



Aetna Better Health® of Kentucky

Diabetes Provider Toolkit



Diabetes in Kentucky

From 2000 to 2018, diagnosed diabetes in Kentucky adults has doubled from 6.5% (198,052) to 13.7% (474,456 or 1 in 7).

Kentucky ranks 8th highest in the U.S. for diabetes prevalence. (Nationwide median: 10.5%).

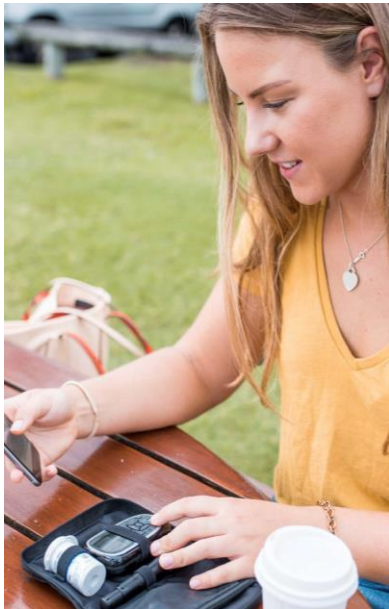
Why is it serious?

Diabetes can be associated with complications such as heart disease, stroke, blindness, kidney failure, lower-limb amputation and ketoacidosis. These can reduce length and quality of life.

Clinical Practice Guidelines

Diabetes Clinical Practice Guidelines are available for your review and posted on our website

<https://www.aetnabetterhealth.com>



- ✓ An estimated 158,200 adults have diabetes but are undiagnosed (based on national rate).
- ✓ 3,352 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (278) and Medicaid (3,074).
- ✓ In 2017, Kentucky had the 5th highest death rate (27.7) in the nation due to diabetes. This is an increase from 14th in 2014.
- ✓ Diabetes is the 6th leading cause of death by disease in Kentucky and in the United States.
- ✓ It is the 3rd leading cause of death by disease for African Americans in Kentucky (2017).

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Comprehensive Diabetes Care

What is Diabetes? Diabetes is along-lasting health condition that affects how your body turns food into energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should.

Type 1 Diabetes is an Autoimmune Disease

Type 1 diabetes (T1D) is a challenging disease. It demands nearly constant attention and never takes a day off. People of all ages, from newly diagnosed children to adults who have lived with T1D for decades deserve the tools and resources to help them with T1D.

Recognizing Type 1 Diabetes

Type 1 diabetes symptoms can start very quickly and maybe severe enough to require immediate care and even an inpatient stay.

- Increased thirst and hunger
- Frequent urination
- Weight loss
- Blurry vision
- Feeling very tired

Type 2 Diabetes

Type 2 diabetes (T2D) can be a sneaky disease as the symptoms often appear gradually and the incidence is rising at an epidemic rate. Teaching tools for this population are vital.

Type 2 Diabetes Signs & Symptoms

Type 2 diabetes most often develops in people over age 45, but more and more children, teens, and young adults are also developing it.

- Frequent urination, often at night
- Increased thirst and hunger
- Blurry vision
- Numb or tingling hands or feet
- Feeling very tired
- Dry skin
- Sores that heal slowly
- More infections than usual

What's the Difference Between Type 1 and Type 2 Diabetes

Type 1 Diabetes	Type 2 Diabetes
The body makes very little or no insulin at all.	The body doesn't make enough insulin or the does not respond properly to the insulin it does make.
Approximately 5% to 10% of people with diabetes have type 1.	Most people with diabetes - about 95% - have type 2.
Type 1 diabetes is usually diagnosed more often in children and young adults.	Type 2 diabetes is usually diagnosed in people who are older or in those who are overweight, but that is not always the case. It can also be diagnosed in younger people.

WHAT'S THE DIFFERENCE?

