



## Appendix E

### IHS Medicare Part A and B Coverage and Billing Requirements for MNT and DSMT



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The following table is provided to help IHS hospital outpatient departments and free-standing clinics identify the differences in billing for MNT and DSMT services. You can obtain this table on the web at: [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes) (click on “Nutrition” and select “Medicare Part A & B Coverage and Billing Requirements”).

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Statute	Section 105 of the Benefits Improvement and Protection (BIPA) Act of 2000 permits Medicare coverage of MNT services when furnished by a registered dietitian (RD) or nutrition professional (NP) meeting certain requirements, effective January 1, 2002.	Section 4105 of the Balanced Budget Act (BBA) of 1997 permits Medicare coverage of the 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.
Provider Qualifications and Requirements	RD or NP who meet the following criteria: <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 an RD or NP.</li> <li>• Licensed or certified as an RD or NP by the 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, NPs licensed or certified as of 12/21/00.</li> </ul>	Program must be accredited as meeting approved quality standards (i.e. <i>National Standards for Diabetes Self-Management Education Programs</i> ). CMS-approved national accreditation organizations include the American Diabetes Association and the Indian Health Service.  <b>NOTE: A diabetes education program cannot seek reimbursement from Medicare until the program has been accredited.</b>
Qualifying Diagnoses	Diabetes** <ul style="list-style-type: none"> <li>• Type 1</li> <li>• Type 2</li> <li>• Gestational</li> </ul> Kidney: <ul style="list-style-type: none"> <li>• Non-Dialysis Kidney Disease</li> <li>• Post-Kidney Transplants</li> </ul>	“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria: <ul style="list-style-type: none"> <li>• FBS <math>\geq</math> 126 mg/dl on two different occasions.</li> <li>• Two-hour post glucose challenge <math>\geq</math>200 mg/dl on two different occasions.</li> <li>• Random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul>
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Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Qualifying Diagnoses (continued)	<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.</li> <li>• Two-hour post glucose challenge <math>\geq</math>200 mg/dl on two different occasions.</li> <li>• Random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul>	
Limitations of Coverage	<ul style="list-style-type: none"> <li>• No coverage for maintenance dialysis.</li> <li>• If the 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 the patient.</li> <li>• DSMT and MNT services cannot be provided on the same date.</li> </ul>	<ul style="list-style-type: none"> <li>• No payment will be made for group sessions unattended (class attendance sheet).</li> <li>• Only face-to-face time with the patient.</li> <li>• DSMT and MNT services cannot be provided on the same date.</li> </ul>
Other Conditions of Coverage	<ul style="list-style-type: none"> <li>• The number of hours covered in a 12-month period (episode of care) cannot be exceeded.</li> <li>• Services can be provided on an individual or group basis.</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>• 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, nine of the ten 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 two months of the date when the training is ordered.</li> <li>– The beneficiary has special needs resulting in problems with hearing, vision, or language limitations.</li> <li>– Additional insulin instruction is needed as ordered by the physician.</li> </ul> </li> </ul>

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(Appendix E: IHS Medicare Part A and B Coverage and Billing Requirements for MNT and DSMT—continued)

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, FQHCs/RHCs, and Home Health.</p> <p><u>Excluded</u>: Inpatient stay in hospital or skilled nursing facility.</p>	<p><u>Included</u>: Hospital outpatient department, free-standing clinics, and FQHCs/RHCs.</p> <p><u>Excluded</u>: Inpatient hospital, skilled nursing facility, nursing home, or hospice.</p>
<p>Basic Coverage</p> <p>Second Physician Referral</p>	<p><u>Initial MNT</u>: Three hours per calendar year in the first year.</p> <p><u>Follow-up MNT</u>: Two hours per calendar year in subsequent years.</p> <p><b>Hours can be spread over any number of visits during the year (One visit = 15 min.)</b></p> <p>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.</p>	<p><u>Initial DSMT</u>: Ten hours per year in the first year (one hour individual assessment or specialized training plus nine hours group classes). Continuous 12-month period need not be on calendar-year basis.</p> <p><u>Follow-up DSMT</u>: Two 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 (One visit = 30 min.)</b></p>
DSMT and MNT Benefits	The CMS considers DSMT and MNT services to complement each other. 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
Referring (Licensed) Providers	Treating physician	Physician or qualified non-physician practitioner: nurse practitioner, clinical nurse specialist, physician assistant, nurse midwife, clinical psychologist, and clinical social worker.
<p>Provider Referral</p> <p>(Continued on next page)</p>	Physician written referral containing qualifying diagnosis, physician Unique Provider Identification Number (UPIN), and signature. Referrals must be made 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.



