

## **Diabetes Referral Form Backgrounder and Educational Information on Medicare Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) Services**

This document and the accompanying *Diabetes Referral Form*, prepared by the American Association of Diabetes Educators and the American Dietetic Association, are designed to provide information and assist physician and other qualified non-physician practitioners in making referrals for diabetes services to improve access and education to individuals with diabetes. The Centers for Medicare & Medicaid Services provided valuable feedback on information to include on the form to meet regulatory requirements. The American Health Quality Association supports this project and will share the referral form and materials with Medicare Quality Improvement Organizations.

DSMT and MNT are complementary services used to improve diabetes care. The intent of DSMT is to provide overall guidance and 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. MNT is a more intensive and focused, comprehensive nutrition therapy service that relies heavily on follow-up and provides repeated reinforcement to help change the beneficiary's behavior. Because DSMT and MNT provide different behavioral modification techniques (i.e. classroom study for basic knowledge and individual attention that focuses on behavior change over time), they are complementary and may be more medically effective for some beneficiaries than receipt of just one of the benefits. Research indicates MNT combined with DSMT improves outcomes. Both provide ongoing follow-up and can be ordered in the same year.

Understanding the Medicare regulatory requirements for both services is key to use of this new *Diabetes Referral Form*. Physicians and practitioners must be familiar with Medicare regulations and benefit coverage policies for DSMT and MNT. Excerpts on the DSMT and MNT Medicare regulations and benefit coverage policies are listed below. Additionally, three examples that coordinate the Medicare DSMT program and the Medicare MNT benefit are included.

### **DSMT and MNT Medicare Regulations & Benefit Coverage Policies (Excerpt from the Medicare Carriers Manual, section 300.1 and 180.1 and Program Transmittals for DSMT and MNT benefit requirements<sup>1,2</sup>)** DSMT Initial training:

- Is furnished to a beneficiary who has not previously received initial or follow-up training under HCPCS G0108 or G0109; furnished in increments of no less than one-half hour.
- Is furnished within a continuous 12-month period.
- Does not exceed a total of 10 hours for the initial training. The 10 hours of training can be done in any combination of 1/2-hour increments. They can be spread over the 12-month period or less.
- With the exception of 1 hour of individual training, training is usually furnished in a group setting who need not all be Medicare beneficiaries.
- The one-hour of individual training may be used for any part of the training including insulin training.
- Medicare covers training on an individual basis if no group session is available within two 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 conditions that will hinder effective participation in a group training session; or the physician orders additional insulin training.

### DSMT Follow-up training:

- Consists of no more than two hours individual or group training for a beneficiary each year;
- Group training consists of 2 to 20 individuals who need not all be Medicare beneficiaries;
- Is furnished any time in a calendar year following a year in which the beneficiary completes the initial training (e.g., beneficiary completes initial training in November 2003 therefore the beneficiary is entitled to 2 hours of follow-up training beginning in January of 2004);
- 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 beneficiary's medical record that the beneficiary is a diabetic.

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<sup>1</sup> *Medicare Benefit Policy Manual*, accessed 9/04 from CMS' Web page at:

[http://www.cms.hhs.gov/manuals/102\\_policy/bp102index.asp](http://www.cms.hhs.gov/manuals/102_policy/bp102index.asp)

<sup>2</sup> *MNT Services for Beneficiaries with Diabetes or Renal Disease-Correction*, CMS Transmittal A-03-009, accessed 9/04 from CMS' Web page at: [http://www.cms.hhs.gov/manuals/pm\\_trans/A03009.pdf](http://www.cms.hhs.gov/manuals/pm_trans/A03009.pdf)

## MNT:

- Basic coverage of MNT for the first year a beneficiary receives MNT with either a diagnosis of renal disease or diabetes 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 regimen that requires a change in MNT and orders additional hours during that episode of care.
- The dietitian/nutritionist may choose how many units are performed.
- Payment will be made under the following codes 97802, 97803, 97804; G codes G0270 and G0271 when additional MNT is ordered in the same year.
- Services may be provided either on an individual or group basis without restrictions.
- The treating physician must make a referral and indicate a diagnosis of diabetes or renal disease.
- A registered dietitian or nutrition professional must provide MNT services.
- Basic coverage in subsequent years for renal disease or diabetes is 2 hours. Additional MNT in subsequent years are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

## **Coordination of the MNT and DSMT Benefits**

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

### **Example #1 – DSMT program initiated first, then physician referral to RD Medicare provider for MNT (1<sup>st</sup> year of service):**

The treating physician/qualified non-physician practitioner refers the Medicare beneficiary, with type 2 diabetes who has not received previous diabetes education, to the accredited DSMT program. The beneficiary meets the eligibility for DSMT because there is change of therapy – just starting insulin. The nurse educator who performs the initial assessment indicates that the Medicare beneficiary would benefit from MNT. The nurse communicates with the physician and registered dietitian. The physician determines that MNT is medically necessary and refers the beneficiary for initial MNT provided by an RD Medicare provider. Total hours: 13 (10 hours DSMT and 3 hours MNT)

### **Example #2 -- Physician refers beneficiary for MNT for diabetes and DSMT (1<sup>st</sup> year of service). Both benefits occurring simultaneously.**

A Medicare beneficiary with newly diagnosed type 2 diabetes is referred by his/her treating physician to an RD Medicare provider for initial MNT (3 hours initially-- additional hours available based on medical necessity and if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT physician referral). In the course of the nutrition assessment, the RD determines that the Medicare beneficiary would benefit from a DSMT program offered at a local hospital. The 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. Total hours: 13 (3 hours MNT and 10 hours DSMT)

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

It is now one year later. A Medicare beneficiary with type 2 diabetes has completed an initial DSMT program and received initial MNT from a RD Medicare provider. Both services were provided during the same episode of care (12 months). The beneficiary is referred by his/her primary care physician to the DSMT program for insulin 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 annually based on the medical necessity and a referral from the physician/qualified non-physician practitioner. Both services can provide follow-up in a group or individual setting. The treating physician can refer the beneficiary to the RD Medicare provider for additional hours of MNT beyond the initial 2 hours of follow-up MNT if the 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. Total hours: 4 (2 hours DSMT and 2 hours MNT)