

# Colorado Medicaid 2015

## Diabetes Self-Management Education Reimbursement Toolkit



## Table of Contents

Definitions	2
Purpose of Toolkit	2
Diabetes Self-Management Education (DSME)	3
Medicaid DSME Benefit Overview	4
Eligibility	4
Diagnostic Criteria	4
Accreditation	5
Components of a Qualified DSME Program	8
Provider Reimbursement and Medicaid Billing Detail	10
Reimbursement Example	11
Federally Qualified Healthcare Centers (FQHCs)	12
Appendices	
A: Ten National Standards for Diabetes Self-Management Education	13
B: Colorado Diabetes Burden Map	15
References	15

## Definitions

**Qualified Non-Physician Provider** - defined by Medicaid as a nurse practitioner, clinical nurse specialist, advanced practice nurse, physician assistant, nurse midwife, clinical psychologist or clinical social worker who is managing a client’s diabetes condition.

**Facility** - examples include clinic, provider’s office, outpatient hospital, or a skilled nursing facility.

## Purpose of this Toolkit

The purpose of this toolkit is to provide healthcare professionals and other key stakeholders with vital information on the implementation and reimbursement for accredited Diabetes Self-Management Education (DSME) programs that meet guidelines for Colorado Medicaid reimbursement.

*This material was modified from the original material created by Delmarva Foundation for Medical Care (DFMC), the Disparities National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.*

## Diabetes Self-Management Education (DSME)

Diabetes Self-Management Education (DSME) is an evidence-based intervention that strengthens the knowledge and skills of people with diabetes to optimize their ability to self-manage the disease.

There are two accrediting organizations recognized by the Centers for Medicare and Medicaid Services (CMS): the American Diabetes Association’s Education Recognition Program (ERP) and the American Association of Diabetes Educators’ Diabetes Education Accreditation Program (DEAP). Colorado Medicaid follows the CMS policy of requiring accreditation from one of these programs.

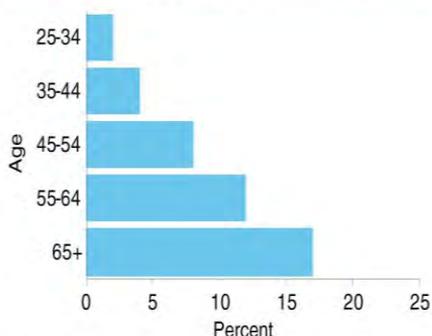
Accredited DSME organizations utilize an evidence-based education program that engage participants in informed decision-making, and reinforces self-care, problem-solving behaviors and a collaborative approach with their healthcare providers to improve clinical outcomes. **Patients can achieve an improved A1c of up to -1.7% change.**

Diabetes disproportionately affects Medicaid clients, and DSME has been proven to decrease health care spending and improve health outcomes for participants, compared to clients who do not receive this education. Clients who participate in DSME cost an average of 5.7% less than clients who do not, potentially saving Colorado \$27 million per year. In 2015, DSME became a newly covered benefit under the targeted rate increase initiative approved by the General Assembly in Colorado.



Diabetes disparities exist

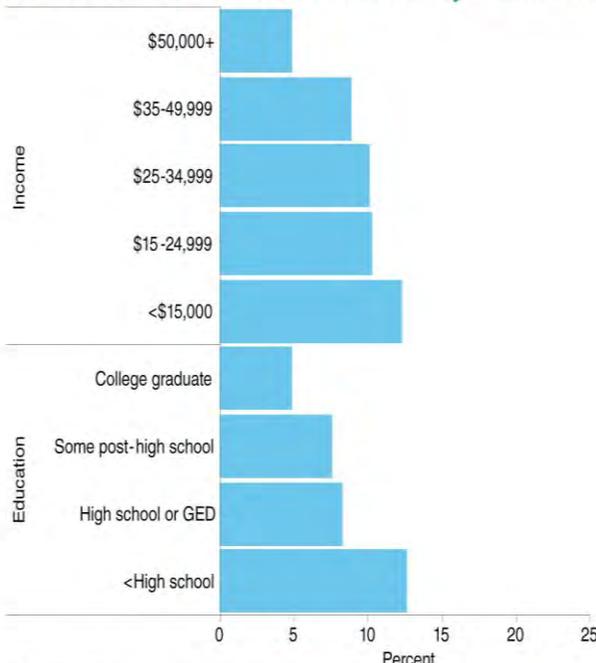
Percent of adult Coloradans with diabetes by age.



