

## **Diabetes Services Order Form Backgrounder on Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services**

This document and the accompanying *Diabetes Services Order Form* were prepared by the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics. This backgrounder and order form are designed to provide information and assist physicians and other qualified non-physician practitioners in making referrals for diabetes services to improve access and education to individuals with diabetes.

The order form meets requirements set forth by Medicare and most insurance companies. For private insurance companies consult each payer's DSME/T and MNT policies for specific requirements. Medicaid coverage for DSMT and MNT varies by state. Contact your state Medicaid office for coverage and specific requirements in your state.

DSME/T and MNT are separate but complementary services used to improve diabetes care. DSME/T is provided by diabetes educators who are licensed or nationally registered healthcare professionals and provide overall guidance related to all aspects of diabetes to increase the patient's knowledge and skill about the disease, and promote self-care behaviors for effective self-management and glycemic control for self-management of their health. MNT is provided by a registered dietitian and is an intensive, focused, and comprehensive nutrition therapy service that relies heavily on follow-up to provide repeated reinforcement to aid with behavior change. Before making a referral for DSME/T or MNT services, check your state licensure laws to determine who is considered a qualified provider of these services.

Because DSME/T and MNT provide different behavioral modification techniques (i.e. classroom study for basic knowledge and individual attention that focuses on behavior change over time), they are complementary and may be more medically effective for some beneficiaries than receipt of just one of the benefits. Research indicates MNT combined with DSME/T improves outcomes. Both provide ongoing follow-up and can be ordered in the same year. They require separate referrals.

When working with Medicare beneficiaries it is necessary to understand the Medicare regulatory requirements for both services for successful completion of the updated Diabetes Services Order form. Excerpts on the Diabetes Self-Management Training (DSMT)\* and MNT Medicare regulations and benefit coverage policies are listed below. Additionally, three examples that coordinate the Medicare DSMT program and the Medicare MNT benefit are included. Note that Medicare does not allow these services to be provided on the same day.

\*Medicare regulations use the term "diabetes self-management training" (DSMT).

**DSMT and MNT Medicare Regulations & Benefit Coverage Policies  
(Excerpt from the Medicare Carriers Manual, section 300.1 and 180.1 and Program Transmittals for  
DSMT and MNT benefit requirements <sup>1-4</sup>)**

DSMT Initial training:

- Is furnished to a beneficiary who has not previously received initial or follow-up training under HCPCS G0108 or G0109; furnished in increments of one-half hour.
- Is furnished within a continuous 12-month period.
- Does not exceed a total of 10 hours for the initial training. The 10 hours of training can be done in any combination of 1/2-hour increments. They can be spread over the 12-month period or less.
- With the exception of 1 hour of individual training, training is usually furnished in a group setting (2-20 individuals) who need not all be Medicare beneficiaries. The one-hour of individual training may be used for any part of the training including insulin training.
- Medicare covers training on an individual basis if no group session is available within two months of the date the training is ordered; the beneficiary's physician (or qualified non-physician practitioner) documents in the beneficiary's medical record that the beneficiary has special needs resulting from conditions that will hinder effective participation in a group training session, such as hearing or vision disabilities; or the physician orders additional insulin training.
- Federally Qualified Health Centers (FQHCs) with recognized diabetes education programs operate differently and are reimbursed only for individual DSMT.

DSMT Follow-up training:

- Consists of no more than two hours individual or group training for a beneficiary each year;
- Group training consists of 2 to 20 individuals who need not all be Medicare beneficiaries;
- Is furnished any time in a calendar year following a year in which the beneficiary completes the initial training (e.g., beneficiary completes initial training in November 2010 therefore the beneficiary is entitled to 2 hours of follow-up training beginning in January of 2011);
- Is furnished in increments of one-half hour; and
- The physician (or qualified non-physician practitioner) treating the beneficiary must document in the beneficiary's medical record that the beneficiary has diabetes.

Medicare's Recognition Requirements for a DSMT Program:

Medicare requires that DSMT be provided in a DSMT program that has been accredited/recognized by the American Association of Diabetes Educators (Diabetes Education Accreditation Program) or American Diabetes Association (Diabetes Recognition Program). These programs assure quality because the National Standards for Diabetes Self-Management Education establish the criteria for the structure and processes of a DSMT program.

