

DEAP Reimbursement FAQ

Accreditation/CDE

Q: Do private payers require ADA or AADE accreditation to bill DSME/T?

This will vary by payer, so contact each individual plan to see if they require a DSMT program to be recognized by the AADE or ADA. Many private payers do not require AADE/ADA recognition in order to bill DSMT. Some payers may also require or suggest CPT codes 98960 – 98962.

Q: I am a CDE with a Medicare provider number. Is it possible to bill DSMT services under my Medicare number?

A: RNs and CDEs are not recognized as Medicare providers, so they can't bill for services under their provider numbers. In order to bill Medicare for DSMT, you must have an accredited program through either the ADA or AADE. The billing for DSMT would then be done under the provider number that is the sponsor of the accredited program.

Q: Can pharmacists bill Medicare for services provided by an accredited DSME/T program?

A: A pharmacist can be an instructor for an AADE accredited or ADA recognized DSMT program, but they are not recognized as providers and therefore can't bill independently. The billing for DSMT would be done under the pharmacy's NPI number assigned to the DSMT program. Many pharmacies already bill services to Medicare either as a DME supplier or Part D provider, but the pharmacy must submit Form CMS-855B application to become a Part B provider. The pharmacy must also separately enroll with its Medicare Contractor, even if it has already completed a Form CMS-855S.

Coverage and Codes

Q: How many hours of DSMT does Medicare cover?

The number of hours of DSMT coverage depends on whether it is the initial year of DSMT coverage or follow-up training. Patients are eligible for 10 hours of DSMT during the initial year for DSMT which is the 12-month period following the initial date. If more than 10 hours of DSMT is provided in the initial year, the claim will be denied.

Follow-up training for subsequent years are based on a 12-month calendar year after the initial year. Examples:

Example # 1 Beneficiary Exhausts 10 hours in the Initial Year (12 continuous months)

Patient receives first service: April, 2018

Patient completes initial 10 hours DSMT training: April, 2019

Patient is eligible for follow-up training: May 2019 (13th month begins the subsequent year)

Patient completes follow-up training: December, 2019

Patient is eligible for next year follow-up training: January, 2020

Example # 2 Beneficiary Exhausts 10 hours Within the Initial Calendar Year

Patient receives first service: April 2019

Patient completes initial 10 hours of DSMT training, December 2019

Patient is eligible for follow-up training: January, 2020

Patient completes follow-up training: July 2020

Q. Is there a limit to the number of hours that can be billed as DSMT 9 in one day?

A. Medicare has set limits that only 3 hours of individual education of G0108 can be billed on same day/same patient and 6 hours of group education under G0109.

Q. Do we have to offer both individual and group visits in our DSMT program?

A. For the initial training benefit, Medicare is expecting that 9 hours will be offered as group and one hour as individual – so providers should offer both individual and group.

Q. Where can I find an ABN form?

A. CMS.gov has ABN form and instructions

Determining previous education, use of benefit

Q: Is there a way to find out what if a Medicare patient has previously received DSMT under Medicare? For example, if a patient has recently moved, how many hours of services in other states have they received?

Currently there is no central point to determine how many hours a patient has remaining for DSMT coverage. Medicare recommends you secure a signed ABN prior to the service being rendered if you think there is a likelihood that the service will be denied due to their limitation of covered hours. See our online reimbursement modules for detailed information on how covered hours are calculated and the proper use of an ABN.

Fees

Q: What is the average reimbursement for education?

The 2019 Medicare National Fee Schedule rates are: G0108 (per 30 minutes) \$56.36, G0109 (per 30 minutes/per patient) would pay \$15.50). Please note that these are the National Average rates. You can find state specific fee schedules at the CMS website at <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>. Enter the CPT code(s) and your state or locality, and the state specific Medicare fee should appear. Commercial plans may set their fees as a percentage of Medicare, i.e. 150%.

Q: Can DSMT be rounded up? For example, if 48 minutes of DSMT are provided, can we round up and bill two 30-minute units?

A: There is no specific guidance by CMS on rounding up or down for the HCPCS DSMT codes. However, it is recommended that billing for DSMT under HCPCS codes G0108 and G0109 be based on actual face to face time and that providers do not round up.

Q: When can we start billing for DSMT? Is it retroactive?

- A. Providers can not submit claims until they are accredited. Medicare Contractors may allow you to bill retroactively for 30 days within accreditation received. But verify with your local Medicare Contractor (MAC)

FQHC

Q: Can Federally Qualified Health Clinics bill for DSMT and MNT services?

A: FQHCs with an accredited program can bill for DSMT or MNT services. However, only individual services qualify as a separate encounter. DSMT and MNT services may be provided in a group setting, but do not meet the criteria for a separate qualifying encounter, and therefore, cannot be billed as an encounter. Rather, the cost of group sessions is included in the calculation of the all-inclusive FQHC visit rate.

FQHCs may bill for DSMT and MNT services when they are provided in a one-on-one face-to-face encounter and billed using the appropriate HCPCS and site of service revenue codes.

- To receive payment for DSMT services, the DSMT services must be billed on TOB 73X with HCPCS code G0108 and the appropriate site of service revenue code in the 052X revenue code series. This payment can be in addition to payment for any other qualifying visit on the same date of service that the beneficiary received qualifying DSMT services as long as the claim for DSMT services contains the appropriate coding specified above.
- To receive payment for MNT services, the MNT services must be billed on TOB 73X and with the appropriate site of service revenue code in the 052X revenue code series and the appropriate HCPCS code (97802, 97803, or G0270).

Provider numbers and billable providers

Q: Do Educators in hospital-based outpatient DSME programs need to get individual National Provider Identification Numbers or can they use the hospital's NPI?

- A. If you are an RD or an advanced practice RN (e.g. a Nurse Practitioner), you would need an NPI to claim DSMT services as an individual Medicare provider. If the DSMT program uses the hospital provider number (also an NPI number) to claim DSMT services, individual instructors would not need separate NPIs. If you are an RD and want to claim MNT services, you would need an NPI number.

Medicare deleted the long-standing multi-disciplinary team requirement for reimbursement. CMS instructed its contractors to recognize that DSME/T may be furnished by an individual RD, RN or pharmacist when those services are billed by, or on behalf of, the DSME/T entity accredited as meeting the NSDSME by the American Diabetes Association or the American Association of Diabetes Educators.

RHC

Q: Can Rural Health Clinics bill for DSMT and MNT services?

- A. Separate payment to RHCs for these practitioners and services continues to be precluded. However, RHCs are permitted to become certified providers of DSMT services and report the cost of such services on their cost report for inclusion in the computation of their all-inclusive payment rates. Note that the provision of these services by registered dietitians or nutritional

professionals might be considered incident to services in the RHC setting, provided all applicable conditions are met. However, they do not constitute an RHC visit, in and of themselves.