



190.20 - Blood Glucose Testing

Description

This policy is intended to apply to blood samples used to determine glucose levels. Blood glucose determination may be done using whole blood, serum or plasma. It may be sampled by capillary puncture, as in the fingerstick method, or by vein puncture or arterial sampling. The method for assay may be by color comparison of an indicator stick, by meter assay of whole blood or a filtrate of whole blood, using a device approved for home monitoring, or by using a laboratory assay system using serum or plasma. The convenience of the meter or stick color method allows a patient to have access to blood glucose values in less than a minute or so and has become a standard of care for control of blood glucose, even in the inpatient setting.

HCPCS Codes (Alphanumeric, CPT[®] AMA)

Code	Description
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
82962	Glucose, blood by glucose monitoring device cleared by FDA for home use.

ICD-9-CM Codes Covered by Medicare Program

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD9.html>

Code	Description
011.00-011.96	Tuberculosis
038.0, 038.10-038.19, 038.2, 038.3, 038.40-038.49, 038.8, 038.9	Septicemia
112.1	Recurrent vaginal candidiasis
112.3	Interdigital candidiasis
118	Opportunistic mycoses
157.4	Malignant neoplasm of Islets of Langerhans
158.0	Malignant neoplasm of retroperitoneum
211.7	Benign neoplasm of Islets of Langerhans
242.00-242.91	Thyrotoxicosis
249.00-249.01	Secondary diabetes mellitus without mention of complication
249.10-249.11	Secondary diabetes mellitus with ketoacidosis
249.20-249.21	Secondary diabetes mellitus with hyperosmolarity
249.30-249.31	Secondary diabetes mellitus with other coma
249.40-249.41	Secondary diabetes mellitus with renal manifestations
249.50-249.51	Secondary diabetes mellitus with ophthalmic manifestations
249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders

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Code	Description
249.80-249.81	Secondary diabetes mellitus with other specified manifestations
249.90-249.91	Secondary diabetes mellitus with unspecified complication
250.00-250.93	Diabetes mellitus
251.0-251.9	Disorders of pancreatic internal secretion
253.0-253.9	Disorders of the pituitary gland
255.0	Cushing syndrome
263.0-263.9	Malnutrition
271.0-271.9	Disorders of carbohydrate transport and metabolism
272.0-272.4	Disorders of lipid metabolism
275.01	Hereditary hemochromatosis
275.02	Hemochromatosis due to repeated red blood cell transfusions
275.03	Other hemochromatosis
275.09	Other disorders of iron metabolism
276.0	Hyperosmolality and/or hypernatremia
276.1	Hyposmolality and/or hyponatremia
276.2	Acidosis
276.3	Alkalosis
276.4	Mixed acid-base balance disorder
276.50-276.52	Volume depletion
276.61	Transfusion associated circulatory overload
276.69	Other fluid overload
276.7	Hyperpotassemia
276.8	Hypopotassemia
276.9	Electrolyte and fluid disorders not elsewhere classified
278.3	Hypercarotinemias
293.0	Delirium due to conditions classified elsewhere
294.9	Unspecified persistent mental disorders due to conditions classified elsewhere
298.9	Unspecified psychosis
300.9	Unspecified nonpsychotic mental disorder
310.1	Personality change due to conditions classified elsewhere
331.83	Mild cognitive impairment, so stated
337.9	Autonomic nervous system neuropathy
345.10-345.11	Generalized convulsive epilepsy
348.31	Metabolic encephalopathy
355.9	Neuropathy, not otherwise specified
356.9	Unspecified hereditary and idiopathic peripheral neuropathy
357.9	Unspecified inflammatory and toxic neuropathy
362.10	Background retinopathy
362.18	Retinal vasculitis