In 2012, the diabetes prevalence increased significantly with age. In addition, Black and Hispanic adults were **twice as likely** to have diabetes compared with White adults in 2012.

Data source: Behavioral Risk Factor Surveillance System.

Percent of adult Coloradans with diabetes by income & education.



In 2012, diabetes was significantly more prevalent among adults with less education and less income.

## Medicaid DSME Benefit Overview

Services for accredited DSME to Medicaid clients under certain conditions is a covered benefit beginning on July 1, 2015.

Two new procedure codes are being added to the benefits of Colorado Medicaid, G0108 (individual classes) and G0109 (group classes). Facilities with an accredited DSME program can bill using revenue code 0942 and identify the appropriate procedure codes on the claim. Individual providers that render DSME can bill the procedure codes.

This benefit provides the following:

- Up to 10 hours of diabetes-related training within a consecutive 12-month period following the submission of the first claim for the benefit which includes:
  - One hour for either a group or individual assessment;
  - Nine hours for group-only diabetes education;
  - Up to 2 hours of follow-up training each year after the initial 12-month period;
  - The training can be performed in any combination of 30 minute increments

NOTE: DSME and Medical Nutrition Therapy (MNT) are complementary services and cannot be billed on the same service date.

## Eligibility

- Client has a diagnosis of type 1, type 2, or gestational diabetes.

## Diagnostic Criteria

According to national coding and diagnostic standards, diabetes is defined as a condition of abnormal blood glucose metabolism using the following diagnostic criteria:

- A1C > 6.5% OR
- Fasting glucose > 126 mg/dL on two or more occasions OR
- Two-hour post glucose challenge > 200 mg/dL on two or more occasions OR
- A random glucose test > 200 mg/dL for a person with symptoms of uncontrolled diabetes.

## Accreditation

A healthcare provider or entity interested in obtaining Medicaid reimbursement for DSME must become an accredited program provider. There are two accrediting organizations recognized by CMS: the American Diabetes Association’s Education Recognition Program (ERP) and the American Association of Diabetes Educators’ Diabetes Education Accreditation Program (DEAP). Colorado Medicaid follows the CMS policy of requiring accreditation from one of these programs.

American Association of Diabetes Educators Accreditation and American Diabetes Association Recognition Requirements		
Item	AADE	ADA
<b>Title</b>	Diabetes Education Accreditation Program (DEAP)	Education Recognition Program (ERP) 8th Edition
<b>Guiding Standards</b>	Both are based on the National Standards for Diabetes Self-Management Education & Support 2012	
<b>Cost</b>	<ul style="list-style-type: none"> <li>• First site: \$900</li> <li>• Each additional branch location is \$100</li> <li>• Each additional community site is free</li> <li>• Same fee structure for reaccreditation (accreditation lasts for four years)</li> </ul>	<ul style="list-style-type: none"> <li>• First site: \$1,100</li> <li>• Additional multi-sites: \$100 each</li> <li>• Unlimited Number of Expansion Sites: No Fee</li> <li>• Same fee structure for renewal</li> </ul>

American Association of Diabetes Educators Accreditation and American Diabetes Association Recognition Requirements

