ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

ARIZONA TELEMEDICINE PROGRAM

SOUTHWEST TRC TELEHEALTH RESOURCE · CENTER™

Presented by

The Southwest Telehealth Resource Center, and the Arizona Telemedicine Program

Welcome

- SWTRC region
- Fellow HRSA Grantees
- All other participants

The **Arizona Telemedicine Program** and **the Southwest Telehealth Resource Center** welcome you to this free CME webinar series.

The practice & delivery of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care**.

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

- When you joined the webinar your phone &/or computer microphone was muted
- Time is reserved at the end for Q&A, please use the **Chat function** to ask questions
- Please fill out the post-webinar evaluation
- CME credit only available during the live presentation
- Webinar is being recorded
- Recordings will be posted on the ATP website
    - http://telemedicine.arizona.edu/webinars/previous

CONTINUING MEDICAL EDUCATION

Outcome Objectives

- Identify at least three evidence-based strategies for delivering Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT) via telehealth that improve patient access and engagement.
- Analyze current Medicare, AHCCS, and some commercial payer coverage policies for MNT and DSMT in telehealth settings for applying billing and documentation requirements to ensure compliant reimbursement.
- Evaluate new telehealth initiatives and technology-enabled care models (such as remote monitoring, group DSMT sessions, ICN) and formulate at least one actionable plan in your own practice or organization.

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Attendance Tracking: Code can be found in the evaluation. If you have not set up your profile yet, please contact Melanie at mesher@telelemedicine.arizona.edu

New Initiatives In Nutrition Services Via Telehealth: MNT & DSMT

Presenter:
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National Billing and Reimbursement Expert

Disclaimer

The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the organizations sponsoring this webinar. The organizations do not guarantee the accuracy or reliability of the information provided herein.

Learning Objectives

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Housekeeping

Things to Remember

- The slides will be provided after the webinar is over, as well as a recording, on the SW TRC site: https://telemedicine.arizona.edu/webinars/previous
- Ask questions as we go along and I'll try to answer in context, but there will also be time at the end
- I am not a registered dietician – nor do I play one on TV. But I will try to explain policies to assist RDs and their billing colleagues in the submission of correct claims.

First, the Services

What is DSMT? (Diabetes Self Management Training)

- It is part of diabetes self-management and education support (DSMES) services
- Regulatory:
  - Regulations state that a DSMT program must be accredited to meet the National Standards for DSMES (or the CMS Quality Standards)
    - https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-H/section-410.144
  - Two Accrediting Organizations exist:
    - American Diabetes Association (ADA)
    - Association of Diabetes Care & Education Specialists (ADCES)

Requirements to provide educational and training services

- Outpatient setting
- By an individual or entity who meets the quality standards
- Managing - physician certification of the following
  - Comprehensive plan of care related to the individual's diabetic condition
  - Ensure therapy compliance or to provide the individual with necessary skills and knowledge (including skills related to the self-administration of injectable drugs) to participate in the management of the individual's condition.
- Provided by certified DSMT provider

Guidelines

- 10 hours initial training: once per beneficiary's life and to be used within 12 consecutive months
  - Hours do not roll over
  - 2 hours of follow-up available every year starting year two
- The Team
  - RDN: Registered Dietitian Nutritionist (RD is also recognized)
  - RN: Registered Nurse
  - Pharmacist
  - CDCES: Certified Diabetes Care & Education Specialist
  - BC-ADM: Board Certified in Advanced Diabetes Management

Medical Nutrition Therapy

- A personalized, evidence-based nutrition treatment plan to manage or prevent specific medical conditions.
- **Who:** A registered dietitian nutritionist (RDN)
- **How:** The RDN follows a structured process:
  - **Assessment:** Review your health history and dietary habits.
  - **Diagnosis:** Identify specific nutrition-related issues.
  - **Intervention:** Develop a customized nutrition treatment plan.
  - **Monitoring:** Track progress and adjust the plan as needed.

