

## Reimbursement for RDNs

- Medical Nutrition Therapy is essential for comprehensive healthcare
  - Disease management by nutrition diagnosis, therapy and counseling
  - Different from nutrition education
- Medicare guidelines are the (general) rule
  - Medicare part B pays for the majority of approved charges
  - RDNs are reimbursed for Medical Nutrition Therapy for renal nutrition, diabetes, obesity, CVD prevention, and wellness visit
  - Private payers may reimburse for more conditions which varies depending on carrier and carrier plan

## Rules that offer RDN reimbursement

- The Medicare Part B MNT benefit
  - Diabetes
  - Renal disease
  - Preventive services: wellness visit, cardiovascular disease, obesity
- Affordable Care Act (ACA) requires many insurance plans to provide coverage for certain preventive health services when delivered by in-network providers
  - healthy diet counseling
  - obesity screening and counseling: adults and children

## Essential items for reimbursement

- Obtain a National Provider Identifier
  - a 10-digit number that is required on claims in place of other provider identifiers
  - will not change and will remain with the provider regardless of job or location changes.
  - complete the online application at the National Plan and Provider Enumeration System (NPPES) - <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Become a Medicare Provider
  - You can apply directly on the CMS website through the Internet-based Provider Enrollment, Chain and Ownership System (PECOS).
- Become a credentialed with private payers
  - Enroll with CAQH, or the Council for Affordable Quality Healthcare which offers a single, national process and application form
- Malpractice insurance necessary as providers of the Medicare MNT benefit
- Determine if a referral is necessary

## Submitting Claims

- Determine who is going to do the billing and how it will be done
- *Diagnosis codes*, or ICD-10-CM. These codes describe an individual's disease or medical condition.
- *CPT codes*, or the Current Procedural Terminology codes, are procedure codes that describe the service rendered by the healthcare professional.
  - 97802: Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
  - 97803: Reassessment and intervention, individual, face-to-face with the
  - 97804: Group [2 or more individual(s)], each 30 minutes.
  - G codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered

## Submitting claims (continued)

- G codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered
  - G0270: Medical nutrition therapy; reassessment and subsequent intervention(s)...individual, face-to-face with the patient, each 15 minutes.
  - G0271: Medical nutrition therapy reassessment and subsequent interventions(s)...group (2 or more individuals), each 30 minutes.

## Practice Settings

- Medicare Part B MNT may not reimburse in certain settings
  - For example, nutrition services are bundled into other hospital/clinic/facility services that are billed to Medicare
- Medicare Part B and Private practice
  - Consider who will submit the claims, the physician's staff or the RDN? If the clinic bills for the RDN, the RDN will reassign her/his Medicare benefits to the physician/clinic, and payment will be sent to the physician's office
- Private payer
  - Call to find out if MNT is a covered benefit
    - Know the diagnosis code
    - Know the CPT code

## Resources

- EatRightPro → Practice → Getting Paid
  - <http://www.eatrightpro.org/resources/practice/getting-paid>
- Academy's Nutrition Services Coverage team at [reimburse@eatright.org](mailto:reimburse@eatright.org)
- Reimbursement Online Community:
  - Online community to share practice management tips and exchange best practices
- MNT Provider Newsletter