

# Preventive Services: Diabetes Screening Tests, DSMT and Medical Nutrition Therapy

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# Today's Presenters

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# Objectives

- After the session, attendees will be able to
  - Discuss Medicare coverage of diabetes screening tests, DSMT, and MNT
  - Ensure that they are properly billing Medicare for these services
  - Know where to find more information

# Agenda

- DSMT
- Diabetes Screening Tests
- MNT
- References
- Questions and Answers

# DSMT



# Overview

- Education of beneficiaries for successful self-management of diabetes
- Beneficiary must meet coverage criteria
- Must be provided by designated certified provider within accredited DSMT program



# Telehealth

- All MNT and diabetes self-management training (DSMT) services (with the exception of code G0271) are payable via telehealth
- During the PHE for COVID-19, these telehealth services are among those that may be furnished via audio-only telecommunications technology (audio-video technology is not required)

# Certified Provider

- Physician or other individual or entity that
  - Provides outpatient self-management training services as well as other items and services for which payment may be made under the Medicare Program
  - Meets certain quality standards
  - All providers/suppliers billing Medicare for other individual services considered certified
  - RNs and pharmacists can furnish the training; however, they are not eligible for Medicare enrollment. Must work with another certified provider to bill on his/her behalf
  - DMEPOS suppliers
    - Must obtain a provider number from the A/B MAC (B) in order to bill for DSMT

# Certified Provider

- Registered dietitians are eligible to bill on behalf of an entire DSMT program (must have a Medicare provider number – specialty 71)
  - A dietitian may not be the sole provider of the DSMT service
  - Rural areas – An individual who is qualified as a registered dietitian and as a certified diabetic educator who is currently certified by an organization approved by CMS may furnish training and is deemed to meet the multidisciplinary team requirement

# DSMT Program Accreditation

- Must be accredited as meeting quality standards by CMS approved national accreditation organization
  - ADA
  - AADE
  - IHS
- Must submit accreditation certificate to local Medicare contractor's provider enrollment department

# Qualified DSMT Program

- Includes the following services
  - Instruction in self-monitoring of blood glucose
  - Education about diet and exercise
  - Insulin treatment plan developed specifically for patient
  - Motivation for beneficiaries to use self-management skills

# Verifying DSMT Hours

- Please call the PCC to verify the DSMT hours billed

State/Region	Live Representative (Toll-Free Number)	IVR	PCC Hours of Service
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	866-837-0241  TTY: 866-786-7155	877-869-6504	Monday-Friday* 8:00 a.m.-4:00 p.m. ET  <b>*Closed for training on the 2<sup>nd</sup> and 4<sup>th</sup> Friday of the month</b> 12:00-4:00 p.m. ET
Illinois, Minnesota, Wisconsin	866-234-7340  TTY: 888-897-7523	877-908-9499	Monday-Friday* 8:00 a.m.-4:00 p.m. CT  <b>*Closed for training on the 2<sup>nd</sup> and 4<sup>th</sup> Friday of the month</b> 11:00 a.m.-3:00 p.m. CT

Please view our holiday schedule to learn when the National Government Services PCC is closed.

# Beneficiary Eligibility

- Coverage of services only for beneficiaries diagnosed with diabetes mellitus
  - Fasting blood sugar  $\geq$  126 mg/dL on two different occasions
  - Two-hour post-glucose challenge  $\geq$  200 mg/dL on two different occasions or
  - Random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes
  - A1c is not acceptable for supporting a diagnosis of diabetes

# Coverage/Documentation

- Requirements for coverage
  - Ordered by treating physician or qualified NPP managing beneficiary's diabetic condition
  - Order/referral must include
    - Statement signed by physician or qualified NPP that service needed
    - Number of initial or follow-up hours of training ordered
      - Can order less than ten hours but not exceed ten hours
    - Topics to be covered in training
    - Individual or group training determination



# Coverage/Documentation

- Plan of care required to be documented in patient's medical record
  - Original order by treating physician/NPP
    - Including any special conditions noted by physician
  - Must show services reasonable/medically necessary
- When original order changed, order/referral must be
  - Signed by treating physician/NPP
  - Maintained in patient's file in DSMT program records

