

PREVENT TYPE 2 DIABETES



Codes: When screening for prediabetes and diabetes

Below is a list of diagnosis and procedural codes related to diabetes prevention that may be applicable in your clinical practice.¹

Relevant International Classification of Diseases (ICD-10®) codes for prediabetes

These codes may be useful to document diagnosis and management of prediabetes.

Glucose tolerance codes:

- R73.03** – Prediabetes
- R73.02** – Impaired glucose tolerance (oral)
- R73.01** – Impaired fasting glucose
- R73.09** – Other abnormal glucose
- R73.9** – Hyperglycemia, unspecified

Obesity codes:

- E66.3** – Overweight
- E66.8** – Other obesity
- E66.9** – Obesity, unspecified

Health status/services codes:

- Z13.1** – Encounter for screening for diabetes mellitus
- Z68.3x** – Body mass indexes for body mass index (BMI) 30.0–39.9, adult
Note: specific codes exist for each BMI category (i.e., Z68.34: BMI 34.0–34.9, adult)
- Z68.4x** – Body mass indexes for BMI 40.0 or greater, adult
Note: specific codes exist for each BMI category (i.e., Z68.42 is BMI 45.0–49.9, adult)
- Z71.3** – Dietary counseling and surveillance

Relevant Current Procedural Terminology (CPT®) for prediabetes screening examinations and tests

These codes may be useful to report services/tests performed to screen for prediabetes.

Evaluation and management codes for commercial/Medicaid:

- 99385** – Preventive visit*, 18–39 years, new patient
- 99386** – Preventive visit, 40–64 years, new patient
- 99387** – Preventive visit, 65 years and older, new patient
- 99395** – Preventive visit, 18–39 years, established patient
- 99396** – Preventive visit, 40–64 years, established patient
- 99397** – Preventive visit, 65 years and older, established patient

CPT © Copyright 2019 American Medical Association. All rights reserved. AMA and CPT are registered trademarks of the American Medical Association (more information can be found at <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>.)

- 99401** – Individual preventive counseling, approx 15 min
- 99402** – Individual preventive counseling, approx 30 min
- 99403** – Individual preventive counseling, approx 45 min
- 99404** – Individual preventive counseling, approx 60 min

* Preventive visit codes include counseling and cannot be combined with additional counseling codes. If significant risk factor reduction and/or behavior change counseling is provided during a problem-oriented encounter, additional preventive counseling may be billed. In this case, modifier 25 code may allow for payment for both services although this may vary by payer. Reimbursement for this code is not guaranteed.

Medicare codes

- G0438** – Annual wellness visit, initial (Medicare)
- G0439** – Annual wellness visit, subsequent (Medicare)
- G0447** – Counseling for obesity[†]—face-to-face behavioral counseling for obesity, 15 min (Medicare)

† Must be billed with an ICD code indicating a BMI of 30 or greater. Medicare does not allow billing for another service provided on the same day.

Laboratory testing codes

- 82947** – Glucose, quantitative, blood (except reagent strip)
- 82948** – Glucose, quantitative, blood, reagent strip
- 82950** – Glucose, quantitative, blood, post glucose dose (includes glucose)
- 82962** – Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
- 83036** – Glycosylated A1C
- 83037** – Glycosylated A1C by device cleared by FDA for home use

¹ This document is for informational purposes only. It is not intended as medical, legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this document. Reimbursement-related information provided by the American Medical Association (“AMA”) and contained within this document is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA’s Current Procedural Terminology (CPT®) manual (“CPT Manual”) or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgment of the practitioner performing a procedure, who remains responsible for correct coding. Inclusion or exclusion of a procedure or service, or proprietary name, does not imply any health insurance coverage or reimbursement policy.