"New Dimensions: The Business of Reimbursement"

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Objectives:
- Explore DSMT program settings in hospital, health care provider practice, private practice, pharmacies, Faith Based and community facilities.
- Employ the genius of diabetes educators promoting effective patient education and improving outcomes while receiving reimbursement for services.
- Discuss coding and reimbursement issues with contracting, business office and administrator - what everyone needs to know.
- Open forum for audience participation

The Facts
- 23.6 Million People With Diabetes today
- Projected to 30-35 million by 2015¹
- A decrease in diabetes specialists
  - 76% of all patients with diabetes treated by Family Practice
- A decrease in CDE’s
  - Working in other areas outside of diabetes
  - Pharmaceutical companies
  - Private practice contracting with physician’s offices, etc.
- Hospital based diabetes programs closing at one to two a month

What is Happening to Hospital DSMT Programs?

CDE’s Survival: Different Practice Paradigms
- RN / RD CDE’s collaborating to provide diabetes self management training in a city or across a state
- Develop entrepreneurial and marketing skills
- Develop their OWN diabetes self management program
- New paradigms
  - Contract with Insurance Case Management to monitor / educate their diabetes patients.
- Independent contractor or collaborate with:
  - Physician / Nurse Practitioner’s Offices
  - Pharmacies
  - CDE collaboration across a state
  - Contract with Corporations to provide DSMT / MNT to employees

Where are all the CDE’s going?

Develop/Own Recognized DSMT Program

- **AADE**
  - For programs with up to 10 settings where services are provided: $800
  - For programs with 11-20 settings where services are provided: $1,200
  - For programs with over 20 settings where services are provided, please contact AADE at (800) 338-3633, ext 4885
- **ADA**
  - $1,100 for one site, $100 for each additional site.

AADE ERP Eligible Sites

- **Sites**
  - Academic
  - Clinic
  - Community Site
  - Extended Care Facility
  - FQHC
  - Health Department
  - Hospital Outpatient Dept
- **Library**
- **Mobile Van**
- **Pharmacy**
- **Physician Office**
- **Private Home**
- **Religious Establishment**

This will solve a great many problems!

 Diabetes Self-Management Training Becoming an Approved Entity

- **AADE application go to**
  - [www.diabeteseducator.org](http://www.diabeteseducator.org)
- **ADA application go to**
  - [www.diabetes.org](http://www.diabetes.org)

Basics: Review of Diabetes Self-Management Training & Medical Nutrition Therapy Coding

- Referral Form
- Diagnosis Codes
- CPT Codes

ADiA/AADE DSMT/MNT Referral Form

- Developed by the American Dietetic Association (ADiA) and AADE December, 2005
- Includes:
  - Current diabetes medications
  - Diagnosis
  - Complications & Comorbidities
  - Behavior Goals / Plan of Care


DIABETES SELF-MANAGEMENT TRAINING (DSMT)

- Medicare: 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually
  * Check type of training services and number of hours requested:
- Initial group DSMT: 10 hours or ___ no. hrs. requested
- Follow-up DSMT: ___ 2 hours or ___ no. hrs. requested
- Additional insulin training: ___ no. hrs. requested
- Patients with special needs requiring individual DSMT
- Check all special needs that apply:
  - Vision
  - Hearing
  - Physical
  - Cognitive Impairment
  - Language Limitations
  - Other

Revised 01/05 by the American Dietetic Association and the American Association of Diabetes Educators after substantial review and consultation. Subject to local or state rules and regulations.
DSMT Content

- All ten content areas, as appropriate
- Monitoring diabetes
- Psychological adjustment
- Nutritional management
- Medications
- Preconception/pregnancy management or gestation diabetes management

DSMT Order

- The Order (Referral) from the referring Provider must also include the following:
  - The number of initial or follow-up hours ordered (the provider can order less than 10 hours of training)
  - The topics to be covered in training (such as insulin training)
  - A determination that the beneficiary should receive individual or group training

http://www.cms.hhs.gov/transmittals/downloads/7F4BP.pdf

How Do You - - - ?

