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

**Important Note:** Medicare will only pay claims for DME if the ordering physician and DME supplier are actively enrolled in Medicare on the date of service. Physicians and suppliers have to meet strict standards to enroll and stay enrolled in Medicare. If you are not enrolled on the date the prescription is filled or re-filled, Medicare will not pay the submitted claims. It is also important to tell the Medicare beneficiary if you are not participating in Medicare before you order DME. If you do not have an active record, please see the following fact sheet containing information on how to enroll, revalidate your enrollment and/or make a change: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll_PhysOther_FactSheet_ICN903768.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll_PhysOther_FactSheet_ICN903768.pdf) on the CMS website.

**Note:** This article was revised on December 21, 2015, to add the “Important Note” above and to delete obsolete Web addresses. All other information remains the same.

**Provider Types Affected**

Providers billing Medicare fiscal intermediaries (FIs) for DSMT and MNT services

**Provider Action Needed**

**STOP – Impact to You**

This article is based on Change Request (CR) 4385, which provides basic instructions for payment of FQHCs for Diabetes Self-Management Training Services (DSMT) and Medical Nutrition Therapy (MNT) services.

**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.
CAUTION – What You Need to Know

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. If all relevant program requirements are met, DSMT and/or MNT services are included as billable visits under the FQHC benefit.

GO – What You Need to Do

See the Background section of this article for further details regarding these changes.

Background

Change Request (CR) 4385 provides instructions for implementing the FQHC coverage changes made by the Deficit Reduction Act of 2005 (DRA, Section 5114, 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 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.

Therefore, in order to implement the new FQHC provision, the Centers for Medicare & Medicaid Services (CMS) is amending the Medicare Benefit Policy Manual (Pub. 100-02, Chapter 13).

The manual revision specifies that 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 30 of Chapter 13 of the Medicare Benefit Policy Manual has been revised to show that 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.

Your FIs will make per visit payments to FQHCs for covered services furnished to Medicare beneficiaries as described in the amended version of the Medicare Benefit Policy Manual (Pub. 100-02, Chapter 13, Section 30.2) and included below (amendment bolded and italicized):

“The FQHC services include all of the RHC services listed as included in §30.1 as well as preventive primary services, as described in §40. As a result of section 5114 of the DRA of 2005, FQHC services now include Outpatient DSMT and MNT services as billable FQHC visits when the FQHC meets all relevant program requirements for the provision of such services as set forth in Federal regulations at part 410, subpart H for DSMT and in part 410, subpart G for MNT. The DRA amendment is effective for services furnished on or after January 1, 2006.

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.

Your 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 you bring those claims to the attention of your FI.

Note: Documentation requirements are the same as those currently required of hospitals when receiving approval from their FIs for provision of DSMT and MNT services.

Additional Information

For complete details, please see the official instruction issued to your intermediary regarding this change. That instruction may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R49BP.pdf on the CMS website.

If you have any questions, please contact your intermediary at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-

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.
Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

Document History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 21, 2015</td>
<td>The article was revised on December 21, 2015, to include the &quot;Important Note&quot; near the top of page 1 and to delete obsolete Web addresses.</td>
</tr>
<tr>
<td>November 1, 2012</td>
<td>This article was updated on November 1, 2012, to reflect current Web addresses.</td>
</tr>
</tbody>
</table>

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.