



Women's Preventive Services Initiative (WPSI) 2020 Coding Guide

Screening for Diabetes Mellitus After Pregnancy



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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 (eg, oral glucose tolerance test, fasting plasma glucose, or hemoglobin A_{1c}).

Repeat testing is indicated in women who were screened with hemoglobin A_{1c} in the first 6 months postpartum regardless of the result (see Implementation Considerations below).

Table 1. Preferred Testing Strategy Based on Postpartum Timeframe

Postpartum Timeframe	Testing Strategy		
	Oral Glucose Tolerance Test	Fasting Plasma Glucose	Hemoglobin A _{1c}
4 weeks – 6 months	Preferred	Acceptable	Consider only when recommended alternatives are not feasible
After 6 months	Acceptable	Acceptable	Acceptable

RECOMMENDATION CODING

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_{1c} is less accurate in the first months after pregnancy. In addition, hemoglobin A_{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_{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.”

Z13.1 Encounter for screening for diabetes mellitus

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

PROCEDURE CODES

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

Fasting plasma glucose test (FPG)

82947 Glucose; quantitative, blood (except reagent strip)

Oral Glucose Tolerance Test (OGTT)

82951 Glucose; tolerance test (GTT), 3 specimens (includes glucose)

Hemoglobin A_{1c}

83037 Hemoglobin; glycosylated (A_{1c}) by device cleared by FDA for home use

Note: These codes are for reporting by the laboratory, not the physician.