

Quality Measure Highlight

Glycemic Status Assessment for Patients with Diabetes (GSD)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here for you. We are sharing the Quality Measure Highlight: Glycemic Status Assessment for Patients with Diabetes (GSD) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and best practices to meet the measure.

For more information, please email the Alliance Quality Improvement (QI) Department at deptQIteam@alamedaalliance.org.

Measure Description: 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 <8% or >9% during the measurement year.

Eligible Population

Members are included in the measure if they had either of the following during the current or previous measurement year:

- At least two (2) diagnoses of diabetes during a visit on different dates of service
- At least one (1) diagnosis of diabetes during a visit and were dispensed insulin or hypoglycemics/antihyperglycemics

Exclusions:

- Members who were in hospice received palliative care or died during the measurement year.
 - Members age 66 and older who meet specific requirements around frailty and advanced illness. (Please email the Alliance QI Department for more information.)
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Numerator Compliance

Two (2) rates are reported for this measure: <8% or >9%. The most recently reported HbA1c or GMI value determines which rate the member falls into.¹

Glycemic Status may be reported by either HbA1c or GMI lab values, or by using CPT Category II codes in the table below.

Note: CPT Category II codes are not reimbursable codes. They are informational codes that should be submitted in conjunction with a visit code for a visit where an HbA1c or GMI lab value was noted.

CPT Cat II Code Description	CPT Cat II Code
Most recent hemoglobin A1c (HbA1c) level <7%	3044F
Most recent hemoglobin A1c (HbA1c) level ≥7% and <8%	3051F
Most recent hemoglobin A1c (HbA1c) level ≥8% and ≤9%	3052F
Most recent hemoglobin A1c (HbA1c) level >9%	3046F

¹ The DHCS Managed Care Accountability Set includes glycemic status above 9% (poor control). A lower rate is better.

HbA1c and GMI Numeric Value Documentation Requirements

General Guidelines

- Lab reports with a result date are given first priority.
- Documentation in the medical record must indicate the date the test was performed and the result.
- Lab test descriptions or names must clearly indicate what the test is for (e.g., A1c, GHBA1c, Glycated A1c or Glycated Hemoglobin, POC A1c, POL A1c, etc.).
 - A1c results with a procedure code alone are not acceptable, there must be an A1c test descriptor: 83036 Glycated Hemoglobin Test.
- GMI values must include documentation of the Continuous Glucose Monitoring (CGM) data date range used to derive the value. The terminal date in the range should be used to assign the assessment date.
- GMI values collected by the member and documented in the medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria).

Acceptable Readings

- Member-collected samples that are sent to a lab for processing.
- Member-reported results of a previous lab test documented in the medical history or HPI section of a progress note are acceptable.
 - Example: Patient reports A1c level was 6.3 on 5/28/2024.
- Lab values that report a distinct numeric result.

Not Acceptable Readings

- Home tests performed by the member.
- Lab values reported as a range or threshold.
 - Be aware of lab results with symbols to indicate either an interpretation or range. If no key or legend indicates what the symbol means it will not be accepted.

Best Practices

Below are suggested best practices provided by the American Diabetes Association:

- Adopt technology to increase touchpoints.
- Integrate screening for social and emotional barriers to identify a need for support.
- Review practice-wide medication prescribing patterns to assess for therapeutic inertia (see link below).
- Schedule diabetes-only visits.
- Stratify follow-up based on HbA1c/glucose and therapy change.
- Use HbA1c and glucose data to drive rapid cycle treatment intensification.

References

American Diabetes Association: 2023 Standards of Care in Diabetes:

<https://professional.diabetes.org/standards-of-care/practice-guidelines-resources>

American Diabetes Association: Therapeutic Inertia Practice Improvement Resources:

<https://therapeuticinertia.diabetes.org/practice-improvement-resources>

Medical Supplies: Future Changes to Continuous Glucose Monitoring Systems Coverage Criteria and Prior Authorization Bundling:

[https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2023.10_A_Medical_Supplies_Future_Changes_CGM_Coverage_Criteria_PA_Bundling.pdf)

[news/2023.10_A_Medical_Supplies_Future_Changes_CGM_Coverage_Criteria_PA_Bundling.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2023.10_A_Medical_Supplies_Future_Changes_CGM_Coverage_Criteria_PA_Bundling.pdf)

Medi-Cal Rx Covered Products Lists: <https://medi-calrx.dhcs.ca.gov/home/cdl/>