

How to START Crushing it in Private Practice using a Health- Insurance Payment Model

Helping dietitians create a profitable nutrition private practice using an insured-based payment model

AMY PLANO
the reimbursement dietitian



AMY PLANO
The RD Boss

**WHO IS THIS
CHICK ?**

- Identify the two primary **service codes** dietitians use to bill insurance for Medical Nutrition Therapy (MNT).
- Describe the **preliminary steps dietitians** should follow to bill insurance for MNT successfully.
- Differentiate between **preventative** and **medical coverage** for MNT.
- Summarize the **differences in MNT coverage** among the major health insurance payers.
- Identify the **best practices** for billing for MNT in the telehealth setting.

OVERVIEW





**SELF-CONFIDENCE IS THE
BEST OUTFIT.**

OWN IT.

**AND ROCK IT ON THE
DAILY.**

How has the game changed?

HISTORICAL PERSPECTIVE

AMY PLANO
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Affordable Care Act
(ACA)



Preventative Coverage



ZERO out of pocket costs

Insurance Myths

PAY IS CRAPPY

Reimbursement rates for dietitians are at all ALL time high.

NOTHING IS COVERED

Using preventative coding SO MUCH is covered.

GETTING CREDENTIALLED IS HARD

Nah. Not when you know what you are doing.

BILLING IS A HEADACHE

Nope. Not when you know the process.

WHO TO BILL FOR MNT



WHERE TO START?



- **BCBS ALABAMA**
- **AETNA**
- **CIGNA**
- **UNITED HEALTH CARE**
- **MEDICARE**
- **TRICARE**



How to Bill for MNT



CPT CODES

- Describe the 'service'
- Determine HOW much we are paid
- Always billed in units
- Fee schedule
- Commercial & Medicare



Sample - Fee Schedule

Search Results		
CPT or HCPC	Short Description	Fee Schedule Eligible Amount
97802	MEDICAL NUTRITION INDIV IN	\$28.45
97803	MED NUTRITION INDIV SUBSEQ	\$24.74
99404	PREVENTIVE COUNSELING INDIV	\$96.39
S9470	NUTRITIONAL CNSL DIETITIAN VISIT	40.0% eligible amount
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$24.74
NOTE: The Fee Schedule shown is not a guarantee of benefits, payments or clinical coverage determination. Actual payment for services and the amount(s) to be paid are determined by your participation agreement with us and the enrollee's benefit plan at the time services are provided. Fee Schedule Lookup is not available for non-participating providers. If you believe that your fee schedule is incorrect or have any other questions regarding your contracted rate, please contact your Network Provider Representative.		

97802-97804

97802: MNT **INITIAL** assessment and intervention, individual, face-to-face with the patient, 1 unit =15 minutes (\$\$\$)

97803: MNT **reassessment** and intervention, individual, face-to-face with the patient, 1 unit= 15 minutes (\$\$)

97804: MNT group (2 or more individuals), 1 unit= 30 minutes (\$)

97802-*97804

Who accepts?

**Aetna
Blue Cross Blue Shield
Cigna
Medicare
United Health Care**

MEDICAL MNT VERSUS PREVENTATIVE MNT?



MOST POLICIES HAVE 2 SETS OF MNT BENEFITS



The Affordable Care Act (ACA) requires new private health insurance plans to cover many recommended preventive services *without any patient cost-sharing*.



Preventative MNT

American Preventative Task Force

Federal Affordable Care Act

Aimed at decreasing the progression of known chronic diseases

CVD modifiable **RISK factors** = overweight and obesity, diabetes, impaired fasting glucose or glucose intolerance, metabolic syndrome, elevated blood pressure or hypertension, dyslipidemia, lack of physical activity, and unhealthy diet.

