

# MNT PROVIDER

Your source for practice management news

## INSIDE THIS ISSUE:

New Procedure Codes Coming in 2020! ..... 1

Few At-Risk Adults Getting Diabetes Prevention Help Needed ..... 1

Question Corner ..... 3

Updated 2020 MDPP Payment Rates Now Available ..... 2



Seeking Information on Payment for Nutrition Services?

See page 4 for details.

 Academy of Nutrition and Dietetics

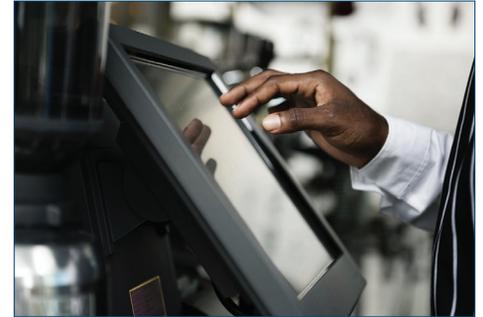
[www.eatrightpro.org/resources/news-center/in-practice/mnt-provider](http://www.eatrightpro.org/resources/news-center/in-practice/mnt-provider)

## New Procedure Codes Coming in 2020!

January 1 always marks the launch of changes in the Current Procedural Terminology (CPT®) code set and updates to the Medicare Physician Fee Schedule. The year 2020 brings the potential for new billing and payment opportunities for registered dietitian nutritionists (RDNs) under both public and private payers. As always, the basic caveat applies – just because a procedure code exists does not mean it will be recognized for payment by payers. So, what are the new opportunities and what’s the “fine print”?

### Going digital: Online Digital Evaluation and Management Services

Efforts by the Academy of Nutrition and Dietetics in partnership with physician medical societies led to approval of a set of 3 CPT® codes for online digital evaluation and management services, 98970-2. This new set of codes replaces previous CPT® code 98969, providing more appropriate differentiation and payment based on the typical length of the encounter.



### What you need to know:

- Services must be patient-initiated and digital utilizing HIPAA-compliant, secure platforms.
- Codes may not be used for scheduling appointments or other communication.

### New CPT Codes - Online Digital Evaluation and Management Services

- 98970:** Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 98971:** ... 11-20 minutes
- 98972:** ... 21 or more minutes

See **Codes**, page 2



## Few At-Risk Adults Getting Diabetes Prevention Help Needed

Diabetes affects one in four Americans aged 65 or older with an estimated two-fold increase in prevalence projected for all U.S. adults (ages 18-79) by 2050 if current trends continue, according to the Centers for Medicare & Medicaid Services. Despite the rising burden of type 2 diabetes and an increasing focus on improving the reach of evidence-based lifestyle interventions, barriers

to referral for and access to such programs continue to exist. Using nationally representative data, Johns Hopkins researchers examined how frequently at-risk adults were being referred to and participating in diabetes prevention programming, and explored correlates of referral, participation, and interest. The study noted that more than

See **At-Risk Adults**, page 4

- Must be an established patient, although the specific problem may be a new.
- Services should be reported once during a 7-day period, with the code selected based on the total cumulative time.
- The cumulative service time includes review of the initial inquiry; review of patient records or data pertinent to the assessment of the patient's problems; development of management plans; and subsequent communication with the patient through online, telephone, email, or other digitally supported communication.
- If the patient generates the initial online digital inquiry within 7 days of an MNT encounter and the inquiry is related to the same problem, then the RDN cannot separately report these codes.
- Documentation of the service must be permanently stored in electronic or hard copy form.
- These codes may be recognized by private payers.

### Medicare's spin on going digital – a mixed bag

The good news is that beginning January 1, 2020, the Centers for Medicare & Medicaid Services (CMS) will pay for online digital services provided by RDNs under Medicare Part B. The not so good news is that, despite advocacy work by the Academy of Nutrition and Dietetics, the American Medical Association (AMA), and many other Medicare providers, CMS created a separate set of HCPCS G-codes for these services. Under Medicare statutes, RDNs and other nonphysician health care professionals cannot bill for Evaluation & Management (E/M) services, so while the new CPT® codes do not fall under the E/M code set, CMS still considers them E/M codes based on the code

### Medicare's G Codes - Online Digital Evaluation and Management Services

**G2061:** Qualified nonphysician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes

**G2062:** ... 11-20 minutes

**G2063:** ... 21 or more minutes

descriptions. Additionally, CMS is valuing G2062 and G2063 lower than the recommendations proposed by the Academy and approved by the AMA. The Academy is working with the AMA CPT® Panel to change the code descriptions so they can be adopted by CMS, although the soonest any change would go into effect would be 2021.