- Code it?
- Bill it?
- Do you know how much your program receives for each charge?
- Think outside the box!!
  - What else can you do to promote your program and enhance income?
  - First let’s look at the codes – questions from the past year.

Centers for Medicare & Medicaid Services Transmittals

- Program Transmittals are used to communicate new or changed policies, and/or procedures that are being incorporated into a specific Centers for Medicare & Medicaid Services (CMS) program manual
- Program Transmittals are instruction posted on CMS’s website and through Med Learn Matters (MLM) communications that inform Fiscal Intermediaries (Hospitals) & Carriers (private practice) any changes in processing & paying Medicare claims

http://www.cms.hhs.gov/transmittals

Diabetes ICD-9 Diagnosis Codes

- 250.00 Type 2 w/o Complications
- 250.01 Type 1 w/o Complications
- 250.02 Type 2 Uncontrolled
- 250.03 Type 1 Uncontrolled
- 648.03 Pregnancy (Known DM)
- 648.8 Gestational Diabetes

What is a leading cause of lost revenue?
WHO determines whether the patient is Controlled or Uncontrolled?

Abnormal Glucose Codes:

Excludes Diabetes mellitus, gestational diabetes
Dysmetabolic Syndrome X (277.7), Glucosuria, Hypoglycemia

Includes:
- 790.21 Impaired Fasting Glucose
- 790.22 Abnormal Glucose Tolerance Test
- 790.29 Other Abnormal Glucose includes:
  - 790.29 Pre-Diabetes
  - 790.29 Abnormal non-fasting glucose
  - 790.29 Hyperglycemia

Does Medicare/other insurance cover MNT for these codes?
Secondary Diabetes

Always caused by another condition or event

Fifth digit required to identify controlled/uncontrolled
(just like the 250 codes)

- 249.00 Secondary Diabetes
- 249.01 Secondary DM w/o Complications
- 249.02 Secondary DM Uncontrolled
- Add V58.67 for patients routinely using insulin
- Can these patients receive DSMT?

Current Procedure Terminology
CPT Codes: Code to Bill It

- Level I ~ CPT
  - E/M Codes
    - 99211 – 99215
    - 99354 – Prolonged Services
    - 99355 – each additional 30 min
  - MNT Codes
    - 97802 – 97804
  - Lab Codes
    - 80035 - A1C
    - 82948 - BG Reagent Strip
    - 81003 – Urine dip stick

- Level II ~ HCPCS
  - DSMT Codes
    - G0108
    - G0109
  - MNT F/U Codes
    - G0270
    - G0271

HCPCS Codes for DSMT Services

- G0108 Individual DSMT
- G0109 Group DSMT

- Billed in 30 minute increments of time
- National HCPCS codes for out-patient hospital, clinic, or office settings
- Must submit Certificate of Recognition to Medicare Carrier, or Fiscal Intermediary before billing
- In some areas Trispan (Veterans Administration) requests a copy of the recognition Certificate with each bill

Diabetes Self Management Training

- Beneficiary has not previously received initial or follow up training under HCPCS codes G0108 or G0109.
- Benefit allow 10 initial hours of DSMT within 12 continuous months following the initial date of referral:
  - 1 hour of individual assessment or training (as insulin administration)
  - How many of your Medicare type 2’s go on insulin when referred for DSMT?
  - 9 hours group sessions
  - After initial year 2 hours of DSMT allowed each calendar year with an additional referral
- Can be with 2 – 20 other individuals who need not be Medicare beneficiaries


Beneficiary Exhausts 10 hrs within 12 Continuous Months Following Initial Diagnosis

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<th>Referred</th>
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<th>4/09</th>
<th>5/09</th>
<th>5/10</th>
<th>5/11</th>
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<tbody>
<tr>
<td>DSMT</td>
<td>1:1</td>
<td>Group Classes</td>
<td>6 mo</td>
<td>Eligible for 2 hrs</td>
<td>Eligible for 2 hrs</td>
</tr>
<tr>
<td>1:1</td>
<td>1 hr</td>
<td>1 hr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>8 hrs</td>
<td>1 hr</td>
<td></td>
<td></td>
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</tbody>
</table>

