

The summary of information presented in this brochure is intended for Medicare fee-for-service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefits discussed in this brochure.

Diabetes is the seventh leading cause of death in the United States. Nearly 24 million Americans have diabetes with an estimated 25 percent of seniors age 60 and older being affected.¹ Left undiagnosed, diabetes can lead to severe complications such as heart disease, stroke, blindness, kidney failure, amputations, and death related to pneumonia and flu. Early detection and treatment of diabetes can prevent or delay much of the illness and complications associated with diabetes.

DIABETES SCREENING TESTS

Section 613 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, expanded the number of preventive services covered by Medicare to include diabetes screening tests. For services provided on or after January 1, 2005, Medicare provides coverage of diabetes screening tests for beneficiaries at risk for diabetes or those diagnosed with pre-diabetes.

Diabetes Mellitus

Diabetes (diabetes mellitus) is defined as a condition of abnormal glucose metabolism using the following criteria:

- A fasting blood glucose greater than or equal to 126 mg/dL on two different occasions,
- A 2-hour post-glucose challenge greater than or equal to 200 mg/dL on two different occasions, or
- A random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.

Pre-diabetes

Pre-diabetes is a condition of abnormal glucose metabolism diagnosed from a previous fasting glucose level of 100-125 mg/dL or a 2-hour post-glucose challenge of 140-199 mg/dL. The term "pre-diabetes" includes impaired fasting glucose and impaired glucose tolerance.

The diabetes screening blood tests covered by Medicare include:

- A fasting blood glucose test; and
- A post-glucose challenge test; not limited to
 - an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults; or

¹The Centers for Disease Control. 2008. Number of People with Diabetes Increases to 24 Million [online]. Atlanta, GA: The Centers for Disease Control [cited 18 June 2009]. Available from the World Wide Web: <http://www.cdc.gov/media/pressrel/2008/r080624.htm>

- a 2-hour post-glucose challenge test alone.

COVERAGE INFORMATION

Beneficiaries who have any of the following risk factors for diabetes are eligible for this benefit:

- Hypertension,
- Dyslipidemia,
- Obesity (a body mass index greater than or equal to 30 kg/m²),
- Previous identification of an elevated impaired fasting glucose or glucose tolerance.

OR

Beneficiaries who have a risk factor consisting of at least two of the following characteristics are eligible for this benefit:

- Overweight (a body mass index greater than 25 but less than 30 kg/m²),
- A family history of diabetes,
- Age 65 or older, or
- A history of gestational diabetes mellitus, or delivery of a baby weighing greater than 9 pounds.

NOTE: Beneficiaries who have already been diagnosed with diabetes are not eligible for this screening benefit.

Medicare provides coverage for diabetes screening tests with the following frequency:

Beneficiaries Diagnosed with Pre-diabetes

Medicare provides coverage for a maximum of two diabetes screening tests within a 12-month period (but not less than 6 months apart) for beneficiaries diagnosed with pre-diabetes.

Beneficiaries Previously Tested but Not Diagnosed as Pre-diabetic or Who Have Never Been Tested

Medicare provides coverage for one diabetes screening test within a 12-month period (i.e., at least 11 months have passed following the month in which the last Medicare-covered diabetes screening test was performed) for beneficiaries who were previously tested and were not diagnosed with pre-diabetes, or who have never been tested.

Medicare provides coverage for the diabetes screening tests as a Part B benefit. Eligible beneficiaries must receive a referral from a physician or qualified non-physician practitioner for the screening. There is no coinsurance or copayment and no deductible for this benefit. Medicare provides reimbursement of diabetes screening tests under the Medicare Clinical Laboratory Fee Schedule.

IMPORTANT NOTE: The diabetes screening benefit covered by Medicare is a stand alone billable service separate from the Initial Preventive Physical Examination (IPPE) and does not have to be obtained within the first twelve months of a beneficiary's Medicare Part B coverage.

DIABETES SELF-MANAGEMENT TRAINING (DSMT)

Medicare provides coverage for DSMT services for beneficiaries who have been recently diagnosed with diabetes, determined to be at risk for complications from diabetes, or were previously diagnosed with diabetes before meeting Medicare eligibility requirements and have since become eligible for coverage under the Medicare Program. DSMT services are intended to educate beneficiaries in the successful self-management of diabetes. The program includes instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivation for patients to use the skills for self-management.

Medicare provides coverage of DSMT services only if the treating physician or treating qualified non-physician practitioner managing the beneficiary's diabetic condition provides a referral certifying that the beneficiary needs the DSMT services. Eligible beneficiaries may receive 10 hours of initial training and 2 hours of follow-up training for subsequent years following the initial training, when ordered.

Medicare provides coverage for DSMT services as a Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

NOTE: All DSMT programs must be accredited as meeting quality standards by a Centers for Medicare & Medicaid Services approved national accreditation organization. Currently, CMS recognizes the American Diabetes Association, The American Association of Diabetes Educators (AADE) and the Indian Health Service as approved national accreditation organizations. Programs without accreditation by a CMS-approved national accreditation organization are not covered.

MEDICAL NUTRITION THERAPY (MNT)

Medicare provides coverage of medical nutrition therapy (MNT) for beneficiaries diagnosed with diabetes or renal disease (except for those receiving dialysis).

Renal Disease

For the purpose of this benefit, renal disease means chronic renal insufficiency or the medical condition of a beneficiary who has been discharged from the hospital after a successful renal transplant within the last 36 months. Chronic renal insufficiency means a reduction in renal function not severe enough to require dialysis or transplantation [Glomerular Filtration Rate (GFR) 13-50 ml/min/1.73m²]

Medicare-Covered MNT Services

For the purpose of disease management, MNT services covered by Medicare include:

- An initial nutrition and lifestyle assessment,
- Nutrition counseling,