



7

PRACTICE/CLINIC RESOURCES

CMAF DQIP Project

California Diabetes Program

Multicultural Patient Education Materials Database

Reducing Cardiometabolic Risk: Patient Education

Toolkit (*Preventive Cardiovascular Nurses Association, American Diabetes Association and the American College of Cardiology*)

Community Resource Directory

Language Access Database

Link to Informational Websites

Billing and Coding Quick Reference Guide

- ICD-9-CM Coding for Type 2 Diabetes Mellitus
 - ICD-9-CM Code Disease Diagnosis: Risk Factors
 - ICD-9-CM Coding for Type 2 Diabetes Mellitus
 - ICD-9-CM Code Disease Diagnosis: Complication and Co-morbidities
- HCPCS Level II Codes for Self Monitoring Blood Glucose Products
- HCPCS Codes Medicare Preventive and Screening Services
- Medicare Limitations
- HCPCS Codes Self-Management Training Services
- CPT Codes Medical Nutrition Therapy (MNT)
- ICD-9 Codes that Support Medical Nutrition Therapy (MNT)
- Billing and Coding Internet Resources





The **Diabetes Quality Improvement Project** is about doing the right thing for patients with diabetes at the point of care. It is about working as a team with members of the practice to ensure the best outcomes for patients with chronic disease. It is about utilizing appropriate technology to enhance what we do on a daily basis in solo and small practices. The Project is focused on improving the health of patients with diabetes and reducing the racial and ethnic health care disparities associated with this disease.

Project Goals:

- Improve the quality of care provided to diverse diabetes patient populations.
- Encourage medical offices to aggressively screen and identify patients at risk for diabetes.
- Effectively prevent and manage diabetes complications.
- Support team-based approaches to improve, track and monitor diabetes care.
- Share best practices associated with providing quality diabetes care.
- Provide multicultural community and patient education resources via the web.



Focus for 2011 & Beyond:

Moving forward, the CMA Foundation will broaden its project focus. Areas of emphasis will include:

- **Implement health plan partnership to improve the quality of diabetes and cardiovascular health care throughout California**
- **Spread of the Diabetes & Cardiovascular Disease Provider Reference Guide (PRG) nationally**
- **Provider education programs (CME & non-CME)**
- **Diabetes Quality Monograph for solo/small practice physicians**
- **Team Care Toolkit for medical office staff**
- **Education materials on managing cardiovascular risk, insulin therapy & medication management**

For more information please contact Senely Navarrete, MPH, Project Director (916) 779-6638 or snavarrete@thecmafoundation.org.

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The Diabetes Quality Improvement Project is a project of the CMA Foundation.

PRACTICE / CLINIC
RESOURCES



CALIFORNIA DIABETES PROGRAM
A CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PROGRAM
www.caldiabetes.org



The mission of the California Diabetes Program is to prevent diabetes and its complications in California's diverse communities.

The California Diabetes Program was established in 1981, is part of the California Department of Public Health and is primarily funded by the Centers for Disease Control and Prevention (CDC).

The program works in partnership with organizations in California and nationwide to:

- Conduct **surveillance** to monitor statewide diabetes health status and risk factors
- Provide **communications** to increase awareness about diabetes
- Guide **public policy** to support people with and at risk for diabetes
- Offer leadership, guidance, and resources for **community health interventions**
- Improve the quality of care in **health care delivery systems**
- **Reduce diabetes- related Health Disparities**

As a coordinating leader for diabetes prevention and control, the California Diabetes Program is guided by national objectives and statewide goals, as well as community input. Our work ranges from supporting system-wide improvements in health care delivery systems to developing peer-to-peer education programs led by community volunteers. We promote proven methodologies including the Chronic Care Model and the team approach to care.

Brief success stories posted online describe some of our unique efforts to reduce diabetes risk factors, disability and death www.caldiabetes.org/content_display.cfm?ContentID=1117

California Diabetes Program Tools and Programs

The California Diabetes Program has developed a variety tools and resources to aid health care providers in delivering quality diabetes care. The tools available to support patients, health care providers, community health workers, medical assistants, and diabetes health care providers, include:

- **Basic guidelines for diabetes care packet** – Developed in collaboration with the Diabetes Coalition of California, this evidence-based package provides easy to use tools for health care providers including user-friendly guidelines, patient flow sheet, and treatment algorithms.
- **Diabetes health record card** – Patient component of the basic guidelines. This tool is helpful for patient provide communication, tracking test dates, exam results, and health goals. Available online in 19 languages, printed copies in English and Spanish upon request via email: diabetes@cdph.ca.gov
- **Do you cAARd? Tobacco Cessation and Diabetes Online continuing Education Program** – This no cost CEU provides key information about tobacco use and its effects on chronic disease, about cessation using the brief Ask Advise Refer cessation intervention, about quitline's and pharmacotherapy. Visit www.caldiabetes.org to participate.

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- **Team Care** – A resource compiled for health care professionals to assist in clinic systems change provides tools and information to help increase quality care for diabetes. Find this resource at the Diabetes Information Resource Center at www.caldiabetes.org
 - **California Diabetes Surveillance System** – This system includes national and statewide survey data, vital statistics and hospital discharge data, health care system data, and local community data.
 - **Diabetes Information Resource Center (DIRC)** – DIRC is a web-based portal containing diabetes information, resources, and data for use by organizations throughout California to contribute content and build a depository of information that is readily accessible to battle against diabetes. Visit this site to learn more about diabetes resources and to connect with partners.

For the most recent guidelines, please visit DIRC at www.caldiabetes.org

LEARN. DIRC includes best practices, data, health education tools and more.

SHARE. DIRC allows organizations to post a profile of their work and share their resources.

CONNECT. DIRC is a portal to find and connect with other diabetes organizations

Multicultural Patient Education Materials Database

A database of diabetes-related, culturally and linguistically appropriate patient education materials available on our web site.



Search by topic:
Cardiovascular Disease and Diabetes
Complications / Miscellaneous
Emotions Feelings
Exercise
Eye Care
Foot Care
Medications
Monitoring (Self-Management)
Nutrition
Prevention

Search by target audience:
Age and Gender
Ethnicity and Race
Materials in over 30 languages

Other features:
Free and easy to use
Download or print materials at no cost
Search by materials format (i.e. coloring book or pamphlet)
Author organization

The Multicultural Patient Educational Materials Database is compiled with the assistance of an expert panel that includes ethnic and regional physician organizations, community and public health organizations.

