Attention Physicians!


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Reminder – Medicare Provides Coverage for Diabetes Screening Tests for Eligible Medicare Beneficiaries

Provider Types Affected

All Medicare fee-for-service (FFS) physicians, providers, suppliers, and other health care professionals who provide referrals for and/or file claims for Medicare-covered diabetes screening tests

Provider Action Needed

This article serves as a reminder that Medicare provides coverage of diabetes screening tests for eligible Medicare beneficiaries. We need your help in ensuring that Medicare beneficiaries are assessed for and informed about their risks factors for diabetes or pre-diabetes, and that those who are eligible take full advantage of the Medicare diabetes screening benefit.

Introduction

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) expanded preventive services covered by Medicare to include diabetes screening tests, effective for services provided on or after January 1, 2005, for beneficiaries at risk for diabetes or those diagnosed with pre-diabetes.

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This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.
The information in this Special Edition MLN Matters article reminds health care professionals about the coverage, eligibility, frequency, and coding guidelines for diabetes screening tests so that you can talk with your Medicare patients about this preventive benefit and file claims properly for the screening service.

**Tests Included**
Coverage includes the following diabetes screening tests:
- A fasting blood glucose test, and
- A post-glucose challenge test (an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults), OR
- A 2-hour post-glucose challenge test alone.

**Note**: Other diabetes screening blood tests for which the Centers for Medicare & Medicaid Services has not specifically indicated national coverage continue to be non-covered.

**Eligibility**
Medicare beneficiaries who have any of the following risk factors for diabetes are eligible for this screening benefit:
- Hypertension;
- Dyslipidemia;
- Obesity (a body mass index equal to or greater than 30 kg/m2); or
- Previous identification of elevated impaired fasting glucose or glucose tolerance.

OR
Medicare beneficiaries who have a risk factor consisting of at least two of the following characteristics are eligible for this screening benefit:
- Overweight (a body mass index > 25, but < 30 kg/m2);
- A family history of diabetes;
- Age 65 years or older;
- A history of gestational diabetes mellitus, or delivering a baby weighing > 9 pounds.

**Note**: No coverage is permitted under the MMA benefit for beneficiaries previously diagnosed with diabetes since these individuals do not require screening.

**Frequency**
- Beneficiaries diagnosed with pre-diabetes:

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• Medicare provides coverage for two diabetes screening tests per year (once every six months) for beneficiaries diagnosed with pre-diabetes.

• Beneficiaries not previously diagnosed with pre-diabetes:
  • Medicare provides coverage for one screening per year for beneficiaries who were previously tested who were not diagnosed with pre-diabetes, or who have never been tested.

**Note:** The Medicare beneficiary must be provided with a referral by a physician or qualified non-physician practitioner for the diabetes screening test(s).

**Claim Filing Information**

The following Healthcare Common Procedure Coding System (HCPCS) codes, diagnosis code, and modifier must be used when filing claims for diabetes screening tests:

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Code Descriptors</th>
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<tbody>
<tr>
<td>82947</td>
<td>Glucose; quantitative, blood (except reagent strip)</td>
</tr>
<tr>
<td>82950</td>
<td>Glucose; post glucose dose (includes glucose)</td>
</tr>
<tr>
<td>82951</td>
<td>Glucose; tolerance test (GTT), three specimens (includes glucose)</td>
</tr>
</tbody>
</table>

**Diagnosis Code**

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>V77.1</th>
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<tbody>
<tr>
<td>To indicate that the purpose of the test(s) is for diabetes screening for a beneficiary that does not meet the *definition of pre-diabetes, screening diagnosis code V77.1 is required in the header diagnosis section of the claim.</td>
<td></td>
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<tr>
<td>To indicate that the purpose of the test(s) is for diabetes screening for a beneficiary that meets the *definition of pre-diabetes, screening diagnosis code V77.1 is required in the header diagnosis section of the claim and modifier “TS” (follow-up service) is to be reported on the line item.</td>
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</tr>
</tbody>
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**Definitions**

**Diabetes:** Diabetes mellitus, a condition of abnormal glucose metabolism diagnosed from a fasting blood sugar > 126 mg/dL on two different occasions; a two-hour post-glucose challenge > 200 mg/dL on two different occasions; or a random glucose test > 200 mg/dL for an individual with symptoms of uncontrolled diabetes.

**Pre-diabetes:** Abnormal glucose metabolism diagnosed from a previous fasting glucose level of 100 to 125 mg/dL, or a two-hour post-glucose challenge of 140 to 199 mg/dL. The term “pre-diabetes” includes impaired fasting glucose and impaired glucose tolerance.

**Payment for Diabetes Screening Tests**

Medicare will pay for diabetes screening tests under the Medicare Clinical Laboratory Fee Schedule. Medicare beneficiaries can receive the diabetes
screening test at no cost to them. There is no coinsurance, co-payment, or deductible for this benefit.

For More Information


CMS has also developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare:


For products to share with your Medicare patients, visit [http://www.medicare.gov](http://www.medicare.gov) on the web.

Medicare beneficiaries can obtain information about Medicare preventive benefits at [http://www.medicare.gov](http://www.medicare.gov) and then click on “Preventive Services”.

They can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.