Example

Beneficiary Exhausts 10 hrs Within An Initial Calendar Year

<table>
<thead>
<tr>
<th>Referred</th>
<th>4/09</th>
<th>4/09</th>
<th>5/09</th>
<th>5/10</th>
<th>5/11</th>
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<td>1:1</td>
<td>1 hr</td>
<td>1 hr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>1 hr</td>
<td>30 mo</td>
<td>30 mo</td>
<td>1 hr</td>
<td>1 hr</td>
</tr>
</tbody>
</table>

Example

- Referred: April 2009
- Referred initial 10 hrs DSMT, October, 2009
- Eligible for 2 hr follow-up training: May, 2010 (13th mo of subsequent yr)
- Completes 2 hr follow-up training: December, 2010
- Eligible for 2 hr yearly follow-up training: January, 2011

Diabetes Self-Management Education Program

- Referral
- Assessment
- DSMT
- Patient Achievement Ceremony

6 Months Group Visit
Annual

Pre-Diabetes Flow Chart

Referral
Education Session
One Mo. Phone FU

Diabetes Self Management Training

- Billing codes – reimbursement varies in different sections of the country
- EXAMPLE:
  - G0108: Individual 1:1 ~ $20.27 - $30.38 / ½ hr.
  - G0109: Group Sessions ~$11.40 - $22.96 / ½ hr.
- HCPCS Codes: “Relative Value Units” have not been assigned therefore reimbursement has NOT increased.
- NOTE: AADE has requested AMA add RVU’s to this code. Will be done by 2010.
- What is a Relative Value Unit?
- Hospital programs are reimbursed the same as a physician’s office using the “G” codes

CPT Codes for Disease Management

- 99860 Education and training for patient self-management by a qualified, non-physician healthcare professional using a standardized curriculum, face-to-face with the patient. (could include caregiver/family) each 30 minutes; individual patient
- 99861 2-4 patients
- 99862 5-8 patients
- Cannot bill Medicare for DSMT using these codes!
- Relative Value Units (RVU’s) have not been assigned to these codes for private insurance – ASK if the insurance will pay these codes! More and more are paying!!
- American Association of Clinical Endocrinologists (AACE) is developing guidelines for endocrine related disease management

Follow Up Group Visits

Group follow up more $ - less no shows while you have more time to expand the program.

Non-Medicare Education & Training CPT Codes

- “The codes are general codes, and are intended to be reported as defined by CPT for education and training 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/disease.”
- These services can be reported only when a standardized curriculum is used.
- Their purpose is to teach the patient self-management of illness/disease in conjunction with the patient’s professional healthcare team.

American Medical Association CPT Codes Online
https://cpc.americanmedicalassociation.org/Catalog/lookup.cfm?lookup=010065
Codes ~ Remember that…..

- "Establishment of a code in CPT does not guarantee reimbursement, as this is a payor policy issue."
- Many Private Payers are now paying for these new codes for DSMT services.
- Advice!! Contact insurance to verify the payment of these codes.

National Provider Identifier (NPI)

- NPI is a Health Insurance Portability & Accountability Act (HIPAA) Administration Simplification Standard
- All Healthcare Providers’ unique identification number for all healthcare plans. (MD, NP, PA, CNS, RD)
- CDE’s are not providers at this time (H.R. 2425 “Medicare Diabetes Self Management Training Act)
- NPI is a 10 digit number
- All Medicare and insurance claims must be submitted with NPI numbers
- CMS website information is at:
  - [www.cms.hhs.gov/NationalProviderIdent/01_Implementation.asp](http://www.cms.hhs.gov/NationalProviderIdent/01_Implementation.asp)

MNT Diagnoses Codes:

