

Welcome to the Emory Diabetes Education Training Academy!



Session Title:

“DSME Program Overview: What a Coordinator Should Know About Reimbursement, Coding, Billing and Referrals”

Speakers:

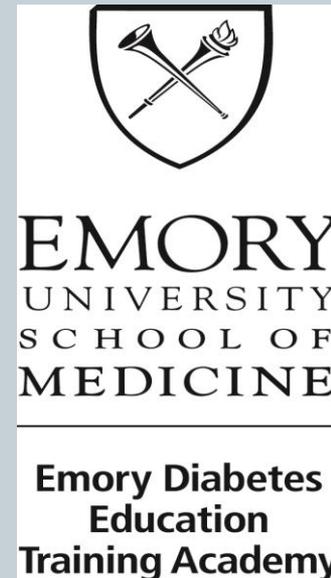
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www.medicine.emory.edu/diabetesprofessionals



Diabetes Education for Clinical Support Staff (DECSS)



- Audience:
 - Medical Assistants, Licensed Practical Nurses, Certified Nursing Assistants and Community Healthcare Workers
- Dates:
 - Spring 2015

For more information please visit:
www.medicine.emory.edu/diabetesprofessionals or e-mail
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EMORY



Diabetes Course at Grady

- Three day seminar is open to professionals of the health care team including:
 - Professionals preparing to take the Certified Diabetes Educator (CDE) examination will find the course facilitates their study
 - Registered Dietitians, Registered Nurses, Pharmacists, Physician Assistants, Nurse Practitioners, Physical Therapists and Certified Diabetes Educators
- 25 CEUs
- Dates:
 - August 17-18-19 2015
- For more information please visit:
www.medicine.emory.edu/diabetescourse
- Scholarships available through Dwana Calhoun

Speakers



Dwana “Dee” Calhoun, MS, CHES
Health Systems Project Director
Georgia Department of Public Health



Amie Hardin, RD, LD, CDE
Director of the Diabetes and
Nutrition Center at East Alabama.



Georgia Department of Public Health

DSME Program Overview: What a Coordinator Should Know About Reimbursement, Coding, Billing and Referrals



Presentation to: Healthcare/Public Health
Presented by: Dwana "Dee" Calhoun, MS, CHES
Date: Health Systems Project Director
November 13, 2014

We Protect Lives.



