



## CLINICAL NUTRITION MANAGEMENT SECTION

### AHF Self-Operation Project Team

#### Introduction



AHF is the nation's only non-profit professional organization supporting self-operated healthcare foodservice departments in acute care and senior dining. Directors and managers with managerial roles in foodservice may find themselves in charge of clinical departments or supporting clinical dietitians.

AHF's Self-Operation Team is a committee responsible for assisting self-operated facilities stay self-operated. The committee develops and provides resources, content and reference materials. An "SOS Team" is also available for members needing assistance to stay self-operated, justifying your value, battling a contract threat, or other needs.

The information provided in this section is intended to serve as informational and helpful to the director and managers that are not familiar with clinical dietetics. The information provided is not complete and needs to be paired with a clinical nutrition manager or clinical dietitian that is also a member of the Academy of Nutrition and Dietetics (Academy).

The Academy is a professional association with expertise in all areas of dietetics practice. It is an industry best practice to have a clinical dietitian on your team who is a member of the Clinical Nutrition Management Dietetic Practice Group (DPG). This practice group offers a wealth of information to support the clinical management of your department.

The purpose of this section is to provide a quick resource to important areas of clinical dietetics. It is a compilation from various resources, including resources from the Academy and should not be viewed as original content from AHF. Please reference the Academy website and other resources found in the reference section for further and ongoing information.

We are open to suggestions on improving our tools and resources. If you have any suggestions, please contact AHF staff at [info@healthcarefoodservice.org](mailto:info@healthcarefoodservice.org) and reference the Clinical Nutrition Management section document.



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## Diabetes Self-Management Education and Diabetes Prevention Programs

Medical nutrition therapy (MNT) is covered by Medicare for diagnoses of diabetes, non-dialysis kidney disease, and up to 36 months post kidney transplant when a Medicare beneficiary has been referred by a physician, and when provided by an RDN Medicare Provider. Medicare's medical nutrition therapy benefit allows 3 hours of MNT the initial year of referral and up to 2 hours of MNT for subsequent years. Hours are based on calendar year. Benefit hours cannot be carried over from year to year. New referrals are required yearly for continued MNT benefit.

Additional coverage is available in the same calendar year with a second referral when more MNT is medically necessary. There could be many reasons why individuals may need more care, including but not limited to a change in diagnosis, medical condition or treatment regimen.

Medicare provides a benefit of coverage for diabetes prevention services. The coverage is for a year of in-person structured health behavior change sessions that use a Centers for Disease Control and Prevention approved curriculum. These services may only be provided by programs that are approved Medicare suppliers of the Medicare Diabetes Prevention Program. Opportunity exists for the department to supervise and coordinate the facility's diabetes education program. Facilities are approved as recognized providers of diabetes education by associations as approved by Center for Medicare and Medicaid Services (CMS). The facility must employ a qualified individual that is also a certified diabetes educator. The opportunity for the clinical nutrition manager to coordinate the inpatient and outpatient diabetes education assists with billing opportunities as well as RDN's and other members of the diabetes education team to work at the top of their scope of practice. A well-integrated program will allow for billing using the G codes as well as the MNT codes. The Academy has many references and guides for facilities.

## MNT vs Nutrition Education as defined by the Academy of Nutrition and Dietetics

Medicare has specific definitions for each of the services it approves. These definitions are important for the clinical dietitian, manager and director to have a working



knowledge of practice and implementation. The Academy definitions below are definitions as provided by the Academy of Nutrition and Dietetics.

### **Nutrition Education:**

Reinforcement of basic or essential nutrition-related knowledge.

### **Medical Nutrition Therapy:**

"Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional..." (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.

*Nutrition Counseling:* A supportive process to set priorities, establish goals, and create individualized action plans which acknowledge and foster responsibility for self-care.

### **Medicare MNT as defined by the Academy of Nutrition and Dietetics**

Medical nutrition therapy is covered by Medicare for diagnoses of diabetes, non-dialysis kidney disease, and up to 36 months post kidney transplant when a Medicare beneficiary has been referred by a physician, and when provided by an RDN who is [enrolled as a Medicare Provider](#). Medicare covers 3 hours of MNT the initial year of referral and up to 2 hours of MNT for subsequent years.

