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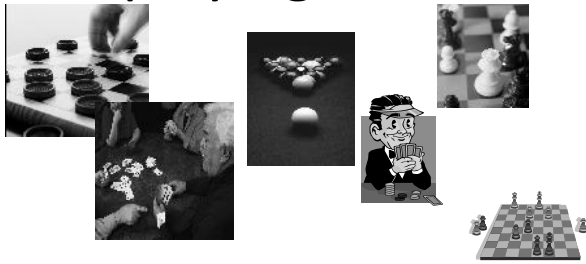
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# Lets look at Coding as playing a Game



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## The Game

### What do we need to know in order to play a Game?

•How is the game played?

•Who are the Players?



•Most importantly – WHAT ARE THE RULES

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## The Game

- In Board Games we need to know how the pieces move and follow Instructions.
- By playing Chess we need to think three or more moves ahead and follow allowed moving Patterns.
- With Puzzles it is important to fit shapes together.
- In Card Games we need to find matching Colors, Numbers or Shapes.

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## The Game

In the Game of Coding we need to know:

- The Players
- The Rules
- Think several moves ahead
- Match Numbers
- Follow allowed moving patterns

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### The Game - The Players

- Medicare / Medicaid
- Third Party Payors
- Hospitals / Health Systems
- Doctor Offices
- Billing Companies and Billing Staff
- Medical Societies (AMA, AACE, AADE, etc.)
- Patients

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### The Game - The Rules

- What are the prerequisites to be able to bill?
  - Posses a billable Degree (MD, DO, PA, NP, CNS, RD, etc.)
  - Apply for participation with Insurance Plans
  - Apply for NPI Number
  - Apply for accredited DSME Program (ADA, IHS, AADE)
- Follow Coding and Billing Guidelines
- Follow Documentation Guidelines
- Follow National Correct Coding Initiative Edits
- And many, many, many more

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### The Game - Think Several Moves Ahead

- If not documented – Service wasn't done – Service can't be billed – no payment will be made.
- If not a billable Provider – Service can't be done – Service can't be billed – no payment will be made.
- If not an accredited DSMT Program – Services can't be billed to Medicare – no payment will be made.

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### The Game - Match Numbers

In Coding for any services we have to match numbers (codes) from several different Code Systems.

- ICD 9
- CPT
- HCPCS



Services provided must match the Patients Diagnoses – Link Codes

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### The Game - Follow allowed moving patterns

- Only MD, DO, PA, NP or CNS can bill Evaluation and Management Codes (E/M Codes)
- Only RDs can bill for MNT (exception only if Payor does not credential RDs, than billed under supervising Provider)
- RDs and RNs can educate DSMT within accredited Program
- RNs can not bill

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## Objectives:

- What are some of the rules to having your own Diabetes Education Center
- Adding additional Services for better Diabetes Care
- New Concept for better Diabetes Care
- Team Approach to Diabetes Therapy (Patient Case)
  
- At the end of the presentation you will see that **Excellent Diabetes Care**, although time consuming, can be **Profitable for you** as well as **Money-Saving for the Payors and Patients**.

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## Diabetes Self-Management Training General Requirements

- **HCPCS Codes for billing DSMT services<sup>1</sup>:**
  - G0108 – Individual Training/Education
  - G0109 – Group Training/Education
- **Important to know!<sup>2</sup>**
  - Medicare will only accept these codes for diabetes education/training
  - Must have an ADA, IHS, or AADE recognized program
  - Certificate of recognition must be on file with Medicare carrier/intermediary before submitting claims
  - Must comply with Medicare's rules for billing DSMT

HCPCS=Healthcare Common Procedure Coding System; ADA=American Diabetes Association; IHS=Indian Health Services; AADE=American Association of Diabetes Educators.  
1. HCPCS Level II Professional Edition. Maryland Heights, MO: Saunders; 2010.  
2. Centers for Medicare & Medicaid Services. [https://www.cms.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](https://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). Published July 2009. Accessed April 24, 2010.

