



Medicaid Transmittal Letter No. 3336-21-15

DATE: December 22, 2021

TO: Eligible Non-Institutional Medicaid Providers
Eligible Providers of Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Outpatient Health Facility (OHF) Services
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: Coverage and Payment of Diabetes Prevention and Self-Management Training Services

Coverage and Payment for Diabetes Self-Management Training

Medicaid payment for Diabetes Self-Management and Training (DSMT) services (HCPCS codes G0108 and G0109) has been established for physicians, advanced practice registered nurses, physician assistants, registered dietitians, and pharmacists. Coverage of DSMT service has been established per Social Security Act (SSA) §1861(qq). DSMT services are intended to provide training and education to prepare individuals with the knowledge and skills needed to manage their diabetes and prevent the exacerbation of diabetes symptoms and its comorbidities (e.g., cardiovascular and kidney disease) in individuals with a diagnosis of diabetes.

Ohio Administrative Code (OAC) rule 5160-8-53 “Diabetes prevention and self-management training,” outlines provisions for coverage and payment of DSMT and National Diabetes Prevention Program (NDPP) services.

DSMT services may be provided in an individual (G0108) or group (G0109) setting. The first hour of DSMT may be provided as individual training. The remaining nine hours may be provided as individual or group training with group training sessions consisting of two to twenty individuals.

DSMT services are billed in half-hour units and have a lifetime maximum of twenty units per Medicaid eligible individual. Two follow-up hours (four units) can be requested per benefit year with prior authorization that includes documentation of medical necessity. DSMT services can be provided in individual sessions in lieu of group sessions when no group sessions are available or with documentation that individual sessions are required.

Professional claims submitted for DSMT services are paid in accordance with Appendix DD of rule 5160-1-60. Services performed in an outpatient hospital setting are subject to Enhanced Ambulatory Patient Grouper (EAPG) pricing. For DSMT services provided in an outpatient hospital setting, G0108 for individual training services groups to EAPG 428 and G0109 for group training services groups to EAPG 429, effective January 1, 2022.

Individual DSMT services furnished by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) are paid under the Prospective Payment System (PPS). When furnished by a physician, advanced practice registered nurse, physician assistant, or pharmacist, an FQHC or RHC may submit a claim for individual DSMT services under the PPS using T1015 with a U1 modifier along with the appropriate procedure codes. Payment is made at the FQHC or RHC's pre-established per visit payment amount in accordance with Chapter 5160-28. When the DSMT service is furnished by a dietitian it is paid under the FQHC or RHC's ambulatory health care clinic provider number (provider type 50). Group DSMT services do not meet the criteria for a face-to-face visit, and therefore, FQHCs or RHCs rendering group DSMT services may submit claims for group DSMT services to Ohio Department of Medicaid (ODM) using their ambulatory health care clinic provider number (provider type 50).

The fee-for-service payment amounts for DSMT services listed below can be found in Appendix DD of rule 5160-1-60.

DSMT Service	Number of Covered Units	Rate
G0108 - Diabetes Management Training, individual	2	\$40.22 per unit
G0109 - Diabetes Management Training, group	18	\$11.15 per unit

Payment for National Diabetes Prevention Program Services

Medicaid payment for National Diabetes Prevention Program (NDPP) services has been established for physicians, physician assistants, and advanced practice registered nurses. Coverage of NDPP services is being established to prevent individuals with prediabetes from developing type 2 diabetes.

OAC rule 5160-8-53(C) outlines requirements for coverage and payment of NDPP services. Ohio Medicaid NDPP services are education and counseling services provided by physicians, physician assistants, and advanced practice registered nurses to teach and encourage positive lifestyle changes like healthy diet, daily physical activity, and positive coping skills. ODM has established coverage for in-person (0403T) and online (0488T) NDPP services for individuals with prediabetes, a history of gestational diabetes, or who present as high-risk for developing prediabetes. In-person services are billed in one-hour sessions and have a lifetime maximum of fifty-two sessions. Online services are billed monthly and have a lifetime maximum of 24 months.

In-person using CPT 0403T:

	Number of Covered Sessions		Rate
Year One	Months 1-6	16 sessions	\$23.00 per session
	Months 6-12	12 sessions	
Year Two	Months 1-12	12 sessions	\$23.00 per session

Online using CPT 0488T:

	Number of Covered Sessions	Rate
Year One	12 months	\$49.00 per month
Year Two	12 months	\$49.00 per month

Professional claims submitted for NDPP services are paid in accordance with Appendix DD of rule 5160-1-60. NDPP services furnished by a FQHC or RHC are paid under the PPS. FQHCs and RHCs should submit claims for individual DSMT services under the PPS using T1015 with a U1 modifier along with the appropriate procedure codes. Payment is made at the FQHC's or RHC's pre-established per visit payment amount in accordance with Chapter 5160-28.

This new rule takes effect January 1, 2022.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

ODM's coordination of benefits regulations in OAC rule 5160-1-8 apply to DSMT and NDPP services.

The Medicaid managed care organizations (MCOs) may have specific claim submission requirements that differ from the requirements for Medicaid fee-for-service claim submission through the MITS provider portal. Questions about MCO claim submission requirements should be directed to the MCOs.

Questions

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

Provider call center: (800) [686-1516](tel:686-1516)

E-mail address: noninstitutional_policy@medicaid.ohio.gov

Postal mail address: Bureau of Health Plan Policy

Non-Institutional Services

P.O. Box 182709

Columbus, OH 43218-2709