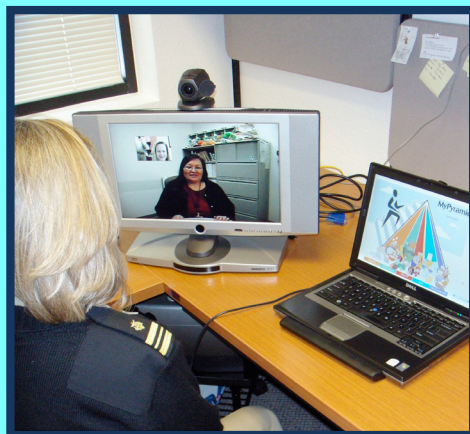


# Step-by-Step Guide to Medicare Medical Nutrition Therapy (MNT) Reimbursement

***Addendum, March 2012***



Indian Health Service  
Division of Diabetes Treatment and Prevention  
Albuquerque, New Mexico  
[www.diabetes.ihs.gov](http://www.diabetes.ihs.gov)



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

## Addendum, March 2012

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

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Statute	<p>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.</p> <p>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.</p>	<p>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.</p> <p>Effective January 3, 2011, CR7049 expands Medicare telehealth services to include individual and group DSMT, as prescribed by HdCPCS codes G0108 (individual per 30 minutes) and G0109 (group per 30 minutes).</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Provider Qualifications and Requirements	<ul style="list-style-type: none"> <li>▪ Registered dietitian (RD) or nutrition professional (NP) who meet the following criteria:</li> <li>▪ Minimum of BS degree in nutrition or dietetics.</li> <li>▪ Completion of 900 hours of dietetics practice under supervision of RD or NP.</li> <li>▪ 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).</li> <li>▪ RD credential with the Commission on Dietetic Registration (CDR) is proof that education and experience requirements are met.</li> <li>▪ Grandfathered dietitian, nutrition professionals licensed or certified as of 12/21/00.</li> </ul>	<p>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.</p> <p><b>NOTE: A diabetes education program cannot seek reimbursement from Medicare until the program has been accredited.</b></p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Qualifying Diagnoses	<p>Diabetes**</p> <ul style="list-style-type: none"> <li>Type 1</li> <li>Type 2</li> </ul> <p>Kidney Disease:</p> <ul style="list-style-type: none"> <li>Non-Dialysis Kidney Disease</li> <li>Post-Kidney Transplants within the last 36 months</li> </ul> <p>**“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:</p> <ul style="list-style-type: none"> <li>FBS <math>\geq</math> 126 mg/dl on two different occasions or</li> <li>2-HR post glucose challenge <math>\geq</math> 200 mg/dl on 2 different occasions or</li> <li>Or, a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul> <p><b>Note:</b> At this printing, Medicare does not cover MNT for people with pre-diabetes.</p> <p><b>Note:</b> At this printing, Medicare does not accept diagnosis of diabetes using A1C.</p>	<p>“Diabetes” is diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria:</p> <ul style="list-style-type: none"> <li>FBS <math>\geq</math> 126 mg/dl on two different occasions or</li> <li>2-HR post glucose challenge <math>\geq</math> 200 mg/dl on 2 different occasions or</li> <li>Or, a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul> <p>Kidney Disease:</p> <ul style="list-style-type: none"> <li>Non-Dialysis Kidney Disease</li> <li>Post-Kidney Transplant</li> </ul> <p><b>Note:</b> At this printing, Medicare does not cover DSMT for people with pre-diabetes.</p> <p><b>Note:</b> At this printing, Medicare does not accept diagnosis of diabetes using A1C.</p>
Limitations of Coverage	<ul style="list-style-type: none"> <li>No coverage for maintenance dialysis.</li> <li>If beneficiary has diabetes and kidney disease, the number of hours allowed is for diabetes or kidney disease.</li> <li>Only face-to-face time with patient.</li> <li>Both DSMT and MNT services cannot be billed even though both services were provided on the same date.</li> <li>For Telehealth, the originating site must be located in either a non-MSA county or rural health professional shortage area.</li> </ul>	<ul style="list-style-type: none"> <li>No payment will be made for group sessions not attended (class attendance sheet).</li> <li>Only face-to-face time with patient.</li> <li>Both DSMT and MNT services cannot be billed even though both services were provided on the same date.</li> <li>For Telehealth, the originating site must be located in either a non-MSA county or rural health professional shortage area.