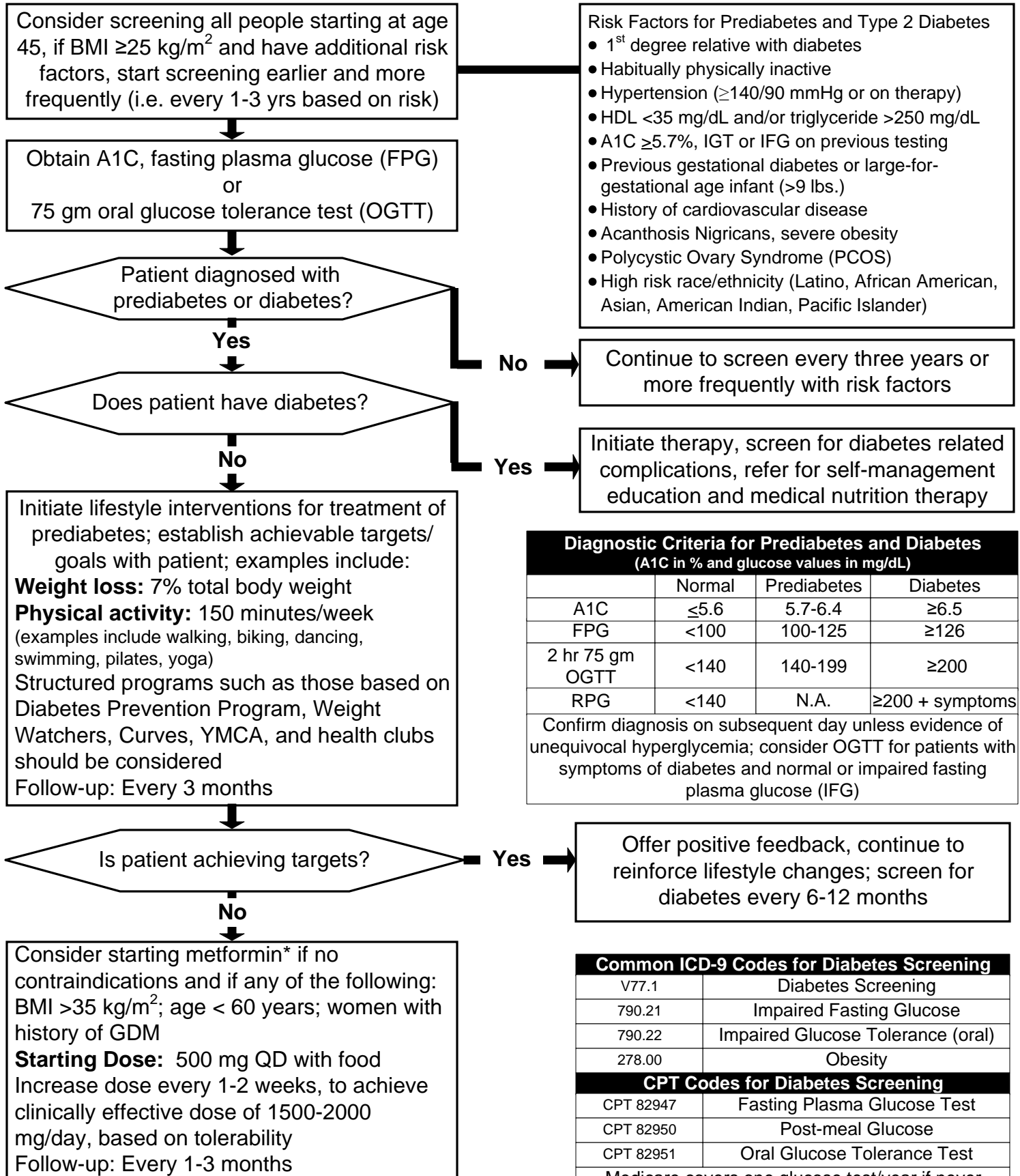


# Minnesota Prediabetes Screening and Treatment Algorithm



- Risk Factors for Prediabetes and Type 2 Diabetes**
- 1<sup>st</sup> degree relative with diabetes
  - Habitually physically inactive
  - Hypertension ( $\geq 140/90$  mmHg or on therapy)
  - HDL  $< 35$  mg/dL and/or triglyceride  $> 250$  mg/dL
  - A1C  $\geq 5.7\%$ , 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	$\leq 5.6$	5.7-6.4	$\geq 6.5$
FPG	$< 100$	100-125	$\geq 126$
2 hr 75 gm OGTT	$< 140$	140-199	$\geq 200$
RPG	$< 140$	N.A.	$\geq 200$ + 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.