

# Medicaid Purchasing Administration (MPA)



# Diabetes Education Program Billing Instructions

**ProviderOne Readiness Edition**

## About This Publication

This publication supersedes all previous Department/MPA *Diabetes Education Program Billing Instructions* published by the Department/MPA.

**Note:** The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## Effective Date

The effective date of this publication is: **05/09/2010**.

## 2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

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## How Can I Get the Department/MPA Provider Documents?

To download and print Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

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# Important Contacts

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**Note:** This section contains important contact information relevant to the Diabetes Education program. For more contact information, see the Department/MPA *Resources Available* web page at:  
[http://hrsa.dshs.wa.gov/Download/Resources\\_Available.html](http://hrsa.dshs.wa.gov/Download/Resources_Available.html)

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/MPA <i>Resources Available</i> web page at: <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a>
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Who do I contact for more information on becoming a diabetes education provider and obtaining an application?	Diabetes Prevention and Control Program Department of Health PO Box 47855 111 Israel Rd SE Tumwater, WA 98501 1-253- 395-6758

# Definitions & Abbreviations

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This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/MPA *ProviderOne Billing and Resource Guide* at [http://hrs.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrs.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for a more complete list of definitions.

**Authorization** – MPA official approval for action taken for, or on behalf of, an eligible Medical Assistance client. This approval is only valid if the client is eligible on the date of service.

**Benefit Service Package** - A grouping of benefits or services applicable to a client or group of clients.

**Fee-for-service** – The general payment method MPA uses to reimburse providers for covered medical services provided to medical assistance clients when those services are not covered under MPA’s Managed Care plans or State Children’s Health Insurance Program (SCHIP).

**HCPCS**- See **Healthcare Common Procedure Coding System**.

**Healthcare Common Procedure Coding System (HCPCS)** - Standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

**Maximum Allowable Fee** – The maximum dollar amount that MPA reimburses a provider for specific services, supplies, and equipment.

**Medical Identification Card(s)** – See *Services Card*.

**Medically Necessary** – See WAC 388-500-0005.

**National Provider Identifier (NPI)** – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

**ProviderOne** – the Department of Social and Health Services’ (the Department’s) primary provider payment processing system.

**ProviderOne Client ID**- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

**For example:** 123456789WA.

**Services Card** – A plastic “swipe” card that the Department issues to each client on a “one-time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

**Transaction Control Number (TCN)** - A unique field value that identifies a claim transaction assigned by ProviderOne.

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

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

# About the Program

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## What Is the Purpose of the Diabetes Education Program?

The purpose of the Department of Social and Health Services' Education Program is to provide medically necessary diabetes education to eligible clients.

## Provider Qualifications

All physicians, advanced registered nurse practitioners (ARNPs), clinics, hospitals, and Federally Qualified Health Centers (FQHCs) are eligible to apply to be a diabetes education provider. The Diabetes Prevention and Control Program (DPCP) at the Department of Health (DOH) developed the application criteria and will evaluate all applications for this program.

For more information on becoming a diabetes education provider contact:

Diabetes Prevention and Control Program  
Department of Health  
PO Box 47855  
111 Israel Rd SE  
Tumwater, WA 98501  
1-253-395-6758

Once DOH gives its approval, you will be assigned a National Provider Identifier. When billing MPA, use your NPI.

Here is the link to the lists of hospitals and clinics approved to provide services for Department clients: <http://www.doh.wa.gov/cfh/diabetes/Section-5/sec-5page-4.htm>

## Authorization

**Note:** Please see the Agency *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for more information on requesting authorization.

# Client Eligibility

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## Who Is Eligible?

Please see the *Agency ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

**Note:** Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

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 Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

**YES!** When verifying eligibility using ProviderOne, if the client is enrolled in an Agency 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 a 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; and
- Payment of services referred by a provider participating with the plan to an outside provider.

**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 authorization or referral is obtained from the plan. See the *Agency ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.



## 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 or be referred for services via a PCCM provider. The PCCM provider is responsible for coordination of 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 authorization or referral is obtained from the PCCM provider. Please see the Department/MPA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

# Coverage

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## What Is Covered?

- The Agency covers up to six hours of diabetes education/diabetes management per client, per calendar year.

Procedure Code	Brief Description	Maximum Allowable Fee
G0108	Diab manage trn per indiv, per session  One unit = 30 minutes	<a href="http://hrsa.dshs.wa.gov/RBRVS/index.html#D">http://hrsa.dshs.wa.gov/RBRVS/index.html#D</a>
G0109	Diab manage trn ind/group  One unit = 30 minutes	

- 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, and/or in combinations for a maximum of six (6) 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.

# Payment

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## What Does the Agency Pay for?

The Agency pays for a maximum of six (6) hours of education/diabetes management per client, per calendar year.

## What Does the Agency NOT Pay for?

The Agency does not pay for diabetes education:

- Provided by individual instructors using their NPI alone.
- If those services 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?

To receive payment for diabetes education, the provider must:

- Bill either HCPCS code G0108 or G0109 using the CMS-1500 claim form;
- 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 a clinic.

# Billing and Claim Forms

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## What Are the General Billing Requirements?

Providers must follow the Agency *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

## Completing the CMS-1500 Claim Form

**Note:** Refer to the Agency *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) 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 <b>two digit</b> code as follows: <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Code</b></td> <td style="text-align: center;"><b>To Be</b></td> </tr> <tr> <td style="text-align: center;"><b>Number</b></td> <td style="text-align: center;"><b>Used For</b></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>	<b>Code</b>	<b>To Be</b>	<b>Number</b>	<b>Used For</b>	11	Office	22	Outpatient Hospital
<b>Code</b>	<b>To Be</b>									
<b>Number</b>	<b>Used For</b>									
11	Office									
22	Outpatient Hospital									
24J.	Rendering Provider ID#	Enter the individual practitioner's NPI here.								
33.	Physician's, Supplier's Billing Name, Address, Zip Code And Phone #	Enter the provider's <i>Name</i> and <i>Address</i> on all claim forms. Enter the main clinic's NPI here.								