

Guide to Diabetes Management

Quick Reference Guide

This short guide will help you understand how to bill for diabetes, one of the most common out-of-basket codes.

Challenge

DoctorCare Best Practices and Recommendations

What are the diabetic management codes? When managing diabetic patients, physicians can bill for three different types of fee codes; K030A, Q040A, K029A.

What are the eligible models? FHO, FHG, FHN, CCM, FFS

How do I bill for Diabetes Management Assessment?

Diabetes Management Assessment

The Diabetes Management Assessment fee code is an all inclusive service payable to the most responsible physician for continuing managing and support of a diabetic patient.

Fee Code	Description	Fee value	Limit
K030A	Diabetes management assessment	\$40.55	4x annually

Note: When you bill K030 for the patient on the same day as any other consultation or visit, the K030 is paid at \$0.

Billing Requirements

- Complete a diabetes flow sheet. [Download our diabetes flow sheet here.](#)

Recommendations

1. Schedule the next diabetes management visit right after their current visit.
2. Ask your staff to proactively call such patients to schedule a diabetes visit.
3. Set up a reminder in your EMR for those overdue for diabetes visits.

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How do I bill for Diabetes Management Incentive?

Diabetes Management Incentive

The Diabetes Management Incentive fee code is payable to physicians who provide ongoing management using a planned care approach, consistent with Diabetes Canada's clinical practice guideline.

Fee Code	Description	Fee value	Limit
Q040A	Diabetes management incentive	\$60	Annually

Note: Must be billed after the third K030.

Billing Requirements

- May be submitted separately or in combination with other fee codes.
- Complete a diabetes flow sheet. [Download our diabetes flow sheet here.](#)
- Fee code can only be billed once for every 365 day period.
- Q040A must be billed with three K030 for the same patient within 365 days.

Recommendations

- Bill along with the third K030 in the past 12 months.
- Set up a reminder in your EMR for those who are due for a Q040A bill.

How do I bill for Insulin Therapy Support?

Insulin Therapy Support

The Insulin Therapy Support fee code is payable to physicians who provide support and counselling on intensive insulin therapy requiring at least 3 injections per day or using an infusion pump, or training on insulin for patients who use glucose meters, insulin pumps or insulin pens.

Fee Code	Description	Fee value	Limit
K029A	Insulin therapy support	\$67.75 / 30min	6x annually

Note: Time-based all-inclusive visit fee per patient per day and four units per patient, per physician, per year.

Billing Requirements

- Must be billed along with counselling for diabetic patient receiving at least three insulin injections per day or using an infusion pump.
- Calculated and payable per 20-minute increments or major part thereof.

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Can these codes be billed virtually?

Yes, K030, K029 and Q040 can be billed virtually.

Some key tips:

- A virtual K030 is only eligible for payment once a K030 involving a direct physical patient encounter has been billed previously.
 - Q040 must be billed on a separate claim for a virtual diabetic visit.
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What are the common error and explanation codes?

M1 – Max fee allowed for these services has been reached

These codes can be billed a limited amount of times per year. If you bill more than the specified amount within 365 days of a previously processed fee code, it will be processed at \$0.

MR – Minimum service requirements have not been met

Some of these codes have prerequisite codes that need to be processed for the same patient within 365 days. You must bill three K030's for the same patient before you can bill a Q040.
