Glycemic Status Assessment for Patients With Diabetes (GSD)

New for 2025

· No applicable changes for this measure



Definition

The percentage of members ages 18–75 of age with diabetes (Types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) showed their blood sugar is under control during the measurement year adequate control is < 8.0%, poor control is > 9.0%).

Plans(s) affected	Quality program(s) affected	Collection and reporting method
 Commercial 	• CMS Star Ratings	Hybrid
 Exchange/Marketplace 	CMS Quality Rating System	Automated lab data
Medicaid	NCQA Accreditation	Claim/encounter data
Medicare	NCQA Health Plan Ratings	Medical record documentation

Codes

The following codes can be used to submit outcome results for this measure; they are not intended to be a directive of your billing practice.

HbA1c < 7.0%		
CPT®/CPT II	3044F	
SNOMED	165679005	
HbA1c ≥ 7.0% and <8.0%		
CPT®/CPT II	3051F	
HbA1c ≥ 8.0% and ≤ 9.0%		
CPT®/CPT II	3052F	

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association.UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.



Glycemic Status Assessment for Patients With Diabetes (GSD) (cont.)

HbA1c > 9.0%		
CPT®/CPT II	3046F	
SNOMED	451061000124104	
Glucose management indicator (GMI)		
LOINC	97506-0	

Required exclusion(s)

Exclusion	Time frame
 Members in hospice or using hospice services Members receiving palliative care Members who died 	Any time during the measurement year
Members 66 years of age and older as of Dec. 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify	Frailty diagnoses must be in the measurement year and on different dates of service
as an exclusion: - Frailty: At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).	Advanced illness diagnosis must be in the measurement year or year prior to the measurement year
- Advanced Illness: Indicated by one of the following:	
o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).	
 Dispensed dementia medication donepezil, donepezil-memantine, galantamine, rivastigmine or memantine 	

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association. United Healthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with United Healthcare.



Glycemic Status Assessment for Patients With Diabetes (GSD) (cont.)



Important notes

HbA1c or glucose management indicator (GMI) test must be performed during the measurement year. If multiple tests were performed in the measurement year, the result from the last test is used.

Ranges and thresholds do not meet compliance.

Test, service or procedure to close care opportunity

- A1c, HbA1c, HgbA1c
- Glycohemoglobin
- · Glycohemoglobin A1c
- · Glycated hemoglobin
- Glycosylated hemoglobin
- HB1c
- · Hemoglobin A1c
- Continuous glucose monitors (CGM)

Medical record detail including, but not limited to

- · Diabetic flow sheets
- Consultation reports
- · Lab reports
- · Progress notes
- Vitals sheet
- Continuous glucose monitoring data

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association. United Healthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with United Healthcare.



Glycemic Status Assessment for Patients With Diabetes (GSD) (cont.)

Tips and best practices to help close this care opportunity

- Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.
 If you have questions, your UnitedHealthcare representative can help.
- Always list the date of service, result and test together
- Member-reported GMI results can be documented in the member's medical record and do not need to be collected by a PCP or specialist
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- Consider point of care A1c testing in the office setting, when applicable
- The use of CPT® Category II codes helps
 UnitedHealthcare identify clinical outcomes
 such as HbA1c level. It can also reduce the need
 for some chart review.
- CPT II Codes that are on a lab claim (POS 81) or include a modifier do not count toward numerator compliance
- HbA1c tests and results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

- Please remember to submit LOINCs for any point of care HbA1c tests done in addition to those completed at a lab or hospital facility
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum.
 This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
 - As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association. United Healthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with United Healthcare.

