

Show Me the Money!

MNT Reimbursement 101



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Objectives and Outcomes

As a result of completing this training, participants will be able to:

- Locate and use the IHS Step-by-Step Guide to MNT Reimbursement.
- Identify one change you can make to reduce administrative inefficiencies in your MNT billing process at your site.
- Identify one change you can make to maximize MNT reimbursements at your site.

Payers

- Medicare
- Medicaid
- Private Insurance



Medicare

Medicare is the federal health insurance program for:

- People who are 65 or older.
- Certain younger people with disabilities.
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).

The different parts of Medicare help cover specific services:

- Medicare Part A (Hospital Insurance)
 - Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- Medicare Part B (Medical Insurance)
 - Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicaid

- Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.
- The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs.
- Medicaid and CHIP are both administered by states, according to federal requirements.
- The both programs are funded jointly by states and the federal government.

Private Insurance

- Private health insurance is often offered through employers, organizations or purchased on your own.
- Cost and coverage vary greatly.

What services are billable by Payer for Registered Dietitians?

- Medicare, Part B Coverage
 - Qualifying Diagnoses
 - Diabetes Type1 and Type 2
 - Non—dialysis kidney disease
 - Post transplant within the past 6 months
 - **Obesity (detailed in next slide)
- Medicaid
 - Qualifying Diagnoses will vary by State
 - Under EPSDT-infants, children, prenatal and post natal MNT services are covered
- Private Insurance
 - Research the PI coverage in your area



Medicare, Part B Coverage for Obesity

- November, 2011: CMS allows a benefit called “Intensive Behavioral Therapy” for obesity if a Medicare recipient has a BMI of 30 or greater.
- Is provided by a qualified primary care physician or other primary care practitioner in the following specialty types:
 - 01 - General Practice • 08 - Family Practice • 11 - Internal Medicine • 16 - Obstetrics/Gynecology • 37 - Pediatric Medicine • 38 - Geriatric Medicine • 50 - Nurse Practitioner • 89 - Certified Clinical Nurse Specialist • 97 - Physician Assistant I
- Medicare will cover only sessions that take place in the following primary care setting:
 - 11 - Physician’s Office • 22 - Outpatient Hospital • 49 - Independent Clinic • 71 - State or local public health clinic
- If a patient is referred to other facilities or specialists such as a nutritionists, the patient will be responsible for payment of these services.
- Can RDs bill “incident to” the provider visit?
 - Within the IHS, no

