

- Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.
  - CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's.
  - Certificates will be emailed out to you within two weeks

**Money Matters in  
Diabetes Self-Management Training:  
Increase Your  
Insurance Reimbursement **NOW!****



**Mary Ann Hodorowicz, RD, MBA, CDE  
Certified Endocrinology Coder**

**Mary Ann Hodorowicz Consulting, LLC 4-2015**



## **Mary Ann Hodorowicz**

**RD, LDN, MBA,  
CDE, CEC  
(Certified  
Endocrinology  
Coder)**

Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC, is a licensed registered dietitian and certified diabetes educator and earned her MBA with a focus on marketing. She is also a certified endocrinology coder and owns a private practice specializing in corporate clients in Palos Heights, IL. She is a consultant, professional speaker, trainer, and author for the health, food, and pharmaceutical industries in nutrition, wellness, diabetes, and Medicare and private insurance reimbursement. Her clients include healthcare entities, professional membership associations, pharmacies, medical CEU education and training firms, government agencies, food and pharmaceutical companies, academia, and employer groups. She serves on the Board of Directors of the American Association of Diabetes Educators.

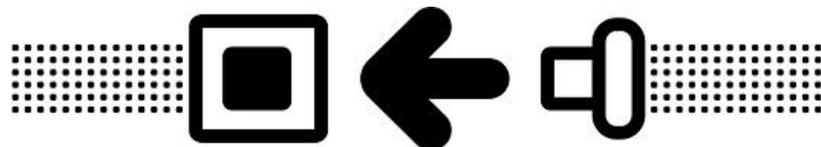
**Mary Ann Hodorowicz Consulting, LLC**  
**[www.maryannhodorowicz.com](http://www.maryannhodorowicz.com)**  
**[hodorowicz@comcast.net](mailto:hodorowicz@comcast.net) 708-359-3864**  
**Twitter: @mahodorowicz**

# LEARNING OBJECTIVES

1. Describe the beneficiary eligibility criteria for Medicare DSMT.
2. List 3 of the Medicare coverage guidelines for telehealth DSMT.
3. Name the 2 procedure codes used to bill Medicare for DSMT.

# Healthcare insurance reimbursement guidelines are all about the “C’s”:

- ⇒ **Confusing**
- ⇒ **Complicated**
- ⇒ **Complex**
- ⇒ **Convolutated**
- ⇒ **Copious**
- ⇒ **Cumbersome**
- ⇒ **Constantly Changing**

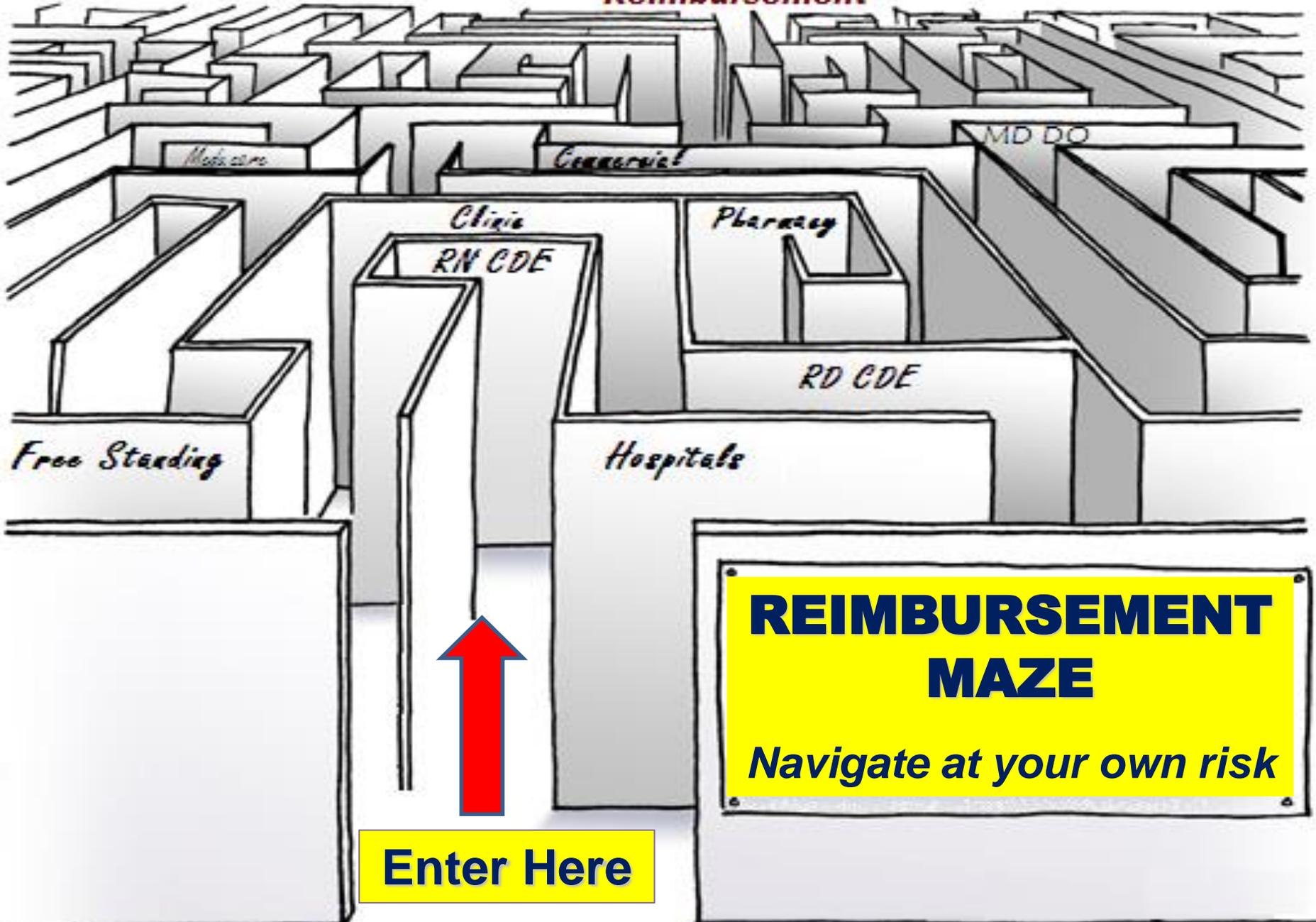


# The Golden Rule

- He who has the **gold** makes the **rules**!
- He who wants the gold must identify all the rules...and follow all the rules.
- He who doesn't follow the rules will likely have to give all the gold back.....and pay penalties and fines.
- He who has to give all the gold...along with penalties and fines...will likely be out of a job!

