Step-by-Step Guide to Medicare Medical Nutrition Therapy (MNT) Reimbursement

Addendum, March 2012

Indian Health Service
Division of Diabetes Treatment and Prevention
Albuquerque, New Mexico
www.diabetes.ihs.gov
Step-by-Step Guide to Medicare Medical Nutrition Therapy (MNT) Reimbursement

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While using the Step-by-Step Guide to MNT Reimbursement, please reference this addendum for all information in Appendices A, B, C, and F. This addendum was updated in March 2012.

Appendix A – Indian Health MNT and DSMT Coverage and Billing Requirements
Appendix B – Sample Forms
Appendix C – Case study and Electronic Health Record Documentation
Appendix F – Updating references
### Appendix A: Summary Chart on IHS Medicare Part A and B Coverage and Billing Requirements for MNT and DSMT

<table>
<thead>
<tr>
<th>Medicare Benefits and CMS Coverage Guidelines</th>
<th>MNT Medical Nutrition Therapy</th>
<th>DSMT Diabetes Self Management Training</th>
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</thead>
<tbody>
<tr>
<td><strong>Statute</strong></td>
<td>Section 105 of the Benefits Improvement and Protection (BIPA) Act of 2000 permits Medicare coverage of MNT services when furnished by a registered dietitian or nutrition professional meeting certain requirements, effective January 1, 2002. Effective January 1, 2006, CR4204 expands to include Registered Dietitians and nutrition professionals as practitioners eligible to furnish and receive payment for telehealth. CMS expanded the list of Medicare telehealth services to include individual MNT as described by HCPCS codes G0270, 97802, 97803. CMS -1502-FC.</td>
<td>Section 4105 of the Balanced Budget Act (BBA) of 1997 permits Medicare coverage of outpatient diabetes self-management training (DSMT) services when these services are furnished by a certified provider who meets certain quality standards, effective July 1, 1998. Effective January 3, 2011, CR7049 expands Medicare telehealth services to include individual and group DSMT, as prescribed by HcPCS codes G0108 (individual per 30 minutes) and G0109 (group per 30 minutes).</td>
</tr>
<tr>
<td>Medicare Benefits and CMS Coverage Guidelines</td>
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</tbody>
</table>
| Provider Qualifications and Requirements    | ▪ Registered dietitian (RD) or nutrition professional (NP) who meet the following criteria:  
▪ Minimum of BS degree in nutrition or dietetics.  
▪ Completion of 900 hours of dietetics practice under supervision of RD or NP.  
▪ Licensed or certified as an RD or NP by state in which services are performed (federal employees can be licensed or certified in any state).  
▪ RD credential with the Commission on Dietetic Registration (CDR) is proof that education and experience requirements are met.  
▪ Grandfathered dietitian, nutrition professionals licensed or certified as of 12/21/00. | Program must be accredited as meeting approved quality standards—i.e., National Standards for Diabetes Self-Management Education Programs. CMS-approved national accreditation organizations include American Association of Diabetes Educators and the American Diabetes Association. |

NOTE: A diabetes education program cannot seek reimbursement from Medicare until the program has been accredited.
## Medicare Benefits and CMS Coverage Guidelines

### Qualifying Diagnoses

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>MNT Medical Nutrition Therapy</th>
<th>DSMT Diabetes Self Management Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes**</td>
<td></td>
<td>“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:</td>
</tr>
<tr>
<td>Type 1</td>
<td></td>
<td>▪ FBS ≥ 126 mg/dl on two different occasions or</td>
</tr>
<tr>
<td>Type 2</td>
<td></td>
<td>▪ 2-HR post glucose challenge ≥200 mg/dl on 2 different occasions or</td>
</tr>
<tr>
<td>Kidney Disease:</td>
<td></td>
<td>▪ Or, a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</td>
</tr>
<tr>
<td>Non-Dialysis Kidney Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Kidney Transplants within the last 36 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:**

- **FBS ≥ 126 mg/dl on two different occasions or**
- **2-HR post glucose challenge ≥200 mg/dl on 2 different occasions or**
- **Or, a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.**

### Limitations of Coverage

<table>
<thead>
<tr>
<th>Limitations</th>
<th>MNT Medical Nutrition Therapy</th>
<th>DSMT Diabetes Self Management Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>No coverage for maintenance dialysis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If beneficiary has diabetes and kidney disease, the number of hours allowed is for diabetes or kidney disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only face-to-face time with patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both DSMT and MNT services cannot be billed even though both services were provided on the same date.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Telehealth, the originating site must be located in either a non-MSA county or rural health professional shortage area.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** At this printing, Medicare does not cover MNT for people with pre-diabetes.