Georgia Diabetes Prevention and Control Program



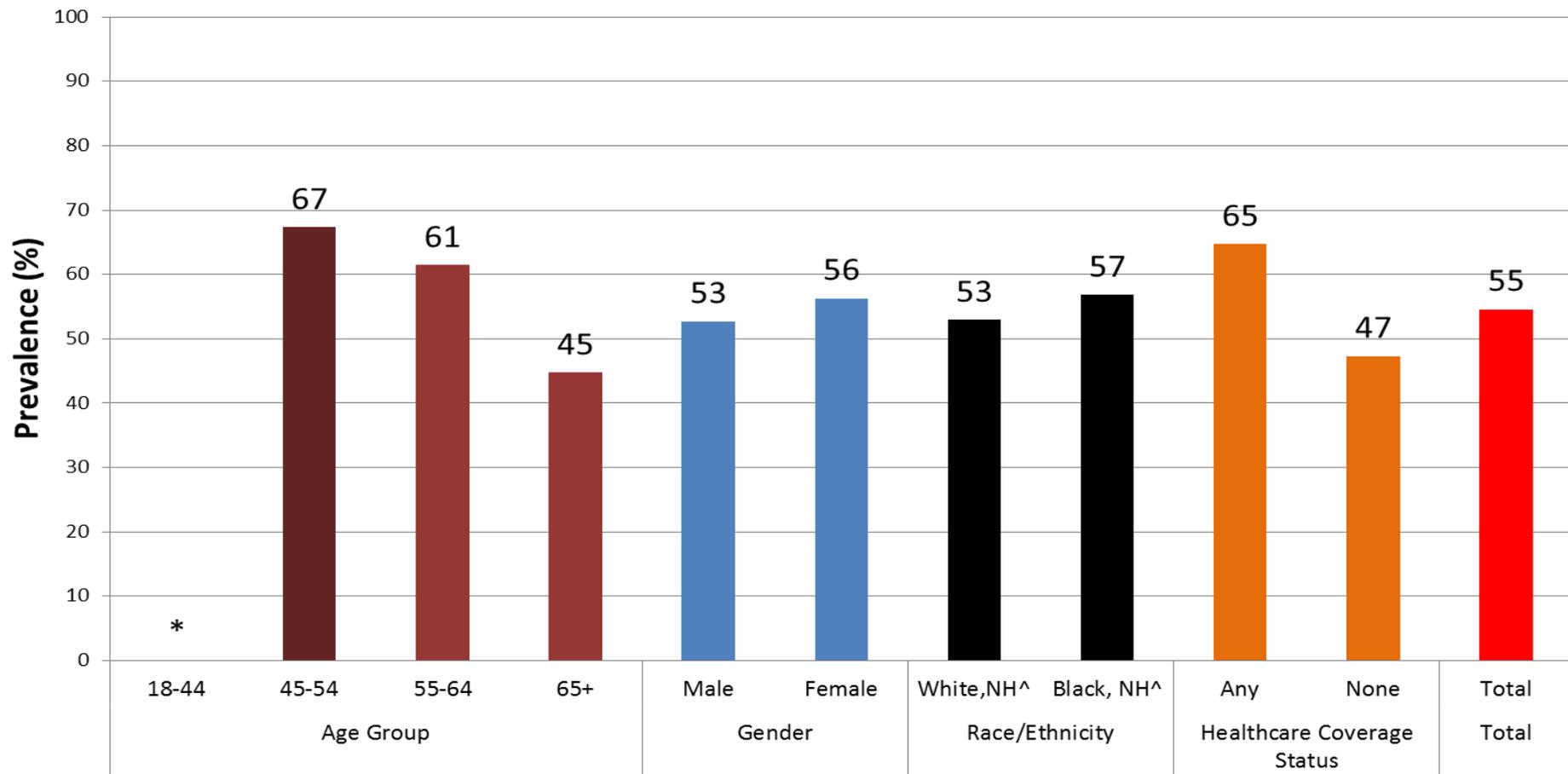
Mission

Protecting and preserving the eyes, hearts, kidneys and feet of Georgians living well with diabetes, prediabetes, and gestational diabetes.

Vision

Georgians living well, free of diabetes and its complications, with increased access to quality-oriented diabetes care and healthier options where they live, work, play and learn.

Figure 1. Prevalence of Formal Diabetes Education among Adults with Diabetes by Demographic and Healthcare Coverage Status, Georgia, 2012



