

Medical Coverage Policy



Measurement of Advanced Glycation End Products by Skin Autofluorescence

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	12/7/2010	Policy Last Updated:	11/15/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Skin autofluorescence is a non-invasive measurement of the level of tissue accumulation of advanced glycation end products (AGEs). AGEs report cumulative glycemic and oxidative stress and have been studied in a wide variety of conditions, including congestive heart failure, diabetes, and renal failure. Several studies have shown that AGEs accumulate in skin faster in individuals with poor blood sugar control and that measurement of AGEs by skin autofluorescence may be able to predict the risk of developing diabetes and related complications

Although several large research studies are underway, thus far the populations studied have been small. Therefore measurement of advanced glycation end products by skin autofluorescence is considered not medically necessary for all indications, including but not limited to, cardiac disease, diabetes, and renal failure as there is insufficient peer-reviewed scientific literature to demonstrate its effectiveness.

Medical Criteria:

Not applicable.

Policy:

BlueCHiP for Medicare members:

Measurement of Advanced Glycation End Products by Skin Autofluorescence is covered for BlueCHiP for Medicare members only.

All other members:

FDA approval has not yet been granted for measurement of advanced glycation end products by skin autofluorescence. Although several large research studies are underway, thus far the populations studied have been small. Therefore measurement of advanced glycation end products by skin autofluorescence is considered not medically necessary for all indications, including but not limited to, cardiac disease, diabetes, and renal failure as there is insufficient peer-reviewed scientific literature to demonstrate its effectiveness.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreement, or benefit booklet for applicable coverage.

Coding:

The following code is a contract exclusion:

0233T

Also Known As:

N/A

Related Topics:

N/A

Published:

Provider Update, February 2011

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