

# Diabetes Self-Management Training and Medical Nutrition Therapy

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# Today's Presenters

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# Objectives

- Provide an overview of the Medicare preventive services: DSMT and MNT
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided

# Agenda

- Overview of Medicare's preventive services program
- DSMT
- MNT
- Resources and references
- Question and answer segment

# Polling Question #1

- What is your role in the Medicare Program for your facility?
  - Biller
  - Clinician
  - Intake/admissions
  - Compliance
  - Administrator

# Polling Question #2

- How experienced are you with documenting and/or billing Medicare preventive services?
  - This is all new to me!
  - I am semi comfortable but ready to learn more
  - I am pretty comfortable but will benefit from session as a refresher course



# Preventive Services Overview

- Medicare pays for many preventive benefits,
- Preventive services support the health of Medicare beneficiaries by:
  - Educating about potentially life-saving services and screenings
  - Early detection and/or prevention of diseases
  - Assisting with/suggesting lifestyle modifications

# Did You Know...

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services

# Diabetes Self-Management Training



# Benefits of DSMT

- Beneficiaries can successfully manage diabetes themselves without frequent visits to medical professionals
- BBA of 1997, section 4105 permits coverage of DSMT

# Who Is Covered

- Beneficiary recently diagnosed with diabetes
- Beneficiary at risk for complications from diabetes
- Beneficiary diagnosed with diabetes prior to Medicare eligibility

# DSMT Program

- Includes instruction in self-monitoring of blood glucose
- Education about diet and exercise
- Specific insulin treatment plan (when applicable)
- Motivation for beneficiaries to use skills for self-management
- Program must be accredited by CMS-approved national accreditation organization

# Certified Provider Defined

- Physician that provides other items and services for which Medicare payment may be made
  - In addition to providing outpatient self-management training services
  - All providers that bill Medicare for other individual services are certified
    - Hospital outpatient departments, renal dialysis facilities, physicians
- Must submit copy of accredited DSMT program certificate to MAC

# Who Can Perform

- Physician
- Qualified NPP
  - NP
  - PA
  - CNS
- Registered dietitian
  - Must have Medicare provider number
  - Cannot be sole provider of service
  - Rural area exception



# Examples of DSMT Classroom Training Topics

- General information about diabetes; benefits and risks of blood glucose control
- Nutrition and how to manage diet
- Options to manage and improve blood glucose control
- Exercise and why it is important to health
- How to take ones medications properly
- Blood glucose testing and how to use it to improve diabetes control

# Examples of DSMT Classroom Training Topics

- How to prevent, recognize, treat acute and chronic complications from diabetes
- Foot, skin, and dental care
- How diet, exercise, and medication affect blood glucose
- How to adjust emotionally to having diabetes
- Family involvement and support
- Use of the health care system and community resources

# Telehealth

- Effective for claims with dates of service on and after 1/1/2019
  - Individual and group DSMT services may be paid as Medicare telehealth service when injection training is not applicable
    - Initial and follow-up training
- For additional information

# Frequency of DSMT

- Up to ten hours of initial training within 12-month period for patient diagnosed with diabetes
- Two hours of follow-up training each calendar year after the year when initial training completed

# Initial DSMT Training

- Patient has not previously received initial or follow-up training under Medicare (G0108/G0109)
- Furnished within continuous 12-month period
- Performed in group setting
  - Two-20 individuals, group can include non-Medicare patients
  - Exception: one hour of individual training
    - Can be used for any part, including insulin training
- Not to exceed ten total hours
  - Any combination of 30-minute increments

# Follow-up DSMT Training

- Based on 12-month calendar after completion of full ten hours of initial training
  - If exhausts ten hours in initial year, eligible for follow-up training in next calendar year
  - If not, has 12 continuous months to exhaust initial training before follow-up training available
- Not to exceed two total hours
  - Individual or group training
    - Group of two-20 individuals, can include non-Medicare patients
  - Any combination of 30-minute increments

# Determining Follow Up Training Examples

- Beneficiary exhausts ten hours within initial calendar year
  - Receives first service April 2020
  - Completes initial ten hours of DSMT training December 2020
  - Eligible for follow-up training January 2021
  - Completes follow-up training July 2021
  - Eligible for next year follow-up training January 2022

# Determining Follow Up Training Examples

- Beneficiary exhausts ten hours within 12 continuous months
  - Receives first service April 2020
  - Completes initial ten hours DSMT training April 2021
  - Eligible for follow-up training May 2021 (13th month starts new year)
  - Completes follow-up training December 2021
  - Eligible for next year follow-up training January 2022



# Individual DSMT Training

- Covered in any of these circumstances
  - No group session available within two months of date training ordered
  - Physician/qualified NPP documents that beneficiary has special needs that will hinder participation in group training
  - Physician orders additional insulin training
  - Need for individual training identified in referral by physician/qualified NPP

