

## **Overview**

Diabetes self management training (DSMT) is a collaborative process through which patients 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 instructions for blood glucose self-monitoring, education regarding diet and exercise, an individualized insulin treatment plan (for insulin dependent recipients), and encouragement and support for use of self management skills. The DSMT program should be aimed at educating recipients on the following topics to promote successful self management:

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

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

## **Provider Qualifications**

DSMT programs must be accredited as meeting quality standards by a national accreditation organization. Currently, Louisiana Medicaid recognizes the American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), and the Indian Health Service (IHS) as approved national accreditation organizations. Services provided by a program without accreditation by one of the listed organizations are **not covered**. Providers must maintain and provide proof of accreditation, as requested by the Department of Health and Hospitals (DHH), or its fiscal intermediary.

Providers of DSMT services must be enrolled as a Louisiana Medicaid provider, be employed by an enrolled Louisiana Medicaid provider, or be contracted to provide services by an enrolled Louisiana Medicaid provider.

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. At a minimum, the instructional team must consist of a registered dietician, a registered nurse, or a pharmacist, at least one of which is a CDE certified by the National Certification Board for Diabetes Educators (NCBDE).

*\*In order for one of the above listed professionals to be a Certified Diabetes Educator (CDE), he/she must meet all requirements as specified by the NCBDE, and pass the certification examination. Providers must maintain and provide proof of certification, as requested, for staff members.*

The entity seeking reimbursement for DSMT services must be enrolled as a Louisiana Medicaid provider through the Professional Services (Physician Directed Services), RHC/FQHC, or Outpatient Hospital programs and must meet all of the required criteria mentioned above. **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.

Currently, Louisiana Medicaid does not enroll dietitians, registered nurses, or pharmacists as providers of service. If a dietician, 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 form.

All enrolled Diabetes Self Management Programs must adhere to the National Standards for Diabetes Self-Management Education.

### **Coverage Requirements**

Louisiana Medicaid provides coverage of DSMT for eligible Medicaid recipients 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 this order and subsequent orders, if follow up DSMT is required. Each written order must be signed and must specify the total number of hours being ordered, not to exceed the below 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 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 it is decided that the original order for DSMT must be modified, the updated order must be signed by the primary care provider and copies must be retained in the medical record.

Recipients eligible under the community care program will require community care referrals for these services.

Recipients not eligible for DSMT would include patients who are residing in an inpatient hospital or other institutional setting such as a nursing care facility, or a residential care facility, patients receiving hospice services, or patients enrolled in a Coordinated Care Network (CCN).

### **Initial DSMT Training**

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

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 that last less than 30 minutes.

Group sessions may be provided in any combination of 30 minute increments. Sessions that are less than 30 minutes are not covered. Each group session shall contain between 2-20 recipients.

### **Follow-Up DSMT Training**

After receiving the initial training, a recipient is eligible to receive a maximum of 2 hours of follow-up training each year, if ordered by their primary care provider.

Follow-up training is based on a 12 month calendar year, following completion of initial training. If a recipient completes 10 hours of initial training, the recipient would be eligible for 2 hours of follow-up training for the next calendar year. If the recipient does not use all 10 hours of initial training within the first calendar year, then the recipient has 12 months to complete the initial training prior to follow up training.

#### **Example #1:**

**If a recipient receives his first training in April 2011 and completes the initial 10 hours by April 2012, the recipient would be eligible for 2 hours of subsequent training beginning May 2012, since that would be the 13<sup>th</sup> month. If the recipient completes the 2 hours of subsequent training in November 2012, then he is not eligible for additional training until January 2013.**

#### **Example #2:**

**If a recipient receives his first training in February 2011 and exhausts all 10 hours of initial training by November 2011, the recipient would be eligible for 2 hours of subsequent training beginning January 2012. If the recipient completes the 2 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 to determine if the recipient 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 2 hours of follow-up training (for each subsequent year) regardless of who provides the service.*

### **Provider Responsibilities**

In order to receive reimbursement for DSMT services, providers must assure the following conditions are met:

#### **A. Eligible Recipients (one of the following)**

1. The recipient is a newly diagnosed diabetic, gestational diabetic, pregnant with a history of diabetes, or has received no previous diabetes education or;
2. The recipient demonstrates poor glycemic control (A1c>7) or;
3. There is documentation of acute episode of severe hypoglycemia or hyperglycemia occurring in the past 12 months or;
4. The diabetic recipient has received a diagnosis of a complication, a diagnosis of a co-morbidity, or prescription for new equipment such as an insulin pump

#### **B. Documentation Requirements**

1. The DSMT provider should maintain the following recipient documentation:
  - a. A copy of the order for DSMT from the recipient's primary care provider
  - b. A comprehensive plan of care documented in the medical record
  - c. Start and stop time of services
  - d. Clinical notes, documenting recipient progress
  - e. Original and ongoing pertinent lab work
  - f. Individual education plan
  - g. Assessment of the individual education needs
  - h. Evaluation of achievement of self-management goals
  - i. Proof of correspondence with ordering provider regarding recipient progress
  - j. All other pertinent documentation

Recipient records, facility accreditation, and proof of staff licensure, certification, and educational requirements must be kept readily available to be furnished, as requested, to the DHH, 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 fee schedule established by Bureau of Health Services Financing Professional Services Program minus the amount which any third party coverage would pay. The following HCPCS codes 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\*

*\*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 would be the only HCPCS codes 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.

**In order to implement the DSMT program within a timely manner, appropriate editing and coverage determinations are still underway. Systematic adjustments for some previously processed claims may be necessary in the future.**