

Coding, Coverage and Reimbursement Resources

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1. Coding, Coverage and Compliance: The Basics. Source: <http://www.eatright.org/coverage/> ***
 - a. Billing Resource for Registered Dietitians
 - b. Codes for Nutrition Services
 - c. National Provider Identifier (NPI)
 - d. HIPAA Compliance
 - e. Conversion to ICD-10 codes
 - f. Sample Financial and Patient Policies
 - g. Presentations: "The Superbill," "Business Management Considerations," "The Credentialing Process (NPI, EIN, Liability Insurance)"
 - h. Referral requirements by state
 - i. Sample Referral Forms
 - j. Billing Resources: Finding a billing service
 - k. Claims Dispute
 - l. "Ethics in Action: Elements of Ethical Billing for Nutrition Professionals"
2. Obtaining an Employer Identification Number (EIN). Source: <https://irs-ein-number.com/?gclid=CJLH0PbYrrICFYKK4Aod2xkA5Q>.
3. National Provider Identifier. Source: NPI: <https://nppes.cms.hhs.gov/NPPES>.
4. Superbill Form. Click on "see sample superbill". Source: <http://www.eatrightpa.org/superbills.cfm>
5. CAQH: Council for Affordable Quality Healthcare is a non-profit alliance of health care plans that foster industry collaboration to simplify healthcare administration; members include BlueCross Blue Shield (various states), Aetna, UnitedHealth Group and WellPoint are members. Source: <http://www.caqh.org/>
6. Resource for transition to ICD-10 codes. Source: <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>
7. Resource for making changes to you Medicare-enrolled provider status is PECOS: Provider Enrollment, Chain and Ownership System (online). Source: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html>
8. Medicare MNT information. Source: <http://www.eatright.org/mnt/> ***
9. Existing state laws that regulate the practice of dietetics. Source: <http://www.eatright.org/HealthProfessionals/content.aspx?id=7092>
10. Telehealth and Telehealth Reimbursement. Source: <http://www.eatright.org/Members/content.aspx?id=7341>. ***
11. CMS coverage of diabetes and renal disease. Source: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/B0148.pdf>
12. Frequently Used Codes for Nutrition Services. Sources: <http://www.eatright.org/members/mntworks/> *** or <https://www.eatright.org/shop/product.aspx?id=6442471987>
13. Malpractice insurance: <http://www.proliability.com/professional-liability-insurance/dietitians>
14. Advanced Beneficiary Notice of Non-coverage (ABN) Form CMS-R-131. Source: <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

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15. Fall House of Delegates Meeting Backgrounder: "Nutrition Services Delivery and Payment: The Business of Every Academy Member." Available at: <http://www.eatright.org/Members/content.aspx?id=6442477005>
16. "Making Nutrition Your Business: Private Practice and Beyond," available at www.eatright.org/shop ***
17. *MNT Provider* newsletter: This monthly newsletter includes articles on business skills, technology, coding and coverage, nutrition practice guidelines, Medicare, Medicaid and more. Available free to Academy members at: <http://www.eatright.org/mntprovider/>
18. Reimbursement Online Community: This interactive portal offers Academy members a space to network and share ideas, and practice management tips related to coverage and reimbursement for MNT services. To join, visit: <http://www.eatright.org/members/reimbcomm/>
19. Reimbursement inbox: Have a question on any topic related to coding and coverage for nutrition services or new health care delivery and payment models? Email Academy staff at reimburse@eatright.org.
20. Reimbursement Representatives: Reimbursement Representatives serve as a resource for the Academy of Nutrition and Dietetics members within their affiliate or DPG who have questions about coding and coverage issues. To find your affiliate and/or DPG Reimbursement Representative, visit <https://www.eatright.org/members/leadershipdirectory.aspx> and click on "Policy Initiatives and Advocacy Leader Groups."

*** Requires academy membership for access

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ACA – Affordable Care Act

The ACA was enacted with the goals of increasing the quality and affordability of health insurance, lowering the uninsured rate by expanding public and private insurance coverage, and reducing the costs of healthcare for individuals and the government. It introduced a number of mechanisms—including mandates, subsidies, and insurance exchanges—meant to increase coverage and affordability. The law also requires insurance companies to cover all applicants within new minimum standards and offer the same rates regardless of pre-existing conditions or sex. Additional reforms aimed to reduce costs and improve healthcare outcomes by shifting the system towards quality over quantity through increased competition, regulation, and incentives to streamline the delivery of healthcare.

<http://www.hhs.gov/healthcare/rights/index.html>

<http://www.dol.gov/ebsa/healthreform/>

<http://www.hhs.gov/healthcare/facts/bystate/statebystate.html>

<http://www.hhs.gov/healthcare/facts/factsheets/index.html>

ACO – Accountable Care Organization

ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care.

Who can form an ACO?

ACO Professional: One of 4 Professions Physician, NP, PA, Clinical Nurse Specialist

ACO Provider/Supplier: Practitioner that furnishes services under Medicare (dietitian)

ACO Participant: An individual or group of ACO provider/suppliers that comes together to form an ACO (dietitian).

