A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program.

Use this guide to help your patients delay or prevent the onset of type 2 diabetes.

Prediabetes is a health condition characterized by blood glucose levels that are higher than normal, but not high enough to be diagnosed as diabetes. Prediabetes increases the risk for type 2 diabetes, heart disease and stroke.

Prediabetes is treatable, but only about 10 percent of people who have it are aware that they do. Left untreated up to one-third of people with prediabetes will progress to diabetes within five years.

During that window of time your patients can benefit from a proven lifestyle change intervention that is part of the National Diabetes Prevention Program (National DPP) led by the Centers for Disease Control and Prevention (CDC).

As part of the National DPP, the American Medical Association (AMA) and the CDC are collaborating to create tools and resources that care teams can use to identify patients with prediabetes, and refer eligible patients to in-person or online diabetes prevention programs.

Physicians and care teams from a diverse group of practices helped the AMA and the CDC create the tools in this guide, and have used them in their own practices to:

• Screen and identify patients for prediabetes
• Refer patients to diabetes prevention programs
• Create feedback loops, linking the patient’s progress in the diabetes prevention program back to the practice

Part of a national movement

To achieve CDC recognition as part of the National DPP, programs must provide evidence they are following a CDC-approved curriculum and achieving meaningful results with patients. These programs are based on research showing that a year-long, structured lifestyle change intervention reduced the incidence of diabetes by 58 percent among adults with prediabetes and by 71 percent in those aged 60 years or older.

These programs are successful in part because they require only moderate weight loss to achieve preventive health benefits. Weight loss of 5 to 7 percent of body weight—10 to 14 pounds for a person weighing 200 pounds—led to the results mentioned above.

The AMA and the CDC are promoting these diabetes prevention programs because they are one of the most effective ways to help physicians prevent or delay type 2 diabetes in high-risk patients.

Use this guide and its tools to help identify and refer patients with prediabetes to a diabetes prevention program that is part of the CDC's National Diabetes Prevention Program.
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider for eligibility.

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program provider. Below are some recommendations:

- Be previously diagnosed with gestational diabetes and
- Have no previous diagnosis of diabetes
- Be overweight (Body Mass Index (BMI) ≥24; ≥22 if Asian)
- Be at least 18 years old
- Have a blood test result in the prediabetes range within the past year:
  - Hemoglobin A1C: 5.7–6.4%
  - Fasting plasma glucose: 100–125 mg/dL
  - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL

To be eligible for referral, patients must:
- Have at least one of the following risk factors:
  - Family history of diabetes in any first-degree relative (parent, sibling, or child)
  - History of gestational diabetes
  - History of prediabetes or type 2 diabetes
- Be at least 18 years old

A referral guide may be used to facilitate conversations about screening and referral. The guide provides an overview of how office staff can facilitate point-of-care identification. One-page overview.

With a graphic on one side, and narrative on other, the document offers practices an option to adapt/develop their own referral guide.

Features include:
- Connect your clinic with diabetes prevention programs
- Provides link to template agreement some practices have used to share information with diabetes prevention program providers.
- Provides a high-level overview of how office staff can facilitate point-of-care identification.
- Offers practices a one-page roadmap to applying the elements of the diabetes prevention screening and referral guide.
- Enables physician practices to conduct efficient follow-up and referral with patients who have been identified as having prediabetes, informing them of their prediabetes status and referral to an evidence-based diabetes prevention program.

The resource offers the following benefits:
- Patient flow process
- With a graphic on one side, and narrative on other, the document offers practices an option to adapt/adapt/develop their own referral guide.
- Enables physician practices to obtain reimbursement for prediabetes screening.
- Provides a high-level overview of how office staff can facilitate point-of-care identification.
- With a graphic on one side, and narrative on other, the document offers practices an option to adapt/adapt/develop their own referral guide.
- Enables physician practices to conduct efficient follow-up and referral with patients who have been identified as having prediabetes, informing them of their prediabetes status and referral to an evidence-based diabetes prevention program.

The guide offers practices an option to adapt/adapt/develop their own referral guide.

With a graphic on one side, and narrative on other, the document offers practices an option to adapt/adapt/develop their own referral guide.

For use by physician practices in the exam room after screening has revealed that a patient has prediabetes.