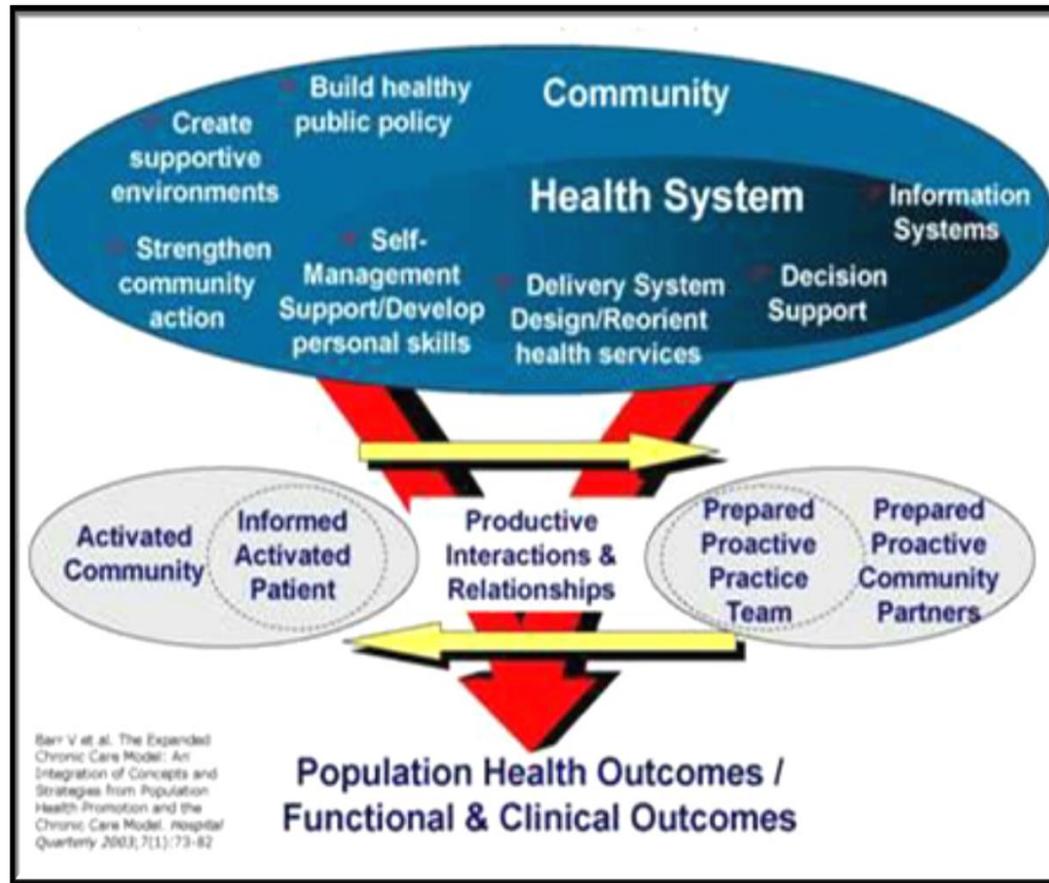
* Sample Size too small to produce reliable estimates

^Non-Hispanic

Data Source: Behavioral Risk Factor Surveillance System (2012)

We Protect Lives.

Expanded Chronic Care Model



Elimination of health disparities related to diabetes prevalence, disability, morbidity and mortality.



*Essential Services of
Public Health (3)
Inform, Educate, and
Empower People About
Health Issues
&
Essential Services of
Public Health (7)
Link People to Needed
Personal Health Services
and Assure the Provision
of Healthcare (When
Otherwise Unavailable)*

We Protect Lives.



Diabetes-14

Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Provider Engagement

D (Diabetes)-6

Improve lipid control among persons with diagnosed diabetes.

Provider Satisfaction & Feedback Forms

Frequency: Quarterly or Semi-Annual basis

Categories: Primary Care Providers, Specialists (Endocrinologists, Nephrologists, Cardiologists)

Electronic Health Record (EHR)

Frequency: Monthly, Quarterly or Semi-Annual basis

Examine referral patterns or trends, missed appointments, plan of care (POC) and/or medication adjustments based on DSME Program recommendations.

Utilize to identify at what point in patient's care or condition are most patients being referred by provider type

Provider Education/Reminders: ADA 2014 Standards of Medical Care in Diabetes

Components of the comprehensive diabetes evaluation (Table 7).

Evidence for Benefits of Diabetes Self-Management Education and Support (Section F)

Reimbursement for Diabetes Self-Management Education and Support (Section F)

Standards of Medical Care in Diabetes-2014

Patients who participate in DSME (Diabetes Self-Management Education):

- more likely to follow “best practice” treatment recommendations (particularly among the Medicare population)
- possess lower Medicare and commercial claim costs

Patient/Client Engagement & Retention

Participation

Ask and track how patients are becoming aware of DSME and/or MNT

Track referral sources by type (hospital discharge process, specialist, etc.)

