



# PAYMENT

## Reimbursement Tips:

### Diabetes Self-Management Training and Medical Nutrition Therapy

*Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) services are designed to support individuals with diabetes by educating them on self-management behaviors which, along with associated support activities, improve their health and quality of life.*

#### Program Requirements

DSMT and MNT are medically reasonable and necessary services provided as a Medicare Part B benefit. An effective program strives to achieve the following goals:

- Educate patients on how to manage and control their diabetes and related conditions
- Reduce the cost of care associated with unmanaged diabetes
- Reduce the rate of hospital admissions and complications caused by poorly managed diabetes

The CDC recognizes that DSMT and MNT are separate but complementary services which, together, are more effective at helping the patient manage their diabetes than if either service was furnished alone.

#### Patient Eligibility & Consent

##### Diabetes Self-Management Education and Support (DSMES)

DSMES is the term used to describe the evidence-based foundation of care, skills, and behaviors needed by individuals to self-manage their diabetes. DSMT and MNT are two education and support services covered under Medicare Part B benefits and component parts of a comprehensive DSMES program.

The two national DSMES Accrediting Organizations (AOs) approved by CMS to accredit entities that furnish DSMT are the [Association of Diabetes Care & Education Specialists \(ADCES\)](#) and the [American Diabetes Association \(ADA\)](#). A set of standards must be met as part of the qualification criteria for accreditation or recognition by these AOs.

##### Diabetes Self-Management Training (DSMT)

DSMT services educate and train individuals on how to manage their diabetes and keep it under control. Beneficiaries may also be eligible for MNT, which complements DSMT by supporting individuals through the development and reinforcement of healthy eating habits and food choices.

To bill Medicare for DSMT services, an FQHC must establish a program of services and receive accreditation by one of the two accrediting organizations: ADCES or ADA. In addition, the FQHC must already be providing and billing Medicare for other services.

Medicare and many other insurers cover up to 10 hours of initial DSMT in the first year (see table below). These 10 hours are once per beneficiary's life and must be used within 12 consecutive months, starting with the date of the first visit. An additional 2 hours of follow-up DSMT is covered every year beginning year two, 12 months after the initial DSMT is completed.

The **National Standards for Diabetes Self-Management Education Programs (NSDSMEP)** came into effect in 1984 in response to a mandate from Congress to improve the consistency in the quality and quantity of diabetes education. Section 1861(qq) of the Social Security Act established DSMT services, giving CMS the legal authority and responsibility to regulate Medicare DSMT services. The National Standards are reviewed every 5 years by national diabetes care and education specialists who are experts from various health care professional disciplines. They have been revised over the years, most recently in 2022 when they were consolidated from **10 to 6 standards**. The standards serve as the basis for accreditation of DSMES services, which is a requirement to be reimbursed by Medicare for DSMT. The National Standards meet or exceed the CMS required Quality Standards under 42 CFR § 410.144.

The DSMT and DSMT Accrediting Organization Regulations are available under [42 CFR § 410.140-410.146](#)

##### Medical Nutrition Therapy (MNT)

MNT is an individualized therapy service involving one-on-one training which does not occur as part of a multi-disciplinary team service. It focuses upon consistent, sustained healthy eating aided by this intensive therapy service. Accreditation is not required to furnish or bill for MNT but the individual furnishing these services must be a registered dietitian or nutrition professional.

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Medicare covers 3 hours of initial MNT in the first calendar year, plus 2 hours of follow-up MNT every year beginning year two. A new referral is required for follow-up visits.

Additional MNT hours may be granted by Medicare when a physician determines that there is a change in medical condition, treatment, or diagnosis that requires additional MNT. The ADCES offers the following examples of those changes: converting from oral medication to insulin, eating disorder, congestive heart failure, new onset of diabetes complications, hypertension, and an increase in HbA1c. The FQHC practitioner would need to order the additional medical necessary hours of MNT during the current episode of care. The FQHC may also be required to request and receive authorization from their Medicare Administrative Contractor (MAC) before furnishing the additional hours.

