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# Medicare Intermediary Manual Part 3 – Claims Process

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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## CHANGE REQUEST 1455

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents - Chapter VII	6-1 - 6-4 (4 pp.)	6-1 - 6-4 (4 pp.)
3619 - 3619 (Cont.)	6-138.1 – 6-138.4 (4 pp.)	----

**NEW/REVISED MATERIAL--EFFECTIVE DATE: February 27, 2001  
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Section 3619, Diabetes Outpatient Self-Management Training Services, this is a new section that incorporates and revises instructions issued in Program Memoranda (PM) AB-99-36, dated June, 1998; AB-99-46, dated May, 1999; and AB-00-60, dated July, 2000, Change Request 199.

The following corrections/revisions have been made:

- The intermediaries will make payments comparable to the fee schedule varying among geographic areas.
- Providers that bill for the diabetes self-management education training must be certified by the American Diabetes Association (ADA) or have a Certificate of Recognition from a HCFA approved entity.
- Training can be furnished in one-half hour increments.
- Service cannot be in excess of the allowable 10 hours of initial training during a twelve month period and 2 hours annually for each beneficiary.

**NOTE:** Appropriate provider education is needed to implement these instructions.

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

**These instructions should be implemented within your current operating budget.**

CHAPTER VII  
BILL REVIEW

	<u>Section</u>
General Requirements.....	3600
Claims Processing Timeliness .....	3600.1
Time Limitation for Filing Provider Claims.....	3600.2
Reviewing Bills for Services After Suspension, Termination, Expiration, or Cancellation of Provider Agreement, or After a SNF is Denied Payment for New Admissions .....	3600.3
Change of Intermediary .....	3600.4
Multiple Provider Numbers or Changes in Provider Number .....	3600.5
Reduction in Payments Due to P.L. 99-177.....	3600.6

Electronic Data Interchange (EDI)

Electronic Data Interchange Security, Privacy, Audit and Legal Issues .....	3601
Contractor Data Security and Confidentiality Requirements .....	3601.1
EDI Audit Trails .....	3601.2
Security-Related Requirements for Subcontractor Arrangements With Network Services.....	3601.3
Electronic Data Interchange (EDI) Enrollment Form.....	3601.4
Information Regarding the Release of Medicare Eligibility Data .....	3601.5
New Policy on Releasing Eligibility Data .....	3601.6
Advise Your Providers and Network Service Vendors .....	3601.7
Network Service Agreement.....	3601.8
EDI Forms and Formats.....	3602
Electronic Media Claims (EMC) .....	3602.1
Requirements for Submission of EMC Data .....	3602.2
File Specifications, Records Specifications, and Data Element Definitions for EMC Bills.....	3602.3
Paper Bill.....	3602.4
Medicare Intermediary Standard Paper Remittance.....	3602.5
Electronic UB-92 Change Request Procedures.....	3602.6
Medicare Standard Electronic Remittance.....	3602.7
Support of Non-Millennium Electronic Formats.....	3602.8
Frequency of Billing.....	3603
Requirement That Bills Be Submitted In-Sequence for a Continuous Inpatient Stay .....	3603.1
Need to Reprocess Inpatient Claims In-Sequence.....	3603.2

Form HCFA-1450

Review of Form HCFA-1450 for Inpatient and Outpatient Bills .....	3604
Incomplete and Invalid Claims .....	3605
Claims Processing Terminology .....	3605.1
Handling Incomplete and Invalid Claims .....	3605.2
Data Element Requirements Matrix.....	3605.3
Form HCFA-1450 Consistency Edits.....	3606
Hospital Inpatient Bills-General .....	3610
Charges to Beneficiaries by PPS Hospitals .....	3610.1
Payment for Ancillary Services .....	3610.2
Outpatient Services Treated as Inpatient Services.....	3610.3
Admission Prior to and Discharge After PPS Implementation Date .....	3610.4
Transfers Between Hospitals .....	3610.5
Split Bills .....	3610.6