MNT: Manage Conditions, Improve Health

- Key applications: MNT is used to manage a wide variety of medical conditions:
  - Diabetes (Type 1 and 2)
  - Chronic kidney disease
  - Cardiovascular disease
  - Gastrointestinal disorders (e.g., Crohn's, IBS)
  - Malnutrition
  - Weight management
- Main benefits:
  - Improves health outcomes: Leads to measurable improvements in health indicators, such as A1C levels for diabetes.
  - Cost-effective care: MNT has been shown to reduce overall healthcare costs.
  - Long-term lifestyle change: Focuses on developing sustainable, healthy eating habits for lasting wellness.

Key differences between MNT and DSMT

Feature	97802 (MNT)	G0108 (DSMT)
Service Description	Nutrition assessment and therapy	Diabetes education and self-management
Session Length	15 minutes	30 minutes
Provider Type	RD or nutrition professional only	Certified DSMT entity (can include RDs)
Requires Certification?	No	Yes – DSMT program must be CMS-certified
Medicare Referral	Physician only (for now)	Physician, NP, PA
Covered Conditions	Diabetes, CKD, post-transplant	Diabetes only
Setting	1:1 medical nutrition visits	Often group-based education sessions

Telehealth Strategies for Care Delivery

Revenue

- Fully CPT-aligned (G0108, G0109, 97802, 97803)
- Support Fee-For-Service (FFS), Per Member Per Month (PMPM), and value-based contracts
- “Incident-to” billing fully utilized for RDNs & educators
- Optional pairing with RPM, CCM, or SDoH services (such as Community Health Integration (CHI) or Personal Illness Navigation (PIN))

Engagement

- Patient app with milestone tracking & digital nudges
- Multilingual support + family/caregiver inclusion
- Gamified DSMT/MNT modules (points, rewards, leaderboards)
- High retention with group-based telehealth sessions

Value

- Value-Based Outcome Alignment
  - Tied to HEDIS, Star Ratings, and A1C control metrics
  - Supports MA plans, ACOs, Medicaid, and QPP goals
  - Demonstrated impact on cost reduction & quality benchmarks
  - ROI model: ↓ ER visits, ↓ readmissions, ↑ member satisfaction

Dateå	Service	Code	Units	Notes
Week 0	DSMT individual (initial) telehealth 30 min	G0108	1 unit	Telehealth via audio/visual, add modifier 95 or payer rule
Week 0	MNT initial assessment, 30 min (two units of 97802)	97802	2 units	RDN remote, POS 02
Weeks 1-4	DSMT individual weekly follow up (30 min each)	G0108	4 units	Telehealth; consistent schedule
Weeks 1-4	MNT follow-ups (15 min each)	97803	4 units	Adjust meals, insulin dosing, etc
Month 2	DSMT group session (30 min)	G0109	1 unit	Patient participates in group telehealth class
Month 3	Reassessment MNT + DSMT follow up	97803 + G0108	appropriate units	Review metrics, adjust plan if needed

Example: Mr. Johnson, High-Risk Diabetic

- Medicare Advantage Goals / Patient Profile
- 72-year-old male with Type 2 diabetes (HbA1c: 9.8%) and hypertension
- Limited medical education: neglects to make appointments
- History of two ER visits in the past 6 months for hyperglycemia
- Enrolled in a Medicare Advantage plan with quality incentives for chronic care management

Goals and Patient Experience

- Reduce HbA1c by ≥ 1.5%
- Eliminate preventable ER visits
- Improve blood pressure control
- Aligned with MA Star Ratings: diabetes management, medication adherence, patient experience
- Monthly outcome tracking shared with MA plan

- Initial DSMT 1:1 via telehealth (G0108), followed by group DSMT sessions (G0109)
- MNT assessment via RDN (97802) + regular follow-ups (97803)
- Uses an app for logging glucose and food; receives nudges and digital rewards
- Family caregiver invited to attend sessions