**INSURER'S RULES RULE!**

**Reimbursement**



Medicare

Commercial

MD DO

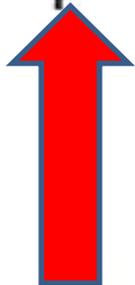
Clinic  
RN CDE

Pharmacy

RD CDE

Free Standing

Hospitals



**Enter Here**

**REIMBURSEMENT  
MAZE**  
*Navigate at your own risk*

# MEDICARE BENEFICIARY DSMT ENTITLEMENT

- Must have Medicare Part B insurance
- Suggestion: Make copy of Medicare card for MR

MEDICARE  HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY	
<b>JOHN D. DOE</b>	
MEDICARE CLAIM NUMBER	SEX
<b>123-45-6789A</b>	<b>MALE</b>
IS ENTITLED TO	EFFECTIVE DATE
<b>HOSPITAL INSURANCE (PART A)</b>	<b>1/1/95</b>
<b>MEDICAL INSURANCE (PART B)</b>	<b>1/1/95</b>
SIGN HERE 	<i>John D. Doe</i>

# MNT--DSMT: COMPLIMENTARY but DISTINCT

## MNT

- ✘ **Individualized** nutrition (and related) therapy to aid control of “A-B-C’s” of diabetes
- ✘ **Personalized** behavior change plans: eating, SMBG, exercise, stress control plans\*
- ✘ **Long-term** follow-up with **extensive** monitoring of labs, outcomes, behavior  $\Delta$ , etc. with required adjustments in plans\*

## DSMT

- ✘ **General** and basic training on AADE7™ behaviors in primarily **group** format
- ✘  $\uparrow$  pt’s **knowledge of why** and **skill in how** to change key behaviors
- ✘ **Shorter-term** follow-up with **limited** monitoring of labs, outcomes, etc.

# MEDICARE DSMT vs. MNT

Medicare covers MNT and DSMT...but NOT on same day!

**MNT: First Calendar Year, 3 Hrs**

Individual or group\*. **Individualized** assessment, nutrition dx, intervention (personalized plans) and outcomes monitoring and evaluation.

**DSMT: 12 Consecutive Months, 10 Hrs\***

**Group** classes\*^ in 10 topic areas (as needed by pt) on basic diabetes self-care outlined in *National Standards of DSME*.

## MEDICAL CONDITIONS

Diabetes: Type 1, Type 2, GDM, Non-Dialysis Renal Disease, and

Nutrition is 1 of 10 topics presented as overview of healthy eating to control A-B-C's of diabetes; **no** individualized plans created for pt.

for period of 36 months after successful kidney transplant.

\*Group = 2 or more pts; need not all be Medicare.

\*^9 hrs of 10 to be **group**; 1 may be **individual**.  
10 hrs may be all **individual** if: special needs documented on referral or no program scheduled in 2 months of referral or additional insulin training Rx'd.

# MEDICARE DSMT BILLING PROVIDER ELIGIBILITY

Only select **individual** and **entity** Medicare providers can directly bill Part B for OP DSMT.

**Individual** Medicare providers who can bill Part B directly are:  
MD, DO, RD, NP, PA, CNS, LCSW,  
clinical psychologists.

Cannot enroll in Medicare as provider just to furnish OP DSMT.  
Must be billing for **other** Medicare services and reimbursed.

Above can also be DSMT instructors, but program must have RD **or** RN **or** RPh per *National Standards of DSME, 2012.*

Separate Part B billing **NOT** allowed by these **entity** Medicare providers:  
nursing home, ESRD facility, rural health clinic.

**Entity** Medicare providers who can bill Part B directly are:

DSMT **NOT** reimbursed in these places of service:  
hospice care, ER dept.

hospital, RD practice, skilled nursing home, FQHC, physician and non-physician practitioner practice, clinic, pharmacy, home health agency

**My mother  
taught me  
about the  
science of  
Osmosis...**



**"Shut your mouth and  
eat your supper!"**

# MEDICARE PAYMENT RULES

## RE: ORDERING PROVIDERS

- Benefits must be ordered by physician or eligible professional who is:
  - Enrolled in Medicare, or
  - In ‘opt out’ status
- Must be specialty type eligible to order specific items/services....example:
  - Only MDs and DOs can order **MNT**
  - Only MDs, DOs, NPs, PAs, CNSs can order **DSMT**
- Provider’s NPI # must be on claim as “referring provider”
  - Organizational NPI # cannot be used as “referring provider”

# MEDICARE PAYMENT RULES RE: ORDERING PROVIDERS

- **Chiropractic physicians** have limited coverage for services:
  - Limited to manual manipulation of spine to correct a subluxation (that is, by use of the hands)
- **Home Health Agency** (HHA) services may only be ordered by:
  - MD
  - DO
  - DPM (Doctor of Podiatric Medicine)

# **MEDICARE PAYMENT RULES RE: ORDERING PROVIDERS**

- DSMT providers can check if referring provider is enrolled in Medicare (or in opt out) via enrollment record in web-based

**Provider Enrollment, Chain and  
Ownership System  
(PECOS)**

**<https://pecos.cms.hhs.gov>**

# MEDICARE PAYMENT RULES RE: ORDERING PROVIDERS

- **PECOS** can also be used to:
  - Submit/track initial Medicare enrollment application
  - View/change enrollment info
  - Add/change reassignment of benefits
  - Submit changes to Medicare enrollment info
  - Reactivate existing enrollment record
  - Withdraw from Medicare Program

# MEDICARE DSMT QUALITY STANDARDS

## **DSMT**

Required: recognition of program by ADbA or accreditation by AADE. Send copy of certificate to Medicare carrier or regional MAC, return receipt.

Both require adherence to ***2012 National Standards of DSME*** Standard 5: RD or RN or pharmacist can be solo instructor, but multi-disciplinary team recommended

DSMT program in Rural Health Clinic:  
If solo instructor, must be RD-CDE  
CMS defines rural area ([www.cms.gov](http://www.cms.gov))

Pts in DSMT class must sign attendance sheet.

Help me to always  
give 100% at work...

12% on Monday

23% on Tuesday

40% on Wednesday

20% on Thursday

*5% on Fridays*



# MEDICARE BENEFICIARY ELIGIBILITY for DSMT

Initial not rec'd ever before (once/lifetime benefit).  
Documentation of diabetes dx using 1 of 3 eligibility labs.  
Physician/qualified NPP referral needed for initial and f/up.

