
Medicare Home Health Agency Manual

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents – Chapter IV 447 – 447 (Cont.)	4-1 – 4-2 (2 pp.) 46.3 – 46.6 (4 pp.)	4-1 – 4-2 (2 pp.) ----

NEW/REVISED MATERIAL--*EFFECTIVE DATE: January 1, 2004*
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Section 447, Diabetes Outpatient Self-Management Training, is a new section that provides billing instructions for diabetes self-management training.

PROVIDER EDUCATION:

"Intermediaries must inform affected provider communities by posting relevant portions of this instruction on their Web sites within two weeks of the issuance date on this instruction. In addition, this same information must be published in your next regularly scheduled bulletin. If you have a listserv that targets the affected provider communities, you must use it to notify subscribers that information about the update to the Intermediary Manual regarding Diabetes Outpatient Self-Management Training Service is available on your Web site."

Initiators Please Note: If the two week limitation for Web site posting is not appropriate for your instruction due to the volume and/or complexity of changes or the importance of getting this information out to providers, please put a timeframe in the language that you feel is reasonable. We need to stay away from "as soon as possible" since that could vary among the contractors and all providers should receive the Web site notification around the same time.

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447. DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES

A. **Coverage Requirements.**--Section 4105 of the Balanced Budget Act of 1997 permits Medicare coverage of diabetes outpatient self-management training services when these services are furnished by a certified provider who meets certain quality standards. This program is intended to educate beneficiaries in the successful self-management of diabetes. The program includes instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivation for patients to use the skills for self-management.

Diabetes outpatient self-management training services may be covered by Medicare only if the physician or qualified non-physician practitioner who is managing the beneficiary's diabetic condition certifies that such services are needed. Services must be done under a comprehensive plan of care related to the beneficiary's diabetic condition, to ensure the beneficiary's compliance with the therapy, or to provide the individual with necessary skills and knowledge (including skills related to the self-administration of injectable drugs) in the management of the beneficiary's conditions.

The training must be ordered by the physician or qualified non-physician practitioner treating the beneficiary's diabetic condition. The referring physician or qualified non-physician practitioner must maintain the plan of care in the beneficiary's medical record and documentation substantiating the need for the training on an individual basis when group training is typically covered, if so ordered. The order must also include a statement signed by the physician that the service is needed. The provider of the service must maintain documentation on file that includes the original order from the physician and any special conditions noted by the physician.

When the training under the order is changed, the change must be signed by the physician or qualified non-physician practitioner treating the beneficiary and maintained in the beneficiary's file at the training provider site.

Outpatient diabetes self-management training is classified as initial or follow-up training. When a beneficiary has not yet received initial training meeting the quality standards of this section, they are eligible to receive 10 hours of initial training within a continuous 12-month period. The 12-month period does not need to be on a calendar-year basis. Nine hours of initial training must be provided in a group setting consisting of 2 to 20 individuals who need not all be Medicare beneficiaries unless the ordering physician or qualified non-physician practitioner certifies that a special condition exists that makes it impossible for the beneficiary to attend a group training session. Those conditions include, but are not limited to:

- NO group session is available within 2 months of the date the training is ordered;
- The beneficiary has special needs resulting from problems with hearing, vision, or language limitations; and
- Additional insulin instruction is needed.

NOTE: The need for initial individual training beyond one hour must be identified by the physician or non-physician practitioner in the referral.

For all beneficiaries, one hour of initial training may be provided on an individual basis for the purpose of conducting an individual assessment and providing specialized training. The 10 hours of initial training may be provided in any combination of half-hour increments within the 12-

month period and less than 10 hours of initial training may be used in the 12-month period if, for example, the beneficiary does not attend all of the sessions or the physician does not order the full training program.

Medicare also covers 2 hours of follow-up training each year starting with the calendar year following the year in which the beneficiary completes the initial training. The 2-hours of training may be given in any combination of half-hour increments within each calendar year on either an individual or group basis without the certification of the ordering physician or non-physician practitioner that special conditions exist.

Medicare covers initial training for beneficiaries who have the following medical conditions present prior to the physician's or non-physician practitioner's order for training.

- New onset diabetes.
- Inadequate glycemic control as evidenced by a glycosylated hemoglobin (HbA1c) level of 8.5 percent or more on two consecutive HbA1c determinations 3 or more months apart in the year before the beneficiary begins training.
- A change in treatment regimen from diet control to oral diabetes medication, or from oral diabetes medication to insulin.
- High risk for complications based on inadequate glycemic control (documented acute episodes of severe hypoglycemia occurring in the past year during which the beneficiary needed emergency room visits or hospitalization).
- High risk based on at least one of the following:
 - Lack of feeling in the foot or other foot complications such as foot ulcers, deformities or amputation;
 - Pre-proliferative or proliferative retinopathy or prior laser treatment of the eye; and
 - Kidney complications related to diabetes, when manifested by albuminuria, without other cause, or elevated creatinine.

