

Health First Colorado

Colorado's Medicaid Program

Diabetes Self-Management Education and Support 2022 Reimbursement Toolkit



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Purpose of this Toolkit

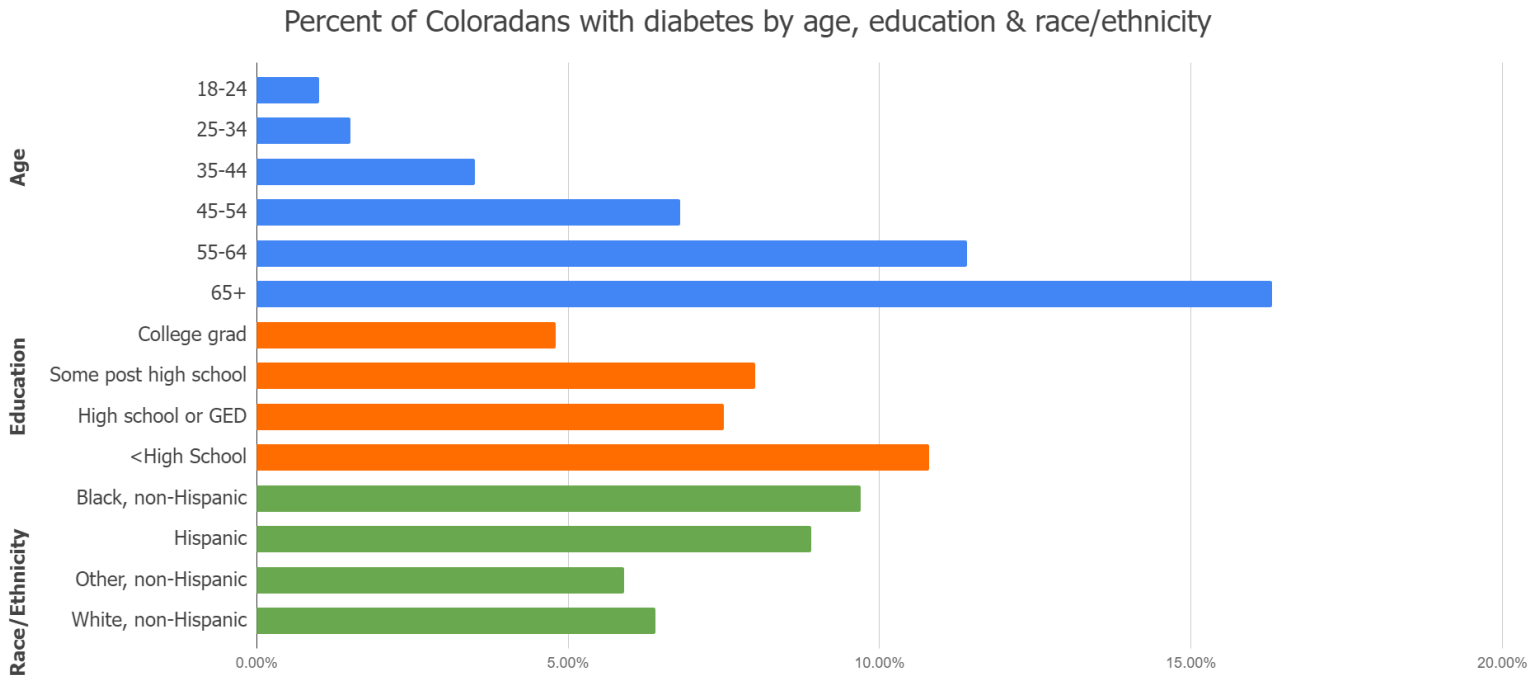
The purpose of this toolkit is to provide healthcare professionals and other key stakeholders with vital information on the implementation and reimbursement for accredited or recognized Diabetes Self-Management Education and Support (DSMES) programs that meet guidelines for Health First Colorado (Colorado's Medicaid Program) reimbursement.

Definitions

Qualified Non-Physician Provider - defined by Health First Colorado as a nurse practitioner, clinical nurse specialist, advanced practice nurse, physician assistant, nurse midwife, clinical psychologist, clinical social worker or pharmacist (under situations defined as appropriate by the [Department of Regulatory Agencies' State Board of Pharmacy rules](#)) who is managing a client's diabetes condition.

