

Contractor's Policy Number

97-06-R1

Contractor Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Glycated Hemoglobin/Glycated Protein

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HCFA National Coverage Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical 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) (1) (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

April 28, 1997

Original Policy Ending Date

11/24/2002

Revision Effective Date

Not applicable at this time.

Revision Ending Date

Not applicable at this time.

LMRP Description

- The contemporary management of diabetes mellitus is based primarily, on frequent determinations of capillary blood glucose levels. The diabetic obtains blood by the finger prick method and measures the glucose with a reagent strip of meter. The monitoring of urinary glucose is not sufficiently precise for optimal control of diabetes.
- Glycated hemoglobin and glycated protein are used to reflect the level of glucose in the blood stream. This is an irreversible glucose-protein bond,

which extends through the life of an erythrocyte.

- Glycated hemoglobin/protein level values are used to assess long-term glucose control in diabetes, especially in insulin-dependent diabetics whose glucose levels are labile and in whom blood and urine glucose measurements show significant daily variances.
- Glycated hemoglobin assesses diabetic control over a four-to-eight week period of time, whereas glycated protein assesses diabetic control over a two-to-eight week period of time, but testing is usually not necessary more frequently than every four weeks.

Indications and Limitations of Coverage and/or Medical Necessity

- Glycated hemoglobin/protein is not to be used for making the diagnosis of diabetes, but for the management and control of diabetes.
- It is reasonable for these tests to be performed at a combined frequency of up to four times a calendar year per beneficiary.

CPT/HCPCS Section(s) & Benefit Category

Pathology and Laboratory/Chemistry

Type of Bill Code(s)

13X, 14X, 83X

Revenue Code

30X, 31X

CPT/HCPCS Codes(s)

82985	<i>Glycated protein</i>
83036	<i>Hemoglobin; glycated</i>

ICD-9-CM Codes that Support Medical Necessity

Covered for:

250.00-250.03	Diabetes mellitus
250.10-250.13	Diabetes with ketoacidosis

250.20-250.23	Diabetes with hyperosmolarity
250.30-250.33	Diabetes with other coma
250.40-250.43	Diabetes with renal manifestations
250.50-250.53	Diabetes with ophthalmic manifestations
250.60-250.63	Diabetes with neurological manifestations
250.70-250.73	Diabetes with peripheral circulatory diseases
250.80-250.83	Diabetes with other specified manifestations
250.90-250.93	Diabetes with unspecified complications
357.2	Inflammatory and toxic neuropathy, polyneuropathy in diabetes
362.01	Diabetic retinopathy, background diabetic retinopathy
362.02	Diabetic retinopathy, proliferative diabetic retinopathy
366.41	Diabetic cataract
648.00	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
648.01	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, delivered with or without mention of antepartum condition
648.02	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication
648.03	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
648.04	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication

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; and,
- The service does not follow the guidelines of this policy.

Non-covered ICD-9-CM Code(s)

All diagnoses not listed in the “ICD-9-CM codes that Support Medical Necessity” section of this policy.

Coding Guidelines

- To report this service, use the appropriate HCPCS code;
- 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 for this procedure should be legible, maintained in the patient’s medical record, and available to Medicare upon request. All supporting documentation should be supplied when medical records are requested.

Other Comments

- Glycated hemoglobin and glycated protein are not proven reliable as a long-term indicator of hypoglycemia.
- Medicare will monitor the utilization of this laboratory test through the Focused Medical Review (FMR) process.

Sources of Information and Basis for Decision

- TrailBlazer Health Enterprises, LLC, 9/27/96 Provider Bulletin and 10/20/00 policy update to expand ICD-9 codes.
- Bower, Bruce F. and Robert E. Moore. 1994. "Endocrine Function and Carbohydrates". Clinical Laboratory Medicine. Williams & Wilkins, Baltimore: 321-323
- Foster, Daniel W. 1994. "Diabetes Mellitus". Harrison's Principles of Internal Medicine. 13th ed. McGraw-Hill, New York:1990

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).

Advisory Committee meeting date:

Start Date of Comment Period

Ending Date of Comment Period

Start Date of Notice Period

March 28, 1997

Revision History

<u>Number</u>	<u>Date</u>	<u>Changes</u>
97-06-R1	08/10/2001	Expanded ICD-9 codes (357.04-648.04) to make

consistent with TrailBlazer policy.

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 AVAILABLE AT NO COST FROM OUR WEBSITE AT www.marylandmedicare.com

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