Diabetes Care and Education Practice Group presents:

# *"Money Matters in MNT & DSMT: Reimbursement Basics for RDs"*

## DCE Webinar

## Special Thank You to

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# DCE Webinar

# Participation

- Attendee control panel – upper right
- Polling questions – vote using keyboard
- Question and Answer session
  - Submit at any time using Questions Pane
  - Speaker will answer at end of program

# Speaker

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## Presenter Disclosure

Mary Ann Hodorowicz, RD, CDE, MBA, CEC (Certified Endocrinology Coder) is the owner of Mary Ann Hodorowicz Consulting, LLC, in Palos Heights, Illinois.

Her practice specializes in nutrition, health promotion, diabetes care and education and insurance reimbursement for the healthcare and food industry. She is on faculty for the:

1. Johnson and Johnson Diabetes Institute
2. Diabetes Accreditation—Standards Practical Application Program (DASPA) sponsored by the National Community Pharmacy Association and AADE
3. Pesi Healthcare

## Understanding Reimbursement for Diabetes Self-Management Education and Medical Nutrition Therapy

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**Information on products below at: www.maryannhodorowicz.com**

*"Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©", 5th. Edition, 2010*

*"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, Plus 3 Free DSMT Assessment Form and MNT Superbills: 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*

## LEARNING OBJECTIVES

1. Describe the beneficiary entitlement and eligibility criteria for Medicare MNT and DSME
2. Cite utilization limits in initial year and follow-up years for Medicare MNT and DSME
3. State how to use the 3 coding systems (ICD-9, CPT and revenue) effectively to improve MNT and DSME reimbursement
4. Explain Medicare's coverage requirements for group MNT and DSME, and for telehealth MNT

## RD's OPTIONS TO PROVIDE MEDICARE MNT

**B:** **B**ecome Medicare provider and **B**ill Medicare Part B for covered MNT
- First obtain Medicare NPI#; replaces PIN

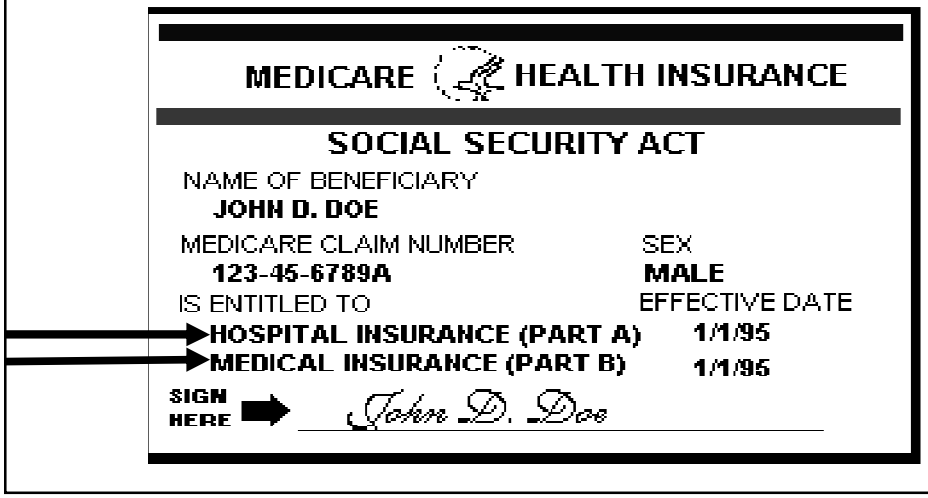
**R:** **R**efer beneficiary to RD who IS Medicare provider

**O:** **O**pt out of Medicare (complete Medicare forms); enter into private contract with each beneficiary, using contract language specified by Medicare

**X:** e**X**clude Medicare involvement for MNT **not** covered by Medicare Part B

## BENEFICIARY ENTITLEMENT TO DSMT, MNT

- Must have Medicare Part B insurance
- Provider to make copy of beneficiary's Medicare card



## DSME/T and MNT are *Complementary But Distinct Services* to Improve Pt Outcomes and Diabetes Care

### DSME/T

- General, **basic** training in 7 key behaviors of DSM in primarily **group** format.
- ↑ pt's **knowledge of why** and **skill in how** to change self-care behaviors.
- **Shorter-term** follow-up with **limited** monitoring of outcomes and labs.

### MNT

- Detailed and focused nutrition therapy in **individualized** format.
- **Personalized** meal plan, SMBG and exercise plans given.
- **Long-term** follow-up thru pt's life with **extensive** monitoring of labs and outcomes, behavior △ and meal plan adjustments.

## COORDINATION OF MEDICARE DSME and MNT BENEFITS

**Medicare covers MNT and DSME but NOT on same day**

**MNT: First Year**
Individual or group. Is personalized assessment, nutrition dx, intervention, and monitoring and evaluation.

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

for period of 36 months after kidney transplant

**DSME: First Year**
***Group*** classes* in 10 content areas on basic diabetes self-care outlined in *National Standards of DSME*

Nutrition is 1 of 10 topics presented as overview of basic meal planning guidelines for BG control

* 1 of 10 hrs covered can be for ***individual*** DSME

## BILLING PROVIDER ELIGIBILITY REQUIREMENTS

| MNT | DSME |
|---|---|
| RD or Nutrition Professional (NP) who is Medicare provider and has met below criteria: | Select individual + entity Medicare providers can bill. Must provide and bill for other Medicare services and be directly reimbursed. Cannot join Medicare just to provide and bill for DSMT. |
| BS in nurition/dietetics from accredited school. Minimum 900 hrs of practical experience. | **Individual Medicare providers** who can bill on behalf of entire program: physician, PA, RD, NP CNS, clinical psychologist, LCSW. Can also teach but program must have RD or RN or RPh. |
| Licensed or certified in state where furnshing MNT, if state has law regarding. **CDE status not required.** | **Entity Medicare providers:** DME, pharmacy, hospital OP dept, clinic, skilled nursing facility, MD/RD practice, Federally Qualified Health Center, Home Health Agency |
| **Separate billing allowed:** hosp.OP, nursing home, ESRD facility, FQHC, clinic, MD/RD practice, home health. **NOT allowed:** inpt hospital, rural health clinic, skilled nursing facility | **Separate DSME billing NOT allowed:** hospital inpt, hospice care, nursing home, rural health center, ESRD facility |

- So, can an *individual* Medicare provider really ***bill*** Medicare on behalf of entire DSME program?
- **YES!**
- **Per CMS DSMT program memorandum B0140 (6/15/01): *"all certified providers that provide other individual items or services [i.e. MNT] on a fee-for-service basis and meet quality standards can receive reimbursement for diabetes training."***

## MEDICARE DSMT "RURAL" AREA CHANGE

- Solo instructor must be **RD-CDE**
- CMS defines rural: **www.cms.gov**
- Can bill Medicare on behalf of entire program
- Per Policy: 42 CFR 410.144(a)(4)(C)(ii): Individual who is qualified as registered dietitian and as a certified diabetic educator that is currently certified by an organization approved by CMS may furnish training and is deemed to meet the multidisciplinary team requirement.*

*** CMS Manual System, Pub. 100-02 Medicare Benefit Policy, Transmittal: 109, Aug. 7, '09 Change Request: 6510**

## SPECIFIC BILLING CONDITION FOR DSMT FURNISHED IN FQHCs

- For FQHC to qualify for separate visit payment for DSMT services, services must be one-on-one, face-to-face encounter.
- Cost of group sessions included in calculation of all-inclusive FQHC visit rate.
- DSMT must be billed on TOB 73X with HCPCS code G0108 and appropriate site of service revenue code in 052X revenue code series.
- Payment can be in addition to payment for any other qualifying visit on same date of service that beneficiary received qualifying DSMT services as long as the claim DSMT services contains appropriate coding specified above.
- http://www.cms.hhs.gov/manuals/downloads/clm104c09.pdf

## MEDICARE MNT AND DSMT QUALITY STANDARDS

**MNT**
Must use nationally recognized protocols such as current evidence-based Nutrition Practice Guidelines for disease state

published by American Dietetic Association and published in American Dietetic Association's online Nutrition Care Manual

**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 ***National Standards of DSME.*** Standard 5: RD, RN or pharmacist can be solo instructor, but multi-disciplinary team recommended.

