



## Training Medicare Patients on Use of Home Glucose Monitors and Related Billing Information – JA0905

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<b>Key Words</b>	SE0905, Training, Home, Glucose, Monitors, Billing
<b>Contractors Affected</b>	<ul style="list-style-type: none"> <li>• Medicare Carriers</li> <li>• Fiscal Intermediaries (FIs)</li> <li>• Part A/B Medicare Administrative Contractors (A/B MACs)</li> <li>• Durable Medical Equipment MACs (DME MACs)</li> </ul>
<b>Provider Types Affected</b>	Physicians, providers, suppliers, and other healthcare professionals who furnish or provide referrals for and/or file claims to Medicare Carriers, DME MACs, FIs, and/or A/B MACs for Medicare-covered diabetes self management training (DSMT) benefits



The MLN Matters® article SE0905 helps clarify the physician's role in prescribing and/or providing blood glucose self-testing equipment and supplies and DSMT covered for Medicare beneficiaries with diabetes.

### DSMT

**Provider Needs to Know...**

- The DSMT program is intended to educate beneficiaries in the successful self-management of diabetes. The program includes instructions for the following:
  - Self-monitoring of blood glucose;
  - Education about diet and exercise;
  - An insulin treatment plan developed specifically for the patient who is insulin-dependent; and
  - Motivation for patients to use the skills for self-management.

- DSMT services may be covered by Medicare only if the treating physician or treating qualified non-physician practitioner, who is managing the beneficiary's diabetic condition, certifies that such services are needed.
- The referring physician or qualified non-physician practitioner must maintain the plan of care and documentation substantiating the need for training on an individual basis in the beneficiary's medical record when group training would typically be covered, if so ordered.
- The order must also include a statement signed by the physician that the service is needed as well as the following:
  - The number of initial or follow-up hours ordered (the physician can order less than 10 hours of training);
  - The topics to be covered in training (initial training hours can be used for the full initial training program or specific areas such as nutrition or insulin training); and
  - A determination that the beneficiary should receive individual or group training.
- The provider of the service must maintain documentation in a file that includes the original order from the physician and any special conditions noted by the physician.
- When the training under the order is changed, the training order/referral must be signed by the physician or qualified non-physician practitioner treating the beneficiary and maintained in the beneficiary's file in the DSMT's program records.

### **Initial Training**

The initial year for DSMT is the 12-month period following the initial date. Medicare will cover initial training that meets the following conditions:

- DSMT is furnished to a beneficiary who has not previously received initial or follow-up training under Healthcare Common Procedure Coding System (HCPCS) code G0108 or G0109;
- DSMT is furnished within a continuous 12-month period;
- DSMT does not exceed a total of 10 hours (the 10 hours of training can be done in any combination of one-half hour increments);
- With the exception of 1 hour of individual training, the DSMT training is usually furnished in a group setting with the group consisting of individuals who need not all be Medicare beneficiaries; and
- The one hour of individual training may be used for any part of the training, including insulin training.

### **Follow-up Training**

- Medicare covers follow-up training under the following conditions:
    - No more than two hours individual or group training is provided per beneficiary per year;
    - Group training consists of 2 to 20 individuals who need not all be Medicare
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beneficiaries;

- Follow-up training for subsequent years is based on a 12-month calendar after completion of the full 10 hours of initial training;
- Follow-up training is furnished in increments of no less than one-half hour; and
- The physician (or qualified non-physician practitioner) treating the beneficiary must document in the beneficiary's medical record that the beneficiary is a diabetic.

**NOTE:** All entities billing for DSMT under the fee-for-service payment system or other payment systems must meet all national coverage requirements.

#### Certified Providers of DSMT

- A designated certified provider bills for DSMT provided by an accredited DSMT program.
- Certified providers must submit a copy of their accreditation certificate to their Medicare contractor.
- The statute states that a "certified provider" is a physician or other individual or entity designated by the Secretary that in addition to providing outpatient self-management training services, provides other items and services for which payment may be made under Title XVIII and meets certain quality standards.
- The Centers for Medicare & Medicaid Services (CMS) has designated all providers and suppliers that bill Medicare for other individual services (such as hospital outpatient departments, renal dialysis facilities, physicians, and DME suppliers) as certified.
- All suppliers/providers, who may bill for other Medicare services or items and represent a DSMT program that is accredited as meeting quality standards, can bill and receive payment for the entire DSMT program.
- Registered dietitians are eligible to bill on behalf of an entire DSMT program on or after January 1, 2002, as long as the provider has obtained a Medicare provider number.
- A dietitian may not be the sole provider of the DSMT service.

#### Coding and Payment for DSMT Services

- The following HCPCS codes should be used for DSMT:
  - G0108 - Diabetes outpatient self-management training services, individual, per 30 minutes; and
  - G0109 - Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes.

#### Background

- Diabetes is the sixth leading cause of death in the United States. Approximately 23.6 million Americans have diabetes with an estimated 20.9 percent of the senior population age 60 and older being affected.
- The Balanced Budget Act of 1997 (Section 4105) permits Medicare coverage of diabetes DSMT services when these services are furnished by a certified provider who

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meets certain quality standards.

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Reference  
Materials

The MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0905.pdf> on the CMS website.

Providers should refer to the *Medicare Benefits Policy Manual* (Chapter 15, Section 300) at <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> for complete details on Medicare's policy for DSMT.

Providers should also refer to the *Medicare Claims Processing Manual* (Chapter 18, Section 120.1 (Coding and Payment of DSMT Services)) at <http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf> for detailed billing instructions for DSMT.

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