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Code	Description
362.29	Nondiabetic proliferative retinopathy
362.50-362.57	Degeneration of macular posterior pole
362.60-362.66	Peripheral retinal degeneration
362.81-362.89	Other retinal disorders
362.9	Unspecified retinal disorders
365.04	Borderline glaucoma, ocular hypertension
365.32	Corticosteroid-induced glaucoma residual
366.00-366.09	Presenile cataract
366.10-366.19	Senile cataract
367.1	Acute myopia
368.8	Other specified visual disturbance
373.00	Blepharitis
377.24	Pseudopapilledema
377.9	Unspecified disorder of optic nerve and visual pathways
378.50-378.55	Paralytic strabismus
379.45	Argyll-Robertson pupils
410.00-410.92	Acute myocardial infarctions
414.00-414.06	Coronary atherosclerosis, of unspecified type of vessel, native or graft and of native coronary artery of transplanted heart
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart
414.10-414.12	Coronary atherosclerosis, aneurysm of heart (wall), aneurysm of coronary vessels, and dissection of coronary artery
414.19	Coronary atherosclerosis, other aneurysm of heart
414.3	Coronary atherosclerosis due to lipid rich plaque
414.4	Coronary atherosclerosis due to calcified coronary lesion
425.9	Secondary cardiomyopathy, unspecified
440.23	Arteriosclerosis of extremities with ulceration
440.24	Arteriosclerosis of extremities with gangrene
440.9	Arteriosclerosis, not otherwise specified
458.0	Postural hypotension
462	Acute pharyngitis
466.0	Acute bronchitis
480.0-480.3, 480.8, 480.9	Viral pneumonia
481	Pneumococcal pneumonia
482.0-482.2, 482.30-482.32, 482.39, 482.40-482.42, 482.49, 482.81-482.84, 482.89, 482.9	Other bacterial pneumonia
483.0-483.1, 483.8	Pneumonia due to other specified organism
484.1, 484.3, 484.5-484.8	Pneumonia in infectious diseases classified elsewhere

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Code	Description
485	Bronchopneumonia, organism unspecified
486	Pneumonia, organism unspecified
490	Recurrent bronchitis, not specified as acute or chronic
491.0-491.9	Chronic bronchitis
527.7	Disturbance of salivary secretion (drymouth)
528.00	Stomatitis and mucositis, unspecified
528.09	Other stomatitis and mucositis (ulcerative)
535.50-535.51	Gastritis
536.8	Dyspepsia
571.8	Other chronic nonalcoholic liver disease
572.0	Abscess of liver
572.1	Portal pyemia
572.2	Hepatic encephalopathy
572.3	Portal hypertension
572.4	Hepatorenal syndrome
572.8	Other sequelae of chronic liver disease
574.50-574.51	Cholelithiasis
575.0-575.12	Cholecystitis
576.1	Cholangitis
577.0	Acute pancreatitis
574.50-574.51	Cholelithiasis
577.1	Chronic pancreatitis
577.8	Pancreatic multiple calculi
590.00-590.9	Infections of the kidney
595.9	Recurrent cystitis
596.4	Bladder atony
596.53	Bladder paresis
599.0	Urinary tract infection, recurrent
607.84	Impotence of organic origin
608.89	Other disorders male genital organs
616.10	Vulvovaginitis
626.0	Amenorrhea
626.4	Irregular menses
628.9	Infertility - female
648.00	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, unspecified as to episode of care or not applicable
648.03	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, antipartum condition or complication
648.04	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, postpartum condition or complication

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Code	Description
648.80	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable
648.83	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, antepartum condition or complication
648.84	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, postpartum condition or complication
649.20	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
649.21	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition
649.22	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication
649.23	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
649.24	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication
656.60-656.63	Fetal problems affecting management of mother large for-date of fetus
657.00-657.03	Polyhydramnios
680.0-680.9	Carbuncle and furuncle
686.00-686.9	Infections of skin and subcutaneous tissue
698.0	Pruritus ani
698.1	Pruritus of genital organs
704.1	Hirsutism
705.0	Anhidrosis
707.00-707.25, 707.8, 707.9	Chronic ulcer of skin
709.3	Degenerative skin disorders
729.1	Myalgia
730.07	Acute osteomyelitis of ankle and foot
730.17	Chronic osteomyelitis of ankle and foot
730.27	Unspecified osteomyelitis of ankle and foot
780.01	Coma
780.02	Transient alteration of awareness
780.09	Alteration of consciousness, other
780.2	Syncope and collapse
780.31	Febrile convulsions (simple), unspecified
780.32	Complex febrile convulsions
780.33	Post traumatic seizures
780.39	Seizures, not otherwise specified
780.4	Dizziness and giddiness
780.71	Malaise and fatigue
780.72	Functional quadriplegia

