DSMT = Diabetes Self-Management Training

and

MNT = Medical Nutrition Therapy

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Learning Objectives

1. Explain the very latest Medicare COVID-19 waivers for billing telehealth DSMT and MNT, including the rules for using the 1500 professional and hospital UB-04 claim forms (correct place of service codes, code modifiers, revenue codes, etc.)

2. Name some of the specific virtual platforms recommended and not recommended for the delivery of Medicare telehealth DSMT and MNT during the COVID-19 emergency.

3. Describe the new condition that CMS has approved for furnishing all 10 hours of initial DSMT as individual visits during the COVID-19 emergency.

4. Explain the latest Medicare waiver rules for diabetes educators and RDNs working from home to furnish Medicare telehealth DSMT and MNT during the COVID-19 emergency.

Important Disclaimer

The information in the deck is intended to provide users with information believed to be current and accurate **as of April 18, 2020.** CMS has been modifying its telehealth waivers on a **daily basis** in order to further expand the use of telehealth for select services (that includes DSMT and MNT) and to further simplify the billing rules. The information is this deck is not intended as, nor should it be construed as legal, financial, medical or other regulatory advice. Users are to exercise their professional judgment in connection with this information.

Medicare Hot Line at: https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

Medicare MNT and DSMT: Complimentary but Distinct

MNT

- **Personalized** nutrition (and related) therapy to control A-B-C's of diabetes, primarily as **individual** visits.

- **Personalized** meal plan. Adjustments in SMBG, exercise & medication plans* are often suggested, due to pt's lifestyle and diabetes management changes.

- **Longer-term** follow-up with more **extensive** monitoring of labs, outcomes, behavior change, with adjustments in plans.*

DSMT

- **General** training on key self-care behaviors to control A-B-C's of diabetes, primarily in **group** format.

- Objective is to increase patients' **knowledge of why** and basic **skill in how** to: adopt healthier lifestyle behaviors; adhere to their medication and SMBG regimen.

- **Shorter-term** follow-up with **less extensive** monitoring of labs, outcomes, behavior change, etc., over time.

PRE-COVID: MEDICARE RULES ARE CONSTANTLY CHANGING!

How to be keep abreast of changes?

Sign up for free MLN Newsletter on the CMS website:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html

COVID-19 WAIVERS ARE CONSTANTLY CHANGING!

Visit often the pages on these websites on COVID-19 and Medicare waivers:

- ADCES website

  - https://www.diabeteseducator.org/practice/practice-tools/app-resources/covid-19-information

- Academy of Nutrition and Dietetics website

  - https://www.eatright.org/coronavirus

- CMS website

  - https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

Medicare DSMT and MNT Telehealth: Beneficiary Consent (1)

COVID-19 WAIVERS

• **Waived:** patient's required **written** consent to receive telehealth services
 	
   o   Verbal consent acceptable
 	
   o   Document date and time of verbal consent in patient record
 	
• If using temporarily approved communications technologies that do **NOT** meet HIPAA compliance, must:
 	
   o   Inform patient of potential risk
 	
   o   Obtain patient's verbal approval to proceed
 	
• Also required to minimize these risks

Medicare DSMT and MNT Telehealth: **Beneficiary Consent (2)**

COVID-19 WAIVERS

• Recommended during COVID-19 emergency:
 	
    ○ Issue a **Notice of Privacy Practices** to patients
 	
        ▪ Note clearly any changes to Notice during COVID-19 pandemic
 	
        ▪ Document the date of issue and date of patient
 	
            acknowledgement/acceptance (writing and/or verbally)

Medicare DSMT and MNT Telehealth: **Platforms/Technologies (1)**

COVID-19 WAIVERS
• Some telehealth platforms/technologies may **NOT** fully comply with HIPAA rules • CMS and OCR* will NOT impose penalties for HIPAA non-compliance in connection with **good faith** provision of telehealth during COVID-19 emergency

*OCR = Office of Civil Rights

Medicare DSMT and MNT Telehealth: **Platforms/Technologies (2)**

COVID-19 WAIVERS

- Must use with patient:

  - o **Interactive audio and video telehealth** technology that

  - o Permits **real time audio and visual communication with patient** on a:

    - Computer

    - Tablet

    - Smartphone

Medicare DSMT and MNT Telehealth: **Platforms/Technologies (3)**

COVID-19 WAIVERS

- Use "**non-public facing**" telehealth platforms:

  o Allow only intended parties to participate in the remote communication

- Avoid "**public-facing**" platforms...allow wide access to communication

Medicare DSMT and MNT Telehealth: **Platforms/Technologies (4)**

COVID-19 WAIVERS
Not suggested: public facing • Facebook Live, Twitch, TikTok **Not allowed: public-facing** and **NO** audio + visual communication in real time: • Telephone calls and faxes • Email without audio and visual • Online without audio and visual • Real time texts • Stored and delayed transmissions of images of beneficiary

