health net

HEDIS® Tip Sheet | Effectiveness of Care Measure

Glycemic Status Assessment for Patients With Diabetes

Health Net* wants to help your practice increase HEDIS[1] rates. This tip sheet outlines key details of the Glycemic Status Assessment for Patients With Diabetes (GSD), its codes and guidance for documentation.

Measure

The percentage of patients ages 18-75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c (HbA1c)) or glucose management indicator (GMI) was at the following level during the measurement year:

- Glycemic status < 8%
- Glycemic status > 9%[2]

HbA1c testing should be completed by the patient 2–4 times per year.

Exclusions

Patients who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time during the measurement year.
- Died any time during the measurement year.
- Received palliative care any time during the measurement year.
- Medicare patients ages 66 and older as of December 31 of the measurement year who:
  - Are enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution; or
  - Have frailty and advanced illness.

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Glycemic Status Assessment for Patients With Diabetes (cont.)

Numerator compliance

Glycemic status < 8%	Glycemic status > 9%[2]
• The patient is numerator compliant if the most recent glycemic status assessment has a result of < 8%.	• The patient is numerator compliant if the most recent glycemic status assessment has a result of > 9% or is missing a result, or if a glycemic status assessment was not done during the measurement year.
• The patient is not numerator compliant if the result of the most recent glycemic status assessment is ≥ 8% or is missing a result, or if a glycemic status assessment was not done during the measurement year.	• The patient is not numerator compliant if the result of the most recent glycemic status assessment during the measurement year is ≤ 9%.
• If the most recent glycemic status assessment was an HbA1c test, use the following to determine compliance: compliant (HbA1c < 8) and non-compliant (HbA1c ≥ 8).	• If the most recent glycemic status assessment was an HbA1c test, use the following to determine compliance: compliant (HbA1c > 9) and non-compliant (HbA1c < or = 9).

Best practices

How to improve HEDIS scores:

- Use point-of-care testing, which is acceptable with appropriate coding and documentation with date of service and value.
- HbA1c testing should be completed by the patient 2–4 times per year.
- The last HbA1c result of the year counts toward the HEDIS score.
- If there are multiple glycemic status assessments on the same date of service, use the lowest result.
- Schedule the patient's lab testing before office visits to review results and adjust treatment plans if needed. Order diabetic screening tests (HbA1c, eye exam, kidney evaluations, etc.).
- Need the date and most recent result during the measurement year in the patient's medical record. Use the reported value and not the threshold or ranges for result.
- A distinct numeric result is required for numerator compliance. "Unknown" is not considered a result/finding.
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- GMI results collected by the patient and documented in the patient's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria). There is no requirement that there be evidence the GMI was collected by a primary care physician or specialist.
- Test results from patient-collected samples processed by a laboratory or provider's office may be used for reporting.

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Glycemic Status Assessment for Patients With Diabetes (cont.)

Helpful coding tips

- Submit claims and encounter data in a timely manner.
- Use CPT Category II codes when billing for A1c test.
- Confirm that CPT Category II codes listed on the superbill or within the electronic health record are valid.
- Consider adding a $0.01 charge when using CPT Category II codes to ensure they are not rejected on the encounter or claim.

Codes

Descripton	CPT-CAT II codes
HbA1c test	83036, 83037
HbA1c level greater than 9.0	3046F
HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
HbA1c level greater than or equal to 8.0 and less than or equal to 9.0	3052F
HbA1c level less than 7.0	3044F

[1] HEDIS – Healthcare Effectiveness Data and Information Set. National Committee for Quality Assurance (NCQA). HEDIS 2026 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2025.

[2] A lower rate indicates better performance for this indicator (i.e., low rates of glycemic status > 9% indicate better care).

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