



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 140
6010.54-M
MAY 25, 2011**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: DIABETIC EDUCATION

CONREQ: 15193

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change revises the policy to clarify coverage for Diabetes Self-Management Training (DSMT) programs pursuant to the publication of the regulatory change Final Rule. This also adds two new authorized providers. Note effective date in the Final Rule is September 7, 2010; however, this benefit was implemented in policy in July 1998.

EFFECTIVE DATE: September 7, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

**Ann N. Fazzini
Chief, Medical Benefits and
Reimbursement Branch**

ATTACHMENT(S): 21 PAGE(S)
DISTRIBUTION: 6010.54-M

**CHANGE 140
6010.54-M
MAY 25, 2011**

REMOVE PAGE(S)

CHAPTER 1

Section 1.1, pages 5 and 6

CHAPTER 7

Section 16.4, page 1

CHAPTER 8

Table of Contents, pages i and ii

Section 8.1, pages 1 and 2

CHAPTER 11

Table of Contents, pages i and ii

Section 1.1, pages 1 - 3

★ ★ ★ ★ ★ ★

★ ★ ★ ★ ★ ★

INDEX

pages 5, 6, 15, 16, 21, 22

INSERT PAGE(S)

Section 1.1, pages 5 and 6

Section 16.4, page 1

Table of Contents, pages i and ii

Section 8.1, pages 1 - 3

Table of Contents, pages i and ii

Section 1.1, pages 1 - 3

Section 3.13, page 1

Section 3.14, page 1

pages 5, 6, 15, 16, 21, 22

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 1.1

EXCLUSIONS

NOTE: See [Chapter 8, Section 7.1](#) for policy on Nutritional Therapy. Diabetes Self-Management Training (DSMT) is covered (see [Chapter 8, Section 8.1](#)).

40. Acupuncture, whether used as a therapeutic agent or as an anesthetic.

41. Hair transplants, wigs (also referred to as cranial prosthesis), or hairpieces, except as allowed in accordance with section 744 of the DoD Appropriations Act for 1981 (see [Chapter 4, Section 2.1](#) and [Chapter 8, Section 12.1](#)).

42. Self-help, academic education or vocational training services and supplies, unless the provisions of [32 CFR 199.4\(b\)\(1\)\(v\)](#) relating to general or special education, apply.

NOTE: See [32 CFR 199.5](#) and [Chapter 9, Section 8.1](#), for training benefits under the Extended Care Health Option (ECHO).

43. Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club membership or other such charges or items (see [Chapter 8, Section 2.1](#)).

44. General exercise programs, even if recommended by a physician and regardless of whether or not rendered by an authorized provider. In addition, passive exercises and range of motion exercises also are excluded, except when prescribed by a physician and rendered by a physical therapist concurrent to, and as an integral part of a comprehensive program of physical therapy (see [Chapter 7, Sections 18.2](#) and [18.3](#)).

45. Services of an audiologist or speech therapist, except when prescribed by a physician and rendered as a part of an otherwise covered benefit or treatment addressed to the physical defect itself and not to any educational or occupational defect (see [Chapter 7, Sections 7.1](#) and [8.1](#)).

46. Eye exercises or visual training (orthoptics) (see [Chapter 4, Section 21.1](#) and [Chapter 7, Section 6.1](#)).

47. Eye and hearing examinations except as specifically provided in [32 CFR 199.4\(c\)\(2\)\(xvi\)](#), [\(c\)\(3\)\(xi\)](#), and [\(e\)\(24\)](#) or except when rendered in connection with medical or surgical treatment of a covered illness or injury. Vision and hearing screening in connection with well-child care is not excluded (see [Chapter 4, Section 21.1](#) and [Chapter 7, Sections 2.1, 2.2, 2.5, 6.1](#) and [8.1](#)).

48. Prostheses, other than those determined to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease. All dental prostheses are excluded, except for those specifically required in connection with otherwise covered orthodontia directly related to the surgical correction of a cleft palate anomaly (see [Chapter 8, Section 4.1](#)).

49. Orthopedic shoes, arch supports, shoe inserts, and other supportive devices for the feet, including special-ordered, custom-made built-up shoes, or regular shoes later built up (see [Chapter 8, Sections 3.1](#) and [11.1](#)).

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 1.1

EXCLUSIONS

50. Eyeglasses, spectacles, contact lenses, or other optical devices, except as specifically provided under [32 CFR 199.4\(e\)\(6\)](#) (see [Chapter 7, Section 6.2](#)).

