

Screening for Type 1 Diabetes: Reimbursement Realities and Lessons from the Front Lines

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Disclosures

- I am a site PI for a study sponsored by Enable Bioscience
- I am a site Co-I for the Sanofi sponsored FABULINUS trial
- I have been on an Advisory Board for Sanofi

Objectives

- Describe the screening initiatives at our institution
- Understand the different billing codes that can be used for screening and when to use them
- Describe reimbursement patterns observed
- Lessons learned and future needs

Screening for Type 1 Diabetes

- Why
- Who
- One Major Barrier
 - How much is it going to cost
 - Is the insurance going to cover it

Screening Initiative

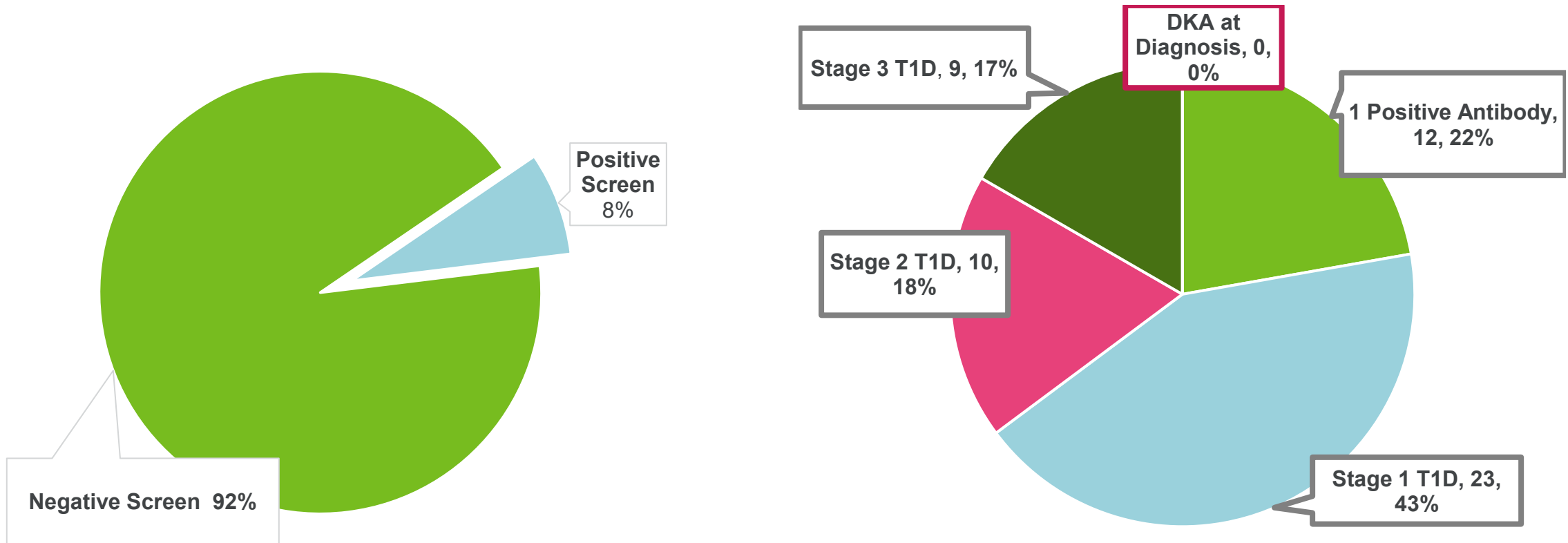
- One ½ day clinic a month: T1D Prevention Clinic
 - Will screen patients for T1D (all ages)
 - Will monitor patients with any positive antibodies
 - Will offer FDA approved intervention and clinical trial resources
- Encouraged diabetes providers to talk to families about screening siblings and parents
 - Added a tab to our After Visit Summaries with information on why to screen and how to screen



Real World Screening: the First Year

- Population Focus
 - First Degree Relatives of patients with T1D
 - Celiac Patients in GI clinic
 - Patients with Autoimmune thyroid disease
- Location of Clinic
 - Main Campus Downtown
 - After 6 months added a second satellite clinic due to need
- Screening Tests Offered
 - Islet Autoantibody Screen (Barbara Davis Center Lab): tests for GAA, IA2A, IAA and ZnT8
 - HbA1c (if antibody positive or symptoms)
 - Random Glucose
 - C-peptide
 - Thyroid screen (TSH with reflex to Free T4)
 - Celiac Screen (Total IgA, TTG IgA)