Medical MNT

“Often” still covered – COST share to patient

Known medical condition, treatment based on symptoms, how patient feeling or responding to treatment

Includes testing & treatment condition you already have



MEDICAL MNT : ICD 10 CODES

Examples: anemia (D64.9),
celiac disease
(K90.0), *Anorexia nervosa,
restricting type (F50.01
PCOS (E28.2)

*Diabetes (E11.65)

** HTN (I10)

** Overweight (E66.3)

** Obesity (E66.9)



INSURANCE **POLICY** PLAN SPECIFIC



THE BASICS OF MEDICAL MNT



DOCUMENTATION OF
THE ICD 10



COST-SHARE TO PT



POSSIBLE LIMITS



The Affordable Care Act (ACA) has no
standardized 'rule' for **medical MNT**.
Likely subject to '**normal**' **cost-share** for
plan



OUTSIDE OF OUR SCOPE TO PRACTICE TO DIAGNOSE

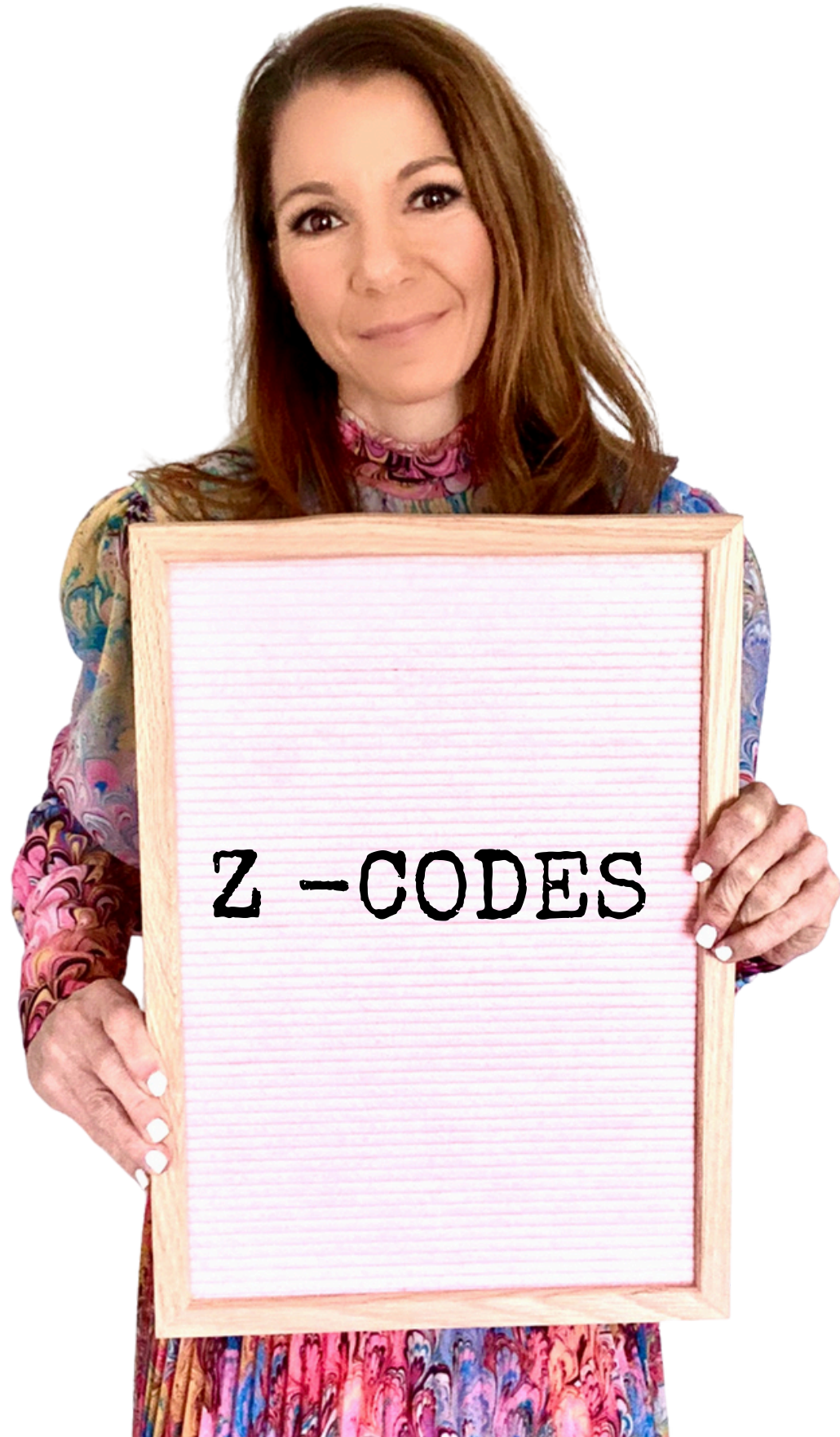


ONLY Z CODES WITHOUT DOCUMENTATION



You can't get blood
from a stone. Use your
noodle here.
Some patients have
NADA.