Diabetes can be dx'd prior to beneficiary's Part B entry.  
Beneficiary on renal dialysis only eligible  
for non-nutrition content areas.

## **Best Practice Suggestion**

Use *DSME/T and MNT Services Order Form*  
(revised 8/2011) Access at: [www.aadenet.org](http://www.aadenet.org)

# MEDICARE DSMT DIAGNOSTIC CRITERIA for T1 and T2 DIABETES and GDM

## **T1 and T2 Diabetes**

Per Medicare: T1, T2 diabetes diagnosed using 1 of 3 lab tests (next slide)\*.

Above statement now on **revised DSMT and MNT Services Order Form** (revised 8/20/11).

Documentation of T1 or T2 diabetes dx is DSMT coverage rule.

**But language of benefits do NOT state WHO must have documentation.**

## **Gestational Diabetes Mellitus (GDM)**

Per Medicare: treating provider to furnish documentation of GDM dx on DSME referral.

## **Suggestion Regarding Diagnostic Lab:**

Consult with your practice's **Medicare Compliance Officer** and also Medicare Administrative Contractor to determine WHO must maintain documentation of diagnostic lab: provider who order MNT-DSMT OR practice who furnishes benefit.

# MEDICARE DSMT DIAGNOSTIC LAB CRITERIA

FPG  $\geq$  126 mg on 2 tests, or  
2 hr OGTT  $\geq$  200 mg on 2 tests, or  
Random BG  $\geq$  200 mg + uncontrolled DM symptom(s).  
HbA1c not added as of August, 2014<sup>^</sup>

## Best Practice Suggestions

May wish to obtain documentation of diagnostic lab.  
Use revised *DSME/T--MNT Services Order Form*.  
Download: [aadenet.org](http://aadenet.org) or [eatright.org](http://eatright.org) (revised 8/20/11)

## Symptoms of uncontrolled diabetes:

Excessive thirst, hunger, urination, fatigue,  
blurred vision; unintentional wt loss; tingling, numbness  
in extremities; non-healing cuts, wound, etc.

<sup>^</sup>HbA1c  $\geq$  6.5% diagnostic for T1, T2 DM  
per ADbA, *Standards of Medical Care, 2014*  
\*Federal Register, Vol. 68, #216, 11-7-03, p.63261

# MEDICARE DSMT REFERRAL REQUIREMENTS

## **DSMT**

Written or EMR Rx by treating physician or NP, PA, CNS.  
Treating provider's NPI # + signature.  
Rx date + beneficiary's name.

ICD-9 dx or code (5-digits for T1, T2 DM).  
Separate Rx for: initial and f/up DSMT.  
For **initial**: all 10 topics or select topics to be taught.  
For **initial**: all 10 hrs or select number to be furnished.

For **initial**: whether group or individual DSMT.  
If **individual**: special needs that warrant.  
Treating provider to maintain pt's plan of care in  
chart maintained in provider's office.

Revised ***DSME/T and MNT Order Form*** lists  
diagnostic lab criteria + asks provider to send labs  
for pt eligibility and outcomes monitoring.  
Original to be in pt's chart in provider's office.

# Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

## Patient Information

Patient's Last Name _____	First Name _____	Middle _____
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____	City _____	State _____ Zip Code _____
Home Phone _____	Other Phone _____	E-mail address _____

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

### Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T:  10 hours or \_\_\_\_ mo. hrs. requested  
 Follow-up DSME/T:  2 hours or \_\_\_\_ mo. hrs. requested  
 Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision  Hearing  Physical  
 Cognitive impairment  Language Limitations  
 Additional training  additional hrs. requested \_\_\_\_\_  
 Telehealth Other \_\_\_\_\_

DSME/T Content

- Monitoring diabetes  Diabetes as disease process  
 Psychological adjustment  Physical activity  
 Nutritional management  Goal setting, problem solving  
 Medications  Prevent, detect and treat acute complications  
 Preconception/pregnancy management or DSM  
 Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSME/T in 12 month period from the date of first class or visit

### DIAGNOSIS

Please send recent lab for medical eligibility & outcome monitoring

- Type 1  Type 2  
 Gestational Diagnosis code: \_\_\_\_\_

Complications/Comorbidities

Check all that apply:

- Hypertension  Dyslipidemia  Stroke  
 Neuropathy  PVD  
 Kidney disease  Retinopathy  CHD  
 Non-healing wound  Pregnancy  Obesity  
 Mental/affective disorder Other \_\_\_\_\_

### Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

- Initial MNT  3 hours or \_\_\_\_ mo. hrs. requested  
 Annual follow-up MNT  2 hours or \_\_\_\_ mo. hrs. requested  
 Telehealth  Additional MNT services in the same calendar year, per RD

Additional hrs. requested \_\_\_\_\_

Please specify change in medical condition, treatment and/or diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

### Definition of Diabetes (Medicare)

Medicare coverage of DSME/T and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test on or 200 mg/dl for a person with symptoms of uncontrolled diabetes.

