Diabetes Self-Management Education/Training Reimbursement Guide

A resource to increase success in DSME/T billing and reimbursement

The following information can be used to aid in successfully receiving reimbursement for Diabetes Self-Management Education/Training (DSME/T) services.

SOUTH DAKOTA DIABETES PROGRAM

LOCATIONS AND PROVIDERS

Only specific healthcare disciplines are authorized to be program instructors for DSME/T.

Program instructors must include at least one of the following disciplines:

- Registered Dietitian
- Registered Nurse
- Registered Pharmacist
- Note: Credential as a Certified Diabetes Educator (CDE) is not required, except if Registered Dietitian or nutrition professional is the sole instructor in the DSME/T program in a rural health clinic

MEDICARE

The following Medicare Part B provider **healthcare entities** and **individual providers** of a certified DSME/T program can render the benefit. Payment is made under Medicare's modified physician fee-for-service payment schedule.

Note: The entities and individuals must already be billing and receiving reimbursement from Medicare for at least one other service.

ELIGIBLE HEALTH CARE ENTITIES
(MEDICARE PART B PROVIDERS)

- Hospital outpatient department
- Durable medical equipment company
- Physician, non-physician practitioner
- Registered Dietitians in private practice
- Independent clinic
- State and public health clinic
- Home health agency
- Pharmacy
- Skilled nursing home
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

Note: DSME/T is not covered when furnished in: a nursing home, hospice care, emergency department, or hospital inpatient care.

Telehealth DSME/T: For telehealth reimbursement, the billing provider must adhere to Medicare's separate telehealth coverage guidelines. For the latest information on Medicare's coverage of telehealth, go to: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index.html

MEDICAID

When using Medicaid, the billing entity and rendering provider must be enrolled in Medicaid to be reimbursed.

THE DSME/T BENEFIT

The following health plans offer varying degrees of DSME/T reimbursement.

MEDICARE*

Initial: 10 hours (1 hour individual + 9 hours group) over continuous 12 months at diagnosis or upon becoming a Medicare beneficiary, if previously diagnosed.

Individual: Can take the place of group if the patient has limitations such as a hearing or vision impairment, need for interpreter, or some other limitation documented by the prescribing provider, or if there is no group available within 2 months of the referral.

Subsequent: 2 hours of group sessions annually, if eligible

Incidental: The prescribing provider may order additional DSME/T for medication changes such as initiation of insulin.

For more information view the Medicare Preventive Services Quick Reference Chart.

MEDICAID*

Initial: 10 hours (1 hour individual + 9 hours group) over continuous 12 months at diagnosis or upon becoming a Medicaid beneficiary, if previously diagnosed.

Subsequent: 2 hours annually. Assessment and provider referral are required.

Incidental: The prescribing provider may order additional DSME/T for medication changes such as initiation of insulin.

Note: It is recommended the patient or provider confirm Medicaid Advantage plans will cover “incidental”.

For more information go to the South Dakota Medicaid Recipient Handbook.

*To ensure reimbursement from Medicare or Medicaid, all certified programs must submit a copy of their recognition/ accreditation certificate to their Medicare Administrative Contractor (MAC). See “billing” section for more information.

PRIVATE INSURERS

Most private insurers follow Medicare requirements, but there may be some differences. Therefore, it is recommended the patient check with their specific plan.

Note: For Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) only individual (not group) DSME/T (G0108) is payable.

DIAGNOSIS AND ELIGIBILITY

It is the responsibility of the prescribing provider to conduct qualifying diagnostic tests for diabetes diagnosis, maintain documentation of the referral (including diagnosis), and assign the diagnostic code which must be included on the referral.

When there is an identified need and a referral from a qualifying provider such as a physician, Nurse Practitioner, or Physician Assistant, who is treating the beneficiary, the referral must include the International Classification of Disease (ICD) code.