To access the database and other diabetes-related resources, visit the project website at www.thecmafoundation.org > Diabetes Quality

For more information, please contact Senely Navarrete, MPH, Project Director at (916) 779-6638 or by e-mail at snavarrete@thecmafoundation.org

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Diabetes Quality Improvement Project of the CMA Foundation

Reducing Cardiometabolic Risk: Patient Education Toolkit

This toolkit contains 29 patient education handouts on topics related to diabetes and cardiovascular disease. All handouts are freely reproducible, no-cost and available in English and Spanish. The toolkit was developed by the American Diabetes Association, the American College of Cardiology and the Preventive Cardiovascular Nurses Association.

<http://www.pcna.net/clinical/diabetes/index.php>

You may request a no-cost CD-ROM of all handouts by emailing the American Diabetes Association at AskADA@diabetes.org.

Sample Topics in the Reducing Cardiometabolic Risk: Patient Education Toolkit

In English	En Español
1. All About Pre-Diabetes	1. Todo sobre la prediabetes
2. Getting the Very Best Care for Your Diabetes	2. Cómo obtener el mejor cuidado para su diabetes
3. Taking Care of Type 2 Diabetes	3. Cómo cuidar la diabetes tipo 2
4. All About Your Blood Glucose for People with Type 2 Diabetes	4. Todo sobre la glucosa en la sangre para personas con diabetes tipo 2
5. All About Insulin Resistance	5. Todo sobre la resistencia a la insulina
6. Protect Your Heart: Make Wise Food Choices	6. Proteja su corazón: Seleccione sus alimentos con cuidado
7. Protect Your Heart: Choose Fats Wisely	7. Proteja su corazón: Seleccione las grasas con cuidado
8. Protect Your Heart: Cook with Heart Healthy Foods	8. Proteja su corazón: Cocine con alimentos saludables para el corazón
9. Protect your Heart: Check Food Labels to Make Heart-Healthy Choices	9. Proteja su corazón: Lea las etiquetas de los alimentos para seleccionar los que son saludables para el corazón
10. All About Carbohydrate Counting	10. Todo sobre el conteo de los carbohidratos
11. Protect Your Heart by Losing Weight	11. Proteja su corazón bajando de peso
12. All About Physical Activity for People with Diabetes	12. Todo sobre como ser activo físicamente cuando se tiene diabetes
13. Getting Started with Physical Activity	13. Cómo empezar a ser activo físicamente
14. Learning How to Change Habits	14. Aprenda a cambiar sus hábitos
15. Recognizing and Handling Depression for People with Diabetes	15. Cómo reconocer y manejar la depresión cuando se tiene diabetes
16. Treating High Blood Pressure in People with Diabetes	16. Sobre el tratamiento de la presión alta de la sangre cuando se tiene diabetes
17. Treating High Cholesterol in People with Diabetes	17. Sobre el tratamiento para el colesterol alto cuando se tiene diabetes
18. Taking Care of Your Heart	18. Cómo cuidar su corazón

In addition to the *Reducing Cardiometabolic Risk: Patient Education Toolkit*, the Preventive Cardiovascular Nurses Association offers the following patient education resources. All resources are downloadable and may also be ordered free of charge.

Reducing Cardiometabolic Risk: Patient Education Toolkit:

This comprehensive toolkit, developed by PCNA, the American Diabetes Association, and the American College of Cardiology, contains printable patient education materials related to diabetic cardiovascular care. There are more than 25 topic areas covering everything from Type 2 diabetes and glucose control to vascular disease. Also included are forms for tracking key goals and logging daily eating and physical activity patterns. This tool kit is available on CD.

Antiplatelet Therapy:

This free patient education handout provides an overview of the important role of platelets in the development of acute coronary syndrome, heart attack, and stroke. It reviews basic information on antiplatelet medications and indications for use. Also included are important instructions for taking antiplatelet medications. These include a chart to track dosing, what to expect when taking these medicines, and tips on how to incorporate a heart healthy diet and exercise into the daily routine.

(©2010)

Hypertension: Patient Education

“How do you measure up?” patient booklet was developed by PCNA to educate patients at risk for CVD due to hypertension. This booklet provides information on home blood pressure monitoring, exercise and nutrition, behavior change and medication therapies. This booklet will also help your patients understand if they have normal, are at risk for, or have high blood pressure and what they can do to achieve normal blood pressure. (©2010)

Triglycerides and HDL: Patient Education

This free educational handout for patients outlines risk reduction strategies and explains how to lower triglycerides and raise HDL through healthy eating and exercise. Easy to read tables provide examples of heart healthy activities for adults as well as common medications used to lower triglycerides and raise HDL-cholesterol. (©2010)

Angina: Patient Education

The Get Tough on Angina™ patient education materials were designed for health care providers to use when educating their patients and the family and friends of patients about angina. The Get Tough on Angina patient booklet is the most comprehensive educational resource currently available to patients with angina. The patient brochure, available in English and Spanish, provides quick information on angina including how to reduce attacks and how to cope with symptoms.

(©2010)

Community Resource Directory

The Community Resource Directory is a collaboration between the California Medical Association Foundation and the Network for a Healthy California to identify programs and resources for individuals at risk for overweight, obesity and type 2 diabetes. The directory contains resources for all counties in the state, with extensive resources in the North Coast, Central Valley, Gold Country, Central Coast, and Desert Sierra regions.



Programs and resources in the directory include:

- **Behavioral/mental health:** Group support, private counseling and 24-hour crisis hot lines
- **Child health:** Programs and activities for children, as well as advocacy groups for child health and safety
- **Clinics:** Medical clinics providing care and education specifically tailored for patients with diabetes
- **Diabetes counseling & education:** One-on-one or small group education and support for individuals with diabetes
- **Education materials:** Health education resources on nutrition and healthy eating, physical activity, overweight/obesity and diabetes
- **Environmental health:** Advocacy groups on clean and green environments
- **Family relation building:** Programs and activities for the whole family, as well as counseling and support for troubled families
- **Health services for low-income:** Information on Medicaid and other low cost health service options
- **Food resources:** Supplemental food or food vouchers such as food stamps and WIC, as well as information and locations for Farmers' markets, food banks, and congregate meal facilities
- **Nutrition education:** Community education programs addressing healthy eating
- **Physical activity:** Low cost or free exercise classes and sports teams
- **State and national parks:** Recreation areas and parks with hiking and biking trails as well as other facilities for physical activities

To access the community resource directory, visit <http://www.thecmafoundation.org/applications/ProgramSearchHome.aspx>





Language Access Database

The Medical Leadership Council (MLC) Language Access Database provides a wealth of local, state, and national resources to assist physicians, other health care providers, and their staff in providing language access and culturally proficient health care for patients. The database is searchable by California county, by specific language, and by resource type. Users can search by any of these categories or by a combination of two or three.

