



PRACTICE ADVISORY – Telehealth and the Impact on Diabetes Self-Management and Training (DSMT)

Introduction

The concept of telehealth is growing in popularity as new technology emerges. Telehealth is a provision of patient care and consultation utilizing telecommunications technology. It links a patient and provider who are not at the same location and incorporates both video and audio technologies. Use of these technologies has the potential to revolutionize the way health care is delivered and information is exchanged. This is of particular interest to diabetes educators who are searching for ways to increase patient access to their services. Telehealth could magnify the reach of educators and help them meet the needs of the ever-growing diabetes population.

Description

In January 2011, Medicare began reimbursing for DSMT services (G0108 and G0109 codes) provided via telehealth in both individual and group settings. This is a positive step forward and may increase DSMT access to currently underserved individuals. However, in order for Medicare to reimburse for telehealth services, the following requirements must be met:

- The patient must be present for an encounter which involves interactive, two-way audio and video telecommunications and provides real-time exchanges between the practitioner and the individual beneficiary.
- Services must be delivered to a beneficiary in an eligible facility known as an “originating site”. This may be a physician office, hospital, critical access hospital, rural health clinic, federally qualified health center, hospital-based or critical access hospital-based renal dialysis center, skilled nursing facility and/or community mental health center.
- The originating site must be located in a federally designated rural Health Professional Shortage Area (HPSA) in a county that is not in a Metropolitan Statistical Area (MSA) or from an entity that is involved in an approved federal telemedicine demonstration project.
- The term “distant site” means the site where the physician or practitioner providing the professional service is located at the time the service is provided via a telecommunications system. The payment amount for the professional service provided via a telecommunications system by the physician or practitioner at the distant site is equal to the current *physician* fee schedule amount for the service.

- The care/services must be conducted by a physician, nurse midwife, clinical psychologist, registered dietitian or nutritional professional, nurse practitioner, physician assistant, clinical nurse specialist, or clinical social worker.

Similar to reimbursement requirements for in-person education, the telehealth must be provided within an accredited diabetes education program. However, consistent with the statutory requirements of Medicare telehealth services, DSMT services can only be furnished by a licensed physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse-midwife (CNM), clinical psychologist, clinical social worker, or registered dietitian or nutrition professional.

This reimbursement structure may not be consistent with some DSMT programs that utilize RNs or pharmacists to deliver diabetes education. Under the current telehealth regulations, RNs or pharmacists would not be eligible to provide DSMT services via telehealth, even though they provide these services during a face-to-face interaction.

CMS will also require that a minimum of 1 hour of in-person instruction is provided in the self-administration of injectable drugs to the individual during the year following the initial DSMT service.

Role of the Diabetes Educator:

The educator is an essential part of the diabetes care team that participates in providing DSMT, both in-person and via telehealth. The primary challenge is that current telehealth regulations do not allow certain healthcare professional, such as RNs or pharmacists to provide DSMT via telehealth within an accredited program. AADE will continue their efforts to have diabetes educators added to the list of approved providers for DSMT telehealth services as diabetes educators are currently the professionals who are most trained and experienced in the delivery of DSMT.

Reimbursement/Coding

The person providing the DSMT would use the same HCPCS codes for telehealth as they would use in-person, but include the telehealth modifier GT, “via interactive audio and video telecommunications system” (e.g., G0108 GT).

- HCPCS code G0108 (Diabetes outpatient self-management training services, individual, per 30 minutes); and
- HCPCS code G0109 (Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes)

The originating site (where patient is located) bills a facility fee HCPCS code Q3014 (this is not time-based).