# Initial DSMT Training

- 12-month period following initial certification
  - Beneficiary has not previously received initial or follow-up training (G0108 or G0109)
  - Furnished within continuous 12-month period
  - Does not exceed total of ten hours
    - Any combination of 30-minute increments
  - Training usually furnished in group setting
    - Not all need to be Medicare beneficiaries
  - One hour of individual training may be used for any part, including insulin training

# Individual DSMT Training

- Allowable when
  - No group session available within two months of date training ordered
  - Patient has special needs resulting from conditions such as severe vision, hearing or language limitations, or other such special conditions that will hinder effective participation in group training session
  - Physician orders additional insulin training
  - Need for individual training identified by physician or qualified NPP in referral

# Follow-Up DSMT Training

- Based on 12-month calendar year after completion of full ten hours of initial training
- No more than two hours of individual or group training per year
  - Furnished in increments of no less than 30 minutes
  - Group training consists of 2 to 20 individuals
    - Not all need to be Medicare beneficiaries
- Documentation of diabetes diagnosis within patient's medical record by treating physician or NPP

# Follow-Up DSMT Training

- Follow-up training for subsequent years based on 12-month calendar year after completion of full ten hours of initial training
  - If beneficiary exhausts ten hours in initial year, eligible for follow-up training in next calendar year
  - If beneficiary does not exhaust ten hours in initial year, has 12 continuous months to exhaust initial training before two hours of follow-up training available

# Follow-Up Training Example #1

- Beneficiary exhausts ten hours in the initial year (12 continuous months)
  - Receives first service in April 2020
  - Completes initial ten hours DSMT training in April 2021
  - Eligible for follow-up training in May 2021
    - 13<sup>th</sup> month begins subsequent year
  - Completes follow-up training in December 2021
  - Eligible for next year training in January 2022

# Follow-Up Training Example #2

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

# Billing

- Procedure code
  - Applicable CPT codes
    - G0108: Diabetes outpatient self-management training services, individual, per 30 minutes
    - G0109: Diabetes outpatient self-management training services, group session (two or more), per 30 minutes
  - Bill one unit per each 30-minute increment
- Diagnosis code
  - No specific diagnosis requirement- see the CMS ICD-10 web page for individual CRs and coding translations for ICD-10



# Billing

- All Medicare providers representing accredited DSMT program can bill and receive payment for entire DSMT program
- Registered dietitians can bill for entire DSMT program but not sole provider of service
  - Rural area exception if qualified as registered dietician and certified diabetic educator
- Cannot submit claims for DSMT services as “incident to” services
  - However, a physician advisor for a DSMT program is eligible to bill for the DSMT service for that program

# Cost-Sharing and Payment

- Patient cost-sharing
  - Coinsurance applied
  - Part B deductible applied
- Advance Beneficiary Notice of Noncoverage
  - Patient liable for services exceeding limited number of hours with referrals for DSMT
  - If no ABN issued in this situation, provider liable
- Medicare payment
  - Claims paid under MPFS

# Billing Tips

- DSMT benefit stand alone billable service separate from IPPE
- DSMT and MNT benefits allowed for same beneficiary in same year but not on same day
  - Requires separate referrals from physicians
- Billing an E/M code is not mandatory before billing the DSMT procedure codes
- Do not use E/M codes in lieu of HCPCS codes G0108 and G0109

# Common Claim Denial Reasons

- Beneficiary exceeded ten-hour training limit
- Physician or qualified NPP did not order training
  - No proof of order in medical record
- Individual furnishing DSMT not accredited by Medicare

# Diabetes Screening Tests



# Eligibility

- Two eligibility categories – patient must have risk factor or certain characteristics
- Patient has any of following risk factors
  - Hypertension
  - Dyslipidemia
  - Obesity (a body mass index greater than or equal to 30kg/m<sup>2</sup>)
  - Previous identification of an elevated impaired fasting glucose or glucose tolerance

# Eligibility

Or

- Patient has at least two of following characteristics
  - Overweight (a body mass index greater than 25 but less than 30 kg/m<sup>2</sup>)
  - Family history of diabetes
  - Age 65 or older
  - History of gestational diabetes mellitus or delivery of baby weighing greater than nine pounds