Item	AADE	ADA
Initial Application	<ul style="list-style-type: none"> <li>• On-line application; paper application also available</li> <li>• Supporting documentation required</li> <li>• Application fee is required</li> </ul>	<ul style="list-style-type: none"> <li>• On-line application for all application types</li> <li>• Supporting documentation must be submitted within 2 weeks</li> </ul>
Initial Application Process	<p>Three steps:</p> <ul style="list-style-type: none"> <li>• Complete on-line or paper-based application</li> <li>• Gather supporting documentation</li> <li>• Complete telephone interview or randomly selected site audit</li> </ul>	<p>Three steps:</p> <ul style="list-style-type: none"> <li>• Contact ADA to be added into application system</li> <li>• Complete on-line application</li> <li>• Gather supporting documentation &amp; audit items and submit within 2 weeks of application submission</li> </ul>
Renewal Application (Initial Accreditation lasts for four years)	<ul style="list-style-type: none"> <li>• Complete same three steps as initial application</li> <li>• Submit reaccreditation application</li> <li>• Submit supporting documentation:                             <ul style="list-style-type: none"> <li>○ One de-identified patient chart</li> <li>○ Copy of most recent Advisory Group meeting minutes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Complete same two steps as initial application</li> <li>• Submit supporting documentation:                             <ul style="list-style-type: none"> <li>○ Licenses &amp; certifications of instructors</li> <li>○ Proof of CE credits for non-certified staff</li> <li>○ Complete audit of one of the five items sent with initial application if randomly selected</li> </ul> </li> </ul>

American Association of Diabetes Educators Accreditation and American Diabetes Association Recognition Requirements

Item	AADE	ADA
<p><b>Timeline for Accreditation Process Completion</b></p>	<ul style="list-style-type: none"> <li>• At least one patient has completed program through follow-up &amp; documentation for that patient is submitted (<i>this needs to happen before a program applies for accreditation</i>)</li> <li>• Application process: 2-4 weeks</li> <li>• Must collect at least one clinical &amp; one behavioral outcome measure</li> <li>• Prepared to submit an Annual Status Report once per year</li> <li>• Accreditation valid for 4 years</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting period up to 6 months prior to application submission</li> <li>• Application must be submitted no more than 3 months after reporting period ends</li> <li>• At least one patient seen during reporting period</li> <li>• Applications review first-come first-serve and can take up to 30 days</li> <li>• At least two outcomes must be tracked for program effectiveness                             <ul style="list-style-type: none"> <li>o Patient-defined goals &amp; measure of goal attainment</li> <li>o Other outcome such as metabolic, clinical, quality of life, process with measure of attainment</li> </ul> </li> <li>• Annual status report required</li> <li>• Recognition valid for 4 years</li> </ul>
<p><b>Support Services</b></p>	<p>Email, toll-free telephone support AADE7 on-line patient education system Free webcasts &amp; podcasts On-line tools and sample documents Conferences Accreditation programs information listed on website Career network Journals &amp; newsletters One-Year Complimentary AADE Membership to newly accredited and reaccredited programs”</p>	<p>Email, toll-free telephone number Chronicle Diabetes -Education Documentation System ERP Networking Community On-line toolkits sample templates &amp; resources ADA publications Publication discounts Free KRAMES on-line Patient Education Materials Scientific sessions, conferences Free Continuing Education Opportunities Free webcasts &amp; podcasts Recognition programs listed on website Referrals from National Call Center and local ADA offices Quarterly Newsletters</p>
<p><b>Audits</b></p>	<p>5% of initial applications annually 10% of sites currently accredited 10% of sites seeking re-accreditation Volunteer auditors 2 weeks’ notice</p>	<p>5% annually of currently recognized sites Volunteer auditors 2 weeks’ notice</p>

For further information about each of these organizations, please contact AADE or ADA directly at:

Association of Diabetes Educators (AADE)  
[www.diabeteseducator.org](http://www.diabeteseducator.org) | (800) 338-3633

American Diabetes Association (ADA)  
[www.diabetes.org](http://www.diabetes.org) | 1-800-DIABETES

In Colorado, a number of programs are accredited and can be found at [http://professional.diabetes.org/ERP\\_List.aspx](http://professional.diabetes.org/ERP_List.aspx) (accredited by the ADA) and at <http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html#Colorado> (accredited by AADE).

Once a provider or entity achieves accreditation or recognition, Colorado Medicaid must be informed of the accreditation/recognition certificate from ADA or AADE for valid reimbursement. The accreditation/recognition certificate information must be submitted along with the Medicaid provider Identification and National Provider Identification Number (NPI) by completing the information at [www.surveymonkey.com/s/DSMEinformation](http://www.surveymonkey.com/s/DSMEinformation).

Once this information is received, the provider or entity will be officially recognized by Medicaid to conduct a DSME program.

## Components of a Qualified DSME Program

AADE developed seven self-care behaviors known as the AADE7™ that are widely recognized as the guiding principles for participants in a DSME program:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Healthy coping
- Reducing risks

Qualified DSME programs must include training that covers the following components:

- Diabetes and treatment options
- Diabetes overview/pathophysiology of diabetes
- Nutrition
- Exercise and activity
- Managing high and low blood sugar
- Diabetes medications, including skills related to the self- administration of

injectable drugs

- Self-monitoring and the use of results
- Prevention, detection, and treatment of chronic complications
- Prevention, detection, and treatment of acute complications
- Foot, skin, and dental care
- Behavioral change strategies, goal setting, risk-factor reduction, and problem solving
- Preconception care, pregnancy, and gestational diabetes
- Relationships among nutrition, exercise, medication, and blood glucose levels
- Stress and psychological adjustment
- Family involvement and social support
- Benefits, risks, and management options for improving glucose control
- Use of health care systems and community resources

#### **DSME Team Includes:**

The instructional team at an accredited or recognized DSME program must include at least one Registered Nurse (RN), Registered Dietitian (RD), Pharmacist, Certified Diabetes Educator (CDE), or a professional with a Board-Certified Advance Diabetes Management credential (BC-ADM).

#### **Other considerations for a DSME program:**

- Inclusion of the Centers for Disease Control and Prevention Recognized Diabetes Prevention Program (DPP)\* can be part of the offerings of the DSME program for people with prediabetes.
- Medicaid provider organizations already implementing The Diabetes Self-Management Program (DSMP), a Stanford supported community course for people with type 2 diabetes, can take appropriate steps to expand their program to meet DSME standards for accreditation by AADE or ADA (see Diabetes Self-Management Program Model for Area Agencies on Aging reference).

\* A DPP program can be offered, but it is currently not reimbursed by Colorado Medicaid.

**If you need more information about accreditation, or have questions about setting up a DSME program, please contact either:**

AADE: [DEAP@aadenet.org](mailto:DEAP@aadenet.org) or (800) 338-3633

ADA: [ERP@diabetes.org](mailto:ERP@diabetes.org) or (888)-232-0822

## Provider Reimbursement and Medicaid Billing Detail

The accredited facilities or billing providers must be enrolled in Medicaid to be reimbursed. When DSME is provided in the ambulatory setting the rendering provider (or supervisor of the rendering provider) must also be enrolled in Medicaid.

Initial education must be provided in a continuous 12-month period starting with the first date the DSME benefit is provided and is reflected on the claim. It is available to clients who have not previously received any services billed under codes G0108 or G0109. In the initial year, the total number of hours billed cannot exceed 10 hours and must be delivered in no less than 30 minute increments. The client is eligible for one hour of individual training and nine hours in a group setting.

After the initial 12-month period, a maximum of 2 hours of follow-up education are available as either individual or group education.

**To bill for DSME, a number of key elements must be in place. The beneficiary must have:**

- A diabetes diagnosis
- A written referral for DSME, provided by a physician provider or qualified non-physician provider;

**The DSME program must have:**

- Accreditation from either AADE or ADA;
- A Medicaid provider who is able to bill (although supporting members of the medical team can provide DSME services under the rendering provider);
- A program for maintaining documentation of the beneficiary's diabetes diagnosis in his or her medical record

The procedure codes for this newly covered service are HCPCS G0108 (30 minutes/unit) for each individual counseling and G0109 (30 minutes/unit) for group counseling. Medicaid members are only allowed 20 combined units of DSME in the initial year (up to two combined units of G0108 and up to 18 combined units of G0109).

**Fee schedule reimbursement for the procedure codes are:**

- G0108 - \$40.22
- G0109 - \$11.04

Initial Consecutive 12 Months of DSME		
HCPCS Code	Description	Allowable Units
G0108	<ul style="list-style-type: none"> <li>• \$40.22/unit</li> <li>• <b>Individual</b> outpatient DSME</li> <li>• Medicaid allows for 1 hour</li> <li>• Billable in 30 minute increments</li> <li>• 1 unit = 30 minutes</li> </ul>	2 units = 1 hour
G0109	<ul style="list-style-type: none"> <li>• \$11.04/unit</li> <li>• <b>Group</b> outpatient DSME</li> <li>• 2 or more participants in the group</li> <li>• Medicaid allows for 9 hours</li> <li>• Billable in 30 minute increments</li> <li>• 1 unit = 30 minutes</li> </ul>	18 units = 9 hours
DSME - Each Year After Initial Consecutive 12 Months		
HCPCS Code	Description	Allowable Units
G0108 and/or G0109	<ul style="list-style-type: none"> <li>• Individual and/or group outpatient DSME</li> <li>• Medicaid allows for any combination of 2 hours</li> <li>• Billable in 30 minute increments</li> <li>• 1 unit = 30 minutes</li> </ul>	4 units = 2 hours

## Reimbursement Example

G0108 - 1:1 \$40.22 per patient X ½ hour (1 unit)  
 \$40.22 X 2 units X 10 patients = \$804.22

G0109 - Group \$11.04 per patient X ½ hour (1 unit)  
 \$11.04 X 18 units X 10 patients = \$1,987.20

**TOTAL: \$804.22 + \$1,987.20 = \$2791.42**

## Federally Qualified Health Centers

In order to be reimbursed for the DSME, the program at a Federally Qualified Health Center (FQHC) must be recognized by the AADE or ADA. If the program at the FQHC is recognized, they can include the costs of DSME in the cost report and generate an encounter when there is a face-to-face visit with a listed provider (diabetes educators are not listed as eligible to generate an encounter). In programs recognized by the AADE or ADA, the provider is often a physician assistant or advanced practice nurse, it is likely the FQHC visit will generate an encounter. Even if the visit does not include a provider type that can generate an encounter the costs associated with a recognized DSME program can be included in the calculations that determine reimbursement amount.

If the FQHC does not have a DSME program recognized by the AADE or ADA, the FQHC can refer the patient to a recognized DSME provider for reimbursed diabetes education, if there is one in the area. If able, they may then work towards accreditation for their existing diabetes education programming. Financial assistance may be available for accreditation fees in certain circumstances.

### **For More Information:**

If you have general questions, please contact:

Christine Fallabel, Colorado Department of Health Care Policy and Financing at [christine.fallabel@state.co.us](mailto:christine.fallabel@state.co.us) or (303) 866-5186

You may call Colorado Medicaid at (303) 866-2993 for additional general inquiries, or for billing questions call (800)-237-0757.

## Appendix A

### Ten National Standards for Diabetes Self-Management Education

The national standards were developed after the convening of a joint task force of the American Diabetes Association, American Association of Diabetes Educators, and other stakeholders in 2012. This task force developed a series of established standards that must be included in any structured DSME program.

The ten DSME National Standards include the following:

<b>Standard 1 - Internal Structure</b>
The provider(s) of DSME will document an organizational structure, mission statement and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.
<b>Standard 2 - External Input</b>
The provider(s) of DSME will seek ongoing input from external stakeholders and experts to promote program quality.
<b>Standard 3 - Access</b>
The provider(s) of DSME will determine whom to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.
<b>Standard 4 - Program Coordination</b>
A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation, and evaluation of education services.
<b>Standard 5 - Instructional Staff</b>
One or more instructors will provide DSME and, when applicable, Diabetes Self-Management Support (DSMS). At least one of the instructors responsible for designing and planning DSME and DSMS will be an RN, RD, or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a Certified Diabetes Educator (CDE) or Board Certification - Advanced Diabetes Management (BC-ADM). Other health workers can contribute to DSME and provide DSMS with appropriate training in

diabetes and with supervision and support.

### Standard 6 - Curriculum

A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual.

### Standard 7 - Individualization

The diabetes self-management, education, and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.

### Standard 8 - Ongoing Support

The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for ongoing self-management support will be communicated to other members of the healthcare team.

### Standard 9 - Patient Progress

The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.

### Standard 10 - Quality Improvement

The provider(s) of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality, using a systematic review of process and outcome data.

More detailed information on the National Standards can be found at:

<http://care.diabetesjournals.org/content/35/11/2393.full>

## Appendix B

Colorado Diabetes Burden Map with current DSME sites:

[www.colorado.gov/pacific/sites/default/files/DC\\_CD\\_Diabetes-burden-DSME-sites.pdf](http://www.colorado.gov/pacific/sites/default/files/DC_CD_Diabetes-burden-DSME-sites.pdf)

## References

1. American Association of Diabetes Educators. (2013). *Diabetes Education Definitions and Fact Sheet*. Retrieved from [www.diabeteseducator.org/DiabetesEducation/Definitions.html](http://www.diabeteseducator.org/DiabetesEducation/Definitions.html).
2. Funnell, M.M., Brown, T.L., Childs, B.P., Haas, L.B., Hoseney, G.M., Jensen, B., ... Weiss, M.A. (2012, January). *National Standards for Diabetes Self-Management Education*. Retrieved from [www.ncpanet.org/pdf/conferences/2013/daspa/national\\_standards\\_for\\_dsme.pdf](http://www.ncpanet.org/pdf/conferences/2013/daspa/national_standards_for_dsme.pdf).
3. American Association of Diabetes Educators. (2013). *AADE7 Self-Care Behaviors*. Retrieved from [www.diabeteseducator.org/ProfessionalResources/AADE7/](http://www.diabeteseducator.org/ProfessionalResources/AADE7/).
4. Diabetes Self-Management Program Model for Area Agencies on Aging, Timothy P. McNeill, RN,MPH, [www.ncoa.org/assets/files/pdf/webinars/DSMT-Group-Presentation-Slides\\_v2-0\\_Final-2.pdf](http://www.ncoa.org/assets/files/pdf/webinars/DSMT-Group-Presentation-Slides_v2-0_Final-2.pdf).
5. Berg GD, Wadhwa S. Diabetes disease management in a community-based setting. *Managed Care*. 2002; 11:45-50.
6. Robbins JM, Thatcher GE, Webb DA, Valdmanis VG., "Nutritionist Visits, Diabetes Classes, and Hospitalization Rates and Charges: The Urban Diabetes Study", *Diabetes Care*, 2008, Apr 30(4)655-60.
7. Duncan I, et al. Assessing the value of diabetes education. *Diabetes Educ*. 2009 Sep-Oct;35(5):752-60.
8. Janiszczak, A. F. (2012, March 20). Preventive Services: Diabetes Screening Tests, DSMT and MNT. Retrieved from [apps.ngsmedicare.com/ADC/displaymedia.aspx?whatToDo=attch&id=2093](http://apps.ngsmedicare.com/ADC/displaymedia.aspx?whatToDo=attch&id=2093). Accessed June 21, 2013.
9. Community Health Workers in Diabetes Management and Prevention, American Association of Diabetes Educators (AADE) Position Paper, 2013.