

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 109	Date: AUGUST 7, 2009
	Change Request 6510

SUBJECT: Diabetes Self-Management Training (DSMT) Certified Diabetic Educator

I. SUMMARY OF CHANGES: The purpose of this transmittal is to allow for an exception for rural areas and to recognize an approved national accreditation organization. In a rural area, an individual who is qualified as a registered dietitian and as a certified diabetic educator that is currently certified by an organization approved by CMS may furnish training and is deemed to meet the multidisciplinary team requirement. The Medicare Program: Application by the American Association of Diabetes Educators (AADE) for Recognition as a National Accreditation Organization for Accrediting Entities to Furnish Outpatient Diabetes Self-Management Training (DSMT) final rule was released. It was published in the Federal Register on February 27, 2009, Volume 74, effective March 30, 2009; CMS determined that the AADE is recognized as an approved national accreditation organization to furnish DSMT. Providers/suppliers of DSMT services may submit requests for accreditation and Medicare contractors shall recognize the AADE.

New / Revised Material

Effective Date: March 30, 2009

Implementation Date: September 8, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	15/300/300.2/Certified Providers

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-02	Transmittal: 109	Date: August 7, 2009	Change Request: 6510
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SUBJECT: Diabetes Self-Management Training (DSMT) Certified Diabetic Educator

Effective Date: March 30, 2009

Implementation Date: September 8, 2009

I. GENERAL INFORMATION

A. Background: Pub. 100-02, Medicare Benefit Policy, Chapter 15, Covered Medical and Other Health Services is amended to clarify that there is an exception for who can provide DSMT in a rural area. In the release of the Medicare Program: Application by the American Association of Diabetes Educators (AADE) for Recognition as a National Accreditation Organization for Accrediting Entities to Furnish Outpatient Diabetes Self-Management Training (DSMT) final rule published in the Federal Register on February 27, 2009, Volume 74, effective March 30, 2009, the Centers for Medicare & Medicaid Services (CMS) determined that the American Association of Diabetes Educators (AADE) is recognized as an approved national accreditation organization to furnish Diabetes Self Management Training (DSMT). Providers and suppliers of DSMT services may submit requests for accreditation through the AADE and Medicare contractors shall recognize the AADE as an approving entity for the DSMT program billable through Medicare.

B. Policy: 42 CFR 410.144(a)(4)(C)(ii) describes the exception for rural areas. In a rural area, an individual who is qualified as a registered dietitian and as a certified diabetic educator that is currently certified by an organization approved by CMS may furnish training and is deemed to meet the multidisciplinary team requirement.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6510.1	The contractor shall allow an individual who is qualified as a registered dietitian and as a certified diabetic educator, currently certified by an organization approved by CMS, to furnish training and is deemed to meet the multidisciplinary team requirement.	X		X	X					
6510.2	Effective March 30, 2009, Medicare contractors shall accept approved American Association of Diabetes Educators (AADE) accreditation certificates from providers wishing to bill for DSMT services.	X		X	X					
6510.3	Contractors shall reprocess previously disapproved valid AADE certificates if brought to contractor attention.	X		X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6510.4	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLN MattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X		X	X						

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contact: Terri Harris 410-786-6830

Post-Implementation Contact: Terri Harris 410-786-6830

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs):*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

300.2 - Certified Providers

(Rev. 109; Issued: 08-07-09; Effective Date: 03-30-09; Implementation Date: 09-08-09)

A designated certified provider bills for DSMT provided by an accredited DSMT program. Certified providers must submit a copy of their accreditation certificate to the contractor. The statute states that a “certified provider” is a physician or other individual or entity designated by the Secretary that, in addition to providing outpatient self-management training services, provides other items and services for which payment may be made under title XVIII, and meets certain quality standards. The CMS is designating all providers and suppliers that bill Medicare for other individual services such as hospital outpatient departments, renal dialysis facilities, physicians and durable medical equipment suppliers as certified. All suppliers/providers who may bill for other Medicare services or items and who represent a DSMT program that is accredited as meeting quality standards can bill and receive payment for the entire DSMT program. Registered dietitians are eligible to bill on behalf of an entire DSMT program on or after January 1, 2002, as long as the provider has obtained a Medicare provider number. A dietitian may not be the sole provider of the DSMT service. *There is an exception for rural areas. In a rural area, an individual who is qualified as a registered dietitian and as a certified diabetic educator who is currently certified by an organization approved by CMS may furnish training and is deemed to meet the multidisciplinary team requirement.*

The CMS will not reimburse services on a fee-for-service basis rendered to a beneficiary under Part A.

NOTE: While separate payment is not made for this service to Rural Health Clinics (RHCs), the service is covered but is considered included in the all-inclusive encounter rate. Effective January 1, 2006, payment for DSMT provided in a Federally Qualified Health Clinic (FQHC) that meets all of the requirements identified in Pub. 100-04, chapter 18, section 120 may be made in addition to one other visit the beneficiary had during the same day.

All DSMT programs must be accredited as meeting quality standards by a CMS approved national accreditation organization. Currently, CMS recognizes the American Diabetes Association, *American Association of Diabetes Educators* and the Indian Health Service as approved national accreditation organizations. Programs without accreditation by a CMS-approved national accreditation organization are not covered. Certified providers may be asked to submit updated accreditation documents at any time or to submit outcome data to an organization designated by CMS.

Enrollment of DMEPOS Suppliers

The DMEPOS suppliers are reimbursed for diabetes training through local carriers. In order to file claims for DSMT, a DMEPOS supplier must be enrolled in the Medicare program with the National Supplier Clearinghouse (NSC). The supplier must also meet the quality standards of a CMS-approved national accreditation organization as stated

above. DMEPOS suppliers must obtain a provider number from the local carrier in order to bill for DSMT.

The carrier requires a completed Form CMS-855, along with an accreditation certificate as part of the provider application process. After it has been determined that the quality standards are met, a billing number is assigned to the supplier. Once a supplier has received a National Provider Identification (NPI) number, the supplier can begin receiving reimbursement for this service.

Carriers should contact the National Supplier Clearinghouse (NSC) according to the instruction in Pub 100-08, the Medicare Program Integrity Manual, Chapter 10, "Healthcare Provider/Supplier Enrollment," to verify an applicant is currently enrolled and eligible to receive direct payment from the Medicare program.

The applicant is assigned specialty 87.

Any DMEPOS supplier that has its billing privileges deactivated or revoked by the NSC will also have the billing number deactivated by the carrier.