

## Payment for Diabetes Group Visit and Related Services

Fair and accurate payment is key to any improvements in the care of your patients. As part of our New Directions in Diabetes Care (NDDC) initiative, we asked our coding consultant, Mary Jean Sage, to develop the following matrix. It identifies the major ser-

vices you provide in the care of your patients with diabetes, with special attention to the codes related to group visits, and includes the prevailing rates of California's major payers.

CPT	SERVICE DESCRIPTION	HEALTH PLANS & NETWORKS					
		Aetna	Blue Cross	Blue Shield	CFMC	Cigna	1 <sup>st</sup> Health/CCN
	<b>E &amp; M Visits</b>						
99211	Minimal	27.82	25.05	22.96	33.40	21.03	32.06
99212	Problem Focused	47.12	41.17	40.73	57.26	37.00	54.91
99213	Expanded	63.66	59.34	55.55	76.95	51.89	74.47
	<b>Diabetes Self-Management Training</b>						
G0108	Individual per 30 minutes	41.29	41.62	35.07	53.00	65% of billed	50.88
G0109	Group, (2+), per 30 minutes	23.97	24.48	20.41	30.78	65% of billed	29.54
	<b>Medical Nutrition Training</b>						
97802	Initial, individual, each 15 minutes	23.47	*27.65	19.99	30.14	18.15	28.93
97803	Re-assess, individual, each 15 minutes	23.47	*31.54	19.99	30.14	18.15	28.93
97804	Re-assess, group each 30 minutes	9.12	*18.72	No rate	11.15	7.12	10.70
G0270	Re-assess, 2 <sup>nd</sup> ref. individual, each 15 minutes	23.47	45.00	19.99	30.14	65% of billed	28.93
G0271	Re-assess, 2 <sup>nd</sup> ref., group, each 30 minutes	9.12	45.00	7.84	11.74	35% of billed	11.27
	<b>Education and Training for Self-Management by Non-physicians</b>						
98960	Individual, each 30 minutes	31.54	34.56	By report	No cover.	70% of billed	By report
98961	2-4 patients, each 30 minutes	37.74	48.96	By report	No cover.	70% of billed	By report
98962	5-8 patients, each 30 minutes	40.98	56.16	By report	No cover.	70% of billed	By report
	<b>Smoking Cessation Counseling</b>						
G0375	3-10 min (Individual)	No cover	*	No rate	17.79	70% of billed	17.08
G0376	> 10 min. (Individual)	No cover	*	No rate	35.28	70% of billed	33.86
	<b>Laboratory Services</b>						
82947	Glucose (Random or 2 hour pp)	5.47	5.46	5.29	6.85	5.12	5.95
81002	Urine Dipstick	3.57	3.88	3.45	4.46	3.76	1.78
83036	Hemoglobin A1c	13.57	13.47	13.09	16.95	13.59	6.60
	<b>Immunizations</b>						
90732	Pneumonia Vaccine	32.50	21.49	35.13	33.79	31.60	26.91
90658	Flu Vaccine	14.06	12.82	12.42	15.08	13.10	12.13
	<b>Vaccine Administration</b>						
G0009	Pneumonia (Medicare)	15.46	10.66	10.47	23.93	Not covered	Not covered
G0008	Flu (Medicare)	15.46	10.66	1.47	23.93	Not covered	Not covered
90471	Other — single vaccine	10.00	10.66	20.16	23.93	18.45	15.00

Key: P B = Blue Cross Prudent Buyer; CFMC = California Foundation for Medical Care; CCN = Community Care Network\*  
= reviewed by Medical Department at Blue Cross

## Payment for Diabetes Group Visit and Related Services

CPT	DESCRIPTION OF SERVICE	HEALTH PLANS & NETWORKS					
		Gr. West	Healthnet	Interplan	Medicare	PHCS	United HC
	<b>E/M Visits</b>						
99211	Minimal	25.5	29.39	29.9	26.72	30.00	22.96
99212	Problem Focused	43.24	50.39	50.39	45.81	50.00	44.11
99213	Expanded	60.3	68.27	68.27	62.06	68.00	60.11
	<b>Diabetes Self-Management Training</b>						
G0108	Individual per 30 min.	43.59	46.64	46.64	42.40	Not covered	Not covered
G0109	Group, (2+), per 30 min.	25.63	27.08	27.08	24.62	Not covered	Not covered
	<b>Medical Nutrition Training</b>						
97802	Initial, individual, ea. 15 min.	25.10	26.85	26.85	24.11	25.00	19.99
97803	Re-assess, individual, ea. 15 min	25.10	26.85	26.85	24.11	25.00	19.99
97804	Re-assess, group ea. 30 min.	9.80	9.81	9.81	8.92	10.00	Not payable
G0270	Re-assess, 2 <sup>nd</sup> ref. individual, ea. 15 min.	25.10	26.85	26.85	24.11	Not covered	19.99
G0271	Re-assess, 2 <sup>nd</sup> ref., group, ea. 30 min.	9.80	10.33	10.33	9.39	Not covered	7.84
	<b>Education and Training for Self-Management by Non-physicians</b>						
98960	Individual ea. 30 min.	No cover.	No cover.	No cover.	No cover.	Not covered	Medical rvw.
98961	2-4 patients, ea. 30 min.	No cover.	No cover.	No cover.	No cover.	Not covered	Medical rvw.
98962	5-8 patients, ea. 30 min.	No cover.	No cover.	No cover.	No cover.	Not covered	Medical rvw.
	<b>Smoking Cessation Counseling</b>						
G0375	3-10 min (Individual)	No cover.	15.65	15.65	14.23	6.00	No cover.
G0376	> 10 min. (Individual)	No cover.	31.04	31.04	28.22	5.00	No cover.
	<b>Laboratory Services</b>						
82947	Glucose (Random or 2 hr. pp)	5.83	6.30	6.03	5.48	6.00	5.93
81002	Urine Dipstick	3.50	4.11	3.93	3.57	5.00	3.53
83036	Hemoglobin A1C	13.58	15.60	14.92	13.56	16.00	14.87
	<b>Immunizations</b>						
90732	Pneumonia Vaccine	29.33	25.68	29373	27.03	Not available	27.01
90658	Flu Vaccine	13.54	11.46	13.27	12.06	Not available	12.30
	<b>Vaccine Administration</b>						
G0009	Pneumonia (Medicare)	No cover.	No cover.	21.05	19.14	Not covered	Not covered
G0008	Flu (Medicare)	No cover.	No cover.	21.05	19.14	Not covered	Not covered
90471	Other – single vaccine	19.37	22.01	21.05	19.14	15.00	20.95

Key: PHCS = Private Health Care Systems

Notes: All rates are for California and are approximate. Rates may vary dependent upon geographic location of provider and individual provider contract with the various health plans. Benefits and coverage may also vary according to patient's contract with the health plan.