

Reimbursement Policy

Diabetes Self-Management Training (DSMT) / Medical Nutrition Therapy (MNT)

Policy Number: 4.32

Version Number: 2

Version Effective Date: 04/01/2021

Product Applicability

All Plan⁺ Products

Well Sense Health Plan

- New Hampshire Medicaid
- NH Health Protection Program

Boston Medical Center HealthNet Plan

- MassHealth MCO
- MassHealth ACO
- Qualified Health Plans/ConnectorCare/Employer Choice Direct
- Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

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Definitions

Diabetes Self-Management Training (DSMT) – diabetes self-management training and education, which may include medical nutrition therapy, and are furnished to an individual with pre-diabetes or diabetes.

Medical Nutrition Therapy (MNT) – Nutritional diagnostic therapy and counseling services for the purpose of management of a medical condition.

Provider Reimbursement

Diabetes Self-Management Training (DSMT)

The Plan reimburses physicians and other qualified healthcare professionals for DSMT in accordance with the following guidelines:

- All DSMT programs must be accredited by a national accreditation organization approved by CMS.
- Initial DSMT must be furnished within a continuous 12 month period following the initial date
 - One hour for an individual or group assessment
 - Nine hours for diabetes education in a group setting
- Follow up DSMT is based on a 12 month calendar year following the completion of the full 10 hours of initial training
 - Two hours per calendar year of group or individual sessions

Medical Nutrition Therapy (MNT)

The Plan reimburses covered MNT for members with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by a physician or when the member is not able to meet daily nutritional requirements using traditional foods alone due to injury or illness. This service is also reimbursable for children with special health care needs or medical conditions, such as low birth weight, premature birth, malabsorption, or other medical condition having a nutritional impact.

For further guidance refer to the Plan's Medical Policy, Medical Nutrition Therapy in the Outpatient Setting or Office Setting, OCA 3.66.

Service Limitations

- Reimbursement is only made for DSMT/MNT services actually attended by the member and documented by the provider.
- DSMT and MNT are not separately reimbursable for members who are inpatients of a hospital or skilled nursing facility.

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the

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U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

Diabetes Self-Management Training Coding	
Code	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes

Medical Nutrition Therapy Coding	
Code	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with patient, each 15 minutes <i>(Note: Use code for initial visit only)</i>
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with patient, each 15 minutes
97804	Medical nutrition therapy; group (two or more individuals), each 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes <i>(Note: Use code when there is a change in member's condition)</i>
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease) group (two or more individuals), each 30 minutes <i>(Note: Use code when there is a change in member's condition)</i>

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
03/20/2018	05/01/2018	Payment Policy	Payment Policy Committee

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Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
03/16/2021	Annual Review	04/01/2021	Payment Policy Committee

Other Applicable Policies

Reimbursement Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Provider Preventable Conditions and Serious Reportable Events, 4.610

Medical Policies

- Medical Nutrition Therapy in the Outpatient Setting or Office Setting, OCA 3.66

References

- Boston Medical Center Health Net Plan; Provider Manual
- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services
- Medicare Claims Processing Manual, Chapter 4 - Part B Hospital
- National Coverage Determination (NCD) for Medical Nutrition Therapy (180.1)
- MassHealth Acute Outpatient Hospital Bulletin 20, July 2007: Medical Nutrition Therapy and Diabetes Self-Management Training
- MassHealth Community Health Center Bulletin 60, July 2007: Medical Nutrition Therapy and Diabetes Self-Management Training
- MassHealth Physician Bulletin 86, July 2007: Medical Nutrition Therapy and Diabetes Self-Management Training
- MassHealth Updates “Partners/MassHealth Operations Work Group July 10, 2007”, Medical Nutrition Therapy
- Mass. Division of Professional Licensure: Dietitian & Nutritionists, Facts for Consumers from the Massachusetts Board of Registration of Dietitians and Nutritionists, accessed October 21, 2009

Disclaimer Information

This Policy provides information about the Plan’s reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member’s benefit plan. Unless otherwise

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specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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