



## Regulatory Restrictions Limit People with Diabetes from Receiving the Self-Management Skills They Need

### Recommended Action

The American Association of Diabetes Educators strongly urges the immediate recognition of certified diabetes educators (CDE), credentialed by a nationally recognized certifying body for diabetes educators, as providers by CMS. These highly trained healthcare professionals should be reimbursed directly by Medicare for providing diabetes self-management training (DSMT). This would increase access to an essential service that addresses the growing public health challenges associated with the disease

### Issue Background

Section 4105 of the Balanced Budget Act of 1997 provided coverage and reimbursement for DSMT by physicians and other individuals or providers who currently are eligible to bill Medicare for services or supplies, provided that DSMT is furnished incident to other covered services, regardless of whether those items or services are related to diabetes care. While the intent of the legislation to relocate DSMT services from an inpatient setting to include clinic settings was realized, the spirit behind the need for such legislation was not met. The statutory provision did not recognize CDEs, the largest and most qualified group of healthcare professionals to provide DSMT.

As a result of the BBA language and subsequent final rule, all recognized providers including durable medical equipment (DME) suppliers, can bill Medicare for DSMT, provided CMS guidelines are met. CDEs, however, represent the only group of healthcare professionals who provide diabetes self-management training that have not been recognized as healthcare providers and, therefore, are precluded from directly billing Medicare for DSMT.

### Policy Justification

A comparison of the training requirements of CDEs to those of other healthcare providers further underscores the shortcomings of the current rule and suggests the need for modification of the underlying statute. Certified diabetes educators must be licensed or registered, or have received an advanced degree in a relevant public health concentration; have professional practice experience and have met minimum hours requirements in DSMT; and have met certification and recertification requirements.

As a result of CMS Rule 42 CFR § 410.140, highly trained and experienced CDEs cannot directly bill Medicare for DSMT, while a layperson who supplies walkers, wheelchairs and hospital beds may provide DSMT and be reimbursed by Medicare through their facility for such services.

The current number of healthcare professionals who provide DSMT, even considering the more than 14,000 CDEs currently in the US, is grossly inadequate to meet the projected 165% increase by 2050 in the number of people with diabetes (from 18.2 million to 29 million). Direct reimbursement to CDEs for DSMT will serve to attract a greater number of qualified diabetes

educators to the field and will serve to prepare patients to successfully manage their diabetes and reduce acute and secondary complications. This will not only dramatically decrease healthcare costs but will improve quality of life among persons with diabetes.

### **Why Diabetes Self-Management Training?**

Diabetes is now recognized as one of the top public health threats facing our nation today. More than 18 million Americans are living with the disease, a number that is estimated to increase to 9 percent of the U.S. population by the year 2025. In 2002, diabetes accounted for approximately \$132 billion in direct and indirect healthcare costs. These costs are expected to double in the next five years.

DSMT plays an essential role in the management of diabetes and serves as the first line of defense in preventing costly and debilitating conditions, including cardiovascular disease, kidney failure, blindness and lower limb amputations. It also helps to prevent emergency room visits related to acute complications such as low blood sugar reactions and immediate consequences of extremely high blood sugars.

DSMT seeks to ensure patient adherence with individual treatment plans that lead to healthy, active and productive lives. There is now a substantial body of evidence that DSMT is effective – but that is only as long as the patient has access to it. Providing more self-management skills through reimbursement of CDEs ensures patient access.

### **American Association of Diabetes Educators**

Founded in 1973, AADE is a multi-disciplinary professional organization dedicated to advancing the practice of diabetes self-management training and care as integral components of health care for persons with diabetes and lifestyle management for the prevention of diabetes.