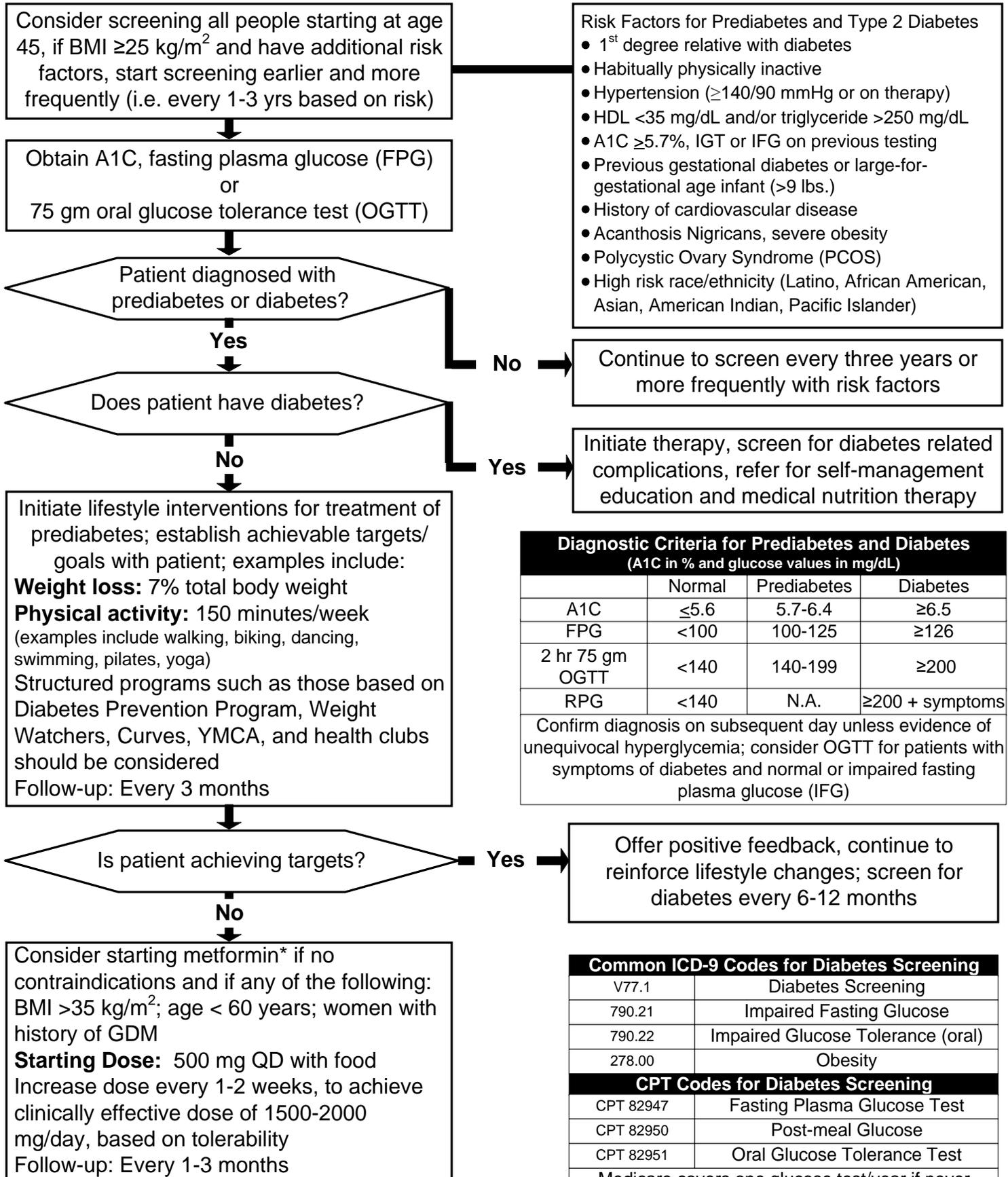


Minnesota Prediabetes Screening and Treatment Algorithm



- Risk Factors for Prediabetes and Type 2 Diabetes**
- 1st degree relative with diabetes
 - Habitually physically inactive
 - Hypertension (≥140/90 mmHg or on therapy)
 - HDL <35 mg/dL and/or triglyceride >250 mg/dL
 - A1C ≥5.7%, IGT or IFG on previous testing
 - Previous gestational diabetes or large-for-gestational age infant (>9 lbs.)
 - History of cardiovascular disease
 - Acanthosis Nigricans, severe obesity
 - Polycystic Ovary Syndrome (PCOS)
 - High risk race/ethnicity (Latino, African American, Asian, American Indian, Pacific Islander)

Diagnostic Criteria for Prediabetes and Diabetes
(A1C in % and glucose values in mg/dL)

	Normal	Prediabetes	Diabetes
A1C	≤5.6	5.7-6.4	≥6.5
FPG	<100	100-125	≥126
2 hr 75 gm OGTT	<140	140-199	≥200
RPG	<140	N.A.	≥200 + symptoms

Confirm diagnosis on subsequent day unless evidence of unequivocal hyperglycemia; consider OGTT for patients with symptoms of diabetes and normal or impaired fasting plasma glucose (IFG)

Offer positive feedback, continue to reinforce lifestyle changes; screen for diabetes every 6-12 months

Common ICD-9 Codes for Diabetes Screening

V77.1	Diabetes Screening
790.21	Impaired Fasting Glucose
790.22	Impaired Glucose Tolerance (oral)
278.00	Obesity

CPT Codes for Diabetes Screening

CPT 82947	Fasting Plasma Glucose Test
CPT 82950	Post-meal Glucose
CPT 82951	Oral Glucose Tolerance Test

Medicare covers one glucose test/year if never previously tested, one test/year if previously tested and not diagnosed with prediabetes and two tests/year for individuals with prediabetes

*Off-label use of metformin, based on Diabetes Prevention Program. American Association of Clinical Endocrinologists (AACE) recommends thiazolidinediones and GLP-1 receptor agonists be used with caution due to limited experience in prediabetes.