Diabetes Self-Management Education and Support

Medical Billing Playbook for Pharmacies

Centers for Disease Control and Prevention

Division of Diabetes Translation
Program Implementation Branch

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How to Use This Playbook

The Diabetes Self-Management Education and Support Medical Billing Playbook for Pharmacies is intended to provide guidance on enrolling a pharmacy as a Medicare Part B provider. This playbook also describes the steps needed for medical billing and reimbursement of diabetes self-management education and support (DSMES) services through Medicare's diabetes self-management training (DSMT) benefit. At the end of this playbook are links to resources on sustainable medical billing methods, including reimbursement toolkits and webinar recordings; billing considerations; and a useful DSMT Enrollment and Medical Billing One-Pager.

Physicians and qualified nonphysician practitioners are eligible to refer patients with diabetes to Association of Diabetes Care and Education Specialists (ADCES)-accredited or American Diabetes Association (ADA)-recognized DSMES services. To continue to expand patient access to DSMES services and enable long-term delivery of DSMES, a reliable pathway for reimbursement is critical.

Key Terminology

This playbook uses terms common to the delivery of DSMES services and in billing and claims processing. Some of these terms are in Table 1.

Table 1: Terms Used in Diabetes Self-Management Education and Support and Billing and Claims

Term	Definition
American Diabetes Association (ADA)	ADA is a non-profit organization dedicated to preventing and curing diabetes and improving the lives of all people affected by diabetes. It supports the Diabetes Education Recognition Program, which grants recognition to groups offering DSMES services that meet the National Standards for Diabetes Self-Management Education and Support. ADA is one of two organizations authorized by the Centers for Medicare & Medicaid Services (CMS) to accredit entities that offer DSMT for Medicare beneficiaries, enabling them to bill for these services.
Association of Diabetes Care and Education Specialists (ADCES)	ADCES is an interprofessional membership organization dedicated to improving prediabetes, diabetes and cardiometabolic care. It supports the Diabetes Education Accreditation Program, which accredits groups offering DSMES services that meet the National Standards for Diabetes Self-Management Education and Support. ADCES is also one of two organizations authorized by CMS to accredit entities that offer DSMT for Medicare beneficiaries, enabling them to bill for these services.

Term	Definition
Current Procedural Terminology (CPT)	CPT refers to a set of medical codes used by health care professionals to describe and get reimbursed for the procedures and services they perform. CPT codes, maintained by the American Medical Association, may be used for pharmacy billing services. They are composed of five characters and classified by three types: Category I, Category II, and Category III. • **CPT Category I:** The largest body of codes, consisting of those commonly used by providers to report their services and procedures. • **CPT Category II:** Supplemental tracking codes used for performance management. • **CPT Category III:** Temporary codes used to report emerging and experimental services and procedures. DSMT CPT codes are used by pharmacists who deliver self-management training sessions for Medicare beneficiaries with diabetes.[1]
Diabetes self-management education (DSME)	DSME is the active, ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.[2]
Diabetes self-management support (DSMS)	DSMS refers to the support that is required for implementing and sustaining coping skills and behaviors needed to self-manage diabetes on an ongoing basis.[2]
Diabetes self-management education and support (DSMES)	DSMES is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage their condition on an ongoing basis beyond or outside of formal self-management training.[2] By combining DSME and DSMS, DSMES services can address issues such as health beliefs, cultural needs, physical limitations, emotional concerns, family support, health literacy and numeracy, and other factors that influence each person's ability to meet the challenges of self-management.
Diabetes self-management training (DSMT)	Under Medicare, DSMT is a reimbursable benefit. CMS uses the term "training" instead of "education" when defining the reimbursable benefit under Medicare. The term DSMT is used specifically related to billing when these services are provided for eligible Medicare beneficiaries with diagnosed diabetes.

Term	Definition
Healthcare Common Procedure Coding System (HCPCS)	HCPCS is a standardized coding system that providers use to submit claims for health care services, procedures, and supplies. HCPCS is divided into Level I and Level II. Level II HCPCS codes are relevant to pharmacies seeking reimbursement for DSMES. Level II HCPCS codes represent non-physician services like ambulance rides, wheelchairs, walkers, other durable medical equipment, and other medical services that do not fit readily into Level I. Level II codes are alphanumeric, with a letter occupying the first character of the code. Users can generally refer to the range of codes by their initial character. G-codes are temporary codes when CPT codes do not yet exist for the professional service.[3] Examples include G0008: administration of influenza virus vaccine and G0109: diabetes outpatient self-management training services, group session. For more information, visit HCPCS Coding Questions on the CMS website.[4]
Medicare Administrative Contractor (MAC)	A MAC is a private health care insurer that has been awarded a geographic jurisdiction by CMS to process medical claims for Medicare fee-for-service beneficiaries under Medicare Parts A and B. A MAC is sometimes called an enrollment contractor. MACs set requirements and educate on regulations and requirements. MACs also review claims submissions for fraud/abuse. For more information, see Who are the MACs.[5]
Medicaid	Medicaid is a joint federal and state program that helps cover medical costs for select people with limited income and resources.
Medicare	Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes known as ESRD).
National Plan and Provider Enumeration System (NPPES)	CMS developed the NPPES to assign unique national provider identifiers (NPIs). Their NPI Registry Public Search has a free directory of active NPI records.
National Provider Identifier (NPI)	The NPI is a unique identification number for covered health care providers assigned by the NPPES. Pharmacies need an NPI prior to submitting claims or conducting other transactions, as specified in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). *Note: Covered health care providers and all health plans and health care clearinghouses must use NPIs in the administrative and financial transactions adopted under HIPAA.*[6]

Term	Definition
Pharmacy Bank Identification Number (BIN)	The Pharmacy BIN is a 6-digit number health plans use to process electronic pharmacy claims.
Provider Enrollment, Chain, and Ownership System (PECOS)	When a health care professional wishes to become a Medicare provider they visit the PECOS website to complete an enrollment application package. Pharmacies can also use PECOS to apply for their pharmacy PTAN.[7]
Provider Transaction Access Number (PTAN)	PTAN is a Medicare-only number issued to providers by MACs upon enrollment in Medicare. MACs issue an approval letter, including PTAN information, when enrollment is approved. The PTAN is usually six digits and assigned based on the type of service and the location of the provider. Pharmacies usually have PTANs that are categorized as pharmacy, mass immunizer, and independent clinical lab. Note that a provider may have more than one PTAN, representing enrollment through multiple practice sites. *Note: The PTAN is a critical number directly linked to a provider's NPI. Use of a PTAN should generally be limited to a provider's communication with their MAC.[8] The PTAN is not used on claims*.
Taxonomy Code	Taxonomy codes designate a health care provider's classification and specialization. They are unique 10-character codes self-selected by health care providers from the National Uniform Claim Committee website. Taxonomy codes do not specify the actual services rendered by the health care provider.[9]

