



## REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Original Effective Date	Next Annual Review	Effective Date
05/03/2017	05/03/2018	05/03/2017
Policy Name		Policy Number
Glycosylated Hemoglobin A1c		PY-0157
Policy Type		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

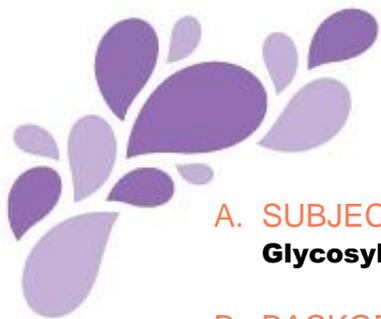
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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## A. SUBJECT

### **Glycosylated Hemoglobin-A1c**

## B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

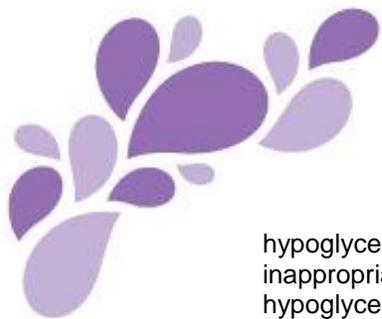
Diabetes is a disease in which the afflicted patient has blood glucose levels above normal. This is caused by the body's inability to make enough insulin in the pancreas, or cannot efficiently use the insulin it does produce. This causes glucose levels to elevate. Over time, elevated glucose levels can lead to very serious medical complications for the patient, including kidney failure, circulatory and nerve problems, heart disease, or blindness.

The management of diabetes requires regular measurements of blood glucose levels. Glycosylated hemoglobin A1c/protein levels are used to determine long-term glucose control in diabetes. Alternative names for these tests include glycated or glycosylated hemoglobin or Hgb, hemoglobin glycated or glycosylated protein, and fructosamine.

Glycated hemoglobin (equivalent to hemoglobin A1) refers to total glycosylated hemoglobin present in erythrocytes, usually determined by affinity or ion-exchange chromatographic methodology. Hemoglobin A1c refers to the major component of hemoglobin A1, usually determined by ion-exchange affinity chromatography, immunoassay or agar gel electrophoresis. Fructosamine or glycated protein refers to glycosylated protein present in a serum or plasma sample. Glycated protein refers to measurement of the component of the specific protein that is glycated usually by colorimetric method or affinity chromatography.

The management of diabetes mellitus requires regular determinations of blood glucose levels. Glycosylated hemoglobin A1c/protein levels are used to assess long-term glucose control in diabetes. Alternative names for these tests include glycated or glycosylated hemoglobin or Hgb, hemoglobin glycated or glycosylated protein, and fructosamine.

Glycated hemoglobin in whole blood measures glycemic control over a period of 4 to 8 weeks and is generally considered to be the appropriate monitoring test for patients who are capable of maintaining long-term, stable control of their disease. This testing may be medically necessary every 3 months to establish whether or not their glycemic control has been on average within the target range. More frequent testing, every 1 to 2 months, may be necessary in a patient whose diabetes regimen has undergone changes to improve control, or in whom the provider suspects or has evidence that some other disease or condition may have altered a previously satisfactory level of control (example: post-surgery, or as a result of glucocorticoid therapy). Glycated protein in serum/plasma assesses glycemic control over a period of 1 to 2 weeks. Research indicates that it may be reasonable and necessary to monitor glycated protein monthly in pregnant diabetic women. Glycated hemoglobin/protein test results may be low, indicating significant, persistent



hypoglycemia, in nesidioblastosis or insulinoma, conditions which are accompanied by inappropriate hyperinsulinemia. A below normal test value is helpful in establishing the patient's hypoglycemic state in those conditions.

## 1. Indications

- 1.1 Glycated hemoglobin/protein testing is widely accepted as medically necessary for the management and control of diabetes. It is also valuable to assess hyperglycemia, a history of hyperglycemia or dangerous hypoglycemia. Glycated protein testing may be used in place of glycated hemoglobin in the management of diabetic patients, and is particularly useful in patients who have abnormalities of erythrocytes such as hemolytic anemia or hemoglobinopathies.
- 1.2 The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. This recommendation applies to adults aged 40 to 70 years who are seen in primary care settings and do not have obvious symptoms of diabetes. Persons who have a family history of diabetes, have a history of gestational diabetes or polycystic ovarian syndrome, or are members of certain racial/ethnic groups (that is, African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders) may be at increased risk for diabetes at a younger age or at a lower body mass index. Clinicians should consider screening earlier in persons with 1 or more of these characteristics.
- 1.3 The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation, with an evidence grade of B from the literature to support this recommendation.

