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**CHAPTER 5: PROFESSIONAL SERVICES**

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**SECTION 5.1: COVERED SERVICES****PAGE(S) 6**

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**Diabetes ~~Education~~ Self-Management Training**

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

- Instructions for blood glucose self-monitoring;<sup>2</sup>
- Education regarding diet and exercise;<sup>2</sup>
- Individualized insulin treatment plan (for insulin dependent ~~recipients~~beneficiaries);<sup>2</sup> and
- Encouragement and support for use of self management skills.

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

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

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**CHAPTER 5: PROFESSIONAL SERVICES**

---

**SECTION 5.1: COVERED SERVICES****PAGE(S) 6**

---

- Importance of family and social support.

All educational material must be pertinent and age appropriate for each ~~recipient~~beneficiary. ~~Recipients~~Beneficiaries under the age of 18 must be accompanied by a parent or legal guardian. Claims for these services must be submitted under the child's Medicaid number.

**Provider Qualifications**

Providers of DSMT services must be:

- Enrolled as a Louisiana Medicaid provider;<sup>2</sup>
- Employed by an enrolled Louisiana Medicaid provider;<sup>2</sup> or
- 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 of 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 recipient, the group/billing ID number must be entered in block 24J on the CMS 1500 claim form.~~

**Accreditation**

DSMT programs must be accredited as meeting quality standards by a national accreditation organization. Louisiana Medicaid recognizes the following as approved accreditation organizations:

- American Diabetes Association (ADA);<sup>2</sup>
- American Association of Diabetes Educators (AADE);<sup>2</sup> and
- Indian Health Service (IHS).

Services provided by a program 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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**CHAPTER 5: PROFESSIONAL SERVICES**

---

**SECTION 5.1: COVERED SERVICES****PAGE(S) 6**

---

At a minimum, the instructional team must consist of a registered dietician, a registered nurse or a 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, as requested, for staff members.

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

**Coverage Requirements**

Louisiana Medicaid provides coverage of DSMT for eligible Medicaid ~~recipients~~beneficiaries who have a written order from their primary care provider and have been diagnosed with Type I, Type II, or gestational diabetes.

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

- A **maximum** of 10 hours of initial training (1 hour of individual and 9 hours of group sessions) are allowed during the first 12--month period beginning with the initial training date.
- 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 ~~recipient~~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 primary care provider and copies must be retained in the medical record.

~~Recipients enrolled in BAYOU HEALTH will receive DSMT through their health plan.~~

**Medicaid ~~Recipients~~Beneficiaries Not Eligible for DSMT**

The following ~~recipients~~beneficiaries are not eligible for DSMT:

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**CHAPTER 5: PROFESSIONAL SERVICES**

---

**SECTION 5.1: COVERED SERVICES****PAGE(S) 6**

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- ~~Recipients~~Beneficiaries residing in an inpatient hospital or other institutional setting such as an nursing care facility or a residential care facility; or
- ~~Recipients~~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 ~~recipient~~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 2-20 ~~recipients~~beneficiaries.

**Follow-Up DSMT**

After receiving 10 hours of initial training, a ~~recipient~~beneficiary is eligible to receive a maximum of two hours of follow-up training each year, if ordered by the primary care provider. Additional training for ~~recipients~~beneficiaries under the age of 21 is covered if determined to be medically necessary.

Follow-up training is based on a **12-month calendar year following completion of the initial training**. If a ~~recipient~~beneficiary completes 10 hours of initial training, the ~~recipient~~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 ~~recipient~~beneficiary has 12 months to complete the initial training prior to follow up training.

- ~~Example #1:~~

~~A recipient receives his first training in April 2011 and completes the initial 10 hours by April 2012. He would be eligible for two hours of subsequent training beginning May 2012, since that would be the 13th month. If the recipient completes the two hours of subsequent training in November 2012, then he is not eligible for additional training until January 2013.~~

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**CHAPTER 5: PROFESSIONAL SERVICES**

---

**SECTION 5.1: COVERED SERVICES****PAGE(S) 6**

---

● ~~Example #2:~~

~~A recipient receives his first training in February 2011 and exhausts all 10 hours of initial training by November 2011. He would be eligible for two hours of subsequent training beginning January 2012. If the recipient completes the two subsequent hours of training by May 2012, then he is not eligible for additional training until January 2013.~~

Providers are encouraged to communicate with ~~recipients~~beneficiaries to determine if the ~~recipient~~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 for DSMT services:

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

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**CHAPTER 5: PROFESSIONAL SERVICES**

---

**SECTION 5.1: COVERED SERVICES****PAGE(S) 6**

---

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

Recipient/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's 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 ~~should be billed for~~ DSMT services:

- G0108 – Diabetes outpatient self-management training services, individual, per 30 minutes
- G0109 – Diabetes self-management training services, group session (2 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.

Reimbursable DSMT services for FQHCs/RHCs are included in the all inclusive encounter; therefore, separate encounters for these services are not allowed and the delivery of DSMT services alone does not constitute an encounter visit.