Glycemic Status Assessment for Patients with Diabetes (GSD) HEDIS Tip Sheet MY 2024

WellSense HEALTH PLAN

Measure 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]) was at the following levels during the measurement year:

- Glycemic status <8.0 %
- Glycemic status >9.0%

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	CMS Quality Rating System CMS Star Ratings NCQA Accreditation NCQA Health Plan Ratings	Administrative and Hybrid: Claim/Encounter Data and Medical Record Review

Note: A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9.0% indicate better care).

Best practices for quality of care

- Always list the date of service, result and test together.
- Consider providing HbA1c point of care testing in the office setting.
- Order labs prior to members' appointments.
- Refer members to case management for assistance with in-home testing and monitoring and education needs.
- Adjust therapy as indicated to improve glycemic status and schedule lab visits for re-checks.
- Educate members about the importance of all diabetic care and testing, including nutrition and exercise. Be sure they understand the difference between glucose checks and HbA1c testing and CGM.
- Acceptable tests, services or procedures: HbA1c, A1c, HgbA1c, HB1c, gylcohemoglobin, glycohemoglobin A1c, gylcosylated hemoglobin, glycated hemoglobin, hemoglobin A1c and continuous glucose monitors (CGM).
    - Self-tested HbA1c results when not reported by a lab cannot be used for this measure.
- Be sure to code for lab tests and results performed in the office. There are CPT II codes that are acceptable to meet measure compliance administratively. When utilized, this step can potentially reduce the volume of medical record requests and on-site visits to the provider office during HEDIS season.

Quality score improvement tips

- Use the most recent HbA1c or glucose management indicator test.
- Include numeric value; ranges and thresholds do not meet criteria (e.g., < 9.0 % is not acceptable).
- This measure requires a lab value. If an HbA1c or glucose management indicator result is missing or it was not completed during the measurement year, the member is numerator compliant for HbA1c Poor Control.

Exclusions

- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members receiving palliative care services or had an encounter for palliative care anytime during the measurement year.
- Members who died any time during the measurement year.
- Medicare members 66 years of age and older by December 31 of the measurement year who meet either of the following:
    - Enrolled in an institutional SNP (I-SNP) any time during the measurement year.
    - Living long-term in an institution any time during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year with both 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 any time during the measurement year.
    - Advanced illness – Either of the following any time during the measurement year or the year prior to the measurement year:
        - Advanced illness on at least two different dates of service.
        - Dispensed dementia medication (Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine).

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT	8036, 8037	HbA1c lab test
LOINC	4548-4, 4549-2, 17856-6, 96595-4, 17855-8	HbA1c lab test result
CPT II*	3044F	HbA1c level less than 7.0 %
CPT II*	3046F	HbA1c level greater than 9.0 %
CPT II*	3051F	HbA1c level greater than or equal to 7.0 % and less than 8.0 %
CPT II*	3052F	HbA1c level greater than or equal to 8.0 % and less than or equal to 9.0 %
ICD 10	E10.9	Type 1 diabetes mellitus without complications
ICD 10	E10.8	Type 1 diabetes mellitus with unspecified complications
ICD 10	E11.9	Type 2 diabetes mellitus without complications

ICD 10	E11.8	Type 2 diabetes mellitus with unspecified complications
ICD 10	E13.9	Other specified diabetes mellitus without complications
ICD 10	E13.8	Other specified diabetes mellitus with unspecified complications

Note: *Must submit office or other outpatient evaluation and management (E&M) code with CPT II codes

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.