For use by physician practices in patient waiting areas to increase patient awareness and pave the way for conversations with patients about screening and referral.

There are 2 types of diabetes prevention programs:
- Point-of-care prevention programs
- Infographic and narrative identification algorithm
- Point-of-care programs
- Infographic and narrative identification algorithm
- Infographic
- Patient flow process
- Infographic
- Point-of-care programs
- Infographic and narrative identification algorithm
- Infographic
- Patient flow process
- Infographic

The American Medical Association (AMA) encourages practices to complete the National Diabetes Prevention Program (NDPP) to prevent type 2 diabetes.

To find educational resources about preventing diabetes for you and your patients:

Visit this site for detailed information about the CDC's National Diabetes Prevention Program.

To learn more about the AMA's commitment to preventing type 2 diabetes:

Find educational resources about preventing diabetes for you and your patients.

You can prevent type 2 diabetes.

Learn more about the AMA's commitment to preventing type 2 diabetes.

Additional information
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

How can patients find a diabetes prevention program near them?

Diabetes prevention programs are available in varied locations such as local YMCAs, wellness centers, faith-based organizations and worksites—as well as in health care facilities. Online versions are also available. Visit nccd.cdc.gov/DDT_DPRP/Registry.aspx to find a program that is part of the CDC's National DPP recognition program.

Does health insurance cover patient participation in a diabetes prevention program?

A growing number of private health insurers offer coverage for patient participation in diabetes prevention programs. Some, but not all, programs provide patients with a monthly payment plan and discount based on ability to pay. The AMA and the CDC continue to advocate for public and private insurance coverage of the diabetes prevention program. More information is available in a recent report from the US Commission on Long-term Care (Link to report on AMA's website.)

How do I code for prediabetes screening?

Depending on the type of office visit, practices can use several CPT and ICD codes to bill for prediabetes screening and counseling. A list of commonly used CPT and ICD codes is included in the guide.

Feedback from diabetes prevention program to referring clinicians

Most programs send reports of participant progress to referring clinicians after the eighth and 16th group sessions. In addition, participants in the program complete periodic self-evaluations that referring clinicians can request directly from patients.

Sending patient information to a diabetes prevention program provider

Under the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA), a HIPAA Business Associate Agreement (BAA) is required that protects personal health information in accordance with HIPAA guidelines. Some physician practices may want to explore whether a BAA is needed to exchange information with a diabetes prevention program. Link to a template on AMA's website.

Sending health information to a diabetes prevention program provider

Does health insurance cover patient participation in a diabetes prevention program?

A growing number of private health insurers offer coverage for patient participation in diabetes prevention programs. Some, but not all, programs provide patients with a monthly payment plan and discount based on ability to pay. The AMA and the CDC continue to advocate for public and private insurance coverage of the diabetes prevention program.
You can prevent type 2 diabetes

Test your patients for prediabetes and refer those at risk to an evidence-based diabetes prevention program.

You likely know which of your patients is at high risk for type 2 diabetes. Until now you may not have had a resource to help them stop the progression from prediabetes to diabetes. Now, you do.

The American Medical Association and the Centers for Disease Control and Prevention (CDC) have created a toolkit that can help physician practices screen and refer patients to evidence-based diabetes prevention programs without adding a burden to your practice. Visit preventdiabetesstat.org to learn more.

• Progression from prediabetes to diabetes can take as little as five years.
• During that window of time, your patients can benefit from a proven intervention that is part of the CDC’s National Diabetes Prevention Program (National DPP).
• Counsel your patients that prediabetes is a potentially reversible condition, and one that you can help them manage effectively by:
  – Screening and identifying patients for prediabetes
  – Referring them to a program that is part of the CDC’s National DPP

This program is evidence-based

• The diabetes prevention program is a lifestyle intervention based on research funded by the National Institutes of Health that showed, among those with prediabetes, a 58 percent reduction in the number of new cases of diabetes overall, and a 71 percent reduction in new cases for those over age 60.
• These results were achieved through reducing calories, increasing physical activity, and a weight loss of just 5 to 7 percent of body weight—10 to 14 pounds for a person weighing 200 pounds.*
• Based on strong evidence of effectiveness in reducing new-onset diabetes, the Community Preventive Services Task Force (thecommunityguide.org) now recommends combined diet and physical activity promotion programs like the National DPP, for people at increased risk of type 2 diabetes.

