State of New Mexico
Medical Assistance Program Manual

Supplement

HEALTH CARE AUTHORITY

DATE: **July 30, 2025** **NUMBER: 25-09**

TO: **All PRACTITIONERS**

FROM: **DANA FLANNERY, MEDICAL ASSISTANCE DIVISION**

THROUGH: **ALANNA DANCIS, DNP, CHIEF MEDICAL OFFICER**

SUBJECT: **FOOD IS MEDICINE BENEFIT FOR PREGNANT RECIPIENTS WITH DIABETES**

The New Mexico Health Care Authority, Medical Assistance Division (HCA/MAD) is issuing this Supplement to provide program, billing, and reimbursement guidance for the Food Is Medicine (FIM) benefit for pregnant recipients with diabetes. This benefit is intended to support vulnerable pregnant Medicaid recipients and healthy birth outcomes. This benefit is implemented under the 1115 Waiver and includes home-delivered medically tailored food, consisting of Medically-Tailored meals and Medically-Tailored grocery boxes.

The effective date of Food is Medicine is July 1, 2025. The Food is Medicine benefit is intended to be a phased approach starting with home-delivered medically tailored food (meals and grocery boxes).

1. **Definitions:**

   Home-Delivered Medically Tailored Meals (MTM)**:** MTMs are fully prepared meals that are designed by a registered dietitian nutritionist (RDN) to meet the unique nutritional requirements of pregnant recipients with diabetes. MTMs should incorporate local agriculture, food vendors and food preparation services to the extent practicable.

   Home-Delivered Medically Tailored Grocery Boxes (MTG) are distributions of unprepared or lightly processed foods that recipients are meant to prepare for consumption at home. The contents are designed by an RDN to meet the unique nutritional requirements of pregnant recipients with diabetes and medically tailored to the recipient's health needs. The contents are sufficient to prepare nutritionally complete meals or provide a significant portion of the ingredients for such meals, including fresh produce, whole grains and legumes, and lean proteins. MTGs should incorporate local agriculture, food vendors and food preparation services to the extent practicable. A complete medically-tailored grocery box will be comprised of a shelf-stable grocery box plus a fresh produce box.

2. **Provider Requirements:**
    a. Must be enrolled in New Mexico Medicaid as Provider Type 346 Lodging, Meals;
    b. Must have knowledge of principles, methods, and procedures of the covered nutrition interventions meant to support an individual in obtaining food security and meeting their nutritional needs;
    c. Must be able to receive referrals from providers;
    d. Must be able to track and report on service delivery (including unsuccessful deliveries)
    e. Must comply, during all stages of food service operation, with applicable federal, state and local regulations, codes, and licensor requirements relating to fire; health; sanitation; safety; building and other provisions relating to the public health, safety, and welfare of individuals receiving MTM or MTG;
    f. Must follow best practice guidelines and industry standards for food safety;
        i. Must include a Registered Dietician or RDN or other comparable professional to develop the nutritional content of the Meals/Grocery Boxes and provide a medically tailored Meal/Grocery box customized to the recipient's health needs.
    g. Must be able to customize Meals/Grocery Boxes to a recipient's cultural, religious and personal preferences while ensuring the Meal/Grocery box remains medically-tailored;
    h. Must be able to attain information from the recipient about their receipt of SNAP or WIC assistance and factor this assistance into the total number of meals requested for the recipient.
3. **Eligible Medicaid Recipients:**
    a. Pregnant Medicaid recipients with a diabetes diagnosis (type 1, type 2, or gestational).
4. **Prior Authorizations:** No Prior Authorization is required. A referral for a confirmed eligible recipient from various resources to the meals provider for a nutritional assessment is required which results in a personalized meal plan designed by an RDN. Providers are required to be able to produce the personalized meal plan.
5. **Covered Services and Limitations:**
    a. Covered Services include Home-Delivered Medically Tailored Meals (MTM) or Home-Delivered Medically Tailored Grocery Boxes (MTG).
    b. Up to 2 meals per day for the recipient (or the grocery box nutritional equivalent) for a duration of up to 11 months, not to extend beyond 2 months postpartum.
    c. Limitations of Covered Services**:**
        i. Must document existing nutrition supports such as SNAP and WIC and factor into individualized FIM benefit amount. The Medicaid FIM benefit can supplement, but not supplant, existing food supports at the local, state, and federal level. If the recipient is not enrolled in SNAP or WIC, the recipient must be referred to these programs.
        ii. Must have an individualized meal plan designed by an RDN in consultation with the recipient. The meal plan must adhere to individual nutritional needs and cultural, religious and personal preferences.
        iii. A recipient cannot receive multiple Food Is Medicine services at once but may choose between MTM and MTG.
        iv. For recipients who qualify for multiple Medicaid meals programs, the recipient would work with their provider or HCBS case manager to determine how to best meet the recipient's needs.
        v. Case Management and Nutritional Counseling continues to be available through other benefits.
6. **Billing and Reimbursement:**
    a. **Claim Type:** Claims for FIM are professional claims and must be submitted on a CMS 1500 Professional Claim form.
    b. **Diagnosis Codes:** FIM claims must contain a diagnosis code reflecting diabetes and should

contain a diagnosis code reflecting pregnancy in one of the first 5 positions.

Code	Description	Modifier	Rate
Medically Tailored Meals			
S5170	Home delivered meals, including preparation; per meal	NA	Per the fee schedule
Medically Tailored Grocery Box			
S5170	Home delivered meals; including preparation; per meal	U1- Weekly grocery box 1 unit Quantity of groceries sufficient to for 1 week of meals. No more than 14 meals	Per the fee schedule

c. **Taxonomy:** 174200000X
d. **Procedure Codes:** Codes are outlined in the Reimbursement section above.
e. **Reimbursement:** Services that meet the requirements outlined in this supplement will be reimbursed per the fee schedule.

For questions regarding this guidance, please contact the Medical Assistance Division at madinfo.hca@hca.nm.gov.