



## **FAQs on Coordination of the Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT) Part B Medicare Benefits.**

[Note: since this frequently asked question document was prepared, the Centers for Medicare & Medicaid Services has released a Program Transmittal on the Diabetes Self-Management Training program (5/28/04). Clarification and updated information about the DSMT program is included in the transmittal. A copy is enclosed in section six in this publication.]

**Q:** What does the National Coverage Determination (NCD)<sup>1</sup> have to do with the coordination of the Diabetes Self-Management Training (DSMT) and medical nutrition therapy (MNT) benefits? [Note: DSMT is synonymous with diabetes self-management education (DSME)].

**A:** A National Coverage Determination is the official statement of Medicare Reimbursement policy from Centers for Medicare & Medicaid Services (CMS). NCDs are published in the CMS "Coverage Issues Manual," and are subject to appeal if a party is dissatisfied with the determination. The NCD was published to accomplish several purposes. As required by the MNT final rule the NCD established the duration and frequency of MNT. Another purpose was to provide guidance for coverage of MNT and DSMT during the same period.

The NCD was published on February 28, 2002 and the effective date is October 1, 2002. Both the MNT final rule and the NCD must be read together to understand the legal requirements of the MNT benefit. The final rule and the NCD complement each other and when fully implemented, will coexist to describe the MNT benefit parameters and the coordination of benefits. The NCD also describes the differences between the MNT and the DSMT benefits and specifies that DSMT and MNT cannot be provided for on the same date of service day.

**Q:** How will the MNT and DSMT benefits be coordinated?

**A:** These benefits are viewed as complementary benefits. The only stipulation will be that they may not be provided on the same date of service. However, they can be billed on the same date of service.

**Q:** What are the number of hours allowed for initial DSMT and initial MNT?

**A:** The initial number of hours allowed for DSMT remains at 10 while the initial MNT benefit is 3 hours. So at a minimum, the qualified beneficiary, who meets the diagnostic criteria and medical necessity for both benefits can receive 10 hours of DSMT and also receive 3 hours of MNT as long as the services are not provided on the same date. However, they can be billed on the same date. Thus, an eligible beneficiary may receive a total of at least 13 hours of initial service. Not all Medicare beneficiaries with a diagnosis of diabetes will qualify for both MNT and DSMT benefits.

The NCD states that qualifying registered dietitians or nutrition professionals may choose how many units of the MNT CPT codes are performed per day as long as all of the other requirements in the NCD and the MNT final rule are met.<sup>1,2</sup> The NCD also states that additional hours of MNT

can be covered if the treating physician determines 1) there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and 2) orders additional hours of MNT during the episode of care<sup>1</sup>.

**Q:** What are the number of hours allowed for follow-up DSMT and follow-up MNT?

**A:** As of October 1, 2002, the effective date for the implementation of the NCD, there will be no coordination of these benefits. They are complementary benefits. An eligible beneficiary with diabetes will be allowed up to 2 hours of follow-up DSMT annually and up to 2 hours of follow-up MNT annually. DSMT follow-up training, unlike the initial training, can be provided either individually or in a group, regardless of barriers to learning. The MNT and DSMT follow-up hours may be provided in any increments billable with the appropriate CPT codes (i.e. in half-hour increments for DSMT and quarter hour increments for individual MNT and half-hour increments for group MNT). Both services require a referral. Keep in mind that according to the NCD the treating physician can refer the beneficiary for additional hours of MNT.<sup>1</sup>

**Q:** Is there a difference between MNT and the nutrition content provided in DSMT?

**A:** Yes. MNT services are defined in the MNT statute as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional...pursuant to a referral by a physician...”<sup>1</sup> Qualifying RDs and nutrition professionals enrolled as Medicare providers must also use “nationally recognized protocols such as those developed by the American Dietetic Association.”<sup>3</sup> The DSMT program includes nutrition as one component of the curriculum content. The nutrition curriculum in the DSMT program must be consistent with the requirements in the National Standards for Diabetes Self-Management Education.<sup>4</sup>

The NCD describes the differences as follows:

The DSMT benefit consists of ten different functional areas of which nutrition counseling is only one. The intent of DSMT is to provide overall guidance related to all aspects of the disease designed to increase the beneficiary’s knowledge about the disease and how they can exercise control over their own health. MNT is described in the NCD as a more intensive nutritional counseling and therapy regimen that relies heavily on follow-up and feedback to the beneficiary to change their behavior over a period of time.

CMS’s rationale for covering both DMST and MNT benefit is that the two benefits provide different behavioral modification techniques, which may prove to be complementary. The only stipulation is that they will not cover the services if they are provided for on the same date of service. This coverage policy was adopted to allow the beneficiary to receive the effect of reinforcement over a period of time.

