Prediabetic Screening and Coding: How to Easily Include Both into Your Chronic Care Management Program

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Anyone who has worked in a medical practice knows that one of the toughest types of patients to code correctly are patients who are prediabetic. What to do with these patients—how to make sure you are capturing all your charges correctly—is a real issue. The American Diabetes Association (ADA) has reported that 86 million American adults have prediabetes as of 2012. There is not a practice in the country that doesn't treat patients with prediabetes.

New Code - New Approach to Chronic Care

What makes the coding dilemma easier now is that on October 1, 2016, CMS introduced a new ICD10 code specifically identifying a patient with prediabetes. This code, **R73.03**, should be used in place of R73.09, a non-specific code for abnormal blood glucose that was previously used to identify potential prediabetes in a patient. By establishing a more specific code, the process is simplified for tracking these patients within your EHR. It also assures correct payment by Medicare and commercial insurance plans/payers for care provided to patients who are at increased risk of diabetes.

Correctly identifying someone as having prediabetes is important for your chronic care management. All new payment models require practices to provide increased assessment of patients for existing and potential chronic conditions. Accurately coding patients with prediabetes will allow you to create a prediabetes registry and work with these patients to prevent the onset of type 2 diabetes. Additionally, using the prediabetes ICD10 code will give you a tracking mechanism for referring and monitoring these patients' participation in a Diabetes Prevention Program (DPP).

The technical definition of the R73.03 Prediabetes is an interim diagnosis used to describe an elevated blood glucose level that is higher than normal but not yet high enough to be considered type 2 diabetes. With no intervention, the condition is expected to become type 2 diabetes within 10 years. A fasting blood glucose level of 100 to 125 mg/dl typically warrants a diagnosis of prediabetes, and the patient is then referred to a DPP to be educated about diet and exercise patterns for preventing the progression of prediabetes to type 2 diabetes. This definition is not age specific.

What Is Prediabetes?

Prediabetes, clinically speaking, means that a person's glucose level is elevated but not high enough to be classified as diabetes. This diagnosis can be confirmed by different lab test results[1]:

Figure 1: Laboratory Test Results to Confirm Diagnosis of Prediabetes

Laboratory Test	CPT Code	Test Result to Support Diagnosis of Prediabetes
Fasting Glucose	82947	100 – 125 mg/dl
Random Non-Fasting Glucose	82950	140 – 199 mg/dl
2-Hour Glucose Tolerance Test (GTT)	82951	140 – 199 mg/dl
Diabetes A1C	83036	5.7 – 6.4%

Most payers will require a practice to verify a patient's status as having prediabetes with a confirmatory lab test even if a patient's prediabetes risk assessment shows a higher risk for diabetes.

