IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Diabetes Outpatient Self-Management Training (NCD 40.1)

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Medicare provides coverage of Diabetes Self-Management Training (DSMT) services for beneficiaries who have been recently diagnosed with diabetes, were determined to be at risk for complications from diabetes, or were previously diagnosed with diabetes before meeting Medicare eligibility requirements and have since become eligible for coverage under the Medicare Program.

Medicare covers DSMT services when a certified provider who meets certain quality standards furnishes these services. DSMT services are intended to educate beneficiaries in the successful self-management of diabetes.

A qualified DSMT program includes the following services:

• Instruction in self-monitoring of blood glucose,
• Education about diet and exercise,
• An insulin treatment plan developed specifically for insulin-dependent beneficiaries, and
• Motivation for beneficiaries to use the skills for self-management.

DSMT services are aimed toward beneficiaries who have recently been impacted in any of the following situations by diabetes:

• Problems controlling blood sugar;
• Beginning diabetes medication or switching from oral diabetes medication to insulin;
• Diagnosed with eye disease related to diabetes;
• Lack of feeling in feet, other foot problems such as ulcers or deformities, or an amputation has been performed;
• Treated in an emergency room or have stayed overnight in a hospital because of diabetes; or
• Diagnosed with kidney disease related to diabetes.

The DSMT program should educate beneficiaries in the successful self-management of diabetes as well as be capable of meeting the needs of beneficiaries on the following subjects:

• Information about diabetes and treatment options;
• Diabetes overview/pathophysiology of diabetes;
### Diabetes Outpatient Self-Management Training (NCD 40.1)

- Nutrition;
- Exercise and activity;
- Managing high and low blood sugar;
- Diabetes medications, including skills related to the self-administration of injectable drugs;
- Self-monitoring and use of the results;
- Prevention, detection, and treatment of chronic complications;
- Prevention, detection, and treatment of acute complications;
- Foot, skin, and dental care;
- Behavioral change strategies, goal setting, risk-factor reduction, and problem solving;
- Preconception care, pregnancy, and gestational diabetes;
- Relationships among nutrition, exercise, medication, and blood glucose levels;
- Stress and psychological adjustment;
- Family involvement and social support;
- Benefits, risks, and management options for improving glucose control; and
- Use of health care systems and community resources.

Medicare provides coverage of DSMT services only if the treating physician or treating qualified non-physician practitioner managing the beneficiary’s diabetic condition certifies that DSMT services are needed. The referring physician or qualified non-physician practitioner must maintain a plan of care in the beneficiary’s medical record and documentation substantiating the need for training on an individual basis when group training is typically covered, if so ordered. The order must also include the following information:

- A statement signed by the physician or qualified non-physician practitioner that the service is needed;
- The number of initial or follow-up hours ordered (the physician can order less than 10 hours, but cannot exceed 10 hours of training);
- The topics to be covered in training (initial training hours can be used to pay for the full initial training program or specific areas, such as nutrition or insulin training); and
- A determination if the beneficiary should receive individual or group training.

#### Initial DSMT Training

The initial year for DSMT is the 12-month period following the required initial training certification. Medicare will cover initial training that meets all of the following conditions:

- The initial training is furnished to a beneficiary who has not previously received initial or follow-up training billed under Healthcare Common Procedure Coding System (HCPCS) codes G0108 or G0109.
- The initial training is furnished within a continuous 12-month period.
- The initial training does not exceed a total of 10 hours (the 10 hours of training can be done in any combination of 30-minute increments and can be spread over the 12-month period or less).
- With the exception of one hour of individual training, the initial training is usually furnished in a group setting, which can contain individuals other than Medicare beneficiaries.
- The one hour of individual training may be used for any part of the training including insulin training.

#### Follow-Up DSMT Training

After receiving the initial training, Medicare covers follow-up training that meets all of the following conditions:

- The follow-up training consists of no more than two hours of individual or group training for a beneficiary each year.
- Group training consists of 2 to 20 individuals; not all need to be Medicare beneficiaries.
- Follow-up training is furnished in increments of no less than 30 minutes.
- The physician (or qualified non-physician practitioner) treating the beneficiary must document in the beneficiary’s medical record that the beneficiary is a diabetic.
- Follow-up training for subsequent years is based on a 12-month calendar year after the completion of the full 10 hours of initial training. However, if the beneficiary exhausts 10 hours in the initial year then the...
beneficiary would be eligible for follow-up training in the next calendar year. If the beneficiary does not exhaust 10 hours of initial training, he/she has 12 continuous months to exhaust initial training before the 2 hours of follow-up training are available.

Examples
Example #1: Beneficiary Exhausts 10 Hours in the Initial Year (12 continuous months)
- Beneficiary receives first service: April 2009
- Beneficiary completes initial 10 hours DSMT training: April 2010
- Beneficiary is eligible for follow-up training: May 2010 (13th month begins the subsequent year)
- Beneficiary completes follow-up training: December 2010
- Beneficiary is eligible for next year follow-up training: January 2011

Example #2: Beneficiary Exhausts 10 Hours Within the Initial Calendar Year
- Beneficiary receives first service: April 2009
- Beneficiary completes initial 10 hours of DSMT training: December 2009
- Beneficiary is eligible for follow-up training: January 2010
- Beneficiary completes follow-up training: July 2010
- Beneficiary is eligible for next year follow-up training: January 2011

Individual DSMT Training
Medicare covers training on an individual basis for a Medicare beneficiary under any of the following conditions:
- No group session is available within two months of the date the training is ordered.
- The beneficiary’s physician or qualified non-physician practitioner documents in the beneficiary’s medical record that the beneficiary has special needs resulting from conditions such as severe vision, hearing or language limitations, or other such special conditions as identified by the treating physician or qualified non-physician practitioner, that will hinder effective participation in a group training session.
- The physician orders additional insulin training.
- The need for individual training is identified by the physician or qualified non-physician practitioner in the referral.