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Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
Protocols or Standards	RDs and NPs should use nationally recognized protocols such as the American Dietetic Associations’ MNT Evidenced-Based Guides for Practice.	<p><b>Indian Health Service Integrated Diabetes Education and Care Standards</b> based on IHS Diabetes Standards of Care and National Standards for Diabetes Education. This is the only program in nation that integrates educational, clinical, and <i>public health</i> standards.</p> <p>OR</p> <p><b>American Diabetes Association Recognition Program</b> based on the National Standards for Diabetes Self-Management Education.</p>
Billable to Fiscal Intermediary? (Medicare Part A)	<p>Hospital outpatient clinic departments and grandfathered clinics MUST bill to the FI on a CMS 1450 (UB-92). Payment is included in the All-Inclusive Rate; it is not separately billable.</p> <p>FQHCs/RHCs: Yes, it is a core service and reimbursable as a visit under the All-Inclusive Rate.</p>	<p>Hospital outpatient clinic departments and grandfathered clinics MUST bill to the FI on CMS 1450 (UB-92). Payment is included in the All-Inclusive Rate; it is not separately billable.</p> <p>FQHCs/RHCs: Yes, it is a core service and reimbursable as a visit under the All-Inclusive Rate.</p>
Billable to Medicare Carrier? (Medicare Part B)	Freestanding clinics bill the carrier on CMS 1500.	Freestanding clinics bill the carrier on CMS 1500.
Enrolling as Medicare Provider	To enroll in Medicare Part B, complete <b>CMS Form 855I</b> , “ <i>Medicare Federal Health Care Provider/Supplier Enrollment Application</i> ”.	The referring provider must be enrolled as a Medicare Part B Provider. Once diabetes education program recognition is received, a copy of the ADA or IHS certificate must be submitted to Medicare.
Provider Identification Number (PIN)	The 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 PIN, which is used on MNT claims.	N/A
National Provider Identification (NPI) Number	Once enrolled in Medicare, obtain an NPI number. The application is available at: <a href="http://www.cms.hhs.gov/apps/npi/01_overview.asp">www.cms.hhs.gov/apps/npi/01_overview.asp</a> .	Once enrolled in Medicare, obtain an NPI. The application is available at: <a href="http://www.cms.hhs.gov/apps/npi/01_overview.asp">www.cms.hhs.gov/apps/npi/01_overview.asp</a> .
Other CMS 855 Forms for Enrollment (Continued on next page)	Complete <b>CMS Form 855R</b> , “ <i>Medicare Federal Care Reassignment of Benefits Application</i> ”, to reassign benefits back to the employer.	N/A





(Appendix E: IHS Medicare Part A and B Coverage and Billing Requirements for MNT and DSMT – continued)

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self-Management Training
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 or for non-covered DSMT services as “incident to physician’s services”.
Medicare Part B Documentation Requirements  (*Recommendations to facilitate timely and accurate billing)	<ul style="list-style-type: none"> <li>• Patient name and 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 the 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>	<ul style="list-style-type: none"> <li>• Patient name and medical record number.</li> <li>• Qualifying medical diagnosis indicating condition that requires 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 signature.</li> <li>• Date of service.</li> <li>• Time in – Time out, and total time (to calculate the 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>
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> </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> </ul>
Claim Follow-up	Medicare B IHS hotline: 1-866-448-5894. Ask for claim check status. Have available the patient Medicare number and date of service.  Trailblazer DDE online system: Each hospital facility business office should have access to this electronic system.	Trailblazers DDE online system: Each hospital facility business office should have access to this electronic system.