If DSMT Program in rural area: RD-CDE can be solo instructor of entire DSMT program. CMS defines rural area. Go to www.cms.gov

Pts in DSMT class must sign attendance sheet.

## MEDICARE RENAL MNT QUALITY STANDARDS REQUIREMENTS

(1) RD credential from CDR (2) 1 yr or more yrs experience in clinical nutrition
(3) member of interdisciplinary team (RN, SW, RD, MD)
(4) Perform pt assessments, counseling + ongoing monitoring

(5) Include nutritional eval status of pt in assessment
(6) Review monthly lab blood tests w/ pt related to nutritional status + intake of pt

(7) Participate in pt care planning and Quality Assessment & Performance Improvement program.

DTR may assist RD, but RD responsible for all requirements.

## MEDICARE MNT and DSME PATIENT LABORATORY ELIGIBILITY

| DIABETES MNT<br>Not received MNT in last 3 yrs | NON-DIALYSIS RENAL MNT<br>Not received MNT in last 3 yrs | DSME<br>Not rec'd DSME ever before; once in lifetime benefit. Eligible even if DM dx'd prior to Part B eligibility. |
|---|---|---|
| Documentation in chart of 1 of 3 diagnostic tests meeting Medicare definition of DM within previous 12 months of MNT Rx | Documentation in chart of renal disease AND diagnostic criteria defined by Medicare: GFR* of 13 - 50 ml/min/1.73m2 | Documentation in chart of 1 of 3: FBG >/= 126 mg/dl on 2 different tests OR |
| "Diabetes is diabetes mellitus, a condition of abnormal glucose metabolism using 1 of 3 criteria: | Documentation can be: -- Copy of lab report --Copy of MD's progress note ----On MNT Rx | 2 hr post-glucose challenge test of >/= 200 mg/dl on 2 different tests OR |
| FBG or 2 hr post-glucose test or random glucose test . Cannot use home-based meter. **SEE DETAILS UNDER DSME** | * GFR = Glomerular Filtration Rate of kidneys | Random glucose test of >/= 200 mg/dl with symptoms of uncontrolled diabetes |
| | | Beneficiary on renal dialysis only eligible for **non-nutrition** content areas of DSME. |

## NEW A1C CRITERIA for DIAGNOSING DIABETES

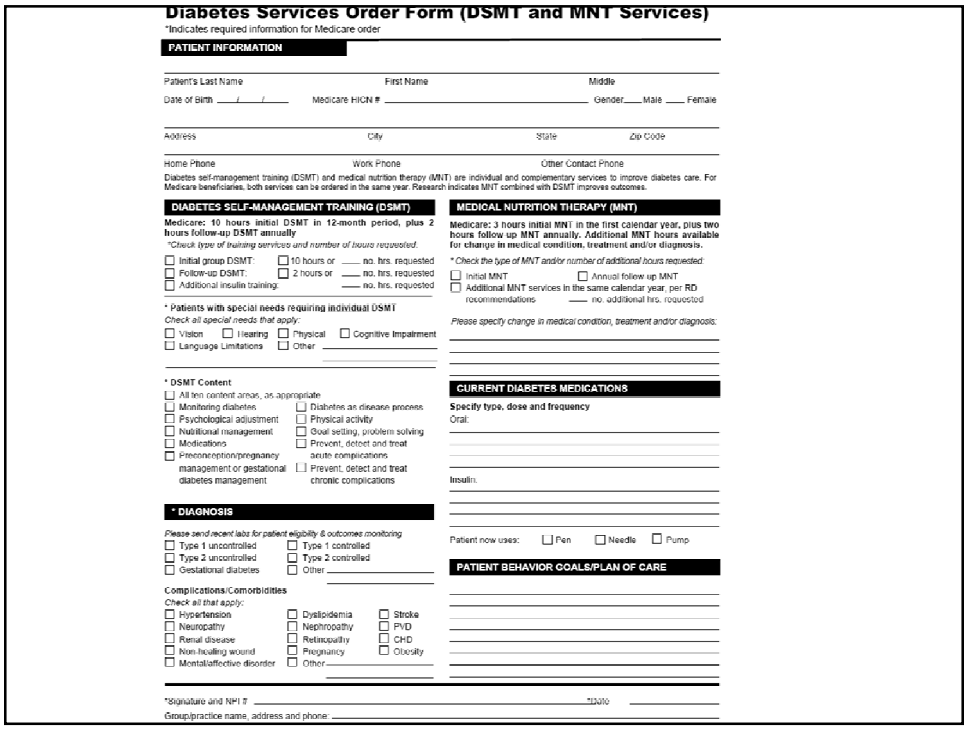
- Diabetes: A1C $\geq$ 6.5%*
- Pre-diabetes: A1C 5.7% to 6.4%*

**BUT, as of Sept., 2011, Medicare has NOT added this new diagnostic A1C lab to its existing DSME/T approved lab criteria to verify beneficiary eligibility.**

* Standards of Medical Care in Diabetes—2010, *Diabetes Care, Jan. 2010*

## MEDICARE MNT and DSME REFERRAL REQUIREMENTS

| MNT | DSME |
|---|---|
| Written Rx by treating physician, or physician specialist treating pt. ***Rx must include:*** | Written Rx by treating physician or qualified NPP*. ***Rx must include:*** |
| Pt's name.<br>"MNT" order.<br>Diagnosis or ICD-9 code.<br>Physician's own UPIN (changing to NPI). | Statement that service is needed, pt's name, DSME order, topics to be taught, dx or ICD-9 code, # of initial or follow-up hrs to be provided (<10 may be Rx'd), |
| Physician's signature and Rx date.<br>Faxed Rx permitted; original to be in pt's chart in physician's office. | whether DSME to be individual or group, learning barriers if individual chosen, practitioner's signature + Rx date. Faxed Rx permitted. Original to be in pt's chart maintained by physician/NPP. |
| | Physician/NPP must maintain plan of care for diabetes in pt's chart and, if applicable, documentation proving need for individual training. |