NOTE: Dietitians cannot currently form an ACO on their own, but can participate in ACO's with the appropriate listed ACO professionals noted above.

Medicare Shared Savings Program – The Centers for Medicare & Medicaid Services (CMS) has established a Medicare Shared Savings Program (Shared Savings Program) to facilitate coordination and cooperation among providers to improve the quality of care for Medicare **Fee-For-Service** (FFS) beneficiaries and reduce unnecessary costs. Providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO).

The goals of the Shared Savings Program (SSP) from CMS echo similar goals of PCMH: 1.) Promoting accountability for the care of beneficiaries; 2.) Requiring coordinated care for all services provided under FFS; 3.) Encouraging investment in infrastructure and redesigned care process.

The SSP will reward ACO's that lower their growth in health care costs while meeting performance standards on quality of care using a patient centered approach. Participation in an ACO is purely voluntary.

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To learn more about the role of the registered dietitian in ACOs', visit the Academy for Nutrition and Dietetics web page and use the search word ACO

<http://www.eatright.org/Members/content.aspx?id=6442460362>

1. Check out your state, find out what practices are engaged in the ACO pilot programs (Pioneer OR the Advanced Payment Model);
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html>
2. Review information on bundled payment programs as this is likely to impact dietitians in the future
<http://innovations.cms.gov/initiatives/Bundled-Payments/index.html>
3. Review the CPC link to determine if your state or region is involved in a multi payer pilot program
<http://innovations.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/index.html>
4. To get an overview of the benefits of forming an ACO as related to chronic disease management take a look at this tool kit created by the ACO Learning Network, Dartmouth Institute.
<http://www.nachc.com/client/documents/ACOToolkitJanuary20111.pdf>

Comprehensive Primary Care (CPC) Initiative

The Comprehensive Primary Care (CPC) initiative is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Medicare will work with commercial and State health insurance plans and offer bonus payments to primary care doctors who better coordinate care for their patients. Primary care practices that choose to participate in this initiative will be given resources to better coordinate primary care for their Medicare patients.

<http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/index.html>

[Integrating the Registered Dietitian into Primary Care: Comprehensive Primary Care Initiative \(CPCI\) Toolkit](#)

Healthcare Reform and Preventive Service

With the passage of the Affordable Care Act (ACA), access to preventive services has increased for the general patient population. ACA requires many insurance plans (so-called 'non-grandfathered' plans) to provide coverage for and eliminate cost-sharing on certain recommended preventive health services when delivered by in-network providers, for policies renewing on or after September 23, 2010. Preventive care is defined as items or services with an A or B rating by the US Preventive Services Task Force (USPSTF) and includes "healthy diet counseling" and "obesity screening and counseling." The law has provided new opportunities for Registered Dietitians to receive reimbursement for their services.

<http://www.eatright.org/Members/content.aspx?id=6442471132>

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PACE – Program of All-Inclusive Care for the Elderly

Provides comprehensive long term services and supports to Medicaid and Medicare enrollees and allows participants to receive care at home. Benefits include Nutrition Counseling as well as other services. Individuals can join PACE if they are 55 or older, live in the service area of a PACE organization, eligible for nursing home care and able to live safely in their community.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Program-of-All-Inclusive-Care-for-the-Elderly-PACE/Program-of-All-Inclusive-Care-for-the-Elderly-PACE.html>

PCMH – Patient Centered Medical Home/Community

A model of care where there is a continuous relationship between a patient and their physician and healthcare team. PCMH encourages the coordination of care for both wellness and illness. Goals are to improve access to care, patient engagement and whole person care, team based care, care coordination, practice based services, practice management, and health information technology. To learn more about demonstration pilot projects and the PCMH model of care, visit the Academy of Nutrition and Dietetics web page at: <http://www.eatright.org/HealthProfessionals/content.aspx?id=7061>

For background information on the PCMH, visit:

<http://www.eatright.org/HealthProfessionals/content.aspx?id=7058>

PCPCC – Patient Centered Primary Care Collaborative

PCPCC established to advance an effective and efficient health system built on a strong foundation of primary care and the PCMH model of care. Their website has multiple webinars on care coordination in the PCMH and ACO model of care. There is also a map to help you locate PCMH programs with multiple stakeholders including insurance based/health plan based programs from employers within your state.

<http://www.pcpcc.net/media>

State Insurance Exchanges

The Patient Protection and Affordable Care Act (ACA) provides a medium by which millions of uninsured Americans can obtain health insurance through a state health insurance exchange. A state health exchange is a transparent and competitive insurance marketplace where consumers and small businesses can compare and purchase affordable and qualified health insurance plans that meet certain benefit and cost requirements. These exchanges will also work within state and federal programs, including Medicaid, to offer subsidies to qualifying individuals.

<http://www.cms.gov/ccio/resources/regulations-and-guidance/index.html>

<http://housedocs.house.gov/energycommerce/EXCHANGE.pdf>

<http://www.eatright.org/Members/content.aspx?id=6442466227>