### Referral for Services

A referral from the evaluating FQHC practitioner (i.e., MD, DO, PA, NP, CNM) overseeing the patient's diabetes is required for DSMT or MNT. For MNT, that referral must come from an MD or DO. The referral for DSMT and MNT must include the number of service hours ordered, topics to be covered, and a diagnosis of diabetes (Type 1, Type 2, or gestational). MNT is also available to individuals with non-dialysis kidney disease or those who are 36 months post-kidney transplant. Patient consent is required for DSMT or MNT.

### Medicare's Definition of Diabetes

*Source: Federal Register, 2003, Volume 68 (#216), November 7, 2003*

- Fasting blood glucose of  $\geq 126$  mg/dl on two separate occasions
  - 2-hour post-glucose challenge of  $\geq 200$  mg/dl on 2 separate occasions
- OR
- A random glucose test of  $>200$  mg/dl with symptoms of unmanaged (i.e., uncontrolled) diabetes

The referral order must be retained and, if changed, updated with the referring provider's signature. Additionally, the diagnosis of diabetes must be maintained throughout the period of time services are furnished for the patient to continue to be eligible for those services. An example of the DSMT/MNT referral form may be found on the [ADCES](#) or [ADA](#) websites.


Providers must educate individuals with diabetes about their diagnosis and the plan of care. They must also ensure that the qualifying patients they have referred can access DSMT and MNT services. Research cited by the AOs demonstrates that DSMT combined with MNT improves outcomes. While DSMT and MNT may not be provided to a patient on the same service date, they may be provided during the same year.

### Medicare Benefit in an FQHC setting

| Education & Training Services                           | DSMT   | MNT               |
|---|--|-------------------|
| <b>Initial Training</b><br>(Once-In-A-Lifetime Benefit) | Up to 10 hours in a continuous 12-month period | 3 hours           |
| <b>Follow-up Training</b>                               | 2 hours, annually                              | 2 hours, annually |

In a non-FQHC setting, DSMT and MNT services are often furnished in group settings; however, FQHCs are not eligible to bill for group sessions. Therefore, services are typically provided as a one-on-one, face-to-face, medically necessary visit with an eligible provider. Should the FQHC furnish services in a group setting, the cost of group classes may be included in the annual FQHC cost report.

FQHCs located in rural areas may furnish DSMT and MNT via originating site telehealth services. This means that the patient would be located at the FQHC and receive services via telehealth by qualified provider at a (different) distant site location.

 **PHE Exception.** With DSMT and MNT, including audio-only interactions, may be provided via distant site telehealth during the COVID-19 PHE. Distant site telehealth services may be furnished by FQHCs through December 31, 2024. Consent for services furnished via telehealth may be verbal.

Medicaid and many private insurances also provide coverage, may have other coverage requirements, and may also require DSMT accreditation. It is important that health centers check their state plans and commercial payer policies.



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### **Authorized Provider/Staff**

#### **DSMT**

Once the FQHC receives accreditation by ADCES or is Recognized by the ADA, the certificate is sent to their Medicare Administration Contractor (MAC) and, if required, to their state Medicaid program. Other payers may also require a copy of the certificate.

For DSMT, CMS requires a multi-disciplinary instructional team of licensed or nationally registered individuals to provide the training. At least one member of the team is a registered dietitian, registered nurse, pharmacist, or a Certified Diabetes Care and Education Specialist (CDCES) or a Board Certified-Advanced Diabetes Management (BC=ADM). A CDCES was formerly called a Diabetes Educator. DSMT clinicians may require either direct or general supervision by the FQHC practitioner as per MAC requirements and state licensing and scope of practice regulations.