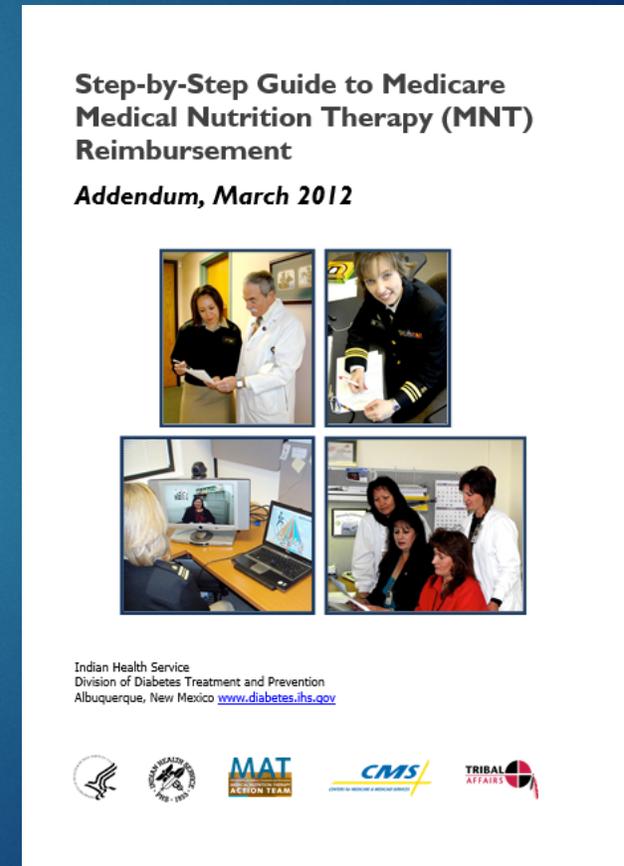
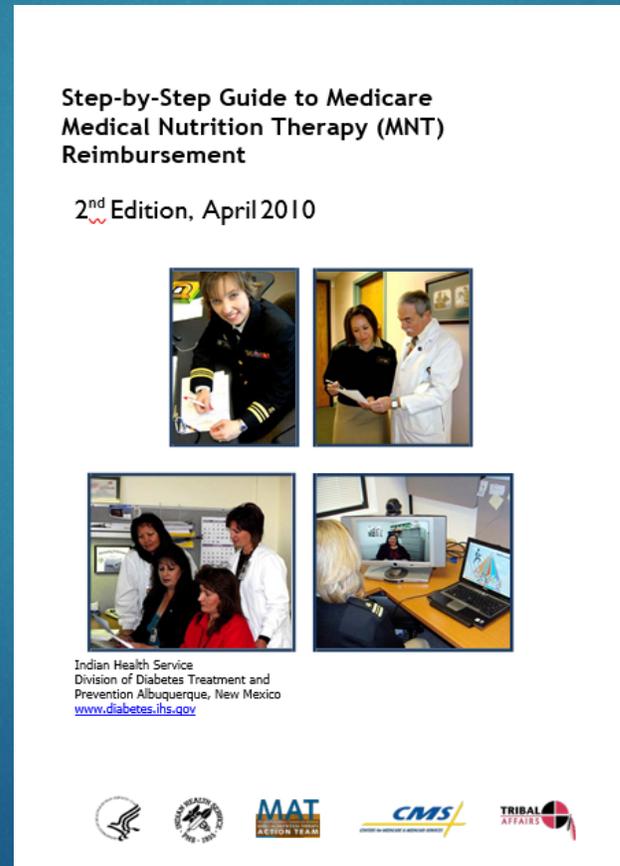
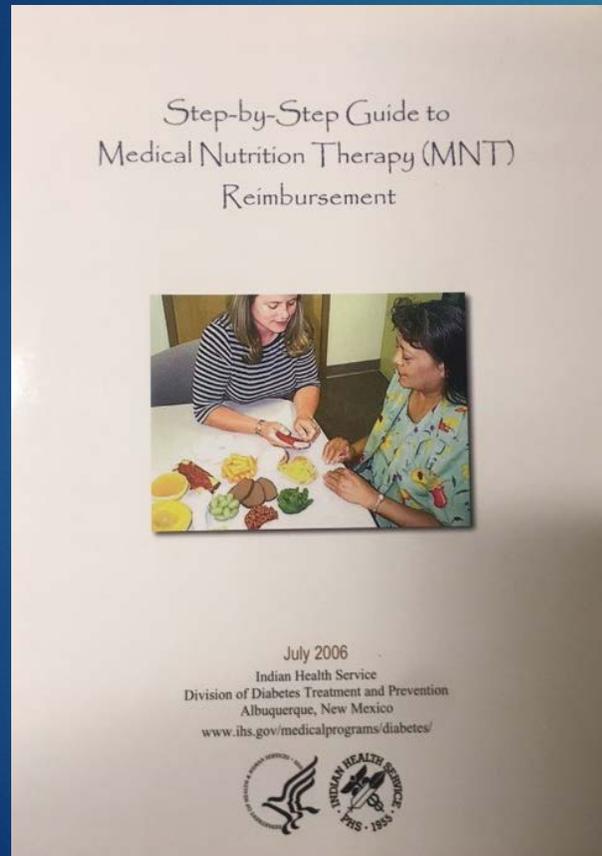
Treat and Reduce Obesity Act of 2017

- H.R.1953 and S.830 - Treat and Reduce Obesity Act of 2017
- **Authority to expand health care providers qualified to furnish intensive behavioral therapy, adding the following:**
 - A physician (as defined in subsection (r)(1)) who is not a qualified primary care physician.
 - Any other appropriate health care provider (including a physician assistant, nurse practitioner, or clinical nurse specialist (as those terms are defined in subsection (aa)(5)), a clinical psychologist, **a registered dietitian or nutrition professional.**
- **Additional Practice Setting**
 - An evidence-based, community-based lifestyle counseling program.