- Medicare beneficiaries are eligible for MNT with following conditions/diagnoses:
  - 250.00 – 250.93 DM with/without various complications and manifestations
  - 648.80 – 648.84 Gestational Diabetes
  - 585 Chronic Renal Failure
  - V42.0 Organ replaced by transplant - kidney
- V65.3 * Dietary Surveillance and Counseling
- * DO NOT USE – Not covered by Government or Private Payers

CPT Codes for MNT Services

- 97802 Medical Nutrition Therapy; initial assessment and intervention, individual, face to face with patient, each 15 minutes
- 97803 Re-assessment & Intervention, individual, face to face with patient, each 15 minutes
- 97804 Group of 2 or more individuals, each 30 minutes
- G0270 Reassessment & Subsequent Intervention’s each 15 minutes
- G0271 Same as above criteria, in a group setting of 2 or more individuals, each 30 minutes
- RD obtains provider number to bill for service or Reassign benefits to employer (hospital, MD office, etc)

Coordinating DSMT & MNT?

- Yes, with separate referrals (can be on same order form)
- Must be provided on different days
- Initial year:
  - 10 hours of DSMT
  - 3 hours of MNT
- Additional hours of MNT are allowed with another referral from the patient’s physician
- Follow-up calendar years:
  - 2 hours allowed for each - DSMT & MNT
  - Additional referrals needed
- Question?
  - Can a hospital Outpatient DSMT/MNT program bill for MNT?
  - Yes. RD does a Reassignment of Benefits to the hospital.

Office Contracts: Provider

- RN, CDE (non-provider) Provide diabetes education which will be billed as a CPT code and “incident to” if you are not a provider.
- Agreement to schedule patients on a particular day(s) of the week
- Physician bill for services and pay you a contracted amount per patient.
- RD’s contract with MD office
- Question regarding Transmittal 70
“Incident To”
- Evaluation and Management (E/M) Office Visits codes are billed as face-to-face time with the provider (MD, NP, PA)
- Provider or associate must be in the immediate vicinity
- “Incident to” does not affect physician payment
- RN, CDE (Non Provider) would be coded “incident to” in MD, NP office
- 99211 (Lev. 1 office visit) code is not a valid code for DSMT
- Depending on level of care and requirements in the CPT code description, use 99212 – 99215

Transmittal B-03-043
- “This Program Memorandum (PM) informs carriers that “incident to” requirements of §1861(s)(2)(A) of the Social Security Act (the Act) do not apply to DSMT services. Section 1861 (s)(2)(S) of the Act authorizes DSMT in a stand alone provision that is not subject to section §1861(s)(2)(A) requirements.”

OPPS to MPFS
- Outpatient Prospective Payment System to Medicare Physician Fee Schedule
- Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services, section 300 for information on coverage requirements, certified providers and enrollment.
- CMS Benefits manual: R1255CP transmittal states hospital outpatient billing for DSMT will be MPFS rather than OPPS.

Can a Physician Office Visit Code be used to bill DSMT services?
- CMS has stated that ONLY recognized programs can bill Medicare for DSMT services using 00108 or 00109
- “G” codes used mostly in hospital programs.
- Hospitals use their provider number and the referring physician’s provider number
- “Incident to” does not apply to DSMT services when using “G” codes
- MD offices use E/M Codes as reimbursement is greater
- Physician offices use their provider number or the provider number of the Medical Director on billing statements.
- Hospitals/Clinic (Medical Director) Provider numbers are submitted to CMS with the recognition certificate.

www.cms.hhs.gov/manuals/pm_trans/R03043.pdf

Evaluation & Management Codes
- Unique Code number is listed
- The Place and/or Type of Service is listed
- Office Consultation
- Content of service is defined
- Comprehensive history/comprehensive exam
- Nature of the Presenting Problem(s) usually associated with a given level is described
- The time typically required to provide the service is specified

E & M Codes
- Office Visit: 99211 – 99215
- Bell Curve
- Prolonged Services Extended time face to face
  - 99354 – 1 hr
  - 99355 – each additional 30 minutes
- 99078 - Physician led education services: group
- 99090 – Analysis of clinical data stored in computer
- 99091 – Collection & interpretation of data by MD/NP
Continuous Glucose Monitoring

- 95250 – Placement for three (3) days
- 99251 – MD Interpretation of data

NOTICE: New codes for placement of a patient’s personal CGM system will soon be released!!

