

# Step-by-Step Guide to Medicare Diabetes Self-Management Training (DSMT) Reimbursement



Indian Health Service  
Division of Diabetes Treatment and Prevention  
[www.diabetes.ihs.gov](http://www.diabetes.ihs.gov)





# Step-by-Step Guide to Medicare Diabetes Self-Management Training (DSMT) Reimbursement

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# Foreword



The *Step-by-Step Guide to Medicare DSMT Reimbursement* provides IHS staff with the information needed to obtain prompt Medicare reimbursement for Diabetes Self-Management Training (DSMT) services. The guide clearly and concisely illustrates seven steps from becoming a Medicare-recognized diabetes education program to marketing DSMT services. It also includes useful resources for putting these steps into practice.

Congress authorized the DSMT benefit for eligible Medicare beneficiaries based on research findings demonstrating its effectiveness. Programs providing DSMT significantly improve a patient's access to quality care and can help improve outcomes—a priority of the Indian Health Service (IHS). At the same time, Medicare reimbursement (and other third-party payers) for DSMT represent a new revenue stream for the Indian health care system.

Self-management is essential to diabetes treatment and leads to accomplishing successful outcomes. DSMT programs teach essential skills needed by people with diabetes, such as balancing nutrition and physical activity, maintaining glycemic control, and how to perform selfcare tasks, such as blood glucose monitoring and insulin administration.

DSMT is an ongoing, interactive, and collaborative process, which involves the person with diabetes and a diabetes educator. DSMT goals are to optimize glucose control, improve or optimize quality of life, and prevent acute and chronic diabetes-related complications.

I encourage you to use this information to improve the quality of diabetes care, strengthen administrative efficiency and maximize reimbursements at your health facility.

Finally, I want to thank all of the IHS, Tribal, and Urban Indian health staff and the Centers for Medicare & Medicaid Services personnel who contributed their knowledge and experience to this important publication.

**/Yvette Roubideaux/**

**Yvette Roubideaux, M.D., M.P.H.**

Director, Indian Health Service

# Introduction



(L to R): Jackie McKnight, patient consumer; Joyce Hansen, RN, Diabetes Nurse Educator, Claremore Diabetes Education Program, Oklahoma; Dianna Garman, patient consumer; Christy Heape, patient consumer. Hypertension Class at Claremore Indian Hospital, Claremore, OK.

Diabetes self-management training (DSMT)\* is an essential part of diabetes care. DSMT services provide people with diabetes with the knowledge, skills, and ability to perform diabetes self-care tasks. The process involves informed decision-making, problem-solving, and collaboration with the health care team to improve clinical outcomes, health status, and quality of life for people with diabetes. The diabetes educator works closely with the patient to provide DSMT services.

Section 4105 of the Balanced Budget Act of 1997 permitted the Centers for Medicare and Medicaid Services (CMS) to

reimburse health care facilities and organizations for DSMT services when provided to qualified Medicare beneficiaries by an accredited, quality education program. The National Standards for Diabetes Self-Management Education (NSDSME) are the framework designed to define quality diabetes education and to assist diabetes educators in a variety of settings in providing evidenced-based education.

Currently, CMS recognizes two national accreditation organizations (NAOs) that follow the guidelines identified in the NSDSME and that have established processes for recognizing quality DSMT services. They are:

- the American Association of Diabetes Educators (AADE) Diabetes Education Accreditation Program and
- the American Diabetes Association (ADA) Education Recognition Program.

As of February 2011, the IHS Division of Diabetes Treatment and Prevention (DDTP) is no longer a NAO for DSMT services. Instead, the DDTP will continue to support IHS, Tribal, and Urban programs interested in becoming an accredited DSME program by providing training, technical assistance, educational materials, and other resources.

\* DSMT is also known as DSME, or diabetes self-management education. Although DSME is the preferred term, the CMS requires the use of DSMT in reimbursement documentation. Therefore, "DSMT" is used throughout this guide.



# Overview of the Guide to Medicare DSMT Reimbursement

The guide is designed for Indian health system:

- accredited diabetes self-management training program teams
- diabetes self-management training programs seeking accreditation and
- business office teams.

The purpose of the guide is to help you:

- document accredited DSMT services and outcomes
- work with your health care facility to bill for DSMT services
- take an active role in seeking DSMT reimbursement and
- market your services within the Indian health care system and to your Tribal members.

The guide is divided into three major sections:

- The **DSMT Reimbursement Overview** introduces you to the Medicare guidelines for DSMT reimbursement.
- The **7 Steps to DSMT Reimbursement** takes you through each step of the DSMT reimbursement process.
- The **Resource Materials** in the appendices provide sample referral, reimbursement and tracking forms, sample electronic health record (EHR) templates, additional information resources, a glossary, and references.

## Take Advantage of this Opportunity for Reimbursement

Many Indian health staff members have shared tips and ideas to help create this comprehensive, step-by-step guide. Opportunities to be reimbursed for your services are waiting for you. Take advantage of them! Embrace them! **Just do it!**



# Frequently Used Abbreviations

AADE.....	American Association of Diabetes Educators
ABN.....	Advanced Beneficiary Notice
ADA.....	American Diabetes Association
AI/AN.....	American Indian and Alaska Native
AIR.....	All-Inclusive Rate
CAC.....	Clinical Application Coordinator
CAHs.....	Critical Access Hospitals
CDE.....	Certified Diabetes Educator
CMS.....	Centers for Medicare and Medicaid Services
CPT.....	Current Procedural Terminology or Common Procedural Terminology
DDTP.....	Division of Diabetes Treatment and Prevention
DME.....	Durable Medical Equipment
DSME*.....	Diabetes Self-Management Education
DSMT*.....	Diabetes Self-Management Training
EHR.....	Electronic Health Record
FQHC.....	Federally Qualified Health Centers
HCPCS.....	Healthcare Common Procedure Coding System
HIT.....	Health Information Technology
ICD-9.....	International Classification of Diseases, 9th Revision
IDERP.....	IHS Integrated Diabetes Education Recognition Program
IDNT.....	International Dietetics and Nutrition Terminology
IHS.....	Indian Health Service
KDE.....	Kidney Disease Education
MAC.....	Medicare Administrative Contractor
MNT.....	Medical Nutrition Therapy
NAO.....	National Accrediting Organization
NPI.....	National Provider Identifier
NSDSME.....	National Standards for Diabetes Self-Management Education
OMB.....	Office of Management and Budget
PCC.....	Patient Care Component
PFE.....	Patient and Family Education Protocols
POC.....	Plan of Care
QNPP.....	Qualified Non-Physician Practitioner
RD.....	Registered Dietitian
RPMS.....	Resource and Patient Management System

\* DSMT is also known as DSME, or diabetes self-management education. Although DSME is the preferred term, the CMS requires the use of DSMT in reimbursement documentation. Therefore, “DSMT” is used throughout this guide.

# Section 1

## Ready...Set...Diabetes Self-Management Training



### **An Overview of Medicare Diabetes Self-Management Training Reimbursement**

Miles Gallardo (left) participates in diabetes self-management training with Kevin Pendlebury, CDE. Miles says that through the Shoshone Bannock Diabetes Education Program, “I have learned I could put diabetes to sleep if I become more active, walk every day and eat properly.” In one year, he changed his eating habits, lost weight and no longer takes diabetes medication. He says, “Education is the key. You can put your fear of diabetes away.”

# What is the Medicare diabetes self-management training (DSMT) benefit?

The **diabetes self-management training (DSMT)** benefit for Medicare Part B beneficiaries with diabetes was authorized by Congress in the Balanced Budget Act of 1997 (Section 4105). The purpose of Medicare's DSMT benefit is to give beneficiaries the knowledge and skills needed to adopt diabetes self-care behaviors and to make lifestyle changes needed to improve health outcomes. Beneficiaries are covered for a total of 10 hours of initial training within a continuous 12-month period and 2 hours of follow-up training each year after that, as needed.

To qualify for reimbursement, these DSMT services must be part of a plan of care prepared by a physician or qualified non-physician practitioner (QNPP). In addition, they must be furnished by a diabetes self-management program that has been accredited by the American Diabetes Association or the American Association of Diabetes Educators, the two CMS-approved national accreditation organizations.

Certified providers are required to submit a copy of the DSMT program accreditation certificate to the Medicare Administrative Contractor (MAC) and/or the individual's national provider identifier (NPI). A certified provider is an individual or entity qualified to bill Medicare on behalf of an accredited program that provides DSMT services. See Section Two for more information on DSMT accreditation.

## What diagnoses qualify for DSMT reimbursement?

Outpatient DSMT services are reimbursed for Medicare Part B beneficiaries with diabetes and beneficiaries with kidney disease.

### Diabetes

- Type 1 diabetes
- Type 2 diabetes

Medicare defines diabetes as a condition of abnormal glucose metabolism, diagnosed using the following criteria:

- Fasting glucose  $\geq$  126 mg/dL on two different occasions; or
- 2-hour post glucose challenge  $\geq$  200 mg/dL on two different occasions; or
- A random glucose test  $>$  200 mg/dL for a person with symptoms of uncontrolled diabetes.

**Note:** Medicare does not recognize the A1C test as a diagnostic criterion for diabetes service reimbursement, although the IHS and the ADA currently recommend the test as the primary diagnostic tool.

## Kidney Disease

- Non-dialysis kidney disease
- Post-kidney transplant

Currently, Medicare does **not** reimburse DSMT services for beneficiaries with a primary diagnosis of pre-diabetes, impaired fasting glucose (IFG), or impaired glucose tolerance (IGT). However, coverage is provided for diabetes screening tests for eligible Medicare Part B beneficiaries.

## What does basic coverage for DSMT services include?

Basic coverage includes “initial” and “follow-up” DSMT services ordered by the treating physician or QNPP.

### Initial DSMT services include 10 hours in the first year:

- 1 hour for an assessment (individual or group)
- 9 hours for diabetes education (only in a group setting)

Coverage for initial DSMT services is based on a continuous 12-month period—not on the calendar year. The 12-month period begins after the first date DSMT services are provided.

### Follow-up DSMT services include 2 hours per calendar year in subsequent years (individual or group sessions).

The following conditions must be met for DSMT services to be covered:

- A signed statement of need and/or referral for DSMT services from the treating physician or QNPP responsible for managing the beneficiary’s diabetes care.
- The statement of need and/or referral must be reasonable and necessary for treating or monitoring the beneficiary’s condition.
- The statement of need and/or referral must include a comprehensive Plan of Care (POC). When the training under the order is changed, the training order/referral must be signed by the physician or QNPP treating the beneficiary and maintained in the beneficiary’s file in the DSMT program records.
- The DSMT service provider must maintain documentation in a file that includes the original order from the treating physician or QNPP and any special conditions noted in the referral.
- Only face-to-face time with the patient is covered. No payment will be made for group sessions that are not attended.
- DSMT and Medical Nutrition Therapy (MNT) services cannot be provided on the same date in order for both to be reimbursed.
- Medicare reimburses DSMT services if there is a change in treatment (such as the need for insulin administration) and to address diabetes-related complications.

