New York State Diabetes Prevention Program (NYS DPP)
Prediabetes Identification and Intervention Algorithm

Screen or test patient if age ≥ 45 OR
Patient is overweight or obese (BMI ≥ 24 kg/m² or BMI ≥ 22 kg/m² if Asian) AND positive for at least one of the following:

Yes
- Physical inactivity
- Family history of diabetes in parent, brother or sister
- History of gestational diabetes mellitus (GDM) or baby over nine pounds
- Member of a high-risk ethnic population (African American, Latino, Native American, Asian American, or Pacific Islander)
- Hypertension (≥140/90 mmHg or on therapy for hypertension)

No
- HDL cholesterol <35 mg/dL and/or triglyceride level >250 mg/dL
- History of cardiovascular disease (CVD)
- A1C ≥ 5.7%, IGT or IFG on previous testing
- Polycystic ovarian syndrome (PCOS)
- Medications that predispose to diabetes
- Acanthosis nigricans

Review patient medical records to determine if a FPG, OGTT, or A1C has been performed in the past 24 months, or if the patient has history of GDM.

Utilize one of the following diagnostic tests to determine prediabetes or diabetes status:

- Fasting Plasma Glucose (FPG)
- Oral Glucose Tolerance Test (OGTT)
- A1C

Diagnostic Test | Normal Range | Prediabetes Range | Diabetes Range
---|---|---|---
FPG | ≤ 99 mg/dL | 100 mg/dL–125 mg/dL | ≥ 126 mg/dL
OGTT | ≤ 139 mg/dL | 140 mg/dL–199 mg/dL | ≥ 200 mg/dL
A1C | ≤ 5.6% | 5.7%–6.4% | ≥ 6.5%

Normal Range
- Provide patient with National Diabetes Education Program (NDEP) diabetes risk reduction materials. They are available at http://www.ndep.nih.gov
- Repeat testing should occur within three years of the previous negative test or annually if patient has multiple risk factors.

Prediabetes Range
- Provide patient counseling on diagnosis or risk status and answer questions. Educate about diabetes prevention using therapeutic lifestyle changes (5–7% weight loss, 150 minutes of physical activity per week).
- Refer to NYS DPP if available.
- Complete NYS DPP Patient Recommendation and encourage patient to register for program.
- Send NYS DPP Patient Recommendation directly to your local program provider if consent is provided by patient.
- Provide National Diabetes Education Program (NDEP) diabetes risk reduction materials. They are available at http://www.ndep.nih.gov
- Schedule follow-up appointment with patient as needed.
- Give positive feedback around lifestyle changes.
- Reevaluate for progression to diabetes annually.

Diabetes Range
- Conduct second test to confirm diagnosis.
- Counsel patient on diabetes diagnosis and answer questions.
- Initiate therapy.
- Provide National Diabetes Education Program (NDEP) materials for controlling diabetes.
- Refer patient to Certified Diabetes Educator (CDE) and/or Diabetes Self-Management Education (DSME).
Diabetes Prevention: Proven, Possible and Powerful!

The NYS DPP is an evidence-based program for adults with diagnosed prediabetes or who are at high risk for developing type 2 diabetes. The program is led by a trained Lifestyle Coach and meets one hour per week for 16 weeks, followed by at least six monthly follow-up sessions. The program is delivered in community or health care settings, in groups of 10-15 people, where personal lifestyle goals are set by each participant. The sessions cover healthy eating, physical activity, and lifestyle changes to help participants achieve the goals that lead to the prevention or delay of a diabetes diagnosis, including a 5-7% weight loss and maintenance, and a gradual increase in physical activity to 150 minutes per week.

The NYS DPP is based on clinical research trial led by the National Institutes of Health, which showed that people with prediabetes can prevent or delay type 2 diabetes by 58% overall, and 71% in people 60 years of age and older.

Common ICD-9 Codes for Diabetes Screening

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>V77.1</td>
<td>Diabetes Screening</td>
</tr>
<tr>
<td>790.2</td>
<td>Abnormal Glucose</td>
</tr>
<tr>
<td>790.21</td>
<td>Impaired Fasting Glucose</td>
</tr>
<tr>
<td>790.22</td>
<td>Impaired Glucose Tolerance</td>
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<tr>
<td>790.29</td>
<td>Other Abnormal Glucose</td>
</tr>
<tr>
<td>278.00</td>
<td>Obesity</td>
</tr>
<tr>
<td>278.02</td>
<td>Overweight</td>
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</table>

CPT Codes for Diabetes Screening

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT 82947</td>
<td>Fasting Plasma Glucose Test</td>
</tr>
<tr>
<td>CPT 82950</td>
<td>Post-meal Glucose</td>
</tr>
<tr>
<td>CPT 82951</td>
<td>Oral Glucose Tolerance Test</td>
</tr>
<tr>
<td>CPT 83036</td>
<td>Hemoglobin A1C</td>
</tr>
</tbody>
</table>

Medicare may cover up to two fasting blood glucose tests each year, based on individual risk factors.

1 Potential methods to collect patient risk factor information:
   - Conduct chart review for patients with upcoming appointments
   - Nurse or physician assistant may collect the information at the time of office visit
   - Review/pull information from electronic health records

2 Common medications that predispose diabetes include nicotinic acid, gluco corticoids, thyroid hormone, diazoxide, B-adrenergic agonists, thiazides, Dilantin, α-Interferon and others.

3 2-h plasma glucose using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

4 Clinicians should determine the most appropriate test based on the following considerations:
   - Fasting status of the patient
   - General office protocol and capacity of office staff and equipment
   - Ability to provide follow-up and encourage action from the patient if testing occurs outside of office visit.

5 Visit the following websites to find a Certified Diabetes Educator or Diabetes Self-Management Education program in your area:
   - American Diabetes Association Recognized Programs: http://professional.diabetes.org/erp_list.aspx
   - American Association of Diabetes Educators (AADE) Recognized Programs: http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html#New York
   - AADE Find a Diabetes Educator: http://www.diabeteseducator.org/DiabetesEducation/Find.html

References


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