MNT:

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- During the first calendar year, three hours of MNT is available to beneficiaries with diagnoses of non-dialysis kidney disease, 36 months post-kidney transplant, and/or diabetes. Additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in the beneficiary's medical condition, diagnosis, or treatment regimen that requires a change in MNT (e.g., significant increase in HbA1c, HTN, eating disorder, CHF, dislipidemia, new onset of some DM complications), and the physician orders additional MNT hours during that episode of care.
- Is furnished in a calendar year.
- The licensed or certified, as applicable, registered dietitian (RD) or nutrition professional may choose how many units of MNT are performed in each encounter up to the total hours available in the calendar year or as noted in the physician documentation for additional hours of MNT.
- Payment will be made under the following codes: 97802, 97803, 97804; G codes G0270 and G0271 when additional MNT is ordered in the same year. These services cannot be paid "incident to" physician services.
- The MNT services are provided in increments of 15 minutes for individual encounters and 30 minute increments for group encounters.
- Effective January 1, 2011, Medicare now waives the deductible and co-payment for Medicare MNT services. (Source: Table 65, Centers for Medicare & Medicaid Services, 42 CFR Parts 405, 409, 410, 411, 413, 414, 415, and 424, [CMS-1503-FC], Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011. <http://edocket.access.gpo.gov/2010/pdf/2010-27969.pdf>)
- Services may be provided either on an individual or group basis. In Federally Qualified Health Centers (FQHCs) MNT is separately reimbursed only for individual encounters.
- The treating physician must make a referral and indicate a diagnosis of diabetes, non-dialysis kidney disease and/or kidney transplant. Non-physician practitioners cannot make referrals for this service.
- A licensed or certified, as applicable, RD or nutrition professional must provide MNT services.
- For group MNT, at least 2 beneficiaries must participate in the session.

#### MNT Follow-up training

- Basic MNT coverage in subsequent years for non-dialysis kidney disease, kidney transplant and/or diabetes is 2 hours. Additional MNT in subsequent years are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.
- The treating physician must order follow up MNT.
- For group MNT, at least 2 beneficiaries must participate in the session.
- A beneficiary may not receive follow up MNT and DSMT services on the same day.
- The MNT services are provided in increments of 15 minutes for individual encounters and 30 minute increments for group encounters.

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- Follow up MNT is reported using procedure codes 97803 for individual encounters or 97804 for group encounters. G codes G0270 and G0271 are used when additional MNT is ordered in the same year.

### **Providing DSMT and MNT via Telehealth**

Private insurance companies may cover DSMT and MNT services provided via telehealth. Consult each payer’s policies for specific coverage and requirements.

Medicare covers individual and group DSMT and MNT sessions similar to the face-to-face benefit with the following considerations:<sup>5</sup>

- For DSMT, a minimum of 1 hour in-person instruction must be provided in the initial year to ensure effective injection training.
- The telehealth option is only available to Medicare beneficiaries who reside in rural health professional shortage areas and counties not classified as a metropolitan statistical area.

Details on the telehealth benefit for Medicare beneficiaries can be found in the CMS Medicare Benefit Policy Manual: Medicare Payment for Telehealth Services at <http://cms.hhs.gov/manuals/downloads/clm104c12.pdf>.

### **Coordination of the DSMT and MNT Benefits**

THE FOLLOWING ARE EXAMPLES OF HOW THE DSMT AND MNT BENEFITS CAN BE USED BUT ARE NOT ALL INCLUSIVE OF ALL PROGRAM DESIGNS

#### **Example #1 – DSMT program initiated first, then physician referral to RD Medicare provider for MNT (1st year of service):**

The treating physician/qualified non-physician practitioner refers the Medicare beneficiary, with type 2 diabetes who has not received previous diabetes education, to the accredited DSMT program. The beneficiary meets the eligibility for DSMT because there is change of therapy – just starting insulin. The nurse educator who performs the initial assessment indicates that the Medicare beneficiary would benefit from MNT. The nurse communicates with the physician and registered dietitian. The physician determines that MNT is medically necessary and refers the beneficiary for initial MNT provided by an RD Medicare provider. Total hours: 13 (10 hours DSMT and 3 hours MNT)

#### **Example #2 -- Physician refers beneficiary for DSMT and MNT for diabetes (1st year of service). Both benefits occurring simultaneously.**

A Medicare beneficiary with newly diagnosed type 2 diabetes is referred by his/her treating physician to an RD Medicare provider for initial MNT (3 hours initially-- additional hours available based on medical necessity and if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT physician referral). In the course of the nutrition assessment, the RD determines that the Medicare beneficiary would benefit from a DSMT program offered at a local hospital. The RD contacts the physician to discuss medical necessity for initial DSMT

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and the physician determines that DSMT is medically necessary and refers beneficiary for initial DSMT. Total hours: 13 (10 hours DSMT and 3 hours MNT)

### **Example 3: Follow-up DSMT and MNT benefits (year 2)**

It is now one year later. A Medicare beneficiary with type 2 diabetes has completed an initial DSMT program and received initial MNT from a RD Medicare provider. Both services were provided during the same episode of care (12 months). The beneficiary is referred by his/her primary care physician to the DSMT program for insulin instruction and Cardiovascular Risk Reduction instruction, and to the RD for follow-up MNT.