</li> </ul>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Other Conditions of Coverage	<ul style="list-style-type: none"> <li>▪ Services can be provided on an individual or group basis.</li> <li>▪ The number of hours covered in a 12-month period (episode of care) cannot be exceeded.</li> <li>▪ 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.</li> </ul>	<p>The training must meet the following conditions:</p> <ul style="list-style-type: none"> <li>▪ Following an evaluation of the beneficiary's need for training, the treating provider must order DSMT.</li> <li>▪ DSMT is included in a comprehensive plan of care (POC).</li> <li>▪ It is reasonable and necessary for treating or monitoring the beneficiary's condition (signed statement of need).</li> <li>▪ When training under a POC is changed, the provider must sign it.</li> <li>▪ In the initial DSMT benefit, 9 of the 10 hours must be provided in a group setting (2-20 individuals) unless special conditions exist:</li> <li>▪ No group class is available within 2 months of the date the training is ordered.</li> <li>▪ The beneficiary has special needs such as problems with hearing, vision, or language limitations as ordered by physician or non-physician provider.</li> <li>▪ 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.</li> </ul>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Practice Settings	<p><u>Included:</u> Hospital outpatient department, free-standing clinics, and Home Health.</p> <p><u>Excluded:</u> Inpatient stay in hospital or skilled nursing facility.</p> <p><u>FOHC/RHC:</u> Covered, but included in encounter rate; not separately billable.</p>	<p><u>Included:</u> Hospital outpatient department and free-standing clinic.</p> <p><u>Excluded:</u> Inpatient hospital, skilled nursing facility, nursing home, or hospice.</p> <p><u>FOHC/RHC:</u> Covered, but included in encounter rate; not separately billable.</p> <p>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.</p>
Basic Coverage	<p><u>Initial MNT:</u> 3 hours per calendar year in the first year.</p> <p>(MNT services covered by Medicare include: an initial nutrition and lifestyle assessment, nutrition counseling, diet management, follow-up sessions to monitor progress)</p> <p><u>Follow-up MNT:</u> 2 hours per calendar year in subsequent years.</p> <p>Hours can be spread over any number of visits during the year (1 visit = 15 min.)</p>	<p><u>Initial DSMT:</u> 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.</p> <p><u>Follow-up DSMT:</u> 2 hours per calendar year in subsequent years (individual or group training).</p> <p>Hours can be spread over any number of visits during the year (1 visit = 30 min.).</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Second Physician Referral	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.	
DSMT and MNT Benefits	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.	Same as MNT
Referring (Licensed) Providers	Treating physician	Treating physician or qualified non-physician practitioner (QNPP): nurse practitioner, clinical nurse specialist, and physician assistant, who is managing the beneficiary's diabetes condition.
Provider Referral	Physician written referral containing qualifying diagnosis and signature for each episode of care.	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.



Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Protocols or Standards	RDs and NPs should use nationally recognized protocols such as the American Dietetic Association's MNT Evidenced-Based Guides for Practice.	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
Billable to Fiscal Intermediary: Medicare Part A	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  FQHC: Yes, but costs are bundled into the encounter rate.	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.
Billable to Medicare Carrier: Medicare Part B	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.	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.
Enrolling as Medicare Provider	To enroll as a provider in Medicare Part B, complete CMS Form 10114, "National Provider Identifier (NPI) Application/Update Form."	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.
National Provider Identifier (NPI)	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.	N/A

