

## Medicare Billing for DSME and MNT Services



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## Learning Objectives:

- Review American Diabetes Association's Education Recognition Program and how it aligns with Medicare reimbursement
- Review Medicare reimbursement for diabetes self-management education and support (DSME/S) and Medicare billing for medical nutrition therapy (MNT) services
- Address common myths and misconceptions about Medicare DSME/S and MNT reimbursement

## Poll

Who do we have with us today? (Check all that apply)

- RN
- RD
- PharmD
- CDE
- Other

## Poll

Do you work in a recognized or accredited DSME program?

- Yes
- No

## Poll

What is your current knowledge level about Medicare billing for DSME and MNT services?



## Acronyms

NSDSMES – National Standards for Diabetes Self-Management and Support

DSME/S – Diabetes Self-Management Education and Support

DSME – Diabetes Self-Management Education

DSMT – Diabetes Self-Management Training (term Medicare uses)

CMS – Centers for Medicaid and Medicare Services

ADA – American Diabetes Association

AADE – American Association of Diabetes Educators

NCBDE – National Credentialing Board for Diabetes Educators

MNT – Medical Nutrition Therapy

CDE – Certified Diabetes Educator

BC-ADM – Board Certified in Advanced Diabetes Management

ERP – Education Recognition Program

NAO – National Accrediting Organization

ASR – Annual Status Report

PC – Program Coordinator

FQHC – Federally Qualified Health Center

RHC – Rural Health Clinic

MAC – Medicare Administrative Contractor

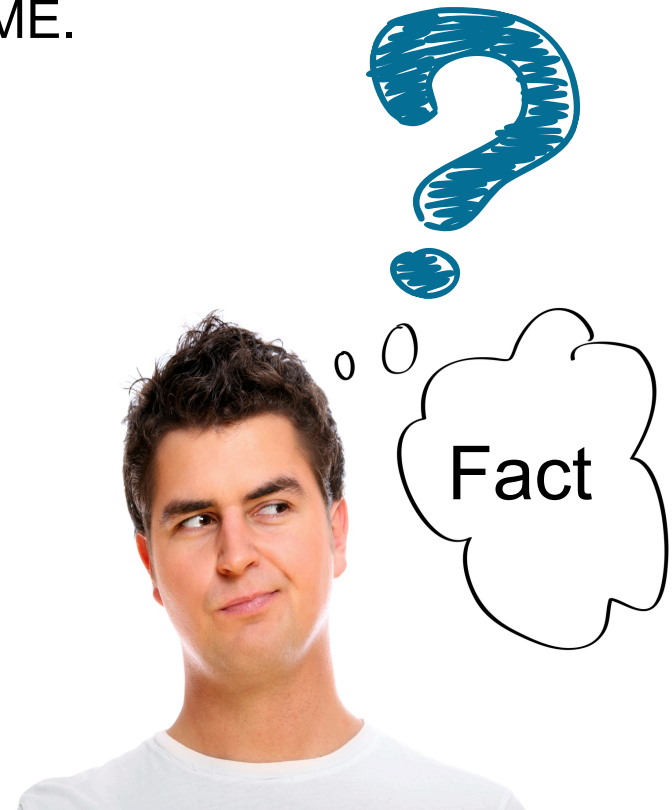
Note: DSME/S, DSME and DSMT are used interchangeably

## Diabetes Self-Management Education *BACKGROUND*

- The National Standards for Diabetes Self-Management Education and Support (NSDSMES) were developed and first published in 1984
- First recognized programs in 1987 using a review process based on the standards
- Medicare began reimbursing for DSME in 1997
- Standards Revised in 1995, 2000, 2007, and 2012
- Next update scheduled for 2017

## Poll

RNs and CDEs can bill Medicare for DSME.





## Who CAN Bill for DSMT

The entity or individual must be billing CMS for other services in order to be reimbursed for DSMT.