TYPE 1 DIABETES

Incidence is growing steadily



Usually diagnosed in children or young adults

Causes unknown, but develops when the immune system attacks insulin producing cells



The body cannot produce insulin it needs

The symptoms often appear suddenly



Must take insulin daily

TYPE 2 DIABETES

The symptoms often appear gradually



Incidence is rising at an epidemic rate

Healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can prevent or delay the onset of type 2 Diabetes



The body produces too little insulin and/or is unable to respond to it

Risk factors include:

- Advancing Age
- Obesity
- Poor Diet
- Family History of Type 2 Diabetes
- Physical Inactivity
- Ethnicity

Many manage it with medications and insulin but Diabetes can be put in remission through healthy diet, regular exercise, good sleep habits and stress reduction.

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Comprehensive Diabetes Care (CDC)

HEDIS® Measurement Year 2020 & 2021 Measures

Measure Description: The percentage of members 18–75years of age with diabetes type 1 and type 2 who had each of the following:

- **HbA1c Testing:** An HbA1c test performed during the measurement year
 - Glycated hemoglobin and glycosylated hemoglobin are acceptable HbA1c tests.
 - HbA1c control <8.0: The member is numerator compliant if the most recent HbA1c level is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.
 - HbA1c Poor Control >9.0: Inverse measure
Fewer members in this category are better. Will fall into poor control category if: results actually >9.0 or a result was not received on a member or if an HbA1c test was not done during the measurement year.
- **Retinal Eye Exam:** An eye screening for diabetic retinal disease:
 - A retinal or dilated eye exam by an eyecare professional in the measurement year (regardless of results) or
 - A retinal or dilated eye exam by an eye care professional in the year prior to the measurement year that was negative for retinopathy.
- **BP Control <140/90 mm Hg:** The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, virtual check-ins, remote monitoring event, or a non-acute inpatient encounter during the measurement year.

follow-up appointments and lab tests.

Eligible population

- **Ages:** 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule

- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists and ophthalmologists.
- Stress the importance of medication and insulin adherence and their effect on blood glucose management.

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Comprehensive Diabetes Care (CDC)

- There is a large list of approved NCQA codes used to identify the services included in the CDCmeasure.
- Refer patients to community resources that provide diabetes education and support.

Numerator codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at NCQA.org.

Diabetes Diagnosis		
ICD-10	Type 1 diabetes mellitus without complications	E10.9
ICD-10	Type 2 diabetes mellitus without complications	E11.9
ICD-10	Other specified diabetes mellitus without complications	E13.9

HbA1c Tests		
CPT	HbA1c Tests	83037
HbA1c Levels – The most recent result		
CPT	HbA1c Level Greater Than/Equal to 7.0 and less than 8.0	3051F
CPT	HbA1c Level Greater Than/Equal to 8.0 and Less Than/Equal to 9.0	3052F
CPT	HbA1c Level Greater Than 9.0	3046F
CPT	HbA1c Less Than 7.0	3044F

Retinal Eye Exam		
CPT	Diabetic Retinal Screening	67028 67030 67031 67036 67039 67040
CPT	Diabetic Retinal Screening- Negative	3072F

CPT	Diabetic Retinal Screening with EyeCare Professional	2022F 2024F 2026F
CPT	Eye Exam With Evidence of Retinopathy	2022F 2024F 2026F
CPT	Eye Exam Without Evidence of Retinopathy	2023F 2025F 2033F

Blood Pressure		
CPT	Most recent Systolic Greater Than/Equal to 140	3077F
CPT	Most recent Systolic Less Than 130	3074F
CPT	Most recent Systolic 130-139	3075F
CPT	Most recent Diastolic 80-89	3079F
CPT	Most recent Diastolic Less Than 80	3078F
CPT	Most recent Diastolic Greater Than/Equal to 90	3080F

**Please note: The CDC measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.

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Type 1 Diabetes Mellitus

In Children and Adolescents

Type 1 diabetes is a disease characterized by a high level of sugar in the blood caused by a lack of insulin. Insulin is a hormone (a special messenger compound) made in cells (called beta cells) in an organ located behind the stomach called the pancreas. Nutrients in food are broken down into a simple sugar called glucose, which is an important source of energy for the body. Insulin permits this glucose to move from the bloodstream into cells to produce energy. People with type 1 diabetes cannot produce insulin. Without insulin, glucose gets “stuck” in the bloodstream, causing high blood glucose levels.