**Diabetes Services Order Form (DSMT and MNT Services)**

*Indicates required information for Medicare order

**PATIENT INFORMATION**

Patient's Last Name | First Name | Middle

Date of Birth ___/___/___ Medicare HICN # _____ Gender ___ Male ___ Female

Address | City | State | Zip Code

Home Phone | Work Phone | Other Contact Phone

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

**DIABETES SELF-MANAGEMENT TRAINING (DSMT)**

**Medicare: 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually**

**Check type of training services and number of hours requested.*

- ☐ Initial group DSMT: ☐ 10 hours or ___ no. hrs. requested
- ☐ Follow-up DSMT: ☐ 2 hours or ___ no. hrs. requested
- ☐ Additional insulin training: ___ no. hrs. requested

* **Patients with special needs requiring individual DSMT**

*Check all special needs that apply:*

☐ Vision ☐ Hearing ☐ Physical ☐ Cognitive Impairment
☐ Language Limitations ☐ Other _____

* **DSMT Content**

☐ All ten content areas, as appropriate
☐ Monitoring diabetes
☐ Psychological adjustment
☐ Nutritional management
☐ Medications
☐ Preconception/pregnancy management or gestational diabetes management
☐ Diabetes as disease process
☐ Physical activity
☐ Goal setting, problem solving
☐ Prevent, detect and treat acute complications
☐ Prevent, detect and treat chronic complications

*** DIAGNOSIS**

*Please send recent labs for patient eligibility & outcomes monitoring*

☐ Type 1 uncontrolled ☐ Type 1 controlled
☐ Type 2 uncontrolled ☐ Type 2 controlled
☐ Gestational diabetes ☐ Other _____

**Complications/Comorbidities**

*Check all that apply:*

☐ Hypertension ☐ Dyslipidemia ☐ Stroke
☐ Neuropathy ☐ Nephropathy ☐ PVD
☐ Renal disease ☐ Retinopathy ☐ CHD
☐ Non-healing wound ☐ Pregnancy ☐ Obesity
☐ Mental/affective disorder ☐ Other _____

**MEDICAL NUTRITION THERAPY (MNT)**

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

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

☐ Initial MNT ☐ Annual follow up MNT
☐ Additional MNT services in the same calendar year, per RD recommendations ___ no. additional hrs. requested

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

**CURRENT DIABETES MEDICATIONS**

**Specify type, dose and frequency**

Oral:

Insulin:

Patient now uses: ☐ Pen ☐ Needle ☐ Pump

**PATIENT BEHAVIOR GOALS/PLAN OF CARE**

*Signature and NPI # _____ Date _____

Group/practice name, address and phone: _____

## MNT REFERRAL REQUIREMENTS PER DIETITIAN LICENSURE/CREDENTIALING LAWS

**Dietitian licensure/certification laws in states below require that written physician referrals be obtained by dietitian for nutrition services.**

| | | | | |
|---|---|---|---|---|
| **Alabama** | **Indiana** | **Connecticut** | **Tennessee** | **California** |
| **Illinois** | **Florida** | **Massachusetts** | **Maine** | **South Carolina** |

**Has direct application to PRIVATE insurance payers**

## MEDICARE MNT and DSME UTILIZATION LIMITS in *FIRST* Year and STRUCTURE OF

**MNT and DSME may NOT be provided on same day**

| MNT | DSME |
|---|---|
| **MNT:** 3 hrs in calendar yr.<br>Cannot be extended into next yr.<br>Can be individual, group or combination.<br>1 group visit to be at least 30 min. (= 1 billing unit) | **DSME:** 10 hrs in 12 consecutive months<br>Cannot be extended into next yr.<br>9 hrs group + 1 hr may be individual<br>1 visit to be at least 30 min. (= 1 billing unit) |
| 1 **individual** visit to be > 8 to < 23 min.<br>(= 1, 15 min. billing unit) | 1 hr may be for individual assessment, insulin instruction or training on ANY topic.<br>10 hrs may be used for only 1 topic (new!) |
| **Additional Hrs > 3 Reimbursable IF:**<br>RD obtains new Rx for # extra hrs AND has documentation of medical necessity (reasons) for hrs in chart. | **Additional Hrs Not Cited by CMS as Payable.**<br>9 hrs can be individual IF referring provider documents in medical record and on Rx pt's learning barriers that hinder group learning |
| Reasons cited by CMS:<br>Medical condition, diagnosis or treatment regimen requiring additional MNT. | (vision, language, hearing or special condition) OR no program starting within 2 months of Rx date, OR physician orders ***additional*** insulin training. |

## EXAMPLES of CHANGES JUSTIFYING ADDITONAL MNT HOURS

### DIABETES MNT

- Oral meds to insulin
- Lack of understanding of diabetic diet
- Pt with gestational diab requires frequent diet changes
- Diabetic complication requiring tighter diet control

### RENAL MNT

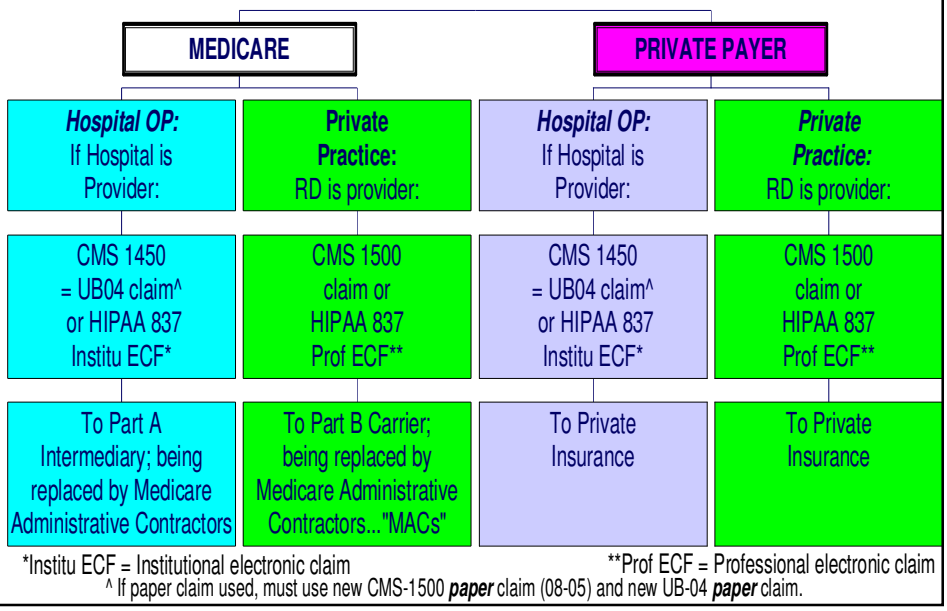
- Significant decrease in renal insufficiency
- Lack of understanding of renal diet
- Onset of malnutrition
- Completes DSME and develops renal condition

