

Related Change Request (CR) #: 3637

MLN Matters Number: MM3637

Related CR Release Date: Re-issued on January 21, 2005

Related CR Transmittal #: 446

Effective Date: January 1, 2005

Implementation Date: January 3, 2005

MMA-Diabetes Screening Tests

Note: This article was updated on February 4, 2013, to reflect current Web addresses. This article was previously revised on August 17, 2007, to add a reference to MM3677 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3677.pdf>) that changed the screening test to every six months for individuals diagnosed with pre-diabetes. In addition, new preventive services information sources were added to the Additional Information section.

Provider Types Affected

All Medicare providers Medicare carriers or intermediaries for diabetes screening tests

Provider Action Needed



STOP – Impact to You

This article notifies providers that Medicare will permit coverage for the following diabetes screening tests for services performed on or after January 1, 2005 for individuals who satisfy the eligibility requirements of being at risk for diabetes:

- Fasting plasma glucose test; and
- Post-glucose challenge test (an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults or a two-hour post glucose challenge test alone).



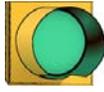
CAUTION – What You Need to Know

Coverage will be provided for two screening tests per calendar year for individuals diagnosed with pre-diabetes, and one screening test per year for individuals previously tested who were not diagnosed with pre-diabetes, or who have never

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been tested. This coverage does not apply to individuals previously diagnosed as diabetic.



GO – What You Need to Do

Please refer to the *Background* and *Additional Information* sections of this instruction for further details.

Background

This coverage is mandated by Section 613 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA).

Initially, coverage was limited to a fasting plasma glucose test. However, coverage is now provided for the following two screening blood tests:

- Fasting plasma glucose test, and
- Post-glucose challenge test (an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults, or a two-hour post-glucose challenge test alone).

Any individual with **one (1) of the following individual risk factors for diabetes is eligible** for this new benefit:

- Hypertension,
- Dyslipidemia,
- Obesity (with a body mass index greater than or equal to 30 kg/m²), or
- Previous identification of elevated impaired fasting glucose or glucose intolerance.

Or, an individual with any **two (2) of the following risk factors for diabetes is also eligible** for this new benefit:

- Overweight (a body mass index >25, but <30kg/m²),
- A family history of diabetes,
- Age 65 years or older, or
- A history of gestational diabetes mellitus or giving birth to a baby weighing > 9 lb.

Effective for services performed on or after January 1, 2005, Medicare will pay for diabetes screening tests under the Medicare Clinical Laboratory Fee Schedule. To indicate that the purpose of the test(s) is for diabetes screening, a screening diagnosis code is required in the diagnosis section of the claim:

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- Two screening tests per calendar year are covered for individuals diagnosed with pre-diabetes.
- One screening test per year is covered for individuals previously tested who were not diagnosed with pre-diabetes, or who have never been tested.

Those providers billing fiscal intermediaries should note the following:

- The diabetes screening tests will be paid only when submitted on types of bills (TOB) 12x, 13x, 14x, 22x, 23x, and 85x.
- Claims submitted on TOBs 12x, 13x, 14x, 22x, and 23x will be paid in accordance with the Clinical Laboratory Fee Schedule.
- Critical Access Hospitals (TOB 85x) will be paid based on reasonable cost.
- Maryland hospitals submitting Part B claims to fiscal intermediaries on TOBs 12x, 13x, or 85x will be paid according to the Maryland Cost Containment plan.

Nationally Non-Covered Indications

- No coverage is permitted under the MMA benefit for individuals previously diagnosed as diabetic.

Other diabetes screening blood tests for which Medicare has not specifically indicated national coverage continue to be non-covered.

Additional Information

The official instruction issued to your carrier or intermediary can be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R446CP.pdf> on the CMS website.

A Special Edition MLN Matters article SE0660 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se0660.pdf>) has been released that provides updated information about the coverage, eligibility, frequency, and coding guidelines for diabetes screening tests.

For more information about Medicare's diabetes screening benefit, visit the CMS Diabetes Screening web page at <http://www.medicare.gov/coverage/diabetes-screenings.html> on the Internet.

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

- The MLN Preventive Services Educational Products Web Page provides descriptions and ordering information for all provider specific educational

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products related to preventive services. The web page is located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> on the CMS website.

If you have any questions, contact your carrier or intermediary at their toll free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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