

G0108-G0109 Medicare Coverage Changes

Implementation Date: July 2, 2007

The Diabetes Self-Management Training (DSMT) codes, G0108-G0109, includes instructions in 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. Medicare Part B will cover 10 hours of initial training for a beneficiary who has been diagnosed with diabetes. Beneficiaries are eligible to receive 2 hours of follow-up training each calendar year following the year in which they were certified as requiring initial training. **Please note: DSMT must be ordered by the physician or qualified non-physician practitioner who is managing the patient's diabetic condition.**

What you Need to Know

Initial Training

The initial year for DSMT is the 12-month period following the initial date, and 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 one 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 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.

Example

Beneficiary Exhausts 10 hours in the Initial Year (12 continuous months)

- Beneficiary receives first service in April 2006.
- Beneficiary completes initial 10 hours DSMT training in April 2007.
- Beneficiary is eligible for follow-up training in May 2007 (13th month begins the subsequent year).
- Beneficiary completes follow-up training in December 2007.

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- Beneficiary is eligible for next year training in January 2008.

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

Coding and Reimbursement of 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.

Advanced Beneficiary Notices (ABNs)

Providers should also be aware that the beneficiary is liable for services denied over the limited number of hours with referrals for DSMT. An ABN should be issued in these situations and absent evidence of a valid ABN, the provider would be held liable. For more information on ABNs, please visit

<http://www.aace.com/advocacy/socio/patienthistory.php>