6. MNT Super Bill – Sample #2

Sample Medicare MNT Charge/Billing Form

X	CPT	Description	Time w/Pt.	MNT Charge/Billing Information (if applicable):		
	97802	1st MNT Individual, Unit = 15 min.		Referral Date (s):		
	97803	F/U MNT Individual, Unit = 15 min.		Referred by:		
	97804	Group MNT (2 or more) Unit = 30 min		MNT Provider:		
	MNT, Second Referral, Same Year				Cumulative time with pt. (this referral/MNT limit)	
	G0270	MNT, Individual, Unit = 15 min.		Visit #:	Initial Episode of Care (1st 12 mo)	/3 hrs
	G0271	MNT, Group, Unit = 30 min.		Visit #:	2nd Referral, same years	/_hrs
				Visit #:	Subsequent year follow up	/2 hrs

A / I	ICD-9	ICD-9 Pick List	A / I	ICD-9	ICD-9 Pick List	A / I	ICD-9	ICD-9 Pick List
				Diabetes Mellitus and/or Chronic Kidney Disease				
	250.00	Type 2 Diabetes Controlled		250.01	Type 1 Diabetes Controlled		585.	Chronic Renal Failure
	250.02	Type 2 DM Uncontrolled		250.03	Type 1 DM Uncontrolled		583.9	Glomerulonephritis, unspecified
	250.50	Type 2 with Ophth. Manif.		250.51	Type 1 with Ophth. Manif.		599.7	Hematuria
	250.52	* * Uncontrolled		250.53	* * Uncontrolled		401.9	Hypertension, unspecified
	362.01	Background Retinopathy		362.01	Background Retinopathy		V42.0	Kidney Transplant
	362.02	Proliferative Retinopathy		362.02	Proliferative Retinopathy		588.8	Acidosis, Kidney Tubular
	250.60	Type 2 with Neuro. Manif.		250.61	Type 1 with Neuro. Manif.		588.8	Secondary Hyperparathyroidism
	250.62	* * Uncontrolled		250.63	* * Uncontrolled		588.0	Renal Osteodystrophy
	536.30	Gastroparesis		536.30	Gastroparesis		275.3	Phosphatemia
	250.40	Type 2 with renal manif.		250.41	Type 1 with renal manif.		275.41	Hypocalcemia
	250.42	* * Uncontrolled		250.43	* * Uncontrolled		272.	Hyperlipidemia
	791.00	Microalbuminuria/Proteinuria		791.00	Microalbuminuria/Proteinuria		276.7	Hyperkalemia
	583.81	Renal Insufficiency, Nephropathy		583.81	Renal Insufficiency		285.21	Anemia in ESRD
	V42.0	Renal Transplant Status		V42.0	Renal Transplant Status		285.29	Anemia of other chronic illness
	250.70	Type 2 with Periph. Vasc.		250.71	Type 1 with Periph. Vasc.		280.9	Iron Deficiency
	250.72	* * Uncontrolled		250.73	* * Uncontrolled		276.6	Fluid Overload
	443.81	Peripheral Claudication		443.81	Peripheral Claudication		586	Uremia, unspecified
	250.80	Type 2 with other Manif.		250.81	Type 1 with Other Manif..		273.8	Hypoalbuminemia
	250.82	* * Uncontrolled		250.83	* * Uncontrolled		272.1	Pure Hypertriglyceridemai
	414.80	Chronic Ischemic Heart Disease, Unspecified		414.80	Chronic Ischemic Heart Disease, Unspecified		272.2	Hyperlipidemia, Mixed
	435.90	TIA		435.90	TIA		263.9	Unspecified Pro-Cal Malnutrition
	414.00	Coronary Atherosclerosis, Unspecified Type		414.00	Coronary Atherosclerosis, Unspecified Type		278.00	Obesity, unspecified
	250.10	Type 2 with ketoacidosis		250.11	Type 1 with ketoacidosis		278.01	Morbid Obesity
	250.20	Type 2 Hyperosm, coma		250.21	Type 1 Hyperosm, Coma		783.0	Anorexia
	648.03	Pregnancy (known DM)		648.03	Pregnancy (known DM)		783.21	Abnormal Loss of Weight
	251.00	Hypoglycemic Coma		251.00	Hypoglycemic Coma		268	Vitamin D Deficiency
	790.20	Impaired Glucose Tol.						
	648.83	Gestational Pregnancy						
	277.70	Dysmetabolic Syndrome						

«agesex»
DOB: «dob»

Community: «community»
«patient»

3rd Party: «b27»
«timestamp»

Provider Signature

Diabetes MNT

Chart#«chart»

Time In: _____ Time out: _____