Medicare DSMT and MNT Telehealth: **Platforms/Technologies (5)**

COVID-19 WAIVERS	
Approved **non-public facing** smart phone apps allowing visual and audio (A-V) communication in real time: • Apple FaceTime • Facebook Messenger video chat • Google Hangouts video • Skype • WhatsApp video chat • Signal, Jabber ***Business Associate Agreement**	Approved **non-public facing** A-V platforms that are HIPAA-compliant vendor will enter into HIPAA **BAA***: • Skype for Business / Microsoft Teams • Updox • VSee • Zoom for Healthcare • Doxy.me • Google G Suite Hangouts Meet • Cisco Webex Meetings / Webex Teams • Amazon Chime • GoToMeeting

Medicare DSMT and MNT Telehealth: **Platforms/Technologies (6)**

COVID-19 WAIVERS
- During patient and provider visit: - Discourage use of public or semi-public settings / locations   - If **NOT** in private setting, implement reasonable HIPAA safeguards to limit uses/disclosures of patient protected health information (PHI):   - Lower your voices   - Do not use speaker phone   - Ask patient to move to reasonable distance from others

Medicare DSMT and MNT Telehealth: New vs. Established Patient

COVID-19 WAIVERS

• Waivers now include furnishing telehealth DSMT and MNT to:
 	
    o Established patients
 	
    o New patients
 	
• CMS will NOT conduct audits to ensure that a prior established relationship existed for claims submitted during COVID-19 emergency

Medicare DSMT Telehealth:
Referral for Providing 1:1 Instead of Group Class Due to Covid-19

COVID-19 WAIVERS

• Another referral is **NOT** required if **group classes** were indicated on the original DSMT referral
 	
• Educator to document in chart note that visit was done 1:1 due to:
 	
   o Covid-19 and
 	
   o No group classes available within 2 months

Medicare DSMT Telehealth: **Individual vs. Group Visits**

COVID-19 WAIVERS

- **NEW:** All 10 hours of initial DSMT can be **individual, due to Covid-19**

- Other **pre-pandemic** special conditions that still apply for all individual DSMT:

  1. Treating provider orders "additional insulin training"

  2. Treating provider documents special condition that limits group learning:

     • Hearing, vision, language, non-ambulatory, physical disability, cognitive

  3. No group class scheduled with 2 months of initial referral date

Help me to always give 100% at work...

12% on Monday
23% on Tuesday
40% on Wednesday
20% on Thursday
5% on Fridays

Medicare DSMT Telehealth:
DSMT Beneficiary on Injectable Diabetes Medications

COVID-19 WAIVERS

• DSMT beneficiary on injectable diabetes medications **STILL** required to have **in-person** DSMT for the injection training:
 	
  ○ Initial year: ≥1 hour of 10 hours, and
 	
  ○ Follow-up year: ≥1 hour of 2 hours

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (1)**

- **PRE-Covid-19:**

  o Only **individual** DSMT and MNT visits payable by Medicare

  o Individual procedure codes: G0108, 97802, 97803 and G0270

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (2)**

COVID-19 WAIVERS AS OF APRIL 17, 2020[1]
Source of information on **FQHC and RHC Billing** slides is:
New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE), MLN Matters Number: SE20016, **Effective April 17, 2020**
https://www.cms.gov/files/document/se20016.pdf

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (3)**

QUICK SUMMARY: COVID-19 WAIVERS AS OF APRIL 17, 2020[1]

- Who can furnish: any FQHC/RHC practitioner working within scope of practice

- Can furnish from their home

- Must waive coinsurance and put **"CS" modifier** on service line to indicate same

From January 27, 2020, and June 30, 2020:

- Must put procedure code **modifier "95"** on claim

- Payment: RHC = All-Inclusive rate; FQHC = Prospective Payment System rate

From July 1, 2020, and the end of the COVID-19 PHE:

- Must use **code G2025** on claim (service furnished via telehealth)

- Costs must be reported on cost report form (see detailed slides for more info)

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (4)**

EXPANDED INFORMATION: COVID-19 WAIVERS
• *"For services…including telehealth, RHCs and FQHCs must **waive the collection of co-insurance from beneficiaries.**"*   • *"For services in which the coinsurance is waived, RHCs and FQHCs must put the **"CS" modifier on the service line**. RHC and FQHC claims with the "CS" modifier will be paid with the coinsurance applied, and the Medicare Administrative Contractor (MAC) will automatically reprocess these claims beginning on July 1. **Coinsurance should not be collected** from beneficiaries if the coinsurance is waived."*

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (5)**

EXPANDED INFORMATION: COVID-19 WAIVERS
Update from CMS on April 17, 2020: • *"CARES Act authorizes RHCs and FQHCs to furnish **distant site telehealth services** to Medicare beneficiaries during the COVID-19".* • *"Can be furnished by **any health care practitioner** working for the RHC or the FQHC within their scope of practice"*

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (6)**

EXPANDED INFORMATION: COVID-19 WAIVERS
• *"Practitioners can furnish distant site telehealth services from **any location**, including their **home**, during the time that they are working for the RHC or FQHC, and can **furnish any telehealth service** that is approved as a distant site telehealth service under the **Physician Fee Schedule (PFS)**."*

