



December 15, 2017

Web Announcement 1481

## **New Provider Type 15 (Registered Dietitian) Established to Provide Medical Nutrition Therapy Services**

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 will hold a [Public Hearing](#) on December 21, 2017, to solicit public comment. After the Public Hearing, the changes will be submitted 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](#) is being 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 beginning January 1, 2018. 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 beginning January 1, 2018, 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. Beginning January 15, 2018, providers may submit form FA-9 (Ocular Services or Medical Nutrition Therapy Services) to request authorization to exceed the limitation. Requests for authorization submitted prior to January 15, 2018, will be rejected. 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.