Entities	Individual CMS Providers
Clinic (reference CMS link at bottom for clinic list)	Clinical Nurse Specialist
DMEPOS: Durable Medical Equipment Prosthetics, Orthotics and Supplier	Clinical Social Worker
FQHC (must be provided 1:1 and in person on a separate day of another medical service)	Nurse Practitioner
Health Department	Physician
Home Health Agency	Physician Assistant
Hospital – Outpatient only	Psychologist, Clinical
Home Health Agency	Registered Dietitian/Nutrition Professional
Pharmacy (must be part B provider, provide services such as Urgent Care/Flu Vaccines)	
Skilled Nursing Facility	

Reference: page 4 and 5

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5433.pdf>

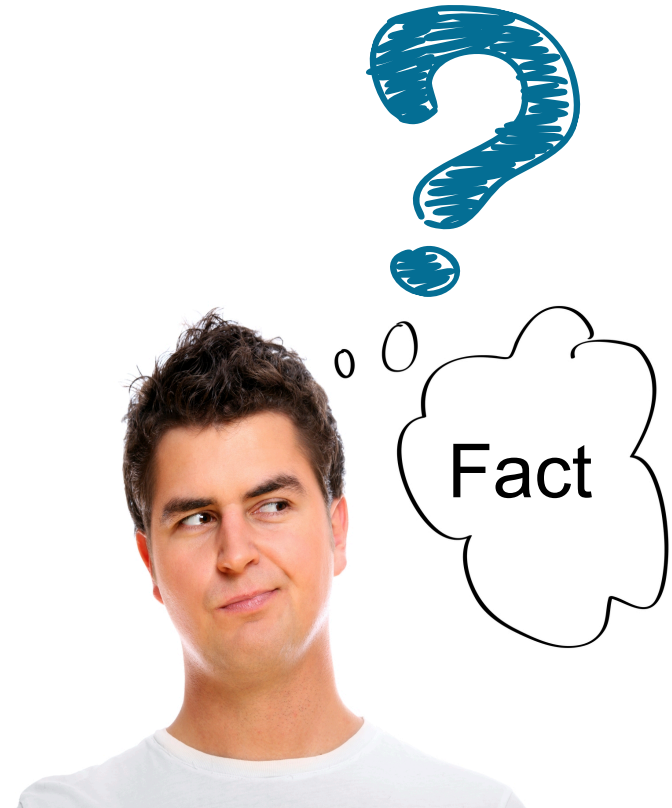
## Who CANNOT Bill for DSMT

- CDE (if no other credential that is encompassed in the CMS provider list)
- End-stage Renal Facility (Dialysis Center)
- Hospice Service
- Hospital Inpatient Service
- Nurse (not a specialist)
- Nursing Home
- Pharmacist
- Rural Health Clinics (RHC)

Reference: page 7 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R13BP.pdf>

Poll

ADA expansion sites can bill at their site for DSME.



## DSME Program Sites

ADA ERP programs can have more than one site but each program has only one program coordinator.

	ADA ERP	Notes
Program's Primary Site	Multi-Site	
Additional Sites that Can Bill	Multi-Site	Site can have different staff, curriculum, and policies
Additional Sites that Cannot Bill	Expansion Site	The parent-site staff are taking the services to another location and the billing is done by the parent site

# Primary Site

Each DSME program has a primary site. Other sites can be added to the primary site as multi-sites or expansion sites.

Expansion sites can extend from any of the programs multi-sites.

