

NCD - Blood Glucose Testing (190.20)

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Tracking Information

Publication Number

100-3

Manual Section Number

190.20

Manual Section Title

Blood Glucose Testing

Version Number

2

Effective Date of this Version

01/01/2005

Implementation Date

03/11/2005

Description Information

Benefit Category

Diagnostic Laboratory Tests

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service 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.

Indications and Limitations of Coverage**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 the patient with impaired fasting glucose (FPG 110-125 mg/dL), the patient with insulin resistance syndrome and/or carbohydrate intolerance (excessive rise in glucose following ingestion of glucose or glucose sources of food), in the patient with a hypoglycemia disorder such as nesidioblastosis or insulinoma, and in patients with a catabolic or malnutrition state. In addition to those conditions already 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 (including pruritis, local skin infections, ulceration and gangrene without an established cause).

Many medical conditions may be a consequence of a sustained elevated or depressed glucose level. These include comas, seizures or epilepsy, confusion, abnormal hunger, abnormal weight loss or gain, and loss of sensation. Evaluation of glucose may also 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 national coverage determination may be covered for screening purposes subject to specified frequencies. See 42 CFR 410.18 and section 90, chapter 18, of the [Claims Processing Manual](#), for a full description of this screening benefit.

Limitations

Frequent home blood glucose testing by diabetic patients should be encouraged. In stable, non-hospitalized patients who are unable or unwilling to do home monitoring, it may be reasonable and necessary to measure quantitative blood glucose up to four times annually.

Depending upon the age of the patient, type of diabetes, degree of control, complications of diabetes, and other co-morbid conditions, more frequent testing than four times annually may be reasonable and necessary.

In some patients presenting with 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 unless there is a change in clinical condition. If repeat testing is performed, a specific 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 where there is a confirmed continuing risk of glucose metabolism abnormality (e.g., monitoring glucocorticoid therapy).

Note: Scroll down for links to the quarterly Covered Code Lists (including narrative).

Cross Reference

[Medicare Claims Processing Manual](#), Chapter 16, Section 120, Clinical Laboratory Services Based on Negotiated Rulemaking.

Transmittal Information

Transmittal Number

28

Coverage Transmittal Link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r28ncd.pdf>

Revision History

03/11/200507/2002 - Implemented NCD. Effective date 11/25/02. Implementation date 1/01/03. ([TN AB-02-110](#)) (CR 2130)

07/2004 - Published NCD in NCD Manual without change to narrative contained in PM AB-02-110. Coding guidance published in Medicare Lab NCD Manual. Effective and Implementation dates NA. ([TN 17](#)) (CR 2130)

02/2005 - Added reference to screening benefits. Effective date 1/01/05. Implementation date 3/11/05. ([TN 28](#)) (CR 3690)

Other

Covered Code Lists (including narrative)

July 2022 (PDF) ([ICD-10](#))
April 2022 (PDF) ([ICD-10](#))
January 2022 (PDF) ([ICD-10](#))
October 2021 (PDF) ([ICD-10](#))
July 2021 (PDF) ([ICD-10](#))
April 2021 (PDF) ([ICD-10](#))
January 2021 (PDF) ([ICD-10](#))
October 2020 (PDF) ([ICD-10](#))
July 2020 (PDF) ([ICD-10](#))
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October 2017 ([ICD-10](#))
July 2017 ([ICD-10](#))
April 2017 ([ICD-10](#))
January 2017 ([ICD-10](#))
October 2016 ([ICD-10](#))
January 2016 ([ICD-10](#))
October 2015 ([ICD-10](#), [ICD-9](#))
October 2014 ([ICD-10](#), [ICD-9](#))

Changes to Lab NCD Edit Software

[April 2022](#)

[January 2022](#)

[October 2021](#)

[July 2021](#)

[October 2020](#)

[April 2020](#)
[January 2020](#)
[October 2019](#)
[July 2019](#)
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[April 2017](#)
[January 2017](#)
[January 2016](#)
[October 2014](#)

Coding Analyses for Labs (CALs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with CALs, from the Coding Analyses for Labs database.

- Original Consideration for Blood Glucose Testing (Revision of ICD-9-CM Codes for Osteomyelitis) (CAG-00183N)
- Original Consideration for Lipid and Blood Glucose Testing (Modification of Code List to Implement Screening Benefit Added by Medicare Modernization Act (MMA) (CAG-00266N)

Additional Information

Other Versions

Title	Version	Effective Between
Blood Glucose Testing	2	01/01/2005 - N/A
Blood Glucose Testing	1	11/25/2002 - 01/01/2005