Medical Coverage Policy

Diabetes Self-Management Education Mandate

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☐ Surgery  ☐ Test  ☒ Other

Effective Date:  1/1/1997  Policy Last Updated:  7/16/2013

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Please see the Preventive Services for Commercial Members or the Preventive Services for BlueCHiP for Medicare Members policies for codes that are covered as part of preventive services as defined by the Patient Protection and Affordable Care Act (PPACA).

Description:
The State of Rhode Island enacted a mandate (Nonprofit Medical Service Corporations: Section 27-20-30) requiring the coverage of Diabetes self-management education.

§ 27-20-30 Diabetes treatment. – (a) Every individual or group health insurance contract, plan, or policy delivered, issued for delivery or renewed in this state which provides medical coverage that includes coverage for physician services in a physician's office, and every policy which provides major medical or similar comprehensive-type coverage, shall include coverage for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes when medically appropriate and prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps, and appurtenances to the pumps, insulin infusion devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the prevention of amputation. Upon the approval of new or improved diabetes equipment and supplies by the Food and Drug Administration, all policies governed by this chapter shall guarantee coverage of new diabetes equipment and supplies when medically appropriate and prescribed by a physician. These policies shall also include coverage, when medically necessary, for diabetes self-management education to ensure that persons with diabetes are instructed in the self-management and treatment of their diabetes, including information on the nutritional management of diabetes. The coverage for self-management education and education relating to medical nutrition therapy shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician diagnosis a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher training is necessary. This education, when medically necessary and prescribed by a physician, may be provided only by the physician or, upon his or her referral, to an appropriately licensed and certified health care provider, and may be conducted in group settings. Coverage for self-management education and education relating to medical nutrition therapy shall also include home visits when medically necessary.

(b) Benefit plans offered by a hospital service corporation may impose copayment and/or deductibles for the benefits mandated by this chapter, however, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for other supplies, equipment, or physician office visits. Benefits for services under this chapter shall be reimbursed in accordance
with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization.

Additional Information:

Pre-assessment Evaluation
A typical pre-assessment evaluation consists of a one-hour evaluation performed by a certified diabetes educator to develop an appropriate education program to meet the individual's needs. This evaluation includes: assessment of medical condition; demographics; assessment of knowledge and skills; and meal planning.

Group Sessions
The typical diabetes education group session program consists of seven, two-hour sessions performed by a state-certified diabetes educator on various topics related to diabetic care.

Individual Sessions
When members require one-on-one diabetes education, the individual diabetes education must be performed by a certified diabetes educator. Five one-hour meetings are typically needed to address the patient's specific needs.

Medical Criteria:
None

Policy:
All BCBSRI Products:

The State of Rhode Island (Nonprofit Medical Service Corporations: Section 27-20-30) requires the coverage of Diabetes self-management education. This policy specifically addresses Diabetes Self-Management Education and correct billing. All other services as noted in the mandate are covered services according to the applicable benefit.

Coverage:
All BCBSRI Products:
Benefits may vary between groups/contracts. Please refer to the appropriate Member Certificate/Subscriber Agreement for applicable Office Visits for Diabetes Education benefits/coverage.

Rhode Island General Laws generally do not apply to the BlueCHIP for Medicare members. However, coverage is provided for Diabetes Self-Management Education for BlueCHIP for Medicare members.

Coding:
All BCBSRI Products:

The following S code is considered not separately reimbursed as the use of the appropriate Evaluation and Management (E&M) service code should be filed when diabetes education/management is performed by a physician.

S9141  Diabetic management program, follow-up visit to MD provider.

The following G codes are covered and separately reimbursed for Professional Providers only:

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)
The following S codes are **covered** and separately reimbursed for **Institutional Providers only.**:

- **S9140**: Diabetic management program, follow-up visit to non-MD provider
- **S9455**: Diabetic management program; group session
- **S9460**: Diabetic management program; nurse visit
- **S9465**: Diabetic management program; dietitian visit

**Also known as:**
None

**Related topics:**
Preventive Services for Commercial Members
Preventive Services for BlueCHiP Members

**Published:**
Provider Update, Sep 2013
Provider Update, Aug 2012
Provider Update, July 2011
Provider Update, Dec 2010
Provider Update, May 2009
Provider Update, March 2008
Policy Update, June 2007

**References:**

**History:**
May 2013 - Annual Review

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.