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Code	Description
780.79	Other malaise and fatigue
780.8	Generalized hyperhidrosis
781.0	Abnormal involuntary movements
782.0	Loss of vibratory sensation
783.1	Abnormal weight gain
783.21	Abnormal loss of weight
783.5	Polydipsia
783.6	Polyphagia
785.0	Tachycardia
785.4	Gangrene
786.01	Hyperventilation
786.09	Dyspnea
786.50	Chest pain, unspecified
787.60	Full incontinence of feces
787.61	Incomplete defecation
787.62	Fecal smearing
787.63	Fecal urgency
787.91	Diarrhea
788.41-788.43	Frequency of urination and polyuria
789.1	Hepatomegaly
790.21-790.29	Abnormal glucose tolerance test
790.6	Other abnormal blood chemistry (hyperglycemia)
791.0	Proteinuria
791.5	Glycosuria
796.1	Abnormal reflex
799.4	Cachexia
V23.0-V23.3, V23.41-V23.49, V23.5, V23.7, V23.81- V23.87, V23.89, V23.9	Supervision of high-risk pregnancy
V58.63-V58.65	Long-term (current) drug use
V58.67	Long-term (current) use of insulin
V58.69	Long term current use of other medication
V67.2	Follow-up examination, following chemotherapy
V67.51	Follow-up examination with high-risk medication not elsewhere classified
V77.1 Covered for procedure code 82947 only	Special screening for endocrine, nutrition, metabolic, & immunity disorders

Indications

Blood glucose values are often necessary for the management of patients with diabetes mellitus, where hyperglycemia and hypoglycemia are often present. They are also critical in the determination of control of blood glucose levels in patient with impaired fasting glucose (IFG)

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110-125 mg/dL), patient with insulin resistance syndrome and/or carbohydrate intolerance (excessive rise in glucose following ingestion of glucose/glucose sources of food), in patient with a hypoglycemia disorder such as nesidioblastosis or insulinoma, and in patients with a catabolic or malnutrition state. In addition to conditions listed, glucose testing may be medically necessary in patients with tuberculosis, unexplained chronic or recurrent infections, alcoholism, coronary artery disease (especially in women), or unexplained skin conditions (i.e.: pruritis, skin infections, ulceration and gangrene without cause). Many medical conditions may be a consequence of a sustained elevated or depressed glucose level, including comas, seizures or epilepsy, confusion, abnormal hunger, abnormal weight loss or gain, and loss of sensation. Evaluation of glucose may be indicated in patients on medications known to affect carbohydrate metabolism.

Effective January 1, 2005, the Medicare law expanded coverage to diabetic screening services. Some forms of blood glucose testing covered under this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR410.18, sec. 90 ch.18 Claims Processing Manual for screening benefit description.

Limitations

Frequent home blood glucose testing by diabetic patients should be encouraged. In stable, non-hospitalized patients unable or unwilling to do home monitoring, it may necessary to measure quantitative blood glucose up to 4 times a year. Depending upon patient's age, type of diabetes, complications, degree of control, and other co-morbid conditions, more frequent testing than 4 times a year may be reasonable and necessary. In patients presenting nonspecific signs, symptoms, or diseases not normally associated with disturbances in glucose metabolism, a single blood glucose test may be medically necessary. Repeat testing may not be indicated unless abnormal results are found or there is a change in clinical condition. If repeat testing is performed, a diagnosis code (e.g., diabetes) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions of a continuing risk of glucose metabolism abnormality (e.g., monitoring glucocorticoid therapy).

ICD-9-CM Codes That Do Not Support Medical Necessity

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

Documentation Requirements

The ordering physician must include evidence in the patient's clinical record that an evaluation of history and physical preceded the ordering of glucose testing and that manifestations of abnormal glucose levels were present to warrant the testing.

Sources of Information

AACE Guidelines for Management of Diabetes Mellitus, Endocrine Practice (1995)1:149-157.
Bower, Bruce F. & Robert E. Moore, Endocrine Function and Carbohydrates.
Clinical Laboratory Medicine, K. D. McClatchy, Baltimore/Williams & Wilkins, 1994. pp 321-323.
Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, Diabetes Care, Volume 20, Number 7, July 1997, pages 1183 et seq.
Roberts, H. J., Difficulté Diagnoses. W. B. Saunders Co., pp 69-70.