Reimbursement

- DSMT billed using G0108/G0109 with modifier 95 (telehealth)
- MNT billed under 97802/97803 with correct POS (e.g., POS 02)
- MA plan pays fee-for-service plus potential quality bonus for meeting A1c targets
- RPM data (glucose, BP) integrated for extra revenue under 99457/99458 if plan supports

Coverage Policies

Medicare Telehealth Coverage as of Today, Sept 30, 2025

- MPFS: any geographic location, any patient location, including the home
- OPPS: “CMS is continuing to align our requirements for payment for services furnished remotely by hospital staff to beneficiaries in their homes, including remotely furnished outpatient therapy services, **DSMT, and MNT services**, with requirements for Medicare telehealth services. Therefore, through September 30, 2025, hospitals can continue to bill for these services when furnished remotely by hospital staff to beneficiaries in their homes.”

- https://www.cms.gov/files/document/telehealth-faq-04-09-25.pdf

Medicare Telehealth Coverage as of tomorrow, October 1, 2025

- MPFS:
  - Patient location: eligible originating site
  - HRSA telehealth geographic location eligibility analyzer: https://data.hrsa.gov/tools/medicare/telehealth
- OPPS:
  - Cannot bill for DSMT and MNT via hospital providers via telehealth

- https://www.cms.gov/files/document/telehealth-faq-04-09-25.pdf

The List

- If it's on this list – it can be delivered via telehealth
  - https://www.cms.gov/medicare/coverage/telehealth/list-services

FINALIZED LIST OF MEDICARE TELEHEALTH SERVICES			
HCPCS	Short Descriptor	Finalized Action	Category
G0108	Diab manage trn per indiv	Maintain	permanent
G0109	Diab manage trn ind/group	Maintain	permanent

FINALIZED LIST OF MEDICARE TELEHEALTH SERVICES			
HCPCS	Short Descriptor	Finalized Action	Category
97802	Medical nutrition indiv in	Maintain	permanent
97803	Med nutrition indiv subseq	Maintain	permanent
97804	Medical nutrition group	Maintain	permanent

FINALIZED LIST OF MEDICARE TELEHEALTH SERVICES			
HCPCS	Short Descriptor	Finalized Action	Category
G0270	Mnt subs tx for change dx	Maintain	permanent

Indian Health Services

- Information, materials, handouts: https://www.ihs.gov/diabetes/
- Dedicated guide to implement MNT – outdated but helpful! Just don't use any of the ICD-9 codes included:
  - https://www.govinfo.gov/content/pkg/GOVPUB-HE20_300-PURL-gpo23688/pdf/GOVPUB-HE20_300-PURL-gpo23688.pdf

FQHC and RHC Coverage

- https://www.nachc.org/wp-content/uploads/2023/07/Reimbursement-Tips_DSMT-MNT.pdf
- Those Nerdy Girls: https://thosenerdygirls.substack.com/p/health-in-rural-america-8-challenges

AHCCS DSMT

- In 2022-2023, a State Plan Amendment (SPA) established Diabetes Self-Management Training (DSMT) as a covered benefit.
- Coverage:
  - AHCCCS will cover these up to 10 hours annually if any of these occur:
  - The AHCCCS member is initially diagnosed with diabetes.
  - A change occurs in the member's diagnosis, medical condition, or treatment regimen.
  - The member with diabetes is not meeting appropriate clinical outcomes.

AHCCS DSMT and MNT

- Coverage:
  - On the fee schedule
  - On the telehealth CPT code list

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EFFECTIVE DATE: 7/11/2025

CPT / HCPCS CODE	DESCRIPTION	GT	GQ	FQ	PLACE OF SERVICE (POS) CODE**
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	GT		FQ	05,07,09,11,12,19,21,22,49,50,71,72,99
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	GT		FQ	*05,07,09,11,12,19,21,22,49,50,71,72,99*
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	GT		FQ	05,07,11,12,19,22,49,50,71,72,99
G0296	eligibility determination and shared decision making)	GT		FQ	11,12,99
G0108	Diabetes outpatient self-management training services, individual	GT			05,06,07,08,11,12,19,22,49,50,53,71,72
G0109	Diabetes outpatient self-management training services, group session	GT			05,06,07,08,12,19,22,53

