Reimbursement and Coding for Nutritional services

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Doctoral Student – University of California, Davis
Objectives

- Understand the reimbursement process for MNT
- Understand codes used by RDNS for MNT services
- Understand how excellent documentation can lead to reimbursement and referrals
Entry-level Scope of Responsibilities

Able to code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers:

1. In a variety of settings - physician’s office, private practice, a consultant to long-term care and/or home health agency, as an employee in a hospital setting providing inpatient and/or outpatient MNT services or as a public health nutritionist.

2. Be able to be responsible for all stages of the coding and billing process or just providing documentation that will be used by others to code and bill for services.

3. Provide consultation to healthcare providers within the setting regarding opportunities to code and bill for nutrition services and the steps/criteria for doing so.

4. Needs to fully appreciate how the reimbursement process works and be aware of systems to monitor for changes by various insurance payers in billing and/or reimbursement process.
THE NATION’S HEALTH DOLLAR ($3.2 TRILLION),
CALENDAR YEAR 2015: WHERE IT CAME FROM
THE NATION'S HEALTH DOLLAR ($3.2 TRILLION), CALENDAR YEAR 2015, WHERE IT WENT
Billing and Reimbursement Is Complex
Why Accept Public / Private Insurance?

**** Opens up services to those who can not pay out of pocket

Many physicians will refer to a dietitian who takes insurance knowing that the patient will not need to pay out of pocket

Most dietitians see growth in their services when they accept insurance

Preventive Services

The emphasis on preventive services makes it possible to obtain reimbursement for services with an A or B rating by the US Preventive Services Task Force.

Includes: "healthy diet counseling" and "obesity screening and counseling,"
Private Insurance: How to Start

Obtain the following:
- An National Standard Employer Identification Number
  - The number assigned by the Internal Revenue Service (IRS) for tax purposes. The Tax Identification Number is also known as TIN.
- A license if required by the state
- A National Provider Identifier (NPI)
- Liability Insurance

- Metabolic Nutrition (133VN1006X)
- Pediatric Nutrition (133VN1004X)
- Renal Nutrition (133VN1005X)
- Single Specialty (193400000X)
- Multi-Specialty (193200000X)
Obtaining Separate Reimbursement for Nutrition Services

Cannot be services that are part of a package of care that are already reimbursed via another claim

• Nutrition counseling/services delivered to patients in a hospital or SNF under per diem or case rate payments
• Nutrition counseling that is packaged as part of a global medical/surgical package (i.e. bariatric surgery package or OB package) billed by a provider.
Obtaining Separate Reimbursement for Nutrition Services

Identify health plans that cover nutrition counseling, not all do

The Affordable Care Act requires Qualified Health Plans (those sold on the Exchanges) to cover the following preventive nutrition services at no cost share to the member:

- Counseling and behavioral interventions of obsess children and adults
- Intensive healthy diet counseling for adults with high cholesterol, CVD risk factors, diet-related chronic disease
Obtaining Separate Reimbursement for Nutrition Services

For health plans that DO cover nutrition services, determine if they separately credential RDN to provide nutrition services.

Some health plans cover these services but do not credential, and therefore separately reimburse RDN/s:

- Some health plans reimburse for these services when billed by a medical physician or chiropractic clinic, although the services are delivered by an employed RDN.
Setting Up as A Health Care Provider

Set up with the Council for Affordable Quality Healthcare ProView (CAQH).

The CAQH serves as a digital filing cabinet where you can securely store your information as a provider.
- Basic personal information
- Education and training
- Specialties and Certifications

Authorize specific health plans to access your information for credentialing.

Insurance companies you authorize will review your CAQH and send you further information.
Private Insurance: Contracting

The process of becoming an in-network provider with insurance companies.

Establishes the policies and guidelines for filing claims for plan members.

Call and ask the provider services contact whether the insurance company is currently accepting new dietitians in your area.

Can take up to 6 months
Private Insurance: Filing Claims

1. conducting an eligibility and benefits check
2. filing a claim
3. getting paid
Conducting an Eligibility and Benefits Check

- Are there diagnosis restrictions?
- Is there a deductible?
- Is there an out-of-pocket max?
- Are there additional copayments or coinsurance?
- Is a referral from a primary care provider required?
- Is there a maximum number of visits allowed?
- What's the reference number for this call?
  - In case the claim gets denied and you need to appeal it, a reference number will help you cite the information you were told on this call.
  - Obtain the person’s name who provided you with eligibility information
Form: Verify Patient Eligibility and Benefits

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>No benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit to the # of visits:</td>
<td>Limit to the # of visits:</td>
<td></td>
</tr>
<tr>
<td>Limit to the # of units:</td>
<td>Limit to the # of units:</td>
<td></td>
</tr>
<tr>
<td>Deductible applies:</td>
<td>Deductible applies:</td>
<td></td>
</tr>
<tr>
<td>Copay / Coinsurance:</td>
<td>Copay / Coinsurance:</td>
<td></td>
</tr>
</tbody>
</table>