Background

In recent years, pharmacists have expanded their scopes of practice in many states to incorporate clinical aspects beyond filling and dispensing prescription medications. In many settings, pharmacists are now engaged in routine patient care and are increasingly involved in delivering chronic disease management services, diabetes education, point-of-care testing, and more. Despite their value in the diabetes management space, pharmacists experience challenges and administrative barriers when seeking reimbursement for clinical services provided. Currently, pharmacists do not have Medicare provider status, which means they cannot directly bill Medicare for most clinical services they are trained to provide. Many states have approved expansion of pharmacists' legal scope of practice; however, this varies widely by state.[10]

Pharmacists' lack of federal provider status under Medicare serves as a barrier to the delivery of DSMES, a program that provides evidence-based services for people with diabetes to navigate self-management decisions and activities. Studies have linked DSMES participation to positive changes in health behaviors and diabetes-related outcomes, including improved hemoglobin A1C levels, improved control of blood pressure and cholesterol levels, higher rates of medication adherence, and fewer diabetes-related complications. Despite the benefits, less than 5% of Medicare beneficiaries with newly diagnosed diabetes have participated in DSMT services (CMS uses the term "training" instead of education when defining the reimbursable DSMES benefit under Medicare).[11]

While pharmacists themselves are not recognized as providers by CMS, pharmacies as entities are able to bill and receive reimbursement for DSMES services through Medicare's DSMT benefit.

Accreditation or Recognition as a Pharmacy Providing DSMES

To get set up for reimbursement for diabetes education services, the first step for a pharmacy is to apply for DSMES accreditation through ADCES or DSMES recognition through ADA.

ADCES accreditation or ADA recognition is required to bill CMS for DSMT services offered to Medicare beneficiaries with diabetes.

Accreditation and recognition help ensure quality education is provided. Organizations seeking accreditation or recognition must meet the six National Standards for DSMES to earn their DSMES accreditation or recognition.[12] Each year, DSMES programs must submit a required annual report to ADCES or ADA to maintain their accreditation or recognition status.

An overview of what ADCES and ADA require and offer is in Table 2.

Table 2: ADCES DSMES Accreditation and ADA DSMES Recognition

	ADCES	ADA
Program Title	Diabetes Education Accreditation Program (DEAP)	Education Recognition Program (ERP)
Guiding Standard	National Standards for DSMES	National Standards for DSMES
Cost	• First site: $1,100 • Branch locations: $100 per location • Community sites: Free • Same fee structure for renewal	• First site: $1,100 • Expansion sites: Free (can add unlimited sites) • Multi-sites: $100 per site (can add unlimited sites) • Same fee structure for renewal
Initial Application Process	• Complete online application • Upload supporting documentation • Complete a telephone interview	• Contact ADA to be set up in the application portal • Complete the online new service application • Submit supporting documentation
Renewal Application	• Submit an online re-accreditation application • Pay the re-accreditation fee • Upload supporting documentation	• Complete the renewal application • Pay the renewal fee • Submit supporting documentation
Renewal Time Period	Every 4 years	Every 4 years

Accreditation and recognition processes are designed to ensure that DSMES providers offer high-quality care to participants and are aligned with population health goals.

Medicare Billing

This section provides an overview of the basics of Medicare Parts B, C, and D; guidance for DSMT enrollment and billing; and best practices for troubleshooting rejected claims.

Basics of Medicare and Pharmacy Claims

Medicare Part D pertains to coverage of prescription drugs. Traditionally, pharmacies have a streamlined process for submitting claims to a pharmacy benefit manager (PBM) through their pharmacy management system. These claims are often approved instantaneously if a recognized physician prescribed the medication and the drug is on the formulary of the patient's insurance plan.

Medicare Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services. However, billing for medical benefits such as DSMT under Medicare Part B is a more complicated process for pharmacies. This is because of medical billing policies; the required documentation for services provided; and the need for a separate, non-PBM-associated billing platform.

Medicare Part C, also known as Medicare Advantage, is an alternative insurance option that offers coverage for Medicare Parts B and D, plus additional items and services. The process for billing services through Medicare C falls under the commercial billing process described in the Appendix.

Processes for DSMT Enrollment and Medical Billing

This section explains the DSMT enrollment process for pharmacies as well as medical billing.

DSMT Enrollment

To enroll, pharmacies that are currently DSMES providers will complete the two steps described below.

* If a pharmacy has already enrolled as a Medicare Part B provider and has a pharmacy PTAN, they can skip to the DSMT Medical Billing section of this playbook.

Step 1: Obtain or Verify NPI and Taxonomy Code

The first action for the pharmacy is to obtain an NPI. HIPAA provisions require all health care providers who are HIPAA-covered entities to have an NPI. Pharmacies will need NPIs prior to submitting claims.

When applying for an NPI, the pharmacy will be assigned a taxonomy code(s). Taxonomy codes are used to describe the organization type, classification, and area of specialization.

If the pharmacy has an NPI, their first step is to verify it by visiting the National Plan and Provider Enumeration System NPI Registry website. The pharmacy would have been assigned a taxonomy code(s) when applying for the NPI.

Pharmacists, pharmacy technicians, and other members of the pharmacy workforce are not recognized as individual DSMT providers and therefore cannot bill under their own NPIs.

Step 2: Enroll as a Medicare Part B Provider and Obtain the Correct PTAN

*If a pharmacy has already enrolled as a Medicare Part B provider using Form CMS-855S they will still need to enroll as a Medicare Part B provider using Form CMS-855B.

To enroll as a Medicare Part B Provider, the pharmacy must first apply for a *pharmacy* PTAN using PECOS. Note that a *mass immunizer* PTAN, *clinical lab* PTAN, or *durable medical equipment* (DME) PTAN is not sufficient to bill for DSMT.

Next, the pharmacy must complete Form CMS-855B, which is the enrollment application. The enrollment application is part of the Medicare enrollment package; the other part has to do with electronic funds transfer (EFT), which is covered in Step 3 of DSMT Medical Billing.

