

To successfully bill for nutrition services provided by RDs, practitioners need to become familiar with certain terms and procedures used on claims forms.

### Definitions

**Codes** –The standardized “language” used to describe the particular service provided (e.g. MNT) and the reason the service was necessary (e.g. the disease/condition addressed). Both the procedure and diagnosis codes are used on claims so that a decision can be made for reimbursement of the service.

**Current Procedural Terminology (CPT) codes-** A medical code set used to identify and describe the services offered by all health care providers to the public. The CPT codes provide a uniform language to accurately describe medical, surgical and diagnostic services and allow nationwide communication among providers, patients and third party payers. Each code is comprised of five-digit numbers, eg. 97802. These codes are categorized into one of six major sections (i.e. Evaluation & Management, Anesthesiology, Surgery, Radiology, Pathology and Lab, or Medicine.) The MNT CPT codes are listed in the Medicine section. Within each of the six sections, the codes are divided into further subsections such as body systems (musculoskeletal, respiratory, etc), place of service (office visit or hospital visit) and the patient’s status (new or established patient). The CPT code set is maintained, annually updated and copyrighted by the American Medical Association (AMA), and has been adopted by the Secretary of Health and Human Services as the standard (under the Health Insurance Portability and Accountability Act-HIPAA) for reporting health care services in the US. (Source: The AMA CPT 2012, and CMS Glossary accessed from <http://www.cms.gov/apps/glossary/default.asp?Letter=C&Language=English>.)

**Healthcare Common Procedure Coding System (HCPCS)- Medicare’s National Level II Codes-** A medical code set, accepted under HIPAA, that identifies health care procedures, equipment, and supplies for claim submission purposes. HCPCS Level II codes are alphanumeric codes, eg. G0270, used to identify various items and services that are not included in the CPT code set. CMS annually maintains the codes with input from other payer groups. HCPCS codes include two G codes used with Medicare Part B Medical Nutrition Therapy (G0270 and G0271) and codes for Medicare diabetes self-management training programs (G0108 and G0109). (Source: CMS’ Web page: <http://www.cms.hhs.gov/apps/glossary/>.)

### **ICD-9-CM codes (International Classification of Diseases - 9- Clinical Modification)**

Often referred to as “diagnosis codes,” this code set is the official system for tracking disease/condition incidence in all health care settings in the US. The National Center for Health Statistics (NCHS) and CMS are the governmental agencies responsible for overseeing the ICD-9-CM. Diagnosis codes describe an individual’s medical condition that is determined by the treating physician. By law, CMS requires physicians to submit diagnosis codes for Medicare reimbursement. Physicians are the trained health care provider responsible for determining a medical diagnosis, so when listing the diagnosis code on a claim form for nutrition services provided by an RD, the RD should obtain the appropriate diagnosis code(s) from the patient/client’s physician. An example of a diagnosis code is 250.02- diabetes mellitus, type II or unspecified type, uncontrolled. Note: A new code set, ICD-10-CM, will replace the current ICD-9-CM codes effective October 1, 2013. (Source: AMA International Classification of Diseases; Physician ICD-9-CM 2012 & CMS Glossary: <http://www.cms.hhs.gov/apps/glossary/default.asp?Letter=I&Language=English#Content>.)

**NPI-** The National Provider Identifier (NPI) is a unique, government issued, standard identifier mandated by HIPAA that replaces providers’ other provider numbers from Medicare and other private payers. Once assigned, the 10 digit numeric NPI stays with a provider for life. For more information go to the Academy’s Web page at: [www.eatright.org/coverage](http://www.eatright.org/coverage).

**Medical Nutrition Therapy (MNT) CPT and HCPCS codes**

Compared with other CPT codes, the following MNT CPT codes best describe the services that RDs provide to patients/clients receiving medical nutrition therapy services for a particular disease or condition. The codes can be used among private insurance companies, depending on the coding and billing details listed in the RD's contract with the payer. CMS *requires* use of these codes for the Medicare Part B MNT benefit by enrolled RD providers who perform MNT services for diabetes, non-dialysis kidney disease and kidney transplants.

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
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97803 re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
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97804 group (2 or more individual(s)), each 30 minutes
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CMS also established HCPCS codes for use with Medicare covered services, effective for dates of service on or after January 1, 2003. These new G codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered, (3 hours in the initial calendar year, and 2 follow-up hours in subsequent years with a physician referral) when the treating physician determines there is a change of diagnosis or medical condition that makes a change in diet necessary.

