

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	DIABETIC MANAGEMENT SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses diabetic management and treatment, including outpatient diabetic self-management training, diabetic supplies and equipment, continuous subcutaneous insulin infusion pump (CSII) and related supplies, visual aids, pen delivery systems, test strips, diabetic tablets, and insulin syringes.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p><b>Essential Health Benefits for Individuals and Small Groups</b></p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b></p> <p><a href="#">California Health and Safety Code 1367.51</a>: Diabetes education, management, and treatment</p>

[California Health and Safety Code 1367.19:](#)

On and after January 1, 1991, every health care service plan, except a specialized health care service plan, that covers hospital, medical, or surgical expenses on a group basis shall offer coverage as an option for special footwear needed by persons who suffer from foot disfigurement under such terms and conditions as may be agreed upon between the group contract holder and the plan.

As used in this section, foot disfigurement shall include, but not be limited to, disfigurement from cerebral palsy, arthritis, polio, spina bifida, diabetes, and foot disfigurement caused by accident or developmental disability.

CA [SB-473](#): [Bill passed in Senate and sent to Assembly] -- Effective 1/1/23, maximum \$35 per month for insulin, with no deductible. The bill also prohibits a deductible for other diabetes supplies (syringes, blood glucose monitors, testing strips, etc.).

**FLORIDA:**

[Fla. Stat. § 627.6408](#): Diabetes treatment services

[Fla. Stat. § 641.31\(26\)](#): Diabetes treatment

**IDAHO:**

ID: Has no Insulin Cost Share Cap

**ILLINOIS:**

[P.A. 90-0741- 215 ILCS 5/356w\(d\)\(e\)](#): Diabetes self-management training and education

[50 IL Adm Code 2019.40](#): Minimum Benefit Standards for Diabetes Coverage

[215 ILCS 125/5-3](#): Diabetes self-management

Diabetes self-management

Amended by [P.A. 97-281](#): Law was amended by P.A. 97-281 to expand definition of diabetes self-management training to include services that allow the patient to maintain A1c level within the range of nationally recognized standards of care.

[215 ILCS 5/356z.41: Cost-sharing limits on prescription insulin](#)

IL – 1/1/2021 - Insulin cap at \$100 per month: [SR0005 102ND GENERAL ASSEMBLY \(ilga.gov\)](#)

[215 ILCS 5/356z.53](#)

[P.A. 102-1093](#)

**KENTUCKY:**

[Ky. Rev. Stat. § 304.17A-148](#): Coverage for diabetes -- Cap on cost-sharing requirements for insulin.

**MISSISSIPPI:**

[Miss. Code Ann. § 83-9-46](#): Diabetes Treatment

**NEVADA:**

Coverage for management and treatment of diabetes

[NRS 689A.0427](#)

[NRS 695C.1727](#)

**NEW MEXICO:**

[NMSA 59A-22-41](#); [NMSA 59A-46-43](#): Coverage for Individuals with Diabetes

NM – 1/1/2021 Insulin cap at \$25 per 30 day for diabetes - [HB0292 \(nmlegis.gov\)](#)

**SOUTH CAROLINA:**

[S.C. Code Ann. §38-71-46](#): Diabetes Education/Diabetic Supplies

**TEXAS:**

[28 TAC § 21.2602-2606 Diabetes](#)

[§21.2602 Required Benefits for Persons with Diabetes](#)

[§21.2603 Out of Pocket Expenses](#)

[§21.2604 Minimum Standards for Benefits for Persons with Diabetes, Requirement for Periodic Assessment of Physician and Organization Compliance](#)

[§21.2605: Diabetes Equipment and Supplies](#)

[§21.2606: Diabetes Self-Management Training](#)

[TIC Chapter 1358: Subchapter A. Guidelines for Diabetes Care; Minimum Coverage Required](#)

[SUBCHAPTER B. Supplies and Services Associated with Diabetes Treatment](#)

[Sec. 1358.054: Coverage Required.](#)

[Sec. 1358.055: Diabetes Self-Management Training](#)

[Sec. 1358.056: Coverage for New or Improved Equipment and Supplies](#)

[28 TAC RULE §11.508 Basic Health Care Services and Mandatory Benefit Standards: Group, Individual, and Conversion Agreements](#)

#### UTAH:

[31A-22-626](#): Coverage of Diabetes

The cap for insulin is set at \$27 for 30-day supply (Bulletin 2022-1 & 31A-22-626(4)(a)) (use link above)

#### WASHINGTON:

[WAC 284-43-5642](#): Essential health benefit categories

[RCW 48.44.315](#): Diabetes Coverage

[RCW 48.46.272](#): Diabetes Coverage: Definitions

[RCW 48.43.780](#): Cap on enrollee's required payment amount for specific drugs and equipment—Cost-sharing requirements.

