GlycoMark Testing for Glycemic Control

CPT: 84378

**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.

**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.