Encourage patients to share their DSME Program experiences with their provider(s)

Patient/Client Satisfaction & Feedback Forms

Frequency: Monthly, Quarterly, Semi-Annual basis

Categories: Younger and Older adults

Coordination with Patient's Physician(s)

Frequency: Following each session, monthly, only when patient miss DSME session

Relevant documents continuously exchanged: plan of care, medication profile, emergency room(ER) or hospital discharge summaries

What type of patients are primarily referred to our DSME Program?

Categories	At least 50% of the time	> 90% of the time
Newly diagnosed with medications		X
Gestational Diabetes Mellitus	X	
Frequent ER visits	X	
Frequent hospital admissions		X
Recent LEA (lower extremity amputation)	X	
Co-morbid condition (Diabetes and hypertension, Diabetes, kidney disease, etc.)		X
Multiple medications (A1c still not controlled)		X
Recent initiation insulin-medication profile	X	

DSME Program: Additional Resources

Referral Forms & Backgrounder: Summary of DSMT and MNT Benefit requirements

Example:

American Association of Diabetes Educators (AADE)
Programs

http://www.diabeteseducator.org/DiabetesEducation/Provider_Web_Pages/Make_a_referral.html

Additional Resources

Diabetes is a serious and costly disease that affects both genders and crosses cultural, sociodemographic, and geographical boundaries.

In 2012, approximately 9.9%, or 734,800, Georgia adults were diagnosed with diabetes.¹¹



2013 Diabetes Self-Management Report



Diabetes-Related Complications among Older Adults

Nationally, older adults with diabetes have the highest rates of major lower-extremity amputation, visual impairment, end-stage renal (kidney) disease and heart conditions such as myocardial infarction (MI) of any age-group.¹⁷ Normal aging and diabetes, and conditions such as functional and cognitive impairments that impair function are associated with a higher risk of falls and fractures. A potential cause of functional impairment in diabetes may include interaction between coexisting medical conditions, peripheral neuropathy, vision and hearing difficulty, and gait (walking) and balance problems.¹⁷

Moreover, peripheral neuropathy, present in 50–70% of older patients with diabetes, increases the risk of postural instability, balance problems, and muscle atrophy, limiting physical activity and increasing the risk of falls.¹⁷ Older adults are at high risk for the development of type 2 diabetes due to the combined effects of increasing insulin resistance and other impaired functions associated with aging.¹⁷

DSME Program: Additional Resources

For Professionals: Guiding Principles for the Care of People With or At Risk for Diabetes (November 12, 2014)