Is this a Grandfathered OR Non-grandfathered policy?  
Grandfathered    Non-grandfathered

Notes: ____________________________________________

Reference #: ________________________________

Does this patient have Nutrition Counseling/Medical Nutrition Therapy Benefits?  
Y  N

CPT Codes (97802, 97803, 97804)

Is this benefit limited to a specific diagnosis or co-morbidity?  ________________________________

Is there a Physician referral needed?  
Y  N

Is there both in-network and out-of-network benefits?  
Y  N

May download from AND
Filing A Claim: Claims Submission

Forms – UB04 and HCFA 1500
  ◦ Used by all payors

Information required:
  ◦ Charges (services, supplies and drugs)
  ◦ Coding
    ◦ Diagnosis codes (ICD-10-CM)
Due to fraud: private practice RDNs need to send copy of driver’s license and insurance card

Form 1500

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-10 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)
ICD-10 Impact

- **ICD-10-CM (Diagnoses)**
  - Will be used by all hospitals, providers, clinics, lab, radiology, psych, rehab, nursing homes, etc.

- **ICD-10-PCS (Procedures)**
  - Will be used only for hospital claims for **inpatient hospital procedures**

- **CPT/HCPCS – No change!**
  - Procedures for Hospital Outpatients, Physician Visits, Lab and Radiology Outpatients, etc.
ICD-9-CM vs. ICD-10-CM

**ICD-9-CM**
- 3 - 5 digits or characters
- 1st character is **numeric or alpha** (E or V codes)
- 2nd – 5th characters are **numeric**
- Decimal placed after the first 3 characters
- 17 Chapters and “V” & “E” codes are ‘**supplemental’**
- **14,000** diagnosis codes

**ICD-10-CM**
- 3 - 7 digits or characters
- 1st character is **alpha** (all letters used except “U”)
- 2nd – 7th characters can be **alpha and/or numeric**
- Decimal placed after the first 3 characters (the same!)
- 21 Chapters and “V” & “E” codes are ‘**not**’ supplemental
- **69,000+** diagnosis codes
ICD-10-CM Format

Category

Etiology, anatomic site, severity

Extension
What Does ICD-10-CM Have To Offer?

- Provides many, many more categories for diseases and other health-related conditions
- Higher level of “specificity”
- Combined etiology and manifestations, poisoning and external causes, or diagnosis and symptoms into a single code
Level of Detail Example

- ICD-9-CM (Irregular Astigmatism) (367.22)
  - Only 1 code in ICD-9-CM
- ICD-10-CM (Irregular Astigmatism)
  - Will have 4 code choices:
    - H52.211 (Irregular astigmatism, right eye)
    - H52.212 (Irregular astigmatism, left eye)
    - H52.213 (Irregular astigmatism, bilateral)
    - H52.219 (Irregular astigmatism, unspecified eye)
- Physicians are likely documenting “laterality” now, but coders aren’t looking for it.
  - One easy place to look for documentation improvement!
Example for Anemia

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>280  Iron deficiency anemia</td>
<td>D50  Iron deficiency anemia</td>
</tr>
<tr>
<td>280.0  Secondary to blood loss</td>
<td>D50.0  Secondary to blood Loss</td>
</tr>
<tr>
<td>280.1  Secondary to inadequate dietary intake</td>
<td>D50.8  Other iron deficiency anemias</td>
</tr>
<tr>
<td>280.8  Other specified iron deficiency anemias</td>
<td>D50.1  Sideropenic dysphagia</td>
</tr>
<tr>
<td>280.9  Iron deficiency anemia, unspecified</td>
<td>D50.8  Other iron deficiency anemias</td>
</tr>
<tr>
<td></td>
<td>D50.9  Iron deficiency anemia unspecified</td>
</tr>
</tbody>
</table>
## Initial Assessment And Intervention

This Code Can Be Used Only Once A Year For First Appointment

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Nutrition Therapy (MNT)</td>
<td>15 minutes</td>
<td>97802</td>
</tr>
<tr>
<td>Initial Assessment and Intervention</td>
<td>15 minutes</td>
<td>97802</td>
</tr>
<tr>
<td>Face to Face with the Patient</td>
<td>15 minutes</td>
<td>97802</td>
</tr>
</tbody>
</table>

NOTE: CPT codes 97802 and 97803 should be used for insurance claims. This code is to be used only once a year, for initial assessment of a new patient. All subsequent individual visits (including reassessments and interventions) are to be coded as 97803. All subsequent group visits are to be billed as 97804.
## Subsequent Individual Reassessment And Intervention

This Code Is used For Subsequent Appointments and Intervention, after the Initial (above)
Also Use This Code When There Is A Change In the Patient’s Medical Condition that Affects the Nutritional Status of the Patient.