**Table 1. Examples of DSMT Benefit Coverage**

**1. Beneficiary Exhausts 10 hours in the Initial Year (12 Continuous Months)**

March 2011	April 2011	March 2012	May 2012 (13th month)	December 2012	January 2013
Physician or qualified non-physician practitioner provides a written referral for DSMT	Beneficiary receives 1 hour of initial DSMT service for an individualized assessment	Beneficiary completes remaining 9 hours of group DSMT services	Beneficiary is eligible for 2 hours of follow-up DSMT services	Beneficiary completes 2 hours of follow-up DSMT services	Beneficiary is eligible for another 2 hours of follow-up DSMT services

**2. Beneficiary Exhausts 10 Hours within the Initial Calendar Year**

April 1, 2010	April 15, 2010	December 2010	January 2011	July 2011	January 2012
Physician or qualified non-physician practitioner provides a written referral for DSMT	Beneficiary receives 1 hour of initial DSMT service for an individualized assessment	Beneficiary completes remaining 9 hours of group DSMT services	Beneficiary is eligible for 2 hours of follow-up DSMT services	Beneficiary completes 2 hours of follow-up DSMT services	Beneficiary is eligible for another 2 hours of follow-up DSMT services

## What is the Medicare Medical Nutrition Therapy (MNT) benefit?

Medicare covers Medical Nutrition Therapy (MNT) services for Part B beneficiaries who have a diagnosis of diabetes or renal disease. Basic coverage for initial MNT services is 3 hours. Additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment plan that requires a change in MNT. The provider then orders additional hours during that episode of care.

Medicare covers 2 hours of follow-up MNT services in subsequent years. Additional hours may be ordered as specified above.

**See Appendix A for a summary chart on IHS Medicare coverage and billing requirements for MNT and DSMT.** See also the *IHS Step-by-Step Guide to Medicare Medical Nutrition Therapy Reimbursement*, 2nd edition, April 2010. For more information on the Medicare MNT Benefit online, go to: [http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Training/WebBased/CKDNutrition/MNT\\_Reimburse\\_Guide\\_508c.pdf](http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Training/WebBased/CKDNutrition/MNT_Reimburse_Guide_508c.pdf)



### Can beneficiaries receive the Medicare DSMT and MNT benefit simultaneously?

**Yes.** DSMT and MNT are complementary services and may be ordered during the same time period or in the same year.

The intent of DSMT is to provide overall guidance on all aspects of diabetes self-management to achieve glycemic control and increase the beneficiary’s knowledge and skills for diabetes self-care. MNT focuses solely on nutrition therapy and is provided by a registered dietitian. Both DSMT and MNT rely on follow-up and ongoing self-management support to help the individual adopt and sustain appropriate self-care behavior(s). Research indicates that MNT combined with DSMT improves outcomes.

### What are the differences and similarities in the DSMT and MNT benefits?

The two benefits overlap in some areas and differ in others. The chart below shows the two sets of benefits side by side for a quick comparison

DSMT	MNT
<p><b>Initial Training:</b></p> <ul style="list-style-type: none"> <li>• Provided to beneficiary who has not previously received initial or follow-up training.</li> <li>• Provided in a continuous 12-month period or less.</li> <li>• Initial training does not exceed 10 hours and can be done in any combination of half hour increments.</li> <li>• With the exception of 1 hour for the individual assessment, training is usually furnished in a group setting with 2 to 20 individuals.</li> <li>• One hour of individual training may be used for any part of the training, including insulin administration instruction.</li> <li>• Medicare covers training on an individual basis if:                             <ul style="list-style-type: none"> <li>» No group session is available within two months of the date the training is ordered.</li> <li>» The beneficiary’s physician or qualified QNPP documents in the medical record that the beneficiary has special needs resulting from conditions that will hinder effective participation in a group training session.</li> <li>» The physician or qualified QNPP orders additional insulin administration instruction.</li> </ul> </li> </ul>	<p><b>Initial Training:</b></p> <ul style="list-style-type: none"> <li>• A registered dietitian or nutrition professional must provide MNT services.</li> <li>• Coverage consists of 3 hours in the first year (additional hours may be covered if medically necessary).</li> <li>• Services may be provided either on an individual or group basis without restrictions.</li> <li>• The treating physician must provide a written referral and indicate a diagnosis of diabetes or kidney disease.</li> <li>• Group training consists of 2 to 20 individuals (who do not all need to be Medicare beneficiaries).</li> </ul>
<p><b>Follow-up Training:</b></p> <ul style="list-style-type: none"> <li>• Consists of no more than 2 hours of individual or group training each calendar year.</li> <li>• Group training consists of 2 to 20 individuals (who do not all have to be Medicare beneficiaries).</li> <li>• Is furnished any time in a calendar year following the year in which the beneficiary completes the initial training.</li> <li>• Is furnished in increments of no less than 1 half hour.</li> <li>• The treating physician or QNPP must document a diagnosis of diabetes or kidney disease in the beneficiary’s medical record.</li> </ul>	<p><b>Follow-Up Training:</b></p> <ul style="list-style-type: none"> <li>• Coverage consists of 2 hours in subsequent years (additional hours may be covered if medically necessary).</li> </ul>

## How can IHS Facilities maximize the Medicare DSMT and MNT benefits?



Suzanne Ortivez, Chehalis Tribe, WA

The Medicare DSMT and MNT benefits can help make a difference in your patients' health outcomes. Providers and patients should discuss both benefits and make plans to use them as part of the plan of care. Referrals for each of these services should be ordered in a timely fashion when medically appropriate.

MNT services and the nutrition component of DSMT training **must** remain distinct services even when a single registered dietitian provides both services. The maximum number of allowed hours for each benefit should be furnished in both the initial and follow-up episodes of care for maximum impact.

### Initial Benefit:

**DSMT + MNT Benefit = 10 hours + 3 hours = 13 hours**

### Follow-up Benefit:

**DSMT + MNT = 2 hours + 2 hours = 4 hours**

**If DSMT and MNT services are provided on the same date, only one of the two services can be billed. Therefore, try to avoid scheduling both services on the same date.**

For examples of how DSMT and MNT benefits can be coordinated, go to the following page on the American Diabetes Association website:

<http://professional.diabetes.org/recognition.aspx?cid=57955#Coordination>

## How does Medicare reimburse for DSMT services in I/T/U facilities?

Effective January 1, 2005, Section 630 of the Medicare Modernization Act (MMA) extended to IHS facilities the ability to bill for all Medicare Part B covered services and items that were not covered under the Benefits Improvement and Protection Act (BIPA) of 2000. This includes all screening and preventative services covered by Medicare. DSMT is listed under the screening and preventative services.



## IHS Facilities

Payment to IHS facilities for outpatient DSMT is made as follows:

- Hospital outpatient clinic department and grandfathered clinics must bill to the fiscal intermediary on CMS Form 1450 (UB-04).
- Payment method is based on the Office of Management and Budget (OMB) approved outpatient per visit All Inclusive Rate.

The All-Inclusive Rate is the rate negotiated by the IHS for services provided under Medicare. As of June 2011, the outpatient IHS All-Inclusive Rate is \$256 for a single day of patient care (including care and services beyond DSMT) for all states except Alaska. In Alaska, the rate is \$447. The IHS renegotiates this rate with the Office of Management and Budget (OMB) each year, so the rate may vary from year to year. Your billing office will have information about current rates.

## Tribally Owned and Operated Facilities

Tribally owned and operated facilities may choose to bill the Medicare program in one of two ways:

- They may enroll or become certified to participate in the Medicare program as any other provider/supplier of Medicare services. Depending upon the type of supplier/provider, these entities file claims with the local Medicare Part B carrier or fiscal intermediary serving the specific geographic region where the facility is located and follow the same coverage and claims filing requirements as any other Medicare provider/supplier.
- Since tribally owned and operated facilities are covered under the Indian Self-Determination and Education Assistance Act (ISDEA), PL 93-638 (commonly referred to as “638”), this affords them the option of electing the same billing rights as facilities run by the IHS. Tribally owned and operated facilities choosing this option file claims with the designated Medicare Part B carrier or fiscal intermediary used for processing IHS claims.

## Freestanding Clinics

**Medicare Part B (Carrier):** Payment to non-physician practitioners billing on behalf of the DSMT program should be made at the **FULL** physician fee schedule. This is because the payment is for the DSMT program, not the services of a single practitioner (CMS 1500).

## Federally Qualified Health Centers (FQHCs)

DSMT and MNT services are now considered core FQHC services and are reimbursable as a visit under the FQHC all-inclusive payment rate when rendered by qualified practitioners.

Payments made for DSMT provided in rural health centers or FQHCs with other qualifying services:

- Payment method is based on the all-inclusive encounter rate.
- Effective January 1, 2006, payment for DSMT provided in a FQHC that meets all of the requirements as above, may be made in addition to one other visit the beneficiary had during the same day.

## What is the Medicare Telehealth DSMT benefit?

As of January 1, 2011, Medicare began covering distant site telehealth services for individual and group DSMT and kidney disease education for qualified beneficiaries.

There are several telehealth service requirements. Similar to reimbursement requirements for in-person education, the telehealth services must be provided by (or within) a recognized DSMT program. CMS also requires that when injection training is needed, a minimum of 1 hour of **in-person** instruction is provided to the beneficiary in self-administration of injectable drugs during the year following the initial DSMT service. The injection training may be furnished through individual or group DSMT services.

In addition to meeting the specific injection criteria noted above:

- Telehealth services only can be furnished to an eligible telehealth beneficiary in an originating site. In general, originating sites must be located in rural health professional shortage areas (HPSAs) or in a county outside of a metropolitan statistical area (MSA). The originating sites authorized by the statute are as follows: offices of a physician or practitioner, hospitals, critical access hospitals, rural health centers, FQHCs, hospital-based or critical access hospital-based, and renal dialysis centers (including satellites).
- The following providers are approved by CMS to provide telehealth services (including DSMT telehealth services): physician, physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), nurse midwife, clinical psychologist, clinical social worker, and registered dietitian or nutrition professional.
- See telehealth modifiers for DSMT on page 36.
- Additional information on expansion of Medicare telehealth services is available from: <https://www.cms.gov/transmittals/downloads/R140BP.pdf>



LCDR Diane Phillips, RD, LD, Program Director, IHS Telenutrition Program, Flagstaff, AZ

# What about reimbursement for DSMT services from other health insurance plans?



(L to R): Donna Elam, PA with Chehalis Tribal Member Christina Hicks

Many private insurance plans, health maintenance organizations, or preferred provider organizations cover DSMT services for their beneficiaries. You can maximize reimbursements for your facility by billing private insurance plans and by working with your state Medicaid Program to determine DSMT coverage.

# Section 2

**Let's Get Started...Go!**



## **7 Steps for Medicare Diabetes Self-Management Training Reimbursement**

L to R standing. Johnnie Brasuell, APRN, MCN, Muscogee Creek Nation Diabetes Coordinator; Sitting facing L to R, Tina Gordon, DSME Educator/Coordinator at Okemah; Aundra Peters, Clinical Educator/Coordinator, Okemah; and sitting with back to camera L to R, Gloria Moore, DSME participant and Flora Jackson, DSME participant.