<http://ndep.nih.gov/hcp-businesses-and-schools/guiding-principles/>

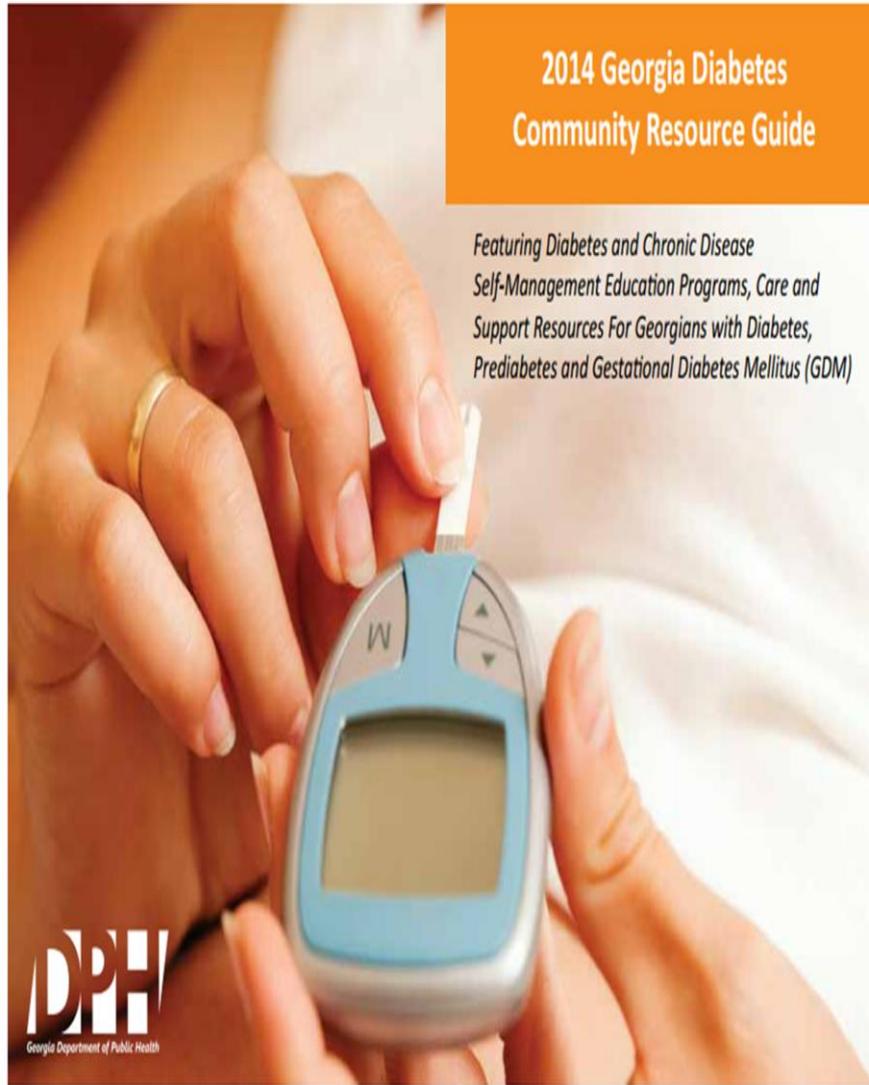
For Professionals: AADE Accredited Diabetes Self-Management Education (DSME) Programs

<http://www.diabeteseducator.org/ProfessionalResources/accr-ed/>

For Professionals: American Diabetes Association (ADA) Diabetes Education Recognition Programs

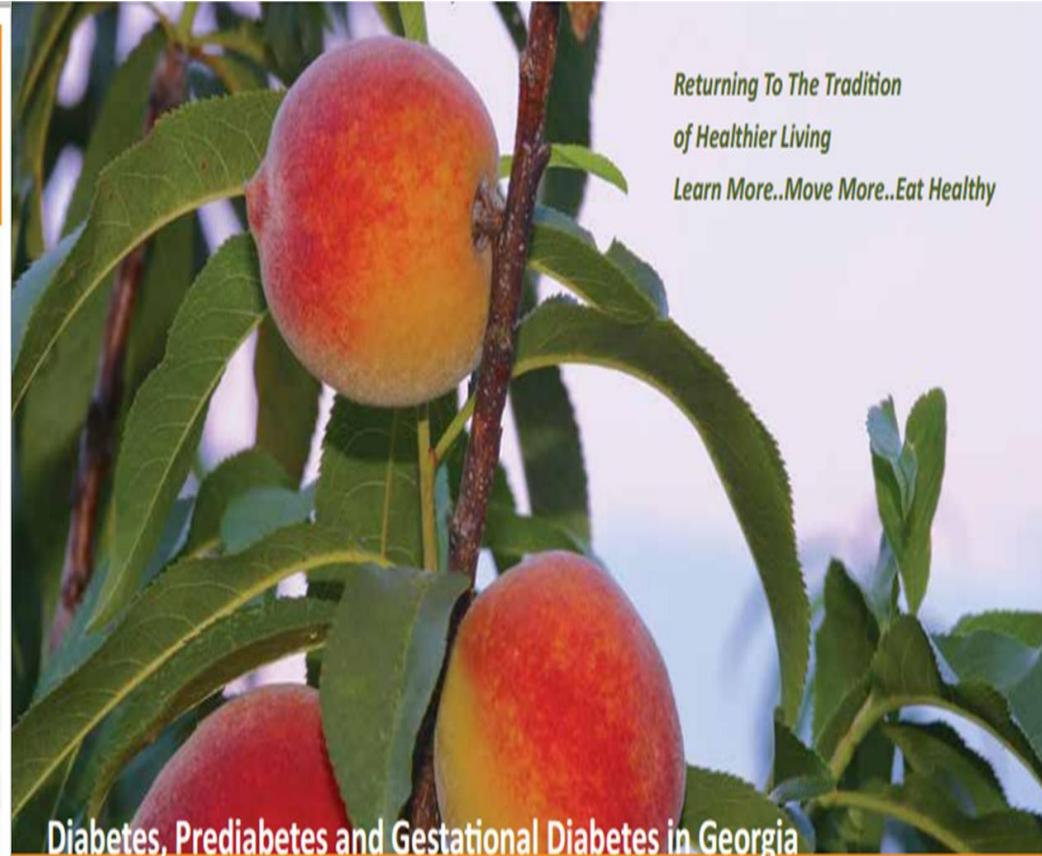
<http://professional.diabetes.org/Default.aspx>