**Note:** At this printing, Medicare does not accept diagnosis of diabetes using A1C.
### Other Conditions of Coverage

<table>
<thead>
<tr>
<th>Medicare Benefits and CMS Coverage Guidelines</th>
<th>MNT Medical Nutrition Therapy</th>
<th>DSMT Diabetes Self Management Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ Services can be provided on an individual or group basis.</td>
<td></td>
<td>The training must meet the following conditions:</td>
</tr>
<tr>
<td>§ The number of hours covered in a 12-month period (episode of care) cannot be exceeded.</td>
<td></td>
<td>§ Following an evaluation of the beneficiary’s need for training, the treating provider must order DSMT.</td>
</tr>
<tr>
<td>§ An exception to the maximum number of hours may be made if the treating physician determines that there is a change of diagnosis, medical condition, or treatment regimen related to diabetes or renal disease.</td>
<td></td>
<td>§ DSMT is included in a comprehensive plan of care (POC).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>§ It is reasonable and necessary for treating or monitoring the beneficiary’s condition (signed statement of need).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>§ When training under a POC is changed, the provider must sign it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>§ In the initial DSMT benefit, 9 of the 10 hours must be provided in a group setting (2-20 individuals) unless special conditions exist:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>§ No group class is available within 2 months of the date the training is ordered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>§ The beneficiary has special needs such as problems with hearing, vision, or language limitations as ordered by physician or non-physician provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>§ The beneficiary can be eligible for 2 more hours of follow-up with a written order. The 2 hours of follow-up can be group or one-on-one.</td>
</tr>
</tbody>
</table>

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*Step-by-Step Guide to Medicare Medical Nutrition Therapy (MNT) Reimbursement Addendum, March 2012*
### Medicare Benefits and CMS Coverage Guidelines

<table>
<thead>
<tr>
<th>Practice Settings</th>
<th>MNT Medical Nutrition Therapy</th>
<th>DSMT Diabetes Self Management Training</th>
</tr>
</thead>
</table>
| **Included:** Hospital outpatient department, free-standing clinics, and Home Health.  
**Excluded:** Inpatient stay in hospital or skilled nursing facility.  
**FQHC/RHC:** Covered, but included in encounter rate; not separately billable. | **Included:** Hospital outpatient department and free-standing clinic.  
**Excluded:** Inpatient hospital, skilled nursing facility, nursing home, or hospice.  
**FQHC/RHC:** Covered, but included in encounter rate; not separately billable. | While separate payment is not made for DSMT services to Rural Health Clinics, the service is covered but is considered included in the all-inclusive encounter rate. Effective January 1, 2006, payment for DSMT provided in a Federally Qualified Health Clinic that meets all of the requirements identified in Pub. 100-104, chapter 18, section 120 may be made in addition to one other visit the beneficiary had during the same day. |

| Basic Coverage | Initial MNT: 3 hours per calendar year in the first year.  
(MNT services covered by Medicare include: an initial nutrition and lifestyle assessment, nutrition counseling, diet management, follow-up sessions to monitor progress)  
Follow-up MNT: 2 hours per calendar year in subsequent years. | Initial DSMT: 10 hours per year in the first year (1 hour individual assessment or specialized training plus 9 hours group classes). Continuous 12-month period need not be on calendar-year basis.  
Follow-up DSMT: 2 hours per calendar year in subsequent years (individual or group training). |

| | Hours can be spread over any number of visits during the year (1 visit = 15 min.) | Hours can be spread over any number of visits during the year (1 visit = 30 min.). |
### Appendix A

