**CHANGES IN MEDICARE'S DIABETES SELF-MANAGEMENT TRAINING BENEFIT AND IMPLICATIONS TO YOUR PRACTICE SETTING**

December 1, 2004

In May, 2004, CMS released a 'Change Request' for the Diabetes Self-Management Training (DSMT) Benefit, the implementation date for which was June 28, 2004. This article will summarize the changes and, with the use of easy acronyms, will guide you in translating the changes into real life practice settings.

When benefits, or revisions, are released by CMS it is important for providers to develop a plan for insuring that there will be:

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| **C.O.B.** | **C**orrect **O**rdering of the **B**enefit |
| **C.U.B.** | **C**omplete **U**tilization of the **B**enefit |
| **C.I.B.** | **C**orrect **I**mplementation of the **B**enefit |

First, let's review the specific *changes (in italics)*:

**Referral Source for DSMT:**

*Treating physician or treating qualified nonphysician practitioner who in managing beneficiary's diabetic condition certifies that such services are needed.*

**Beneficiary Eligibility Requirements:**

Change in definition of diabetes and criteria to diagnose has been made: *Diabetes is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:*

- *Fasting blood sugar of $\geq$ 126 mg/dl on two different occasions*
- *Two hour post glucose challenge test of $\geq$ 200 mg/dl on 2 different occasions*
- *Random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes*

**Pre-DSMT Documentation Requirements:**

1) *Documentation that patient is diabetic is maintained in beneficiary's medical record in DSMT program files.*
2) *Order (by treating physician or treating qualified nonphysician practitioner) must also include statement signed by same that DSMT is needed, as well as the following:*

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| *Number of initial or follow-up DSMT hours: less than 10 may be ordered* |
| *Topics to be covered in training. Initial training hours can be used for full, initial DSMT program, or specific areas such as nutrition or insulin training* |
| *Determination that beneficiary should receive individual or group DSMT:*<br>• *If individual DSMT ordered, must be documentation which substantiates need for training on individual basis.* |

**Follow-Up DSMT**

*Beneficiaries may now receive follow-up training when ordered even if Medicare does not have documentation that initial training has been received. In this instance, contractors shall not deny follow-up DSMT even though there is no initial DSMT recorded.*

Diabetes educators and DSMT program coordinators may want to develop a plan to:

1) Make patients, staff and referral sources **aware** of the changes, and
2) Systemically **implement** these changes into their practice setting. The acronym R.E.A.C.H. can be used as your guide. The core underpinnings of this acronym guide is this: "maximize

effort to maximize education". We must do everything we can to maximize the amount of diabetes education our referred patients receive. It is only through comprehensive and on-going self-management education, over the patient's lifetime, that diabetes' co-morbidities and mortality will be significantly reduced.

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| **R** | **R**EVISE | ❖ **Revise order form* to include benefit changes…have on form:**<br>◆ DSMT order option that ***is*** 10 hour/10 topic program (i.e., option automatically defaults to 10 hours/10 topics)<br>◆ Option for ordering less than 10 hours<br>◆ Option for ordering individual or group DSMT<br>♦ Request for substantiating reason for *individual* training order<br>◆ Option for ordering initial or *follow-up* training as *first time* visit<br>◆ Three new lab eligibility diagnostic criteria<br>❖ **Revise DSMT curriculum, if necessary, to ensure complete utilization of 10 hour benefit:**<br>◆ Patient completion of 10 hour initial and 2 hour yearly follow-up training can be maximized if, at *assessment* visit, educator:<br>♦ Schedules all initial classes and next year's follow-up visit<br>♦ Gives patients content of all classes, so they knows 'what they're missing' if class skipped<br>◆ Assign at least one "hot topic" in each class, rather than all hot topics in one class (i.e., sugary/sugar-free foods) |
| **E** | **E**DUCATE<br>**E**NCOURAGE | ❖ **Educate physicians on changes by meeting with them personally**<br>❖ **Encourage physicians to order complete 10 hour benefit**<br>◆ Be a strong patient advocate: emphasize to physicians importance of ordering all 10 topics; remember our 'core concept', and see how easy it is to encourage "DSMT x 10" |
| **A** | **A**DJUST | ❖ **Adjust your systems, procedures to increase C.O.B. and C.U.B.**<br>◆ Evaluate systems and procedures to identify if referred DSMT patients "slip through the cracks', and thus not having access to complete DSMT benefit<br>♦ Example: DSMT order faxed, but: 1) form does not ask for diagnostic criteria; 2) systems/procedures do not easily capture criteria. Result: DSMT order, and patient 'on hold' |
| **C** | **C**OMMUNICATE | ❖ **Communicate DSMT outcomes to physicians regularly**<br>◆ One key to increasing patient access to complete DSMT benefit is physicians ordering it. Benefit will be ordered if physicians made aware of positive, measurable differences in patients' health parameters, *directly due to DSMT* |
| **H** | **H**AVE a PLAN | ❖ **Have concrete plan to systematically implement DSMT benefit changes into practice setting**<br>◆ Failing to plan is planning to fail…enough said! |



***** A universal *Diabetes Education Referral Form* was recently developed by a multi-association task force. The form is intended to: streamline and simplify the ordering of CMS' reimbursable diabetes-related benefits; increase beneficiary access to, and utilization of, these benefits (which

includes DSMT and diabetes MNT); and, to aid physicians in supplying and providers in obtaining the written documentation required in these benefits. As of the writing of this article, our task force is making plans for publication and distribution of the form.

AADE is planning an educational web-based audio conference in the near future on Medicare's DSMT and MNT benefits, with special emphasis on these changes. The date will be posted on the AADE web sight, www.aadenet.org. Please visit the site often for all educational events and to keep updated on important changes in CMS' diabetes-related benefits.

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