Additional Resources



2014 Georgia Diabetes Community Resource Guide

*Featuring Diabetes and Chronic Disease
Self-Management Education Programs, Care and
Support Resources For Georgians with Diabetes,
Prediabetes and Gestational Diabetes Mellitus (GDM)*



*Returning To The Tradition
of Healthier Living
Learn More..Move More..Eat Healthy*

Diabetes, Prediabetes and Gestational Diabetes in Georgia

This Georgia Diabetes Community Resource guide provides a general listing of services and resources for Georgians diagnosed with diabetes, prediabetes (also known as borderline diabetes) or gestational diabetes mellitus (GDM), their loved ones as well as healthcare and public health professionals providing care and support to them.

Prepared by: Georgia Diabetes Prevention and Control Program

We Protect Lives.

Contact Information

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Georgia Diabetes Prevention and Control Program
2014 Georgia Diabetes Community Resource Guide
2013 Georgia Diabetes Self-Management Report and other reports
Diabetes Prevention and Management Resources
<http://dph.georgia.gov/>

***DSME Program Overview: “What a Coordinator
Should Know About Reimbursement, Coding,
Billing and Referrals?”***



**AMIE HARDIN, RD, LD, CDE
DIRECTOR, DIABETES AND CLINICAL
NUTRITION
EAST ALABAMA MEDICAL CENTER**

Establishing a DSME Program



- Accreditation through American Diabetes Association (ADA) or American Association of Diabetes Educators (AADE)
 - professional.diabetes.org (ADA Education Recognition Program)
 - diabeteseducator.org/professionalresources (Diabetes Education Accreditation Program)

Establishing a DSME Program



- Where can a DSME program be established?
 - Any entity that provides DSME is eligible to apply through ADA or AADE
- Who can be a provider?
 - One or more instructors will provide DSME and, when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be a registered nurse, registered dietitian, or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes and with supervision and support. *From 2012 Revised National Standards for Diabetes Self-Management Education and Support.*

What Next?



- **Market your program to local healthcare providers**
 - Build up your accreditation status which allows you to bill for insurance.
 - Focus on benefits of sending patients to a DSME program which provides **COMPREHENSIVE** education.
 - Encourage providers to send patients at diagnosis!
 - Provide feedback to referring practitioners by sending your education documentation.

The Referral Process



- Referral required for patient to participate in DSME program. This allows clinic to bill insurance.
- Referral should come from physician and other healthcare providers (NP, PA) per your state and facility guidelines.
- Referral form should include diagnosis and services ordered (DSME and/or MNT)
- Example referral form can be eatright.org – members section

Content Areas Provided in a DSME Program



- **10 content areas**
 - Pathophysiology
 - Monitoring
 - Nutrition
 - Medications
 - Physical activity
 - Acute complications
 - Chronic complications
 - Psychosocial adjustment
 - Goal setting
 - Preconception/pregnancy management or GDM

The DSME Process



- **Assessment**
 - Anthropometric data, A1C (if applicable), knowledge (pre-test), mental health screening, quality of life screening, readiness to change, medications, eating and exercise behaviors, SMBG. Don't forget to assess literacy and numeracy skills!
- **Planning**
 - Determine best educational strategies to meet patient needs
- **Evaluation**
 - Anthropometric data, A1C, knowledge (post-test), changes in behavior