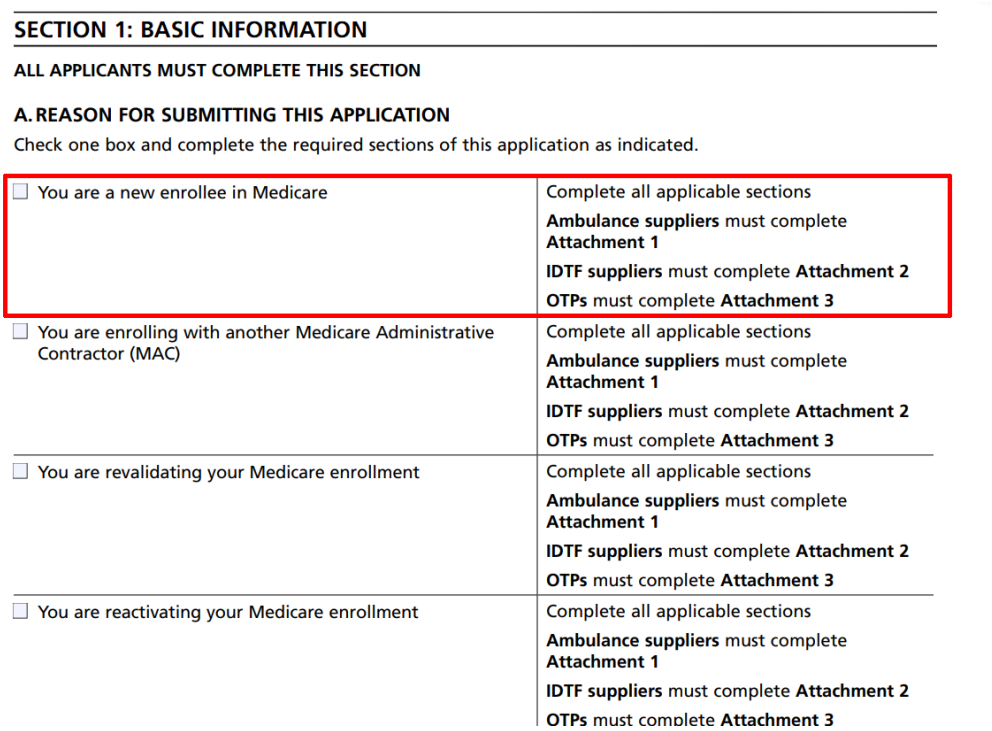
Within the enrollment application, the pharmacy should select a taxonomy code. If the pharmacy has more than one PTAN, they are required to submit the following taxonomy code to their MAC: 333600000X. If the pharmacy only has one PTAN, they should select a taxonomy code that best describes their provider type, classification, or specialization using the National Uniform Claim Committee code set list. Note that there may be separate NPI and PTAN numbers for pharmacies with multiple locations and/or practice sites.

If a pharmacy wishes to use paper rather than online enrollment, they should know that processing by CMS will be slower. They may complete enrollment and obtain *pharmacy* PTANs through a paper Form CMS-855B application. Figures 1, 2, and 3 feature Form CMS-855B and outline essential features in red.

The next action the pharmacy must take is to register with their local MAC, sometimes called an enrollment contractor; information about registering with a MAC can be found in Step 3 of the DSMT Medical Billing section of this playbook.[13] To learn how to find and manage relationships with local MACs, pharmacies can visit Who are the MACs. A list of MACs and their contact information is available on the CMS website.

Pharmacies using paper enrollment will mail their enrollment applications and necessary supporting documents to their local MACs.

Figure 1: Section 1 of Form CMS-855B (Medicare Enrollment Application)



SECTION 1: BASIC INFORMATION

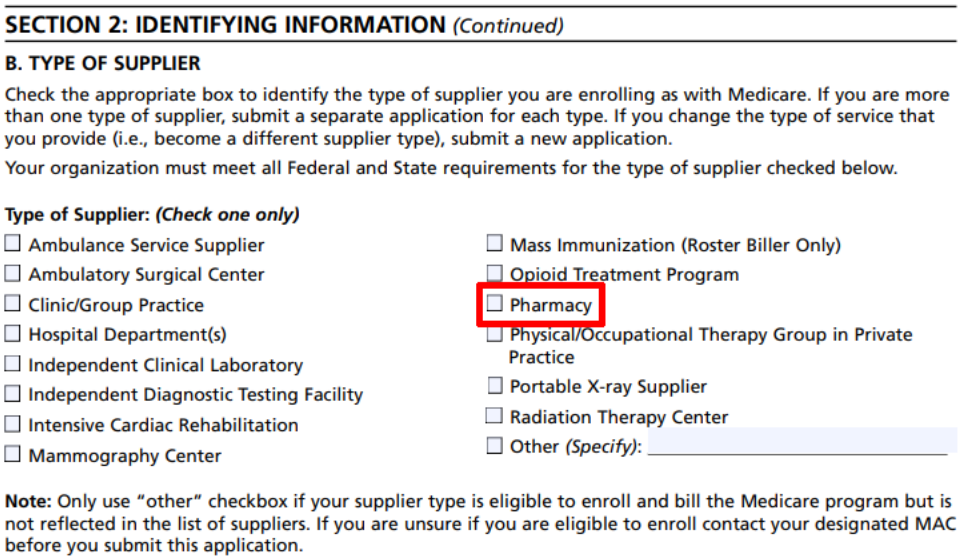
ALL APPLICANTS MUST COMPLETE THIS SECTION

A. REASON FOR SUBMITTING THIS APPLICATION

Check one box and complete the required sections of this application as indicated.

☐ You are a new enrollee in Medicare	Complete all applicable sections **Ambulance suppliers** must complete **Attachment 1** **IDTF suppliers** must complete **Attachment 2** **OTPs** must complete **Attachment 3**
☐ You are enrolling with another Medicare Administrative Contractor (MAC)	Complete all applicable sections **Ambulance suppliers** must complete **Attachment 1** **IDTF suppliers** must complete **Attachment 2** **OTPs** must complete **Attachment 3**
☐ You are revalidating your Medicare enrollment	Complete all applicable sections **Ambulance suppliers** must complete **Attachment 1** **IDTF suppliers** must complete **Attachment 2** **OTPs** must complete **Attachment 3**
☐ You are reactivating your Medicare enrollment	Complete all applicable sections **Ambulance suppliers** must complete **Attachment 1** **IDTF suppliers** must complete **Attachment 2** **OTPs** must complete **Attachment 3**

Figure 2: Section 2 of Form CMS-855B (Medicare Enrollment Application)



SECTION 2: IDENTIFYING INFORMATION *(Continued)*

B. TYPE OF SUPPLIER

Check the appropriate box to identify the type of supplier you are enrolling as with Medicare. If you are more than one type of supplier, submit a separate application for each type. If you change the type of service that you provide (i.e., become a different supplier type), submit a new application.

