Diabetes Mellitus Testing

DIAGNOSTIC LABORATORY OF OKLAHOMA

BlueCross BlueShield of Oklahoma
Policy number: CPCPLAB004 | Approval date: 9/26/2025 | Effective: 1/3/2026

CPT Codes: 82947, 82951, 82952, 82985, 83036, 83037

For Individuals With/Test	May Be Reimbursable in the Following Situations
Classic symptoms of diabetes mellitus (See Note 1) – Fasting Plasma Glucose	For individuals with acute or persistent classic symptoms of diabetes mellitus (see NOTE 1)
Diagnosed diabetes mellitus (Type 1/2) – HgA1C	Allowed with initial diagnosis. Twice yearly if in individuals who are meeting treatment goals and have stable daily glucose monitoring. Quarterly if patient is not meeting treatment goals for glycemic control. Pharmacologic therapy changes. Quarterly for pregnant individuals
Prediabetes or type 2 diabetes – Fasting plasma glucose orHbA1C	Annual screening
Asymptomatic ≥35 years – Fasting plasma glucose	Once every 3 years
Adults ≥18 with risk factors – Fasting Plasma Glucose or HbA1C	Every 3 years for overweight/obesity, for first-degree relatives of individuals with diabetes, CVD, HTN, high cholesterol, metabolic syndrome, acanthosis, PCOS, MASLD, prior GDM
HIV-positive individuals – Fasting plasma glucose	At ART start/switch, again in 3–6 months, then annually
Cystic fibrosis is 10 years or older. - OGTT	Annual OGTT for CF without CF-related diabetes
Children <18 who are overweight/ obese – Fasting plasma glucose, OGTT or HbA1C	Every 3 years with maternal diabetes history, family history in first- or second-degree relatives (see Note 2) Individuals with signs or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight)
Pregnancy – Fasting Plasma Glucose or OGTT	Up to monthly during pregnancy
Gestational diabetes history - OGTT	4–12 weeks postpartum; repeat if positive

May Not Be Reimbursable:

Fasting plasma glucose at wellness visits with no abnormalities. HbA1C does not cover outside listed situations (See Note 3).

Note 1: According to the American Diabetes Association (ADA), measurement of plasma glucose is sufficient to diagnose diabetes mellitus in a patient with classic symptoms (polyuria, polyphagia, polydipsia).

Note 2: 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 3: Measurement of hemoglobin A1c should not be performed in any of the following situations: To test for diabetes in individuals with acute or persistent classic symptoms of diabetes. In pregnant individuals without 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 conditions associated with increased red blood cell turnover (eg, with sickle cell disease, or HIV positive and receiving hemodialysis or erythropoietin therapy, or have had recent blood loss or a transfusion).

To view the complete policy, please refer to the Blue Cross Blue Shield of Oklahoma website referenced below:
https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/2026/cpcplab004-1-3-2026.pdf

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Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Diagnostic Laboratory of Oklahoma (DLO) does not recommend any diagnosis codes or conditions 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 billed payor.

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