

Medicare Preventive Services

Diabetes Screening

What's Changed? No 2020 fourth quarter changes

HCPCS/CPT Codes

- 82947 —
Glucose; quantitative, blood (except reagent strip)
- 82950 —
Glucose; post glucose dose (includes glucose)
- 82951 —
Glucose; tolerance test (GTT), 3 specimens (includes glucose)

ICD-10 Codes

Z13.1

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](#) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [Contact your MAC](#) for guidance.

Medicare Covers

Patients with certain diabetes risk factors or diagnosed with pre-diabetes

NOTE: Previously diagnosed patients with diabetes are ineligible for this benefit.

Frequency

- One screening every 6 months for patients diagnosed with pre-diabetes
- One screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested

Patient Pays

- Copayment/Coinsurance waived
- Deductible waived

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Other Notes

- Append modifier –TS (Follow-up service) when submitting patient pre-diabetes claims.
- Medicare only pays Durable Medical Equipment (DME) claims for ordering providers and DME suppliers actively enrolled in Medicare on the date of service or, in the case of the provider, has a valid opt-out affidavit on file. If you do not participate in Medicare, tell your patients before you order DME.

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