## MEDICARE MNT and DSME UTILIZATION LIMITS in *FOLLOW-UP* Years and STRUCTURE OF

**Follow-Up MNT and DSME after first year may NOT be provided on same day**

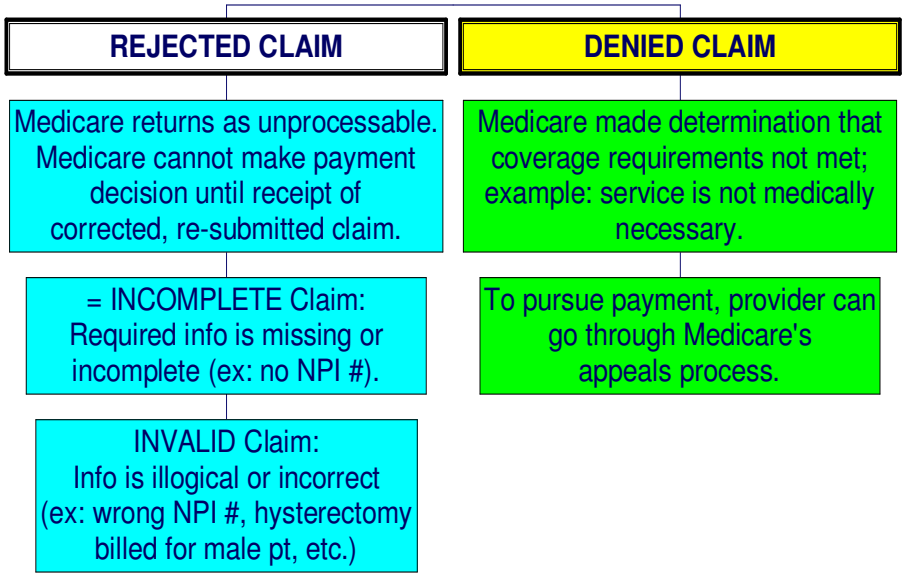
| Follow-Up MNT After First Year | Follow-Up DSME After First Year |
|---|---|
| 2 hrs in each calendar yr after first.<br>Hrs cannot be rolled over to next yr.<br>Hrs can be individual, group or combination.<br>1 **group** visit to be at least 30 min. (= 1 billing unit) | 2 hrs in each calendar yr after yr of initial DSME.<br>Hrs cannot be rolled over to next yr.<br>Hrs can be individual, group or combination.<br>1 **individual** or **group** visit to be |
| 1 **individual** visit to be > 8 to < 23 min.<br>(= 1, 15 min. billing unit)<br>New Rx by treating physician required, and must document in chart reason for follow-up. | at least 30 min. (= 1 billing unit)<br><br>New Rx by physician or NPP required, and must document in chart that pt has diabetes. |
| | Learning barriers need not be documented for individual follow-up DSME.<br>Can obtain even if INITIAL DSME not completed. |

## DSME and MNT CLAIM FORMS REQUIRED BY MEDICARE




*Institu ECF = Institutional electronic claim
**Prof ECF = Professional electronic claim
^ If paper claim used, must use new CMS-1500 ***paper*** claim (08-05) and new UB-04 ***paper*** claim.

## REJECTED vs. DENIED CLAIMS



## EXAMPLES of MEDICARE'S TIMEFRAME CHANGES for FOLLOW-UP DSMT

***Pt Completes Initial 10 Hrs That Spans 2 Yrs:*** *2011 and 2012*

- First visit in April 2011
- Completes initial 10 hrs in April 2012
- Eligible for follow-up in MAY 2012
- Completes follow-up in December 2012
- Eligible for next year follow-up in JANUARY 2013

***Pt Completes Initial 10 Hrs in Same Calendar Yr***

- First visit in April 2011
- Completes initial 10 hrs in December 2011
- Eligible for follow-up in January 2012
- Completes follow-up in July 2012
- Eligible for next year follow-up in January 2013

## MEDICARE MNT and DSMT ICD-9 DX CODES

**Diagnosis is Required Documentation:**
1) On order by treating physician
2) In pt's chart maintained by educator
3) In pt's chart maintained by physician

On **REFERRAL** and in **CHART**, dx can be narrative description OR ICD-9 dx code.

**MEDICARE MNT and DSME:** Referring practitioner must make dx of diabetes or renal disease.

On **CLAIMS**, use 5 digit cde when possible:
250.02 = Type 2 uncontrolled diabetes
vs. 250 = diabetes mellitus.
**Claim may be denied if 5th digit not used.**

**MNT: New CKD Codes Must Be Used:**
585.1 = Stage I CKD, GFR 90
585.2 = Stage II (mild), GFR 60-89
585.3 = Stage III (moderate), GFR 30-59

Professionals authorized to select ICD-9 codes for narrative diagnosis:
**PHYSICIANS** and
**LICENSED MEDICAL RECORD CODERS**

585.4 = Stage IV (severe), GFR 15-29
585.5 = Stage V (dialysis), GFR 15
585.6 = End Stage Renal Disease
585.9 = CKD, Unspecified

## MEDICARE MNT and DSMT ICD-9 DX CODES, Cont.

**Diabetes mellitus = 250 EXCLUDES: gestational diabetes (648.8)**

**Fourth digit classification for use with category 250 Diabetes mellitus:**

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

## MEDICARE MNT and DSMR ICD-9 DX CODES, Cont.

**Fifth-digit sub-classification identifies:**

- **Type 1 or Type 2 diabetes**
- **Controlled or uncontrolled**

| | |
|---|---|
| **250.X0** | **Type 2 controlled** |
| **250.X1** | **Type 1 controlled** |
| **250.X2** | **Type 2 uncontrolled** |
| **250.X3** | **Type 1 uncontrolled** |
| | |

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

| MNT | DSME |
|---|---|
| **CPT* Codes for Initial Visit:**<br>Individual, New Pt: 97802 (1 unit = 15 min)<br>Used only 1 time for initial visit.<br>Group, New Pt: 97804 (1 unit = 30 min) | **HCPCS* Codes for Initial + Follow-Up Visits:**<br>Individual: G0108 (1 unit = 30 min)<br>Group: G0109 (1 unit = 30 min) |
| **CPT Codes for Follow-Up Visits:**<br>Individual, Established Pt: 97803 (1 unit = 15 min)<br>Group, Established Pt: 97804 (1 unit = 30 min) | Private payers may require other codes or their own unique codes identified in payer-provider contract. |
| **HCPCS Codes for Hours Beyond Benefit Limit:**<br>2nd Rx, Same Yr, Individ: G0270 (1 unit = 15 min)<br>2nd Rx, Same Yr, Group: G0271 (1 unit = 30 min)<br>Initial or Established Pt | |

CPT = Current Procedural Terminology.

HCPCS = Healthcare Common Procedure Coding System

## MNT and DSMT CODE DESCRIPTIONS

| Visit can be any # of units but must be ≥ 1 | | 1 Unit |
|---|---|---|
| 97802 | MNT, initial episode of care (EOC), individual | 15 min. |
| 97803 | MNT, follow-up EOC, individual | 15 min. |
| 97804 | MNT, initial or follow-up EOC, group | 30 min. |
| G270 | MNT, initial, individual, beyond 3 hrs or<br>MNT, follow-up, individual, beyond 2 hrs per 2nd referral in same yr | 15 min. |
| G271 | MNT, initial, group, beyond 3 hrs or<br>MNT, follow-up, group, beyond 2 hrs per 2nd referral in same yr | 30 min. |
| G0108 | Diabetes self-management training, individual, initial or follow-up, each 30 min. | 30 min. |
| G0109 | Diabetes self-management training, group initial or follow-up, each 30 minutes | 30 min |