CHAPTER VII  
BILL REVIEW

	<u>Section</u>
Outliers.....	3610.7
Adjustment Bills.....	3610.8
Waiver of Liability.....	3610.9
Effects of Guarantee of Payment.....	3610.10
Remittance Advice to the Hospital.....	3610.11
Noncovered Admission Followed by Covered Level of Care.....	3610.12
Repeat Admissions and Leave of Absence.....	3610.14
Additional Payment Amounts for Hospitals With Disproportionate Share of Low Income Patients.....	3610.15
Rural Referral Centers (RRCs).....	3610.16
Criteria and Payment for Sole Community Hospitals and for Medicare Dependent Hospitals.....	3610.17
Payment for Blood Clotting Factor Administered to Hemophilia Inpatients.....	3610.18
Medicare Rural Hospital Flexibility Program.....	3610.19
Grandfathering of Existing Facilities.....	3610.20
Requirements for CAH Services and CAH Long-term Care Services.....	3610.21
Payment for Services Furnished by a CAH.....	3610.22
Payment for Post-Hospital SNF Care Furnished by a CAH.....	3610.23
Review of Form HCFA-1450 for the Inpatient.....	3610.24
Hospital Capital Payments Under PPS.....	3611
Federal Rate.....	3611.1
Hold Harmless Payments.....	3611.2
Blended Payments.....	3611.3
Capital Payments in Puerto Rico.....	3611.4
Old and New Capital.....	3611.5
New Hospitals.....	3611.6
Capital PPS Exception Payment.....	3611.7
Outliers.....	3611.8
Admission Prior to and Discharge After Capital PPS Implementation Date.....	3611.9
Market Basket Update.....	3611.10
Kidney Transplant - General.....	3612
The Standard Kidney Acquisition Charge.....	3612.1
Billing for Kidney Transplant and Acquisition services.....	3612.2
Charges for Kidney Acquisition Services.....	3612.3
Notifying Carriers.....	3612.4
Heart Transplants.....	3613
Notifying Carriers.....	3613.1
Stem Cell Transplantation.....	3614
Allogeneic Stem Cell Transplantation.....	3614.1
Autologous Stem Cell Transplantation.....	3614.2
Acquisition Cost.....	3614.3
Notifying Carriers.....	3614.4
Liver Transplants.....	3615
Standard Liver Acquisition Charge.....	3615.1
Billing for Liver Transplant and Acquisition Services.....	3615.2
Charges for Liver Acquisition Services.....	3615.3
Notifying Carriers.....	3615.4
List of Approved Liver Transplant Center.....	3615.5
Prostate Cancer Screening Tests and Procedures.....	3616
Payments of Nonphysician Services Hospitals Obtain for Hospital Inpatients.....	3618
Diabetes Outpatient Self-Management Training Services.....	3619
Determining Covered/Noncovered Days and Charges.....	3620
spell of Illness.....	3622