Insulin Pump Related Codes

There is no code for putting a patient on a pump. Pump companies will pay for or provide an educator to put the patient on a pump.

Description of pump visit:
- V45.85 Insulin Pump Status
- V53.91 Insulin Pump Fitting/Adjustment
- V65.46 Insulin Pump Training
- 996.69 Insulin Pump – Site Infection

- Use Primary diagnosis of diabetes as #1 DX Code and these codes as to why the patient was seen
  - Example: #1 250.01 #2 V65.46
- 95990 Refilling/Maintenance of implantable or reservoir for drug delivery
- 95991 By MD/NP

Entrepreneurship or Intrapreneurship?

- Do a self-assessment
  - Outgoing? “PR or nuts or bolts”
  - Self-starter?
  - Comfortable with risks?
- Boutique or concierge services
- Contract with multiple providers
- SWOT analysis?
- Carry your own liability?
- LLC?

Successful Diabetes Projects

- Ashville Project
- 10 City Challenge
- Texas Projects

All (community pharmacies) have shown:
- Reduced health care costs
- Decreased absenteeism from work
- Improved patient satisfaction

What Do Pharmacists Bring To The Table?

- Entrepreneurship
- A Facility
- Billing personal
- Physician Relationships
- A Diabetes Registry
- Financial Resources
- Employee Resources

Collaborations: What Do You Bring To The Table

- Agreement to set up ERP
- Teaching classes
- Develop curriculum
- Setting up class times
- Working with multiple pharmacies
- Marketing
- Credibility

Case Study of Collaboration

JF, Pharm D., has a successful community pharmacy, has received 20 hours of advanced training in diabetes care through an accredited program and wants to open up a diabetes education program. In a meeting you agree on:

- His responsibilities
- Your responsibilities
- How revenue is to be shared

Diabetes Self-Management Training Coding and Reimbursement:

- The Math: Fee schedule:
  - G0108 – 1:1 $30.04 per patient / half-hour (1 unit)
    - $30.04 x 2 units x 10 pts = $600.80
  - G0109 - Group $17.74 per patient / half-hour (1 unit)
    - $17.74 x 18 units x 10 pts = $3193.20
  - Total $3,794.00
- (if all deductibles & co-pays paid)
- Collect co-pays up front
  (Must consider staff and prep time, etc.)

MNT- DSMT-MTM

- Another consideration:
  - Pharmacist does Medication Therapy
  - Management with patient
- Followed by DSMT
- Followed by Medical Nutrition Therapy

Community Activities

Educational Programs
- Know Your Numbers
- Know Your Nutrition
- Terrebonne Parish Consolidated Government Health Fair
- Diabetes Walk
- Holiday Eating Program
- Professional Education for TGMC Nursing Staff,
  Nichols State University and Fletcher Nursing Students
- KC Meetings, Chevron Retirees, Crane Energy Health Fair
- A1c Champion Program
- Healthy Options Program
- LSU Agriculture Center Program
- Grocery Store Tours (facilitated by RD)

What if a Patient needs additional DSMT than MEDICARE allows?

Question mark

Applicable in all medical facilities
What if the Patient Needs Additional Instruction?
- MD may request 1:1 for visual, hearing, learning other disabilities if needed.
- MD may request 1:1 for insulin instruction several months after patient has completed DMST.
- Medicare may deny payment or “down code” from 1:1 to group.
- Payment, ask to be informed of denials.
- Letter of Appeal

What is an Advanced Beneficiary Notice (ABN)?
- The beneficiary is liable for services denied over the limited number of hours with referrals for DSMT.
- An ABN should be issued in these situations. In absence of evidence of a valid ABN, the provider will be held liable.
- Must be signed before the patient receives service
- GA Modifier informs Medicare on the claim form that an ABN was signed
  - Form No. CMS-R-131-G

The patient will need to sign an ABN

Modifiers used for DSMT Billing
- GA: Informs Medicare that an ABN has been signed or that documentation is on file that the patient refused to sign yet the service was still provided
- GZ: Informs payer that the service was provided and an ABN should have been given to the patient
  - These should be on your MSR billing forms!

