

Local Coverage Determination (LCD): HbA1c (L32939)

Contractor Information

Contractor Name Palmetto GBA opens in new window	Contract Number 11202	Contract Type MAC - Part B
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LCD Information

Document Information

LCD ID L32939	Jurisdiction opens in new window South Carolina
LCD Title HbA1c	Original Effective Date For services performed on or after 04/15/2013
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	Revision Ending Date N/A
	Retirement Date N/A
	Notice Period Start Date 02/28/2013
	Notice Period End Date 04/15/2013

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 indicates that diagnostic tests are payable only when ordered by the physician who is treating the beneficiary for a specific medical problem and who uses the results in such treatment.

CMS Manual System, Publication 100-03, National Coverage Determinations Manual, Chapter 1, Part 3, §190.21 - Glycated Hemoglobin/Glycated Protein

CMS Manual System, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3, Diagnosis Code Requirement

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Hemoglobin A1c (HbA1c) refers to the major component of hemoglobin A1, usually determined by ion-exchange affinity chromatography, immunoassay or agar gel electrophoresis. HbA1c assesses glycemic control over a period of 4-8 weeks and appears to be the more appropriate test for monitoring a diabetic 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, severe hypoglycemia or ketoacidosis, or as a result of glucocorticoid or other therapy).

HbA1c is widely accepted as medically necessary for the management and control of patients with diabetes. It is also valuable to assess hyperglycemia, a history of hyperglycemia or dangerous hypoglycemia. It is not considered reasonable and necessary to perform HbA1c tests more often than once 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 type two diabetes mellitus (or other causes of severe hyper or hypoglycemia) may require testing more than four times a year. We will allow one additional HbA1c test every three months for a total of 8 tests per year in patients with uncontrolled blood glucose levels. Additional tests beyond that frequency may be reimbursed on appeal with appropriate documentation of medical necessity.

HbA1c may be inaccurate in certain situations including anemia, transfusions, hemoglobinopathies and conditions of rapid red cell turnover. Other tests to assess diabetes, including glucose, glycated protein, or fructosamine levels, may be used and are described in the Lab National Coverage Decision 190.21 (NCD for Glycated Hemoglobin / Glycated Protein). This NCD lists the ICD-9 codes for HbA1c for frequencies up to once every three months. The ICD-9-CM codes for test frequencies exceeding one every 90 days are listed below.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

83036 HEMOGLOBIN; GLYCOSYLATED (A1C)

Group 1 Paragraph: ICD-9-CM codes for performing tests at frequencies more than every 90 days.

Group 1 Codes:

249.01 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNCONTROLLED
249.11 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, UNCONTROLLED
249.21 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, UNCONTROLLED
249.31 SECONDARY DIABETES MELLITUS WITH OTHER COMA, UNCONTROLLED
249.41 SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, UNCONTROLLED
249.51 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, UNCONTROLLED
249.61 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, UNCONTROLLED
249.71 SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED
249.81 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED
250.02 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.03 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.10 DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.11 DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.12 DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.13 DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.20 DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.21 DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.22 DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.23 DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.32 DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.33 DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.42 DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.43 DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.52 DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.53 DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.62 DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.63 DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.72 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.73 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.82 DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.83 DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.92 DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.93 DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
251.0 HYPOGLYCEMIC COMA
251.1 OTHER SPECIFIED HYPOGLYCEMIA
251.3 POSTSURGICAL HYPOINSULINEMIA

Group 2 Paragraph: ICD-9-CM related to pregnancy and can be covered no more frequently than once per month.

Group 2 Codes:

648.00 DIABETES MELLITUS OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
648.03 ANTEPARTUM DIABETES MELLITUS
648.80 ABNORMAL GLUCOSE TOLERANCE OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
648.83 ABNORMAL GLUCOSE TOLERANCE OF MOTHER ANTEPARTUM

Paragraph: All ICD-9-CM codes not listed in this policy under *ICD-9-CM Codes That Support Medical Necessity* above.

N/A

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[General Information](#)

Associated Information

Documentation Requirements

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

Utilization Guidelines

- A. One additional test for Diabetes Mellitus out of control (Group 2).
- B. Up to one monthly test for pregnant Type I diabetic patients (Group 3).

Sources of Information and Basis for Decision

National Academy of Clinical Biochemistry (NACB). Guidelines and recommendations for laboratory analysis in the diagnosis and management of diabetes mellitus. Washington (DC): National Academy of Clinical Biochemistry (NACB, 2011; 104 p.

National Coverage Determination for Glycated Hemoglobin/Glycated Protein (190.21) CR2130, Transmittal 17

National Guideline Clearinghouse Standards for medical care in diabetes V. *Diabetes Care*. *Diabetes Care*, Jan 2011;34(Suppl1):S16-28

Wisconsin diabetes mellitus essential care guidelines. *Wisconsin Diabetes Prevention and Control Program*, Madison, WI: 2011;various pages.

Tests of Glycemia in Diabetes. *Diabetes Care*. Jan 2002;25, S1:S97-S99.

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[Revision History Information](#)

N/A

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[Associated Documents](#)

Attachments

N/A

Related Local Coverage Documents

Article(s)

[A52140 - Response to Comments for HbA1c opens in new window](#)

Related National Coverage Documents

NCD(s)

[190.21 - Glycated Hemoglobin/Glycated Protein opens in new window](#)

Public Version(s)

Updated on 02/21/2013 with effective dates 04/15/2013 - N/A

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Keywords

- Hemoglobin A1c

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