



Asian Indians in Nutrition and Dietetics Member Interest Group

Community Leader: Rita Batheja, MS, RDN, CDN, FAND

Communications Coordinator: Aarti Batavia RDN CLT FSCP IFMCP

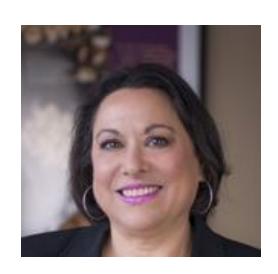
Reimbursement for Nutrition \$ervices. Are you positioned for success?

This webinar is hosted by AIND and supported by <u>HealthWave</u>.

This webinar will be recorded and available for AIND members following the presentation. Contact the Academy's membership team at Phone: 312/899-0040 (ext. 5000) or email membership@eatright.org to join.

Access the AIND website at http://aind.webauthor.com/.

Reimbursement for Nutrition \$ervices. Are you positioned for success?



Lucille Beseler MS,RDN,LDN,CDE
President
Family Nutrition Center of S. Florida
&
Bill it! MNT

Disclosures



I own a billing company for RDN's — Bill it!

MNT

Overview

- Explore reimbursement models for Nutrition Services
- Provide resources on reimbursement
- How to become a provider
- Understanding Essential Health Benefits and implication for RDN's

THANKS!!



Marsha Schofield and Academy Nutrition Services
Payment Committee

&

AIND MIG and Rita Batheja



Purpose/Member Benefits

Member Education

Develop, implement and market a multi-faceted member education plan that addresses various practice settings, levels of member expertise and current and future payment models..

Advocacy

Increase RDN recognition and coverage for RDN services.

National/Grassroots Public Payers/Private Payers

Code Creation/Valuation

Develop proposals to decision makers that expand the range of services that can be reimbursed and reported by RDNs.

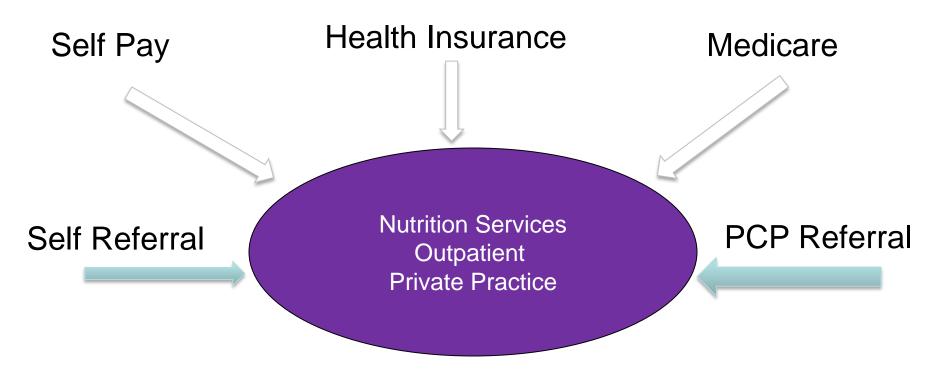
Collaboration or Influence

Advise and collaborate with Academy organizational units to achieve Committee's goals.

Basic Terms and Acronyms

- CMS: Centers for Medicare & Medicaid Services
- CPT: Current Procedural Terminology Panel
 - -Code Creation Panel $\rightarrow \rightarrow \rightarrow$ Services Descriptors
- Medicare:
 - Part A: Hospital services
 - -Part B: Outpatient professional services (MNT), Diagnostic tests/Lab, etc.
 - Part C: MC Advantage Plans
 - Part D: Prescription drugs
- HIPAA: Health Insurance Portability & Accountability Act
- NPI: National Provider Identifier
- Credentialing: a systematic approach to the collection and verification of professional qualifications

Referrals and Payment



Source of Payment for Nutrition Services

1. Insurance Reimbursement:

- Commercial Plans HMO's PPO's –Open Access
- Health Savings Plan

2. Federally funded plans:

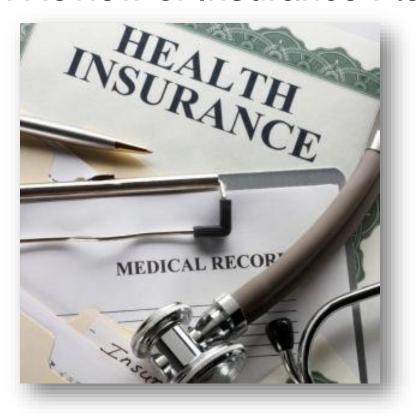
- Medicaid managed care
- Medicare –Diabetes and Renal Disease
- Medicare Advantage plans
- Medicare waiver programs
- 3. Self Pay
- 4. PCMH Patient Centered Medical Home
- 5. Medicaid Waiver programs

Business Models



- Traditional employee
- Independent paid contractor
- Independent private consultant
- Combined independent paid contractor and independent private consultant

A Review of Insurance Plans



- •Commercial:
- PPOs/Open Access /POS/EPO

•HMOs

- Health Savings Plan (HSA)
- Indemnity plan: Cadillac plans few and far between

Insurance Carriers

Who covers Nutrition Therapy'



•Who has a full market?







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- Insurance Plans:
- Medicaid (remember varies from state to state):
 - HMO-Medicaid
 - Medicaid Managed Care Plans: reform differs from state to state
 - Straight Medicaid
- Medicare:
 - Traditional Medicare
 - Medicare Advantage Plan-Can be HMO or PPO
 - PFFS (private fee for service)
 - Medicare supplement
 - Medicare as a secondary payer

Insurance 101 Medicaid Managed Assistance Programs

 Medicaid managed care programs are offering Health benefits not otherwise covered by Medicaid including nutritional counseling

- Self Insured Health Plans
 - Employer assumes financial risk
 - Employer customizes benefit package
 - Employer contracts with providers
 - Regulated under federal, not state laws

 Self Administered Plans vs. Third Party Administrator (TPA)

- Insurance companies are not selling only "one policy"
- Differences in product lines will influence your reimbursement or lack there of

Health Insurance

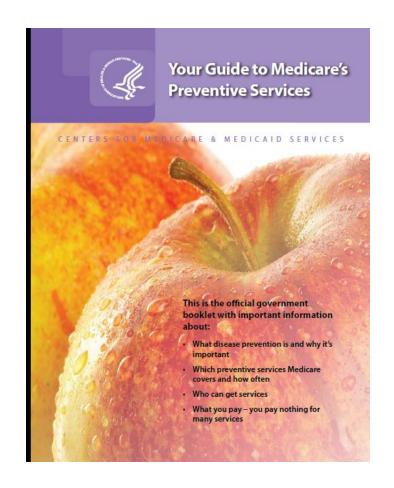
Some policies have exclusion on nutrition services

- Variation in Insurance Carriers Product Lines
 One product plan:
- May cover nutrition services whereas others will not
- May be based on Medicaid as the insured are Medicaid eligible
- May be based on Medicare
- May be a commercial product ****
- ***commercial product lines will usually reimburse at the highest level

Opportunity Ahead: Fee-for-Service

Medicare:

- MNT and DSMT
- Annual Wellness Visit
- Intensive Behavioral Therapy for Obesity
- Waived co-pays and deductibles
 - Includes Medical Nutrition Therapy
- Telehealth



Opportunity Ahead:

- Fee-for-Service
- Private Market
 - Preventive services
 - Waived co-pays and deductibles for preventive services
 - Healthier Generation Benefit



Potential RDN Opportunities

Patient Centered Medical Home (PCMH)

- Better management of chronic diseases
- Focus on wellness & prevention
- Team-based continuous healing relationships
- Patient-centered interactions
- Care coordination
- Organized, evidence-based care

Accountable Care Organization (ACO)

- Bundled payments give rise to prevent readmission: improve health & wellbeing of patient
- Comprehensive Primary Care Initiative (CPCI)
- Support value-added non-billable practitioner time

Implications for RDNs

- Pool of new potential patients/clients
- Current self-pay patients may now have coverage
- New patients may represent new demographics
- Verify benefits/coverage/co-pays/deductibles for existing as well as new patients
- Verify that you are a provider under the Marketplace Plan
- Re-evaluate credentialing and contracting opportunities
- Re-evaluate business plan and payer mix
- Market your services
- Contact your affiliate Reimbursement Representative or State Regulatory Specialist to learn about efforts to include MNT/nutrition services and RDNs your state's benchmark plans

New coverage means new patients

Becoming an Insurance Provider

"Credentialing"

Choosing which insurance companies to become a provider...

The first step is to identify which insurance companies are popular in your area
Who will be referring patients to you?

Credentialing next steps

- Does the insurer recognize RDN's as a provider type?
- Non-physician specialist
- Independent RDNs-credentialing required
- Facility-based RDNs —credentialing not required
- Inquire with Credentialing Department

Credentialing

- 1. Contact provider relations
- 2. Complete the online application and re-attest periodically

OR

- Does the insurer use the Council for
- Affordable Quality Healthcare (CAQH) national credentialing application form? http://www.caqh.org/ucd.php
- Call to the Credentialing Department

Benefits of CAQH

- Saves time: Filling out multiple application forms can take hours
- Minimizes paperwork: Health plans traditionally require providers to update credentialing information every two or three years.
- Keeps information current: Keeping practice information up-to-date isn't just important for credentialing purposes, it's important for health plan records and directories too.
- And IT'S FREE!!!

Why would you want to become credentialed with an insurance company? Greater consumer access!

- •Insurance companies have moved toward providing a nutrition benefit and/or weight management benefit for its members. Recognition by health plan
- Direct billing opportunities
- Convenience for clients/patients
- Contact information included in plan's provider directory
- Consumer protection standardizes the requirements of providers

Credentialing Process

- Credentialing Process:
- National Committee for Quality Assurance (NCQA)
 - http://www.ncqa.org/tabid/689/Default.aspx

- What is Credentialing?
- In-Network versus Out-of-Network Provider

- An In-Network Provider has been designated as a provider by becoming credentialed and contracted with the particular insurance company.
- An Out-of-Network Provider has <u>not</u> been credentialed or signed a contract with the particular insurance company.

- What is Contracting?
- In-Network versus Out-of-Network Provider

- ❖ An In-Network Provider has been designated rate at which they have agreed to be reimbursed and has an established contract for that rate including any and all reimbursed procedure codes allowed under that plan.
- An Out-of-Network Provider bills as a courtesy to the patient. There is not an agreed upon reimbursement rate, therefore the patient may have more of an out-ofpocket expense.

When do you start the insurance credentialing process?

- At least six months prior to seeing your first patient
- Insurance carriers can take up to 60 days
- State law dictates the time frame insurers have to process credentialing applications

Credentialing Process

 How do you credential with an insurance company?

- Each company is different
- Each state is different
- Contact the credentialing department
- Complete a Uniform Application or enroll with Council for Affordable Quality Healthcare (CAQH)

Challenges!

- Your state doesn't credential (or lack of licensure)
- Your state credentials but the insurance company does not offer the nutrition benefit
- The benefit is available but has a high deductible

Challenges

 The insurance company provides the benefit but they are at capacity and are not credentialing dietitians at this point

- Some policies credential and reimburse registered dietitians individually.
- Some policies do not credential RDNs but will reimburse for MNT with a RDN.
- Some policies do not credential RDNs, but will reimburse if the MNT services are provided "Incident to" a Physician's Visit.

You are credentialed!!!

Credentialed providers receive:

- Welcome Packet
- Welcome Letter
- Provider Relations Consultant name
- Table with providers effective date, NPI, taxonomy code, provider ID number
- Copy of signed executed contract

Billing

- Patient information
- Practice information
- Provider information
- MNT code Type of service & time spent with patient
- Fee
- All entered on CMS 1500 claim form

Billing

Do it yourself vs. Billing companies :

Software available to fill in claims - one time fee

VS.

Billing companies – fee per claim



HMO PO BOX 1798,

a. 1164565446 b.

CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

JACKSONVILLE, FL 32231 HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12 PICA PICA 1. MEDICARE 1a. INSURED'S 1.D. NUMBER XJGH123456789 MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN (ID#) (For Program in Item 1) EEC LUNG (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
SAMPLE, PATIENT PATIENT'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED 5. PATIENT'S ADDRESS (No., Street)
123 NUTRITIONAL WAY 123 NUTRITIONAL WAY Self Spouse Child 8. RESERVED FOR NUCC USE STATE HEALTHYVILLE , US HEALTHYVILLE , US FL TELEPHONE (Include Area Code) 999, 867-5309 TELEPHONE (include Area Code ZIP CODE 33076-0000 ²33076-0000 999 867-5309 11 INSURED'S POLICY GROUP OR FECA NUMBER 10. IS PATIENT'S CONDITION RELATED TO: AND INSURED a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or_Previous) a. INSURED'S DATE OF BIRTH ON YES b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? b. OTHER CLAIM ID (Designated by NUCC) PLACE (State) YES NO C. INSURANCE PLAN NAME OR PROGRAM NAME c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? YES NO 10d. CLAIM CODES (Designated by NUCC) d. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a, and 9d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary payment of medical benefits to the undersigned physician or supplier for to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment Signature on File 12/04/15 Signature on File DATE 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD QUAL. CHAI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 17. NAME OF REFERRING PROVIDER OF 178 1598760647 17b. NPI FROM 20. OUTSIDE LAB? 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) \$ CHARGES YES X NO 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) 22. RESUBMISSION ICD Ind. E669 ORIGINAL REF. NO. D. 23. PRIOR AUTHORIZATION NUMBER 987654 E. l F. G. D. PROCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS DATE(S) OF SERVICE (Explain Unusual Circumstances) RENDERING LACE OF ID. \$ CHARGES PROVIDER ID. # POINTER 04 15 12 04 15 160 00 1336172865 Modifier for preventive NPI care NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 25. FEDERAL TAX I.D. NUMBER 650294280 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?
For govt. daims, see back SSN EIN 3952Z16268 YES 160 00 0 32. SERVICE FACILITY LOCATION INFORMATION 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 33. BILLING PROVIDER INFO & PH # FAMILY NUTRITION CENTER OF SFL (I certify that the statements on the reverse FAMILY NUTRITION CENTER OF SFL 5350 W HILLSBORD BLVD , SUITE 105 COCONUT CREEK, FL 33073-4396 pply to this bill and are made a part thereof.) 5350 W HILLSBORO BLVD , SUITE 105 COCONUT CREEK, FL 33073-4396 Signature on File LUCILLE BESELER, RD, LD/1

ICD 10

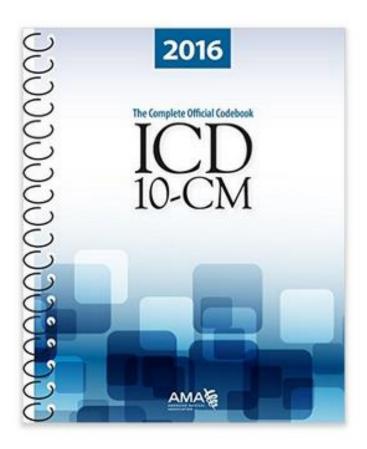
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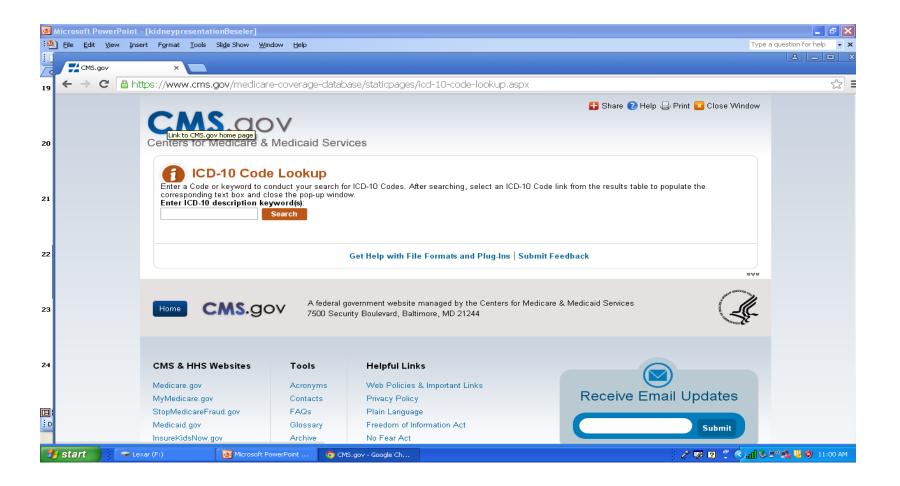
Group NPI # NUCC Instruction Manual available at: www.nucc.org

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12/04/15 DATE

Diagnosis Code Resources





https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx

MNT CPT Codes

•97802

 MNT initial assessment and intervention, individual, face-to-face, each 15 minutes

•97803

 MNT, reassessment and intervention, individual, individual, face-to-face, each 15 minutes

•97804

- MNT, group, 2 or more individuals, each 30 minutes
- •CPT codes, descriptions and material only are ©2015 American Medical Association. All Rights Reserved.
- •(search: cpt® Code/Relative Value Search)

Face-to-Face Time/Unit Billed

• For any single "15 minute face-to-face" CPT code:

Face to face actual time spent:	Example:
 1 unit ≥ 8 minutes to < 23 minutes 2 units ≥ 23 minutes to < 38 minutes 	15 minutes 30 minutes
3 units > 38 minutes to < 53 minutes	45 minutes
4 units > 53 minutes to < 68 minutes 5 units > 68 minutes to < 83 minutes	60 minutes / 1 hour 75 minutes
6 units > 83 minutes to < 98 minutes	90 minutes / 1.5 hours
7 units > 98 minutes to < 113 minutes 8 units > 113 minutes to < 128 minutes	105 minutes 120 minutes / 2 hours
	ZZO IIIII GCO / Z IIOGIO

Marketing & Resources

Academy: Resources



Join the Reimbursement Online Community Join the Community

http://www.eatrightpro.org/resources/practice/getting-paid

Coding and Billing Handbook

ICD-10 Conversion

Medicare/MNT provider newsletter



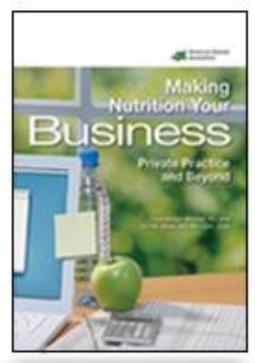


Academy Resources

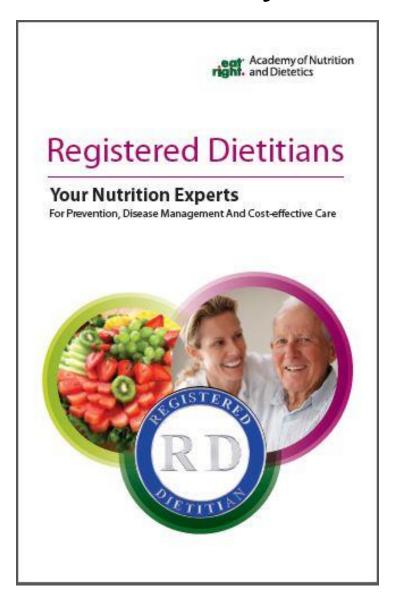


Academy Resources For Your Practice

- Academy: Making Nutrition Your Business
 a resource for any RDN considering private practice.
- Academy State Dietetic Association
 & DPG
 - reimbursement representatives: to assist RDNs with local coverage and coding



Academy Resources



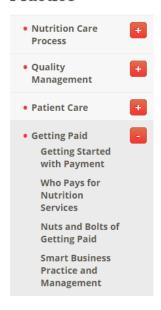
- www.eatright.org/healthcarereform
- www.eatright.org/pcmh
- www.eatright.org/coverage
- www.eatright.org/mnt
- Fall 2013 HOD Meeting Backgrounder
- Dietetic Practice Groups



www.eatrightpro.org/resources/practice/getting-paid



Practice



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.

What can you do?

- Get involve in your district or state affiliate
- Educate yourself on reimbursement by using Academy resources
- Direct questions to your state rembursement representative
- Become business savvy no matter where you work!

Thank you!

Questions?

Need help with billing?

www.Billitmnt.com

Lbeseler_fnc@bellsouth.net

Thank You!

Asian Indians in Nutrition and Dietetics

a member interest group of the
Academy of Nutrition
and Dietetics

Contact Rita Batheja for questions about AIND. krbatheja@gmail.com aind.webauthor.com

Visit eatrightpro.org to join the AIND community.

Register for AIND's Upcoming Webinar:

Holistic Heart Health: Developing a New Practice Paradigm

Regina S. Druz, MD, FACC, FASNC Monday, February 29, 2016 1:00 pm eastern

