<b>Glucose Management Indicator (GMI)</b>	
<b>LOINC</b>	97506-0

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## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members receiving palliative care</li> <li>Members who died</li> </ul>	Any time during the measurement year
<ul style="list-style-type: none"> <li>Members 66 years of age and older as of December 31 of the measurement year with frailty <b>and</b> advanced illness. Members must meet <b>both</b> frailty and advanced illness criteria to qualify as an exclusion:                             <ul style="list-style-type: none"> <li>– <b>Frailty:</b> At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).</li> <li>– <b>Advanced Illness:</b> Indicated by one of the following:                                     <ul style="list-style-type: none"> <li>o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).</li> <li>o Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine.</li> </ul> </li> </ul> </li> </ul>	<p><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution*</li> </ul>	Any time during the measurement year

\*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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## Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<p>HbA1c or glucose management indicator (GMI) test must be performed during the measurement year. If multiple tests were performed in the measurement year, the result from the last test is used.</p> <hr/> <p>Ranges and thresholds do not meet compliance.</p>	<ul style="list-style-type: none"> <li>• A1c, HbA1c, HgbA1c</li> <li>• Glycohemoglobin</li> <li>• Glycohemoglobin A1c</li> <li>• Glycated hemoglobin</li> <li>• Glycosylated hemoglobin</li> <li>• HB1c</li> <li>• Hemoglobin A1c</li> <li>• Continuous glucose monitors (CGM)</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic flow sheets</li> <li>• Consultation reports</li> <li>• Lab reports</li> <li>• Progress notes</li> <li>• Vitals sheet</li> <li>• Continuous glucose monitoring data</li> </ul>

## Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service, result and test together.**
- Member reported GMI results can be documented in the member’s medical record and do not need to be collected by a PCP or specialist.
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- Consider point of care A1c testing in the office setting, when applicable.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- Glycemic status tests (HbA1c or GMI) tests and results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Please remember to submit LOINC’s for any point of care HbA1c tests done in addition to those completed at a lab or hospital facility.
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
- As part of UnitedHealthcare’s clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won’t disclose any information without your written consent.