

Glycemic Status Assessment for Patients With Diabetes (GSD)

New for 2026

- No applicable changes for this measure



Yes!
Supplemental data accepted

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
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Star Ratings • CMS Quality Rating System • NCQA Health Plan Ratings 	<p>Hybrid</p> <ul style="list-style-type: none"> • Automated lab data • Claim/encounter data • 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

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HbA1c > 9.0%

CPT®/CPT II	3046F
SNOMED	451061000124104

Glucose management indicator (GMI)

LOINC	97506-0
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Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members receiving palliative care Members who died 	Any time during the measurement year
<ul style="list-style-type: none"> 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 as an exclusion: <ul style="list-style-type: none"> 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: Indicated by one of the following: <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Frailty diagnoses must be in the measurement year and on different dates of service Advanced illness diagnosis must be in the measurement year or year prior to the measurement year
<ul style="list-style-type: none"> Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: <ul style="list-style-type: none"> Enrolled in an Institutional Special Needs Plan (I-SNP) Living long term in an institution* 	Any time during the measurement year

* Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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Important notes

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
<p>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.</p> <hr/> <p>Ranges and thresholds do not meet compliance.</p>	<ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c • Continuous glucose monitors (CGM) 	<ul style="list-style-type: none"> • Diabetic flow sheets • Consultation reports • Lab reports • Progress notes • Vitals sheet • Continuous glucose monitoring data

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Tips and best practices to help close this care opportunity

- **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.
- 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

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