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

Diabetes among Coloradans



In 2018, adult diabetes prevalence increased with age and was more prevalent with less education. Additionally, Black and Hispanic adults had higher levels of diabetes than their white counterparts. *Data Source: Behavioral Risk Factor Surveillance System*

Diabetes Self-Management Education and Support (DSMES)

Requirements for providing DSMES

To provide DSMES, an entity must receive accreditation from the Association of Diabetes Care and Education Specialists or recognition from the American Diabetes Association. Each of these national organizations base their requirements for providing DSMES on the 2022 National Standards for DSMES (see appendix A). For more information on these organizations, you can access the following websites and contact information:

- **Association of Diabetes Care and Education Specialists (ADCES)**
www.diabeteseducator.org
DEAP@adces.org
(800) 338-3633
- **American Diabetes Association (ADA)**
www.diabetes.org
ERP@diabetes.org
(888) 232-0822

Participant Benefits

DSMES is an evidence-based intervention that strengthens the knowledge and skills of people with diabetes to optimize their ability to self-manage the disease. DSMES engages participants in informed decision-making, reinforcing self-care and problem-solving behaviors through a collaborative approach with their healthcare providers in order to improve clinical outcomes.

DSMES has been shown to improve health outcomes for participants and proven to decrease health care spending, compared to those who do not receive this education:

- Clients who participate in DSMES cost an average of 5.7% less than clients who do not.⁹
- Research shows average A1c reductions of .57% in DSMES participants⁴, with improvements as high as 1.7% in some settings.³
- DSMES has been shown to reduce hospital admissions and readmissions, ultimately reducing estimated lifetime healthcare costs.¹²

Components of DSMES

The Association of Diabetes Care and Education Specialists (ADCES) developed seven self-care behaviors known as the ADCES7™ that are widely recognized as the guiding principles for DSMES participants:

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

DSMES services include training that covers the following components:

- Diabetes and treatment options
- Diabetes overview/pathophysiology of diabetes
- Nutrition and healthy eating
- Exercise and physical activity
- Relationships among nutrition, exercise, medication and blood glucose levels
- Managing high and low blood sugar
- Self-monitoring and the interpretation/use of results
- Diabetes medications, including skills related to the self-administration of injectable drugs
- Prevention, detection and treatment of acute and chronic complications
- Foot, skin and dental care
- Behavioral change strategies, goal setting, risk-factor reduction and problem solving
- Preconception care, pregnancy and gestational diabetes
- 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

The DSMES Team

The instructional team at an accredited or recognized DSMES program must include at least one of the following:

- Registered Nurse (RN)
- Registered Dietitian/Nutritionist (RDN)
- Pharmacist with training and experience pertinent to DSMES
- Certified Diabetes Care and Education Specialist (CDCES)
- Professional with a Board-Certified Advance Diabetes Management credential (BC-ADM)

Find a DSMES service near you:

- [ADCES-accredited DSMES Services](#)
- [ADA-recognized DSMES Services](#)
- A number of accredited or recognized DSMES services in Colorado can be found on the [211 Colorado Database](#)

Health First Colorado DSMES Benefit Overview

Accredited or recognized DSMES services have been a covered benefit for Health First Colorado members since July 1, 2015, when the targeted rate increase initiative was approved by the General Assembly in Colorado.

Two procedure codes are in place for DSMES: G0108 (individual classes) and G0109 (group classes). In the initial year, clients who have not previously received any services billed under codes G0108 or G0109 are eligible for one hour of individual and nine hours of group training, performed in any combination of 30-minute increments. This initial education benefit must be provided in a continuous 12-month period starting with the first date the DSMES benefit is provided and reflected on the claim.

After the initial 12-month period, a maximum of 2 hours of follow-up training is available as either individual or group education during each following year.

Initial Consecutive 12 Months of DSMES		
HCPCS Code	Description	Allowable Units
G0108	<ul style="list-style-type: none"> Individual outpatient DSMES Health First Colorado allows for 1 hour Billable in 30 minute increments 1 unit = 30 minutes 	2 units (1 hour)
G0109	<ul style="list-style-type: none"> Group outpatient DSMES 2 or more participants in the group Health First Colorado allows for 9 hours Billable in 30 minute increments 1 unit = 30 minutes 	18 units (9 hours)
DSMES- Each Year after Initial Consecutive 12 Months		
HCPCS Code	Description	Allowable Units
G0108 and/or G0109	<ul style="list-style-type: none"> Individual and/or group outpatient DSMES Health First Colorado allows for any combination of 2 hours Billable in 30 minute increments 1 unit = 30 minutes 	4 units (2 hours)

To bill for DSMES, a number of key elements must be in place.