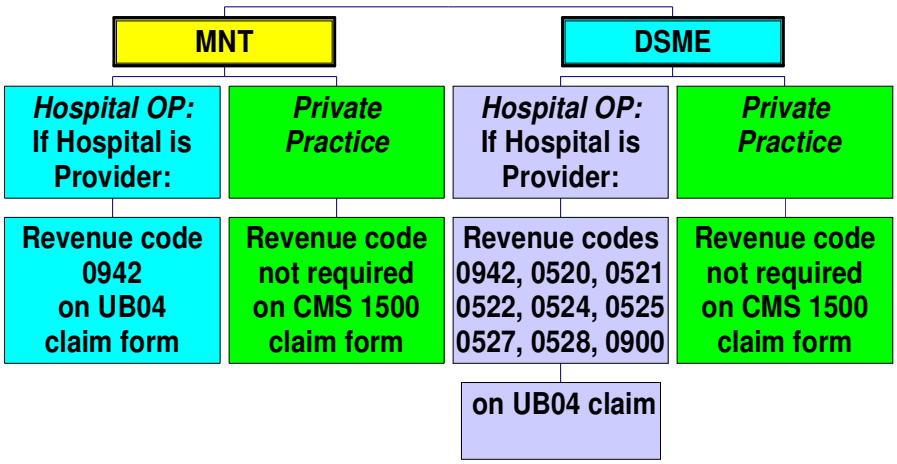
## CMS' GUIDE for 15 MINUTE TIME-BASED CODES

| UNITS | MINUTES | to MINUTES |
|---|---|---|
| 1 | ≥ 8 | ≤ 23 |
| 2 | ≥ 23 | ≤ 38 |
| 3 | ≥ 38 | ≤ 53 |
| 4 | ≥ 53 | ≤ 68 |
| 5 | ≥ 68 | ≤ 83 |
| 6 | ≥ 83 | ≤ 98 |
| 7 | ≥ 98 | ≤ 113 |
| 8 | ≥ 113 | ≤ 128 |

## PROCEDURE CODE MODIFIERS

- **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 (ABN) NOT on file
- If provider knows that MNT/DSMT claim will be denied by Medicare, pt or provider may can submit denied claim to supplemental insurance
  - Some private payers may require Medicare denial ***first*** before considering to pay
    - **GY** modifier added to CPT code to obtain denial

## REVENUE CODES REQUIRED by MEDICARE




## REVENUE CODE DESCRIPTIONS

- 052X Freestanding Clinic
- 0520 General Classification
- 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
- 0900 General Classification
- 0942 Education and Training

## MEDICARE MNT and DSMT FEE SETTING, BILLING REQUIREMENTS and PAYMENT REGULATIONS

| MNT: ASSIGNED Benefit | DSME: NON-Assigned Benefit |
|---|---|
| **RD/NP** must accept Medicare's assigned rate as payment in full. Cannot bill pt nor supplemental ins. for difference between fee + reimbursement. | **Non-par providers** may/may not accept assignment. If NOT, can bill pt and/or SI for difference between fee and reimb'ment. Fee subject to limiting charge (=15% over MC rate). Rate is 95% of fee schedule. |
| To charge usual and customary fee. Charge same fee for all pts. RD NPI # used on claims. | Bill pt directly for entire fee but must submit claim to MC so MC can reimburse pt extra 15% + 20% co-payment |
| Pt's supplemental insurance (SI) may pay pt's deductible + copayment. Carrier or fiscal intermediary automatically sends '*pt pay amount*' to SI if *Coordination of Benefits Agreement* exists. | Pt's SI may pay pt's deductible, copayment + 15% extra fee*. Carrier/FI automatically sends '*pt pay amount*' to SI if *Coordination of Benefits Agreement* exists. |
| Cannot bill Medicare for non-covered MNT or bill as *incident to physician services;* can bill pt and SI. | Can bill only for sessions attended by actual pt. (not relative) and pt must sign attendance sheets. Separate bill for each service date sent to Medicare. |

Par providers MUST accept assigment.
Non-par providers may opt to accept assignment.

## DSMT BILLING: Participating (Par) vs. Non-Participating (Non-Par) Medicare Providers

***DSMT not 'mandatory assigned' Medicare benefit (but MNT benefit is).***
***Participating*** provider's reim. rate = 100% of condensed version of MPFS.
Agrees to 'accept assignment' (Medicare assigned rate as payment in full).
Medicare pays 80% of adjusted* rate; beneficiary pays 20%.

***Non-participating*** provider's reim. rate = 95% of MPFS **(lower).**
***Non-par*** provider ***may*** or ***may not*** accept assignment. If ***does not***, ***non-par*** provider's charge subject to Medicare's ***"LIMITING CHARGE"*** (= 115% of non-par reim rate which is 95% of condensed MPFS).

Can bill pt/supp. ins. for difference between charge & Medicare rate.
Pt pays extra 15%. Provider paid by Medicare or pt.
*Rates increase/decrease per provider's geographical location.
***Adjusted*** rates at: www.cms.hhs.gov/pfslookup/02_PFSsearch.asp

## MEDICARE MNT + DSMT REIMBURSEMENT RATES

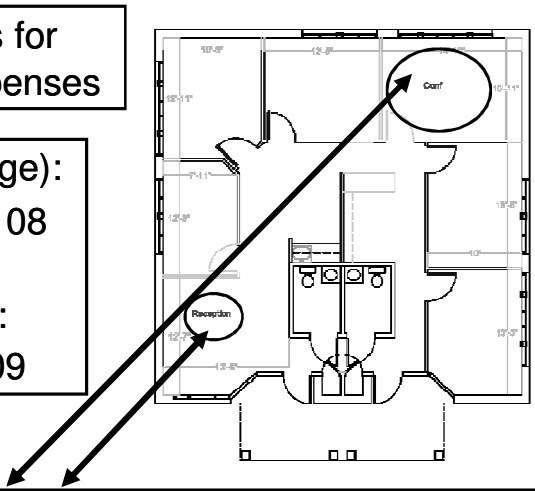
| Initial and F/Up MNT: 2011 | Individual + Group DSMT: 2011 |
|---|---|
| 85% of Medicare Physician Fee Schedule (MPFS). Medicare pays 80% of adjusted rate, pt pays 20% | 100% of condensed MPFS for par providers, but only 95% for non-par providers. Medicare pays 80% of adjusted rate, pt pays 20% |
| ***Adjusted* Rates:*** 97802, initial, 15 min:<br>***Non-Facility:*** $29.17 -- 41.77<br>***Facility:*** $27.45 -- 39.54<br>97803, f/up, 15 min, range of rates: | |
| ***Non-Facility:*** $25.30 -- 36.21<br>***Facility:*** $23.58 – 33.98<br>97804, group, initial or f/up, 30 min rates:<br>***Non-Facility and Facility:*** $13.35 - $18.53 | ***Adjusted* Rates:***<br>G0108, individual, 30 min: $49.95 – $71.46<br>G0109, group, 30 min: $16.96 – $23.72<br>**Rates vary per geographic region.* |

## GROUP DSMT BREAKEVEN POINT (ESTIMATED)

Typically need ≥3 pts for revenue to equal expenses

Individual visit (average):
~ $120/hr per pt: G0108

Group visit (average):
~ $40/hr per pt: G0109




**Do you have room in practice setting to hold ≥3 pts + family/friends + instructor(s) + resources, etc.?**

**GROUP MNT:**

5 pts, 1 hr group @ $28/hr MC payment/pt/hr = $140

Less 2 hrs RD time
(15 min. pre-visit, 1 hr visit, 30 min. post visit)
at $50 per hr (salary + benefits) = <$100 >

