



# POLARIS PULSE®

*A Bi-monthly Informational Bulletin Brought To You By Polaris Group*

## NPI—Do You Have It? Are You Sharing It? Are You Using It?

### LESS THAN 3 MONTHS Remain Until The NPI COMPLIANCE DATE!

Are you ready to use your NPI? The Workgroup for Electronic Data Interchange (WEDI) identified that providers should be moving from the enumeration stage into the implementation stage to ensure NPI readiness by the compliance date.

On May 23, 2007, the NPI will replace health care provider identifiers that are currently in use for HIPAA standard transactions. It is estimated that, once a provider obtains an NPI, it may take up to 120 days to implement the NPI in current business practices. **Failure to have a fully implemented NPI on May 23, 2007 WILL impact reimbursement.**

### Where are you along the path to uninterrupted reimbursement ?

#### Key Points

1. **Enumerate:** Health Care Providers that bill for services should have obtained their NPI at this time.
2. **Update:** Have you received your software application updates, upgrades and/or changes relevant to NPI? Be sure that the updates not only addresses the HIPAA Transactions, but includes the CMS1500, UB04 and/or Dental claim form changes.
3. **Communicate:** All covered providers **Must Share their NPI** with other providers, health plans, clearinghouses and any entity that may need it for billing purposes -- including designation of ordering or referring physician.
  - ⇒ Have you shared your NPI?
  - ⇒ Have you obtained the necessary NPIs from others?

⇒ Failure to have all needed NPIs for your claims will delay reimbursement

4. **Collaborate:** Do you know the readiness of your trading partners (health plans, clearinghouses, etc.)? It's important to work with your trading partners to know their readiness for NPI compliance date.
5. **Test:** Have you started testing the NPI? using your NPI as soon as your Fiscal Intermediary, Carrier, or Medicare Administrative Contractor is ready to accept the numbers. This will aide in testing that your system is processing the NPI correctly. Also, if you submit paper claims, be sure that the data being printed in the correct fields.
6. **Educate:** Have you educated your staff on what the NPI is and the use of it? It's important that staff who may be using the NPI in day-to-day work, such as verification of eligibility, or other tasks that may need the NPI, are aware of the NPI and the provider identifiers that it replaces. Are your policies and procedures updated to reflect the use of the NPI?

Given all the steps above, will you be ready by May 23, 2007?

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### Diabetes Self-Management Training (DSMT)

Medicare Part B covers 10 hours of initial training for a beneficiary who has been diagnosed with diabetes, and beneficiaries are eligible to receive 2 hours of follow-up training each calendar year following the year in which they were certified as requiring initial training. **DSMT must be ordered by the physician or qualified non-physician practitioner who is managing the beneficiary's diabetic condition.**

*For more information, please contact your Polaris Group representative.*

The Balanced Budget Act of 1997 (Section 4105) permits Medicare coverage of diabetes self-management training (DSMT) services when these services are furnished by a certified provider who meet quality standards. Part B deductible and coinsurance apply to DSMT.

The DSMT program is intended to educate beneficiaries in the successful self-management of diabetes. The program includes instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivation for patients to use the skills for self-management.

### **Initial Training**

The initial year for DSMT is the 12 month period following the initial date, and Medicare will cover initial training that meets the following conditions:

DSMT is furnished to a beneficiary who has not previously received initial or follow-up training under Healthcare Common Procedure Coding System (HCPCS) code G0108 or G0109;

- DSMT is furnished within a continuous 12-month period;
- DSMT does not exceed a total of 10 hours (the 10 hours of training can be done in any combination of 1/2 hour increments);
- With the exception of 1 hour of individual training, the DSMT training is usually furnished in a group setting with the group consisting of individuals who need not all be Medicare beneficiaries, and;
- The one hour of individual training may be used for any part of the training including insulin training.

### **Follow-Up Training**

Medicare covers follow-up training under the following conditions:

- No more than two hours individual or group training is provided per beneficiary per year;
- Group training consists of 2 to 20 individuals who need not all be Medicare beneficiaries;
- Follow-up training for subsequent years is based on a 12 month calendar after completion of the full 10 hours of initial training;
- Follow-up training is furnished in increments of no less than one-half hour; and

- The physician (or qualified non-physician practitioner) treating the beneficiary must document in the beneficiary's medical record that the beneficiary is a diabetic.