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## Medicare Requirements for Billing DSMT

- Must have ADA, AADE, or IHS recognized program
- Requires a referral from primary provider
- Beneficiary must have a diagnosis of diabetes
- Benefit allows 10 initial hours of DSMT
  - 1 hour of individual assessment
  - 9 hours of group (unless barrier to group learning is indicated by referring provider on referral form)
- After initial year, 2 hours of DSMT allowed each year with an additional referral

Centers for Medicare & Medicaid Services. [https://www.cms.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](https://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). Published July 2009. Accessed April 24, 2010.

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## Can DSMT be Billed Without a Recognized Program?

- CMS has stated that only recognized programs can bill Medicare for DSMT services<sup>1</sup>
- 99211 (Level 1 office visit) code is not a valid code for DSMT<sup>2</sup>
  - 99211 services are usually "incident to" the physician or NPP services and billed under the physician or NPP
- "Incident to" does not apply to DSMT services<sup>1</sup>
- To be covered "Incident to," service and supplies must be:
  - An integral, although incidental, part of the physician's professional service;
  - Commonly rendered without charge or included in the physician's bill;
  - Of the type that are commonly furnished in physician's office or clinic;
  - Furnished by the physician or by auxiliary personnel under the physician's direct supervision. (Physician must be present in the office.)

NPP=non-physician provider.

1. Centers for Medicare & Medicaid Services. [https://www.cms.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](https://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). Published July 2009. Accessed April 24, 2010.

2. American Medical Association. *Current Procedural Terminology (CPT) 2010 Professional Edition*. Chicago, IL: American Medical Association, 2010.

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## Differences Between DSMT & MNT Medicare Benefits

- MNT episode of care period is 3 hours within a calendar year and cannot be carried over into following year
- DSMT episode of care period is 10 hours within 12 continuous months, which can be carried over into following calendar year
  - If 10 hours of DSMT are completed within the year, 2 hours of follow-up training can be provided at any time after the start of every new year
- Referral for MNT and/or DSMT can be from physician or qualified NPP
- Units of Billing: DSMT 30-min units / MNT 15-min units
- DSMT and MNT services cannot be provided on the same day

Centers for Medicare & Medicaid Services. [https://www.cms.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](https://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). Published July 2009. Accessed April 24, 2010.

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## Coding for MNT Services

- 97802 Initial assessment and intervention, individual, face-to-face with patient, each 15 minutes<sup>1</sup>
- 97803 Reassessment and intervention, individual, face-to-face with patient, each 15 minutes<sup>1</sup>
- 97804 Group of 2 or more individuals, each 30 minutes<sup>1</sup>
- G0270 Reassessment and subsequent intervention(s) each 15 minutes (w/ new referral)<sup>2</sup>
- G0271 Reassessment in a group setting, (with new referral) each 30 minutes<sup>2</sup>

CPT=Current Procedural Terminology.

1. Centers for Medicare & Medicaid Services. [https://www.cms.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](https://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). Published July 2009. Accessed April 24, 2010.

2. American Medical Association. *Current Procedural Terminology (CPT) 2010 Professional Edition*. Chicago, IL: American Medical Association, 2010.

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## Office-Based Education Codes New CPT Codes for Disease Management

- 98960 – Education and training for patient self-management by a qualified NPP using a standardized curriculum, face-to-face with the patient (could include caregiver/family) 30 minutes each; individual patient
- 98961 – 2-4 patients
- 98962 – 5-8 patients

- Cannot bill Medicare for DSMT using these codes!
- Private insurance plans – ASK if they will pay these codes!
- AACE developing guidelines for endocrine-related disease management
- With most commercial contractors **not paid**

PFS=physician fee schedule; AACE=American Association of Clinical Endocrinologists.  
American Medical Association. Current Procedural Terminology (CPT) 2010 Professional Edition. Chicago, IL: American Medical Association; 2010.

