



ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Diabetes Self-Management Training-OH MCD-AD-1109	01/01/2026
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**

Patients with diabetes require close medical monitoring. 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 patients' hemoglobin A1C levels when receiving diabetes self-management training.

C. Definitions

- **Diabetes** – An abnormal glucose metabolism condition diagnosed using the following criteria:
 - a fasting blood sugar greater than or equal to 126 mg/dL on 2 different occasions
 - a 2 hour post-glucose challenge greater than or equal to 200 mg/dL on 2 different occasions
 - a random glucose test over 200 mg/dL for a person with symptomatic hyperglycemia
- **Diabetes Self-Management Training (DSMT)** – A multidisciplinary educational program led by qualified providers with the goal of achieving greater self-management of the disease process, including the self-administration of injectable medication.
- **Medical Nutrition Therapy** – Nutritional, diagnostic, therapeutic, and counseling services on diabetic or renal disease management provided by a registered dietitian or nutritional professional for the purpose of managing diabetes or renal disease.
- **National Diabetes Prevention Program (NDPP)** – A partnership of public and private organizations bringing evidence-based lifestyle support programs to assist at-risk individuals from developing type 2 diabetes.

D. Policy

- I. Diabetes Self-Management Training (DSMT) is considered medically necessary and covered based on the following criteria:
 - A. An individual must
 - 1. have a current diabetes diagnosis
 - 2. not previously received DSMT
 - 3. receive training in a setting other than an inpatient hospital or an emergency department

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

- B. Program components include 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 attestation is required in the member's plan of care. The attestation must include the specific medical condition(s) supporting DSMT and confirmation of physician-management and training of the diabetic condition.
 - 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. Training is delivered in half-hour increments.
 - 2. Members may receive up to 10 hours/20 units of initial training in a group setting of 2 to 20 individuals.
 - a. One hour of individual training may be given to assess the member's training needs.
 - b. Individualized training may occur when there is no group session available within 2 months of the training being ordered, or the physician determines that the member has special needs, which would hinder effective participation in group training.
 - 3. Follow-up training may occur after completing 10 hours of initial training over 12 months.
 - a. Follow-up sessions are limited to 2 hours of any combination of individual or group training.
 - 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 medically necessary and covered under the following criteria:
- A. Member is
 - 1. at least 18 years of age
 - 2. overweight
 - 3. not currently pregnant
 - 4. not diagnosed with type 1 or type 2 diabetes
 - 5. at least one of the following is met:
 - diagnosed with prediabetes
 - history of gestational diabetes
 - high-risk result on a prediabetes test

- B. Any of the following providers may render or supervise a NDPP service:
physician, physician assistant, or advanced practice registered nurse.
- III. Medical Nutrition Therapy (MNT) is a covered service and medically necessary with the following criteria:
- A. Therapy program is designed with
1. in-depth individualized nutrition assessment
 2. extensive follow-up to provide repeated reinforcement to facilitate behavioral change
 3. establishes goals, a care plan, and interventions
 4. multiple follow-up visits to promote individualized behavioral and lifestyle changes related to nutrition deficiencies, and medical condition or disease
 5. service is provided by a registered dietitian or a nutritional professional
- B. Length of MNT
1. Initial year: up to 3 hours of MNT may be reimbursed.
 2. Subsequent years: up to 2 hours of MNT may be reimbursed.
- E. Conditions of Coverage
- No payment will be made for a DSMT or NDPP service provided on the same date of service as MNT.
- F. Related Policies/Rules
- NA

G. Review/Revision History

DATES		ACTION
Date Issued	04/28/2021	New policy
Date Revised	02/09/2022	Annual review. Updated references, statistics, added MNT and NDPP criteria
	06/07/2023	Annual review: Updated references & revised language; Approved at Committee.
	01/17/2024	Annual review, no changes. Approved at Committee.
	09/24/2025	Annual review, COC updated. Approved at Committee.
Date Effective	01/01/2026	
Date Archived		

H. References

1. Definitions, 42 C.F.R. § 410.130 (2025).
2. Diabetes Prevention and Self-Management Training, OHIO ADMIN. CODE 5160-8-53 (2022).
3. Holt RIG, DeVries JH, Hess-Fischl A, et al. The management of type 1 diabetes in adults: a consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetologia*. 2021;64:2609-2652. doi:10.1007/s00125-021-05568-3

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

4. Levitsky LL, Madhusmita M. Type 1 diabetes mellitus in children and adolescents: overview of medical care. UpToDate. Updated July 8, 2025. Accessed August 25, 2025. www.uptodate.com
5. *National Diabetes Statistics Report*. Centers for Disease Control and Prevention; 2022. Accessed August 25, 2025. www.cdc.gov
6. Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements, 42 C.F.R. §§ 410.140-.46 (2024).
7. Services Provided By a Dietitian, OHIO ADMIN. CODE 5160-8-41 (2024).
8. Weinstock RS. Management of blood glucose in adults with type 1 diabetes mellitus. UpToDate. Updated August 5, 2025. Accessed August 25, 2025. www.uptodate.com
9. Wexler DJ. Initial management of hyperglycemia in adults with type 2 diabetes mellitus. UpToDate. Updated June 12, 2025. Accessed August 25, 2025. www.uptodate.com

Approved by ODM 10/10/2025