The database can be accessed at this website:

<http://www.medicalleadership.org/resources/database.shtml>.

Resources include interpreter contact information, patient education materials in a variety of languages, and local and national organizations providing services in languages other than English.

The listings included are not exhaustive, and are not endorsed or guaranteed by The California Endowment, the California Academy of Family Physicians, or the Medical Leadership Council on Cultural Proficiency. MLC member organizations are continually researching local resources and adding to this database, so please check back regularly. To comment on any listed resources please email srodriguez@medicalleadership.org.

Link to Informational Websites

American Academy of Ophthalmology

<http://www.aao.org/>

American Academy of Optometry

<http://www.aaopt.org>

American Academy of Periodontology

<http://www.perio.org>

American Association of Clinical Endocrinologists (AACE)

<http://www.aace.com>

American Association of Diabetes Educators (AADE) - 800-TEAM-UP4

<http://www.aadenet.org>

American College of Clinical Pharmacy

<http://www.accp.com>

American Dental Association

<http://www.ada.org>

American Dental Hygienists Association

800-243-ADHA
<http://www.adha.org/>

American Diabetes Association (ADA)

800-342-2383
<http://www.diabetes.org>

American Dietetic Association

800-366-1655
<http://www.eatright.org>

American Optometric Association

<http://www.aoa.org>

American Pharmacists Association

<http://www.aphanet.org>

American Podiatric Medical Association

<http://www.apma.org>

American Public Health Association

<http://www.apha.org>

American Society of Health-System Pharmacists

<http://www.ashp.org>

California Diabetes Program

<http://www.caldiabetes.org>

Centers for Disease Control and Prevention Division of Diabetes Translation

877-232-3422
<http://www.cdc.gov/diabetes>

Centers for Medicare & Medicaid Services

<http://www.cms.gov>

Indian Health Services Diabetes Program

www.ihs.gov/MedicalPrograms/Diabetes/index.asp

Learning About Diabetes

<http://www.learningaboutdiabetes.org/>

National Association of Chain Drug Stores

<http://www.nacds.org>

National Community Pharmacists Association

<http://www.ncpanet.org>

National Diabetes Education Program

<http://www.ndep.nih.gov>
<http://www.betterdiabetescare.nih.gov>

National Diabetes Information Clearinghouse

800-860-8747
<http://diabetes.niddk.nih.gov>

National Eye Institute

301-496-5248
<http://www.nei.nih.gov>

National Heart, Lung, and Blood Institute

<http://www.nhlbi.nih.gov>

National Institute of Diabetes, Digestive and Kidney Diseases

<http://www.niddk.nih.gov>

National Optometric Association

<http://www.natoptassoc.o>



Billing and Coding Quick Reference Guide

ICD9-CM Coding for Type 2 Diabetes Mellitus⁷¹

The International Classification of Diseases, 9th Revision, Clinical Modification, also known as ICD-9-CM, is the official United States system of assigning codes to medical diagnoses. The following two tables list ICD-9-CM diagnoses and codes for diabetes risk factors and cardiovascular comorbidities, and for type 2 diabetes mellitus

Table 41: ICD 9-CM Coding for Diabetes Risk Factors and Cardiovascular Comorbid Diagnoses

Diagnosis	ICD-9-CM code
Impaired fasting glucose Elevated fasting glucose	790.21
Impaired glucose tolerance test (oral) Elevated glucose tolerance test	790.22
Other abnormal glucose Abnormal glucose, non specific (NOS) Abnormal non-fasting glucose Hyperglycemia (NOS) Pre-diabetes (NOS)	790.29
Dysmetabolic syndrome X Use Additional Code: for associated manifestation, such as: cardiovascular disease (414.00-414.07) obesity (278.00-278.03)	277.7
Hypertensive disease	
Essential hypertension: Malignant Benign Unspecified	401.1 401.2 401.9
Hypertensive heart disease: Malignant – Without heart failure Malignant – With heart failure Benign – Without heart failure Benign – With heart failure Unspecified – Without heart failure Unspecified – With heart failure	402.00 402.01 402.10 402.11 402.90 402.91

Table 41: ICD 9-CM Coding for Diabetes Risk Factors and Cardiovascular Comorbid Diagnoses

Hypertensive chronic kidney disease	
Malignant, with chronic kidney disease stage I through stage IV, or unspecified <i>Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)</i>	403.00
Malignant, with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	403.01
Benign, with chronic kidney disease stage I through stage IV, or unspecified <i>Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)</i>	403.10
Benign, with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	403.11
Unspecified, with chronic kidney disease stage I through stage IV, or unspecified <i>Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)</i>	403.90
Unspecified, with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	403.91
Hypertensive heart and chronic kidney disease	
Malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified <i>Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)</i>	404.00
Malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified <i>Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)</i>	404.01
Malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	404.02
Malignant, with heart failure and chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5-585.6)</i>	404.03



Table 41: ICD 9-CM Coding for Diabetes Risk Factors and Cardiovascular Comorbid Diagnoses

Benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)	404.10
Benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)	404.11
Benign, without heart failure and with chronic kidney disease stage V or end stage renal disease Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)	404.12
Benign, with heart failure and chronic kidney disease stage V or end stage renal disease Use Additional Code: to identify the stage of chronic kidney disease (585.5-585.6)	404.13
Unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)	404.90
Unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified Use Additional Code: to identify the stage of chronic kidney disease (585.1-585.4, 585.9)	404.91
Unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)	404.92
Unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease Use Additional Code: to identify the stage of chronic kidney disease (585.5-585.6)	404.93
Secondary hypertension	
Malignant – Renovascular	405.01
Malignant – Other	405.09
Benign – Renovascular	405.11
Benign – Other	405.19
Unspecified – Renovascular	405.91
Unspecified - Other	405.99