**Q:** Is there any stipulation that DSMT must be provided before the MNT or visa versa?

**A:** No.

**Q:** Should the nutrition component provided within a DSMT program be billed or viewed any differently now that the MNT benefit is effective?

**A:** No, the DSMT program should continue to bill using the G codes for all services provided through the program, including the nutrition component. The MNT benefit offers a completely distinct opportunity to provide and be reimbursed by Medicare for MNT services furnished to appropriately qualifying beneficiaries.

**Q:** Can a registered dietitian who is one of the multi-disciplinary team members in an accredited DSMT program also provide and bill for MNT under the Medicare MNT benefit within the DSMT program?

**A.** Yes, a registered dietitian who is a multi-disciplinary team member involved in providing the nutrition component of an accredited DSMT program may elect to enroll as a Medicare provider and provide MNT to qualified Medicare beneficiaries. With respect to MNT services, the registered dietitian, or the facility that bills on behalf of the registered dietitian, bills for the Medicare MNT covered services using the CMS1500 form and the appropriate CPT codes for MNT services. Only registered dietitians or qualified nutrition professionals can become Medicare providers for the Medicare MNT benefit.

For the nutrition component of the DSMT program, the entity accredited as the DSMT program continues to bill Medicare using either a UB92 or a CMS1500 form and the appropriate DSMT codes for all services covered by the DSMT program, which includes any nutrition training. MNT services and the nutrition component of a DSMT program remain distinct services even when a single registered dietitian provides both the MNT services and the nutrition component of a DSMT program. However, both services can be provided to eligible Medicare beneficiaries.

**Q.** Can a registered dietitian who is an approved Medicare provider with a PIN and who also is a multi disciplinary team member in an accredited DSMT program use her/his PIN to bill for DSMT?

**A.** Yes, it is stated in CMS DSMT program memorandum B0140, published on June 15, 2001 that, "all certified providers that provide other individual items or services [ie MNT] on a fee-for-service basis and that meet quality standards can receive reimbursement for diabetes training. Certified providers must be currently receiving payment for other Medicare services. The statute states that a "certified provider" is a physician or other individual [i.e. RD] designated by the Secretary that, in addition to providing diabetes self-management services, provides other items for which payment may be made under title XVII [ie MNT] such as medical services or durable medical equipment and meets certain quality standards."<sup>5</sup>

Accordingly, RDs who are enrolled with CMS to provide MNT can establish an accredited DSMT program, which operates as a distinct entity from a facility such as a hospital and provide separate Medicare MNT services in the same location. The RD can use his/her PIN number to bill both MNT and DSMT services. The RD billing the DSMT services does not need to be the sole provider of all the DSMT services. It is important for the RD using his/her PIN to remember that his/her PIN will be used to report the program's income to the Internal Revenue Service. By using the Medicare MNT PIN that is linked to the RD's social security number, the RD is assuming more personal liability. RDs will be personally taxed on income received from DSMT programs and realize other legal liabilities of the program.

If the RD is going to set-up an accredited DSMT program, the RD would enroll using the CMS855B (group form). This form requires the suppliers' tax identification number, eg. the number the supplier uses to report tax information to the Internal Revenue Service. Because of the personal liability risk to the practitioner, RDs should consider the benefits of setting up alternative business arrangements, such as a limited liability partnership (LLP), incorporation or other arrangement. Consult a business advisor for more details on business arrangements. The tax identification number that is established through the business arrangement would then be listed on the enrollment form for the DSMT program.

**Q:** Who makes the referral to initiate either the MNT or DSMT benefits?

**A:** MNT may only be ordered by a physician and the physician must be the “treating physician.” Meaning, “the primary care physician or specialists coordinating care for the beneficiary with diabetes or renal disease.”<sup>2</sup> DSMT may be ordered by either a physician or a qualified non-physician practitioner, such as a nurse practitioner or physician’s assistant.

**Q:** What are some of the differences in the coding and billing requirements for either MNT or DSMT benefits?

**A:** The Medicare MNT regulations indicate qualifying registered dietitians or nutrition professionals must use the MNT CPT codes 97802, 97803, or 97804; 15-minute increments accepted for 97802 and 97803, 30 minute increments for 97804. DSMT requires use of G codes GO108 and GO109; 30 minute increments for both codes.

[Note: since this FAQ was created, CMS has established two MNT G codes — G0207 and G0271. These new G codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered, (3 hours in the initial calendar year, and 2 follow-up hours in subsequent years with a physician referral) when the treating physician determines there is a change of diagnosis or medical condition that makes a change in diet necessary.]

**Q:** What claims processing forms should be used for the DSMT and MNT benefits?

**A:** MNT claims must be billed using the CMS1500 form or its electronic equivalent form, unless a hospital outpatient facility does not have systems in place to bill on the CMS1500 form. In this case, CMS has indicated hospital outpatient facilities can bill Medicare MNT on the UB92 form, or its electronic equivalent form. DSMT claims may be billed on either the UB92 or CMS1500 form (or the electronic equivalent forms), depending on the type of entity that is the accredited DSMT program.