The DSMES program must have:

1. Accreditation or recognition from either the Association of Diabetes Care and Education Specialists (ACDES) or the American Diabetes Association (ADA)

A healthcare provider or entity interested in obtaining reimbursement for DSMES must become an accredited or recognized DSMES service, according to the Centers for Medicare and Medicaid Services (CMS) policy followed by Health First Colorado.

There are two organizations recognized by CMS through which to become accredited or recognized to provide DSMES:

- American Diabetes Association's (ADA) Education Recognition Program (ERP)
- Association of Diabetes Care and Education Specialists' (ADCES) Diabetes Education Accreditation Program (DEAP)

2. A Health First Colorado provider who is able to bill: Medical Doctor (MD), doctor of osteopathic medicine (DO), physician assistant (PA) or nurse practitioner (NP)

- Supporting members of the medical team, including Registered Dietitians, can provide DSMES services under "general supervision" of a provider who has the authority to supervise them in accordance with Colorado Department of Regulatory Agencies rules.
- General supervision means the supervising provider may not be on-site during the rendering of services, but is immediately available via telephonic or other electronic means to give assistance and direction throughout the performance of the service. Health Education Services means the provision of counseling, referral, instruction, suggestions, and support to maintain or improve health. For more information, see [Section 8.200](#) of the Department of Health Care Policy and Financing's Code of Colorado Regulations.

3. A program for maintaining documentation of the beneficiary's diabetes diagnosis in his or her medical record

4. The entity's DSMES accreditation or recognition certificate, Medicaid Provider Identification and National Provider Identification Number (NPI) must be submitted to [Health First Colorado](#)

The DSMES beneficiary must have:

1. A diabetes diagnosis

- *A diagnosis of type 1, type 2 or gestational diabetes is required to qualify for DSMES. According to national coding and diagnostic standards, diabetes is defined as a condition of abnormal blood glucose metabolism using the following diagnostic criteria:*
 - *A1C of 6.5% or higher OR*
 - *Fasting plasma glucose of 126 mg/dL or higher (in the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples) OR*
 - *Two-hour plasma glucose of 200 mg/dL or higher during an oral glucose tolerance test (OGTT) OR*
 - *A random glucose test of 200 mg/dL or higher for a person with classic symptoms of hyperglycemia or hyperglycemic crisis.*

2. A written referral for DSMES, provided by a physician provider or qualified non-physician provider

- *Qualified non-physician providers are defined by Health First Colorado as: a nurse practitioner, clinical nurse specialist, advanced practice nurse, physician assistant, nurse midwife, clinical psychologist or clinical social worker and pharmacists (under situations defined as appropriate by the Department of Regulatory Agencies' State Board of Pharmacy rules) who is managing a client's diabetes condition.*

Telemedicine Benefit for DSMES Services

Health First Colorado covers DSMES services provided virtually, via audiovisual or audio-only approaches.

Billing Guidance

To receive reimbursement for telemedicine services, providers must follow the following billing practices:

- **UB-04 Institutional Claims** - Providers must indicate that the DSMES services were provided through telemedicine by utilizing the modifier GT on the UB-04 institutional claim form. (This identifies the service as provided via telemedicine during the COVID-19 State of Emergency).
- **CMS 1500 Professional Claims** - Place of Service code 02 or 10 must be indicated on all CMS 1500 professional claims for telemedicine.
 - Place of Service 02 is used when the member is receiving telehealth services in a place that is **not** their home.
 - Place of Services 10 is used when a member is receiving telehealth services when the member is located in their home.

Procedure Codes

As with in-person DSMES delivery, up to 1 hour of individual training and 9 hours of group training is covered in the initial year of service when DSMES is delivered via telehealth. Two hours of individual or group sessions per year are covered for following years.

- For individual DSMES, the distant site rendering provider bills procedure code G0108.
- For group DSMES, the distant site rendering provider bills the procedure code G0109. The training can be performed in any combination of 30-minute increments.

Consent

- Documentation of the participant's consent for telehealth is required; this can be verbal or written.
- In Colorado, it is required that providers give all first-time patients a written statement that includes:
 - The patient's right to refuse telemedicine services at any time (without loss or withdrawal of treatment);
 - That all applicable confidentiality protections shall apply to the services; and
 - That the patient shall have access to all medical information from the services.