**Expansion Sites** are additional locations that offer the same program as the parent site they are expanding from.

Additional Multi-Site

Additional Expansion Site

Expansion Site

Expansion Site

**Multi-Sites** are additional locations that are able to operate semi-independently from the primary site.

## Steps to Qualifying for Medicare DSME/T Reimbursement

### 1. Medicare Provider

- Providers (Individuals or Entities) must be providing and billing Medicare for other services before they can bill for DSME/T

### 2. DSME/T program must be accredited by ADA or AADE

- ADA – ERP “Recognition”
- AADE – DEAP “Accreditation”

### 3. Medicare MAC must be informed once program is accredited

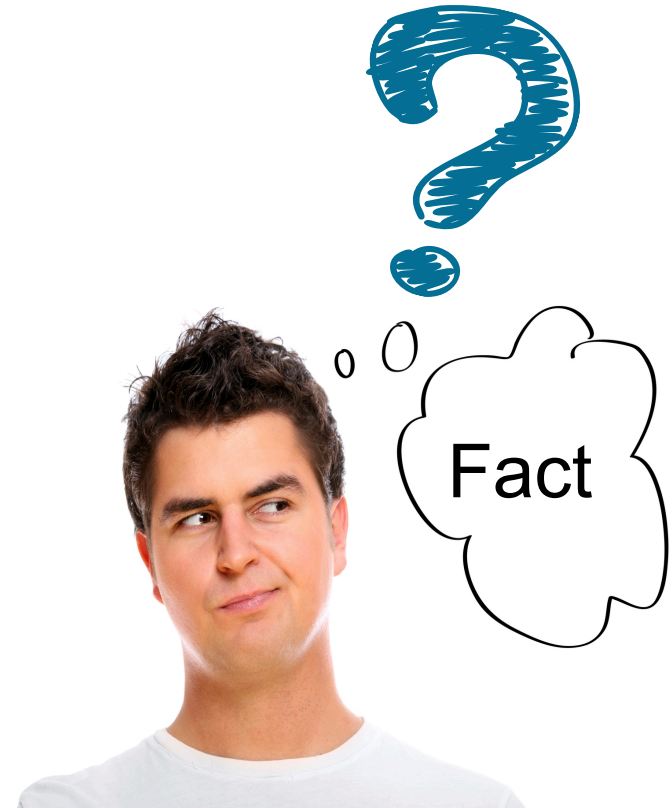
- Submit a copy of the DSME/T certificate to the MAC

### 4. Accrediting period is 4-year period

- Programs reapply to be accredited and then submit new certificate to MAC

## Poll

Podiatrist can refer a patient for DSME.



## Initial DSME/T Medicare Billing

- Initial DSME/T is a once-in-a-lifetime Medicare benefit
  - 10 hours is allowed by Medicare the first consecutive 12 months after first DSME visit
  - If the participant has received DSME/T paid by another insurance company, they are still eligible to receive the 10 hours of initial DSME/T coverage as a Medicare benefit
  - If more than 10 hours of DSME/T is billed in the first 12 months, the bill resulting in more than 10 hours will be rejected by Medicare
  - If the beneficiary does not use the entire 10 hours in the first 12 consecutive months of DSME/T, the balance of the 10 hours is forfeited
  - **Informing your DSME/T participants of the above is VERY IMPORTANT**



## DSMT Referral

- *Must reflect that the treating physician or treating midlevel provider who is managing the beneficiary's diabetic condition certifies that such services are needed*
- *The order must also include a statement signed by the referring provider that the service is needed as well as the following:*
  - ✓ *The number of initial or follow-up hours ordered (the physician can order less than 10 hours of training)*
  - ✓ *The topics to be covered in training (initial training hours can be used for the full initial training program or specific areas such as nutrition or insulin training)*
  - ✓ *A determination that the beneficiary should receive individual or group training*

## DSMT Referral

- The provider of the service must maintain documentation in file that includes the original order from the physician and any special conditions noted by the physician
- When the training under the order is changed, *the training order/referral* must be signed

### Referral reference page 5 of CMS link

<https://www.cms.gov/Regulations-and-Guidance/Transmittals/downloads/R13BP.pdf>

Sample referral forms can be found at [www.diabetes.org/erp](http://www.diabetes.org/erp)  
Select Recognition Resources (red button). See next slide for website.