Z-CODES

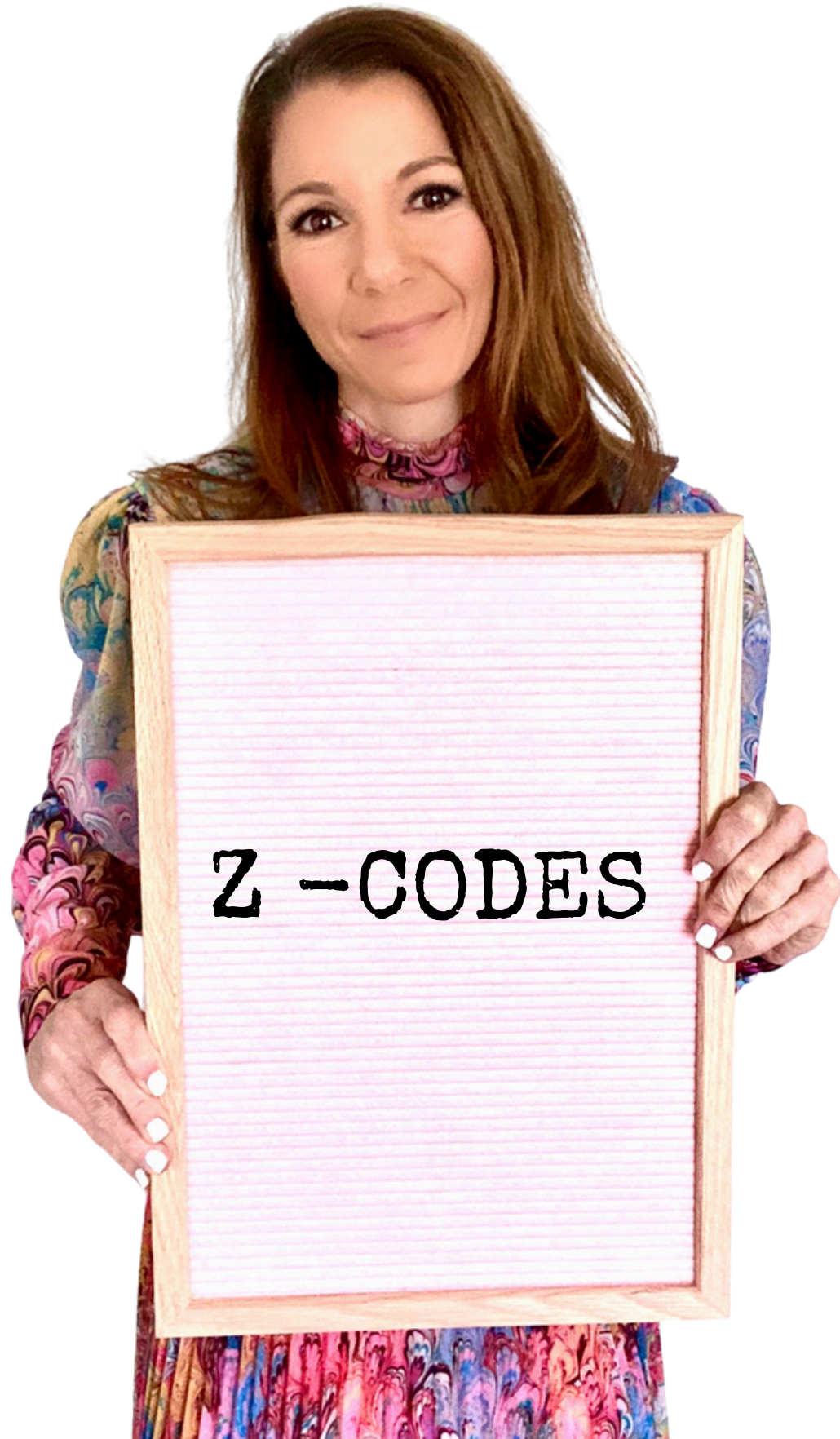
ICD 10 CODES:

SOCIAL DETERMINANTS OF HEALTH

Z71.3: dietary counseling & surveillance

Z68. [BMI]

Z72.4: inappropriate diet & eating habits



BUT NOT everyone
ACCEPTS Z-codes as
PREVENTATIVE.

