



Related MLN Matters Article #: MM4385

Date Posted: April 5, 2006

Related CR #: 4385

Payment of Federally Qualified Health Centers (FQHCs) for Diabetes Self-Management Training (DSMT) Services and Medical Nutrition Therapy (MNT) Services

Key Words

MM4385, CR4385, R49BP, payment, FQHC, diabetes, self-management, training, DSMT, medical, nutrition, therapy, MNT

Provider Types Affected

Providers billing Medicare Fiscal Intermediaries (FIs) for DSMT and MNT services

Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is June 29, 2006.
- Change Request (CR) 4385 provides instructions for implementing the FQHC coverage changes made by the Deficit Reduction Act (DRA) of 2005 (DRA, Section 5114 http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_reports&docid=f:hr362.109.pdf, pages 44 and 226).
- The DRA (Section 5114) amended the Social Security Act (Section 1861(aa)(3); http://www.ssa.gov/OP_Home/ssact/title18/1861.htm) to add DSMT and MNT services to the list of Medicare covered and reimbursed services under the FQHC benefit.
- Medicare permits coverage of DSMT services and MNT services when these services are furnished by a certified provider (registered dietitian or nutrition professional), who meets certain qualification standards as set forth in federal regulations for:
 - MNT at 42 Code of Federal Regulations (CFR) 410 (Subpart G) and
 - DSMT at 42 CFR 410 (Subpart H).
- FQHCs certified as DSMT and MNT providers were allowed to bundle the cost of such services into their FQHC payment rates. However, prior to the DRA of 2005, these services would not generate an FQHC visit payment.

- DSMT and MNT services are now considered core FQHC services and are reimbursable as a visit under the FQHC all-inclusive payment rate when rendered by qualified practitioners.
- Section 5114 of the DRA expanded the FQHC definition of a face-to-face encounter to include encounters with qualified practitioners of outpatient DSMT and MNT services when the FQHC meets all relevant program requirements for the provision of such services.
- The Medicare program makes payment directly to the FQHCs for covered services furnished to Medicare beneficiaries.
- The FQHC services are covered when furnished to a patient at the clinic or center, the patient's place of residence, or elsewhere (e.g., at the scene of an accident).
- Effective for services furnished on or after January 1, 2006, FQHCs that are certified providers of DSMT and MNT services can receive per-visit payments for covered services rendered by registered dietitians or nutrition professionals.
- In other words, if all relevant program requirements are met, these services are included under the FQHC benefit as billable visits.
- The FI will:
 - Make per visit payments to FQHCs for DSMT and MNT services (using the FQHCs all-inclusive encounter rate) when the services meet all relevant program requirements for the provision of such services and
 - Adjust claims for services on or after January 1, 2006, that were not processed prior to implementation of this change **if the affected providers bring those claims to the attention of their FI.**
- Documentation requirements are the same as those currently required of hospitals when receiving approval from their FIs for provision of DSMT and MNT services.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4385.pdf> on the CMS website.

Providers may find the official instructions issued regarding this change at

<http://www.cms.hhs.gov/Transmittals/downloads/R49BP.pdf> on the CMS website.

CR5433 was released on May 23, 2007, to provide guidelines for the payment of DSMT services in various institutional provider settings, including FQHCs. CR5433 may be found at

(<http://www.cms.hhs.gov/Transmittals/downloads/R1255CP.pdf>) on the CMS website.

The related MLN article may be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5433.pdf> on the CMS website.

If providers have any questions, they may contact their intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.