

Insurance Coverage Guidelines for MNT/Nutritional Counseling and Diabetes Self-Management Education

Insurance	Service (CPT code)	ICD-9 codes
Medicare/Medicaid	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	DM-related codes
	Additional information: Must meet any of the following criteria: <ol style="list-style-type: none"> 1. known diabetic (documented) 2. new diabetic with FBG \geq 126 mg/dL (on 2 separate occasions) 3. A1c \geq 8.5*% (on 2 consecutive tests 3 months apart) 4. random BG > 200 mg/dL with s/s of DM 5. 2 hr OGTT > 200 mg/dL 6. documented change in treatment regimen from diet to non-insulin meds or from non-insulin meds to insulin 7. documented high risk for complications based on inadequate control (documented hyper-/hypoglycemic episodes) <p>* 6.5% not yet approved as diagnostic criteria by Medicare</p> <ul style="list-style-type: none"> • Services must be provided by ADA/AADE recognized DSMT program. • Services must be provided in a group setting, unless pt has documented impairment. • Initial DSMT must be provided within a continuous 12-month period and cannot exceed 10 hours. No more than 2 hours of follow-up DSME can be provided any time in a calendar year, following a year in which initial DSMT was completed. (i.e. Initial date of service: 4/2011. Complete initial 10 hrs by 4/2012. Eligible for follow-up in 5/2012, since the 13 month begins the subsequent year. Follow-up training is completed by 12/2012.) 	
	MNT (97802, 97803) – 15 min/unit	DM-related codes Renal-related codes
Additional information: <ul style="list-style-type: none"> • For DM – must have FBG \geq 126 mg/dL (one occasion) • For renal – either GFR 13-50 or serum Cr \geq 1.8 mg/dL • Initial MNT must be provided within a calendar year and cannot exceed 3 hours. No more than 2 hours of follow-up MNT can be provided any time in a calendar year, following a year in which initial MNT was completed. (See example under DSMT). 		

- For all insurance plans, services will only be covered if provider has a contract with the insurance company. For some plans, patient may owe a copay or need to pay a deductible.
- Insurance coverage should always be verified before services are provided.

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Insurer	Service (CPT code)	ICD-9 codes
HMSA (non-Medicare)	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	250.00 250.01 250.02 250.03
	Additional information: <ul style="list-style-type: none"> DM dx must be documented in MD notes and on referral. Advanced Nutrition Therapy also available (unlimited hours) as follow-up for the DSME program. If not part of an ADA/AADE recognized DSMT program – private practice RD must be a CDE 	
	Nutritional counseling (S9470) – per visit, no specific time/unit	Most dx codes
Additional information: <p>Must meet ALL of the following criteria:</p> <ol style="list-style-type: none"> 1. Ordered by a physician 2. Service received from RD 3. Necessary to optimize a treatment program or to mitigate the effects of an illness or condition <ul style="list-style-type: none"> Benefit only available on limited plans Overweight/obesity dx codes alone are usually not covered. Require additional dx (i.e. hyperlipidemia, impaired fasting glucose, etc) to improve probability service will be covered. Patient pays 20% of eligible charges 		
HMAA	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	DM-related codes
	MNT (97802, 97803) – 15 min/unit	DM-related codes, possibly additional ones
	Additional information for both DSMT/MNT: <ul style="list-style-type: none"> Services must be provided by ADA/AADE recognized DSMT program Benefits only available on limited plans – highly recommended to call Customer Service (808.941.4622) to verify services covered by patient's plan 	

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Insurer	Service (CPT code)	ICD-9 codes
UHA	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	250.00 to 250.93
	Additional information:	
	Service provider must be a CDE	
	Nutritional counseling/MNT (97802, 97803) – indiv codes, 15 min/unit (97804) – group code, 30 min/unit	See below
Additional information:		
<ul style="list-style-type: none"> • Counseling must be provided by RD, CNS or CDE with experience in the condition being treated • Prior authorization required for all diagnoses except DM – form can be found at http://www.uhahealth.com/forms/form_request_auth.pdf • Diagnoses covered (as of 3/4/2011) – anorexia nervosa, bulimia, cardiovascular disease, HTN, CKD, Crohn’s disease, ulcerative colitis, gout, morbid obesity (adults: BMI>35, peds: BMI>95%), post-bariatric surgery, poor weight gain during pregnancy, pancreatitis, pre-diabetes 		

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- Insurance coverage should always be verified before services are provided.