## Initial DSME/T Guidelines

- Up to 1 hour of 1:1 DSME/T is allowed \*
- The balance 9 hours must be billed as group unless the guidelines on the next slide are documented

CMS DSMT link:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R13BP.pdf>

CMS who and what facilities can bill for DSMT

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5433.pdf>

## Initial DSME/T as 1:1

- \*Guidelines for providing 1:1 DSME/T
  - No DSME/T group classes are available for two months
  - The referring provider indicates the following:
    - Barriers to group learning
    - Need for 1:1 hours for insulin training

## DSME/T Follow-Up

- 2 follow-up hours are available
  - At the below that comes first
  - Month 13 after the first DSME/T is billed
  - The January after the 10 initial hours are billed
- The 2 follow-up hours then follow calendar years
- A follow-up referral is required
- 1:1 follow-up requires the same documentation of reasoning or need for 1:1 as initial DSME/T

*CMS example of when follow-up hours are available;*

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5433.pdf>

## POLL

- ❖ First DSME in April 2014
- ❖ Initial 10 hours DSME completed December 2014

**2 hours of follow-up DSME is available?**

**A. May 2015**

**B. January 2015**

## POLL

- ❖ First DSME in April 2014
- ❖ Initial 10 hours DSME completed February 2015

**2 hours of follow-up DSME is available?**

**A. May 2015**

**B. January 2016**

## DSME Follow-Up Example 1

- Beneficiary receives first service in April 2014
- Beneficiary completes initial 10 hours DSMT training in April 2015
- Beneficiary is eligible for follow-up training in May 2015
  - (13th month begins the subsequent year)
- Beneficiary completes follow-up training in December 2015
- Beneficiary is eligible for next year training in January 2016



## DSME Follow-Up Example 2

- Beneficiary receives first service in April 2015
- Beneficiary completes initial 10 hours of DSMT training in December 2015
- Beneficiary is eligible for follow-up training in January 2016
- Beneficiary completes follow-up training in July 2016
- Beneficiary is eligible for next year follow-up training in January 2017

Reference:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5433.pdf>

## DSME/T Medicare Billing Codes

- DSME/T is billing in 30-minute increments with no rounding
- DSME/T Billing Codes
  - G0108 1:1 DSME/T
  - G0109 Group DSME/T
    - Group is 2 to 20 DSME/T participants
    - All participants do NOT have to be Medicare beneficiaries
- Link to search Physician Fee Schedule by State
  - <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

## **DSME and MNT**

**Will not  
be reimbursed  
by Medicare  
if provided  
on the  
same day.**

## Poll

FQHCs can only receive DSME reimbursement for group classes of 2 to 20.



## FQHC and DSME/T

- Medicare (CMS) does not reimburse FQHC for Group DSME/T or G0109
- DSME will not be reimbursed on the same day as another FQHC medical appointment such as a primary care encounter
- CMS will reimburse FQHC for DSME provided on the same day as a mental health visit

# Medical Nutrition Therapy

## MNT

## Poll

MNT and DSME can be ordered on the same order form.



## MNT Medicare Billing

- MNT does not require credentialing for reimbursement
- MNT must be provided by an RD
- Referral for initial or follow-up MNT must come from MD or DO
  - Midlevel providers not accepted
- MNT benefits are always in calendar year
- MNT can be provided as 1:1 or group

CMS link addressing MNT -

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R673CP.pdf>



## MNT Medicare Billing

- 3 hours of MNT is allowed first calendar year
- 2 hours of MNT is allowed each follow-up year with a follow-up referral
- 2nd referral same year (defined next slide)
- MNT is billed in 15-minute units with rounding allowed
  - 97802 – MNT 1:1
  - 97803 – MNT follow-up 1:1
  - 97804 – MNT group
  - G0270 – 2<sup>nd</sup> referral MNT 1:1
  - G0271 – 2<sup>nd</sup> referral group