***Type 1 diabetes affects about 1 in 400 children, adolescents, and young adults. Currently, there is no cure. The disease is treated by administering insulin.**

How is Type 1 Diabetes diagnosed

The diagnosis is made when a person has symptoms of diabetes with high levels of sugar in the blood and of sugar or ketones in the urine. Diabetes can also be diagnosed using a blood test called a hemoglobin A1c. This test measures what percentage of the hemoglobin in the blood has glucose attached to it and shows what the average sugar level has been over the prior 3 months. A result equal to or greater than 6.5% is suggestive of diabetes.

If you are worried that your child may have symptoms of type 1 diabetes, bring your child to a doctor right away. Your child’s doctor can check for sugar in the urine or obtain a drop of blood from your child’s finger to check the blood sugar level with a glucose meter (a small portable machine). We advise that you do not try to borrow a glucose meter from a relative or friend to check your child’s blood sugar because the result might be inaccurate or the home meter may not be working properly.

Chart of Normal Blood Sugar Levels in Children Age Wise

Age	Blood Sugar Levels After Fasting	Blood Sugar Levels Before Meal	Blood Sugar Levels After 1 to 2 Hours of Eating	Blood Sugar Levels at Bedtime
6 years old	>80 to 180 mg/dL	100 to 180 mg/dL	180 mg/dL	110 to 200 mg/dL
6 to 12 years old	>80 to 180 mg/dL	90 to 180 mg/dL	Up to 140 mg/dL	100 to 180 mg/dL
13 to 19 years old	>70 to 150 mg/dL	90 to 130 mg/dL	Up to 140 mg/dL	90 to 150 mg/dL?

• Signs and Symptoms of Diabetes

- Excessive thirst
- Frequent urination
- Bed wetting or heavy diaper
- Vision Change
- Headaches
- Rapid weight loss
- Increased appetite
- Irritability or mood changes
- Fatigue or weakness
- Stomach pain
- Nausea and vomiting
- Fruity breath odor
- Rapid, heavy breathing

TYPE 1 DIABETES CAN BE DANGEROUS
IF NOT DIAGNOSED IN TIME

Know the **4T** early signs



Toilet



Thirsty



Tired



Thinner

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The Stages of Development for TYPE I DIABETES