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.
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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.
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Source: Center's for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 4- Part B Hospital, accessible at: <a href="http://www.cms.hhs.gov/manuals/downloads/clm104c04.pdf">http://www.cms.hhs.gov/manuals/downloads/clm104c04.pdf</a>
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**Other CPT codes for RDs**-Private insurance payers, but not Medicare, may accept other CPT codes, such as the Education and Training codes (98960-62); Medical Team Conference (99366 and 99368); Telephone Services (98966-68); and On-line Medical Evaluation – (98969). Check your payer contract, policies or call the payer provider relations for more code policies. Physicians who offer RD provided nutrition services at their clinics may be able to bill certain third private insurance companies (NOT Medicare Part B) as “incident to” physician’s services. For additional “incident to” details go to “providing the service & billing” at [www.eatright.org/mnt](http://www.eatright.org/mnt); for other code details go to [www.eatright.org/coverage](http://www.eatright.org/coverage).

**Diabetes Self-Management Training (DSMT).**

Medicare Part B covers diabetes self-management training (DSMT) services when these services are furnished by a certified provider at an accredited program. Other private payers may also cover DSMT. This program is intended to educate beneficiaries in the successful self-management of diabetes and includes instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan (as indicated); and motivation for patients to use the skills for self-management. The following HCPCS codes are used for DSMT:

G0108 - Diabetes outpatient self-management training services, individual, per 30 minutes.
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G0109 - Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes.
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Source: CMS Medicare Benefit Policy Manual, Chapter 15 accessible at: <a href="http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf">http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf</a> .
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## **Coding, Coverage, Compensation for MNT; ADA Billing Primer – Frequently Asked Billing Questions; Academy Coding and Coverage Committee**

### **What information is typically included on the claims form?**

- The name of the insured policy holder, and the patient/client name, gender, address, phone number, date of birth, social security number
- Name of the patient's insurance, the individual insurance number and group number
- CPT code and number of code units for the provider's service, eg. RD uses MNT codes
- ICD-9-CM code (from referring physician)
- Referring MD name and NPI; and RD provider name and NPI
- Date of service and charge for the service
- Signature date (Signature on File)

### **What is involved with hiring a biller to handle claims for nutrition services?**

RDs may find it helpful and time/cost-effective to hire a biller to handle claims for nutrition services. Billers are familiar with the various claims forms, codes and billing procedures for third party payers. Billers usually are paid based on the volume of the practice, so a biller can get anywhere from 4 to 7% of the RD's payments. Although there are several national groups that provide billing services and resources (see "Billing Information" resources on the Academy's Web page: [www.eatright.org/coverage](http://www.eatright.org/coverage)), talking to local private practice RDs or physicians can be a great source for identifying a local biller. Or, consult your local Yellow Pages (look up "Medical Billers") or conduct your own Internet search (query "medical billing") to identify billers in your area.

### **What claims forms are used to bill for nutrition services?**

The CMS1500 and CMS1450 (UB-04) forms are accepted by Medicare, however for Part B (outpatient) services, claims for MNT provided by enrolled RDs are usually submitted on the CMS1500 form. Some hospitals may only have access to the CMS1450, typically used to bill for Medicare Part A (inpatient) services, however in these cases, CMS will accept the CMS1450 form for Medicare Part B outpatient MNT services. Many private insurance companies use the CMS1500 form. For more information on the CMS1500 form, go to the Academy's Web page at [www.eatright.org/mnt](http://www.eatright.org/mnt), then click on "providing the service & billing" and then "forms".

If the client/patient is self-paying for the nutrition services, and the RD is not filing a claim with an insurance company, a Superbill is manually completed by the RD and provided to the client/patient. A Superbill is a pre-printed, or created form that itemizes and describes the services and fees provided to the patient/client. For information on Superbills go to [www.eatright.org/coverage](http://www.eatright.org/coverage), then "presentations."

### **What other resources does the Academy have to help me successfully code and bill for nutrition services?**

*Articles on setting fees:*

Duester, J., Michael, P.; Myers E. Tips for Contract Negotiations and Establishing MNT Rates. J AM Diet Assoc. 2001; 101 (6): 624-626.

Duester, J; Building your Business-Setting Your Fees: A Cost-Based Approach. J AM Diet Assoc., 1997; 97, Issue 10, Supplement: S129-S130.

*Dietetic Practice Group (DPG) resources:* Many DPGs have resources available to their members, check their web page for information. For example, the Nutrition Entrepreneurs (NE) DPG has a mentoring program where RD members can contact another DPG member for discussion/networking etc. For more information visit the NE web site at [www.nedpg.org](http://www.nedpg.org).

*Making Nutrition Your Business.* An essential resource for any dietetics professional considering a switch to private practice, consulting, writing, or speaking. Available at [www.eatright.org/shop](http://www.eatright.org/shop).

**Access Medicare and other Coding and Coverage Information in the Members Section of the Academy's Web site; [www.eatright.org/mnt](http://www.eatright.org/mnt) and [www.eatright.org/coverage](http://www.eatright.org/coverage).**

- Medicare MNT Resources
- HIPAA and Compliance Resources

- Private Insurance & Employers Resources • The MNT Works Kit & List of Educational Sessions
- Academy Reimbursement Representatives' Contact Information (for the affiliates and DPGs)