For more information or to see announcements about updates to the telemedicine policy, you can access the Colorado Department of Health Care Policy and Financing [telemedicine page](#).

Provider Reimbursement

Once a provider or entity achieves ADCES accreditation or ADA recognition, their certificate along with their Medicaid Provider Identification and National Provider Identification Number (NPI must be submitted to [Health First Colorado](#)). Once this information is received, the provider or entity will be officially recognized by Health First Colorado to conduct a DSMES program.

The accredited facilities or billing providers must be enrolled with Health First Colorado to be reimbursed. When DSMES is provided in the ambulatory setting the rendering provider (or supervisor of the rendering provider) must also be enrolled in Health First Colorado.

Facilities with an accredited or recognized DSMES program can bill using revenue code 0942 and identify the appropriate procedure codes on the claim. Individual providers that render DSMES can bill the procedure codes.

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

Reimbursement Example

G0108 - 1:1 \$42.22 per patient X ½ hour (1 unit)
\$42.22 X 2 units X 10 patients = \$844.40

G0109 - Group \$11.59 per patient X ½ hour (1 unit)
\$11.59 X 18 units X 10 patients = \$2,086.20

TOTAL: \$844.40 + \$2,086.20 = \$2,930.60

*Example uses 2022 rates. Please check the Fee Schedule for current rates: <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

Federally Qualified Health Centers & Rural Health Centers

In order to be reimbursed, DSMES at a Federally Qualified Health Center (FQHC) and a Rural Health Centers (RHC) must be accredited by the ADCES or or recognized by the ADA. If the program at the FQHC/RHC is accredited or recognized, they can include the costs of DSMES in the cost report and generate an encounter when there is a one-on-one visit with a listed provider (diabetes educators are NOT listed as eligible to generate an encounter). In programs recognized by the ADCES or ADA, the provider is often a physician assistant or advanced practice nurse; therefore, it is likely the FQHC/RHC 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 DSMES program can be included in the calculations that determine reimbursement amount.

Note: FQHCs and RHCs can be reimbursed for DSMES telemedicine services.

If the FQHC/RHC does not have a DSMES program accredited or recognized by the ADCES or ADA, the FQHC/RHC can refer the patient to a DSMES provider for reimbursed diabetes education. If able, they may then work towards accreditation or recognition for their existing diabetes education programming. Financial assistance may be available for accreditation fees in certain circumstances.

For more information regarding FQHCs and RHCs, see [Section 8.700](#) of the Department of Health Care Policy and Financing's Code of Colorado Regulations.

Contact Information

- [Colorado Department of Health Care Policy and Financing](#)
 - Morgan Anderson, MPA
Benefits and Policy Specialist
morgan.anderson@state.co.us
- Health First Colorado
 - (303) 866-2993 for additional general inquiries
 - (800)-237-0757 for billing questions
- [Colorado Department of Public Health and Environment](#)
 - Lisa Bentley, MS, RDN
Diabetes Management Coordinator
lisa.bentley@state.co.us

Appendix A

2022 National Standards for Diabetes Self-Management Education and Support

STANDARD 1: SUPPORT FOR DSMES SERVICES

The DSMES team will seek leadership support for implementation and sustainability of DSMES services. The sponsor organization will recognize and support quality DSMES services as an integral component of diabetes care. Sponsor organizations will provide guidance and support for DSMES services to facilitate alignment with organizational resources and the needs of the community being served.

STANDARD 2: POPULATION AND SERVICE ASSESSMENT

The DSMES service will evaluate their chosen target population to determine, develop, and enhance the resources, design, and delivery methods that align with the target populations' needs and preferences.

STANDARD 3: DSMES TEAM

All members of a DSMES team will uphold the National Standards and implement collaborative DSMES services, including evidence based service design, delivery, evaluation, and continuous quality improvement. At least one team member will be identified as the DSMES quality coordinator and will oversee effective implementation, evaluation, tracking, and reporting of DSMES service outcomes.

STANDARD 4: DELIVERY AND DESIGN OF DSMES SERVICES

DSMES services will utilize a curriculum to guide evidence-based content and delivery, to ensure consistency of teaching concepts, methods, and strategies within the team, and to serve as a resource for the team. DSMES teams will have knowledge of and be responsive to emerging evidence, advances in education strategies, pharmacotherapeutics, technology-enabled treatment, local and online peer support, psychosocial resources, and delivery strategies relevant to the population they serve.