One of the members of the team must also serve as the Quality Coordinator responsible for overseeing the effectiveness, tracking, and reporting of all the DSMES services to the qualifying Accrediting Organization. According to Federal Regulation [42 CFR § 410.144\(a\)\(4\)\(ii\)](#), “an individual who is qualified as a registered dietitian and as a certified diabetes educator” may furnish the training and is deemed to meet the multidisciplinary team requirement.

For an FQHC falling in a rural area, an individual without a team who is a registered dietitian (RD), registered dietitian nutritionist (RDN), or CDCES, may furnish the DSMT training for an accredited FQHC program. The multidisciplinary team requirement would be considered met in this rural area scenario.

#### **MNT**

MNT is an individualized therapy service involving one-on-one training which does not occur as part of a multi-disciplinary team service. It focuses upon consistent, sustained healthy eating aided by this intensive therapy service. In an FQHC, MNT must be provided by an RD or nutrition professional, such as an RDN. This means that auxiliary staff may not provide these services incident to (i.e., under the direct supervision) the registered dietitian or nutrition professional. MNT does not require the FQHC program to be accredited. Only an MD or DO, and not a midlevel provider, may refer a patient for initial and follow-up MNT.

The Code of Federal Regulations provides further definition for the registered dietitian or nutrition professional MNT provider qualifications under [Section 42 CFR § 410.134](#).

| ORDERING PRACTITIONER |                          |    |    |     |
|-----------------------|--------------------------|----|----|-----|
|                       | Physicians<br>(MD or DO) | NP | PA | CNM |
| DSMT                  | x                        | x  | x  | x   |
| MNT                   | x                        |    |    |     |

| RENDERING PROVIDER |        |                        |            |    |        |
|--------------------|--------|------------------------|------------|----|--------|
| DSMT               | RD/RDN | CDCES                  | Pharmacist | RN | CD-ADM |
| MNT                | RD/RDN | Nutrition Professional |            |    |        |

*\*All FQHC billing for DSMT is under the FQHC's DSMES Accredited NPI#.*

*\*In a rural area, services furnished by an RD, or RDN, or CDCES meets the multidisciplinary team requirement.*

### **Documentation**

To meet the conditions of coverage for DSMT and MNT there must be a written order, a plan of care associated with the training, and a diagnosis of diabetes meeting Medicare's definition. The DSMT and MNT plans of care contain the same elements as the referral order form:

1. Describes the content, number and frequency of session, and duration of the trainings
2. Certifies, via FQHC practitioner signature, that the patient's diabetic condition is managed by him/her and the ordered training is medically necessary.
3. Contains the patient's qualifying medical conditions addressed by the training.
4. Changes to the form must be signed by the referring practitioner and retained in the medical record.



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### Diabetes Outcome Measures

Source: CFR § 410.146

Accredited entities are required to document the following patient assessment information quarterly:

#### Medical information that includes the following:

- Duration of the diabetic condition
- Use of insulin or oral agents
- Height and weight by date
- Results and date of last lipid test
- Results and date of last HbA1C
- Information on self-monitoring (frequency and results)
- Blood pressure with the corresponding dates
- Date of the last eye exam

#### Other information that includes the following:

- Educational goals
- Assessment of educational needs
- Training goals
- Plan for a follow-up assessment of achievement of training goals between 6 months and 1 year after the beneficiary completes the training
- Documentation of the training goals assessment

**Follow-up assessment information.** Patient surveys, follow-up visit documentation, and contact with the primary care physician may be used as sources of information to determine whether training goals have been achieved.

## + Coding & Billing

FQHCs are paid under the Prospective Payment System (PPS) for DSMT and MNT. These services are qualifying visits when billed under the PPS G0466 or G0467 payment codes.

