

Medical Nutrition Therapy (MNT): *Billing, Codes and Need at Adelante Healthcare*

An investigation of Medical Nutrition Therapy (MNT) billing requirements and handling

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Introduction

Adelante Healthcare strives to provide sustainable, quality and affordable healthcare for all. With this mission in mind, Adelante has designed their seven health centers to offer its patients various medical specialties within one same location. Family Medicine, Pediatrics, Internal Medicine, OB/GYN, Family Dental, WIC, on-site laboratory and on-site pharmacy can all be found within one of Adelante's healthcare centers providing convenience for the patients and their families and most importantly facilitating patient's health.

One service that is not currently provided is Medical Nutrition Therapy (MNT). A qualified Nutritionist or Registered Dietician (RD) provides MNT. MNT serves as a complimentary treatment plan for patients suffering from conditions that can be significantly altered with nutrition management.

Adelante healthcare centers are located across Maricopa County, which obesity incident is 24% of its adult population. Obesity places a person at risk for further complications and development of chronic diseases. In addition, the majority of the patients at Adelante are below poverty line and Hispanic, which places them at an even greater risk for complications that can be helped and controlled with MNT.

The WIC program will be hiring 2.5 RDs this coming fall and in an effort to provide this service to its patients, there is an opportunity for Adelante to invest in an additional .5 salary (the other .5 coming from another source) for an RD to provide MNT services. However, because MNT services have not been offered in the recent past, Adelante lacks a complete understanding concerning billing procedures for MNT, the guidelines involved and specific policies for different types of insurance.

Background

MNT services have been found to be both cost effective in terms of medical management and a great tool to help keep patients with chronic diseases out of the hospital. In a randomized controlled study of type II diabetics receiving multidisciplinary care that included MNT, it was found that “self-care practices and self-efficacy improved significantly and hospital admissions and outpatient use were significantly lower for the intervention group” (Pastors et al. 610) another study found that MNT is cost effective when nutritionists maintain a plan of care suitable and specific to patient need (Pastors et al. 611). Further, the Academy of Nutrition and Dietetics (A.N.D.), reports that the U.S. Department of Defense saved 3.1 million dollars after implementing an MNT program for patients with cardiovascular disease, diabetes and renal disease.

MNT sessions with RDs serve as a needed intervention for clients in need of making lifestyle and nutritional changes in order to help manage their disease, overall health and well-being. RDs are specifically trained in nutrition and are suitably qualified to interfere with patient’s eating behaviors and needs. MNT sessions with an RD provide a full nutritional assessment, interventions and monitoring of disease process for various conditions such as diabetes, renal

disease, weight management, allergies, cardiovascular diseases and eating disorders. MNT interventions help in overall prevention of further complications and correction of disease process.

Methodology

Because both MNT and billing were foreign topics, the first step to the research project included identification of Adelante key staff members that would be ideal to speak to for clarification of research requirements and guidance in the process. Meetings with these individuals helped to identify the different tasks involved in performing the research.

Because the main goal of the task was to investigate if RDs can bill for MNT, the first step in the research process was to contact the different healthcare insurance companies that Adelante's patients use the most. Patient insurance policy numbers were used to identify the different services offered within the different healthcare companies. Online patient and provider manuals were reviewed to find specifications of billable encounters.

Different area RDs working in different types of clinical settings were contacted by telephone and email with specific questions about billing for RDs. Connections with RDs allowed access to the information on the website for the Academy of Nutrition and Dietetics which requires a membership to access their information.

MNT information is readily available on the Internet. Specific information about requirements for MNT billing was accessed for Medicare and Medicaid through federal websites such as Centers for Medicare and Medicaid Services.

Results

Medicare

Medicare MNT Reimbursement became effective January 1, 2002 and was established under 42 CFR s.410.130-410.134. National Medicare Part B provides reimbursement for renal and diabetes diagnosis only when MNT referral is made by the primary care physician. The specified coverage is as follows: an initial encounter, follow-up, and reassessment visits as necessary limited to three (3) hours in a 12-month period. The CPT codes used for these services are 97802, 97803, 97804 respectively. Subsequent years are limited to two (2) hours with physician referral. Unused hours cannot be carried over to subsequent years. A new referral is needed yearly. Specifics for coverage include patients with renal insufficiency and renal transplant patients within the last 36 months. Renal patients must not be receiving maintenance dialysis. The other category of patients that can be billed for are those with diabetes type 1 and type 2, and gestational diabetes patients.

Diabetes Self-Management Training (DSMT) was found during the research. DSMT provides the education necessary for diabetic patients to maintain appropriate glycemic control. DSMT and MNT services can both be provided at the same time to facilitate patient's adherence to treatment, increase disease knowledge and follow up care. Medicare beneficiaries can receive the entire allotted ten (10) hours of the initial DSMT and the full three (3) hours allocated for MNT in the first year if a physician prescribes both services. However, these services cannot be billed on the same date.

Codes for DSMT:

- G0108: Diabetes outpatient, self-management training, individual, 30 minutes each.

- G0109: Group (2 or more), Diabetes outpatient, self-management training, individual, 30 minutes each.

Medicaid

Prior authorization of MNT CPT codes is required for Medicaid patients and treatment must be of medical necessity. For United Healthcare Community Plan, a Medicaid plan, representatives were unable to provide information regarding specifics for MNT services. Several different numbers and departments were contacted but the only information provided was that diabetic education is not a billable encounter under this health plan. Request for prior authorization is required with appropriate CPT codes with a letter of medical necessity for UHC clinical nurse to review. No other specific guidelines were provided nor was MNT information listed under patient or provider manual.