## MNT - 2nd Referral Same Year

- Second referral by physician due to change in:
  - Diagnosis
  - Medical condition
  - Treatment regimen
  - (including additional hours needed for renal disease)
- The second referral MNT codes for additional hours of coverage should be used after the completion of the 97802-97804 hours are used
- No specific limit is set for the additional hours

Reference page 9 CMS link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R673CP.pdf>

## MNT RDs and NPIs

- Only RDs can provide and be reimbursed for MNT
- RDs need NPIs to bill for MNT or to re-assign to a facility or another entity so they can bill for the MNT provided by the RD
- Not sure if you have an NPI – check the NPI lookup link
  - <http://npinumberlookup.org/>
- Need to apply for and NPI
  - <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>
- Medicare NPI re-assignment 855R form
  - <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855r.pdf>

## FAQs

➤ **Which “Place of Service” code do we use when providing DSMT services at an expansion site?**

- A: The “Place of Service” code of the multisite that the educators are expanding out of.

➤ **Q: Who’s NPI number is used for billing DSMT?**

- The NPI number used by most programs is the “entities NPI number as the provider of DSMT and the billing group. This is why programs that only have RNs or pharmacists as the educators can bill for DSMT. Some programs choose to use the RD’s NPI as the provider of DSMT for the program but this has the potential to create gaps in billing if that RD leaves the program.
- Reference page 6:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R13BP.pdf>

➤ **Q: What is a good resource other than [www.cms.gov](http://www.cms.gov) to get CMS billing updates.**

- A: MLN Connect. You can search archived newsletters or/and sign up for weekly newsletters.
- <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html?redirect=/NPC>

➤ **Q: Is there a resource to find the reimbursement rate for DSME and MNT services?**

- A: Yes the Medicare Physician Fee Schedule at: <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