<table>
<thead>
<tr>
<th>Description</th>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Subsequent Individual Appointments</td>
<td>15 minutes</td>
<td>97803</td>
</tr>
<tr>
<td>Fact to Face with the Patient</td>
<td>15 minutes</td>
<td>97803</td>
</tr>
<tr>
<td>All Individual Reassessments</td>
<td>15 minutes</td>
<td>97803</td>
</tr>
<tr>
<td>All Interventions</td>
<td>15 minutes</td>
<td>97803</td>
</tr>
</tbody>
</table>

**NOTE:** CPT codes 97803 is to be billed for all individual reassessments and all interventions after the initial visit (see 97802). This code should also be used when there is a change in the patient’s medical condition that affects the nutritional status of the patient (see the heading, Additional Covered Hours for Reassessments and Interventions).
CPT Codes for Dietitians

**Group Appointments (2 Or More Individuals)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Duration</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Group Appointments</td>
<td>30 minutes</td>
<td>97804</td>
</tr>
<tr>
<td>Subsequent Group Appointments</td>
<td>30 minutes</td>
<td>97804</td>
</tr>
</tbody>
</table>

NOTE: CPT code 97804 should be unit priced; two units = 60 minutes, and three units = 90 minutes. Three or more units are typically priced at three units.

This code is to be billed for all group visits, initial and subsequent. This code can also be used when there is a change in a patient’s condition that affects the nutritional status of the patient and the patient is attending in a group.
CPT Codes for Dietitians

<table>
<thead>
<tr>
<th>NUTRITIONAL AND DIETETIC COUNSELING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional counseling</td>
</tr>
<tr>
<td>Dietitian appointment</td>
</tr>
</tbody>
</table>

S Codes
The S codes are considered temporary national codes designed to be used by non-Medicare payers such as Blue Cross Blue Shield to report drugs, services, and supplies where no other codes are available. If your contract with an insurer allows for the use of CPT codes, then you should try to utilize these more specific codes in place of HCPCS S codes.
Other CPT Codes

Private insurance payers, but not Medicare, may accept other CPT codes, such as:

- Education and Training codes (98960-62)
- Medical Team Conference (99366 and 99368)
- Telephone Services (99441-99444)
- On-line Medical Evaluation – 99444- Internet or similar electronic communications network)
Other CPT Codes

**Educational Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98960</td>
<td>Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient, each 30 minutes, individual.</td>
</tr>
<tr>
<td>98961</td>
<td>each 30 minutes, two-four patients</td>
</tr>
<tr>
<td>98962</td>
<td>each 30 minutes, five-eight patients</td>
</tr>
</tbody>
</table>

**Telephone Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98966</td>
<td>Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; Five-ten minutes of medical discussion</td>
</tr>
<tr>
<td>98967</td>
<td>Telephone assessment and management service 11-20 minutes of medical discussion</td>
</tr>
</tbody>
</table>
For 97802 and 97803

<table>
<thead>
<tr>
<th>Unit</th>
<th>Minutes</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&gt; 8</td>
<td>&lt; 23</td>
</tr>
<tr>
<td>2</td>
<td>&gt; 23</td>
<td>&lt; 38</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 38</td>
<td>&lt; 53</td>
</tr>
<tr>
<td>4</td>
<td>&gt; 53</td>
<td>&lt; 68</td>
</tr>
<tr>
<td>5</td>
<td>&gt; 68</td>
<td>&lt; 83</td>
</tr>
<tr>
<td>6</td>
<td>&gt; 83</td>
<td>&lt; 98</td>
</tr>
<tr>
<td>7</td>
<td>&gt; 98</td>
<td>&lt; 113</td>
</tr>
<tr>
<td>8</td>
<td>&gt; 113</td>
<td>&lt; 128</td>
</tr>
</tbody>
</table>

The pattern remains the same for treatment times in excess of two hours.
INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right to make determinations to modify its Policies and Guidelines.
### APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97804</td>
<td>Medical nutrition therapy; group (2 or more individual(s), each 30 minutes</td>
</tr>
</tbody>
</table>

*CPT® is a registered trademark of the American Medical Association*

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0270</td>
<td>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</td>
</tr>
<tr>
<td>G0271</td>
<td>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</td>
</tr>
</tbody>
</table>
Nutritional Counseling

Policy
Aetna considers nutritional counseling a medically necessary preventive service for children and adults who are obese, and for adults who are overeigh and have other cardiovascular disease risk factors (hypertension, dyslipidemia, impaired fasting glucose, or the metabolic syndrome), when it is prescribed by a physician.