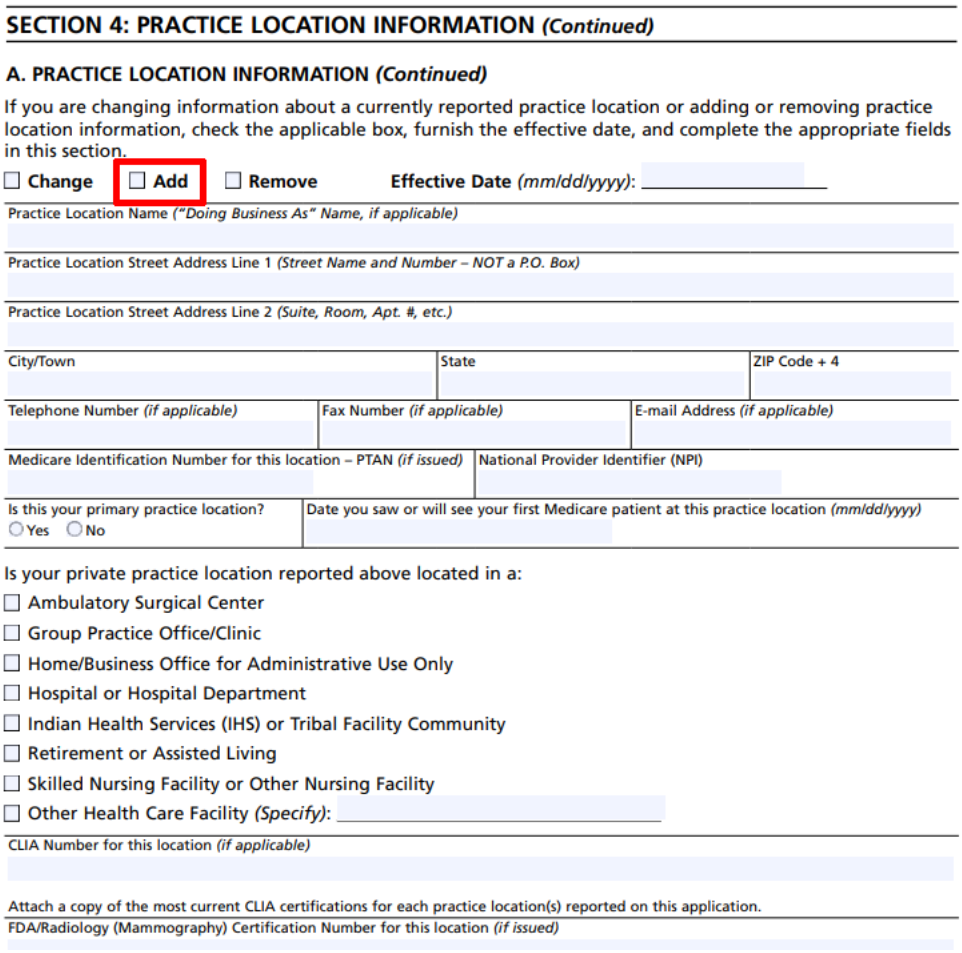
Your organization must meet all Federal and State requirements for the type of supplier checked below.

Type of Supplier: ***(Check one only)***

- ☐ Ambulance Service Supplier
- ☐ Ambulatory Surgical Center
- ☐ Clinic/Group Practice
- ☐ Hospital Department(s)
- ☐ Independent Clinical Laboratory
- ☐ Independent Diagnostic Testing Facility
- ☐ Intensive Cardiac Rehabilitation
- ☐ Mammography Center
- ☐ Mass Immunization (Roster Biller Only)
- ☐ Opioid Treatment Program
- ☐ Pharmacy
- ☐ Physical/Occupational Therapy Group in Private Practice
- ☐ Portable X-ray Supplier
- ☐ Radiation Therapy Center
- ☐ Other *(Specify)*: _____

Note: Only use "other" checkbox if your supplier type is eligible to enroll and bill the Medicare program but is not reflected in the list of suppliers. If you are unsure if you are eligible to enroll contact your designated MAC before you submit this application.

Figure 3: Section 4 of Form CMS-855B (Medicare Enrollment Application)



SECTION 4: PRACTICE LOCATION INFORMATION *(Continued)*

A. PRACTICE LOCATION INFORMATION *(Continued)*

If you are changing information about a currently reported practice location or adding or removing practice location information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

☐ **Change** ☐ **Add** ☐ **Remove** **Effective Date** *(mm/dd/yyyy)*: _____

Practice Location Name *("Doing Business As" Name, if applicable)*

Practice Location Street Address Line 1 *(Street Name and Number – NOT a P.O. Box)*

Practice Location Street Address Line 2 *(Suite, Room, Apt. #, etc.)*

City/Town	State	ZIP Code + 4

Telephone Number *(if applicable)*	Fax Number *(if applicable)*	E-mail Address *(if applicable)*

Medicare Identification Number for this location – PTAN *(if issued)*	National Provider Identifier (NPI)

Is this your primary practice location? ○ Yes ○ No	Date you saw or will see your first Medicare patient at this practice location *(mm/dd/yyyy)*

Is your private practice location reported above located in a:

- ☐ Ambulatory Surgical Center
- ☐ Group Practice Office/Clinic
- ☐ Home/Business Office for Administrative Use Only
- ☐ Hospital or Hospital Department
- ☐ Indian Health Services (IHS) or Tribal Facility Community
- ☐ Retirement or Assisted Living
- ☐ Skilled Nursing Facility or Other Nursing Facility
- ☐ Other Health Care Facility *(Specify)*: _____

CLIA Number for this location *(if applicable)*

Attach a copy of the most current CLIA certifications for each practice location(s) reported on this application.

FDA/Radiology (Mammography) Certification Number for this location *(if issued)*

DSMT Medical Billing

To bill for DSMT, pharmacies will complete the six steps described below.

Step 1: Obtain a Pharmacy PTAN/Keep Information Updated in PECOS

Pharmacies that do not have a *pharmacy* PTAN should complete the steps in the DSMT Enrollment section in this playbook.

Pharmacies that have their *pharmacy* PTAN should be aware of required reporting. The following changes must be reported via PECOS within 30 days:[14]

- A change in ownership

- An adverse legal action
- A change in practice location

If these changes are not reported, or if an expired Form CMS-855B is used, Medicare billing privileges can be revoked, resulting in rejected claims.

Step 2: Provide the ADCES Accreditation or ADA Recognition Certificate on PECOS or by Mail and to the Local MAC

Pharmacies must provide CMS a copy of their ADCES accreditation or ADA recognition certificates and may do so online or using paper:

- Online: Upload certificate to the *pharmacy* PTAN account on PECOS.
- Paper: Attach a copy of the certificate to the paper Form CMS-855B.