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Other CMS 855 Forms for Enrollment	Complete CMS Form 855R, <i>“Medicare Federal Care Reassignment of Benefits Application,”</i> to reassign benefits back to employer.	N/A
CPT or HCPCS Codes	<p><b>97802:</b> Medical nutrition therapy;* initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p> <p><b>97803:</b> Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p> <p><b>97804:</b> Group (2 or more individual(s), each 30 minutes</p> <p><b>Second Physician Referral:</b></p> <p><b>G0270:</b> 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.</p> <p><b>G0271:</b> 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.</p>	<p><b>G0108:</b> Outpatient DSMT services, individual, each 30 minutes.</p> <p><b>G0109:</b> Outpatient DSMT services, group session, (2 or more individuals), each 30 minutes.</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
CPT or HCPCS Codes (continued)	<p><b>Telehealth Modifiers:</b>  <b>“GT”</b> (via interactive audio and video telecommunications system modifier  -“real-time” through the use of video conferencing equipment  <b>“GQ”</b> (via asynchronous telecommunications system) modifier.  -“store and forward” technology</p> <p><u><b>Free-Standing Clinics:</b></u> Multiple units of the codes can be used based on medical necessity and the complexity of the MNT decision-making.</p> <p><u><b>Outpatient Hospital Programs:</b></u> Report one (1) in the units field regardless of the time spent in the session. Use revenue code 510.</p>	<p><b>Telehealth Modifiers:</b>  <b>“GT”</b> (via interactive audio and video telecommunications system) modifier  -“real-time” through the use of video conferencing equipment  <b>“GQ”</b> (via asynchronous telecommunications system) modifier.  -“store and forward” technology</p> <p>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.</p> <p><u><b>Free-Standing Clinics:</b></u> Multiple units of the codes can be used based on class/session design.</p> <p><u><b>Outpatient Hospital Programs:</b></u> Report one (1) in the units field regardless of the time spent in the session. Use revenue code 510.</p>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Payment	<p><u>Free-Standing Clinics:</u></p> <ul style="list-style-type: none"> <li>▪ RD should establish a fee schedule (based on usual and customary MNT fees) for their MNT services.</li> <li>▪ Allowed payment rates have been established under the physician fee schedule.</li> <li>▪ 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.</li> <li>▪ The CMS applies a geographical adjustment factor (GAF) to the MNT rates in regions of the country.</li> <li>▪ Deductible and coinsurance apply.</li> </ul> <p><u>Hospital outpatient facilities:</u> Included in All-Inclusive rate payment. Deductible and coinsurance apply.</p>	<p><u>Free Standing Clinics:</u> Medicare Part B fee schedule based on geographic state. Deductible and coinsurance apply.</p> <p><b>NOTE:</b></p> <ol style="list-style-type: none"> <li>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)</li> <li>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)</li> </ol> <p><u>Hospital outpatient facilities:</u> Included in All-Inclusive rate payment. Deductible and coinsurance apply.</p>
Billing for Services Not Covered	Medicare Part B cannot be billed for non-covered MNT or for non-covered MNT services as “incident to physician’s services”.	Medicare Part B cannot be billed for non-covered DSMT.