Policy History
Last Review: 02/16/2018
Effective: 08/03/1995
Next Review: 01/10/2019
<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90959</td>
<td>with 1 face-to-face physician visit per month</td>
</tr>
<tr>
<td>90963</td>
<td>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
</tr>
<tr>
<td>90964</td>
<td>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
</tr>
<tr>
<td>90965</td>
<td>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
</tr>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97803</td>
<td>re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97804</td>
<td>group (2 or more individual(s)), each 30 minutes</td>
</tr>
</tbody>
</table>
Medicare MNT Reimbursement Rules:
Confusing
Complicated
Constantly Changing
Becoming a Medi-Care Provider

**Process:**
- RD obtains NPI number:
  - [https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do)
- RD applies to be individual Part B Medicare provider…options:
  - Use online PECOS system, or
  - Download Individual Medicare Provider Application **CMS 855I**
- RD to receive own Medicare PTAN (Provider Transaction Number)
- If RD is working for employer:
  - RD to reassign her/his Medicare reimbursement back to employer by completing Medicare **CMS 855R** form:
Medicare Beneficiary MNT – DSMT Entitlement

Must have Medicare Part B Insurance

Suggestion: scan/ make copy of Medicare card for MR
<table>
<thead>
<tr>
<th>MNT</th>
<th>DSMT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Nutrition Therapy</strong></td>
<td><strong>Diabetes Self Management Training</strong></td>
</tr>
<tr>
<td>Diabetes**</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>▪ FBS ≥ 126 mg/dl on two different occasions or</td>
</tr>
<tr>
<td>▪ Type 2</td>
<td>▪ 2-HR post glucose challenge ≥ 200 mg/dl on 2 different occasions or</td>
</tr>
<tr>
<td>Kidney Disease:</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>
</tr>
<tr>
<td>▪ Post-Kidney Transplants within the last 36 months</td>
<td>Kidney Disease:</td>
</tr>
<tr>
<td></td>
<td>▪ Non-Dialysis Kidney Disease</td>
</tr>
<tr>
<td></td>
<td>▪ Post-Kidney Transplant</td>
</tr>
<tr>
<td>MNT</td>
<td>Medical Nutrition Therapy</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>No coverage for maintenance dialysis.</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>
</tr>
<tr>
<td>Only face-to-face time with patient.</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>
</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DSMT</th>
<th>Diabetes Self Management Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>No payment will be made for group sessions not attended (class attendance sheet).</td>
<td></td>
</tr>
<tr>
<td>Only face-to-face time with patient.</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>
</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>
</tr>
</tbody>
</table>
MNT--DSMT: COMPLIMENTARY but DISTINCT

### MNT
- **Individualized** nutrition (and related) therapy to aid control of A-B-C’s of diabetes
- **Personalized** behavior change plans: eating, SMBG, exercise, stress control plans
- **Long-term** follow-up with **extensive** monitoring of labs, outcomes, behavior change with adjustments in plans*

### DSMT
- **General** and basic training on AADE7™ self-care behaviors in primarily **group** format
- ↑ pt’s **knowledge of why** and **skill in how** to change key behaviors
- **Shorter-term** follow-up with **limited** monitoring of labs, outcomes, etc.
Eligibility for Diabetes

FPG $\geq 126$ mg on 2 tests, or 2 hr OGTT $\geq 200$ mg on 2 tests, or Random BG $\geq 200$ mg + uncontrolled DM symptom*. A1c not added as of 2-6-16*

**Symptoms of uncontrolled diabetes:** Excessive thirst, hunger, urination, fatigue, blurred vision; unintentional wt loss; tingling, numbness in extremities; non-healing cuts/wound, etc.

^A1c $\geq 6.5\%$ is diagnostic for T1, T2 DM per ADbA, Standards of Medical Care, 2017

*Federal Register, Vol. 68, #216, 11-7-03, p.63261

Gestational Diabetes
Provider to provide documentation of gestational diabetes dx code.
Eligibility for Renal Disease

Pre-Dialysis Renal Disease
GFR on 1 lab test of:
13 -- 50 ml/min.1.73m2:
Stage IV = 15 -- 29

Stage III = 30 -- 50
Stage V = <15

Kidney Transplant
Period of 36 months after successful kidney transplant.
**G Codes** are additional codes established by CMS to use with Medicare covered services. The number of MNT hours covered by Medicare is 3 hours in the initial calendar year with 2 hours in subsequent years if referred by a physician. In order to bill for additional hours of MNT service performed, use G codes!
Medicare Coverage of MNT

• **G0270**
  ◦ a 15-minute individual session for MNT reassessment and subsequent interventions following a second referral in the same year for a change in diagnosis, medical condition, or treatment regimen

• **G0271**
  ○ 30-minute group session for MNT reassessment and subsequent interventions following a second referral in the same year for a change in diagnosis, medical condition, or treatment regimen.
G codes to know for DSMT:

**G0108**: 30 minute individual sessions for diabetes outpatient self-management training services.

**G0109**: 30 minute group sessions

The DSMT codes can also be used within Private Insurance Companies.
Changes which may require additional MNT

<table>
<thead>
<tr>
<th>DIABETES MNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oral meds to insulin</td>
</tr>
<tr>
<td>• Lack of understanding of diabetes diet</td>
</tr>
<tr>
<td>• GDM pt requires frequent diet changes</td>
</tr>
<tr>
<td>• Diabetes complication requiring tighter diet control</td>
</tr>
</tbody>
</table>

<table>
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<th>NON-DIALYSIS RENAL MNT</th>
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<tbody>
<tr>
<td>• Significant decrease in renal sufficiency</td>
</tr>
<tr>
<td>• Lack of understanding of renal diet</td>
</tr>
<tr>
<td>• Onset of malnutrition</td>
</tr>
<tr>
<td>• Completes DSMT and develops renal condition</td>
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</table>
Where You Work Matters!!