To certify that the beneficiary has received or will receive one hour of in-person DSMT services for the purposes of injection training during the year following the initial DSMT service, the distant site practitioner should report the –GT or –GQ modifier with HCPCS codes G0108 or G0109.

As specified in 42 CFR 410.141(e) and stated in section 300.2 of this chapter, individual DSMT services may be furnished by a physician, individual, or entity that furnishes other services for which direct Medicare payment may be made and that submits necessary documentation to, and is accredited by, an accreditation organization approved by CMS.

Telehealth
For dates of service on or after January 1, 2011, telehealth services include coverage for individual and group DSMT, with a minimum of one hour of in-person instruction to be furnished in the initial year training period, as described by HCPCS codes G0108 or G0109. In addition, certified registered dietitians and nutrition professionals may furnish and receive payment for a telehealth service. All eligibility criteria, conditions of payment, payment, or billing methodology applicable to Medicare telehealth services apply to DSMT provided with telehealth. Additionally, a minimum of one hour of in-person instruction in the self-administration of injectable drugs must be furnished to the beneficiary during the year following the initial DSMT service. The injection training may be furnished through either individual or group DSMT services. However, consistent with the statutory requirements of section 1834(m)(1) of the Act, as provided in 42 CFR 410.78(b)(1) and (b)(2) and stated in section 270.4 of this chapter, Medicare telehealth services, including individual DSMT services furnished as a telehealth service, could only be furnished by a licensed physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse-midwife (CNM), clinical psychologist, clinical social worker, or registered dietitian or nutrition professional.
Reimbursement Policy

Diabetes Outpatient Self-Management Training (NCD 40.1)

Reimbursement Guidelines
Reimbursement for DSMT services may be made to any certified provider or supplier that provides and bills Medicare for other individual items and services and may be made only for training sessions actually attended by the beneficiary and documented on attendance sheets.

Medicare provides coverage for DSMT as a Medicare Part B benefit. Both the coinsurance or copayment and the Medicare Part B deductible apply. Claims from physicians, qualified non-physician practitioners, or suppliers where assignment was not taken are subject to Medicare’s limiting charge. However, the following non-physician practitioners must accept assignment for all of their services: physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, clinical social workers, and registered dietitians/nutritionists.

If the provider is billing for initial training, the beneficiary must not have previously received initial or follow-up training for which Medicare payment was made under this benefit.

Reimbursement of Claims by Carriers/AB MACs
Reimbursement for DSMT services is paid under the Medicare Physician Fee Schedule (MPFS), when billed to the carrier/AB MAC.

As with other MPFS services, the non-participating provider reduction and limiting charge provisions apply to all DSMT services. However, the following non-physician practitioners must accept assignment for all of their services: physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, clinical social workers, and registered dietitians/nutritionists.

CPT/HCPCS Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
</tr>
<tr>
<td>G0109</td>
<td>Diabetes self-management training services, group session (2 or more), per 30 minutes</td>
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Modifiers

<table>
<thead>
<tr>
<th>Code</th>
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<tr>
<td>GT</td>
<td>Via interactive audio and video telecommunication systems</td>
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<tr>
<td>GQ</td>
<td>Via asynchronous telecommunications system</td>
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References Included (but not limited to):

**CMS NCD**
NCD 40.1 Diabetes Outpatient Self-Management Training

**CMS LCD(s)**
Numerous LCDs

**CMS Article**
One Article

**CMS Benefit Policy Manual**
Chapter 15; § 300 Diabetes Self-Management Training Services

**CMS Claims Processing Manual**
Chapter 18; § 120 Diabetes Self-Management Training (DSMT) Services
Chapter 9; § 181 Diabetes Self-Management Training (DSMT) Services Provided by RHCs and FQHCs

**CMS Program Integrity Manual**
Chapter 15; § 15.4.6.1.- Diabetes Self-Management Training (DSMT)

**CMS Transmittals**
Transmittal 365; Change Request 7236, Dated 01/28/2011 (Diabetes Self-Management Training (DSMT) Certified Diabetic)
Transmittal 109; Change Request 6510, Dated 08/07/2009 (Diabetes Self-Management Training (DSMT) Certified Diabetic)

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Diabetes Management, Equipment and Supplies
UnitedHealthcare Reimbursement Policies
Closed-loop Blood Glucose Control Device (CBGCD) (NCD 40.3)
Diabetic Strips and Lancets
Home Blood Glucose Monitors (NCD 40.2)
Insulin Syringe (NCD 40.4)
Outpatient Intravenous Insulin Treatment (OIVIT) (NCD 40.7)

UnitedHealthcare Medical Policies
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes

MLN Matters
Article MM3185, Diabetes Self-Management Training
Article MM6510, Diabetes Self-Management Training (DSMT) Certified Diabetic Educator
Article SE0905, Training Medicare Patients on Use of Home Glucose Monitors and Related Billing Information

Others
Diabetes Related Services Fact Sheet, Medicare Preventive Services, CMS Website
Diabetes Self-Management Training, Medicare.gov Website
Guide to Medicare Preventive Services, ICN 006439, CMS Website
Step by Step Guide to Medicare Diabetes Self-Management Training (DSMT) Reimbursement, Indian Health Service Website

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>02/12/2014</td>
<td>Re-review presented to MRPC for approval</td>
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<tr>
<td>03/13/2013</td>
<td>Annual review for MRP Committee presentation and approval</td>
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<tr>
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