51. Hearing aids or other auditory sensory enhancing devices except as specifically provided in [32 CFR 199.4\(e\)\(24\)](#).

52. Services or advice rendered by telephone are excluded, except that a diagnostic or monitoring procedure which incorporates electronic transmission of data or remote detection and measurement of a condition, activity, or function (biotelemetry) is not excluded when:

a. The procedure without electronic transmission of data or biotelemetry is otherwise an explicit or derived benefit; and

b. The addition of electronic transmission of data or biotelemetry to the procedure is found to be medically necessary and appropriate medical care which usually improves the efficiency of the management of a clinical condition in defined circumstances; and

c. That each data transmission or biotelemetry device incorporated into a procedure that is otherwise an explicit or derived benefit of this section, has been classified by the FDA, either separately or as a part of a system, for use consistent with the defined circumstances in [32 CFR 199.4\(g\)\(52\)\(ii\)](#).

NOTE: See [Chapter 7, Section 22.1](#) for policy on **Telemental Health (TMH)**/Telemedicine.

53. Air conditioners, humidifiers, dehumidifiers, and purifiers.

54. Elevators or chair lifts.

55. Alterations to living spaces or permanent features attached thereto, even when necessary to accommodate installation of covered durable medical equipment or to facilitate entrance or exit.

56. Items of clothing or shoes, even if required by virtue of an allergy.

57. Food, food substitutes, vitamins, or other nutritional supplements, including those related to prenatal care, except as specifically covered (see [Chapter 8, Sections 7.1 and 7.2](#)).

58. Enuretic conditioning programs.

59. Autopsy and postmortem (see [Chapter 6, Section 1.1](#)).

60. All camping even though organized for a specific therapeutic purpose, and even though offered as a part of an otherwise covered treatment plan or offered through an approved facility.

EDUCATION AND TRAINING FOR PATIENT SELF MANAGEMENT

ISSUE DATE:

AUTHORITY: [32 CFR 199.4\(g\)\(42\)](#)

I. CPT¹ PROCEDURE CODES

98960 - 98962

II. DESCRIPTION

Education and training services to teach the patient (may include care giver) how to effectively self manage the patient's illness(es)/disease(es) or delay disease comorbidity(ies) in conjunction with the patient's professional health care team.

III. POLICY

Self help services, **except for Diabetes Self-Management Training (DSMT), are excluded** from coverage by regulation. **DSMT is covered (see Chapter 8, Section 8.1).**

- END -

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

OTHER SERVICES

SECTION	SUBJECT
1.1	Ambulance Service
2.1	Durable Medical Equipment: Basic Program
2.2	Infantile Apnea Cardiorespiratory Monitor
2.3	External And Implantable Infusion Pump
2.4	Cold Therapy Devices For Home Use
2.5	Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor
2.6	Breast Pumps
2.7	Pulsed Irrigation Evacuation (PIE)
3.1	Orthotics
4.1	Prosthetic Devices And Supplies
5.1	Medical Devices
5.2	Neuromuscular Electrical Stimulation (NMES) Devices
5.3	Continuous Glucose Monitoring System (CGMS) Devices
6.1	Medical Supplies And Dressings (Consumables)
7.1	Nutritional Therapy
7.2	Liquid Protein Diets
8.1	Diabetes Self-Management Training (DSMT) Services
8.2	Therapeutic Shoes For Diabetics
9.1	Pharmacy Benefits Program
10.1	Oxygen And Oxygen Supplies
11.1	Podiatry
12.1	Wigs Or Hairpiece
13.1	Adjunctive Dental Care
13.2	Dental Anesthesia And Institutional Benefit
14.1	Physician-Assisted Suicide
15.1	Custodial Care Transitional Policy (CCTP)
16.1	Mucus Clearance Devices

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002
CHAPTER 8 - OTHER SERVICES

SECTION	SUBJECT
17.1	Lymphedema
18.1	Continuous Passive Motion (CPM) Devices
19.1	Smoking Cessation Counseling

DIABETES SELF-MANAGEMENT TRAINING (DSMT) SERVICES

ISSUE DATE:

AUTHORITY: 32 CFR 199.4 and 32 CFR 199.6

I. HCPCS PROCEDURE CODES

G0108 - Diabetes outpatient self-management training services, individual session per 30 minutes of training.

G0109 - Diabetes outpatient self-management training services, group session, per individual, per 30 minutes of training.