CHAPTER VII  
BILL REVIEW

	<u>Section</u>
Processing No-Payment Bills .....	3624
Processing Provider Liable Inpatient Bills--Lack of Medical Necessity or Care is Custodial .....	3625
Payments of Nonphysician Services Hospitals Obtain for Hospital Inpatients .....	3618
Determining Covered/Noncovered Days and Charges .....	3620
Spell of Illness .....	3622
Processing No-Payment Bills .....	3624
Processing Provider Liable Inpatient Bills--Lack of Medical Necessity or Care is Custodial .....	3625
Processing Outpatient and All Partial Payment Indemnified Bills .....	3625.1
Hospital Billing For Inpatient Part B and Outpatient Services .....	3626
Inpatient Part B Services .....	3626
Outpatient Services .....	3626.2
Calculating the Part B Payment .....	3626.3
Reporting Outpatient Surgery and Other Services .....	3626.4
HCFA Common Procedure Coding System (HCPCS) .....	3627
Use and Maintenance of CPT-4 in HCPCS .....	3627.1
Addition, Deletion and Change of Local Codes .....	3627.2
Use and Acceptance of HCPCS Codes .....	3627.3
HCPCS Manuals .....	3627.4
Fee Schedule and Diagnostic Lab and DME .....	3627.5
Public Relations .....	3627.6
HCPCS Training .....	3627.7
Reporting Hospital Outpatient Services Using HCFA Common Procedure Coding System (HCPCS) .....	3627.8
HCPCS Codes for Diagnostic Services and Medical Services .....	3627.9
Non-Reportable HCPCS Codes .....	3627.10
Use of Modifiers in Reporting Hospital Outpatient Services .....	3627.11
Clinical Diagnostic Laboratory Services Other Than to Inpatients .....	3628
Screening Pap Smears and Screening Pelvic Examinations .....	3628.1
Clinical Laboratory Improvement Amendments (CLIA) .....	3628.2
Billing for Durable Medical Equipment (DME), Orthotic/Prosthetic Devices and Surgical Dressings .....	3629
Skilled Nursing Facilities .....	3630
Processing Beneficiary Demand Bills for Noncovered Admissions .....	3630.1
Processing Beneficiary Demand Bills for Continued Stays Denials .....	3630.2
Processing Beneficiary Complaints and Inquiries Regarding Demand Bills .....	3630.3
Billing for No-Payment Days to Report a Change in Level of Care .....	3630.4
HCPCS for Hospital Outpatient Radiology Services and Other Diagnostic Procedures .....	3631
Swing-Bed Services .....	3634
Billing by Home Health Agencies Under Cost/IPS Reimbursement .....	3638
When Bills Are Submitted .....	3638.1
Billing for Nonvisit Charges .....	3638.2
Payment System for HHA Claims .....	3638.3
DME Furnished as a Home Health Benefit .....	3638.4
More Than One Agency Furnished Home Health Services .....	3638.5
Home Health Services Are Suspended or Terminated Then Reinstated .....	3638.6
Preparation of a Home Health Billing Form in No-Payment Situations .....	3638.7
Intermediary Denies HHA Bill But Plan of Treatment Still in Effect .....	3638.8
Billing for Part B Medical and Other Health Services .....	3638.9

CHAPTER VII  
BILL REVIEW

	<u>Section</u>
Reimbursement of HHA Claims.....	3638.10
Osteoporosis Injections as HHA Benefit.....	3638.11
Billing by Home Health Agencies Under the Home Health Prospective Payment System (HH PPS).....	3638.12
When Bills Are Submitted.....	3638.13
Billing for Nonvisit Charges.....	3638.14
DME Furnished as a Home Health Benefit.....	3638.15
More Than One Agency Furnished Home Health Services.....	3638.16
Home Health Services Are Suspended or Terminated Then Reinstated.....	3638.17
Preparation of a Home Health Billing Form in No-Payment Situations.....	3638.18
Billing for Part B Medical and Other Health Services.....	3638.19
Reimbursement of HHA Claims.....	3638.20
Osteoporosis Injections as HHA Benefit.....	3638.21
Completion of Form HCFA-1450 for Home Health Agency Billing Under HH PPS.....	3638.22
Requests for Anticipated Payment (RAPs).....	3638.23
HH PPS Claims.....	3638.24
HH PPS Claims When No RAP Was Submitted.....	3638.25
Beneficiary-Driven Demand Billing Under HH PPS.....	3638.30
No-Payment Billing and Receipt of Denial Notices Under HH PPS.....	3638.31
Background on HH PPS.....	3639
Creation of HH PPS.....	3639.1
Regulatory Implementation of HH PPS.....	3639.2
Commonalities of the Cost Reimbursement and HH PPS Environments.....	3639.3
Effective Date and Scope of HH PPS for Claims.....	3639.4
Configuration of the HH PPS Environment.....	3639.5
New Software for the HH PPS Environment.....	3639.6
The Home Health Prospective Payment System (HH PPS) Episode--Unit of Payment.....	3939.7
Number, Duration and Claims Submission of HH PPS Episodes.....	3639.8
Effect of Election of HMO and Eligibility Changes on HH PPS Episodes.....	3639.9
Split Percentage Payment of Episodes and Development of Episode Rates.....	3639.10
Basis of Medicare Prospective Payment Systems and Case Mix.....	3639.11
Coding of HH PPS Episode Case-Mix Groups on HH PPS Claims: (H)HRGs and HIPPS Codes.....	3639.12
Composition of HIPPS Codes for HH PPS.....	3639.13
Significance of HIPPS Coding for HH PPS.....	3639.14
Overview of the Provider Billing Process Under Home Health Prospective Payment.....	3639.15
Overview--Grouper Links Assessment and Payment.....	3639.16
Overview--HIQH Inquiry System Shows Primary HHA.....	3639.17
Overview--Request for Anticipated Payment (RAP) Submission and Processing Establishes HH PPS Episode and Provides First Percentage Payment.....	3639.18
Overview--Claim Submission and Processing Completes HH PPS Payment, Closes Episode and Performs A-B Shift.....	3639.19
Overview--Payment, Claim Adjustments and Cancellations.....	3639.20
Definition of the Request for Anticipated Payment (RAP).....	3639.21
Definition of Transfer Situation Under HH PPS--Payment Effects.....	3639.22
Definition of Discharge and Readmission Situation Under HH PPS--Payment Effects.....	3639.23
Payment When Death Occurs During an HH PPS Episode.....	3639.24
Adjustments of Episode Payment--Low Utilization Payment Adjustments (LUPAs).....	3639.25
Adjustments of Episode Payment--Special Submission Case: "No-RAP" LUPAs.....	3639.26
Adjustments of Episode Payment--Therapy Threshold.....	3639.27

