Diabetes Education and Screening

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APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Clinical Coverage Guideline

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

BACKGROUND

Diabetes is a condition that causes high levels of glucose in the blood. Glucose is a sugar that is the body’s main source of energy. Health problems can arise when the glucose levels are too high. Diabetes is of special concern during pregnancy. Diabetes can occur in women who are not pregnant, or it can start during pregnancy. When it first occurs during pregnancy it is called gestational diabetes. Diabetes occurs when there is a problem with the way the body makes or uses insulin. Insulin is a hormone that converts glucose in food into energy. When the body does not make enough insulin, or when the body is not using insulin properly, the level of glucose in the blood becomes too high. This is called hyperglycemia (high sugar levels in the blood). A fasting plasma glucose test to check for diabetes for people at risk. Risk factors for diabetes include high blood pressure, history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar. Screening may also be covered if the member meets other requirements such as an elevated Body Mass Index (BMI) or has a family history of diabetes.

The United States Preventive Services Task Force (USPSTF) recommends screening for type 2 diabetes mellitus in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg (Grade: B Recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80 mm Hg or lower.

Diabetes Education and Training

The American Association of Diabetes Educators (AADE) provides education to individuals with diabetes to help them learn how to manage the disease. Components of diabetes education includes:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Healthy coping
- Reducing risks

The goal of diabetes education is to help people with diabetes practice these behaviors every day. This can be difficult but it does work, by helping lower blood sugar (glucose), blood pressure and cholesterol. Most people with diabetes know self-management is important, but many find it overwhelming. Diabetes education helps by designing a specific plan for each person that includes the tools and support to help make the plan easy to follow.

Diabetes education is usually prescribed by a primary care doctor who writes a referral for diabetes education (sometimes called diabetes self-management training). Diabetes education programs are found in a variety of places – hospital outpatient facilities, clinics, doctor’s offices, to name a few – and staffed by diabetes educators. These specialists are healthcare professionals – often nurses, dietitians or pharmacists – who focus on all aspects of diabetes care, and are also skilled in counseling, education and communication. Certified diabetes educators can be found on the following websites:
Gestational Diabetes

During pregnancy, the hormones produced by the placenta can limit the actions of insulin. As a result, gestational diabetes may occur. Gestational diabetes can occur even when no risk factors or symptoms are present. For this reason, pregnant women often are tested for diabetes. Gestational diabetes usually goes away after the baby is born. However, women who have had gestational diabetes are at a greater risk of developing diabetes many years later. The risk of problems during pregnancy is greatest when blood sugar levels are high. Some of these problems may increase the chance of a cesarean birth. Good control of glucose levels, before and during pregnancy, can lower the risks. If the member has diabetes or if they are at risk of developing gestational diabetes, they should be aware of the problems that may arise:

- Macrosomia (very large baby) occurs when the mother's blood sugar level is high throughout pregnancy. This allows too much sugar to go to the baby. It can cause the baby to grow too large. If the baby is too large, delivery can be difficult. For instance, there may be problems delivering the baby's shoulders because they may be too big for the birth canal.
- Preeclampsia is high blood pressure and protein in the urine during pregnancy. This can pose problems for the mother and the baby. It may require the baby to be delivered early. Severe preeclampsia can lead to seizures or kidney or liver problems.
- Hydramnios occurs when there is too much amniotic fluid in the sac that surrounds the baby. This can cause some women discomfort. It may result in preterm labor (labor before 37 weeks of pregnancy) and preterm delivery.
- Urinary tract infections can occur without symptoms. If the infection is not treated, it may spread from the bladder to the kidneys.
- Respiratory distress syndrome can make it harder for the baby to breathe after birth. The risk of this condition is greater in babies of mothers with diabetes.

Stillbirth—delivery of a baby that has died before birth—occurs more often in babies of women whose diabetes was not well controlled before and during pregnancy.

The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation (Grade: B). The USPSTF states that there is insufficient evidence to assess the balance of benefits and harms of screening for gestational diabetes mellitus in asymptomatic pregnant women before 24 weeks of gestation.

POSITION STATEMENT

Medicare

Applicable To:

☑ Medicare – All Markets

Diabetes screening fasting blood glucose tests are a covered benefit - up to 2 screenings, based on the results, are covered annually.

Diabetes Self-Management Training. Diabetes outpatient self-management training is a covered program to teach you to manage your diabetes. It includes education about self-monitoring of blood glucose, diet, exercise, and insulin.
Training is covered if you are newly diagnosed with diabetes, or are newly eligible for Medicare, or are at significant risk for complications from the diabetes, and your doctor gives you a referral for this service. Medicare Part B covers diabetic self-management training from a Medicare-approved training program.

