

## Managing Type 2 Diabetes Guide

### Label and Assumptions

**Instructions to Plans and Issuers:** Do not modify this table. The numbers shown here come from the Scenario table.

**Table 1. Managing Type 2 Diabetes Sample Care Costs**

Managing Type 2 Diabetes	Sample Care Costs
Professional Services: Primary Care	\$716
Professional Services: Specialist	\$301
Diagnostic Services: Laboratory	\$122
Prescription Drugs: Generic	\$365
Prescription Drugs: Insulin	\$3,125
Over-the-counter Drugs	\$22
Preventative Services & Vaccines	\$159
Medical Supplies	\$790
<b>Total</b>	<b>\$5,601</b>

### Assumptions

The following are assumptions that all group health plans and insurance issuers must use for this scenario. These assumptions are standard across all scenarios.

- Costs do not include premiums.
- Condition was not excluded as a pre-existing condition.
- There are no other medical expenses for any member covered under the plan or policy.
- All care is in-network and considered first tier (or the tier associated with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
- No out-of-network charges or any other variation in sample care costs.
- All services occur in same policy period.
- All prior authorizations were obtained.
- All services were deemed medically necessary.
- All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundred.
- All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest ten.
- If applying the rounding rules causes the out-of-pocket amount displayed to exceed the actual out-of-pocket limit (for self-only coverage), then the out-of-pocket limit amount must be shown as the amount of the actual-out-of-pocket limit.
- All medications are covered as generic equivalents if available.
- If the plan has a wellness program that varies the deductibles, copayments, coinsurance, or coverage for any of the listed services in a treatment scenario, the plan or issuer must complete the calculations for that treatment scenario assuming that the patient is NOT participating in the wellness program.

## Scenario

### *Medical Condition: Managing Type 2 Diabetes*

Note: Services are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers. However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

### Explanation of Scenario

- Total – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab.
- Date of Service – includes the day and month of service so plans and issuers understand the order in which items or services are rendered.
- ICD-10 Diagnosis Code – includes the ICD-10 code for each item or service.
- CPT, HCPCS or Other Billing Code – includes medical codes for each item or service. Over-the-counter medications are listed as OTC.
- Provider Type – includes one of the types listed on the "Provider Types" tab to classify each item or service by provider.
- Category – includes one of the categories listed on the "Categories" tab to classify each item or service so it rolls up into the same category in the "Label and Assumptions" tab.
- Description – includes the short form descriptor for a CPT code, or an appropriate descriptor for a non-CPT billing code.
- Allowed Amount – includes an estimated national average allowed amount for each item or service, which plans or issuers must use to calculate cost sharing.

CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Table 2. Managing Type 2 Diabetes Scenario Timeline**

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
<b>Totals:</b>						<b>\$5,601.10</b>
3-Jan		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
3-Jan		53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$8.73
3-Jan		53885014201	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancing Device	\$14.33
3-Jan		53885044801	Pharmacy Retail	Medical Supplies	OneTouch Ultra 2 Blood Glucose Meter Kit	\$14.70
3-Jan		53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$109.61
3-Jan		53885041601	Pharmacy Retail	Medical Supplies	OneTouch Ultra Control Solution (2 vials/box)	\$6.63
3-Jan		OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.47
3-Jan		2803101	Pharmacy Retail	Prescription Drugs: Generic	Glucagon Emergency Kit	\$241.05
3-Jan		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
3-Jan		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [#60 pills/month]	\$3.21
3-Jan		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
3-Jan		378395277	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 40 MG tablet 90 CT [ #30 pills/month]	\$9.66

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
3-Jan	E119.00, Z7982, Z794	82570	Primary	Diagnostic Services: Laboratory	Assay of Urine Creatinine	\$9.53
3-Jan	E119.00, Z7982, Z794	80053	Primary	Diagnostic Services: Laboratory	Comprehen Metabolic Panel	\$29.63
3-Jan	E119.00, Z7982, Z794	83036	Primary	Diagnostic Services: Laboratory	Glycosylated Hemoglobin Test	\$16.98
3-Jan	E119.00, Z7982, Z794	80061	Primary	Diagnostic Services: Laboratory	Lipid panel	\$23.40
3-Jan	E119.00, Z7982, Z794	82043	Primary	Diagnostic Services: Laboratory	Microalbumin Quantitative	\$13.10
3-Jan	E119.00, Z7982, Z794	36415	Primary	Diagnostic Services: Laboratory	Routine Venipuncture	\$6.43
3-Jan	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$121.70
4-Jan	E119.00, Z7982, Z794	G0108	Diabetes Educator	Professional Services: Primary Care	Diabetes outpatient self-management training services, individual, per 30 minutes	\$77.82
4-Jan	E119.00, Z7982, Z794	97803	Dietician	Professional Services: Primary Care	Med Nutrition Indiv Subseq	\$36.83
6-Jan	E119.00, Z7982, Z794	99204	Podiatry	Professional Services: Specialist	Office/Outpatient Visit New	\$182.19
7-Jan	E119.00, Z7982, Z794	92014	Ophthalmology	Professional Services: Specialist	Ophthalmological services: medical examination & evaluation, with initiation or continuation of diagnostic and treatment program, comprehensive, established patient, 1 or more visits	\$118.55

