

GUIDELINES FOR ENHANCING ACCESS TO BOTH MNT AND DSMT BENEFITS FOR MEDICARE PART B BENEFICIARIES

Intended Audiences:

- Program Coordinators and staff of American Diabetes Association Recognized Programs (ERPs) or Indian Health Services Recognized Programs
- Diabetes educators and other health care professionals
- Health care facility administrators

The MNT coverage from the Centers for Medicare & Medicaid Services (CMS) for qualified Part B Medicare beneficiaries with diabetes, offers an opportunity for programs to increase access to diabetes education, as well as to expand services to qualified Medicare beneficiaries. As many DSMT programs continue to seek ways to enrich their available services and establish an administratively sound program, the addition of this new Medicare benefit can help achieve those program goals. This document is designed to provide information for program coordinators so that they can appropriately enhance access and services.

For additional information on either program, access information on the Diabetes Care and Education dietetic practice group (www.dce.org) of the American Dietetic Association, the American Diabetes Association (www.diabetes.org) and the American Association of Diabetes Educators (www.aadenet.org), and the American Dietetic Association (www.eatright.org/gov).

For questions about the DSMT Recognition Program, please contact the Education Recognition Program at erp@diabetes.org.

Program Management, Implementation and Coordination of the Medicare DSMT and MNT benefits

The following recommendations are provided from a management and an operational perspective to ensure the appropriate coordination and implementation of the two separate Medicare benefits. They offer suggestions for how to design your program so that all eligible Medicare beneficiaries have appropriate access to both benefits and to accurately document what is being provided and what the program is reimbursed. Three examples are included to illustrate how to best coordinate the MNT and DSMT benefits.

- All RD's, even those providing DSMT services within an accredited program (ADA-ERP or Indian Health Services), who want to provide Medicare MNT to qualifying beneficiaries with diabetes and non-dialysis kidney disease, must apply for and receive a Medicare PIN number before submitting a claim for Medicare reimbursement for medically necessary MNT services, using one of the three approved CPT codes. RD's who elect not to become a Medicare provider will not be able to bill Medicare for MNT.
- Having RD's become Medicare providers of MNT presents an opportunity to offer MNT services to appropriately qualified beneficiaries who have the required physician referral. RDs may re-assign the payment for Medicare MNT services to their employer, who then would bill and collect payment for the RD. RDs who elect not to become a Medicare provider will not be able to bill Medicare for MNT for diabetes or non-dialysis kidney disease. RDs can review information on not enrolling or opting out of the Medicare program from the American Dietetic Association's Web page www.eatright.org/gov. Individuals must be an American Dietetic Association member to access the Medicare provider information section of this website.
- Where appropriate, consider expanding your diabetes care services available to qualified Medicare beneficiaries by adding MNT provided by an RD who is participating in the Medicare program.
- Be sure to provide MNT and DSMT on separate dates of service. According to the National Coverage Guidelines from CMS, this separation is a requirement to successfully coordinate these two distinct Medicare benefits. This requirement refers to the date that the DSMT and MNT services are provided, not the date they are billed.
- Identify the other resources in your community who also provide MNT and DSMT. Learn about services available, caseload capacity and hours of operation to determine whether there is a need for additional services.
- Initiate marketing for both your DSMT and MNT services within your program(s), institution and community. If you offer both services, provide sufficient education to your referral sources about the availability, coverage criteria and coordination of both benefits. It is important to ensure that the beneficiary appropriately qualifies for both services and has the necessary referrals for both services.
- Plan marketing activities on a regular basis, according to your capacity to provide medically necessary services to qualified beneficiaries.
- Share a summary of medical and behavioral outcomes data with referral sources on regular basis. Highlight information about program requirements and your program goals.
- In collaboration with your business office or accountant, develop methods to submit claims accurately, ensure the adequacy and accuracy of your supporting documentation and to track reimbursements, co-payments, deductibles, disallowances, denials and expenses. Develop methods in your setting to track charges and receipts for both MNT and DSMT. On a regular basis, analyze reimbursement patterns and note problems to be solved.
- If feasible in your setting, track your referral sources for both MNT and DSMT and review data periodically. Target referral sources that refer for only one of these services, and plan a marketing

approach to educate the referral sources about the availability and the conditions of coverage for the MNT benefit. Where medically necessary and in compliance with regulations, encourage referrals for both MNT and DSMT for those beneficiaries that appropriately qualify for both benefits and have the required physician certifications and referrals.

- Review referral data with program staff in staff meetings or at your Diabetes Education Advisory Committee meetings to create team ownership of successes & challenges and as part of your Quality Improvement process.
- Initiate a system of reminders for return appointments to ensure appropriate beneficiary follow-up care and to promote full access to the MNT and DSMT benefits.