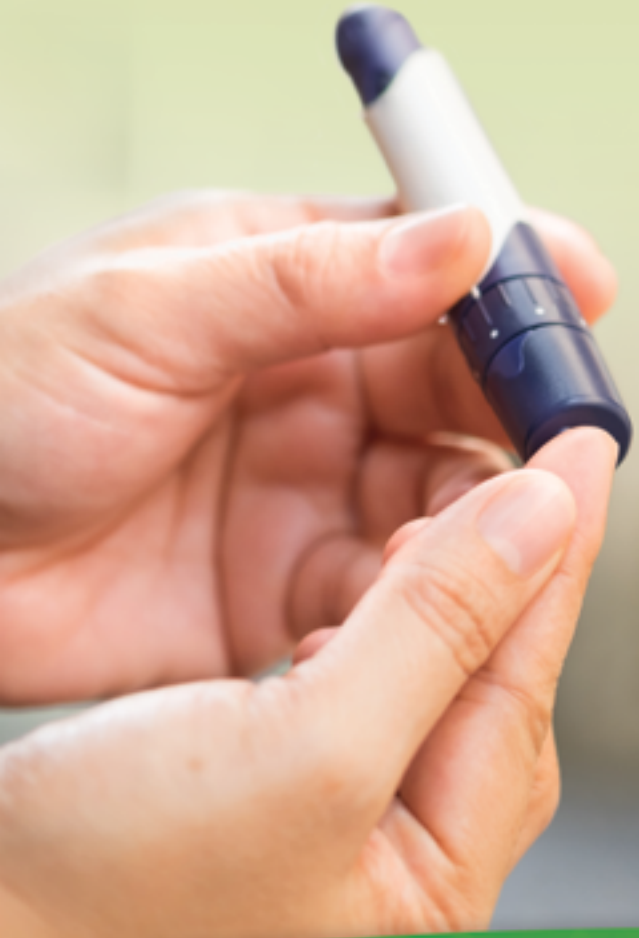
ICD-10 diagnosis code: Type 1 or Type 2 diabetes must be defined in the documentation as a condition of abnormal glucose metabolism diagnosed using one of the following criteria (excludes gestational diabetes mellitus, which has different criteria):

- Fasting Plasma Glucose ≥ 126 mg/dL, on two different occasions
- Oral Glucose Tolerance Test ≥ 200 mg/dL, on two different occasions
- Random Plasma Glucose glucose test ≥200 mg/d with symptom(s) of uncontrolled diabetes

Note: HbA1C is not accepted by Medicare as a diagnostic lab for Type 1 or Type 2 diabetes.

See the CMS **ICD-10** webpage for individual coding rules and coding translations for ICD-10.

For additional guidance, contact **Noridian**, South Dakota's Medicare Administrative Contractor (MAC).



BILLING

The following billing codes are used for DSME/T reimbursement. Additional guidance specific to Federally Qualified Health Centers and Rural Health Clinics is at the end of this section.

Procedure codes for DSME/T

- G0108: individual outpatient DSME/T per 30 minutes
- G0109: Group outpatient DSME/T per 30 minutes

Note: G-0108 and G-0109 for DSME/T are not "incident to" codes

In order to bill for DSME/T, programs need to have the following elements in place and/or take the following actions.

MEDICARE

To bill Medicare, the DSME/T program must:

Have recognition/accreditation from either American Association of Diabetes Educators (AADE) or the American Diabetes Association (ADA).

- DSME/T recognition through the South Dakota Department of Health's Diabetes Education Recognition Program does not qualify for Medicare reimbursement
- The recognition/accreditation process through AADE or ADA is a separate process and does not guarantee Medicare payment

Be part of an entity that is a Medicare provider.

- If new to Medicare, the sponsoring organization will need to submit Form 855I to enroll as a Medicare provider (obtain forms through Noridian Healthcare Solutions, LLC, —South Dakota's local Medicare Administrative Contractor (MAC)

Obtain a NPI number specific to DSME/T

- Obtain NPI number only after receiving recognition as a DSME/T provider and becoming a Medicare provider
- To obtain an NPI number go to: https://nppes.cms.hhs.gov or for paper application, call 800-465-3203

Submit notice of recognition/accreditation to Noridian Healthcare Solutions, LLC, South Dakota's local Medicare Administrative Contractor (MAC)

- Do this after the Medicare billing status and NPI number have been received
- AADE or ADA will provide the recognized/accredited program with a number and certificate which must be included in the notice to the local MAC

Confirm billing

- Confirm that the HCPCS (G0108 and G0109) codes for billing DSME/T are loaded in the billing system

BILLING CONT.

Ensure the following documentation is present in the beneficiary's medical record

- Referral by a qualifying medical provider (physician, Nurse Practitioner, Physician Assistant)
- Diagnosis of diabetes
- Appropriate procedure codes (G0108-individual, G0109-group)

Note: If off-site locations are added to the DSME/T program, follow the process outlined by the program's recognizing/accrediting body and notify the MAC.

FEE SCHEDULES

Access the Physician Fee Schedule look-up to identify the state-specific Medicare fee per HCPCS code. (Co-payment, co-insurance, and deductibles apply).

MEDICAID

To bill Medicaid, the DSME/T Program must:

Have recognition/accreditation from either the American Diabetes Association (ADA) or the South Dakota Department of Health (SD DOH).