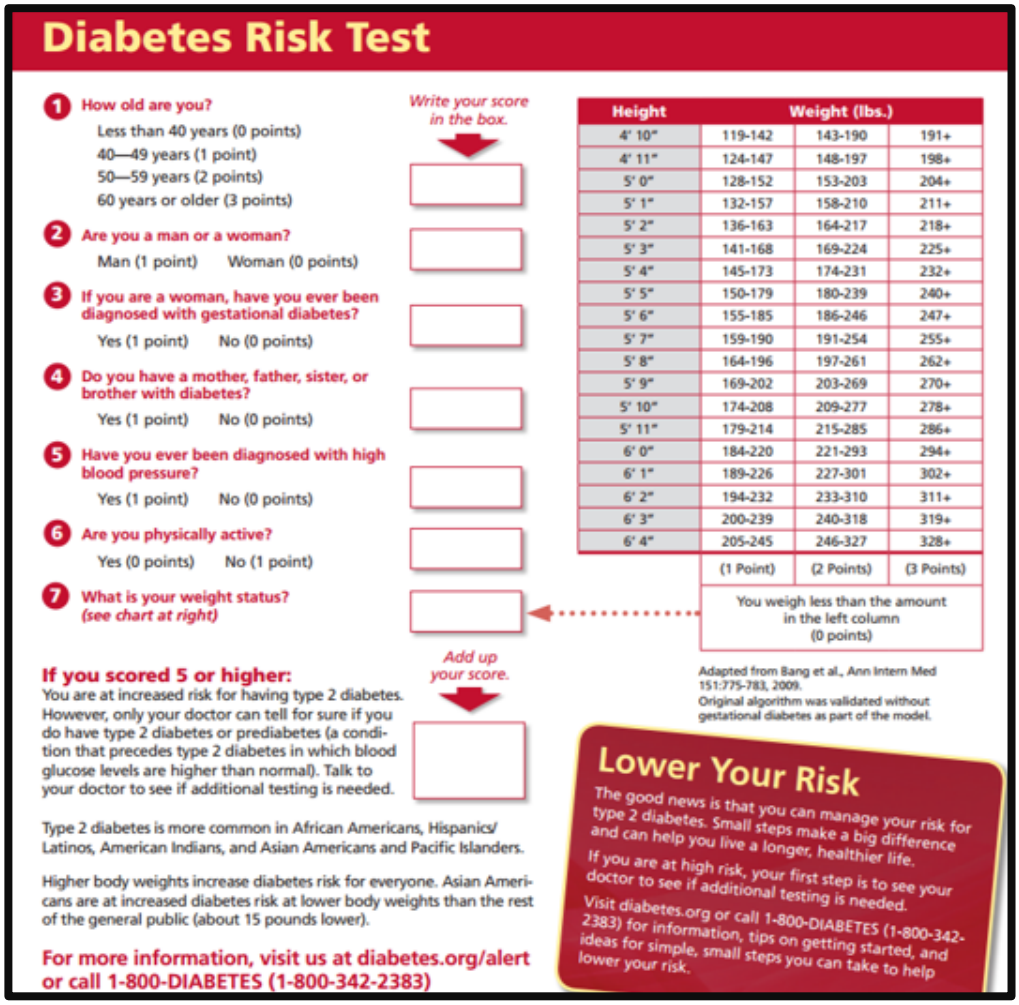
How to Identify Individuals with Prediabetes

The first step in establishing correct coding procedures for prediabetes is being able to *identify* patients with prediabetes. For patients who are new to your practice and for any established patients over 45 years old (or a younger age based on risk assessment) who have not been screened for diabetes, you should always start by having the patient take a prediabetes risk assessment. The questions covered in the prediabetes risk assessment include:

- **Age**
- **Sex**
- **Weight:** *with a Body Mass Index (BM) over 25 (in ICD10 coding this is a BMI from Z68.25 and higher)*
- **Family history of diabetes:** *identified in ICD10 as Z83.3 Family history of diabetes mellitus*
- **History of high blood pressure:** *diagnoses in the ICD10 from the following: I10 Essential (primary) hypertension; R03.0 Elevated blood-pressure reading, without diagnosis of hypertension I16.0 Hypertensive urgency; I16.1 Hypertensive emergency and other related hypertensive diagnoses in the I11, I12 and I13 families of ICD10 codes*
- **Physical activity:** *identified in ICD10 as Z72.3 Lack of physical exercise*
- **Gestational diabetes mellitus:** *identified in ICD10 as Z86.*32 *Personal history of gestational diabetes*

[1] American Diabetes Association: www.diabetes.org/diabetes-basics/statistics/

A copy of the American Diabetes Association (ADA) Diabetes Risk Assessment can be found at: http://main.diabetes.org/dorg/PDFs/risk-test-paper-version.pdf. The seven questions included on the prediabetes assessment should only take a few minutes to answer.



Diabetes Risk Test

1. **How old are you?**
   Less than 40 years (0 points)
   40—49 years (1 point)
   50—59 years (2 points)
   60 years or older (3 points)

2. **Are you a man or a woman?**
   Man (1 point) Woman (0 points)

3. **If you are a woman, have you ever been diagnosed with gestational diabetes?**
   Yes (1 point) No (0 points)

4. **Do you have a mother, father, sister, or brother with diabetes?**
   Yes (1 point) No (0 points)

5. **Have you ever been diagnosed with high blood pressure?**
   Yes (1 point) No (0 points)

6. **Are you physically active?**
   Yes (0 points) No (1 point)

7. **What is your weight status?** *(see chart at right)*

Write your score in the box.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)

You weigh less than the amount in the left column (0 points)

Add up your score.