Providing Care for Medicare Part B Beneficiaries

- Discuss that DSMT and MNT are distinct, but complementary services, and why both are necessary for quality diabetes care. Also be sure Medicare Part B beneficiaries understand they are entitled to both services if they meet the diagnostic criteria and medical necessity requirements for both benefits and have the required referrals.
- Initial DSMT provides group education for needed content areas of DSMT with peer support. Individual DSMT may be allowed in cases where there is no group class available for at least 2 months, or if the beneficiary assessment reveals group education is inappropriate due to physical handicaps, etc.
- The MNT benefit may be provided individually and in groups, and requires use of nationally recognized protocols/guides.
- Follow-up MNT requires an order from a physician's order, and follow-up DSMT requires an order from a physician or qualified non-physician practitioner.
- Review the importance of tracking behavioral goals, as related to clinical care and program evaluation with beneficiaries. Explain that managing diabetes can be difficult and most people do better with ongoing coaching. This can also help ensure that the beneficiary will follow up with you.
- Document thoroughly and accurately. In your clinical records, be sure to include copy of the MD referral, beneficiary's chief complaint (reason for visit, in beneficiary's own words), beneficiary's current diagnosis (plus relevant past diagnoses), beneficiary lab results and current medications, date of MNT visit and amount of time spent with the beneficiary, names of others present during MNT visit. Before providing services, verify that the beneficiary is eligible (i.e., has Medicare Part B coverage; physician referral) and qualified (appropriate diagnosis, lab values etc.) to receive MNT services.

Quality Improvement Tips

Develop/utilize quality review for the diabetes care services that include evaluation of:

- Delivery System design
 - Institute communication between the beneficiary, RD provider(s) and DSMT staff. Team members are aware of and engage in regular planned and informal communication around planning, coordinating and sharing results of Medicare beneficiary care.
- Clinical Information Systems
 - Develop a registry of Medicare beneficiaries with diabetes, with ability to query for diagnostic criteria for DSMT and MNT

- Systematic monitoring
- Performance tracking and feedback
- Decision Support Systems
 - Develop a process for insuring the incorporation of policies, guidelines, education and practice aids to assure awareness of and adherence to evidence based care. (MNT protocols)
- Self Management Support
 - The systematic provision of education and supportive interventions that increase the beneficiary's skills and confidence in managing their health problems including regular assessment of progress and problems, goal setting and problem-solving support. (DSMT)

Coordination of the MNT and DSMT Benefits

THE FOLLOWING ARE ONLY EXAMPLES OF HOW THE DSMT AND MNT BENEFITS CAN BE USED AND ARE NOT ALL INCLUSIVE OF ALL PROGRAM DESIGNS

Example #1

Scheduling for beneficiary when physician refers beneficiary for Medicare MNT for diabetes and DSMT (1st year of services). Both benefits occurring simultaneously.

Beneficiary with newly diagnosed type 2 diabetes referred by his/her treating physician to RD for initial MNT (3 hours plus additional hours based on physician referral). In the course of the nutrition assessment, the RD determines that Medicare beneficiary would benefit from a DSMT program offered at a local hospital. RD contacts the physician to discuss medical necessity for initial DSMT and the physician determines that DSMT is medically necessary and refers beneficiary for initial DSMT. The chart below details an example of how the beneficiary would be scheduled for integrated DSMT and MNT and how these services are coded for billing.

Client Appt.	CPT Code	Service/ Visit	Brief overview of components	Time
1	97802	MNT (1)	Individual <ul style="list-style-type: none"> • Nutrition assessment, identification of nutrition problems, and nutrition intervention by RD according to MNT protocols. Select from assessment factors and therapeutic lifestyle changes recommended in the MNT protocol. • RD identifies beneficiary has not had DSMT, documents recommendation for DSMT program while beneficiary receives MNT; discusses recommendation with physician • RD schedules MNT second visit for 2-4 weeks after first MNT visit • Document outcomes 	1.5 hours
2	GO108	DSMT (1)	Individual <ul style="list-style-type: none"> • Individual assessment and insulin training (if needed) for diabetes education class 	1 hour
3, 4, 5	GO109	DSMT (2,3,4)	Group <ul style="list-style-type: none"> • 3 diabetes classes – each class 3 hours long. Classes cover all 10 content areas (including nutrition). DSMT program communicates beneficiary learning goals with referring RD who will review and reinforce progress towards goals 	9 hours
6	97803	MNT (2)	Individual <ul style="list-style-type: none"> • Reassess and identify new therapeutic lifestyle changes and goals with RD. Select from assessment and therapeutic lifestyle changes recommended in the MNT protocol • RD reinforces MNT individual plan and DSMT groups' session goals. (If the RD providing MNT is not providing the nutrition content in the DSMT program, seek out information and goals and content included in both MNT and DSMT program. Reinforce DSMT concepts in follow-up MNT visits.) 	45 min

			<ul style="list-style-type: none"> • RD schedules MNT next visit for 2-4 weeks after first MNT visit • Document outcomes 	
7	97803	MNT (3)	<p>Individual</p> <ul style="list-style-type: none"> • Reassess and identify new therapeutic lifestyle changes and goals with RD as recommended for follow-up in the MNT protocols. • RD integrates MNT and DSMT goals • Evaluate outcomes to determine medical necessity for continued MNT, obtain physician referral if indicated • Document outcomes 	45 min

Total: 13 hours (10 hours DSMT, 3 hours MNT)

Example #2 – DSMT program initiated first, then physician referral to RD Medicare provider from MNT (1st year of education):

Scheduling for beneficiary with type 2 diabetes for 10 years and has received no previous diabetes education. Treating provider refers the beneficiary to DSMT program. The beneficiary meets eligibility for DSMT because there is change of therapy - needs to start on insulin. Nurse educator who does initial assessment indicates that the Medicare beneficiary would benefit from MNT. Nurse communicates with physician and dietitian. The physician determines that MNT is medically necessary and refers beneficiary for initial MNT provided by RD.