- **Skilled Nursing Facility**
  - MNT: NOT payable.
  - DSMT: YES, payable by Part B. BOTE: Part A SNF benefit and Part B DSMT can be received at same time.

- **Nursing Home**
  - MNT: YES, payable by Medicare Part B.
  - DSMT: NOT payable.
Fees for Services & Billing
**Traditional Face to Face**

**Fee Schedule:**
- **Initial Visit** – 1 hour – $175.00
- **Follow-Up Visit #1 through #5** – 1 hour – $155.00
- **Follow-Up Visit #6 and higher** – 1 hour – $135.00

- PreDiabetes
- Diabetes
- Heart Disease
- Hypertension
- Metabolic Syndrome

---

**Cart Smart Supermarket Tour**

Fee: $255.00

---

**Skype/Phone Personalized Nutrition Consultations In Your Home Or Office**

- 25 Minute Skype/Phone Consultation: $75.00
- 45 Minute Skype/Phone Consultation: $120.00
- 60 Minute Skype/Phone Consultation: $150.00

---

**E-mail Consultation In Your Home Or Office**

- 1-month Question & Answer $75.00
- 3-month Question & Answer $200.00
- 6-month Question & Answer $375.00

---

**House Call! Personal or Family Nutrition Education**

‘In-Home’ Kitchen Analysis/Nutrition Education Session: $250.00
<table>
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<tr>
<th>ICD-10 Diagnosis Codes—Medical Nutrition Therapy</th>
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<tbody>
<tr>
<td>R63.5</td>
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<td>K52.89</td>
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<td>Services and CPT Code</td>
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<td>----------------------</td>
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<tr>
<td>□ 97802—Initial consultation and assessment</td>
</tr>
<tr>
<td>□ 97803—Follow-up/reassessment consultation</td>
</tr>
<tr>
<td>□ 97804—Group (&gt;2 individuals)</td>
</tr>
<tr>
<td>□ 99372—Telephone consultation</td>
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CPT = Current procedural terminology

RD/RDN signature: _____________________________________________
Medicare Fee Schedule for RNDs

The data in this chart was compiled from the physician fee schedule information posted on the CMS website. The data in the chart represents the RD payment rates for a representative practice. Facility = e.g., a hospital, skilled nursing facility, comprehensive inpatient rehabilitation facility, chronic care facility, hospice, home health agency, other. Each of these facilities required unique rates which are not shown in this chart.

Cannot be billed same day as physician visit as this is PART of their visit
Can be billed same day as behavioral health

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<tr>
<th>HCPSC</th>
<th>Short description</th>
<th>State Acronym</th>
<th>State/Locality</th>
<th>Carrier</th>
<th>RD Non-Facility Rate</th>
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Life Cycle of a Medical Claim

Office checks in patient and collects co-pay

Patient receives services

Dietitian documents care, assigns codes using superbill or electronic charting and bills for services

This can take up to 3 months
Working for a Facility

RDN moves her billing and reimbursement TO the facility

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### Example of Chargemaster

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EOB

Explanation of Benefits

DATE: 03/31/14
TIN: 00-101010
NPI: 1122344455
GROUP NUMBER: 06779899
GROUP NAME: ABC INDUSTRY
TRACE NUMBER: 010101

PROVIDER EXPLANATION OF BENEFITS

PATIENT: Ellen Eatwell
MEMBER NAME: Ellen Eatwell
MEMBER ID: 55443222
PATIENT ACCOUNT: EE5544

CONTROL NUMBER: 7554
DATE RECEIVED: 03/24/14
PROVIDER OF SERVICE: Debra Dietitian

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REMARKS:
(16E): YOU HAVE REACHED THE LIFETIME MAXIMUM BENEFIT ALLOWED BY YOUR PLAN.
(4): PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF A PERFERRED PROVIDER ORGANIZATION.

The member, provider or an authorized representative may request reconsideration or appeal the decision by submitting comments, documents or other information to America's healthcare. Network providers should refer to the administrative guide for claim reconsideration or appeal information. If you are a network provider appealing a clinical or coverage determination on behalf of the member, or a non-network provider appealing a decision on behalf of the member, follow the process for appeal in the members benefit plan document. Document on appeals made on behalf of members will be completed in 30 days of submission or within the timeframe required by law.