## 2. Limitations

- 2.1 On a controlled diabetic patient, tests for glycated hemoglobin should be administered no more often than every three months to determine whether the patient's metabolic control has been on average within the target range. For diabetic pregnant women, tests should generally be performed no more often than once a month. Testing for uncontrolled type one or two diabetes mellitus may require testing more than four times a year for situations outlined above, and medical necessity documentation must be made available to support such testing.
- 2.2 Many methods for the analysis of glycated hemoglobin show significant interference from elevated levels of fetal hemoglobin or by variant hemoglobin molecules. When the glycated hemoglobin assay is initially performed in these patients, the laboratory may inform the ordering physician of a possible analytical interference. Alternative testing, including glycated protein, for example, fructosamine, may be indicated for the monitoring of the degree of glycemic control in this situation. It is therefore conceivable that a patient will have both a glycated hemoglobin and glycated protein ordered on the same day. This should be limited to the initial assay of glycated hemoglobin, with subsequent exclusive use of glycated protein. These tests are not considered to be medically necessary for the diagnosis of diabetes.
- 2.3 The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant women before 24 weeks of gestation.



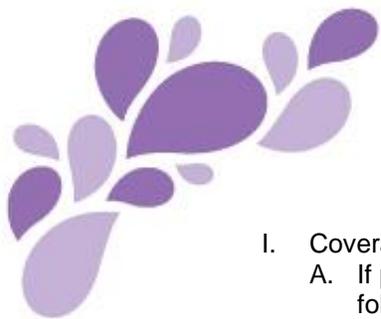
**C. POLICY**

- I. Prior authorization is not required for participating providers for any medically necessary blood glucose testing.  
**NOTE:** Although the drug screenings covered by this policy do not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.
  
- II. Diagnostic tests for blood glucose levels as referred to in this policy are selected laboratory tests. Material related to diagnostic testing in this policy is included to clarify coverage for diagnostic versus screening indications.
  
- III. CareSource considers screening for diagnosis of diabetes as medically necessary preventive care for these member groups according to the United States Preventive Services Task Force (USPSTF):
  - A. Members aged 40 to 70 years who are asymptomatic, and overweight or obese;
  - B. Members of any age or weight who are asymptomatic, in the following high-risk groups:
    - 1. Immediate family history of diabetes;
    - 2. History of gestational diabetes or polycystic ovarian syndrome.
  - C. Members of any age and weight who are asymptomatic, in the following high-risk groups:
    - 1. African Americans
    - 2. American Indians
    - 3. Alaskan Natives
    - 4. Asian Americans
    - 5. Hispanics and Latinos
    - 6. Native Hawaiians
    - 7. Native Pacific Islanders
  - D. Pregnant women who have reached 24 weeks of gestation.
  
- IV. CareSource considers regular, ongoing testing for the management of diabetes as medically necessary for the following member groups who have previously been diagnosed with diabetes, with the specified frequencies:
  - A. Members whose diabetes is controlled, once every 3 months
  - B. Members whose diabetes is not controlled, as medically necessary
  - C. Pregnant women, once per month

**D. CONDITIONS OF COVERAGE**

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule.  
<http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

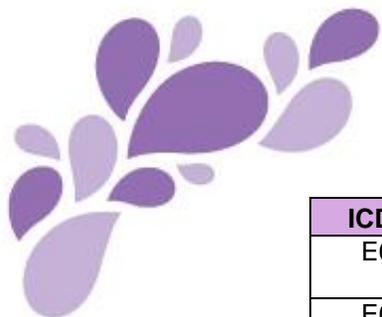


I. Coverage:

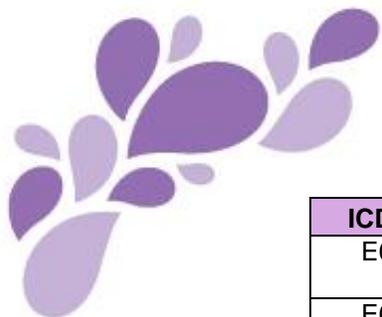
- A. If policy criteria are met, CareSource will reimburse its participating providers for the following CPT codes for diagnosis when medically necessary to test for diabetes, if accompanied by one or more of the following ICD-10 codes:

