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Diabetes Self-Management Training

Diabetes self-management training (DSMT) is an evidence-based and collaborative process through which beneficiaries with diabetes gain knowledge and skills needed to modify behavior and successfully manage the disease and its related conditions. DSMT services, at a minimum, must include the following:

1. Instructions for blood glucose self-monitoring;
2. Education regarding diet and exercise;
3. Individualized insulin treatment plan (for insulin dependent beneficiaries); and
4. Encouragement and support for use of self-management skills.

DSMT must be aimed at educating beneficiaries on the following topics to promote successful self-management:

1. Diabetes overview, including current treatment options and disease process;
2. Diet and nutritional needs;
3. Increasing activity and exercise;
4. Medication management, including instructions for self-administering injectable medications (as applicable);
5. Management of hyperglycemia and hypoglycemia;
6. Blood glucose monitoring and utilization of results;
7. Prevention, detection, and treatment of acute and chronic complications associated with diabetes (including discussions on foot care, skin care, etc.);
8. Reducing risk factors, incorporating new healthy behaviors into daily life, and setting goals to promote successful outcomes;
9. Importance of preconception care and management during pregnancy;
10. Managing stress regarding adjustments being made in daily life; and
11. Importance of family and social support.

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All educational material must be pertinent and age appropriate for each beneficiary. Parents or legal guardians can participate in DSMT rendered to their child, but all claims for these services must be submitted under the child's Medicaid number.

Provider Qualifications

Providers of DSMT services must be:

1. Enrolled as a Louisiana Medicaid provider;
2. Employed by an enrolled Louisiana Medicaid provider; or
3. Contracted to provide services by an enrolled Louisiana Medicaid provider.

Providers must be enrolled through the Louisiana Medicaid Professional Services (Physician Directed Services), Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or Outpatient Hospital programs and must meet all the required criteria. **DSMT is not a separately recognized provider type**; therefore, Louisiana Medicaid will not enroll a person or entity for the sole purpose of performing DSMT.

Louisiana Medicaid does not enroll dietitians, registered nurses, or pharmacists as providers of service. If a dietitian, registered nurse, or a pharmacist provides DSMT services to an eligible beneficiary, the group/billing ID number must be entered in block 24J on the CMS-1500 claim form.

Accreditation

Providers of DSMT services must be accredited by one of the following national accreditation organizations:

1. American Diabetes Association (ADA);
2. American Association of Diabetes Educators (AADE); or
3. Indian Health Service (IHS).

Services provided by providers without accreditation from one of the listed organizations are **not covered**. Providers must maintain and provide proof of accreditation, as requested by Louisiana Medicaid or its fiscal intermediary.

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At a minimum, providers of DSMT services must include at least one registered dietician, registered nurse, or pharmacist. Each member of the instructional team must be a Certified Diabetes Educator (CDE) or have recent didactic and experiential preparation in education and diabetes management, and at least one member of the instructional team must be a CDE who has been certified by the National Certification Board for Diabetes Educators (NCBDE). Providers must maintain and provide proof of certification of staff members as requested by Louisiana Medicaid or its fiscal intermediary.

All DSMT services must adhere to the National Standards for Diabetes Self-Management Education.

Coverage Requirements

Louisiana Medicaid provides coverage of DSMT for eligible Medicaid beneficiaries who have been diagnosed with Type I, Type II, or gestational diabetes mellitus and who have an order from a provider involved in the management their diabetes, such as a primary care provider or obstetrician.

The ordering provider is required to maintain a copy of all DSMT orders. Each order must be signed and must specify the total number of hours being ordered, not to exceed the following coverage limitations:

1. A **maximum** of 10 hours of initial training (one hour of individual and nine hours of group sessions) are allowed during the first 12-month period beginning with the initial training date.
2. A **maximum** of 2 hours of individual sessions are allowed for each subsequent year.

If special circumstances occur in which the ordering provider determines a beneficiary would benefit from individual sessions rather than group sessions, the order must also include a statement specifying that individual sessions would be more appropriate, along with an explanation.

If a DSMT order must be modified, the updated order must be signed by the ordering provider and copies must be retained in the medical record.

