

DSMES/DSMT and DPP Guide

Introduction

Diabetes is an Epidemic in the nation and in Maryland. In 2021, around 531,782 Marylanders, or 11% of the adult population, had diabetes.¹ Around 1,828,581 Marylanders, or 38% of the adult population, have prediabetes.¹ In addition to being a burden to health, diabetes is a huge financial burden to patients as well. Medical expenses are approximately 2.6 times higher for patients with diabetes compared to patients without diabetes.²

According to the Chesapeake Regional Information System for our Patients (CRISP) Public Health Dashboard, Maryland patients with diabetes frequently have an avoidable hospital event or Prevention Quality Indicator (PQI) event. The PQI rate is 18.12% and the readmission rate is 16.85%, compared to a PQI rate of 2.52% and readmit rate of 2.10% for patients without diabetes.

It's time to take action now. This guide aims to inform providers and their team about **diabetes management and prevention services covered under Medicare and Medicaid** in order to drive referrals to such programs, prevent or mitigate the impact of diabetes, and improve the health of Marylanders. **This guide provides definitions, information about the referral process, patient eligibility, coverage, and talking points to use with patients.** Once relevant patients are identified, this information will also be helpful to the care management team.

Definitions

Diabetes Self-Management Education and Support (DSMES): DSMES is an evidence-based self-management education and support service that provides people with diabetes the knowledge, skills, and ability to implement and sustain diabetes-self care. It is covered by Medicare, and a number of private health insurance plans.^{3,4}

Diabetes Self-Management Training (DSMT): DSMT is the subset of DSMES that qualifies for Medicare reimbursement. Centers for Medicare & Medicaid (CMS) uses the term “training” instead of “education and support” when referring to the reimbursable benefit.³

Diabetes Prevention Program (DPP): DPP is a lifestyle change program that aims to prevent the onset of type 2 diabetes for individuals with an indication of prediabetes. It offers practical training on long-term dietary changes, increased physical activity, and behavioral change strategies for weight control, and overall support for maintaining healthy behaviors.⁵ It is offered for those with Medicare, Medicaid HealthChoice, and is covered by a number of private payers.^{4,6,7}

Why DSMES & DPP?

Diabetes/prediabetes interventions are cost effective for patients and streamlined for providers.

- Interventions reduce healthcare costs, including hospital admissions & readmissions.⁸
- Effective diabetes prevention and management programs are a good value in terms of cost per quality-adjusted life year.⁹
- Diabetes is the most expensive chronic condition in the US; prevention and reducing severity is key to reducing costs.⁹

Diabetes comorbidities

- DSMES/DPP promote lifestyle changes that may also lower patient risk of diabetes-related comorbidities such as hypertension, heart disease, obesity, and more.⁹⁻¹²

Efficacy

DSMES

- Participants participating in DSMES had positive behavioral changes and diabetes-related outcomes such as:⁸
 - Improved hemoglobin A1c levels;
 - Improved control of blood pressure and cholesterol levels;
 - Higher rates of medication adherence;
 - Healthier lifestyle behaviors, such as better nutrition and increased physical activity.

DPP

- Participants in DPP lowered their chances of developing type 2 diabetes by 58% compared to participants who took a placebo pill.¹² DPP worked especially well

for participants over age 60, lowering chances of developing type 2 diabetes by 71%.¹²

Talking Points to Promote DSMES/DPP to Patients

These talking points advocate for diabetes management and prevention services, and may be used to encourage patients to enroll in these programs.

1. DSMES and DPP are affordable with insurance

- DSMES is covered under Medicare part B with 20% coinsurance, and most MD private health insurance plans.⁴
- DPP is free of cost for eligible patients with Medicare Part B/Advantage or Medicaid HealthChoice and covered by numerous participating commercial health plans and private employers.^{6,7}

2. Diabetes prevention saves you money

- Medical expenses are approximately 2.3 times higher for patients with diabetes compared to patients without diabetes in Maryland. Diabetes prevention is key to avoiding these costs.²

3. These programs really work!

- These programs are evidence-based and recognized by the Centers for Disease and Control (CDC), and the American Diabetes Association (ADA) and Association of Diabetes Care & Education Specialists (ADCES).⁸
- DSMES: Studies showed that participants had positive behavioral changes and diabetes related outcomes like improved hemoglobin A1c levels, blood pressure and cholesterol levels.⁸
- DPP: Participants in DPP lowered their chances of developing type 2 diabetes by 58% and as much as 71% for patients over 60.¹²

4. DSMES and DPP Have Other Benefits

- With changes to lifestyle involving diet, physical activity, and stress management, you may be able to see improvement in other conditions like high blood pressure, high cholesterol, and elevated BMI.⁹⁻¹²
- DPP participants have reported feeling better, having more self-confidence, and having more energy to do what they love.¹³
- DPP provides a support system, bringing together peers with similar goals and challenges to celebrate successes and overcome obstacles.¹³

