

	Diabetes Mellitus Testing	
	Policy Number: POL-PP-270 AHS – G2006	Original Creation Date: 7/1/2025
	Version Number: 002	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

NOTICE

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Diabetes describes several heterogeneous diseases in which various genetic and environmental factors can result in the progressive loss of β -cell mass and/or function that manifests clinically as hyperglycemia.

Fasting plasma glucose (FPG) and oral glucose tolerance testing (OGTT) can be used in the diagnosis of diabetes mellitus. FPG is obtained from blood after a typically overnight period of not eating, whereas the OGTT is performed to understand an individual's response to a concentrated solution of glucose after two hours, typically in the setting of pregnancy. In an asymptomatic individual, FPG ≥ 126 mg/dL, or two-hour plasma glucose values of ≥ 200 mg/dL during a 75 g OGTT establish a diagnosis of diabetes. In reference to A1c values, individuals with percentages 5.7 to $<6.5\%$ are at highest risk. Additionally, there is a continuum of increasing risk amongst individuals with A1c levels $<6.5\%$. These assays are identified to be affordable alternatives to the more costly yet more convenient HbA1c level and are more often used in the diagnosis of type 2 diabetes mellitus.

Glycated hemoglobin (A1c) results from post-translational attachment of glucose to the hemoglobin in red blood cells at a rate dependent upon the prevailing blood glucose concentration. Therefore, these levels correlate well with glycemic control over the previous eight to twelve weeks. Measurement of hemoglobin A1c is recommended for diabetes management, including screening, diagnosis, and monitoring for diabetes and prediabetes.

Terms such as male and female are used when necessary to refer to sex assigned at birth.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals with acute or persistent classic symptoms of diabetes mellitus, measurement of plasma glucose **may be reimbursable**.

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:**

- Upon initial diagnosis, to establish a baseline value and to determine treatment goals.
- Twice a year (every 6 months) individuals who are meeting treatment goals and who, based on daily glucose monitoring, appear to have stable glycemic control.
- Quarterly in individuals who are not meeting treatment goals for glycemic control.
- Quarterly in individuals whose pharmacologic therapy has changed.
- Quarterly for individuals who are pregnant.

For prediabetic individuals, annual screening for type 2 diabetes with a fasting plasma glucose test or measurement of hemoglobin A1c **may be reimbursable**.

For asymptomatic individuals who are 35 years of age or older and who have no risk factors for diabetes, screening for prediabetes or type 2 diabetes once every three years with a fasting plasma glucose test **may be reimbursable**.

For 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:

- For individuals who are overweight or obese
- For first-degree relatives (See NOTE 2) of individuals with diabetes
- For individuals with a history of cardiovascular disease
- For individuals with hypertension
- For individuals with hypercholesterolemia
- For individuals with metabolic syndrome
- For individuals who are obese and have acanthosis nigricans

- For individuals with polycystic ovary syndrome
- For individuals with metabolic dysfunction-associated steatotic liver disease (MASLD).
- For individuals who were previously diagnosed with gestational diabetes mellitus (GDM).
- For individuals with metabolic dysfunction-associated steatotic liver disease (MASLD)

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:

- For individuals starting antiretroviral therapy (ART)
- For individuals switching their ART
- 3-6 months after starting or switching antiretroviral therapy
- Annually when screening results were initially normal.

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**.

For overweight or obese individuals less than 18 years of age, diabetes screening once every three years with a fasting plasma glucose test, an OGTT, or measurement of hemoglobin A1c **may be reimbursable** for individuals with any of the following risk factors:

- The individual has a maternal history of diabetes or gestational diabetes mellitus during the child's
 - gestation
- The individual has a family history of type 2 diabetes in first- or second-degree relatives (See NOTE 2)
- 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).

For pregnant individuals, a fasting plasma test or an OGTT up to once per month during pregnancy **may be reimbursable**.

For individuals diagnosed with GDM during pregnancy, an OGTT **may be reimbursable** in any of the following situations:

- To screen for persistent diabetes or prediabetes 4-12 weeks postpartum
- For individuals with a positive initial postpartum screening result, repeat screening to confirm a diagnosis of persistent diabetes or prediabetes.

For all other situations not addressed above, fasting plasma glucose testing at a wellness visit with no abnormal findings **may not be reimbursable**.

For all other situations not previously addressed (See NOTE 3), measurement of hemoglobin A1c **may not be reimbursable**.

Note 1: 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 2: Measurement of hemoglobin A1c should not be performed in any of the following situations:

- To test for diabetes in individuals presenting with acute or persistent classic symptoms of diabetes mellitus.
- In pregnant individuals without an established diagnosis of diabetes or prediabetes.
- To screen for diabetes in individuals diagnosed with cystic fibrosis.
- In conjunction with the measurement of fructosamine.
- In individuals with a condition associated with increased red blood cell turnover, (e.g., individuals with sickle cell disease or who are HIV positive individuals receiving hemodialysis or erythropoietin therapy or who have had recent blood loss or a transfusion).

Coding

Code	Description
82947	Glucose; quantitative, blood (except reagent strip)
82951	Glucose: tolerance test (GTT), 3 specimens (includes glucose)
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)
82985	Glycated protein
83036	Hemoglobin; glycosylated (A1C)
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use

References and Resources

Avalon Medical Policy AHS – G2006 – Diabetes Mellitus Testing

Related Documents

Avalon Medical Policy AHS- G2035 Prenatal Screening (Nongenetic)

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4 Quarter update