If you’ve been diagnosed with diabetes, WellCare may cover **up to 10 hours** of initial diabetes self-management training. Members may qualify for up to 2 hours of follow-up training annually if the training:

- Is provided in a group of 2 to 20 people*; **AND,**
- Lasts for at least 30 minutes; **AND,**
- Takes place in a calendar year after the year you got your initial training; **AND,**
- Was ordered as part of the member’s plan of care by his/her provider.

* Some exceptions apply if no group session is available or if your doctor or qualified provider says you have special needs that prevent you from participating in group training.

**Medicaid**

**Applicable To:**

- Medicaid – All Markets

Screening and education for males and non-pregnant female adults is a **covered benefit** when the market specific criteria is met (please see below). *Coverage for Gestational Diabetes is located at the end of the Position Statement section.*

**Florida**

Outpatient diabetes self-management training and education is a covered benefit.

Diabetes outpatient self-management training and education services are a **covered benefit** when the following criteria are met:

- Have a Type 1, Type 2, or gestational diabetes diagnosis; **AND,**
- Be referred by their primary care provider; **AND,**

Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist under contract with or designated by the health maintenance organization or prepaid health plan. The Agency for Health Care Administration shall adopt standards for outpatient self-management training and educational services, taking into consideration standards approved by the American Diabetes Association.

**Georgia**

Outpatient self-management training and education (including medical nutrition therapy) shall be covered for individuals with insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes who adhere to the prognosis and treatment regimen prescribed by their provider who is certified, registered, or a licensed health care professional with expertise in diabetes.
Hawaii

Diabetes self-management training and education is a covered benefit when:

- Member has a Type 1, Type 2, or gestational diabetes diagnosis; AND,
- Training and education is prescribed by a licensed health care professional authorized to prescribe.

Illinois

Diabetes self-management training (DSMT) is defined as instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. DSMT shall include the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy and education programs, as defined by the contract of insurance, that allow the patient to maintain an A1c level within the range identified in nationally recognized standards of care.10

DSMT services (including medical nutrition therapy) are a covered benefit and include the following10:

- Up to 3 medically necessary visits to a qualified provider upon initial diagnosis of diabetes by the member's provider; OR,
- Up to 2 medically necessary visits to a qualified provider upon a determination by a member's provider that a significant change in the patient's symptoms or medical condition has occurred.*

* A "significant change" in condition means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring the assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen.

Kentucky

Diabetes education is defined as a comprehensive collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify behavior and successfully self-manage the disease and its related conditions.11

A licensed diabetes educator is defined as a health care professional who focuses on training or educating people with or at risk for diabetes and related conditions to change their behavior to achieve better clinical outcomes and improved health status. Educators assess and develop a plan of care for the member with or at risk of diabetes. This includes, but is not limited to, the following11:

- Provide education and support for members with diabetes, people at risk for diabetes, and caregivers of those with diabetes;
- Communicate and coordinate with other health care professionals to provide education and support for members with diabetes, people at risk for diabetes, and caregivers of those with diabetes;
- Provide diabetes self-management services, including activities that assist a member in implementing and sustaining the behaviors needed to manage diabetes on an ongoing basis;
- Determine the individuals to whom diabetes education and services will be provided, how those education and services may be best delivered, and what resources will assist those persons;
- Develop a program for diabetes management, which may include:
  - Describing the diabetes treatment process and treatment options;
  - Incorporating nutritional management into lifestyle;
  - Incorporating physical activity into lifestyle;
Using medications safely and effectively;
Monitoring blood glucose and other parameters and interpreting and using the results for self-management and decision making;
Preventing, detecting, and treating acute and chronic complications of diabetes;
Developing personal strategies to address psychosocial issues and concerns; or
Developing personal strategies to promote health and behavior change;
• Develop an individualized education and support plan focused on behavior change, which shall be documented in an education or health record;
• Develop a personalized follow-up plan for ongoing self-management support, and communicate that follow-up plan to other health care providers as necessary;
• Monitor if participants are achieving their personal diabetes self-management goals and other outcomes using the following appropriate frameworks and measurement techniques:
  ○ Physical activity;
  ○ Healthy eating;
  ○ Taking medication;
  ○ Monitoring blood glucose;
  ○ Diabetes self-care related problem solving;
  ○ Reducing risks of acute and chronic complications of diabetes;
  ○ Evaluation of the psychosocial aspects of living with diabetes; or
• Evaluate the effectiveness of the education and services, and engage in a systematic review of process and outcome data.

Missouri

Diabetes Self-Management is a covered benefit for training persons with gestational, Type I, or Type II diabetes for Members enrolled in Missouri Child or Missouri Pregnant Women.

Diabetes Self-Management is not a covered benefit for Missouri Adults.

NOTE: Diabetes self-management training is not covered by MO HealthNet unless the member is a child (age 20 and under) or the member receives MO HealthNet under a category of assistance for pregnant women, the blind or the member is a resident in a nursing facility.

