

Medical Coverage Policy | Diabetes Self-Management Education Mandate



EFFECTIVE DATE: 04|01|1999
POLICY LAST UPDATED: 05|07|2019

OVERVIEW

This is an administrative policy to document Rhode Island General Laws **(RIGL) 27-20-30** Diabetes Treatment. This law mandates coverage for equipment and supplies for the treatment of diabetes, as well as diabetes self-management education and information on the nutritional management of diabetes (see full text below). This policy is specific to diabetes self-management education.

This policy is applicable to Commercial products only.

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

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

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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

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Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Office Visits for Diabetes Education benefits/coverage.

Self-funded groups may or may not choose to follow state mandates.

BACKGROUND

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.

CODING

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An appropriate evaluation and management (E&M) service code should be filed when diabetes education/management is performed by a physician. If filed, the following S code is considered **not separately reimbursed**, as an alternate E&M service code should be used:

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

The following G codes are **covered** and separately reimbursed for **professional providers only, when services are provided by a physician, Certified Outpatient Diabetes Educator (CDOE) or a Registered Dietician/Nutritionist:**

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

RELATED POLICIES

Non-Reimbursable Health Service Codes
Preventive Services for Commercial Members
Preventive Services for BlueCHiP for Medicare
Therapeutic Shoes for Diabetics Mandate

PUBLISHED

Provider Update, July 2019
Provider Update, November 2018
Provider Update, October 2017
Provider Update, July 2016
Provider Update, January 2016

REFERENCES

Rhode Island General Law (RIGL) 27-20-30: Diabetes Treatment. Retrieved 9/03/15 from:
<http://www.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-30.HTM>

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