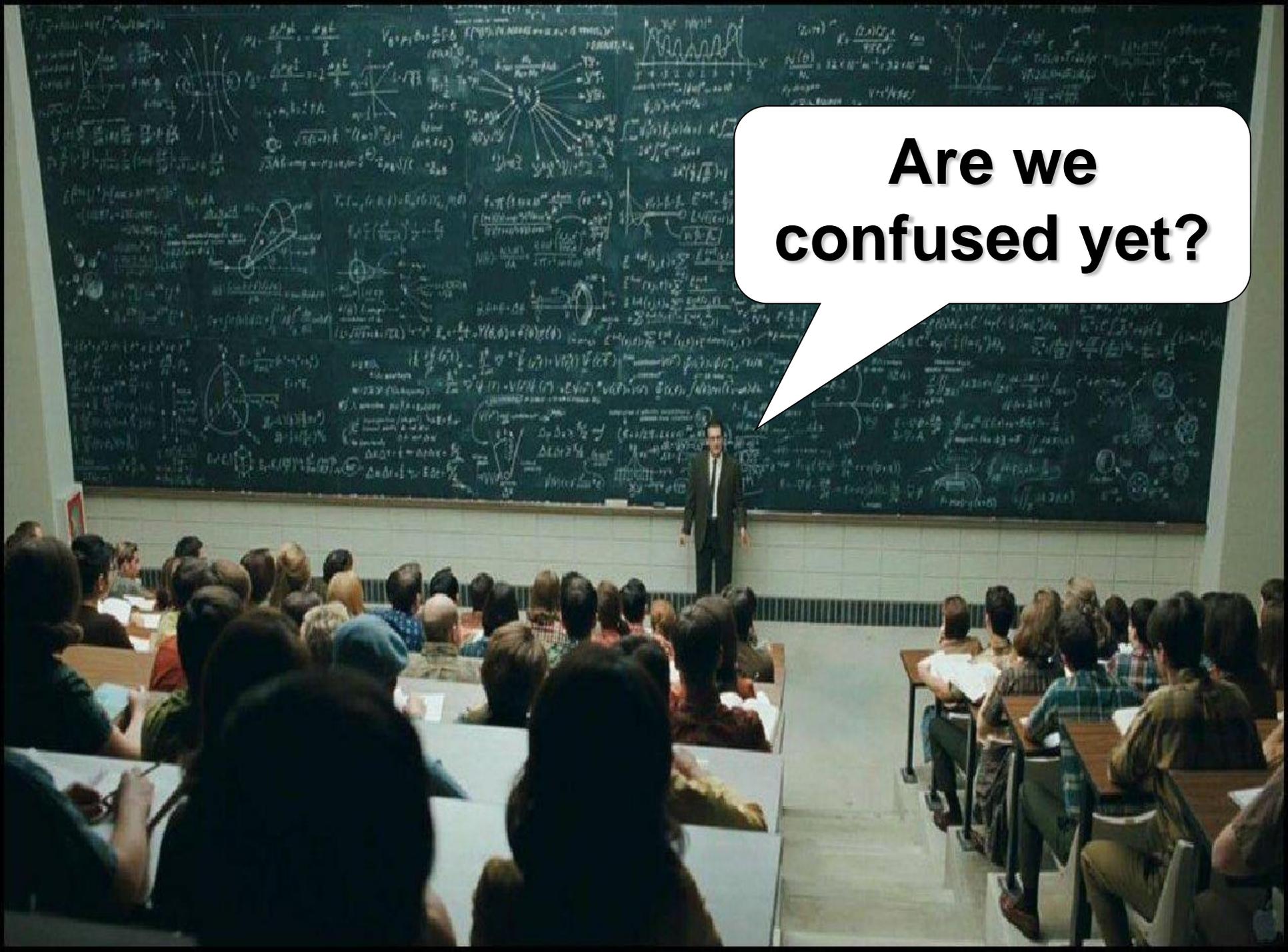
Source: 42 USC 1395c, November 7, 2000 (page 3001) Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_

## Revised Aug. 2011



**Are we  
confused yet?**

# MEDICARE DSMT LIMITS in FIRST YEAR and STRUCTURE OF

Medicare MNT and DSMT in initial year may NOT be provided on same day!

**DSMT:** 10 hrs in 12 consecutive months.  
Cannot extend into next yr.  
9 hrs group + 1 hr may be individual.  
Group = 2 to 20 patients; need not all be Medicare.

1 hr may be for individual assessment, insulin instruction or training on ANY topic.  
10 hrs may be used for only 1 topic (new!).  
Visit is  $\geq$  30 min. (1 billing unit; no rounding).

## **Additional Hrs Not Cited by CMS as Payable.**

9 hrs can be individual IF referring provider documents in medical record and on Rx:  
Pt's special needs precluding group (vision,

(language, hearing, physical, cognitive, etc.)  
OR no program starting within 2 months of Rx date,  
OR physician orders **additional** insulin training.

# MEDICARE DSMT LIMITS in FOLLOW-UP YEARS and STRUCTURE OF

F/Up DSMT Timeframe Depends on When Initial DSMT Ends.  
See Example on Next Slide

2 hrs each 12 months after initial DSMT completed.  
Cannot extend hrs into next 12 months.  
Can be individual, group or combination.

**Individual or group** visit:  
>/= 30 min. (1 billing unit). No rounding.  
New Rx required for follow-up.

Special needs do **NOT** need to be documented  
for **individual** follow-up DSMT.  
**Can obtain even if INITIAL DSMT not received.**

# MEDICARE TIME FRAME CHANGES for FOLLOW-UP DSMT: EXAMPLE

## ***Pt Completes Initial 10 Hrs That Spans 2 Yrs: 2014 and 2015:***

- Starts initial 10 hours in August 201**4**
- Completes initial 10 hours in August 201**5**
- Eligible for...and starts...2 hr follow-up in September, 201**5**
- Completes 2 hour follow-up in Dec., 201**5**
- Eligible for next 2 hour follow-up in Jan., 201**6**

## ***Pt Completes Initial 10 Hrs in Same Calendar Year:***

- Starts initial 10 hours in August 201**4**
- Completes initial 10 hours in Dec., 201**4**
- Eligible for...and starts...2 hours follow-up in Jan., 201**5**
- Completes 2 hour follow-up in July 201**5**
- Eligible for next 2 hour follow-up in Jan. 201**6**

# DIAGNOSES for MEDICARE DSMT

Diagnosis is required documentation  
in MR maintained by treating physician/NPP.

Required on DSMT REFERRAL  
Diagnosis can be  
narrative description OR 5 digit ICD9 dx code  
for T1 or T2 diabetes.

Required on CLAIMS Use 5 digit code for T1, T2 DM  
250.02 = Type 2 uncontrolled diabetes  
vs 250 = diabetes mellitus  
Claim may be denied if 5th digit not used

Only certain professionals authorized to select  
ICD9 dx codes for narrative diagnoses:  
PHYSICIANS, QUALIFIED NPPs and  
LICENSED MEDICAL RECORD CODERS

# DIAGNOSES for MEDICARE DSMT

4<sup>th</sup> digit = clinical manifestation/complication of diabetes

250.0	Diabetes mellitus without mention of complication
250.1	with ketoacidosis
250.2	with hyperosmolarity
250.3	with other coma
250.4	with renal manifestations
250.5	with ophthalmic manifestations
250.6	with neurological manifestations
250.7	with peripheral circulatory disorders
250.8	with other specified manifestations
250.9	with unspecified complications

# DIAGNOSES for MEDICARE DSMT

**5<sup>th</sup>** digit identifies:

- T1 or T2 diabetes
- Controlled or uncontrolled diabetes

**To be coded as “uncontrolled”,  
treating provider must document  
“uncontrolled” in MR**

<b>250.X0</b>	Type 2 controlled
<b>250.X1</b>	Type 1 controlled
<b>250.X2</b>	Type 2 uncontrolled
<b>250.X3</b>	Type 1 uncontrolled

# PROCEDURE CODES REQUIRED by MEDICARE and COMMONLY ACCEPTED by PRIVATE PAYERS

**DSME/T**

**HCPCS\* Codes for Initial + Follow-Up Visits:**

Individual DSMT: G0108 (1 unit = 30 min)

Group DSMT: G0109 (1 unit = 30 min)

Private payers may require other codes  
or their own unique codes identified  
in payer-provider contract.