What if a Patient Refuses to Sign an ABN?
- Date & Document the refusal
- Have 2 witnesses sign & date the ABN
- When service is provided the GA modifier must be circled on the charge form
- GA modifier tells the payer that you have documentation on file that the patient refused to sign an ABN, yet the service was still provided

CODING YOUR CHARGE FORM

EXAMPLE:
DX CODE ~ SERVICE CODE ~ MODIFIER ~ UNITS
250.00 G0109 GA 4
How to Prevent Claim Denials

- ERP certificate must be on file with Medicare
- Renewed ERP certificate must be on file with Medicare before the deadline date
- Collect ABN signatures when appropriate
- Mark GA modifier when an ABN has been signed
- Check patients’ insurance coverage with each visit
- Verify patients’ DSMT hours with Medicare
- MNT services must be filed with Dietitian’s NPI number
- Code using correct units of time
- Comply with payers timely filing rules
- Submit claims with Correct NPI (National Provider Identifier) number

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (Appeal Form)

1. Beneficiary’s Name
2. Medicare Number
3. Description of Item or Service in Question
4. Date the Service or Item was Received
5. I do not agree with the determination of my claim. My reasons are:
6. Date of the redetermination notice
   (If you received your redetermination more than 180 days ago, include
   your reason for not making this request earlier.)
7. Additional Information Medicare Should Consider ___
8. Requester’s Name
9. Requester’s Relationship to the Beneficiary:
10. Requester’s Address:
11. Requester’s Telephone Number:
12. Requester’s Signature
13. Date Signed:
14. □ I have evidence to submit. (Attach such evidence to this form.)
15. □ I do not have evidence to submit.
16. Name of the Medicare Contractor that Made the Redetermination

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment under Federal Law.

Form CMS-20033 (05/05) EF (045/2005)

AADE’s Reimbursement Modules

1. Reimbursement Overview
2. Diabetes Self Management Training
3. Medical Nutrition Therapy
4. DME/MMA Changes and Guidelines for Pharmacy Programs
5. Private Practice and Consulting Contracts
6. Marketing DSMT and MNT Programs
CMS Transmittals for DSMT Services


SUBJECT: Diabetes Outpatient Self-Management Training (DSMT) and the "Incident to" Provision
This Program Memorandum informs carriers that "incident to" requirements of s(2)(A) of the Social Security Act do not apply to DSMT services. The Act authorizes DSMT in a stand alone provision that is not subject to section §1861(s)(2)(A) 05/23/2003

SUBJECT: Payment of Federally Qualified Health Centers (FQHCs) for Diabetes Self-Management Training Services (DSMT) and Medical Nutrition Therapy (MNT) Services 03/31/2006
www.cms.hhs.gov/transmittals/downloads/R1158CP.pdf

Subject: Guidelines for Payment of Diabetes Self-Management Training (DSMT) Services
- SUMMARY OF CHANGES: This instruction corrects, clarifies and provides guidelines for the payment of DSMT services in various institutional provider settings. No new codes are being established 01/19/2007

CMS Transmittals for MNT

- R49BP 03/31/2006 Payment of Federally Qualified Health Centers (FQHCs) for Diabetes Self-Management Training Services (DSMT) and Medical Nutrition Therapy (MNT) Services 06/29/2006
- R673CP Manual Update on Medical Nutrition Therapy (MNT) Services – Manualization N/A
- B-02-010 Correct Payment for Medical Nutrition Therapy (MNT) Services Rendered by Registered Dietitians or Nutrition Professionals 01/01/2002
- A-02-115 Medical Nutrition Therapy (MNT) Services for Beneficiaries With Diabetes or Renal Disease - POLICY CHANGE240404/01/2003