Diabetes Mellitus Testing

Medical Mutual of Ohio

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CPT® / HCPCS Codes: 82947, 82951, 82952, 82985, 83036, 83037

Indications and/or Limitations of Coverage

Meets Coverage Criteria	Frequency / Notes
Individuals that are symptomatic for diabetes – Fasting Plasma Glucose.	For individuals with acute or persistent classic symptoms of diabetes mellitus
Individuals with type 1 or type 2 diabetes – HbA1c.	Baseline at diagnosis; every 6 months if stable; every 3 months if goals not met, therapy changed, or pregnant
Individual has prediabetes – Fasting Plasma Glucose or HbA1C.	Annually
Asymptomatic adults ≥35 yrs (no risk factors) – Fasting Plasma Glucose.	Every 3 yrs
Adults ≥18 years with risk factors (obesity, first-degree relatives with diabetes (see Note 1), CVD, HTN, hypercholesterolemia, metabolic syndrome, obesity with acanthosis nigricans, PCOS, MASLD, prior GDM, etc) – FPG or HbA1C.	Every 3 yrs
Individual is HIV positive – Fasting Plasma Glucose.	At ART start/switch; 3–6 months post-change; annually if normal
Antipsychotic use / metabolic syndrome risk – Fasting Plasma Glucose or HbA1C plus Lipids.	Every 6–12 months
Cystic fibrosis (≥10 yrs, no CFRD) – OGTT.	Annually
Pediatric individuals who are overweight/obese <18 yrs with any of the following risk factors; maternal history of diabetes or gestational diabetes mellitus during child's gestation; has family history of type 2 diabetes in first- or second-degree relatives (see Note 1); has signs or conditions associated with insulin resistance – FPG / OGTT / HbA1C.	Every 3 yrs
Pregnancy – Fasting Plasma Glucose or OGTT.	Up to monthly during pregnancy
Gestational diabetes (GDM) – OGTT.	4–12 wks. postpartum; repeat if abnormal

Does not meet coverage criteria:

- Fasting Plasma Glucose for all other situations not addressed above or at a wellness visit with no abnormal findings.
- Hemoglobin A1C for all other situations not previously described (See Note 2).

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: Hemoglobin A1c should not be performed in any of the following situations: 1) To test for diabetes in individuals presenting with acute or persistent classic symptoms of diabetes mellitus, 2) In pregnant individuals with an established diagnosis of diabetes or prediabetes, 3) To screen for diabetes in individuals diagnosed with cystic fibrosis, 4) In conjunction with measurement of fructosamine, 5) In individuals with a condition associated with increased red blood cell turnover (eg, 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).

To view the complete policy, please refer to the Medical Mutual website: https://www.medmutual.com/-/media/MedMutual/Files/Providers/Laboratory-Management-Program-Policies-V2/41-Additions/Diabetes-Mellitus-Testing---G2006.pdf Last updated 1/2/2026.