



10/11/18 QIN-QIO Public Sharing Call: Unanswered Questions

QIN-QIO Public Sharing Call

The Basic Business Strategies for Building a Successful DSMT Program

Thursday, October 11, 2018, 3:00-4:30 PM ET

QUESTION	ANSWER
<p>1. Are Stanford DSMP workshops reimbursable by Medicare or other insurances?</p>	<ul style="list-style-type: none"> • With regard to Medicare: <ul style="list-style-type: none"> ○ The Stanford Diabetes Self-Management Program, without additional infrastructure, does not have all the necessary elements to achieve AADE accreditation or ADA recognition, one of which is required for Medicare reimbursement of its DSMT benefit. ○ However, the Stanford <i>curriculum</i> is evidenced-based. Therefore, it does meet ADA recognition and AADE accreditation criteria for an approved DSMES <i>curriculum</i> (per the 2017 National Standards of DSMES). • With regard to other health insurers (e.g., United, Cigna, Medicaid): <ul style="list-style-type: none"> ○ The answer has multiple components: <ul style="list-style-type: none"> ▪ There are several procedure codes for diabetes self-management training/education (including codes for self-management training for patients with chronic disease using a standardized curriculum). ▪ Each health insurer determines which procedure codes it will cover (aka, a coverage policy). ▪ If the insurer does cover one or more of the DSMT/E or self-management codes, it will also determine the coverage guidelines...reimbursement rules...that must be adhered to in order to be reimbursed for the code(s). <ul style="list-style-type: none"> ➤ Please see the attached document that summarizes the categories of reimbursement rules. ▪ Thus, each insurer must be contacted to determine its coverage for DSMT/E and/or self-management in chronic diseases.
<p>2. Do you feel the Healthy Interactions Diabetes Conversation Maps meet requirements for the Program Standards?</p>	<ul style="list-style-type: none"> • The Diabetes Conversation Maps®, without additional infrastructure, do not have all the necessary elements to achieve AADE accreditation or ADA recognition, one of which is required for Medicare reimbursement of its DSMT benefit. • However, the Maps® can be used as an evidence-based <i>curriculum</i>. Therefore, the Maps® do meet ADA recognition and AADE accreditation criteria for an approved DSMES <i>curriculum</i> (per the 2017 National Standards of DSMES).
<p>3. Can diabetes educators bill for group DSMT in a Shared Medical appointment AND can the provider bill for E/M code as well?</p>	<ul style="list-style-type: none"> • The short, the general answer is most likely, yes. But here are the important caveats for why I say “most likely”: ○ Both the group DSMES by the diabetes educator (typically 30 minutes) and the provider’s individual evaluation and management established OP visits in a SMA are billable if: <ul style="list-style-type: none"> ▪ The insurer has a positive coverage policy for provider E/M established OP visits in a group setting, and also for group DSMES. ▪ All of the insurer’s required reimbursement rules are met for each of these two interventions. ▪ On the claim form, the NPI number entered on the 1500 professional claim form as the “Rendering Provider” for the individual SMA visits and the NPI

	number for the group DSMES must be different.
4. Can we bill Shared medical appointments and DSME SAME day/ is there any restrictions	<ul style="list-style-type: none"> • See my answer in #3 above. Thank you!
5. What if you plan a group class of 5 participants and only 1 person shows? Can you still bill for a group since it was intended to be a group?	<ul style="list-style-type: none"> • You cannot bill for group DSMES if only 1 patient attends the scheduled group visit. Providers, clinicians, practice settings, etc., must bill for what actually occurred...<i>and</i> was documented in the medical record for that visit (aka, ethical billing). • If, then, this individual DSMES visit will exceed the utilization limit of the DSMES benefit (per the insurer’s reimbursement rules), the claim will likely be denied. The next step is for your billing department to appeal this denied claim. <ul style="list-style-type: none"> ○ In the appeals process, a second claim is submitted for reconsideration (aka, first level appeal), but this time with the appropriate EMR documentation attached that explains what happened, in order to support payment for the denied service. <ul style="list-style-type: none"> ▪ “What happened” is that group DSMES was scheduled with x number of OPs (state the actual number in your EMR documentation) but only 1 OP attended.
6. Do we have a link for that info?	<ul style="list-style-type: none"> • Regarding my answer to question #5, please refer to this online resources: https://www.aapc.com/blog/40485-take-commercial-appeals-to-a-higher-level/ • For the email receipt of any forms that I mentioned on the webinar, please email me, Mary Ann Hodorowicz at: hodorowicz@comcast.net • Have a great day, and thank you all for attending the webinar! Hope to “see” you on the 2nd webinar in the 3 part series on DSMT/E Reimbursement on Nov. 8, 2018, 1 – 2:30 pm Eastern. Please remember to register in advance here.
<p>This information is intended for educational and reference purposes only. It does not constitute legal, financial, medical or other professional advice, nor does it substitute for the medical care of a physician or other healthcare provider. The information does not necessarily reflect opinions, policies and/or official positions of the Center for Medicare and Medicaid Services, private healthcare insurance companies, or other professional associations. Information contained herein is subject to change by these and other organizations at any moment, and is subject to interpretation by its legal representatives, end users and recipients. Readers should seek professional counsel for legal, ethical and business concerns. The information is not a replacement for the Academy of Nutrition and Dietetics Practice Guidelines or American Diabetes Association’s Standards of Medical Care in Diabetes. As always, the reader’s clinical judgment and expertise must be applied to any and all information in this document.</p>	

ADDITIONAL QUESTIONS?

Questions for the QIN NCC can be submitted here: QINNCC@area-d.hcqis.org.