Screening Program Outcomes

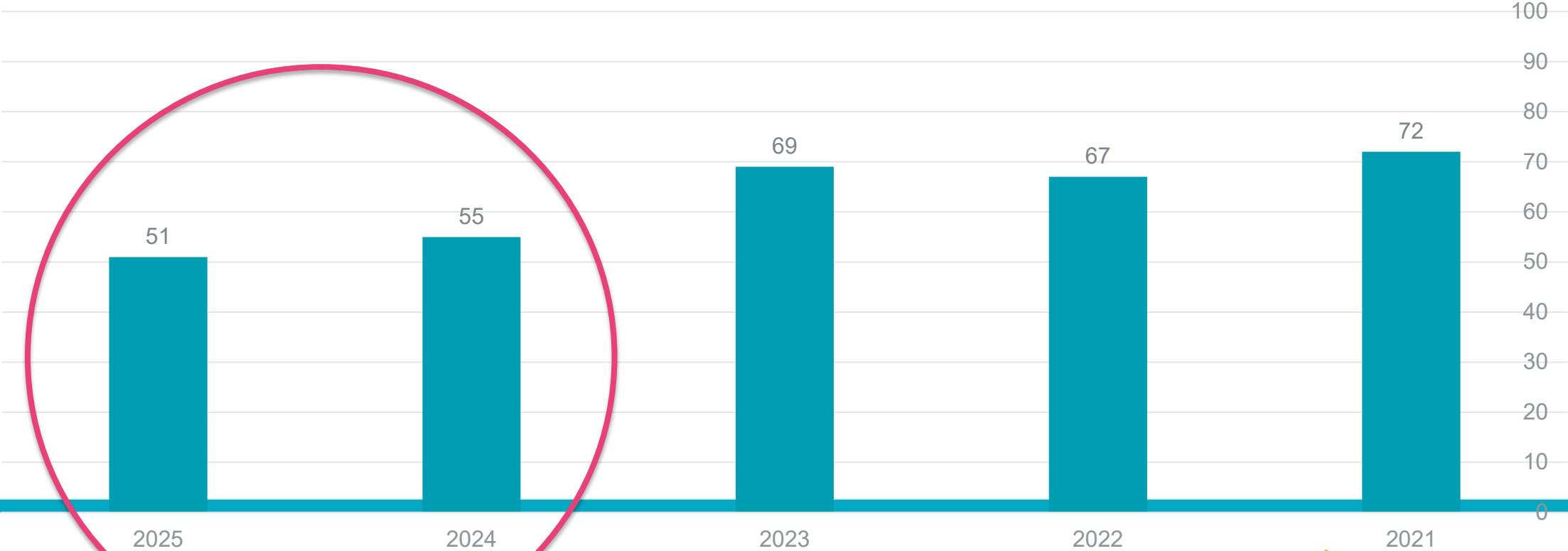


Clinical Screening Outcomes to Date

METRIC	VALUE
Patients Screened	182
% Family Hx DM	67%
% Celiac	24%
% Thyroid	5%
% Multiple Risk Factors	16%
% Positive with FHx DM	8%
% Positive with Celiac	9%
% Positive with Hypothyroid	5%

Rates of DKA at Diagnosis of T1D are Decreasing

Percent of New Onset T1D in DKA at Presentation



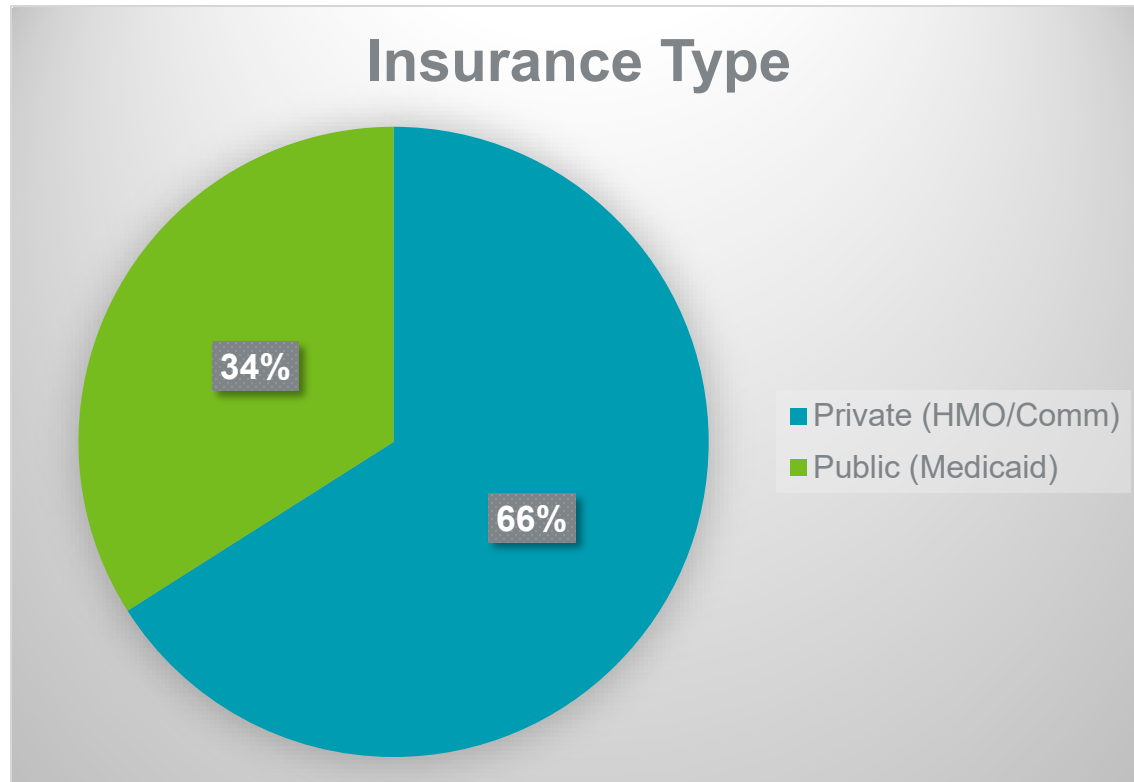
■ Percent in DKA CCHMC



Billing in the Wild

- Visit Types
 - Preventative vs Diagnostic/Problem focused
- Billing Codes
- ICD-10 Codes
- Cost analysis
 - Charges for visit
 - Cost of Labs

