

# REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE PLANS

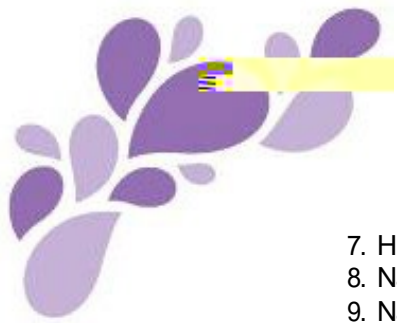
Policy Name			Policy Number			Effective Date		
Glycosylated Hemoglobin A1C			PY-0335			02/01/2020-09/30/2022		
Policy Type								
Medical			Admim(A)16.1 (d)-					





A. Subject  
**Glycosylated Hemoglobin A1C**

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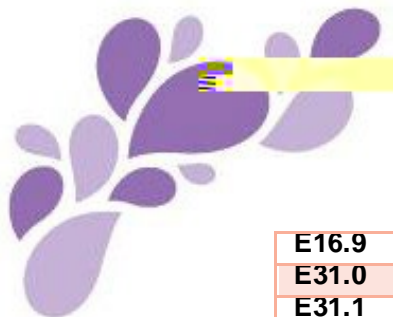


7. Hispanics and Latinos
8. Native Hawaiians
9. Native Pacific Islanders

- C. Asymptomatic pregnant women who have reached 24 weeks of gestation.
- III. CareSource considers diagnostic testing for the management of diabetes as medically necessary for the following member groups, with the specified frequencies:
- A. Members whose diabetes is controlled, once every 3 months
  - B. Members whose diabetes is not controlled may require testing more than four times a year
  - C. Pregnant women, once per month

**Note:** CareSource may request documentation to support

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<b>E16.9</b>	Disorder of pancreatic internal secretion, unspecified
<b>E31.0</b>	Autoimmune polyglandular failure
<b>E31.1</b>	Polyglandular hyperfunction
<b>E31.20</b>	Multiple endocrine neoplasia [MEN] syndrome, unspecified
<b>E31.21</b>	Multiple endocrine neoplasia [MEN] type I
<b>E31.22</b>	Multiple endocrine neoplasia [MEN] type IIA
<b>E31.23</b>	Multiple endocrine neoplasia [MEN] type IIB
<b>E31.8</b>	Other polyglandular dysfunction
<b>E31.9</b>	Polyglandular dysfunction, unspecified
<b>E74.8</b>	Other specified disorders of carbohydrate metabolism
<b>E79.0</b>	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
<b>E83.10</b>	Disorder of iron metabolism, unspecified
<b>E83.110</b>	Hereditary hemochromatosis
<b>E83.111</b>	Hemochromatosis due to repeated red blood cell transfusions
<b>E83.118</b>	Other hemochromatosis
<b>E83.119</b>	Hemochromatosis, unspecified
<b>E83.19</b>	Other disorders of iron metabolism
<b>E88.02</b>	Plasminogen deficiency
<b>E89.1</b>	Postprocedural hypoinsulinemia
<b>H44.2E1</b>	Degenerative myopia with other maculopathy, right eye
<b>H44.2E2</b>	Degenerative myopia with other maculopathy, left eye

**I21.9** — Acute myocardial infarction, unspecified nBT0 g10.4 -0 0 10.4 315.2 429.6 Tm( )TjE

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