## Minnesota Algorithm for Prediabetes and Type 2 Diabetes 2/2008 Risk Factors for Type 2 Diabetes Family history (especially 1<sup>st</sup> degree relative) Consider screening all people starting at age · Habitually physically inactive 45, if BMI ≥25 kg/m2 and additional risk Hypertension (≥140/90 mmHg) factors, start screening earlier and more HDL <35 mg/dL and/or triglyceride >250 mg/dL frequently (i.e. annually) Prediabetes Previous gestational diabetes or large-for-

Obtain fasting plasma glucose (FPG) or 75 gm oral glucose tolerance test (OGTT) Patient diagnosed with prediabetes or diabetes?

gestational age infant (>9 lbs.) History of vascular disease Acanthosis Nigricans Polycystic Ovary Syndrome (PCOS) High risk ethnic group (Latino, African American,

Asian American, American Indian, Pacific Islander)

more frequently with risk factors Initiate therapy, screen for diabetes related complications, refer for self-management education and medical nutrition therapy

Diagnostic Criteria for Prediabetes and Diabetes

(all glucose values in mg/dL)

Normal

Prediabetes

Diabetes

Continue to screen every three years or

## Does patient have diabetes? No Initiate lifestyle interventions for treatment of prediabetes: establish achievable targets/ goals with patient; examples include: Weight loss: 5-7% total body weight Physical activity: 150 minutes/week (examples include walking, biking, dancing swimming, pilates, yoga) Structured programs such as those Diabetes Prevention Program, Weigh

Is patient achieving targets?

No

Starting Dose: 500 mg QD with food

clinically effective dose of 1500-2000

mg/day, based on tolerability

Follow-up: Every 1-3 months

Increase dose every 1-2 weeks, to achieve

should be considered

125 mg/dL

Follow-up: Every 3 months

Yes

(examples include walking, biking, dancing,
swimming, pilates, yoga)
Structured programs such as those based on
Diabetes Prevention Program, Weight
Watchers, Curves, YMCA, and health clubs
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**FPG** <100 100-125 ≥126 2 hr 75 gm <140 140-199 ≥200 OGTT CPG <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

Medicare covers one glucose test/year if never

previously tested, one test/year if previously tested

Consider starting metformin\* if no contraindications and if any of the following: BMI >35 kg/m<sup>2</sup>; age < 55 years; FPG 120-

Common ICD-9 Codes for Diabetes Screening						
V77.1	Diabetes Screening					
790.21	Impaired Fasting Glucose					
790.22	Impaired Glucose Tolerance (oral)					
278.00	Ohesity					

- 1	100.22	Impaired Gideose Folerance (ore				
	278.00 Obesity					
	CPT C	odes for Diabetes Screening				
	CPT 82947	Fasting Plasma Glucose Test				
	CPT 82950	Post-meal Glucose				
	CPT 82951	Oral Glucose Tolerance Test				
	CPT 82951	Oral Glucose Tolerance				

and not diagnosed with prediabetes and two tests/ year for individuals with prediabetes

Off-label use	of metformin,	based on	Diabetes	Prevention	Progran

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