

# Clinical Guidelines

## Screening Medicare Patients for Diabetes

### Guidelines Provided by Centers for Medicare and Medicaid Services (CMS)

#### Provider Types Affected

All Medicare fee-for-service physicians, providers, suppliers, and other healthcare professionals who provide referrals for and/or file claims for Medicare-covered diabetes screening tests.

#### Background

Diabetes is the 6th leading cause of death in the United States. More than 20 million Americans have diabetes, one third of whom do not know they have it. More than 200,000 individuals die each year of related complications.<sup>1</sup> With early detection and treatment, serious health consequences of diabetes can be prevented or delayed. Diabetes screening services covered by Medicare include screening for beneficiaries at risk for diabetes and those diagnosed with pre-diabetes.<sup>2</sup>

Medicare patients already diagnosed with diabetes are not eligible for diabetes screening tests.<sup>2</sup> Tests for such individuals are already covered as medically necessary diagnostic tests when reported with covered diagnostic codes included in the glucose testing National Coverage Determination (NCD).<sup>2</sup>

Starting January 1, 2007, Medicare is increasing payments to doctors for some of the most frequently billed face-to-face doctor/patient services including discussion about diabetes management. Medicare coverage also includes:

- Referral of eligible patients to other qualified providers like outpatient self-management training and medical nutrition therapy.

- Some diabetes supplies, including blood glucose test strips, blood glucose monitor, and lancet devices and lancets. There may be limits on how much or how often a person gets these supplies.
- Therapeutic shoes or inserts for people with severe diabetic foot disease who have a doctor-certified need. A foot exam is covered every 6 months for people with peripheral neuropathy and loss of protective sensations, as long as they haven't seen a foot care professional for another reason between visits.
- Glaucoma tests once every 12 months for people at high risk of glaucoma.
- Medical nutrition therapy services provided by a registered dietitian or a Medicare-approved nutrition professional.

Medicare defines diabetes as a condition of abnormal glucose metabolism, diagnosed by<sup>2</sup>:

- A fasting blood glucose level >126 mg/dL on 2 different occasions;
- A 2-hour post-glucose challenge test result of >200 mg/dL on 2 different occasions; or
- A random glucose test level >200 mg/dL for those with symptoms of uncontrolled diabetes.

#### Screening Tests Included

Medicare coverage includes the following diabetes screening tests<sup>2</sup>:

- A fasting blood glucose test, and
- A post-glucose challenge test (an oral glucose tolerance test with a glucose challenge of 75 g of glucose for nonpregnant adults)

#### OR

- A 2-hour post-glucose challenge test alone.

Diabetes screening tests are covered for Medicare beneficiaries who present with any of the following risk factors<sup>2</sup>:

- Hypertension
- Dyslipidemia
- Obesity (body mass index  $\leq 30$  kg/m<sup>2</sup>), or
- Previous elevated impaired fasting glucose or glucose intolerance,

#### OR

- Individuals with at least 2 of the following characteristics<sup>2</sup>:
  - Overweight (body mass index >25 kg/m<sup>2</sup> but <30 kg/m<sup>2</sup>)
  - Family history of diabetes
  - Age 65 years or older

- History of gestational diabetes or delivery of a baby weighing more than 9 lb

The term *pre-diabetes* includes impaired fasting glucose and impaired glucose tolerance. Pre-diabetic individuals are allowed 2 screening tests per year (once every 6 months). All other qualified individuals are entitled to just 1 screening test per year. Pre-diabetes is defined as<sup>2</sup>:

- Abnormal glucose metabolism diagnosed by a previous fasting glucose level of 100 to 125 mg/dL,
- OR
- A 2-hour post-glucose challenge test result of 140 to 199 mg/dL

### Billing Medicare

How to bill Medicare for diabetes screening tests and diabetes self-management training (DSMT) is outlined in Table 1.<sup>2,3</sup> For complete billing instructions, refer to:

- For diabetes screening tests: [www.cms.hhs.gov/MLNMattersArticles/downloads/SE0660.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0660.pdf)
- For diabetes self-management: [http://members.aadenet.org/scriptcontent/pdf/MMdiabetes\\_training.pdf](http://members.aadenet.org/scriptcontent/pdf/MMdiabetes_training.pdf)

Note that prior to January, 2005, when the diabetes screening benefit became effective, the glucose tolerance test would not have been covered because the patient's

condition did not fall under Medicare's definition of diabetes.<sup>2</sup> However, glucose tolerance testing is now covered under the diabetes screening benefit because the previously measured glucose levels define the patient as pre-diabetic and entitle the patient to 2 screening tests per year. The glucose tolerance test is reported using CPT code 82951-TS and diagnostic code V77.1.2 Be aware that:

- Failure to use ICD-9 code V77.1 will result in denial of the claim.
- Failure to use the TS modifier will limit the patient to only 1 screening test per year.

MPM

### References

1. Centers for Disease Control and Prevention (CDC). National diabetes fact sheet: General information and national estimates on diabetes in the United States, 2005. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. Available at: [www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2005.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2005.pdf). Accessed December 3, 2006.
2. Centers for Medicare and Medicaid Services (CMS). Reminder—Medicare provides coverage for diabetes screening tests for eligible Medicare beneficiaries. MLN Matters Number SE0660. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2006. Available at: [www.cms.hhs.gov/MLNMattersArticles/downloads/SE0660.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0660.pdf). Accessed December 3, 2006.
3. Centers for Medicare and Medicaid Services (CMS). Payment of Federally Qualified Health Centers (FQHCs) for diabetes self-management training (DSMT) services and medical nutrition therapy (MNT) services. MLN Matters Number MM4385. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2006. Available at: [http://members.aadenet.org/scriptcontent/pdf/MMdiabetes\\_training.pdf](http://members.aadenet.org/scriptcontent/pdf/MMdiabetes_training.pdf). Accessed December 3, 2006.

**Table 1**

### Diabetes Quick Reference Information: Medicare Preventive Services

Service	HCPCS/CPT Codes	ICD-9-CM Codes	Who Is Covered	Frequency	Beneficiary pays
<b>Diabetes Screening Tests</b> Requires physician or non-physician referral	<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>V77.1</b> Report modifier "TS" (follow-up service) for diabetes screening in which the beneficiary meets the definition of pre-diabetes	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes <i>Beneficiaries previously diagnosed with diabetes are not eligible for this benefit.</i>	<ul style="list-style-type: none"> <li>• 2 screening tests per year for beneficiaries diagnosed with pre-diabetes</li> <li>• 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested</li> </ul>	No copayment/coinsurance No deductible
<b>Diabetes Self-Management Training (DSMT)</b> Requires physician certification that DSMT is needed	<b>G0108</b> —DSMT, individual session, per 30 minutes <b>G0109</b> —DSMT, group session (2 or more), per 30 minutes	No specific code Contact local Medicare Contractor for guidance.	Medicare beneficiaries at risk for complications from diabetes or recently diagnosed with diabetes	<ul style="list-style-type: none"> <li>• Up to 10 hours of initial training within a continuous 12-month period</li> <li>• Subsequent years: up to 2 hours of follow-up training each year</li> </ul>	Copayment/coinsurance Deductible