AADE16

Embrace Change, Strengthen Our Future, Celebrate!

AADE American Association of Diabetes Educators

New CPT Code for Pre-Diabetes Education

- 0403T: Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day
- Implemented January 1, 2016

AADE16

Patty Telgener

VP of Reimbursement
Emerson Consultants

AADE16

Medicare Proposed Coverage for DPP

- Medicare announces intent to expand coverage for DPP in the 2017 Physician Payment Proposed Rule (published July 2106)
- This is a PROPOSED rule – not final. CMS asking for feedback
- Comment period open until September 2016
- Proposed effective date for DPP coverage would be January 2018
- Would expect additional information to be published by CMS in the November 2016 final rule and most likely again July 2017

AADE16

Outline

- CMS Proposed Rule
  - Diabetes Prevention Program and opportunity to submit comments for DSMT
- Top Questions from Ask the Expert
- Growing your Program
- Questions

AADE16

Medicare Proposed Coverage for DPP cont.

- Proposed coverage follows CDC approved DPP program
- CMS payment model based on number of sessions patient attends and weight loss achieved
- Payment after one session attended
- Payment after 4 sessions attended
- Payment after 9 sessions attended
- Additional payment for weight loss of 5% - $160 (additional $25 for weight loss of 9%)
- Payment per 3 maintenance sessions with weight loss

AADE16

Medicare Proposed Coverage for DPP cont.

- Proposing DPP to be "additional preventive service" allowing co-pays to be waived
- Would allow organizations recognized by CDC to apply for Medicare enrollment
- Eligibility proposed:
  - BMI greater than 25 (greater than 23 for Asians) AND A1C between 5.7-6.4 or fasting plasma glucose of 110-125mg/dL or a 2 hour post glucose challenge of 140-199 mg/Dl
- Previous diagnosis of gestational diabetes
- Proposing to allow self-referral or practitioner referral

AADE16

Examples of Payers Covering DPP

UPMC
BCBS of MI
Aloha Care
Anthem
BCBS of FL
Capital District
UHC
Dean Health
Priority Health
Moda Health
Independence BC
Univera
Medi-Cal
Kaiser
HealthPartners

AADE16

Medicare Proposed Rule Includes DSMT

Opportunity to submit comments on DSMT

- Focus is on "removing barriers to access"
- Discuss payment level, eligibility as preventive service to remove copays as well as clarification on certain points
- Comment process is same as DPP

AADE16

Medicare Covers Diabetes Screening

- Medicare covers screening for any of these risk factors:
  - High blood pressure (hypertension)
  - History of abnormal cholesterol and triglyceride levels (dyslipidemia)
  - Obesity
  - History of high blood sugar (glucose)

AADE16

Medicare Proposed Rules Comment period

- Open to public comment until September 6, 2016
- Link to CMS document outlining proposed coverage
  - https://www.federalregister.gov/articles/2016/07/15/2016-16097/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions
- Comments can be submitted one of two ways:
- Electronically to www.regulations.gov. Follow the instructions for "submitting a comment."
- By regular mail. You may mail written comments to the following address:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
P.O. Box 8013
Baltimore, MD 21244-8013

AADE16

Medicare Covers Diabetes Screening

- Medicare also covers diabetes screening if 2 or more of these apply:
  - Age 65 or older
  - Overweight
  - Family history of diabetes (parents, brothers, sisters)
  - History of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds

AADE16

Medicare Definition of Pre-Diabetes

- Fasting glucose level of 100 to 125 mg/dL or
- 2-hour post-glucose challenge of 140 to 199 mg/dL

AADE16

CPT Codes for Glucose Testing

- 82947 Glucose; quantitative, blood (except reagent strip)
- 82950 Glucose; post glucose dose (includes glucose)
- 82951 Glucose; Tolerance Test (GTT), three specimens (includes glucose)

AADE16

Medicare Covers Diabetes Screening

- No Co-pay required for Diabetes Screening
- Medicare provides coverage for a maximum of two diabetes screening tests per calendar year (but not less than 6 months apart) for beneficiaries diagnosed with pre-diabetes

AADE16

ICD10 Diagnosis Codes

- ICD-10 code associated with pre-diabetes is R73.09

AADE16

Non-Medicare Definition of Pre-Diabetes

- 18 years or older BMI ≥24 kg/m2 (≥22 if Asian)
- Fasting blood glucose (range 100–125 mg/dl)
- 2-hour glucose (range 140–199 mg/dl)
- HbA1c (range 5.7–6.4)
- Previous GDM (may be self-reported)

AADE16

REVIEW AND FREQUENTLY ASKED QUESTIONS (FAQ)

AADE16

Medicare's Definition of Diabetes

- Medicare diagnosis of diabetes is by any of the following criteria:
  - A fasting blood sugar greater than or equal to 126 mg/dL on two different occasions
  - A 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 or uncontrolled diabetes
- Criteria does not include A1C level
- Medicare does not currently cover pre-diabetes, but expansion of coverage is important initiative for AADE

AADE16

Medicare's Coverage for DSMT

- Medicare Part B covers 10 hours of initial training for a beneficiary who has been diagnosed with diabetes
- Medicare will typically pay one hour of individual training and the other nine hours as group training
  - Groups do not need to be all Medicare patients
  - Groups can be two to twenty individuals
  - No requirement to do individual training. All ten hours can be done as all group

AADE16

When are DSMT Services Covered by Medicare?

