

Contractor Policy Number

97-04-R4

Contractor Name

CareFirst of Maryland, Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Blood Glucose Testing

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HCFA National Coverage Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medial Policy coverage guidelines.
- Title XVIII of the Social Security Act, Section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1862 (a) (7) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

HCFA Region

Region III

HCFA Consortium

Northeast

Original Policy Effective Date

04/28/1997

Original Policy Ending Date

11/24/2002

Revision Effective Date

09/25/2001

Revision Ending Date

09/24/2001

LMRP Description

Blood glucose (plasma or serum) testing is the measurement of the glucose concentration in a patient's blood. Various types of diagnostic tests used to measure blood glucose include:

- Fasting Blood Sugar (FBS);

- Glucose Tolerance Test (GTT);
- Tolbutamide Tolerance Test (TTT);
- Two-hour postprandial; and,
- Random glucose.

Indications and Limitations of Coverage and/or Medical Necessity

- Hyperglycemia is the descriptive term for blood glucose concentrations greater than normal, and hypoglycemia describes lower than normal blood concentrations. Diabetes mellitus is the most frequent cause of marked hyperglycemia, but many other conditions may elevate the glucose level. Hormonal deficiency of the adrenal, thyroid, or pituitary glands can cause chronically low blood glucose levels.
- Blood glucose testing is routinely performed to:
 - Diagnose hyperglycemia;
 - Diagnose hypoglycemia; and,
 - Aid in the management of diabetes mellitus.
- Measuring blood glucose by reagent strip is a common screening method of glucose testing. Reagent strip results are given in general range levels requiring additional testing for patient specific glucose concentration. **Therefore, Medicare considers glucose testing by reagent strip, HCPCS code 82948, as screening and non-covered.**

HCPCS Section/Benefit Category

Chemistry/Pathology and Laboratory

Type of Bill Code

13X, 14X, 83X

Revenue Codes

30X, 31X

CPT/HCPCS Codes

82947 *Glucose, quantitative, blood (except reagent strip)*

82948	<i>blood, reagent strip</i>
82950	<i>post glucose dose (includes glucose)</i>
82951	<i>tolerance test (GTT), three specimens (includes glucose)</i>
82952	<i>tolerance test, each additional beyond three specimens</i>
82953	<i>tolbutamide tolerance test</i>
82962	<i>Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use</i>

Not Otherwise Classified (NOC)

N/A

ICD-9-CM Codes That Support Medical Necessity

Codes 82947,82950-82953 and 82962

Covered for:

070.0-070.1	Viral hepatitis A
070.20-070.23	Viral hepatitis B with hepatic coma
070.30-070.33	Viral hepatitis B without mention of hepatic coma
070.41-070.44	Other specified viral hepatitis with mention of hepatic coma
070.49	
070.51-070.54	Other specified viral hepatitis without mention of hepatic coma
070.59	
112.0-112.2	Candidiasis
157.4	Malignant neoplasm of the Islets of Langerhans
194.0	Malignant neoplasm of adrenal gland
211.6	Benign neoplasm of pancreas
211.7	Benign neoplasm of Islets of Langerhans
227.0	Benign neoplasm of adrenal gland
250.00-250.03	Diabetes mellitus
250.10-250.13	
250.20-250.23	

250.30-250.33	
250.40-250.43	
250.50-250.53	
250.60-250.63	
250.70-250.73	
250.80-250.83	
250.90-250.93	
251.0-251.3	Other disorders of pancreatic internal secretion
251.8	Other specified disorders of pancreatic internal secretions
251.9	Unspecified disorder for pancreatic internal secretions
253.0	Acromegaly and gigantism
253. 2	Panhypopituitarism
253. 5	Diabetes insipidus
253.7	Iatrogenic pituitary disorder
253.8	
253.9	
255.0-255.6	Disorders of adrenal glands
255.8-255.9	
272.0-272.4	Disorders of lipid metabolism
276.0-276.1	Disorders of fluid, electrolyte, and acid-base balance
276.5	
276.7-276.9	
345.10-345.11	Generalized convulsive epilepsy
348.3	Encephalopathy, unspecified
357.9	Inflammatory and toxic neuropathy, unspecified
368.8	Other specified visual disturbance
570	Acute and subacute necrosis of liver
571.0-571.3	Chronic liver disease and cirrhosis
571.40-571.41	
571.49	