Program overview

• The program empowers patients with prediabetes to take charge of their health and well-being.
• Participants meet in groups of 10-12 for 16 sessions that last 2 hours each, 2 days per week for 16 weeks.
• These are NOT exercise classes. At these sessions patients learn ways to incorporate healthier eating and moderate physical activity, as well as problem-solving, stress-reduction and coping skills into their daily lives.

See next page to determine which of your patients is eligible for the diabetes prevention program.

In the average primary care practice it’s likely one-third of patients over age 18, and half over age 65, have prediabetes.

* Visit http://diabetes.niddk.nih.gov/diabetes/preventionprogram to learn more about this research.

Locating a program

• Programs are offered in varied locations such as local YMCAs, community centers, faith-based organizations, hospitals and worksites, and are also available online.
• Find a program for your patients at cdc.gov/diabetes/prevention.

Eligibility for the diabetes prevention program

A. Inclusion criteria:
– Current age ≥18 years
– Most recent BMI ≥24* (≥22 if Asian)
– A positive lab test result within previous 12 months:
  • HbA1C 5.7-6.4% (LOINC code 4548-4)
  • FPG 100-125 mg/dL (LOINC code 1558-6)
  • OGTT 140-199 mg/dL (LOINC code 62856-0)
– History of gestational diabetes (ICD-9: V12.21)

B. Exclusion criteria:
– Current diagnosis of diabetes (ICD-9: 250.xx)
– Current insulin use

Consider referring eligible patients:
• At the time of an office visit, and/or
• By generating a list of eligible patients from your electronic health record using a structured query

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.

* Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider for eligibility requirements.
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

For more information, visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and resources to help lower your risk.

Engage patients

Diabetes Risk Test

Are you at risk for type 2 diabetes?

Patient risk assessment

If your score is higher:

1. Do you have high blood pressure?
   - Yes
   - No

2. Are you physically active?
   - Yes
   - No

3. Do you have a mother, father, sister, or brother with diabetes?
   - Yes
   - No

4. Are you a woman, have you ever been diagnosed with gestational diabetes?
   - Yes
   - No

5. Are you a man or a woman?
   - Man
   - Woman

6. How old are you?
   - 0—49
   - 50—59
   - 60 or older

7. How much do you weigh?
   - Less than 150 pounds (68 kg)
   - 150 to 185 pounds (68 to 84 kg)
   - 186 to 249 pounds (84 to 113 kg)
   - 250 pounds or more (113 kg or more)

8. What is your height?
   - 4'11" or less
   - 4'12"—5'3"
   - 5'4"—5'7"
   - 5'8" or taller

Add up your points:

<table>
<thead>
<tr>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Less than 150 pounds (68 kg)</td>
</tr>
<tr>
<td>2</td>
<td>150 to 185 pounds (68 to 84 kg)</td>
</tr>
<tr>
<td>3</td>
<td>186 to 249 pounds (84 to 113 kg)</td>
</tr>
<tr>
<td>4</td>
<td>250 pounds or more (113 kg or more)</td>
</tr>
</tbody>
</table>

If your test results are higher than normal, you’re at increased risk for having type 2 diabetes. However, only your doctor can tell if you have diabetes or prediabetes (a condition that precedes type 2 diabetes).
COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes.

Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle changes. Take the first step. Find out your risk.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each “Yes” answer, add the number of points listed. All “No” answers are 0 points.

- Are you a woman who has had a baby weighing more than 9 pounds at birth? 1 point
- Do you have a sister or brother with diabetes? 1 point
- Do you have a parent with diabetes? 1 point
- Find your height on the chart. Do you weigh as much as or more than the weight listed for your height? 0 point
- Are you younger than 65 years of age and get little or no exercise in a typical day? 0 point
- Are you between 45 and 64 years of age? 0 point
- Are you 65 years of age or older? 0 point

Add your score and check the back of this page to see what it means.

IF YOUR SCORE IS 3 TO 8 POINTS
This means your risk is probably low for having prediabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for type 2 diabetes.

IF YOUR SCORE IS 9 OR MORE POINTS
This means your risk is high for having prediabetes now. Please make an appointment with your health care provider soon.