HCPCS = Healthcare Common Procedure Coding System

CPT = Current Procedural Terminology.

# MEDICARE REQUIRED MNT, DSMT CODES

Visit can be any # of units but must be $\geq 1$		1 Unit
<b>G0108</b>	<b>DSMT, individual, initial or f/up, 30 min.</b>	<b>30 min</b>
<b>G0109</b>	<b>DSMT, group, initial or f/up, 30 min.</b>	<b>30 min</b>
<b>97802</b>	MNT, initial, individual, 15 min.	15 min
<b>97803</b>	MNT, follow-up, individual, 15 min.	15 min
<b>97804</b>	MNT, initial or follow-up, group, 30 min.	30 min
<b>G0270</b>	MNT, initial, individual, >3 hours or follow-up, individual, >2 hours, 2 <sup>nd</sup> referral in same year	15 min
<b>G0271</b>	MNT, initial, group, >3 hours or follow-up, group, >2 hours, 2 <sup>nd</sup> referral in same year	30 min

**ALWAYS DOCUMENT START TIME and END TIME FOR EVERY VISIT!**

# **REVENUE CODE DESCRIPTIONS for BILLING MEDICARE DSMT**

- 052X Freestanding Clinic
- 0521 Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC)
- 0522 RHC/FQHC - Home
- 0524 RHC/FQHC (SNF Stay Covered in Part A)
- 0525 RHC/FQHC (SNF Stay Not Covered in Part A)
- 0527 RHC/FQHC Visiting Nurse Service - Home
- 0528 RHC/FQHC Visit To Other Site
- 090X Behavioral Health Treatments/Services
- 0942 Education and Training (Hospital OP Depts)

# MEDICARE DSMT -- MNT REIMBURSEMENT RATES, 2015

## Medicare MNT Rates

Accessed 1-22-15 on CMS.gov

100% of Medicare Physician Fee Schedule (MPFS).  
Medicare pays 100% of adjusted rate.  
20% pt co-payment waived, BUT paid by Medicare.

**Aver. Unadjusted Rates\*:** 97802, initial, 15 min:  
**Non-Facility:** \$35.04  
**Facility:** \$32.89

97803, follow-up, 15 min:  
**Non-Facility:** \$30.03  
**Facility:** \$27.53

97804, group, initial or f/up, 30 min:  
**Non-Facility:** \$16.09  
**Facility:** \$15.37

## Medicare DSMT Rates

Accessed 1-22-15 on CMS.gov

100% of condensed MPFS for par providers,  
but only 95% for non-par providers.  
Medicare pays 80% of adjusted rate, pt pays 20%

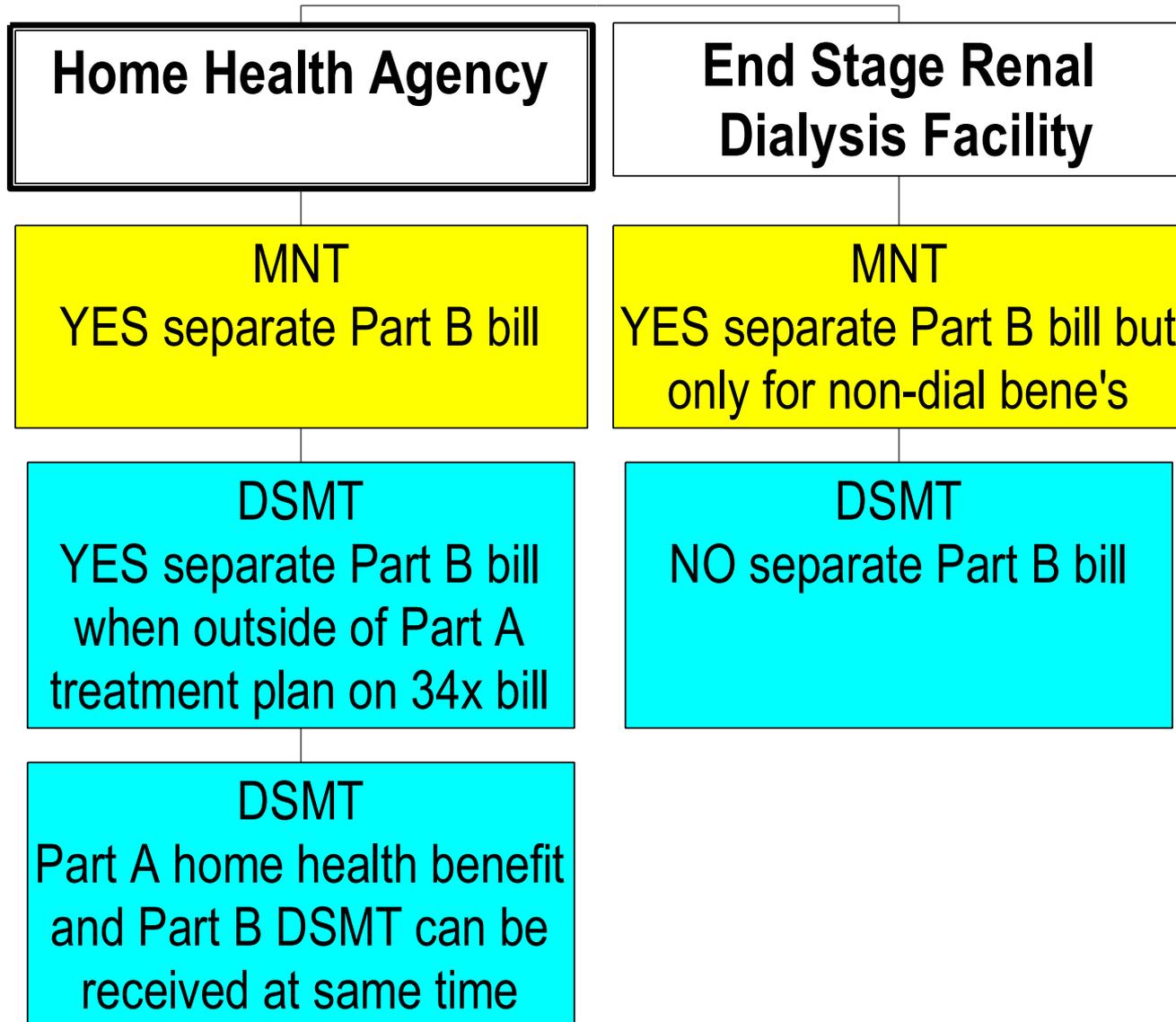
**Aver Unadjusted Rates\*, Facility, Non-Facility:**  
G0108, individual, 30 min: \$53.27  
G0109, group, 30 min: \$14.30  
*\*Rates also vary per geographic region.*