They must also send a copy to their local MACs.

Step 3: Register With the Local MAC (if not already done)

Once a pharmacy has enrolled as a Medicare Part B provider, the pharmacy must contact their local MAC. MACs are assigned to specific jurisdictions and can help pharmacies in those jurisdictions by reviewing and processing their enrollment applications; processing the pharmacies' Medicare claims; and responding to pharmacies' inquiries related to the Medicare provider enrollment application, medical billing, and coverage requirements. MACs can also provide updates on enrollment status.

Pharmacies can find a list of MACs associated with their local jurisdictions by clicking this CMS link and navigating to the A/B MAC Jurisdiction Map. They may also use this interactive state-specific resource from CMS to find MAC websites, secure internet portals, and email lists by state.

Once the pharmacy has contacted their local MAC, they have three actions to complete:

1. The pharmacy should ascertain whether the MAC needs supplemental information from the pharmacy to process the Medicare enrollment application.
2. The pharmacy should coordinate with their local MAC to complete an EFT authorization agreement in the Medicare enrollment package. With EFT, Medicare can send payments directly to the pharmacy's financial institution whether claims are filed electronically or on paper.
3. The pharmacy should confirm with their MAC that a Type 3 Group pharmacy PTAN number is set up. This will help avoid claim rejections.

Step 4: Select a Method for Submitting Claims to a Medicare MAC (medical billing)

Pharmacies should find a suitable billing method to submit medical claims to a MAC. Three common methods for submitting claims are:

1. Using software (also referred to as a platform or technology platform) that allows pharmacy staff to enter required encounter information and then facilitates the process of claim submission to the MAC.
2. Using a clearinghouse that accepts patient encounter data from the pharmacy and then formats the claim for submission to the MAC.
3. Using a medical billing service. Medical billing services receive encounter information in various formats from the pharmacy, review it for completeness, and manage the claim process with the MAC on behalf of the pharmacy. Pharmacies should contact their local MAC for a list of approved billing services able to submit claims for Medicare.

Pharmacies can consider the following when selecting any of the three methods:

- Ability of the software to properly bill the taxonomy code for the claim.
- Ability of the software to transmit the correct *pharmacy* NPI and *pharmacy* PTAN.
- The software vendor's experience using DSMT codes for billing.
- Ease of integrating the software into the pharmacy management system.
- Ability to keep data secure.
- Ability to aggregate patient visit information into an easily accessible report so that pharmacies can produce the required annual report for renewal of their ADCES DSMES accreditation or ADA DSMES recognition.

Additional guidance on finding the right technology platform to support billing for DSMT can be found in the Centers for Disease Control and Prevention's (CDC's) Technology Platform Considerations resource document on the National Diabetes Prevention Program (National DPP) Customer Service Center.

Paper claims are not accepted unless specific exceptions are met. Exceptions can be found in Chapter 24 of the Medicare Claims Processing Manual.

Choosing a Medical Billing Services Provider: Learn from Three Case Studies

Pharmacies can read through the three case studies below to learn more about submitting claims through a medical billing services provider. These case studies do not represent all options available to pharmacies providing DSMES services.

Choosing a Medical Billing Services Provider Case Study 1: Electronic Billing Services (EBS)

Pharmacy A uses EBS as their DSMT billing services provider. To document encounters with patients, Pharmacy A maintains separately stored patient charts, either paper or electronic, to remain compliant with HIPAA. Once Pharmacy A is ready to bill for DSMT services provided, they can either submit the required claim information to their assigned pharmacy BIN using their prescription dispensing software or fax the proper billing documentation directly to the EBS Claims Department. This information includes provider IDs (for example, pharmacy NPI, pharmacy PTAN, patient eligibility information, HCPCS code, diagnosis code, referring provider NPI). After the claim is submitted, Pharmacy A receives communication via EBS's reconciliation portal once EBS has started to process it. On the portal, Pharmacy A can verify if the payment was approved or denied after the MAC has processed it several days later. EBS may also contact the pharmacy after reviewing the claim to get additional information before sending it to the MAC.

Choosing a Medical Billing Services Provider Case Study 2: Welld Health

Pharmacy B uses Welld as their DSMT medical billing services provider. Welld is set up to document patient encounters like an electronic health record (EHR) as well as bill claims. Pharmacy B first enters relevant DSMT patient information and proper visit notes for each encounter in the Welld system. The system then creates claims and sends them to Pharmacy B's preferred clearinghouse.

After a claim is submitted, Pharmacy B can access reconciliation information as the claim is processed within the Welld system.

Choosing a Medical Billing Services Provider Case Study 3: OmniSYS

Pharmacy C uses OmniSYS as their DSMT medical billing services provider. OmniSYS uses patient encounter documentation in the Strand-Rx EHR, where pharmacy personnel enter patient visit notes, and then medical billing is made possible by linking to the CareCLAIM Medical Billing portal. CareCLAIM enables Pharmacy C to bill for DSMT services by creating a claim using the pharmacy provider IDs, HCPCS code, diagnosis code, and referring provider NPI. Pharmacy C can now submit the claim and follow it through the reconciliation process.

Step 5: Check Patient Eligibility

Prior to submitting claims, pharmacies should ensure that patients meet DSMT eligibility criteria as outlined by CMS. To qualify for DSMT coverage, a patient must have:

- A written referral from their physician or qualified non-physician practitioner, such as a physician assistant, nurse practitioner, or advanced practice nurse. A sample DSMT referral form from ADCES and ADA is available here.
- Documentation of a diagnosis of type 1 or type 2 diabetes using criteria in Table 3. Note that the diagnosis can occur prior to Medicare Part B enrollment.

Table 3: Patient DSMT Eligibility Criteria[15]

Fasting Blood Glucose	≥126 mg/dL on two separate occasions
2-Hour Post-Glucose Challenge	≥200 mg/dL on two separate occasions
Random Glucose Test	>200 mg/dL with symptoms of uncontrolled diabetes

Additional information about patient eligibility criteria and referrals can be found in CDC's DSMES Toolkit.

Step 6: Submit DSMT Claims to the MAC via Pharmacy Submission Software

Pharmacies will submit DSMT claims through their medical billing services providers or their software systems in electronic format using Form 837P (or by completing paper Form CMS-1500 if exceptions are met). Instructions for using Form CMS-1500 are here.

For questions and guidance about claim submission, pharmacies should contact their medical billing services providers and MACs. Medical billing providers may have tutorials to help pharmacies with submitting claims.