Blurry Vision



Frequent Hunger



Excessive Thirst



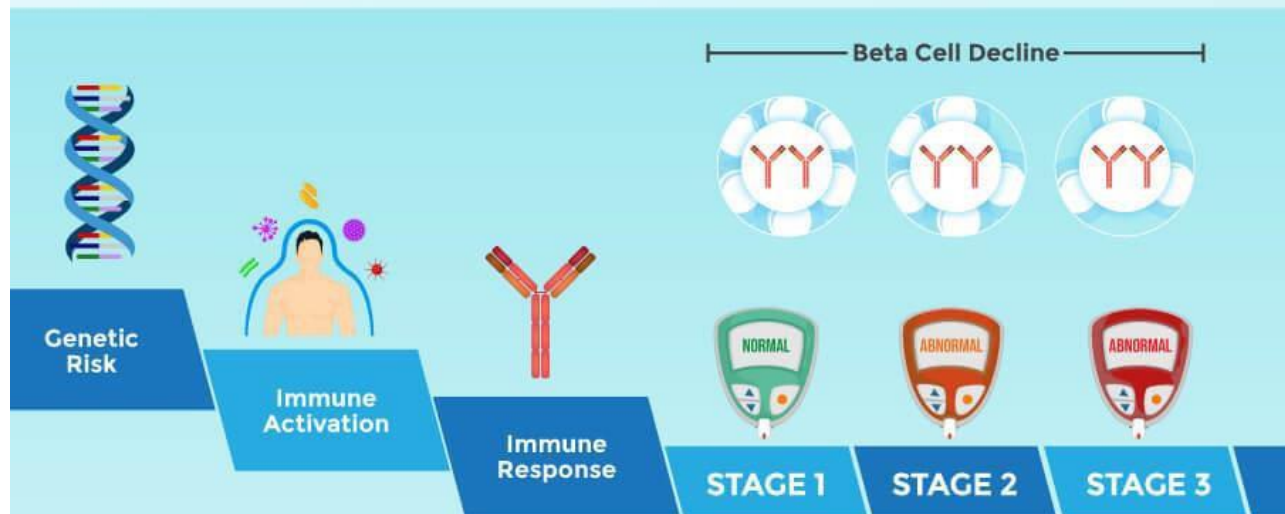
Fatigue



Weight Loss



Frequent Urination



STAGE 1:

- ▶ Normal blood sugar
- ▶ Antibodies start to attack insulin-producing cells
- ▶ No symptoms

No symptoms. Normal blood sugar levels. Positive results for diabetes-related antibodies mean the immune system has started to attack insulin-producing beta cells.

STAGE 2:

- ▶ Abnormal blood sugar
- ▶ Antibodies cause damage to the pancreas
- ▶ No symptoms

Still no symptoms, but there is an increased damage to the pancreatic beta cells due to the circulating antibodies. This results in high blood sugar levels.

STAGE 3:

- ▶ Abnormal blood sugar
- ▶ Symptoms show up
- ▶ **Diagnosis**

At this point, the pancreas is producing little to no insulin and thus the individual cannot control blood sugar. Symptoms include excessive thirst, frequent urination, weight loss, frequent hunger, blurry vision and fatigue. Previously, scientists considered Stage 3 as the beginning of type 1 diabetes.

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SYMPTOMS OF TYPE I DIABETES



Frequent Urination



Frequent Thirst



Frequent Hunger



Nausea



Blurry Vision



Fatigue & Irritability



Unexplained Weight Loss



Frequent Illness

Type I Diabetics do not produce insulin and thus, without taking the right amount of medical insulin, they have very high blood sugar levels which can cause a number of problems.

If they take too high a dosage of insulin, they can end up with very low blood sugar which can cause them to pass out as well.

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How can you help



Educate patients on the warning signs of Type 1 Diabetes – including excessive thirst, frequent urination, unexplained weight loss, and severe fatigue and encourage them to see their provider to schedule testing.

Quality care from health care teams including aggressive treatment to manage A1C, blood pressure and cholesterol and promote smoking cessation is critical to reduce risks for diabetes-related complications.

Diabetes self-management education and support (DSMES), appropriate self-care and other risk reduction and behavior change strategies are also critical to manage diabetes and avoid complications.

The right care can slow or stop the progression of prediabetes, prevent the onset of type 2 diabetes, and avert or delay complications from living with Diabetes. There are many resources to support your efforts to screen, test, and refer people to diabetes management programs and services.

Tips for Talking about Diabetes



Speak their language – use language that best fits his or her age. Talk openly and honestly; encourage questions.



Let them know that it's not their fault explain to young children that they didn't get diabetes because they are "bad" or did something wrong.



Explain diabetes – talk in simple terms and explain that diabetes will not go away.



Be positive and straightforward – try to smile and be calm and friendly as you explain diabetes.



Resources

Resources for your patients

Additional free resources for you and your patients with diabetes can be found on the Kentucky Diabetes Network website, <http://www.kydiabetes.net/>

Diabetes Self-Management Education and Support

To find available DSMES services in your area, go to the Kentucky Diabetes Resource Directory at <https://prd.chfs.ky.gov/KYDiabetesResources/>

Resources for professionals

Visit the American Diabetes Association (ADA) - Diabetes Pro website where you can find resources for professionals including a patient education library, continuing education opportunities, clinical abstracts and more! <https://professional.diabetes.org/>

The ADA's podcast for busy health care professionals, Diabetes Core Update, discusses how the latest research and information published in their journals are relevant to today's clinical practice. Diabetes Core Update podcasts are free! Find them through Apple Podcasts, Google Play, RSS feed, or at <https://www.diabetesjournals.org/content/diabetes-core-update-podcasts>

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