Private Insurance

Patient's diagnosis must meet medical necessity and physician must refer patient for MNT services for insurance coverage. Humana health plan was surveyed and MNT was only indicated for diabetes patients only. In its guidelines, Aetna health plan included obesity prevention and healthy diet counseling as well as diabetes education offered in a hospital outpatient setting. No other formal descriptive information was provided. For Blue Cross Blue Shield of Arizona, a variety of medical conditions were covered under MNT codes and covered services included obesity, hypertension, high cholesterol, allergies, diabetes, renal, or cardiac condition at five (5) visits/per year/per patient covered at 100%.

Additional CPT Codes

When there is a change in the patient's condition and further MNT services are needed beyond the number of hours covered an episode of care (3 hours) the following codes are used: G0270:

reassessment and interventions after a second referral in the same episode of care and G0271: reassessment and interventions after a second referral in the same episode of care for a group of 2 or more individuals.

Discussion on Accessibility of Information

The research results reveal that MNT services are in fact billable encounters by an RD. While the information is not concrete throughout the different healthcare insurance types, MNT service is recognized. Further, as a community health center dealing primarily with historically medically underserved individuals below poverty line, Adelante's major revenue source for medical insurance billing is Medicare and Medicaid. Favorably, the most precise and ample information provided for MNT coverage and specifications was for Medicare. While Medicaid did not offer specific guidelines and information about MNT coverage, various clinicians and billing departments questioned have stated that medically necessary authorizations for these services are usually granted.

While this may be a recognized and billable service, obtaining information from those who would have the most experience with providing MNT proved difficult. Area RDs were referred and found through different sources. The issues encountered were instances where RDs were difficult to engage in my chase for more information. This happened primarily because RDs had limited information on the subject. Many of them did not deal with billing directly and worked for environments with billing departments that handled patient's insurance. Other RDs had their own private practice where they would mostly bill their patients directly and if needed, patients dealt with the health insurance themselves to get reimbursement for MNT expenses.

Unfortunately, the contacted RDs did not keep track of insurances that successfully covered the services for their patients.

To obtain information from the medical insurance companies regarding billing for MNT, client specific policies needed to be available. Initially, during the research this was not apparent and it significantly lead to a delay in data collection. Further, medical insurance operators are trained to complete specific tasks and were unable to provide the proper information or provide reference to a department that could provide more detailed information. The verbal information that was provided was limited and general. Conversely, searching the Internet generated more specific information about MNT coverage, but still this information was mainly only available for Medicare coverage.

Recommendation

Because MNT is a service that can be billed, Adelante should invest .5 of a salary for an RD to provide these services to its patients. Under the Centers for Medicare and Medicaid Services, which administer Medicare and Medicaid guidelines, behavioral therapy for obesity cannot be billed by anyone else other than a primary care provider. The Academy of Nutrition and Dietetics reports that a recent survey indicated that 78% of the primary care providers surveyed did not have instruction on weight management. RDs are specifically trained in dietetics and should be available to Adelante patients through MNT services.

To evaluate clinical quality the Health Resources and Services administration (HRSA) reviews operations and performance of health centers using the Uniform Data System (UDS) measures. Adelante compares its measures to the previous year to make sure their healthcare centers are

improving the percentage of each health measure. However, important measurable categories as diabetes, child weight assessment and counseling, and coronary artery disease and lipid therapy did not improve from 2011 to 2012 (information for 2013 is not yet available). Adelante should consider the positive influence MNT can have on maintaining and improving UDS measures that can easily be impacted through diet and diet behaviors.

There could be many positive outcomes to providing MNT at Adelante. Studies have indicated that MNT services are more economical for both patients and healthcare agencies. Interventions through MNT services will produce healthier communities by helping individuals change habits, increase compliance, and maintain individuals out of the hospital therefore saving capital on expensive medical treatments and preventing further complications. Because patients are receiving the crucial information about their diet, and focusing on diet and wellbeing alone when visiting with an RD, the patient gains literacy in their condition and good habits. This can also significantly impact their need for medication to control certain diseases directly affected by diet.

Follow up MNT services can be provided on individual or a group (2 or more) basis. As a group, patients can support each other through shared similarities in their struggles. Some patients may find this beneficial for their compliance as they can relate to others and together find tools to better themselves and comply with treatment. MNT can also be coupled with DMST for better management of disease in diabetic patients. Provided by an RD, this too can give the patient much focused and additional information than what would have been provided in a regular medical visit.

Although it may be evident, Adelante may want to investigate if enough can be billed for MNT services within their patient population before solidifying their decision of whether to hire an RD or not. The history of outside MNT referrals should be gathered and the numbers analyzed as this can also give information regarding return on investment possibilities. Continued research is necessary for more specific coverage details for patients with Medicaid and private insurance plans. Finally, surveying Adelante providers on the need for MNT on site may disclose support for need of the service. With this information we may be able to understand provider's limitations and recommendations regarding MNT services. Analyzing the remaining information will provide a better understanding of return on investment for an RD at Adelante Healthcare.

Conclusion

As an offered intervention for patients in the community, MNT can significantly provide a better quality of life as patients learn the information and tools they need to manage their disease. As a healthcare provider, Adelante can improve productivity within its healthcare centers, as patients undergoing MNT services will be more likely to comply with treatment since they will be more educated. MNT services will allow Adelante Healthcare to conform to their mission of maintain the highest level of preventative and primary care services at an affordable cost for all.

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