When submitting a claim for DSMT using medical billing software, pharmacies must use the appropriate HCPCS/CPT codes for the services rendered. The codes required are:

- **HCPCS/CPT Code G0108**: Diabetes outpatient self-management training services, individual, per 30 minutes.
- **HCPCS/CPT Code G0109**: Diabetes self-management training services, group session (two or more), per 30 minutes.

Pharmacies should ensure that DSMT services comply with the training coverage polices described to secure reimbursement.

Training coverage policies

Initial training:
Once a patient initially receives the DSMT benefit, 10 hours must be furnished within 12 consecutive months starting with the first date of service; after this time, any of those 10 hours not furnished cannot be billed for Medicare payment. One hour of individual DSMT is payable in the initial episode of care, but the remaining 9 hours must be furnished as group DSMT services.

Follow-up training:
Two hours are allowed for DSMT follow-up in specific time frames following the initial training. The 2 hours of follow-up per year can then be furnished on a calendar year basis, and any unused follow-up hours will be forfeited.

For information about medical billing and coverage of initial and follow-up services for DSMT, approved places of service, and procedure codes, pharmacies can review the Medicare Reimbursement Guidelines for DSMT.

Typically, pharmacies should receive notices about claims decisions within 60 days of submission. After Medicare processes a claim, remittance advice (Electronic Remit Advice or a Standard Paper Remit) is usually sent with a final claim adjudication and payment information.[16]

Troubleshooting Rejected DSMT Claims

If a pharmacy receives a rejected DSMT claim and needs assistance, they can call the local MAC that is processing their claim and choose the relevant customer service line. A list of MACs and their contact information is available on the CMS website. A script for talking with MACs about troubleshooting rejected claims can be found in the Appendix of this playbook.

In addition to coordinating with their MACs, pharmacies should provide their medical billing services providers information about rejected DSMT claims and the process for claims resubmission. Common reasons for rejected DSMT claims and options for troubleshooting the issues are listed in Table 4.

Table 4: Common Problems Related to Rejected Claims and How to Troubleshoot Them

Problem	How to Troubleshoot
There is an error with the *NPI number* used on the claim submission form.	The pharmacy will receive a claim denial on the explanation of benefits (EOB) stating that the pharmacy NPI does not match Medicare's record. The pharmacy NPI that must be submitted is the one with the DSMES PTAN tied to it. This problem can happen because many pharmacies have two NPIs, one for pharmacy billing and a separate one for DME billing. For example, if DSMES credentialing was achieved before DME credentialing, then the DSMES PTAN would be attached to the pharmacy NPI, and the medical billing services provider will default to using the DME NPI for claims billed for medical benefits. • The pharmacy will be required to resubmit the claim with the correct NPI information, according to the instructions of their MAC.
There is an error with the *pharmacy* PTAN setup. For example, the MAC may have set up a Type 1 Individual PTAN instead of the Type 3 Group PTAN needed to bill for DSMT services.	The denial reason may note that the organization is not authorized to bill. • The pharmacy should contact their MAC to request that the *pharmacy* PTAN number be adjusted to reflect the correct PTAN/NPI combination for the appropriate service. The pharmacy would then be able to resubmit the claim.

Note that rejected claims are identified on the remittance advice with an EOB code that explains why the claim was rejected. The EOB code assists the pharmacy in correcting and resubmitting the claim.

Conclusion

Exploring ways to engage pharmacies, pharmacists, and pharmacy technicians supporting chronic disease management and diabetes education and assisting them in sustaining diabetes management programs remains a priority for CDC and its partner organizations. Pharmacists

play an important role in the US health system, given their reputation as highly accessible and frequently visited health care providers.[17] As medication experts trained in chronic disease, pharmacists are positioned to support the prevention and proactive management of many chronic diseases, including diabetes.

DSMES services are more important than ever to help people with diabetes safely manage their health, as the burden of diabetes has increased significantly over the last 2 decades, affecting more than 38.4 million individuals in the United States.[18] While coverage for DSMES is continuously increasing,[19] a limited number of pharmacy-specific resources and tools are available to support medical billing processes. The DSMES Medical Billing Playbook for Pharmacies aims to help pharmacy-based diabetes management programs successfully bill and receive reimbursement for DSMES services and thereby help enable them to maintain and grow their programs.

For questions on the information in this playbook pharmacies can contact 2320communications@cdc.gov.

Appendix

The Appendix contains five sections:

1. DSMT Enrollment and Medical Billing One-Pager
2. Script for Troubleshooting Rejected DSMT Claims with a MAC
3. Pharmacy DSMES Medical Billing Resources
4. Medicaid Billing for DSMES
5. Commercial Billing for DSMES

DSMT Enrollment and Medical Billing One-Pager

DSMT Enrollment

Step 1: Obtain or Verify NPI and Taxonomy Code

- Pharmacies need an NPI prior to submitting claims or conducting other transactions as specified by HIPAA.

Step 2: Enroll as a Medicare Part B Provider and Obtain the Correct PTAN

- Pharmacies must complete Form CMS-855B to enroll as a Medicare Part B provider and obtain a *pharmacy* PTAN, even if they already have a mass immunizer, clinical lab, or durable medical equipment PTAN.
  - First, apply for a pharmacy PTAN using PECOS.
  - Next, complete Form CMS-855B, which is the enrollment application.

DSMT Medical Billing

Step 1: Obtain a Pharmacy PTAN/Keep Information Updated in PECOS

- For successful medical billing, pharmacies should keep enrollment information, including their PTANs, up to date.

Step 2: Provide the ADCES Accreditation or ADA Recognition Certificate on PECOS or by Mail to the Local MAC

- Pharmacies must provide CMS a copy of their ADCES accreditation or ADA recognition certificate and may do so online or using paper.

Step 3: Register With the Local MAC (if not already done)

- Pharmacies can find a list of MACs associated with their local jurisdictions by clicking this CMS link and navigating to the A/B MAC Jurisdiction Map.

Step 4: Select a Method for Submitting Claims to a Medicare MAC (medical billing)

- Pharmacies should determine a suitable billing method to submit medical claims to a MAC. There are three common methods for submitting claims.
  - Using software (also referred to as a platform or technology platform).
  - Using a clearinghouse.
  - Using a medical billing service.

Step 5: Check Patient Eligibility

- Before submitting claims, pharmacies should ensure that patients meet DSMT eligibility criteria. Patients must have:
  - A written referral from a physician or qualified nonphysician practitioner.
  - Documentation of a diagnosis of type 1 or type 2 diabetes.

Step 6: Submit DSMT Claims to the MAC via Pharmacy Submission Software

- Pharmacies will submit DSMT claims through their medical billing services providers or their software systems in electronic format using Form 837P.

