Supporting Our Providers in Improving Glycemic Rates for Members with Diabetes

The Healthcare Effectiveness Data and Information Set (HEDIS®) measure Glycemic Status Assessment for Patients with Diabetes (GSD) was developed by the National Committee for Quality Assurance (NCQA) as a performance improvement indicator for blood sugar level management. The GSD assessment helps us identify members with uncontrolled diabetes so steps can be taken to improve health outcomes and prevent complications.

GSD measures the percentage of members 18-75 years of age with diabetes (types I and 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**
- **Glycemic Status > 9.0%**

Improving HEDIS Scores and Patient Care

Here are a couple FAQs that can better improve your HEDIS scores and identify opportunities to improve patient care.

Q: What A1c or GMI is used to determine compliance?
A: The last glycemic status of the year is used for this measure

Q: How is A1c or GMI compliance determined?
A: Compliance is determined in two ways:
- Claim and supplemental data submission
  - The submission of an HbA1c Lab test code AND the numerical result
- Medical record reviews

Codes for Documenting Care Gap Closures for Patients with Glycemic Assessment

Reduce the need for medical record chart requests. Glycemic Assessment readings/codes can be added to your claim submission or accepted as supplemental data. Contact your Medical Mutual provider representative to discuss data exchange opportunities.

Best Practices for Claims and Supplemental Data Submissions		
Bill CPT Code 83036 <u>and</u> the corresponding CPT II Code that reflects the glycemic result.		
	Description	**CPT Code**
HbA1c Lab Test	HbA1c Lab Test	83036
	A1c or GMI Result	**CPT II Code**
Compliant Less than 9.0%	And A1c/GMI <7%	3044F
	A1c/GMI >7% and <8%	3051F
	A1c/GMI >8% and <9%	3052F
9.0% and Greater	A1c/GMI>9%	3046F

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When documenting in the patient's medical record, please follow these best practices. Below is information on the GSD measure from our 2025 HEDIS Documentation Reference Guide, which is available at MedMutual.com/Provider > Resources.

Best Practices for Medical Record Documentation	
Continuous Glucose Monitor Documentation Requirements	▪ Member reported GMI results documented in member's chart must be specific enough to link to a date. ▪ GMI values must include documentation of the continuous glucose monitoring (CGM) data date range used to derive the value. ▪ Place copies of GMI reports from monitors in patients record
Hemoglobin A1c Documentation Requirements	▪ A1c lab reports. ▪ A1c result documented within a progress note must have a specific date. ○ Do NOT use "recent" or "last"

Medical Mutual Support Programs

We offer programs that can help support our members who are your patients that have hypertension. Providing quality care for our members, your patients, is a team effort. Thank you for working with us to help care for our members with hypertension.

▪ **Case Management -** Offers help and support with complex medical needs. Provider referral:
    ○ For Medicare Advantage Case Management referral, call 1-855-887-2273 or email CaseMgmt-MedAdv@medmutual.com.
    ○ Commercial Case Management: 1-800-258-3175 option 2 (members) or option 3 (providers) or email CaseMgmt-Triage@medmutual.com.

▪ **Managing Chronic Conditions -** Members are identified through predictive modeling, or the members can be referred. Please call 1-800-590-2583 to refer a member.

▪ **Pharmacy assistance for cost or access to medications** - Express Scripts® Coverage Management 1-800-753-2851. Mail order, 90-day supply prescriptions are available for our members to help avoid any access issues

▪ **Weight Watchers** - www.weightwatchers.com/us/

▪ **Silver Sneakers** - tools.silversneakers.com

▪ **24-hour/7 day-a-week Conduit Nurse Line –** Members may call 1-888-912-0636 to speak with a nurse for any questions and help in guiding care.

Providing quality care for our members, your patients, is a team effort. Thank you for working with us to help care for our members with diabetes.

Resource Links:
https://www.cdc.gov/diabetes/php/data-research/index.html

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.

None of the information included in this article is intended to be legal advice. It remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.

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