**PROFIT = $40 for 5 pts in 1.5 hrs**

**OR $26.66 for 1 hr**

**INDIVIDUAL MNT:**

5 pts, 1 hr visit/pt @ $130 MC payment/pt/hr = $650
Less 1.5 hrs RD time/pt @ $50/hr x 5 pts = 7.5 hrs = <$375>

**PROFIT = $275 for 5 pts in 7.5 hrs**

**OR $36.60 for 1 hr**

## GROUP or INDIVIDUAL MNT? MORE ISSUES

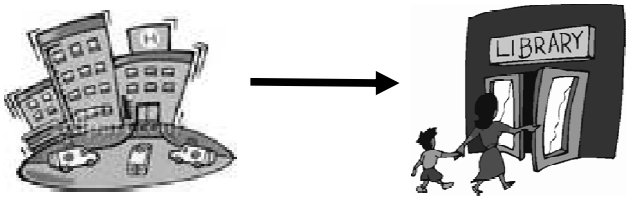
- Most pts prefer **GROUP classes:**
  - More bonding, sharing
  - Learning from each other
  - Don't feel like in a fish bowl
  - Used to GROUP, as already been to group DSMT
- **Bottom line**….can get best of both worlds in initial (1st calendar yr) MC MNT by dividing as:
  - 2 hrs **GROUP** first for non-individualized topics
  - 1 hr **INDIVIDUAL** for personalized meal plan

## ALL MEDICARE PAYMENTS TO BE MADE BY ELECTRONIC FUNDS TRANSFER

- *Affordable Care Act* mandates Medicare payments to providers and suppliers only by electronic means
- As part of CMS's revalidation efforts, all suppliers and providers who are not currently receiving EFT payments will be identified, and required to submit the *CMS 588 EFT Form* with the *Provider Enrollment Revalidation Application*.

## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM

- If lack of adequate space for classes at primary site:
  - Provide DSMT visits in community off-site facility
- But DO **rent space** to avoid anti-kickback statute implications (if facility not owned by DSMT provider)
  - Income is taxable; other liabilities exist



## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM, Cont.

Important questions and issues to be addressed:

- *Sponsoring organization (SO)* to notify DSME/T program accreditation entity (AADE or American Diabetes Association) of additional locations, if not added on original application
- *SO* to notify *state dept of health services* or *public health office* (are government agencies responsible for licensing and regulating healthcare organizations within state)
- If off-site location is tax-exempt, would DSME/T classes held at site impact location's tax-exempt status?

## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM, Cont.

- Does *SO's* license to provide healthcare services extend to off-site locations?
- Are there special filings required by *SO* if services extended to off-site locations?
- *SO* must contact local MAC to inquire about specific requirements for providing DSMT in satellite sites
  - Review of *SO's* Medicare Participating Agreement must be made, as Medicare regulations can vary by: *SO* type, the Participation Agreement and geographic location
- Can *SO* maintain custodianship of pts' DSME/T records and assure proper storage in off-site location?

## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM, Cont.

- Is pt safety insured inside and outside of location?
  - Inside issues: fire escapes, bathrooms, food and beverage availability, adequate lighting, etc.
  - Outside issues: parking lot safety, snow/ice removal, wheelchair accessibility at entrance, etc.
- Is system in place for receipt of emergency care?
- Is *SO's* infection control policies/procedures maintained at site (esp. if teaching insulin injection, SMBG with finger stick, CGM placement, etc.)?
- Is pt privacy of health information insured (hard-copy documents or electronic)?

## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM, Cont.

- Is employee safety at site insured? Are extension of benefits, such as workmen's compensation, insured?
- Can *SO* maintain quality of specific electronic applications:
  - Registration (pt registry) systems?
  - Outcome tracking systems?
  - Financial systems?
- If laptop computers used, will they be able to access wireless signals, particularly in older sites, on lower floors, in basement areas, etc.?

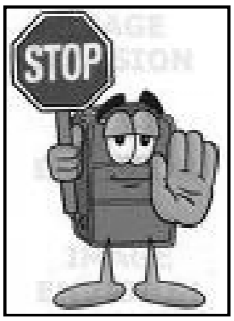
## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM, Cont.

- Anti-kickback implications:
  - May occur when medical provider with own practice in off-site location *(private practice MD)* refers pts to DSME/T program held in same location in order to:
    - Share DSME/T reimbursement or
    - Induce pt referrals from DSME/T program to his medical practice
      - To prevent implications, rent arrangement emphasizing fair market value is necessary

## FURNISHING DSMT IN OFF-SITE LOCATIONS and ADDING LOCATIONS TO PROGRAM, Cont.

- Work with *SO's* legal, financial and administrative team to understand if and how other operational issues may affect how DSME/T provided in off-site locations, such as:
  - Employer's organizational structure
  - Can have multiple corporations under governess, affecting rent arrangements, billing, taxes, etc.
- Does employer's health insurance contracts extend to off-site locations?
- Does employer's liability/medical malpractice insurance extend to off-site locations?

## PROCEDURE CODES* for DSMT NOT PAID BY MEDICARE BUT MAY BE REQUIRED BY PRIVATE PAYERS and MEDICAID




*** CODES NOT REIMBURSABLE BY MEDICARE AS OF THIS PRESENTATION, BUT MAY BE COVERED BY PRIVATE PAYERS**

## PROCEDURE CODES* for DSMT NOT PAID BY MEDICARE BUT MAY BE REQUIRED BY PRIVATE PAYERS and MEDICAID, Cont.

| | |
|---|---|
| **S9140** | Diabetes management program, f/up visit to non-MD provider |
| **S9141** | Diabetes management program, f/up visit to MD provider |
| **S9145** | Insulin pump initiation, instruction in initial use of pump (pump not included) |
| **S9455** | Diabetic management program, group session |
| **S9460** | Diabetic management program, nurse visit |
| **S9465** | Diabetic management program, dietitian visit |
| **S9470** | Nutritional counseling, dietitian visit |
| **Codes do not require DSME/T program accreditation by AADE or ADbA** | |

**DSME/T provider to check with each private payer and Medicaid to determine which codes to use on DSME/T (and related services) claims. These payers can and do dictate code requirements, which may/may not be same as Medicare's. Obtain coverage guidelines in writing!**

## PROCEDURE CODES* for DSMT NOT PAID BY MEDICARE BUT MAY BE REQUIRED BY PRIVATE PAYERS and MEDICAID, Cont.

| | |
|---|---|
| **98960** | Individual, initial or f/up face-to-face education, training & self-management (E/T/SM) each 30 min. |
| **98961** | Group of 2 - 4 pts, initial or f/up, each 30 minutes. |
| **98962** | Group, 5-8 pts, initial or f/up, each 30 minutes. |
| **Codes do NOT require DSME/T program accreditation by AADE or American Diabetes Association.** | |

- For pts with established illnesses/diseases or to delay co-morbidities
- Physician/health care provider must Rx education and training
- Qualified non-physician HCP must provide, using standardized curriculum
- 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".