Script for Troubleshooting Rejected DSMT Claims With a MAC

In the script are recommended talking points for pharmacists when contacting their local MACs about rejected claims. They are based on common submission errors and can be tailored to a pharmacy's situation and relationship with the MAC.

Before reaching out, pharmacies should have a copy of the health insurance claim form they submitted as well as a copy of the remittance advice if available.

> "Hi, my name is **[first and last name]**, and I am reaching out in response to a rejected DSMT claim that was submitted on **[date of claim submission]** on behalf of **[pharmacy name]**."

At this point, the MAC may ask for remittance advice identifiers.

> "Based on the Explanation of Benefit code on the pharmacy remittance advice, are you able to determine why the claim was denied?"

- *If the MAC explains that invalid information was added to the claim, pharmacies may:*
  - *Verify what came through to the MAC (PTAN, NPI, taxonomy code).*
  - *Ask the MAC which fields should be corrected and where to find accurate information for claim resubmission.*

- *If the MAC notes that the pharmacy is unable to bill or a referring provider is needed, pharmacies may ask:*
  - "Can you confirm the type of PTAN used for the claim? Is it a Type 1 Individual PTAN or a Type 3 Group PTAN? I would like to ensure that the PTAN being used is reflective of **[Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code]**."
    - *If the PTAN is incorrect, pharmacies may ask the MAC to adjust the PTAN in their system and resubmit the claim.*

- *If the MAC is unable to identify a problem with the claim, pharmacies may:*
  - *Ask for advice on next steps to identify the reason for denial.*
  - *Ask if the MAC is aware of DSMT billing specialists that the pharmacy may contact.*
  - *Ask for access to the MAC's portal in order to reconcile the claim.*

Pharmacy DSMES Medical Billing Resources

The Appendix Table provides resources related to medical billing for DSMES services.

Appendix Table: Pharmacy DSMES Medical Billing Resources

Pharmacy DSMES Billing Resource	Description
Medicare Billing 837P and Form CMS-1500	This fact sheet provides guidance on using 837P and Form CMS-1500 for billing.
Medicare Billing: 837P and Form CMS-1500 Web-Based Training Course	This web-based training provides comprehensive information on the claims process and the requirements for submitting 837P and Form CMS-1500.
Diabetes Self-Management Education and Support/Training & Medical Nutrition Therapy Services Order Form	This ADCES referral form is designed to help providers refer patients for DSMES/DSMT and medical nutrition therapy services. Referrals should be made to ADCES-accredited or ADA-recognized programs.
Considerations for Purchasing Technology Platforms to Support CDC-Funded Strategies Related to the National Diabetes Prevention Program (National DPP), DSMES, and Pharmacists	This guidance document was created to assist CDC-funded recipients (state health departments and national organizations) in selecting and implementing technology platforms to deliver and/or bill for the National DPP and/or DSMES. In limited cases, this guidance may also be used to assist in selecting pharmacy care platforms designed to support Pharmacist eCare Plans.
National Center for Farmworker Health, Inc. Diabetes Resource Hub	The Diabetes Self-Management tab has a DSMES guide for pharmacies that provides the steps for obtaining and maintaining accreditation or recognition as well as additional details on referrals and billing.
CDC's DSMES Toolkit	The Reimbursement and Sustainability section of this toolkit provides an overview of the Medicare Part B DSMT benefit, including guidance on pharmacy medical billing for DSMT, preliminary steps for DSMT providers to be eligible for reimbursement, what Medicare covers in the DSMT benefit, approved places of service, and procedure codes.

Implementing and Evaluating Diabetes Self-Management Education and Support (DSMES) Programs for Underserved Populations/Communities: A Practice-Based Guide	In 2018, CDC conducted a rapid evaluation of DSMES programs. The goal was to understand implementation processes that may help other DSMES programs attempting to reach underserved populations. This guide shares lessons learned and expert insights from DSMES programs working to reach underserved populations and communities. It complements CDC's DSMES Toolkit, which provides general resources and tools for developing, promoting, implementing, and sustaining DSMES services. • Also available in Spanish. Follow the links for lessons learned from the selected programs: • Bronxcare Diabetes Center of Excellence • Prisma Health
Missouri Pharmacy Association: Billing	This website provides a series of webinars on DSMES documentation and medical billing.
Diabetes Management North Carolina Pharmacy DSMES Toolkit	The North Carolina Pharmacy DSMES Toolkit provides an overview of the pharmacist's role on the DSMES care team, program design considerations, and billing for DSMES services.
National Community Pharmacists Association Diabetes Self-Management Education and Support Information & Resources	This site provides links to webinars about billing for DSMES and requirements for becoming an ADCES-accredited or ADA-recognized DSMES delivery organization.
DSMT Order Form	A sample order form for diabetes self-management education and support/training and medical nutrition therapy services from ADA and ADCES.

Medicaid Billing for DSMES

After a pharmacy gains experience successfully billing Medicare for DSMT services, they may be able to bill Medicaid, depending on which state they are in. When a pharmacy can bill as many payers as possible, they can enable more patients to participate through their insurer benefits.

Pharmacies interested in pursuing Medicaid reimbursement for DSMES services should learn about their respective state's coverage and reimbursement policies. Many states offer Medicaid coverage for DSMES services, and coverage policy guidelines are a critical element of DSMES service delivery that can help pharmacies receive Medicaid reimbursement. DSMES benefits and services must be included in a state's Medicaid State Plan and approved by CMS for a state to draw down federal funding for those services. The following guide examines strategies for supporting providers in their efforts to increase coverage and use of DSMES services in their states: Establishing and Operationalizing Medicaid Coverage of Diabetes Self-Management Education and Support.

Pharmacies can contact their state pharmacy associations and state health departments' diabetes programs for information about Medicaid billing eligibility and DSMES coverage in their states. Alternatively, as a Medicaid provider, a pharmacy may contact their Medicaid state agency. For a list of state pharmacy associations and their points of contact, see the National Alliance of State Pharmacy Associations Member Directory.

Additionally, pharmacies are encouraged to work with state pharmacy associations and educate partners about the importance of increasing health benefits for diabetes education and support.

Commercial Billing for DSMES

Many commercial insurance plans, including Medicare Advantage plans, cover DSMES services for their beneficiaries in an effort to improve the reach of diabetes management services. This section of the Appendix provides tips to help pharmacies maximize reimbursement from commercial insurance plans for DSMES.

As pharmacies look to bill commercial payers for DSMES services, it is important they establish credibility in initial conversations by explaining they are credentialed to bill for DSMT with Medicare.

