

# DIABETES SELF-MANAGEMENT TRAINING

1. Information here pertains to Medicare only. Medicaid and private payer guidelines and codes may vary.
2. Beneficiaries who have Medicare Advantage Plans are entitled to the same preventive service. For maximum coverage, however, MAPs may require member beneficiaries to obtain the preventive services from providers enrolled in the MAP network. If the service is obtained from an out-of-network provider, the member beneficiary may have a higher copayment.

**Diabetes Self-Management Training (DSMT) = Diabetes Self-Management Education (DSME)**

**Medicare term is DSMT, thus DSMT refers to DSME that is reimbursable.**

**Medical Nutrition Therapy (MNT) benefit also described in separate chart below.**

<b>Goals</b>	Educate in successful self-management of diabetes: self-monitoring of blood glucose; overall diet concepts and exercise guidelines/techniques; medications; complication prevention, problem-solving, coping, & motivation. Behavior change goals are individualized to fit lifestyle and clinical targets/measures
<b>ICD-10 Diagnosis Codes</b>	Any appropriate, billable code is accepted from E08 to E13 and O20 to O29. Select code from ICD-10-CM TABULAR LIST of DISEASES and INJURIES in ICD-10-CM Official Codes book or online database, as there are many notes to adhere to, to select a code that is billable.
<b>HCPCS/CPT Procedure Codes</b>	G0108: Diabetes outpatient self-management training services, <b>individual</b> , per 30 minutes. G0109: Diabetes outpatient self-management training services, <b>group session</b> (2 or more patients), per 30 minutes. <b>Note:</b> Only <b>individual</b> DSMT (G0108) is payable in FQHCs and RHCs.
<b>Specific Quality Standards as Billing Prerequisite: <i>National Standards of DSME</i> are in the Diabetes Care journal, 2012, at <a href="http://diabetes.org/pro">diabetes.org/pro</a> (Separate <i>Standards of Medical Care in Diabetes</i> also published each year at <a href="http://diabetes.org/pro">diabetes.org/pro</a>)</b>	A DSMT program must be certified as meeting all quality standards by either AADE or ADA. Multi-disciplinary team recommended. At least one instructor must be an RN, RD, or pharmacist and program manager must have extensive training and/or experience in diabetes education. In a Rural Health Clinic the DSMT program may have a solo instructor as long as that instructor is an RD-CDE. Certified programs must submit to their MAC a copy of their AADE DEAP™ certificate or their ADA ERP™ certificate. Quality standards are based on the 2012 National Standards of DSME and other specific measures required by the AADE/ADA.
<b>Locations</b>	<ul style="list-style-type: none"> <li>• Healthcare facilities: <ul style="list-style-type: none"> <li>◦ Hospital outpatient departments, durable medical equipment companies, physician, non-physician practitioner, RD private practices, independent clinics, state public health clinics, home health agencies (in the home), pharmacies, skilled nursing homes, nonresidential substance abuse treatment facilities, intermediate care facilities, rural health clinics (RHCs), federally qualified health clinics (FQHCs).</li> </ul> </li> <li>• Community sites, such as: <ul style="list-style-type: none"> <li>◦ Community senior centers, libraries, recreation departments, etc.</li> <li>◦ Schools</li> <li>◦ Homeless shelters</li> <li>◦ Assisted living facilities</li> <li>◦ Group homes</li> <li>◦ Temporary lodging facilities</li> <li>◦ Custodial care facilities</li> <li>◦ Residential substance abuse treatment facilities <ul style="list-style-type: none"> <li>▪ Off-site locations of parent/sponsoring organization at which DSMT is furnished must adhere to all ADA or AADE guidelines.</li> </ul> </li> </ul> </li> </ul>

