



**BlueCross BlueShield  
of Kansas City**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

## **Diabetes Education**

**Policy Number:** 10.01.506  
**Origination:** 6/1996

**Last Review:** 2/2014  
**Next Review:** 2/2015

### **Policy**

Diabetes education is a covered benefit for patients diagnosed with Type I, Type II or Gestational Diabetes.

### **Considerations**

BCBSKC has, for our own local contracts, elected to provide this as a standard benefit for all products regardless of whether the member/group resides in Missouri or Kansas.

Covered Services are limited to self-management training (including diet counseling from a registered dietitian or certified diabetes educator) and Physician prescribed Medically Necessary equipment and supplies used in the management and treatment of diabetes. Benefits are available only for Covered Persons with gestational, type I or type II diabetes. Insulin, oral anti-diabetic agents, syringes, test strips, lancets, needles and glucometers are Covered Services under the Outpatient Prescription Drug Benefit.

Outpatient Diabetes Education Services are a covered benefit when provided under contracted arrangement with a **Blue Cross and Blue Shield of Kansas City certified provider**. A certified provider is an entity that meets standards established by the American Diabetes Association.

Referral must be made by the physician or nurse practitioner who is managing the patient's diabetic condition and certifies that such services are needed under a comprehensive plan of care relating to the individual's diabetic condition.

For BCBSKC HMO members only, direct referrals may be made by the disease state management program for diabetes.

For coverage approval there should be no contractual limitation for program involvement e.g., no pre-existing condition exclusion period in effect).

### **Description of Procedure or Service**

Diabetes outpatient self-management training services involve educational and training services for individuals diagnosed with diabetes. Types of diabetes include:

- Type I – the body does not produce insulin;
- Type II – the most common form of diabetes where either the body does not produce enough insulin or the cells ignore the insulin; or
- Gestational Diabetes – pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy.

### **Billing Coding/Physician Documentation Information**

**G0108** Diabetes outpatient self-management training services, individual, per 30 minutes  
**G0109** Diabetes self-management training services, group session (2 or more), per 30 minutes  
**99078** Physician educational services rendered to patients in a group setting (eg, prenatal,

|              |   |
|--------------|---|
|              | obesity, or diabetic instructions)  |
| <b>S9445</b> | Patient education, not otherwise classified, nonphysician provider, individual, per session |
| <b>S9446</b> | Patient education, not otherwise classified, nonphysician provider, group, per session      |

## **Additional Policy Key Words**

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N/A

### **Policy Implementation/Update Information**

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| 6/1/96 | New policy added to the Medicine section.  |
| 2/1/00 | Covered benefit under HMO policies and under PPO policies with case management.  |
| 2/1/01 | Reference to specific type of policy removed.  |
| 2/1/02 | Policy statement revised to include BCBSKC has, for our own local contracts, elected to provide this as a standard benefit for all products regardless of whether the member/group resides in Missouri or Kansas. Glucose monitors added as covered. |
| 4/1/02 | Policy statement revised to include Outpatient Diabetes Education Services are a covered benefit when provided under contracted arrangement with a Blue Cross and Blue Shield of Kansas City certified provider.                                     |
| 2/1/03 | No policy statement changes.   |
| 2/1/04 | No policy statement changes.   |
| 2/1/05 | Policy description updated definition of diabetes types. Policy statement revised to indicate this service is medically necessary.   |
| 2/1/06 | Policy statement revised to indicate this service is a covered benefit. Service ID changed from Medical to Administrative.   |
| 2/1/07 | No policy statement changes.   |
| 2/1/08 | No policy statement changes.   |
| 2/1/09 | No policy statement changes.   |
| 2/1/10 | No policy statement changes.   |
| 2/1/11 | No policy statement changes.   |
| 2/1/12 | No policy statement changes.   |
| 2/1/13 | No policy statement changes.   |
| 2/1/14 | No policy statement changes.   |

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