- Referral from physician or advance practice provider
- The training must be ordered by the physician or advance practice provider ***treating*** the beneficiary's diabetes

AADE16

DSMT Initial Training Criteria

- Furnished to a beneficiary who has not previously received initial training
- Furnished within a continuous 12 month period
  - Can be provided in any combination of one-half hour increments over the 12 month period
- Does not exceed a total of 10 hours for the initial training
  - Patient or provider may be liable if exceeds

AADE16

DSMT Certified Providers

- Certified Providers
  - RDs
  - Pharmacies
  - Physicians (MDs and DOs)
  - Advanced Practitioners (i.e. Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist)
- Legislation under way to recognize CDEs as providers

AADE16

Criteria for Follow-up Training

- After receiving the initial training, Medicare covers follow-up training under the following conditions:
  - Consists of no more than two hours of training each year
  - May be provided in either group or 1:1
  - Furnished any time in a calendar year after a year in which the beneficiary completes the initial training

AADE16

Example: Training Over One Year

- Patient starts initial DSMT in April 2016
  - Completes initial 10 hours DSMT in June 2016
- Eligible for follow-up DSMT in January 2017
  - Completes follow-up DSMT in December 2017
  - Eligible for next year DSMT in January 2018

AADE16

Individual Training Eligibility

Heard inconsistencies about eligibility for individual training

- CMS allows1 hour of individual during initial 10 hour benefit and 2 hours of follow-up
- NGS JK Medicare Contractor was requiring documentation of medical necessity in order to do individual training
- Recently received clarification that additional documentation for individual training not required

AADE16

Example: Training Over Two Years

- Patient starts initial DSMT in April 2016
  - Completes initial 10 hours DSMT in June 2016
- Eligible for follow-up DSMT in January 2017
  - Completes follow-up DSMT in December 2017
  - Eligible for next year DSMT in January 2018

AADE16

Individual Training Eligibility

Diabetes Self-Management Training Services (DSMT) Alert

Jurisdiction 6 (J6) National Government Services, Inc. Medical Review initiated a review of claims containing both individual and group DSMT services.

HCPCS Code Information

- 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

Requirements for G0108

Revised Clarification:

The DSMT benefit permits 1 hour of initial training and 2 hours of follow-up training to be individual training without the beneficiary having to meet a special condition or an order for individual training from the physician/NPP.

AADE16

Medicare's Coverage for DSMT

- Conditions that may allow additional individual training:
  - Referral documents patient barriers that hinder group learning
  - Program not starting in 2 months of referral date

AADE16

Medicare Medically Unlikely Edits (MUE)

- Medicare has added edits on number of hours that can be billed on same day/same patient
- Medically Unlikely Edits (MUE)
- Limit is 3 hours of G0108 and 6 hours of G0109 provided on same day

AADE16

Can Patients Receive both DSMT and MNT?

- Yes, a beneficiary can receive the full 10 hours of initial DSMT and the full three hours of MNT
- But DSMT and MNT cannot be billed on the same date of service
- In subsequent years the beneficiary can receive two hours of DSMT (with a referral) and two hours of MNT (with a referral)

AADE16

Hospital Review of DSMT Financials

- Make sure program metrics and objectives are aligned
  - Increased revenue is only one metric
  - Venue to increase revenue of other hospital services (Lab, inpatient, ER)
  - Helps physician and/or hospital achieve Pay for Performance metrics
  - Increased referrals
  - Better diabetes control may result in less unscheduled visits or ER encounters

AADE16

2016 DSMT Medicare Reimbursement

G0108	Diabetes outpatient self-management training services (DSMT); individual session, face-to-face with the pt, each 30 minutes of training (approximately $50 depending on CF factor)
G0109	Diabetes outpatient self-management training services (DSMT); group session (2 or more), face-to-face with the pt, each 30 minutes (approximately $14 depending on CF factor)

AADE16

Hospital Review of DSMT Financials

- Offer both DSMT and MNT services
  - Are patients using allowed hours?
- Consider off-site locations for DSMT
- Increase efficiency
  - Group versus individual; Shared medical visits
- Other CPT codes and Services
  - Education codes such as 98960-98962
  - Continuous glucose monitoring (CGM)
  - Weight loss programs

