

Considerations when ordering diabetes testing for Medicare beneficiaries*

As of January 2024, the Centers for Medicare and Medicaid Services (CMS) recognize HbA1c testing as a covered diabetes screening test for Medicare and Medicare Advantage patients.¹ This coverage acknowledges HbA1c along with the existing tests, Fasting Plasma Glucose and Glucose Tolerance Testing, for diabetes screening, aligning with United States Preventive Services Task Force (USPSTF) recommendations.

Quest is committed to helping providers understand this new change and improving the diagnostic insights it will bring for the diabetes community.

Frequently asked questions

When does a preventive services policy apply?

Preventive care is the care a patient receives to prevent illness, detect medical conditions early, and keep a patient healthy. Medicare Part B covers many preventive services, such as screenings. For a complete list of Medicare Preventive Services programs, refer to <https://www.medicare.gov/coverage/preventive-screening-services>. Each preventive service has its own eligibility requirements. Medicare may only cover services a certain number of times each year or under specific circumstances. Medicare may cover certain preventive services more frequently than guidelines suggest if they are needed to diagnose or treat an illness or a condition.²

What is covered for diabetes screening?

Medicare beneficiaries with certain risk factors for diabetes or diagnosed with prediabetes and not previously diagnosed with diabetes may be screened using the following tests:

- **Blood glucose testing** (CPTs 82947, 82950, and 82951) (quantitative blood glucose [except reagent strip], glucose test [post glucose dose], and glucose tolerance test [3 specimens] for diabetes screening, respectively [ICD-10 code Z13.1])
- **Hemoglobin A1c** (HbA1c) (CPT 83036) (hemoglobin; glycosylated A1c) for diabetes screening (ICD-10 code Z13.1)

If you determine that patients are at risk for diabetes, they may be eligible for **HbA1c or blood glucose lab test screenings (with or without a carbohydrate challenge)** twice every year.³ Medicare Part B covers these screenings if your patient has:

- Hypertension
- Dyslipidemia
- Obesity
- History of hyperglycemia

These screenings are also covered if your patient:

- Is 65 years of age or older
- Is overweight
- Has parents or siblings with a history of diabetes
- Has a history of gestational diabetes or delivered a baby weighing more than 9 lbs

What is the rationale for adding HbA1c as a covered test for diabetes screening?

Previously, CMS did not recognize HbA1c (CPT 83036) as an appropriate test to screen patients for diabetes (eg, ICD-10 code Z13.1, encounter for screening for diabetes mellitus). However, CMS' final rule now recognizes that glucose and HbA1c test results can be discrepant, particularly in older adults, and that measuring HbA1c along with glucose may improve the clinical utility of diabetes screening.⁴

The final rule also now recognizes that HbA1c testing for diabetes screening will serve to:

- Remove barriers to preventive measures and care
- Reduce provider and patient burden and confusion
- Allow for greater person-centered care

* Applies to Medicare beneficiaries under traditional Medicare plans and Medicare Advantage or other plans that follow CMS policies.

What is covered for monitoring?

CMS covers HbA1c and blood glucose testing for management of patients with an existing diagnosis of prediabetes or diabetes, indicated by ICD-10 coding.⁵⁻⁷



HbA1c offers advantages for patients and providers over various blood glucose tests because it removes the burden of fasting and/or lengthy lab visits, and it provides an indication of glucose control over a longer period.⁷ HbA1c tests ordered for reasons not considered medically necessary (indicated by ICD-10) by Medicare will not be covered by Medicare. These orders must be submitted with an Advance Beneficiary Notice (ABN) signed by your patient, which confirms they are responsible for payment.

For the **Blood Glucose Testing NCD**, according to the CMS, the following testing frequencies may be necessary for **quantitative blood glucose testing**⁶ :

- Up to 4x/year for stable, non-hospitalized diabetic patients unable or unwilling to do home monitoring of blood glucose. More frequent testing than 4x/year may be reasonable and necessary, depending upon patient's age, type of diabetes, complications, degree of control, and other comorbid conditions
- A single test for patients presenting nonspecific signs, symptoms, or diseases not normally associated with disturbances in glucose metabolism. Repeat testing may not be indicated unless abnormal results are found or there is a change in clinical condition. A diagnosis code (eg, diabetes) should be reported to support medical necessity for any repeat testing performed. Repeat testing may be indicated where results are normal in patients with conditions of a continuing risk of glucose metabolism abnormality (eg, monitoring glucocorticoid therapy)

Note that these frequency limitations include situations in which glucose is performed within an ordered panel (eg, basic metabolic panel or comprehensive metabolic panel).

For **Glycosylated Hemoglobin/Glycosylated Protein NCD**, according to the CMS, the following testing frequencies may be necessary for HbA1c testing⁵:

- Every 3 months on patient with controlled diabetes to determine if the patient's metabolic control has been on average within the target range
- Once a month for pregnant women with diabetes
- More than 4x/year for uncontrolled type 1 or type 2 diabetes mellitus

Medical necessity documentation must support HbA1c testing more than the frequency guidelines provided in the CMS Glycosylated Hemoglobin/Glycosylated Protein NCD.

What are the USPSTF screening recommendations for prediabetes and type 2 diabetes?

- The USPSTF 2021 guideline recommends that adults who are overweight or have obesity be screened for prediabetes and type 2 diabetes every 3 years starting at age 35
- Screening tests for prediabetes and type 2 diabetes include measurement of fasting plasma glucose or HbA1c level or an oral glucose tolerance test⁸

References:

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