Coverage Comparison

- Current Medicare, Part B coverage for MNT the 1st year
 - One, 60 minute visit and four, 30 minute follow up visits
 - Total of 5 outpatient visits (assuming you were the only provider seen that day)
 - Collections for the 5 visits -20% = **\$1396**
- Intensive Behavioral Therapy for Obesity (If TROA Bill is passed)
 - One visit per week the first month, one visit every other week in months 2-6, and if 3 kg are lost, one visit per month for months 7-12
 - 28 visits (assuming you were the only provider seen that day)
 - Potential collections for 28 visits -20% = **\$7818**

IHS Step-by-Step Guide to Medicare Medical Nutrition Therapy Reimbursement (1 of 2)



IHS Step-by-Step Guide to Medicare Medical Nutrition Therapy Reimbursement (2 of 2)

- IHS Website
 - <https://www.ihs.gov/diabetes/clinician-resources/soc/nutrition/>
 - <https://www.ihs.gov/nutrition/resources/>
 - Type in the Search box
- Internet Search Engine
 - CMS/Novitas
 - Directly to IHS pdf
- Medicine Dish Videocast (on YouTube)
 - [Medicine Dish: Invest in Nutrition-Medical Nutrition Therapy and Reimbursement](#)

Medicare, Part B MNT Reimbursement

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- Step 1: Become a Recognized Medicare Provider
- **Step 2: Make Friends with Your Business Office**
- Step 3: Obtain Treating Physician Referral
- Step 4: Using the right CPT and ICD-10 codes
- Step 5: Documentation of MNT Services
- Step 6: Track MNT Billing and Collections
- Step 7: Market Your Services

Step 2: Make Friends with Your Business Office

- Setup up regular meetings with your billers
 - Review billing and collection reports by payer
 - Troubleshoot areas of denials, non-payment
 - Explore your state Medicaid coverage
 - Explore Private Insurance coverage



Billing Reports

STATISTICAL REPORT
 MEDICARE BILLING SOURCE(S)
 ALL Visit location(s) regardless of Billing Location with APPROVAL DATES
 from 02/01/2017 to 12/11/2017
 ALL Visit location(s) regardless of Billing Location

CLINIC	NUMBER VISITS	UNDUP PATIENTS	BILLED AMOUNT	PAID AMOUNT	ADJ AMOUNT	UNPAID AMOUNT
TA FE HOSPITAL DIETARY	39	29	9,999.00	5,677.61	3,372.39	949
	39	29	9,999.00	5,677.61	3,372.39	949
AL COVERED INPATIENT DAYS 0						
OF REPORT						
TA CLARA HC DIETARY	25	19	6,606.00	3,940.02	1,718.98	947
	25	19	6,606.00	3,940.02	1,718.98	947
AL COVERED INPATIENT DAYS 0						
OF REPORT						
HITI H.ST DIETARY	9	6	1,922.00	1,220.32	323.68	378
	9	6	1,922.00	1,220.32	323.68	378
AL COVERED INPATIENT DAYS 0						

STATISTICAL REPORT
 PRIVATE INSURANCE BILLING SOURCE(S)
 ALL Visit location(s) regardless of Billing Location with APPROVAL DATES
 from 02/01/2017 to 12/11/2017
 ALL Visit location(s) regardless of Billing Location

CLINIC	NUMBER VISITS	UNDUP PATIENTS	BILLED AMOUNT	PAID AMOUNT	ADJ AMOUNT	UNPAID AMOUNT
TA FE HOSPITAL DIETARY	92	71	14,312.00	5,516.40	4,622.00	4,173.60
	92	71	14,312.00	5,516.40	4,622.00	4,173.60
AL COVERED INPATIENT DAYS 0						
OF REPORT						
TA CLARA HC DIETARY	27	22	4,090.40	1,397.57	1,484.83	1,208.00
	27	22	4,090.40	1,397.57	1,484.83	1,208.00
AL COVERED INPATIENT DAYS 0						
OF REPORT						
HITI H.ST DIETARY	3	3	287.60	268.00	19.60	0.00
	3	3	287.60	268.00	19.60	0.00
AL COVERED INPATIENT DAYS 0						
OF REPORT						

STATISTICAL REPORT
 MEDICAID BILLING SOURCE(S)
 ALL Visit location(s) regardless of Billing Location with APPROVAL DATES
 from 02/01/2017 to 12/11/2017
 ALL Visit location(s) regardless of Billing Location

CLINIC	NUMBER VISITS	UNDUP PATIENTS	BILLED AMOUNT	PAID AMOUNT	ADJ AMOUNT	UNPAID AMOUNT
TA FE HOSPITAL DIETARY	76	61	28,504.39	24,451.40	1,564.00	2,488.99
	76	61	28,504.39	24,451.40	1,564.00	2,488.99
AL COVERED INPATIENT DAYS 0						
OF REPORT						
TA CLARA HC DIETARY	19	17	7,107.80	4,761.80	391.00	1,955.00
	19	17	7,107.80	4,761.80	391.00	1,955.00
AL COVERED INPATIENT DAYS 0						
OF REPORT						
HITI H.ST DIETARY	7	6	2,415.80	2,415.80	0.00	0.00
	7	6	2,415.80	2,415.80	0.00	0.00
AL COVERED INPATIENT DAYS 0						
OF REPORT						