**NOTE:** All entities billing for DSMT under the fee-for-service payment system or other payment systems must meet all national coverage requirements.

### **Examples**

#### ***Example #1: Beneficiary Exhausts 10 hours in the Initial Year (12 continuous months)***

Beneficiary receives first service in April 2006. Beneficiary completes initial 10 hours DSMT training in April 2007.

Beneficiary is eligible for follow-up training in May 2007 (13<sup>th</sup> month begins the subsequent year). Beneficiary completes follow-up training in December 2007.

Beneficiary is eligible for next year training in January 2008.

#### ***Example #2: Beneficiary Exhausts 10 Hours Within the Initial Calendar Year***

Beneficiary receives first service in April 2006. Beneficiary completes initial 10 hours of DSMT training in December 2006.

Beneficiary is eligible for follow-up training in January 2007.

Beneficiary completes follow-up training in July 2007. Beneficiary is eligible for next year follow-up training in January 2008.

### **Coding and Payment of DSMT Services**

The following HCPCS codes should be used for DSMT:

- G0108 - Diabetes outpatient self-management training services, individual, per 30 minutes; and
- G0109 - Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes.

Payment for outpatient DSMT is made as follows:

- Skilled Nursing Facilities (SNFs) \*\*  
 Medicare Physician Fee Schedule (MPFS) non-facility rate  
 Bill Type 22X and 23X

SNF consolidated billing provision allows separate Part B payment for training services for beneficiaries

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that are in skilled Part A SNF stays, however, the SNF must submit these services on a 22x bill type. Training services provided by other provider types must be reimbursed by the SNF.

- Home Health Agencies (can be billed if service is outside of the treatment plan)
  - Medicare Physician Fee Schedule non-facility rate
  - Bill Type 34X
- Physician/non-physician practitioner (billing carrier/MAC)
  - Medicare Physician Fee Schedule
  - Bill Type—NA

**NOTE:** An End Stage Renal Disease (ESRD) facility is a reasonable site for DSMT service, however, because it is required to provide dietician and nutritional services as part of the care covered in the composite rate, ESRD facilities are not allowed to bill for it separately and do not receive separate reimbursement.

**Advanced Beneficiary Notices (ABNs)**

Providers should also be aware that the beneficiary is liable for services denied over the limited number of hours with referrals for DSMT. An ABN should be issued in these situations and absent evidence of a valid ABN, the provider would be held liable.

An ABN should not be issued for Medicare-covered services such as those provided by hospital dieticians or nutrition professionals who are qualified to render the service in their State, but who have not obtained Medicare provider numbers.

**SOLUTION CENTER Q&A**  
**“Where No Question Goes Unanswered”**

- Q. Will 5 day a week Part B therapy services have an impact on a resident’s spell of wellness for a new 100 day benefit period?
- A. Yes. Five day a week therapy is considered skilled level of care. If therapy is provided five days a week during the 60 day period following discharge from a Part A stay, the spell of wellness would be broken. The 60 day count would restart with day #1 when the frequency of therapy services drops below 5 days a week.


**TELECONFERENCE TRAININGS**

Polaris Group is pleased to present the following *CEU approved* teleconference trainings

**Live Teleconference Trainings**

<u>Topic</u>	<u>Date</u>
CMS Action Plan 2007	3/6
Event/Incident Reports	3/7
Bowel & Bladder Management	3/8
UB04 Review	3/13
Skill Building—QA Program	3/14
Pressure Ulcer Management	3/15
Culture Change Movement	3/20
Pharmacy Rules Review	3/21
Pain Management	3/22
New-Quality Indicator Survey (QIS)	3/27
Taming the Care Plan Monster	3/28
Fall Management	3/29

*Please join us in our Teleconferences .  
 For further information regarding these seminars,  
 please contact the  
 Seminar Department at: 800-275-6252 ext. 233*



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