OVERWEIGHT BMI CODES

Z68.25 BMI 25.0–25.9, adult

Z68.26 BMI 26.0–26.9, adult

Z68.27 BMI 27.0–27.9, adult

Z68.28 BMI 28.0–28.9, adult

Z68.29 BMI 29.0–29.9, adult

OBESSE BMI CODES

Z68.30 BMI 30.0–30.9, adult

Z68.31 BMI 31.0–31.9, adult

Z68.32 BMI 32.0–32.9, adult

Z68.33 BMI 33.0–33.9, adult

Z68.34 BMI 34.0–34.9, adult

Z68.35 BMI 35.0–35.9, adult

Z68.36 BMI 36.0–36.9, adult

Z68.37 BMI 37.0–37.9, adult

Z68.38 BMI 38.0–38.9, adult

Z68.39 BMI 39.0–39.9, adult

Z68.41 BMI 40.0–44.9, adult

Z68.42 BMI 45.0–49.9, adult

Z68.43 BMI 50.0–59.9, adult

Z68.44 BMI 60.0–69.9, adult

Z68.45 BMI > 70.0, adult



PREVENTATIVE MNT

AIMED AT PREVENTING ...

... progression comorbidities associated
with overweight
obesity
CVD risk factors

ALABAMA INSURANCES - WHAT YOU NEED TO KNOW, YO!



ALABAMA

"[A] DIETITIAN/NUTRITIONIST OR REGISTERED DIETITIAN ... MAY [PROVIDE SUCH DIETETIC SERVICES AS NUTRITIONAL ASSESSMENTS AND NUTRITION COUNSELING] **UPON REFERRAL BY A HEALTH CARE PROVIDER AUTHORIZED TO PRESCRIBE DIETARY TREATMENTS**", AND "[D]IETITIANS/NUTRITIONISTS MAY OFFER ADVICE AND COUNSEL ON DIETETICS AND NUTRITION AS ADJUNCT MEDICAL THERAPY WHEN ADVICE AND COUNSEL **IS GIVEN UPON REFERRAL OF A LICENSED PHYSICIAN**." ALA. CODE 1975 §§ 34-34-2 AND 34-34A-5 (EMPHASIS ADDED). ["ADJUNCT MEDICAL THERAPY" IS NOT OTHERWISE DEFINED.]

ALABAMA - BEST PRACTICE



AETNA





Aetna considers nutritional counseling a medically necessary **preventive service** for children and adults who are obese, and for adults who are **overweight and have other cardiovascular disease risk factors (hypertension, dyslipidemia, impaired fasting glucose, or metabolic syndrome)** when it is furnished by a provider (e.g., licensed nutritionist, registered dietitian, or other qualified licensed health professionals such as nurses who are trained in nutrition) recognized under the plan.

Accessed 1.8.2025: http://www.aetna.com/cpb/medical/data/1_99/0049.html



Preventative Benefit # 1: *Healthy Diet
Counseling*

Preventative Benefit # 2: *Obesity
Preventive Counseling for Adults (ages
22 years and older)*

Preventative Benefit # 1: Healthy Diet Counseling

ICD-10 Codes are considered preventive for this category: .

E08.00–E13.9 – range of ICD 10 codes representing various forms of diabetes

E66.01–E66.1– range of ICD 10 codes representing various forms of obesity

E66.3–E66.9 – range of ICD 10 codes representing patient is overweight to obese

E78.0, E78.1, E78.2, E78.3, E78.4, E78.5 – range of ICD 10 codes representing high cholesterol

I10 – ICD 10 codes representing hypertension

Z71.3 – Dietary counseling and surveillance + BMI ICD 10 code

Z82.41 – Family history of sudden cardiac death

Z82.49 – Family history of ischemic heart disease and other diseases of the circulatory system

Z83.3 – Family history of diabetes mellitus



Cliff notes

- Everyone gets at least 10 visits
- 16 MORE if overweight or obese
- Plus possibly more for medical dx



CIGNA



- Many plans only 3 visits/calendar year (97802/03 + Z71.3)
- Several plans UNLIMITED visits
- Maybe more using **medical ICD codes**
- DB & ED many plans unlimited visits
- 99401-99404 w/Z71.3 + BMI code = unlimited visits
 - Note rates for 99401-99404 may be lower than 97803
- Third party administrators (TPA)



