

Glycemic Status Assessment for Patients with Diabetes (GSD)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for hemoglobin A1c control for patients with diabetes, formerly known as hemoglobin A1c for patients with diabetes (HBD). The new terminology is glycemic status assessment for patients with diabetes (GSD).

What Is the Measure?

The measure assesses the percentage of members between the age of 18 and 75 with a diagnosis of diabetes (type 1 and type 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%) for good control
- Glycemic Status (>9.0%)* for poor control

*This is an inverse measure; the goal is to be less than or 9.0%. The National Committee for Quality Assurance previously called this measure “HbA1C Poor Control.”

How to Identify Members for This Measure

Members with diabetes are identified through claims and pharmacy data.

- **Claims data:** Members identified as having diabetes on two occasions during the measurement year or the year prior to the measurement year
- **Pharmacy data:** Members who, during the measurement year or the year prior, were dispensed insulin or hypoglycemic/antihyperglycemics and have at least one diagnosis of diabetes

Codes for Hemoglobin A1c (HbA1c) Testing and Results

CPT HbA1c Screening

83036; 83037

CPT II Most recent hemoglobin A1c (HbA1c)

3044F HbA1c less than 7.0%

3046F HbA1c greater than 9.0%

3051F HbA1c greater than or equal to 7.0% and less than 8.0%

3052F HbA1c greater than or equal to 8.0% and less than or equal to 9.0%

Continued next page

All summaries of the measures contained herein are reproduced with permission from HEDIS MY 2025 Volume 1: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the NCQA. Please see the final page of this document for the full copyright citation.

Exclusions

Members are excluded from the measure if they meet the following criteria:

- Hospice care or using hospice services anytime during the measurement year

Codes for Hospice Care

CPT: 99377-99378

HCPCS: G0182; G9473-G9479; Q5003-Q5010; S9126; T2042-T2046

- Receiving palliative care anytime during the measurement year

Codes for Palliative Care

HCPCS: G9054; M1017

- Members who died during the measurement year
- Medicare members age 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 age 66 and older as of December 31 of the measurement year who meet **both** frailty and advanced illness criteria.
 - **Frailty:** At least two indications of frailty with different dates of service during the measurement year
 - **Advanced Illness:** Either of the following 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

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li style="margin-right: 10px;">• Donepezil <li style="margin-right: 10px;">• Galantamine • Rivastigmine
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> • Memantine
Dementia combinations	<ul style="list-style-type: none"> • Donepezil-memantine

Measure updates will not be reflected in gap closures until the fall when the measure requirements are updated.

Content reproduced with permission from HEDIS® MY2025, Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. Limited proprietary coding sets are contained in the specifications for convenience, and users should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications. To purchase copies of the publication, including the full measures and specifications, visit [NCQA.org/Publications](https://www.ncqa.org/Publications).