If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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: Sept. 26, 2025

Plan Effective Date: Jan. 3, 2026

Description

The Plan 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 **may be reimbursable.**

2. For individuals with a diagnosis of 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.
   e. Quarterly for individuals who are pregnant.

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 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.**

5. 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:
   a. For individuals who are overweight or obese;
   b. For first-degree relatives (See **NOTE 1**) 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 with metabolic dysfunction-associated steatotic liver disease (MASLD);

j. For individuals who were previously diagnosed with gestational diabetes mellitus (GDM).

6. 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.

7. 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.**

8. 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:
    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 1**)
    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).

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

10. 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 of prediabetes.

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

12. For all other situations not previously addressed (See **NOTE 2**), measurement of hemoglobin A1c **is not 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:

1) To test for diabetes in individuals presenting with acute or persistent classic symptoms of diabetes mellitus.
2) In pregnant individuals without an established diagnosis of diabetes or prediabetes.
3) To screen for diabetes in individuals diagnosed with cystic fibrosis.
4) In conjunction with measurement of fructosamine.
5) 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).

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
82947, 82951, 82952, 82985, 83036, 83037

References:

1. Skyler JS, Bakris GL, Bonifacio E, et al. Differentiation of Diabetes by Pathophysiology, Natural History, and Prognosis. *Diabetes*. Feb 2017;66(2):241-255. doi:10.2337/db16-0806
2. MayoClinic. Glucose Tolerance Test. Updated May 03, 2024. https://www.mayoclinic.org/tests-procedures/glucose-tolerance-test/about/pac-20394296
3. Inzucchi S, Lupsa B. Clinical presentation, diagnosis, and initial evaluation of diabetes mellitus in adults. Updated January 31, 2025. https://www.uptodate.com/contents/clinical-presentation-diagnosis-and-initial-evaluation-of-diabetes-mellitus-in-adults
4. Hayward RA, Selvin E. Screening for type 2 diabetes mellitus. Updated December 31, 2024. https://www.uptodate.com/contents/screening-for-type-2-diabetes-mellitus
5. Selvin E. Measurements of glycemic control in diabetes mellitus. Updated November 18, 2024. https://www.uptodate.com/contents/measurements-of-glycemic-control-in-diabetes-mellitus
6. CDC. CDC National Diabetes Statistics Report. Updated May 15, 2024. https://www.cdc.gov/diabetes/php/data-research/index.html
7. ADA. Statistics About Diabetes. Updated November 2, 2023. https://www.diabetes.org/resources/statistics/statistics-about-diabetes

