



## The Medical Nutrition Therapy Medicare Benefit

In an effort to lower the nation's health care costs, the government established a new Medicare benefit that recognizes the importance of medical nutrition therapy (MNT) in disease management and improving health.

### What is the new MNT Medicare benefit?

Beginning January 1, 2002, MNT became a distinct Medicare benefit under Section 105 of the Benefits Improvement Protection Act of 2000. Medicare Part B beneficiaries with diabetes or non-dialysis kidney disease can now receive MNT provided by a registered dietitian (RD) or nutrition professional that meet certain requirements (please refer to "Step 1: Become a Recognized Medicare Provider"). A treating physician must make the referral for MNT.

At the time of this guide (July 2006), health care providers, who are not RDs or nutrition professionals, do not qualify for MNT Medicare reimbursement. In addition, non-physician practitioners cannot make MNT referrals.

### What does the MNT Medicare benefit include?

The MNT Medicare benefit includes:

- Three hours of MNT in the first calendar year (i.e., January-December). The number of hours of MNT covered in the calendar year (i.e., three hours) cannot be exceeded.
- Two hours of MNT in subsequent calendar years.
- Additional hours of MNT performed beyond the number of hours typically covered when the treating physician determines a change in medical condition, diagnosis, or treatment plan that makes a change in diet necessary. The treating physician needs to provide a new referral. (Please refer to the discussion of MNT G codes in "Step 4: Learn More About CPT Codes and ICD-9 Codes for Reimbursement" for further information.)

You may want to keep in mind the following rules regarding the MNT Medicare benefit:

- The number of hours of MNT can be spread over any number of sessions during the calendar year.
- The number of MNT hours *cannot* be carried over to the next calendar year. For example, a treating physician gives a referral to the beneficiary (i.e., your client) for three hours of MNT, and the beneficiary uses only two hours during the calendar year. The unused third hour cannot be carried over into the following



calendar year, but the beneficiary is eligible for two follow-up MNT hours (with a treating physician referral).

- MNT services can be provided on an individual or group basis. MNT services for individuals are billed in units of 15 minutes; MNT services for groups are billed in units of 30 minutes.
- Every year, the beneficiary *must* obtain a new referral from the treating physician for follow-up MNT hours.

### What is the Medicare MNT payment rate?

The Indian Health Service (IHS) All-Inclusive Rate is the rate negotiated by the IHS for services provided under Medicare Part A. As of July 2005, the Medicare Part A IHS All-Inclusive Rate is \$181 for a single day of patient care (including care and services beyond MNT) for all states except Alaska. In Alaska, the rate is \$371.00. The IHS renegotiates this rate with the CMS each year, so the rate may vary from year to year.

Payment for MNT services under Medicare Part B follows the physician fee schedule payment. The Medicare Part B MNT payment will be 80% (because a 20% co-pay applies) of the lesser of *either* the actual charge *or* 85% of the physician fee schedule amount.

The physician fee schedule varies by state. For example, in New Mexico, the physician fee schedule payment rate is \$65/hour (or \$16.25/15-minute unit). To obtain the current IHS physician fee schedule for your state, visit the TrailBlazer Health Enterprises, LLC, website at: [www.trailblazerhealth.com](http://www.trailblazerhealth.com) (click on “Indian Health” under “Part B”).

An RD or nutrition professional who becomes a Medicare provider must accept the approved payment amount for MNT services provided to Medicare beneficiaries. In Medicare language, this is called “accepting a assignment”. Please note that the RD does not receive payment directly. Instead, payment is sent to the clinic or facility.

### The Payer Mix

Although this document emphasizes CMS Medicare services, you can seek reimbursement for MNT services from other payers. For example, your state Medicaid Program may cover MNT services. Also, most private insurance plans will match or pay even higher rates than the Medicare rate for MNT services.