



HEDIS® Diabetes Measures: Quick Guide for Providers

Why Consistent Monitoring Matters

Consistent diabetes monitoring prevents avoidable complications, reduces ED utilization, and supports value-based quality outcomes. Many HEDIS non-compliance gaps are due to missing documentation rather than lack of care.

GSD – Glycemic Status Assessment for Patients with Diabetes

Who: Members age 18–75 with Type 1 or Type 2 diabetes
What Counts: Most recent HbA1c or GMI result during the measurement year (Measurement year January 1–December 31)
Targets: HbA1c <8.0% (good control) | HbA1c >9.0% (poor control – inverse measure)

Best Practices

- Order HbA1c labs before visits
- Review and document numeric results
- Adjust treatment and schedule follow-ups for A1c ≥8%
- Refer member to Health Plan diabetes education or care management

Coding for GSD	
Description	Codes
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Level Less Than 7	CPT II: 3044F
HbA1c Level Greater Than/Equal to 7 and Less than/Equal to 8	CPT II: 3051F
HbA1c Level Greater Than/Equal to 8 and Less Than/Equal to 9	CPT II: 3052F
HbA1c Greater Than 9.0	CPT II: 3046F

BPD-E – Blood Pressure Control for Patients with Diabetes

Who: Members age 18–75 with diabetes (Type 1 or 2)
What Counts: Most recent BP reading <140/90 mm Hg during the measurement year
Measurement Year: January 1–December 31

Best Practices

- Measure BP at every visit
- Use lowest reading if multiple taken in the same day
- Member should rest quietly for at least 5 minutes before the first BP is taken
- Repeat elevated readings when possible
- Accept documented home digital BP readings; readings done at home manually do not meet the standard for compliance

Coding for BDP	
Description	Codes
Systolic 130-139	CPT II: 3075F
Systolic Less Than 130	CPT II: 3074F
Diastolic 80-89	CPT II: 3079F
Diastolic Less Than 80	CPT II: 3078F
HbA1c Greater Than 9.0	CPT II: 3046F

EED – Eye Exam for Patients with Diabetes

Who: Members age 18–75 with diabetes
What Counts:

- Retinal or dilated eye exam during measurement year (January 1–December 31) OR
- Negative exam (no retinopathy) in prior year

Members are identified by at least two diabetes diagnoses during the measurement year, or at least one diabetes diagnosis and at least one diabetes medication dispensing event.

Best Practices

- Refer annually to optometry or ophthalmology
- Explain difference between routine vision vs. diabetic eye exams
- Collect and upload outside eye exam reports
- Retinal imaging is acceptable if documented

Coding for EED	
Description	Codes
Retinal Eye Exam (Billed by an Eye Care Professional)	CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201–92205, 92230, 92235, 92250, 99213–99215, 99242–99245
Retinal Imaging	HCPCS: S0620, S0621, S3000
Autonomous Eye Exam	CPT: 92227, 92228
Interactive Outpatient Encounter	CPT: 92229
Unilateral Eye Enucleation with a Bilateral Modifier	LOINC: 105914-6 with a result
Eye Exam with Retinopathy	CPT: 98970–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012
Eye Exam without Retinopathy	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Diabetic Retinal Screening Negative in Prior Year	CPT Modifier: 50 CPT II: 2022F, 2024F, 2026F CPT II: 2023F, 2026F, 2033F CPT II: 3072F



Staff Action Steps That Improve Compliance

- Use EHR reports to identify gaps in care
- Remind patients to complete labs and eye exams
- Document outside results promptly
- Ensure all documentation includes date, numeric results, and provider credentials

Note: Hospice, palliative care, deceased members, and certain advanced illness exclusions apply. Accurate documentation ensures credit for care already provided.
