



# Glycemic Status Assessment for Patients with Diabetes (GSD)

The Glycemic Status Assessment for Patients With Diabetes measure evaluates patients 18-75 years of age with diabetes (types 1 and 2) whose most recent hemoglobin A1c (HbA1c) or glucose management indicator (GMI) with the following levels:

- Glycemic status < 8.0%
- Glycemic status > 9.0%\* (inverted measure)
- **\*Inverted measure:** Because the GSD measure rate indicates the percentage of members with an uncontrolled glycemic status, a lower rate in this measure indicates better performance. For example, if the overall rate shows that 4% of our members are uncontrolled, this means that 96% of our members have a controlled glycemic status

Product lines	Quality programs impacted	Collection and reporting method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Star Ratings</li> <li>• NCQA Health Plan Ratings</li> <li>• State Performance Measure</li> <li>• Quality Rating System</li> </ul>	<ul style="list-style-type: none"> <li>• Hybrid</li> <li>• Claim data</li> <li>• Medical record review</li> </ul>

<b>Numerator compliance</b>	<p>The most recent glycemic status assessment of the measurement year. <b>The result must be &lt; 9% to show evidence of control.</b> Either of the following are acceptable:</p> <ul style="list-style-type: none"> <li>• Hemoglobin A1c (HbA1c)</li> <li>• Glucose Management Indicator (GMI)</li> </ul>
	<p><b>Glycemic Status &lt;8%</b></p> <p>If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:</p> <ul style="list-style-type: none"> <li>• <b>Compliant:</b> HbA1c level less than 8.0 value set.</li> <li>• <b>Not compliant:</b> HbA1c Level Greater Than or Equal To 8.0 Value Set</li> </ul>
	<p><b>Glycemic Status &gt;9%</b></p> <p>If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:</p> <ul style="list-style-type: none"> <li>• <b>Compliant:</b> CPT category II code 3046F.</li> <li>• <b>Not compliant:</b> HbA1c level less than or equal to 9.0 value set</li> </ul> <p><i>The member is not numerator compliant if the result of the most recent glycemic status assessment is ≥8.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year.</i></p>
<b>Denominator Eligibility Criteria</b>	<p>A member is considered eligible for the GSD measure if they have <b>evidence of a diabetes diagnosis</b> in one of the following ways:</p> <ul style="list-style-type: none"> <li>• <b>Claims/Encounter Data:</b> At least <b>two separate diagnoses of diabetes</b> on different dates of service, either during the measurement year or the year prior.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Pharmacy Data:</b> At least <b>one diagnosis of diabetes</b> and at least <b>one prescription fill</b> for a diabetes medication (such as insulin or a hypoglycemic/antihyperglycemic medication), during the measurement year or the year prior.</li> </ul>																														
<b>Time period</b>	Jan. 1, 2026 – Dec. 31, 2026																														
<b>Billing codes</b>	<table border="1"> <thead> <tr> <th>Description</th> <th>Code type</th> <th>Codes</th> </tr> </thead> <tbody> <tr> <td rowspan="2">HbA1c lab test</td> <td>CPT</td> <td>83036, 83037</td> </tr> <tr> <td>LOINC</td> <td>17855-8, 17856-6, 4548-4, 4549-2, 96595-4</td> </tr> <tr> <td colspan="3"><b>HbA1c test result of finding</b> (Do not include CPT II codes with a modifier or POS 81)</td> </tr> <tr> <td rowspan="2">HbA1c less than 7.0%</td> <td>CPT II</td> <td>3044F</td> </tr> <tr> <td>SNOMED</td> <td>165679005</td> </tr> <tr> <td>HbA1c greater than/equal to 7.0% and less than 8.0%</td> <td>CPT II</td> <td>3051F</td> </tr> <tr> <td>HbA1c greater than/equal to 8.0% and less than 9.0%</td> <td>CPT II</td> <td>3052F</td> </tr> <tr> <td rowspan="2">HbA1c greater than/equal to 9.0%</td> <td>CPT II</td> <td>3046F</td> </tr> <tr> <td>SNOMED</td> <td>451061000124104</td> </tr> <tr> <td>Glucose management indicator (Bill LOINC code and CPT II together)</td> <td>LOINC</td> <td>97506-0</td> </tr> </tbody> </table>	Description	Code type	Codes	HbA1c lab test	CPT	83036, 83037	LOINC	17855-8, 17856-6, 4548-4, 4549-2, 96595-4	<b>HbA1c test result of finding</b> (Do not include CPT II codes with a modifier or POS 81)			HbA1c less than 7.0%	CPT II	3044F	SNOMED	165679005	HbA1c greater than/equal to 7.0% and less than 8.0%	CPT II	3051F	HbA1c greater than/equal to 8.0% and less than 9.0%	CPT II	3052F	HbA1c greater than/equal to 9.0%	CPT II	3046F	SNOMED	451061000124104	Glucose management indicator (Bill LOINC code and CPT II together)	LOINC	97506-0
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<b>Frequency/occurrence</b>	Every year at minimum; every three months if uncontrolled																														
<b>Required exclusions</b>	<ul style="list-style-type: none"> <li>• Members who use hospice services</li> <li>• Members receiving palliative care</li> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who are enrolled in an institutional SNP (I-SNP) or living long-term in an institution</li> <li>• Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness / dispensed dementia medication</li> </ul>																														
<b>Test, service or procedure to close care opportunity</b>	<b>The most recent glycemic status assessment (HbA1c or GMI) test and result.</b>																														
<b>Medical record documentation</b> (including but not limited to)	<p><b>Medical record dates:</b> Jan. 1, 2026 – Dec. 31, 2026</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed and the result.</p> <p>GMI results collected by the member and documented in the member’s medical record are eligible for use in reporting. GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value.</p> <ul style="list-style-type: none"> <li>• Consultation reports</li> <li>• Diabetic flow sheets</li> </ul>																														

- Lab reports
- Progress notes

**Submit medical record documentation to Priority Health HEDIS department**

- Electronically uploading medical records – contact [HEDIS@PriorityHealth.com](mailto:HEDIS@PriorityHealth.com) to get a file set up or for more information
- Email: [HEDIS@PriorityHealth.com](mailto:HEDIS@PriorityHealth.com)
- Fax: 616.975.8897
- Mail: HEDIS at 1231 E Beltline, NE Mail Stop 1280, Grand Rapids, MI, 49525

**Common chart deficiencies**

- No HbA1c or GMI test for measurement year
- No results in the medical record for a claim reported date of service

**Claim submission deficiencies**

Not submitting CPT II codes to report A1c test results

**Tips and best practices**

- **Check your PIP reports to identify patients with open care opportunities**
- Order HbA1c test for diabetic patients at least once a year and record the date of service and value together
- If possible, provide point-of-care testing in your office to reduce missed laboratory opportunities
- If the HbA1c is performed in the office, bill the appropriate CPT II code to report the A1c results or at follow-up visit after labs were completed
- Ensure documentation in the medical record includes the date when the HbA1c was performed and the result
- Use EHR/EMR alerts for patients due for a HbA1c test or if the previous test was greater than or equal to 8.0% ( $\geq$  9.0% for Medicare patients)
- Follow up with patients to discuss and educate on effects of diabetes
- Discuss with the patient the importance of screening for diabetes
- Coordinate care with patients' other providers

**HbA1c test results can be accepted as supplemental data.**