HOW CAN I GET TESTED FOR PREDIABETES?

Individual or group health insurance: See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and copays may apply.

Medicaid: See your health care provider. If you don't have a provider, contact a state Medicaid office or your local health department.

Medicare: See your health care provider. Medicare will pay the cost of testing if the provider has a reason for testing. If you don't have a provider, contact your local health department.

No insurance: Contact your local health department for more information about where you could be tested or call your local health clinic.

www.cdc.gov/diabetes
Having prediabetes means you are at increased risk for developing serious health problems such as type 2 diabetes, stroke and heart disease.

You could have prediabetes if you have:

- High cholesterol
- High blood pressure
- A parent, brother or sister with diabetes

Your risk goes up if you are also overweight, and/or over age 45. If you have prediabetes, we can help! Ask your doctor how you can stop diabetes before it starts.

1 in 3 U.S. adults have prediabetes.

The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

Are you at risk for prediabetes?

What can you do?

- Talk to your doctor about your risk of having prediabetes.

Here's the good news

If you have prediabetes, your doctor may refer you to a proven lifestyle change program that can help you prevent or delay getting type 2 diabetes.

The National Diabetes Prevention Program can help!

The National Diabetes Prevention Program (National DPP) uses a program that is proven to prevent or delay type 2 diabetes, and will help you lower your risk by improving your food choices and increasing physical activity.

How does it work? As part of a group in your community or online, you will work with a trained lifestyle coach to learn the skills you need to make lasting lifestyle changes. The skills you'll learn can lead to improved health.

- Supportive environment
- Sharing information
- Encouraging you to change your habits
- Providing better health choices
- Helping you find ways to stay motivated and solve problems that can get in the way of healthy changes

What participants are saying:

"I love having a lifestyle coach. She has given us great information, helped me stay on track and stay positive!" — Bruce

"I'm so excited because I went to the doctor last week and all of my numbers were down and I officially no longer have prediabetes." — Vivien

Now is the time to take charge of your health and make a change if you have had an A1C test in the past year.

Ask your doctor how you can stop diabetes before it starts.

If you have prediabetes, we can help!

Your risk goes up if you are also overweight and/or over age 45.

- High blood pressure
- High cholesterol
- Prediabetes

You could have prediabetes if you have problems with your glucose, stroke, and heart disease.

Having prediabetes means you are at increased risk for developing serious health problems.

Find out more at www.preventdiabetes.org.

For more information contact the American Medical Association at 1-866-288-0516 or www.the-ama.org.
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

Prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This condition raises your risk of type 2 diabetes, stroke and heart disease.

What can you do about it?

The good news is that there's a program that can help you. The National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC), uses a method proven to prevent or delay type 2 diabetes.

By improving food choices and increasing physical activity, your goal will be to lose 5 to 7 percent of your body weight—that is 10 to 14 pounds for a person weighing 200 pounds. These lifestyle changes can cut your risk of developing type 2 diabetes by more than half.

How does the program work?

As part of a group, you will work with a trained diabetes prevention coach and other participants to learn the skills you will need. You will be encouraged to develop a variety of strategies to help you improve your diet and increase your physical activity.

You will also have the opportunity to meet with others who have prediabetes. Together, you can celebrate each other's successes and work together to overcome challenges.

Some insurance plans will cover the cost of the program. Check with your insurance provider to see if it is covered. Also, some places that provide the program will adjust the fee you pay based on your income.

Why should you act now?

Without weight loss and moderate physical activity, many people with prediabetes will develop type 2 diabetes within five years. This can lead to health issues such as heart attack, stroke, blindness, kidney failure, or loss of toes, feet or legs.

NOW is the time to take charge of your health and make a change.

What participants are saying...

“I love having a lifestyle coach. She has given us great information, helped me stay on track and stay positive!”

—Bruce

“I'm so excited because I went to the doctor last week and all of my numbers were down and I officially no longer have prediabetes.”

—Vivien

Sign up today for a program near you!

To find a program in our area that is part of the National Diabetes Prevention Program, visit cdc.gov/diabetes/prevention.

Features of the program:

• A trained coach to guide and encourage you
• A CDC-approved program
• Group support
• Skills to help you lose weight, be more physically active and manage stress

So you have prediabetes... now what?

