

September 12, 2017

Brenda Fitzgerald, MD  
Director  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
1600 Clifton Road  
Atlanta, GA 30329-4027

Re: AMA Comments on Updated Standards for the Centers for Disease Control and Prevention's Diabetes Prevention Recognition Program, (Docket No. CDC-2017-0053)

Dear Dr. Fitzgerald:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am pleased to offer our comments to the Centers for Disease Control and Prevention (CDC) Prevention's Diabetes Prevention Recognition Program (DPRP), regarding Docket No. CDC-2017-0053.

Section II, Standards and Requirements for Recognition, subsection on Participant Eligibility, item #3: "a recent (within the past year) blood test (may be self-reported; however, for Medicare DPP (MDPP) suppliers, a self-reported blood test is not permitted for billing)" and "Fasting glucose of 100 to 125 mg/dL (CMS eligibility requirement for Medicare DPP suppliers is 110 mg/dl)."

In its MDPP proposal, the Centers for Medicare & Medicaid Services (CMS) stressed that its MDPP eligibility aligns with the CDC DPRP standards, but there is a discrepancy for fasting glucose results. The differences between the eligibility criteria to participate in a DPP using CDC recognition program guidelines compared to the proposed criteria for Medicare DPP eligibility may limit access. The MDPP proposed fasting plasma glucose testing threshold of 110-125 mg/dL is higher than the threshold of 100-125 mg/dL recommended by the US Preventive Services Task Force (USPSTF) screening guidelines and virtually all other clinical guidelines for managing prediabetes (note: CDC incorrectly describes the MDPP standard as 110 but it is actually a range of 110-125). This is inconsistent with accepted standards of care in the U.S. and is likely to cause confusion among physicians about when to diagnose a Medicare patient with prediabetes and when to refer them to the MDPP. The AMA urges the CDC and CMS to support

access to population-based health care by aligning the DPRP and MDPP eligibility criteria with one another and with accepted standards of care and clinical practice guidelines.

The AMA supported CMS' proposal to permit patients who meet the proposed blood value criteria to obtain MDPP services by self-referral, community-referral, or health care practitioner-referral. We asked CMS for further clarification, however, as to how the MDPP provider will obtain and document the required blood value in order to verify the participant meets MDPP eligibility for the benefit. As with the other eligibility requirements, the AMA urges CDC and CMS to work together to clarify and align their policies on this issue.

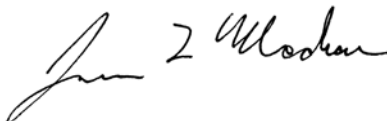
Section II references the CDC Prediabetes Screening Test and includes a link <http://www.cdc.gov/widgets/Prediabetes/Prediabetes.swf> – and references that a hard copy is included in the Guidance section – Appendix B. There is also a link in Appendix B, but it is different from the link in Section II. The AMA recommends that Section II include the link that is in the Appendix section – <https://doihaveprediabetes.org/prediabetes-risk-test.html> as it is the proper link for the hard copy.

Section II outlines the accepted screeners/tests to determine participant eligibility. One of accepted tests is a “claims-based Current Procedural Terminology (CPT) code specifying the screening of or diagnosis for prediabetes.” CPT codes are not diagnostic codes. They are only used to indicate that a patient was screened. The AMA recommends that this language be amended.

#### Table 4. Data Dictionary: Evaluation Data Elements

The AMA supports CDC's adding a referral source to data that DPP providers are required to collect from DPP participants as part of the Data Dictionary. The referral source list proposed by CDC includes “health care provider” which is defined as a physician or any member of the care team. Studies have shown that physician engagement contributes to participant enrollment. Collecting process data on physician referral will provide DPP providers, health systems and medical organizations with information needed to demonstrate an increase in clinical practice change.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD