



Related MLN Matters Article #: MM3185

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Related CR #: 3185

Diabetes Self-Management Training Services

Key Words

MM3185, CR3185, R13BP, DSMT, Diabetes, Mellitus

Provider Types Affected

Physicians, suppliers, and providers

Key Points

- The effective date of the instruction is January 1, 2004.
- The implementation date is June 28, 2004.
- Change Request (CR) 3185 revises the current Internet Only Manual (IOM) (Section 300 through 300.5) for Diabetes Self-Management Training (DSMT), and changes the definition for diabetes mellitus, per Volume 68, #216, November 7, 2003, page 63261 of the *Federal Register*.
- Section 4105 of the Balanced Budget Act of 1997 permits Medicare coverage of DSMT services when these services are furnished by a certified provider who meets certain quality standards.
- DSMT services may be covered only if the treating provider who is managing the beneficiary's diabetic condition certifies that such service is needed.
- The program 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.
- The plan of care must be maintained in the beneficiary's medical record by the referring physician or qualified non-physician practitioner.
- The referring physician or qualified non-physician practitioner must also maintain documentation substantiating the need for training on an individual basis when group training is typically covered, if so ordered.
- The order must also include a statement signed by the physician that the service is needed as well as the following:

- The number of initial or follow-up hours ordered (the physician can order less than 10 hours of training);
 - The topics to be covered in training (initial training hours can be used for the full initial training program or specific areas such as nutrition or insulin training); and
 - A determination that the beneficiary should receive individual or group training.
- The provider of the service must maintain documentation in a file that includes the original order from the physician and any special conditions noted by the physician.

Beneficiaries Eligible for Coverage and Definition of Diabetes

- Medicare Part B covers (not to exceed) 10 hours of initial training for a beneficiary who has been diagnosed with diabetes.
- Diabetes is a condition of abnormal glucose metabolism diagnosed using the following conditions:
 - A fasting blood sugar greater than or equal to 126 mg/dl on two different occasions,
 - A two-hour post-glucose challenge greater than or equal to 200 mg/dl on two different occasions, or
 - A random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3185.pdf> on the CMS website.

The official instruction issued regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R13BP.pdf> on the CMS website.

The *Medicare Benefit Policy Manual*, Chapter 15 can be found at

<http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage> on the CMS website.

The official instruction (CR3185) issued to carriers and FIs regarding this change may be found by going to

<http://www.cms.hhs.gov/Transmittals/downloads/R13BP.pdf> on the CMS website.

If affected providers have any questions, they should contact their carrier/intermediary at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.