Table 41: ICD 9-CM Coding for Diabetes Risk Factors and Cardiovascular Comorbid Diagnoses

Dyslipidemia	
Pure hypercholesterolemia Familial hypercholesterolemia Fredrickson Type IIa hyperlipoproteinemia Hyperbetalipoproteinemia Hyperlipidemia, Group A Low-density-lipoid-type [LDL] hyperlipoproteinemia	272.0
Pure hyperglyceridemia Endogenous hyperglyceridemia Fredrickson Type IV hyperlipoproteinemia Hyperlipidemia, Group B Hyperprebetalipoproteinemia Hypertriglyceridemia, essential Very-low-density-lipoid-type [VLDL] hyperlipoproteinemia	272.1
Mixed hyperlipidemia Broad- or floating-betalipoproteinemia Combined hyperlipidemia Elevated cholesterol with elevated triglycerides NEC Fredrickson Type IIb or III hyperlipoproteinemia Hypercholesterolemia with endogenous hyperglyceridemia Hyperbetalipoproteinemia with prebetalipoproteinemia Tubo-eruptive xanthoma Xanthoma tuberosum	272.2
Hyperchylomicronemia Burger-Grutz syndrome Fredrickson type I or V hyperlipoproteinemia Hyperlipidemia, Group D Mixed hyperglyceridemia	272.3
Other and unspecified hyperlipidemia Alpha-lipoproteinemia Hyperlipidemia NOS Hyperlipoproteinemia NOS	272.4
Overweight and obesity	
Obesity (use additional code to identify body mass index, if know (V85.0-V85.54)	278.00
Morbid obesity (increased weight beyond limits of skeletal and physical requirements (125 percent or more over ideal body weight) as a result of excess fat in subcutaneous connective tissues (BMI greater than 39)	278.01

Table 42: ICD 9-CM Coding for Type 2 Diabetes Mellitus Diagnoses

Diagnosis	ICD- 9-CM Code
<p>Diabetes mellitus type 2 Diabetes mellitus: codes under category 250, diabetes mellitus, identify complications/ manifestations associated with diabetes mellitus. A fifth-digit is required for all category 250 codes to identify the type of diabetes mellitus and whether the diabetes is controlled or uncontrolled.</p>	
<p>Diabetes mellitus</p>	
<ul style="list-style-type: none"> ➤ Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit "0" is for use for type II patients even if the patient requires insulin 	250.00
<ul style="list-style-type: none"> ➤ Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.02
<p>Diabetes with ketoacidosis</p>	
<ul style="list-style-type: none"> ➤ Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.10
<ul style="list-style-type: none"> ➤ Diabetes with ketoacidosis, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.12
<p>Diabetes with hyperosmolarity</p>	
<ul style="list-style-type: none"> ➤ Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.20
<ul style="list-style-type: none"> ➤ Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.22

Table 42: ICD 9-CM Coding for Type 2 Diabetes Mellitus Diagnoses

Diagnosis	ICD- 9-CM Code
Diabetic Coma <ul style="list-style-type: none"> ○ Diabetic coma (with ketoacidosis) ○ Diabetic hypoglycemic coma ○ Insulin coma NOS <p><i>Excludes: diabetes with hyperosmolar coma (250.2)</i></p>	
<ul style="list-style-type: none"> ➤ Diabetes with other coma, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.30
<ul style="list-style-type: none"> ➤ Diabetes with other coma, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.32
Diabetes with renal manifestations: <ul style="list-style-type: none"> ➤ Use Additional Code: to identify manifestation, as: <ul style="list-style-type: none"> -chronic kidney disease (585.1-585.9) -diabetic: <ul style="list-style-type: none"> nephropathy NOS (583.81) nephrosis (581.81) -intercapillary glomerulosclerosis (581.81) -Kimmelstiel-Wilson syndrome (581.81) 	
<ul style="list-style-type: none"> ➤ Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.40
<ul style="list-style-type: none"> ➤ Diabetes with renal manifestations, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.42
Diabetes with ophthalmic manifestations <ul style="list-style-type: none"> ○ Use Additional Code: to identify manifestation, as: <ul style="list-style-type: none"> diabetic: <ul style="list-style-type: none"> blindness (369.00-369.9) cataract (366.41) glaucoma (365.44) macular edema (362.07) retinal edema (362.07) retinopathy (362.01-362.07) 	250.50



Table 42: ICD 9-CM Coding for Type 2 Diabetes Mellitus Diagnoses

Diagnosis	ICD- 9-CM Code
<ul style="list-style-type: none"> ➤ Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled Use Additional Code: if applicable, for associated long-term (current) insulin use V58.67 Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.52
Diabetes with neurological manifestations <ul style="list-style-type: none"> ➤ Use Additional Code: to identify manifestation, as: <i>diabetic:</i> <ul style="list-style-type: none"> <i>amyotrophy (353.5)</i> <i>gastroparalysis (536.3)</i> <i>gastroparesis (536.3)</i> <i>mononeuropathy (354.0-355.9)</i> <i>neurogenic arthropathy (713.5)</i> <i>peripheral autonomic neuropathy (337.1)</i> <i>polyneuropathy (357.2)</i> 	
<ul style="list-style-type: none"> ➤ Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ➤ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.60
<ul style="list-style-type: none"> ➤ Diabetes with neurological manifestations, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.62
Diabetes with peripheral circulatory disorders <ul style="list-style-type: none"> ➤ Use Additional Code: to identify manifestation, as: <i>diabetic:</i> <ul style="list-style-type: none"> <i>gangrene (785.4)</i> <i>peripheral angiopathy (443.81)</i> 	
<ul style="list-style-type: none"> ➤ Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.70
<ul style="list-style-type: none"> ➤ Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.72