#### WISCONSIN:

[632.895\(6\)](#): Diabetes equipment and supplies

### B. STATE MARKET PLAN ENHANCEMENTS

Traditional glucose monitors, lancets, and test strips are covered under the pharmacy benefit.

Continuous glucose monitors are covered under the pharmacy benefit and not the medical benefit.

Insulin is covered under the pharmacy benefit for coverage for self-administered outpatient use. Cost-sharing maximums may apply for certain states.

Insulin syringes and pen needles are covered under the pharmacy benefit

Insulin Delivery Pump Devices may be covered under the medical or pharmacy benefit. The channel of coverage varies based on the type of pump (traditional external vs. disposable). Traditional external pumps are covered under the medical benefit. Disposable insulin pump devices are covered with formulary exception under the pharmacy benefit.

## C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### DIABETES SERVICES

#### CALIFORNIA:

**Diabetes Services:** Molina covers the following diabetes-related services:

- Diabetes self-management training and education when provided by a
- Participating Provider
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care (including for care of corns, bunions, calluses, or debridement
- of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related
- complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes education and self-management
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
- Dietician services
- Nutritional counseling

#### FLORIDA, MICHIGAN, MISSISSIPPI, SOUTH CAROLINA:

**Diabetes Services:** Molina covers the following diabetes-related services:

- Diabetes self-management training and education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails).

- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
- Dietitian services
- Nutritional counseling

**MI:** Nutritional counseling (6 visit limit per calendar year)

**IDAHO:**

**Diabetes Services:** Molina covers the following diabetes-related services and supplies:

- Diabetes self-management training and education
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications
- Preventive Services including:
  - Diabetes education and self-management
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
  - Dietician counseling
- Blood glucose monitors designed to assist Members with low vision or who are blind
- Insulin pumps and all related necessary supplies
- Podiatric devices to prevent or treat diabetes related foot problems
- Visual aids, excluding eyewear, to assist those with low vision with proper dosing of insulin.

**ILLINOIS:**

**Diabetes Services:** Molina covers the following diabetes related services:

- Acupuncture services
- Diabetes self-management training and education when provided by a Participating Provider
- Telehealth services
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials

- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails) by a Participating Provider within the scope of their license.
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
  - A1C testing
- Nutritional counseling
- Continuous Glucose Monitors

**KENTUCKY:**

**Diabetes Services:** Passport covers the following diabetes related services:

- Diabetes self-management training and education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails)
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
- Nutritional counseling
  - Coverage is limited to nutritional education required for a disease in which patient self-management is an important component of treatment and there is a knowledge deficit regarding the disease which requires the intervention of a trained health professional; inborn errors of metabolism; or genetic conditions.

**NEVADA:**

**Diabetes Services:** Molina covers the following diabetes related services:



- Diabetes self-management training and education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Nutritional counseling

**NEW MEXICO:**

**Diabetes Services:** Molina covers the following diabetes-related services:

- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails)
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes education and self-management
  - Diabetes (Type 2) screening
- Screening for gestational diabetes
- Dietician services
- Nutritional counseling

In accordance with state law for Diabetes Care, a member who has received prior authorization during the policy year shall not be subject to additional prior authorization requirements in the same policy year if prescribed as medically necessary by the covered person's health care practitioner.

**Coverage for Individuals with Diabetes**

The member's health benefits plan contract provides coverage for basic health services for individuals with Type 1 diabetes (insulin dependent diabetes), Type 2 diabetes (non-insulin dependent diabetes), and gestational diabetes (individuals



with elevated blood glucose levels induced by pregnancy). These basic health services consist of:

- Preventive care
- Emergency care
- Inpatient and outpatient hospital and physician care
- Diagnostic laboratory services
- Diagnostic and therapeutic radiological services
- Prescription medications
- Treatment and supplies

This coverage is a basic health care service that entitles the member to the medically accepted standard of medical care for diabetes, when medically necessary, and will not be reduced or eliminated.

Generally, the member's provider will diagnose the member with diabetes and prescribe medically necessary Durable Medical Equipment (DME), diabetic testing supplies, insulin, or other prescription medications used for the treatment of diabetes. Generally, once a provider diagnoses the member with diabetes, any provider can then prescribe medically necessary durable medical equipment ("DME"), diabetic testing supplies, insulin, or other prescription medications.

