Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Diabetes Mellitus Testing

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Diabetes describes several heterogeneous diseases in which various genetic and environmental factors can result in the progressive loss of β-cell mass and/or function that manifests clinically as hyperglycemia (Skyler et al., 2017).

Fasting plasma glucose (FPG) and oral glucose tolerance testing (OGTT) can be used in the diagnosis of diabetes mellitus. FPG is obtained from blood after a typically overnight period of not eating, whereas the OGTT is performed to understand an individual's response to a concentrated solution of glucose after two hours, typically in the setting of pregnancy (MayoClinic, 2024). In an asymptomatic individual, FPG ≥ 126 mg/dL or two-hour plasma glucose values of ≥200 mg/dL during a 75 g OGTT establish a diagnosis of diabetes. In reference to A1c values, individuals with percentages 5.7 to <6.5% are at highest risk. Additionally, there is a continuum of increasing risk amongst individuals with A1c levels <6.5% (Inzucchi & Lupsa, 2023). These assays are identified to be affordable alternatives to the more costly yet more convenient HbA1c level, and are more often used in the diagnosis of type 2 diabetes mellitus (Hayward & Selvin, 2023).

Glycated hemoglobin (A1c) results from post-translational attachment of glucose to the hemoglobin in red blood cells at a rate dependent upon the prevailing blood glucose concentration. Therefore, these levels correlate well with glycemic control over the previous eight to twelve weeks (Selvin, 2022). The measurement of hemoglobin A1c is recommended for diabetes management, including screening, diagnosis, and monitoring for diabetes and prediabetes.

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

Indications and/or Limitations of Coverage

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

1. For individuals with acute or persistent classic symptoms of diabetes mellitus, measurement of plasma glucose **MEETS COVERAGE CRITERIA**.
2. For individuals with a diagnosis of either type 1 or type 2 diabetes mellitus, measurement of hemoglobin A1c **MEETS COVERAGE CRITERIA** 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 **MEETS COVERAGE CRITERIA**.

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 **MEETS COVERAGE CRITERIA**.
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 **MEETS COVERAGE CRITERIA** 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 have been prescribed second-generation antipsychotic medications, screening for prediabetes and diabetes with a fasting plasma glucose test or measurement of hemoglobin A1c **MEETS COVERAGE CRITERIA** in any of the following situations:
   a. Prior to the initiation of therapy to establish a baseline.
   b. 3-4 months after initiating antipsychotic medication therapy.
   c. Annually thereafter.
7. For individuals who are positive for HIV, screening for diabetes and prediabetes with a fasting plasma glucose test **MEETS COVERAGE CRITERIA** 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.
8. 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 **MEETS COVERAGE CRITERIA**.
9. For overweight or obese individuals less than 18 years of age, diabetes screening once every two years with a fasting plasma glucose test, an OGTT, or measurement of hemoglobin A1c **MEETS COVERAGE CRITERIA** 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).
10. For pregnant individuals, a fasting plasma glucose test or an OGTT up to once per month during pregnancy **MEETS COVERAGE CRITERIA**.
11. For individuals diagnosed with GDM during pregnancy, an OGTT **MEETS COVERAGE CRITERIA** 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 or prediabetes.
12. For all other situations not addressed above, fasting plasma glucose testing at a wellness visit with no abnormal findings **DOES NOT MEET COVERAGE CRITERIA**.
13. For all other situations not previously described (see Note 2), measurement of hemoglobin A1c **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:
Note 1: First-degree relatives include parents, full siblings, and children of the individual. Second-degree relatives include grandparents, aunts, uncles, nieces, nephews, grandchildren, and half-siblings of the individual.

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

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

- In individuals with a condition associated with increased red blood cell turnover (e.g., individuals with sickle cell disease or who are HIV positive, individuals receiving hemodialysis or erythropoietin therapy or who have had recent blood loss or a transfusion).

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
82947	Glucose; quantitative, blood (except reagent strip)
82950	Glucose; post glucose dose (includes glucose) (effective for DOS beginning 12/01/2026)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82952	Glucose; tolerance test, each additional beyond 3 specimens
82985	Glycated protein
83036	Hemoglobin; glycosylated (A1C)

Evidence-based Scientific References

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Publication History

12/01/2026: Reviewed and updated coverage criteria; added CPT code 82950, effective for DOS beginning Dec. 1, 2026
03/01/2026: Annual review: administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.