AADE16

Federally Qualified Health Centers (FQHC) Billing

- Accredited FQHCs can provide DSMT
- FQHCs are paid on prospective encounter-basis (approximately $155)
  - DSMT would not be paid as separate encounter on same days as another visit

AADE16

CPT Codes for CGM

- Commercial plans list these CPT codes for both personal and professional CGM coverage decisions. Verify directly with your payers on billing provider services for personal CGM
  - ✓ 95250: Ambulatory continuous glucose monitoring of interstitial fluid via a subcutaneous sensor for a ***minimum of 72 hours;*** sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording.
  - ✓ 95251: Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a ***minimum of 72 hours;*** **interpretation and report.** ***[Do not report more than once per month]****

AADE16

CGM HCPCS Codes

- HCPCS codes are established for payment of device and supplies for personal use CGM
  - A9276: Sensor
  - A9277: Transmitter
  - A9278: Receiver
- Medicare does not cover personal use CGM device or supplies

AADE16

98960 Education and training for pt self-management by qualified, non-physician health care professional using standardized curriculum, face-to-face with pt (could include caregiver/family) each 30 min.; **individual patient**

98961 Education and training for pt self-management by qualified, non-physician health care professional using standardized curriculum, face-to-face with pt (could include caregiver/family) each 30 min.; **2-4 patients**

98962 Education and training for pt self-management by qualified, non-physician health care professional using standardized curriculum, face-to-face with pt (could include caregiver/family) each 30 min.; **5-8 patients**

AADE16

Broad Payer Coverage of CGM

- Majority of commercial plans have written coverage for personal and professional CGM
  - Aetna, Cigna, United, Healthcare, Humana, HealthNet and most of the BC/BS plans
  - Understand the specific coverage criteria and utilization limits (if any)
  - Broad coverage for Type 1 (some cover Type II)
- Medicare Coverage
  - Payment for professional CGM in all 50 states
  - Does not pay for personal CGM devices

AADE16

Insulin Pumps

- No specific CPT codes for insulin pump training
- Potential CPT codes:
  - G0108 and G0109
  - Evaluation and Management Codes (if MD or advanced practitioner)
  - Education codes

AADE16

41

Education CPT Codes

- Commercial payers may cover DSMT services when claimed using CPT® codes 98960 - 98961.
- Codes do not require program to be accredited
- Several requirements placed on ordering and performing of 98960 – 98962:
  - Physician/health care provider must prescribe education and training
  - Qualified healthcare professional must provide services using standardized curriculum
  - Non-physician's qualifications and program's contents *"must be consistent with guidelines or standards established or recognized by a physician society, non-physician healthcare professional society/association, or other appropriate source,"* per CPT's introductory pt self-management education & training notes.

AADE16

Intensive Behavioral Counseling for Obesity

- CMS will cover screening and intensive behavioral counseling for obesity by primary care providers in settings such as physicians' offices for Medicare beneficiaries with a body mass index (BMI) > 30 kg/m2. Specifically, Medicare will cover:
  - One face-to-face visit every week for the first month;
  - One face-to-face visit every other week for months 2-6;
  - One face-to-face visit every month for months 7-12, if the beneficiary has achieved a reduction in weight of at least 3kg over the course of the first six months of intensive therapy.

AADE16

42

Chronic Care Management

- Effective January 2015, Medicare began paying for chronic care management (CCM).
- Chronic care management (CCM) payments will reimburse providers for furnishing specific non-face-to-face services to qualified beneficiaries over a calendar month.
- What can be counted toward the 20-minute requirement:
  - Medication reconciliation and overseeing the beneficiary's self-management of medications
  - Ensuring receipt of all recommended preventive services
  - Monitoring the beneficiary's condition (physical, mental, social)
  - Education with patient, family, guardian, and/or caregiver
  - Identify and arrange for needed community resources; and
  - Communicate with home health agencies and other community service providers utilized by the beneficiary.

43

AADE16

Summary

- Diabetes is recognized as a significant healthcare issue
- AADE continues efforts to increase Medicare payment and access to DSMT
- Submit comments to CMS – get involved!
- Diabetes programs can be profitable and provides value-add to payers, physicians and hospitals
- Healthcare Reform incentives are aligned with diabetes education

AADE16

Chronic Care Management

- Time spent on different days or by different clinical staff members in the same month may be aggregated to total 20 minutes. However, if two staff members are furnishing services at the same time, only the time spent by one individual may be counted.
- Time of less than 20 minutes during a calendar month cannot be rounded up to meet this requirement; nor may time be carried over from a prior month
- Providers must be using Electronic Medical Records

44

AADE16

CPT Codes for Chronic Care Management

99490	"Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored."	2016 Medicare Payment $42.91

AADE16