# Step 1: Become an Accredited Diabetes Self-Management Training Program



(L to R): David Bible, with CAPT Melanie Sipe, RD, CDE, Director, Claremore Indian Hospital Diabetes Education Program, Claremore, OK

The first step to obtain Medicare reimbursement for diabetes self-management training is to become an accredited DSMT program. Accredited programs must meet the National Standards for Diabetes Self-Management Education (NSDSME) that have been adopted by the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA), the two CMS-approved national accreditation organizations (NAOs). The NSDSME standards represent the guiding principles for quality DSMT.

Please see the following online article for an overview of the NSDSME: [http://care.diabetesjournals.org/content/34/Supplement\\_1/S89.full.pdf+html](http://care.diabetesjournals.org/content/34/Supplement_1/S89.full.pdf+html)

The IHS Division of Diabetes Treatment and Prevention (DDTP) was a CMS-approved NAO until March 2011. DDTP's accreditation program was called the IHS Integrated Diabetes Education Recognition (IDERP). Indian health DSMT programs accredited by IDERP were transitioned to AADE or ADA in 2011. DDTP will continue to support IHS, Tribal, and Urban programs interested in DSMT accreditation by providing technical assistance, educational materials, and other resources. For more information on assistance with DSMT accreditation, please contact: [diabetesprogram@ihs.gov](mailto:diabetesprogram@ihs.gov).

The AADE and ADA certifying bodies have similar requirements for accreditation of DSMT programs. Both bodies:

- Use the NSDSME as the guiding principles for establishing quality DSMT services.
- Charge fees for accreditation (AADE: \$800 for 1-10 sites; ADA: \$1,100 for the 1st site).
- Have a formal application process that requires supporting documentation.
- Require at least one patient chart to demonstrate the completed education process.
- Accredite programs for a 4-year period.
- Request annual reports from accredited programs.
- Include an audit process to ensure continued compliance with accreditation criteria.

More information about applying for accreditation can be found at:

AADE: <http://www.diabeteseducator.org/ProfessionalResources/accred/>

ADA: <http://professional.diabetes.org/recognition.aspx?cid=57995>

**See Appendix B for an Overview of the AADE and ADA Accreditation Process, including the application, renewal, and audit processes required by both programs.**

## Step 2: Make Friends with Your Business Office

Just as you have a working relationship with your health care team, you need to form a cooperative relationship with the business office team to smooth the way for successful reimbursement for DSME services. This includes the billing department, compliance officer, finance staff, and medical records coding department.

### What should I do to form a cooperative relationship with the business office?

The following steps can help you form a good working relationship with your business office:

- Introduce yourself to the business office team and meet the billing and coding staff.
- Ask permission to observe their process of entering health care visit data (often called data entry) for DSMT services.
- Ask for tips from the business office, data entry, and medical records staff on how to document properly the information they need for submitting claims.
- Ask, “What can I do to make it easier for the business office to process claims?”
- Inform billing staff and coders about the DSMT CPT codes.
- Adopt, adapt, or develop your own EHR DSMT Consult form or a DSMT paper referral form. Request billing staff to review and comment on forms that are developed.  
**See Appendix C for a sample IHS EHR Diabetes Services Referral Form and Appendix D for a Diabetes Services Paper Order Form.**
- Adopt, adapt, or develop your own “DSMT super-bill,” a pre-printed form that itemizes and describes all services and fees to facilitate accurate coding and billing of services. For sites using the EHR, work with your IHS Area Clinical Application Coordinator (CAC) to develop or import a DSMT super-bill for DSMT services. Ask billing staff to review and comment on forms that are developed. Please refer to “Step 5: Document DSMT and MNT Services.”  
**See Appendix E for a Sample DSMT Super-bill in IHS EHR.**
- Collaborate with the business office to develop methods that:
  - » Ensure the adequacy and accuracy of your supporting documentation.
  - » Ensure timely and accurate submission of claims.
  - » Track reimbursements, deductibles, and denials.
- Elect to use letters of appeal to insurers when DSMT reimbursement is denied. (The IHS Accounts Receivable Section discusses in detail about how to follow up and to appeal non-payment denials.)
- Get to know **CMS Form UB-04**. Although as a clinician you will not fill out this form, you need to be familiar with the data fields that will be filled in by the billing staff. Depending on your business office’s procedures, the business office either will file this form electronically or submit it on paper to request reimbursement.  
**See Appendix F for CMS Form UB-04.**

- Get to know **CMS Form 1500 “Health Insurance Claim Form.”** You need to be familiar with the data fields that will be filled in by the billing staff. Depending on your business office’s procedures, the business office either will file this form electronically or submit it on paper to request reimbursement. You can access this form on the CMS website: [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp) (Click on “Medicare,” then “CMS Forms” under “Medicare–General Information,” then “CMS Forms” on the sidebar, and scroll to “CMS 1500.”) **See Appendix G for CMS Form 1500.**
- Learn about other third party payers for clients in your community such as Blue Cross Blue Shield, Aetna, United Health Group, Medicaid, and the Veterans Administration.

For additional information, please visit the IHS Division of Business Office Enhancement (DBOE) website: <http://www.ihs.gov/NonMedicalPrograms/BusinessOffice/>

### Billing Tips

- Meet with the billing coordinator or billing supervisor for your health facility. Ask your biller for the IHS report, “Listing of All Bills for All Billing Sources,” and ask specifically for DSMT services—either by past month, quarter, or year.
- Analyze the billing report. Audit the “denials.” Determine why payments were denied and make a plan for follow-up.
- Schedule a time each week or each month with the billing staff to address DSMT billing and reimbursement issues.
- Remember: All Medicare funds go directly to the IHS/Tribal Health/Urban Indian Health facility rather than to a health provider or the DSMT program.

**Remember: IHS cannot collect co-pays or deductibles from American Indian and Alaska Native Medicare beneficiaries under federal law.**

### Who is the fiscal intermediary for Indian Health Service and Tribal facilities?

**TrailBlazer Health Enterprises, LLC** is the fiscal intermediary for Indian Health Service facilities and Tribal facilities that have been grandfathered in.

**TrailBlazer** administers the Medicare program under contracting arrangements with CMS. As Medicare Administrative Contractor (MAC), Part A intermediary and Part B carrier, TrailBlazer administers some aspect of the Medicare program for beneficiaries and providers in virtually every state.

Are you receiving e-mails from TrailBlazer regarding updates and policy changes? If not:

- Contact the Part B Indian Health toll-free line at (866) 448-5894.
- Or sign up on the TrailBlazer Web site: [www.trailblazerhealth.com](http://www.trailblazerhealth.com).
- For e-mail inquiries, write to [j4.ihs@trailblazers.com](mailto:j4.ihs@trailblazers.com).
- To join the Indian Health Listserv, go to: <http://www.trailblazerhealth.com/Facility%20Types/Indian%20Health/default.aspx?DomainID=1>

## Step 3: Obtain Treating Physician or Qualified Non-physician Practitioner Referral and Authorization for Patient Visit

### What are Medicare's requirements for the DSMT services referral?

Medicare requires a referral for DSMT services from the physician or QNPP who is managing the beneficiary's diabetes care. The referral must include the following elements:

- Statement of need for services
- Plan of care
- Length of time DSMT services are required
- Expected outcomes
- Identified barriers that require individualized education
- Signature of the treating physician or QNPP

**See Appendix C for the IHS EHR Diabetes Services Referral Form and Appendix D for a Diabetes Services Paper Order Form.** You may use either form for referring your patients to DSMT services.

The American Dietetic Association and the American Association of Diabetes Educators (AADE) developed the Diabetes Services Order Form in Appendix D to help health care professionals with the referral process. This form may be downloaded from the AADE web site at: <http://www.diabeteseducator.org/ProfessionalResources/Library/ServicesForm.html>.

The referral form can be used by any facility or health care professional and includes the key information required to meet Medicare requirements for DSMT and MNT referrals, but the form itself is not required by Medicare. It is streamlined on one page to make it easy for a physician or a QNPP to fill in the information for the diabetes referral. A copy of the signed, completed referral form must be kept in the beneficiary's medical record.



# Step 4: Learn about Procedural (HCPCS) Codes and Diagnosis (ICD-9) Codes for Reimbursement

## What are the HCPCS codes for DSMT services?

The Healthcare Common Procedure Coding System (HCPCS) contains the national codes for procedures and supplies that are not defined by the current procedural codes (CPT). The HCPCS codes for DSMT services are G0108 and G0109 as indicated in the table below.

DSMT Codes	Description	Time unit
G0108	<b>Individual</b> diabetes outpatient self-management training services, per 30 minutes. 1 unit = 30 minutes	Medicare coverage allows for <b>1 hour of initial individual training</b> 2 units = one hour
G0109	<b>Group</b> session, diabetes outpatient self-management training services (2 or more participants in the group session) 1 unit = 30 minutes	Medicare coverage allows for <b>9 hours of initial group training</b> , first 12-months 18 units = 9 hours  Following the initial 12-month period, Medicare coverage allows 2 hours of follow-up group training 4 units = 2 hours

## What are the ICD-9 codes for DSMT services?

ICD-9 codes, or codes from the *International Classification of Diseases, 9th Revision, Clinical Modifications*, are used to describe diagnoses. The appropriate ICD-9 code is required for DSMT services to be billed and reimbursed.

- 249.00 – 249.91: Series codes for secondary diabetes mellitus
- 250.00 – 250.93: Series codes for diabetes mellitus

You will need to obtain the correct diagnosis from the patient's treating physician or QNPP. Once the provider documents the diagnosis code, the coding staff will assign the specific code into the system.



The ICD-9 codes will be changed to ICD-10 codes in the future. For more information, visit <http://www.ihs.gov/icd10/>.

## Step 5: Document DSMT Services

To obtain reimbursement for DSMT services, you must properly document the services that you provide. Medicare and other government insurance programs, private insurance, and health care accrediting agencies require that you submit complete and accurate documentation.

### What information do I need to document?

Items you will need to document include the following:

- The start and end time of the patient's visit
- The clinic number.
- The treating physician referral
- The diagnosis from the treating physician
- The appropriate DSMT code
- The signature of the Diabetes Educator who provided the DSMT service.

The IHS recommends that you document the exact start time and end time of the patient encounter. The billing office will translate the start and end times of the visit into appropriate time units when submitting a patient claim.

The EHR is used in many IHS and Tribal health facilities to document services and templates are already available for documentation. **See Appendix H for a sample IHS EHR Template for Documenting a Patient's DSMT Goals. See Appendix I for a sample IHS EHR Diabetes Services (DSMT and MNT) Order Form.**



Puyallup Tribal Health Authority Diabetes Program, WA

### What is the DSMT super-bill for claims processing activities?

A super-bill, also known as an encounter or charge ticket, is an efficient way to document care. Although a super-bill is not submitted to Medicare (or Medicaid or other third party payors), you can use it to identify billable DSMT services for the billing office. **See Appendix E for a Sample DSMT Super-bill in the EHR.**

The EHR is set up to incorporate the HCPCS and ICD-9 codes into computer-generated forms that minimize coding errors for data entry and billing. Verify with your business office staff, diabetes coordinator, or IHS area clinical application

coordinator (CAC) that the correct HCPCS and ICD-9 codes are entered into the EHR. Work with them to create a DSMT-specific super-bill.