Letter template

Use/adapt these templates to conduct efficient follow-up and referral with patients who have been identified as having prediabetes.

Letter template

Dr. Mr./Mrs. <<PATIENT LAST NAME>>, Thank you for being a patient of the <<PRACTICE NAME HERE>>. We are writing to tell you about a service to help make your health better.

Based on our review of your medical chart, you have a condition known as prediabetes. This means your blood sugar is higher than normal, which increases your risk of developing serious health problems including type 2 diabetes, as well as heart disease and stroke.

We have some good news. Our office wants you to know that you may be eligible for a diabetes prevention program run by our partners, <<NAME OF PROGRAM PROVIDER>>. This program is proven to reduce your risk of developing diabetes and other health problems.

We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and someone will call you to discuss the program, answer any questions you may have and, if you are interested, enroll you in the program.

Please feel free to give <<NAME OF PROGRAM PROVIDER>> a call at <<PHONE NUMBER>>.

–OR–

We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and we urge you to call <<PHONE NUMBER>> to learn more about the program and enroll.

We hope you will make use of this program, which can help and you are encouraged to participate.

Sincerely, Dr. <<PHYSICIAN LAST NAME>>
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

Sample "Talking points" for phone outreach

Hello <<PATIENT NAME>>.

I am calling from <<PRACTICE NAME HERE>>. I'm calling to tell you about a program we'd like you to consider, to help reduce your risk of developing serious health problems.

Based on our review of your medical chart, you have a condition known as prediabetes. This means your blood sugar is higher than normal, which makes you more likely to develop serious health problems including type 2 diabetes, stroke and heart disease.

We have some good news, too.

You may be eligible for a diabetes prevention program run by our partners, <<NAME OF PROGRAM PROVIDER>>. Their program is based on research proven to reduce your risk of developing diabetes and other health problems.

Option A

We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and someone will call you to discuss the program, answer any questions you may have and enroll you in the program.

Please feel free to give <<NAME OF PROGRAM PROVIDER>> a call at <<PHONE NUMBER>>.

Do you have any questions for me?

Thank you for your time and be well.

Option B

We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and we urge you to call <<PHONE NUMBER>> to learn more about the program and enroll.

We hope you'll take advantage of this program, which can help prevent you from developing serious health problems.

Any questions you may have, you can call <<NAME OF PROGRAM PROVIDER>> at <<PHONE NUMBER>>.

Do you have any questions for me?

Thank you for your time and be well.

Incorporate screening, testing and referral into practice
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

Visit the template on AMA's website for eligibility requirements.

* Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider.

The American Medical Association and the Centers for Disease Control and Prevention have created a tool kit that can help physician practices screen and refer patients to evidence-based diabetes prevention programs. Visit preventdiabetesstat.org.

* Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider.

Choose and check what works best for your practice.
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

**History of GDM = eligibility for diabetes prevention program**

- Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider for eligibility requirements.
- Follow-up with patient:
  - Contact patient and troubleshoot issues with enrollment or participation. At the next visit, ask patient about progress and encourage continued participation in the program.

Adapted from: New York State Department of Health. New York State Diabetes Prevention Program (NYS DDP) Partner

**Step 5 – Follow-up with patient:**

- If the referral form is embedded in your EMR, either fax (over a phone line) or email using the EMR – Some diabetes prevention programs can also receive an e-fax (over the Internet) and submit to a program as follows:
  - If using a paper referral form, send via fax (over a phone line) or scan and email conventional fax (over a phone line) or secure email. Complete the referral form.

**Method 1:**

Referring patients to a diabetes prevention program

- Patient’s willingness to let you refer him/her to a program.
- Oral glucose tolerance test (mg/dL):
  - <140
  - 140–199
  - ≥200
- Fasting plasma glucose (mg/dL):
  - < 100
  - 100–125
  - ≥ 126
- HbA1C(%):
  - < 5.7
  - 5.7–6.4
  - ≥ 6.5

**RESULTS**

- Confirm diagnosis; continue with exam/consult. Re-consult if necessary. Consider retesting annually if necessary. Or, if the patient agrees, complete and send the referral form.

**Method 2:**

- If patient screening results indicate prediabetes: Continue with exam/consult.
  - Act if patient does not have diabetes. Give the patient the "So you have prediabetes … now what?"