<table>
<thead>
<tr>
<th>Medicare Benefits and CMS Coverage Guidelines</th>
<th>MNT Medical Nutrition Therapy</th>
<th>DSMT Diabetes Self Management Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Second Physician Referral</strong></td>
<td>The number of hours can be increased if the treating physician determines there is a change in medical condition, diagnosis, and/or treatment plan and orders additional hours during that episode of care. If an RD determines that a Medicare consumer needs more time to understand and make behavior changes to meet the MNT goals, then the RD obtains a new referral from the treating physician for additional hours of MNT.</td>
<td></td>
</tr>
<tr>
<td><strong>DSMT and MNT Benefits</strong></td>
<td>The CMS considers DSMT and MNT complementary services. This means Medicare will cover both DSMT and MNT without decreasing either benefit as long as the referring physician determines that both are medically necessary.</td>
<td>Same as MNT</td>
</tr>
<tr>
<td><strong>Referring (Licensed) Providers</strong></td>
<td>Treating physician</td>
<td>Treating physician or qualified non-physician practitioner (QNPP): nurse practitioner, clinical nurse specialist, and physician assistant, who is managing the beneficiary’s diabetes condition.</td>
</tr>
<tr>
<td><strong>Provider Referral</strong></td>
<td>Physician written referral containing qualifying diagnosis and signature for each episode of care.</td>
<td>Provider written and signed referral for training containing diagnosis and a written comprehensive plan of care (POC). The POC must describe the content, number of sessions, frequency, and duration of the training as written by the provider treating the beneficiary’s diabetes condition.</td>
</tr>
<tr>
<td>Medicare Benefits and CMS Coverage Guidelines</td>
<td>MNT Medical Nutrition Therapy</td>
<td>DSMT Diabetes Self Management Training</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Protocols or Standards</td>
<td>RDs and NPs should use nationally recognized protocols such as the American Dietetic Association’s MNT Evidenced-Based Guides for Practice.</td>
<td>American Diabetes Association Recognition Program based on the National Standards for Diabetes Self-Management Education “or” American Association of Diabetes Educators (AADE) Diabetes Education Accreditation Program (DEAP) based on National Standards for Diabetes Self-Management Education</td>
</tr>
<tr>
<td>Billable to Fiscal Intermediary: Medicare Part A</td>
<td>Hospital outpatient clinic department and grandfathered clinics MUST bill to the fiscal intermediary on a CMS 1450 (UB-04). Payment is included in the all-inclusive rate; not separately billable. Telehealth: The originating site bills the all-inclusive rate</td>
<td>Hospital outpatient clinic department and grandfathered clinics MUST bill to the fiscal intermediary on CMS 1450 (UB-04). Payment is included in the all-inclusive rate; not separately billable. FQHC: Yes, but costs are bundled into the encounter rate.</td>
</tr>
<tr>
<td>Billable to Medicare Carrier: Medicare Part B</td>
<td>Freestanding clinics bill Carrier on CMS 1500. Telehealth: The distant site bills for the professional services using the appropriate CPT code along with the appropriate telehealth modifier.</td>
<td>Freestanding Clinics bill Carrier on CMS 1500. Telehealth: The distant site bills for the professional services using the appropriate CPT code along with the appropriate telehealth modifier.</td>
</tr>
<tr>
<td>Enrolling as Medicare Provider</td>
<td>To enroll as a provider in Medicare Part B, complete CMS Form 10114, “National Provider Identifier (NPI) Application/Update Form.”</td>
<td>Referring provider must be enrolled as a Medicare Part B Provider. Once diabetes education program recognition is received, a copy of the ADA or AADE certificate must be submitted to Medicare.</td>
</tr>
<tr>
<td>National Provider Identifier (NPI)</td>
<td>RD or NP must enroll in the Medicare program to become a recognized Medicare provider. Upon enrollment, the RD or NP will receive a Medicare NPI, which is used on MNT claims.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Medicare Benefits and CMS Coverage Guidelines

**Other CMS 855 Forms for Enrollment**


**CPT or HCPCS Codes**

- **97802**: Medical nutrition therapy;* initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- **97803**: Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- **97804**: Group (2 or more individual(s), each 30 minutes

**Second Physician Referral:**

- **G0270**: Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes.
- **G0271**: Medical Nutrition Therapy reassessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes.

