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MMA - Diabetes Screening Tests

Note: This article was revised on August 17, 2007, to add a reference to a Special Edition MLN Matters article SE0660 (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/se0660.pdf>) that provides updated information about the coverage, eligibility, frequency, and coding guidelines for diabetes screening tests. In addition, new preventive services information sources were added to the Additional Information section.

Provider Types Affected

All Medicare providers billing Medicare carriers or fiscal intermediaries for diabetes screening tests for Medicare patients

Provider Action Needed



STOP – Impact to You

This article provides further guidance and clarification of new Medicare coverage rules for diabetes screening tests performed on or after January 1, 2005.



CAUTION – What You Need to Know

The amount of testing covered by Medicare for qualified individuals is changed to one screening test every six months for individuals diagnosed with pre-diabetes and one screening test every twelve months for individuals not diagnosed with pre-diabetes or who were never tested before.



GO – What You Need to Do

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

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Background

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

Initially, coverage was 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 been tested. This article and related CR 3677 clarify that, for individuals diagnosed with pre-diabetes, the two screening tests per year are further limited to one screening test every six months. And, providers should note that these tests for individuals with a pre-diabetes diagnosis must be billed with a V77.1 diagnosis code and a "TS" modifier to reflect follow up service.

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

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

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. The following Health Care Common Procedure Coding System (HCPCS) Codes for Diabetes Screening are to be billed for diabetes screening:

- 82947 – Glucose, quantitative, blood (except reagent strip)
- 82950 – Post-glucose dose (includes glucose)
- 82951 – Glucose Tolerance test (GTT), three specimens (includes glucose)

Providers submitting pre-diabetes and diabetes screening claims should note that claims must contain the appropriate HCPCS codes listed above along with a diagnosis code of V77.1.

No coverage is permitted under the MMA benefit for individuals previously diagnosed as diabetic since these individuals do not require screening. Other diabetes screening blood tests for which the Centers for Medicare & Medicaid Services (CMS) has not specifically indicated national coverage continue to be noncovered.

CMS also provides the following definitions for the purpose of this article:

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Diabetes: diabetes mellitus, a condition of abnormal glucose metabolism diagnosed from a fasting blood sugar > 126 mg/dL on 2 different occasions; a 2-hour post-glucose challenge > 200 mg/dL on 2 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 2-hour post-glucose challenge of 140 to 199 mg/dL. The term "pre-diabetes" includes impaired fasting glucose and impaired glucose tolerance.

Post-glucose challenge test: an oral glucose tolerance test with a glucose challenge of 75 gms. of glucose for non-pregnant adults, or a 2-hour post-glucose challenge test alone.

Implementation

The implementation date for this article is April 4, 2005. It applies to services furnished on or after January 1, 2005.

Additional Information

Updated manual instructions are included in the official instruction issued to your carrier or fiscal intermediary and can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R457CP.pdf> on the CMS website.

For more information about Medicare's diabetes screening benefit, visit the CMS Diabetes Screening web page at <http://www.cms.hhs.gov/DiabetesScreening/> on the CMS website.

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 products related to preventive services. The web page is located at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp 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.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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