# Step 6: Track DSMT Services and Reimbursement

Tracking DSMT services and reimbursement provides a wealth of information for you and your practice about your patients, your patient visits, the DSMT services you provide, and reimbursements for your services. **See Appendix J for a Sample DSMT Reimbursement Tracking Form.**

## What are the benefits of tracking DSMT services and reimbursement?

A tracking system offers a number of benefits:

- It can help you avoid common mistakes that may affect reimbursement of your claims.
- It can help you avoid exceeding the number of billable hours allowed for initial visits (10 hours) and follow-up visits (2 hours).
- Tracking DSMT services provides information on utilization, receipt of payment for submitted bills, and helps with audits to ensure proper procedures for completion of accurate information on claim forms.
- Finally, your billing office may need to submit your claim more than once before it is paid. A tracking system can help you follow the reimbursement process and ensure that your billing office is aggressive about seeking payment for your claims.

Work with your business office, health information technology (HIT), and clinical staff to develop the tracking system that will suit everyone's needs. In addition, you may want to develop a registry of Medicare Part B beneficiaries with diabetes and kidney disease who qualify for DSMT and MNT services to ensure that you are helping them to maximize use of their benefits.

## What information should a good tracking system include?

A good tracking system should include the following information:

- Date(s) of service
- Patient's initials and/or medical record number
- Who referred the patient (e.g., the treating physician or qualified non-physician practitioner)
- Type of insurance coverage (e.g., Medicare part B and any other insurance)
- Diagnosis and ICD-9 codes
- Service provided, group or individual training, start and end time of patient encounter, minutes of service, and DSMT HCPCS codes
- Dollar amount of charge and amount/percent of charge reimbursed
- Setting (e.g., clinic or hospital) that submitted the claim, if the location of your services varies
- Comment section to document additional information such as why a claim was denied, why a claim was not submitted, or what action you have taken on a claim (e.g., resubmitting the claim with corrected or additional information)

### What is the typical timetable for claims to be processed by Medicare?

Most IHS claims are submitted electronically. The turn-around time for accepted claims is usually 14 days. It may take more time, however, for you to be notified if your claim has been denied for payment.

### What should I do if a claim is denied?

If the claim is denied, the billing office is responsible for following up on each unpaid claim to ensure optimal reimbursement. Depending on the reason the claim was denied, the billing office will notify the Medicare fiscal intermediary or review the existing supporting documentation to resubmit the claim for payment.

This step is critical and needs to be performed within the timely filing limits set forth by the Medicare fiscal intermediary. Otherwise, the Medicare fiscal intermediary will not consider the claim for payment.

**See Appendix K for the Top Documentation Errors to Avoid in Applying for DSMT Reimbursement.**

### What is the time limit for Medicare claims?

All Medicare claims have to be billed within 1 year from the date of service.

# Step 7: Market DSMT Services and Proactively Seek Reimbursement

Diabetes self-management training is an essential part of the plan of care for people with diabetes to help them improve health outcomes. While diabetes care team members know and understand the benefits of DSMT, others in your facility probably need to be informed and reminded about this periodically.

## Host an information session on the benefits of DSMT.

Every few months, you may want to host an information session with health care providers to share your stories, your experiences, and the benefits of DSMT, such as how these services improve quality of life and lower health care costs.

- Encourage referrals for DSME using the **IHS EHR Diabetes Services Referral Form (Appendix C)** or the **Diabetes Services Paper Order Form (Appendix D)**.
- Encourage referrals for both DSME and MNT. Emphasize that the services are distinct, but complementary Medicare Part B benefits, that both are necessary to maximize patient care, and that MNT has been proven cost-effective in several studies.

## Offer an in-service training program.

You can develop an in-service training program for your health care team on DSMT services and Medicare reimbursement. The IHS Division of Diabetes Treatment and Prevention has developed several ready-to-use PowerPoint presentations with speaker notes. You can use the presentations as is, or you can modify them to suit your local needs. Contact the IHS Division of Diabetes Treatment and Prevention for the current presentation at [IHSMNTActionTeam@ihs.gov](mailto:IHSMNTActionTeam@ihs.gov).

## Schedule follow-up events.

After sharing information and offering in-service programs, consider scheduling follow-up information sessions and events. These follow-up events can help nurture your relationships with other members of the health care team and help grow your diabetes self-management education program and nutrition practice. Referrals are key to your success.

## Review referral data with program staff.

Review referral data with diabetes program staff in staff meetings or at your DSME Program Advisory Group meetings to create team ownership of successes and challenges and as part of your quality improvement process.

## Identify community advocates for your DSMT program. Encourage them to share their stories to help promote your program.

- Let patients, their families, and the community know that diabetes educators are available to provide 10 initial and 2 follow-up hours of diabetes self-management training, including personalized meal planning, exercise counseling, blood glucose monitoring, and insulin administration.

- Educate people, including health care managers, that DSMT services make a difference, improve patient outcomes, and provide a source of revenue for Indian health facilities.
- Inform physicians, contract health service, and billing office staff of the role they play in ensuring that DSMT services are reimbursed.
- Ask to be on the agenda at upcoming medical staff meetings to discuss referral procedures and DSMT services. Meet with providers to develop policies for practitioners who are treating Medicare Part B beneficiaries with diabetes to refer patients for DSMT.

# Section 3

## Resource Materials



- **Appendix A:** Summary Chart on IHS Medicare Part A and B Coverage and Billing Requirements for MNT and DSMT
- **Appendix B:** Overview of AADE and ADA Accreditation Process
- **Appendix C:** IHS EHR Diabetes Services Referral Form
- **Appendix D:** Diabetes Services Paper Order Form
- **Appendix E:** Sample DSMT Super-bill in EHR
- **Appendix F:** CMS Form UB-04 (HCFA-1450)
- **Appendix G:** CMS Form 1500 "Health Insurance Claim Form"
- **Appendix H:** IHS EHR Template for Documenting Patient's DSMT Goals
- **Appendix I:** IHS EHR Diabetes Services (DSMT and MNT) Order Form
- **Appendix J:** Sample DSMT Reimbursement Tracking Form
- **Appendix K:** Top Documentation Errors to Avoid in Applying for DSMT Reimbursement
- **Appendix L:** Additional Resources
- **Appendix M:** Glossary
- **Appendix N:** References



# Appendix A: Summary Chart on IHS Medicare Part A and B Coverage and Billing Requirements for MNT and DSMT

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Statute	<p>Section 105 of the Benefits Improvement and Protection (BIPA) Act of 2000 permits Medicare coverage of MNT services when furnished by a registered dietitian or nutrition professional meeting certain requirements, effective January 1, 2002.</p> <p>Effective January 1, 2006, CR4204 expands to include Registered Dietitians and nutrition professionals as practitioners eligible to furnish and receive payment for telehealth. CMS expanded the list of Medicare telehealth services to include individual MNT as described by HCPCS codes G0270, 97802, 97803. CMS - 1502-FC.</p>	<p>Section 4105 of the Balanced Budget Act (BBA) of 1997 permits Medicare coverage of outpatient diabetes self-management training (DSMT) services when these services are furnished by a certified provider who meets certain quality standards, effective July 1, 1998.</p> <p>Effective January 3, 2011, CR7049 expands Medicare telehealth services to include individual and group DSMT, as prescribed by HCPCS codes G0108 (individual per 30 minutes) and G0109 (group per 30 minutes).</p>
Definitions (Related to Medicare Coverage)	MNT means nutritional diagnostic, therapeutic, and counseling services provided by a registered dietitian or nutrition professional for the purpose of managing diabetes or renal disease.	DSMT provides overall guidance related to all aspects of the diabetes self-management and glycemic control and is designed to increase the patient's knowledge and skill about the disease and promote the behaviors for self-management of their health.



Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
<p>Provider Qualifications and Requirements</p>	<p>Registered dietitian (RD) or nutrition professional (NP) who meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Minimum of BS degree in nutrition or dietetics.</li> <li>• Completion of 900 hours of dietetics practice under supervision of RD or NP.</li> <li>• Licensed or certified as an RD or NP by state in which services are performed (federal employees can be licensed or certified in any state).</li> <li>• RD credential with the Commission on Dietetic Registration (CDR) is proof that education and experience requirements are met.</li> <li>• Grandfathered dietitian, nutrition professionals licensed or certified as of 12/21/00.</li> </ul>	<p>Program must be accredited as meeting approved quality standards—i.e., National Standards for Diabetes Self-Management Education Programs. CMS-approved national accreditation organizations include American Association of Diabetes Educators and the American Diabetes Association.</p> <p><b>NOTE: A diabetes education program cannot seek reimbursement from Medicare until the program has been accredited.</b></p>
<p>Qualifying Diagnoses</p>	<p>Diabetes**</p> <ul style="list-style-type: none"> <li>• Type 1</li> <li>• Type 2</li> </ul> <p>Kidney Disease:</p> <ul style="list-style-type: none"> <li>• Non-Dialysis Kidney Disease</li> <li>• Post-Kidney Transplants within the last 36 months</li> </ul> <p>**“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:</p> <ul style="list-style-type: none"> <li>• FBS <math>\geq</math> 126 mg/dl on two different occasions or</li> <li>• 2-HR post glucose challenge <math>\geq</math>200 mg/dl on 2 different occasions or</li> <li>• Or, a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul> <p><b>Note:</b> At this printing, Medicare does not cover MNT for people with pre-diabetes.</p> <p><b>Note:</b> At this printing, Medicare does not accept diagnosis of diabetes using A1C.</p>	<p>“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:</p> <ul style="list-style-type: none"> <li>• FBS <math>\geq</math> 126 mg/dl on two different occasions or</li> <li>• 2-HR post glucose challenge <math>\geq</math> 200 mg/dl on 2 different occasions or</li> <li>• Or, a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul> <p>Kidney Disease:</p> <ul style="list-style-type: none"> <li>• Non-Dialysis Kidney Disease</li> <li>• Post-Kidney Transplant</li> </ul> <p><b>Note:</b> At this printing, Medicare does not cover DSMT for people with pre-diabetes.</p> <p><b>Note:</b> At this printing, Medicare does not accept diagnosis of diabetes using A1C.</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Limitations of Coverage	<ul style="list-style-type: none"> <li>• No coverage for maintenance dialysis.</li> <li>• If beneficiary has diabetes and kidney disease, the number of hours allowed is for diabetes or kidney disease.</li> <li>• Only face-to-face time with patient.</li> <li>• Both DSMT and MNT services cannot be billed even though both services were provided on the same date.</li> <li>• For Telehealth, the originating site must be located in either a non-MSA county or rural health professional shortage area.</li> </ul>	<ul style="list-style-type: none"> <li>• No payment will be made for group sessions not attended (class attendance sheet).</li> <li>• Only face-to-face time with patient.</li> <li>• Both DSMT and MNT services cannot be billed even though both services were provided on the same date.</li> <li>• For Telehealth, the originating site must be located in either a non-MSA county or rural health professional shortage area.</li> </ul>
Other Conditions of Coverage	<ul style="list-style-type: none"> <li>• Services can be provided on an individual or group basis.</li> <li>• The number of hours covered in a 12-month period (episode of care) cannot be exceeded.</li> <li>• An exception to the maximum number of hours may be made if the treating physician determines that there is a change of diagnosis, medical condition, or treatment regimen related to diabetes or renal disease.</li> </ul>	<p>The training must meet the following conditions:</p> <ul style="list-style-type: none"> <li>• Following an evaluation of the beneficiary's need for training, the treating provider must order DSMT.</li> <li>• DSMT is included in a comprehensive plan of care (POC).</li> <li>• It is reasonable and necessary for treating or monitoring the beneficiary's condition (signed statement of need).</li> <li>• When training under a POC is changed, the provider must sign it.</li> <li>• In the initial DSMT benefit, 9 of the 10 hours must be provided in a group setting (2–20 individuals) unless special conditions exist:             <ul style="list-style-type: none"> <li>» No group class is available within 2 months of the date the training is ordered.</li> <li>» The beneficiary has special needs such as problems with hearing, vision, or language limitations as ordered by physician or non-physician provider.</li> </ul> </li> <li>• The beneficiary can be eligible for 2 more hours of follow-up with a written order. The 2 hours of follow-up can be group or one-on-one.</li> </ul>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Practice Settings	<p><u>Included:</u> Hospital outpatient department, free-standing clinics, and Home Health.</p> <p><u>Excluded:</u> Inpatient stay in hospital or skilled nursing facility.</p> <p><u>FQHC/RHC:</u> Covered, but included in encounter rate; not separately billable.</p>	<p><u>Included:</u> Hospital outpatient department and free-standing clinic.</p> <p><u>Excluded:</u> Inpatient hospital, skilled nursing facility, nursing home, or hospice.</p> <p><u>FQHC/RHC:</u> Covered, but included in encounter rate; not separately billable.</p> <p>While separate payment is not made for DSMT services to Rural Health Clinics, the service is covered but is considered included in the all-inclusive encounter rate. Effective January 1, 2006, payment for DSMT provided in a Federally Qualified Health Clinic that meets all of the requirements identified in Pub. 100-104, chapter 18, section 120 may be made in addition to one other visit the beneficiary had during the same day.</p>
Basic Coverage	<p><u>Initial MNT:</u> 3 hours per calendar year in the first year.</p> <p>(MNT services covered by Medicare include: an initial nutrition and lifestyle assessment, nutrition counseling, diet management, follow-up sessions to monitor progress)</p> <p><u>Follow-up MNT:</u> 2 hours per calendar year in subsequent years.</p> <p><b>Hours can be spread over any number of visits during the year (1 visit = 15 min.)</b></p>	<p><u>Initial DSMT:</u> 10 hours per year in the first year (1 hour individual assessment or specialized training plus 9 hours group classes). Continuous 12-month period need not be on calendar-year basis.</p> <p><u>Follow-up DSMT:</u> 2 hours per calendar year in subsequent years (individual or group training).</p> <p><b>Hours can be spread over any number of visits during the year (1 visit = 30 min.).</b></p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Second Physician Referral	The number of hours can be increased if the treating physician determines there is a change in medical condition, diagnosis, and/or treatment plan and orders additional hours during that episode of care. If an RD determines that a Medicare consumer needs more time to understand and make behavior changes to meet the MNT goals, then the RD obtains a new referral from the treating physician for additional hours of MNT.	
DSMT and MNT Benefits	The CMS considers DSMT and MNT complementary services. This means Medicare will cover both DSMT and MNT without decreasing either benefit as long as the referring physician determines that both are medically necessary.	Same as MNT
Referring (Licensed) Providers	Treating physician	Treating physician or qualified non-physician practitioner (QNPP): nurse practitioner, clinical nurse specialist, and physician assistant, who is managing the beneficiary's diabetes condition.
Provider Referral	Physician written referral containing qualifying diagnosis and signature for each episode of care.	Provider written and signed referral for training containing diagnosis and a written comprehensive plan of care (POC). The POC must describe the content, number of sessions, frequency, and duration of the training as written by the provider treating the beneficiary's diabetes condition.
Protocols or Standards	RDs and NPs should use nationally recognized protocols such as the American Dietetic Association's MNT Evidenced-Based Guides for Practice.	American Diabetes Association Recognition Program based on the National Standards for Diabetes Self-Management Education "or" American Association of Diabetes Educators (AADE) Diabetes Education Accreditation Program (DEAP) based on National Standards for Diabetes Self-Management Education

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Billable to Fiscal Intermediary: Medicare Part A	<p>Hospital outpatient clinic department and grandfathered clinics MUST bill to the fiscal intermediary on a CMS 1450 (UB-04). Payment is included in the all-inclusive rate; not separately billable.</p> <p>Telehealth: The originating site bills the all-inclusive rate</p> <p>FQHC: Yes, but costs are bundled into the encounter rate.</p>	<p>Hospital outpatient clinic department and grandfathered clinics MUST bill to the fiscal intermediary on CMS 1450 (UB-04). Payment is included in the all-inclusive rate; not separately billable.</p> <p>FQHC: Yes, but costs are bundled into the encounter rate.</p>
Billable to Medicare Carrier: Medicare Part B	<p>Freestanding clinics bill Carrier on CMS 1500.</p> <p>Telehealth: The distant site bills for the professional services using the appropriate CPT code along with the appropriate telehealth modifier.</p>	<p>Freestanding Clinics bill Carrier on CMS 1500.</p> <p>Telehealth: The distant site bills for the professional services using the appropriate CPT code along with the appropriate telehealth modifier.</p>
Enrolling as Medicare Provider	To enroll as a provider in Medicare Part B, complete <b>CMS Form 10114, "National Provider Identifier (NPI) Application/Update Form."</b>	Referring provider must be enrolled as a Medicare Part B Provider. Once diabetes education program recognition is received, a copy of the ADA or AADE certificate must be submitted to Medicare.
National Provider Identifier (NPI)	RD or NP must enroll in the Medicare program to become a recognized Medicare provider. Upon enrollment, the RD or NP will receive a Medicare NPI, which is used on MNT claims.	N/A
Other CMS 855 Forms for Enrollment	Complete <b>CMS Form 855R, "Medicare Federal Care Reassignment of Benefits Application,"</b> to reassign benefits back to employer.	N/A

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
<p>CPT or HCPCS Codes</p>	<p><b>97802:</b> Medical nutrition therapy;* initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes  <b>97803:</b> Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes  <b>97804:</b> Group (2 or more individual(s), each 30 minutes</p> <p><b>Second Physician Referral:</b>  <b>G0270:</b> Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes.  <b>G0271:</b> Medical Nutrition Therapy reassessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes.</p> <p><b>Telehealth Modifiers:</b>  <b>"GT"</b> (via interactive audio and video telecommunications system modifier -"real-time" through the use of video conferencing equipment  <b>"GQ"</b> (via asynchronous telecommunications system) modifier. -"store and forward" technology</p> <p><u>Free-Standing Clinics:</u> Multiple units of the codes can be used based on medical necessity and the complexity of the MNT decision-making.</p> <p><u>Outpatient Hospital Programs:</u> Report one (1) in the units field regardless of the time spent in the session. Use revenue code 510.</p>	<p><b>G0108:</b> Outpatient DSMT services, individual, each 30 minutes.</p> <p><b>G0109:</b> Outpatient DSMT services, group session, (2 or more individuals), each 30 minutes.</p> <p><b>Telehealth Modifiers:</b>  <b>"GT"</b> (via interactive audio and video telecommunications system) modifier -"real-time" through the use of video conferencing equipment  <b>"GQ"</b> (via asynchronous telecommunications system) modifier. -"store and forward" technology</p> <p>CMS has stipulated that at least 1 hour of in-person DSMT instruction be furnished in the initial training period to ensure effective injection training.</p> <p><u>Free-Standing Clinics:</u> Multiple units of the codes can be used based on class/ session design.</p> <p><u>Outpatient Hospital Programs:</u> Report one (1) in the units field regardless of the time spent in the session. Use revenue code 510.</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Payment	<p><u>Free-Standing Clinics:</u></p> <ul style="list-style-type: none"> <li>• RD should establish a fee schedule (based on usual and customary MNT fees) for their MNT services.</li> <li>• Allowed payment rates have been established under the physician fee schedule.</li> <li>• Payment will be 80% (because a 20% co-pay applies) of the lesser of either the actual charge or 85% of the physician fee schedule amount.</li> <li>• The CMS applies a geographical adjustment factor (GAF) to the MNT rates in regions of the country.</li> <li>• Deductible and coinsurance apply.</li> </ul> <p><u>Hospital outpatient facilities:</u> Included in All-Inclusive rate payment. Deductible and coinsurance apply.</p>	<p><u>Free Standing Clinics:</u> Medicare Part B fee schedule based on geographic state. Deductible and coinsurance apply.</p> <p><b>NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Non-physician practitioners (e.g., RDs or NPs who are Medicare providers) are eligible to bill Medicare Part B on behalf of the DSMT program. (CMS PM B-02-062 October 4, 2002; CMS Transmittal 13 May 28, 2004)</li> <li>2. Payment to non-physician practitioners billing on behalf of the DSMT program should be made at the full physician fee schedule. This is because the payment is for the DSMT program and is not being billed for the services of a single practitioner. (CMS PM AB-02-051, OCT 25, 2002)</li> </ol> <p><u>Hospital outpatient facilities:</u> Included in All-Inclusive rate payment. Deductible and coinsurance apply.</p>
Billing for Services Not Covered	Medicare Part B cannot be billed for non-covered MNT or for non-covered MNT services as “incident to physician’s services”.	Medicare Part B cannot be billed for non-covered DSMT.
Medicare Part B Documentation Requirements	<ul style="list-style-type: none"> <li>• Patient name/medical record number</li> <li>• Qualifying medical diagnosis</li> <li>• Written provider referral</li> <li>• Physician signature</li> <li>• RD name and signature</li> <li>• Date of service</li> <li>• Time in-Time out and total time (to calculate number of units)</li> <li>• MNT CPT code</li> <li>• Individual or group encounter*</li> <li>• Visit number with cumulative time spent with patient to date*</li> </ul> <p>(*Recommendations to facilitate timely and accurate billing)</p>	<ul style="list-style-type: none"> <li>• Patient name/medical record number</li> <li>• Qualifying medical diagnosis indicating condition requiring training</li> <li>• Written provider referral and signed statement of need on initial encounter</li> <li>• Date of original referral on all subsequent visits*</li> <li>• Physician or qualified non-physician provider signature</li> <li>• Date of service</li> <li>• Time in – Time out and total time (to calculate number of units)</li> <li>• DSMT G codes</li> <li>• Individual or group encounter*</li> <li>• Visit number with cumulative time spent with patient to date*</li> </ul> <p>(*Recommendations to facilitate timely and accurate billing)</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Resources: Medicare Part A	<ul style="list-style-type: none"> <li>• IHS Handbook</li> <li>• <a href="http://www.trailblazerhealth.com/parta/ihs">www.trailblazerhealth.com/parta/ihs</a></li> </ul>	<ul style="list-style-type: none"> <li>• IHS Handbook</li> <li>• <a href="http://www.trailblazerhealth.com/parta/ihs">www.trailblazerhealth.com/parta/ihs</a></li> </ul>
Resources: Medicare Part B	<ul style="list-style-type: none"> <li>• Medicare Part B Newsletter 9/1/2001, No 01-020, pages 27–28.</li> <li>• <a href="http://www.trailblazerhealth.com/partb/ihs">www.trailblazerhealth.com/partb/ihs</a></li> <li>• ADA Web site: <a href="http://www.eatright.org">www.eatright.org</a></li> <li>• Electronic Code of Federal Regulations Title 42: Public Health, Chapter IV (MNT)</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Part B Newsletter 9/1/2001, No 01-020, pages 31–32.</li> <li>• <a href="http://www.trailblazerhealth.com/partb/ihs">www.trailblazerhealth.com/partb/ihs</a></li> <li>• AADE Web site: <a href="http://www.aadenet.org">www.aadenet.org</a></li> <li>• Electronic Code of Federal Regulations Title: 42: Public Health, Chapter IV (DSMT)</li> </ul>
Claim Follow-up	<p>Medicare B IHS hotline: 1-866-448-5894. Ask for claim check status. Have available patient Medicare number and date of service.</p> <p>Trailblazer DDE online system: Each facility business office may have access to this electronic system.</p>	<p>Medicare IHS hotline: 1-866-448-5894.</p> <p>Trailblazer DDE online system: Each facility business office may have access to this electronic system.</p>