**My mother  
taught  
me  
about  
contortionism**



**Will you  
look at  
the dirt  
on the back  
of your neck!**

# HOME HEALTH AGENCY and ESRD FACILITY MEDICARE MNT--DSMT BILLING



# SKILLED NURSING FACILITY and NURSING HOME MEDICARE MNT--DSMT BILLING

**Skilled Nursing Facility**

**MNT**

NO separate Part B bill

**DSMT**

YES separate Part B bill.  
Part A SNF benefit and

Part B DSMT can be received at same time

Use 22x, 23x type of bill  
Revenue code 0942

**Nursing Home**

**MNT**

YES separate Part B bill

**DSMT**

NO separate Part B bill

# FEDERALLY QUALIFIED HEALTH CENTER and RURAL HEALTH CLINIC MEDICARE MNT--DSMT BILLING

## FQHC

**MNT:** Type of Bill (TOB) 73x/77x; revenue code 0521.  
1:1 only is separately billable with MNT codes but paid at all-inclusive FQHC rate. No co-insurance.  
RD may be able to bill incident to\*.

**DSMT:** Type of bill 73x/77x; revenue code 0521.  
1:1 only is separately billable with G0108 but paid at all-inclusive FQHC rate.  
Co-insurance applies.

**DSMT:** Not paid with additional physician visit on same day but paid with initial preventive physical exam. MNT + DSMT provided on same day are not paid.

## Rural Health Clinic

**MNT:** TOB 71x; revenue code 0521.  
NO separate billing with MNT codes.  
RD may be able to bill incident to\*. Report cost on cost report; paid at all-inclusive RHC rate.

**DSMT:** TOB 71x; revenue code 0521.  
Sole instructor to be RD-CDE. No separate billing with G codes. Report cost on cost report; paid at all-inclusive RHC rate.

\*Medicare Claims Processing Manual  
Chapter 9 - Rural Health Clinics/  
Federally Qualified Health Centers  
Rev. 3000, 07-25-14

# MEDICARE DSMT TELEHEALTH BASICS

**INDIVIDUAL and GROUP DSMT** can be delivered via telehealth<sup>1</sup>. DSMT program to have accreditation/recognition by AADE/American Diabetes Assoc.

**REIMBURSEMENT:** Same as for original DSMT benefits.

**DSMT:**  $\geq 1$  hour of 10 in **initial** year and  $\geq 1$  hour in **follow-up** years to be furnished **in-person** for training on injectable medications (individual or group).

**WHAT IT IS:** HIPAA-compliant, interactive audio and video telecommunication permitting **real time** communication and visualization.

1. [www.cms.gov/transmittals/downloads/R140BP.pdf](http://www.cms.gov/transmittals/downloads/R140BP.pdf) Accessed 3-26-12. As of 5-12-14, no change.

**Excluded:** Telephone calls, faxes, email w/o audio and visualization  
In real time, texts, and stored and delayed transmissions of images  
of beneficiary.

### **Individual Billing Provider Requirement:**

Licensed/certified in state (if available) where provider furnishes  
benefit **and** in state where beneficiary receives benefit.

If beneficiary in 1 state (originating site) and provider in another,  
(distant site), provider must be licensed or certified in **both** states.

Beneficiary must be **present and participate** in telehealth visit.

CPT code modifier **GT** to be added to DSMT code on claim:  
“interactive audio and video telecommunications system”

**Originating Sites:** Location of **beneficiary** at time of DSMT visit.

**Approved Distant Sites (where provider is during visit):**

Physician or qualified non-physician practitioner office\*, hospital, Critical Access Hospital (CAH), Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), hospital and CAH-based renal dialysis center, skilled nursing facility (SNF) and community mental health center.

**Excluded:** Home health, independent renal dialysis facilities, pharmacies.

Medicare pays same for telehealth services under Medicare Physician Fee Schedule (MPFS) as for original benefits, including DSMT.\*

**\*Exception:** For physicians/practitioners in CAH who have reassigned their billing rights to CAH that has elected Optional Payment Method II, CAH bills Part A for telehealth services with revenue codes 096x, 097x or 098x. Payment amount is 80% of MPFS.

## More About Originating Sites:

Geographic criteria for eligible telehealth **originating sites** include health professional shortage areas (HPSAs) located in rural census tracts of urban areas as determined by Office of Rural Health Policy or a county outside of metropolitan statistical area.

See: [www.cms.gov/Medicare/Medicare-General-Information/Telehealth](http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth)

