



# ADMINISTRATIVE POLICY STATEMENT

## Ohio Medicaid

Policy Name & Number	Date Effective
Diabetes Self-Management Training - OH MCD - AD-1109	07/01/2022-08/31/2023
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement 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.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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

37.3 million people or 11.3% of the population in the United States have diabetes (DM). This does not include the estimated 8.5 million adults aged 18 years or older who are considered undiagnosed. Approximately 5 to 10% of individuals with diabetes have Type 1, while Type 2 accounts for the remaining 90-95% 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 that 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 two different occasions; or
  - A random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.
- **Diabetes Self-Management Training (DSMT)** – The education and instruction of an individual with diabetes by a qualified provider for the purpose of providing the individual with necessary skills and knowledge to participate in the management of the individual's diabetes, including the self-administration of injectable drugs.
- **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.
- **National Diabetes Prevention Program (NDPP)** – An evidence-based, educational and support program administered by the Centers for Disease Control and Prevention (CDC) designed to assist at-risk individuals from developing type 2 diabetes.

#### D. Policy

- I. Diabetes Self-Management Training is a covered service for members when it is considered medical necessary based on the following criteria:
  - A. Diabetes self-management training is appropriate when **ALL** of the following criteria are met:
    1. The individual has a current diagnosis of diabetes;
    2. The individual has not previously received diabetes self-management training;
    3. Training is provided in a setting other than an inpatient hospital or an emergency department.
  - B. Program components must include **ALL** of the following core content:
    1. Diabetes pathophysiology and treatment options;
    2. Healthy eating;
    3. Physical activity;
    4. Medication usage;
    5. Monitoring and using patient health data;
    6. Preventing, detecting, and treating acute and chronic complications;
    7. Healthy coping with psychosocial issues and concerns;
    8. Problem solving.
  - C. A physician signed statement must be included in the plan of care attesting that they are 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 to be addressed by the training.
  - D. Any of the following providers may render or supervise a DSMT service: physician, physician assistant, advanced practice registered nurse, registered nurse, registered dietitian nutritionist, or pharmacist.
  - E. 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 initial training in a group setting consisting of 2 to 20 individuals.
      - a. One hour of individual training may be given to assess the member's 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 completed the initial training.
      - a. Follow-up sessions are not to exceed a total of two hours of individual training or group training in any combination.
      - b. The physician must document in the member's medical record the specific medical condition addressed by follow-up training.

- II. National Diabetes Prevention Program (NDPP) is a covered service for members when medically necessary as determined by the following criteria:
- A. Payment for an NDPP service can be made when **ALL** of the following criteria are met:
    1. The member is at least 18 years of age;
    2. The member is overweight;
    3. The member is not currently pregnant;
    4. The member does not have a diagnosis of type 1 or type 2 diabetes;
    5. At least one of the following criteria is met:
      - The member has been diagnosed with prediabetes;
      - The member has a history of gestational diabetes;
      - The member has had a high-risk result on a prediabetes test.
  - B. Any of the following providers may render or supervise an NDPP service: physician, physician assistant, or advanced practice registered nurse.

- III. Medical Nutrition Therapy (MNT) to help manage diabetes is a covered service for members when medically necessary based upon the following criteria:
- A. The service includes **ALL** of the following:
    1. In-depth individualized nutrition assessment;
    2. Relies heavily on follow-up to provide repeated reinforcement to aid with behavior change;
    3. Establishes goals, a care plan, and interventions;
    4. Plans for follow-up over multiple visits to assist with behavioral and lifestyle changes relative to each individual's nutrition problems and medical condition or disease;
    5. Service is provided by a registered dietitian or other nutritional professional.
  - B. Initial year: up to 3 hours of MNT may be reimbursed.
  - C. Subsequent years: up to 2 hours of MNT may be reimbursed.

E. Conditions of Coverage  
NA

F. Related Policies/Rules  
NA

G. Review/Revision History

DATES		ACTION
<b>Date Issued</b>	04/28/2021	New policy
<b>Date Revised</b>	03/16/2022	Annual review. Updated references, statistics, added MNT and NDPP criteria
<b>Date Effective</b>	07/01/2022	
<b>Date Archived</b>	08/31/2023	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

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4. Code of Federal Regulations (CFR) Title 42 CFR 410.140-410.146. Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements. Retrieved February 3, 2022 from [www.ecfr.gov](http://www.ecfr.gov).
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6. Levitsky, LL, Madhusmita M. (November 5, 2021). Overview of the management of type 1 diabetes mellitus in children and adolescents. Retrieved February 3, 2022 from [www.UpToDate.com](http://www.UpToDate.com).
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9. Weinstock RS. (February 15, 2021). Management of blood glucose in adults with type 1 diabetes mellitus. Retrieved February 3, 2022 from [www.UpToDate.com](http://www.UpToDate.com).
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