

AADE DEAP POLICY

DEAP
DIABETES EDUCATION
ACCREDITATION PROGRAM

AADE American Association
of Diabetes Educators

POLICY NUMBER: 12

TITLE: TELEHEALTH and DSMT
POLICY

Telehealth is a provision of patient care and consultation over distance utilizing telecommunications technology. Telehealth links a patient and provider not at the same location and incorporates both video and audio technologies.

PROCEDURE

As of January 2011, Centers of Medicare & Medicaid Services (CMS) has included DSMT as reimbursable for Telehealth Services. The following criteria must be followed:

- Patient and Provider must be linked in real time by both video and audio technologies.
- CMS has stipulated that at least one hour of in-person DSMT instruction be furnished in the initial training period to ensure effective injection training.
- Allowable hours for DSMT do not change (ten for the initial benefit and two for each calendar year thereafter).
- Telehealth can be provided in either group or individual. Individual still needs an order from the referring doctor and follows the same criteria.
- Telehealth is not a phone conversation, fax transmission, e-mail, or a text message.
- Telehealth Terminology:
 - Distant Site – Where the person delivering the service is located at the time telecommunications service is provided
 - Originating Site - Where the eligible Medicare beneficiary is located at the time telecommunications services are furnished
- Only eligible healthcare providers can be reimbursed for Telehealth DSMT services. Eligible healthcare providers include: physician, nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, clinical social worker, registered dietitian, or nutrition professional.
- Telehealth can only be provided in a Rural Health Professional Shortage Area (HPSA). Patient sites include: office of physician or practitioner, hospital, critical access hospital, rural health clinic, or Federally Qualified Health Center (FQHC).