

Diabetes Screening Tests - Medicare

Medicare Part B covers the following diabetes screening tests after referral from a physician or qualified non-physician practitioner. Individuals with the following risk factors are eligible to receive the benefit:

1. Hypertension
2. Dyslipidemia
3. Obesity, body mass index greater than or equal to 30 kg/m²
4. Prior identification of impaired fasting glucose or glucose intolerance.
5. Any two of the following characteristics:
 - a. Overweight, (body mass index greater than 25, but less than 30 kg/m²,
 - b. A family history of diabetes,
 - c. 65 years of age or older,
 - d. A history of gestational diabetes mellitus, or
 - e. Delivery of a baby weighing more than 9 pounds.

Medicare covers two screening tests per calendar year for individuals diagnosed with pre-diabetes. Pre-diabetes is defined as an impaired fasting glucose level of 100-125 mg/dL or an impaired glucose tolerance level of 140-199 mg/dL 2-hours post glucose challenge.

Medicare covers one screening test per calendar year for individuals previously tested who were not diagnosed with pre-diabetes, or who were never tested before.

The following tests are covered if all other conditions are met:

82947	GLUCOSE, quantitative, blood
82950	GLUCOSE, post glucose dose, including glucose
82951	GLUCOSE TOLERANCE TEST (GTT); 3 specimens (includes glucose)

Random serum or plasma glucose testing for persons with symptoms of uncontrolled diabetes such as excessive thirst or frequent urination is not covered as a screening benefit because it is already covered as a diagnostic service.

ICD-9 code V77.1 (special screening for diabetes mellitus) is used to indicate that the purpose of the test is for diabetes screening.