

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.

ICD-10	Z13.1 (Add modifier TS if patient has prediabetes)
HCPCS/CPT	82947 – Glucose; quantitative, blood (except reagent strip) 82950 – Glucose; post glucose dose (includes glucose) 82951 – Glucose; tolerance test (GTT), three specimens (includes glucose)
Eligibility Criteria	Beneficiaries diagnosed with pre-diabetes. <i>Pre-diabetes defined as one previous fasting 100-125 or 140-199 on 2-hr glucose challenge.</i> OR beneficiary with at least one of these: <ul style="list-style-type: none"> • Hypertension • Dyslipidemia • Obesity OR beneficiary with at least two of these: <ul style="list-style-type: none"> • Age 65+ • Overweight BMI 25-29 • Family History of diabetes in a sibling or parent • Had gestational diabetes or delivered a baby >9 pounds.
To Diagnose	<ul style="list-style-type: none"> • Pre-Diabetes diagnosed with one fasting glucose level of 100-125 mg/dL, or one two-hour post-glucose challenge of 140-199 mg/dL. The term pre-diabetes includes impaired fasting glucose and impaired glucose tolerance. • Diabetes diagnosed with fasting blood sugar at or above 126 on 2 different occasions; 2-hr post-glucose challenge at or above 200mg/dL on 2 different occasions; or one random glucose test at or above 200mg/dL with symptoms of hyperglycemia.
Opportunity Time Points for Screening	Initial Preventive Physical Exam, Annual Wellness Visit, any other medical visit in which the provider deems appropriate based on eligibility and frequency allowed.
Frequency	<ul style="list-style-type: none"> • Every six months for beneficiaries with prediabetes. • Every year for eligible beneficiaries who do not have prediabetes, or who have never been tested.
Restriction	Screen not covered if beneficiary already has diabetes.
Beneficiary Pays	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. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0660.pdf>

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