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (7)**

EXPANDED INFORMATION: COVID-19 WAIVERS

From January 27, 2020, and June 30, 2020:

- *"For telehealth distant site services furnished between **January 27, 2020, and June 30, 2020**, RHCs and FQHCs must put **Modifier "95"** (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) on the claim."*

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (8)**

EXPANDED INFORMATION: COVID-19 WAIVERS

From January 27, 2020 and June 30, 2020:
 	
• *"RHCs will be paid at their **all-inclusive rate (AIR)***
 	
  and
 	
  *FQHCs will be paid based on the **FQHC Prospective Payment System (PPS)***
 	
  ***rate**."*

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (9)**

EXPANDED INFORMATION: COVID-19 WAIVERS
From July 1, 2020, and the end of the COVID-19 PHE: • "For telehealth distant site services furnished between **July 1, 2020, and the end of the COVID-19 PHE**, RHCs and FQHCs will use an RHC/FQHC specific **G code, G2025**, to identify services that were **furnished via telehealth**. • **RHC and FQHC claims with the new G code will be paid at the $92 rate.**"

EXPANDED INFORMATION: COVID-19 WAIVERS
From July 1, 2020, and the end of the COVID-19 PHE: • "**Costs** for furnishing distant site telehealth services will **NOT** be used to determine the RHC AIR or the FQHC PPS rates **but must be reported on the appropriate cost report form**."

Medicare DSMT and MNT Telehealth: FQHC and RHC Billing (11)

EXPANDED INFORMATION: COVID-19 WAIVERS
RHCs from July 1, 2020, and the end of the COVID-19 PHE: • "RHCs must report both originating and distant site telehealth costs on **Form CMS-222-17 on line 79 of the Worksheet A**, in the section titled "**Cost Other Than RHC Services.**"

Medicare DSMT and MNT Telehealth: **FQHC and RHC Billing (12)**

EXPANDED INFORMATION: COVID-19 WAIVERS
FQHCs from July 1, 2020, and the end of the COVID-19 PHE: • "FQHCs must report both originating and distant site telehealth **costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled "Other FQHC Services**".

Medicare DSMT and MNT Telehealth: **Critical Access Hospital Method II Acting as Teleheath Distant Site**

COVID-19 WAIVERS

• **Distant site telehealth services are** billed to Part A on UB-04 in Critical Access Hospital (CAH) Method II for:
 	
    ○ Physicians' and practitioners' services
 	
    and when
 	
    ○ Physicians and practitioners have reassigned their benefits to CAH

Medicare DSMT and MNT Telehealth: Hospital Billing on UB-04 Claim Form (1)

COVID-19 WAIVERS
WHAT WE KNOW RIGHT NOW

Medicare DSMT and MNT Telehealth: Hospital Billing on UB-04 Claim Form (2)

Pre Covid-19, NOT telehealth

Medicare Benefit Policy Manual, Chapter 15: **Covered Medical and Other Health Services** *(Rev. 117, 12-18-09)*

300 - Diabetes Self-Management Training Services, *(Rev. 72, Issued: 05-25-07; Effective: 07-01-07;*

Implementation: 07-02-07)

- 300.5.1 - Special Claims Processing Instructions for FIs* (Rev. 24, Issued: 10-29-04, Effective: 01-01-05)

  - Coding and Payment Requirements

    - The provider bills for **DSMT** on **Form CMS-1450**** or its electronic equivalent.

    - The cost of the service is billed under revenue code 942 in FL 42 "Revenue Code." The provider will report HCPCS codes G0108 or G0109 in FL 44 "HCPCS/Rates." The definition of the HCPCS code used should be entered in FL 43 "Description."

*FI = fiscal intermediary (previous insurers that Part A hospital claims sent to). Currently, regional Medicare Administrative Contractors (MACs) are now the CMS insurers that process both Part A and Part B claims.

COVID-19 WAIVERS
• **Per ADCES, now during pandemic, as of 4-17-20:**   o *The calls that we...ADCES...have been on with CMS have been very clear that* **telehealth DSMT** *furnished in* **hospital outpatient depts.** **cannot** *be billed on* **UB-04 claim form***.* • Suggestion from Mary Ann: o Ask your billers and coders if your hospital DSMT telehealth visits can be billed to Medicare on the **professional 1500 claim form**

Medicare DSMT and MNT Telehealth: **Originating Sites**

COVID-19 WAIVERS
Where **beneficiary** is during DSMT and MNT telehealth visit • **Removed:** geographical rural and originating site limitations • Can now provide service **regardless** of where beneficiary is located geographically during visit • **Added: beneficiary's home as originating site**

Medicare DSMT and MNT Telehealth: **Distant Sites**

COVID-19 WAIVERS

Where HCP is during DSMT and MNT telehealth visit

- **Added as distant sites:**

  - Rural health clinics (RHCs)

  - Federally qualified health centers (FQHCs)

