

FQHC and DSMT Frequently Asked Questions

1. What is a FQHC?

- Federally Qualified Health Center (FQHCs) are community-based organizations that provide comprehensive primary care and preventive care to persons of all ages, regardless of their ability to pay. Thus, they are a critical component of the health care safety net. FQHCs are also called Community/Migrant Health Centers (C/MHC), Community Health Centers (CHC), and 330 Funded Clinics.

2. Can DSMT be provided in a FQHC?

- Yes, FQHC are recognized DSMT providers

3. Do FQHC need to have recognized/accredited DSMT program to bill Medicare?

- Yes, FQHC must have an accredited program through AADE or ADA to bill Medicare for DSMT

4. Do Medicare beneficiaries need to meet all of coverage criteria for DSMT when performed in FQHC?

- Yes, Medicare beneficiaries must meet definition of diabetes and all other coverage criteria

5. Can group DSMT be provided in FQHC?

- No, only individual 1:1 (G0108) can be provided in FQHC

6. How are FQHCs paid for DSMT?

- Effective January 1, 2016 all FQHCs are paid under Prospective Payment System (PPS) which is a national encounter-based rate with geographic and other adjustments. The national average 2017 payment rate is \$163.49. PPS rates are updated annually.

7. Do Medicare beneficiaries have a coinsurance for DSMT in FQHC?

- Yes, DSMT has a coinsurance, but MNT is considered a preventive service and has no coinsurance. There is no Part B deductible in FQHCs for FQHC-covered services. Patient cost-sharing requirements for most Medicare-covered preventive services are waived, and Medicare pays 100 percent of the costs for these services.

8. If a Diabetes Self-Management Training (DSMT) or /Medical Nutrition Therapy (MNT) visit occurs on the same day as a mental health visit, can two visits be billed?

- Yes, because DSMT/MNT is considered a medical visit and a FQHC can bill for 2 visits when a medical and mental health visit occur on the same day.

9. If a DSMT/MNT visit is furnished on the same day as another medical visit, can two visits be billed?

- No. If DSMT/MNT is furnished on the same day as another medical visit, only one visit can be billed

10. Can a pharmacist bill for DSMT/MNT?

- In FQHCs, only certified DSMT practitioners can bill for DSMT, and only qualified nutritional professionals can bill for MNT. If a pharmacist also happens to be a certified DSMT practitioner or a qualified nutritional professional, he/she could bill for a visit.

11. Can FQHC get paid for Chronic Care Management (CCM)?

- As of January 1, 2016, FQHCs may receive an additional payment for the costs of CCM services when a minimum of 20 minutes of qualified CCM services are furnished to a Medicare patient who has two or more chronic conditions that are expected to last at least 12 months or until his or her death and that place him or her at significant risk of death/acute exacerbation/decompensation, or functional decline. CCM payment is based on the Medicare Physician Fee Schedule national average non-facility payment rate when Current Procedural Terminology (CPT) code 99490 is billed alone or with other payable services on a FQHC claim. Coinsurance is applied and the FQHC face-to-face requirements are waived for CCM services.

BACKGROUND INFORMATION IMPORTANT FOR DSMT ACCREDITED PROGRAMS:

- Once program receives accreditation, providers must notify and send accreditation certificate to their Medicare Administration Contractor (MAC). Same process should be completed for state Medicaid program.
- All sites of service (i.e. FQHC, physician office, hospital etc..) should use CPT codes G0108 and G0109 when billing Medicare for DSMT.
- Billing for DSMT is done under the NPI of the program. Although RNs and CDEs can provide DSMT as members of the accredited program – their services are billed under the NPI of the program. DSMT is not considered to be incident-to.
- All sites of service are subject to the same Medicare criteria for coverage (i.e. diagnosis of diabetes) and covered hours (10 hours in initial year and 2 hours in subsequent years).
- It is important that Diabetes Educators and program managers work closely with their business office/finance team to ensure billing is done correctly and claims are processed appropriately.