STANDARD 5: PERSON-CENTERED DSMES

Person-centered DSMES is a recurring process over the life span for PWD. Each person’s DSMES plan will be unique and based on the person’s concerns, needs, and priorities collaboratively determined as part of a DSMES assessment. The DSMES team will monitor and communicate the outcomes of the DSMES services to the diabetes care team and/or referring physician/other qualified healthcare professional.

STANDARD 6: MEASURING AND DEMONSTRATING OUTCOMES OF DSMES SERVICES

DSMES services will have ongoing continuous quality improvement (CQI) strategies in place that measure the impact of the DSMES services. Systematic evaluation of process and outcome data will be conducted to identify areas for improvement and to guide services optimization and/or redesign.

References

1. American Diabetes Association Professional Practice Committee; 2. Classification and Diagnosis of Diabetes: *Standards of Medical Care in Diabetes—2022*. *Diabetes Care* 1 January 2022; 45 (Supplement_1): S17-S38. <https://doi.org/10.2337/dc22-S002>
2. Association of Diabetes Care and Education Specialists. (n.d.). ADCE57 Self-Care Behaviors: The Framework for Optimal Self-Management. Retrieved May 11, 2022, from <https://www.diabeteseducator.org/practice/practice-tools/app-resources/the-aade7-self-care-behaviors-the-framework-for-optimal-self-management>
3. Bluml, B. M., Kolb, L. E., & Lipman, R. (2019). Evaluating the Impact of Year-Long, Augmented Diabetes Self-Management Support. *Population health management*, 22(6), 522-528. <https://doi.org/10.1089/pop.2018.0175>
4. Chryala CA, Dawn Sherr D, Lipman RD. Diabetes self-management education for adults with type 2 diabetes mellitus: A systematic review of the effect on glycemic control. *Patient Educ and Couns*. 2016 Jun; 99 (6):926-943. <https://doi.org/10.1016/j.pec.2015.11.003>
5. Code of Colorado regulations tit. 10, § 2502-10 8.200. 2022. <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10143&fileName=10%20CCR%202505-10%208.200>
6. Code of Colorado regulations tit. 10, § 2502-10 8.700. 2022. <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10145&fileName=10%20CCR%202505-10%208.700>
7. Colorado Department of Health Care Policy and Financing. (n.d.). Diabetes Resource Center. <https://hcpf.colorado.gov/diabetes-resource-center>
8. Colorado Department of Health Care Policy and Financing. (n.d.). Telemedicine - Provider Information. <https://hcpf.colorado.gov/provider-telemedicine>
9. Duncan I, Birkmeyer C, Coughlin S, Li QE, Sherr D, Boren S. Assessing the value of diabetes education. *Diabetes Educ*. 2009 Sep-Oct;35(5):752-60. doi: 10.1177/0145721709343609. PMID: 19783766.
10. Jody Davis, Amy Hess Fischl, Joni Beck, Lillian Browning, Amy Carter, Jo Ellen Condon, Michelle Dennison, Terri Francis, Peter J. Hughes, Stephen Jaime, Ka Hei Karen Lau, Teresa McArthur, Karen McAvoy, Michelle Magee, Olivia Newby, Stephen W. Ponder, Uzma Quraishi, Kelly Rawlings, Julia Socke, Michelle Stancil, Sacha Uelmen, Suzanne Villalobos; 2022 National Standards for Diabetes Self-Management Education and Support. *Diabetes Care* 1 February 2022; 45 (2): 484-494. <https://doi.org/10.2337/dc21-2396>
11. Margaret A. Powers, Joan K. Bardsley, Marjorie Cypress, Martha M. Funnell, Dixie Harms, Amy Hess-Fischl, Beulette Hooks, Diana Isaacs, Ellen D. Mandel, Melinda D. Maryniuk, Anna Norton, Joanne Rinker, Linda M. Siminerio, Sacha Uelmen; Diabetes Self-management Education and Support in Adults With Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association. *Diabetes Care* 1 July 2020; 43 (7): 1636-1649. <https://doi.org/10.2337/dci20-0023>
12. Strawbridge LM, Lloyd JT, Meadow A, Riley GF, Howell BL. One-Year Outcomes of Diabetes Self-Management Training Among Medicare Beneficiaries Newly Diagnosed With Diabetes. *Med Care*. 2017 Apr;55(4):391-397. doi: 10.1097/MLR.0000000000000653. PMID: 27753746.