Background information: Qualifying beneficiaries with diabetes are eligible for 2 hours of follow-up DSMT and 2 hours of follow-up MNT annually based on medical necessity and a referral from the physician/qualified non-physician practitioner. Both services can provide follow-up in a group or individual setting. The treating physician can refer the beneficiary to the RD Medicare provider for additional hours of MNT beyond the initial 2 hours of follow-up MNT if the physician determines: 1) there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and 2) orders additional hours of MNT during the episode of care. Total hours: 4 (2 hours DSMT and 2 hours MNT)

### **Private Payer Reimbursement for DSME/T and MNT**

Most, but not all, private payors have adopted Medicare's Healthcare Common Procedure Code System (HCPCS) Level II, G codes G0108 and G0109 for DSMT. Some may also use G codes G0270 and G0271 for MNT services. S codes may also be used by some payors for individual counseling, education and/or group classes.

CPT® codes are used to report Education and Training for Patient Self-Management services prescribed by a physician and provided by a qualified, non-physician healthcare professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(s), disease(s), or to delay comorbidities. Physicians will wish to check with private payors to see if they accept these codes and how they might be used. At this time the following codes are not paid separately by Medicare. Medical Nutrition Therapy CPT® codes also are routinely used by payors for MNT services, however some payors limit use of these code to only Registered Dietitians.

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**CPT® Codes that May be Accepted by Private Insurers for MNT and DSMT/E services  
(Check payer policy to verify use of the following CPT® codes.)**

<b>CPT® CODE</b>	<b>Summary</b>	<b>Time</b>
98960*	Education and training for patient self-management by a qualified, non-physician healthcare professional using a standardized curriculum, face-to-face with the individual patient (could include caregiver/family)	Each 30 minutes
98961*	Education and training for patient self-management for 2–4 patients	30 minutes
98962*	Education and training for patient self-management for 5–8 patients	30 minutes
<b>Medical Nutrition Therapy</b>		
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, <i>Most payers stipulate use of this code for initial assessment of a new patient. Subsequent individual visits (including reassessments and interventions) can be coded as 97803. All subsequent Group Visits are to be billed as 97804. Check payer policies.</i>	Each 15 minutes.
97803	Medical nutrition therapy; Re-assessment and intervention, individual, face-to-face with the patient. <i>This code is used for follow up individual reassessments and interventions after the initial visit (see 97802). (Check payer policy to determine whether this code should also be used when there is a change in the patient’s medical condition that affects the nutritional status of the patient, or whether the MNT G0270 code should be used.).</i>	Each 15 minutes.

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97804 Medical nutrition therapy; Each 30 minutes  
group (2 or more individuals).  
(Check payer policy to  
determine whether this code  
should be used when there is  
a change in a patient's  
condition that affects the  
nutritional status of the  
patient and the patient is  
attending in a group, or  
whether MNT G0271 code  
should be used.)

**Prenatal, Obesity, or Diabetic Instruction**

99078\* Physician educational Check with the insurer  
services rendered to patients  
in group setting (prenatal,  
obesity, or diabetic  
instruction)

\* Codes not payable by Medicare at this time.

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**References**

1. Medicare Benefit Policy Manual: Section 4105 of the Balanced Budget Federal Register Act of 1997 Permits Medicare Coverage of Diabetes. Accessed 7/25/11.  
<http://www.cms.gov/MLN MattersArticles/downloads/MM3185.pdf>
2. Medicare Benefit Policy Manual, accessed 9/04 from CMS' Web page at:  
[http://www.cms.hhs.gov/manuals/102\\_policy/bp102index.asp](http://www.cms.hhs.gov/manuals/102_policy/bp102index.asp)
3. MNT Services for Beneficiaries with Diabetes or Renal Disease-Correction, CMS Transmittal A-03-009, accessed 9/04 from CMS' Web page at: [http://www.cms.hhs.gov/manuals/pm\\_trans/A03009.pdf](http://www.cms.hhs.gov/manuals/pm_trans/A03009.pdf)
4. Pub 100-02 Medicare Benefit Policy Transmittal 109 CR 6510.  
<http://www.diabeteseducator.org/ProfessionalResources/accred/Policies.html>
5. CMS Manual System, Department of Health & Human Services (DHHS), Pub 100-02 Medicare Benefit Policy Centers for Medicare & Medicaid Services (CMS) Transmittal 140, Feb 23, 2011. Accessed 7/25/11.

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