GlycoMark Testing for Glycemic Control
CPT: 84378

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.