More DPP Information in CDC Resource: [Medicare DPP Talking Points](#)

Patient Eligibility

DSMES

To qualify for coverage under Medicare Part B, a patient must have:

- Documentation of type 1, type 2, or gestational diabetes;
 - Diagnosis must be made based on the following criteria:
 - Fasting Blood Glucose ≥ 126 mg/dL on two separate occasions;
 - 2-Hour Post-Glucose Challenge ≥ 200 mg/dL on two separate occasions;
 - Random Glucose Test > 200 mg/dL with symptoms of uncontrolled diabetes;
- A written referral from a treating physician or qualified practitioner.¹⁴

DPP

To qualify for coverage under Medicare DPP, a patient must have:

- Medicare Part B (Medical Insurance) or a Medicare Advantage Plan;
- Within 12 months of first session, either a:
 - Hemoglobin A1c test result between 5.7 and 6.4%;
 - Fasting plasma glucose of 110-125 mg/dL; or
 - 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test)
- Body Mass Index (BMI) of 25 or more (BMI of 23 or more if you're Asian);
- No history of type 1 or type 2 diabetes;
- No previous diagnosis of End-Stage Renal Disease (ESRD);
- No previous participation in the Medicare Diabetes Prevention Program.⁶

To qualify for coverage under **Medicaid HealthChoice DPP** a patient must:¹⁶

- Receive services through a HealthChoice Managed Care Organization (MCO);
- Be 18 to 64 years old;
- Be overweight (Body Mass Index (BMI) of ≥ 25 kg/m² ; ≥ 23 kg/m² if Asian)

AND

- Have elevated blood glucose level OR History of gestational diabetes mellitus (GDM), meaning the enrollee has:
 - Fasting glucose of 100 to 125 mg;
 - Plasma glucose measured 2 hours after a 75 g glucose load of 140 to 199 mg/dl,
 - A1C level of 5.7 to 6.4; or
 - Clinically diagnosed GDM during a previous pregnancy;
- Not be pregnant or have a previous diagnosis of type 1 or type 2 diabetes.

Referral Process

When to Refer?

DSMES

- At new diagnosis
- During annual assessment
- When new complicating factors influence self management
- Care management; when transitions in care occur^{14, 15}

DPP

- During routine visits
 - If a patient is suspected to be at risk of prediabetes, a blood test and BMI indicative of prediabetes is necessary for referral (see Patient Eligibility).
- Review of MDPCP Reports and patient chart
- Care Management (e.g. when transitions in care occur, and patient charts are reviewed)

How to Refer?

DSMES

- The treating Physician or qualified practitioner will need to provide a written referral to an accredited DMSES service.
- The provider must document that the service is necessary, the number of initial or follow-up hours ordered, topics to be covered in training, determination of individual or group training.^{14, 15}
- Examples of referral forms:
 - [ADA Sample referral form](#)
 - [ADA Sample short referral form](#)

DPP

- Contacting the patient's MCO for an in network DPP provider

- CRISP e-Referral
- Workshop Wizard
- Contacting Regional Partnerships (RPs)
 - fax, call, etc.
 - [List of RPs with contact information](#)

Coverage

DSMES

- Medicare Part B:
 - Covers 10 hours of initial training and 2 hours of follow-up training for a beneficiary who has been diagnosed with diabetes.
 - Beneficiaries pay 20% coinsurance.
- DSMES is also covered by most MD private health insurance plans.⁴

DPP

- Medicare DPP (MDPP)
 - Is covered by Medicare Part B or Medicare Advantage plan once in lifetime.
 - Free of cost ⁶
- Medicaid HealthChoice
 - National DPP (HealthChoice DPP) is covered by MD Medicaid HealthChoice.
 - Covered benefit available to eligible members.⁷
- Participating commercial health plans and participating private employers:
 - [List of participating payers](#)

Note: Coverage changes from time to time. This document was created December 6 2022. For up-to-date coverage, the following links may be helpful.

- [Diabetes Self-Management Education and Support \(DSMES\) Toolkit](#)
- [Medicare Diabetes Prevention Program Coverage](#)
- [HealthChoice Diabetes Prevention Program](#)

Other Resources

- [Algorithm Action Steps for Diabetes Self-Management Education and Support for Adults with type 2 Diabetes](#)
- [Medicare DSMT Coverage Guidelines](#)
- [Medicare Reimbursement Guidelines for DSMT](#)
- [National DPP Site](#): The National Diabetes Prevention Program is a partnership of public and private organizations working to prevent or delay type 2 diabetes.
- [Maryland DPP Providers List](#) with Contact Information
- [Maryland Medicaid's HealthChoice DPP Providers by MCO](#)
- [DPP Patient Eligibility Graphic](#)

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