

GlycoMark Testing for Glycemic Control

CPT: 84378

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CMS Policy for Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

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Coverage Indications, Limitations, and/or Medical Necessity

This is a non-coverage policy for the GlycoMark® assay. The GlycoMark assay is not considered reasonable and necessary for the management of diabetes or the prevention of diabetic complications and is not covered by Medicare.

There are NO ICD-10 Codes that support medical necessity.

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Visit [SonoraQuest.Com/Medicare](https://www.sonorquest.com/medicare) to view current limited coverage tests, reference guides, and policy information.
To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ►

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Disclaimer:
This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Sonora Quest Laboratories does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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