



Introduction to Reimbursement for Nutrition Services

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Reimbursement, Coding and Billing For
Dietitians Workshop
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Today's Intentions

1. Comprehension of business foundations needed to launch private nutrition practice
2. Define credentialing & licensure components for compliance for private practice
3. Understand legal structure options for business establishment
4. Summarize standard alphanumeric code that ID specific medical services provided by HCP
5. Summarize alphanumeric codes that classify & ID diseases, disorders, symptoms, injuries, & other health conditions

About The Speaker

From Huntsville, Alabama

War Eagle!

50:50 inpatient : outpatient career in
pediatric nutrition

Love working with infants, kids, teens

Career goal to open private practice
(2022) since first job (1998)

Pediatric Nutrition Private Practice



Get the Show on the Road

Determine business structure

To Credential or Not Credential

Lawyer and Accountant

Creating a TIN

Obtaining an NPI

Get the Show on the Road

Taxonomy Selection

Professional Liability Insurance

CAQH Registration

EMR Selection

Establishing P&Ps

Business Structure

Sole Proprietorship

Unincorporated business owned & run by one individual

No distinction between business & owner

Use of SSN for financial matters

Personally liable for business debts & lawsuits, withhold & pay all income taxes

Limited Liability Corporation

Hybrid between sole proprietorship & corporation

LLC income = personal income

Division between personal assets & business assets

Annual paperwork, separate tax return, extra accounting = extra protection

Business Structure

C Corporation

Standard corporation with shareholders
Incorporated business legally separated from owners
Governed by state laws
Pay separate taxes from those who run it
Taxed twice

S Corporation

Subchapter corporation
Similar tax structure as sole proprietorship
Taxes paid on shareholder's income tax
Can provide limited personal liability

Credentialing

Benefits to the RDN

Process with each payer can vary

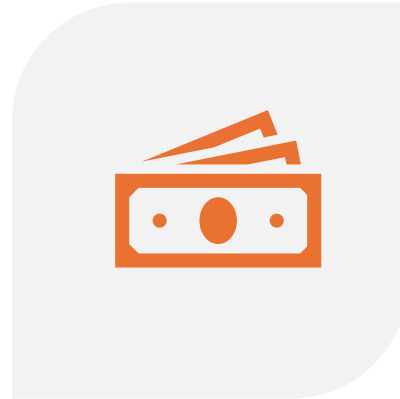
Inquire about each payer's process

Credentialing timeline from 30 up to 90 days

Most payers require CAQH registration



Get a Professional



ACCOUNTANT - VALUABLE ASSISTANCE IN
FINANCIAL PLANNING, BUDGETING, TAX
PREPARATION & BOOKKEEPING, ENSURING
FINANCIAL STABILITY, COMPLIANCE WITH
ACCOUNTING STANDARDS



LAWYER - PROVIDE GUIDANCE ON BUSINESS
STRUCTURE, INSURANCE CONTRACTS,
ENSURE COMPLIANCE WITH STATE &
FEDERAL REGULATIONS

Let Me See That ID

TIN – Tax Identification Number

Used by IRS to identify taxpayers required to file business tax returns

<https://www.irs.gov/tin/taxpayer-identification-numbers-tin>

NPI – National Provider Identification

Unique 10-digit number used to identify health care providers

<https://nppes.cms.hhs.gov>

NPI for Just Me or Me and You?

Entity Type 1

Individuals who render health care services, e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists, & RDNs

ALL RDNs should obtain an Entity Type 1 NPI for professional purposes

Individuals may work as sole proprietor (private practice)

NPI for Just Me or Me and You?

Entity Type 2

Organizations that render health care services or furnish health care supplies to patients

Hospitals; home health agencies; ambulance companies; HMOs; DME suppliers; pharmacies; diabetes prevention programs; & corporations formed when an individual incorporates (RDN's private practice or group)

Let Me See That ID

Taxonomy Code - code that describes the Provider or Organization's type, classification, & the area of specialization

Registered Dietitian - 133V00000X

Taxonomy codes for Board Certified Specialists, Metabolic

Taxonomy Search:

<https://npiregistry.cms.hhs.gov/>

<https://taxonomy.nucc.org/>

Professional Liability Insurance

Medical malpractice insurance

Protects HCPs from financial losses from claims of negligence or treatment errors that could result in client harm

Protect your practice against potential lawsuits

Review/update insurance coverage for property, general liability, business interruption

Professional Liability Insurance

Hiscox

HPSO

Insureon

Lockton Affinity

Proliability

Pro-sight Specialty

Put It On Paper

Purpose of Form W-9

Transmits taxpayer identification information between two parties

Not filed with the IRS but used to complete Forms 1099 & 1098

Asks taxpayers for their name, taxpayer identification number (TIN), address, & other information about them or their business

Can be filled out by U.S. persons, including individuals, sole proprietors, trusts, corporations, & other entities

Put It On Paper

Purpose of Form W-9

Compensation paid to non-employees must be reported to the IRS if it meets four requirements:

- 1) A payment(s) was/were made to someone who is not an employee
- 2) Payment was made for services during business operations
- 3) The payment was made to an individual, partnership, estate, or (in some cases) corporation
- 4) The total payments made over a year were at least \$600



What is CAQH?

Council for Affordable Quality Healthcare

Non-profit organization founded by health insurance companies to streamline healthcare administration

CAQH ProView is a tool used for credentialing & enrollment data exchange

What is CAQH?