# Documentation

- Patient diagnosed with diabetes mellitus, using one of following criteria:
  - Fasting blood sugar greater than or equal to 126 mg/dL on two different occasions
  - Two-hour post-glucose challenge greater than or equal to 200 mg/dL on two different occasions
  - Random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes

# Documentation

- Original signed order/updates from physician/qualified NPP
  - Plan of care
  - Number of initial/follow-up hours ordered
  - Topics to be covered
  - Whether beneficiary should receive individual or group training

# Advance Beneficiary Notice of Noncoverage (ABN)

- Issue ABN for hours over the benefit amount (ten initial, two follow up)
  - If no valid ABN, provider will be held liable
- Do not issue ABN for Medicare-covered services for practitioners who are qualified to render service in their state but who have not obtained Medicare Provider Numbers
  - Typically hospital dietitians or nutrition professionals

# Billing Requirements

- No specific diagnosis code
  - Report appropriate ICD-10 code
- Report appropriate HCPCS code and revenue code
  - Bill in 30-minute increments

# HCPCS Codes

Coding	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

# TOBs and Revenue Codes

Facility Type	TOB	Revenue Codes
Hospital inpatient Part B	12X	0942
Hospital outpatient	13X	0942
CAH Method I	12X, 85X	0942
CAH Method II	12X, 85X	0942, 096X, 097X, 098X
SNF	22X, 23X	0942
FQHC	77X	052X

# Additional Instructions for FQHC/RHC Facilities

- FQHC
  - Group services do not meet criteria for FQHC coverage
  - Can receive payment in addition to payment for qualifying MH visit on same DOS
- RHC
  - Not allowed to bill separately for DSMT services
- Refer to [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 70.5](#) for billing and additional instructions



# Did You Know...

- ESRD facilities not allowed to bill separately for DSMT
- RHC facilities not allowed to bill separately for DSMT

# Payment

Facility Type	Payment
Hospitals subject to OPPS	OPPS
CAH Method I	101% of reasonable cost for TC
CAH Method II	101% of reasonable cost for TC, plus 115% of MPFS non-facility rate for PC
SNF	MPFS non-facility rate
FQHC	PPS

# Beneficiary Cost-Sharing

- Deductible applies
  - Exception: FQHC
- Coinsurance/copayment applies

# Why DSMT Claims Are Denied

- Beneficiary exceeds ten-hour limit of training
- Physician/qualified NPP did not order training
- Individual furnishing DSMT is not accredited by Medicare

# Medical Nutrition Therapy



# Did You Know...

- DSMT and MNT services can be provided within the same time period, and the maximum number of hours allowed under each benefit is covered
- DSMT and MNT may NOT be provided on the same day to the same beneficiary

# Benefits of MNT

- May result in improved diabetes and renal disease management
- May help delay disease progression
- Section 105 of BIPA authorized coverage of MNT services
  - Separate stand-alone benefit from DSMT

# Who Is Covered

- Beneficiary diagnosed with diabetes or renal disease or received kidney transplant within prior 36 months
  - Beneficiary receiving dialysis not covered under this benefit
- Treating physician provides referral
  - New referral required every calendar year



# Renal Disease Defined

- Chronic renal insufficiency, or
- Medical condition of patient discharged from hospital after successful renal transplant within last 36 months

# Who Can Perform

- Registered dietician
- Nutrition professional

# Qualified Registered Dietician/Nutrition Professional Defined

- Holds bachelor's or higher degree in nutrition or dietetics
- Completed at least 900 hours of supervised dietetics practice
- Licensed/certified as dietician/nutrition professional
- Enrolled as Medicare provider

# MNT Services

- Initial nutrition and lifestyle assessment
- Nutrition
- How to manage lifestyle factors that affect diabetics
- Follow-up visits

# Frequency of MNT

- First year
  - Three hours of counseling
  - Individual or group
- Each subsequent year
  - Two hours of counseling
  - Individual or group

# Frequency of MNT

- Additional hours may be covered based on medical necessity
  - Second referral required from treating physician
- No hours carried over into next calendar year

# Documentation & Billing Requirements

- Beneficiary's medical record
  - Diabetes or renal disease diagnosis
  - Referral for each episode of care and reassessments
    - Description of change in medical condition
- Medicare claim
  - Appropriate ICD-10 diagnosis code
  - Line-item reporting
    - Revenue code, appropriate CPT/HCPCS code

# Billing Requirements

- No specific diagnosis code
  - Report appropriate ICD-10 code
- Report appropriate HCPCS code and revenue code



