Medicare Diabetes Self-Management Training and Medical Nutrition Therapy Benefits: New Web Resources Offer Key Information

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Advocacy efforts conducted within the diabetes community during the past few years have contributed to improvements in diabetes care, increased funding for diabetes research, and reduced discrimination towards people with diabetes. Two significant victories in diabetes care have been the passage of legislation that increases M edicare coverage for diabetes self-management training (DSM T) and supplies and medical nutrition therapy (M NT) for diabetes and renal disease.

**Diabetes Part B M edicare Benefits**

In brief, the Balanced Budget Act of 1997 (effective since February 27, 2001) provides coverage for all people with diabetes, if eligible, to receive coverage for both diabetes supplies and DSM T. When M edicare beneficiaries with Part B coverage meet the specified eligibility criteria, the plan will cover the costs of up to 10 hours of initial training within a continuous 12-month period. The plan also covers 2 hours of follow-up training per year thereafter for those eligible.

In 2000, as part of the M edicare, M edicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Congress created The M edical Nutrition Therapy Benefit (effective since January 1, 2002) for M edicare Part B beneficiaries with diabetes and renal disease. The diabetes M NT benefit consists of a maximum of 3 hours of M NT services in the 12-month period beginning with the initial assessment (episode of care) and 2 hours per year in subsequent years. Additional hours of M NT services may be covered within an episode of care when treating physicians determine there is a change of diagnosis or medical condition that necessitates changes in diet.

For a complete description of the DSM T and M NT benefits, refer to the Centers for M edicare and M edicaid Services (CMS) website (www.hcfa.gov/pubforms/transmit/memos).

**Web-Based Resources**

To implement these two benefits in compliance with their accompanying regulations, health care professionals need to be aware of many details. To assist in this effort, volunteers and staff from the American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), the American Dietetic Association (ADA), and the ADA Diabetes Care and Education Practice Group (DCE) came together to develop a set of web-based resources.

The resources include:

- A Glossary of Terms
- A Quick Guide to the M edicare M NT Benefit
- Frequently Asked Questions (FAQs) on the M NT Benefit for Diabetes and Renal Disease
- Selected Resources
- FAQs on the Coordination of the M NT and DSM T Benefits
- Guidelines for Enhancing Access to Both M NT and DSM T Benefits for M edicare Part B Beneficiaries

(*These two resources are pending final approval and should be available at the time of this printing.)

The Glossary of Terms is an easy-to-use comprehensive list of definitions for terms and acronyms commonly used in the M edicare benefits. If terms such as ABN, carriers, N CD, ICD, and UB92 are new to you, or if you have forgotten what they mean, this glossary will be a useful tool.

The Quick Guide to the M edicare M NT Benefit is a table summarizing useful information about such things as who is covered by the benefit, practice settings, enrolling as a M edicare provider, coding, and reimbursement rates.

The FAQs on the M NT Benefit for Diabetes and Renal Disease provides responses to common questions health care professionals have been asking about this benefit. These may answer your own questions or prompt you to consider issues that have not yet occurred to you.

The Selected Resources is a list of useful references that provide original sources and other helpful information to assist health care professionals in understanding the benefits and how to use them, reimbursement issues, and protocols for the provision of care.

The FAQs on the Coordination of the M NT and DSM T Benefits provides responses to questions that often arise among those who provide these two distinct benefits to beneficiaries with diabetes. They address topics such as the number of hours covered when one is providing both benefits simultaneously, billing issues for both benefits, and ways in which the provisions in the two regulations can be provided complementarily.

The Guidelines for Enhancing Access to Both M NT and DSM T Benefits for M edicare Part B Beneficiaries is directed at health care professionals who are providers of both DSM T and M NT. It discusses how to optimally coordinate these two benefits.
These resources are posted on all websites of all four collaborating organizations. They can be found at the following addresses:

- ADA: www.diabetes.org
- AADE: www.aadenet.org
- ADtA: www.eatright.org
- DCE: www.dce.org

**Using the Resources**

Diabetes educators must not only be well versed in the details of the two Medicare benefits, but also share information about these benefits with the billing or financial personnel at their facilities and with others within their facilities who have a stake in diabetes and nutrition care. These materials provide a means for sharing this information. Diabetes educators must not assume that key personnel outside of their own programs know about or fully understand these new benefits and how they can be used to maximize both hours and reimbursements for diabetes and nutrition education services.

These resources can be used either to begin a dialogue or to further support the goals of expanding services and increasing reimbursements (i.e., demonstrating the rationale for diabetes program dietitians to become certified Medicare providers or showing how proper coordination of MNT and DSMT services can allow educators more necessary time with patients.

Although a great deal of work goes into getting legislation passed, that is only one step in ensuring that beneficiaries receive the added benefits in the manner in which they are intended. Diabetes educators can assist in making sure these benefits are implemented as intended by:

- becoming knowledgeable about the details of the regulations;
- keeping a watchful eye on how their facilities and their local Medicare administrator (fiscal intermediary, carrier, or Durable Medical Equipment Regional Carrier [DMERC, pronounced dee-merk]) is interpreting and implementing payment for these services;
- not hesitating to raise concerns to either their own health care facilities or their local Medicare administrator if they believe there is a pattern of improper interpretation or payment.

Diabetes educators can make a difference in this process and in so doing can aid their colleagues and their patients with diabetes in the long run. These web-based resources are a comprehensive set of tools for using the diabetes Medicare benefits to achieve their intended purpose: the improvement of care for people with diabetes.

**References**


2. Federal Register, 42 CFR, Parts 405, 410, 411, 414, and 415, Vol. 66, No. 212, November 1, 2001: Medicare Program; Revisions to Payment Policies and Five Year Review of and Adjustments to the Relative Values Units Under the Physician Fee Schedule for Calendar Year 2002; Final Rule, p. 55275–55281

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