Additional information and interpretation of CMS regulations for MNT and DSMT is available from the Medicare carriers. Access this information from the carrier’s web page. Carrier information can be accessed from CMS’ web page <http://cms.hhs.gov/providers/enrollment/contacts/>.

#### **References:**

1. Medicare Coverage Policy Decision: Duration and Frequency of the Medical Nutrition Therapy (MNT) Benefit (#CAG-00097N). Available at [www.cms.hhs.gov/ncdr/memo.asp?id=53](http://www.cms.hhs.gov/ncdr/memo.asp?id=53).
2. Final MNT Regulations. CMS-1169-FC. Federal Register, November 1, 2001. Department of Health and Human Services. 42 CFR Parts: 405, 410, 411, 414, and 415. Available at: [www.eatright.org/Member/Files/Federal\\_Register\\_8.2.01.doc](http://www.eatright.org/Member/Files/Federal_Register_8.2.01.doc).
3. CMS Program Memorandum, Additional Clarification for MNT Services for Beneficiaries with Diabetes or Renal Disease. Published May 1, 2002. Available at: [http://cms.hhs.gov/manuals/pm\\_trans/AB02059.pdf](http://cms.hhs.gov/manuals/pm_trans/AB02059.pdf).
4. Mensing C, et al.: National Standards for Diabetes Self-Management Education, *Diabetes Care*. 25(Supp 1): S140-S147, 2002.
5. Expanded Coverage of Diabetes Out-Patient Self-Management Training, June 15, 2001. PM B-01-40. To review this document go to: [www.cms.hhs.gov/manuals/pm\\_trans/B0140.pdf](http://www.cms.hhs.gov/manuals/pm_trans/B0140.pdf).
6. Diabetes Self Management Training Services, May 28, 2004. Program Transmittal 13, Pub. 100-02. To review this document go to: [www.cms.hhs.gov/manuals/pm\\_trans/R13BP.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R13BP.pdf).

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### MEDICARE REVISES MEDICAL NUTRITION THERAPY POLICY

The Centers for Medicare & Medicaid Services (CMS) today issued a decision memorandum expanding coverage of medical nutrition therapy (MNT) for Medicare beneficiaries with diabetes and renal disease, allowing a patient to receive this new benefit while also getting diabetes self-management training (DSMT).

Under the medical nutrition therapy benefit a dietician or nutritionist creates individualized meal plans, after assessing patients' health status, what they eat and how much exercise they get. Progress is checked throughout the year to see if the recommendations are working or whether they need adjusting. The benefit does not cover dietary supplements, calendars, or foods.

"Eating right matters, especially for those who suffer from diabetes and other chronic illnesses," Health and Human Services Secretary Tommy G. Thompson said. "By covering nutrition therapy, Medicare is helping beneficiaries lead healthier lives and avoid more serious illnesses and complications that can result from inappropriate diet."

The nutrition counseling benefit, while related, is separate from the diabetes outpatient self-management training benefit created by the Balanced Budget Act of 1997. DSMT is a comprehensive diabetes training program, of which general nutrition is only one component.

The MNT benefit was created by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). It was implemented on January 1, 2002.

The MNT benefit authorizes dietitians and nutritionists who meet certain qualifications to be reimbursed directly by Medicare. Previously they were not considered Medicare suppliers, and nutrition counseling was only covered as part of other benefits, such as a hospital stay.

Now MNT may be billed separately as a stand-alone benefit, and achieving provider status allows dietitians and nutritionists to bill for services under both the medical nutrition therapy and diabetes self-management training benefits.

"We are excited about the implementation of this new benefit and welcome dietitians and nutritionists into the Medicare provider family," said Jeffrey Kang, MD, MPH, CMS's chief clinical officer.

"This is very important for diabetics because of their problems with metabolizing carbohydrates and for patients with renal disease for eliminating proteins from the body," said Kang, director of the CMS Office of Clinical Standards and Quality. "Both conditions cause damage to other parts

of the body if not controlled."

For the coordination of MNT and DSMT benefits, CMS concluded that the two benefits serve different purposes and would prove more beneficial if both were available to the beneficiary in the same time period. However, they cannot be provided on the same day.

The decision memorandum issued today also specifies how many hours of MNT will be covered per year for Medicare beneficiaries with diabetes or renal disease. Medicare will cover three hours of nutritional counseling in the first year and two hours in subsequent years, although the treating physician may order additional hours during the year if needed. DMST is covered for 10 hours in the first year and 2 hours in subsequent years.

More information about today's decision can be found at <http://www.hcfa.gov/coverage/8b3-ggg.htm>.