8. ElSayed NA, Aleppo G, Aroda VR, et al. 2. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes-2023. *Diabetes Care*. Jan 1 2023;46(Suppl 1):S19-S40. doi:10.2337/dc23-S002
9. Nathan DM, Singer DE, Hurxthal K, Goodson JD. The clinical information value of the glycosylated hemoglobin assay. *The New England journal of medicine*. Feb 09 1984;310(6):341-6. doi:10.1056/nejm198402093100602
10. IEC. International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. *Diabetes Care*. Jul 2009;32(7):1327-34. doi:10.2337/dc09-9033
11. Kanyal Butola L, Ambad R, Kanyal D, Vagga A. Glycated Haemoglobin-Recent Developments and Review on Non-Glycemic Variables. 2021;doi:10.3390/bios11030070
12. Hanssen KF, Bangstad HJ, Brinchmann-Hansen O, Dahl-Jorgensen K. Blood glucose control and diabetic microvascular complications: long-term effects of near-normoglycaemia. *Diabetic medicine : a journal of the British Diabetic Association*. Oct 1992;9(8):697-705. doi:10.1111/j.1464-5491.1992.tb01876.x
13. Al-Badri A, Hashmath Z, Oldland GH, et al. Poor Glycemic Control Is Associated With Increased Extracellular Volume Fraction in Diabetes. *Diabetes Care*. Jul 12 2018;doi:10.2337/dc18-0324
14. Gu J, Pan JA, Fan YQ, Zhang HL, Zhang JF, Wang CQ. Prognostic impact of HbA1c variability on long-term outcomes in patients with heart failure and type 2 diabetes mellitus. *Cardiovascular diabetology*. Jun 30 2018;17(1):96. doi:10.1186/s12933-018-0739-3
15. Tiwari D, Aw TC. The 2024 American Diabetes Association guidelines on Standards of Medical Care in Diabetes: key takeaways for laboratory. *Exploration of Endocrine and Metabolic Diseases*. 2024;1(4):158-166. doi:10.37349/eemd.2024.00013
16. Durnwald C. Gestational diabetes mellitus: screening, diagnosis, and prevention. Updated March 14, 2025. https://www.uptodate.com/contents/gestational-diabetes-mellitus-screening-diagnosis-and-prevention
17. Hoelzel W, Weykamp C, Jeppsson JO, et al. IFCC reference system for measurement of hemoglobin A1c in human blood and the national standardization schemes in the United States, Japan, and Sweden: a method-comparison study. *Clinical chemistry*. Jan 2004;50(1):166-74. doi:10.1373/clinchem.2003.024802
18. Weykamp C, John WG, Mosca A, et al. The IFCC Reference Measurement System for HbA1c: a 6-year progress report. *Clinical chemistry*. Feb 2008;54(2):240-8. doi:10.1373/clinchem.2007.097402
19. Gambino R. Glucose: a simple molecule that is not simple to quantify. *Clinical chemistry*. Dec 2007;53(12):2040-1. doi:10.1373/clinchem.2007.094466
20. Petersen PH, Jorgensen LG, Brandslund I, De Fine Olivarius N, Stahl M. Consequences of bias and imprecision in measurements of glucose and hba1c for the diagnosis and prognosis of diabetes mellitus. *Scandinavian journal of clinical and laboratory investigation Supplementum*. 2005;240:51-60. doi:10.1080/00365510500236135
21. Rohlfing C, Wiedmeyer HM, Little R, et al. Biological variation of glycohemoglobin. *Clinical chemistry*. Jul 2002;48(7):1116-8. doi:10.1093/clinchem/48.7.1116

22. Malkani S, Mordes JP. The implications of using Hemoglobin A1C for diagnosing Diabetes Mellitus. *Am J Med*. May 2011;124(5):395-401. doi:10.1016/j.amjmed.2010.11.025
23. Selvin E, Crainiceanu CM, Brancati FL, Coresh J. Short-term variability in measures of glycemia and implications for the classification of diabetes. *Archives of internal medicine*. Jul 23 2007;167(14):1545-51. doi:10.1001/archinte.167.14.1545
24. NGSP. College of American Pathologists (CAP) GH5 Survey Data: . https://ngsp.org/CAP/CAP23b.pdf
25. Miller WG, Myers GL, Ashwood ER, et al. State of the art in trueness and interlaboratory harmonization for 10 analytes in general clinical chemistry. *Archives of pathology & laboratory medicine*. May 2008;132(5):838-46. doi:10.5858/2008-132-838-SOTAIT
26. van 't Riet E, Alssema M, Rijkelijkhuizen JM, Kostense PJ, Nijpels G, Dekker JM. Relationship between A1C and glucose levels in the general Dutch population: the new Hoorn study. *Diabetes Care*. Jan 2010;33(1):61-6. doi:10.2337/dc09-0677
27. Blunt BA, Barrett-Connor E, Wingard DL. Evaluation of fasting plasma glucose as screening test for NIDDM in older adults. Rancho Bernardo Study. *Diabetes Care*. Nov 1991;14(11):989-93. doi:10.2337/diacare.14.11.989
28. Kramer CK, Araneta MR, Barrett-Connor E. A1C and diabetes diagnosis: The Rancho Bernardo Study. *Diabetes Care*. Jan 2010;33(1):101-3. doi:10.2337/dc09-1366
29. Cowie CC, Rust KF, Byrd-Holt DD, et al. Prevalence of Diabetes and High Risk for Diabetes Using A1C Criteria in the U.S. Population in 1988–2006. *Diabetes Care*. 2010;33(3):562. doi:10.2337/dc09-1524
30. Mamtora S, Maghsoudlou P, Hasan H, Zhang W, El-Ashry M. Assessing the Clinical Utility of Point of Care HbA1c in the Ophthalmology Outpatient Setting. *Clin Ophthalmol*. 2021;15:41-47. doi:10.2147/OPTH.S287531
31. Goodney PP, Newhall KA, Bekelis K, et al. Consistency of Hemoglobin A1c Testing and Cardiovascular Outcomes in Medicare Patients With Diabetes. *Journal of the American Heart Association*. Aug 10 2016;5(8)doi:10.1161/jaha.116.003566
32. Al Mansari A, Obeid Y, Islam N, et al. GOAL study: clinical and non-clinical predictive factors for achieving glycemic control in people with type 2 diabetes in real clinical practice. *BMJ open diabetes research & care*. 2018;6(1):e000519. doi:10.1136/bmjdrc-2018-000519
33. Mitsios JP, Ekinci EI, Mitsios GP, Churilov L, Thijs V. Relationship Between Glycated Hemoglobin and Stroke Risk: A Systematic Review and Meta-Analysis. *Journal of the American Heart Association*. May 17 2018;7(11)doi:10.1161/jaha.117.007858
34. Ludvigsson JF, Neovius M, Söderling J, et al. Maternal Glycemic Control in Type 1 Diabetes and the Risk for Preterm Birth: A Population-Based Cohort Study. *Ann Intern Med*. May 21 2019;170(10):691-701. doi:10.7326/m18-1974
35. Saito Y, Noto H, Takahashi O, Kobayashi D. Visit-to-Visit Hemoglobin A1c Variability Is Associated With Later Cancer Development in Patients With Diabetes Mellitus. *Cancer J*. Jul/Aug 2019;25(4):237-240. doi:10.1097/ppo.0000000000000387
36. Mañé L, Flores-Le Roux JA, Pedro-Botet J, et al. Is fasting plasma glucose in early pregnancy a better predictor of adverse obstetric outcomes than glycated