If you scored 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

For more information, visit us at diabetes.org/alert or call 1-800-DIABETES (1-800-342-2383)

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009.
Original algorithm was validated without gestational diabetes as part of the model.

Lower Your Risk

The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life.

If you are at high risk, your first step is to see your doctor to see if additional testing is needed.

Visit diabetes.org or call 1-800-DIABETES (1-800-342-2383) for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

This assessment meets the requirements to code a *96160* "Administration of Patient-focused Health Risk Assessment Instrument" for Medicare

The ADA Risk Test is available here

- can be completed electronically
- an option for a paper version to print is also included.

If your patient receives enough points to classify them as having prediabetes, your next step should be to confirm the diagnosis of prediabetes through one of the lab tests listed on page 2. Once the diagnosis of prediabetes is confirmed with one of the four blood tests, the "Prediabetes" (ICD10 R73.03) code should be added to the patient's problem list in the medical record within the EHR. That way, you will be able to easily track the patient for DPP referrals and follow-up.

How to Code for Lab Tests that Are Part of a Diabetes Screen with/without Diagnosis of Prediabetes

For non-Medicare patients who are identified as prediabetic through an assessment form, your practice should contact the patient's insurer to see which lab tests will be covered and at what intervals. Some payers may cover this testing as part of a well visit preventive screen without requiring a co-pay or deductible.

For Medicare patients, CMS will pay for an individual to be screened for diabetes, but it is important that you correctly identify the patient's status at the time of ordering the screening tests. The lab tests may be coded differently for different patients depending on the information gathered from the patient's prediabetes risk assessment. The TS modifier is used to identify that the patient meets the criteria for diabetes screening for a beneficiary who **meets** the *definition of prediabetes, screening diagnosis code Z13.1 is required in the header diagnosis section of the claim *and* modifier "TS" is to be reported on the line item(s) for the lab CPT codes.

Figure 2. Coding for Lab Test for Prediabetes Screen

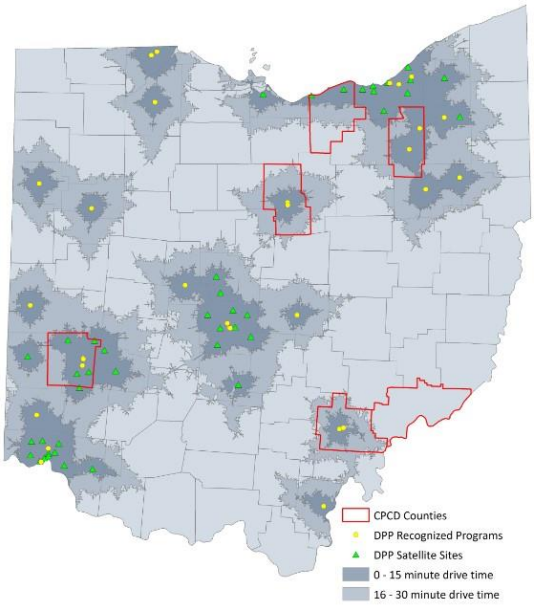
Code for Lab Test	Use in These Circumstances	Payer Coverage
Z13.1 **Encounter for screening for diabetes mellitus** (modifier *TS* goes on the lab codes or orders)	If any **one** of these conditions exist, then use the TS modifier: • Patient has hypertension • Patient has BMI > 30 kg/m^2 • Patient has dyslipidemia • Patient has previously elevated glucose	• Medicare will pay for testing with no co-pay or deductible for Medicare beneficiaries[2] • For Medicare, test can be repeated every 6 months (maximum 2x in a calendar year) • Check with other payers for specific coverage
Z13.1 **Encounter for screening for diabetes mellitus** (modifier *TS* goes on the lab codes or orders)	If any **two** of these conditions exist, then use the TS modifier when ordering: • Patient has family history of diabetes • Patient is older than 65 years • Patient's BMI is between 25 and 30 kg/m^2 • Patient had gestational diabetes (or baby weighed > 9 lbs. at birth)	• Medicare will pay for testing with no co-pay or deductible for Medicare beneficiaries • For Medicare, test can be repeated every 6 months (maximum 2x in a calendar year) • Check with other payers for specific coverage
Z13.1 **Encounter for screening for diabetes mellitus**	Do **not** use the TS modifier if: • Patient has never been screened for diabetes • Patient has been screened for diabetes but test result shows patient is NOT prediabetic	• Medicare will pay for testing with no co-pay or deductible for Medicare beneficiaries • For Medicare, test can be repeated every year • Check with other payers for specific coverage