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## Neuropathy Testing

- Neuropathy Testing can be done in the office with the proper Equipment
- Make sure as a Provider you are certified in reading the Test Results
- Make sure the testing is done on reputable Equipment and by certified Employees
- Above all refer the patient with Neuropathy for testing

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## ABI



- ADA suggests checking anyone at risk for PAD (**over 50, diabetic, hypertension, dyslipidemia or with other indications of PAD**)
- Insurance companies request ABI done on patients at risk for PAD (**send letters**)
- Doppler can be purchased for less than \$3000
- Purchase Ox meter and report levels with ABI
- Reimbursement = approx. \$100
- Return on investment with the first 30 patients
- Must document Signs and Symptoms
- Do not use DM (**250.xx**) code alone (can use 401.9)
- ABI code 93922
- Can be done by MA

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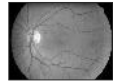
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## FUNDUS PHOTOGRAPHY



- Possibly lease camera
- MA is trained to capture photo (*no interpretation involved by MA*)
- Have interpreted by local Ophthalmologist (*create more work, not take it away*)
- Use non-dilated photo (*less liability*)
- Reimbursement PA Medicare \$70.70
- Code 92250

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## COUNSELING

- Remember counseling can be billed by time (*if more than 50% of the time was spend counseling*)
- Time determents the level of visit
- 99215 is the correct level if 21 minutes out of 40 was spent counseling.
- 99406: 3-10 minutes and 99407: >10 minutes should be used for smoking cessation
- Counseling billed by time can only be done by MD, DO or NPP (Billed with E/M Code)

2009 CPT published by AMA

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## POINT OF CARE TESTING

- BNP (TZD-CHF), GLU, HbA1c, Lipid Panel, Micro albumin, Urinalyses, etc..
- CLIA waived tests
- Machine and reagents must be bought to bill for the test
- Results with in 5 – 10 minutes
- Payment between \$5 and \$50 depending on test performed
- Some equipment is free with reagent rental

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## Insulin Pumps



- Have a Certified Pump Trainer on staff
- Contract with the pump companies for reimbursement of pump training.
- Utilize DSMT and MNT to get the patient ready for the pump (*carb counting*)
- Management and follow-up visits are E/M visits




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## CURRENT CGM BILLING

- **99212-99215 (E&M): Patient Evaluation Session**
  - Comprehensive medical hx
  - Review of past glucose monitoring
  - Evaluation of A1c and glucose control
  - Review medication regimen etc.
- **95250: Patient CGM Initiation session**
  - Pt. wears CGM device for minimum of 72 hours for training, hookup, calibration, removal
- **95251: Physician Interpretation and Report**
  - Physician reviews and interprets CGM data and generates report




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## Continuous Glucose Monitoring Coding

- 95250 – Ambulatory continuous glucose monitoring of interstitial fluid via a subcutaneous sensor for a minimum of 72 hours:
  - Sensor placement
  - Hook up
  - Calibration of monitor
  - Patient training
  - Removal of sensor
  - Printout of recording
- 95251 – Interpretation and report




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## FAQs REGARDING 95250 / 95251

- **Can an RN or CDE bill 95250?**
  - An RN or CDE can provide the services of 95250 under proper physician supervision, and the physician can bill for those services.
- **What documentation is needed to bill 95251?**
  - Provider should contact their payers for specific coverage criteria. It is our understanding that physicians should document analysis and interpretation. CGM reports should be printed and included in patient's medical record.
- **Can a CDE or RN bill 95251?**
  - No. 95251 is a professional code only billable by an MD, DO, NP, CNS, or PA (as appropriate).

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## SHARED MEDICAL APPOINTMENT (SMA)

- In the past, access was ensured by adding space and new providers
- Declining reimbursement for services demands greater productivity
- Shortages in key specialties
- Even higher levels of demand for the "best" providers



