

REGISTERED DIETITIAN

Billing Guide

Target Audience: Provider Type 15 enrolled in Medicaid Fee-for-Service

OVERVIEW

Registered Dietitian services are limited to Medical Nutrition Therapy (MNT) services for the purpose of management of nutrition related to chronic disease states. MNT involves the assessment of an individual's overall nutritional status followed by an individualized course of treatment to prevent or treat medical illness as ordered by a Physician, Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN).

COVERED SERVICES

- Medical nutrition therapy services are covered for recipients diagnosed with diabetes, obesity, heart disease and hypertension. Services must be rendered according to the written orders of the Physician, PA or APRN as part of an individualized treatment plan.
- The service limitation is a combination of four hours for any of the Current Procedural Terminology (CPT) codes listed under Billing Information below for the first rolling year and two hours in subsequent rolling years per recipient.

PRIOR AUTHORIZATION REQUIREMENTS

- Prior authorization is required when the service limitation has been met and recipients require additional
 or repeat training sessions beyond the permitted maximum number of hours of treatment. This can
 occur if there is a change of diagnosis, medical condition, or treatment regimen related to a nutritionally
 related disease state.
- To request authorization, complete form <u>FA-9</u> (Ocular Services or Medical Nutrition Therapy Prior Authorization Request) and use the <u>online prior authorization system</u> to complete/submit required information online.
- Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

BILLING INFORMATION

Registered Dietitian services are limited to the following CPT codes:

Table 1.

CPT Code	Description
97802	Medical nutrition therapy, assessment and intervention; individual, face to face with the patient; each 15 minutes
97803	Medical nutrition therapy, re-assessment and intervention; individual, face to face with the patient; each 15 minutes
97804	Medical nutrition therapy, group, 2 or more; each 30 minutes
G0270	Medical nutrition therapy, reassessment and subsequent intervention(s); MNT subsequent treatment for change in diagnosis; each 15 minutes
G0271	Medical nutrition therapy, reassessment and subsequent interventions; group MNT 2 or more; each 30 minutes
Q3014	Telehealth Services



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RESOURCES AND HYPERLINKS TABLE

Table 2.

Resources / Embedded Hyperlinks	Complete Hyperlinks to Resources / Websites
Medicaid Services Manual (MSM)	http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/
MSM Chapter 100	http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C100/Chapter100/
MSM Chapter 600	http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C600/Chapter600/
DHCFP Website	http://dhcfp.nv.gov/
DHCFP Rates Unit	http://dhcfp.nv.gov/Resources/Rates/RatesDisclaimer/
Provider Web Portal	www.medicaid.nv.gov
Provider Login (EVS and Online Prior Authorization System) Webpage	https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx
EVS User Manual	http://www.medicaid.nv.gov/providers/evsusermanual.aspx
Electronic Billing Information	https://www.medicaid.nv.gov/providers/edi.aspx
Billing Manual (for all provider types)	https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf
Form FA-9 (Ocular Services or Medical Nutrition Therapy Prior Authorization Request)	https://www.medicaid.nv.gov/Downloads/provider/FA-9.pdf
Provider Forms Webpage	https://www.medicaid.nv.gov/providers/forms/forms.aspx