

# DIABETES SELF-MANAGEMENT TRAINING SERVICES

## ELIGIBLE PROVIDERS

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In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Providers are enrolled as entities. Enrollment may require a unique NPI. Each location providing diabetes self-management training services must be recognized either by the American Diabetes Association or the [South Dakota Department of Health](#).

## ELIGIBLE RECIPIENTS

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Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to family planning and postpartum care only.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

## COVERED SERVICES AND LIMITS

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### General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider being properly enrolled;
- Services being medically necessary;
- The recipient being eligible; and
- The service being prior authorized, if applicable.

The manual also includes non-discrimination requirements providers must abide by.

### Coverage Criteria

A recipient is eligible to participate in a diabetes education program if the individual is not institutionalized, the program is provided by an eligible provider, the services are ordered by a physician, and the individual meets one of the following conditions:

- The individual is a newly diagnosed diabetic or gestational diabetic;
- The individual demonstrates poor glycemic control as evidence by glycosylated hemoglobin level more than 2 percent above the upper limit of normal for the assay used;
- The individual's diabetic treatment regimen has been changed by a physician or other licensed practitioner;
- The individual has documented episodes of acute, severe hypoglycemia or hyperglycemia occurring in the past year that required third-party assistance; or
- The individual is at high risk because of the presence of extremity, renal, or cardiac complications or diabetic retinopathy.

Examples of covered services include, but are not limited to, diabetes overview, nutrition, exercise and activity, foot care, skin care, dental care, medications, and medication management.

### Initial Assessment and Education Plan

Providers must prepare an initial assessment of the individual's needs, develop an education plan based on the assessment, prepare reassessments as necessary to adjust to the individual's changing needs, and conduct and document a post-program evaluation.

### Hours Limitation

Diabetes education program is limited to the following:

- Ten hours of initial education during the first year after diagnosis; and
- Two hours a year of follow-up education.

These limits may be exceeded if prior authorized by South Dakota Medicaid. Authorization is based on documentation supplied to the department that justifies the need for the additional services.

### Telemedicine

Refer to the [Telemedicine](#) manual for guidance regarding providing services via telemedicine.

### FQHCs, RHCs, and IHS

Services provided by federally qualified health centers, rural health clinics and Indian Health Services

are included in their encounter rate payment and are not separately reimbursable as a standalone service.

## NON-COVERED SERVICES

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### General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

## DOCUMENTATION REQUIREMENTS

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### General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

### Diabetes Self-Management Training Documentation

Providers must maintain a copy of the initial assessment of needs, education plan, reassessments, and post-program evaluation documents together with a copy of the physician or other licensed practitioner's order for the diabetes education program for each recipient served and make the documents available to the department on request.

## REIMBURSEMENT AND CLAIM INSTRUCTIONS

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### Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### Reimbursement

A claim for Diabetes Self-Management Training must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's [Diabetes Self-Management Training](#) fee schedule. Payment is remitted to the enrolled agency.

### Claim Instructions

Claims for Diabetes Self-Management Training must be submitted on the CMS 1500 claim form or on a 837P. Detailed claim instructions are available on our [website](#).

G0108 and G0109 should be billed for initial education in the first year after diagnosis. Follow-up education should be billed using S9455 and S9460.

## DEFINITIONS

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1. "Diabetes Self-Management Training Program," a program delivered on an outpatient basis and designed to educate in the self-management of diabetes.

## REFERENCES

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- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## QUICK ANSWERS

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1. **Are other HCPC/CPT codes other than those listed in this manual reimbursable for diabetes self-management training services?**

No, only the codes listed in the claim instructions section are eligible for reimbursement.

2. **Are caregivers able to receive the training?**

Services may be provided to the parent or legal guardian of a recipient 18 or younger if the service is for the direct benefit and the recipient meets the above referenced eligibility criteria.