

A1C Testing

| Also known as | <div><div>1. HbA1C testing</div><div>2. Glycated hemoglobin testing</div><div>3. Glycosylated hemoglobin</div><div>4. Hemoglobin A1C</div></div> | | | | | | |
|-------------------|---|------|-------------|---------|-----------------------|---------|--------------------------|
| Description | <p>A1C is a blood test for type 1 diabetes, type 2 diabetes, gestational diabetes, and prediabetes. It measures average blood glucose, or blood sugar, level over the past 3 months. Doctors may use the A1C alone or in combination with other diabetes tests to make a diagnosis. They also use the A1C to see how well diabetes is being managed. This is different from daily blood sugar checks with a glucometer.</p> | | | | | | |
| See also | <div><div>Similar, related, or easily confused documents.</div><div><div>• Diabetes Navigator - Benefit considerations related to diabetes.</div><div>• DME Grid - Alpha - Listing of durable medical equipment (DME).</div></div></div> | | | | | | |
| Table of Contents | <div><div>The following topics are included in this document:</div><div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div></div> | | | | | | |
| Document history | <div><div>The document history for the past 12 months is outlined below.</div><table><tr><th>Date</th><th>Description</th></tr><tr><td>5.31.24</td><td>Refreshed due to age.</td></tr><tr><td>5.31.24</td><td>Updated to new template.</td></tr></table></div> | Date | Description | 5.31.24 | Refreshed due to age. | 5.31.24 | Updated to new template. |
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Commercial

| Introduction | <p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p> | | | | | | |
|---------------------------|--|------|-------------|---------|-----------------------|---------|--------------------------|
| Benefits (all except MMP) | <p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered. | | | | | | |
| Mayo Medical Plan (MMP) | <p>Coverage depends on the reason for the visit.</p> <ul style="list-style-type: none">• Routine exam: Quote preventive benefits.• Monitoring or follow-up: Quote laboratory benefits.• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered. | | | | | | |
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Government Programs

| Introduction | This section applies to all Medicaid and Medicare products. | | | | | | |
|--|---|------|-------------|---------|-----------------------|---------|--------------------------|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote diagnostic services.• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below. | | | | | | |
| AccessAbility Enhanced (I-SNBC), DUAL (MSHO) | <p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered.• Medica is the only payer. | | | | | | |
| Cost (Prime) | <p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered.• Follows Medicare guidelines. | | | | | | |
| Med Advantage | <p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered.• Follows Medicare guidelines.• Medica is the only payer. | | | | | | |
| Med Supp (Select, Signature) | <p>Quote laboratory benefits.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer. | | | | | | |
| Medicaid | <p>Quote diagnostic services. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered. | | | | | | |
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Individual and Family Business (IFB)

| Introduction | <p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p> | | | | | | |
|------------------|---|------|-------------|---------|-----------------------|---------|--------------------------|
| Benefits | <p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Done for gestational diabetes: Refer to Gestational Diabetes.• Home testing kit: Not covered. | | | | | | |
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