The condition requiring training must be documented in the beneficiary's medical record maintained by the referring physician or qualified non-physician practitioner.

Beneficiaries are eligible to receive follow-up training each calendar year following the year in which they have been certified as requiring initial training.

NOTE: Beneficiaries with diabetes, becoming newly eligible for Medicare, can receive diabetes outpatient self-management training in this program.

B. **Certified Providers** - All certified providers that provide other individual items or services on a fee-for-service basis and that meet quality standards can receive reimbursement for diabetes training. A home health agency may be a certified provider if they are eligible to bill Medicare for other services.

The statute states that a 'certified provider' is a physician or other individual or entity designated by the Secretary that, in addition to providing diabetes outpatient self-management services, provides other items or services for which payment may be made under title XVIII such as medical services or durable medical equipment, and meets certain quality standards. CMS is

designating all providers and suppliers that bill Medicare for other individual services such as

hospital outpatient departments, renal dialysis facilities, home health agencies, and durable medical equipment suppliers as certified.

C. Frequency of Training. -

1. Initial Training – Medicare will cover initial training that meet the following conditions:

- Is furnished to a beneficiary who has not previously received initial training under the G0108 or G0109 code;
- Is furnished within a continuous 12-month period;
- Does not exceed a total of 10 hours. (The 10 hours of training can be done in a combination of ½ hour increments. They can be spread over the 12 month period or less.);
- With the exception of 1-hour, training is furnished in a group setting. (The group need not all be Medicare beneficiaries.);
- Is furnished in increments of no less than one-half hour;
- May include 1 hour of individual training: One-half of this hour should be used to assess the beneficiary and one-half should be for insulin training. **Exception:** Medicare covers training on an individual basis for a Medicare beneficiary under any of the following conditions:
 - No group session is available within 2 months of the date the training is ordered;
 - The beneficiary’s physician or qualified non-physician practitioner documents in the beneficiary’s medical record that the beneficiary has special needs resulting from participation in a group training session; and
 - The physician orders additional insulin training.

2. Follow-up Training.--After receiving the initial training, Medicare covers follow-up training that meets the following conditions:

- Consists of no more than 2 hours individual or group training for a beneficiary each calendar year following the year in which the beneficiary completes the initial training;
- Group training consists of 2 to 20 individuals who need not all be Medicare beneficiaries;

NOTE: If individual training has been provided to a Medicare beneficiary and subsequently it is determined that training should have been provided in a group, reimbursement will be downcoded from individual to the group level.

- Is furnished any time in a calendar year following a year in which the beneficiary completes the initial training;
- Is furnished in increments of no less than one-half hour; and

- The physician or qualified non-physician practitioner treating the beneficiary must document, in the referral for training and the beneficiary’s medical Record, the specific

medical condition that the follow-up training must address.

D. Payment for Outpatient Diabetes Self-Management Training.--

1. Payment for outpatient diabetes self-management training is based on rates established under the physician fee schedule.

2. Payment may only be made to any provider that bills Medicare for other individual Medicare services.

3. Other conditions for fee-for-service payment.--The beneficiary must meet the following conditions if the provider is billing for initial training:

- The beneficiary has not previously received initial training for which Medicare payment was made under this benefit;
- The beneficiary is not receiving services as an inpatient in a hospital, SNF, hospice, or nursing home; and
- The beneficiary is not receiving services as an outpatient in an RHC or FQHC.

E. Coding and Payment Requirements.--

The outpatient diabetes self-management training program must be accredited as meeting approved quality standards. Currently, two accreditation organizations have been approved by CMS: the American Diabetes Association (ADA) and the Indian Health Service (IHS). A copy of your Diabetes Self Management Training Program Accreditation must be submitted prior to or with the first claim submitted to your intermediary. Bill for the diabetes outpatient self-management training services on the Form CMS-1450 or its electronic equivalent. The Type of Bill is 34x in FL 4 "Type of Bill." The cost of the service is billed under revenue code 942 in FL 42 "Revenue Code." Report HCPCS codes G0108 or G0109 in FL 44 "HCPCS/Rates". The definition of the HCPCS code used should be entered in FL 43 "Description."

- G0108 – Diabetes outpatient self-management training services: individual session, per 30 minutes of training.
- G0109 – Diabetes outpatient self-management training services, group session (2 or more), per individual, per 30 minutes of training.

The actual payment amounts will vary among geographic areas to reflect differences in cost of practice, as measured by the Geographic Practice Cost Indexes. Deductible and co-insurance will be applied.

NOTE: All providers are eligible to receive retroactive payment for this service back to the later of February 27, 2001 or the date of recognition by the ADA. Timely filing guidelines apply to these services.