

Payment and Reimbursement Affinity Group FAQ
April 25, 2023 Meeting

Academy Resources

I am new to billing, where can I find the CPT® codes for MNT?

Please visit the Academy's Coding and Billing page on eatrightPRO.org. From there you can navigate to the CPT® and HCPCS Codes

Where can I find materials from the April affinity group meeting?

Meeting materials are available in the [Payment and Reimbursement Community of Interest Library](#), under "April 2023 Meeting".

How can I receive updates from the Academy about the end of the Public Health Emergency?

The Academy will continue to utilize the [Telehealth Quick Guide](#) to provide up-to-date information. Information will also be shared in the [Payment and Reimbursement Affinity Group Community of Interest](#).

Where can I find documentation about the end of the Public Health Emergency?

On January 30, the White House announced the Public Health Emergency will end on May 11, 2023. You can access the official documentation [here](#) and the Academy's announcement [here](#).

What is the MNT Provider? Is it on the Academy website?

Available exclusively for Academy members, the MNT Provider is the Academy's quarterly newsletter that provides timely information on topics related to payment and reimbursement for Medical Nutrition Therapy. New issues are announced in the Eatright Weekly and Public Policy Weekly News. Previous editions of the newsletter are available [here](#).

How can I join the Weekly Office Hours?

No registration is required to join the Academy's weekly office hours for Licensure or Payment and Reimbursement, simply use the links listed below to join live!

- *Weekly Licensure Office Hours (Wednesdays from 2-3 p.m. (Eastern Time))*
 - *[Use this link to join the live Zoom meeting.](#)*
- *Weekly Payment and Reimbursement Office Hours (Wednesdays from 3-4 p.m. (Eastern Time))*
 - *[Use this link to join the live Zoom meeting.](#)*

There are several platforms available that are either free or low cost. Please consider posting your question to the Academy's Payment and Reimbursement Community of Interest. If you are not already a member, you can join [here](#).

Do RDNs have to bill patients the same way?

Private payers determine their own policies and there may be opportunities with private payers to submit online digital assessment and management services (CPT Codes 98970-98972). Medicare does not recognize RDNs as eligible providers for online digital assessment and management services (CPT Codes 98970-98972).

An Advanced Beneficiary Notice (ABN) is a written notice used by Medicare providers and suppliers to notify Medicare beneficiaries before the service is provided of the following:

- *That Medicare will probably deny payment for the service/supply.*
- *The reason why the provider expects Medicare to deny the payment.*
- *The Medicare beneficiary is personally and fully responsible for payment if Medicare denies payment.*

ABNs should be used when the RDN or provider is unsure that a service will be considered medically necessary or may exceed the frequency and duration of the covered service. ABNs are not required for care that is statutorily excluded (e.g. MNT for other diagnosis besides diabetes and non-dialysis kidney disease). However, the ABN can be issued voluntarily in these cases in place of the Notice of Exclusion from Medicare Benefits (NEMB).

Medicaid and Private Payers

Does Medicaid pay for MNT services?

Each state is responsible for administering its own Medicaid program. While there are some federal standards that need to be met, each state is given the authority and flexibility to determine its own policies regarding eligibility, design, benefits/coverage, and health care delivery models. As such, there is a lot of variation between state Medicaid programs to include how state address nutrition services and credentialing dietitians.

The Academy, through partnership with George Washington University, is in the process of mapping the current Medicaid landscape to better understand how states are addressing

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Nutrition Care Services and registered dietitians. For any questions about a specific state Medicaid program, please contact your Nutrition Services Payment Specialist through the [Leadership Directory](#).

There have been reimbursement issues for telehealth claims for 97802-3, with certain commercial payers (Anthem BCBS, HPHC) directly related to "face-to-face" being in the definition of the code. Is there any action to change the definition of these codes to no longer inherently exclude telehealth and/or to have additional MNT codes created for use for telehealth MNT?

Payer policies are determined by the payer, to include how they define a CPT® code as well as how they elect to define what constitutes a face-to-face encounter. When verifying benefits, it is important that you check with each payer and specific plan to determine coverage for your services, not just when delivered in person, but also delivered via telehealth.

Can RDNs bill for an encounter when the client contacts the RDN under private payer coverage (for non-MNT services)? What are the requirements for that?

That will be determined by the individual payer policy.

Where can I go to verify coverage and benefits?

The Academy recommends that you verify benefits directly either by phone or online with a payer online portal. The Academy's "[Insurance Information Collection Form](#)," "[Checklist for Insurance Benefits and Coverage Verification](#)" and the "[The RDNs Complete Guide to Credentialing—The Private Payer Market](#)" are tools that can be used to help you or your patients verify coverage for MNT.

How does the reference number guarantee payment?

Verification of benefits and reference number do not guarantee payment. However, documenting a reference number may help if you are appealing a claim denial.

Medicare

Our hospital outpatient department has been told that the "hospital without walls" initiative is ending and we are no longer allowed to provide telehealth when patient is in their home after the May 11, 2023 expiration date. Can the Academy confirm?