This section explains covered benefits and services. Nothing in this section of the member's plan contract shall be construed to require payment for diabetes resources that are not covered benefits or services.

#### **Basic Health Care Services**

The member's health benefits plan covers the following benefits for diabetes self-management training provided by a certified, registered, or licensed health care professional with recent education in diabetes management:

- Medically necessary visits upon the diagnosis of diabetes;
- Visits following a diagnosis indicating a significant change in your symptoms or condition that warrants changes in your self-management;
- Visits when re-education or refresher training is prescribed by your provider with prescribing authority;
- Telephonic visits with a Certified Diabetes Educator (CDE). Approved diabetes

educators may be required to be practitioners/providers who are registered, certified or licensed health care professional with recent education in diabetes management; and

- Medical nutrition therapy related to diabetes management

#### **Prior Authorization**

Medically necessary DME, diabetic testing supplies, insulin or other prescription medications used for the treatment of diabetes and covered under your health benefits plan can be subject to prior authorization and step therapy requirements. We will not require the member's provider to submit more than one prior authorization request per policy year for any single medication or category of covered item, unless there is a change in the member's diagnosis, management or treatment of diabetes or its complications. The one prior authorization per year limitation applies to changes in the following:

- prescribed dose of a medication;
- quantities of supplies needed to administer a prescribed medication;
- quantities of blood glucose self-testing equipment and supplies; or
- quantities of supplies needed to use or operate devices for which a member has received prior authorization during the policy year shall not be subject to additional prior authorization requirements in the same policy year if deemed medically necessary by the member's health care provider.

**Cost sharing-** The amount the member will pay for a preferred formulary prescription insulin, or a medically necessary alternative will not exceed a total of twenty-five dollars (\$25.00) per thirty-day supply. Coverage of all other diabetes related benefits, treatment and supplies may be subject to cost sharing (deductible, copay and coinsurance) consistent with the cost sharing imposed to other benefits under the same contract. This cost sharing will not exceed the cost sharing established for similar benefits under your health benefits plan.

#### **OHIO, TEXAS:**

**Diabetes Services:** Molina covers the following diabetes-related services:

- Diabetes self-management training and education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training

- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes education and self-management
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
- Dietician services
- Nutritional counseling

**UTAH:**

**Diabetes Services:** Molina covers the following diabetes-related services:

- Diabetes self-management training/education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations) (limited to 1 visit per year)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes education and self-management
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
- Dietician services
- Nutritional counseling

**WASHINGTON:**

**Diabetes Services:** Molina covers the following diabetes-related services and supplies:

- Diabetes self-management training/education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations) (limited to 1 visit per year)
- Easy to read diabetic health education materials

- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Routine foot care for Members with diabetes (including for care of corns, bunions, calluses, or debridement of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes education and self-management
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
  - Dietician services
- Blood glucose monitors designed to assist Members with low vision or who are blind
- Insulin pumps and all related necessary supplies
- Podiatric devices to prevent or treat diabetes related foot problems
- Visual aids, excluding eyewear, to assist those with low vision with proper dosing of insulin

**Benchmark: NUTRITIONAL COUNSELING**

We cover nutritional counseling for all conditions, including obesity, not subject to any specific visit limitation.

**WISCONSIN:**

**Diabetes Services:** Molina covers the following diabetes-related services:

- Diabetes self-management training and education when provided by a Participating Provider
- Diabetic eye examinations (dilated retinal examinations)
- Easy to read diabetic health education materials
- Medical nutrition therapy in an outpatient, inpatient or home health setting
- Outpatient self-management training
- Preventive, routine foot care for Members with diabetes (including care of corns, bunions, calluses, or debridement of nails).
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist
- Preventive Services including:
  - Diabetes (Type 2) screening
  - Screening for gestational diabetes
- Dietitian services
- Nutritional counseling

Diabetes equipment and supplies are listed as a state required benefit for WI

## DIABETIC SUPPLIES

### ALL STATES:

Insulin and prescription diabetes drugs; prescription and nonprescription oral agents for controlling blood sugar levels; glucagon emergency kits are covered (Pharmacy)

### CALIFORNIA:

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

### FLORIDA:

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

### IDAHO:

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

### ILLINOIS:

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, Glucagon Emergency Kit and select pen delivery systems for the administration of insulin.

