

Diabetes Screening

Includes HbA1c Testing



CPT: 82947, 82950, 83036

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Policy Changes 2024

<https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

“Historically, CMS has not covered HbA1c as part of the diabetes screening benefit, thus we could not consider it as a performance measure. In a section of the proposed rule [396] that was not specific to MDPP, CMS is finalizing to expand diabetes screening and diabetes definitions, including the addition of HbA1c test as part of the diabetes screening benefit, and we thank commenters for separately supporting this proposal.” SECTION I Medicare Diabetes Prevention Program (MDPP) - Chapter 2. Changes to § 414.84 – (Page 79254)

Types of Tests Covered

- Fasting blood glucose test: (82947)
- Post-glucose challenges: Includes oral glucose tolerance test and 2-hour post-glucose challenge test: (82950)
- Hemoglobin A1C test: (83036)
- Other tests: Determined by the Secretary through a national coverage determination.

Amount of Testing Covered

- For individuals diagnosed with pre-diabetes: Two screening tests per calendar year.
- For individuals previously tested but not diagnosed with pre-diabetes, or never tested before: One screening test per year.

Eligible Risk Factors

- Individuals with the following risk factors are eligible for the benefit:
 - Hypertension (I10)
 - Dyslipidemia (E78)
 - Obesity: Defined as a body mass index (BMI) greater than or equal to 30 kg/m². (E66.01-E66.2; E66.8-E66.9 and Z68.30-Z68.45)
 - Prior identification of impaired fasting glucose or glucose intolerance (R73.01)
 - Any two of the following:
 - Overweight: BMI greater than 25 but less than 30 kg/m². (E66.3 and Z68.25-Z68.29)
 - Family history of diabetes (Z83.3)
 - 65 years of age or older
 - History of gestational diabetes mellitus or delivery of a baby weighing more than 9 pounds (Z86.32)

Practical Examples

- Scenario 1: A 60-year-old individual with hypertension and dyslipidemia would be eligible for diabetes screening.
- Scenario 2: An individual with a family history of diabetes and a BMI of 28 kg/m² would be eligible for diabetes screening.
- Scenario 3: An individual who was diagnosed with impaired fasting glucose in the past is eligible for diabetes screening.

Visit [MAKOMedical.com/coverageguidance](https://www.makomedical.com/coverageguidance) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33431>

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

**Note—Bolded diagnoses below have the highest utilization*

Code	Description
Group 1	ICD-10 codes for performing tests at frequencies more than every 3 months. The following codes indicate or imply a condition of hyperglycemia and may be billed alone on the claim.
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
Group 2	The following codes do not, in and of themselves, indicate uncontrolled diabetes and must be used in conjunction with a Group 1 code that indicates a current state of uncontrolled diabetes (hyperglycemia). Secondary (Dual) Diagnoses.
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.69	Type 2 diabetes mellitus with other specified complication
Group 3	ICD-10 codes related to pregnancy and can be covered no more frequently than once per month.
O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. The Alliance does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.