Reimbursement and Coding for Prediabetes Screening

Medicare recommends and provides coverage for diabetes screening tests through Part B Preventive Services for beneficiaries at risk for diabetes or those diagnosed with prediabetes. For more about preventive services, see Medicare's Preventive Services chart, which includes information about "Diabetes Screening," "Diabetes Self-Management Training," and "Annual Wellness Visit." The Quick Reference Information: The ABCs of Providing the Annual Wellness Visit provides additional information about this benefit.

When filing claims to Medicare for diabetes screening tests*, the following Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology (CPT) codes, and diagnosis codes must be used to ensure proper reimbursement.

Table 1: HCPCS/CPT Codes and Descriptors

HCPCS/CPT Codes	Code Descriptors
82947	Glucose; quantitative, blood (except reagent strip)
82950	Glucose; post glucose dose (includes glucose)
82951	Glucose Tolerance Test (GTT); three specimens (includes glucose)
83036	Hemoglobin A1C

Table 2: Diagnosis Code and Descriptor

Criteria	Modifier	Diagnosis Code*	Code Descriptor
DOES NOT MEET	None	V77.1	To indicate that the purpose of the test(s) is diabetes screening for a beneficiary who does not meet the *definition of prediabetes. The screening diagnosis code V77.1 is required in the header diagnosis section of the claim.
MEET	-TS	V77.1	To indicate that the purpose of the test(s) is diabetes screening for a beneficiary who meets the *definition of prediabetes. The screening diagnosis code V77.1 is required in the header diagnosis section of the claim and the modifier "TS" (follow-up service) is to be reported on the line item.

IMPORTANT NOTE: The Centers for Medicare and Medicaid Services (CMS) monitors the use of its preventive and screening benefits. By correctly coding for diabetes screening and other benefits, providers can help CMS more accurately track the use of these important services and identify opportunities for improvement. *When submitting a claim for a diabetes screening test, it is important to use diagnosis code V77.1 and the "TS" modifier on the claim as indicated in Table 2 above, along with the correct HCPCS/CPT code (Table 1), so that the provider/supplier can be reimbursed correctly for a screening service and not for another type of diabetes testing service.*

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/m^2)
- 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:

- A family history of diabetes
- Age 65 years or older
- Overweight (a body mass index greater than 25, but less than 30 kg/m^2)
- A history of gestational diabetes mellitus or of delivering a baby weighing greater than 9 pounds

*Learn more about Medicare's coverage of diabetes screening tests.

Transition to ICD-10 codes

The Department of Health and Human Services (HHS) has mandated that the ICD-9-CM code sets used to report medical diagnoses and procedures will be replaced with ICD-10 code sets. Only a handful of countries, including the United States, have not already adopted ICD-10 as their standard for reporting. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). The change to ICD-10 does not affect CPT coding for outpatient procedures and physician services. The ICD-10 code for prediabetes is R73.09. For more information about the transition to ICD-10 codes, visit the CMS ICD-10 website at www.cms.gov/Medicare/Coding/ICD10/index.html.

NDEP National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention