

CDA ANNUAL MEETING
APRIL 10, 2015

Don't take No for an answer-
Learn how to get paid for your work!

OBJECTIVES:

- Participants will identify the different ways to get reimbursed and paid for their services
- Participants will learn the resources available to them on the AND website
- Participants will learn about the shift in health care delivery and how to promote their services.

AND RESOURCES



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eatright[®] PRO Academy of Nutrition and Dietetics


Advocacy Leadership Practice Research Career

Practice

- Nutrition Care Process
- Quality Management
- Patient Care
- Getting Paid
 - Getting Started with Payment
 - Who Pays for Nutrition Services
 - Nuts and Bolts of Getting Paid
 - Smart Business Practice and Management
- Getting Paid in the Future
- Position and Practice Papers

Getting Paid

Are you an RDN who performs medical nutrition therapy? Are you responsible for billing in a facility where RDNs use medical nutrition therapy? The Academy seeks to empower dietetics professionals — including billing personnel — to expand coverage and receive competitive reimbursement for quality nutrition services.



Understanding and being familiar with billing codes will ensure that reimbursement is obtained when providing nutrition services. Whether you have a biller or maintain the billing on your own, dietetics professionals should be educated on the latest, most up-to-date nutrition services codes.

Learn more about Medicare and insurance coverage of medical nutrition therapy (or MNT), which services are covered, and how to correctly list diagnosis codes and medical conditions on claims forms.

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Getting Started with Payment

The Academy seeks to empower dietetics professionals to be successful at delivering high-quality nutrition services and getting paid. This includes working to expand consumer access and coverage for Medical Nutrition Therapy (MNT) and the broad range of services provided by dietetics professionals who working to achieve competitive compensation for quality nutrition services.

This section contains program information and resources to understand the business of health care and nutrition, regulations of the practice setting, learn how health care providers are reimbursed and understand consumer health insurance and programs that offer nutrition benefits. Learn about smart business practices when offering MNT services, and know the details of how to get paid. Whether it is public or private payers, the information needed to get paid is here.

Medicare Basics
Medicare is a federal health insurance program for people age 65 and older, people of any age with permanent kidney failure, and certain disabled people under age 65. Visit [medicare.gov](#)

Medicare MNT
Medical Nutrition Therapy is an essential component of comprehensive health care. The Academy provides MNT with the necessary information on MNT and Medicare Part B. Visit [medicare.gov](#)

Join the Reimbursement Online Community
The Reimbursement Online Community is an interactive portal that offers Academy members a space to network and share ideas related to coverage and reimbursement. Visit [medicare.gov](#)

Steps to Enroll in Medicare
Enroll in Medicare on the website link. Follow these three steps to get you enrolled and becoming a Medicare provider. Visit [medicare.gov](#)

Practice Settings - FAQs
Have any questions? Check frequently asked questions concerning the Medicare MNT benefit in relation to the practice setting. Visit [medicare.gov](#)

Getting Started

- NPI –National Provider Identifier - Standard unique identifier, HIPPA requirement – Free
- EIN- Employer Identification number or Tax ID number – 9 digit number, valid in all states and used in banking and filing taxes
- Professional Liability Insurance

Ways to Collect Payment

- Cash
- Medicare Part B
- Medi-Cal
- Private Insurance
- MNT provided in a Patient Centered Medical Home

THE BASICS

Medicare is a Federal Insurance Program for people 65 and older and some people under 65 with permanent disabilities.

PART A- hospital insurance

PART B- medical insurance

Medicare is managed by CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

MEDICARE MNT

- MEDICARE MNT PART B COVERS MEDICAL NUTRITION THERAPY FOR DIABETES AND RENAL DISEASE- PRE-DIALYSIS AND POST TRANSPLANT
- PART B WILL COVER THREE HOURS IN THE FIRST CALENDAR YEAR FOR A PATIENT WHO HAS NEVER SEEN A RD
- TWO HOURS WILL BE COVERED IN THE FOLLOWING YEARS
- CHANGE OF CONDITION, WILL ALLOW MORE VISITS

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Nuts and Bolts of Getting Paid

Submitting claims to Medicare and private insurance companies is the final process before receiving reimbursement for the nutrition services you provided. This section is intended to increase understanding of nutrition service procedural and diagnostic codes that are critical to the claims submission process in the fee for service model of reimbursement. This section includes the Billing Resource for RDs, Medicare specific information and resources such as: how to get participating in the Physician Quality Reporting System (PQRS), form and other useful resources to assist with the billing process.

