Internal Medicine Coding Alert

Rules Released on Use of New MNT Codes

Effective in 2002, Medicare began paying for medical nutrition therapy (MNT) for diabetics and renal patients who are referred by their physicians. However, many internists are unfamiliar with these codes (97802-97804) because final rules for their use were only recently developed.

In a national coverage decision issued in late February, Medicare spelled out the number of hours covered and provided other information on proper use of the MNT codes.

The codes are:

1. 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
2. 97803 reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
3. 97804 group (2 or more individual[s]), each 30 minutes.

You should know three key facts about Medicare's rules for use:

4. The new codes can be used only for MNT provided by registered dietitians or nutrition professionals, and payment for these services may only go to them. "The physicians should be clear that they may not use these codes," says **Emily Hill, PA-C,** president of Hill & Associates, a consulting firm in Wilmington, N.C., that works with physician practices on coding and compliance.

5. The treating physician must refer the patient to the registered dietitian or nutrition professional for MNT. The patient's treating physician must order the MNT, documenting in the chart and in the referral to the registered dietitian the medical necessity for the service, and include a diagnosis of diabetes or renal disease to support the referral.

6. Only two categories of Medicare patients patients with diabetes and renal patients who have chronic renal insufficiency or have received a kidney transplant within the past 36 months are eligible for MNT coverage. Patients with end-stage renal disease who are on dialysis are specifically excluded because MNT is already included in their dialysis therapy, says **Cindy Moore, MS, RD,** a spokeswoman for the American Dietetic Association, an organization that represents dietitians nationwide and was heavily involved in efforts to create the MNT codes.

Medicare Clarifies MNT Frequency

Dietitians were pleased that Medicare did not require diabetes self-management training (DSMT) and MNT to be coordinated, as it previously indicated it might, but instead will cover both as separately payable services.

The memo addressed four important points:

7. Medicare will pay for three hours of MNT initially on diagnosis, then two hours of follow-up MNT in subsequent years.

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8. A diabetic patient can receive diabetes self-management training (DSMT) and MNT during the same period of time (although sessions cannot be on the same day). In making this determination, Medicare noted that nutritional counseling is only one of numerous components covered in the 10 hours of DSMT allowed on diagnosis. Moore notes that the nutritional counseling provided in DSMT is often group-based, while the emphasis in MNT is on developing an individual plan based on each patient's eating habits and therapy needs.

9. Medicare does not prescribe a length for each MNT session but suggests guidelines and leaves the final decision to the physician and the registered dietitian or nutritionist. The guidelines suggested are a 60-minute visit for the initial assessment, followed by four 30-minute follow-up visits during the first year. Guidelines suggest quarterly visits of 30 minutes each, in subsequent years.

10. Medicare says the physician may order additional hours if there is a change in the patient's medical condition, diagnosis or treatment regimen that requires a change in MNT.

Examples of changes that would qualify for additional MNT include a diabetic patient who moves from oral medication to insulin, a patient with gestational diabetes who requires frequent dietary modification, or a patient with diabetes who has a diabetic complication that requires tighter dietary control. For example, patients may qualify for additional MNT if their hemoglobin AIC levels are elevated or there is a change in lipid values, says **Joan Hill, RD, CDE, LD,** director of education at the Joslin Diabetes Center, a Boston-based clinical and research facility that is affiliated with Beth Israel Deaconess Medical Center and Harvard University.

Elias Siraj, MD, an endocrinologist in the department of endocrinology, diabetes and metabolism at the Cleveland Clinic Foundation in Ohio, says Medicare coverage of the MNT codes is important because it will give patients with diabetes additional opportunity to understand and improve dietary control. He notes that with or without other modalities of treatment, proper diet has been shown to help reduce the complications experienced by diabetic patients and thereby reducing the cost of treating the disease. "Overall, there is a great benefit to be achieved by increasing their access to the nutritionist," he says.

Renal patients, whose outcome is also influenced heavily by diet, including the amount of protein consumed, are also eligible for more frequent MNT when they have changes in medical condition, diagnosis or treatment regimen, such as a clinically significant decrease in renal function, signs of malnutrition, a lack of understanding of the renal diet, or have completed DSMT and demonstrate a need for MNT to address their renal condition.

The memo did not include a list of covered diagnosis codes. You should check with your local Medicare carriers for specific guidelines.

Who Can Provide Services?

Only registered dietitians or nutrition professionals can provide MNT under the rules for Medicare Part B reimbursement. As of Dec. 21, 2000, Medicare states the dietitian or nutrition professional must be licensed or certified in the state where the services will be provided. Or they must meet criteria that include earning a degree in the field and completing 900 hours of dietetics practice under the supervision of a registered dietitian. In states without licensure or certification programs, Medicare maintains that dietitians and nutrition professionals can qualify by completing the educational and practice requirements above or being recognized as a registered dietitian by the Commission on Dietetic Registration.

MNT Can Be Provided in Any Outpatient Setting

Medicare will pay for MNT in any outpatient setting, including the physician's office, an independent dietitian's practice or a hospital outpatient department. Medicare will not pay when the services are provided to a patient during an inpatient stay in a hospital or a skilled nursing facility because fees to these facilities include MNT.

In offices that have a registered dietitian on staff, you should be aware that the dietitian cannot bill the MNT codes

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"incident to" the physician. Incident to refers to situations when a qualified nonphysician practitioner provides services that the physician might perform directly to the patient under the supervision of the physician. "The dietitians or nutritionists must have their own Medicare provider numbers," notes **Catherine Trinidad, CPC,** certified coder for Community Health Center Network, a group of seven community health centers in Alameda County, Calif.

The registered dietitian or nutritionist must enroll as a provider in Medicare, accept assignment and contact the local Medicare carrier to complete form CMS-855I before billing for MNT services. The new specialty code for registered dietitians and nutrition professionals is "71." If the registered dietitian is employed by the physician's office, form CMS-855R should be completed for reassignment of benefits to the office.

Medicare Payment Is Set

Codes 97802 and 97803 have been assigned 0.46 RVUs for each 15-minute increment, with a resulting national (not adjusted for region) Medicare payment to the dietitian of $14.154 for each 15-minute increment. Code 97804 has an RVU of 0.18, resulting in a payment of $5.539 per patient for each 30-minute session. (If these reimbursement amounts appear less than normal, that is because CMS states that dietitians and nutritionists cannot bill the full amount listed in the physician fee schedule. They are paid at 85 percent of the amount or, if it is less, the actual charge for the MNT.)

Some Private Payers Cover MNT

Although MNT codes were first published in CPT 2001, some private insurers have not developed policies concerning when they will pay, Moore says. "Private payers will pay for many more reasons and generally pay a lot more (than Medicare) for the codes," says **Carol Sissom, CPC,** a senior healthcare consultant at the Indianapolis-based Health Care Economics Inc., which provides billing and coding services to 200 practices annually.

She notes that the MNT codes should not be used for patients with feeding tubes or for those who are receiving intravenous parenteral nutrition. However, they can be used with private payers in most other scenarios requiring MNT in all age groups, from low-birthweight infants to elderly patients with chronic diseases. For example, a 4-year-old is brought to the physician's office. His parents are concerned that he is not eating well or growing at a normal rate. If extensive tests rule out other problems, the physician may refer the child and parents for MNT.

Note: The coverage decision memo can be accessed on the Web at http://www.hcfa.gov/coverage/8b3-ggg2.htm.

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