



Diabetes Self-Management Education & Support/Training and Medical Nutrition Therapy Services

This document and the accompanying *Diabetes Services Order Form* were prepared by the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics and the American Diabetes Association. This backgrounder is designed to provide necessary information for providers of DSMES/T* and MNT services and their billing departments to support the referral and billing processes, thereby improving 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 DSMES/T and MNT policies for specific requirements. Medicaid coverage for DSMES/T and MNT varies by state. Contact your state Medicaid office for coverage and specific requirements in your state.

BACKGROUND

DSMES/T and MNT are separate but complementary services used to improve diabetes care. DSMES/T is provided by an individual or team including diabetes care and education specialists who are licensed or nationally registered healthcare professionals and provide overall guidance related to all aspects of diabetes to increase the individual's self-management skills and reduce risk of diabetes-related complications. DSMES/T providers work with their clients to create individualized care plans that focus on the whole health of an individual, considering factors like culture, language, lifestyle and social determinants of health. MNT is provided by a registered dietitian nutritionist (RDN) and is an intensive, focused, and comprehensive individualized nutrition therapy service that relies heavily on follow-up to provide repeated reinforcement to aid with sustained adoption of healthy food choices and eating behaviors. Before making a referral for DSMES/T or MNT services, check your state licensure laws to determine who is considered a qualified provider of these services.

Because DSMES/T and MNT provide a variety of behavioral modification techniques (i.e., group-based offerings for basic knowledge and reinforcement of positive behaviors as well as individual attention that focuses on diet and behavior change over time), they are complementary and may be more medically effective for some beneficiaries than receiving just one of the benefits. Research indicates MNT combined with DSMES/T improves outcomes. Both provide ongoing follow-up and can be ordered in the same year. They have different referral requirements but can be ordered together.

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 and reimbursement for the services. Excerpts on the Diabetes Self-Management Training (DSMES/T)* and MNT Medicare regulations and benefit coverage policies are listed below. Additionally, three

examples that coordinate the Medicare DSMES/T program and the Medicare MNT benefit are included. Note that Medicare does not allow these services to be provided on the same day.

MEDICARE BENEFIT SNAPSHOT FOR DSMES/T AND MNT

Qualifying beneficiaries with diabetes are eligible for the following services every year based on medical necessity and a referral from the appropriate provider based on Medicare Regulations and Policies (see details below). Both services can provide follow-up in a group or individual setting:

- 2 hours of follow-up DSMES/T and
- 2 hours of follow-up MNT

The treating provider can refer the beneficiary to the RDN Medicare provider for additional hours of MNT beyond the initial 2 hours of follow-up MNT if the referring 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.

Qualifying beneficiaries with diabetes are eligible for the following services based on medical necessity and a referral from the appropriate provider based on Medicare Regulations and Policies (see details below). Initial DSMES/T is typically furnished in a group setting unless special needs are identified, and MNT is typically furnished in an individual setting, but may also be provided in a group:

- 10 hours of Initial DSMES/T and
- 3 hours of Initial MNT

MEDICARE REGULATIONS & BENEFIT COVERAGE POLICIES

(Excerpt from the Medicare Carriers Manual, section 300.1 and 180.1 and Program Transmittals for DSMES/T and MNT benefit requirements ¹⁻⁴)

Diabetes Self-Management Education & Support

DSMES/T 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**. These initial 10 hours of training must be utilized within that 12-month period, once in a lifetime.
- 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, DSMES/T is usually furnished in a group setting (2-20 individuals) who need not all be Medicare beneficiaries.

*Medicare regulations use the term “diabetes self-management training” (DSMT).
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- One-hour of individual DSMES/T may be used for any part of the training including insulin training.
- Copayments/coinsurance and deductibles apply.
- Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHC's) with accredited and recognized DSMT programs operate differently and ***are reimbursed only for individual DSMES/T.***

Medicare covers training on an individual basis:

1. if no group session is available ***within two months of the date the training is ordered***
2. the beneficiary's physician (or qualified non-physician practitioner including certified nurse midwife, clinical nurse specialist, nurse practitioner, or a PA⁵) 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
3. the physician orders ***insulin training.***

DSMES/T Follow-up training:

- Consists of no more than two hours individual or group training for a beneficiary each calendar 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 12-month period in which the beneficiary completes the initial training:
 - Example 1: beneficiary completes initial training in June 2020 therefore the beneficiary is entitled to 2 hours of follow-up training beginning in January of 2021
 - Example 2: beneficiary starts initial training in March 2020 and completes 6 hours of training by February 2021, therefore the beneficiary is eligible for 2 hours of follow-up training beginning in March of 2021
- Is furnished in increments of one-half hour
- 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 Certification Requirements for a DSMES/T Program:

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

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Medical Nutrition Therapy

MNT Initial Training:

- 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., converting from oral medication to insulin, significant increase in HbA1c, HTN, eating disorder, CHF, dyslipidemia, 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.
- A beneficiary may not receive follow up MNT and DSMES/T 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.
- Copayment/coinsurance and deductible waived.
- 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 and not group sessions.
- 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, RDN 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 is 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. A new referral is needed each calendar year for the duration of the episode of care.
- For group MNT, at least 2 beneficiaries must participate in the session.
- A beneficiary may not receive follow up MNT and DSMES/T services on the same day.

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- The MNT services are provided in increments of 15 minutes for individual encounters and 30 minute increments for group encounters.
- 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. Additional hours may be ordered when there is a change in medical condition, treatment, or diagnosis. No limitation on hours available is indicated for additional MNT.