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Medicare Part B Documentation Requirements	<ul style="list-style-type: none"> <li>▪ Patient name/medical record number</li> <li>▪ Qualifying medical diagnosis</li> <li>▪ Written provider referral</li> <li>▪ Physician signature</li> <li>▪ RD name and signature</li> <li>▪ Date of service</li> <li>▪ Time in-Time out and total time (to calculate number of units)</li> <li>▪ MNT CPT code</li> <li>▪ Individual or group encounter*</li> <li>▪ Visit number with cumulative time spent with patient to date*</li> </ul> <p>(*Recommendations to facilitate timely and accurate billing)</p>	<ul style="list-style-type: none"> <li>▪ Patient name/medical record number</li> <li>▪ Qualifying medical diagnosis indicating condition requiring training</li> <li>▪ Written provider referral and signed statement of need on initial encounter</li> <li>▪ Date of original referral on all subsequent visits*</li> <li>▪ Physician or qualified non-physician provider signature</li> <li>▪ Date of service</li> <li>▪ Time in - Time out and total time (to calculate number of units)</li> <li>▪ DSMT G codes</li> <li>▪ Individual or group encounter*</li> <li>▪ Visit number with cumulative time spent with patient to date*</li> </ul> <p>(*Recommendations to facilitate timely and accurate billing)</p>
Resources: Medicare Part A	<ul style="list-style-type: none"> <li>▪ IHS Handbook</li> <li>▪ <a href="http://www.trailblazerhealth.com/parta/ihs">www.trailblazerhealth.com/parta/ihs</a></li> </ul>	<ul style="list-style-type: none"> <li>▪ IHS Handbook</li> <li>▪ <a href="http://www.trailblazerhealth.com/parta/ihs">www.trailblazerhealth.com/parta/ihs</a></li> </ul>
Resources: Medicare Part B	<ul style="list-style-type: none"> <li>▪ Medicare Part B Newsletter 9/1/2001, No 01-020, pages 27-28.</li> <li>▪ <a href="http://www.trailblazerhealth.com/partb/ihs">www.trailblazerhealth.com/partb/ihs</a></li> <li>▪ ADA Web site: <a href="http://www.eatright.org">www.eatright.org</a></li> <li>▪ Electronic Code of Federal Regulations Title 42: Public Health, Chapter IV (MNT)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medicare Part B Newsletter 9/1/2001, No 01-020, pages 31-32.</li> <li>▪ <a href="http://www.trailblazerhealth.com/partb/ihs">www.trailblazerhealth.com/partb/ihs</a></li> <li>▪ AADE Web site: <a href="http://www.aadenet.org">www.aadenet.org</a></li> <li>▪ Electronic Code of Federal Regulations Title: 42: Public Health, Chapter IV (DSMT)</li> <li>▪ </li> </ul>

Medicare Benefits and CMS Coverage Guidelines	MNT Medical Nutrition Therapy	DSMT Diabetes Self Management Training
Claim Follow-up	<p>Medicare B IHS hotline: 1-866-448-5894.</p> <p>Ask for claim check status. Have available patient Medicare number and date of service.</p> <p>Trailblazer DDE online system: Each facility business office may have access to this electronic system.</p>	<p>Medicare IHS hotline: 1-866-448-5894.</p> <p>Trailblazer DDE online system: Each facility business office may have access to this electronic system.</p>

# Appendix B: Sample Forms

## I. IHS EHR MNT Referral Form (Electronic Version)

Consults IN House			Done
<u>IN HOUSE PATIENT CONSULTS</u>			
Anticoagulation Clinic	Infection Control Report	Public Health Nursing	
Behavior Health	MVO Transport	Respiratory Therapy	
Chemical Dependency	Native Women's Health Clinic	Prediabetes	
Dental	Non Formulary Drug Request	Services Under Arrangement	
Diabetes Education	Nutrition	Social Services	
Diabetic Shoes	Optometry	West/Clark Team	
Ear Nose Throat	Patient Benefits Coordinator	Middle/Fox/Frei Team	
Health Education	Pediatrics	East/Skaleski/Ingram Team	
		Walking Forward	
		Wellness Center	

Medical Nutrition Therapy Services Order Form
<p>Name: PATIENT  Date of Birth: JAN 1, 1980      Gender: FEMALE</p> <p>Address: 123 Easy Street Sioux Falls, SD 57717  Phone: 605 229 1111 (home)/605 253 4444 (office) Other Phone: Other phone:  605 987 1234  E-mail Address: demo.patient@ihs.gov</p> <p>(Source: Revised 8/2011 by the American Association of Diabetes Educators and the American Dietetic Association)</p> <p>____ Medical Nutrition Therapy (MNT) ____  Check the type of MNT and/or number of additional hours requested</p> <p><input checked="" type="checkbox"/> Initial MNT    <input checked="" type="checkbox"/> 3 hours    <input type="checkbox"/> Number hours requested.  <input type="checkbox"/> Annual Follow-up MNT    <input type="checkbox"/> 2 hours    <input type="checkbox"/> Number hours requested.  <input type="checkbox"/> Telehealth  <input type="checkbox"/> Additional MNT services in the same calendar year, per RD.  <input type="checkbox"/> Additional hours requested _____</p> <p>Please specify change in medical condition, treatment and/or diagnosis:  Patient has gained weight and BMI Now 41.0.</p> <p>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.</p>