Database that insurance companies
& credentialing companies can
pay to access

Local/regional health care plans,
government plans do not use

<https://proview.caqh.org/Login/>

EMR Selection

Save time, improve productivity

Enhance efficiency & accuracy, information sharing

Improving care coordination

Collection of quality measures

Auto administrative tasks like appointment scheduling, billing

Ease of access to information, provider contact by clients

Aid with HIPAA compliance

EMR Selection

Healthie

IntakeQ

Jane.app

KaiZen

Kalix

NutriAdmin

Nutrium

NutritrioApp

Practice Better

Practice Fusion

Simple Practice

Tebra



Establishing Policies & Procedures

Key Areas to Consider:

Client Registration

Client Scheduling

Billing Practices

HIPAA Compliance

Data Security
Protocols

Procedure Codes

CPT® Codes = Common Procedural Terminology Codes

Created by American Medical Association

Procedure codes that encompass wide range of diagnostic & therapeutic procedures performed by health care professionals

Standard for reporting medical services

Widely adopted by Medicare, Medicaid & private payers

Describe MNT services RDNs provide to clients

Recognized & used by Medicare, most private insurance companies, & Medicaid (in some states) & utilized for claims process

Same CPT® codes used when MNT is delivered via telehealth

The minutes face-to-face time with client determines number of units that can be submitted on a claim

MNT CPT® Codes

97802

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

97803

Reassessment and intervention, individual, face-to-face with the patient,
each 15 minutes

97804

Group (2 or more individual(s)),
each 30 minutes

MNT CPT® Codes

Other Procedure Codes

Healthcare Common Procedure Coding System (HCPCS)

CMS Alpha-Numeric Editorial Panel

Cover items, supplies, & non-physician services not included in CPT® codes

S Codes & G Codes

Medicare, Medicaid, & private insurers
utilize for claims processing

Private payers may or may not use G
codes for MNT

Other Procedure Codes

Medicare will use G codes for additional MNT hours

G0270

Medical nutrition therapy; reassessment & subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen,
each 15 minutes

G0271

Group (2 or more individual(s)),
each 30 minutes

Other Procedure Codes

Medicare will use G codes to bill for RDNs providing Diabetes Self-Management Training (DSMT) as part of accredited program, by approved suppliers of Medicare Diabetes Prevention Program (MDPP) providing services to eligible Medicare Part B beneficiaries

G0108

DSMT services, individual,
per 30 minutes

G0109

DSMT services, group session
(2 or more),
per 30 minutes

Other Procedure Codes

RDNs may be qualified to provide other services under Medicare when the service is billed 'incident-to' a physician or qualified HCP

Annual Wellness

General Care Management

IBT for Obesity

These codes may also be recognized by some private payers

Must be verified under individual payer policies for use of code & specific coverage parameters

Other Procedure Codes

S Codes

S9470

Nutritional counseling, dietitian
visit

Used before MNT CPT® codes
were available

Medicare does not reimburse
for

Not valued under AMA RVS
Update Committee

Not time-based

Lacks universally accepted
definition for service

What is the Diagnosis?

International Classification of Diseases, Clinical Modification (ICD-10-CM)

CDC's National Center for Health Statistics
(NCHS) responsible for the clinical
modification of ICD-10 for use in US

The World Health Organization (WHO)
authorized NCHS to develop
ICD-10-CM

All modifications to ICD-10 must conform to
WHO's established ICD structure &
conventions

What is the Diagnosis?

Reflect medical diagnoses of individual clients

Essential for submitting claims to payers

Links care provided to client's condition

RDNs must obtain accurate diagnosis codes from qualified medical providers

It is not within the scope of practice of a Registered Dietitian Nutritionist to make a medical diagnosis.

Available Browsing Tools for ICD-10 Codes:

<https://icd10cmtool.cdc.gov/>

<https://www.aapc.com/codes/icd-10-codes-range/?srsltid=AfmBOoqDpNbDzpH3URDlD3cWzATJpBXqCUwMkd0Tc7teoWh7KFkG1Q8m>

<https://www.icd10data.com/>

What is the Diagnosis?

What is the Diagnosis?

Each health condition assigned a unique code of up to 6 characters

More digits available = more specificity to the diagnosis

Must be used by all parties covered by the Health Insurance Portability and Accountability Act (HIPAA)

Ex: E10 Type 1 diabetes mellitus

E10.2 Type 1 diabetes mellitus with kidney complications

E10.21 Type 1 diabetes mellitus with diabetic nephropathy

E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease

E10.29 Type 1 diabetes mellitus with other diabetic kidney complication

What is the Diagnosis?

Z Codes

Used to acknowledge factors influencing health status

Report contact with health services

Cover wide range of situations, such as encounters reporting BMI, dietary surveillance & counseling, & social determinants of health

Not diagnostic codes

RDNs can use independently of a physician referral

What is the Diagnosis?

Medicare Intensive Behavioral Therapy (IBT) for Obesity Benefit

Z68.30 through Z68.45 = BMI, 30 through > 70, adult

My Healthy Weight/Pediatric Weight Management

Z68.52 BMI, pediatric, 5th percentile to <85th percentile for age

Z68.53 BMI, pediatric, 85th percentile to <95th percentile for age

Z68.54 BMI, pediatric, \geq 95th percentile for age

What is the Diagnosis?

Z71.3 - Dietary Surveillance and Counseling

May be used when a medical diagnosis isn't needed

Individuals desire nutrition counseling, self-refer, no medical diagnosis

Some payers may not accept Z71.3 alone for payment

RDNs should verify individual plan benefits & coverage & seek clarification from the health plan on claim submission requirements; check if diagnosis/screening code required

<https://www.eatrightpro.org/career/payment/coding-and-billing/icd-codes>

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Thank You

Questions?

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