# Appendix B: Overview of AADE and ADA Accreditation Process

Item	American Association of Diabetes Educators (AADE)	American Diabetes Association (ADA)
Name of Accreditation Program	Diabetes Education Accreditation Program (DEAP)	Education Recognition Program (ERP) - 7th Edition
Guiding Standards	National Standards for Diabetes Self-Management Education (2007)	National Standards for Diabetes Self-Management Education (2007)
Cost	1 - 10 sites: \$800 11-20 sites: \$1200 >20 sites: contact AADE Same fee structure for re-accreditation	1st site: \$1100 Additional sites: \$100 each Same fee structure for renewal
Application	<ul style="list-style-type: none"> <li>• Online application with stop/start option (does not have to be completed in one sitting); paper application also available.</li> <li>• Submit supporting documents within 2 weeks.</li> <li>• Complete a telephone interview or onsite audit with AADE DEAP staff or DEAP auditor(s) after fee, application, and supporting materials are received</li> </ul>	<ul style="list-style-type: none"> <li>• Online application for all application types: original, renewal, adding sites (must be completed in one sitting)</li> <li>• Submit supporting documents within 2 weeks</li> </ul>
Application Supporting Documentation	<ul style="list-style-type: none"> <li>• Program description, including mission, goals, and organization chart</li> <li>• Job descriptions for each of the positions within the entity's organization</li> <li>• Resumes of coordinator and instructors</li> <li>• Proof of licenses and/or certification and CE credits related to diabetes for coordinator and all instructors</li> <li>• Performance measurement plan/CQI process</li> <li>• Copy of one de-identified chart</li> <li>• Copy of one complete section from the curriculum or the curriculum outline</li> <li>• Advisory group composition</li> <li>• Sample education materials (English and non-English as appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of professional licenses/certifications for instructional staff</li> <li>• Proof of CE credits for non-certified instructional staff</li> </ul> <p>Audit items:</p> <ul style="list-style-type: none"> <li>• CV &amp; job description of coordinator only</li> <li>• CQI plan with description of project</li> <li>• De-identified participant chart</li> <li>• Randomly assigned section of curriculum</li> <li>• Documented evidence of advisory or oversight group input (e.g. minutes)</li> </ul>

Item	American Association of Diabetes Educators (AADE)	American Diabetes Association (ADA)
Initial Application	<p><b>3 steps:</b></p> <ul style="list-style-type: none"> <li>• Online application (paper application also available)</li> <li>• Supporting documentation (all must be sent within 2 weeks)</li> <li>• Telephone interview or randomly selected onsite audit</li> </ul>	<p><b>2 steps:</b></p> <ul style="list-style-type: none"> <li>• Online application</li> <li>• Supporting documentation (including all audit items, must be sent within 2 weeks of application submission.)</li> </ul>
Renewal Application	<ul style="list-style-type: none"> <li>• Same 3 steps as <b>Initial Application</b></li> <li>• Submit re-accreditation application</li> <li>• Submit supporting documentation</li> <li>• 10% of re-accreditation applications are randomly selected for an on-site audit</li> </ul>	<ul style="list-style-type: none"> <li>• Same 2 steps as <b>Initial Application</b></li> <li>• Supporting documentation:                             <ul style="list-style-type: none"> <li>» Licenses and certificates of instructors</li> <li>» Proof of CE credits for non-certified staff</li> <li>» 1 of 5 audit items randomly determined by computer (see list of audit items in <b>Application Supporting Documentation</b>)</li> </ul> </li> </ul>
Timeline for process	<ul style="list-style-type: none"> <li>• No data collection period</li> <li>• No minimum number of patients in program</li> <li>• Copy of one de-identified chart representative of the target population and education process</li> <li>• Total Application process 4-6 weeks</li> <li>• Eligible to submit Medicare claims as of date of accreditation</li> <li>• 4-year accreditation period</li> <li>• Must complete status updates and annual status reports</li> </ul>	<ul style="list-style-type: none"> <li>• Must select a 3-month “data period” for application submission</li> <li>• Must have 10 patients participate in program during the selected data period (not necessarily completed); participants can be at any stage of the education process with at least some completed since at least 1 chart has to be available to demonstrate a completed education process.</li> <li>• Application is processed by ADA staff within 12 weeks</li> <li>• Approval retroactive to date of online application submission (for Medicare billing eligibility)</li> <li>• 4-year accreditation period</li> <li>• Must complete an annual status report</li> </ul>
Support Services	<ul style="list-style-type: none"> <li>• Support by telephone and email</li> <li>• DEAP e-community</li> <li>• Free on-line podcast and webcast</li> <li>• Online tools and sample documents</li> <li>• Accredited programs posted on AADE website</li> </ul>	<ul style="list-style-type: none"> <li>• Support by telephone and email</li> <li>• Monthly conference calls</li> <li>• Emails; phone calls</li> <li>• Webcasts (free)</li> <li>• Free online library of sample forms and other tools (e.g., CQI plan, curriculum format)</li> </ul>
Audit	<ul style="list-style-type: none"> <li>• 5% of initial applications annually</li> <li>• 10% of currently accredited programs annually</li> <li>• 10% of programs seeking re-accreditation annually</li> <li>• 2 weeks notice</li> <li>• Volunteer auditors (1-2 per audit site)</li> </ul>	<ul style="list-style-type: none"> <li>• 5% annually (up to 70/year)</li> <li>• 2 weeks notice</li> <li>• Volunteer auditors (2 per audit site)</li> </ul>

Source: American Association of Diabetes Educators. *Comparing the Processes. Accreditation and Recognition, Diabetes Educator 2010 March/April; 36 (2); 219-43.*

# Appendix C: Diabetes Services Paper Order Form

## Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

### Patient Information

Patient's Last Name _____		First Name _____	Middle _____
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address _____		City _____	State _____ Zip Code _____
Home Phone _____	Other Phone _____	E-mail address _____	

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

### Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T:  10 hours or \_\_\_\_ no. hrs. requested  
 Follow-up DSME/T:  2 hours or \_\_\_\_ no. hrs. requested  
 Telehealth

### Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision  Hearing  Physical  
 Cognitive Impairment  Language Limitations  
 Additional training  additional hrs requested \_\_\_\_\_  
 Telehealth  Other \_\_\_\_\_

### DSME/T Content

- Monitoring diabetes  Diabetes as disease process  
 Psychological adjustment  Physical activity  
 Nutritional management  Goal setting, problem solving  
 Medications  Prevent, detect and treat acute complications  
 Preconception/pregnancy management or GDM  
 Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

### DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

- Type 1  Type 2  
 Gestational  Diagnosis code \_\_\_\_\_

### Complications/Comorbidities

Check all that apply:

- Hypertension  Dyslipidemia  Stroke  
 Neuropathy  PVD  
 Kidney disease  Retinopathy  CHD  
 Non-healing wound  Pregnancy  Obesity  
 Mental/affective disorder  Other \_\_\_\_\_

### Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

- Initial MNT  3 hours or \_\_\_\_ no. hrs. requested  
 Annual follow-up MNT  2 hours or \_\_\_\_ no. hrs. requested  
 Telehealth  Additional MNT services in the same calendar year, per RD

Additional hrs. requested \_\_\_\_\_

Please specify change in medical condition, treatment and/or diagnosis:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

### Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_

Revised 8/2011 by the American Association of Diabetes Educators and the American Dietetic Association.

# Appendix D: IHS EHR Diabetes Services Referral Form

Items not shown in above image, but included on IHS EHR Diabetes Services Referral Form and needed for reimbursement:

### Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T:  10 hours or \_\_\_ no. hrs. requested
- Follow-up DSME/T:  2 hours or \_\_\_ no. hrs. requested
- Telehealth

### Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision  Hearing  Physical
- Cognitive Impairment  Language Limitations
- Additional training  additional hrs requested \_\_\_\_\_
- Telehealth  Other \_\_\_\_\_

# Appendix E: Sample DSMT Super-bill in IHS EHR

**IHS-EHR**  
 User Refresh Clear Patient Patient Tools Help Imaging  
 Patient Chart Communication  
 Demo, Patient Eight 999998 08-Aug-1988 (23) F  
 DIABETES ED SUPPLIES-ROUTINE 28-Nov-2011 15:33  
 SIPE, MELANIE D Ambulatory Ott, Paul D Do  
 PWH Peds PWH Adult \* Problem List Advs React Medications POC Lab Entry Visit (Brief) Med Rec Postings CWAD  
 Needs Rev Needs Rev Needs Rev  
**Super-Bills** Display  Freq Rank  Code  Description Cols 3  
 + G P R A Exam And Screening 2011  
 + G P R A Exam And Screening 2011  
 Anticoag  
 Chronic Disease  
 Critical Care  
 Diabetes Ed/ Dietary / Dental  
 E / M Levels For Exams - Follow-up Or Global S...  
 Eye Care  
 Eye Care - Procedures  
 Facility Visit Levels  
 General Clinic  
 I V Drugs  
 Injectable Drugs  
 Nurse Interventions  
 Nurse Interventions - Inpt  
 Show All  
 0001: Group Dental D M Education fo...  
 0002: D S M T, Indiv, (Per 30 Min) Q...  
 0003: D S M T, Group (per 30 Mins) ...  
 0004: Group Dental D M Education fo...  
 0005: M N T - Indiv, Initial (Ea 15 min...  
 0006: M N T - Indiv, Reassess (Ea 15...  
 0007: Group Dental D M Education fo...  
 0008: M N T - Indiv, Chg In Dx or Tx (...  
 0009: Dietitian O P Visit ( M D Order) ...  
 0010: M N T - Group (Ea 30 min) Qty:...  
 0011: M N T - Group, Chg In Dx or Tx...  
 0012: Dietary I P Visit, (Ea 30 min) Qt...  
 0013: Dietitian O P Visit ( Non- M D O...  
 0014: M N T - Group, By R D - 90100...  
 0015: M N T - Indiv, By R D - 90100004  
**Evaluation and Management**  New Patient  Established  
 Type of Service Level of Service  

Type of Service	Level of Service	History and Exam	Complexity	Approx. Time	CPT Codes
Office Visit	<input type="checkbox"/> Brief		Nurse Visit	5 min	99211
Consultation	<input type="checkbox"/> Problem Focused		Straightforward	10 min	99212
Preventive Medicine	<input type="checkbox"/> Expanded		Low	15 min	99213
Emergency Services	<input type="checkbox"/> Detailed		Moderate	25 min	99214
Other ER Services	<input type="checkbox"/> Comprehensive		High	40 min	99215
Initial Hospital Care					
Subsequent Hospital Care					
Observation Inpatient Care					
Hospital Discharge					
Initial Inpatient Consult					
Newborn Care					