Additional coverage is available with a second referral in the same year for a change in diagnosis, medical condition or treatment regimen. Medicare Advantage (Medicare Part C) plans may also offer additional benefits, including coverage beyond these diagnoses covered by traditional Medicare. Registered dietitian nutritionists must become credentialed with each Medicare Advantage (Medicare Part C) plan in order to provide and get paid for MNT to patients enrolled in Medicare Advantage.

MNT resources and forms are available on The Academy of Nutrition and Dietetics professional website. Forms, websites and articles containing additional information about MNT.

- [Medicare Advantage](#)

Medicare Advantage Plans, sometimes called Medicare Part C, Medicare Choice Plans or MA Plans, are health coverage plans offered by private insurance



companies or managed care organizations that contract with Medicare to provide Medicare Part A and B benefits to Medicare beneficiaries.

## Medicare

Becoming a Medicare Provider is important and is best practice for all clinical providers. Insurance providers may require clinical dietitians to have an National Provider Identifier (NPI) number. The Academy of Nutrition and Dietetics encourages all dietitians to have an NPI number and to become a Medicare Provider.

### Reasons for RDNs to Enroll as Medicare Providers per the Academy of Nutrition and Dietetics

- **Participating in Medicare is simpler than you think:** While Medicare rules and regulations may appear complicated, they are more “black and white” than those of private payers and are consistent no matter the state in which you practice.
- **You can help those in need.** While utilization of Medicare MNT services is growing, unfortunately, less than one percent of Medicare beneficiaries who are eligible for MNT services generally receive them (based on 2013 data). By becoming a Medicare provider and marketing your services to referring physicians, the department can make a significant difference in the health of this large and needy population.
- **Seize a huge business opportunity.** There are over 31 million Medicare beneficiaries and this number continues to grow as the baby boomers age. Twenty-eight percent of these beneficiaries have diabetes and 17 percent have chronic kidney disease. This population represents a huge potential market of clients for MNT services.
- **Why turn away business?** If you don’t enroll as a Medicare provider, then you cannot provide MNT services to these individuals unless you formally “opt out” of the Medicare program. Otherwise, you need to turn away the business and send the patients to another RDN who is a Medicare provider.
- **You help pave the way for expanded coverage:** Increasing the pool of RDN Medicare providers paves the way for expansion of MNT coverage by both public and private payers. Dietitians need to demonstrate to CMS that there is an adequate pool of RDN providers to support expansion of the Medicare MNT benefit beyond diabetes and renal disease. Dietitians also need to increase utilization of the current benefit to support expansion efforts. When RDNs do not



seize existing opportunities for coverage of MNT services, it becomes difficult to convince payers that more coverage is needed. And private payers frequently follow the lead set by Medicare when establishing their coverage policies.

- **Translate your value into dollars.** As health care payment moves further towards a pay-for-performance model, opportunities exist for you to demonstrate your value to patients, health care providers, health care administrators and payers by providing MNT services to Medicare patients. MNT services provided by RDNs to patients with diabetes has been proven to improve clinical outcomes and decrease overall costs of care. In the new world of payment, those results translate into dollars for providers and the health care practices with whom they work. Working with the Medicare population can help RDNs secure a role for themselves as a valuable member of the interdisciplinary, patient-centered health care team.

### Fill Out a Medicare Provider Application Online

You can apply directly on the CMS website through the Internet-based Provider Enrollment, Chain and Ownership System or you can print and mail your completed form to a Medicare Administrative Contractor in your state. Use the Academy of Nutrition and Dietetics to find the Medicare Administrative Contractor in your state.

- [Online Medicare enrollment application](#)

### Your Medicare Provider Application

You can download PDF versions of the applications below:

- [CMS 855B: Clinics or Group Practices Application](#)
- [CMS 855I: Physicians and Non-Physician Practitioners \(RDNs\) Application](#)
- [CMS 855R: Reassignment of Medicare Benefits Application](#)

**Note:** Depending on your practice setting and employment relationship, you may have as few as one form to complete (CMS 855I), or more than three forms to complete (CMS 855B, CMS 855I, and a CMS 855R form for each employer to whom you reassign your benefit). For example, if a group of RDs form together as a practice, and the practice has not previously qualified for Medicare Part B services, the CMS 855B form may be required, in addition to the CMS 855I and CMS 855R.