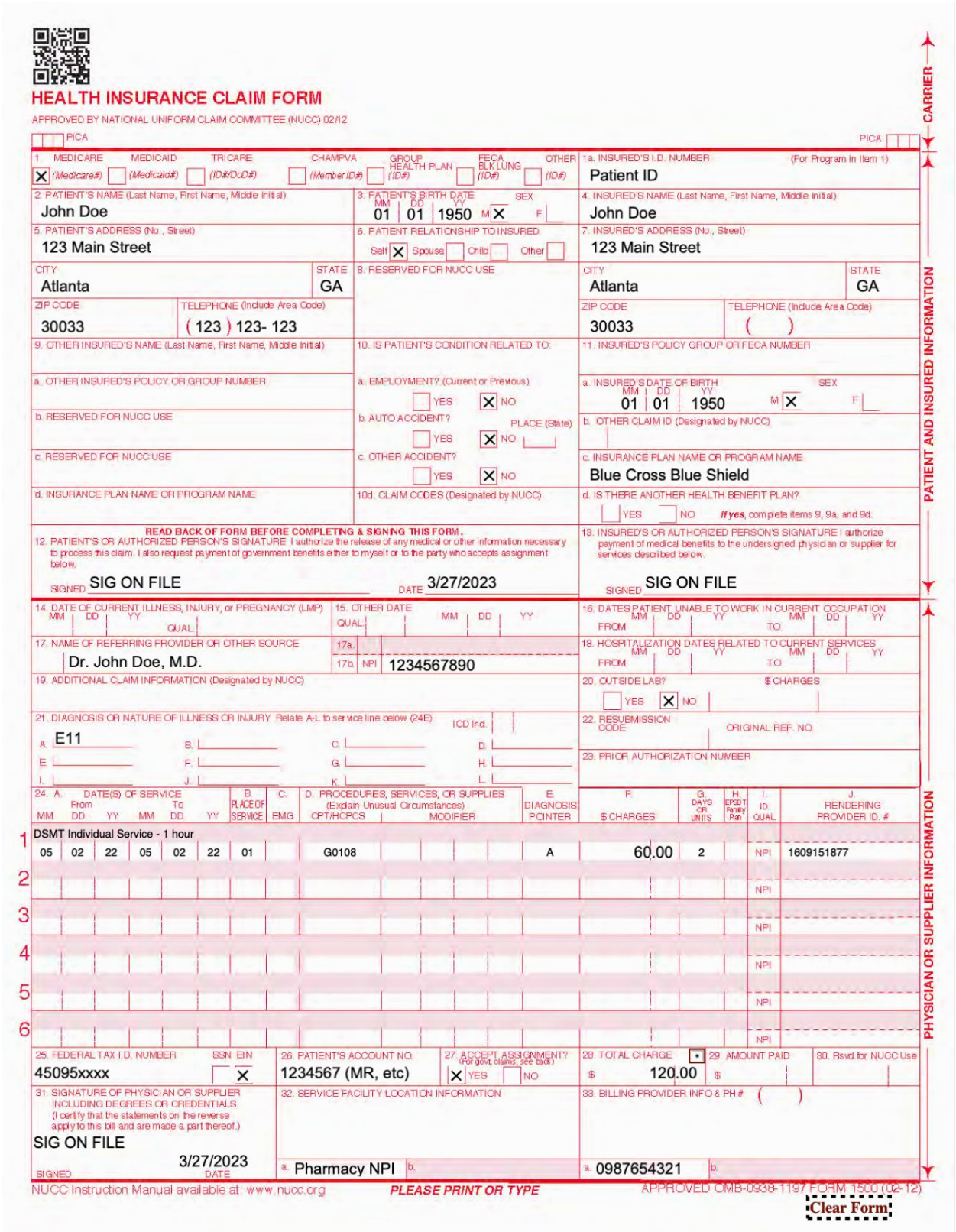
Pharmacies are required to submit to all contracted commercial payers copies of their DSMES accreditation or recognition certificates and ensure that DSMES procedure codes (G0108 and G0109) are included in the payer contracts.

If pharmacies need support in submitting commercial claims, they should contact the help desk for the commercial payer they are working with and have both the tax ID and NPI ready for the call. During the call, they should:

- Begin by providing their tax ID to start a conversation with the representative.
- Next, explain that they are an ADCES-accredited or ADA-recognized provider of DSMES services. This information is usually verified using the pharmacy NPI.

A health insurance claim form required for reimbursement by a commercial health plan is shown in Appendix Figure 2. *Note:* Field 17b should contain the NPI of the referring health care provider, while Field 24J should include the pharmacy NPI.

Appendix Figure 2: A Health Insurance Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE [X] (Medicare#) | MEDICAID [ ] (Medicaid#) | TRICARE [ ] (ID#/DoD#) | CHAMPVA [ ] (Member ID#) | GROUP HEALTH PLAN [ ] (ID#) | FECA BLK LUNG [ ] (ID#) | OTHER [ ] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): Patient ID

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): John Doe

3. PATIENT'S BIRTH DATE MM DD YY: 01 01 1950 SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): John Doe

5. PATIENT'S ADDRESS (No., Street): 123 Main Street

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 123 Main Street

CITY: Atlanta | STATE: GA

8. RESERVED FOR NUCC USE

CITY: Atlanta | STATE: GA

ZIP CODE: 30033 | TELEPHONE (Include Area Code): (123) 123- 123

ZIP CODE: 30033 | TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: 01 01 1950 SEX M [X] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: Blue Cross Blue Shield

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: SIG ON FILE DATE: 3/27/2023

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: SIG ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Dr. John Doe, M.D.

17a.

17b. NPI 1234567890

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. E11 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 DSMT Individual Service - 1 hour															
05	02	22	05	02	22	01		G0108		A	60.00	2		NPI	1609151877
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

25. FEDERAL TAX I.D. NUMBER: 45095xxxx SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.: 1234567 (MR, etc)

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE $ 120.00

29. AMOUNT PAID $

30. Rsvd. for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIG ON FILE SIGNED 3/27/2023 DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. Pharmacy NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. 0987654321 b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Clear Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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Centers for Medicare & Medicaid Services

Colorado Pharmacists Society

Electronic Billing Services, Inc.

Missouri Pharmacy Association

National Alliance of State Pharmacy Associations

National Association of Chain Drug Stores

National Association of Chronic Disease Directors

National Community Pharmacists Association

Patrick Devereux, PharmD

Pharmacy Society of Wisconsin

Travis Wolff, PharmD, BCACP

Virginia Pharmacy Association

Wisconsin Department of Health Services

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