    - Only **individual** DSMT and MNT allowed (same as pre-pandemic)

STILL excluded distant sites (same as pre-pandemic):

- Independent renal dialysis facilities

- Pharmacies

Medicare DSMT and MNT Telehealth: **Procedure Code Modifiers**

COVID-19 WAIVERS

- On 1500 professional claim (837P):

  - Add modifier **"95"** to procedure code

    - *Synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system*

- Critical Access Hospitals Method II

  - Add modifier **"GT"** on UB-04 claims

    - *Via interactive audio and video telecommunications system*

Medicare DSMT and MNT Telehealth:
Place of Service Code on Professional 1500 Claim Form

COVID-19 WAIVERS

• 1500 professional claim form (837P):
 	
     o Report **SAME** place of service (POS) code that is reported usually for
 	
       in-person DSMT and MNT

Medicare DSMT and MNT Telehealth:
DSMT Educator and RDN Working From Home (1)

COVID-19 WAIVERS
• Can furnish DSMT and MNT telehealth services from their own homes

1. https://www.ama-assn.org/delivering-care/public-health/cms-payment-policies-regulatory-flexibilities-during-covid-19

Medicare DSMT and MNT Telehealth:
DSMT Educator and RDN Working From Home (2)

COVID-19 WAIVERS
• Medicare providers do **NOT** have to add their "home" to their Medicare enrollment file   • Providers can bill Medicare under their **regular practice location** when doing telehealth DSMT and MNT from their "home"

Medicare DSMT and MNT Telehealth:
DSMT Educator and RDN Working From Home (3)

COVID-19 WAIVERS

• If DSMT program has ADCES/AADE accreditation:
 	
    o Go online to DEAP Dashboard and add "home" as an ADCES accreditation
 	
      community site (free)
 	
• If program has ADA recognition:
 	
    o Go to ADA ERP Portal and add "home" as **expansion site**

WE GOT RID OF THE KIDS.....
THE CAT WAS ALLERGIC

Medicare DSMT and MNT Telehealth: **Beneficiary 20% Co-Payment**

COVID-19 WAIVERS
• DSMT: can reduce… or waive… beneficiary DSMT co-pay   ○ But in FQHCs and RHCs, **must** waive copay • MNT: beneficiary co-pay is already waived, **pre-Covid-19**

Medicare MNT Telehealth: **RDN Expediting Medicare Part B Provider Status**

COVID-19 WAIVERS
• RDNs can apply on the **phone** for temporary Medicare Part B billing privileges   • Call Medicare Administrator Contractor's Hotline

Medicare DSMT and MNT Telehealth: State Licensure Requirements for Rendering and Billing Providers (1)

COVID-19 WAIVERS

• DSMT and MNT telehealth providers subject to telehealth **state** laws
 	
• Licensure requirements **vary in states**
 	
   ○ Certain states have **waived** licensure requirements during COVID-19
 	
   ○ Check with your own state's licensure board re: these specific issues:
 	
      ■ Whether a licensing state offers an **accelerated pathway** to licensure via reciprocity (a determination of equivalence with another state's education, experience and exam qualifications)

Medicare DSMT and MNT Telehealth: State Licensure Requirements for Rendering and Billing Providers (2)

COVID-19 WAIVERS
▪ Whether licensure requirements are relaxed during an emergency, or whether a state offers temporary, provisional or limited licenses under certain circumstances
▪ Qualifications and conditions for Medicaid reimbursement
▪ Whether a state requires a separate license specifically for provision of services via telehealth

See CMS document: *2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)* at: https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

Medicare DSMT and MNT Telehealth: State Licensure Requirements for Rendering and Billing Providers (3)

COVID-19 WAIVERS
List of ***RDN Licensure Guidelines By State for Practice During COVID-19*** at: • https://www.eatrightpro.org/-/media/eatrightpro-files/coronavirus/licensure-guidance---dietetics-practice---emergency---cross-border-and-telehealth-(2).pdf?update1&la=en&hash=B4F3033F585F60906C0F471C9CE84C617D1D0F37   Source: https://www.eatrightpro.org/news-center/member-updates/coronavirus-updates/licensure-guidance-for-rdns-during-covid-19-pandemic

https://www.eatrightpro.org/advocacy/licensure/licensure-map

Licensure Statutes and Information by State

This map provides links to boards, statutes and rules, in addition to information about the type of nature of dietetics regulation in each state.

Click on any state to see details and links about that state's regulation of the profession in a popup window.