Medicare OMB Rate

2017: \$349

2018: \$383

Bill 1 encounter per day

*Currently, billing at the 2017 rate

Medicaid OMB Rate

2017: \$391

2018: \$427

NM bill 2 encounters per day

*In comparison, AZ can bill up to 5 per day

*Currently billing at the 2017 rate

Essential Partnerships

- Coders
- CAC
- Chief Medical Officer



Step 3: Obtain Treating Physician Referral

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- Put policies and/or standing orders in place to cover when referred by mid level providers and that would allow the RD and other support staff to order the referrals.
- A new referral is needed for the following:
 - Each new calendar year
 - When you have exceeded the 3 hours the first year
 - When you have exceeded the 2 hours in subsequent years
 - With change in condition or treatment
- It is helpful to use an EHR consult, however if the RD and providers are using the same EHR, a referral written into the providers note will suffice.

Medical Nutrition Therapy

Reason for Request: MEDICAL NUTRITION THERAPY @ SANTA FE INDIAN HOSPITAL

MEDICAL NUTRITION THERAPY CONSULT
- Santa Fe Indian Hospital -

DEMO, PATIENT D
JAN 1, 1900
99-99-96

Purpose of Visit for MTN Consult: 1)Diabetes mellitus type 2 | (P)

Diagnosis for MTN Consult:
|

Ordering SFIH Provider: ▼

Date of Referral: 02/21/18 16:02

What expectations/goals does provider have for patient MNT Consult?

Was patient sent to make an appointment for Nutritional Consult?
 Yes No

Step 4: CPT and ICD-10 Codes (1 of 2)

- Set up pick lists within EHR, work with your coding department to set up these lists.
- For MNT billing, the Diabetes or ESRD needs to be the primary diagnosis, then add other non-billable Dx secondary.
- The ICD-10 code should match the medical Dx and the reason for the referral.
- As an RD you cannot diagnose, if the needed Dx is not in the IPL, you need to ask the provider to add that Dx.

Step 4: CPT and ICD-10 Codes (2 of 2)

CPT Code	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s), each 30 minutes
<i>CPT® is a registered trademark of the American Medical Association</i>	
HCPCS Code	Description
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 intervention(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

Diabetes Coding Comparison

ICD-9-CM

250._ - Diabetes mellitus

ICD-10-CM

E10._ - Type 1 diabetes mellitus

E11._ - Type 2 diabetes mellitus

Visit Services **Add** **Edit** **Delete** **Super-Bills** **Display:** Freq. Rank Code Description **Cols** 4 **No CAC Permission**

Code	Narrative	Qty	Diagnosis
97802	Medical Nutrition, Indiv, In	1	

Super-Bill

- A ADULT IMMUNIZATIONS
- A NURSING-MEDICATIONS
- A NURSING-PROCEDURES
- A OPTOMETRY
- A OPTOMETRY - E/M
- A OPTOMETRY CATARACT
- A PEDS IMMUNIZATIONS
- A PHYSICAL THERAPY

Items

- 0001: Medical Nutrition, Indiv, In
- 0002: Med Nutrition, Indiv, Subseq
- 0003: Medical Nutrition, Group
- 0004: Group Mnt 2 Or More 30 Mins
- 0005: Mnt Subs Tx For Change Dx

Edit Procedure for Current Visit

Procedure: Medical Nutrition Indiv In

(NOTE: If the Procedure is not selected it defaults to 00099 - Uncoded CPT Code)

Narrative: Medical Nutrition, Indiv, In

Diagnosis: Type 2 Diabetes Mellitus W

1st Modifier:

2nd Modifier:

Quantity: 4

Save **Cancel** Principal Procedure

Edit Procedure for Current Visit

Procedure: Medical Nutrition Indiv In

(NOTE: If the Procedure is not selected it defaults to 00099 - Uncoded CPT Code)

Narrative: Medical Nutrition, Indiv, In

Diagnosis: Type 2 Diabetes Mellitus W

1st Modifier: INTERACTIVETELECOMMUNICATI

2nd Modifier:

