Diabetes
Self-Management
Training Services
## Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Reason for Revisions</th>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Policies and procedures as of October 1, 2015 Published: February 25, 2016</td>
<td>New document</td>
<td>FSSA and HPE</td>
</tr>
<tr>
<td>1.1</td>
<td>Policies and procedures as of April 1, 2016 Published: July 28, 2016</td>
<td>Scheduled update</td>
<td>FSSA and HPE</td>
</tr>
<tr>
<td>1.2</td>
<td>Policies and procedures as of April 1, 2016 (CoreMMIS updates as of February 13, 2017) Published: February 13, 2017</td>
<td>CoreMMIS update</td>
<td>FSSA and HPE</td>
</tr>
<tr>
<td>2.0</td>
<td>Policies and procedures as of April 1, 2017 Published: July 6, 2017</td>
<td>Scheduled update</td>
<td>FSSA and DXC</td>
</tr>
</tbody>
</table>
| 3.0     | Policies and procedures as of July 1, 2018 Published: December 20, 2018 | Scheduled update:  
- Reorganized and edited text as needed for clarity  
- Incorporated relevant information from the Medical Policy Manual  
- Updated links to the new IHCP website  
- Replaced the introductory note box with the new standard verbiage  
- Updated the examples of DSMT in the Introduction section and removed the cross-reference to the DME module for information about diabetic supplies  
- In the Coverage for DSMT Services section:  
  - Updated the list of practitioners eligible to provide DSMT services  
  - Removed information regarding which practitioners can bill directly and which must bill under a supervising practitioner’s NPI  
- Clarified DSMT coverage requirements in the DSMT Billing and Reimbursement section | FSSA and DXC |
Table of Contents

Introduction................................................................................................................................ 1
Coverage for DSMT Services .................................................................................................... 1
DSMT Billing and Reimbursement ........................................................................................... 2
Documentation for DSMT Services........................................................................................... 3
Diabetes Self-Management Training Services

Introduction

The Indiana Health Coverage Programs (IHCP) covers diabetes self-management training (DSMT) services for eligible members. The IHCP intends these services to enable the member (or enhance the member’s ability) to properly manage a diabetic condition.

Examples of DSMT activities include but are not limited to the following:

- Instruction regarding the diabetic disease state, including an understanding of the prevention, detection, and treatment of acute and chronic complications
- Medication counseling
- Blood glucose self-monitoring, interpreting, and using results for self-management decision making
- Instruction regarding foot, skin, and dental care
- Behavior changes, strategies, and risk factor reduction
- Instruction on incorporating nutritional management and physical activity into lifestyle
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change
- Instruction regarding insulin injection
- Instruction regarding preconception care, pregnancy, and gestational diabetes
- Accessing community healthcare systems and resources

Coverage for DSMT Services

In accordance with the terms and provisions of Indiana Code IC 27-8-14.5-6, the IHCP covers DSMT services that meet all the following conditions:

- Medically necessary
- Ordered in writing by a physician or podiatrist licensed under applicable Indiana law
- Provided by a healthcare professional with specialized training in the management of diabetes
• Provided by one of the following healthcare professionals, licensed, registered, or certified under applicable Indiana law:
  – Chiropractors
  – Dentists
  – Health facility administrators
  – Physicians
  – Nurses
  – Optometrists
  – Pharmacists
  – Podiatrists
  – Environmental health specialists
  – Audiologists
  – Speech-language pathologists
  – Psychologists
  – Hearing aid dealers
  – Physical therapists
  – Respiratory therapists
  – Occupational therapists
  – Social workers
  – Marriage and family therapists
  – Physician assistants
  – Athletic trainers
  – Dietitians

**DSMT Billing and Reimbursement**

Providers must bill for DSMT services only on the CMS-1500 claim form or electronic equivalent (837P transaction or Provider Healthcare Portal professional claim) using one of the following procedure codes:

- **G0108 U6** – Diabetes outpatient self-management training services, individual, per 15 minutes
- **G0109 U6** – Diabetes self-management training service, group session (2 or more), per 15 minutes

The U6 modifier designates that these codes are billed “per 15 minutes.” Providers should not round up to the next unit. Instead, providers should accumulate billable time equivalent to whole units and then bill.

The IHCP limits reimbursement for this service to 16 units (or the equivalent of 4 hours) per member per calendar year. IHCP coverage of DSMT is limited to the following circumstances:

- After receiving a diagnosis of diabetes
- After receiving a diagnosis that represents a significant change in the member’s symptoms or condition
- For reeducation or refresher training

Providers can request authorization for additional units through the standard prior authorization (PA) process. The IHCP reviews the documentation for additional requested units of service for evidence of medical necessity.
Providers should bill the *usual and customary charge* for the units of service rendered. Providers are not entitled to reimbursement for any services provided to the general public at no charge. Adherence to this program parameter is closely monitored by the Family and Social Services Administration (FSSA) Program Integrity team.

**Documentation for DSMT Services**

Billing and rendering practitioners should maintain sufficient documentation of the respective functions to substantiate the medical necessity of the DSMT service rendered and the provision of the service itself. This requirement is in accordance with existing policies and regulations for all providers and all services. Physicians and podiatrists ordering the service should maintain documentation in the usual manner.

Examples of documentation that the provider of the service should maintain include (but are not limited to):

- Written orders for the service
- Date rendering the service
- Amount of time used for the training session
- General content of the training session
- Units of service billed and charge amount
- Pertinent patient history and clinical data
- Practitioner notes from the training sessions