

FAQs

USPSTF Recommendation for Screening for Prediabetes and Type 2 Diabetes

February 2022

In August of 2021, the U.S. Preventive Services Task Force (USPSTF) updated a [grade B recommendation](#) that pertained to screening for prediabetes and type 2 diabetes and referrals to effective prevention interventions.

The release of that recommendation has significant implications for diabetes prevention efforts, including the potential for widespread coverage of effective preventive 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 (ACA) 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 the [evidence summary](#) in the Journal of the American Medical Association (JAMA) for details.



Which individuals should be screened for prediabetes and type 2 diabetes under this recommendation?

The recommendation identifies the relevant population as nonpregnant adults aged 35 to 70 years who have overweight or obesity and who don't have symptoms of diabetes.

Clinicians should consider screening at an earlier age persons who are from groups with disproportionately high incidence and prevalence (American Indian/Alaska Native, Asian American, Black, Hispanic/Latino, or Native Hawaiian/Pacific Islander persons), and persons who have a:

- Family history of diabetes
- History of gestational diabetes or polycystic ovarian syndrome
- Lower BMI (≥ 23) if the person is Asian American. Data suggest type 2 diabetes develops at a low BMI for Asian American people¹



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

The 2022 ADA [Standards of Medical Care in Diabetes](#) are similar to the USPSTF recommendations. However, unlike the USPSTF recommendations, the ADA age range does not include a maximum age cap for screening. The ADA recommendations include the following:

- Screening for all adults 35 and older, regardless of risk factors
- Screening adults (regardless of age) who have overweight or obesity (BMI 25 or BMI 23 in Asian American persons) with one or more risk factors



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What screening methods are recommended, and how frequently should the screening occur?

The updated USPSTF guidelines recommend using the following screening methods and intervals:

- Measuring fasting plasma glucose level
- Measuring HbA1c level
- Administering an oral glucose tolerance test

While evidence on the optimal screening interval is limited, studies suggest that screening every three years may be a reasonable approach for adults with normal blood glucose levels.



Are health plans required to cover both the preventive interventions and screening for prediabetes and type 2 diabetes without cost-sharing, or is only the screening covered?

According to the [Public Health Service Act section 2713 and the interim final regulations](#), non-grandfathered group health plans and health coverage offered in the individual or group market are required to provide benefits for evidence-based items or services with a rating of “A” or “B” in current recommendations of the USPSTF and are prohibited from imposing cost-sharing requirements.

Based on this U.S. Department of Health & Human Services (HHS) interpretation, we believe that plans are required to cover screening and preventive interventions without cost sharing. However, in practice, plans may interpret the requirement for covering preventive interventions differently, and it is likely we will see variation in how the recommendation is operationalized by each plan.



Which health plans under the ACA are required to cover prediabetes and diabetes screening and effective preventive interventions, 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

However, as noted, there is broad interpretation of the recommendation and a lack of enforcement, resulting in variation in health plan coverage of preventive interventions.



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 (“each plan must notify its members of their grandfathered health plan status”) or one can check with the employer or benefits administrator for employer-sponsored plans. There is no official compilation of grandfathered plans;⁷ however, the percentage of such plans is shrinking as no new plans can be grandfathered.

Does a CDC-recognized lifestyle change program satisfy the requirement for an effective preventive intervention?

Yes. The recommendation states that lifestyle interventions that focus on diet, physical activity, or both have demonstrated efficacy in preventing or delaying progression to diabetes in persons with prediabetes.

Does a health plan subject to this requirement have to cover CDC-recognized diabetes prevention programs?

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.”⁸ We believe this to mean it is at the discretion of the plan to cover a benefit that satisfies the definition of “effective preventive interventions” as stated in the recommendation.

While the prevention intervention does not necessarily have to be the National Diabetes Prevention Program (National DPP) lifestyle change program, CDC recognition can set programs apart and make coverage more appealing to health plans. See [Case for Coverage for Commercial Plans and Employers](#) and [Why Choosing a CDC-Recognized Program Matters](#) on the Coverage Toolkit for more information.

If a health plan has an existing preventive 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](#)). If CDC approves the curriculum, the entity can become a candidate for CDC-recognition.

How can these recommendations support efforts to encourage Medicaid agencies to cover the National DPP?

Inform Medicaid agencies that if they cover the National DPP lifestyle change program or diabetes self-management and support services through a State Plan Amendment, and all other USPSTF grade A and B preventive services are covered without cost-sharing, they may receive a one percentage point increase in their federal Medicaid matching funds.⁸

When do coverage updates for the 2021 recommendation take effect?

Health plans must begin coverage for the USPSTF Prediabetes and Type 2 Diabetes: Screening recommendations on August 31, 2022. According to the 2015 final regulations: “plans and issuers must provide coverage for new recommended preventive services for plan years (in the individual market, policy years) beginning on or after the date that is one year after the date the relevant recommendation or guideline under the [Public Health Service] Act section 2713 is issued.”⁹



Where can I go for more information?

- [USPSTF Diabetes Screening Recommendation Final Evidence Review](#)
- [USPSTF Diabetes Screening Final Recommendation Statement](#)
- [Diabetes for Health Professionals](#)
- [Coverage Toolkit - Quality Metrics](#)
- [National Diabetes Prevention Program - For Providers](#)
- [The Community Preventive Services Task Force - Diabetes](#)
- [Prevent Type 2 Diabetes: CDC Website](#)
- [Diabetes: CDC Website](#)
- [JAMA Patient Page: Screening for Prediabetes and Type 2 Diabetes](#)
- [JAMA Podcast: Screening for Prediabetes and Type 2 Diabetes](#)

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