**Women’s Preventive Services Initiative (WPSI)**

**Screening for Diabetes Mellitus After Pregnancy**

**Clinical Recommendations:** The Women’s Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum (see Table 1).

Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy. For women with a positive postpartum screening test result, testing to confirm the diagnosis of diabetes is indicated regardless of the initial test (e.g., oral glucose tolerance test, fasting plasma glucose, or hemoglobin A₁C).

Repeat testing is indicated in women who were screened with hemoglobin A₁C in the first 6 months postpartum regardless of the result (see Implementation Considerations below).

Table 1. Preferred Testing Strategy Based on Postpartum Timeframe

<table>
<thead>
<tr>
<th>Postpartum Timeframe</th>
<th>Oral Glucose Tolerance Test</th>
<th>Fasting Plasma Glucose</th>
<th>Hemoglobin A₁C</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks – 6 months</td>
<td>Preferred</td>
<td>Acceptable</td>
<td>Consider only when recommended alternatives are not feasible</td>
</tr>
<tr>
<td>After 6 months</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>
Implementation Considerations: In addition to the follow-up screening for women with a history of GDM recommended above, the Women’s Preventive Services Initiative recommends all women should adhere to diabetes mellitus screening guidelines for the general population. Guidelines for general population screening are available from the U.S. Preventive Services Task Force and American Diabetes Association.

Compared with other tests, hemoglobin A\textsubscript{1C} is less accurate in the first months after pregnancy. In addition, hemoglobin A\textsubscript{1C} levels may be inaccurate in women with conditions such as anemia, renal failure, certain hemoglobinopathies (eg, thalassemia and sickle cell disease or trait) or women who have had a recent transfusion. However, given the low rates of postpartum testing with fasting plasma glucose and 2-hour 75-gram oral glucose tolerance tests, hemoglobin A\textsubscript{1C} may be considered as an alternative for appropriately counseled patients when other tests are not feasible. By 6 months postpartum, the physiologic changes related to pregnancy have usually resolved; therefore, all standard screening tests are acceptable after 6 months.

DIAGNOSIS CODES
Per ICD-10-CM, “Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease.” If the reason for the visit is the screening exam, then a screening code may be a first listed code. If the screening is done during an office visit, then a screening code may be used as an additional code.”

\textbf{Z13.1} \hspace{1cm} Encounter for screening for diabetes mellitus

For patient with a history of GDM, a history code \textbf{Z86.32, Personal history of gestational diabetes}, should be assigned along with the screening code \textbf{Z13.1}.

PROCEDURE CODES
The following CPT codes are recommended to report services for diabetes mellitus screening:

\textbf{Fasting plasma glucose test (FPG)}
\begin{itemize}
    \item \textbf{82947} \hspace{1cm} Glucose; quantitative, blood (except reagent strip)
\end{itemize}

\textbf{Oral Glucose Tolerance Test (OGTT)}
\begin{itemize}
    \item \textbf{82951} \hspace{1cm} Glucose; tolerance test (GTT), 3 specimens (includes glucose)
\end{itemize}

\textbf{Hemoglobin A\textsubscript{1C}}
\begin{itemize}
    \item \textbf{83037} \hspace{1cm} Hemoglobin; glycosylated (A\textsubscript{1C}) by device cleared by FDA for home use
\end{itemize}

\textbf{Note:} These codes are for reporting by the laboratory, not the physician.
**Women’s Preventive Services Initiative (WPSI)**

**Screening for Gestational Diabetes Mellitus**

**Clinical Recommendations:** The Women’s Preventive Services Initiative recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100-g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity.

The Women's Preventive Services Initiative suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices.

**Implementation Considerations:** The Women’s Preventive Services Initiative recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation to prevent adverse birth outcomes. Risk factors for diabetes mellitus that may help identify women for early screening include, but are not limited to, those identified by the Institutes of Medicine (now National Academies of Science, Engineering, and Medicine). The optimal test for screening prior to 24 weeks of gestation is not known. However, acceptable modalities may include a 50-g oral glucose challenge test, a 2-hour 75-g oral glucose tolerance test, a hemoglobin A₁C test, a random plasma glucose test, or a fasting plasma glucose test. If early screening is normal, screening with a 50-g oral glucose challenge test should be conducted at 24 to 28 weeks of gestation as described above.

**PROCEDURE CODES**

The following CPT codes are used for GDM screening:

- **82947** Glucose; quantitative, blood (except reagent strip)
  This test is often called a fasting blood sugar (FBS).
- **82951** Glucose; tolerance test (GTT), three specimens (includes glucose)
- **82952** Glucose; tolerance test, each additional beyond three specimens (List separately in addition to code for primary procedure)
- **82962** Glucose; blood by glucose monitoring device(s) cleared by the FDA specifically for home use

Glucose monitoring devices may also be used in physician offices or in clinics.

- **83037** Hemoglobin; glycosylated (A₁C) by device cleared by FDA for home use

This code (83037) may be billed when provided at the physician's office and not for use to report a test result when obtained in a patient’s home by the patient or family members.
RECOMMENDATION CODING

In 2018, a new Category III code 0488T was added to CPT to report services provided for diabetes mellitus prevention.

New CPT code 0488T, Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days, was developed in addition to already existing Diabetes Prevention Program (DPP) Code 0403T, Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day.

The CPT Assistant (August 2018) lists the following eligibility requirements for referral to a Centers for Disease Control and Prevention (CDC)-recognized lifestyle change program:

- Be at least 18 years old, AND
- Be overweight (body mass index 25 kg/m2; 23 kg/m2, if Asian American), AND
- Have no previous diagnosis of type 1 or type 2 diabetes mellitus, AND
- Have a blood-test result in the prediabetes range within the past year:
  - Hemoglobin A1c: 5.7%-6.4%, or
  - Fasting plasma glucose: 100-125 mg/dL, or
  - Two-hour plasma glucose (after a 75-gm glucose load): 140-199 mg/dL, or
  - Be previously diagnosed with gestational diabetes

After training, the enrolled patient receives educational lessons each week through online or electronic technology based on a standardized curriculum for education on lifestyle change in combination with lifestyle health coaching.

DIAGNOSIS CODES

Per ICD-10-CM, “Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease.” If the reason for the visit is the screening exam, then a screening code may be a first listed code. If the screening is done during an office visit, then a screening code may be reported as an additional code.

- Z13.1 Encounter for screening for diabetes mellitus
- Z36.89 Encounter for other specified antenatal screening

For diagnosed gestational diabetes mellitus, codes from subcategory O24.4, Gestational diabetes mellitus, should be assigned. No other code from category O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium, should be used with a code from O24.