### KENTUCKY:

**Diabetic Supplies:** Passport covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin. Passport also covers all equipment, supplies, outpatient self-management training and education, including medical nutrition therapy, and all medications necessary for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes if prescribed by a health care provider

legally authorized to prescribe the items. Member Cost Sharing for covered insulin medication is limited to \$30 per thirty-day supply of each prescription insulin drug. This does not include drugs that are combination of insulin and another non-insulin drug.

**MICHIGAN:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**MISSISSIPPI:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**NEVADA:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**NEW MEXICO:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, including those for the legally blind, visual reading urine and ketone strips, insulin injection aids, including those adaptable to meet the needs of the legally blind, prescriptive oral agents for controlling blood sugar levels, glucagon emergency kits, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**OHIO:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**SOUTH CAROLINA:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**TEXAS:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin. Molina also covers new or improved diabetic equipment and supplies, including improved insulin or another prescription drug approved by the United States Food and Drug Administration. Select pen delivery systems for the administration of insulin are also covered.

**UTAH:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**WASHINGTON:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin. Member Cost Sharing for covered insulin medication is not subject to deductible and is limited to \$35 per thirty-day supply of the medication.

**WISCONSIN:**

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, insulin infusion pumps (limited to one pump per calendar year), lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**DIABETES PREVENTION PROGRAM**
**CALIFORNIA ONLY:**

Molina's Diabetes Prevention Program (DPP) is a CDC-recognized lifestyle change program. The DPP was developed to prevent type 2 diabetes. It is designed for Molina Members who have prediabetes or are at risk for type 2 diabetes. The DPP is not for Members who already have diabetes or who are currently pregnant.

Trained coaches lead the program to help Members change certain aspects of their lifestyle. They will show Members how to eat healthier, reduce stress, and get more physical activity. The program also includes group support from others who share goals and struggles. This lifestyle change program is not a fad diet or



an exercise class. It's not a quick fix. It's a year-long program focused on long-term changes and lasting results.

A year might sound like a long time, but learning new habits, gaining new skills, and building confidence takes time. As a Member begins to eat better and becomes more active, the Member will notice changes. The changes may be in how the Member feels or even in how the Member looks. The DPP staff will work with Members to see if they are ready to enroll in the program.

To qualify for the program, Members should meet all of the following requirements:

- Be at least 18 years old
- Be overweight
- Not have type 1 or type 2 diabetes
- Have a blood test result in the prediabetes range within the past 12 months; OR have been diagnosed with gestational diabetes in the past (not pregnant now).

Members can access Molina's Diabetes Prevention Program by visiting their provider or by calling Customer Support.

## **MORE INFORMATION**

Refer to the Benefit Interpretation Policies titled **Preventive Care Services**, **DME, Prosthetics and Medical Supplies Grid (not created yet)** and **Vision Care**.

For information regarding Diabetes Supplies, please refer to the BI Policy titled **"Medications and Off-Label Drugs"**

### **D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## **ROUTINE FOOT CARE ITEMS AND SERVICES**

### **CALIFORNIA:**

**Routine Foot Care:** Molina covers Medically Necessary routine foot care including for care of corns, bunions, calluses, or debridement of nails. Routine foot care is EHB for CA, with no visit limits and no diabetes requirement.

### **FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:**

Routine foot care items and services are not covered, except for Members with diabetes.

**NEW MEXICO:**

Routine foot care items and services are not covered, except for Members with diabetes unless medically necessary due to diabetes or other significant peripheral neuropathies.

**E. DEFINITIONS**

[See Glossary](#)

**F. REFERENCES**

[CFR Title 42, Chapter IV, §410. 132 - §410.146 - Outpatient Self-Management Training and Diabetes Outcome Measurements](#) (Accessed January 2, 2020)

[NCD for Diabetes Outpatient Self-Management Training \(40.1\)](#) (Accessed January 2, 2020)

**G. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 EOC Language</li> </ul>
6/28/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul>
7/1/2023	<ul style="list-style-type: none"> <li>Added NV 2024 EOC Language</li> </ul>

**Codification**

[Marketplace Benefit Interpretation Policies Codification](#)

**Prior Authorization**

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management	Pharmacy
	Date	2/18/2021	3/2/2021	3/16/2021	-
	Revised (for 1/1/2022)	10/26/2021	3/2/2022	10/26/2021	1/21/2022
	Revised (for 1/1/2023)	11/15/2022	3/17/2023	11/15/2022	12/21/2022
	Revised (for 1/1/2024)	10/26/2023	4/1/2024	12/8/2023	12/8/2023
	Revised (for 1/1/2025)	11/5/2024	-	10/31/2024	12/3/2024