**Visit Services**     

Code	Narrative	Qty	Diagnosis	Prim	Modifier 1	Modifier 2	Provi

 Logo Notifications Triage Cover Sheet History Orders Prob/POV Services (GPRA) Notes Meds Labs Consults Reports Well Child  
 SIPE, MELANIE D OKCCCLAD1-SRPM51.D1.NA.IHS.GOV CLAREMORE HOSPITAL 28-Nov-2011 15:37



# Appendix F: CMS Form UB-04 (CMS 1450 Form)

															CNTL #		OF BILL																																																																																																						
															b. MED. REC. #																																																																																																								
															5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM		7. THROUGH																																																																																																				
8. PATIENT NAME					9. PATIENT ADDRESS																																																																																																																		
10. BIRTHDATE															11. SEX		12. DATE		ADMISSION		13. HR		14. TYPE		15. SRC		16. DHR		17. STAT		18.		19.		20.		21.		CONDITION CODES		22.		23.		24.		25.		26.		27.		28.		29. ACCT STATE		30.																																																														
31. OCCURRENCE CODE		32. OCCURRENCE DATE		33. OCCURRENCE CODE		34. OCCURRENCE DATE		35. OCCURRENCE CODE		36. OCCURRENCE SPAN FROM		37. OCCURRENCE SPAN THROUGH		38.		39. VALUE CODES AMOUNT		40. VALUE CODES AMOUNT		41. VALUE CODES AMOUNT																																																																																																			
42. REV CD															43. DESCRIPTION															44. HCPCS / RATE / HIPPS CODE															45. SERV DATE															46. SERV UNITS															47. TOTAL CHARGES															48. NON-COVERED CHARGES															49.														
PAGE ____ OF ____															CREATION DATE															TOTALS																																																																																									
50. PAYER NAME															51. HEALTH PLAN ID															52. RELI RFD															53. ASG BEN.															54. PRIOR PAYMENTS															55. EST. AMOUNT DUE															56. NPI																													
58. INSURED'S NAME															59. P. REL.															60. INSURED'S UNIQUE ID															61. GROUP NAME															62. INSURANCE GROUP NO.																																																											
63. TREATMENT AUTHORIZATION CODES															64. DOCUMENT CONTROL NUMBER															65. EMPLOYER NAME																																																																																									
69. ADMIT DX															70. PATIENT REASON DX															71. PPS CODE															72. ECI															73.																																																											
74. PRINCIPAL PROCEDURE CODE		74a. OTHER PROCEDURE CODE		74b. OTHER PROCEDURE CODE		74c. OTHER PROCEDURE CODE		74d. OTHER PROCEDURE CODE		74e. OTHER PROCEDURE CODE		74f. OTHER PROCEDURE CODE		75.		76. ATTENDING NPI		76. QUAL		76. LAST		76. FIRST																																																																																																	
77. OPERATING NPI		77. QUAL		77. LAST		77. FIRST		78. OTHER NPI		78. QUAL		78. LAST		78. FIRST		79. OTHER NPI		79. QUAL		79. LAST		79. FIRST																																																																																																	
80. REMARKS															81CC															88.																																																																																									
															a.																																																																																																								
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UB-04 CMS-1450 APPROVED OMB NO. 0938-0997

NUBC TFP24394570

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

# Appendix G: CMS Form 1500 "Health Insurance Claim Form"

1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's S.S.N) (Member ID#) (SSN or ID) (SSN) (ID)</small>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M F			4. INSURED'S NAME (Last Name, First Name, Middle Initial)						
5. PATIENT'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code)						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. RESERVED FOR LOCAL USE			11. INSURED'S POLICY GROUP OR FECA NUMBER  a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.						
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  SIGNED _____ DATE _____												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED _____		
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____			22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. _____ 3. _____ 2. _____ 4. _____					23. PRIOR AUTHORIZATION NUMBER			24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSCOT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #						
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? For govt. claims, see back YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED _____ DATE _____					32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.			33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.						

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



# Appendix H: IHS EHR Template for Documenting Patient's DSMT Goals

**Template: F Goals**

Patient Goals:

Healthy Behaviors (AADE7;2007)  
 ~~~AADE7™ Self-Care Behaviors is a Trademark (TM)~~~

Goal Setting completed by DEMO,PATIENT BOSSY on [ ] .

Confidence Level of Achieving  
 Rating Scale:  
 0= Not Appropriate  
 1= Not interested at all  
 2= No interested in at this time  
 3= Thinking About  
 4= Working towards  
 5= Habit

Re-evaluate Self Care Behaviors in: [ 1 month ]

Healthy Eating: [ ] Goal: [ ]

Rate: 0 [ ]

[ All ] [ None ] \* Indicates a Required Field [ OK ] [ Cancel ]

Set  
Met  
Not Set

**Template: F Goals**

Being Active: [ ] Goal: [ ]

Rate: 0 [ ] Exercise long  
Exercise more  
Follow exerci

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Monitoring: [ ] Goal: [ ]

Rate: 0 [ ]

(CLICK HERE TO ADD FREE TEXT INFORMATION)

[ All ] [ None ] \* Indicates a Required Field [ Preview ] [ OK ] [ Cancel ]

**Template: F Goals**

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Monitoring:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Taking Medications:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

All None \* Indicates a Required Field Preview OK Cancel

- Follow monitoring schedule
- Monitor more often
- Monitor health status

**Template: F Goals**

Monitoring:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Taking Medications:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Problem Solving:  Goal:

All None \* Indicates a Required Field Preview OK Cancel

- Increase taking medica
- Miss fewer medications
- Take medications as pr

**Template: F Goals**

Taking Medications:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Problem Solving:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

All None \* Indicates a Required Field Preview OK Cancel

- Identify potential problems
- Plan problem situation treatment
- Prevent problem situations

**Template: F Goals**

Healthy Coping:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Reducing Risks:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

All None \* Indicates a Required Field Preview OK Cancel

**Template: F Goals**

Healthy Coping:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Reducing Risks:  Goal:   
 Rate: 0

(CLICK HERE TO ADD FREE TEXT INFORMATION)

All None \* Indicates a Required Field Preview OK Cancel

# Appendix I: IHS EHR Diabetes Services (DSMT and MNT) Order Form

**Template: HAGER DIABETES MANAGEMENT**

Diabetes Services Order Form (DSMT and MNT Services)

Patient Name: MEDICARE, DEMO MALE    Chart: 00-07-14

DOB: MAY 1, 1946

Address: 714 Easy Street Rapid City, SD 12345  
Phone: 123 456 7890 (home)/234 567 8909 (office)

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

Follow-up DSMT - 2 Hours

Initial group DSMT - hours=

Follow-up DSMT - Hours=

Additional Insulin Training - Hours=

Patient with Special Needs requiring INDIVIDUAL DSMT:  
Check all special needs that apply:

None

Vision

Language Limitations

Hearing

Physical

Cognitive Impairment

Other:

DSMT Content

- All ten content areas, as appropriate
- Monitoring Diabetes
- Psychological Adjustment
- Nutritional Management
- Medications
- Preconception/GDM
- DM Disease Process
- Physical Activity
- Goal Setting and Problem Solving
- Prevention, treatment and Acute Complications
- Prevention, treatment and Chronic Complications

Diagnosis:

- Type 1 Uncontrolled
- Type 1 Controlled
- Type 2 Uncontrolled
- Type 2 Controlled
- Gestational Diabetes
- Other:

Complications/Co-Morbidities:

- Hypertension
- Neuropathy
- Renal Disease
- Non-healing wound
- Mental/affective disorder
- Dyslipidemia
- Nephropathy
- Retinopathy
- Pregnancy
- Stroke
- PVD
- CHD
- Obesity
- Other:

Current Medications: Active Outpatient Medications (including Supplies):

No Medications Found

- Patient Behavior Goals/Plan Of Care:

Current Pat. Status: Outpatient  
 Order Information  
 To Service: DIABETES MANAGEMENT  
 From Service: Santee DM Clinic  
 Requesting Provider: RAUTH, LESLYE L  
 Service is to be rendered on an OUTPATIENT basis  
 Place: Consultant's choice  
 Urgency: Routine  
 Orderable Item: DIABETES MANAGEMENT  
 Consult: Consult Request  
 Provisional Diagnosis: Diabetes  
 Reason for Request:  
 Diabetes Services Order Form (DSMT and MNT Services)

Patient Name: MEDICARE, DEMO MALE Chart: 00-07-14  
 DOB: MAY 1, 1946

Address: 714 Easy Street Rapid City, SD 12345  
 Phone: 123 456 7890 (home)/234 567 8909 (office)

~~~~~Diabetes Self-Management Training (DSMT)~~~~~  
 Initial group DSMT - 10 Hours

Patient with Special Needs requiring INDIVIDUAL DSMT:  
 Check all special needs that apply:  
     Hearing impaired,  
     Lives alone,  
     Meals at Senior Center

Education Needs:  
 Monitoring Diabetes, Medications  
 Diagnosis: Type 2 Uncontrolled, Renal Disease

Complications/Co-Morbidities: anemia  
 Current Medications: Active Outpatient Medications (including Supplies):  
 No Medications Found

Patient Behavior Goals/Plan of Care:  
 1. Patient identified goals to manage blood sugar.  
 2. Self-monitoring Blood Glucose BID - AM and 1 other time

Inter-facility Information  
 This is not an inter-facility consult request.

Status: RELEASED  
 Last Action: CPRS RELEASED ORDER  
 Facility

| Activity            | Date/Time/Zone | Responsible Person | Entered By      |
|---------------------|----------------|--------------------|-----------------|
| CPRS RELEASED ORDER | 06/17/11 09:21 | RAUTH, LESLYE L    | RAUTH, LESLYE L |

Note: TIME ZONE is local if not indicated

# Appendix J: Sample DSMT Reimbursement Tracking Form

|                                                                                                                             |          |
|-----------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Patient Name</b>                                                                                                         |          |
| <b>Chart #</b>                                                                                                              |          |
| <b>Date of Visit</b>                                                                                                        |          |
| <b>Checked in Patient Registration</b>                                                                                      | Yes   No |
| <b>Payer Name (e.g., Medicare, Medicaid, Private Insurance)</b>                                                             |          |
| <b>Coded/Data Entered Date</b>                                                                                              |          |
| <b>Billed Date</b>                                                                                                          |          |
| <b>Response Received Date</b>                                                                                               |          |
| <b>Paid</b>                                                                                                                 | Yes   No |
| <b>If no, reason why?</b><br>(Include missing information, no eligibility, wrong code, etc.)                                |          |
| <b>Was claim resubmitted?</b>                                                                                               | Yes   No |
| <b>Reason:</b><br>Indicate why the claim was denied and the date the claim was resubmitted (if resubmitted).                |          |
| <b>Final Disposition of Claim</b><br>Identify how much was paid, follow-up date for re-submission, date accepted or denied. |          |
| <b>Notes:</b>                                                                                                               |          |



# Appendix K: Top Documentation Errors to Avoid in Applying for DSMT Reimbursement

1. The facility does not have a current certificate showing accreditation of a DSMT program.
2. Patient does not meet medical conditions for DSMT (diagnosis of diabetes or kidney disease per Medicare criteria).
3. No order (plan of care) from a physician or qualified non-physician practitioner (NP, PA) for DSMT, or not enough information in the order. The order must include the patient's medical condition requiring DSMT, the number of initial or follow-up hours the patient needs, topics to be covered, patient's condition that requires individual training instead of in a group setting, and the order must be signed by ordering provider.
4. Documentation does not show medical need for individual training instead of group. DSMT guidelines state that the patient can have one hour of individual training, but the remainder should be provided in a group setting. The only exceptions for individual training are: 1) that no group session is available within 2 months of the date the training is ordered; 2) the patient's treating provider documents that the patient has special needs resulting from conditions such as severe vision, hearing, or language limitations or other such special conditions that would hinder effective participation in a group training; or 3) the provider orders additional insulin training. This must be documented and if individual training only is required, it must be on the order.
5. Follow-up training must be documented with an updated order from the provider.
6. Medical records do not show the time spent and coverage in the training sessions.

