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Diabetes Education Program Provider Guide

December 1, 2014

Washington State
Health Care Authority

About this guide*

This publication takes effect December 1, 2014, and supersedes earlier guides to this program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the Children's Health Insurance Program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Provider qualifications	Added detailed list of who can provide diabetes education	Clarity
Receiving payment	Added more information on billing for services provided in a hospital outpatient setting	Clarity
Coverage	Added information on limitation extensions	Clarity
All	Housekeeping throughout	Hyperlink repairs, formatting, pagination

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* This publication is a billing instruction.

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Alert! The page numbers in this table of contents are now “clickable”—simply hover over on a page number and click to go directly to the page. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks  on the left side of the document. (If you don’t immediately see the bookmarks, right click on the document and select Navigation Pane Buttons. Click on the bookmark icon on the left of the document.)

Resources Available

Topic	Contact Information
Information on becoming a provider or submitting a change of address or ownership	<p style="text-align: center;">See the agency Resources Available web page</p>
Information about payments, denials, claims processing, or agency-contracted managed care organizations	
Electronic or paper billing	
Finding agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than agency-contracted managed care	
Information on becoming a diabetes education provider and obtaining an application	<p>Heart, Stroke, and Diabetes Prevention Program Department of Health PO Box 47855 310 Israel Rd SE Tumwater, WA 98501 360- 236-3799</p> <p>http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/PatientCareResources/DiabetesManagementResources/DiabetesSelfManagementEducationMedicaid.aspx</p>

Definitions

This section defines terms and abbreviations used in this guide. Please refer to the agency's online [Washington Apple Health Glossary](#) for a more complete list of definitions.

Authorization – Washington State Health Care Authority's (the agency's) official approval for action taken for, or on behalf of, an eligible Washington Apple Health client. This approval is only valid if the client is eligible on the date of service.

Fee-for-service – The general payment method the agency uses to reimburse providers for covered medical services provided to medical assistance clients when those services are not covered under agency-contracted managed care plans or the Children's Health Insurance Program (CHIP).

Health Care Common Procedure Coding System (HCPCS) – A standardized coding system used primarily to identify products, supplies, and services not included in the Current Procedural Terminology (CPT) codes. This includes ambulance services, durable medical equipment, prosthetics, orthotics, and supplies when used outside a physician's office.

Maximum allowable fee – The maximum dollar amount that the agency reimburses a provider for specific services, supplies, and equipment.

Usual and customary fee – The rate that may be billed to the agency for certain services, supplies, or equipment. This rate may not exceed either of the following:

- The usual and customary charge billed to the general public for the same services
- If the general public is not served, the rate normally offered to other contractors for the same services

About the Program

What is the purpose of the Diabetes Education Program?

The purpose of the Diabetes Education Program is to provide medically necessary diabetes education to eligible clients.

What are the provider qualifications?

Physicians, advanced registered nurse practitioners, physician assistants, registered nurses, registered dietitians, pharmacists, clinics, hospitals, and federally qualified health centers (FQHCs) can apply to the Washington State Department of Health (DOH) to become an approved diabetes education provider under this program. Other health professionals who are [certified diabetes educators \(CDEs\)](#) can also apply.

For more information on becoming a diabetes education provider, contact:

Heart, Stroke, and Diabetes Prevention Program
Department of Health
PO Box 47855
310 Israel Rd SE
Tumwater, WA 98501
360-236-3799

Application materials are available [online](#).

Once DOH gives its approval, your National Provider Identifier (NPI) will acknowledge you as an approved diabetes education provider. When billing the agency (HCA) for diabetes education services, use your NPI.

Client Eligibility

How can I verify a patient's eligibility?

([WAC 182-547-0700](http://www.wa.gov/leg/wac/default.aspx?cite=182-547-0700)(1))

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the patient's eligibility for Washington Apple Health. For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, refer to the agency's [Health Care Coverage—Program Benefit Packages and Scope of Service Categories](#) web page.

Note: Patients who wish to apply for Washington Apple Health can do so in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at:
www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Clients who want to participate in the Diabetes Education Program must be referred by a licensed primary health care provider.

Are clients enrolled in an agency-contracted managed care plan eligible for diabetes education?

([WAC 182-538-060](#) , [063](#) , and [095](#))

YES. When verifying eligibility using ProviderOne, if the client is enrolled in an agency-contracted managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under an agency-contracted managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services.
- Payment of services provided by an outside provider referred by a provider participating with the plan.

Primary care case management (PCCM)

For the client who has chosen to obtain care with a PCCM provider, this information will be displayed on the Client Benefit Inquiry screen in ProviderOne. These clients must obtain services from, or be referred for services by, a PCCM provider. The PCCM provider is responsible for coordinating care just like the PCP would be in a plan setting.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper referral is obtained from the agency-contracted managed care plan or the PCCM provider. Please refer to the agency [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Coverage

What is covered?