II. DESCRIPTION

Diabetes Self-Management Training (DSMT) is an outpatient service or program that is intended to educate beneficiaries in the successful self-management of diabetes. The training program includes all three of the following criteria: education about self-monitoring of blood glucose, diet, and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivates patients to use the skills for self-management. A DSMT program is accredited by the American Diabetes Association (ADA).

III. POLICY

A. DSMT programs as described above are covered on an outpatient basis when the services are provided by:

1. An otherwise authorized individual professional provider who also meets the quality standards established by the National Standards for Diabetes Self-Management Education Program (NSDSMEP) recognized by the ADA; or

2. An otherwise authorized institutional TRICARE provider who is accredited by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS) to provide DSMT services.

B. DSMT Coverage:

1. Initial Training (First Year)

a. It is prescribed or ordered by a physician for beneficiaries who have diabetes.

E. Payment for DSMT.

1. Individual providers who furnish services as part of a DSMT program and who provide care under the supervision of a physician, e.g., Registered Dietitians (RDs), nutritionists, Registered Nurses (RNs), etc., may not bill separately for their services.

2. Only those authorized TRICARE institutional providers and those authorized TRICARE individual providers who are able to practice independently, whose DSMT program meets the provisions in paragraph III.A. may bill and receive payment for the entire DSMT program.

3. Healthcare Common Procedure Coding System (HCPCS) codes G0108 and G0109 identify covered DSMT program services. When billing for these codes the provider must provide a copy of his/her accreditation certificate. Pricing of these Level II HCPCS codes is under the allowable charge methodology per the TRICARE Reimbursement Manual (TRM). Once sufficient data is collected, the contractors, as part of the CHAMPUS Maximum Allowable Charge (CMAC) annual update, will be provided pricing information for these codes.

IV. EFFECTIVE DATE July 1, 1998.

- END -

PROVIDERS

SECTION	SUBJECT
1.1	Providers - General
1.2	Institutional Provider, Individual Provider, And Other Non-Institutional Provider Participation
2.1	Veterans Affairs Health Care Facilities
	FIGURE 11-2.1-1 Memorandum Of Understanding Between The Department Of Veterans Affairs And The Department Of Defense
2.2	Employer-Operated Medical Facilities
2.3	Birthing Centers
2.4	Eating Disorder Programs
2.5	Psychiatric Partial Hospitalization Program (PHP) Certification Standards
2.6	Psychiatric Partial Hospitalization Program (PHP) Certification Process Before November 30, 2009, And Thereafter, For Only Freestanding PHPs
2.7	Psychiatric Hospitals Accreditation
	FIGURE 11-2.7-1 Program Information New Psychiatric Hospital Pending JC Accreditation, OCHAMPUS Form 759
3.1	Physician Referral And Supervision
3.2	State Licensure And Certification
3.3	Accreditation
3.4	Nurse Anesthetist
3.4A	Anesthesiologist Assistant (AA)
3.5	Certified Clinical Social Worker
3.6	Certified Psychiatric Nurse Specialist
3.7	Clinical Psychologist
3.8	Certified Marriage And Family Therapist
3.9	Pastoral Counselor
3.10	Mental Health Counselor
3.11	Certified Nurse Midwife (CNM)
3.12	Certified Physician Assistant

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002
CHAPTER 11 - PROVIDERS

SECTION	SUBJECT
3.13	Registered Dietitian (RD)
3.14	Nutritionist
4.1	Unauthorized Institution: Related Professional Services
4.2	Unauthorized Provider: Emergency Services
5.1	Provider Standards For Potentially HIV Infectious Blood And Blood Products
6.1	Ambulatory Surgery
6.2	Freestanding Ambulatory Surgery Center
7.1	Certification Of Organ Transplant Centers
8.1	Substance Use Disorder Rehabilitation Facilities Certification Process
9.1	Other Provider Certification
10.1	Services Rendered By Employees Of Authorized Independent Professional Providers
11.1	Birthing Center Accreditation
11.2	Birthing Center Certification Process
11.3	Certified Marriage And Family Therapist Certification Process
12.1	Corporate Services Provider Class
12.2	Qualified Accreditation Organization
12.3	Participation Agreement Requirements
	FIGURE 11-12.3-1 Participation Agreement
ADDENDUM A	Standards For Psychiatric Partial Hospitalization Programs (PHPs) Before November 30, 2009, And Thereafter, For Only Freestanding PHPs
ADDENDUM B	Participation Agreement For Certified Marriage And Family Therapist
ADDENDUM C	Participation Agreement For Freestanding Or Institution-Affiliated Birthing Center Maternity Care Services
ADDENDUM D	Application Form For Corporate Services Providers

PROVIDERS - GENERAL

ISSUE DATE: January 28, 1994

AUTHORITY: [32 CFR 199.2\(b\)](#) and [32 CFR 199.6](#)

I. POLICY

TRICARE benefits may be allowed for the following authorized providers: (For information on authorized providers refer to [32 CFR 199.2](#) and [32 CFR 199.6](#).)