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

Order a consult

Consult to Service/Specialty

NUTRITION TEAM

Urgency

ROUTINE

Attention

Patient will be seen as an:

☐ Inpatient ☒ Outpatient

Place of Consultation

CONSULTANT'S CHOICE

Provisional Dx (REQUIRED)

Weight Loss

Reason for Request

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: 605 229 1111 (home)/605 253 4444 (office) Other phone: 605 987 1234  
E-mail Address:

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

Initial MNT 3 hours

Please specify change in medical condition, treatment and/or diagnosis:

Patient has gained weight - BMI now 41.0

NUTRITION TEAM Cons CONSULTANT'S CHOICE

Accept Order

Quit

RPMS EHR RAUTH, LESLYE L Rapid City Service Unit 2012

User Patient Tools Help Clear Electronic Signature

Privacy Patient Chart RPMS Communication Lexicomp Online All My Referrals... Clinical Websites Up To Date iCare

Demo Patient Demo 999913 01 Jan 1980 (32) F

OUTPATIENT CLARK, LEROY 24 Jan 2012 07:04 Ambulatory

POC Lab Entry Patient Wellness Handout PwH Med Reconn

RCIS Adult Health Summary Immunization

Visit Summary Paramedic Face Sheet DM Supplement

Problem List Adv React Medications

Notifications Cover Sheet PHN Tab 1 PHN Tab 2 PHN Picklist Orders Services Medications Labs Notes In House Consults Reports Discharge Well Child Outside Referrals PC Formulary Policies

File View Action Options

All Consults

Jan 24, 12 (p) NUTRITION TEAM Cons Consult #: 25716

Current Pat. Status: Outpatient

Order Information

To Service: NUTRITION TEAM

From Service: OUTPATIENT

Requesting Provider: CLARK, LEROY

Service is to be rendered on an OUTPATIENT basis

Place: Consultant's choice

Urgency: Routine

Orderable Item: NUTRITION TEAM

Consult: Consult Request

Provisional Diagnosis: Weight Loss

Reason For Request:

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: 605 229 1111 (home)/605 253 4444 (office) Other Phone: Other phone: 605 987 1234  
E-mail Address: demo.patient@ihs.gov

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

Initial MNT 3 hours

Please specify change in medical condition, treatment and/or diagnosis:

Patient has gained weight - and BMI is now 41.0



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

### IHS-199-I

#### PATIENT REFERRAL NOTICE

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

TO (name, title and address of person or organization or institution to whom the referral is made.)		
2.Name of patient	3.SEX	4..DOB
6..ADDRESS	7.TRIBE	8.REGISTRATION
9.Additional Identification		
10. REASON FOR REFERRAL <i>(type of services requested)</i> <b>Medical Nutrition Therapy (MNT)</b> <input type="checkbox"/> Initial MNT <input type="checkbox"/> 3 hours or _____ No. hours requested  <input type="checkbox"/> Annual follow-up MNT <input type="checkbox"/> 2 hours or ____ No. hours requested  <input type="checkbox"/> Telehealth <input type="checkbox"/> Additional MNT services in the same calendar year per RD.  Additional hours requested_____		
11. SIGNIFICANT MEDICAL OR DENTAL FACTORS: <i>(Including diagnosis, prognosis, treatments. etc.)</i>  <i>Please Specify change in medical condition, treatment and/or diagnosis.</i>		
12. REPORT BY PARAMEDICAL PERSONNEL		
13. FROM (Name, title and address of person making referral)		14. DATE