The agency covers up to six hours of diabetes education and diabetes management per client, per calendar year.

- You must provide a minimum of 30 minutes of diabetes education/management per billed unit.
- You may:
 - ✓ Bill procedure codes as a single unit, in multiple units, or in combinations for a maximum of six hours (12 units). You may use any combination of the codes to meet the individual needs of the client.
 - ✓ Provide diabetes education in a group or individual setting, or a combination of both, depending on the client's needs.

Note: Additional units of diabetes education beyond these limits may be approved upon request based on medical necessity.

What is not covered?

The agency does not cover:

- Services provided by an individual instructor or facility that has not been approved by DOH.
- Services performed by providers that have not been approved to bill Medicaid for diabetes education.
- Services that are an expected part of another program provided to the client (e.g., school-based healthcare services or adult day health services).

How do I receive payment?

For diabetes education services provided in a **professional (non-hospital) setting**, you must:

- Bill either HCPCS code G0108 or G0109 using the CMS-1500 claim form, or
- Bill using the main clinic NPI in box 33 along with the individual practitioner's NPI in box 24J on the CMS-1500 claim form. The agency will only pay for diabetes education that is billed by an approved diabetes education provider.
- Provide a minimum of 30 minutes of education/management per session.

For services provided in a **hospital outpatient setting**, you must:

- Bill using revenue code 0942.
- Provide a minimum of 30 minutes of education/management per session.

Note: Services provided in the outpatient clinic must be submitted on an HCFA to receive payment. Services provided in the outpatient setting, but not in the clinic, must be submitted on a UB to receive payment.

Note: The agency requires authorized hospital outpatient diabetes education programs to bill with revenue code 0942. Use of HCPCS codes G0108 and G0109 will cause a denial of the claim.

How can I request a limitation extension (LE)?

When clients reach their benefit limit of diabetes education, a provider may request prior authorization for an LE from the agency.

The agency evaluates requests for prior authorization of covered diabetes education that exceed limitations in this provider guide on a case-by-case basis in accordance with [WAC 182-501-0169](#). The provider must justify that the request is medically necessary (as defined in [WAC 182-500-0070](#)) for that client.

Note: Requests for an LE must be appropriate according to the client's eligibility or program limitations. Not all eligibility programs cover all services.

Diabetes Education Program

The following documentation is required for all LE requests:

- A completed *General Information for Authorization* form ([HCA 13-835](#))
 - ✓ This request form MUST be the first page when you submit your request.
- A completed *Fax/Written Request Basic Information* form ([HCA 13-756](#)), all of the documentation listed on this form, and any other medical justification

Fax LE requests to: (866) 668-1214

Coverage Table

Procedure/Revenue Codes	Short Description	Maximum Allowable Fee
Procedure code G0108*	Diab manage trn per indiv, per session One unit = 30 minutes	Rates Development Fee Schedules
Procedure code G0109*	Diab manage trn ind/group One unit = 30 minutes	
Revenue code 0942*	Diab manage trn per indiv per session or diab manage trn ind/group	

**Procedure codes G0108 and G0109 are for professional (non-hospital) billing, and revenue code 0942 is for outpatient hospital billing.*

Billing and Claim Forms

What are the general billing requirements?

Providers must follow the agency’s [ProviderOne Billing and Resource Guide](#). These billing requirements include the following:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

How do I complete the CMS-1500 claim form?

Note: Refer to the agency’s [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 claim form.

The following CMS-1500 claim form instructions relate to the Diabetes Education Program:

Field No.	Name	Entry						
24b.	Place of service	Enter the appropriate two digit code as follows: <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Code Number</td> <td style="text-align: center;">To Be Used For</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">Office</td> </tr> <tr> <td style="text-align: center;">22</td> <td style="text-align: center;">Outpatient Hospital</td> </tr> </table>	Code Number	To Be Used For	11	Office	22	Outpatient Hospital
Code Number	To Be Used For							
11	Office							
22	Outpatient Hospital							
24J.	Rendering provider ID	Enter the individual practitioner’s NPI here.						
33.	Provider billing name, address, ZIP code, and phone number	Enter the provider’s <i>name</i> and <i>address</i> on all claim forms. Enter the main clinic’s NPI here.						

How do I complete the UB-04 claim form?

Providers may access [online](#) webinars demonstrating how to submit institutional fee-for-service claims using direct data entry and how to upload a HIPAA batch file.

Detailed instructions on how to complete and bill according to the official UB-04 Data Specifications Manual is available from the [National Uniform Billing Committee](#).