



ADMINISTRATIVE POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Date Effective
Diabetes Self-Management Training		AD-1109	04/01/2021-06/30/2022
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Diabetes Self-Management Training

B. Background

34.2 million people or 10.5 percent of the population in the United States have diabetes (DM). This does not include the estimated 7.3 million adults aged 18 years or older that are considered undiagnosed. 5 to 10% of cases in the United States, Canada and Europe include Type 1. Type 2 accounts for the remaining 90% of cases. The incidence of both Type 1 and Type 2 in children and adolescents has significantly increased, according to the Centers for Disease Control's (CDC's) National Diabetes Statistic Report.

Patients with diabetes need to be closely monitored. When blood glucose levels are poorly controlled patients are at risk of complications including: heart disease, stroke, peripheral vascular disease, retinal damage, kidney disease, impotence and nerve damage.

The American Diabetes Association (ADA) recommends all individuals with diabetes receive diabetes self-management training. The program should include individualized instruction on healthy eating habits, physical activity, optimizing metabolic control and preventing complications. Recent clinical trials have shown a small but statistically significant reduction in A1C levels in patients receiving diabetes self-management training.

C. Definitions

- **Diabetes** - A condition of abnormal glucose metabolism diagnosed using the following criteria:
 - A fasting blood sugar greater than or equal to 126 mg/dL on two different occasions;
 - A 2 hour post-glucose challenge greater than or equal to 200 mg/dL on 2 different occasions; or
 - A random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.
- **Diabetes Outpatient Self-Management Training** - Educational and training services furnished to an individual with diabetes by a certified provider in an outpatient setting by an individual or entity who meets the quality standards, including instruction on nutrition, eating patterns, optimizing metabolic control, physical activity and prevention of complications.
- **Medical Nutrition Therapy** – Nutritional, diagnostic, therapeutic and counseling services provided by a registered dietitian or nutrition professional for the purpose of managing diabetes or renal disease.



D. Policy

- I. Diabetes Self-Management Training is a covered service for members with diabetes Type I and Type II.
 - A. Training is included in a comprehensive plan of care established by the physician treating the member for diabetes and should describe the content, number of sessions, frequency and duration of the training which includes:
 - 1. Monitoring blood glucose levels and proper use of equipment;
 - 2. Administration of medications;
 - 3. Medical nutrition education; and
 - 4. Lifestyle modifications, including exercise.
 - B. A physician signed statement must be included in the plan of care attesting that he/she is managing the member’s diabetic condition and the training described in the plan of care.
 - 1. The physician must identify the member’s specific medical conditions that the training will address.
 - C. Training is furnished within a continuous 12-month period and consists of Initial Training and Follow-Up Training.
 - 1. Members may receive up to 10 hours of training in a group setting consisting of 2 to 20 individuals.
 - a. One hour of individual training may be given to assess the members training needs.
 - b. Training on an individual basis may be given when no group session is available within 2 months of the date that training is ordered, or the physician determines the member has special needs that would hinder effective participation in a group training session.
 - c. Training is given in increments of no less than one-half hour.
 - 2. Follow-Up Training may be given when the member has completed the full 10 hours of initial training and is furnished any time in a calendar year following the year in which the member has completed the initial training.
 - a. The physician must document in the member’s medical record the specific medical condition that the follow-up training addresses.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATES		ACTION
Date Issued	04/28/2021	New policy
Date Revised		
Date Effective	04/01/2021	
Date Archived	06/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.



H. References

1. CMS National Coverage Determinations (NCD) NCD 40.1 Diabetes Outpatient Self-Management Training. Retrieved on April 11, 2021 from www.cms.gov
2. Code of Federal Regulations (CFR) Title 42 CFR 410.140-410.146 Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements. Retrieved on April 11, 2021 from www.ecfr.io
3. Weinstock, Ruth S. MD. (November 18, 2019). Management of blood glucose in adults with type 1 diabetes mellitus. Retrieved on February 21, 2020 from www.UpToDate.com
4. Levitsky, Lynne L MD (October 24, 2019). Management of type 1 diabetes mellitus in children and adolescents. Retrieved on February 21, 2020 from www.UpToDate.com
5. National Diabetes Statistics Report (2020). Estimates of Diabetes and Its Burden in the United States. Retrieved on February 21, 2020 from www.cdc.gov
6. Initial management of hyperglycemia in adults with type 2 diabetes mellitus. Retrieved on April 12, 2021 from www.uptodate.com
7. Code of Federal Regulations (CFR) Title 42 410.130 Definitions. Retrieved from www.ecfr.io on April 13, 2021
8. Ohio Administrative Code. Medical nutrition therapy services. Rule 5160-8-41. Retrieved from www.codes.ohio.gov on April 13, 2021.
9. American Diabetes Association. Diabetes Self-Management Education. Retrieved from www.professional.diabetes.org on April 14, 2021.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.