

FAQS

USPSTF Recommendation for Screening for Abnormal Blood Glucose and Type 2 Diabetes

February 2017

In October of 2015, the U.S. Preventive Services Task Force (USPSTF) updated a grade B recommendation that pertained to screening for abnormal blood glucose and type 2 diabetes and referrals to counseling.

The release of that recommendation has significant implications for diabetes prevention efforts, including the potential for widespread coverage of behavioral counseling interventions such as CDC-recognized diabetes prevention programs as part of the National Diabetes Prevention Program. The USPSTF is an independent panel of experts that publishes recommendations for evidence-based clinical preventive services.

The Affordable Care Act requires many health plans to cover items and services with a grade A or B USPSTF recommendation without cost-sharing for the relevant member.

See [summary table](#) for information about normal, abnormal, and type 2 diabetes test values.



Which individuals should be screened for abnormal blood glucose and type 2 diabetes under this recommendation?

The recommendation identifies the relevant population as adults aged 40 to 70 years who are overweight or obese and who don't have symptoms of diabetes.

In addition, language included in the [Recommendation Summary](#) states that clinicians should consider screening younger individuals with one or more of the following characteristics:

- Family history of diabetes
- History of gestational diabetes or polycystic ovarian syndrome
- African Americans, American Indians, Alaskan Natives, Asian Americans, Hispanics or Latinos, Native Hawaiians or Pacific Islanders

Language in the Recommendation Summary also notes that members of the racial/ ethnic groups identified above may be at increased risk at a lower body mass index.



How do the USPSTF abnormal blood glucose and type 2 diabetes screening recommendations compare to the American Diabetes Association (ADA) screening recommendations?

The ADA screening recommendations encompass a broader age range and BMI range. The ADA General Recommendations include the following:

- Screening for adults 45 and older, particularly for those with a BMI > 25
- Screening at a younger age for individuals who are overweight and have one or more risk factors

Review the [ADA screening recommendations](#).



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? **Are health plans required to cover both the intensive behavioral counseling *and* screening for abnormal blood glucose and type 2 diabetes without cost sharing, or just the screening?**

Based on the HHS interpretation of past USPSTF recommendations, we believe that plans are required to cover both services. It should be noted, however, that the title of the recommendation is “Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening” as opposed to “Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening and Counseling.” This will likely create variation in how the recommendation is interpreted by health plans.

? **Does a CDC-recognized diabetes prevention program satisfy the requirement for an intensive behavior counseling intervention?**

Yes.

? **Does a health plan subject to this requirement have to cover CDC-recognized diabetes prevention programs without cost sharing?**

No. A CMS-published ACA Implementation FAQ states, “If a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of that service, the plan or issuer can use reasonable medical management techniques to determine any coverage limitations.”¹ We believe this to mean it is at the discretion of the plan to cover a benefit that satisfies the definition of “intensive behavior counseling to promote a healthful diet and physical activity” as stated in the recommendation.

? **If a health plan has an existing intensive behavioral counseling intervention for diabetes prevention, can they obtain CDC-recognition for their intervention?**

Entities that are interested in obtaining CDC-recognition for a diabetes prevention intervention can submit their curriculum to CDC for review (see Diabetes Prevention Recognition Program application form: https://nccd.cdc.gov/DDT_DPRP/ApplicationForm.aspx). If the CDC approves the curriculum, the entity can become a candidate for CDC-recognition.

? **Is there a minimum standard or investment that health plans need to make to satisfy the intensive behavioral counseling intervention requirement?**

A *Clinical Considerations* section in the Final Recommendation Statement for the recommendation provides the following parameters: “Behavioral interventions that have an effect on CVD risk and delay or avoid progression of glucose abnormalities to type 2 diabetes combine counseling on a healthful diet and physical activity and are intensive, with multiple contacts over extended periods.”

It should be noted that these parameters are met by CDC-recognized diabetes prevention programs.

? **Which health plans under the ACA are required to cover diabetes screening and intensive behavioral counseling, without cost sharing, and are there any that are exempt from this requirement?**

The health plans subject to this requirement include non-grandfathered group health plans and plans offered in the individual and group market.² Healthcare.gov defines grandfathered plans as group plans created on or before March 23, 2010, or individual policies purchased on or before that date.³

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Does this include large self-insured employers if they don't have a grandfathered plan? Does this include state or local governments?

Yes; the requirement pertains to non-grandfathered self-insured employer plans,⁴ which would include self-insured state or local governments who bear risk for insuring their own employee populations. (In contrast, this ACA requirement does not pertain to public plans such as Medicaid, although state Medicaid plans receive a financial incentive to cover USPSTF recommendations without cost sharing.⁵)



Is there a way one can find out if a health plan is grandfathered?

Healthcare.gov⁶ recommends looking at plan materials ("Health plans must disclose if they are grandfathered in all materials describing plan benefits"), or checking with the employer or benefits administrator for employer-sponsored plans. There is not a public national registry of grandfathered plans;⁷ however, the percentage of such plans is shrinking.



When must the services referenced in this recommendation (i.e. screening and counseling) be covered without cost-sharing for the relevant members?

January 1, 2017.



Where can I go for more information?

USPSTF Diabetes Screening Recommendation Final Summary:

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes?ds=1&s=diabetes%20screening>

USPSTF Diabetes Screening Final Recommendation Statement:

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>

Diabetes Advocacy Alliance Screening for Diabetes and Prediabetes Webpage

http://diabetesadvocacyalliance.org/html/activities_screening.html

1. https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#fn5
2. https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#fn5
3. <https://www.healthcare.gov/glossary/grandfathered-health-plan/>
4. <http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/#footnote-160040-3>
5. <http://kff.org/report-section/coverage-of-preventive-services-for-adults-in-medicaid-appendices/>
6. <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/>
7. The state of California has published some reports that designate grandfather status: <https://www.dmhc.ca.gov/DataResearch/FinancialSummaryData.aspx#.WCx-jykrLIV>

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