A. Institutional providers. Categories of institutional providers include:

1. Hospitals, acute care, general and special.
2. Organ transplantation centers.
3. Hospitals, psychiatric.
4. Hospitals, long-term (tuberculosis, chronic care, or rehabilitation).
5. Skilled nursing facility.
6. Residential treatment centers.
7. Christian Science sanatoriums.
8. Infirmaries.
9. Other special institutional providers.
10. Free-standing ambulatory surgical centers.
11. Birthing centers.
12. Psychiatric partial hospitalization programs.
13. Hospice programs.
14. Substance use disorder facilities.

- B. Individual Professional Providers. Types of professional providers include:
1. Physicians.
 - a. Doctors of Medicine (M.D.)
 - b. Doctors of Osteopathy (D.O.)
 2. Dentists.
 3. Other allied health professionals.
 - a. Clinical psychologist.
 - b. Doctors of Optometry.
 - c. Doctors of Podiatry or Surgical Chiropractic.
 - d. Certified nurse midwives.
 - e. Certified nurse practitioner.
 - f. Certified clinical social worker.
 - g. Certified psychiatric nurse specialist.
 - h. Certified physician assistant.
 - i. Other individual paramedical providers.
 - (1) Licensed registered nurses.
 - (2) Licensed registered physical therapists and occupational therapists.
 - (3) Audiologists.
 - (4) Speech therapists (speech pathologists).
 - j. Registered Dietitian (RD).
 - k. Nutritionist.
 4. Extramedical individual providers.
 - a. Certified marriage and family therapists.
 - b. Pastoral counselors.
 - c. Mental health counselor.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 11, SECTION 1.1

PROVIDERS - GENERAL

d. Christian Science practitioners and Christian Science nurses.

C. Other providers. Categories include:

1. Independent laboratory.
2. Suppliers of portable x-ray services.
3. Pharmacies.
4. Ambulance companies.
5. Medical equipment firms, medical supply firms.
6. Mammography suppliers.

D. Extended Care Health Option (ECHO) Providers. Categories include:

1. ECHO inpatient care provider.
2. ECHO outpatient care provider.
3. ECHO durable **equipment** vendor.

E. Corporate Services Providers.

F. Medicare-certified Home Health Agencies.

- END -

REGISTERED DIETITIAN (RD)

ISSUE DATE: May 25, 2011

AUTHORITY: [32 CFR 199.4\(d\)\(3\)\(ix\)](#) and [32 CFR 199.6\(c\)\(3\)\(iii\)\(M\)](#)

I. ISSUE

Registered Dietitian (RD)

II. POLICY

A. A dietitian may provide Diabetes Self-Management Training (DSMT) via an accredited DSMT program when the dietitian meets all of the following criteria:

1. Has received at least a bachelor's degree from an accredited U.S. college or university;
2. Has been accredited by the American Dietetic Association's commission for a Didactic Program in Dietetics;
3. Has passed the Registration Examination for Dietitians as specified by state licensure; and
4. Is under the supervision of a physician who is overseeing the DSMT program.

B. The services of a RD will only be covered as part of a DSMT program. See [Chapter 8, Section 8.1](#).

- END -

NUTRITIONIST

ISSUE DATE: May 25, 2011

AUTHORITY: [32 CFR 199.4\(d\)\(3\)\(ix\)](#) and [32 CFR 199.6\(c\)\(3\)\(iii\)\(L\)](#)

I. ISSUE

Nutritionist

II. POLICY

A. A nutritionist may provide Diabetes Self-Management Training (DSMT) via an accredited DSMT program when the nutritionist:

1. Has received at least a bachelor's degree from an accredited U.S. college or university;
2. Is licensed by the State in which the care is provided; and
3. Is under the supervision of a physician who is overseeing the DSMT program.

