
CMS Manual System

Pub. 100-02 Medicare Benefit Policy

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 24

Date: OCTOBER 29, 2004

CHANGE REQUEST 3531

SUBJECT: Revision of §300.5.1, Chapter 15 of the Medicare Benefit Policy Manual to include 22x TOB as an applicable TOB for Diabetes Self-Management Training.

I. SUMMARY OF CHANGES: This instruction revises §300.5.1, Chapter 15 of the Medicare Benefit Policy Manual to include 22x TOB as an applicable TOB for Diabetes Self-Management Training.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005

***IMPLEMENTATION DATE: January 3, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	15/300.5.1/Special Claims Processing Instructions for FIs

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

300.5.1 - Special Claims Processing Instructions for FIs

(Rev. 24, Issued: 10-29-04, Effective: 01-01-05, Implementation: 01-03-05)

- Coding and Payment Requirements

The provider bills for DSMT on Form CMS-1450 or its electronic equivalent. The cost of the service is billed under revenue code 942 in FL 42 "Revenue Code." The provider will report HCPCS codes G0108 or G0109 in FL 44 "HCPCS/Rates." The definition of the HCPCS code used should be entered in FL 43 "Description."

- Applicable Bill Types

The appropriate bill types are 12x, 22x, 13x, 34x (can be billed if service is outside of the treatment plan), 72x, 74x, 75x, 83x and 85x.