Client Appt.	CPT Code	Service/ Visit	Brief overview of components	Time
1	GO 108	DSMT (1)	Individual <ul style="list-style-type: none"> Individual assessment, check monitoring and insulin skills for diabetes education class DSMT practitioner identifies that beneficiary would benefit from MNT provided by qualifying RD; documents recommendations in DSMT assessment/program goals. Discusses recommendation with physician to initiate referral for MNT 	1 hour
2	97802	MNT (1)	Individual <ul style="list-style-type: none"> Nutrition assessment, identification of nutrition problems, and nutrition intervention with RD according to MNT protocols. Select from assessment factors and therapeutic lifestyle changes recommended in the MNT protocol RD schedules MNT second visit for 2-4 weeks after first MNT visit (mid cycle of DSMT classes) Document outcomes 	1.5 hours
3, 4, 5, 6	GO 109	DSMT (2,3,4,5)	Group <ul style="list-style-type: none"> 4 diabetes classes – each class 2 hours long. Classes cover all 10 content areas (including nutrition). DSMT program communicates beneficiary learning goals with RD who will review and reinforce progress towards goals 	8 hours
7	97803	MNT (2)	Individual <ul style="list-style-type: none"> Reassess and identify new therapeutic lifestyle changes and goals with RD. Select from assessment and therapeutic lifestyle changes recommended in the MNT protocol. RD communicates the MNT progress and identifies nutrition education needs to DSMT program coordinator RD schedules next MNT visit in 2 weeks Document outcomes 	45 minutes
8	GO 109	DSMT (6)	Group DSMT – assess progress towards goals	1 hour
9	97803	MNT (3)	Individual <ul style="list-style-type: none"> Reassess and identify new therapeutic lifestyle changes and goals with RD. Select from assessment and therapeutic lifestyle changes recommended in the MNT protocol. Evaluate outcomes to determine medical necessity for continued MNT, obtain physician referral if indicated Document outcomes 	45 minutes

Total: 13 hours (10 hours DSMT, 3 hours MNT)

Example 3: Follow-up MNT and DSMT benefits (year 2)

It is now one year later. A beneficiary with type 2 diabetes has completed an initial DSMT program and received initial MNT from an RD who is a Medicare provider. Both services were provided during the same episode of care (12 months). The beneficiary is referred by his primary care physician to the DSMT program for insulin pen instruction and Cardiovascular Risk Reduction instruction and to the RD for follow-up MNT.

Background information: Qualifying beneficiaries with diabetes are eligible for 2 hours of follow-up DSMT and 2 hours of follow-up MNT if they meet the diagnostic criteria and medical necessity required for both benefits and if both are ordered by the provider. Both programs can provide follow-up in a group or individual setting. Keep in mind that according to National Coverage guidelines from the Centers for Medicare & Medicaid Services the treating physician can refer the beneficiary for additional hours of MNT beyond the initial 2 hours of follow-up MNT if the treating physician determines 1) there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and 2) orders additional hours of MNT during the episode of care.

Client Appt.	CPT Code	Service/visit	Brief overview of components	Time
1	GO 109	DSMT (1)	Group <ul style="list-style-type: none"> Cardiovascular risk reduction class 	1 hour
2	97803	MNT (1)	Individual (see MNT protocols for details) <ul style="list-style-type: none"> Reassess and identify new therapeutic lifestyle changes and goals with RD. Select from assessment and therapeutic lifestyle changes recommended in the MNT protocol Schedule next follow-up MNT visit Document outcomes 	1 hour
3	GO 109	DSMT (2)	Group <ul style="list-style-type: none"> Referral for insulin pen instruction and pattern management review 	1 hour
4	97803	MNT (2)	Individual <ul style="list-style-type: none"> Reassess and identify new therapeutic lifestyle changes and goals with RD. Select from assessment and therapeutic lifestyle changes recommended in the MNT protocol Schedule next follow-up MNT visit Document outcomes 	1/2 hour
5	97803	MNT (3)	<ul style="list-style-type: none"> Reassess and identify new therapeutic lifestyle changes and goals RD. Select from assessment and therapeutic lifestyle changes recommended in the MNT protocol. Evaluate outcomes to determine medical necessity for continued MNT, obtain physician referral if indicated Document outcomes 	1/2 hour

Total: 4 hours (2 hours DSMT, 2 hours MNT)