Cliff notes

- Pretty much everyone gets 3 visits
- Unlimited visits
- 99401-99404



UNITED HEALTHCARE



No 'generic' ICD
codes *like Z71.3* can
be used for UHC as
preventative

You need an actual
diagnosis or
qualifying BMI for
overweight >



CVD RISK FACTORS:

HTN

dyslipidemia

impaired fasted blood glucose

metabolic syndrome

pre-diabetes

diabetes

obesity

Family history of ischemic heart disease



Cliff notes

- **need** some form of documentation
- Progress note
- preventative fully funded group plans = **no limit**
- 'Problem List'
- e66.3 and e66.9 = gold – use those if you have
- Next BMI code overweight>
- Z71.3 = medical = cost share



MEDICARE





PREVENTATIVE ICD 10 CODES:

MEDICARE has NO preventative coverage



MEDICAL ICD 10 CODES:

N18.5 Chronic kidney disease, stage 5
N18.4 Chronic kidney disease, stage 4
N18.32 Chronic kidney disease, stage 3b
N18.31 Chronic kidney disease, stage 3a



MEDICAL ICD 10 CODES:

ANY ICD 10 CODE FOR DIABETES

E11.0 Type 2 diabetes mellitus with hyperosmolarity

E11.2 Type 2 diabetes mellitus with kidney complications

E11.3 Type 2 diabetes mellitus with ophthalmic complications

E11.4 Type 2 diabetes mellitus with neurological complications

E11.5 Type 2 diabetes mellitus with circulatory complications

E11.6 Type 2 diabetes mellitus with other specified complications

E11.64 Type 2 diabetes with hypoglycemia

E11.65 Type 2 diabetes with hyperglycemia

E11.8 Type 2 diabetes mellitus with unspecified complications

E11.9 Type 2 diabetes mellitus without complications

Z79.4 Long term (current) use of insulin



MEDICARE coverage: what to know

WHAT TO KNOW ABOUT TELEHEALTH



Credentialing with National Plans

1. Aetna
2. Cigna
3. United Health Care & UMR
4. Medicare – Federal



With claims from
national payers the
payer ID **NEVER**
changes.

Blue Cross Blue Shield

products are generally
state held (or Anthem)

& may *behave*
differently

Always bill your local
Blue **Cross Blue Shield**



1

Member Name

J SMITH

2

Member ID Number

NJX3HZN12345678

3

GROUP NUMBER

CONTRACT TYPE

EFFECTIVE DATE

BC/BS PLAN CODES

02-90700

FAMILY

07/01/2021

280/780

5

PLAN NAME

4

PRIMARY CARE:

PREVENTIVE CARE:

SPECIALIST:

EMERGENCY ROOM:

6

\$XX.00

\$0.00


\$XX.00

\$XX.00

7

PPO

Horizon



Explore Your Benefits

N/DPB

Accessed from Identification- Horizon Blue Cross Blue Shield from <https://www.horizonblue.com/providers/resources/working-us-information-education-resources/manuals-user-guides/horizon-hospital-network-manual/identification> on October 23, 2024

BACK

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3

Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.

Members: See your Member's Handbook for covered services. Possession of this card does not guarantee eligibility for benefits.

Horizon Blue Cross Blue Shield of New

Blue Cross and Blue Shield Association, provides administrative services only and does not assume any financial risk.

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www.horizonblue.com/shbp

For Member Use Only

9

Horizon Health Guide: 1-800-414-7427 (SHBP)

Behavioral Health Services: 1-800-991-5579

Wellness Program: NJ.gov/njwell

For Provider Use Only

Provider Services: 1-800-624-1110

Utilization Management: 1-800-664-2583

Advance Radiology: 1-866-496-6200

Behavioral Precertification: 1-800-991-5579

Telemedicine: www.horizonblue.com/shbp

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SUBMITTING CLAIM FORMS

Medical Services in NJ

PO BOX 820

NEWARK, N.J. 07101-0820

8

Mental Health/Substance Use Services

Horizon Behavioral Health

PO BOX 10191

NEWARK, N.J. 07101-3189

A note about verifying
out of state benefits ...

Medicare is a federal plan. You can bill all state's plans through your contracted state.

ALL straight Medicare plans are billed SAME way.

THERE ARE OBVIOUSLY EXCEPTIONS (DUH!)





**THE SERVICE NOT
THE FORM OF PAYMENT
DICTATES THE CONTEXT OF
LICENSURE**

RULES R/T LICENSURE: DETERMINED BY LOCATION OF PATIENT





Can I just
call myself
a coach?



