



MEMORANDUM #70

TO: UNC Hospitals Attending Physicians, Housestaff, Department Heads, Nursing Staff and Supervisors

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SUBJECT: Glycated Hemoglobin (HA1C)

The Office of Inspector General (OIG) is focusing on Hemoglobin A1C (HA1C) testing frequency for Medicare and other federally funded insurance.

An internal audit of Hemoglobin A1C ordering patterns showed instances of well controlled diabetic patients receiving Hemoglobin A1C testing at 80-89 day intervals.

The OIG states: "It is not considered reasonable and necessary to perform glycated hemoglobin test more than every 3 months on a controlled diabetic patient unless documentation supports the medical necessity to testing in excess of national coverage determinations guidelines".

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, pregnancy, or as a result of glucocorticoid therapy).

This memo is to remind clinicians of the OIG rules in testing HA1C and to request that physicians or their designees check the date of the previous HA1C before ordering or use appropriate diagnostic ICD-9 codes for HA1C tested more often than 90 days.

Violation of the Federal regulations could be costly to the UNC Health Care System as more frequent testing without appropriate coding results in denials. The McLendon Clinical Laboratory website has a listing of medically necessary ICD-9 codes under Quick Links – Check Medical Necessity or at (<http://labs.unchealthcare.org/medical-necessity-checking/medical-necessity-checking.html>).