2018
MEDICARE LOCAL COVERAGE DETERMINATION (LCD) - L36864
PROCEDURE CODE: 84378

GlycoMark Testing for Glycemic Control
For services performed on or after 8-1-2017

DLS TEST CODE AND NAME	
66129	GLYCOMARK (R)

This is a non-coverage policy for the GlycoMark® assay (aka 1,5-anhydroglucitol [1,5-AG]; developed by Nippon Kayaku, Co., Ltd).
Due to the lack of clinical utility, 1,5-AG testing is not reasonable and necessary for the management of diabetes or the prevention of diabetic complications, and is not covered by Medicare.