



Cigna Medical Coverage Policy

Subject **Diabetes Self-Management Education**

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2014 Cigna

Coverage Policy

Coverage for diabetes self-management education may be governed by state and/or federal mandates. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage is available for diabetes self-management education, the following conditions of coverage apply.

Cigna covers diabetes self-management education as medically necessary when ALL of the following criteria are met:

- The individual has a diagnosis of diabetes mellitus.
- The services have been prescribed by a physician.
- The services are provided by a licensed healthcare professional (e.g., registered dietician, registered nurse or other health professional) who is a certified diabetes educator (CDE).

Note: The scope of this Coverage Policy is limited to diabetes self-management education and does not address coverage of medical nutrition therapy.

General Background

Diabetes self-management education (DSME) is also referred to as diabetes self-management training (DSMT). DSME is the formal process through which persons with diabetes develop and use the knowledge and skill

required to reach their self-defined diabetes goals (American Association of Diabetes Educators [AADE], 2010). In order to maintain optimal control of this condition, individuals or caregivers of individuals with diabetes must be directly involved in the day-to-day management of the disease. As such, diabetes is considered a self-managed disease. The national standards for DSME state that DSME is an interactive, collaborative, ongoing process that involves the person with diabetes and the educator. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life (Haas, et al., 2013).

The national standards note that the individual with diabetes needs the knowledge and skills to make informed choices, to facilitate self-directed behavior changes and, ultimately, to reduce the risk of complications. The following core topics are commonly part of the curriculum taught in comprehensive programs that have demonstrated successful outcomes (Haas, et al., 2013):

- Describing the diabetes disease process and treatment options
- Incorporating nutritional management into lifestyle
- Incorporating physical activity into lifestyle
- Using medication(s) safely and for maximum therapeutic effectiveness
- Monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making
- Preventing, detecting, and treating acute complications
- Preventing, detecting, and treating chronic complications
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change

The national standards note that while the content areas listed above provide a solid outline for a diabetes education and support curriculum, it is crucial that the content be tailored to match each individual's needs and be adapted as necessary for age, type of diabetes, cultural factors, health literacy and numeracy, and comorbidities (Haas, et al., 2013).

The instructor should be a skilled and experienced healthcare professional with recent education in diabetes, educational principles and behavior change strategies. The AADE (2010) notes that "Diabetes educators are healthcare professionals who have experience in the care of people with diabetes and have achieved a core body of knowledge and skills in the biological and social sciences, communication, counseling, and education. Mastery of the knowledge and skills to become a diabetes educator is obtained through formal, practical and continuing education, individual study, and mentorship. The role of the diabetes educator can be assumed by professionals from a variety of health disciplines, including, but not limited to, registered nurses, registered dietitians, registered pharmacists, physicians, mental health professionals, podiatrists, optometrists, and exercise physiologists."

Literature Review

Several systematic reviews have been published regarding diabetes self-management education (Norris, et al., 2001; Norris, et al., 2002; Ellis, et al., 2004; and Deakin, et al., 2005; Loveman, et al., 2008; Klein, et al., 2013). Overall it was noted in the reviews that although there was heterogeneity between studies there is evidence to support the effectiveness of diabetes self-management training. In 2007, Kulzer et al. (2007) conducted a randomized, prospective trial to test the efficacy of three education programs for type 2 diabetes. The conclusion was that self-management training had a significantly higher medium-term efficacy than the didactic diabetes education and that the group sessions were more effective than a more individualized approach. Wattana et al. (2007) conducted a randomized, controlled study of 147 patients to determine the effects of a diabetes self-management program on glycemic control, coronary heart disease (CHD) risk, and quality of life. The experimental group received the diabetes self-management program and the control group received the usual nursing care. The results of this trial indicated that the experimental group demonstrated a significant decrease in the glycosylated hemoglobin (HbA1c or A1C) level and CHD risk, with an increase in quality of life as compared to the control group.

Professional Societies/Organizations

Several specialty organizations have included DSME in their guidelines for management of diabetes.

The American Diabetes Association (ADA) has published standards of medical care in diabetes (2011). The standards note that a management plan for patients with diabetes should include DSME and that DSME is an integral component of care.

The American Association of Clinical Endocrinologists (AACE) published guidelines for clinical practice for developing a diabetes mellitus comprehensive care plan (Handelsman, et al., 2011). The guidelines include the recommendation, "Persons with DM should receive comprehensive DM self-management education at the time of DM diagnosis and subsequently as appropriate."

The Institute for Clinical Systems Improvement (ICSI) notes in their guidelines for management of type 2 diabetes, people with diabetes should receive DSME according to national standards and diabetes self-management support when their diabetes is first diagnosed and as needed thereafter. The treatment and management of diabetes should include patient education for self-management, including disease process, prevention of complications, risk reduction, medical compliance, foot care and available community resources (2014).

Use Outside of the US

The National Institute for Clinical Excellence (NICE) (United Kingdom) published guidance on management of Type 2 diabetes. The guidelines include the following recommendations for diabetes education (NICE, 2009):

- Offer structured education to every person and/or their caregiver at and around the time of diagnosis, with annual reinforcement and review. Inform people and their caregiver that structured education is an integral part of diabetes care.
- Any program should be evidence-based and suit the needs of the individual. The program should have specific aims and learning objectives, and should support development of self-management attitudes, beliefs, knowledge and skills for the learner, their family and caregiver.
- The program should have a structured curriculum that is theory driven and evidence-based, resource-effective, has supporting materials, and is written down.
- The program should be delivered by trained educators who have an understanding of education theory appropriate to the age and needs of the program learners, and are trained and competent in delivery of the principles and content of the program they are offering.
- The program itself should be quality assured, and be reviewed by trained, competent, independent assessors who assess it against key criteria to ensure sustained consistency.
- The outcomes from the program should be regularly audited.
- Ensure the patient-education program provides the necessary resources to support the educators, and that educators are properly trained and given time to develop and maintain their skills.
- Offer group education programs as the preferred option. Provide an alternative of equal standard for a person unable or unwilling to participate in group education.
- Ensure the patient-education program available meets the cultural, linguistic, cognitive and literacy needs in the locality.
- Ensure all members of the diabetes healthcare team are familiar with the programs of patient education available locally, that these programs are integrated with the rest of the care pathway, and that people with diabetes and their caregiver have the opportunity to contribute to the design and provision of local program.

Summary

Diabetes self-management education (DSME) is a process of educating the individual with diabetes in all aspects of the disease and self-management of the disease. It is considered a standard of care and an integral component of the treatment plan for diabetes mellitus.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

Covered when medically necessary:

HCPCS Codes	Description
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

***Current Procedural Terminology (CPT®) © 2013 American Medical Association: Chicago, IL.**

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