

Diabetes Self-Management Education/Training (DSME/T) Payment Policy

Policy

The Plan will reimburse for covered Diabetes Self-Management Education/Training (DSME/T) services provided by certified professionals who are participating through a contracted entity and are within the legal scope of their practice.

Definitions

DSME/T is provided by diabetes educators who are licensed or nationally registered healthcare professionals who provide overall guidance related to all aspects of diabetes to increase the patient's knowledge and skill about the disease, and promote self-care behaviors for effective self-management and glycemic control.

DSME/T must be provided in a program that has been accredited/recognized by the American Association of Diabetes Educators (Diabetes Education Accreditation Program) or American Diabetes Association (Diabetes Recognition Program). These programs assure quality as the national Standards for Diabetes Self-Management Education establish the criteria for the structure and processes of a DSME/T program.

DSME/T is considered to be appropriate when the patient has a diagnosis of diabetes mellitus, the services have been prescribed by a physician, and the services are provided by a licensed healthcare professional (e.g., registered dietician, registered nurse, or other health professional) who is a certified diabetes educator (CDE).

Reimbursement

The Plan's payment for all services provided by non-physician professionals is 85 percent of the applicable physician fee schedule amount, or as per contract.

The Plan will reimburse for an initial visit of up to one hour and up to nine hours of follow up visits during the first year that DSME/T is provided to a Plan member. For subsequent years, the Plan will reimburse up to a maximum of two hours of follow up visits.

(Medical Nutrition Therapy (MNT) services will not be reimbursed if provided on the same day as DSME/T services.)

Referral/notification/prior authorization requirements

Fallon Health Weinberg and Navicare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member's designated navigator if there are questions or concerns prior to prescribing tests, supplying equipment, or providing any other additional appointments or services that may not routinely be authorized or may require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

Billing/coding guidelines

The referring physician's name and NPI number must be submitted.

The following codes should be used:

HCPCS Codes	Description
G0108	Diabetes outpatient self-management training services, individual, per 30

	minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

Programs must adhere to the National Standards for Diabetes Self-Management Education. The Plan reserves the right to request documentation of a DSME/T program's accreditation/recognition by the American Association of Diabetes Educators (Diabetes Education Accreditation Program) or American Diabetes Association (Diabetes Recognition Program).

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date: 1/1/2015
 Previous revision date(s): 05/01/2015 – Introduced policy.
 01/01/2016 - Moved to new Plan template and updated reimbursement section to define maximum limits.
 07/01/2016 - Annual review.
 Connection date & details: May 2017 – Annual review.
 July 2018 – Annual review, no updates.
 July 2019 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.