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 FA-9 (Ocular Services or Medical Nutrition Therapy Prior Authorization Request) and use the online prior authorization system 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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ORDERING, PRESCRIBING OR REFERRING (OPR) PROVIDER REQUIREMENTS

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (§455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature:
https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx

Electronic Claims instructions: When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A. For ordered services such as Durable Medical Equipment, use Loop ID-2420E. For detailed information, refer to the 837P FFS Companion Guide located at: https://www.medicaid.nv.gov/providers/edi.aspx

Direct Data Entry/Provider Web Portal instructions: On the Service Detail line enter the OPR provider's NPI in the Referring/Ordering Provider ID field, and select "Yes" or "No" to indicate it if is an Ordering Provider. For further instructions, see the Electronic Verification System (EVS) User Manual Chapter 3 located at:
https://www.medicaid.nv.gov/providers/evsusermanual.aspx

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

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Resources / Embedded Hyperlinks	Complete Hyperlinks to Resources / Websites
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