Medicaid Beneficiaries Not Eligible for DSMT

The following beneficiaries are not eligible for DSMT:

1. Beneficiaries residing in an inpatient hospital or other institutional setting such as an nursing care facility or a residential care facility; or

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2. Beneficiaries receiving hospice services.

Initial DSMT

Initial DSMT may begin after receiving the initial order. DSMT is allowed for a continuous 12-month period following the initial training date. In order for services to be considered initial, the beneficiary must not have previously received initial or follow up DSMT.

The 10 hours of initial training may be provided in any combination of 30-minute increments over the 12-month period. Louisiana Medicaid does not reimburse for sessions lasting less than 30 minutes.

Group sessions may be provided in any combination of 30-minute increments. Sessions less than 30 minutes are not covered. Each group session must contain between two and 20 beneficiaries.

Follow-Up DSMT

After receiving 10 hours of initial training, a beneficiary is eligible to receive a maximum of two hours of follow-up training each year, if ordered. Additional training for beneficiaries under the age of 21 is covered if determined to be medically necessary and documented in the record.

Follow-up training is based on a **12-month calendar year following completion of the initial training**. If a beneficiary completes 10 hours of initial training, the beneficiary would be eligible for two hours of follow-up training for the next calendar year. If all 10 hours of initial training are not used within the first calendar year, then the beneficiary has 12 months to complete the initial training prior to follow up training.

1. Example #1: A beneficiary receives their first training in April and completes the initial 10 hours by April of the next year. The beneficiary would be eligible for two hours of subsequent training beginning in May, since that would be the 13th month. If the beneficiary completes the two hours of subsequent training in November of that same year, then additional training cannot begin until January (the next calendar year) .
2. Example #2: A beneficiary receives their first training in February and exhausts all 10 hours of initial training by November. The beneficiary would be eligible for two hours of subsequent training beginning in January. If the beneficiary completes the two subsequent hours of training by May, then additional training cannot begin until January of the following year.

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Providers are expected to communicate with beneficiaries to determine if the beneficiary has previously received DSMT services or has exhausted the maximum hours of DSMT services for the given year.

Louisiana Medicaid will **only** cover up to 10 hours of initial training (for the first 12 months) and two hours of follow-up training (for each subsequent year) regardless of the providers of service.

Provider Responsibilities

Providers must assure the following conditions are met in order to receive reimbursement:

1. **The beneficiary meets one of the following requirements:**
 - a. Is a newly diagnosed diabetic, gestational diabetic, pregnant with a history of diabetes, or has received no previous diabetes education;
 - b. Demonstrates poor glycemic control ($A1c > 7$);
 - c. Has documentation of an acute episode of severe hypoglycemia or hyperglycemia occurring in the past 12 months; or
 - d. Has received a diagnosis of a complication, a diagnosis of a co-morbidity, or prescription for new equipment such as an insulin pump.
2. **The provider maintains the following documentation requirements:**
 - a. A copy of the order for DSMT from the beneficiary's ordering provider;
 - b. A comprehensive plan of care documented in the medical record;
 - c. Start and stop time of services;
 - d. Clinical notes, documenting beneficiary progress;
 - e. Original and ongoing pertinent lab work;
 - f. Individual education plan;
 - g. Assessment of the individual's education needs;
 - h. Evaluation of achievement of self-management goals;

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- i. Proof of correspondence with the ordering provider regarding the beneficiary's progress; and
- j. All other pertinent documentation.

Beneficiary records, facility accreditation, and proof of staff licensure, certification, and educational requirements must be kept readily available to be furnished, as requested, to Louisiana Medicaid, its authorized representatives, or the state Attorney General's Medicaid Fraud Control Unit.

Reimbursement

Reimbursement for DSMT services is a flat fee based on the Louisiana Medicaid Professional Services Program fee schedule, minus the amount which any third party coverage would pay. The following Healthcare Common Procedure Coding System (HCPCS) codes or their successors are used to bill DSMT services:

- 1. G0108 – Diabetes outpatient self-management training services, individual, per 30 minutes; and
- 2. G0109 – Diabetes self-management training services, group session (two or more) per 30 minutes.

NOTE: Services provided to pregnant women with diabetes must be billed with the "TH" modifier.

Hospitals would bill the above HCPCS codes in the outpatient setting along with Revenue Code 942. These are the only HCPCS codes currently allowed to be billed with HR942.