



**News Flash** – Beginning January 1, 2012, suppliers furnishing the technical component of advanced diagnostic imaging services for which payment is made under the Physician Fee Schedule (PFS) must be accredited by a Centers for Medicare & Medicaid Services (CMS) designated accreditation organization. In the case where a physician chooses to contract out those services to an accredited mobile unit, the physician must be accredited in order to bill Medicare for such services. For more information regarding advanced diagnostic imaging, please visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

MLN Matters® Number: MM7262

Related Change Request (CR) #: 7262

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Effective Date: January 1, 2002

Related CR Transmittal #: R2127CP

Implementation Date: March 29, 2011

## Medical Nutrition Therapy (MNT) Manual Correction

Note: This article was updated on September 4, 2012, to reflect current Web addresses. All other content remains the same.

### Provider Types Affected

This article is for physicians and other providers, including Home Health Agencies (HHAs) who bill Medicare carriers, Fiscal Intermediaries (FI), Medicare Administrative Contractors (A/B MAC), or Regional Home Health Intermediaries (RHHI) for providing Medical Nutrition Therapy (MNT) services to Medicare beneficiaries.

### What You Need to Know

CR7262, from which this article is taken, corrects an error in the "Medicare Claims Processing Manual", Chapter 4 (Part B Hospital (Including Inpatient Hospital Part B and Outpatient Prospective Payment System (OPPS)), Section 300 (Medicare Nutrition Therapy (MNT) Services), which incorrectly defines renal disease.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Specifically, the manual currently defines renal disease as “chronic renal insufficiency or the medical condition of a beneficiary who has been discharged from the hospital after a successful renal transplant within the last 6 months”. CR7262 corrects this “6 month” language to read “36 months”. All other information relating to MNT remains the same.

## Additional Information

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You can find more information about MNT by going to CR7262, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2127CP.pdf> on the CMS website. You will find the corrected “Medicare Claims Processing Manual”, Chapter 4 (Part B Hospital (Including Inpatient Hospital Part B and Outpatient Prospective Payment System (OPPS)), Section 300 (Medicare Nutrition Therapy (MNT) Services) as an attachment to that CR.

If you have any questions, please contact your carrier, FI, A/B MAC, or RHHI at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**News Flash - Get Your Flu Vaccine - Not the Flu. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself.** While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. This year's vaccine will protect against three different flu viruses, including the H1N1 virus that caused so much illness last flu season. The risks for complications, hospitalizations and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Health care workers, who may spread the flu to high risk patients, should get vaccinated too. **Remember** – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care staff, please visit [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Flu\\_Products.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Flu_Products.pdf) and <http://www.cms.gov/Medicare/Prevention/Immunizations/index.html> on the CMS website.

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