Commercial Payers

Insurer	What's Covered	Limitations / Variability
UnitedHealthcare (UHC)	- UHC follows Medicare's National Coverage Determination (NCD 180.1) for Medical Nutrition Therapy (MNT) for beneficiaries with **diabetes** or **renal disease**, when referred by a physician. - - UHC also covers DSMT under similar guidelines (G0108, G0109) in many jurisdictions. - UHC has expanded coverage of Continuous Glucose Monitoring (CGM) for people with Type 2 diabetes who use insulin.	- Some specific Medicare Advantage / Dual-SNP plans do *not* cover MNT. E.g., in certain UHC Dual Complete plans, "Medical Nutrition Therapy: Not covered." q1medicare.com+1 - Whether a provider is in-network matters a lot. Some virtual/ telehealth nutrition services may be covered, others not.

Commercial – cont.

Insurer	What's Covered	Limitations / Variability
Aetna	Many Aetna plans cover "nutrition counseling" / MNT for people with chronic conditions (diabetes, kidney disease, obesity risk factors, cardiovascular disease). Some plans accept virtual / telehealth nutrition counseling.	The number of visits allowed can vary (e.g. 3 visits first year, fewer in subsequent years in some plans) depending on diagnosis and plan. Plans often require that the nutrition professional be credentialed (e.g., Registered Dietitian) and that diagnosis/ medical necessity be documented. - Some plans treat nutrition services under preventive wellness vs medical benefit, which may affect copays / deductible.

Commercial – cont.

Insurer	What's Covered	Limitations / Variability
Anthem/BCBS	Anthem / BCBS plans often cover nutrition counseling / MNT / registered dietitian services, particularly for chronic diseases (diabetes, obesity, cardiovascular risk). Telehealth nutrition counseling seems available in several Anthem plans.	Many Anthem plans do *not* cover MNT in certain settings. For instance, some Medicare Advantage / PPO plans list "Medical Nutrition Therapy (MNT): Not covered." in their plan benefit summaries. As with all insurers, coverage depends heavily on whether services are in-network, whether there is a disease diagnosis, whether there is a physician referral, etc. - Telehealth / virtual options may or may not be available depending on state and plan.

New Initiatives

Supervision

- Virtual supervision: (Proposed permanent - MPFS) Virtual direct supervision permanently allowed via real-time audio-visual tools (excluding audio-only) for certain services.
  - This could impact supervision requirements for DSMT / MNT.
  - Involve team members (RNs, pharmacists) appropriately since different team roles are more clearly accepted for DSMT via telehealth

Any questions?

Resources

- CMS Accreditation: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/accreditation-advanced-diagnostic-imaging-suppliers#:~:text=The%20American%20Diabetes%20Association%C2%AE,CMS%20for%20six%2Dyear%20terms.
- HHS Telehealth Nutrition Care link: https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-nutrition-care-and-services?utm_campaign=OATannouncements20250915&utm_medium=email&utm_source=govdelivery
- FAQs for DSMT: https://www.adces.org/docs/default-source/tofile/ask_the_reimbursement_expert_faq_2024_06122024_final.pdf
- NAHCHC: https://www.nachc.org/wp-content/uploads/2023/07/Reimbursement-Tips_DSMT-MNT.pdf?utm_source=chatgpt.com (updated July 2025)

References

- AHCCS: https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/
- UHC Members' Education Policies: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/signaturevalue-bip/educational-programs-members-common.pdf
  - Telehealth: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/signaturevalue-bip/telemedicine-telehealth-common.pdf
- Aetna:
  - MNT: https://www.aetna.com/cpb/medical/data/1_99/0049.html
  - DSMT: https://www.aetna.com/cpb/medical/data/1_99/0070.html

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Please participate in this brief evaluation and find the code number and instructions for today's session to log your attendance for CME credit.

See the Chat

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