- [Medicare Advantage](#)

Medicare Advantage Plans, sometimes called Medicare Part C, Medicare Choice Plans or MA Plans, are health coverage plans offered by private insurance



companies or managed care organizations that contract with Medicare to provide Medicare Part A and B benefits to Medicare beneficiaries.

### HIPAA as defined by the Academy of Nutrition and Dietetics

RDNs should familiarize themselves with HIPAA regulations to gain an insight into the implications for practice and take prompt action for compliance. RDNs must meet these federal requirements for minimal compliance. Individual states may have regulations that go beyond federal government requirements. Visit the HHS website for [additional HIPAA background information](#) and [HIPAA frequently asked questions](#).

### Overview of HIPAA Requirements for Health Care Professionals

Since April 2003, covered entities, such as health care professionals (including dietetics and nutrition professionals), hospitals, senior living, and clinics have been required to be in compliance with the HIPAA privacy regulations for use and disclosure of patient and client information. The rules require covered entities to:

- Distribute a privacy notice to all patients
- Post the privacy notice in practitioners' offices
- Make a good-faith-effort to obtain the written acknowledgement from the patient of their receipt of the notice
- As requested, allow patients access to their records
- Complete training and train staff to understand and fully implement the privacy requirements.

On September 23, 2013, [sweeping changes to HIPAA took effect](#), resulting in modifications in the way RDNs and other healthcare providers must conduct business to remain compliant.

Additional HIPAA Resources:

- [CMS HIPAA Resources](#) (Note: Resources in this PDF appear on the bottom of page 5)
- [Additional Covered Entity Obligations under HIPAA](#)
- [Medicare Learning Network Medical Privacy of Protected Health Information Fact Sheet](#)

## Referral Requirements for Coverage of Outpatient Nutrition Services

*Please Note: Some resources require login\**



### Billing Resources

#### Resources to learn more:

- [https://www.cnmdpg.org/members/page.cfm?page=reimbursement\\*](https://www.cnmdpg.org/members/page.cfm?page=reimbursement*)
  - *Roadmap to Establishing a Hospital Based Outpatient Nutrition Program*
  - Other resources on payment, coding & coverage
- <https://www.eatrightpro.org/payment>
  - Changes in Healthcare Delivery and Payment
  - Coding and Billing
  - Getting Started-Payment Basics
  - Medicare
  - Smart Business Practice and Management
  - Who Pays for Nutrition Services
- <https://www.eatrightpro.org/practice/practice-resources/telehealth>
  - Information on telehealth
- [www.eatrightstore.org](http://www.eatrightstore.org)
  - *Coding and Billing Handbook: A Guide for Program Directors and Preceptors*
  - *Intensive Behavioral Therapy for Obesity: Putting It into Practice*
  - *Making Nutrition Your Business: Building a Successful Private Practice 2<sup>nd</sup> Edition*
  - *Medicare Part B MNT Resources*
  - *MNT Advocacy (several individual packages or the whole set of handouts)*
  - *MNT Business Practice Tools (several individual packages or the whole set of handouts)*
  - *MNT Provider monthly newsletters (past & present)*
  - *RDNs in the New Primary Care: A Toolkit for Successful Integration*
- <https://adareimbursement.webauthor.com>: Academy Reimbursement Community of Interest
- <https://www.eatrightpro.org/advocacy/action-center/take-action>

### Diagnosis Codes and Procedure Codes

#### Reimbursement/Coverage Information and Resources for RDNs

##### MNT Codes\* & Definitions:

- **97802:** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- **97803:** Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- **97804:** Group [2 or more individual(s)], each 30 minutes.



- **G0270:** Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes.
- **G0271:** Medical Nutrition Therapy reassessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease) group (2 or more individuals), each 30 minutes.

### **Education & Training for Patient Self-Management Codes\*** (from AMA CPT 2006):

- **98960:** Individual patients  
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes.
- **98961:** 2-4 patients or **98962:** 5-8 patients  
Use for community-based cooking classes, grocery store tours to educate consumers on food labels, or wellness nutrition education to prevent or delay diseases such as hypertension, osteoporosis or cardiovascular disease.

\***CPT codes**, or the Current Procedural Terminology codes, are procedure codes that describe the service rendered by the healthcare professional.