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
31-Jan		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
2-Feb		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
2-Feb		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
2-Feb		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
28-Feb		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
4-Mar		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
4-Mar		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
4-Mar		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
28-Mar		OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.47
28-Mar		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
28-Mar	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$121.70

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
3-Apr		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
3-Apr		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
3-Apr		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
3-Apr		378395277	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 40 MG tablet 90 CT [ #30 pills/month]	\$9.66
12-Apr		53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$8.73
12-Apr		53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$109.61
25-Apr		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
3-May		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
3-May		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
3-May		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
23-May		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
2-Jun		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
2-Jun		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
2-Jun		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
20-Jun		603002632	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.47
20-Jun		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
27-Jun	E119.00, Z7982, Z794	83036	Primary	Diagnostic Services: Laboratory	Glycosylated Hemoglobin Test	\$16.98
27-Jun	E119.00, Z7982, Z794	36415	Primary	Diagnostic Services: Laboratory	Routine Venipuncture	\$6.43
27-Jun	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$121.70
28-Jun	E119.00, Z7982, Z794	G0108	Diabetes Educator	Professional Services: Primary Care	Diabetes outpatient self-management training services, individual, per 30 minutes	\$77.82
28-Jun	E119.00, Z7982, Z794	97803	Dietician	Professional Services: Primary Care	Med Nutrition Indiv Subseq	\$36.83
2-Jul		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
2-Jul		53885041601	Pharmacy Retail	Medical Supplies	OneTouch Ultra Control Solution (2 vials/box)	\$6.63

Date of Service	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description	Allowed Amount
2-Jul		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
2-Jul		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
2-Jul		378395277	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 40 MG tablet 90 CT [ #30 pills/month]	\$9.66
18-Jul		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
21-Jul		53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$109.61
21-Jul		53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$8.73
1-Aug		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
1-Aug		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
1-Aug		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
15-Aug		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
31-Aug		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62



Date of Service	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description	Allowed Amount
31-Aug		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
31-Aug		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
12-Sep		OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.47
12-Sep		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
26-Sep	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$121.70
30-Sep		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
30-Sep		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
30-Sep		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
3-Oct	Z23	90472	Primary	Preventive Services & Vaccines	Immunization admin each add	\$15.88
3-Oct	Z23	90471	Primary	Preventive Services & Vaccines	Immunization Admin	\$28.31
3-Oct	Z23	90732	Primary	Preventive Services & Vaccines	Vaccine for pneumococcal polysaccharide for injection beneath the skin or into muscle, patient 2 years or older	\$93.74
3-Oct	Z23	90656	Primary	Preventive Services & Vaccines	Flu Vaccine No Preserv 3 & >	\$21.02

<b>Date of Service</b>	<b>ICD-10 Diagnosis Code</b>	<b>CPT®, HCPCS, or Other Billing Code</b>	<b>Provider Type</b>	<b>Category</b>	<b>Description</b>	<b>Allowed Amount</b>
3-Oct		60505257909	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 20 MG tablet 90 CT	\$9.66
10-Oct		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
30-Oct		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
29-Oct		53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$8.73
29-Oct		53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$109.61
30-Oct		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
30-Oct		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38
7-Nov		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
29-Nov		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
29-Nov		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
29-Nov		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38

Date of Service	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description	Allowed Amount
5-Dec		OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.47
5-Dec		88222033	Pharmacy Retail	Prescription Drugs: Insulin	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$240.37
29-Dec		8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$20.62
29-Dec		53885041601	Pharmacy Retail	Medical Supplies	OneTouch Ultra Control Solution (2 vials/box)	\$6.63
29-Dec		68382075810	Pharmacy Retail	Prescription Drugs: Generic	Metformin Hydrochloride 500 MG TABLET [ #60 pills/month]	\$3.21
29-Dec		68180051503	Pharmacy Retail	Prescription Drugs: Generic	Lisinopril 20mg (Rx) [1 QD; #30 pills/month]	\$3.38

\*\* Inpatient costs were calculated based on national averages using the indicated DRG codes. Additional variances may occur based on how health plan hospital contracts are structured (e.g., case rate, per diems, percentage of billed charges, etc.)

### Provider Types

The following are the provider types to use in the "Scenario table ~ "Provider Type" column to classify each service by provider type. This aids group health plans and health insurance issuers in applying benefits to each item and service.

**Table 3. Managing Type 2 Diabetes Provider Types**

Provider Type	What providers are covered under this Provider Type and other notes:
Pharmacy Retail	
Primary	Primary Care Physician or non-Specialist data
Diabetes Educator	
Dietician	
Podiatry	
Ophthalmology	

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146 [Expiration date: XXXX XX, 2022]

## Categories

The following are the categories to use in the "Scenario" table ~ "Category" column to classify each item and service so it rolls up to the same category in the Coverage Example label in the "Label and Assumptions" table. This facilitates consistency between the "Scenario" table and Coverage Example label.

**Table 4. Managing Type 2 Diabetes Provider Types**

<b>Category</b>	<b>What providers are covered under this Category and other notes:</b>
Over-the-counter Drugs	
Medical Supplies	
Prescription Drugs: Generic	
Prescription Drugs: Insulin	
Diagnostic Services: Laboratory	
Professional Services: Primary Care	
Professional Services: Specialist	
Preventive Services & Vaccines	

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average XXX hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.