Table 42: ICD 9-CM Coding for Type 2 Diabetes Mellitus Diagnoses

Diagnosis	ICD- 9-CM Code
Diabetes with other specified manifestations <ul style="list-style-type: none"> ○ Diabetic hypoglycemia NOS ○ Hypoglycemic shock NOS ○ Use Additional Code: to identify manifestation, as: any associated ulceration (707.10-707.9) diabetic bone changes (731.8) 	
<ul style="list-style-type: none"> ➤ Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.80
<ul style="list-style-type: none"> ➤ Diabetes with other specified manifestations, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.82
Diabetes with unspecified complication	
<ul style="list-style-type: none"> ➤ Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 0 is for use for type II patients even if the patient requires insulin 	250.90
<ul style="list-style-type: none"> ➤ Diabetes with unspecified complication, type II or unspecified type, uncontrolled <ul style="list-style-type: none"> ○ Use Additional Code: if applicable, for associated long term (current) insulin use V58.67 ○ Fifth digit 2 is for use for type II patients even if the patient requires insulin 	250.92
Other disorders of pancreatic internal secretion	
<ul style="list-style-type: none"> ➤ Hypoglycemic coma 	251.0
<ul style="list-style-type: none"> ➤ Other specified hypoglycemia 	251.1
<ul style="list-style-type: none"> ➤ Hypoglycemia, unspecified 	251.2
<ul style="list-style-type: none"> ➤ Post surgical hypoinsulinemia 	251.3
<ul style="list-style-type: none"> ➤ Abnormal secretion of glucagon 	251.4
<ul style="list-style-type: none"> ➤ Abnormal secretion of gastrin 	251.5
<ul style="list-style-type: none"> ➤ Other specified disorder of pancreatic internal secretion 	251.8
<ul style="list-style-type: none"> ➤ Unspecified disorder of pancreatic internal secretion 	251.9
Exclusions	
<ul style="list-style-type: none"> ➤ Diabetes, complications associated with pregnancy, childbirth, or the puerperium 	648.8
<ul style="list-style-type: none"> ➤ Gestation diabetes, abnormal glucose tolerance 	790.2
<ul style="list-style-type: none"> ➤ Non clinical diabetes 	648.0



Table 43: ICD 9-CM Coding for Diabetes Related Complications and/or Comorbidities

Diagnosis	ICD-9-CM code
Cardiovascular disease	
➤ Hyperchylomicronemia	272.3
➤ Other and unspecified hyperlipidemia	272.4
➤ Acute myocardial infarction (4th digit required)	410.0
➤ Other acute and subacute forms of ischemic heart disease (4th digit required)	411.0
➤ Old myocardial infarction	412.0
➤ Angina pectoris (4th digit required)	413.0
➤ Coronary atherosclerosis (5th digit required)	414.0
➤ Cardiovascular disease, unspecified	429.2
➤ Occlusion of cerebral arteries (4th digit required)	434.0
➤ Transient cerebral ischemia (4th digit required)	435.0
➤ Other and unspecified cerebrovascular disease (4th digit required)	437.0
Diabetic retinopathy	
Code First: diabetes (249.5, 250.5)	
➤ Background diabetic retinopathy <ul style="list-style-type: none"> ○ Diabetic retinal microaneurysms ○ Diabetic retinopathy NOS 	362.01
➤ Proliferative diabetic retinopathy	362.02
➤ Nonproliferative diabetic retinopathy, NOS	362.03
➤ Mild nonproliferative diabetic retinopathy	362.04
➤ Moderate nonproliferative diabetic retinopathy	362.05
➤ Severe nonproliferative diabetic retinopathy	362.06
➤ Diabetic macular edema <ul style="list-style-type: none"> ○ Diabetic retinal edema Note: Code 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)	362.07
➤ Glaucoma	365.9
➤ Diabetic cataract <ul style="list-style-type: none"> ○ Code First: diabetes (249.5, 250.5) 	366.41
Other complications	
➤ Polyneuropathy in diabetes <ul style="list-style-type: none"> ○ Code First: underlying disease (249.6, 250.6) 	357.2
➤ Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere <ul style="list-style-type: none"> ○ Code First: underlying disease, as: diabetes mellitus (249.4, 250.4) 	583.81
➤ Acquired acanthosis nigricans <ul style="list-style-type: none"> ○ Keratosis nigricans (...often associated with diabetes) 	701.2
➤ Proteinuria (albuminuria)	791.0

HCPCS Level II Codes for Self Monitoring Blood Glucose Products

Level II HCPCS codes are used primarily to identify products, supplies, and services not included in the CPT-4 codes, such as durable medical equipment which includes blood glucose monitors and supplies used by patients outside a physician's office, including:

Table 44: HCPCS Codes Self Monitoring Blood Glucose Products

Description		HCPCS code
Blood glucose test or reagent strips for home blood glucose monitor	per 50 strips	A4253
Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient	each	A4233
Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient	each	A4234
Normal, low and high calibrator solution / chips		A4256
Spring-powered device for lancet	each	A4258
Lancets	per box (100)	A4259
Home blood glucose monitor		E0607
Blood glucose monitor with integrated voice synthesizer		E2100
Platforms for home blood glucose monitor	50 per box	A4255

^ Typically not covered: A4250 Urine test or reagent strips/tablets

HCPCS Codes Medicare Preventive and Screening Services

The following tables contain commonly used procedure codes for diabetes related prevention and screening services, including Medical Nutrition Therapy (MNT) and Diabetes Self Management Trainings (DSMT).

Table 45: HCPCS Codes Medicare Preventive and Screening Services

Service Description	Procedure code	Covered diagnosis
Influenza Vaccine		V04.81 Note: Providers must report diagnosis code V06.6 on claims when the purpose of the visit was to receive both the pneumococcal and influenza vaccines during the same visit.
Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	90655	
Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	90656	
Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	90657	
Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	90658	
Influenza virus vaccine, live, for intranasal use	90660	
Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	90662	
Influenza Administration		
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	90460	
Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	90471	
Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	90473	
When billing Medicare, use HCPCS code for administration of influenza vaccine	G0008	

Table 45: HCPCS Codes Medicare Preventive and Screening Services

Service Description	Procedure code	Covered diagnosis
Pneumococcal vaccine		
Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use	90669	V03.82 Note: Providers must report diagnosis code V06.6 on claims when the purpose of the visit was to receive both pneumococcal and influenza vaccines during the same visit. To bill Medicare, report both vaccine codes and administration codes on the same claim form or electronic format.
Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use	90669	
Pneumococcal conjugate vaccine, 13-valent, for intramuscular use	90670	
Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	90732	
Pneumococcal Administration		
When billing Medicare, use HCPCS code for administration of pneumococcal vaccine	G0009	
H1N1 Vaccine		
Influenza virus vaccine, pandemic formulation, H1N1	90663	V04.81
Level II Healthcare Common Procedure Coding System code is used to identify the H1N1 vaccine on Medicare claims	G9142	
Glaucoma Screening		
Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist (every 12 months)	G0117	V80.1
Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	G0118	
Glucose		
Glucose; quantitative, blood (except reagent strip)	82947	V77.1
post glucose dose (includes glucose)	82950	
tolerance test (GTT), three (3) specimens (includes glucose)	82951	