haemoglobin? *Eur J Obstet Gynecol Reprod Biol*. Mar 2019;234:79-84. doi:10.1016/j.ejogrb.2018.12.036
37. Arbiol-Roca A, Pérez-Hernández EA, Aisa-Abdellaoui N, et al. The utility HBA1c test as a screening biomarker for detecting gestational diabetes mellitus. *Clinical Biochemistry*. 2021/04/01/ 2021;90:58-61. doi:10.1016/j.clinbiochem.2021.01.002
38. Tommerdahl KL, Brinton JT, Vigers T, Nadeau KJ, Zeitler PS, Chan CL. Screening for cystic fibrosis-related diabetes and prediabetes: Evaluating 1,5-anhydroglucitol, fructosamine, glycated albumin, and hemoglobin A1c. *Pediatr Diabetes*. Dec 2019;20(8):1080-1086. doi:10.1111/pedi.12914
39. Darukhanavala A, Van Dessel F, Ho J, Hansen M, Kremer T, Alfego D. Use of hemoglobin A1c to identify dysglycemia in cystic fibrosis. *PLoS One*. 2021;16(4):e0250036. doi:10.1371/journal.pone.0250036
40. Zhao MJY, Prentice JC, Mohr DC, Conlin PR. Association between hemoglobin A1c variability and hypoglycemia-related hospitalizations in veterans with diabetes mellitus. *BMJ open diabetes research & care*. Jan 2021;9(1)doi:10.1136/bmjdrc-2020-001797
41. Merzon E, Green I, Shpigelman M, et al. Haemoglobin A1c is a predictor of COVID-19 severity in patients with diabetes. *Diabetes Metab Res Rev*. Jul 2021;37(5):e3398. doi:10.1002/dmrr.3398
42. Xie W, Wu N, Wang B, et al. Fasting plasma glucose and glucose fluctuation are associated with COVID-19 prognosis regardless of pre-existing diabetes. *Diabetes Res Clin Pract*. Oct 2021;180:109041. doi:10.1016/j.diabres.2021.109041
43. Yang CY, Li HY, Sung FC, Tan EC, Wei JN, Chuang LM. Relationship between fasting plasma glucose and incidence of diabetes in children and adolescents. *Diabetic medicine : a journal of the British Diabetic Association*. May 2019;36(5):633-643. doi:10.1111/dme.13925
44. Geifman-Holtzman O, Machtinger R, Spiliopoulos M, Schiff E, Koren-Morag N, Dulitzki M. The clinical utility of oral glucose tolerance test at term: can it predict fetal macrosomia? *Arch Gynecol Obstet*. May 2010;281(5):817-21. doi:10.1007/s00404-009-1160-7
45. Bi Y, Yang Y, Yuan X, et al. Association between liver enzymes and type 2 diabetes: a real-world study. Original Research. *Frontiers in Endocrinology*. 2024-February-20 2024;15doi:10.3389/fendo.2024.1340604
46. American Diabetes Association Professional Practice Committee. 2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S20-S42. doi:10.2337/dc24-S002
47. American Diabetes Association Professional Practice Committee. 2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2025. *The Journal of Clinical and Applied Research and Education*. 2025;doi:10.2337/dc25-S002
48. Committee ADAPP. 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S111-S125. doi:10.2337/dc24-S006
49. Committee ADAPP. 14. Children and Adolescents: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S258-S281. doi:10.2337/dc24-S014
50. American Diabetes Association Professional Practice Committee. 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S282-S294. doi:10.2337/dc24-S015