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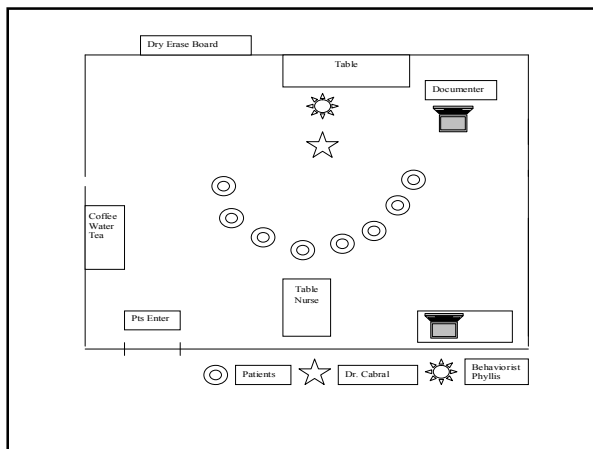
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## SHARED MEDICAL APPOINTMENT OVERVIEW

- Bill as individual appointments (*E/M Visit codes*)
- Code according to level of care delivered and documented
- Do not bill for counseling time (*time on the clock can only be used once for counseling*)
- Prior to visit, all patients and support personnel sign a patient privacy release (*HIPAA compliance*)

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## SHARED MEDICAL APPOINTMENT

### Add additional services during the Shared Medical Appointment

- Random Glucose (*82947*) every visit
- HbA1c (*83036 or 83037*) up to 4 per year
- ABI
- Fundus Photography (*92250*) 1 per year
- Lipid Panel (*80061*) 1 per year
- Set up DMST group visit with SMA (*bill on separate claim if ADA recognized DSMT Education Center*)

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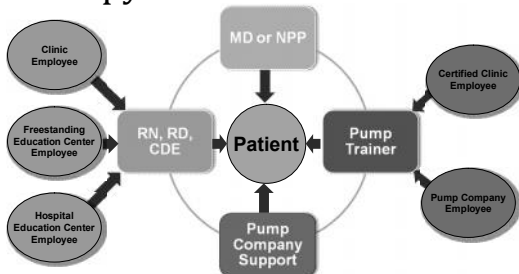
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## Patient-Centered Team Approach to Diabetes Therapy:



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**IT ALL ADDS UP!**

**Let's put it all together.**

**A PATIENT CASE YOU ALL CAN  
RELATE TO:**

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**PATEINT CASE EXAMPLE  
Patient with Diabetes First Visit**

- 51-year-old male in your office for Type 1 DM. He has a documented history of HTN and dyslipidemia. The patient complains of tingling in his feet and circulatory problems. He has been a smoker all his life.
- Glucose, HbA1c, and lipid panel by finger stick, with POC Devices performed. Records are reviewed and a complete physical exam is performed and reveals possible Retinopathy, HbA1c 10%, GLU 280, BP-150/90, LDL 150. BP and lipids are addressed appropriately. A Fundus Photo is done to evaluate for retinopathy, an ABI is performed to evaluate PAD (Office Visit #1). DSMT is ordered and provided in the office following the clinical visit (DSMT #1), he is also referred to the Neurologist.

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**PATEINT CASE EXAMPLE  
Patient with Diabetes**

**The following is coded as diagnosis:**

- Diabetes Type 1, with Retinopathy, uncontrolled – 250.53
- Diabetes Type 1, with Neuropathy – 250.63
- Benign Essential Hypertension – 401.9
- Dyslipidemia – 272.4

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**THE FOLLOWING PROCEDURES ARE CODED for:**  
**Office Visit #1 including DSMT Visit #1 on the same day:**

• 99214	E/M visit	\$ 99.93*
• 82947	Glucose Assay (Lab level Analyzer)	\$ 5.62*
• 80061	Lipid Panel	\$ 19.19*
• 83036	HbA1c	\$ 13.90*
• 93922-59*	Extremity Study (ABI)	\$ 106.19*
• 92250-59*	Eye Exam w/Photo, Fundus Photography	\$ 68.95*
• 99406	Smoking Cessation Counseling <10 Minutes	\$ 13.64*
• G0108**	Diabetes Self Management Training 60 min	\$ 47.94*

TOTAL: \$ 375.36

**\*-59 Modifier is used to identify separate procedures**  
**\*\* Must be ADA, IHS or AAE Recognized**

2010\* MC National Physician Fee-Schedule

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**PATEINT CASE EXAMPLE**  
**Patient with Diabetes Second Visit**

• 51-year-old male in your office for Type 1 DM here for his second visit. He has not improved over the past 3 month, he has been on Multiple Daily Injections for many years. A diagnostic CGM is used to evaluate his Glucose over a minimum of 72 hours. He is scheduled to see the Diabetes Educator for his DSMT Visit #2 following the clinical visit and at a separately scheduled visit the Dietitian for carb counting MNT Visit #1. He was also introduced and counseled for possible Pump Therapy Office Visit #2.

