Glycemic Status Assessment for Patients with Diabetes (GSD)

wellcare By allwell™

GSD Measure Overview

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c or glucose management indicator (GMI)) was at the following levels during the measurement year:

- Glycemic Status Control (<8.0%)
- Glycemic Status Poor Control (>9.0%)

The following notations are examples of **acceptable** documentation for GSD:

- HbA1c or GMI level with the appropriate lab date can be taken from ANY section of the medical record including inpatient, ER/ED documentation, and Urgent Care.
- Use the lowest result if multiple glycemic status assessments are recorded for a single date.
- Documentation of an A1c that is done in the doctor's office (POC: Point of Care testing) with a date of service and result (e.g., A1c 6.7).
- Member-reported results in a medical history portion / HPI of the progress note from a PCP or appropriate specialist (e.g., "HPI: Member reports A1c level was 5.5 on 3/28/MY").
- Diabetic flowsheets can be used.
- Notation of words such as Yesterday, 2 weeks ago, 4 months ago, etc. related to an A1c or GMI being completed with results are specific enough to determine the event occurred.
- Telehealth visits with a definitive date and result.

The following notations are examples of documentation that is **not acceptable** for GSD:

- Home tests are NOT acceptable.
- Progress notes which are unclear or do NOT document the exact date of when a test was done (e.g., "A1c was 7.3 last visit" "most recent A1c was 7.2", etc.).
- The date a provider reviewed a lab result cannot be used since it may not be the date of the actual test.
- Coversheet with handwritten results.
- Thresholds or ranges are not acceptable such as < 6.9 or 5.6-7.2%. A distinct numeric result is required for numerator compliance.
- "Glyco" without any reference to A1c.

Tips And Best Practices To Close HBD Care Gap when talking to members:

- Provide education to members regarding the need to monitor and manage their blood sugars (HgA1c).
- Assist members if needed to schedule lab visits for regular A1c testing to include transportation assistance.
- Remind members of needed care for the best management of their diabetes during care management calls

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99987, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304–99310, 99315–99316
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966–98968, 99441–99443

HbA1c is less than 7.0%	**CPT II:** 3044F
HbAic is 7.0% or greater, but less than 8%	**CPT II:** 3051F
HbA1c is 8% or greater, but less than or equal to 9.0%	**CPT II:** 3052F
HbA1c is greater than 9%	**CPT II:** 3046F