Table 45: HCPCS Codes Medicare Preventive and Screening Services

Service Description	Procedure code	Covered diagnosis
Lipid panel		
This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) *See excerpt of 190.23 Lipids Testing Medicare National Coverage Determination below	80061	One or more of the following: V81.0, V81.1, V81.2
Cholesterol (Every 5 years for asymptomatic beneficiaries)	82465	One or more of the following: V81.0, V81.1, V81.2
Lipoprotein (Every 5 years for asymptomatic beneficiaries)	83718	One or more of the following: V81.0, V81.1, V81.2
Triglycerides (Every 5 years for asymptomatic beneficiaries)	84478	One or more of the following: V81.0, V81.1, V81.2

* 190.23 Lipids Testing

<http://www.cms.gov/CoverageGenInfo/Downloads/manual201104.pdf>

Description

Lipoproteins are a class of heterogeneous particles of varying sizes and densities containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids and A, C, and E apoproteins. Total cholesterol comprises all the cholesterol found in various lipoproteins.

Factors that affect blood cholesterol levels include age, sex, body weight, diet, alcohol and tobacco use, exercise, genetic factors, family history, medications, menopausal status, the use of hormone replacement therapy, and chronic disorders such as hypothyroidism, obstructive liver disease, pancreatic disease (including diabetes), and kidney disease.

In many individuals, an elevated blood cholesterol level constitutes an increased risk of developing coronary artery disease. Blood levels of total cholesterol and various fractions of cholesterol, especially low density lipoprotein cholesterol (LDL-C) and high density lipoprotein cholesterol (HDL-C) are useful in assessing and monitoring treatment for that risk in patients with cardiovascular and related diseases. Blood levels of the above cholesterol components including triglyceride have been separated into desirable, borderline and high-risk categories by the National Heart, Lung, and Blood Institute in their report in 1993. These categories form a useful basis for evaluation and treatment of patients with hyperlipidemia. Therapy to reduce these risk parameters includes diet, exercise and medication, and fat weight loss, which is particularly powerful when combined with diet and exercise.

Indications

The medical community recognizes lipid testing as appropriate for evaluating atherosclerotic cardiovascular disease. Conditions in which lipid testing may be indicated include:

- Assessment of patients with atherosclerotic cardiovascular disease
- Evaluation of primary dyslipidemia
- Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease
- Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism
- Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure
- Signs or symptoms of dyslipidemias, such as skin lesions
- As follow-up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when total cholesterol is determined to be high (>240 mg/dL), or borderline-high (200-240 mg/dL) plus two or more coronary heart disease risk factors, or an HDL cholesterol <35 mg/dL

Medicare Limitations

Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis. Routine screening and prophylactic testing for lipid disorder are not covered by Medicare. While lipid screening may be

medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc.

Once a diagnosis is established, one or several specific tests are usually adequate for monitoring the course of the disease. Less specific diagnoses (for example, other chest pain) alone do not support medical necessity of these tests.

When monitoring long term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it is reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.

Any one component of the panel or a measured LDL may be medically necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

If no dietary or pharmacological therapy is advised, monitoring is not necessary. When evaluating non-specific chronic abnormalities of the liver (for example, elevations of transaminase, alkaline phosphatase, abnormal imaging studies, etc.), a lipid panel would generally not be indicated more than twice per year

Table 46: HCPCS Codes Self-Management Training Services

Diabetes self-management training services			
Diabetes outpatient self-management training services	Individual	per 30 minutes	G0108
Diabetes outpatient self-management training services	Group session(2 or more individuals)	per 30 minutes	G0109

Table 47: CPT Codes Medical Nutrition Therapy (MNT)

Diagnosis	Code
➤ Medical Nutrition Therapy; initial assessment and intervention, individual, face-to-face with patient, each 15 minutes	97802
➤ Medical Nutrition Therapy; re-assessment and intervention, individual, face-to-face with the patient each 15 minutes	97803
➤ Medical Nutrition Therapy; group (2 or more), face-to-face with patient, each 30 minutes	97804
*Medicare MNT Code ➤ Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes <ul style="list-style-type: none"> ○ Requires referral for beneficiaries with diabetes or renal disease ○ Services must be provided by a dietitian or nutritionist 	G0270
*Medicare MNT Code ➤ Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes <ul style="list-style-type: none"> ○ Requires referral for beneficiaries with diabetes or renal disease ○ Services must be provided by a dietitian or nutritionist 	G0271

* For Medicare-covered MNT services, CMS established two HCPCS level II G-codes (see codes above) for MNT reassessment and subsequent intervention following a second referral in the same calendar year for a change in diagnosis, medical condition, or treatment regimen. G codes are used to identify professional health care procedures and services for which there are no specific CPT codes. According to a Medicare Intermediary Program Memorandum (Transmittal A-02-115), dated November 1, 2002, "These new G-codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered (3 hours in the initial calendar year, and 2 follow-up hours in subsequent years with a physician referral) when the treating physician determines there is a change of diagnosis or medical condition that makes a change in diet necessary." Non-Medicare third-party payers may prefer, that RDs and other licensed nutrition professionals report MNT reassessment and subsequent intervention in the same calendar year using MNT CPT codes 97803 and 97804 for individual and group follow-up MNT encounters, respectively. For reporting these MNT services for non-Medicare patients, check third-party payers' policies and guidelines.