# CPT Codes

Code	Description
97802	MNT; initial assessment and intervention, individual, face-to-face with patient, each 15 minutes
97803	MNT; reassessment and intervention, individual, face-to-face with patient, each 15 minutes
97804	MNT; group (two or more individuals), each 30 minutes

# HCPCS Codes

Code	Description
G0270	MNT; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with patient, each 15 minutes
G0271	MNT; ..., group (two or more individuals), each 30 minutes

# TOBs & Revenue Codes

Facility Type	TOB	Revenue Code
Hospital outpatient	13X	0942
SNF	23X	0942
CAH Method I	85X	0942
CAH Method II	85X	0942, 096X, 097X, 098X
FQHC	77X	052X

# Additional Instructions for FQHC/RHC Facilities

- FQHC
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  - Not allowed to bill separately for MNT services
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# Payment

Facility Type	Payment
Hospital outpatient	Lesser of actual charge or 85% of MPFS
SNF	
HHA not under HHA POC	
CAH Method I	Reasonable cost
CAH Method II	Reasonable cost
FQHC	PPS

# Beneficiary Cost-Sharing

- Deductible waived
- Coinsurance/copayment waived
- Affordable Care Act Section 4104

# Why MNT Claims Are Denied

- Beneficiary is not qualified to receive MNT
- Provider did not meet qualifying requirements

# References, Resources, Wrap Up





# What You Should Do Now...

- Share this presentation with internal staff members
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update system with correct coding information
- Update any internal procedure to avoid costly, time-consuming claim errors

# NGS Resources

- Education > Medicare Topics > [Diabetes Awareness](#)
  - Documentation and Physician Order Requirements
  - DSMT & MNT Tools for Billing
  - MNT Tool for Billing
  - FAQs about DSMT Program Accreditation

# National Government Services Resources

- Provider Contact Center subject matter experts
  - Press zero (0) after provider authentication
  - PCC phone numbers on [our website](#) > Resources > Contact Us

# Look it up on NGSConnex!

- Use to find current DSMT & MNT information
  - Initial Date of Service
  - Minutes of Initial Time Remaining
  - Minutes of Follow-Up Time Remaining



The screenshot shows a table titled "Diabetes Self Management Training (DSMT)" with a search bar and "Show More" button. The table has three columns: "Initial Date of Service", "Minutes of Initial Time Remaining", and "Minutes of Follow-up Time Remaining". A single row of data is visible, with a yellow background, showing the date 12/23/2020, 330 minutes remaining, and 0 minutes remaining. A vertical "FEEDBACK" button is on the right side of the table.

Initial Date of Service	Minutes of Initial Time Remaining	Minutes of Follow-up Time Remaining
12/23/2020	330	0

# CMS Resources

- [CMS Preventive Services web pages](#)
  - Medicare > Prevention (Individual links for each preventive service are located under Prevention tab)
- [CMS Medicare Coverage Database \(MCD\)](#)
  - Medicare > Coverage > Medicare Coverage – General Information > Search the Medicare Coverage Database
- [CMS IOMs](#)
  - Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)

# CMS Resources

- National Coverage Determinations (NCDs)
  - Diabetes Outpatient Self-Management Training [40.1](#)
  - Medical Nutrition Therapy [180.1](#)

# CMS IOM References

- Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, [Covered Medical and Other Health Services](#)
  - Section 300, “Diabetes Self-Management Training Services”

# CMS IOM References

- Publication 100-04, *Medicare Claims Processing Manual*
  - Chapter 4, [Part B Hospital \(Including Inpatient Hospital Part B and OPPS\)](#), Section 300, “Medical Nutrition Therapy (MNT) Services”
  - Chapter 9, [Rural Health Clinics/Federally Qualified Health Centers](#), Section 70.5, “Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy Services (MNT)”



# CMS IOM References

- Publication 100-04, *Medicare Claims Processing Manual*
  - Chapter 12, [Physicians and Non-Physician Practitioners](#), Section 190.3.6, “Payment for Diabetes Self-Management Training (DSMT) as a Telehealth Service”
  - Chapter 18, [Preventive and Screening Services](#), Section 120, “Diabetes Self-Management Training (DSMT) Services”

# CMS Medicare Learning Network®

- [MLN Matters® Articles](#)
- [MLN Products](#)
  - Preventive Services Educational Products web page
  - MLN Products Catalog
  - Web-based training

# CMS Medicare Learning Network®

## References

- CR 5433 [Guidelines for Payment of Diabetes Self-Management Training \(DSMT\)](#)
- CR 6445 [Rural Health Clinic \(RHC\) and Federally Qualified Health Clinic \(FQHC\) Coverage and Billing Updates](#)
- CR 6510 [Diabetes Self-Management Training \(DSMT\) Certified Diabetic Educator](#)
- CR 7236 [Diabetes Self-Management Training \(DSMT\)](#)

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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