**Originating site** that houses **beneficiary** during DSMT eligible to receive **facility fee**.

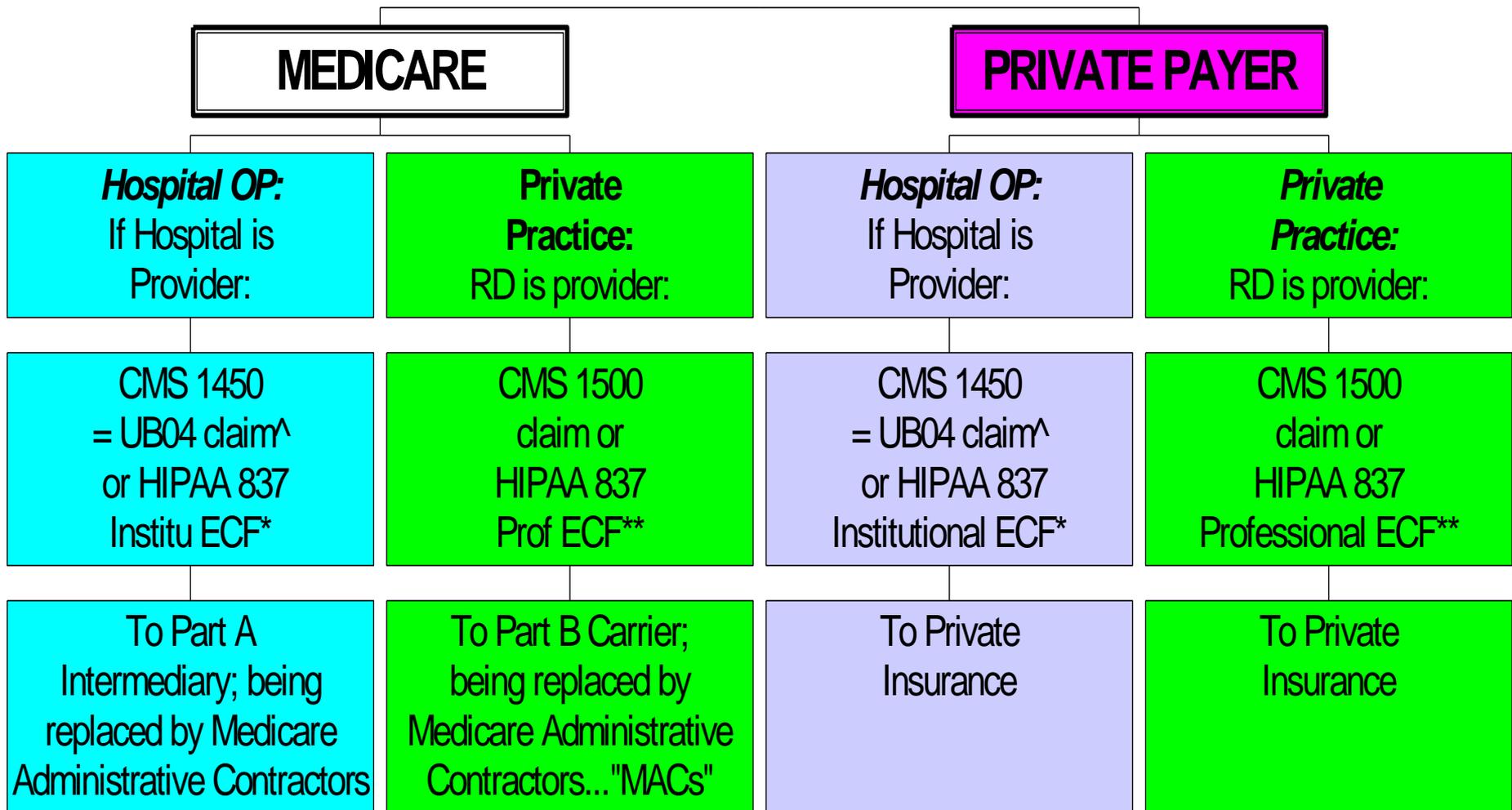
To claim **facility fee**, originating site must bill HCPCS code Q3014, “telehealth originating site facility fee” in addition to procedure code. Type of service is **“9”** on claim form (“other items and services”).

Deductible and coinsurance rules apply to **facility fee code Q3014**.

The 2015 Medicare facility fee as **4-1-15 = \$28.22**

- **Distant Sites:** Individual Medicare Part B practitioners at **distant sites** who may furnish and bill for covered telehealth services + DSMT, (subject to State law) are:
  - Physicians (MDs, DOs)
  - Physician assistants (PAs)
  - Nurse practitioners (NPs)
  - Clinical nurse specialists (CNSs)
  - Certified nurse midwives (CNMs)
  - Clinical psychologists
  - Clinical licensed social worker (CLSWs)
  - Registered dietitians (RDs) and nutrition professionals

# DSMT CLAIM FORMS for HOSPITAL and PRIVATE PRACTICE



\*ECF = electronic claim

# REJECTED vs. DENIED CLAIMS

## REJECTED CLAIM

Medicare returns as unprocessable.  
Medicare cannot make payment decision until receipt of corrected, re-submitted claim.

= INCOMPLETE Claim:  
Required info is missing or incomplete (ex: no NPI #).

INVALID Claim:  
Info is illogical or incorrect (ex: wrong NPI #, hysterectomy billed for male pt, etc.)

## DENIED CLAIM

Medicare made determination that coverage requirements not met; example: service is not medically necessary.

To pursue payment, provider can go through Medicare's appeals process.

# MEDICARE ELECTRONIC PAYMENTS

- Affordable Care Act mandates Medicare payments be made only via **electronic funds transfer (EFT)**
  - Part of CMS' revalidation efforts
  - Providers not rec'ing EFT payments will be:
    - Identified
    - Required to submit CMS 588 EFT Form with Provider Enrollment Revalidation Application

# MEDICARE ELECTRONIC PAYMENTS

- MACs and clearing houses provide electronic claims software at little/no charge at:

[www.cms.hhs.gov/ElectronicBillingEDITrans/08\\_HealthCareClaims.asp#TopOfPage](http://www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp#TopOfPage)

- Support for filing paper claims at:  
[www.cms.hhs.gov/ElectronicBillingEDITrans/16\\_1500.asp#TopOfPage](http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp#TopOfPage)

# ADVANCE BENEFICIARY NOTICE (ABN)

- **ABN** (paper form CMS-R-131) can be used for cases where Medicare payment expected to be **denied**
- Notifies beneficiary **prior to** service that:
  - Medicare will probably deny payment for service
  - Reason *why* Medicare may deny payment
  - Beneficiary will be responsible for payment if Medicare denies payment

# ADVANCE BENEFICIARY NOTICE (ABN)

- NOT required for benefits statutorily **excluded** by Medicare (e.g. DSMT for prediabetes) but can be used
- BUT, can also used:
  - When unsure service is medically necessary, or
  - Service may exceed frequency or duration limit
  - In place of *Notice of Exclusion from Medicare Benefits* to inform beneficiary that service is **not** covered by Medicare

# MODIFIERS for PROCEDURE CODES

- **GA:** Service expected to be denied as not reasonable or necessary. Waiver of liability (ABN) on file.
- **GZ:** Service expected to be denied as not reasonable or necessary. Waiver of liability NOT on file.
- If provider knows that MNT--DSMT claim will be denied, pt or provider can submit denied claim to supplemental insurance
  - Some private payers may require Medicare denial *first* before considering to pay
    - **GY** modifier added to code to obtain denial

# PRIVATE PAYER and MEDICAID COVERAGE of DSMT

- Coverage policies and, if paid, coverage rules, do vary:
  - From **state to state** among major plans (BCBS of IL. vs. BCBS of CA.)
  - Among plans in payer company (HMO vs. PPO)
  - Among state Medicaid plans
- Some cover pre-diabetes (glucose intolerance, IFG)

# RULES OF THUMB

Call each and every payer in local area (or check website) to inquire about payer's MNT-DSMT:

## 1. Coverage **policy**

- Does payer cover services?

