Medicare Learning Network
MLN Matters
CMS
CENTERS for MEDICARE & MEDICAID SERVICES
Information for Medicare Fee-for-Service Health Care Professionals

Attention Physicians!

Effective October 1, 2006, Medicare will only generate Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice – transaction 835 version 004010A1 – to all electronic remittance advice receivers. For more details, see MLN Matters article SE0656 at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0656.pdf* on the CMS web site.

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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.

The information in this Special Edition MLN Matters article reminds health care professionals about the coverage, eligibility, frequency, and coding guidelines for

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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:

HCPCS 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)	
Diagnosis Code	V77.1	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.
		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.

*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

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screening test at no cost to them. There is no coinsurance, co-payment, or deductible for this benefit.

For More Information

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 health care 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.
- The CMS web site provides information for each preventive service covered by Medicare. Visit *http://www.cms.hhs.gov*, select "Medicare," and scroll down to "Prevention."

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

Medicare beneficiaries can obtain information about Medicare preventive benefits at *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.

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