<b>Locations (continued)</b>	<ul style="list-style-type: none"> <li>• Telehealth DSMT is covered <ul style="list-style-type: none"> <li>◦ For telehealth reimbursement, the billing provider must adhere to Medicare’s separate telehealth coverage guidelines.</li> </ul> </li> <li>• DSMT is <b>NOT</b> covered under any type of reimbursement methodology when furnished in: <ul style="list-style-type: none"> <li>◦ Nursing homes</li> <li>◦ Hospice care</li> <li>◦ ERs</li> <li>◦ Hospital inpatient care</li> </ul> </li> </ul>
<b>Eligible Rendering and Billing Providers</b>	<ul style="list-style-type: none"> <li>• The following Medicare Part B provider <b>healthcare entities</b> and <b>individual providers</b> of a certified DSMT program can render the benefit. The individual providers can also bill on behalf of all the hours furnished in the program, even if they do not teach in the program; the hours cannot be subdivided in the billing process by multiple Medicare providers. The entities and individuals must first be billing Medicare for at least one other service and be receiving reimbursement. Payment is made under Medicare's modified physician <i>fee-for-service</i> payment schedule. <ul style="list-style-type: none"> <li>◦ Hospital outpatient departments, durable medical equipment companies, physician, non-physician practitioner, RD private practices, independent clinics, state and public health clinics, home health agencies, pharmacies and skilled nursing homes.</li> <li>◦ Physicians (MDs, DOs), NPs, PAs, Clinical Nurse Specialists, clinical psychologists, LCSWs. <ul style="list-style-type: none"> <li>▪ <b>An RD, RN, or RPh must be a program instructor, per the 2012 National Standards of DSME</b> (required to achieve AADE accreditation or ADA recognition of DSMT program).</li> </ul> </li> <li>◦ RDs and nutrition professionals <ul style="list-style-type: none"> <li>▪ The certified diabetes educator credential (CDE) is not required, except if an RD or nutrition professional is the <b>sole instructor</b> in the DSMT program in a <b>rural health clinic</b>.</li> </ul> </li> </ul> </li> <li>• Rural health clinics and federally qualified health centers: <ul style="list-style-type: none"> <li>◦ <b>Only individual DSMT (G0108) is payable.</b></li> <li>◦ RHCs are <b>not</b> paid separately under the Medicare <i>fee-for-service</i> methodology under Part B for DSMT claims. Instead, they are reimbursed by Medicare via the reporting of the cost of the DSMT on the facility’s cost report and paid at Medicare’s current encounter all-inclusive rate.</li> <li>◦ FQHCs as of Jan 1, 2016 are paid under the <i>Prospective Payment System</i>, but neither DSMT nor Medical Nutrition Therapy (MNT) are payable on same day as a medical visit.</li> </ul> </li> </ul>
<b>Incident to Physician’s Services Billing Rules</b>	Do not apply.
<b>Beneficiary Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>• Initial DSMT: Beneficiary has type 1 or type 2 diabetes defined in the documentation as a condition of abnormal glucose metabolism diagnosed using 1 of the following criteria (gestational diabetes mellitus has different criteria): <ul style="list-style-type: none"> <li>◦ Fasting blood sugar greater than or equal to 126 mg/dL on 2 different occasions.</li> <li>◦ Two-hour post-glucose challenge greater than or equal to 200 mg/dL on 2 different occasions.</li> <li>◦ Random glucose test over 200 mg/d with symptom(s) of uncontrolled diabetes.</li> <li>◦ Note: HbA1C is not accepted by Medicare as a diagnostic lab for type 1 and type 2 diabetes.</li> </ul> </li> </ul>
<b>Beneficiary Eligibility Criteria (continued)</b>	<ul style="list-style-type: none"> <li>• <b>Follow-up DSMT:</b> <ul style="list-style-type: none"> <li>◦ Eligible each calendar year following the year in which beneficiary has acquired initial training; or,</li> <li>◦ May be received when ordered even if initial training was not received.</li> </ul> </li> </ul>

**Provider Documentation and Referral Requirement**

The treating physician or treating qualified nonphysician practitioner (NP, PA, CNS) **who is managing the beneficiary's diabetes** must:

1. Maintain the plan of diabetes care in the beneficiary's medical record.
2. **Submit a referral that:**
  - a. Certifies that the DSMT is needed.
  - b. Specify group or document need for individual DSMT and specify the physical limitation/learning barrier (most commonly vision, hearing, cognitive impairment, or language barrier). This step not needed for FQHCs or RHCs since group not covered.
  - c. Number of initial or follow-up hours ordered (10 or fewer hours of initial DSMT).
  - d. Topics to be covered in training (initial hours can be used for full initial training program or specific areas such as nutrition or insulin training).
  - e. Diagnosis or valid ICD-10 diagnosis code.
  - f. Any special conditions.
  - g. The signature of the provider.

