

## DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES

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### I. HCPCS PROCEDURE CODES

G0108 - Diabetes outpatient self-management training services, individual session per 30 minutes of training.

G0109 - Diabetes outpatient self-management training services, group session, per individual, per 30 minutes of training.

### II. DESCRIPTION

A diabetes outpatient self-management and training service is a program that educates beneficiaries in the successful self-management of diabetes. The training program includes all three of the following criteria: education about self-monitoring of blood glucose, diet, and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivates patients to use the skills for self-management.

### III. POLICY

A. Outpatient diabetes self-management and training programs are covered when the services are provided by:

1. An otherwise authorized individual professional provider who also meets the National Standards for Diabetes Self-Management Education programs recognized by the American Diabetes Association (ADA); or

2. A provider who is Medicare certified to provide diabetes outpatient self-management training services.

B. The following medical conditions, as well as any other medical condition in which diabetes self management training is medically necessary, would be eligible for coverage for training services.

1. New onset diabetes.

2. Poor glycemic control as evidenced by a glycosylated hemoglobin (HbA1C) or 9.5 or more in the 90 days before attending the training.

**TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002**

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3. A change in the treatment regimen from no diabetes medications to any diabetes medication, or from oral diabetes medication to insulin.

4. High risk for complications based on poor glycemic control; documented episodes of severe hypoglycemia or acute severe hypoglycemia occurring in the past year during which the beneficiary needed third party assistance for either emergency room visits or hospitalization.

5. High risk based on at least one of the following documented complications:

a. Lack of feeling in the foot or other foot complications such as foot ulcer or amputation.

b. Pre-proliferative or proliferative retinopathy or prior laser treatment of the eye.

c. Kidney complications related to diabetes, such as macroalbuminuria or elevated creatinine.

C. Benefits are cost-shared only for services related to the beneficiary. Therefore, we would encourage caregivers to attend the training with the beneficiary.

D. Providers should bill for their professional services using HCPCS code G0108 and G0109. When billing for these codes the provider must provide a copy of his/her "Certificate of Recognition" from the American Diabetes Association. Pricing of these Level II HCPCS codes will be under the allowable charge methodology per the TRICARE Reimbursement Manual. Once sufficient data is collected, the contractors, as part of the CMAC annual update, will be provided pricing information for these codes.

**IV. EFFECTIVE DATE**      **July 1, 1998.**

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