



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Diabetes Self-Management Training Services

LIBRARY REFERENCE NUMBER: PROMOD00023
PUBLISHED: JULY 6, 2017
POLICIES AND PROCEDURES AS OF APRIL 1, 2017
VERSION: 2.0

Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of October 1, 2015 Published: February 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of April 1, 2016 Published: July 28, 2016	Scheduled update	FSSA and HPE
1.2	Policies and procedures as of April 1, 2016 (<i>CoreMMIS</i> updates as of February 13, 2017) Published: February 13, 2017	<i>CoreMMIS</i> update	FSSA and HPE
2.0	Policies and procedures as of April 1, 2017 Published: July 6, 2017	Scheduled update: <ul style="list-style-type: none"> • Edited and reorganized text throughout for clarity • Added requirements for DSMT reimbursement to the Introduction section • Updated the examples of practitioners that can enroll and bill for direct care or supervision of services in the Practitioners Eligible to Provide DSMT Services section 	FSSA and DXC

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Diabetes Self-Management Training Services

Note: For policy information regarding coverage of diabetes self-management training services, see the [Medical Policy Manual](#) at indianamedicaid.com.

Introduction

The Indiana Health Coverage Programs (IHCP) covers diabetes self-management training (DSMT) services for both fee-for-service and managed care members, including Package C members. The IHCP intends these services to enable the member (or enhance the member's ability) to properly manage a diabetic condition, thereby optimizing the therapeutic regimen.

The following are examples of DSMT activities:

- Accessing community healthcare systems and resources
- Behavior changes, strategies, and risk factor reduction
- Blood glucose self-monitoring, interpreting, and using results for self-management decision making
- Instruction regarding the diabetic disease state, including an understanding of the prevention, detection, and treatment of acute and chronic complications
- 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
- Insulin injection
- Foot, skin, and dental care
- Medication counseling
- Preconception care, pregnancy, and gestational diabetes

Note: For information about diabetic supplies, such as blood glucose monitors, test strips, and lancets, see the [Durable and Home Medical Equipment and Supplies](#) module.

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

- Medically necessary
- Ordered in writing by a physician or podiatrist licensed under applicable Indiana law
- Provided by a healthcare professional licensed, registered, or certified under applicable Indiana law and with specialized training in the management of diabetes

The IHCP limits coverage of DSMT services to a total of four hours per member, per calendar year, without prior authorization.

Note: For Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise members, providers must contact the appropriate managed care entity (MCE) for specific policies and procedures. MCE contact information is included in the [IHCP Quick Reference Guide](#) available at indianamedicaid.com.

Practitioners Eligible to Provide DSMT Services

To be eligible for IHCP reimbursement, DSMT services must be provided by healthcare practitioners that are licensed, registered, or certified under applicable Indiana law. In addition, the practitioner must have specialized training in the management of diabetes that meets community standards.

Practitioners eligible to provide DSMT services, but not currently enrolled as IHCP providers, can obtain additional information in the [Provider Enrollment](#) module. Eligible practitioners, such as pharmacists who work for or own IHCP-enrolled pharmacies, should bill for services rendered through the enrolled entity where services are provided.

The following are examples of IHCP practitioners who **may** enroll and bill for direct care services or supervision of services:

- Audiologists
- Chiropractors
- Dentists
- Health service providers in psychology (HSPPs)
- Nurse practitioners
- Occupational therapists
- Optometrists
- Pharmacists
- Physical therapists
- Physicians
- Podiatrists
- Respiratory therapists
- Speech and language pathologists

The following are examples of practitioners who **may not** enroll in the IHCP. Practitioners in this list must bill under the IHCP-enrolled supervising practitioner's National Provider Identifier (NPI):

- Athletic trainers
- Dietitians
- Environmental health specialists
- Health facility administrators
- Marriage and family therapists
- Registered nurses
- Physician assistants

- Psychologists (other than HSPPs)
- Social workers

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 four hours) per member, per calendar year, applicable under any of the following circumstances:

- Member has a diagnosis of diabetes
- Member has a diagnosis that represents a significant change in the member’s symptoms or condition
- Re-education 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