



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

Subject Diabetes Self-Management Education

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INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), 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 participant'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 participant's benefit plan document **always supercedes** 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 group 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. Proprietary information of CIGNA. Copyright ©2009 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. For information on medical nutrition therapy, refer to the CIGNA Coverage Policy on Nutritional Counseling.

General Background

Diabetes self-management education (DSME) is also referred to as diabetes self-management training (DSMT). DSME is the process of teaching individuals with diabetes to manage their disease and is an integral component of the treatment plan (CDC, 2003). 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 (Funnell, et al., 2008). The 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 process of DSME includes (Funnell, et al., 2008).

- assessment of the individual's specific education needs
- identification of the individual's specific diabetes self-management goals
- education and behavioral intervention directed toward helping the individual achieve identified self-management goals
- evaluation of the individual's attainment of identified self-management goals

The instructor should be a skilled and experienced healthcare professional with recent education in diabetes, educational principles and behavior change strategies (AADE, 1997). The scope of practice for diabetes educators and standards of practice for diabetes educators (AADE, 1999) notes that a diabetes educator is "defined as a healthcare professional who has mastered the core of knowledge and skills in the biological and social sciences, communication, counseling, and education and who has experience in the care of people with diabetes." The AADE (1997) notes that "Multidisciplinary instructional staff who are collectively qualified to teach the required content areas shall include as least: 1) a registered dietician and 2) either a registered nurse or other health professional who is a certified diabetes educator (CDE)."

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). 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 with the conclusion 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 to determine the effects of a diabetes self-management program on glycemic control, coronary heart disease (CHD) risk, and quality of life. 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 (2007). The standards note that a management plan for patients with diabetes should include DSME and that DSME is an integral component of care.

The Institute for Clinical Systems Improvement (ICSI) notes in their guidelines for management of type 2 diabetes that education and self-management support is necessary for people with diabetes to manage their disease. 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 (2009).

The National Institute for Clinical Excellence (NICE) (United Kingdom) published guidance on the use of patient-education models for diabetes (2003). The guidelines note that "Education is considered to be a fundamental part of diabetes care. People with diabetes, whether they are using insulin or other means of achieving glycemic control, have to assume responsibility for the day-to-day control of their condition. It is therefore critical that they understand the condition and know how to treat it, whether this is through an appreciation of the basis of insulin replacement therapy and its optimal use, or through lifestyle management, including nutrition and physical

activity.” It is noted in the guidelines that the aim is to improve their knowledge and skills, enabling them to take control of their own condition and to integrate self-management into their daily lives.

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

Covered when medically necessary:

CPT ^{®*} Codes	Description
	No specific codes

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

ICD-9-CM Diagnosis Codes	Description
250.00 – 250.93	Diabetes mellitus
648.00 – 648.04	Maternal diabetes mellitus complicating pregnancy, childbirth, or the puerperium
648.80 – 648.84	Abnormal maternal glucose tolerance, complicating pregnancy, childbirth, or the puerperium

*Current Procedural Terminology (CPT[®]) © 2008 American Medical Association: Chicago, IL.

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	10/15/2007	0413	Diabetes Self-Management Education

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.