# Coverage

- Beneficiaries diagnosed with prediabetes
  - Maximum of two diabetes screening tests within 12-month period (but not less than six months apart)
- Beneficiaries previously tested but not diagnosed as prediabetic or who have never been tested
  - One diabetes screening test within 12-month period



# Billing

- Applicable CPT codes
  - 82947 Glucose: quantitative, blood (except reagent strip)
  - 82950 Glucose: post glucose dose (includes glucose)
  - 82951 Glucose: tolerance test (GTT), three specimens (includes glucose)
- ICD-10-CM diagnosis code
  - Z13.1
  - See the [CMS ICD-10 web page](#) for individual CRs and the specific ICD-10-CM codes Medicare covers for this service

# Billing

- When the beneficiary meets the definition of prediabetes, append modifier **TS** (follow-up service)
- No coinsurance or Part B deductible applied

# Common Claim Denial Reasons

- Benefit maximum for this time period or occurrence has been reached
- This service is being denied because it has not been six months since last examination of this kind

# Medical Nutrition Therapy



# MNT Services

- The MNT benefit is a completely separate benefit from the DSMT benefit
- For the purpose of disease management covered MNT services include the following
  - An initial nutrition and lifestyle assessment
  - One-on-one nutritional counseling
  - Information regarding diet management
  - Follow up sessions to monitor progress

# Eligibility

- Beneficiary has diabetes, renal disease or received a kidney transplant within the last 36 months
- Not covered for beneficiaries receiving maintenance dialysis
- Treating physician must provide referral
  - Must include diagnosis of diabetes or renal disease
- MNT services provided by
  - Registered dietitian or nutrition professional who meets provider qualification requirements (specialty code 71)
    - 42 CFR 410.134 – Provider Qualifications

# Coverage

- MNT services
  - Three hours of one-on-one counseling for first year
  - Two hours of coverage each subsequent year
- Provided either on individual or group basis
- Hours based on calendar year
  - Cannot be carried over from year to year
- Every year, beneficiary must have new referral for follow up hours

# Example of MNT Hours Usage

- A physician writes a referral for three hours of MNT
  - Beneficiary only uses two hours in November
  - The calendar year ends in December – if the third hour is not used, it cannot be carried over into the following year
- Following year, beneficiary is eligible for two follow-up hours (with a physician referral)
  - Every calendar year a beneficiary must have a new referral for follow-up hours



# Billing

- **Applicable CPT Codes**
  - 97802: Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
  - 97803: Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
  - 97804: Medical nutrition therapy; group (two or more individual(s)), each 30 minutes

# Billing

- Change in beneficiary's condition
  - G0270: Medical Nutrition Therapy; **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 the patient, each 15 minutes
  - G0271: Medical Nutrition Therapy; **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), group (two or more individuals), each 30 minutes

# Billing

- ICD-10 diagnosis coding
  - See the [CMS ICD-10](#) web page for individual CRs and coding translations
- One unit per each increment
- Include NPI number of referring physician
- Copayment/coinsurance/deductible waived
- DSMT and MNT cannot be billed on the same date of service for the same patient

# Common Claim Denial Reasons

- Beneficiary not qualified to receive benefit
- Individual provider of MNT services did not meet provider qualification requirements

# References and Resources



# DSMT and Diabetes Screening Test Resources

- [CMS IOM, Pub. 100-04, \*Medicare Claims Processing Manual\*, Chapter 18, Diabetes Self Management Training \(DSMT\) Services, Section 120 & Diabetes Screening, Section 90](#)
- [CMS IOM Pub. 100-02, \*Medicare Benefit Policy Manual\*, Chapter 15, Section 300](#)

# Resources

- MLN Matters® Article: [MM11043: Revision of Definition of the Physician Supervision of Diagnostic Procedures, Clarification of DSMT Telehealth Services, and Establishing a Modifier for Expanding the Use of Telehealth for Individuals with Stroke](#)

# MNT References

- [CMS IOM Pub. 100-04, \*Medicare Claims Processing Manual\*, Chapter 4, Section 300 Medical Nutrition Therapy](#)
- [National Kidney Disease Education Program](#)
- [CMS Preventive Services](#)
  - MLN Preventive Services Educational Products for Health Care Professionals
  - Medicare Preventive Services Quick Reference Chart
  - The Guide to Medicare Preventive Services



# Thank You!

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

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