**Diabetes Risk Test**

- American Diabetes Association "Diabetes Risk Test"
- CDC "Prediabetes Screening Test"

**ACT**

- If age ≥18 and patient does not have diabetes, give him/her the "So you have prediabetes … now what?"

**METHOD**

Point-of-care identification and referral

Step 1 – During check-in:

- Review medical record to determine if BMI ≥24* (≥22 if Asian) or history of GDM**
- If patient screening results indicate prediabetes:
  - Act if patient does not have diabetes. Give the patient the "So you have prediabetes … now what?"

**METHOD**

Point-of-care identification and referral

Step 2 – During rooming/vitals:

- Calculate the patient’s diabetes risk score and if elevated (≥5 on ADA test or ≥9 on CDC test), flag for possible referral.

**METHOD**

Point-of-care identification and referral

Step 3 – During exam/consult:

- Measure body mass index and screen for additional patient resources.
- Generate a personalized prediabetes risk report and share with the patient. Communicate with your local diabetes prevention program.
- Investigate the patient’s risk factors and refer the patient to a diabetes prevention program. Communicate with your local diabetes prevention program.

**METHOD**

Point-of-care identification and referral

Step 4 – Referral to diabetes prevention program:

- If patient screening results indicate prediabetes:
  - Act if patient does not have diabetes. Give the patient the "So you have prediabetes … now what?"

**METHOD**

Point-of-care identification and referral

Step 5 – Follow-up with patient:

- Contact patient and troubleshoot issues with enrollment or participation. At the next visit, ask patient about progress and encourage continued participation in the program.

Adapted from: New York State Department of Health. New York State Diabetes Prevention Program (NYS DDP) Partner

**Method 1:**

Referring patients to a diabetes prevention program

- Patient’s willingness to let you refer him/her to a program.
- Oral glucose tolerance test (mg/dL):
  - <140
  - 140–199
  - ≥200
- Fasting plasma glucose (mg/dL):
  - < 100
  - 100–125
  - ≥ 126
- HbA1C(%):
  - < 5.7
  - 5.7–6.4
  - ≥ 6.5

**RESULTS**

- Confirm diagnosis; continue with exam/consult. Re-consult if necessary. Consider retesting annually if necessary. Or, if the patient agrees, complete and send the referral form.

**Method 2:**

- If patient screening results indicate prediabetes: Continue with exam/consult.
  - Act if patient does not have diabetes. Give the patient the "So you have prediabetes … now what?"

**Diabetes Risk Test**

- American Diabetes Association "Diabetes Risk Test"
- CDC "Prediabetes Screening Test"

**ACT**

- If age ≥18 and patient does not have diabetes, give him/her the "So you have prediabetes … now what?"
The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

**Retrospective prediabetes identification**

Query EMR or patient database every 6–12 months using the following criteria:

**A. Inclusion criteria:**
- Age ≥18 years
- Most recent BMI ≥24* (≥22 if Asian)
- A positive lab test result within previous 12 months:
  - HbA1C 5.7–6.4% (LOINC code 4548-4)
  - FPG 100–125 mg/dL (LOINC code 1558-6)
  - OGTT 140–199 mg/dL (LOINC code 62856-0)
- History of gestational diabetes (ICD-9: V12.21)

**B. Exclusion criteria:**
- Current diagnosis of diabetes (ICD-9: 250.xx)
- Current Insulin use

Generate a list of patient names with relevant information:

- Gender
- Birth date
- Email address
- Mailing address
- Phone number

Use the patient list to:

- Contact patients to inform of risk status, explain prediabetes, and share info on diabetes prevention programs,
- Or
- Send patient info to diabetes prevention program provider – Program coordinator will contact patient directly,
- Or
- Flag medical record for patient's next office visit
- Discuss program participation at next visit

**MEASURE**

**ACT**

- Method 2: Retrospective identification and referral

**Step 1 – Query your EMR or patient database**

Measure

- Query EMR or patient database every 6–12 months using the following criteria:

**A. Inclusion criteria:**
- Age ≥18 years
- BMI ≥24* (≥22 if Asian)
- A positive test result for prediabetes within the preceding 12 months:
  - HbA1C 5.7–6.4%
  - Fasting plasma glucose 100–125 mg/dL
  - Oral glucose tolerance test 140–199 mg/dL
- Clinically diagnosed gestational diabetes during a previous pregnancy

