



STEPS TO IMPLEMENT DIABETES SELF-MANAGEMENT EDUCATION SUPPORT (DSMES) IN YOUR PRACTICE

What is DSME?

Diabetes Self-Management Education (DSME) is the process of facilitating the knowledge, skill and ability necessary for diabetes self-care. DSME programs provide a quality education that meets the National Standards for Diabetes Self-Management. Education and Support are eligible for third-party insurance reimbursement (including Medicare and many Medicaid beneficiaries).

Currently, the American Diabetes Association (ADA) and the Association for Diabetes Care and Education Services (ADCES) are the Centers for Medicare & Medicaid Services (CMS)-designated national accreditation organizations. [CLICK HERE](#) to learn about qualifying for Diabetes Self-Management Training (DSMT) Medicare reimbursement.



The Difference Between DSME, DSMS, and DSMES

Combining DSME and Diabetes Self-Management Support (DSMS) services can address the patient's health beliefs, cultural needs, current knowledge, physical limitations, emotional concerns, family support, financial status, medical history, health literacy, numeracy, and other factors that influence each person's ability to meet the challenges of self-management.

Many terms and acronyms are used when discussing Diabetes Self-Management Education and Support (DSMES) services. Below are definitions from the Centers for Disease Control and Prevention to clarify each terminology.

- **Diabetes Self-Management Education (DSME)** - "The active, ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care." (Joint statement from the ADA, ADCES and Academy of Nutrition and Dietetics)
- **Diabetes Self-Management Support (DSMS)** - "The support required for implementing and sustaining coping skills and behaviors needed to self-manage on an ongoing basis." (Joint statement from the ADA, ADCES and Academy of Nutrition and Dietetics)
- **Diabetes Self-Management Education and Support (DSMES)** - "The ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing

and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training."

[\(2022 National Standards for Diabetes Self-Management Education\)](#)

- **Diabetes Self-Management Training (DSMT)** - The CMS uses the term *training* instead of education when defining the reimbursable benefit. (Joint statement from the ADA, AADE and Academy of Nutrition and Dietetics). *The term DSMT is used specifically for billing.*

DSME programs are clinically proven to reduce symptoms and improve quality of life by helping patients learn strategies and develop the skills and confidence to

- Cope with symptoms
- Manage fatigue
- Handle stress
- Reduce depression
- Communicate with doctors
- Manage medications
- Eat healthy
- Be active

DSMES programs can positively impact people with pre-diabetes or type 2 diabetes. Research shows that patients who participate in DSMES programs and sustain healthy behavior changes learned during the program improve HbA1c levels, enhance self-efficacy, decrease diabetes-related distress and depression, and reduce the onset and/or advancement of diabetes complications.

Whom to Refer

To qualify for DSMES services, an individual must have the following:

- Documentation of diagnosis of type 1, type 2, or gestational diabetes
 - Under Medicare and many commercial payers, the diagnosis must be made using the following criteria:
 - Fasting Blood glucose of 126 mg/dL on two separate occasions
 - 2-Hour Post-Glucose Challenge of \geq 200 mg/dL on two separate occasions
 - Random Glucose Test of $>$ 200 mg/dL with symptoms of unmanaged diabetes
 - A written referral from the treating physician or qualified non-physician practitioner (including nurse practitioner, physician assistant, clinical nurse specialist or advanced nurse practitioner)
 - A new referral is required for follow-up visits after one year

When to Refer

ADCES and the Academy of Nutrition and Dietetics issued joint guidance identifying when DSMES is most critical. A referral is needed for optimal outcomes:

- At diagnosis
- During an annual assessment
- When a person with diabetes faces new complicating factors
- When there is a transition in care

Tips to Facilitate Referrals and Encourage Patients to Participate

- Referring providers are often the ones informing patients that they have diabetes. Providers should explain the basics:
 - Causes of diabetes
 - Possible complications
 - Treatment options
 - Nutrition education
 - Blood glucose monitoring
- Providers must understand that **language matters** in delivering diabetes care and education. The ADA and ADCES jointly developed guidelines for communicating with people with diabetes. The [Speaking the Language of Diabetes: Language Guidance for Diabetes-Related Research](#) tool from ADCES provides great information on this topic.
- Referring providers should give people with diabetes the time and opportunity to ask questions.

- The ADCES [Six Things To Tell Your Patients](#) resource recommends that providers tell their patients six things after a diabetes diagnosis.
 1. It's not the patient's fault. Many factors can cause diabetes.
 2. There is no need for panic—there are ways to reduce the risk of complications.
 3. People with diabetes do not need special foods. They should eat the same way as everyone else. That means controlling carbohydrates, portion sizes, and fat and salt intake while enjoying the occasional sweet treat.
 4. Being active helps. A person with diabetes should think of ways to be more active.
 5. Learning to master diabetes is critical. It may help to see a diabetes educator.
 6. The patient is not alone. Though a diabetes diagnosis can be overwhelming, the referring provider and other health care providers are there to help.
- Referring providers should inform patients with diabetes about the referral option to a DSMES service and indicate that it is a tool to help successfully manage the disease. It is also helpful to let patients know that others who have attended DSMES services have successfully managed their diabetes.

How to Refer

ADCES created sample referral forms that can be downloaded. It is particularly helpful to use an electronic medical record in order to have the referral order built-in and easily accessible.

- [Diabetes Services Order Form \(PDF\)](#) - This makes it easy for physicians to refer for DSMT and Medical Nutrition Therapy (MNT) in one quick step.
- [Background Information on the Diabetes Services Order Form \(PDF\)](#) - Provides a summary of DSMT and MNT benefit requirements, billing codes and examples of how they can be coordinated for qualifying Medicare beneficiaries.

Where to Refer

DSMES Programs in Your Area

- **Accredited programs in your area.** [Click here to find an accredited diabetes education program in your area.](#)
- **Diabetes Self-Management Program (DSMP)** - The DSMP program has been approved as part of recognized diabetes education programs by the ADA and ADCES. [Click here to find an approved DSMP program in your area.](#)