B. The services of a nutritionist will only be covered as part of a DSMT program. See [Chapter 8, Section 8.1](#).

- END -

INDEX **CHAPTER** **SECTION**

C (Continued)

Court-Ordered Care	1	1.2
CT Scans	5	1.1
Custodial Care Transitional Policy (CCTP)	8	15.1

INDEX	CHAPTER	SECTION
D		
DD 1251 (Sample)	1	6.1
Delivery Of Health Care At Military Treatment Facilities (MTFs)	1	6.1
Dental Anesthesia And Institutional Benefit	8	13.2
Department Of Veterans Affairs And Department Of Defense Health Care Resources Sharing	1	12.1
Dermatological Procedures - General	7	17.1
Dermoscopy	7	25.1
 Diabetes Self-Management Training (DSMT) Services	8	8.1
Diagnostic Genetic Testing	6	3.1
Diagnostic Mammography	5	1.1
Diagnostic Radiology (Diagnostic Imaging)	5	1.1
Diagnostic Sleep Studies	7	19.1
Diagnostic Ultrasound	5	2.1
Dialysis	7	4.2
 Dietitian, Registered	11	3.13
Digestive System	4	13.1
Donor Costs	4	24.9
Durable Medical Equipment	8	2.1

INDEX	CHAPTER	SECTION
M		
Magnetic Resonance Angiography (MRA)	5	1.1
Magnetic Resonance Imaging (MRI)	5	1.1
Male Genital System	4	15.1
Marriage And Family Therapist Certification Process	11	11.3
Marriage And Family Therapist	11	3.8
Maternity Care	4	18.1
Mediastinum And Diaphragm	4	12.1
Medical Devices	8	5.1
Medical Photography	1	5.2
Medical Supplies And Dressings (Consumables)	8	6.1
Memorandum Of Understanding Between The Department Of Veterans Affairs And The Department Of Defense	11	2.1
Mental Health Counselor	11	3.10
Moderate (Conscious) Sedation	3	1.2
Mucus Clearance Devices	8	16.1
Multivisceral Transplantation	4	24.4
Musculoskeletal System	4	6.1

INDEX	CHAPTER	SECTION
N		
Negative Pressure Wound Therapy (NPWT)	4	5.8
Neonatal And Pediatric Critical Care Services	2	6.2
Nervous System	4	20.1
Neurology And Neuromuscular Services	7	15.1
Neuromuscular Electrical Stimulation (NMES) Devices	8	5.2
Nonavailability Statement (DD Form 1251) For Inpatient Care	1	6.1
Non-Invasive Vascular Diagnostic Studies	7	12.1
Nuclear Medicine	5	4.1
Nurse Anesthetist	11	3.4
Nurse Midwife	11	3.11
Nursing Facility Visits	2	4.1
Nutritional Therapy	8	7.1
Nutritionist	11	3.14

INDEX	CHAPTER	SECTION
R		
Radiation Oncology	5	3.1
Radiofrequency Ablation (RFA)	4	13.1
Radiologic Guidance	5	2.2
Rare Diseases	1	3.1
Reduction Mammoplasty For Macromastia	4	5.4
Regional Director Requirements	1	10.1
Registered Dietitian	11	3.13
Rehabilitation - General	7	18.1
Requirements For Documentation Of Treatment In Medical Records	1	5.1
Residential Treatment Center (RTC)		
Care Limitations	7	3.2
Preauthorization Requirements	7	3.4
Resource Sharing	1	11.1
Respiratory System	4	8.1
Routine Physical Examinations	7	2.6

INDEX	CHAPTER	SECTION
S		
Salivary Estriol Test	4	18.1
Sensory Evoked Potentials (SEP)	7	15.2
Services Rendered By Employees Of Authorized Independent Professional Providers	11	10.1
Sexual Dysfunctions, Paraphilias and Gender Identity Disorders	7	1.1
Silicone Or Saline Breast Implant Removal	4	5.5
Simultaneous Pancreas-Kidney Transplantation (SPK)	4	24.7
Single Photon Emission Computed Tomography (SPECT)	5	4.1
Small Intestine (SI) Transplantation	4	24.4
Small Intestine-Liver (SI/L) Transplantation	4	24.4
Smoking Cessation Counseling	8	19.1
Special Authorization Requirements	1	7.1
Special Education	9	9.1
Special Otorhinolaryngologic Services	7	8.1
Speech Services	7	7.1
State Licensure And Certification	11	3.2
Stereotactic Radiofrequency Pallidotomy With Microelectrode Mapping For Treatment Of Parkinson's Disease	4	20.2
Thalamotomy	4	20.3
Substance Use Disorders Rehabilitation Facilities (SUDRFs) Certification Process	7	3.7
Preauthorization Requirements	11	8.1
	7	3.5
Surgery For Morbid Obesity	4	13.2
Survivor Status	10	7.1