Iowa Algorithm for Prediabetes and Type 2 Diabetes

If BMI ≥25kg/m^2 and patient has additional risk factors, screen earlier and more frequently (i.e. every 1-3 yrs based on risk). Otherwise screen all people starting at age 45.

Risk Factors for Prediabetes and Type 2 Diabetes

- 1st degree relative with diabetes
- Habitually physically inactive
- Hypertension (≥140/90 mmHg or on therapy)
- HDL <35mg/dL and/or triglyceride >250mg/dL
- A1C ≥5.7%, IGT or IFG on previous testing
- Previous gestational diabetes or larger-for-gestational age infant (>9lbs.)
- History of cardiovascular disease
- Acanthosis Nigricans
- Obesity (BMI > 30)
- Polycystic Ovary Syndrome (PCOS)
- High risk groups (Hispanic/Latino, Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander)

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Obtain A1C, Fasting Plasma Glucose (FPG)
or
75gm Oral Glucose Tolerance Test (OGTT)

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Patient diagnosed with prediabetes or diabetes?

No → Continue to screen every 3 years or more frequently with risk factors

↓ **Yes**

Does patient have diabetes?

Yes → Initiate therapy, screen for diabetes related complications, refer for self-management education and medical nutrition therapy

↓ **No**

Initiate lifestyle interventions for treatment of Prediabetes; establish achievable targets/goals with patient; examples include:
Weight loss: 5-7% total body weight
Physical activity: 150 minutes/week
(examples include walking, biking, dancing, swimming, pilates, yoga)
Structured programs such as the Chronic Disease Self Management Program, YMCA, and Local Public Health Programs should be considered
Follow-up: Every 3 months

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Is patient achieving targets?

Yes → Offer positive feedback, continue to reinforce lifestyle changes; screen for diabetes every 6-12 months

↓ **No**

Consider starting metformin if no contradictions and if the following:
BMI>35kg/m2, age<55 years; FPG 100-125mg/dL
Starting Dose: 500mg QD with food
Increase dose every 1-2 weeks, to achieve clinically effective dose of 1500-2000 mg/day, based on tolerability
Follow-up: Every 1-3 months

Diagnostic Criteria for Prediabetes and Diabetes (A1C in % and glucose values in mg/dL)

	Normal	Prediabetes	Diabetes
A1C	≤5.6	5.7-6.4	≥6.5
FPG	<100	100-125	≥126
2 hr 75gm OGTT	<140	140-199	≥200
RPG	<140	N/A	≥200 + symptoms

Confirm diagnosis on subsequent day unless evidence of unequivocal hyperglycemia; consider OGTT for patients with symptoms of diabetes and normal or impaired fasting plasma glucose (IFG)

Common ICD-9 Codes for Diabetes Screening

V77.1	Diabetes Screening
790.21	Impaired Fasting Glucose
790.22	Impaired Glucose Tolerance (oral)
278.00	Obesity

CPT Codes for Diabetes Screening

CPT 83036	Hemoglobin A1C
CPT 82947	Fasting Plasma Glucose Test
CPT 82950	Post-meal Glucose
CPT 82951	Oral Glucose Tolerance Test

Check insurance plan guidelines for testing frequency

IOWA DIABETES PREVENTION & CONTROL PROGRAM

Supported by CDC Cooperative Agreement #5U58DP001967-03. Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Iowa Collaborative Safety Net Provider Network

IDPH Iowa Department of Public Health

Adapted from Materials Developed by Minnesota

Version 312