Reimbursement: Trial, Error and Surprises



- Public Insurance
 - Typically covered for both diagnostic and preventative at no cost when in network
- Private Insurance
 - Mostly covered in the setting of strong documentation and proper coding
- Surprise!
 - Most insurance plans do not have a set policy on coverage for screening for type 1 diabetes

Reimbursement Clinic Visit

Visit Type	% Reimbursed	% Denial	Reasons
Preventative (99385)	85%	15%	Some not covered, due to “non covered preventative”
Diagnostic			
Problem Focused (99213)	100%	0%	High Reimbursement for “Family Hx of DM” High Reimbursement for “Celiac Disease” and “Hypothyroidism”
Follow Up (99214)	100%	0%	Typically covered when there is a positive antibody

Billing Screening Outcomes to Date

METRIC	VALUE	% Full	% Denied or Partial
Average Bill for Screening Visit	P 225.00 (level 2) D 380.00 (level 3)	88	22
Average Bill for Screening Antibody Test (BDC Send Out, All 4 Ab)	\$206	92	8
Average Bill for A1c	\$92	100	0
Average Bill for OGTT	\$1080 (4 time points, glucose, cpeptide, insulin)	100	0
Average Bill for Monitoring Visit	\$432	100	0

Reimbursement: CPT and ICD Codes

CPT CODE	DESCRIPTION	REIMBURSEMENT
99385	Preventative visit, new pt	Low if billed alone
99213	Problem focused	High if billed with ICD for Fam Hx
83036	HbA1c	High
86341	GAD antibody, ZnT8	High if billed with ICD for Fam Hx
86231	IA-2A antibody	High if billed with ICD for Fam Hx
86337	IAA antibody	High if billed with ICD for Fam Hx

ICD-10 CODE	DESCRIPTION	REIMBURSEMENT
Z83.3	Family history of T1D	High
E06.3	Hypothyroidism	High
K90.0	Celiac Disease	High
Z13.1	Encounter for Screening for diabetes	Often denied if not combined with a reason (Fam Hx)
Z83.49	Family history of endocrine disorders	Can help but higher denial rates

Best Reimbursement Outcomes:

- Screening with family hx of T1D
 - “Screening Encounter for Diabetes” AND “Family history of Diabetes”
- Screening with personal autoimmune disease
 - “Screening Encounter for DM” AND “Autoimmune Hypothyroidism”

Language for Documentation

- Child's Name is a Age year old **with a first degree relative with type 1 diabetes**. Analysis of birth cohorts have shown that peak rates of autoantibody seroconversion occur around 1.5 years in those who progress to clinical type 1 diabetes, and most individuals seroconvert by 2–3 years of age (1,2). If two tests can be done, straddling the 3- to 4-year age-group (i.e., at 2 and 5–7 years of age) has been suggested (2,3). Most genetically high-risk young children who convert from single to multiple autoantibody positivity do so within 2 years after initial seroconversion, suggesting that a single autoantibody-positive individual should be rescreened after this interval (2).
- There is evidence that screening for type 1 diabetes antibodies reduces risk of DKA at onset of diabetes. In addition, there is now an FDA approved treatment called Teplizumab that delays the onset of type 1 diabetes. **For these reasons, screening is recommended in first degree relatives of those with type 1 diabetes and also other autoimmune conditions.**

Important Considerations:

- Insurance will cover the cost of clinic visit and lab testing for screening when there is a risk (autoimmune disease or family history) and the provider documents that rationale
- For lab tests use the correct CPT codes (86337, 86341) and ensure the claim includes the risk/clinical rationale
- For the office visit document screening rationale, T1D risk
- Determine if the visit is preventative (no symptoms) versus diagnostic
- The co-pay/deductible may be waived if the plan considers it a preventative service
- Exact Reimbursement amounts vary widely

Lessons Learned

- Documentation of risk and indication for screening
- Use appropriate CPT and ICD-10 billing codes
- Work with your billing/coding team
- Determine what the cost is of the tests your are ordering
- Setting Expectations about cost and reimbursement with families and what to do if there is a denial

What are the Needs

- Standard reimbursement guidance for T1D screening
- Advocate with payers and policy makers for recognition of T1D screening as a preventative service
- Data that demonstrate cost effectiveness of screening to help expand coverage and implementation

**Thank you
for listening**