## 2. Coverage **guidelines** re:

- Referring provider eligibility
- Who can bill
- Pt eligibility and entitlement
- Benefit structure, utilization limits, place of service
- Billing codes, claim types, etc.
- Reimbursement rates



# STATE INSURANCE MANDATES for PRIVATE PAYERS

- 46 states\* and DC have state insurance laws that require private payer coverage for:
  - DSMT, MNT, DM-related services and supplies<sup>1</sup>
  - **4 states with no laws: AL, ID, ND, OH**
- Laws supersede any coverage limitations in health plan
- Exclusions do exist (e.g., state/federal employer health plans often exempt from state mandates)

1. [www.ncsl.org/programs/health/diabetes.htm](http://www.ncsl.org/programs/health/diabetes.htm) (National Conference of State Legislatures) Accessed 4-2-15

**PROCEDURE CODES for DSMT**  
**NOT PAID by MEDICARE**  
**BUT MAY be REQUIRED by**  
**PRIVATE PAYERS and MEDICAID**



<b>S9140</b>	Diabetes management program, f/up visit to <b>non-MD provider</b>
<b>S9141</b>	Diabetes management program, f/up visit to <b>MD provider</b>
<b>S9145</b>	Insulin pump initiation, instruction in initial use of pump (pump not included)
<b>S9455</b>	Diabetic management program, <b>group</b> session
<b>S9460</b>	Diabetic management program, <b>nurse</b> visit
<b>S9465</b>	Diabetic management program, <b>dietitian</b> visit
<b>S9470</b>	Nutritional counseling, <b>dietitian</b> visit

<b>98960</b>	Individual, initial or f/up face-to-face education, training & self-management, by qualified non-physician HCP using standardized curriculum (may include family/caregiver), each 30 min.
<b>98961</b>	Group of 2 - 4 pts, initial or f/up, each 30 min.
<b>98962</b>	Group of 5 - 8 pts, initial or f/up, each 30 min.

**Neither AADE accreditation nor American Diabetes Association recognition of DSMT program required**



## **98960, 98961, 98962:**

- For pts with established illnesses/diseases or to delay co-morbidities
- Physician, NP, PA, CNS must Rx
- Non-physician's qualifications and program's contents must be consistent with guidelines or standards established or recognized by physician society, non-physician HCP society/association, or other appropriate source



**WE GOT RID OF THE KIDS.....  
THE CAT WAS ALLERGIC**

# WAYS TO DETERMINE PRIVATE PAYER COVERAGE GUIDELINES FOR DSMT

- Review prescribing ***provider's in-network provider contract***
- Contact insurer's ***Provider Relations Dept.*** by phone, citing provider's contract number, and ask about coverage
- Contact insurer's ***Subscriber/Patient Coverage Dept.*** by phone, citing subscriber's number, and ask about coverage
- Access insurer's ***website*** (look for secure subscriber portals)
- Access subscriber coverage via ***electronic claims submission software*** provided by each insurer
- Use patient's "***swipe/scan healthcare ID card***" in special reader provided by insurer



**I'm  
sleepy  
after  
all that  
info!**

**IGNORE MEDICARE AND YOU MAY FIND YOURSELF UP A CREEK WITHOUT A PADDLE**



**INCREASE REIMBURSEMENT NOW!**

**ALL IT TAKES IS A LITTLE **DESIRE**  
AND **STRENGTH** ON YOUR PART!**



**YOUR PATIENTS, PROVIDERS & STAFF  
WILL **LOVE** YOU FOR IT!**



**DO YOUR HOMEWORK, BE PREPARED  
AND TAKE THE **PLUNGE!****



**OTHERWISE, YOU'RE GOING TO WAKE UP  
ONE MORNING, AND REALIZE YOU'VE  
MADE A SIGNIFICANT **BOO-BOO!****



# EFFECT OF INFORMATION OVERLOAD





**QUESTIONS?**

- **Turn Key Materials for AADE DSME Program Accreditation**
  - *DSME Program Policy & Procedure Manual Consistent with NSDSME (69 pages)*
  - *Medicare, Medicaid and Private Payer Reimbursement*
  - *Electronic and Copy-Ready/Modifiable Forms & Handouts*
  - *Fun 3D Teaching Aids for AADE7 Self-Care Topics*
  - *Complete Business Plan*
- **3-D DSME/T and Diabetes MNT Teaching Aids ‘How-To-Make’ Kit**
  - *Kit of 24 monographs describing how to make Mary Ann’s separate 3-D teaching aids plus fun teaching points, evidence-based guidelines and references*
- **Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©”, 5th. Edition, 2015**
- **Establishing a Successful MNT Clinic in Any Practice Setting ©”**
- **EZ Forms for the Busy RD” ©: 107 total, on CD-r; Modifiable; MS Word**
  - *Package A: Diabetes and Hyperlipidemia MNT Intervention Forms, 18 Forms*
  - *Package B: Diabetes and Hyperlipidemia MNT Chart Audit Worksheets: 5 Forms*
  - *Package C: MNT Surveys, Referrals, Flyer, Screening, Intake, Analysis and Other Business/Office and Record Keeping Forms: 84 Forms*

This information is intended for educational and reference purposes only. It does not constitute legal, financial, medical or other professional advice. The information does not necessarily reflect opinions, policies and/or official positions of the Center for Medicare and Medicaid Services, private healthcare insurance companies, or other professional associations. Information contained herein is subject to change by these and other organizations at any moment, and is subject to interpretation by its legal representatives, end users and recipients. Readers/users should seek professional counsel for legal, ethical and business concerns. The information is not a replacement for the Academy of Nutrition and Dietetics' Nutrition Practice Guidelines, the American Diabetes Association's Standards of Medical Care in Diabetes, guidelines published by the American Association of Diabetes Educators nor any other related guidelines. As always, the reader's/user's clinical judgment and expertise must be applied to any and all information in this document.