Codes	Description
82985	Glycated protein
83036	Hemoglobin; glycated

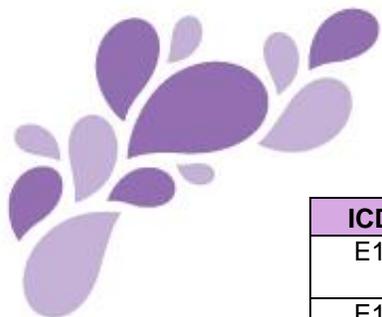
ICD-10-CM	Description
D13.7	Benign neoplasm of endocrine pancreas
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus 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
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
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
E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.359	Diabetes mellitus due to underlying condition with proliferative 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



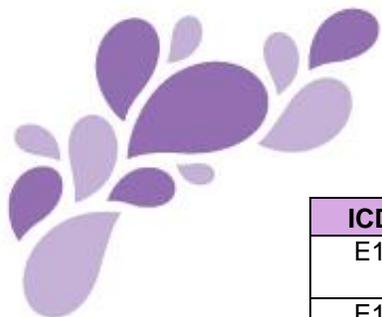
ICD-10-CM	Description
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
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
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
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
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E09.359	Drug or chemical induced diabetes mellitus with proliferative 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
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy



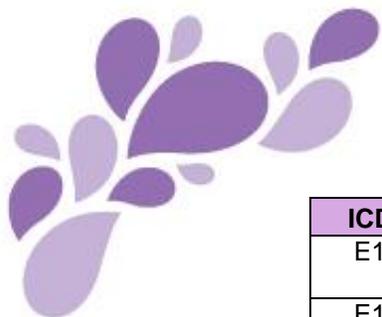
ICD-10-CM	Description
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
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
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
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
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema



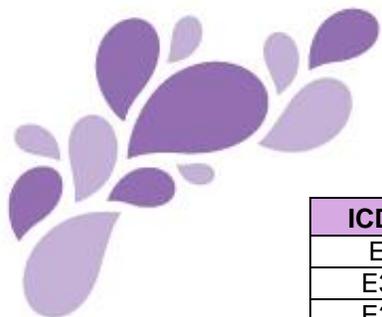
ICD-10-CM	Description
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
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
E10.9	Type 1 diabetes mellitus without 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
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
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
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema



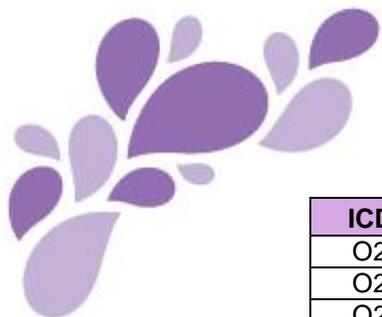
ICD-10-CM	Description
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular 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
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
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
E11.9	Type 2 diabetes mellitus without 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
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema



ICD-10-CM	Description
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E15	Nondiabetic hypoglycemic coma
E16.0	Drug-induced hypoglycemia without coma
E16.1	Other hypoglycemia
E16.2	Hypoglycemia, unspecified
E16.3	Increased secretion of glucagon
E16.8	Other specified disorders of pancreatic internal secretion
E16.9	Disorder of pancreatic internal secretion, unspecified
E31.0	Autoimmune polyglandular failure



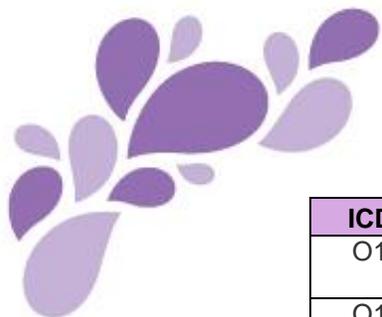
ICD-10-CM	Description
E31.1	Polyglandular hyperfunction
E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
E31.21	Multiple endocrine neoplasia [MEN] type I
E31.22	Multiple endocrine neoplasia [MEN] type IIA
E31.23	Multiple endocrine neoplasia [MEN] type IIB
E31.8	Other polyglandular dysfunction
E31.9	Polyglandular dysfunction, unspecified
E74.8	Other specified disorders of carbohydrate metabolism
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E83.10	Disorder of iron metabolism, unspecified
E83.110	Hereditary hemochromatosis
E83.111	Hemochromatosis due to repeated red blood cell transfusions
E83.118	Other hemochromatosis
E83.119	Hemochromatosis, unspecified
E83.19	Other disorders of iron metabolism
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K91.2	Postsurgical malabsorption, not elsewhere classified
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
O24.03	Pre-existing diabetes mellitus, type 1, in the puerperium
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
O24.13	Pre-existing diabetes mellitus, type 2, in the puerperium
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
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
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
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.439	Gestational diabetes mellitus in the puerperium, 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
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester



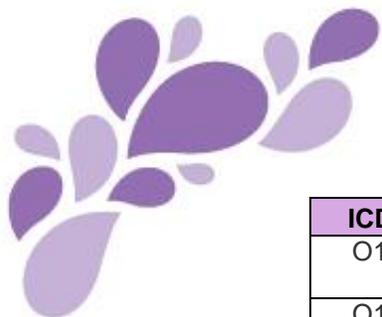
ICD-10-CM	Description
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.93	Unspecified diabetes mellitus in the puerperium
O99.810	Abnormal glucose complicating pregnancy
O99.815	Abnormal glucose complicating the puerperium
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
R78.71	Abnormal lead level in blood
R78.79	Finding of abnormal level of heavy metals in blood
R78.89	Finding of other specified substances, not normally found in blood
R79.0	Abnormal level of blood mineral
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
T38.3X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
T38.3X2A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, intentional self-harm, initial encounter
T38.3X3A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, initial encounter
T38.3X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter
Z79.3	Long term (current) use of hormonal contraceptives
Z79.4	Long term (current) use of insulin
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.31	Personal history of diabetic foot ulcer
Z86.32	Personal history of gestational diabetes
Z86.39	Personal history of other endocrine, nutritional and metabolic disease

**Related to: Hypertension Diagnoses**

ICD-10-CM	Description
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I15.9	Secondary hypertension, unspecified
N26.2	Page kidney



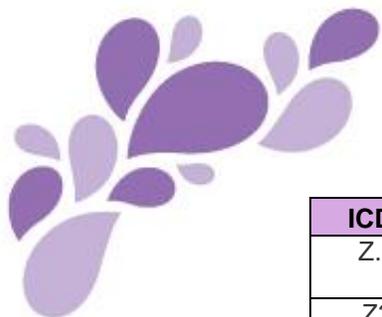
ICD-10-CM	Description
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O10.02	Primary tuberculous complex, bacteriological or histological examination unknown (at present)
O10.03	Primary tuberculous complex, tubercle bacilli found (in sputum) by microscopy
O10.111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.119	Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O10.12	Pre-existing hypertensive heart disease complicating childbirth
O10.13	Pre-existing hypertensive heart disease complicating the puerperium
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.219	Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth
O10.23	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10.33	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium
O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester
O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester



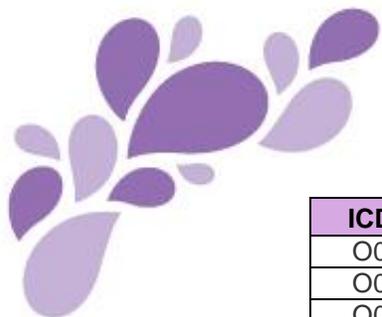
ICD-10-CM	Description
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O10.42	Pre-existing secondary hypertension complicating childbirth
O10.43	Pre-existing secondary hypertension complicating the puerperium
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10.912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.919	Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O10.92	Unspecified pre-existing hypertension complicating childbirth
O10.93	Unspecified pre-existing hypertension complicating the puerperium
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.9	Unspecified maternal hypertension, unspecified trimester

**Related to: Pregnancy Diagnoses**

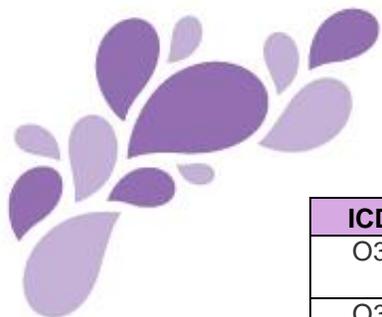
Codes	Description
Z33.1	Pregnant state, incidental
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester



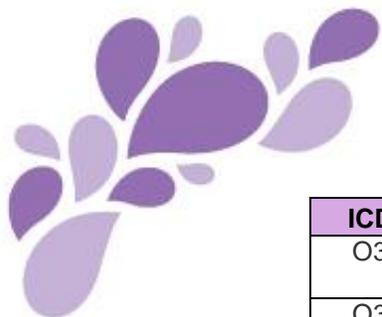
ICD-10-CM	Description
Z.34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z36	Encounter for antenatal screening of mother
O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
O09.01	Supervision of pregnancy with history of infertility, first trimester
O09.02	Supervision of pregnancy with history of infertility, second trimester
O09.03	Supervision of pregnancy with history of infertility, third trimester
O09.10	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O09.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31	Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32	Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40	Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41	Supervision of pregnancy with grand multiparity, first trimester
O09.42	Supervision of pregnancy with grand multiparity, second trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O09.611	Supervision of young primigravida, first trimester



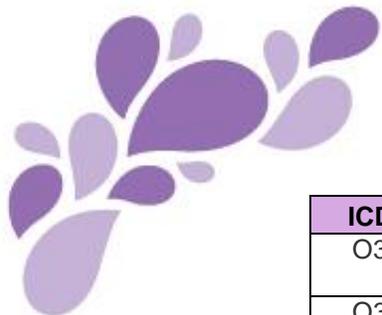
ICD-10-CM	Description
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester
O09.621	Supervision of young multigravida, first trimester
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester
O09.70	Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71	Supervision of high risk pregnancy due to social problems, first trimester
O09.72	Supervision of high risk pregnancy due to social problems, second trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
O36.80X0	Pregnancy with inconclusive fetal viability, not applicable or unspecified
O36.80X1	Pregnancy with inconclusive fetal viability, fetus 1
O36.80X2	Pregnancy with inconclusive fetal viability, fetus 2
O36.80X3	Pregnancy with inconclusive fetal viability, fetus 3
O36.80X4	Pregnancy with inconclusive fetal viability, fetus 4
O36.80X5	Pregnancy with inconclusive fetal viability, fetus 5
O36.80X9	Pregnancy with inconclusive fetal viability, other fetus
O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester



ICD-10-CM	Description
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.009	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30.019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O30.021	Conjoined twin pregnancy, first trimester
O30.022	Conjoined twin pregnancy, second trimester
O30.023	Conjoined twin pregnancy, third trimester
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30.039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O30.049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.109	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.111	Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30.119	Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30.121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30.122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.129	Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester



ICD-10-CM	Description
O30.191	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.192	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.199	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.209	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30.212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30.219	Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30.221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30.222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.229	Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30.291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.299	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.801	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.802	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.809	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30.811	Other specified multiple gestation with two or more monochorionic fetuses, first trimester



ICD-10-CM	Description
O30.812	Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O30.813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30.819	Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester
O30.821	Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30.822	Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30.823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30.829	Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester
O30.891	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.892	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.899	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30.90	Multiple gestation, unspecified, unspecified trimester
O30.91	Multiple gestation, unspecified, first trimester
O30.92	Multiple gestation, unspecified, second trimester
O30.93	Multiple gestation, unspecified, third trimester

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

**AUTHORIZATION PERIOD**

**E. RELATED POLICIES/RULES**

1. CMS Medicare National Coverage Determinations Coding Policy Manual and Change Report October 2016 Changes Accessed online 1/3/2017 at [https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/Downloads/manual201610\\_1CD10.pdf](https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/Downloads/manual201610_1CD10.pdf)
2. U.S. Preventive Services Task Force, Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening, 2015, located at <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes?ds=1&s=diabetes>
3. U.S. Preventive Services Task Force, Gestational Diabetes Mellitus, Screening Adolescent & Adult Published 2014 located at <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/gestational-diabetes-mellitus-screening?ds=1&s=diabetes>



## F. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	05/03/2017	
Date Revised		
Date Effective	05/03/2017	

## G. REFERENCES

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10. Koch, D. D, Fructosamine: How Useful Is It? Laboratory Medicine, V. 21, N. 8, August 1990, pp. 497-503.
- 11 Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, Diabetes Care, Volume 20, Number 7, July 1997, pp. 1183 et seq.
- 12 Sacks, David B., Carbohydrates. In Tietz Textbook of Clinical Chemistry, 2nd Ed., Carl A. Burtis and Edward R. Ashwood, editors. Philadelphia, W.B. Saunders Co., 1994. pp. 980-988.
- 13 Tests of Glycemia in Diabetes. Diabetes Care. 1/98, 21:Supp. 1:S69-S71, pp. 518-520. American Association of Clinical Endocrinologists Guidelines for Management of Diabetes Mellitus

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**