Asian Indians in Nutrition and Dietetics
Member Interest Group

Community Leader: Rita Batheja, MS, RDN, CDN, FAND
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Reimbursement for Nutrition Services. Are you positioned for success?

This webinar is hosted by AIND and supported by HealthWave.

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.

Reimbursement for Nutrition Services. Are you positioned for success?

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

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.

National/Grassroots
Public Payers/Private Payers
Basic Terms and Acronyms

• **CMS**: Centers for Medicare & Medicaid Services
• **CPT**: Current Procedural Terminology Panel
  – Code Creation Panel → → 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

Self Referral

Health Insurance

Medicare

Self Pay

Nutrition Services
Outpatient
Private Practice

PCP Referral
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
Insurance 101

• A Review of Insurance Plans
Insurance 101

• **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?

Medicaid HMO’s Vary from state to states
Insurance 101

• 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
Insurance 101

• 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 101

• Insurance companies are not selling only “one policy”
• Differences in product lines will influence your reimbursement or lack there of
• Some policies have exclusion on nutrition services
Insurance 101

• 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?
• Call to the Credentialing Department

http://www.caqh.org/ucd.php
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!!!
Credentialing & Contracting

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)
Credentialing & Contracting

• 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 not been credentialed or signed a contract with the particular insurance company.
Credentialing & Contracting

• 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-of-pocket expense.
Credentialing & Contracting

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)
Credentialing and Contracting

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
Credentialing & Contracting

• 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
Diagnosis Code Resources
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:

<table>
<thead>
<tr>
<th>Face to face actual time spent:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit &gt; 8 minutes to &lt; 23 minutes</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2 units &gt; 23 minutes to &lt; 38 minutes</td>
<td>30 minutes</td>
</tr>
<tr>
<td>3 units &gt; 38 minutes to &lt; 53 minutes</td>
<td>45 minutes</td>
</tr>
<tr>
<td>4 units &gt; 53 minutes to &lt; 68 minutes</td>
<td>60 minutes / 1 hour</td>
</tr>
<tr>
<td>5 units &gt; 68 minutes to &lt; 83 minutes</td>
<td>75 minutes</td>
</tr>
<tr>
<td>6 units &gt; 83 minutes to &lt; 98 minutes</td>
<td>90 minutes / 1.5 hours</td>
</tr>
<tr>
<td>7 units &gt; 98 minutes to &lt; 113 minutes</td>
<td>105 minutes</td>
</tr>
<tr>
<td>8 units &gt; 113 minutes to &lt; 128 minutes</td>
<td>120 minutes / 2 hours</td>
</tr>
</tbody>
</table>
Marketing & 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](http://www.eatright.org/healthcarereform)
- [www.eatright.org/pcmh](http://www.eatright.org/pcmh)
- [www.eatright.org/coverage](http://www.eatright.org/coverage)
- [www.eatright.org/mnt](http://www.eatright.org/mnt)
- Fall 2013 HOD Meeting Backgrounder
- Dietetic Practice Groups
- reimburse@eatright.org
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 involved in your district or state affiliate
• Educate yourself on reimbursement by using Academy resources
• Direct questions to your state reimbursement 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!

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