

Clinical Policy: Diabetes Self-Management Training (DSMT)

Reference Number: LA.CP.MP.512c

Date of Last Revision: ~~04/24~~07/25

[Coding Implications](#)

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Description

Diabetes self-management training (DSMT) is for eligible enrollees who have been diagnosed with type 1, type 2, or gestational diabetes mellitus and who have an order from a provider involved in the management of their diabetes, such as primary care provider or obstetrician.

Diabetes self-management training (DSMT) services at a minimum must include the following:

- Instructions for blood glucose self-monitoring;
- Education regarding diet and exercise;
- Individualized insulin treatment plan (for insulin dependent enrollees); and
- Encouragement and support for use of self-management skills.

In addition, DSMT must be aimed at educating enrollees 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 utilization 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 healthy 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; and
- Importance of family and social support.

All educational material must be pertinent and age appropriate for each enrollee. Parents or legal guardians can participate in DSMT rendered to their child, but all claims for these services must be submitted under the child's Medicaid coverage.

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

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- A **maximum** of 10 hours of initial training (one hour of individual and nine hours of group sessions) are allowed during the first 12-month period beginning with the initial training date.
 - 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 enrollee 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. The MCO should 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 enrollees.
- A **maximum** of two hours of individual sessions are allowed for each subsequent year.
 - After receiving 10 hours of initial training, an enrollee shall be eligible to receive a maximum of two hours of follow-up training each year, if ordered. The MCO shall cover additional training for enrollees under age 21 if determined to be medically necessary and documented in the record.
 - Follow-up training is based on a 12-month calendar year following completion of the initial training. If an enrollee completes 10 hours of initial training, the enrollee shall 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 enrollee shall have 12 months to complete the initial training prior to follow up training.
 - Providers are expected to communicate with enrollees to determine if the enrollee has previously received DSMT services or has exhausted the maximum hours of DSMT services for the given year.

If special circumstances occur in which the ordering provider determines an enrollee 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 ordering provider and copies must be retained in the medical record.

Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that DSMT is **medically necessary** for the following indications:
 - A. The enrollees must meet one of the following
 1. Newly diagnosed diabetic, gestational diabetic, pregnant with a history of diabetes, or has received no previous diabetes education;
 2. Demonstrates poor glycemic control ($A1c > 7$);
 3. Has documentation of an acute episode of severe hypoglycemia or hyperglycemia occurring in the past 12 months; or

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4. Has received a diagnosis of a complication, a diagnosis of a co-morbidity, or prescription for new equipment such as an insulin pump.
- II.** It is the policy of Louisiana Healthcare Connections that DSMT is not **medically necessary** for the following indications:
- A. Enrollees residing in an inpatient hospital or other institutional setting such as a nursing care facility or a residential care facility;
 - B. Enrollees receiving hospice services

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024³, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes self-management training services, group session (two or more) per 30 minutes

NOTE: Services provided to pregnant women with diabetes must be billed with the “TH” modifier.

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Original approval date	3/22		
Annual Review; added “NOTE” and updated references date	04/23	7/21/23	
Annual Review. References reviewed and updated. Added “If a DSMT order must be modified, the updated order must be signed by the ordering provider and copies must be retained in the medical record.” To description section	4/24	9/24/24	10/25/24
<u>Annual Review. References reviewed and updated.</u>	<u>07/25</u>		

References

1. LDH Professional Services Manual. 5.1 Covered Services- Diabetes Self-Management Training. Issued 11/06/20. Replaced 8/24/12.

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of enrollees. This clinical policy is not intended to recommend treatment for enrollees. Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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