Legend

- No Licensure of Practice or Title
- Practice Exclusivity
- Licensure of Title Only or Certification of RDNs
- Title Protection Without Formal State Regulation
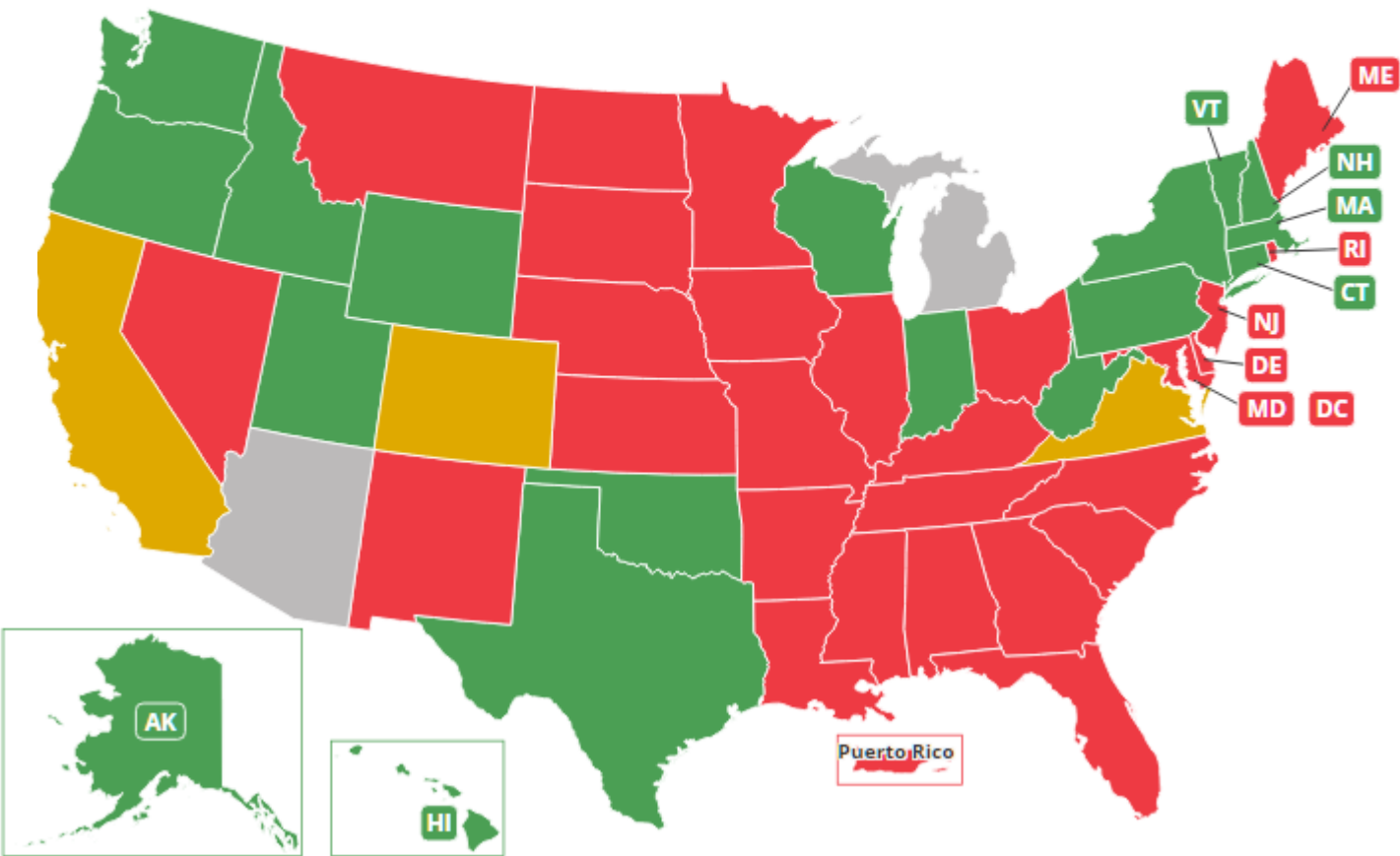
Regarding the Map (1)

- **"Practice Exclusivity"**
  o License is **required** to practice MNT (or dietetics), subject to any exemptions shown in popups, as explained below.

- **"Licensure of Title Only or Certification of RDNs"**
  o State only licenses the title "licensed dietitian" (or a similar title) or provides an optional certification which may facilitate reimbursement or employment in certain facilities.

  o In these states, a Board exists to implement the law**, *but no license is required to practice MNT or dietetics.***

- **"Title Protection Without Formal State Regulation"**
  o State restricts use of the title to certain credentialed professionals, but no Board exists, ***and no license is required to use the title.***

Regarding the Map (2)

Notes for Exceptions

- "Licensure (or certification) by endorsement" — approval based on active CDR registration in good standing.

- "Licensure (or certification) by reciprocity" — approval based on approved status in another jurisdiction (usually another state) in good standing.

- "Combined endorsement-reciprocity" — both CDR registration and approval in another jurisdiction are required to be approved.

Regarding the Map (3)

- Licensure waivers exempt the professional from licensure requirements, generally for a limited period.

- "SSS" (substantially similar state) — a state with substantially similar/equivalent education, experience and exam requirements as the subject state; this stipulation applies in most reciprocity and waiver provisions.

- Temporary or provisional licenses generally grant the right to practice without supervision based on completion of education and/or experience requirements (but not the exam) for a limited period, allowing additional opportunities to successfully complete the exam.

Other Medicare-Payable Billing Codes for Virtual Services
For Medicare Part B Providers (1)

COVID-19 WAIVERS

• Medicare is **temporarily** covering these 3 specific codes* for **telephone assessment and management** services furnished by Medicare Part B providers…including RDNs:
 	
   o 98966 – 98967 – 98968: can be used **after 7 days** following MNT visit
 	
   o **NOT** to be used to submit claims for providing MNT

*NOT previously paid under Medicare Physician Fee Schedule

Other Medicare-Payable Billing Codes for Virtual Services For Medicare Part B Providers (2)

COVID-19 WAIVERS

- 98966: Telephone assessment and management service

  - provided by a qualified non-physician health care professional

  - to established patient, parent, or guardian

  - **NOT** originating from related assessment and management service provided within **previous 7 days**

  - **NOR** leading to assessment and management service or procedure within **NEXT 24 hours** or soonest available appointment; **5-10 min. of medical discussion**

- 98967: **11 – 20 min.**

- 98968: **21 – 30 min.**

Other Medicare-Payable Billing Codes for Virtual Services For Medicare Part B Providers (3)

COVID-19 WAIVERS
▪ If telephone call **lasts longer than 30 minutes**:   ❖ Can use more than 1 of these codes   ❖ Example: 45-minute call can be billed as both   ➤ 98967 (11- 20 min.)   and   ➤ 98968 (21 – 30 min.)

Other Medicare-Payable Billing Codes for Virtual Services For Medicare Part B Providers (4)

COVID-19 WAIVERS
• Other virtual care codes for Medicare Part B providers…including **RDNs**:   o G2061: Qualified non-physician healthcare professional **online assessment and management,** for **established** patient, for up to 7 days, cumulative time* during the 7 days; **5–10 minutes**   o G2062: **11–20 minutes**   o G2063: **21 or more minutes**   *See next slide for details

Other Medicare-Payable Billing Codes for Virtual Services For Medicare Part B Providers (5)

COVID-19 WAIVERS
*Cumulative time includes: 1. Review of initial inquiry 2. Review of patient records pertinent to assessment of patient's problem 3. Personal interaction with clinical staff focused on patient's problem 4. Development of management plans (incl. generation of prescriptions or ordering of tests), and 5. Subsequent communication with patient   • Communication can occur through: online, telephone, email, or digitally supported communication

Medicare DSMT Telehealth: Distant Site Practitioners, or Who is Allowed to Furnish DSMT Telehealth

COVID-19 WAIVERS
NOT changed from original pre-pandemic rules: • *"……Medicare telehealth services, including individual DSMT services furnished as a telehealth service, could only be furnished by a licensed physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse-midwife (CNM), clinical psychologist, clinical social worker, or registered dietitian or nutrition professional."* • **Neither RN nor pharmacist allowed to furnish DSMT telehealth (neither pre-pandemic, nor pandemic)**

Medicare DSMT Telehealth: **Distant Site Practitioners, or Who is Allowed to Furnish DSMT Telehealth (1)**

COVID-19 WAIVERS
RN and pharmacist **possible options IF they furnish telehealth DSMT:** **Option 1:** Give beneficiary a Medicare ABN (Advance Beneficiary Notice)   • Can download it free online from: www.cms.gov

Medicare DSMT Telehealth: **Distant Site Practitioners, or Who is Allowed to Furnish DSMT Telehealth (2)**

COVID-19 WAIVERS

- ABN tells beneficiary that:

  o Practice cannot bill Medicare for telehealth DSMT due to this reason (enter reason manually...i.e., RN or pharmacist is furnishing)

  o Beneficiary will be financially responsible for DSMT fee (enter manually, which is $_____)

  o If he/she checks YES (= I want the service) at bottom, then furnish

Medicare DSMT Telehealth: **Distant Site Practitioners, or Who is Allowed to Furnish DSMT Telehealth (3)**

COVID-19 WAIVERS

• If beneficiary checks **YES**:
 	
    o RN or pharmacist furnishes telehealth DSMT
 	
    o Your practice then bills the beneficiary directly
 	
• ABN form can be sent to beneficiary over a secure email system
 	
Option 2: Not charge beneficiary for telehealth DSMT if furnished by RN or pharmacist

Medicare DSMT and MNT Telehealth: **Billing Physician Visit on Same Day (1)**

COVID-19 WAIVERS

- Can **both** physician telehealth visit… and DSMT/MNT telehealth visit… that occur on **same day** be reimbursed by Medicare?

- It depends:

  o **NO…**If **DSMT program** is using physician's NPI# to bill, one of charges likely denied

  o Why? 2 visits billed under SAME NPI on same day for same patient

Medicare DSMT and MNT Telehealth: **Billing Physician Visit on Same Day (2)**

| COVID-19 WAIVERS |
|---|
| o **YES…**If DSMT program is **NOT** billed under same NPI# as physician visit

• Some DSMT programs use physician's NPI# as its DSMT sponsor NPI for billing

o Thus, if same physician saw patient that day, result is 2 charges under same NPI#…and 1 charge likely denied

NOT suggesting you change your DSMT billing NPI number!