**B. Exclusion criteria:**
- Current diagnosis of diabetes
- Current Insulin use

Generate a list of patient names and other information required to make referrals:

- Gender
- Birth date
- Email address
- Mailing address
- Phone number

**Act**

- Contact patients via phone, email, letter or postcard to explain their prediabetes status and let them know about the diabetes prevention program.
- Send relevant patient information to your local (or online) diabetes prevention program coordinator and have them contact the patient directly (may require Business Associate Agreement).
- Flag patients' medical records for their next office visit.

**Partner**

During the next office visit, discuss diabetes prevention program participation:

- If the patient is participating, discuss program experience and encourage continued participation
- If the patient has declined to participate, stress the importance of lifestyle change and continue to encourage participation

* Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider for eligibility requirements.
BMI stands for "BODY MASS INDEX," which is an estimate of total body fat based on height and weight. It is used to screen for weight categories that may lead to health problems.

**WEIGHT**
- 5'0" 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55
- 5'1" 18 20 22 24 26 28 30 32 34 36 37 39 42 44 45 47 49 51 53
- 5'2" 18 20 22 23 25 27 29 31 33 34 36 38 40 42 44 46 48 50 51
- 5'3" 17 19 21 23 24 26 28 30 32 33 35 37 39 41 43 44 46 48 50
- 5'4" 17 18 20 22 24 25 27 29 31 32 34 36 38 40 41 43 45 46 48
- 5'5" 16 18 20 21 23 25 26 28 30 31 33 35 37 38 40 42 43 45 47
- 5'6" 16 17 19 21 22 24 25 27 29 30 32 34 36 37 39 40 42 44 45
- 5'7" 15 17 18 20 22 23 25 26 28 29 31 33 35 36 38 39 41 42 44
- 5'8" 15 16 18 19 21 22 24 25 27 28 30 32 34 35 37 38 40 41 43
- 5'9" 14 16 17 19 20 22 23 25 26 28 29 31 33 34 36 37 39 40 41
- 5'10" 14 15 17 18 20 21 23 24 25 27 28 30 32 33 35 36 37 39 40
- 5'11" 14 15 16 18 19 21 22 23 25 26 28 29 31 32 34 35 36 38 39
- 6'0" 13 14 16 17 19 20 21 23 24 25 27 28 30 31 33 34 35 37 38
- 6'1" 13 14 15 17 18 19 21 22 23 25 26 27 29 30 32 33 34 36 37
- 6'2" 12 14 15 16 18 19 20 21 23 24 25 27 28 30 31 33 34 35 36
- 6'3" 12 13 14 16 17 18 19 21 22 23 24 26 28 29 30 31 33 34 35
- 6'4" 12 13 14 15 17 18 19 20 21 23 24 26 28 29 30 31 33 34 35
- 6'5" 11 13 14 15 16 17 19 20 21 22 24 25 26 28 29 30 31 32 33

**Blue Underweight:** Less than 18.5
**Green Healthy Weight:** 18.5 - 24.9
**Yellow Overweight:** 25 - 29.9
**Orange Obese:** 30 - 39.9
**Red Extreme Obesity:** 40 or greater
This codes may be useful to report services performed to screen for prediabetes and diabetes.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>V77.1</td>
<td>Diabetes Screening</td>
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<tr>
<td>790.2</td>
<td>Abnormal Glucose</td>
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<tr>
<td>82947</td>
<td>Fasting Plasma Glucose Test</td>
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<td>82950</td>
<td>Post-meal Glucose (2-hour plasma glucose; 2hPG; 2 hr specimen)</td>
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<td>82951</td>
<td>Oral Glucose Tolerance (3 specimens with 2 hr value included)</td>
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<td>83036</td>
<td>Hemoglobin A1C (used for POC test that is CLIA waived [~DCA])</td>
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<tr>
<td>278.00</td>
<td>Obesity</td>
</tr>
</tbody>
</table>

References:
‡ Ackermann RT. Coding Guide for Diabetes and Prediabetes Testing. 2013. (Published here with permission from Ronald T. Ackermann MD, MPH.)

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