Diabetes self-management training services are used in the management and treatment of type 1, type 2 and gestational diabetes. These services are covered when prescribed by a physician or a health care professional with prescribing authority and may be provided by a Certified Diabetes Educator (CDE), Registered Dietician (RD) or Registered Pharmacist (RPh).12

Providers of diabetes self-management training programs must be approved and enrolled as a diabetes self-management provider with MO HealthNet. Provider listing is available at https://dssapp.dss.mo.gov/providerlist/sprovider.asp

Diabetes self-management training services are limited to any of the following circumstances with documentation of the need for services maintained in the provider's file12:
• Initial diagnosis of diabetes;
• Any significant change in the patient's symptoms, condition or treatment;
• Diabetes self-management training must be prescribed by a physician or health care provider with prescribing authority to the CDE, RD or RPh;
• An initial assessment is reimbursed once per lifetime. The initial assessment must be performed by a physician or a CDE.
The initial assessment should include but not be limited to information from the patient on the following:\(^{12}\):  
- Health and medical history;  
- Use of medications;  
- Diet history;  
- Current mental health status;  
- Use of health care delivery systems;  
- Life-style practices;  
- Physical and psychological factors;  
- Barriers to learning; family and social supports; and  
- Previous diabetes education, actual knowledge and skills.

**Two subsequent visits are reimbursed per rolling year.** The two subsequent visits may be individual, group or a combination of individual and group. Any additional visits require a Certificate of Medical Necessity form from a physician or health care provider with prescribing authority documenting the need for any additional visits.\(^{12}\)

**New Jersey**

Diabetes self-management education is defined as education to ensure that a person with diabetes is educated as to the proper self-management and treatment of their diabetic condition, including information on proper diet. All expenses incurred for diabetes self-management education, including information on proper diet are a covered benefit.\(^{13}\)

Diabetes self-management education is limited to visits medically necessary upon the diagnosis of diabetes, upon diagnosis by a State licensed physician or nurse practitioner/clinical nurse specialist of a significant change in the member's or other covered person's symptoms or conditions which necessitate changes in that person's self-management, and upon determination of a State licensed physician or nurse practitioner/clinical nurse specialist that re-education or refresher education is necessary.\(^{13}\)

All self-management and diet education shall be provided by a dietitian registered by a nationally recognized professional association of dietitians, a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators, or a registered pharmacist in the State qualified with regard to management education for diabetes by any institution recognized by the Board of Pharmacy of the State of New Jersey.\(^{13}\)

**New York**

Diabetes self-management education (DSME) is the process of facilitating the knowledge, skills, and abilities necessary for diabetes self-care. The purpose of DSME is to support informed decision making, self-care behaviors, problem solving by the patient and to improve clinical outcomes and quality of life in a cost-effective manner. The focus has shifted from the didactic transfer of information to a skills-based approach focused on patient empowerment. There are numerous studies that highlight the benefits of DSME. Some of the outcomes that have shown improvement as a result of DSME include A1c, weight (self-reported), quality of life, healthy coping, and healthcare costs. DSME is also associated with increased use of primary and preventive services and decreased use of acute, inpatient services. DSME is a service that is covered by New York State Medicaid and should be recommended for all patients with diabetes.\(^{14}\)

Diabetes self-management training (DSMT) education is a covered benefit for members enrolled in Child Health Plus and Family Health Plus. Coverage is limited to:
• 10 hours of DSMT during a continuous 6-month period for a newly diagnosed diabetic or a diabetic who has a medically complex condition; OR,
• 1 hour of DSMT in a continuous 6-month period for a medically stable diabetic.

Diabetes self-management education is a covered benefit for members enrolled in Healthy Choice and includes diabetes counseling and health education.

Diabetes self-management education is not a covered benefit for members enrolled in New York Advocate Medicaid Long Term Care (LTC).

**South Carolina**

The State of South Carolina provides outpatient self-management training and education for the treatment of diabetes mellitus (Legislative Section 38-71-46). Coverage is provided for members with a diagnosis of diabetes mellitus and services are prescribed by a health care professional who is legally authorized to prescribe such items and who demonstrates adherence to minimum standards of care for diabetes mellitus as adopted and published by the Diabetes Initiative of South Carolina.¹⁵

Diabetes Management Services (DMS) provide medically necessary, comprehensive diabetes management and counseling services to diabetics of any age who the primary care provider determines will benefit from diabetes management services. The program is intended to improve and/or maintain the health of beneficiaries by providing counseling, education, and instructions to beneficiaries in the successful health self-management of diabetes. The primary objective of DMS is to help the Medicaid-eligible beneficiary adapt to the chronic diagnosis of diabetes by learning self-management skills.¹⁶

Diabetes Management Services are available, in an outpatient setting, to Medicaid-eligible beneficiaries who the primary care provider determines will benefit from a diabetes management service. In order to be eligible for Medicaid DMS, a person must¹⁶:

• Be a South Carolina Medicaid-eligible beneficiary; AND,
• Have a Type 1, Type 2, or gestational diabetes diagnosis; AND,
• Be referred by their primary care provider.

