

Blood Glucose Testing (82947, 82948, 82962) – NCD 190.20

Indications:

Blood glucose values are often necessary for the management of patients with diabetes mellitus, where hyperglycemia and hypoglycemia are often present. They are also critical in the determination of control of blood glucose levels in patient with impaired fasting glucose (FPG 110-125 mg/dL), patient with insulin resistance syndrome and/or carbohydrate intolerance (excessive rise in glucose following ingestion of glucose/glucose sources of food), in patient with a hypoglycemia disorder such as nesidioblastosis or insulinoma, and in patients with a catabolic or malnutrition state. In addition to conditions listed, glucose testing may be medically necessary in patients with tuberculosis, unexplained chronic or recurrent infections, alcoholism, coronary artery disease (especially in women), or unexplained skin conditions (i.e.: pruritis, skin infections, ulceration and gangrene without cause). Many medical conditions may be a consequence of a sustained elevated or depressed glucose level, including comas, seizures or epilepsy, confusion, abnormal hunger, abnormal weight loss or gain, and loss of sensation. Evaluation of glucose may be indicated in patients on medications known to affect carbohydrate metabolism.

Effective January 1, 2005, the Medicare law expanded coverage to diabetic screening services. Some forms of blood glucose testing covered under this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR410.18, sec. 90 ch.18 Claims Processing Manual for screening benefit description

Limitations:

Frequent home blood glucose testing by diabetic patients should be encouraged. In stable, non-hospitalized patients unable or unwilling to do home monitoring, it may be necessary to measure quantitative blood glucose up to 4 times a year. Depending upon patient's age, type of diabetes, complications, degree of control, and other co-morbid conditions, more frequent testing than 4 times a year may be reasonable and necessary. In patients presenting nonspecific signs, symptoms, or diseases not normally associated with disturbances in glucose metabolism, a single blood glucose test may be medically necessary. Repeat testing may not be indicated unless abnormal results are found or there is a change in clinical condition. If repeat testing is performed, a diagnosis code (e.g., diabetes) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions of a continuing risk of glucose metabolism abnormality (e.g., monitoring glucocorticoid therapy).

Documentation Requirements:

The ordering physician must include evidence in the patient's clinical record that an evaluation of history and physical preceded the ordering of glucose testing and that manifestations of abnormal glucose levels were present to warrant the testing.

Most Common Diagnoses (which meet medical necessity) *

E08.00 through E13.9	All Types of Diabetes
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E16.2	Hypoglycemia
E78.0	(Pure) Hypercholesterolemia
E78.5	Hyperlipidemia
I25.10	Coronary Artery Disease
J44.9	Chronic Obstructive Pulmonary Disease
L97.209	Non-pressure Chronic Ulcer of Calf
L97.309	Non-pressure Chronic Ulcer of Ankle
L97.409	Non-pressure Chronic Ulcer of Heel and Midfoot
L97.509	Non-pressure Chronic Ulcer of Other Part of Foot
L98.499	Non-pressure Chronic Ulcer of Skin of Other Sites
N39.0	Urinary Tract Infection
R20.0	Anesthesia of Skin
R20.2	Paresthesia of Skin
R42	Dizziness
R53	Weakness
R53.81	Malaise
R53.83	Fatigue
R55	Syncope and Collapse
R56.9	Convulsions
R63.4	Abnormal Weight Loss
R63.5	Abnormal Weight Gain
R73.9	Hyperglycemia
U07.1	Covid-19
Z13.79	Encounter for Screening for Diabetes Mellitus
Z79.1	Long Term (Current) Use of Non-Steroidal Anti-Inflammatories (NSAID)
Z79.4	Long Term (Current) Use of Insulin
Z79.84	Long Term (Current) Use of Oral Hypoglycemic Drugs
Z79.899	Other Long Term (Current) Drug Therapy

*For the full list of diagnoses that meet medical necessity see Blood Glucose Testing National Coverage Determination 190.20 document

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.