### MNT Medical Nutrition Therapy

### DSMT Diabetes Self Management Training

- **N/A**

- **G0108**: Outpatient DSMT services, individual, each 30 minutes.
- **G0109**: Outpatient DSMT services, group session, (2 or more individuals), each 30 minutes.
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| **CPT or HCPCS Codes (continued)**            | **Telehealth Modifiers:** “GT” (via interactive audio and video telecommunications system modifier)  
- “real-time” through the use of video conferencing equipment  
“GQ” (via asynchronous telecommunications system) modifier.  
- “store and forward” technology  
**Free-Standing Clinics:** Multiple units of the codes can be used based on medical necessity and the complexity of the MNT decision-making.  
**Outpatient Hospital Programs:** Report one (1) in the units field regardless of the time spent in the session. Use revenue code 510. | **Telehealth Modifiers:** “GT” (via interactive audio and video telecommunications system) modifier  
- “real-time” through the use of video conferencing equipment  
“GQ” (via asynchronous telecommunications system) modifier.  
- “store and forward” technology  
CMS has stipulated that at least 1 hour of in-person DSMT instruction be furnished in the initial training period to ensure effective injection training.  
**Free-Standing Clinics:** Multiple units of the codes can be used based on class/session design.  
**Outpatient Hospital Programs:** Report one (1) in the units field regardless of the time spent in the session. Use revenue code 510. |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment</strong></td>
<td>Free-Standing Clinics:</td>
<td>Free-Standing Clinics: Medicare Part B fee schedule based on geographic state. Deductible and coinsurance apply.</td>
</tr>
<tr>
<td></td>
<td>• RD should establish a fee schedule (based on usual and customary MNT fees) for their MNT services.</td>
<td>NOTE: 1. Non-physician practitioners (e.g., RDs or NPs who are Medicare providers) are eligible to bill Medicare Part B on behalf of the DSMT program. (CMS PM B-02-062 October 4, 2002; CMS Transmittal 13 May 28, 2004)</td>
</tr>
<tr>
<td></td>
<td>• Allowed payment rates have been established under the physician fee schedule.</td>
<td>2. Payment to non-physician practitioners billing on behalf of the DSMT program should be made at the full physician fee schedule. This is because the payment is for the DSMT program and is not being billed for the services of a single practitioner. (CMS PM AB-02-051, OCT 25, 2002)</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The CMS applies a geographical adjustment factor (GAF) to the MNT rates in regions of the country.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deductible and coinsurance apply.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital outpatient facilities: Included in All-Inclusive rate payment. Deductible and coinsurance apply.</td>
<td>Hospital outpatient facilities: Included in All-Inclusive rate payment. Deductible and coinsurance apply.</td>
</tr>
<tr>
<td><strong>Billing for Services Not Covered</strong></td>
<td>Medicare Part B cannot be billed for non-covered MNT or for non-covered MNT services as “incident to physician’s services”.</td>
<td>Medicare Part B cannot be billed for non-covered DSMT.</td>
</tr>
</tbody>
</table>
# Appendices

## Medicare Benefits and CMS Coverage Guidelines

### MNT

Medical Nutrition Therapy
- Patient name/medical record number
- Qualifying medical diagnosis
- Written provider referral
- Physician signature
- RD name and signature
- Date of service
- Time in-Time out and total time (to calculate number of units)
- MNT CPT code
- Individual or group encounter*
- Visit number with cumulative time spent with patient to date*

(*Recommendations to facilitate timely and accurate billing)

### DSMT

Diabetes Self Management Training
- Patient name/medical record number
- Qualifying medical diagnosis indicating condition requiring training
- Written provider referral and signed statement of need on initial encounter
- Date of original referral on all subsequent visits*
- Physician or qualified non-physician provider signature
- Date of service
- Time in - Time out and total time (to calculate number of units)
- DSMT G codes
- Individual or group encounter*
- Visit number with cumulative time spent with patient to date*

(*Recommendations to facilitate timely and accurate billing)

## Resources

### Medicare Part A
- IHS Handbook
- [www.trailblazerhealth.com/parta/ihs](http://www.trailblazerhealth.com/parta/ihs)

### Medicare Part B
- [www.trailblazerhealth.com/partb/ihs](http://www.trailblazerhealth.com/partb/ihs)
- ADA Web site: [www.eatright.org](http://www.eatright.org)
- Electronic Code of Federal Regulations Title 42: Public Health, Chapter IV (MNT)

