

# Third-Party Reimbursement for Outpatient Diabetes Education and Counseling

Approximately 11 million people in the United States have diabetes, a disorder whose acute and chronic complications cost an estimated \$20 billion annually (1). Numerous published studies have shown that education and self-care programs lead to reductions in the costs associated with diabetes (2–9).

Continuing patient education for self-management is an integral component of diabetes treatment. This is particularly so for diabetes; successful management of diabetes is greatly dependent on the patient's own efforts. Therefore, all people with diabetes must have access to affordable patient education services.

To facilitate quality diabetes education, national standards have been developed and a quality assurance program initiated (10). Health insurers, care providers, and consumer organizations support diabetes patient education services in principle. However, the omission of outpatient education as a benefit in many insurance and health-care financing plans constitutes a major barrier to the availability and accessibility of these services.

## POSITION OF THE AMERICAN DIABETES ASSOCIATION

The American Diabetes Association strongly supports and encourages adequate reimbursement and payment for outpatient diabetes education services that meet accepted standards.

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## REFERENCES

1. *Direct and Indirect Costs of Diabetes in the United States in 1987*. Alexandria, VA, Am. Diabetes Assoc., 1988
2. Diabetes outpatient education: the evidence of cost savings. In *Third-Party Reimbursement for Diabetes Outpatient Education: A Manual for Health-Care Professionals*. Alexandria, VA, Am. Diabetes Assoc., 1986, monogr.
3. Whitehouse FW, Whitehouse IJ, Cox MS, Goldman J, Kahkonen DM, Partamian JO, Tamayo RC: Outpatient regulation of the insulin-requiring person with diabetes (an alternative to hospitalization). *J Chronic Dis* 36:433–38, 1983
4. Davidson JK, Alogna M, Goldsmith M, Borden J: Assessment of program effectiveness at Grady Memorial Hospital-Atlanta. In *Educating Diabetic Patients*. Steiner G, Lawrence PA, Eds. New York, Springer, 1981, p. 329–48
5. Miller LV, Goldstein J, Kumar D, Dye L: Assessment of program effectiveness at the Los Angeles County-University of Southern California Medical Center. In *Educating Diabetic Patients*. Steiner G, Lawrence PA, Eds. New York, Springer, 1981, p. 349–59
6. Merritt CL, Hall NJ, Kobernas CA, Tanenberg RJ: Outcome analysis of a diabetic education clinic. *Mil Med* 148:545–47, 1983
7. Sinnock P, Bauer DW: Reimbursement issues in diabetes: a review. *Diabetes Care* 7:291–96, 1984
8. Bransome ED Jr: Doctors, diabetes, and drugs. *Clin Diabetes* 2:10–11, 1984
9. Schwartz R, Zaremba M, Ra K: Third-party coverage for diabetes education program. *Qual Rev Bull* 11:213–17, 1985
10. National standards and American Diabetes Association review criteria for diabetes patient education programs. *Diabetes Care* 9:XXXVI–XL, 1986