

Local Coverage Determination (LCD): HbA1c (L33431)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Palmetto GBA	A and B and HHH	MAC 11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH	MAC 11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH	MAC 11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH	MAC 11502 - MAC B	J - M	North Carolina

[Back to Top](#)

LCD Information

Document Information

LCD ID L33431	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID L32939	Revision Effective Date For services performed on or after 10/01/2015
LCD Title HbA1c	Revision Ending Date N/A
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	Notice Period Start Date N/A
	Notice Period End Date N/A
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CMS National Coverage Policy Title XVIII of the Social Security Act, §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 indicates that diagnostic tests are payable only when ordered by the physician who is treating the beneficiary for a specific medical problem and who uses the results in such treatment.

CMS Internet-Only Manuals, Pub. 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 3, §190.21 - Glycated Hemoglobin/Glycated Protein

CMS Internet-Only Manuals, Pub. 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.3, Diagnosis Code Requirements

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Hemoglobin A1c (HbA1c) refers to the major component of hemoglobin A1, usually determined by ion-exchange affinity chromatography, immunoassay or agar gel electrophoresis. HbA1c assesses glycemic control over a period of 4-8 weeks and appears to be the more appropriate test for monitoring a diabetic patient who is capable of maintaining long term, stable control. 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, severe hypoglycemia or ketoacidosis, or as a result of glucocorticoid or other therapy).

HbA1c is widely accepted as medically necessary for the management and control of patients with diabetes. It is also valuable to assess hyperglycemia, a history of hyperglycemia or dangerous hypoglycemia. It is not considered reasonable and necessary to perform HbA1c tests more often than once every three months on a controlled diabetic patient to determine whether the patient's metabolic control has been, on average, within the target range. It is not considered reasonable and necessary for these tests to be performed more frequently than once a month for diabetic pregnant women.

Testing for uncontrolled type one or type two diabetes mellitus (or other causes of severe hyper or hypoglycemia) may require testing more than four times a year. Palmetto GBA will allow one additional HbA1c test every three months for a total of 8 tests per year in patients with uncontrolled blood glucose levels. Additional tests beyond that frequency may be reimbursed on appeal with appropriate documentation of medical necessity.

HbA1c may be inaccurate in certain situations including anemia, transfusions, hemoglobinopathies and conditions of rapid red cell turnover. Other tests to assess diabetes, including glucose, glycated protein, or fructosamine levels, may be used and are described in the Lab National Coverage Decision 190.21 (NCD for Glycated Hemoglobin / Glycated Protein). This NCD lists the ICD-10 codes for HbA1c for frequencies up to once every three months. The ICD-10-CM codes for test frequencies exceeding one every 90 days are listed below.

[Back to Top](#)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

83036 HEMOGLOBIN; GLYCOSYLATED (A1C)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: ICD-10 codes for performing tests at frequencies more than every 90 days.

Primary Codes:

The following codes indicate or imply a condition of hyperglycemia and may be billed alone on the claim: E08.01, E08.10, E08.11, E08.65, E09.01, E09.10, E09.11, E09.65, E10.10, E10.11, E10.65, E11.00, E11.01, or E11.65

Secondary (Dual) Codes:

The following codes do not, in and of themselves, indicate uncontrolled diabetes and must be used in conjunction with a code that indicates a current state of uncontrolled diabetes (hyperglycemia), i.e. E08.65*, E09.65*, E10.65*, or E11.65*:

E08.21, E08.311, E08.319, E08.36, E08.39, E08.40, E08.51, E08.69, E09.21, E09.311, E09.319, E09.36, E09.39, E09.40, E09.51, E09.69, E10.21, E10.311, E10.319, E10.36, E10.39, E10.40, E10.51, E10.69, E10.8, E11.21, E11.311, E11.319, E11.36, E11.39, E11.40, E11.51, E11.69, E11.8

Group 1 Codes:

ICD-10 Codes	Description
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.65*	Diabetes mellitus due to underlying condition with hyperglycemia

ICD-10 Codes	Description
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.65*	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.65*	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.65*	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E15	Nondiabetic hypoglycemic coma
E16.0	Drug-induced hypoglycemia without coma
E16.1	Other hypoglycemia
E89.1	Postprocedural hypoinsulinemia

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: **NOTE: E08.65, E09.65, E10.65, or E11.65 denote specific types of primary or secondary diabetes. The secondary (dual) code chosen must match the appropriate primary diabetes type code: e.g., E08.65 (Diabetes mellitus due to underlying condition with hyperglycemia) billed in conjunction with E08.21 (Diabetes mellitus due to underlying condition with diabetic nephropathy), or E08.65 (Diabetes mellitus due to underlying condition with hyperglycemia) billed in conjunction with E08.311 (Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema), etc.

Group 2 Paragraph: ICD-10 codes related to pregnancy and can be covered no more frequently than once per month.

Group 2 Codes:

ICD-10 Codes

Description

O24.011	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
O24.012	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
O24.013	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
O24.019	Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester
O24.111	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
O24.112	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
O24.113	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
O24.119	Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O99.810	Abnormal glucose complicating pregnancy

ICD-10 Codes that DO NOT Support Medical Necessity N/A
ICD-10 Additional Information

[Back to Top](#)

General Information

Associated Information

Documentation Requirements

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

Utilization Guidelines

- A. One additional test for Diabetes Mellitus out of control (Group 1).
- B. Up to one monthly test for pregnant Type I diabetic patients (Group 2).

Sources of Information and Basis for Decision

Sacks DB, Arnold M, Bakris GL, et al. Guidelines and recommendations for laboratory analysis in the diagnosis and management of diabetes mellitus. *Clinical Chemistry*. 2011;57(6):e1-e47.

National Guideline Clearinghouse. Standards for medical care in diabetes. V. *Diabetes Care*. *Diabetes Care*. 2013;36(Suppl 1):S16-28.

Wisconsin diabetes mellitus essential care guidelines. *Wisconsin Diabetes Prevention and Control Program*. Madison, WI: 2011;various pages.

Goldstein DE, Little RR, Lorenz RA, et al. Tests of glycemia in diabetes. *Diabetes Care*. 2004;27(7):1761-1773.

[Back to Top](#)

Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	Under ICD-10 Codes That Support Medical Necessity added ICD-10 codes inadvertently omitted from the LCD: E15 E16.0 E16.1 E89.1	<ul style="list-style-type: none">• Other (ICD-10 Conversion)
10/01/2015	R1	Under CMS National Coverage Policy added "(NCD)" into title of Medicare National Coverage Determinations Manual. Under Coverage Indications, Limitations and/or Medical Necessity in third paragraph changed "We" to now read "Palmetto GBA". Under Sources of Information and Basis for Decision revised citations to AMA format. Added authors and journal information for National Academy of Clinical Biochemistry source. Removed reference to NCD 190.21 and linked NCD to this policy in Related National Coverage Documents section.	<ul style="list-style-type: none">• Provider Education/Guidance• Other (Maintenance Annual Review)

[Back to Top](#)

Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents NCD(s) [190.21 - Glycated Hemoglobin/Glycated Protein](#)

Public Version(s) Updated on 06/02/2015 with effective dates 10/01/2015 - N/A [Updated on 02/06/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 03/05/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

- Hemoglobin A1c

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