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1.0 Description of the Procedure, Product, or Service

An outpatient Diabetes Self-Care program provides diabetic counseling and instruction at a medically supervised facility.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Outpatient Diabetes Self-Care Programs are covered when the facility is medically supervised, meets the standards of the National Diabetes Advisory Board, and is recognized by the American Diabetes Association.
- b. The recipient has a medical diagnosis and history of diabetes mellitus.
- c. The recipient was referred by the attending physician.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. diet therapy or dietary counseling as a separate charge is not covered; and
- b. meals provided during an Outpatient Diabetes Self-Care Program are not covered.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for outpatient diabetes self care programs.

5.2 Limitations

- a. Benefits are provided for diet therapy or dietary counseling when the services are included in the fee for the overall program.
- b. Benefits are limited to \$300 each Plan year.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

ICD-9-CM Diagnosis Code
250.00 through 250.93

C. Procedure Code(s)

CPT codes: 97802, 97803, 97804 and 99078;

CPT Procedure Code(s)
97802
97803
97804
99078

HCPCS Code(s)
G0108
G0109

Revenue Code(s)
942

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

HCPCS Code	Unit
G0108	One unit = 30 minutes
G0109	One unit = 30 minutes
RC 942 + G0108	One unit = 30 minutes
RC 942 + G0109	One unit = 30 minutes

F. Place of Service

Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.