**Frequency Limits and Time Period**

- Initial DSMT:
  - Does not exceed a total of 10 hours:
    - At least 9 of the 10 must be in group unless the treating provider documents on the referral a special need or circumstance that limits group learning; then all 10 hours may be individual. Examples of special needs include: extra insulin instruction language barrier, cognitive impairment, physical limitation, visual or hearing impairment. One of the 10 hours may be individual. (Does not apply to FQHCs/RHCs since only individual is covered. Check with your MAC about possible group coverage.)
  - The 10 hours can be done in any combination of 0.5 hour increments, and can be spread over the first 12 consecutive month period or less (period starts with the date of the first visit and not the date on the referral).
  - If the 10 hours are not furnished and billed in the first 12 consecutive months they are lost.
  - Initial DSMT is a once-in-a-lifetime benefit.
- Follow-up DSMT in subsequent years:
  - Does not exceed a total of 2 hours of individual or group DSMT each year:
    - The 2 hours are furnished any time in a calendar year following the year in which the beneficiary completes the initial DSMT.
    - The 2 hours can be furnished in increments of no less than 0.5 hour.
- The provider may order MNT for a more in-depth and/or individualized nutrition therapy (and related diabetes self-care activities) in the same year. (MNT max in one year is 3 hours, billed in 15 min increments.)
- DSMT and MNT cannot be billed on same day for the same beneficiary.

Per Medicare's "Medical Unlikely Edits" (new as of 2015), providers cannot bill over the maximum number of units per patient per day of the codes G0108 and G0109:

HCPCS Code	OP Hospital Services MUE Values	Practitioner Services MUE Values
<b>G0108</b>		
Individ DSMT	8 units = 4 hours	6 units = 3 hours
<b>G0109</b>		
Group DSMT	12 units = 6 hours	12 units = 6 hours

**Beneficiary Pays**

The Part B deductible and 20% copay does apply. Supplemental healthcare plans often cover the 20% copayment.

**Medical Nutrition Therapy (MNT) –**

Covered for diabetes, non-dialysis renal disease, or successful kidney transplant within past 3 years.

<b>Goals</b>	Provide diet therapy and/or meal plan tailored to patient conditions, preferences, & learning level. <i>Note this is more in depth personalized diet therapy compared to the general concepts taught in DSMT.</i> Can be used before and/or after DSMT, not on same day. MNT includes monitoring labs over time and adjusting diet therapy/meal plan as needed.
<b>ICD-10 Codes</b>	E08-E13, N18.3, N18.4, N18.5
<b>HCPCS/CPT:</b> 97802 – MNT; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes 97803 – MNT; re-assessment and intervention, individual, face-to-face with the patient each 15 minutes 97804 – MNT; group (2 or more individual(s)), each 30 minutes	G0270 – MNT reassessment and subsequent intervention(s) for change in diagnosis, individual, each 15 minutes G0271 – MNT reassessment and subsequent intervention(s) for change in diagnosis, group (2 or more), each 30 minutes
<b>Eligible Providers</b>	Registered Dietitians, or Nutritionist with B.S. in Dietetics + Internship, but did not take RD exam.
<b>Locations</b>	Physician practice, hospital outpatient, RHCs (put RD service on annual cost report), RD consultant or RD private practice, FQHC, NH, HH Agency, (not SNF), community site that works with one of the above (RD or said health care entity gets reimbursement), telehealth.
<b>Beneficiary Eligibility Criteria</b>	Beneficiaries who receive a referral from their treating physician, and have dx of diabetes, pre-dialysis renal disease, or had successful kidney transplant within last 3 years. Physician documentation must validate diagnosis. MNT not covered with only hypertension and/or hyperlipidemia, so in these cases patient must sign ABN.
<b>Frequency</b>	First calendar year: 3 hours of 1:1 or group counseling Subsequent years: 2 hours per calendar year.
<b>Restrictions or Exceptions</b>	Additional hours if physician orders and specifies change in condition, dx, or tx, and orders the additional MNT during that episode of care. A mid-level practitioner cannot order MNT. An MNT session cannot be billed on the same day as a DSMT session. If patient on dialysis (ICD-10 code Z99.2) then MNT not covered; rather, a team including an RD closely manages each patient.
<b>Beneficiary Pays</b>	No copay, not applied to deductible

