

MEDICARE NATIONAL COVERAGE DETERMINATION POLICY

GLYCATED HEMOGLOBIN/GLYCATED PROTEIN [POLICY 190.21]



CPT Code: 83036, 82985

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD)

The list of ICD codes provided below consists of *commonly utilized diagnosis codes*.

- This is not a full list of ICD codes for this test. The complete CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS National Coverage Determination for Glycated Hemoglobin/Glycated Protein visit the following website: [National Coverage Determination \(NCD\) for Glycated Hemoglobin/Glycated Protein \(190.21\) \(cms.gov\)](#)
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.
- If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description: The management of diabetes mellitus requires regular determinations of blood glucose levels. Glycated hemoglobin/protein levels are used to assess long-term glucose control in diabetes. Alternative names for these tests include glycated or glycosylated hemoglobin or Hgb, hemoglobin glycated or glycosylated protein, and fructosamine.

Glycated hemoglobin (equivalent to hemoglobin A1) refers to total glycosylated hemoglobin present in erythrocytes, usually determined by affinity or ion-exchange chromatographic methodology. Hemoglobin A1c refers to the major component of hemoglobin A1, usually determined by ion-exchange affinity chromatography, immunoassay or agar gel electrophoresis. Fructosamine or glycated protein refers to glycosylated protein present in a serum or plasma sample. Glycated protein refers to measurement of the component of the specific protein that is glycated usually by colorimetric method or affinity chromatography.

Glycated hemoglobin in whole blood assesses glycemic control over a period of 4-8 weeks and appears to be the more appropriate test for monitoring a patient who is capable of maintaining long-term, stable control. Measurement may be medically necessary every 3 months to determine whether a patient's metabolic control has been on average within the target range. More frequent assessments, every 1-2 months, may be appropriate in the patient whose diabetes regimen has been altered to improve control or in whom evidence is present that intercurrent events may have altered a previously satisfactory level of control (for example, post-major surgery or as a result of glucocorticoid therapy). Glycated protein in serum/plasma assesses glycemic control over a period of 1-2 weeks. It may be reasonable and necessary to monitor glycated protein monthly in pregnant diabetic women. Glycated hemoglobin/protein test results may be low, indicating significant, persistent hypoglycemia, in nesidioblastosis or insulinoma, conditions which are accompanied by inappropriate hyperinsulinemia. A below normal test value is helpful in establishing the patient's hypoglycemic state in those conditions.

Indications and Limitations of Coverage

Indications

Glycated hemoglobin/protein testing is widely accepted as medically necessary for the management and control of diabetes. It is also valuable to assess hyperglycemia, a history of hyperglycemia or dangerous hypoglycemia. Glycated protein testing may be used in place of glycated hemoglobin in the management of diabetic patients, and is particularly useful in patients who have abnormalities of erythrocytes such as hemolytic anemia or hemoglobinopathies.

Limitations

It is not considered reasonable and necessary to perform glycated hemoglobin tests more often than every three months on a controlled diabetic patient to determine whether the patient's metabolic control has been on average within the target range. It is not considered reasonable and necessary for these tests to be performed more frequently than once a month for diabetic pregnant women. Testing for uncontrolled type one or two diabetes mellitus may require testing more than four times a year. The above

GLYCATED HEMOGLOBIN/GLYCATED PROTEIN [POLICY 190.21]

CPT Code: 83036, 82985

Description Section provides the clinical basis for those situations in which testing more frequently than four times per annum is indicated, and medical necessity documentation must support such testing in excess of the above guidelines.

Many methods for the analysis of glyated hemoglobin show significant interference from elevated levels of fetal hemoglobin or by variant hemoglobin molecules. When the glyated hemoglobin assay is initially performed in these patients, the laboratory may inform the ordering physician of a possible analytical interference. Alternative testing, including glyated protein, for example, fructosamine, may be indicated for the monitoring of the degree of glycemic control in this situation. It is therefore conceivable that a patient will have both a glyated hemoglobin and glyated protein ordered on the same day. This should be limited to the initial assay of glyated hemoglobin, with subsequent exclusive use of glyated protein. These tests are not considered to be medically necessary for the diagnosis of diabetes.

REMINDER: The ordering provider is solely responsibility for assigning diagnosis (codes) for Glycated Hemoglobin / Glycated Protein testing. PDL does not – through this Reference Guide or otherwise – recommend any particular diagnosis codes. PDL will submit to Medicare only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff.

ICD-10-CM Codes commonly used for Glycated Hemoglobin/Glycated Protein

Please note: There is a frequency associated with this test.

Alias: Hemoglobin A1c (83036)

CODE	DESCRIPTION
E10.9	Type 1 diabetes mellitus without complications
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
R79.9	Abnormal finding of blood chemistry, unspecified
Z79.4	Long term (current) use of insulin
Z79.899	Other long term (current) drug therapy

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=100>