



February 12, 2018

Web Announcement 1524

Reminder: New Provider Type 15 (Registered Dietitian) Established to Provide Medical Nutrition Therapy Services

Reminder to [Web Announcement 1481](#): During the 2017 Nevada Legislative Session, the Division of Health Care Financing and Policy (DHCFP) received approval to establish Registered Dietitian as a new provider type to provide Medical Nutrition Therapy (MNT) services to Nevada Medicaid recipients effective January 1, 2018. DHCFP has submitted the changes to the Centers for Medicare & Medicaid Services (CMS) for review and approval. DHCFP will be able to begin reimbursing the new provider type (PT) 15 for MNT services with dates of service on or after January 1, 2018, after CMS provides the approval. Please see the note below.

[Medicaid Services Manual \(MSM\) Chapter 600](#) has been updated to include the policy, coverage and limitations for MNT.

Please review the following dates and information regarding provider enrollment, billing, prior authorizations and training related to this new provider type:

- Providers may enroll online through the [Online Provider Enrollment Portal](#) as PT 15. The PT 15 Provider Enrollment Checklist has the enrollment requirements and is posted on the [Enrollment Checklists](#) webpage.
- Once enrolled, providers may bill MNT services with dates of service on or after January 1, 2018. Please review the new PT 15 Registered Dietitian Billing Guide for the list of procedure codes and additional information. The Billing Guide is posted on the [Providers Billing Information](#) webpage.
 - **Note:** While PT 15 may submit claims for MNT procedure codes now, the claims will deny until CMS gives DHCFP the approval to pay the claims. These claims that deny with edit codes 0148 (Rendering provider is not certified to perform procedure), 0210 (No pricing segment is on file) and/or 0309 (Services not covered) will be automatically reprocessed for reimbursement after DHCFP receives the CMS approval. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the denied claims will be reprocessed.
- Prior authorization is required to exceed the limitation of four hours for the first rolling year and two hours in subsequent rolling years per recipient. Effective January 15, 2018, providers were able to begin submitting form FA-9 (Ocular Services or Medical Nutrition Therapy Services) to request authorization to exceed the limitation. Retroactive prior authorizations are allowed dated January 1, 2018, through March 31, 2018, provided medical necessity is demonstrated. Authorization requests will not be held to timeliness requirements for these services from January 1, 2018, through March 31, 2018, submission dates. Beginning April 1, 2018, prior authorization submission timeliness requirements will be enforced. Form FA-9 is posted on the [Providers Forms](#) webpage.
- Training will be scheduled to assist providers with the enrollment, billing and prior authorization processes. A future web announcement will provide the locations, dates and times of the training sessions.