51. American Diabetes Association Professional Practice Committee. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S179-S218. doi:10.2337/dc24-S010
52. American Diabetes Association Professional Practice Committee. 4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S52-S76. doi:10.2337/dc24-S004
53. American Diabetes Association Professional Practice C. 4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Medical Care in Diabetes-2022. *Diabetes Care*. Jan 1 2022;45(Suppl 1):S46-S59. doi:10.2337/dc22-S004
54. American Diabetes Association Professional Practice Committee. 11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S219-S230. doi:10.2337/dc24-S011
55. American Diabetes Association Professional Practice Committee. 16. Diabetes Care in the Hospital: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(Supplement_1):S295-S306. doi:10.2337/dc24-S016
56. Diabetes Canada Clinical Practice Guidelines Expert Committee. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.* 2018. https://www.sciencedirect.com/journal/canadian-journal-of-diabetes/vol/42/suppl/S1
57. Davidson KW, Barry MJ, Mangione CM, et al. Screening for Prediabetes and Type 2 Diabetes: US Preventive Services Task Force Recommendation Statement. *Jama*. Aug 24 2021;326(8):736-743. doi:10.1001/jama.2021.12531
58. USPSTF. Screening for Gestational Diabetes: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;326(6):531-538. doi:10.1001/jama.2021.11922
59. USPSTF. Grade Definitions. https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/grade-definitions
60. Jin J. Screening for Type 2 Diabetes in Children and Adolescents. *JAMA*. Sep 13 2022;328(10):993. doi:10.1001/jama.2022.15240
61. WHO. *Global Report on Diabetes*. 2016. *WHO*. 2017-02-23 14:02:05. http://www.who.int/diabetes/global-report/en/
62. WHO. Diagnosis and Management of Type 2 Diabetes. https://www.who.int/publications/i/item/who-ucn-ncd-20.1
63. AAFP. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Recommendation Statement. *American Academy of Family Physicians*. 2022;105(1):Online.
64. LeRoith D, Biessels GJ, Braithwaite SS, et al. Treatment of Diabetes in Older Adults: An Endocrine Society* Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 2019;104(5):1520-1574. doi:10.1210/jc.2019-00198
65. NICE. Type 2 diabetes in adults: management. NICE. Updated June 29, 2022. https://www.nice.org.uk/guidance/ng28/chapter/1-Recommendations
66. Blonde L, Umpierrez GE, Reddy SS, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan - 2022 Update. *Endocrine Practice*. 2022;28(10):923-1049. doi:10.1016/j.eprac.2022.08.002

67. Garber AJ, Handelsman Y, Grunberger G, et al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm-2020 Executive Summary. *Endocr Pract*. Jan 2020;26(1):107-139. doi:10.4158/cs-2019-0472
68. Sacks DB, Arnold M, Bakris GL, et al. Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus. *Diabetes Care*. 2023;46(10):e151-e199. doi:10.2337/dci23-0036
69. Rossing P, Caramori ML, Chan JCN, et al. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. *Kidney International*. 2022;102(5):S1-S127. doi:10.1016/j.kint.2022.06.008
70. ACG. Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) Overview. https://gi.org/topics/steatotic-liver-disease-masld/

Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/26/2025	01/03/2026; Document updated with literature review. The following change was made to Reimbursement Information: Removed Note 1. References revised.
02/05/2025	05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added #2e: Quarterly for individuals who are pregnant; added #5i: For individuals with metabolic dysfunction-associated steatotic liver disease (MASLD). References revised.
09/13/2024	01/01/2025: New policy