Table 48: ICD-9-CM Codes that Support Medical Nutrition Therapy (MNT) Services

Diagnosis	ICD-9-CM code
Organ or tissue replaced by transplant; kidney	V42.0
Diabetes mellitus	250.00 - 250.93
Hypertensive chronic kidney disease:	
Malignant, with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	403.01
Benign, with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	403.11
Unspecified, with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	403.91
Hypertensive heart:	
Malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	404.02
Malignant, with heart failure and chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	404.03
Benign, without heart failure and with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	40.12
Benign, with heart failure and chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	404.13
Unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	404.92

Table 48: ICD-9-CM Codes that Support Medical Nutrition Therapy (MNT) Services

Unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease <i>Use Additional Code: to identify the stage of chronic kidney disease (585.5, 585.6)</i>	404.93
Chronic kidney disease (Stages 1 through V)	585.1 - 585.5
End stage renal disease Chronic kidney disease requiring chronic dialysis	585.6
Chronic kidney disease, unspecified Chronic renal disease Chronic renal failure NOS Chronic renal insufficiency	585.9
Unspecified disorder of kidney and ureter Acute renal disease Acute renal insufficiency Renal disease NOS Salt-losing nephritis or syndrome Excludes: chronic renal insufficiency (585.9) cystic kidney disease (753.1) nephropathy, so stated (583.0-583.9) renal disease: arising in pregnancy or the puerperium (642.1-642.2, 642.4-642.7, 646.2) not specified as acute or chronic, but with stated pathology or cause (583.0-583.9)	593.9
Diabetes mellitus, unspecified as to episode of care or not applicable	648.00
Diabetes mellitus, delivered, with or without mention of antepartum condition Antepartum condition with delivery NOS (with mention of antepartum complication during current episode of care) Intrapartum obstetric condition (with mention of antepartum complication during current episode of care) Pregnancy delivered (with mention of antepartum complication during current episode of care)	648.01
Diabetes mellitus, delivered, with mention of postpartum complication Delivery with mention of puerperal complication during current episode of care	648.02
Diabetes mellitus, antepartum condition or complication Antepartum obstetric condition, not delivered during the current episode of care	648.03

Table 48: ICD-9-CM Codes that Support Medical Nutrition Therapy (MNT) Services

<p>Diabetes mellitus, postpartum condition or complication Postpartum or puerperal obstetric condition or complication following delivery that occurred: during previous episode of care outside hospital, with subsequent admission for observation or care</p>	648.04
<p>Abnormal glucose tolerance, unspecified as to episode of care or not applicable</p>	648.8
<p>Abnormal glucose tolerance, delivered, with or without mention of antepartum condition Antepartum condition with delivery NOS (with mention of antepartum complication during current episode of care) Intrapartum obstetric condition (with mention of antepartum complication during current episode of care) Pregnancy delivered (with mention of antepartum complication during current episode of care)</p>	648.81
<p>Abnormal glucose tolerance, delivered, with mention of postpartum complication Delivery with mention of puerperal complication during current episode of care</p>	648.82
<p>Abnormal glucose tolerance, antepartum condition or complication Antepartum obstetric condition, not delivered during the current episode of care</p>	648.83
<p>Abnormal glucose tolerance, postpartum condition or complication Postpartum or puerperal obstetric condition or complication following delivery that occurred: during previous episode of care outside hospital, with subsequent admission for observation or care</p>	648.84

Billing and Coding Internet Resources:

- Code Manager® 2011, American Medical Association
- Physicians' Current Procedural Terminology (CPT) 2011
<http://www.ama-assn.org>
- ICD-9-CM Official Guidelines for Coding and Report, October 2010
<http://www.cdc.gov/nchs/data/icd9/icdguide10.pdf>
- International Classification of Diseases, 9th Revision, (ICD-9-CM), 2011
- National Center for Health Statistics – Classification of Diseases and Functioning, and Disability
<http://www.cdc.gov/nchs/icd.htm>
- Healthcare Common Procedure Coding System (HCPCS) American Medical Association 2011
<https://www.cms.gov/MedHCPCSGenInfo/>
- Medi-Cal/Medicaid Provider Manual
www.medi-cal.ca.gov/
- Center for Medicare and Medicaid Services, Preventive Services Guidelines
www.cms.hhs.gov/
- Palmetto GBA – Medicare Fiscal Intermediary, J1 MAC
www.palmettogba.com/j1b
- Provider Manuals for Contracted Payers
To obtain a copy of the provider manual from a specific payer, contact your local provider relations representative. Many health plans have electronic versions online.

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Table Index

Chapter 1

- Table 1: Categories of Increased Risk for Diabetes (Prediabetes), 4
- Table 2: Classification of Overweight/Obesity and BMI Table, 6
- Table 3: Criteria for Clinical Diagnosis of Metabolic Syndrome, 8

Chapter 2

- Table 4: Common Signs and Symptoms of Diabetes, 10
- Table 5: Cardiovascular Disease Evaluation Consideration, 12
- Table 6: Criteria for Testing for Diabetes in Asymptomatic Adults, 14
- Table 7: Diagnosis of Diabetes, 15
- Table 8: Signs and Symptoms of Severe Hypertension, 15
- Table 9: Classification of Blood Pressure, 16
- Table 10: Follow-up Recommendations Based on Initial BP Measures, 17
- Table 11: Major and Modifiable Risk Factors, 17
- Table 12: Classification of Lipid Profile, 18

Chapter 3

- Table 13: Diabetes Care Guideline Flow Sheet, 21
- Table 14: Correlation of A1c to mean Blood Glucose Values, 22
- Table 15: Recommended Blood Glucose Treatment Goals, 23
- Table 16: Household Sharps Waste Disposal Options, 25
- Table 17: Oral Medications, 27
- Table 18: Non-Insulin Injectables, 29
- Table 19: DCC Insulin Guidelines, 30
- Table 20: Insulin Injectables, 35
- Table 21: Target Blood Pressure, 36
- Table 22: Oral Blood Pressure Lowering Medications, 39
- Table 23: Classification of Lipid Profile, 45
- Table 24: Dyslipidemia Treatment Medications, 48
- Table 25: Recommended Lifestyle Modifications, 56
- Table 26: Modifiable Nutrients and Fats, 58

Chapter 4

- Table 27: Acute Complications of Diabetes, Hypertension and Dyslipidemia, 60
- Table 28: Common Long Term Complications of Diabetes, 61
- Table 29: Symptoms of Depression, 66
- Table 30: Monitoring Protocol for Patients on Atypical Antipsychotics, 67
- Table 31: Dental Care Tips, 69
- Table 32 : The Basics of the AAR, 74

Chapter 5

- Table 33: Tips Toward a Better Provider-Patient Relationship, 77
- Table 34: Choosing to Take Control of Diabetes, 78
- Table 35: Readiness to Change - Patient Self Assessment, 78
- Table 36: Tailor the Intervention, 82
- Table 37: Tailor the Intervention, 85
- Table 38: Brief Negotiations Reference Card, 89
- Table 39: Factors that Influence Adherence, 90
- Table 40: Addressing Common Barriers to Medication Adherence, 91