I NEED TO EMPHASIZE THAT **NO TWO STATES ARE ALIKE WHEN IT COMES TO DEFINING OR REGULATING TELEHEALTH.**

EACH STATE HAS ITS UNIQUE APPROACH TO TELEHEALTH INCLUDING HOW IT IS TREATED BY MEDICAID PROGRAMS, AND THE ACCOMPANYING PROFESSIONAL REQUIREMENTS AND PRIVATE PAYER LAWS.





Questions to think about

- *Is the patient in a licensure state?*
- Is the **fee schedule** for MNT delivered using telehealth the same as in-person visits?
- What **place of service** (POS) code(s) should I use?
- Is a **modifier** required? If so, which modifier?
- What communications **technologies** are allowed?
- Can services be provided **telephonically**?



POS 02:

Telehealth Provided Other than in Patient's Home - The location where health services and health related services are provided or received, through telecommunication technology.

Patient is ***not located in their home*** when receiving health services or health related services through telecommunication technology.



TELEHEALTH INSURANCE

POS 10 (effective 1/1/2022):

Telehealth Provided in Patient's Home - The location where health services and health related services are provided or received through telecommunication technology.

Patient is ***located in their home*** (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.



EXAMPLE MY PRIVATE PRACTICE

H	I	J	K	L	M
Type of appointment (Initial, Follow UP, Personal Referral, +5)	Insurance	10=Telehealth at Home. 02=Telehealth outside of Home. 11=In Office	ICD 10	Referring MD	Medica
Follow Up +5 (\$45) ▾	BCBS ▾	11 ▾	z68.41		
Follow Up (\$40) ▾	Medicare ▾	11 ▾	e11.65	Rippel	
Follow Up PR (\$52) ▾	BCBS ▾	11 ▾	z68.36		
Follow Up +5 (\$45) ▾	Self Pay ▾	2 ▾	z68.35		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.26		
Follow Up +5 (\$45) ▾	Aetna ▾	11 ▾	e78.00 e66.9		
Follow Up +5 (\$45) ▾	UHC ▾	10 ▾	e66.3		
Follow Up +5 (\$45) ▾	BCBS ▾	2 ▾	z68.32		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.27		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.41		
Follow Up PR + 5 (\$57) ▾	BCBS ▾	2 ▾	z68.27		
Follow Up PR + 5 (\$57) ▾	BCBS ▾	10 ▾	z68.32		
Follow Up +5 (\$45) ▾	BCBS ▾	11 ▾	z68.26		
Follow Up +5 (\$45) ▾	Cigna ▾	10 ▾	z68.33		
Follow Up (\$40) ▾	BCBS ▾	11 ▾	z68.37		
Follow Up +5 (\$45) ▾	Cigna ▾	11 ▾	z68.31		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.24		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.31		
Follow Up PR (\$52) ▾	BCBS ▾	10 ▾	z68.36		
Follow Up PR + 5 (\$57) ▾	BCBS ▾	2 ▾	z68.34		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.39		
Follow Up +5 (\$45) ▾	BCBS ▾	10 ▾	z68.27		
Follow Up +5 (\$45) ▾	Aetna ▾	10 ▾	z68.28		



Modifiers

Modifiers **95, GT & GQ** is a telemedicine billing code that indicates a synchronous telemedicine service was provided via a *real-time interactive audio and video* communications system

Aetna: POS 02 or POS 10 with EITHER modifier GT, 95 or GQ

Anthem: POS 02 or POS 10 with EITHER modifier GT or 95

Cigna: POS 02 with EITHER modifier 95, GQ or GT

BCBS products: varies by state (for example, Horizon BCBS of NJ may want a different combination than BCBS Highmark of PA)

**TELEHEALTH
LANDSCAPE:
INSURANCE**

United Health Care: POS 02 or POS 10

UMR: POS 02 or POS 10

Medicare: POS 02 or POS 10

**TELEHEALTH
LANDSCAPE:
INSURANCE**

Medicare: POS 02 or POS 10
but if you use POS 02 the claim
will pay at the facility rate.