## Form 7: Diabetes Service Order Form DSMT and MNT Service

[http://www.diabeteseducator.org/export/sites/aade/\\_resources/pdf/general/Diabetes\\_Services\\_Order\\_Form\\_v4.pdf](http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/general/Diabetes_Services_Order_Form_v4.pdf) (American Association of Diabetes educators; Accessed January 18, 2012)

<b>Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form</b>			
<b>Patient Information</b>			
Patient's Last Name _____		First Name _____ Middle _____	
Date of Birth ____/____/____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____		City _____ State _____ Zip Code _____	
Home Phone _____		Other Phone _____ E-mail address _____	
Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.			
<b>Diabetes Self-Management Education/Training (DSME/T)</b> <i>Check type of training services and number of hours requested</i> <input type="checkbox"/> Initial group DSME/T: <input type="checkbox"/> 10 hours or ____ no. hrs. requested <input type="checkbox"/> Follow-up DSME/T: <input type="checkbox"/> 2 hours or ____ no. hrs. requested <input type="checkbox"/> Telehealth		<b>Medical Nutrition Therapy (MNT)</b> <i>Check the type of MNT and/or number of additional hours requested</i> <input type="checkbox"/> Initial MNT <input type="checkbox"/> 3 hours or ____ no. hrs. requested <input type="checkbox"/> Annual follow-up MNT <input type="checkbox"/> 2 hours or ____ no. hrs. requested <input type="checkbox"/> Telehealth <input type="checkbox"/> Additional MNT services in the same calendar year, per RD	
<b>Patients with special needs requiring individual (1 on 1) DSME/T</b> <i>Check all special needs that apply:</i> <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Language Limitations <input type="checkbox"/> Additional training <input type="checkbox"/> additional hrs requested _____ <input type="checkbox"/> Telehealth <input type="checkbox"/> Other _____		Additional hrs. requested _____ <i>Please specify change in medical condition, treatment and/or diagnosis:</i> _____ _____ _____	
<b>DSME/T Content</b> <input type="checkbox"/> Monitoring diabetes <input type="checkbox"/> Diabetes as disease process <input type="checkbox"/> Psychological adjustment <input type="checkbox"/> Physical activity <input type="checkbox"/> Nutritional management <input type="checkbox"/> Goal setting, problem solving <input type="checkbox"/> Medications <input type="checkbox"/> Prevent, detect and treat acute complications <input type="checkbox"/> Preconception/pregnancy management or GDM <input type="checkbox"/> Prevent, detect and treat chronic complications		Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.	
Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit <b>DIAGNOSIS</b> <i>Please send recent labs for patient eligibility &amp; outcomes monitoring</i> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Diagnosis code _____		<b>Definition of Diabetes (Medicare)</b> Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following: <ul style="list-style-type: none"> <li>a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;</li> <li>a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or</li> <li>a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.</li> </ul> Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register. Other payors may have other coverage requirements.	
<b>Complications/Comorbidities</b> <i>Check all that apply:</i> <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Stroke <input type="checkbox"/> Neuropathy <input type="checkbox"/> PVD <input type="checkbox"/> Kidney disease <input type="checkbox"/> Retinopathy <input type="checkbox"/> CHD <input type="checkbox"/> Non-healing wound <input type="checkbox"/> Pregnancy <input type="checkbox"/> Obesity <input type="checkbox"/> Mental/affective disorder <input type="checkbox"/> Other _____		Signature and NPI # _____ Date ____/____/____ Group/practice name, address and phone: _____ Revised 8/2011 by the American Association of Diabetes Educators and the American Dietetic Association.	

# 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 1<sup>st</sup> 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

## I. 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

### 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.

---

#### 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

Postprandial; 200, 225, 250, 195, 170.

##### 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 carbohydrates and record intake in log book.

##### PTED - EDUCATION ASSESSMENT

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

##### 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: [http://www.cms.gov/MLProducts/downloads/mps\\_guide\\_web\\_061305.pdf](http://www.cms.gov/MLProducts/downloads/mps_guide_web_061305.pdf)

### 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>