### 3619. DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES

A. Coverage Requirements.--Section 4105 of the Balanced Budget Act of 1997 permits Medicare coverage of diabetes outpatient self-management training services when these services are furnished by a certified provider who meets certain quality standards. This 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.

Diabetes outpatient self-management training services may be covered by Medicare only if the physician or qualified non-physician practitioner who is managing the beneficiary's diabetic condition certifies that such services are needed. Services must be provided under a comprehensive plan of care related to the beneficiary's diabetic condition, to ensure the beneficiary's compliance with the therapy, or to provide the individual with necessary skills and knowledge (including skills related to the self-administration of injectable drugs) in the management of the beneficiary's conditions. The training must be ordered by the physician or qualified nonphysician practitioner treating the beneficiary's diabetes. The referring physician or qualified non-physician practitioner must maintain the plan of care in the beneficiary's medical record and documentation substantiating the need for training on an individual basis when group training is typically covered, if so ordered. The order must also include a statement signed by the physician that the service is needed. The provider of the service must maintain documentation in file that includes the original order from the physician and any special conditions noted by the physician.

When the training under the order is changed, the change must be signed by the physician or qualified nonphysician practitioner treating the beneficiary and maintained in the beneficiary's file at the provider of the training.

Medicare Part B covers one course of initial training for a beneficiary who has one or more of the following medical conditions present within the 12-month period before the physician's order for the training:

- (1) New onset diabetes.
- (2) Inadequate glycemic control as evidenced by a glycosylated hemoglobin (HbA1C) level of 8.5 percent or more on two consecutive HbA1C determinations 3 or more months apart in the year before the beneficiary begins receiving training.
- (3) A change in treatment regimen from no diabetes medications to any diabetes medication, or from oral diabetes medication to insulin.
- (4) High risk for complications based on inadequate glycemic control (documented acute episodes of severe hyperglycemia occurring in the past year during which the beneficiary needed emergency room visits or hospitalization).
- (5) High risk based on at least one of the following documented complications:
  - Lack of feeling in the foot or other foot complications such as foot ulcers, deformities, or amputation.

- Pre-proliferative or proliferative retinopathy or prior laser treatment of the eye.
- Kidney complications related to diabetes, when manifested by albuminuria, without other cause, or elevated creatinine.

**NOTE:** Beneficiaries with diabetes, becoming newly eligible for Medicare, can receive diabetes outpatient self-management training in this program.