The program must offer instruction in the following content areas¹⁶:

• Monitoring blood glucose and urine ketones (when appropriate), and using the results to improve control
• Promoting preconception care, management during pregnancy, and gestational diabetes management (if applicable)
• Describing the diabetes disease process and treatment options
• Incorporating appropriate nutritional management education
• Incorporating physical activities into the diabetic member’s lifestyle
• Utilizing medications (if applicable) for therapeutic effectiveness
• Preventing, detecting, and treating acute/chronic complications
• Preventing (through risk-reduction behavior) and detecting complications
• Goal setting to promote health and problem solving for daily living
• Integrating psychosocial adjustment into the member’s daily life

All enrolled DMS Programs must adhere to the National Standards for Diabetes Self-Management Education. In addition, requirements established by the South Carolina Department of Health and Human Services must be met by adhering to one or more of the following criteria¹⁶:
• Program is managed by a Certified Diabetes Educator (CDE); OR,
• Program is an American Diabetes Association (ADA) recognized program; OR,
• Program is an American Association of Diabetes Educators (AADE) recognized program; OR,
• Program is recognized by the Indian Health Services (IHS).

**Gestational Diabetes Screening**

Screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation is **considered medically necessary** and a covered benefit.

Screening for gestational diabetes mellitus in asymptomatic pregnant women before 24 weeks of gestation is **considered experimental/investigational** and not a covered benefit.

**Gestational Diabetes Education**

Inclusion in a Comprehensive Diabetes Education Program for pregnant women **is considered medically necessary** if ANY of the following criteria:

• Member has a history of pre-gestational diabetes mellitus (both insulin dependent and non-insulin dependent); OR,
• Member has a prior history of gestational diabetes and is unable to take an oral glucose tolerance test for confirmation; OR,
• Member has gestational diabetes, documented by an abnormal oral glucose tolerance test; OR,
• Member has a history of delivery of infant(s) > 4000 grams and is unable to take oral glucose tolerance test for confirmation

**NOTE:** Initial authorization for the program should be for 30 units/days. Requests for additional units/days must meet ANY of the following criteria:

• Member has uncontrolled blood glucose levels; OR,
• Member needs instruction on the use of an insulin pump if the pump is not ordered at the same time as the diabetic education program; OR,
• Member has the inability to adequately learn and execute the procedures necessary for successful operation or there is an interruption of insulin pump use when utilized; OR,
• Member has other comorbid conditions requiring the member to be on complete bed rest

**CODING**

**Covered CPT® Codes**

82947 Glucose; quantitative, blood (except reagent strip)
82950 Glucose; post glucose dose (includes glucose)
82951 Glucose; Tolerance Test (GTT), three specimens (includes glucose)

**ICD-9-CM Procedure Codes** - No applicable codes.

**Covered HCPCS®* Codes**

G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
G0109 Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
S9140 Diabetic management program, follow-up visit to non-MD provider
S9141 Diabetic management program, follow-up visit to MD provider
S9145 Insulin pump initiation, instruction in initial use of pump [pump not included]
S9455 Diabetic management program, group session
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S9460 Diabetic management program, nurse visit
S9465 Diabetic management program, dietitian visit

**Covered ICD-9-CM Diagnosis Codes**

- S9460 Diabetic management program, nurse visit
- S9465 Diabetic management program, dietitian visit

**V77.1** Special screening for endocrine, nutritional, metabolic, and immunity disorders (diabetes mellitus)

**648.03** Diabetes Mellitus complicating pregnancy, i.e. ante partum condition or complication. (Conditions classifiable to 249.00 – 249.91 Secondary Diabetes and Conditions classifiable to 250.00 – 250.93 Diabetes Mellitus.)

**648.83** Gestational Diabetes, Antepartum; i.e. abnormal glucose tolerance. Glucose intolerance arising in pregnancy, resolving at end of pregnancy. (Conditions classifiable to 790.21 – 790.29)

**Draft ICD-10-PCS** – No applicable code(s).

**Covered Draft ICD-10-CM Diagnosis Codes**

- O24.011 - O24.93 Diabetes mellitus in pregnancy, childbirth and the puerperium
- O99.810 Abnormal glucose complicating pregnancy


**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<tr>
<td>8/7/2014</td>
<td>Approved by MPC. Inclusion of non-pregnant women; “gestational” removed from title.</td>
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<tr>
<td>2/6/2014</td>
<td>Approved by MPC. Inclusion of USPSTF screening recommendations.</td>
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