#### What you need to know:

- The same general guidelines for use of the CPT® codes apply to the G codes.
- To bill Medicare Part B for these services, the beneficiary must be eligible for the MNT or DSMT benefit.
- Medicare beneficiaries must provide informed consent prior to services being rendered.
  - Consent can be done once a year to cover all online digital services provided throughout the calendar year.
  - Consent can be either written or verbal but must be noted in the medical record.

For more information about providing the service and billing Medicare, visit: [www.eatrightpro.org/payment/medicare/providing-service-and-billing](http://www.eatrightpro.org/payment/medicare/providing-service-and-billing). For a list of CPT and G codes for RDNs, visit: [www.eatrightpro.org/payment/coding-and-billing/diagnosis-and-procedure-codes/](http://www.eatrightpro.org/payment/coding-and-billing/diagnosis-and-procedure-codes/)

[cpt-and-g-codes-for-rdns](#).

### New Health and Well-Being Coaching Category III CPT® Codes

Are you certified by the National Board for Health and Wellness Coaching or the National Commission for Health Education Credentialing, Inc.? If so, you may have the potential to bill for your coaching services using new Category III CPT® codes. Category III codes are temporary codes (up to 5 years) for “emerging” services and allow tracking of utilization. These codes are not recognized for payment by the Centers for Medicare & Medicaid Services (CMS), however, private payers may choose to pay for these services. If a private payer chooses to pay for these services, they determine the payment rate.

Per the CPT® manual, “health and well-being coaching is a patient-centered approach wherein patients determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach.” “Coaches... assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being.”

Health coaching is not medical nutrition therapy (MNT). (See the Academy's definitions of terms, for

### Health and Well-Being Coaching Category III CPT® Codes

**0591T:** Health and well-being coaching face-to-face; individual, initial assessment

**0592T:** ... individual, follow-up session, at least 30 minutes

**0593T:** ... group (2 or more individuals), at least 30 minutes

See **Codes**, page 3

MNT, coaching and health coaching for more information.) If an RDN is providing MNT, they must use CPT® codes 97802, 97803 or 97804 to report those services. The new Health and Well-Being Coaching CPT® codes potentially open an opportunity for RDNs with the appropriate additional certification to bill and receive payment for coaching services. Based on payer policies, such RDNs may be able to bill for both services on the same day.

### Stake your claim and expand your practice

Existence of new codes does not necessarily translate into payment. What can you do to make an impact?

- Become a Medicare provider. You can't win if you don't play the game.
- Create consumer demand. Let

your Medicare patients know about the option for online digital services and encourage them to use them.

- Expand your scope of practice by becoming a certified health coach through the National Board for Health and Wellness Coaching or the National Commission for Health Education Credentialing, Inc. (You can earn CPEs for obtaining the CHES® certification through your Professional Development Portfolio.)
- Advocate with private payers for coverage of these services and inclusion of the new CPT® codes in your contract.
- Enhance your value proposition by marketing these services and new revenue streams to administrators, referral sources, and

other key internal and external decision-makers.

- Show your value! Collect and share outcomes data related to these new services.
- Share your experiences with the Academy's Nutrition Services Coverage team at: [reimburse@eatright.org](mailto:reimburse@eatright.org).

For a list of Academy definitions of terms, including coaching and health coaching, visit: [www.eatright-pro.org/-/media/eatrightpro-files/practice/scope-standards-of-practice/20190910-academy-definition-of-terms-list.pdf](http://www.eatright-pro.org/-/media/eatrightpro-files/practice/scope-standards-of-practice/20190910-academy-definition-of-terms-list.pdf). For more information about coaching certifications visit, the National Board for Health and Wellness Coaching at: [www.nbhwc.org/](http://www.nbhwc.org/) and the National Commission for Health Education Credentialing, Inc., at: [www.nchec.org/](http://www.nchec.org/).



## Question Corner

**Q:** Where can I find more information about the difference between medical nutrition therapy (MNT) provided by a registered dietitian nutritionist and coaching provided by a National Board Certified Health and Wellness Coach?

**A:** The Academy of Nutrition and Dietetics Definitions of Terms List defines and describes the two terms and offers a list of key considerations and reference links for both. Definitions are broad-based, have implications for use across the nutrition and dietetics profession, and are consistent with the regulatory and legal needs of the profession. To access the list, visit: [www.eatright-pro.org/-/media/eatrightpro-files/practice/scope-standards-of-practice/20190910-academy-definition-of-terms-list.pdf](http://www.eatright-pro.org/-/media/eatrightpro-files/practice/scope-standards-of-practice/20190910-academy-definition-of-terms-list.pdf).

