

# DIABETES AND PREDIABETES SCREENING

1. Information here pertains to Medicare only. Medicaid and private payer guidelines and codes may vary.
2. Beneficiaries who have Medicare Advantage Plans are entitled to the same preventive service. For maximum coverage, however, MAPs may require member beneficiaries to obtain the preventive services from providers enrolled in the MAP network. If the service is obtained from an out-of-network provider, the member beneficiary may have a higher copayment.

<b>ICD-10</b>	<b>Z13.1 (Add modifier TS if patient has prediabetes)</b>
<b>HCPCS/CPT</b>	<b>82947</b> – Glucose; quantitative, blood (except reagent strip) <b>82950</b> – Glucose; post glucose dose (includes glucose) <b>82951</b> – Glucose; tolerance test (GTT), three specimens (includes glucose)
<b>Eligibility Criteria</b>	Beneficiaries diagnosed with prediabetes. <i>Prediabetes defined as fasting 100-125 mg/dL and/or 140-199mg/dL on 2-hr post glucose challenge.</i>  OR beneficiary with at least one of these: <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Dyslipidemia</li> <li>• Obesity</li> </ul> OR beneficiary with at least two of these: <ul style="list-style-type: none"> <li>• Age 65+</li> <li>• Overweight BMI 25-29</li> <li>• Family History of diabetes in a sibling or parent</li> <li>• Had gestational diabetes or delivered a baby &gt;9 pounds.</li> </ul>
<b>Opportunity Time Points for Screening</b>	Initial Preventive Physical Exam, Annual Wellness Visit, any other medical visit in which the provider deems appropriate based on eligibility and frequency allowed.
<b>Frequency</b>	<ul style="list-style-type: none"> <li>• Every six months for beneficiaries with prediabetes.</li> <li>• Every year for eligible beneficiaries who do not have prediabetes, or who have never been tested.</li> </ul>
<b>Restriction</b>	Screen not covered if beneficiary already has diabetes.
<b>Beneficiary Pays</b>	No copay, not applied to deductible

## REFERENCES:

**Medicare Claims Processing Manual**, Ch 18 90-90.7 –A/B MAC (B) Billing Requirements (Rev 3329, Issued: 8-14-15, Effective: 1-1-12, Implementation: 9-14-15, accessed 11-11-15 @ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf>)

**MLN Matters SE0660**, Medicare Provides Coverage for Diabetes Screening Tests for Eligible Beneficiaries, updated October 2012.

**Medicare Learning Network**, ICN 006559, Preventive Services Diabetes Screening, October 2015, accessed Nov 10, 2015 @ [https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS\\_QuickReferenceChart\\_1.pdf](https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf)