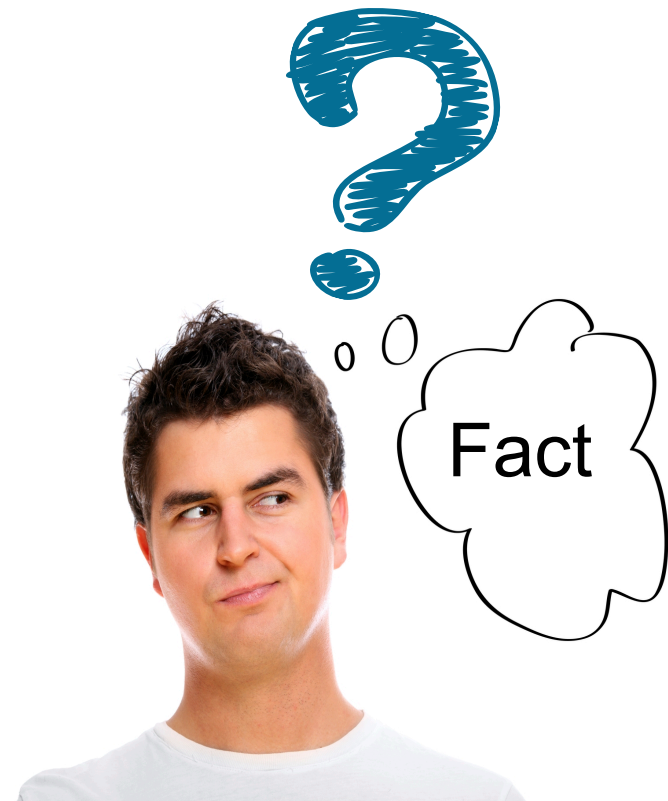
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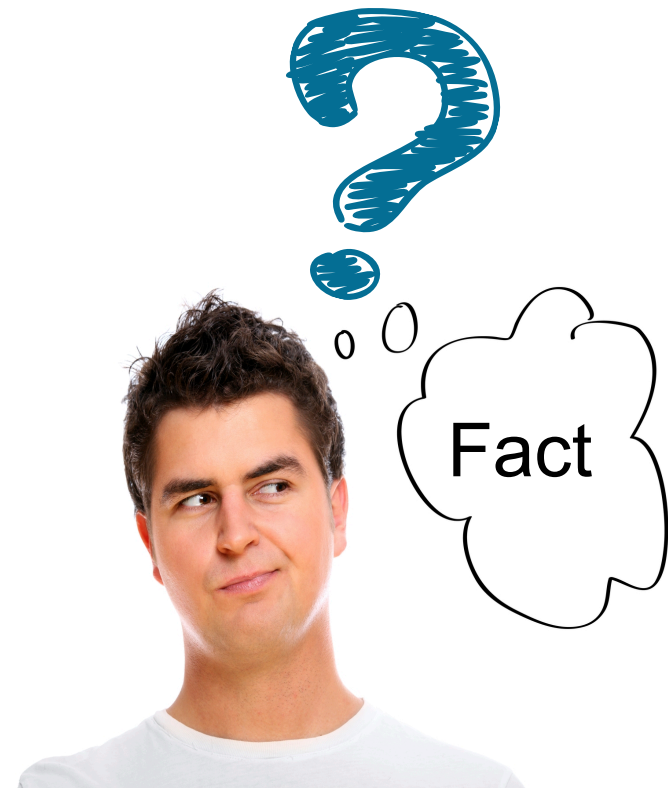
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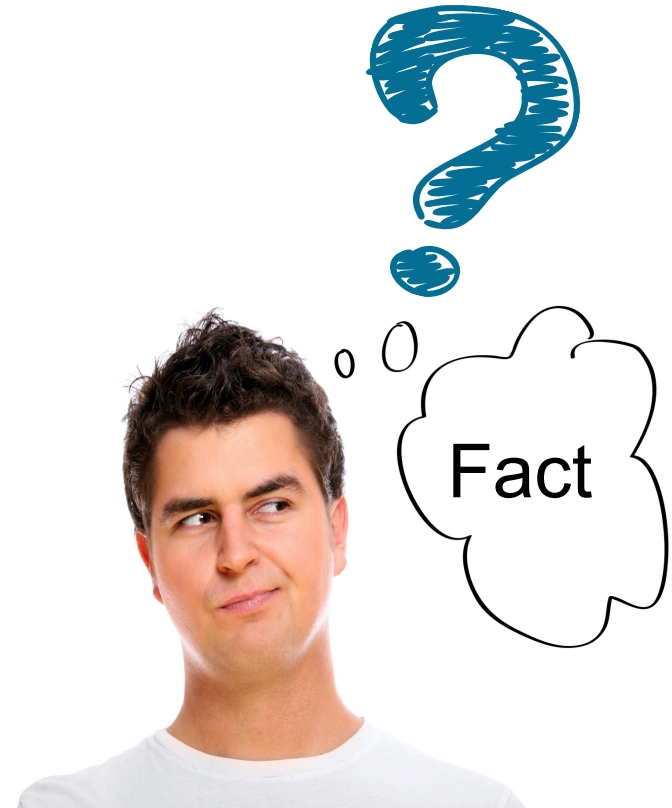
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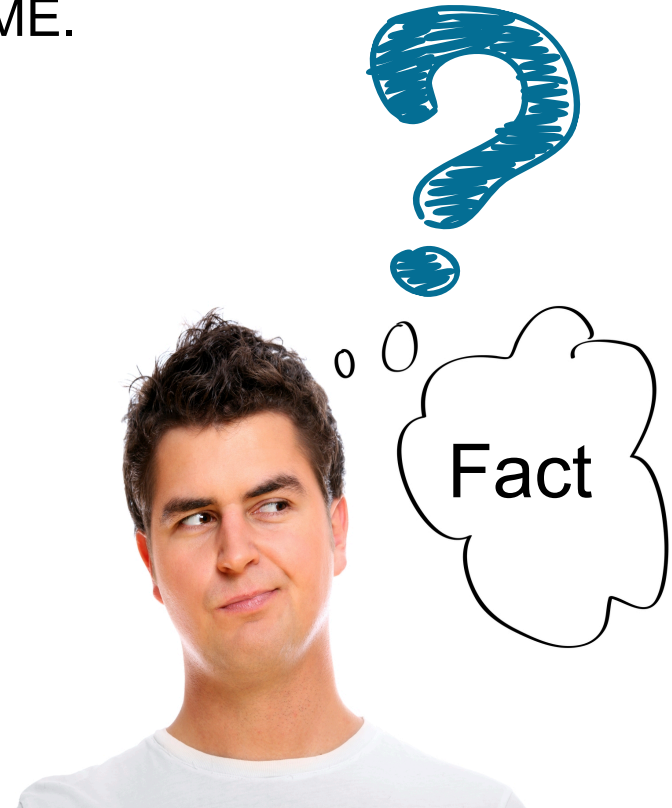
## Poll