571.5-571.6	
571.8-571.9	
572.0-572.4	Liver abscess and sequelae of chronic liver disease
572.8	
573.0-573.4	Other disorders of liver
573.8-573.9	
577.0-577.1	Acute and chronic pancreatitis
607.84	Impotence of organic origin
648.00-648.04	Other current conditions in the mother, classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, diabetes mellitus
648.80-648.84	Other current conditions in the mother, classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, abnormal glucose tolerance
709.3	Degenerative skin disorders
780.2	General symptoms, syncope and collapse
780.4	General symptoms, dizziness and giddiness
783.21	Loss of weight
783.22	Under weight
783.5	Polydipsia
783.6	Polyphagia
788.41-788.43	Frequency of urination and polyuria
790.2	Abnormal Glucose tolerance test
790.6	Other abnormal chemistry
791.5	Non-specific findings on examination of urine, glycosuria

Codes 82947, 82950, and 82962

Covered for:

- V58.69 Long-term (current) use of other medications
(**Note:** Use this code to indicate complications of steroid therapy)

Diagnosis that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

All diagnoses not listed in the “ICD-9-CM Codes That Support Medical necessity” section of this policy.

Diagnosis that DO NOT Support Medical Necessity

Reasons for Denial

- All other indications not listed in the “Indications and Limitations of Coverage” section of this policy;
- The service is for screening purposes;
- The service is not medically necessary;
- The medical record does not verify that the service described by the HCPCS code was provided;
- Medicare will non-cover blood glucose testing, HCPCS code 82948, by reagent strip, as screening, and;
- The diagnosis code(s) are not representative of the patient’s condition.

Non-covered ICD-9 Code (s)

Non-covered Diagnosis

Coding Guidelines

- To report these services, use the appropriate HCPCS code(s),

- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- ICD-9-CM code V82.9 (special screening tests for other conditions, unspecified condition) should be used in the absence of any signs or symptoms, to indicate screening,
- Diagnosis (es) must be present on any claim submitted, and must be coded to the highest level of specificity, and;
- The diagnosis code(s) must be representative of the patient's condition.

Documentation Requirements

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Medicare upon request.

Utilization Guidelines

Other Comments

- Blood Glucose testing should not be billed to Medicare when performed for:
 - Screening purposes in asymptomatic individuals;
 - Individuals without signs or symptoms of hypoglycemia or hyperglycemia without diagnoses related to diabetes mellitus; and,
 - A diagnostic condition unrelated to hypoglycemia or hyperglycemia or diabetes mellitus.
- Medicare will monitor the utilization of these laboratory tests through the Focused Medical Review (FMR) process.

Sources of Information and Basis for Decision

Revisions to this policy have been made due to the addition of new CPT codes or to accommodate changes in the ICD-9 codes.

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Start Date of Comment Period

Ending Date of Comment Period

Start Date of Notice Period

01/05/2001

Revision History

- 97-04-R1 07/28/1999 Expanded coverage to include ICD-9-CM code V58-69.
- 97-04-R2 11/17/2000 Policy modified to accommodate ICD-9-CM changes, 783.2 to 783.21 and 783.22.
- 97-04-R3 01/05/2001 Inclusion of new HCPCS code 82945, beginning calendar year 2001.
- 97-04-R4 09/25/2001 HCPCS code 82945 erroneously included in policy, removed from policy.
Descriptor for HCPCS code 82947 updated per *CPT 2001*. See 8/10/2001 Provider Bulletin.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1,1999 ARE AVAILBABLE AT NO-COST FROM OUR WEBSITE AT www.marylandmedicare.com

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