

Department of Vermont Health Access (DVHA)

Agency of Human Services

Clinical Practice Guidelines: Diabetes

Last Modified: June 2023

PURPOSE

The Department of Vermont Health Access (DVHA) adheres to standards of care in diabetes and accepts and endorses the clinical practice guidelines from the American Diabetes Association (ADA) and American Association of Clinical Endocrinology (AACE).

The purpose of these guidelines is to provide clinicians, patients, payers, and others with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care. This guidance is intended to help facilitate and assure quality, effective treatment and interventions related to diabetes for Vermont Medicaid members.

These guidelines provide suggestions and flexible protocols for a member's care. Clinical guidelines should not be considered as the only resource and are not intended to replace the professional judgment of providers. Guidelines may not apply to every member or clinical situation and some divergence from guidelines is expected. Further, guidelines do not determine insurance coverage of health care services or products. Coverage decisions are based on member eligibility, contractual benefits, and determination of medical necessity.

DEFINITION

The American Diabetes Association defines diabetes as "a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both." The effects of chronic hyperglycemia due to diabetes is associated with significant long-term damage, dysfunction, and failure of multiple organ systems including the eyes, kidneys, nerves, heart, and blood vessels. As a complex, chronic condition, diabetes requires continuous medical care with multifactorial risk-reduction strategies beyond glucose management. Ongoing diabetes self-management education and support are critical to empowering people, preventing acute complications, and reducing the risk of long-term complications. Significant evidence exists that supports a range of interventions to improve diabetes outcomes.

Diabetes can be classified into the following general categories (ADA Guidelines p. 25):

1. Type 1 diabetes (due to autoimmune β -cell destruction, usually leading to absolute insulin deficiency, including latent autoimmune diabetes of adulthood)
2. Type 2 diabetes (due to a non-autoimmune progressive loss of adequate β -cell insulin secretion frequency on the background of insulin resistance and metabolic syndrome)
3. Specific types of diabetes due to other causes, e.g., monogenic diabetes syndromes (such as neonatal diabetes and maturity-onset diabetes of the young), diseases of the exocrine pancreas (such as cystic fibrosis and pancreatitis), and drug- or chemical-induced diabetes (such as with glucocorticoid use, in the treatment of HIV/AIDS, or after organ transplantation).

4. Gestational diabetes mellitus (diabetes diagnosed in the second or third trimester of pregnancy that was not clearly overt diabetes prior to gestation).

GUIDELINES & RECOMMENDATIONS

These complete clinical practice guidelines and further information on standards of care for diabetes can be found at the following links:

- **American Diabetes Association (ADA) 2023:** [American Diabetes Association 2023 Clinical Practice Guidelines](#)
- **American Association of Clinical Endocrinology (AACE) 2022:** [Diabetes Guidelines and Algorithms | American Association of Clinical Endocrinology \(aace.com\)](#)

MEMBER RESOURCES

Resources are available through the ADA, AACE, and through the Vermont Department of Health (VDH). These resources can assist provider and members in Vermont with the care and treatment of diabetes.

- [American Diabetes Association:](#)
 - [Diabetes Overview](#): understand your diabetes and learn about different risk-reducing and managing strategies.
 - [Healthy Living](#), which provides nutrition and recipe ideas, fitness and physical activity information, and mental health support, and resources for loved ones and caregivers.
- [American Association of Clinical Endocrinology](#)
- [Vermont Department of Health \(VDH\) Diabetes Program](#)

REGULATORY BACKGROUND, MEDICAID RULE & MEDICAID POLICY, and STATE RESOURCES:

Providers are expected as part of their contract with VT Medicaid to understand VT Medicaid Rules, the aspects of the Provider Manuals that are applicable to their discipline, and any criteria and guidelines that are applicable to their discipline. Providers are encouraged to review section 5 of the DVHA Provider Manual, and the other State of Vermont resources documented below.

Vermont Medicaid as the Payer of Last Resort

Please refer to section 5.3.2.1 [Vermont Medicaid Provider Manual \(vtmedicaid.com\)](#) and section §1908 of [Vermont Laws](#) regarding Vermont Medicaid as the payer of last resort.

Medical Necessity

Please refer to the following link regarding the definition of medical necessity: [Medical Necessity HCAR 4.101.pdf \(vermont.gov\)](#)

Vermont Medicaid Manuals

Vermont Medicaid General Provider Manual:

[Vermont Medicaid Provider Manual \(vtmedicaid.com\)](https://www.vtmedicaid.com/provider-manual)

[Vermont Medicaid Provider Manual \(vtmedicaid.com\)](https://www.vtmedicaid.com/provider-manual)

Vermont Medicaid Billing & Forms Manual:

[Vermont Medicaid Provider Manual \(vtmedicaid.com\)](https://www.vtmedicaid.com/provider-manual)

REFERENCES

American Diabetes Association (2023). *Standards of Care in Diabetes*. Retrieved from

https://diabetesjournals.org/care/issue/46/Supplement_1.

American Academy of Clinical Endocrinology (2022). *Clinical Practice Guideline for Development of a Diabetes Mellitus Comprehensive Care Plan*. Retrieved from

<https://www.sciencedirect.com/science/article/pii/S1530891X22005766?via%3Dihub>