### Medicare Part B
- [www.trailblazerhealth.com/partb/ihs](http://www.trailblazerhealth.com/partb/ihs)
- AADE Web site: [www.aadenet.org](http://www.aadenet.org)
- Electronic Code of Federal Regulations Title: 42: Public Health, Chapter IV (DSMT)
<table>
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<th>DSMT Diabetes Self Management Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Follow-up</td>
<td>Medicare B IHS hotline: 1-866-448-5894. Ask for claim check status. Have available patient Medicare number and date of service. Trailblazer DDE online system: Each facility business office may have access to this electronic system.</td>
<td>Medicare IHS hotline: 1-866-448-5894. Trailblazer DDE online system: Each facility business office may have access to this electronic system.</td>
</tr>
</tbody>
</table>
Appendix B: Sample Forms

1. IHS EHR MNT Referral Form (Electronic Version)

<table>
<thead>
<tr>
<th>In-House Patient Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation Clinic</td>
</tr>
<tr>
<td>Behavior Health</td>
</tr>
<tr>
<td>Chemical Dependency</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Diabetes Education</td>
</tr>
<tr>
<td>Diabetic Shoes</td>
</tr>
<tr>
<td>Ear Nose Throat</td>
</tr>
<tr>
<td>Health Education</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Medical Nutrition Therapy Services Order Form

Name: PATIENT
Date of Birth: JAN 1, 1980    Gender: FEMALE
Address: 123 Easy Street Sioux Falls, SD 57717
Phone: 605 232 1111 (home)/605 253 4444 (office) Other Phone: Other phone: 605 987 1234
E-mail Address: demo.patient@ihs.gov

(Source: Revised 8/2011 by the American Association of Diabetes Educators and the American Dietetic Association)

Medical Nutrition Therapy (MNT)

Check the type of MNT and number of additional hours requested:

- Initial MNT [ ] 3 hours
- Annual Follow-up MNT [ ] 2 hours
- Telehealth
- Additional MNT services in the same calendar year, per BD.
- Additional hours requested

Please specify change in medical condition, treatment and/or diagnosis:
Patient has gained weight and BMI Now 41.0.

Medicare coverage: 3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.
Appendix B

IHS EHR MNT Referral Form (Electronic Version) – Continued
# Appendix B

## 2. IHS MNT Patient Referral IHS Form 199-1

**IHS-199-1**

**PATIENT REFERRAL NOTICE**

**INSTRUCTIONS** (This form may be used by Medical, Dental, and Paramedical personnel to refer DIH Beneficiaries for medical or related services)

<table>
<thead>
<tr>
<th>TO (name, title and address of person or organization or institution to whom the referral is made.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of patient</td>
</tr>
<tr>
<td>6. ADDRESS</td>
</tr>
</tbody>
</table>

9. Additional Identification

10. **REASON FOR REFERRAL (type of services requested)**

   **Medical Nutrition Therapy (MNT)**

   - □ Initial MNT □ 3 hours or ____ No. hours requested
   - □ Annual follow-up MNT □ 2 hours or ____ No. hours requested
   - □ Telehealth □ Additional MNT services in the same calendar year per RD.

   Additional hours requested____

11. **SIGNIFICANT MEDICAL OR DENTAL FACTORS: (Including diagnosis, prognosis, treatments, etc.)**

   Please Specify change in medical condition, treatment and/or diagnosis.

12. **REPORT BY PARAMEDICAL PERSONNEL**

13. FROM (Name, title and address of person making referral) | 14. DATE

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**Step-by-Step Guide to Medicare Medical Nutrition Therapy (MNT) Reimbursement Addendum, March 2012**
Form 7: Diabetes Service Order Form DSMT and MNT Service

Appendix C: Indian Health Case Study Using Electronic Health Record (EHR) and Nutrition Practice Guidelines via Nutrition Care Process

Case Presentation

Mrs. Demo Patient was referred by Dr. Browning on November 1st for uncontrolled Type 2 Diabetes and weight loss.

Mrs. Demo Patient is 66 years old female with Type 2 Diabetes. She was diagnosed with Type 2 diabetes about 10 years ago, but Mrs. Demo Patient states that was unaware she had diabetes.

She remembers being told her sugar was high a few times over the years. She stated she is usually really thirsty and often gets up numerous times during the night to use the bathroom.

Mrs. Demo Patient was brought into the clinic after slipping and falling on the ice injuring her knee. At this time she was told had diabetes.

Lab Reports from 10-18-09

- A1c: 11.3
- Direct Measure LDL: 130
- HDL: 25
- Triglycerides: 620
- Height: 62”
- Weight: 235#
- BP: 160/95
- Medications: none

Mrs. Demo Patient takes care of her four grandchildren, ages 3, 5, 7, and 10. Her daughter and her four grandchildren live with her. She states she has no alone time, always taking care of everyone else. She has been having financial problems ever since her son was put in jail. She enjoys sewing but her arthritis in her wrist is so painful that she can no longer sew.

