

Diabetes Self-Management Training (DSMT) Benefit  
&  
Community Health Workers (CHWs)

Under the Medicare program, eligible beneficiaries may receive outpatient Diabetes Self-Management Training (DSMT) when ordered by a physician (or qualified non-physician practitioner) when certain requirements are met. Entities must be accredited by a National Accreditation Organization (NAO) in order to furnish DSMT services and be paid by Medicare. Currently there are three NAOs- the American Diabetes Association, the Indian Health Service and the American Association of Diabetes Educators. NAOs represent individuals with diabetes and are approved by the Centers for Medicare & Medicaid Services to accredit entities that desire to furnish DSMT services. Entities interested in becoming a DSMT supplier should contact one of the above NAOs for information on how to become accredited.

DSMT entities can be a physician or other entity that is accredited by one of the three NAOs noted above. In general, entities other than physicians that are typically accredited as DSMT suppliers are for example, hospitals, outpatient units of hospitals, pharmacies, and free standing organizations that serve persons with diabetes. The initial training for which Medicare will pay covers 10 hours and training can be done in any combination of ½ hour increments. With the exception of 1 hour individual training, training is usually furnished in a group setting. Medicare covers follow up training up to 2 hours of individual or group training per beneficiary per year. The National Standards for Diabetes Self Management Education require that at least one of the instructors be a registered nurse, dietician or pharmacist. A Certified Diabetes Educator (CDE) must also be a member of the team. Eligibility requirements to become a CDE can be found at: <http://www.ncbde.org/eligibility.cfm>

Once an entity is accredited by a NAO, it submits evidence of the accreditation along with a form CMS 855 (Provider/supplier Application Form) to the Medicare Carrier, Medicare Administrative Contractor (MAC) or Medicare Fiscal Intermediary (FI). The entity would then be enrolled as a supplier and if it has never billed Medicare previously for other services would be assigned a National Provider Identifier (NPI) to be used in billing for its services. Further information can be obtained at the following website: <http://www.cms.hhs.gov/center/provider.asp> When you enter this site, click on the heading that says: [Contact Your MAC/Carrier/FI](#). This site offers the telephone numbers for all states for all of the Medicare MACs, Carriers and FIs. For general questions, you may also call 1-800-MEDICARE.

Community health workers (CHWs) can be a part of a DSMT team and serve in a non-instructional and non-technical role. They can perform a variety of functions to enhance patients' self-management skills. For example, CHWs can conduct non-technical informal counseling, provide information and behavioral support and advocate for those receiving services. They can also provide cultural and linguistic outreach.

Like other persons (employees or persons furnishing services under an arrangement) CHWs are paid by the DSMT entity. Medicare contractors pay the DSMT entity which is then responsible for paying its staff.

As noted above, a physician's office may be accredited as a DSMT supplier. Section 1861(s)(2)(A) of the Social Security Act notes that services that are furnished "incident to a physician's professional services." This requires that these services must be performed on the premises of the physician's office. However, the "incident to" provision does not apply to DSMT services as this is a stand-alone benefit. Therefore, personnel furnishing DSMT services, who are associated with a physician's office that is an accredited DSMT supplier, need not remain on the premises of the physician's office while furnishing covered DSMT services.