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**THE FOLLOWING PROCEDURES ARE CODED for:**  
**Office Visit #2 including DSMT Visit #2 on the same day:**

• 82947	Random Glucose Assay (Lab level Analyzer)	\$ 5.62*
• 99214	E/M visit	\$ 99.93*
• G0108**	Diabetes Self Management Training 60 min (X2)	\$ 47.94*
• 95250	Continues Glucose Monitor	\$ 133.11*

TOTAL: \$ 286.60

**\*\* Must be ADA, IHS or AAE Recognized**

Diabetes Type 1, with Retinopathy, uncontrolled – 250.53  
Diabetes Type 1, with Neuropathy – 250.63  
Benign Essential Hypertension – 401.9  
Dyslipidemia – 272.4

2010\* PA NC Physician Fee-Schedule

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**THE FOLLOWING PROCEDURES ARE CODED for  
MNT Visit #1 on separate scheduled day:**

82947 Random Glucose Assay (Lab level Analyzer) \$ 5.62\*  
97802\* Medical Nutritional Therapy 60 min (X4) \$ 119.48\*

DX Code: 250.63 Total: \$ 125.10

• Must be performed and billed by Registered Dietitian's NPI

• 99212 E&M Visit (brief provider visit to go over CGM Data) \$ 38.82\*  
• 95251 Interpretation and Report of CGM \$ 42.04\*

• DX Code: 250.63 Total: \$ 80.86

2010\* MC National Physician Fee-Schedule

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**PATEINT CASE EXAMPLE  
Patient with Diabetes Third Visit**

• After his education visits, the team, including the patient got together and decided to start pump therapy. The necessary tests were performed and the paperwork started to order the pump Office Visit #3. More education in Advanced Carb Counting MNT Visit #2 and Pre-pump Training was provided following the clinical visit. Insulin Pump Therapy was initiated (Pump Training). The patient's Blood Glucose is managed by your office (Post-Pump Training).

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**THE FOLLOWING PROCEDURES ARE CODED for  
Office Visit #3 including MNT Visit #2 on the same day and  
Pump Training:**

• 82947 Random Glucose Assay (Lab level Analyzer) \$ 5.62\*  
• 99214 E/M visit \$ 99.93\*  
• 97803\* Medical Nutritional Therapy 60 min (X4) \$ 104.72\*

TOTAL: \$ 210.27

• Must be performed by Registered Dietitian

• Diabetes Type 1, with Retinopathy, uncontrolled – 250.53  
• Diabetes Type 1, with Neuropathy – 250.63  
• Benign Essential Hypertension – 401.9  
• Dyslipidemia – 272.4

• Pre-Pump-Training, Pump Training and Post-Pump-Training is billed to the Pump Company.  
• Must have a Clinic Contract with Pump Company.

2010\* PA MC Physician Fee-Schedule

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## Savings:

- Fundus Photography - Visit to the **Ophthalmologist**
- Ankle Brachial Index Study - Visit to the **Cardiologist**
  
- 2 Office Visit Payments saved for the **Payor**
- 2 Office Visit Co-Payments saved for the **Patient**
- **Most of all EXCELLENT PATIENT CARE**

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## The most important ways to maximize reimbursement:

- **Code and document correctly**
- **Code all services done and documented**
- **Add additional services according to standard of care (ABI, POC Lab Tests, NCS, Eye Exam, DEXA)**

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## **ABOVE ALL ELSE:**

**RE-WORK REJECTIONS  
&  
RE-SUBMIT CORRECTED CLEAN  
CLAIMS  
UNTIL THEY ARE PAID**

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