MNT in Diabetes Care



- **Nutrition Care Process (ADIME)**
 - Nutrition Assessment
 - Diagnosis
 - Intervention
 - Monitoring/Evaluation

Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

Patient Information

Patient's Last Name	First Name	Middle
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	City	State Zip Code
Home Phone	Other Phone	E-mail address

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T: 10 hours or ____ no. hrs. requested
 Follow-up DSME/T: 2 hours or ____ no. hrs. requested
 Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision Hearing Physical
 Cognitive Impairment Language Limitations
 Additional training additional hrs requested _____
 Telehealth Other _____

DSME/T Content

- Monitoring diabetes Diabetes as disease process
 Psychological adjustment Physical activity
 Nutritional management Goal setting, problem solving
 Medications Prevent, detect and treat acute complications
 Preconception/pregnancy management or GDM

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

- Initial MNT 3 hours or ____ no. hrs. requested
 Annual follow-up MNT 2 hours or ____ no. hrs. requested
 Telehealth Additional MNT services in the same calendar year, per RD

Additional hrs. requested _____

Please specify change in medical condition, treatment and/or diagnosis:

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Part 2



Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

Type 1

Type 2

Gestational

Diagnosis code _____

Complications/Comorbidities

Check all that apply:

Hypertension

Dyslipidemia

Stroke

Neuropathy

PVD

Kidney disease

Retinopathy

CHD

Non-healing wound

Pregnancy

Obesity

Mental/affective disorder Other _____

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # _____ Date ____/____/____

Group/practice name, address and phone: _____

Revised 8/2011 by the American Association of Diabetes Educators and the American Dietetic Association.

Test Your Knowledge



How many hours of DSME are allowed (per Medicare) after initial diagnosis of diabetes?

Test Your Knowledge



How many hours of MNT are allowed (per Medicare) after initial diagnosis of diabetes?

Incorporating DSME/MNT



- Physician referral for requested services
 - DSME/T
 - ✦ 10 hours education first year. 1 hour may be individual, 9 hours group
 - ✦ 2 hours follow-up training each year thereafter
 - MNT
 - ✦ 3 hours in first year. 2 hours each year thereafter
 - DSME/MNT
 - ✦ Complementary services to improve patient outcomes

Individual vs Group Setting



- Medicare regulation requires that DSME be conducted in a group setting unless:
 - No group session is available within 2 months
 - The individual had severe vision, language and hearing limitations
 - If the education assessment indicates that the individual session would better meet the needs of the patient

Test Your Knowledge



What is the code used to bill group DSME?

Billing and Reimbursement



- **Diabetes codes**
 - G0108 (individual training)
 - G0109 (group training)
 - Code per insurer (insulin pump training)
 - 95250 (continuous glucose monitor training)
- **MNT codes**
 - 97802 (assessment)
 - 97803 (reassessment)
 - 97804 (group training)

Probing Question



- Documentation of diabetes self-management education....
 - a) Is a one time event
 - b) Should capture immediate outcomes, but not long term outcomes
 - c) Is not protected by HIPPA
 - d) Should occur at every step in the DSME process

Continuum of Care



Coordination of care between referring physician and DSME program is key!

References



- Daly A, Michael P, Johnson E, et al. Diabetes White Paper: Defining the Delivery of Nutrition Services in Medicare Medical Nutrition Therapy vs Medicare Diabetes Self-Management Training Program. *JADA*. 2009; (109)3: 528-539.
- The Art and Science of Diabetes Self-Management Education. 2010
- BRodriguez. The Emory Diabetes Course.2014

Thank you!



Thank you all for attending the webinar! Please log onto this site to complete the survey and obtain the 1 hour continuing education credit. Your certificate will arrive via e-mail within 2 weeks.

<https://www.surveymonkey.com/s/DSMEcoordinator>

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