Usual Diet History:

Breakfast: Busy with the kids, usually 2 cups of coffee with sugar and cream, large glass of orange drink, sometimes leftover supper

Lunch: Mac-n-Cheese, or hot dogs, or ramen noodles, coke

Supper: Pork Chops, Fried potatoes (fried in lard), 2 slices white bread, sweet tea

Snacks: can’t skip dessert every night before bed, usually fruit cocktail. Fruit, candy bars, pastries, sweet tea.

SMBG: none, doesn’t have meter

Exercise: housework and running after the kids

Etoh/Tobacco: neither
1. Initial Visit

Appendix C – Initial Visit

MEDICAL NUTRITION THERAPY ASSESSMENT

DEMO PATIENT, 44 year old FEMALE
Referred on 01-Nov-2009 by Dr. Browning.

Purpose of today’s visit: nutrition management of
1) Newly DX Diabetes

Chief Complaint: Newly DX DM Here to see the dietitian.

ASSESSMENT

FOOD AND NUTRITION INTAKE
Total energy intake approximately 2500 Kcal/day.
Meal/Snack Pattern: Irregular meals and snacks.

USUAL MEALS
Breakfast: Busy with the kids, usually 2 cups of coffee with sugar and cream, large glass of
Orange drink, sometimes leftover supper
Lunch: Mac-n-Cheese, or hot dogs, or ramen noodles, coke
Supper: Pork Chops, Fried potatoes (fried in lard), 2 slices white bread, sweet tea
Snacks: can’t skip dessert every night before bed, usually fruit cocktail. Fruit, candy bars,
pastries, sweet tea.

KNOWLEDGE/BELIEFS/ATTITUDES
Area(s) and level of knowledge: No DM Knowledge

PHYSICAL ACTIVITY AND FUNCTION
Physical Activity: Sedentary
Physical activity history: limited physical activity

BODY COMPOSITION/GROWTH/WEIGHT HISTORY
Height: 62.00 in [167.64 cm] (NOV 10, 2009@10:01)
Weight: 235.00 lb [83.99 kg] (NOV 10, 2009@10:02)
Blood Pressure 160/95
BMI: 42.98
HgbA1c 11.3 %
HDL - 25 mg/dl
LDL - 130 mg/dl
Triglycerides - 620 mg/dl

CLIENT HISTORY
Social history: four grandchildren live with her. She states she has no alone time, always taking care of
everyone else. She has been having financial problems ever since her son was put in jail. She enjoys
sewing but her arthritis in her wrist is so painful that she can no longer sew.

COMPARATIVE STANDARDS
Estimated Energy Needs
WT maintenance 2000 Kcal/day
WT loss; 1500 Kcal/day | method Mifflin-St. Jeor (actual weight)
NUTRITION DIAGNOSIS

NUTRITION DIAGNOSIS: Excess Carbohydrate intake related to regular intake of sugar sweetened beverages as evidence of diet record and A1C.

NUTRITION DIAGNOSIS: Food and Nutrition related to knowledge deficit related to a balanced diabetic diet as evidenced by self reporting knowledge.

NUTRITION INTERVENTION

Nutrition Prescription: High fiber, low fat, carbohydrate controlled diet
Carbohydrate Budget: 30-45 g/meals and 15-30g/snacks.

NUTRITION EDUCATION CONTENT

Purpose Of Education: Importance of blood sugar control, carbohydrate control diet and use of home blood glucose monitor.
Recommended Modifications: Modify distribution, type Carbohydrate Budget: 30-45 g/meals and 15-30g/snacks. Modify and distribute carbohydrate and balance intake.

Patient Goals:

1. Switch to diet pop
2. Eat regular meals, not skip meals
3. Watch carbohydrate intake, limit to 2-3 servings/meals
4. Check blood sugar 2-3 times/daily.

