

## Michigan Department of Health and Human Services (MDHHS)

### DSME Programs and Michigan Medicaid –Frequently Asked Questions

1. Does Michigan Medicaid cover Medical Nutrition Therapy (MNT)?
  - MNT is not separately reimbursable under Medicaid fee-for-service. MDHHS does not currently enroll Registered Dietitians (RDs) as Medicaid providers
2. Can the benefit for DSMT be different between Fee-for-Service (FFS) and a Medicaid Health Plan (MHP)?
  - The MHP contract specifies the beneficiaries to be served, scope of benefits, and contract provisions with which the MHP must comply. MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. Although MHPs must provide the full range of covered services, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements.
  - Contact the MHP plan manager with questions or for direction.
3. What can and cannot be provided through telehealth?
  - Please refer to the [2015 MDHHS Telemedicine Standards and Review Criteria](#)
  - Insulin instruction is to be as one-on-one training (one hour).
4. We have heard of Stark Laws. What should we know about how they affect our MDHHS certified programs?
  - Stark Laws are beyond the scope of this FAQ. The Michigan Attorney General office recommended each DSMT program coordinator consult with their own hospital legal counsel/corporate compliance officer regarding the Stark Laws.
  - American Association of Diabetes Educators members can also find information about the Stark Laws and DSMT on the American Association of Diabetes Educators' website at: [AADE Ask the Reimbursement Expert FAQ](#) and [Office of Inspector General Alert](#)
5. Is gestational diabetes treated differently from other types of diabetes under the FFS benefit for DSMT?
  - Medicaid DSME policy does not differentiate by diagnosis nor does it specify any particular services to be provided by diagnosis. That is, DSME for gestational diabetes can be provided via group classes. Group classes should be considered when volume of gestational diabetes referrals allows.
  - Since a diagnosis of gestational diabetes mellitus is not treated differently, all requirements should be met, including an assessment, education plan, education record, goals and support plan.
  - DSME services rendered for gestational diabetes must be billed appropriately.

6. How do the Medicaid expansion plans treat DSME?
  - The Healthy Michigan Plan (HMP) covers preventive services, including DSME.
  - All Medicaid Health Plans cover DSME.
  
7. Where can we find what is covered for insulin and other medicines under Medicaid?
  - Michigan Medicaid Health Plans beneficiaries' medications were transitioned to the Common Formulary September 30, 2016.
  - The formulary can be found at [Michigan.gov/MCOpharmacy](http://www.michigan.gov/MCOpharmacy). or [http://www.michigan.gov/documents/mdhhs/Managed\\_Care\\_Common\\_Formulary\\_Listing\\_506275\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Managed_Care_Common_Formulary_Listing_506275_7.pdf)
  - The formulary establishes "minimum drug coverage requirements."
  - The Health Plans may be "less restrictive" than the Common Formulary. For example, some health plans may cover insulin pens without prior authorization for beneficiaries over the age of 21.
  - MHPs must at a minimum cover insulin pens for beneficiaries (members) under the age of 21. The MHPs may require prior authorization for those over age 21 requesting insulin pens.
  - Insulin pens are currently covered on Fee-for-Service without prior authorization. See <https://michigan.fhsc.com/Providers/DrugInfo.asp>
  
8. Can we use an electronic referral?
  - Yes, electronic referrals are allowed if the referral contains all required elements. Please see AADE Ask the Reimbursement Expert FAQ section or the American Diabetes Association's Diabetes Education Accreditation Program (DEAP) for guidance.
  
9. Can we provide DSME in locations outside of the hospital for Medicaid patients?
  - Medicaid policy limits coverage of DSME services to Medicaid-enrolled local health departments and outpatient hospital providers only. This includes off-campus hospital outpatient departments. The services must meet all applicable Medicaid policy requirements found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).
  
10. What if the hospital moves our program to an off-site, like a rented storefront? Am I still the approved primary, hospital DSME site?
  - Medicaid policy limits coverage of DSME services to Medicaid-enrolled local health departments and outpatient hospital providers only. This includes off-campus hospital outpatient departments. The services must meet all applicable Medicaid policy requirements found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).