America's healthcare is improving service to you by adopting electronic payments and statements as a standard way to pay claims. To obtain information about electronic payments and statements find it on the homepage on America's Healthcare website or contact us at the phone number at the top of the page.
Getting Referrals

Make sure that you think of how much time is needed in 3 to 6 month time blocks.
Referrals

Prior approval requests must include a clinical summary with a dietary assessment with any of the following information that is applicable:

- Frequency of nutrition counseling follow up appointments
- Percent of meal plan compliance
- Weight chart with a goal weight range
- Frequency of:
  - Binges
  - Purges
  - Laxative misuse
  - Number of meals skipped
  - Number of minutes exercised
- Transition to/or from a higher level of care
- Percentage of day spent in food related thoughts.
- Physical health
- Nutrition related abnormalities
- Flexibility in food selection and inclusion of fear foods

Example of documentation needed for MNT Referral for Eating Disorder
Authorization of Services

You Need Good Charting!!!
Initial Assessment

MEDICAL NUTRITION THERAPY ASSESSMENT

DEMO PATIENT: 44 year old FEMALE

Purpose of today’s visit: nutrition management of
1) Newly Di Diabtes

Chief Complaint: Newly Di DM More to see the diestrition.

ASSESSMENT

FOOD AND NUTRITION INTAKE
Total energy intake approximately 2500 kcal/day.
Meal/Snack Pattern: Regular 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 leftovers supper

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

Snacks: Fork 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 [1.6744 cm] (Nov 10, 2009/10/01)
Weight: 335.00 lb [151.96 kg] (Nov 10, 2009/10/02)

Blood Pressure: 160/95
BMI: 42.08

RBC: 11.3%
WBC: 45 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

MT Maintenance 2000 Kcal/day

MT loss: 1500 kcal/day (method Miffiin-St. Jeor (actual weight)

NUTRITION DIAGNOSIS

NUTRITION DIAGNOSIS: Excess carbohydrate intake related to regular intake of sugar sweetened beverages as evidence of diet non-compliance and AIC.

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

NUTRITION INTERVENTION

Nutrition Prescriptions: High fiber, low fat, carbohydrate-controlled diet

Carbohydrate Budget: 30-45 g/malus 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/malus 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. Match carbohydrate intake, limit to 2-3 servings/meal
4. Check blood sugar 2-3 times daily.

NUTRITIONAL COUNSELING STRATEGIES:

Motivational Interviewing and Goal Setting

PTE - EDUCATION ASSESSMENT

11/10/09 DM-MM

DM-HOME MANAGEMENT - (IND)

11/10/09 DM-OC

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, AIC level and home blood glucose levels.

___ Scheduled Appointments

Patient will return to clinic: In two weeks

___ MT Tracking

Activity Time:

Time IN: 10-NOV-2011 10:00

Time OUT: 10-NOV-2011 10:15

CPT codes: MEDICAL NUTRITION INTERV (97802)

/ps/ DEBBIE DUTTISIAN, RD, CDE

Signed: 11/10/2009 10:15
- Steven is a 5 year old male who started kindergarten ~ 9 weeks ago
- Phenylalanine levels are usually within acceptable range
- Over the past 2 months, labs have become double the upper limit of normal
- Mother has expressed anxiety over foods at school. As a single parent, she is busy and finds it difficult to send a lunch from home.
- Family has not shared with the school personnel and other children that Steven has PKU for fear of kids teasing Steven.
- Steven comes home with “wrappers” from foods which mom did not place in Steven’s lunch box. Steven has said that he frequently trades foods with other children while at school
Client History:
- **Personal Data:** 5 1/12 year old male
- **Medical Diagnosis:** PKU – diagnosed through newborn screening
- **Social History:** started kindergarten 9 weeks ago. Mother is very concerned about foods eaten at school especially school lunch. Mother has expressed anxiety over foods at school. As a single parent, she is busy and finds it difficult to send a lunch from home. Family has not shared with the school personnel and other children that Steven has PKU for fear of kids teasing Steven. Steven comes home with “wrappers” from foods which mom did not place in Steven’s lunch box. Steven has said that he frequently trades foods with other children while at school.

Food and Nutrient Intake:
- **Diet Order:** Modified diet: low phenylalanine, which utilizes medical foods and low protein medical foods.
- **Food Beverage Intake:** 100 grams of XXXX medical food per day. XXX is mixed with 30 ounces of water. Drinks ad lib. Provides: 760 kcals, 30 grams protein and no phenylalanine. XXX is needed to meet protein needs without providing phenylalanine. Excess phenylalanine will cause irreversible neurological damage.
Biochemical Data: serum phe in mg/dL:
- (12/13/12) 4.1, (01/11/12) 3.1, (02/02/12) 2.3, (03/05/12) 10.5, (03/20/12) 12.1, (04/02/12) 11.6

Comparative Standards:
- Estimated Energy Needs: 1300 kcals/day
- Estimated Protein Needs: 20 gm/day, with 15 grams from medical food.
- Estimated Phenylalanine Needs: 360 mg/day
- Weight and Growth Recommendations:
  - Weight: 18kg = 40th %tile
  - Height: 107 cm = 31%tile
  - BMI: 15.7 kg/m2 = 59%tile
  - Increased weight between today and (02/05/12) at rate of 7 gm/day over last 60 days.
• **Public Programs:** school meal program – needs a 450 calorie and 5 grams of natural protein lunch.