Diagnosis codes, such as ICD-9-CM or the new ICD-10-CM, are officially called the International Classification of Diseases, 9th (or 10th) Revision, Clinical Modification. These codes describe an individual's disease or medical condition. Physicians document the patient's diagnosis and insert it in the medical record, write formal letters using the diagnosis code numbers to the physician's documented diagnosis for use on hospital forms such as a report, the CMS 1500, and the UB-04.

CPT codes, or the Current Procedural Terminology codes, are procedure codes that describe the service rendered by the healthcare professional. The ICD codes (ICD-9-CM and ICD-10) and CPT codes that RDs use on claims to report nutrition services provided by the RDs.

The following examples illustrate the differences between the ICD-9 and ICD-10 code sets:

ICD-9-CM Codes	ICD-10-CM Codes
250.02 - Diabetes mellitus without mention of complication, type I (E11.0 - Type 1 Diabetes mellitus with unspecified complication)	Z59.4 - Chronic kidney disease, stage 1 (S60.4)
S60.4 - Chronic kidney disease, stage 1 (S60.4)	N18.4 - Chronic kidney disease, stage 2
N18.4 - Chronic kidney disease, stage 2	

Special codes change over time and active programs, and the Academy will keep members up to date with the current codes related to nutrition professionals.

- Education and Training Codes

Join the Reimbursement Policy Community!
 The Reimbursement Online Community is an interactive portal that offers Academy members a space to research and share ideas related to coverage and reimbursement. Visit now!

BILLING SERVICES

The screenshot shows the Office Ally website interface with the following content:

- Office Ally** - A Total Health Information Network, Connecting Patients, Providers and Payers for EDC Medical Billing, Clearinghouse Services, Electronic Medical Records & Streamlined Care.
- Office AllySM is a leading healthcare technology company that provides a wide range of services to help healthcare providers streamline their billing and operations.
- Office AllySM is a Total Health Information Network, Connecting Patients, Providers and Payers for EDC Medical Billing, Clearinghouse Services, Electronic Medical Records & Streamlined Care.
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REIMBURSEMENT RATES

- **DOWNLOAD the PHYSICIAN'S FEE SCHEDULE ON THE AND WEBSITE**
- **RATES ARE BASED ON UNITS OF 15 MINUTES, GROUP UNITS ARE 30 MINUTES**
- **RATES VARY DUE TO CITY AND STATE**
- **WHERE MNT IS PROVIDED- FACILITY AND NON-FACILITY RATES**
- **INITIAL, SUBSEQUENT OR GROUP THERAPY**

PQRS- Physician quality Reporting System

OPPORTUNITIES – Medicare Preventive Services

- INTENSIVE BEHAVIORAL THERAPY (IBT) for OBESITY- Effective- Nov. 29,2011, Group sessions approved- Jan. 1, 2015
- IBT for CARDIOVASCULAR DISEASE
- ANNUAL WELLNESS VISIT
- RD'S CAN NOT BILL DIRECTLY FOR THESE SERVICES- Bill "Incident to"

MEDICAID- MEDI-CAL

- Families and individuals with low income
- Means tested and needs based
- Jointly funded by both the state and the federal governments
- States establish and administer their own Medicaid programs
- States are required to cover certain "mandatory benefits"- Nutrition services are not mandatory

MEDICAID- MEDI-CAL

- Dual eligible- low income seniors and/ or people with disabilities enrolled in both programs
- Managed Care Organizations (MCOs)- companies agree to provide benefits to people in exchange for a monthly payment from the state. CA has several MCOs.
- The Affordable Care Act has expanded this medical program

Health Plans with Medi-Cal

- There are 22 MCOs in CA
- 9 or 41% have contracts with RDNs
- 13 or 59% have no contracts with RDNs

- 6 have contracts with hospitals or clinics with RDNs that provide counseling
- 1 has RDNs on staff in their Health Education Dept.