Quantity: 4

Save **Cancel** Principal Procedure

EHR Historical Services/Procedures

Dietary Nutrition – Add IPL

Dietary/Nutrition 32

- Abnormal glucose level
- Abnormal glucose tolerance in mother complicating pregnancy, childbirth AND/OR puerperiu
- Anemia
- Anemia of pregnancy
- Blood glucose abnormal
- Chronic kidney disease stage 1
- Chronic kidney disease stage 2
- Chronic kidney disease stage 3
- Chronic kidney disease stage 4
- Chronic kidney disease stage 5
- Diabetes mellitus
- Disease of liver
- End stage renal disease
- Gestational diabetes mellitus
- Hepatic coma
- Hepatic encephalopathy

Save as Problem

Integrated Problem Maintenance - Add Problem

Problem ID SFH-32 Priority Use as POV Primary

* SNOMED CT

* Status Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx Routine/Admin

* Required Field

Provider Text

Step 5: MNT Documentation

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Medicare Part B Documentation Requirements

(*Recommendations to facilitate timely and accurate billing)

- 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*



National Nutrition EHR Template

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eNCPT
Nutrition Terminology Reference Manual
DIETETICS LANGUAGE FOR NUTRITION CARE
Academy of Nutrition and Dietetics



Template: Nutrition_

MEDICAL NUTRITION THERAPY ASSESSMENT 2013

DEMO, PATIENT D, 118 year old MALE
referred on _____ by _____ .

Purpose of today's visit:
1) Diabetes mellitus type 2 [P]

No Chief Complaint.

(CLICK HERE TO ADD FREE TEXT INFORMATION)

All None * Indicates a Required Field Preview OK Cancel

- Nutrition
 - MNT NCP 2013 A to G
 - Nutrition_
 - B Assessment 2013
 - C Diagnosis Terminology 2013
 - D Intervention 2013
 - E Monitoring and Evaluation 2013
 - F Goals 2013
 - G Education 2013
 - H & I RTC & MNT 2013

EHR Nutrition Diagnosis

NUTRITION DIAGNOSIS

NUTRITION DIAGNOSIS:

NUTRITION DIAGNOSIS:

Intake (NI)
 Clinical (NC)
 Behavioral Environmental (NB)

NUTRITION DIAGNOSIS

NUTRITION DIAGNOSIS:

NUTRITION DIAGNOSIS:

Intake (NI)
 ENERGY BALANCE (1)
 ORAL or NUTRITION SUPPORT INTAKE (2)
 FLUID INTAKE (3)
 BIOACTIVE SUBSTANCES (4)
 NUTRIENT (5)

Clinical (NC)
 FUNCTIONAL (1)
 BIOCHEMICAL (2)
 WEIGHT (3)

Behavioral Environmental (NB)
 KNOWLEDGE & BELIEFS (1)
 PHYSICAL ACTIVITY & FUNCTION (2)
 FOOD SAFETY & ACCESS (3)
 OTHER (4)



NUTRITION DIAGNOSIS

NUTRITION DIAGNOSIS:

NUTRITION DIAGNOSIS:

Intake (NI)
 Clinical (NC)
 Behavioral Environmental (NB)
 KNOWLEDGE & BELIEFS (1)
 Food & nutrition related knowledge deficit related to

Unsupported beliefs/attitudes about food or nutrition-related topics related to

Not ready for diet/lifestyle change related to

Self monitoring deficit related to

Disordered eating pattern related to

Limited adherence to nutrition related recommendations related to

Undesirable food choices related to

PHYSICAL ACTIVITY & FUNCTION (2)
 FOOD SAFETY & ACCESS (3)
 OTHER (4)

MNT Tracking Template

Template: H & I RTC & MNT 2013

Scheduling Tracking & MNT Management

Scheduled Appointments

Patient is scheduled to return to clinic: Future Appt: None Found

(CLICK HERE TO ADD FREE TEXT INFORMATION)

Patient will return to clinic:

The patient has been released/discharged from MNT services.

Patient will return to MNT clinic:

MNT Tracking

Time in: 07-Mar-2018 08:00 Time Out: 07-Mar-2018 09:05

CPT codes: MEDICAL NUTRITION INDIV IN [GT] Qty=4 (97802)

All None * Indicates a Required Field Preview OK Cancel





Tools for Success

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- IHS Step by Step Guide to Medicare MNT Reimbursement
- National Nutrition EHR Template
- Partnership with the billing office, coders and CAC
- Proactive member of the medical staff
 - Advocate for your services
 - Give lists/idea of what services you can provide
 - Target billable services



Questions

