

Referral Algorithm

New York State YMCA Diabetes Prevention Program (NYS Y-DPP)

Determine if patient is overweight or obese (BMI greater than 25 kg/m²)* AND positive for at least one of the following:¹

- Adult age 45 years and older
- Family history of diabetes in first degree relative
- Member of a high-risk ethnic population (African American, Latino, Native American, Asian American, and Pacific Islander)
- Hypertension (140/90 mmHg or higher or on therapy for hypertension)
- HDL less than 35 mg/dL
- Triglyceride level greater than 250 mg/dL
- GDM or history of baby over 9 pounds
- CVD
- Acanthosis nigricans
- Polycystic ovarian syndrome (PCOS)
- Medications that predispose to diabetes²

*At-risk BMI may be lower in some ethnic groups

YES

NO

Review patient medical records to determine if a FPG, OGTT,³ or A1C has been performed in the past 24 months.

NO

Utilize one of the following diagnostic tests to determine pre-diabetes or diabetes status:⁴

- Fasting Plasma Glucose (FPG)
- Oral Glucose Tolerance Test (OGTT)³
- Random/Casual Capillary Blood Glucose (RCBG)
- A1C

Patient is not eligible for participation in the YMCA Diabetes Prevention Program at this time:

- If indicated, provide National Diabetes Education Program (NDEP) diabetes risk reduction materials
- Reassess for pre-diabetes and diabetes risk annually

YES

Diagnostic Test	Normal Range	Pre-Diabetes 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
RCBG	≤ 109 mg/dL	110 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
- Repeat testing should occur within 3 years of the previous negative test

Pre-Diabetes Range:

- Counsel patient on diagnosis and answer questions
- Explain the YMCA Diabetes Prevention Program (NYS Y-DPP) and provide patient with program brochure
- COMPLETE REFERRAL FORM AND ENCOURAGE PATIENT TO REGISTER FOR PROGRAM
- Provide National Diabetes Education Program (NDEP) diabetes risk reduction materials
- Schedule follow-up appointment with patient as needed
- Give positive feedback around lifestyle changes
- Re-evaluate for progression to diabetes every year

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)

¹ Potential methods to collect this 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 an individual to diabetes include nicotinic acid, glucocorticoids, thyroid hormone, diazoxide, β -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

Common ICD-9 Codes for Diabetes Screening

V77.1	Diabetes Screening
790.2	Abnormal Glucose
790.21	Impaired Fasting Glucose
790.22	Impaired Glucose Tolerance
790.29	Other Abnormal Glucose
278.00	Obesity
278.02	Overweight

CPT Codes for Diabetes Screening

CPT 82947	Fasting Plasma Glucose Test
CPT 82950	Post-meal Glucose
CPT 82951	Oral Glucose Tolerance Test

Medicare covers one glucose test/year if never previously tested, one test/year if previously tested and not diagnosed with pre-diabetes and two tests/year for individuals with pre-diabetes.

References

American Diabetes Association. Standards of Medical Care in Diabetes – 2010. Diabetes Care. January 2010; 33(1):S11-S61.

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Ackerman RT, Finch EA, Brizendine E, Zhou H, Marrero DG. Translating the Diabetes Prevention Program into the Community: The DEPLOY Pilot Study. Am J Prev Med. 2008; 35(4):357-363.

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International Expert Committee. International Expert Committee Report on the Role of the A1C Assay in the Diagnosis of Diabetes. Diabetes Care. July 2009; 32(7):1-8.

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