As part of the CMS Hospital Without Walls initiative during the PHE, hospitals were allowed to provide hospital services at sites that otherwise would not have been considered part of a health care facility, such as patient's home. For some services (e.g. outpatient therapy and education services), this flexibility will end with the expiration of the PHE. The Academy is seeking clarification from the Centers for Medicare & Medicaid Services as to how this impacts the

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provision of Medical Nutrition Therapy when delivered via telehealth by hospital employed RDNs.

Will telehealth be continuing for dietitians through May 11, 2023 or through Dec 31, 2024?

Medical Nutrition Therapy by registered dietitians has been on the list of Medicare approved telehealth services since 2006 and it will continue to be an approved services once the public health emergency has ended. The flexibilities brought about by the public health emergency removed some of limitations that were in place prior to the start of the PHE.

The FY 23 Consolidated Appropriations Act (aka Omnibus) extends many of the major Medicare telehealth flexibilities for professional services through at least December 31, 2024, even if the PHE declaration is allowed to expire. Some of the most impactful flexibilities pertaining to professional services include:

- 1. Allowing the originating sites for telehealth services to include any site in the United States at which the Medicare beneficiary is located at the time the service is furnished, including their home;*
- 2. Allowing Federally Qualified Health Centers and Rural Health Clinics to serve as telehealth service providers (i.e., serve as a distant site); and*
- 3. Providing coverage and payment for telehealth services furnished via an audio-only telecommunications system.*

After the PHE ends, will providers who practice from their homes need to update their enrollment information with their home address?

Yes, practitioners will need to update their enrollment information with their home address. CMS has indicated addresses will be included in Care Compare. Practitioners may request that the home address not be made available in Care Compare.

Statutes and Licensure

Please explain payment parity. If your state has no licensure for RDNs do payment parity rules/laws no longer apply to reimbursement for contracted RDNs?

There are two types of parity laws: coverage parity and payment parity.

- 1. Coverage parity laws require private payers to cover via telehealth the same services they cover as in-person services.*
- 2. Payment parity laws require telehealth services to be paid at the same rate as the equivalent in-person service.*

Licensure is a separate issue and is not influenced by the state payment parity laws.

Do I need to contact state licensing offices for out of state clients to know what their parameters are for out of state providers who are providing telehealth?

The Academy recommends that RDNs obtain licensure in all states where the RDN is providing medical nutrition therapy. RDNs should review the licensure laws of each state where the RDN has patients. Information regarding state licensure laws may be found [here](#).

While it is important to be aware of state licensing laws, telehealth laws are often separate from state licensing laws. The [Centers for Connected Health Policy](#) is a great resource to learn more about state specific telehealth laws.

How do state telehealth laws impact RDN practice when a state does not have licensure or certification requirements? Are these telehealth laws applied to the insurer or the practitioner or both?

In states that do not have licensure or certification laws, telehealth-specific laws still apply to RDNs providing nutrition care services. These laws are applied to both the practitioner and the insurer. Some states specifically restrict practice to providers who hold a state-issued telehealth certificate, licensure or other similar permissions.

To verify telehealth laws applicable in a state, RDNs should review relevant state laws collected by a trusted group, such as the [Center for Connected Health Policy](#).

To review telehealth laws using this resource, click "State" from the dropdown menu at the top and select the state of interest, select the topic "Professional Requirements," and then select the relevant subtopic of inquiry on the left.

Note that some of these laws and regulations may only apply to specific health professions. To confirm if the cited law applies to dietitians, click the "Source" link under the referenced law, which will identify the relevant statute or regulation. It is also recommended that one confer with that state's licensure board or referenced state agency for specific questions about applicability.

Are there some states that did not change back to the pre-Covid restrictions? If so, what did they do legislatively to keep telehealth the way it is now.

Throughout the Public Health Emergency many state legislatures have actively been working to address health care and telehealth through both statute and regulatory means. This is a great opportunity for state affiliates and their members to work with their respective legislators and advocate for continued access to Medical Nutrition Therapy via telehealth.

Advocacy

Please provide more details on the Consolidated Appropriations Act of 2023.

More information about the Consolidated Appropriations Act of 2023 is available on eatrightPRO: [Academy Responds to FY23 Omnibus Bill](#). You can find additional information about the updates specific to telehealth [here](#).

What are best practices for communicating with legislators on the MNT Act?

For a more in-depth look at content, we recommend reviewing the [MNTWorks Toolkit](#). In developing talking points for meetings with legislators and their staff, be sure to connect with others in your state or DPG who will also be at the meeting. It's always a good idea to include facts and figures along with relevant stories. Specific advocacy calls to action and talking points are often shared during affinity group meetings.

Is there any mention of telehealth in the MNT Act?

No. Medical Nutrition Therapy has been a Medicare approved telehealth service since 2006, meaning Medicare beneficiaries have been able to receive MNT for diabetes and non-dialysis CKD via telehealth. The Medical Nutrition Therapy Act seeks to expand the allowable diagnosis for which Medicare will provide coverage for Medical Nutrition Therapy.