



## Qualifying Diagnoses for Reimbursement

To obtain MNT reimbursement, the patient must be a Medicare Part B beneficiary with *diabetes* or *non-dialysis kidney disease*.

### Diabetes: Type 1, type 2, and gestational diabetes

The patient must meet *one of the following diagnostic criteria* for diabetes:

- Fasting glucose  $\geq 126$  mg/dl on two different occasions.
- Two-hour post glucose challenge  $\geq 200$  mg/dl on two different occasions.
- Random glucose test  $> 200$  mg/dl for a person with symptoms of uncontrolled diabetes.

At the time of this guide (July 2006), Medicare does not reimburse MNT services provided for patients with a primary diagnosis of prediabetes, impaired fasting glucose (IFG), or impaired glucose tolerance (IGT). During spring 2004, the Medicare MNT Act of 2005 was introduced into the House and Senate. The proposed legislation would give the CMS authority to cover MNT when scientific evidence shows it would be cost effective in treating ambulatory patients with serious diseases or conditions.

### Kidney: Non-dialysis kidney disease and post-kidney transplants

Medicare will reimburse MNT services for non-dialysis kidney disease in the following situations:

- The patient has chronic kidney insufficiency (i.e., reduction in kidney function that is not severe enough to require dialysis or transplantation; Glomerular Filtration Rate [GFR]  $13-50$  ml/min/1.73m<sup>2</sup>).
- The patient has end stage kidney disease, but is not on dialysis (i.e., non-dialysis kidney disease).
- The patient had a kidney transplant (up to 36 months after the transplant).

### Practice setting for MNT reimbursement

Medicare coverage of MNT services includes a variety of settings, including hospital outpatient departments, freestanding clinics, physician offices, and home health settings.

Medicare payment will not be made if the beneficiary is an inpatient of a hospital or is in a skilled nursing facility, nursing home, hospice, or end stage kidney disease dialysis facility. MNT services provided through a federally qualified health center (FQHC) or



rural health clinic (RHC) are not a separately billed service. Instead, MNT services at FQHCs and RHCs are billed as part of the IHS All-Inclusive Rate for Medicare Part A.



### Limitations of Medicare coverage

The limitations of Medicare coverage for MNT reimbursement include the following:

- MNT services are not covered for individuals receiving dialysis.
- If the beneficiary has diabetes *and* kidney disease, the numbers of hours allowed are for either diabetes *or* kidney disease (e.g., three hours in the first calendar year with additional hours possible if the treating physician determines a change in medical condition, diagnosis, or treatment plan that makes a change in diet necessary).
- Only face-to-face time with the patient is covered.
- To apply for reimbursement for both diabetes self-management training (DSMT) and MNT services, you cannot provide these services on the same day. (Please refer to Appendix E for information on DSMT.)