Be enrolled as a Medicaid provider—who is able to bill Medicaid (although supporting members of the medical team can provide DSME/T services under the rendering provider)

Log into the SD MEDX portal—and do the following, once recognized/accredited:

- Add the taxonomy code of 261QM2500X to Step 3 "Specializations"
- Add the ADA or SD DOH certification to Step 5 "License/Certifications"
- Submit changes in steps 17-18 "Submit Provider Modification"
- Fax a copy of the certification/accreditation (ADA or SD DOH) to 605-773-8520
- Confirm that the Healthcare Common Procedure Coding System (HCPCS) code for billing individual DSME/T is loaded into the billing system

Ensure the following documentation is present in the beneficiary's medical record:

- Written referral from a qualifying provider such as a physician, Nurse Practitioner, or Physician Assistant
- Diagnosis of diabetes
- Any instructions by the ordering provider
- Any changes to the original plan that was signed by the provider in a separate referral
- Documentation of services rendered including:
  - Content delivered
  - Number of sessions/amount of time
  - Appropriate procedure codes (G0108-individual, G0109-group)

For more information on Mediciad reimbursement, see the South Dakota Medicaid Recipient Handbook.

PRIVATE INSURERS

Reimbursement may vary by health plan. Programs are recommended to:

- Submit accreditation notice to contracted commercial payers
- Verify that DSME/T codes G0108 and G0109 are included in the contract
- Contact them directly regarding a specific plan and client
- **Note:** Commercial plans may set their fees as a percentage of Medicare, i.e. 150%.

BILLING CONT.

ABN REMINDER

Beneficiaries should be asked to sign an ABN if there is any question about coverage. The Advanced Beneficiary Notice holds the beneficiary liable for denials of payment from their health plan. The provider is liable if the ABN is not valid or has not been signed.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)

As of Jan 1, 2016 FQHCs are paid under the Prospective Payment System (PPS).

FQHCs with an accredited program, can bill for DSME/T services if:

- It is provided by a certified DSME/T provider as part of a recognized/ accredited program (AADE or ADA for Medicare, ADA or SD DOH for Medicaid as described above)
- It is delivered in a 1:1 face-to-face encounter, and billed using the appropriate Healthcare Common Procedure Coding System (HCPCS) and site of service revenue codes

Additional Considerations

- DSME/T is considered a medical visit and will not be reimbursed on the same day any other medical visit is also billed
- DSME/T services provided in a group setting, do not qualify as a separate qualifying encounter. Rather, the cost of group sessions is included in the calculation of the all-inclusive FQHC visit rate
- Only individual DSME/T (G0108) is payable for FQHCs
- Other diabetes counseling services provided by other personnel at the FQHC that are not certified DSME/T providers may be considered 'incident to' an FQHC provider and the appropriate code must be used
- The beneficiary co-insurance is applicable for DSME/T
- Specific Payment Codes for the Federally Qualified Health Center Prospective Payment System (FQHC PPS)

RURAL HEALTH CENTERS (RHC)

RHCs are not paid separately under the Medicare fee-for-service methodology under Part B for DSME/T claims.

RHCs are reimbursed from Medicare by reporting DSME/T cost on the facility's cost report and paid at Medicare's current encounter all-inclusive rate.

RHCs are not paid separately for DSME/T and MNT services. All line items billed on TOB 71x with Healthcare Common Procedure Coding System (HCPCS) codes for DSME/T and MNT services will be denied.

RHCs are permitted to become certified providers of DSME/T services and report the cost of such services on their cost report-- for inclusion in the computation of their all-inclusive payment rates. Note that provision of these services by Registered Dietitians or nutritional professionals might be considered "incident to" services in the RHC setting, provided all applicable conditions are met. However, they do not constitute an RHC visit, in and of themselves.

RESOURCES AND REFERENCES

Code of Federal Regulations — Subpart H — Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements

CENTERS FOR MEDICARE AND MEDICAID

- Medicare Claims Processing Manual — https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf
- Medicare Preventive Services Educational Tool — https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html
- Physician Fee Schedules — https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html
- South Dakota Medicaid Services — https://dss.sd.gov/medicaid/
- South Dakota MedX Portal — https://dss.sd.gov/sdmedx/login/login.aspx

FEDERALLY QUALIFIED HEALTH CENTERS & RURAL HEALTH CLINICS

- CMS Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services (Rev. 230, 12-09-16) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf
- Specific Payment Codes for the Federally Qualified Health Center Prospective Payment System (FQHC PPS) (Rev. 12-22-16) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-Specific-Payment-Codes.pdf

SOUTH DAKOTA DEPARTMENT OF HEALTH

SOUTH DAKOTA DIABETES PROGRAM

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