

Internal Medicine Coding Alert

Get Paid for IM, RD's MNT Involvement in 3 Easy Steps

E/M and preventive medicine codes are key to physician reimbursement.

Since one code set won't serve all when it comes to capturing physician and RD/nutritionist MNT counseling, you've got to divvy up the services using these tips.

Medical nutrition therapy (MNT) can help reduce complications arising from diabetes or renal diseases, making it a critical aspect of disease treatment. Here's how to capture each provider's role.

Step 1: Check Insurers Allowed Conditions

If a payer does not consider MNT medically necessary for a patient's condition, your practice could be stuck footing the bill. Instead, be prepared with the inside scoop on the patient's benefits. Here's what you can expect from carriers and private payers.

Under Medicare Part B, MNT is covered for patients with stage 3, 4, or 5 chronic kidney disease, kidney transplant, diabetes, renal disease, or gestational diabetes, but only when provided by a licensed registered dietitian (RD) or other licensed nutrition professional. In other words, Medicare does not cover MNT for most beneficiaries.

Be careful: You could get a denial if you're not up to speed on what Medicare counts as renal disease. For the purpose of this benefit, renal disease means chronic renal insufficiency or the medical condition of a beneficiary who has been discharged from the hospital after a successful renal transplant within the last 36 months, according to CMS.

Private payers, however, sometimes cover this therapy for patients with other diseases or conditions. Some insurers will cover 100 percent of medically necessary MNT for certain diagnoses, so you should get your payers' policies in writing.

Step 2: Adhere to MNTs RD, Frequency Limits

Only licensed RDs and nutritionists are eligible for Medicare reimbursement for MNT. MNT services are not paid incident to a physician, says **Maggie Mac, CPC, CEMC, CHC, CMM, ICCE**. MNT services are only paid to an RD or nutritionist unless reassigned to the employer.

If your IM group employs an RD or nutritionist who provides MNT to a qualified Medicare beneficiary, the RD (or nutritionist) reports the appropriate MNT code under her national provider identifier (NPI). Payment can be reassigned to the employer.

Beware: CMS accepts both HCPCS and CPT MNT codes for the benefit, which includes an initial nutrition and lifestyle assessment, nutrition counseling (what foods to eat and how to follow an individualized diabetic meal plan), diabetes affecting lifestyle factors management, and diet monitoring follow-up visits. You'll typically use a Gcode for MNT reassessment and intervention after a second referral in patients with Medicare-covered diseases, when more than three hours of MNT are reported in the calendar year. MNT codes include:

" G0270 -- Medical nutrition therapy; 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), individual, face-to-face with the patient, each 15 minutes

" G0271-- Medical nutrition therapy, 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), group (2 or more individuals), each 30 minutes

" 97802 -- Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

" 97803 -- ... re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

" 97804 -- ... group (2 or more individual[s]), each 30 minutes.

Frequency: Medicare will cover a total of three hours of one-on-one counseling services for the first year, and two hours each year following.

Step 3: Look at Assessment, Management to Code IMs Role

Although Medicare limits MNT code pay to RDs and nutritionists, your internist will be involved in the patient's condition in several ways. Where does that leave your physician?

Your physician must prescribe MNT services. Referral services for MNT coverage for patients with diabetes or renal disease, except those receiving dialysis, must be made by the treating physician of the diabetes/renal disease, Mac says.

If the patient's condition, treatment, or diagnosis changes, she may be able to receive more hours of treatment with your physician's referral.

The physician might use an office visit if he is assessing a problem and MNT becomes part of the decision-making process, says **Marianne Wink, RHIT, CPC, ACS-EM**, with the University of Rochester Medical Center in New York. Your internist may report such a visit with 99212-99215 (Office or other outpatient visit for the evaluation and management of an established patient ...)

If the patient needs continuing treatment into another calendar year, the internist must renew this referral every year.

Check for preventive medicine: If your physician is managing a condition by using preventive measures such as MNT, Wink says you can use preventive medicine service codes. Choose the appropriate code based on the patient's status and age. For a new patient, use 99381-99387 (Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient ...). Established-patient codes are 99391-99397 (Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient ...).

Note: Medicare does not pay the preventive CPT codes. Commercial payers coverage and reimbursement requirements may vary.