This requires a change in status for your

ADCES accreditation or ADA recognition and new certificate to your MAC! |

Medicare DSMT and MNT Telehealth: **Reimbursement Rates**

No Covid-19 Changes. **National Geographically Unadjusted Rates, 2020**

	Code	Type	1 Unit	Facility	Non-Facility
MNT	97802	Individual, Initial	15 minutes	$34.65	$38.25
	97803	Individual, Follow-Up	15 minutes	$29.23	$33.20
	97804	Group, Initial or F-Up	30 minutes	$16.24	$17.32
	G0270	Extra Hours: Individual, Initial or Follow-Up	15 minutes	$29.23	$33.20
	G0271	Extra Hours: Group, Initial or Follow-Up	30 minutes	$16.24	$17.32
DSMT	G0108	Individual	30 minutes	$57.02	$57.02
	G0109	Group	30 minutes	$15.88	$15.88

My Parting, Warmest Thoughts to You
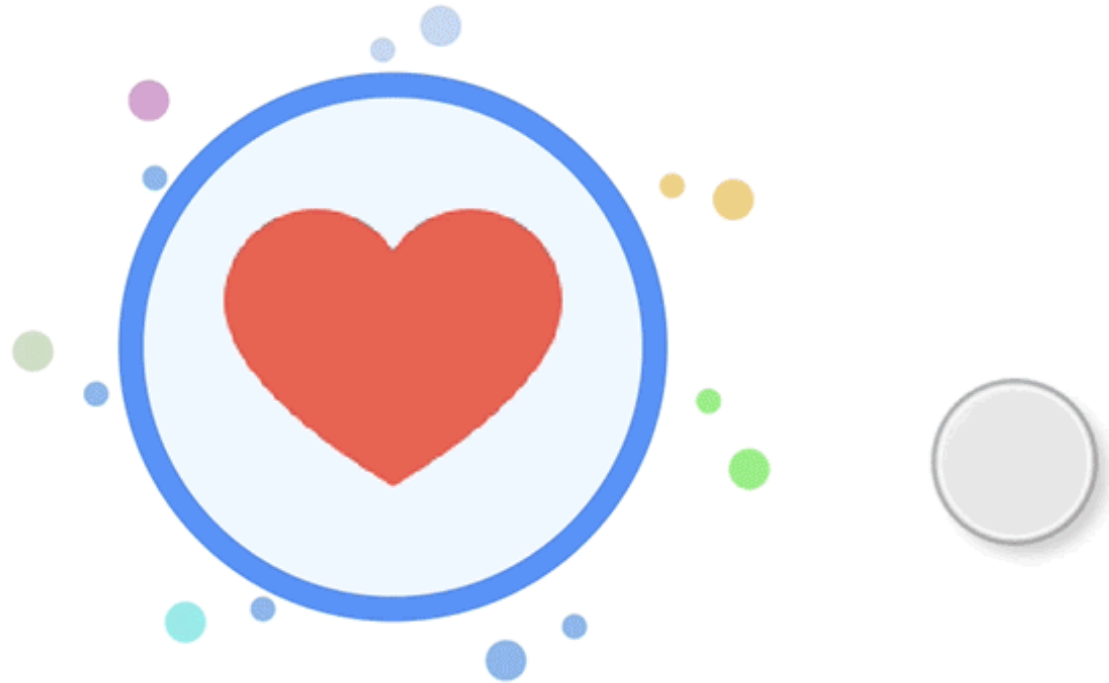
Be B. E. S. T. …

Better, Ever Stronger…Together!

I think this should be our own

new "mantra" during this trying period!

Effect of Information **Overload**

References

1. https://www.eatrightpro.org/coronavirus-resources

2. 2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs) at: https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

3. https://www.eatrightpro.org/practice/practice-resources/telehealth?rdType=short_url&rdInfo=telehealth

4. https://www.diabeteseducator.org/practice/practice-tools/app-resources/covid-19-information

5. https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

6. https://med.noridianmedicare.com/web/jea/topics/telehealth

7. New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE), MLN Matters Number: SE20016, April 17, 2020, https://www.cms.gov/files/document/se20016.pdf
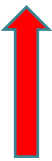
Meet Your Appendix

The information that follows applies to the Medicare coverage guidelines **BEFORE** the Covid-19 emergency.