**TELEHEALTH
LANDSCAPE:
INSURANCE**

Place of service

Modifier

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate A-L to service line below (24E))										ICD Ind. 0 - ICD-10		22. RESUBMISSION CODE		ORIGINAL REF. NO	
A. Z713		B. Z6826		C.		D.		E.		F.		G.		H.	
I.		J.		K.		L.				23. PRIOR AUTHORIZATION NUMBER					
24. A.		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES					E.	F.	G.	H.	I.	J.	
DATE(S) OF SERVICE		Place Of Service	EMG	CPT/HCPCS	MODIFIER	C	D	DIAGNOSIS POINTER	\$ CHARGES	Days Or Units	EPSDT Family Plan	ID QUAL	RENDERING PROVIDER ID. #		
From: To:															
1		Note	Anest Start:	Stop	NDCQual:	NDC Code:	NDC U.Price:	NDC Qty:	NDC QtyQual:	NPI:	1194964908				
10 24 2024		02	N	97802	GT			A	300.00	6			1194964908		
2		Note	Anest Start:	Stop	NDCQual:	NDC Code:	NDC U.Price:	NDC Qty:	NDC QtyQual:	NPI:					
3		Note	Anest Start:	Stop	NDCQual:	NDC Code:	NDC U.Price:	NDC Qty:	NDC QtyQual:	NPI:					
4		Note	Anest Start:	Stop	NDCQual:	NDC Code:	NDC U.Price:	NDC Qty:	NDC QtyQual:	NPI:					

Example: Telehealth claim for Aetna

POS = 02

Modfier = GT

So you know how some of our patients join telehealth sessions while in their car or out somewhere? Today was a funny surprise - my patient joined in from work where she operates heavy machinery. She's literally operating an excavator while on our meeting 🤪🤪

It's not a big deal since we're just checking in and I can hear her just fine... and seeing a woman in a male dominated field is awesome, but this is definitely a first! Has anyone else seen patients in unique settings? 😄



1

4



DOCUMENTATION- SUGGESTIONS

Follow up ☒ 3 weeks

Time spent ☒ 57 minutes

YES - click if applicable

☒ At time of the virtual appointment, patient was physically present in Connecticut. Patient/care giver verbalizes understanding of dietary consult and consent to do visit via Telehealth. Due to the COVID 19 outbreak and the need for social distancing, individual and collective safety of the patient and provider, and the patient's desire to limit outside exposure, this visit was conducted over the virtual platform PracticeQ. Patient is aware that this visit is conducted in a secure environment, and verbal consent was obtained at the start of the visit.

NO - click if applicable and comment below based on patient's location at the time the service was provided

☐ ☐

AMY P.'S BEST PRACTICES



BEST PRACTICES FOR RUNNING A SUCCESSFUL INSURANCE- BASED PRACTICE



- Bet on yourself
- Be brave it doesn't hurt
- Play to your strengths
- Embrace the **suck** with grace
- It's all about the law of averages

Connect With ME

www.reimbursementdietitian.com



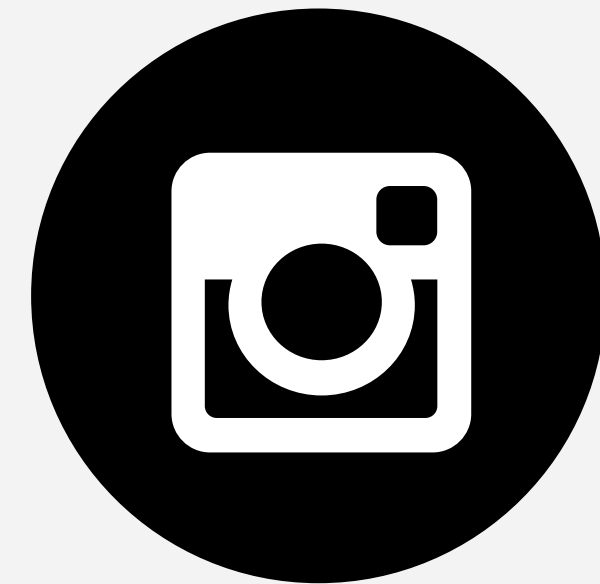
FACEBOOK

AMY PLANO, THE
REIMBURSEMENT
DIETITIAN



PINTEREST

AMY PLANO, THE RD
BOSS



INSTAGRAM

REIMBURSEMENT _
DIETITIAN





A WISE DIETITIAN
KNOWS HIS OR HER
LIMITS.

A SMART ONE KNOWS
S/HE HAS NONE.