FQHCs DSMT visits many take place in the following locations when the requirements are met: FQHC, beneficiary's home, assisted living facility, Medicare-covered Part A skilled nursing facility. FQHCs should check with their MAC to determine if MNT may also be furnished in these same settings.



| WHAT PROVIDER CODES      | Services   | What FQHC bills to CMS  | CMS/Medicare 2023 Fees |
|--------------------------|--|---|------------------------|
| <b>DSMT<br/>G0108</b>    | Diabetes outpatient self-management training services, individual, per 30 mins. (new or est. patient)*   | G0466, FQHC Medical Visit, new patient  |                        |
| <b>MNT<br/>CPT 97802</b> | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face, each 15 mins. (new or est. patient)  | OR  |                        |
| <b>CPT 97803</b>         | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face, each 15 mins. (est. patient)  | G0467, FQHC Medical Visit, established patient  | \$251.13               |
| <b>G0270</b>             | Medical nutrition therapy; reassessment and subsequent intervention following second referral in same year for change in diagnosis, medical condition, or treatment regime, individual, face-to-face, each 15 mins. (est. patient) | <i>Use the appropriate G code based upon whether a patient is new or established.</i> | \$187.19               |

*Note: Rates in the coding tables above are based on the 2023 Medicare Physician Fee Schedule (PFS); no Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied. FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI. Group training and therapy service codes are not reflected in this table.*

*\* The 10 initial hours of DSMT is furnished in increments of no less than 30 minutes. Rounding of time is not allowed.*

Under the PPS system, DSMT and MNT are considered medical visits and not separately payable if the services are provided on the same day as another FQHC medical visit. A patient who receives care management services (G0511 or G0512) may also receive DSMT or MNT services on the same day. An FQHC may submit a Medicare claim for a billable CMS PPS "G" code visit and a care management service on a single claim. If billing for care management services and DSMT or MNT on the same claim, payment for the PPS "G" code will be the lesser of its charges or the fully adjusted PPS rate for the billable visit plus 80% of the charges for CCM/PCM.

Medicare pays 80% of the lesser of the FQHC PPS rate or the total of the charges. Regarding co-insurance:

- DSMT: beneficiaries pay a 20% co-insurance.
- MNT: beneficiaries do not pay a co-insurance as it is considered a preventive service.

DSMT or MNT is reimbursed separately from an FQHC mental health visit occurring on the same visit date. All DSMT charges by team members are submitted using the appropriate service code under the FQHC DSMES National Provider Identifier (NPI) number.

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### References

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- ADCES FAQs DSMES and DSMT Reimbursement. Accessed at [https://www.diabeteseducator.org/docs/default-source/about-aade/here8afac089-bf2e-4613-a87b-87b8a2e456bf.pdf?Status=Master&sfvrsn=bdb49158\\_3](https://www.diabeteseducator.org/docs/default-source/about-aade/here8afac089-bf2e-4613-a87b-87b8a2e456bf.pdf?Status=Master&sfvrsn=bdb49158_3)
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- Cornell Law School: Legal Information Institute 42 CFR 410.144. CMS DSMES Quality Standards for deemed entities. Accessed at <https://www.law.cornell.edu/cfr/text/42/410.144>
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- How an RDN Can Help with Diabetes (eatright.org). Accessed at <https://www.eatright.org/health/health-conditions/diabetes/how-an-rdn-can-help-with-diabetes>
- Medicare Benefit Policy Manual; Chapter 13. FQHC services. Accessed at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>
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- Medicare Coverage Guidelines for Diabetes Self-Management Training Benefit. Accessed at [https://www.cdc.gov/diabetes/dsmes-toolkit/pdfs/Participating-Medicare-DSMT-Coverage-Guidelines-11-20-17\\_508tagged.pdf](https://www.cdc.gov/diabetes/dsmes-toolkit/pdfs/Participating-Medicare-DSMT-Coverage-Guidelines-11-20-17_508tagged.pdf)
- National DPP Coverage Toolkit. Accessed at <https://coveragetoolkit.org/engaging-fqhcs/>
- Specific Payment Codes for the Federally Qualified Health Center Prospective Payment System (FQHC PPS) (cms.gov). Accessed at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-Specific-Payment-Codes.pdf>