



Adults Only

See attached guide for which visits need to be referred by specified provider.

ALL bolded CPT codes must be verified regardless of what the patient is scheduled for.

ALL SERVICES PROVIDED AT DTC REQUIRE DIABETES DIAGNOSIS.

Snapshot for ALL Billable Services Units/Visits for DTC Services:

G0108 8 units – 4 visits (1 hour each visit)

G0109 20 units – 4 visits (2.5 hours each visit)

G0463 1 unit – 2 visits

97802 4 units – 1 visit (1 hour each visit)

97803 40 units – 10 visits (1hour each visit)

95250 1 unit – 1 visit **IEHP does not cover**

95251 1 unit – 1 visit

95249 1 unit – 1 visit **IEHP does not cover**

83036 2 units – 2 visits – A1c check

Total – 26 visits

Snapshot for ALL Billable Services Visits for Bariatric Services:

90791– 1 visit



AC Financial Services / Reference Guide

For Services referred to:

Diabetes Treatment Center

Visit Type		CPT Code	Description:
1 TO 1 Class 1 1 TO 1 Class 2 1 TO 1 Class 3 1 TO 1 Class 4	This is scheduled as a series	G0108	Diabetes Self-Management Education (DSME), individual session, initial assessment and intervention 1 unit= 30 minutes 8 units – 4 visits (1 hour each visit)
Class Group 1 Class Group 2 Class Group 3 Final DSME	This is scheduled as a series	G0109	Diabetes Self-Management Education (DSME), group session of 2 or more patients 1 unit= 30 minutes 20 units – 4 visits (2.5 hours each visit)
Medical Nutrition Therapy		97802	Medical nutrition individual, face-to-face with the patient, 1 unit= 15 minutes 4 units – 1 visit (1 hour each visit)
Medical Nutrition Therapy Follow Up		97803	Medical nutrition individual, face-to-face with the patient, Follow-up visit, Subsequent individual visits (including reassessments and interventions) 1 unit= 15 minutes 40 units – 10 visits (1 hour each visit)



AC Financial Services / Reference Guide

For Services referred to:

Diabetes Treatment Center

Sensor edu & inser class grp	Always scheduled together with 95251	95250	72 hours; Blood Glucose Continuous Monitoring (Diagnostic Trial) (office) provided equipment , sensor placement, hook-up, calibration of monitor, patient training 1 unit – 1 visit IEHP does not cover
Sensor Interpretation / Sensor Removal & Downloading	Always scheduled together with 95250	95251	Sensor removal, MD or Nurse Practitioner interprets result of CGM results with patient 1 unit – 1 visit
CGM Training		95249	72 hours; Blood Glucose Continuous Monitoring (personal) patient provided equipment , sensor placement, hook-up, Calibration of monitor, patient training, and printout of recording. This service is normally <u>covered once in a lifetime PER device</u> . 1 unit – 1 visit IEHP does not cover
A1c POC		83036	Capillary HgbA1c Finger stick, point of care lab draw 2 units – 2 visits (done on class 1 and Final DSME)
Registered Nurse visit		G0463	Initial visit w/registered nurse hospital outpatient clinic visit for assessment and management of a patient

Bariatric Therapist Service

Psychiatric Diagnostic Eval		90791	Diagnostic assessment or reassessment without psychotherapy services
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Non-Billable Services

T1 Advanced	No referral shell attachment required	Service not billable-contract based	No need to check benefits or coverage. Remove insurance coverage
T1 Pump Basic	This is scheduled as a 1 hour (60 min) class	G0108	Diabetes Self-Management Education (DSME), individual session, initial assessment, and intervention 1 unit= 30 minutes (1 hour each visit)
T1 Pump Basic	This is scheduled as a 1 hour (60 min) class	G0109	Diabetes Self-Management Education (DSME), group session of 2 or more patients 1 unit= 30 minutes (1 hour each visit)
T1 CGM Upgrade	No referral shell attachment required	Service not billable-contract based	No need to check benefits or coverage Remove insurance coverage
T1 Auto Mode	No referral shell attachment required	Service not billable-contract based	Do need to check benefits or coverage Remove insurance coverage
T1 Insulin Titration	No referral shell attachment required	Service not billable-contract based	No need to check benefits or coverage Remove insurance coverage
T1 New CGM	No referral shell attachment required	Service not billable-contract based	No need to check benefits or coverage Remove insurance coverage



T1 Pump Advanced	No referral shell attachment required	Service not billable-contract based	No need to check benefits or coverage. Remove insurance coverage
T1 Pump Upgrade	No referral shell attachment required	Service not billable-contract based	No need to check benefits or coverage. Remove insurance coverage
DPP Medical Director	No referral shell attachment required	Service not billable-to insurance	No need to check benefits or coverage. Remove insurance coverage
DPP Nutrition	No referral shell attachment required	Service not billable-to insurance	No need to check benefits or coverage. Remove insurance coverage
DPP Motivational Coach	No referral shell attachment required	Service not billable-to insurance	No need to check benefits or coverage. Remove insurance coverage

ALL SERVICES AT DTC REQUIRE THE FOLLOWING INFORMATION:

- ICD-10 dx code must be specified diabetes diagnosis (Excludes Bariatric Services)
- Service or CPT must be listed
- Medical Nutrition Therapy (97802) must be signed by MD or DO
- All referrals must have physician's signature