

MLN Matters Number: MM4385

Related Change Request (CR) #: 4385

Related CR Release Date: March 31, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R49BP

Implementation Date: June 29, 2006

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

Note: This article was changed on July 30, 2007, to reference CR5433 (<http://www.cms.hhs.gov/Transmittals/downloads/R1255CP.pdf>) which clarifies and provides guidelines for the payment of DSMT services in various institutional provider settings, including FQHCs. The related MLN article may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5433.pdf> on the CMS website.

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.



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.

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.



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 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 CFR 410 (Subpart G), and
- DSMT at 42 CFR 410 (Subpart H).

The federal regulation 42 CFR 410 can be found at <http://www.gpoaccess.gov/cfr/index.html>. Once at that site, search for "42CFR410" and scroll down to the section on provider qualifications.

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.

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.

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.

Implementation

The implementation date for this instruction is June 29, 2006.

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.

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.hhs.gov/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.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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.