

Coordination of Diabetes Education and Medical Nutrition Therapy Benefits is a Major Concern

Medicare wants to make 4 of the 10 hours on DSME to be on MNT!

Reimbursement for Diabetes Self-Management Education (DSME) is improving, although it remains an uphill battle. The American Diabetes Association has always been and continues to be at the fore-front of advocacy efforts to improve reimbursement.

As you have seen, over the last few years in particular, the payer landscape has been changing. In 1997, Congress passed the Balanced Budget Act (BBA), permitting Medicare coverage of outpatient DSME when services are furnished by a certified provider who meets certain quality standards.

It took until 1999, before HCFA pro-posed rules for coverage, types and frequency of training sessions, eligible patients, and qualified providers. All major national diabetes organizations sent comments and the final rules, were published in the Federal Register on December 29, 2000, and they are now in effect. They stipulate that coverage is available when the physician treating the diabetes certifies that the services are needed.

Services are provided in group sessions unless language or physical challenges, such as severely impaired hearing or sight, are present. Patients must be referred by a physician. Ten hours of initial DSME are covered, including one hour for individualized assessment of training needs. The remaining 9 hours are to be used for instruction in the 10 content areas outlined in the National Standards for Diabetes Self-Management Education.

Qualified beneficiaries are those with new onset diabetes or poorly controlled diabetes (as evidenced by glycated hemoglobin $\geq 8.5\%$ in the 90 days prior to training) as well as those who have, or are at high risk for, diabetes-related complications. Two hours of follow-up training per year are to be provided either in a group or individual setting, if ordered by the patient's primary care provider.

Providers must be certified by a nationally accredited body registered with HCFA. Currently, only the American Diabetes Association Education Recognition Program qualifies, although the door is open for other organizations to become certifying entities. New Codes for billing outpatient DSME were created for both individual and group sessions.

In January 2002, new coverage for medical nutrition therapy (MNT) provided by registered dietitians for Medicare patients with diabetes and renal disease will be available. The proposed rule for this coverage was published by the Centers for Medicare and Medicaid Services (CMS), formerly HCFA, on August 2, 2001. Comments were invited and due to CMS by October 1, 2001.

Well, On November 1, 2001, the proposed regulations were published in the Federal Register and unfortunately, despite the opinions of the American Diabetes Association, The American Association of Diabetes Educators, and The American Dietetic Association, the three organizations considered to be experts in diabetes education, the proposed regulation features "coordination" of the new MNT benefit with the DSME benefits already in place.

This “coordination of benefits” has been the major issue and many intense discussions were held between ADA leadership, volunteers, and staff, as well as with other diabetes organizations. From the AADE the response to CMS emphasized that, DSME and MNT are two distinct but complementary services and that a patient benefits most by receiving both services within a reasonable time period or even in an overlapping interval.

CMS proposes to “coordinate” the new MNT benefit with the DSME benefits for patients within a 12-month episode of care. This means that, if MNT is delivered first, the number of hours used for the MNT benefit would be deducted from the 10 hours of DSME available. As yet, CMS has not determined the number of hours that will be allotted to MNT. However, as an example, if MNT were allotted 4 hours (the American Dietetic Association has advocated for 4.5 hours) and the patient received those hours prior to coming to a DSME program, DSME would receive reimbursement for only 6 hours.

In similar fashion, the CMS regulation would combine the MNT and DSME benefits in the following years by requiring MNT to be combined in the 2-hour time frame heretofore allowed for DSME.

The American Diabetes Association does not support this regulation. In effect, this rule severely undermines the comprehensive diabetes education coverage that Congress established in the BBA. Congress, by passing the MNT provision, surely could not have intended that the DSME programs would be diminished in this manner. The CMS regulation, as currently written denies the person with diabetes the comprehensive diabetes self-management education provided by the BBA forces the patient and physician to take an either/or stance regarding the educational needs of the patient has the potential to seriously impact reimbursement to ADA Recognized Education Programs, giving rise to the potential of closing programs across the country, thus reducing access to educational services departs sharply from the intent of Congress and invites further advocacy intervention by the American Diabetes Association and others This is an extremely important issue, so stay tuned while AADE is working to arrange a face-to-face meeting to discuss the situation. We will keep you informed as progress is made, as well as contact you if grassroots lobbying is needed.

Coordination of benefits continues to be the single largest issue for ADA.