Medicaid always follows the same reimbursement guidelines as CMS.



## Poll

RNs and CDEs can bill Medicare for DSME.



## Poll

What is your current knowledge level about Medicare billing for DSME and MNT services?



# ADA ERP Resource and Contact Information

Email: [ERP@diabetes.org](mailto:ERP@diabetes.org)

Phone: 1-800-232-0822

Website: [www.diabetes.org/erp](http://www.diabetes.org/erp)

For more information,  
please visit us on  
the web at

[www.diabetes.org/ERP](http://www.diabetes.org/ERP)

or call 1-888-232-0822  
to reach an ERP Staff  
Member.



The ADA Education Recognition program will host four monthly Q & A conference calls:

- Application Q/A
- New Program Coordinator Q/A
- Annual Status Report Q/A
- Krames on Demand Walkthrough Q/A

**Register Now**



**Monthly Q/A  
Conference  
Calls**

**ERP  
Workbook**

**Audit  
Preparation  
Toolkit**

- Education Recognition Program**
- » Recognition Requirements
  - » Interested in ADA Recognition? - First Steps
  - » ERP Portal
  - » Chronicle Diabetes
  - » DiabetesPro Career Center
  - » Recognition News
  - » Free Continuing Education Opportunities
  - » ERP 40% ADA Publication Discounts
  - » KRAMES On-Demand Login
  - » Listing of Recognized Education Programs

**Application  
Instructions  
& Fees**

Application  
Instructions,  
Fees &  
Resources

**FAQ**

Frequently  
Asked  
Questions

**Recognition  
Resources**

Sample Forms,  
Templates &  
More

**DSME  
Cycle**

Initial  
Comprehensive  
DSME Cycle

**CQI  
Toolkit**

Continuous  
Quality  
Improvement  
Process Toolkit

**9th Edition  
Review  
Criteria**

9th Edition  
Review Criteria

**ERP Request Forms**

- Change of Information Form
- ERP Logo Request Form
- Invoice Request Form
- ERP Interest Form

**Diabetes Self-Management Education  
and Support in Type 2 Diabetes**  
A Joint Position Statement of the ADA, AADE, and the AND

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## ERP Workbook

Designed to walk New and Existing Program Coordinators through the DSME 2012 Standards and requirements for Recognition with sample forms and templates

## Workbook

with sample forms and templates standards and requirements for recognition

## Audit Preparation Toolkit



The ADA Education Recognition Program has developed an Audit Toolkit to assist programs with audit preparation.

[Learn More](#)



[LEARN MORE](#)

## Continuous Quality Improvement Process Toolkit

The **CQI Toolkit** will provide you with the ADA requirements to meet Standard 10's criteria of the National Standards for Diabetes Self-Management and Support. You will also find a user friendly sample worksheets, templates, and examples.

## Process Toolkit

templates, and examples