NUTRITIONAL COUNSELING

STRATEGIES: Motivational Interviewing and Goal Setting

PTED - EDUCATION ASSESSMENT
11/10/2009 DM-HM DM-HOME MANAGEMENT - (IND)
GOOD UNDERSTANDING
11/10/2009 DM-CC DM-COMPLICATIONS - (IND)
GOOD UNDERSTANDING

COORDINATION OF OTHER CARE DURING NUTRITION CARE
Collaboration/referral to other providers: DM program for classes, support group and group fitness activities.

MONITORING & EVALUATION

Continue regular follow up visits to monitor carbohydrate intake, A1c level and home blood glucose levels.

_____Scheduled Appointments

Patient will return to clinic: In two weeks

_____MNT Tracking

Activity Time:
Time in: 10-NOV-2011 10:00 Time Out: 10-NOV-2011 10:45
CPT codes: MEDICAL NUTRITION INDIV IN (97802)

/es/ DEBBIE DIETITIAN, RD, CDE
Signed: 11/10/2009 16:58

Appendix C
# 3. Follow-Up Visit

**MEDICAL NUTRITION THERAPY FOLLOW UP VISIT**

Referred on 11/01/09 by Dr. Browning. Initial visit 11/10/2009.

Current Weight: 227 lbs.  Current BMI: 41.5
Weight down 5 pounds since last visit on 11/10/09.

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**MONITORING & EVALUATION**

**FOOD/NUTRITION-RELATED HISTORY**

**FOOD AND NUTRITION INTAKE - Energy Intake**
Type of Food, meals pattern: 3 regular meals per day and afternoon and evening snack.

**CARBOHYDRATE INTAKE - total carbohydrate Intake**
Total carbohydrate source of CHO; working to limit to 2-3 servings/meal 30-45 grams, currently 3-5 servings/meal 45-75 grams/meal: including whole grains.

**PHYSICAL ACTIVITY - Physical Activity History**
Regular exercise, going to wellness center 3-5 times per week with DM Program to increase intensity and duration of cardio and weights.

**BEHAVIOR**

**ADHERENCE - self-management as agreed upon**
Self monitoring blood glucose at agreed upon rate: AM fasting and post prandial (after lunch & dinner)
AM: 280, 200, 178, 212, 185

Plan
Continue to work on nutrition DX. Increase fiber, lower fat, CHO controlled diet.

Nutrition education: More in-depth skills and knowledge of plan (30-45 gram/meal and 15-30 gram/snack). Patient states better understanding and is able to return demonstrate CHO counting principles and how to read the food label to interpret CHO content and servings. Continue to work in reduction in CHO intake and increase diabetes self Care skills and knowledge.

**Patient Goals from November 2009:**

1. Switch to diet pop – Working on goal
2. Eat regular meals, not skip meals – Goal met (continue to encourage).
3. Watch carbohydrate intake, limit to 2-3 servings/meals – working on goal.
4. Check blood sugar 2-3 times/daily - Goal met (continue to encourage).

**NEW -Patient Goals from DECEMBER 2009:**

1. Continue exercising - increase to 5 days per week.
2. Begin counting carbohydarates and record intake in log book.

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**PTED - EDUCATION ASSESSMENT**

12/01/2009  DMCN-CC  DMCN-CARBOHYDRATE COUNTING (IND)  GOOD UNDERSTANDING

12/01/2009  DMCN-FL  DMCN-FOOD LABELS - (IND)  GOOD UNDERSTANDING

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MNT Tracking

Time in: 01-Dec-2009 14:00  Time Out: 01-Dec-2009 15:00
CPT codes: MED NUTRITION INDIV SUBSEQ (97803)

/es/ Debbie Dietitian, RD, CDE
Signed: 12/10/2009 15:55
Appendix F: Updating Reference

3. Change to Academy of Nutrition & Dietetics (formerly known as ADA) Evidence Based Guidelines

All were accessed in February 2012

4. Change to Academy of Nutrition & Dietetics (formerly known as ADA)....

Accessed February 2012

5. IDNT is now Third Edition http://www.eatright.org/Shop/Product.aspx?id=6442452816

Online Manual link: http://www.eatright.org/Shop/Product.aspx?id=6442459693

6. New link for the Guide to Medicare Preventive Services:


7. IHS Division of Diabetes Treatment and Prevention Diabetes Best Practice (updated in 2011)

http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBestPractices

8. IHS Division of Diabetes Treatment and Prevention Clinical Guidelines Resources

http://www.ihs.gov/MedicalPrograms/diabetes/index.cfm?module=toolsClinicalGuidelines