**Q:** Can you offer examples of what a typical patient might look like for CPT codes 98970-72?

**A:** The following are sample vignettes for CPT codes 98970-72.

- 98970: A 70-year-old male with insulin-dependent diabetes submits an online query through his RDN's electronic health record (EHR) portal reporting nausea and vomiting due to the flu and seeking guidance on diabetes self-management.
- 98971: A 65-year-old male with

congestive heart failure submits an online query through HIPAA-compliant encrypted email to his registered dietitian nutritionist regarding a recent 7 pound weight gain.

- 98972: A 40-year-old female with newly-diagnosed type 2 diabetes submits an online query through her registered dietitian nutritionist's EHR portal after noticing her morning fasting blood glucose levels were gradually increasing.

E-mail your question to [reimburse@eatright.org](mailto:reimburse@eatright.org) to have it considered for an upcoming issue of the *MNT Provider*.

# Seeking Information on Payment for Nutrition Services?

Whether you operate a private practice or provide medical nutrition therapy services in an ambulatory care setting, you probably have questions about coverage, billing and payment for nutrition services in both traditional fee-for-service and newer value-based payment models. Find your answers, including critical new information on the Medicare Quality Payment Program, the Medicare Diabetes Prevention Program and Alternative Payment Models, on the Academy's website at: [www.eatrightpro.payment](http://www.eatrightpro.payment).



## At-Risk Adults, from page 1

one quarter of adults eligible for the diabetes prevention programming (DPP) express interest in participating, yet few were being referred and fewer still had participated. The study results underscore the need for continued efforts to enhance the program. Noting the high health and economic burden of type 2 diabetes in the U.S., the researchers called for efforts to enhance identification and recruitment of eligible adults from both clinical and community-based settings.

"For certain individuals, type 2 diabetes can be prevented or delayed through diet and exercise, and the National Diabetes Prevention Program's lifestyle intervention is one evidence-based method to help people at high risk to do so," says the study's lead author, Maya Venkataramani, MD, MPH. The Centers

for Disease Control (CDC) created the National Diabetes Prevention Program (NDPP) following a study of a lifestyle intervention conducted by the National Institutes of Health that appeared in the *New England Journal of Medicine* in 2002. To promote the NDPP, CDC later launched a partnership with the American Medical Association that featured an online prediabetes screening test to raise awareness of the National DPP among primary care physicians and boost referrals. Beginning April 2018, Medicare beneficiaries with prediabetes who also have elevated body mass indices ( $\geq 25 \text{ kg/m}^2$  and  $\geq 23 \text{ kg/m}^2$  in Asian populations) have a benefit with coverage for diabetes prevention services. While the payment methodology, billing codes, and requirements for the program under Medicare, known as the

Medicare Diabetes Prevention Program (MDPP), are different than the DPP, core elements are the same.

The DPP and MDPP provide opportunities for nutrition and dietetics practitioners to play an important role in diabetes prevention in health care and community settings. Programs that are suppliers of the MDPP have the potential to facilitate and improve beneficiary access to nutrition care when beneficiaries are diagnosed with diabetes or chronic kidney disease while receiving MDPP services. If Medicare beneficiaries are diagnosed with diabetes during participation in the MDPP, they are eligible to continue receiving MDPP services as well as receive Medical Nutrition Therapy and Diabetes Self-Management Training.

## Updated 2020 MDPP Payment Rates Now Available

On Oct 18, 2019, the Centers for Medicare & Medicaid Services released the Medicare Diabetes Prevention Program (MDPP) Expanded Model payment rates for the calendar year 2020. The 2018 Medicare Physician Fee Schedule final rule stipulated MDPP performance

payments and bridge payment must be adjusted each calendar year. Code descriptions and payment rates in effect for services provided on January 1, 2020 through December 31, 2020 for the 15 MDPP Healthcare Common Procedure Coding System G-codes can be accessed at: [\[bit.ly/2JuCx7N\]\(http://bit.ly/2JuCx7N\). For more information about performance-based payments for the MDPP, visit: \[www.eatrightpro.org/payment/medicare/medicare-diabetes-prevention-program/understanding-the-performance-based-payments-for-the-mdpp\]\(http://www.eatrightpro.org/payment/medicare/medicare-diabetes-prevention-program/understanding-the-performance-based-payments-for-the-mdpp\).](http://</a></p></div><div data-bbox=)

*MNT Provider* (ISSN: 1540-370X) is published monthly for members of the Academy of Nutrition and Dietetics; 120 South Riverside Plaza; Chicago, IL 60606-6995. Telephone: 312/899-0040 Editor: Mara Bujnowski, MAEd, RD, Nutrition Services Coverage.

No article or statement appearing herein may be reproduced in any form without written permission from the publisher. Opinions expressed here do not necessarily reflect the views of the Academy. Advice is general, and readers should seek professional counsel for legal, ethical and business concerns. © 2019 Academy of Nutrition and Dietetics.

Academy of Nutrition and Dietetics