

01-99000-02

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Reviewed: 02/26/26

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## Subject: Diabetic Self-Management Training and Educational Supplies

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Diabetes is a condition of abnormal glucose metabolism. Since diabetes is a chronic illness, the individual requires continual medical care and education in order to prevent acute complications and delay the risk of long-term medical problems. A critical element for the successful treatment of all individuals with diabetes is participation in a comprehensive self-management care and education program. Ongoing support, maintenance, and modifications in treatment regimes and lifestyle changes all require continued individual and caregiver participation.

A diabetes outpatient self-management training (DSMT) service is a program that educates individuals in the successful self-management of diabetes. An outpatient diabetes self-management and training program includes education about self-monitoring of blood glucose, diet and exercise, an insulin treatment plan developed specifically for the individual who is insulin-dependent, and it motivates individuals to use the skills for self-management.

### POSITION STATEMENT:

Diabetic self-management training and the related educational supplies **meet the definition of medical necessity** when **ALL** of the following criteria are met:

- The individual has been diagnosed with diabetes or pre-diabetes
- The services are certified as medically necessary by a physician
- The services are provided under the direct supervision of a physician or Certified Diabetic Educator, **AND**
- The program meets the current American Diabetes Association educational standards

**NOTE:** Self-referral to a diabetic self-management training program does not meet the definition of medical necessity.

**BILLING/CODING INFORMATION:**

The following codes may be used to describe diabetic self-management training and educational supplies:

**CPT Coding:**

98960	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)

**HCPCS Coding:**

G0108	Diabetes self-management training services, individual, per 30 minutes
G0109	Diabetes self-management training services, group session (2 or more), per 30 minutes
S9140	Diabetic management program, follow-up visit to non-MD provider

**ICD-10 Diagnosis Codes That Support Medical Necessity:**

E08.00 – E13.9	Diabetes mellitus
E88.81	Metabolic syndrome
O24.011 – O24.93	Diabetes mellitus in pregnancy, childbirth and the puerperium
O99.810 – O99.815	Abnormal glucose complicating pregnancy, childbirth and the puerperium
R73.01 – R73.9	Elevated blood glucose level

**REIMBURSEMENT INFORMATION:**

Initial self-management training is limited to 10 hours of training within a continuous 12-month period; 9 of the 10 hours must be provided in a group setting unless special conditions exist preventing the member from attending group sessions (i.e., no group sessions are available within 2 months of the date

of the physician's order; or the member has special needs relating to problems with hearing, vision, or language limitations that will hinder effective participation in group training).

Follow-up training is limited to 2 hours of individual or group training each year, beginning with the calendar year following the year in which the member completed initial self-management training.

Reimbursement for nutritional counseling by a licensed dietitian is included in the allowance for the training/education services.

## **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Diabetes Outpatient Self-Management Training (40.1) located at [cms.gov](https://www.cms.gov).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

## **DEFINITIONS:**

No guideline specific definitions apply.

## **RELATED GUIDELINES:**

None.

## **OTHER:**

**Florida Statute 641.31 (26) (a, b, c): Health Care Service Programs; Health Maintenance Organizations**

- a) Each health maintenance organization and prepaid health plan shall provide coverage for all medically appropriate and necessary equipment, supplies, and services used to treat diabetes, including outpatient self-management training and educational services, if the patient's primary care physician, or the physician to whom the patient has been referred who specializes in treating diabetes, certifies that the equipment, supplies, or services are necessary.
- b) The contract may require that diabetes outpatient self-management training and educational services be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist under contract with or designated by the health maintenance organization or prepaid health plan.
- c) The Agency for Health Care Administration shall adopt standards for outpatient self-management training and educational services, taking into consideration standards approved by the American Diabetes Association.

## **Florida Administrative Rule 59B-17.001: Diabetes Outpatient Self-Management Training and Educational Services Standards**

All health insurance policies, group health insurance policies and health maintenance contracts subject to the requirements of Sections 627.6408, 627.65745 and 641.31, F.S., shall provide, if the patient's treating provider or a provider who specializes in the treatment of diabetes certifies that such services are necessary: diabetes outpatient self-management training and education services based on the current standards endorsed by the American Diabetes Association as outlined in the "National Standards for Diabetes Self-Management Education and Support" published in *Diabetes Care*, September 20, 2012, which is incorporated by reference.