EXAMPLE: PAYMENT CALCULATION OF DSMT VISIT IN FQHC

2020 FQHC OP Prospective Payment System (PPS) Rate = **$173.50**

REVENUE CODE	QUALIFYING VISIT CODE	DSMT PROCEDURE CODE	DSMT ACTUAL CHARGE	OP PPS RATE FOR QUALIFYING VISIT CODE G0467
0521	**G0467,** medical visit, established patient	**G0108,** 60 minutes, 2 units of code	**$106.00** ↑	**$173.50** ↑

➡ **Lesser** value is **actual charge** of **$106.00.**

CMS pays 80% of **lesser**, or of **$106.00**, which is **$84.80**

RURAL HEALTH CLINIC

MEDICARE DSMT – MNT BILLING

CHANGES IN BILLABLE ICD-10 CODES

FOR

MEDICARE DSMT AND MNT:

EFFECTIVE 2016

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR **DSMT**

• **Invalid ICD-10 dx codes end-dated effective 9/30/16:**

  o E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359

  o E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359

  o E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359

  o E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359

  o E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR **DSMT**

- **DSMT: Added new 2017 ICD-10 dx codes effective 10/1/16:**

  E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E08.37X1, E08.37X2, E08.37X3

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR **DSMT**

- **DSMT: Added new 2017 ICD-10 dx codes effective 10/1/16:**

  E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311,

  E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412,

  E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513,

  E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541,

  E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592,

  E10.3593, E10.37X1, E10.37X2, E10.37X3

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR **DSMT**

- **DSMT: Added new 2017 ICD-10 dx codes effective 10/1/16:**

  E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR **DSMT**

- **DSMT: Added new 2017 ICD-10 dx codes effective 10/1/16:**

   O24.415, O24.425, O24.435

- **Unspecified codes deleted effective 1/1/17:**

   O24.019, O24.119, O24.819

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 180.1 FOR CHRONIC KIDNEY DISEASE MNT

- **Remove ICD-10 dx codes effective 1/1/17:**

  N18.6 and N18.9

ICD-10 DIAGNOSIS CODES FOR NON-DIALYSIS CHRONIC KIDNEY DISEASE MNT

- **ICD-10 dx codes that align with Medicare non-dialysis chronic disease MNT requirement of GFR 13 - 50 (inclusive) for beneficiary eligibility:**
  - N18.3
    - IIIA – GFR 45–59
    - IIIB – GFR 30–44
  - N18.4
    - GFR 15–29
  - N18.5
    - GFR <15 w/o dialysis treatment

Source of table: https://www.securityhealth.org/provider-manual/shared-content/claims-processing-policies-and-procedures/risk-adjustment---hcc-coding/kidney-disease

Stage	Severity	GFR	ICD-10 code
Stage I	Normal or slightly increased GFR	GFR > 90 ml/min with kidney damage*	N18.1
Stage II	Mild kidney disease	GFR 60-89 ml/min with kidney damage*	N18.2
Stage III	Moderate kidney disease	GFR 30-59 ml/min	N18.3
Stage IV	Severe kidney disease	GFR 15-29 ml/min	N18.4
Stage V	Stage 5 - Kidney Failure	GFR < 15 ml/min	N18.5
End Stage Renal Disease	End Stage Renal Disease	Requiring chronic dialysis or transplant	N18.6
Unspecified CKD	CKD NOS, Chronic Renal Failure or Chronic Renal Insufficiency	Chronic Kidney Disease Unspecified	N18.9

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **Remove ICD-10 dx codes effective 1/1/17:**

  E08.21, E08.311, E08.319, E08.36, E08.39, E08.65

  E09.21, E09.311, E09.319, E09.36, E09.39

  E10.311, E10.319, E10.36, E10.39

  E11.311, E11.319, E11.36, E11.39

  E13.311, E13.319, E13.36, E13.39

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **ICD-10 dx codes expire and end-dated effective 9/30/2016:**

E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359

E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359

E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359

E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359

E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **Add new ICD-10 dx codes effective 10/1/16:**

O24.03, O24.13, O24.011, O24.012, O24.013, O24.111, O24.112, O24.113, O24.415, O24.425, O24.435, O24.811, O24.812, O24.813, O24.83 E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E08.37X1, E08.37X2, E08.37X3

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **Add new ICD-10 dx codes effective 10/1/16:**

E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E09.37X1, E09.37X2, E09.37X3

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **Add new ICD-10 dx codes effective 10/1/16:**

  E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412,

  E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513,

  E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541,

  E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592,

  E10.3593, E10.37X1, E10.37X2, E10.37X3, E10.3211, E10.3212, E10.3213,

  E10.3291, E10.3292, E10.3293, E10.3311

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **Add new ICD-10 dx codes effective 10/1/16:**

    E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312,

    E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491,

    E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523,

    E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552,

    E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3

CMS' CR9861 MADE ADJUSTMENTS TO CMS NATIONAL COVERAGE DETERMINATION (NCD) 40.1 FOR MNT

- **Add new ICD-10 dx codes effective 10/1/16:**

  E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311,

  E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412,

  E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513,

  E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541,

  E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592,

  E13.3593, E13.37X1, E13.37X2, E13.37X3

NATIONAL COVERAGE DETERMINATION (NCD40.1):
DATE: JANUARY 18, 2018 CHANGE REQUEST: 10318
EFFECTIVE DATE: APRIL 1, 2018

Diabetes Self-Management Training (DSMT):

- **DELETE ketoacidosis-related ICD-10 dx:**

  E08.10, E09.10, E10.10, E13.10

  - These patients are cared for in an inpatient setting and DSMT is conducted on an outpatient basis

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