PROVIDING DSMES/T AND MNT VIA TELEHEALTH

Private insurance companies may cover DSMES/T and MNT services provided via telehealth. Consult each payer's policies for specific coverage and requirements.

Medicare covers individual and group DSMES/T and MNT sessions similar to the face-to-face benefit with the following considerations:⁶

- For DSMES/T, all hours can be provided via telehealth when injection training is not required.
- The telehealth option is only available to Medicare beneficiaries who reside in rural health professional shortage areas and counties not classified as a health professional shortage 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>.

Medicare has introduced temporary flexibilities because of the COVID-19 public health emergency. Consult your professional organization for guidance and refer to:

CMS COVID-19 FAQ on [Medicare Fee for Service Billing](#) (search DSMT and/or MNT)

COORDINATION OF THE DSMES/T AND MNT BENEFITS

The following are examples of how the DSMES/T and MNT benefits can be used but are not all inclusive of all program designs

Example #1 -- Physician refers beneficiary for both DSMES/T and MNT for diabetes (1st year of service).

Both benefits occurring simultaneously.

A Medicare beneficiary with type 2 diabetes is referred by his/her treating physician to an RDN Medicare provider for initial MNT and DSME/T. Total hours: 13 (10 hours DSMES/T and 3 hours MNT) * MNT and DSMES/T cannot be billed on same day.

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Example #2 – physician referral to RDN Medicare provider for MNT initiated first, then DSMES/T program (1st year of service):

A physician refers the Medicare beneficiary, with type 2 diabetes for initial MNT provided by an RDN Medicare provider. The RDN who performs the initial MNT assessment indicates that the Medicare beneficiary would benefit from DSMES/T and communicates with the treating physician/qualified non-physician practitioner; The treating physician/qualified non-physician practitioner refers the beneficiary to the accredited DSMES/T program. The beneficiary meets the eligibility for DSMES/T because he/she has not received previous diabetes education since signing up for Medicare. Total hours: 13 (10 hours DSMES/T and 3 hours MNT)

Example #3: Follow-up DSMES/T and MNT benefits (year 2)

It is now one year later. The Medicare beneficiary with type 2 diabetes completed initial DSMES/T and received initial MNT from a RDN Medicare provider. Both services were provided during the same episode of care (12 months). The beneficiary is now referred by his/her primary care physician to the DSMES/T program for insulin instruction and Cardiovascular Risk Reduction instruction, and to the RDN for follow-up MNT. Total hours: 4 (2 hours DSMES/T and 2 hours MNT)

PRIVATE PAYER REIMBURSEMENT FOR DSMES/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 DSMES/T. 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. Providers are encouraged 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 Dietitian Nutritionists.

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

CPT® CODE	Summary	Time
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
Medical Nutrition Therapy		
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.
97804	Medical nutrition therapy; group (2 or more individuals). <i>(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.)</i>	Each 30 minutes
Prenatal, Obesity, or Diabetic Instruction		
99078**	Physician educational services rendered to patients in group setting (prenatal, obesity, or diabetic instruction)	Check with the insurer

** Codes not payable by Medicare at this time.

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REFERENCES

1. *Medicare Program; Expanded Coverage for Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements Final Rule*. Health Care Finance Administration. 12/29/2000. <https://www.federalregister.gov/documents/2000/12/29/00-32703/medicare-program-expanded-coverage-for-outpatient-diabetes-self-management-training-and-diabetes>. Accessed 3/1/21.
2. *Medicare Benefit Policy Manual, Chapter 15, Covered Medical and other Health Services*. accessed 6/25/20 from CMS' Web page at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
3. *National Coverage Determination for Medical Nutrition Therapy (180.1)*. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=252&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=medical+nutrition+therapy&KeywordLookUp=Title&KeywordSearchType=And&id=53&bc=gAAAABAAAA&>. Accessed 3/1/21.
4. *Diabetes Self-Management Training (DSMT) Certified Diabetes Educator*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R109BP.pdf>. Accessed 3/1/21.
5. *Social Security Act Title 42 Public Health, Supplemental Medical Insurance (SMI) Benefits - Outpatient diabetes self-management training*. *Electronic Code of Federal Regulations*. https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=4ad0fb8e5d86ff32f57675159aa84bdd&mc=true&n=pt42.2.410&r=PART&ty=HTML#se42.2.410_140. Accessed 2/25/21. See Section 410.32(a)(2).
6. *Medicare Claims Processing Manual. Chapter 12, Physicians/Nonphysician Practitioners*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>. Accessed 6/25/20.

Additional links

Additional Information about Medicare Administrative Contractors

<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC>

Additional Information for Billing for Preventative Services

Medicare Claims Processing Manual: Chapter 18, Preventative and Screening Services.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18pdf.pdf>. Accessed 6/25/20.

Additional Information for MNT

Medicare Claims Processing Manual: Chapter 4, Part B Hospital. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf>. Accessed 6/25/20.

Additional Information for DSMES/T

Medicare Benefit Policy Manual: Chapter 15, Covered Medical and Other Health Services.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>. Accessed 6/25/20.

Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements:

Electronic Code of Federal Regulations: Subpart H

<https://www.ecfr.gov/cgi-bin/text-idx?SID=4a4bd96c4686bd9d0a26ca0226c36050&mc=true&node=sp42.2.410.h&rgn=div6>

-Please note that AADE changed name to ADCES and link has not yet been updated by CMS.

Diabetes Self-Management Training (DSMT) Accreditation Program- CMS

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/DSMT-Accreditation-Program>

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