[2] Medicare Preventive Services Bulletin: ICN 006559 October 2016 updated for ICD10 codes

Referral to a Diabetes Prevention Program

Patients who are identified as having prediabetes will be eligible to participate in a community-based education program known as a DPP. DPPs exist in Ohio under the National DPP established by the CDC (https://www.cdc.gov/diabetes/prevention/index.html).

Figure 3. Ohio has 29 CDC-approved DPPs



DPPs teach participants how to make lasting lifestyle changes:

- *Eating healthier*
- *Adding physical activity into daily routines*
- *Improving coping skills*

To view a complete list of Ohio's 29 DPP sites to which you can refer your patients go to: https://nccd.cdc.gov/DDT_DPRP/CitiesList.aspx?STATE=OH

Steps to Establish Your Prediabetes Screening Program

In summary, to correctly identify a patient as prediabetic and to monitor them on a regular basis; the following steps should be taken:

- ***Administer the Prediabetes Risk Assessment*** to patients with identified risk factors. The ADA version can be found at: http://main.diabetes.org/dorg/PDFs/risk-test-paper-version.pdf
- ***Check with payers*** to determine coverage for prediabetes lab testing, so you can advise your patients if the co-pay and deductibles are covered for the lab work, if needed.
- Depending on your patient's score on the Prediabetes Risk Assessment, ***order appropriate lab tests to confirm*** diagnosis of prediabetes (fasting glucose, non-fasting random glucose, 2 hour GTT, or diabetes A1C). Be sure to include coding related to patient's status:
  - TS modifier if patient meets certain risk criteria stated above;
  - no modifier if patient has never been screened or if patient has been screened and determined to have prediabetes.
- If test results confirm diagnosis of prediabetes, ***list prediabetes (R73.03) in the patient's problem list*** in his/her medical record and code it on your claims form.
- If patient has prediabetes, ***refer to a DPP*** (list of DPP sites can be found at: https://nccd.cdc.gov/DDT_DPRP/CitiesList.aspx?STATE=OH)
- ***Create a registry every quarter of patients diagnosed with prediabetes***. Follow up with them to retest their glucose at appropriate intervals and to encourage participation in a DPP.

We would like to thank Diane Zucker, M.Ed., CCS-P for providing her technical expertise with this article. In addition to the article, she will be joining Cathy Costello for our February 14, 2017, webinar at noon on this topic. You can register at: https://attendee.gotowebinar.com/register/4976294349724263425. Here is Diane's Bio:

Diane Zucker, M.Ed., CCS-P is a health care management and reimbursement consultant who has spent the last 31 years as a consultant providing physicians, practices and various agencies and facilities educational programs. These programs and services are opened and focused on real world information for the complex maze of documentation, coding and compliance. She has a Master's in Education and a Bachelor's Degree in Social Work from Kent State University with additional coursework in health care management and reimbursement. Education programs have focused on the practical aspects of documentation and coding for all levels of providers. Prior to consulting, she worked as a psychiatric social worker, counselor for the Bureau of Vocational Rehab and as a medical social worker. Diane is a certified CPT coder and ICD10 CM trainer through AHIMA since 1997.