### **REFERENCES:**

1. Agency for Health Care Administration (AHCA) Diabetes Practice Guidelines; Self-Management Training.
2. American Diabetes Association. Diabetes Basic (Prevention): Prediabetes. Accessed at <http://www.diabetes.org/>.
3. American Diabetes Association Professional Practice Committee; 5. Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes—2022. *Diabetes Care* 1 January 2022; 45 (Supplement\_1): S60–S82.
4. American Diabetes Association. Standards of Medical Care in Diabetes 2019: Classification and Diagnosis of Diabetes. *Diabetes Care* Volume 42, Supplement 1, January 2019.
5. American Diabetes Association. Standards of Medical Care in Diabetes 2021: Classification and Diagnosis of Diabetes. *Diabetes Care* 2021;44(Suppl. 1):S15–S33.
6. American Diabetes Association. Standards of Medical Care in Diabetes 2021: Facilitating Behavior Change and Well-being to Improve Health Outcomes. *Diabetes Care* 2021 Jan; 44(Supplement 1): S53-S72.
7. American Diabetes Association. Standards of Medical Care in Diabetes 2024: Facilitating Behavior Change and Well-being to Improve Health Outcomes. Volume 47, Issue Supplement\_1 January 2024.
8. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Diabetes Outpatient Self-Management Training (40.1) (02/27/01).
9. Electronic Code of Federal Regulations (e-CFR). Title 42. Public Health Chapter IV. CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES. Subchapter B. MEDICARE PROGRAM Part 410. SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS Subpart H. Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements. Section 410.141. Outpatient diabetes self-management training.
10. Florida Administrative Register & Florida Administrative Code. Rule 59B-17.001: Diabetes Outpatient Self-Management Training and Educational Services Standards. June 25, 2013.
11. Florida Statute 641.31 (26)(a, b, c) Health Maintenance Contracts. Accessed at <http://www.leg.state.fl.us/statutes/>.
12. Haas L, et. al. National Standards for Diabetes Self-Management Education and Support. *The Diabetes Educator* 2012 38: 619. September 20, 2012.

13. State of Florida, Agency for Health Care Administration: Diabetes, Medical Practice Guidelines (Endorsed 10/01 under the authority of the Florida Health Care and Insurance Reform Act of 1993, Section 408.02, Chapter 93-129, Laws of Florida.)
14. Subramanian SC, Porkodi A, Akila P. Effectiveness of nurse-led intervention on self-management, self-efficacy and blood glucose level among patients with Type 2 diabetes mellitus. J Complement Integr Med. 2020 Sep 23;17(3). doi: 10.1515/jcim-2019-0064. PMID: 33001851.
15. The American Association of Clinical Endocrinologists Medical Guidelines for the Management of Diabetes Mellitus: The AACE System of Intensive Diabetes Self-Management, 2002 Update. Developed by the American Association of Clinical Endocrinologists and the American College of Endocrinology, 2002. Endocrine Practice Vol. 8 (Suppl. 1) January/February 2002.
16. UpToDate. Nutritional considerations in type 2 diabetes mellitus. 2022. Accessed at uptodate.com.
17. Winkley K, Upsher R, Stahl D, Pollard D, Kasera A, Brennan A, Heller S, Ismail K. Psychological interventions to improve self-management of type 1 and type 2 diabetes: a systematic review. Health Technol Assess. 2020 Jun;24(28):1-232. doi: 10.3310/hta24280.

### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/26/26.

### GUIDELINE UPDATE INFORMATION:

11/15/01	Medical Coverage Guideline Reformatted and Revised.
10/01/02	Local codes removed.
11/15/02	Reimbursement information corrected; reference added.
10/15/03	Scheduled review; no change in coverage statement.
02/15/07	Revision consisting of the addition of ICD-9 diagnosis codes for gestational diabetes.
06/15/07	Reformatted guideline; updated references.
10/15/10	Revision; related ICD-10 codes added.
12/15/10	Revision; deleted CPT codes 99071, S9455, S9460 and S9465.
01/01/13	Annual CPT coding update. Revised code descriptor for 99078.
08/01/13	Revision; revised Description and Position Statement, ICD9 and ICD10 coding and Program Exceptions. Added Florida Administrative Rule 59B-17.001. Updated references and reformatted guideline.
06/15/14	Revision; added code S9140.
05/15/15	Revision; added codes 98960, 98961, 98962.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	ICD-10 coding update: added codes R73.01 – R73.9.
09/15/19	Scheduled review. Maintained position statement. Revised description, reimbursement information, and Medicare Advantage program exception. Updated references.
02/15/21	Scheduled review. Maintained position statement and updated references.
10/15/22	Scheduled review. Maintained position statement and updated references.
05/22/23	Update to Program Exceptions section.

09/15/24	Scheduled review. Revised description, maintained position statement and updated references.
01/01/25	Annual CPT/HCPCS coding update. Revised 98960, 98961, 98962.
03/15/26	Position statements maintained.