Glycated Hemoglobin (A1C)/ Glycated Protein (82985, 83036) – NCD 190.21

Indications:
Glycated hemoglobin/protein testing is **accepted as medically necessary for management and control of diabetes and 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 useful in **patients with abnormalities of erythrocytes** such as hemolytic anemia or hemoglobinopathies.

Limitations:
1. It is **not reasonable and necessary to perform glycated hemoglobin tests more often than every three months on a controlled diabetic patient** to determine if the patient's metabolic control has been on average within the target range. 2. It is **not reasonable and necessary for these tests to be performed more frequently than once a month for diabetic pregnant women.** 3. Testing for uncontrolled type one or two diabetes mellitus may require testing more than four times a year. The above Description Section provides the clinical basis for those situations in which testing more frequently than four times per year is indicated, and medical necessity documentation must support such testing more than the above guidelines.
Effective 1/1/2024, **diabetes screening using an HbA1c test is a covered benefit** with a frequency limitation of **not more often than twice within a 12 month period**.
Many analytical methods of glycated hemoglobin show interference from elevated levels of fetal hemoglobin or by variant hemoglobin molecules. When the glycated hemoglobin assay is initially performed in these patients, the laboratory may inform the ordering physician of a possible analytical interference. Alternative testing, including glycated protein, for example, fructosamine, may be indicated for monitoring the degree of glycemic control. It is therefore conceivable that a patient will have both a glycated hemoglobin and glycated protein ordered on the same day. This should be limited to the initial assay of glycated hemoglobin, with subsequent exclusive use of glycated protein. These tests are not considered to be medically necessary for the diagnosis of diabetes.

Most Common Diagnoses (which meet medical necessity) *	
E08.00 - E13.9	All Diabetes and Presymptomatic Diagnoses
E16.2	Hypoglycemia
E16.A1	Hypoglycemia Level 1 *New covered diagnosis effective 1/1/2025
E16.A2	Hypoglycemia Level 2 *New covered diagnosis effective 1/1/2025
E16.A3	Hypoglycemia Level 3 *New covered diagnosis effective 1/1/2025
O24.419	Gestational Diabetes Mellitus in Pregnancy
R73.01	Impaired Fasting Glucose
R73.02	Impaired Fasting Glucose Tolerance (Oral)
R73.03	Prediabetes
R73.09	Other Abnormal Glucose
R73.9	Hyperglycemia
R79.89	Other Specified Abnormal Findings of Blood Chemistry
T38.3X1A	Poisoning By Insulin and Oral Hypoglycemic Drugs, Accidental, Initial Encounter
Z13.1	Encounter for screening for diabetes mellitus (covered for 83036 - HbA1c only) ***New covered diagnosis effective 1/1/2024**
Z79.4	Long Term (Current) Use of Insulin
Z79.84	Long Term (Current) Use of Oral Hypoglycemic Drugs
Z79.85	Long-Term (Current) Use of Injectable Non-Insulin Antidiabetic Drugs
Z79.891	Long Term (Current) Use of Opiate Analgesic

Z79.899	Other Long Term (Current) Drug Therapy
Z86.32	Personal History of Gestational Diabetes
Z86.39	Personal History of Other Endocrine, Nutritional and Metabolic Disease

*For the full list of diagnoses that meet medical necessity see the Glycated Hemoglobin National Coverage Determination 190.21 document

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