

Diabetes Self-Management Training

Administrative Code Title 23: Part 200, Chapter 5, Rule 5.6.

<https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf>



ICD-10 Diagnoses Codes	Description
E08.0 – E13.9	Diabetes mellitus
O24.001 – O24.93	Diabetes mellitus in pregnancy, childbirth and the puerperium
O99.810 – O99.815	Abnormal glucose complicating pregnancy, childbirth and the puerperium

Diabetes Self-Management Training Codes Requiring Prior Authorization

Procedure Code	Service Description	Maximum Units	
G0108	Initial Assessment	1 hour = 2 units	\$45.05/unit
G0109	Group Sessions	6 hours = 12 units	\$12.13/unit
G0108	Individual Sessions (If the ordering physician determines and documents the beneficiary would benefit from individual sessions instead of group sessions due to a medical condition.)	7 hours = 14 units	
G0109	Follow-up Training (Must be ordered by the physician actively managing the beneficiary's diabetes, including documentation in the medical record of the specific medical condition that the follow-up must address.)	2 hours = 4 units	

Things to Remember

- Training must be furnished within a continuous six-month period.
- Six (6) hours should be furnished in a group setting consisting of two (2) or more individuals (not all of whom have to be Medicaid beneficiaries).
- One (1) hour may be an individual session to assess the beneficiary's training needs.
- The training must be furnished in increments of no less than one-half hour.
- An exception to the group training requirement exists when the physician documents that the beneficiary has special needs (e.g., language limitations) that will hinder effective participation in group training.
- Initial training is a one-time benefit for beneficiaries.
- Medicaid covers follow-up training at least one (1) calendar year following completion of the initial training.
- Follow-up training may not exceed two (2) hours of individual or group training per year and must be furnished in increments of no less than one-half hour.
- The provider must document the specific medical condition that the follow-up training must address in both the referral for training and the beneficiary's medical record.

DOM Fee Schedule

ms-medicaid.com/msenvision/AMA_ADA_licenseAgreement.do?strUrl=downloadableFeeSchedule

Fee for Service	MississippiCAN
Prior Authorization: (866) 740-2221 (601) 352-6353 Questions: (800) 421-2408	United Healthcare: (877) 743-8731 Magnolia Health: (866) 912-6285 (601) 863-0700
DSMT Provider Manual http://ms.eqhs.org/Portals/10/DSMT%20Provider%20Manual%204.8.16.pdf	http://www.magnoliahealthplan.com/providers/important-notifications/