• **Knowledge/ Beliefs/ Attitudes:** family understands the principles of the modified phenylalanine diet and the importance of

• **Factors Affecting Access to Food and Nutrition-Related Supplies:** must pay out of pocket for lancets for home phenylalanine monitoring. Without continue monitoring, it is difficult to manage chronic condition and prevent neurological damage.

• Needs continued authorization of nutritional supplies

<table>
<thead>
<tr>
<th>Formula</th>
<th>Amount Per 24hr</th>
<th>Amount per Month</th>
<th>NDC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Food A</td>
<td>50 grams</td>
<td>4 cans</td>
<td>49735-0177-80</td>
</tr>
<tr>
<td>Medical Food B</td>
<td>135 grams</td>
<td>12 cans</td>
<td>70074-0607-46</td>
</tr>
<tr>
<td>Medical Food C</td>
<td>3 packets</td>
<td>16 cartons</td>
<td>00212-7131-76</td>
</tr>
</tbody>
</table>
**Food and Nutrient Intake:** Patient is 100% dependent upon g-tube feedings. Patient takes 60% of his protein from a source (medical food A) which provides essential amino acids. Medical food A is used to reduce nitrogenous waste which patients can’t eliminate. If this builds up, patients are at risk of decompensation, illness and **hospitalization**. Protein from medical food C provides both essential and non-essential amino acids. Medical food B is added to provide protein free calories to meet energy needs. If patient doesn’t meet energy needs, they will break down their own lean tissue and create ammonia (waste product) which they can’t eliminate. This too will result in decompensation, illness and **hospitalization**

<table>
<thead>
<tr>
<th>Formula</th>
<th>Amount</th>
<th>kcal</th>
<th>protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Food A</td>
<td>1 cup =</td>
<td>150 grams</td>
<td>765</td>
</tr>
<tr>
<td>Medical Food B</td>
<td>3/4 cup =</td>
<td>60 grams</td>
<td>228</td>
</tr>
<tr>
<td>Medical Food C</td>
<td>240 milliliters</td>
<td>240</td>
<td>7.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1233</td>
<td>18.2</td>
</tr>
</tbody>
</table>

Water to make final volume of 41 ounces which is 30 kcal/ounce
**Nutrition Diagnosis**
- Excessive amino acid (phe) intake related to high protein foods consumed at school as evidenced by parent’s report and recent rise in serum phenylalanine levels.

**Intervention**
- *Nutrition Prescription/ Needs:*
  - 1350 Kcal/day  
  - 20 Gm protein/day (15 grams from medical food)
  - 360 mg phe/day
  - 125 Gm low phe medical formula
  - School lunch which provides ~450 kcals and 5 grams protein from natural foods
- *Goal:*
  - Serum phenylalanine levels between 2 – 4mg/dL.
- *Coordination of care* with school so that a modified (low phenylalanine) lunch may be provided either by the school, the parent, or a combination of the two.
- *Nutrition counseling* based on *cognitive behavioral theory* which included *problem solving* to identify ways to work with the school to obtain a modified lunch and prevent child from being given high protein foods.
At the next visit the following will be evaluated:

- **Knowledge – comprehensive** (FH 3.1.1) Mother to verbalized understanding of how to work with school to obtain modified foods by discussing developed IEP plan which includes modified meal plan.

- **Amount of food:**
  - Oral intake will be evaluated to determine if the meals at school are 450 kcals and 5 grams protein. (FH 1.3.2.1)

- **Biochemical Data**
  - Evaluate serum phenylalanine levels with the target to be 2 to 4 mg/dL (BD 1.11.6).
**Nutrition Education**: skill development

**Number of Hours of Education Requested**: 10 hours
- 10 hours to be done in 2 hour increments over a period of 6 months

**Participants**: Jane Doe, mother of child

**Importance of Instruction**: Without this instruction, child’s phenylalanine levels will be elevated and cause irreversible neurological (brain) damage. Child is transitioning to table foods which is normal behavior, but requires the mother to understand more about the phenylalanine content of various foods and how to monitor diet.

