Academy of Nutrition and Dietetics

MNT Provider

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Your source for practice management news

Academy works to expand Medicare coverage of medical nutrition therapy

More robust coverage of nutrition counseling and interventions by qualified providers will help the Centers for Medicare & Medicaid Services (CMS) achieve its "triple aim" of improved outcomes, improved care and lower costs. That was the message delivered by a team of Academy of Nutrition and Dietetics members and staff when they met with officials from CMS in February. The team—which was composed of Marcy Kyle, RDN, LD, CDE, member of the Board of Directors; Anne Wolf, MS, RDN, chair of the Weight Management Dietetic Practice Group; Jeanne Blankenship, MS, RDN, vice president for Policy Initiatives and Advocacy; Marsha Schofield, MS, RD, LD, FAND, director of Nutrition Services Coverage; Pepin Tuma, director of Regulatory Affairs; and Alison Steiber, PhD, RD, LD, chief science officer—met with the CMS coverage team to advance a process for modifying coverage of medical nutrition therapy (MNT) for adults ages 65 years and older. The team outlined a potential path to expand Medicare Part B coverage for MNT for a broad group of disease states and conditions.

The Academy continues to advocate for the expansion of MNT services in both the public and private sectors and encourages its members to do the same. Fee-for-service payments for registered dietitian nutritionists (RDNs) remain a priority, but the Academy has also recognized the fast-growing shift to value-based payment models by forming a new Accountable Payment Models for Nutrition Services Task Force under the Academy's Nutrition Services Payment Committee. To support members' efforts in promoting the integration and expansion of MNT into health benefit plans and expanding the scope of "billable" services provided by RDNs, the Academy has developed a number of resources, including free

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Registration open for 2015 Public Policy Workshop

Registration is now open for the world's largest food and nutrition policy and advocacy summit, the 2015 Public Policy Workshop (PPW), which will be held June 7 to 9, 2015, in Washington, D.C. This interactive, educational experience will focus on the ever-evolving political landscape that affects registered dietitian nutritionists and nutrition and dietetics technicians, registered, across the country and will identify critical policies that impact the health of the nation and the dietetics profession. In addition to receiving top-notch leadership and communications training, attendees will have an opportunity to make professional connections with nearly 500 dietetics "activist" colleagues from across the United States. Learn how to become the voice of nutrition that Congress trusts, and then put your knowledge into action when you visit Capitol Hill and meet with members of Congress. To find out more about PPW or to register for this event, visit: www.eatrightPro.org/ppw.

CMS promotes MNT benefit during National Nutrition Month®

For the seventh consecutive year, during National Nutrition Month®, the Centers for Medicare & Medicaid Services (CMS) shared a health observance message promoting the Medicare medical nutrition therapy (MNT) benefit with all Medicare and Medicaid providers. In addition to reminding health care professionals that March is National Nutrition Month® and announcing the 2015 "Bite into a Healthy Lifestyle" theme, the message prompts physicians to help their Medicare patients live healthier lives in 2015 by encouraging the use of Medicare-covered nutrition-related services, including MNT. The message identifies registered dietitians as key providers of nutrition services that can play a critical role in helping Medicare patients put together a comprehensive and achievable lifestyle-based eating plan, tailored to their health history, food preferences and routine, to help improve their health and prevent and manage many health conditions. To read the full message and learn more about resources available to health care professionals, visit: www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/coverage-news.

Free recorded webinars available: Grassroots Marketing of MNT

Coverage for medical nutrition therapy (MNT) services starts in your own backyard. Does your employer's health insurance plan cover MNT services? Do you know how to approach your employer about expanding coverage for MNT? This two-part recorded webinar series, offering free continuing professional education to Academy members, was developed by the Academy of Nutrition and Dietetics Coding and Coverage Committee to provide all the resources you need to successfully communicate with your own employer about including or expanding MNT benefits under your current plan. Hear stories from your peers about their MNT advocacy journeys. Learn about resources to promote the value of the registered dietitian nutritionist to decision makers. Become part of a grassroots effort to market MNT now! Start by listening to these webinars:

- Grassroots Marketing of MNT by RDNS for RDNs—Approaching Employers and Insurance Companies about Expanding Local Coverage for Nutrition Services
- Grassroots Marketing of MNT by RDNs for RDNs—Approaching the Decision Makers of Self-funded Insurance Plans

Recorded webinars are available at: www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/expanding-coverage.

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downloadable brochures, toolkits and other web-based resources. Tools such as these can be used to build the case for integrating RDNs into primary care practices, communicate the evidence-based and effectiveness data regarding MNT services provided by RDNs, seize opportunities under the Affordable Care Act and health care reform, and make the case for RDN-provided nutrition services with insurance companies and employers.

To find out how you can advocate for expanding payment and coverage, visit: www.eatrightpro.org/resources/practice/getting-paid-in-the-future/expanding-payment-and-coverage. For a free member copy of the *MNT Works® Toolkit*, visit: www.eatrightpro.org/resource/practice/getting-paid-in-the-future/expanding-payment-and-coverage/medical-nutrition-therapy-mntworks-kit. To read the article "Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models," published in the December 2014 issue of the *Journal of the Academy of Nutrition and Dietetics* (vol. 114, issue 12, pages 2017–2022), visit: www.andjrnl.org.

QUESTION CORNER

Q: If I furnish medical nutrition therapy (MNT) services to Medicare Part B beneficiaries at a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC), do I need to report Physician Quality Reporting System (PQRS) measures for such services?

