

**Subpart E—Community Mental Health Centers (CMHCs) Providing Partial Hospitalization Services**

**§410.110 Requirements for coverage of partial hospitalization services by CMHCs.**

Medicare part B covers partial hospitalization services furnished by or under arrangements made by a CMHC if they are provided by a CMHC as defined in §410.2 that has in effect a provider agreement under part 489 of this chapter and if the services are—

- (a) Prescribed by a physician and furnished under the general supervision of a physician;
- (b) Subject to certification by a physician in accordance with §424.24(e)(1) of this subchapter; and
- (c) Furnished under a plan of treatment that meets the requirements of §424.24(e)(2) of this subchapter.

[59 FR 6577, Feb. 11, 1994]

**Subpart F [Reserved]**

**Subpart G—Medical Nutrition Therapy**

SOURCE: 66 FR 55331, Nov. 1, 2001, unless otherwise noted.

**§410.130 Definitions.**

For the purposes of this subpart, the following definitions apply:

*Chronic renal insufficiency* means the stage of renal disease associated with a reduction in renal function not severe enough to require dialysis or transplantation (glomerular filtration rate [GFR] 13–50 ml/min/1.73m<sup>2</sup>).

*Diabetes* means diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria: A fasting blood sugar greater than or equal to 126 mg/dL on two different occasions; a 2 hour post-glucose challenge greater than or equal to 200 mg/dL on 2 different occasions; or a random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.

*Episode of care* means services covered in a 12-month time period when coordinated with initial diabetes self-management training (DSMT) and one

calendar year for each year thereafter, starting with the assessment and including all covered interventions based on referral(s) from a physician as specified in §410.132(c). The time period covered for gestational diabetes extends only until the pregnancy ends.

*Medical nutrition therapy services* means nutritional diagnostic, therapeutic, and counseling services provided by a registered dietitian or nutrition professional for the purpose of managing diabetes or a renal disease.

*Physician* means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action (including a physician within the meaning of section of 1101(a)(7) of the Act).

*Renal disease* means chronic renal insufficiency, end-stage renal disease when dialysis is not received, or the medical condition of a beneficiary for 36 months after kidney transplant.

*Treating physician* means the primary care physician or specialist coordinating care for the beneficiary with diabetes or renal disease.

[66 FR 55331, Nov. 1, 2001, as amended at 68 FR 63261, Nov. 7, 2003]

**§410.132 Medical nutrition therapy.**

(a) *Conditions for coverage of MNT services.* Medicare Part B pays for MNT services provided by a registered dietitian or nutrition professional as defined in §410.134 when the beneficiary is referred for the service by the treating physician. Except as provided at §410.78, services covered consist of face-to-face nutritional assessments and interventions in accordance with nationally-accepted dietary or nutritional protocols.

(b) *Limitations on coverage of MNT services.* (1) MNT services based on a diagnosis of renal disease as described in this subpart are not covered for beneficiaries receiving maintenance dialysis for which payment is made under section 1881 of the Act.

(2) A beneficiary may only receive the maximum number of hours covered under the DSMT benefit for both DSMT and MNT during the initial DSMT training period unless additional hours are determined to be