**Topics of Instruction**:
- How to manage Low Phenylalanine Diet using milligrams of Phenylalanine and Phe exchanges
- How to use Low Protein Food List to determine phenylalanine content of various foods
- How to modify diet and formula in coordination with child’s fluctuating intake

**Education Goals**:
- After 4 hours of instruction, parents with minimal assistance will be able to estimate the amount of phenylalanine in infant foods using the Low Protein Book as a reference
- After 6 hours of instruction, parents without assistance will be able to estimate the amount of phenylalanine in infant foods using the Low Protein Book as a reference

**Materials to be used**: Low Protein Food Book by Virginia Schuett, Baby Food Jars, Paper and Pens

**Evaluation Method**: Paper and Pen exercises using Low Protein Food Book

**Health Goal**
- Serum phenylalanine levels < 4 mg/dL
# Example of MNT Education Order Form

## Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

### Patient Information
- **Patient's Last Name**
- **First Name**
- **Middle**
- **Date of Birth**
- **Gender**: Male, Female
- **Address**
- **City**
- **State**
- **Zip Code**
- **Home Phone**
- **Other Phone**
- **E-mail address**

**Diabetes Self-management education and training (DSM/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 combination of DSM/T improves outcomes.**

### Diabetes Self-Management Education/Training (DSM/T)
- **Check type of training services and number of hours requested**
  - Initial group DSM/T: 10 hrs or ___ no. hrs. requested
  - Follow-up DSM/T: 2 hrs or ___ no. hrs. requested
  - Telehealth

### Patients with special needs requiring individual (1 on 1) DSM/T
- **Check all special needs that apply**
  - Vision
  - Hearing
  - Physical
  - Cognitive Impairment
  - Language Limitations
  - Additional training
  - Additional hrs requested
  - Telehealth

### DSM/T Content
- **Check that apply**
  - Monitoring diabetes
  - Diabetes as disease process
  - Psychological adjustment
  - Physical activity
  - Nutritional management
  - Goal setting, problem solving
  - Medications
  - Prevent, detect, and treat acute complications
  - Preconception/pregnancy management or GDM
  - Prevent, detect, and treat chronic complications

### Medical Nutrition Therapy (MNT)
- **Check the type of MNT and/or number of additional hours requested**
  - Initial MNT
  - Annual follow-up MNT
  - Telehealth
  - Additional MNT in the same calendar year, per RD

### Definition of Diabetes (Medicare)

**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 of DSM/T and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:**

- A fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- A 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- A random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

**Source**: Volume 85, 4716, November 7, 2023, page 62916/Federal Register.

**Other payers may have other coverage requirements.**

### Signature and NPI
- **Signature**
- **NPI**
- **Date**
- **Group/practice name, address and phone:**
Example of MNT and DSMT Referral

<table>
<thead>
<tr>
<th>SERVICES TO BE PERFORMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Initial DSMT and Initial MNT (13 Hours; Medicare benefits)</td>
</tr>
<tr>
<td>___ Initial DSMT</td>
</tr>
<tr>
<td>10 DSMT topics taught as 1 hour individual + 9 hours group UNLESS Special Need checked below, then all individual.</td>
</tr>
<tr>
<td>Special Need: ___ Vision ___ Non-Ambulatory ___ Hearing ___ Cognitive ___ Language ___ Additional Insulin Training ___ Other: ____________________________</td>
</tr>
<tr>
<td>[OR request only these DSMT topics: ___ SMBG ___ Nutrition ___ Exercise ___ Medication ___ Goal Setting &amp; Problem-Solving ___ Coping-Stress Control ___ Acute Complications ___ Chronic Complications ___ Pathophysiology ___ Preconception/Pregnancy/GDM ___ Less than 10 hrs requested: ____]</td>
</tr>
<tr>
<td>___ Initial MNT</td>
</tr>
<tr>
<td>___ Additional MNT ▶ No. of extra hrs = ____ Specify change in medical condition, treatment or dx: ___________________________________________</td>
</tr>
<tr>
<td>___ Obesity Counseling/Weight Management BMI = _________ (note: &gt;30 required for Medicare eligibility)</td>
</tr>
<tr>
<td>___ Follow-Up (Subsequent Year) DSMT</td>
</tr>
<tr>
<td>___ Follow-Up (Subsequent Year) MNT</td>
</tr>
</tbody>
</table>
Example of MNT and DSMT Referral

**LABS:**

**MEDICARE DSMT and MNT ELIGIBILITY CRITERIA:** Must provide **ONE** of these diabetes diagnostic criteria:

- FBG >126 mg/dl on 2 tests: FBG:_________ and FBG:_________
- 2 hr OGTT >200 mg/dl on 2 tests: 2 hr OGTT:_________ and 2 hr OGTT:_________
- Random BG >200 mg/dl with symptoms of uncontrolled diabetes: Random BG:_________ [ ] excessive thirst [ ] excessive urination
  [ ] excessive hunger [ ] blurry vision [ ] excessive tiredness [ ] unintentional wt loss [ ] tingling in extremities [ ] other:________________________

For MEDICARE Renal MNT, must provide GFR lab:______________ (note: 13 to 50 required for Medicare eligibility)

A1C:______ T-Chol:______ LDL-C:______ HDL-C:______ TG:______ BP:_________ BMI:______ Other:________________________
Referral for MNT

- MNT
  - Narrative dx or ICD-10 code.
  - Signature + NPI # of MD/DO (stamped not allowed).
  - Original Rx to be in pt's chart in MD/DO's office.

RDN should have a copy in their chart
Thank you!!!