A: No, you do not need to report PQRS measures for MNT services provided to Medicare beneficiaries at an RHC or FQHC. PQRS reporting only applies to services paid under the Medicare Physician Fee Schedule. Since RHCs and FQHCs are paid under a different mechanism, services provided at these facilities do not fall under the PQRS. For more information on PQRS for registered dietitian nutritionists, visit www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/physician-quality-reporting-system-pqrs-overview.

Q: Should I submit a redetermination request form for a claim denied and returned with the reason code CO-140 because it did not include the beneficiary's full name as shown on his or her Medicare card?

A: No. If a claim contains a minor error or omission, such as a mismatch of the beneficiary's name, the claim may be corrected through the reopening process rather than the appeals process. The reopening process allows providers to correct clerical errors or omissions without having to request a formal appeal. Some additional examples of returned claims that should be submitted through the reopening process include claims returned and coded as follows:

- Reason Code CO-140: Patient/insured health identification number and name do not match.
- Remark Code MA61: Missing/incomplete/invalid Social Security number or health insurance claim number.
- Remark Code MA130: Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

For information on how to correct minor claims errors and omissions, visit: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0420.pdf. For a list of frequently asked questions addressing Medicare claims processing, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/frequently-asked-questions-medicare-claims-processing.

Q: What is the difference between claim adjustment reason codes and remittance advice remark codes?

A: Claim adjustment reason codes (CARCs) and remittance advice remark codes (RARCs) are both used to report payment adjustments, appeal rights, and related information on the electronic and paper remittance advice, and Coordination of Benefit (COB) claim transaction. These codes provide valuable insight for the registered dietitian nutritionist (RDN) to determine appropriate next steps to take when a claim was denied by a third-party payer.

CARCs communicate a payment adjustment, or why a claim or service line was paid differently than it was billed. These codes were developed for use by all U.S. health payers. As a result, they are generic, and a number of codes do not apply to Medicare. Examples of CARCs are:

- (29) The time limit for filing has expired
- (151) Payment adjusted because the payer deems the information submitted does not support this many/frequency of services

RARCs are used in a remittance advice to further explain an adjustment or relay informational messages that cannot be expressed with a claim adjustment reason code. Remark codes are maintained by the Centers for Medicare & Medicaid (CMS), but they may be used by any health plan when they apply. Some examples of RARCs include:

- (M53) Missing/incomplete/

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New ICD-10 videos available from CMS

The Centers for Medicare & Medicaid Services (CMS) has recently released two new animated shorts that explain key ICD-10 concepts.

- Introduction to ICD-10 Coding gives an overview of ICD-10's features and explains the benefits of the new code set to patients and to the health care community.
- ICD-10 Coding and Diabetes uses diabetes as an example to show how the code set captures important clinical details.

The videos are less than 4 minutes each and are available on the Provider Resources page of the CMS web site. To view these videos and for additional resources, visit: www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html.

CMS extends reach of National Nutrition Month® message

The Academy continues to build on the long-standing collaboration with the Centers for Medicare & Medicaid Services (CMS) on messaging to health care providers during National Nutrition Month® (NNM). This year, CMS also shared the NNM message with 1,600 external organizations that reach a broad segment of the U.S. population, including care-givers, patient advocate groups, communities of faith and health care provider organizations. Additionally, CMS has committed to collaborate with the Academy on a multi-prong communications approach during next year's National Nutrition Month.

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invalid days or units of service

- (MA36) Missing/incomplete/ invalid patient name

The full list of CARCs and RARCs can be found at http://wpc-edi.com/Reference. To find out more about CARCs and RARCs used on Medicare remittance advices, visit the CMS website: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf. For more information about billing Medicare, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/providing-the-service-and-billing-under-medicare. For a sample of Explanation of Benefits (EOB) form and information on what to do if a claim is denied, read the Coding and Billing Handbook, available at: http://www.eatrightpro.org/resource/news-center/in-practice/quality-and-coverage/new-coding-and-billing-handbook.

Q: What are G codes?

A: G codes are alphanumeric codes (e.g., G0270) used by both public and private payers to identify professional health care procedures, services, products and supplies for which there are no specific CPT codes. G codes are part of the Healthcare Common Procedure Code System (HCPCS) and officially referred to as Medicare's National Level II Codes as they are maintained by Medicare with input from other payer groups. Two G codes are used with Medicare Part B medical nutrition therapy (G0270, G0271), and two are used with Medicare diabetes self-management training (G0108, G0109). Many private payers also recognize these G codes for similar services. For general information about HCPCS codes, visit: www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html.

Q: When is it appropriate to use codes G0270 and G0271 for billing medical nutrition therapy (MNT) services?

A: Under Medicare, when the treating physician determines there is a change in diagnosis, medical condition or treatment regimen that requires a change in MNT, additional hours of MNT services beyond the three hours in the initial calendar year and two follow-up hours in subsequent years may be reimbursed when a physician referral is provided. Some examples of situations in which the additional hours may be appropriate would be MNT for a patient with diabetes converting from oral medication to insulin or MNT for a patient with renal disease who demonstrates a lack of understanding of his or her renal diet. Both G0270 and G0271 relate to MNT; 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). G0270 should be used for an individual, face-to-face encounter with the patient, with each unit valued at 15 minutes. G0271 should be used when providing services to a group encounter of two or more individuals, with each unit valued at 30 minutes. For more information about G codes and definitions, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/mnt-cpt-and-g-codes-and-definitions.

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