

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Hemoglobin A1c

**Policy Number: CPCPLAB004**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: 5/1/2022**

## Description

BCBSNM has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

## Reimbursement Information:

1. Measurement of hemoglobin A1c **may be reimbursable** for individuals with a diagnosis of either Type 1 or Type 2 diabetes as follows:
  - a. Upon initial diagnosis to establish a baseline value and to determine treatment goals.
  - b. establish a baseline value and to determine treatment goals.
  - c. Twice a year (every 6 months) in individuals who are meeting treatment goals and who, based on daily glucose monitoring, appear to have stable glycemic control.

- d. Quarterly in individuals who are not meeting treatment goals for glycemic control.
  - e. Quarterly in individuals whose pharmacologic therapy has changed.
2. Measurement of hemoglobin A1c **may be reimbursable** to help in detection and diagnosis of pre-diabetes or Type 2 diabetes in the following populations once every three years:
- a. Asymptomatic individuals who are overweight or obese as defined by the ADA (BMI  $\geq 25$  kg/m<sup>2</sup> or BMI  $\geq 23$  kg/m<sup>2</sup> in Asian Americans) and who have one or more of the following risk factors:
    - i. First degree relative with diabetes; OR
    - ii. High-risk race/ethnicity (e.g., African American, Latino or Hispanics, Native American, Asian American, Pacific Islanders); OR
    - iii. History of cardiovascular disease; OR
    - iv. Hypertension ( $\geq 140/90$  mmHg or on therapy for hypertension); OR
    - v. HDL cholesterol level  $< 35$  mg/dL (0.90 mmol/L) and/or a triglyceride level  $> 250$  mg/dL (2.82 mmol/L); OR
    - vi. Women with polycystic ovary syndrome; OR
    - vii. Physical inactivity; OR
    - viii. Other clinical conditions associated with insulin resistance (e.g., Severe obesity, acanthosis nigricans)
  - b. Women who were previously diagnosed with gestational diabetes
3. For pre-diabetic individuals, screening for type 2 diabetes with hemoglobin A1c test once a year **may be reimbursable**.
4. Diabetes screening with a hemoglobin A1c determination **may be reimbursable** once every 3 years for children (age 10 years and older OR after the onset of puberty, whichever occurs earlier) with the following characteristics:
- a. Overweight (BMI  $\geq 85$ th percentile) or obese (BMI  $\geq 95$ th percentile) as defined by ADA AND
  - b. Must have one or more of the following additional risk factors:
    - i. Maternal history of diabetes or gestational diabetes mellitus during the child's gestation; OR
    - ii. Family history of type 2 diabetes in first- or second-degree relative; OR
    - iii. High-risk race/ethnicity (e.g., African American, Latino or Hispanics, Native American, Asian American, Pacific Islanders); OR
    - iv. Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight)
5. Measurement of hemoglobin A1c **may be reimbursable** for pregnant individuals up to once per month during pregnancy.
6. Measurement of hemoglobin A1c **is not reimbursable** in the following circumstances:
- a. in individuals who have been transfused within the past 120 days; OR
  - b. in individuals with a condition associated with increased red blood cell turnover, such as sickle cell disease, hemodialysis, recent blood loss or transfusion, or erythropoietin therapy; OR
  - c. in conjunction with measurement of fructosamine; OR
  - d. to diagnose the acute onset of type 1 diabetes in individuals with symptoms of hyperglycemia; OR
  - e. as a screening test for cystic fibrosis-related diabetes.

## Procedure Codes

Codes
82985, 83036, 83037

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### Policy Update History:

5/1/2022	New policy
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