## PROCEDURE CODES* for DSMT NOT PAID BY MEDICARE BUT MAY BE REQUIRED BY PRIVATE PAYERS and MEDICAID, Cont.

- **Consultation**
  - OP and IP consultation codes: 99241-99245, 992510 – 99255
- **Medical Team Conference**
  - 99366 and 99368
- **Telephone Services**
  - 99441 – 99443: non face-to-face services
- **On-Line Medical Evaluation**
  - **99444: Internet/electronic communications network; not related to evaluation and management (E&M) visit within last 7 days**

## MEDICARE NEW 9-DIGIT ZIP CODE REQUIREMENT

- Effective for services paid by Medicare Part B under Medicare Physician Fee Schedule
- Full 9-digit zip code to be on claims for services rendered in ZIP code areas in CMS Table 1…access Table via:

http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5208.pd

## MEDICARE NEW 9-DIGIT ZIP CODE, Cont.

- **Exceptions:** 5-digit ZIP codes allowed if:
  - Services provided in ZIP code areas that do NOT cross payment localities (NOT listed in Table 1)
  - When place of service (POS) is "Home" or other places of service Medicare carrier considers same as "Home"

## COVERAGE OF DSMT BY MANY PRIVATE, COMMERCIAL and MEDICAID PAYERS

- Coverage varies from state to state among major plans (i.e., BCBS of Illinois vs. BCBS of California) and within individual plans with the payer company
- Many follow Medicare definition of diabetes
- Many require diagnosis of diabetes by treating physician/non-physician practitioner to for pt eligibility

## COVERAGE OF DSMT BY MANY PRIVATE, COMMERCIAL and MEDICAID PAYERS, Cont.

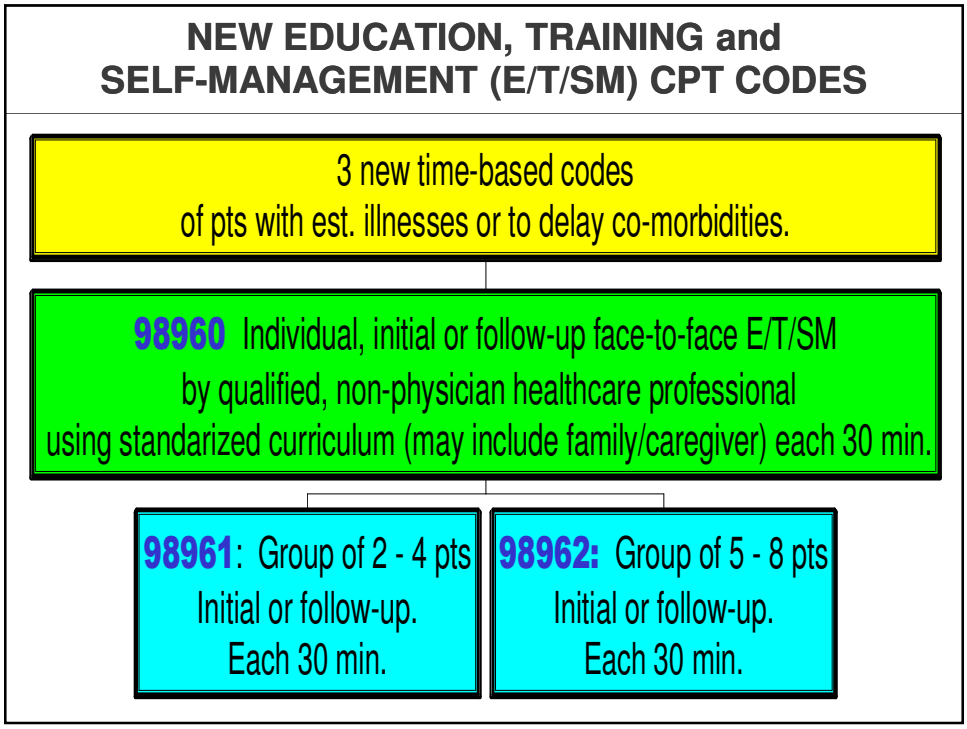
- Some cover pre-diabetes (glucose intolerance, impaired fasting glucose)
- **Rule of thumb:** Check with each payer in area for possible differences in coverage requirements.

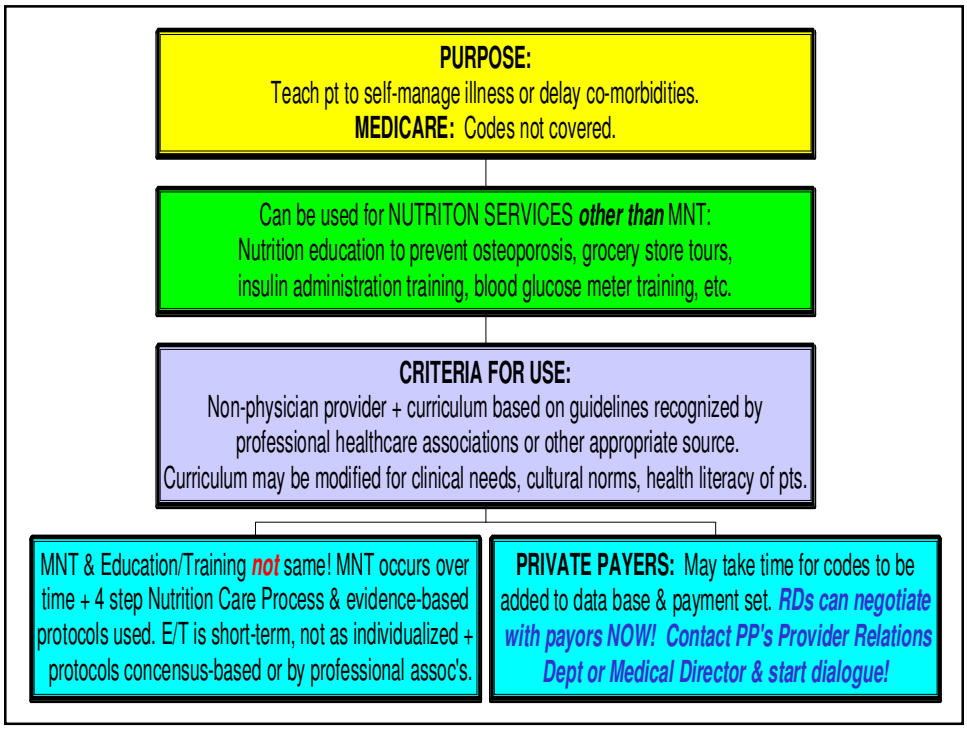
## COVERAGE OF DSMT BY MANY PRIVATE, COMMERCIAL and MEDICAID PAYERS, Cont.

