



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.

Diabetes Mellitus Testing

Policy Number: CPCPLAB004

Version 1.0

Approval Date: April 12, 2023

Plan Effective Date: August 15, 2023

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. For individuals with acute or persistent classic symptoms of diabetes mellitus, measurement of fasting plasma glucose (See **NOTE 1**) **may be reimbursable.**

2. For individuals with a diagnosis of either Type 1 or Type 2 diabetes mellitus, measurement of hemoglobin A1c **may be reimbursable** in **any** of the following situations:
 - a. Upon initial diagnosis to establish a baseline value and to determine treatment goals.
 - b. 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.
 - c. Quarterly in individuals who are not meeting treatment goals for glycemic control.
 - d. Quarterly in individuals whose pharmacologic therapy has changed.
3. For prediabetic individuals, annual screening for type 2 diabetes with a fasting plasma glucose test or measurement of hemoglobin A1c **may be reimbursable**.
4. For asymptomatic individuals 18 years of age or older, screening once every three years for prediabetes or Type 2 diabetes with a fasting plasma glucose test **or** measurement of hemoglobin A1c **may be reimbursable** for individuals with **any** of the following risk factors:
 - a. For individuals who are overweight or obese;
 - b. For first-degree relatives (See **NOTE 2**) of individuals with diabetes;
 - c. For individuals with a history of cardiovascular disease;
 - d. For individuals with hypertension;
 - e. For individuals with hypercholesterolemia;
 - f. For individuals with metabolic syndrome;
 - g. For individuals who are obese and have acanthosis nigricans;
 - h. For individuals with polycystic ovary syndrome;
 - i. For individuals who were previously diagnosed with gestational diabetes mellitus (GDM);
5. For individuals who are positive for HIV, screening for diabetes and prediabetes with a fasting plasma glucose test **may be reimbursable** in any of the following situations:
 - a. For individuals starting antiretroviral therapy (ART);
 - b. For individuals switching their ART;
 - c. 3-6 months after starting or switching antiretroviral therapy;
 - d. annually when screening results were initially normal.
6. For individuals 10 years of age and older who have been diagnosed with cystic fibrosis (CF) but not with CF-related diabetes, annual screening for CF-related diabetes with an OGTT **may be reimbursable**.
7. For overweight or obese children (after the onset of puberty **or** after 10 years of age, whichever occurs earlier), diabetes screening with a fasting plasma glucose test **or** an OGTT once every three years **may be reimbursable** for individuals with any of the following risk factors:
 - a. The individual has a maternal history of diabetes or gestational diabetes mellitus during the child's gestation;
 - b. The individual has a family history of type 2 diabetes in first-or second-degree relatives (See **NOTE 2**)
 - c. The individual has signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small for gestational age birth weight).

8. For pregnant individuals, a fasting plasma test or an OGTT up to once per month during pregnancy **may be reimbursable**.
9. For individuals diagnosed with GDM during pregnancy, an OGTT **may be reimbursable** in **any** of the following situations:
 - a. To screen for persistent diabetes or prediabetes 4-12 weeks postpartum
 - b. For individuals with a positive initial postpartum screening result, repeat screening to confirm a diagnosis of persistent diabetes or prediabetes.
10. For all other situations not previously addressed (See **NOTE 3**), measurement of hemoglobin A1c **is not reimbursable**.

Note 1: While this policy provided evidence-based reasons for fasting or random plasma glucose testing in the diagnosis of diabetes, these tests have clinical use outside the scope of this policy and thus are not restricted to the criteria detailed above. According to the American Diabetes Association (ADA), measurement of plasma glucose is sufficient to diagnose diabetes mellitus in a patient with classic symptoms (polyuria, polyphagia, polydipsia).

Note 2: First-degree relatives include parents, full siblings, and children of the individual. Second-degree relatives include grandparents, aunts, uncles, nieces, nephews, grandchildren, and half-siblings of the individual.

Note 3: Measurement of hemoglobin A1c **should not** be performed in **any** of the following situations:

- 1) In pregnant individuals not already diagnosed with diabetes.
- 2) In individuals under 18 years of age not already diagnosed with diabetes.
- 3) In conjunction with measurement of fructosamine.
- 4) 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.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82951, 82952, 82985, 83036, 83037

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Policy Update History:

11/1/2022	New policy
8/15/2023	Document updated with literature review. Reimbursement information revised: new statements #1, #5, #6, #9; revised #3 to include “a fasting plasma glucose test”; revised #4 for clarity; #10 revised to state “For all other situations not previously described (See Note 3), measurement of hemoglobin A1c is not reimbursable. Added Notes 1, 2, 3. References revised; some added, others removed. Title changed from Hemoglobin A1c.