# Appendix L: Additional Resources

## IHS Division of Diabetes Treatment and Prevention Website

[www.diabetes.ihs.gov](http://www.diabetes.ihs.gov)

The IHS Division of Diabetes Treatment and Prevention (DDTP) website is a comprehensive web-based resource for accessing diabetes education curricula, best practices, standards of care, guidelines, and web-based CME training sessions on current topics in diabetes management.

## Indian Health Diabetes Best Practices

<http://www.ihs.gov/medicalprograms/diabetes/index.cfm?module=toolsBPList>

The Indian Health Diabetes Best Practices documents (updated in 2011) cover 20 diabetes treatment and prevention topics, including diabetes self-management, adult weight management, diabetes foot care and eye care, cardiovascular disease, chronic kidney disease, nutrition and physical activity, and many more. Each Indian Health Diabetes Best Practice addresses:

- Target population
- Intended users
- Definition
- Goals of the Best Practice
- Key Recommendations and Key Measures
- Outline program planning and evaluation
- Details on how to implement the Key Recommendations
- Appendices including supplemental information
- Tools and Resources
- References

**IHS Standards of Care for Patients with Type 2 Diabetes** (PDF – 234 KB). Updated clinical guidelines for providers. Revised March 2009. (Revision due in 2011 – check DDTP Web site for update) [http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/ClinicalGuidelines/Diabetes\\_Standards\\_Care\\_508Rev2.pdf](http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/ClinicalGuidelines/Diabetes_Standards_Care_508Rev2.pdf)

## CMS Website Medicare Learning Network

The Medicare Learning Network website has quick-reference guides, web-based training modules, publications and pamphlets, videos, and CD-ROMS at: <http://www.cms.hhs.gov/mlngeninfo/>

**The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals CMS offers a brochure on Medicare-covered diabetes services** that includes information on Medicare coverage of MNT. You can access this information on the Medicare Learning Network's Preventive Services web page:  
[www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp)

(Click on "Educational Products" in the "Downloads" section and "Diabetes-Related Services" under "Guides.")

### Other Organizations, Programs, and Resources

- **American Association of Diabetes Educators**  
[www.diabeteseducator.org](http://www.diabeteseducator.org)
- **American Diabetes Association**  
[www.diabetes.org](http://www.diabetes.org)
- **Centers for Disease Control and Prevention Division of Diabetes Translation**  
[www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)
- **MedlinePlus for diabetes information**  
[www.nlm.nih.gov/medlineplus/diabetes.html](http://www.nlm.nih.gov/medlineplus/diabetes.html)
- **National Diabetes Education Program**  
[www.ndep.nih.gov](http://www.ndep.nih.gov)
- **National Institute of Diabetes and Digestive and Kidney Diseases (for diabetes, kidney disease, and nutrition information)**  
[www.niddk.nih.gov](http://www.niddk.nih.gov)
- **TrailBlazer Health Enterprises, LLC**  
(A CMS-contracted intermediary and carrier)  
[www.trailblazerhealth.com](http://www.trailblazerhealth.com)

# Appendix M: Glossary

## Accredited Program

A program that has been approved as meeting the National Standards for Diabetes Self-Management Education and has successfully met the criteria from either the American Association of Diabetes Educators Diabetes Education Accreditation Program (DEAP) or the American Diabetes Association Education Recognition Certificate (ADAERC). DSMT programs submit an application to DEAP or ADAERC to become accredited. Accreditation is required for Medicare reimbursement of the G codes for DSMT.

## All-Inclusive Rate

See definition for “IHS All-Inclusive Rate”.

## Appeal

A formal request by a provider or covered person for reconsideration of an insurer’s decision, such as a claim denial.

## Beneficiary

The name for a person who has health insurance through Medicare or Medicaid.

## Bill

See definition for “Claim”.

## Certified Diabetes Educator (CDE)

Health care professionals who specialize in treating people with diabetes. They can be nurses, dietitians, pharmacists, doctors, social workers, or other professionals. People who have the initials CDE after their names have passed a national exam that certifies them to teach people who have diabetes how to manage their condition.

## Certified Provider for DSMT

A provider who bills Medicare for individual services or items and who represents an accredited DSMT program. Certified providers have an NPI number and may be: registered dietitians, pharmacists, physicians (MD and DO), physician assistants, nurse practitioners, and clinical nurse specialists.

## Claim

A request for payment for a provided service. The terms “claim” and “bill” are used for Medicare Part A inpatient services (submitted to CMS fiscal intermediaries) and Medicare Part B outpatient services (submitted to CMS carriers). The two main claim forms are: 1) CMS-1500 for physicians in all settings of care as well as services performed by non-institutional providers, including physician offices; and 2) CMS-1450/UB-04 to report institutional services, including hospital outpatient and inpatient services.

### **CMS: Centers for Medicare and Medicaid Services**

The U.S. federal agency that administers Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP).

### **CMS Form 1450 (also called UB-04)**

The form, or electronic equivalent, that health care providers use to submit bills to Medicare Part A fiscal intermediaries, primarily for Medicare Part A services, and some Part B services.

### **CMS Form 1500**

The form, or electronic equivalent, that health care providers use to submit bills to Medicare Part B carriers and other insurance claims.

### **CPT Codes (Current Procedural Terminology Codes)**

A set of 5-digit codes published by the American Medical Association to represent medical services. CPT codes are used to communicate to payers the procedures that were performed during the patient visit. The CMS requires that you use these codes in reimbursement documentation of DSMT services – **Code G0108 for Individual** diabetes outpatient self-management training services and **G0109 for Group** diabetes outpatient self-management training services.

### **DSME: Diabetes Self-Management Education**

Term used in the National Standards for Diabetes Self-Management Education. This term is synonymous with DSMT, diabetes self-management training.

### **DSMT: Diabetes Self-Management Training**

An interactive and collaborative process that involves the person with diabetes and the diabetes educator. This process includes: (1) assessment of the individual's specific education needs; (2) identification of the individual's specific diabetes self-management goals; (3) education and behavioral intervention directed toward helping the individual achieve self-management goals; and (4) evaluation of the individual's progress toward self-management goals. You must be an IHS, American Association of Diabetes Educators, or American Diabetes Association-accredited diabetes education program to receive Medicare reimbursement for DMST. DSMT is also known as DSME, or Diabetes Self-Management Education. Although DSME is the preferred term, the CMS requires the use of DSMT in reimbursement documentation).

### **HCPCS Code: Healthcare Common Procedure Coding System Code.**

National codes for procedures and supplies that are not defined by the CPT codes.

### **ICD-9 Codes**

*(International Classification of Diseases, 9th Revision, Clinical Modifications)*

Diagnosis codes used to identify the reason why the service, equipment or supplies were provided. Diagnosis codes are used in hospital inpatient medical records, claims processing forms in hospital outpatient settings, physician offices, and RD practices.

### **IHS All-Inclusive Rate**

The rate negotiated by the IHS for services provided under Medicare Part A. The IHS renegotiates this rate with the CMS each year, so the rate may vary from year to year.

### **Medicare**

The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end stage kidney disease—i.e., patients with permanent kidney failure who need regular dialysis or a kidney transplant.

### **Medicare Carrier**

A private company that contracts with Medicare to process Medicare Part B bills.

### **Medicare Fiscal Intermediary**

A private company that has a contract with Medicare to pay Part A and some Part B bills. Also called an “intermediary.”

### **Medicare Part A (Facility/Hospital Insurance)**

Medicare hospital insurance that pays for hospice care, home health care, care in a skilled nursing facility, and inpatient hospital stays. The fiscal intermediary uses the IHS All-Inclusive Rate to reimburse services provided to patients who have Medicare Part A coverage (see definition for “IHS All-Inclusive Rate”).

### **Medicare Part B (Professional Provider Medical Insurance)**

Medicare medical insurance that helps pay for physicians’ services, outpatient hospital care, and other medical services not covered by Medicare Part A. Part B covers non-institutional supplies, including durable medical equipment (DME), diabetes self-management training (DSMT), and medical nutrition therapy (MNT). The carrier uses the physician fee schedule to reimburse for Medicare Part B services (see definition for “Physician Fee Schedule”).

### **MLN Matters**

Educational articles published by CMS’s Medicare Learning Network (MLN) designed to inform the physician, provider, and supplier community about the latest changes in the Medicare Program, often in the form of transmittals.

### **MNT: Medical Nutrition Therapy**

First defined by the American Dietetic Association in the mid-1990s as the use of specific nutrition services to treat an illness, injury, or condition, and to promote the benefits of managing or treating a disease with nutrition. MNT involves an in-depth nutrition assessment of the patient and provision of diet modification, counseling, or specialized nutrition therapies. MNT was redefined in 2001 Medicare Part B legislation as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by a registered dietitian or nutrition professional.”

## National Accreditation Organizations

CMS-approved national accreditation organizations for DSMT are the American Association of Diabetes Educators and the American Diabetes Association.

## NPI: National Provider Identifier

A standard, unique identifier for health care providers comprised of 10 numbers.

## Payment Rate

The total payment that a hospital or health center receives when it provides outpatient services to Medicare patients.

## Payor

An insurance company, third-party administrator, self-funded employer, managed care organization, or federal health benefit program (Medicare/Medicaid) that reimburses claims.

## Provider

A hospital, health care professional, or health care facility.

## Qualified Non-Physician Provider

Defined by CMS as a nurse practitioner, clinical nurse specialist, physician assistant, nurse midwife, clinical psychologist, and clinical social worker who is managing a beneficiary's diabetes condition.

## Super-bill

A pre-printed or electronic form that assists in the billing process by defining the services and procedures that were provided.

## Telehealth

The use of health information exchanged from one site to another via electronic communications to improve a patient's health. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and the physician or practitioner at the distant site.

## TrailBlazer Health Enterprises, LLC

A CMS-contracted intermediary and carrier. For more information, visit the website: [www.trailblazerhealth.com](http://www.trailblazerhealth.com).

## UB-04 (also called CMS Form 1450)

The form, or electronic equivalent, that health care providers use to submit bills to Medicare Part A fiscal intermediaries, primarily for Medicare Part A services, and some Part B services.



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