**B. Certified Providers.**--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. HCFA is designating all providers and suppliers that bill Medicare for other individual services such as hospital outpatient departments, renal dialysis facilities, and durable medical equipment suppliers as certified. HCFA will not reimburse services rendered to a beneficiary if they are:

- An inpatient in a hospital or skilled nursing facility (SNF).
- In hospice care.
- A resident in a nursing home.
- An outpatient in a rural health clinic (RHC) or federally qualified health center (FQHC).

All certified providers must be accredited as meeting quality standards by a HCFA approved national accreditation organization or during the first 18-months after the effective date of the final rule, may be recognized by the American Diabetes Association (ADA) as meeting the National Standards for Diabetes Self-Management Education as published in Diabetes Care, Volume 23 Number 5.

**C. Frequency of Training.**--

1. **Initial Training.**--Medicare will cover initial training that meet the following conditions:

- Is furnished to a beneficiary who has not previously received initial training under the G0108 or G0109 code.
- Is furnished within a continuous 12-month period.
- Does not exceed a total of 10 hours. The 10 hours of training can be done in any combination of ½ hour increments. They can be spread over the 12-month period or less.
- With the exception of 1 hour, training is furnished in a group setting who need not all be Medicare beneficiaries.
- Is furnished in increments of no less than one-half hour.
- May include 1 hour of individual training: One-half of this hour should be used to assess the beneficiary and the remaining one-half should be used for insulin training.

**EXCEPTION:** Medicare covers training on an individual basis for a Medicare beneficiary under any of the following conditions:

- No group session is available within 2 months of the date the training is ordered;

- The beneficiary's physician (or qualified non-physician practitioner) documents in the beneficiary's medical record that the beneficiary has special needs resulting from conditions, such as severe vision, hearing or language limitations, that will hinder effective participation in a group training session; or

- The physician orders additional insulin training.

2. Follow-up Training.--After receiving the initial training, Medicare covers follow-up training that meets the following conditions:

- Consists of no more than 2 hours individual or group training for a beneficiary each year.

- Group training consists of 2 to 20 individuals who need not all be Medicare beneficiaries.

**NOTE:** If individual training has been provided to a Medicare beneficiary and subsequently you determine that training should have been provided in a group, downcoding the reimbursement from individual to the group level and provider education would be the appropriate actions instead of denying the service as billed.

- Is furnished any time in a calendar year following a year in which the beneficiary completes the initial training.

- Is furnished in increments of no less than one-half hour.

- The physician (or qualified nonphysician practitioner) treating the beneficiary must document, in the referral for training and the beneficiary's medical record, the specific medical condition that the follow-up training must address.

D. Payment for Outpatient Diabetes Self-Management Training:--

Payment to providers for outpatient diabetes self-management training is based on rates established under the physician fee schedule.

1. Payment may only be made to any provider that bills Medicare for other individual Medicare Services.

2. Payment may be made only for training sessions actually attended by the beneficiary and documented on attendance sheets.

3. Other conditions for fee-for-service payment. The beneficiary must meet the following conditions if the provider is billing for initial training.

- The beneficiary has not previously received initial training for which Medicare payment was made under this benefit.

- The beneficiary is not receiving services as an inpatient in a hospital, SNF, hospice, or nursing home.

- The beneficiary is not receiving services as an outpatient in an RHC or FQHC.

E. Coding and Payment Requirements.--The provider bills for the diabetes outpatient self-management training services on the form HCFA-1450 or its electronic equivalent. The cost of the service is billed under revenue code 942 in FL 42 "Revenue Code." The provider will report HCPCS codes G0108 or G0109 in FL 44 "HCPCS/Rates". The definition of the HCPCS code used should be entered in FL 43 "Description".

G0108 – Diabetes outpatient self-management training services; individual session, per 30 minutes of training.

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

The actual payment amounts will vary among geographic areas to reflect differences in cost of

**NOTE:** All providers are eligible to receive retroactive payment for this service back to the later of February 27, 2001 or the date of recognition by the ADA.

F. Applicable Bill Types.--The appropriate bill types are 12x, 13x, 34x (can be billed if service is outside of the treatment plan), 72x, 74x, 75x, 83x, and 85x.