HEDIS® Tip Sheet

Effectiveness of Care Measure

Glycemic Status Assessment for Patients With Diabetes

Wellcare wants to help your practice increase HEDIS[1] rates. This tip sheet outlines key details of the Glycemic Status Assessment for Patients With Diabetes (GSD), its codes and guidance for documentation.

Measure

The percentage of members ages 18-75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c (HbA1c)) or glucose management indicator (GMI) was at the following level during the measurement year:

- Glycemic status < 8%
- Glycemic status > 9%[2]

Note: A lower rate indicates better performance for this indicator (i.e., low rates for glycemic status > 9% indicate better care).

Exclusions

Members who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time during the measurement year.
- Died any time during the measurement year.
- Received palliative care any time during the measurement year.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution.
- Members ages 66 and older (for all product lines) with frailty and advanced illness.

Numerator compliance

- Glycemic status < 8%
  - The member is numerator compliant if the most recent glycemic status assessment has a result of < 8%.
  - The member is not numerator compliant if the result of the most recent glycemic status assessment is ≥ 8% or is missing a result, or if a glycemic status assessment was not done during the measurement year.
  - If the most recent glycemic status assessment was an HbA1c test, use the following to determine compliance: compliant (HbA1c < 8) and non-compliant (HbA1c ≥ 8).

- Glycemic status > 9%[2]
  - The member is numerator compliant if the most recent glycemic status assessment has a result of > 9% or 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 result of the most recent glycemic status assessment during the measurement year is ≤ 9%.
  - If the most recent glycemic status assessment was an HbA1c test, use the following to determine compliance: compliant (HbA1c > 9) and non-compliant (HbA1c < 9).

[1]Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.
[2]A lower rate indicates better performance for this indicator (i.e., low rates of glycemic status > 9% indicate better care).

(continued)

Best practices

How to improve HEDIS scores:

- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- HbA1c testing should be completed by the patient 2–4 times per year.
- The last HbA1c result of the year counts toward the HEDIS score.
- If there are multiple glycemic status assessments on the same date of service, use the lowest result.
- Schedule the patient's lab testing before office visits to review results and adjust treatment plans if needed.
- Need the date and most recent result during the measurement year in the member's medical record. Use the reported value and not the threshold or ranges for result.
- A distinct numeric result is required for numerator compliance. "Unknown" is not considered a result/finding.
- GMI results collected by the member and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria). There is no requirement that there be evidence the GMI was collected by a PCP or specialist.

Helpful coding tips

- Use CPT Category II codes when billing for A1c test.
- Confirm that CPT Category II codes listed on the superbill or within the Electronic Health Record (EHR) are valid.
- Consider adding a $0.01 penny charge when using CPT Category II codes to ensure they are not rejected on the encounter or claim.

Code sets

Description	CPT–CAT II codes
HbA1c test	83036, 83037
HbA1c level greater than 9.0	3046F
HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
HbA1c level greater than or equal to 8.0 and less than or equal to 9.0	3052F
HbA1c level less than 7.0	3044F