Chapter 7

- Table 41: ICD 9-CM Coding for Diabetes Risk Factors and Cardiovascular Comorbid Diagnoses, 148
- Table 42: ICD 9-CM Coding for Type II Diabetes Mellitus Diagnoses, 152
- Table 43: ICD 9-CM Coding for Diabetes Related Complications and/or Comorbidities, 156
- Table 44: HCPCS Codes Self Monitoring Blood Glucose Products, 157
- Table 45: HCPCS Codes Medicare Preventive and Screening Services, 158
- Table 46: HCPCS Codes Self-Management Training Services, 162
- Table 47: CPT Codes Medical Nutrition Therapy (MNT), 163
- Table 48: ICD-9-CM Codes Supporting MNT, 164

Figure Index

Chapter 1

Figure 1: Measuring Waist Circumference, 7

Chapter 2

Figure 2: Factors Contributing to Cardiometabolic Risk, 11

Chapter 3

Figure 3: Algorithm for Treatment of Hypertension, 37

Figure 4: JNC7 Reference Card, 43

Figure 5: ATP III Guidelines at a Glance, 50

Chapter 4

Figure 6: Foot Care Tips, 64

Figure 7: Diabetic Foot Exam, 65

Figure 8: Patient Health Questionnaire, 68

Chapter 5

Figure 9: Insulin Introduction Sample Dialogue, 86

Figure 10: Hypertension Self-Management Sample Dialogue, 88

Chapter 6

General Care and Management of Diabetes

Figure 11: Your Diabetes Care Team, English, 97

Figure 12: Your Diabetes Care Team, Spanish, 98

Self Management

Figure 13: Ask Doctor, English, 99

Figure 14: Ask Doctor, Spanish, 100

Figure 15: Diabetes Health Record, English, 101

Figure 16: Diabetes Health Record, Spanish, 102

Figure 17: Diabetes Health Record, Chinese, 103

Figure 18: My Health Goal, English, 104

Figure 19: My Health Goal, Spanish, 105

Figure 20: Help Loved Ones, 106

Assessing Risk and Prevention of Diabetes

Figure 21: Tips to Help You Stay Healthy, 107

Figure 22: ADA Risk Test, English, 108

Figure 23: ADA Risk Test, Spanish, 109

Figure 24: ADA Risk Test, Chinese, 110

Glycemic Control

Figure 25: Know Your Blood Sugar, English, 111

Figure 26: Know Your Blood Sugar, Spanish, 112

Figure 27: Symptoms Hypoglycemia, English, 113

Figure 28: Symptoms Hypoglycemia, Spanish, 114

Figure 29: Blood Glucose Log, English, 115

Insulin Management

Figure 30: Myths/Fact Insulin, English, 116

Figure 31: Myths/Fact Insulin, Spanish, 117

Figure 32: Mealtime Insulin, English, 118

Diabetes and Cardiovascular Disease

- Figure 33: Take Care of Your Heart, English, 119
- Figure 34: How to Care for Your Heart, Spanish, 120
- Figure 35: Diabetes, Smoking, and Your Health, English, 121
- Figure 36: Diabetes, Smoking, and Your Health, Spanish, 122

Neuropathy

- Figure 37: Diabetes & Nerve Damage, English, 123
- Figure 38: Diabetes & Nerve Damage, Spanish, 124

Nutrition

- Figure 39: Protect Your Heart, English, 125
- Figure 40: Protect Your Heart, Spanish, 126
- Figure 41: Cholesterol/Fat, English, 127
- Figure 42: Cholesterol/Fat, Spanish, 128
- Figure 43: Portion Size, English, 129
- Figure 44: Portion Size, Spanish, 130

Exercise

- Figure 45: All About Physical Activity, English, 131
- Figure 46: All About Physical Activity, Spanish, 132
- Figure 47: Physical Activity You Need, English, 133

Medication Adherence

- Figure 48: Med Adherence Myth/Facts, English, 134
- Figure 49: My Medication Log, English, 135

Evaluation

Your input is requested to help us improve future versions of the Diabetes and Cardiovascular Disease Provider Reference Guide (PRG). Please take a moment to complete this evaluation to improve the effectiveness and support the PRG provides you and your practice. The survey can also be accessed online at: <http://www.zoomerang.com/Survey/WEB22CFZRUNESP/>

Tell us about the PRG

Please rate 1- 5 (5 - very satisfied, 4- satisfied, 3- neutral , 2- dissatisfied, 1- very dissatisfied)

How would you rate your overall satisfaction with the content of the PRG?	5	4	3	2	1
How would you rate your satisfaction with each of these chapters?					
-Prevention and Delay of Type 2 Diabetes	5	4	3	2	1
-Screening and Diagnosis of Type 2 Diabetes, Hypertension and Dyslipidemia	5	4	3	2	1
-Comprehensive Management of Type 2 Diabetes	5	4	3	2	1
-Preventing and Managing Complications of Type 2 Diabetes	5	4	3	2	1
-Improving Type 2 Diabetes and Self Management	5	4	3	2	1
-Patient Resources	5	4	3	2	1
-Practice/ Clinic Resources	5	4	3	2	1

Please provide any recommendations to strengthen future versions to the PRG.

Tell us about yourself and your practice

Your answers to the following questions will help us assess whether we are addressing the needs of the various types of clinicians and practices that care for patients with diabetes. It will also help ensure a continued focus on reducing health disparities and access to care issues.

State your practice is located in: _____

Practice type: Private practice Public Health Clinic Community Clinic/Community Health Center

Practice characteristics (check all that apply) Urban Rural Suburban Solo/Small group (1-4)
 Medium group (5-150) Large group (151-1000) Very large group (> 1000)

Your estimated percent of your patients diagnosed with type 2 diabetes? _____%

Your training: MD/DO PA NP Other: _____

Your race/ethnicity (optional): African American/Black Alaskan Native/Native American
 Asian Hispanic/Latino Native Hawaiian or Other Pacific Islander White OTHER _____

If you would like to receive notification of webinars, tools and other resources offered by the CMA Foundation's Diabetes Quality Improvement Project, please provide your first and last name and email address.

Thank you for your assistance.
Please fax or e-mail this survey to:



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