- Many use CPT® codes specifically for DSME/T and MNT, as these codes are the primary "language of reimbursement"
- BUT, some use other, lesser known CPT® codes for the unique aspects of their benefit coverage/claims system, or even create their own codes
  - May pay via own fee schedule or estimate the payment based on "usual, customary and reasonable" charges for specific services in local area
- *Must ASK each payor which codes to use, as specificity and accuracy are keys to successful reimbursement*

## COVERAGE OF DSMT BY MANY PRIVATE, COMMERCIAL and MEDICAID PAYERS, Cont.

- Medicaid reimbursement:
  - Many states reimburse for DSME/T and diabetes MNT
  - But coverage varies widely by state
- State insurance mandates for private/commercial payers:
  - 47 states require private payor coverage for DSME/T and diabetes-related services/supplies
  - State regulations requiring coverage supersede any coverage limitations in health plan
- Information about state insurance laws at website of National Conference of State Legislatures at:
  http://www.ncsl.org/programs/health/diabetes.htm


NEW EDUCATION, TRAINING and
SELF-MANAGEMENT (E/T/SM) CPT CODES
3 new time-based codes
of pts with est. illnesses or to delay co-morbidities.
98960 Individual, initial or follow-up face-to-face E/T/SM
by qualified, non-physician healthcare professional
using standarized curriculum (may include family/caregiver) each 30 min.
98961: Group of 2 - 4 pts
Initial or follow-up.
Each 30 min.
98962: Group of 5 - 8 pts
Initial or follow-up.
Each 30 min.


PURPOSE:
Teach pt to self-manage illness or delay co-morbidities.
MEDICARE: Codes not covered.
Can be used for NUTRITON SERVICES other than MNT:
Nutrition education to prevent osteoporosis, grocery store tours,
insulin administration training, blood glucose meter training, etc.
CRITERIA FOR USE:
Non-physician provider + curriculum based on guidelines recognized by
professional healthcare associations or other appropriate source.
Curriculum may be modified for clinical needs, cultural norms, health literacy of pts.
MNT & Education/Training not same! MNT occurs over time + 4 step Nutrition Care Process & evidence-based protocols used. E/T is short-term, not as individualized + protocols concensus-based or by professional assoc's.
PRIVATE PAYERS: May take time for codes to be added to data base & payment set. RDs can negotiate with payors NOW! Contact PP's Provider Relations Dept or Medical Director & start dialogue!

## MEDICARE MNT TELEHEALTH GUIDELINES

Individual MNT can now be delivered via Medicare **TELEHEALTH:**
**MNT codes: 97802, 97803, G0270**

**TYPE OF MNT:** Same as in original MNT benefit.
**REIMBURSEMENT**: Same as for face-to-face individual MNT

**WHAT IT IS:** Interactive audio & video telecommunications system permitting *real time* communication & visualization between RD & pt.

**WHY THE CHANGE?** Medicare beneficiaries in rural areas frequently unable to access Part B services, such as MNT by RDs

**Excluded:** Telephone calls, faxes, email without visualization, stored and delayed transmissions of images of pt.

**Medicare RD Eligibility:** Licensed or certified in state where RD office located **AND** in state where pt located

If pt in 1 state and RD's office in another, RD must be licensed or certified in both states.

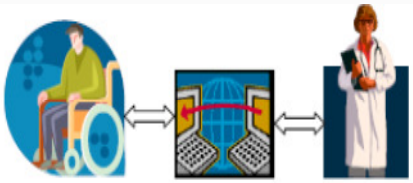
Beneficiary receiving MNT must be present and participate in telehealth visit.

CPT code modified GT added to MNT code on claim.

**Originating Site:** Location of pt at time MNT is furnished. Must be in NON-metropolitan statistical area (see www.census.gov)
Site may receive CMS' facility fee with code Q3014.
2006: fee is 80% of lesser of actual charge or $22.46

**Distant Site:** Location where RD located at time of service

**Originating Site**



**Distant Site**

## MEDICARE DSMT TELEHEALTH GUIDELINES

- **Originating site:**
  - Location of **beneficiary** at time DSME/T being furnished
- **Authorized originating sites:**
  - Offices of physicians or non-physician practitioners
  - Hospitals
  - Critical Access Hospitals (CAHs)
  - Rural Health Clinics (RHCs)
  - Federally Qualified Health Centers (FQHCs)
  - Hospital-based or CAH-based Renal Dialysis Centers
  - Skilled Nursing Facilities (SNFs)
  - Community Mental Health Centers (CMHCs)

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- **Excluded originating sites:**
  - Independent Renal Dialysis Facilities
- **Distant site:**
  - Location of DSME/T provider at time DSME/T is being furnished

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- Medicare DSMT provider eligibility requirements:
  - Must be one of these provider types:
    - Physician
    - Physician assistant (PA)
    - Nurse practitioner (NP)
    - Clinical nurse specialist (CNS)
    - Certified nurse midwife (CNM)
    - Clinical psychologist
    - Clinical licensed social worker (CLSW)
    - Registered dietitian (RD) or nutrition professional

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- Provider must be licensed or certified:
  - In state where DSMT provider's office located AND
  - In state where beneficiary located
- Must meet all other DSMT coverage guidelines
- In following year after initial DSMT:
  - Must furnish minimum of 1 hr of in-person instruction within year to ensure effective insulin injection training

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- **Beneficiary eligibility and requirements:**
  - In originating site located in:
    - Rural Health Professional Shortage Area (RHPSA) or
    - County outside of Metropolitan Statistical Area (MSA)
      - Medicare defines RHPSA's and MSA's
  - Must be present and participate in telehealth visit
  - Must meet all other DSMT beneficiary requirements

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- **Coding and reimbursement**:
  - Provider at distant site bills local Medicare carrier with G0108 and G0109 (individual and group DSMT, respectively) with modifier "GT" added:
    - **G0108-GT**
    - **G0109-GT**
      - **GT** = "Via interactive audio and video telecommunications system"
  - Reimbursement rates same as in-person DSMT

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- Originating site (where pt is at) facility fee:
  - Site may receive CMS' telehealth facility fee
  - Code Q3014 used
- For Medicare carrier-processed claims, only originating site that can claim code Q3014 is:
  - Physicians' and non-physician practitioners' offices
  - "Office" place of service (code 11) entered on claim
- No participation payment differential for code; not priced off of Medicare Physician Fee Schedule
- Deductible and coinsurance rules apply to code

## MEDICARE DSMT TELEHEALTH GUIDELINES, Cont.

- With facility fee code, biller certifies that originating site is located in:
  - Rural Health Professional Shortage Area, OR
  - County outside of Metropolitan Statistical Area

- Telehealth originating site facility fee for calendar 2011 for HCPCS code Q3014:
  - 80% of the lesser of the actual charge, OR
  - $24.10
    - Beneficiary responsible for any unmet deductible amount or coinsurance

## ADVANCE BENEFICAIRY NOTICE and MNT/DSMT CPT CODE MODIFIERS

**ABN** is written notice given to beneficiary by provider prior to provision of service when:

- Service **IS** Medicare-covered benefit…

  *AND*

- Potential exists that Medicare may deny payment due to 1 or more coverage conditions not met

- Example for Medicare MNT: Number of hrs furnished = 5.

  Exceeds # allowed in initial episode of care, or 3

## Post-Webinar Survey and CPEU

- You will be receiving an email within the next 24 hours that contains a link to the post-webinar survey.
- Upon completion of the survey, you will be re-directed to another link to obtain your Certificate of Completion.
- Deadline to complete the survey :
  ***Tuesday, Nov 1, 2011!!***

## Our next DCE Webinar

Diabetes Medications Management Part 1

This will be a 2 part program

Dates: January 17 & February 21, 2012

Mary Lynn McPherson, PharmD, BCPS, CDE

*Watch for more details in DCE Updates*