**S9470** Nutritional counselling, Dietitian appointment.

Provided by Sandi Morris, RDN, CD, Goshen Hospital, Goshen, Indiana. Sandi Morris is Indiana Academy of Nutrition and Dietetics Reimbursement Representative, 2019.

## Therapeutic Order Writing Privileges

The Center for Medicare and Medicaid Services has enacted final rules to authorize the participation of RDNs in the issuance of therapeutic diet orders in hospitals and long-term care facilities. The hospital and long-term care facility must comply with state laws and facility policies. Most states and facilities have varying regulations therefore, you must consider state laws and facility policies prior to instituting dietitian therapeutic order writing privileges. Each facility is tasked with granting privileges for therapeutic diet order writing. It is suggested the director and clinical nutrition manager work with the appropriate medical staff committee and other medical staff members to implement order writing privileges. RDNs should be able to order nutritional supplements for patients in accordance with state laws and regulations if the authority has been delegated by the attending physician or designee. The goal is for each practitioner to practice at the top of their scope of practice.



Therapeutic order writing was introduced by CMS in 2014 for acute care settings and 2016 for long term care facilities. CMS's intent is detailed as the following: "Our intent in revising the provision was to provide the flexibility that hospitals need under federal law to maximize their medical staff opportunities for all practitioners, but within the regulatory boundaries of their State licensing and scope-of-practice laws. We believe that the greater flexibility for hospitals and medical staffs to enlist the services of non-physician practitioners to carry out the patient care duties for which they are trained and licensed will allow them to meet the needs of their patients most efficiently and effectively."

The Academy has many resources available to members on this topic. Practice and implementation tips are available to guide RDNs. The clinical nutrition manager should be well-versed in dietitian order writing privileges as well as state laws specific to the facility. State dietetic associations will also serve as a good reference for RDNs. Facility legal counsel and/or the facility regulatory compliance officer should be consulted prior to implementation.

## Malnutrition in the Patient Care Setting (Adult and Pediatric)

Registered dietitian nutritionists have the unique opportunity and responsibility to be at the forefront of the prevention and treatment of malnutrition. The Academy of Nutrition and Dietetics has evidence-based tools and resources that will assist RDNs and NDTRs to screen and assess, nutritionally diagnose and treat malnutrition.

### Best Practices

Best practices in each clinical setting will have policies and procedures in place for screening and assessment of malnutrition. These include:

- Utilization of evidence-based nutrition screening tools, such as Malnutrition Screening Toll (MST) (See Evidence Analysis Library)
- The interdisciplinary team, including inpatient and outpatient RDNs, use the same criteria and definitions to characterize and diagnose malnutrition.
- All RDNs as members of the Academy in order to access its valuable malnutrition resources.
- Have at least one RDN as a member of American Society of Parental and Enteral Nutrition (ASPEN) to access their resources.



The Academy of Nutrition and Dietetics has many resources available to clinical dietitians. These are a few of the many resources that are helpful to those researching malnutrition in the clinical setting:

- Evidence Analysis Library
- ANDHII Academy of Nutrition and Dietetics Health Informatics Infrastructure. This resource allows for the tracking and reporting of incidences and prevalence of malnutrition.

Other great resources related to caring for the patient with malnutrition in the patient healthcare setting:

- The Alliance to Advance Patient Nutrition
  - Website: [malnutrition.com](http://malnutrition.com)
- The Malnutrition Quality Improvement Initiative (MQii) provides tools and resources to help your organization improve malnutrition care and subsequently achieve better outcomes.
  - Website: [mqiitoday](http://mqiitoday)
- Coding for Malnutrition in the Hospital: Does it Change Reimbursement?
  - <https://doi.org/10.1002/ncp.10426>. Authors: Jennifer Doley, MBA, RD, CNSC, FAND, Wendy Phillips, MS, RD, CD, CNSC, CLE, NWCC, FAND. Published: 24 October 2019
- [DM&A Nutrition Division](#)
- [DM&A Educational Webinars](#)

### **Additional References:**

- Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition), 2012
- AND/ASPEN Clinical Characteristics That the RD Can Obtain and Document to Support a Diagnosis of Malnutrition
- Room Service Improves Nutritional Intake and Increases Patient Satisfaction While Decreasing Food Waste and Cost, 2017
- Handgrip Strength Assessment: A Skill to Enhance Diagnosis of Disease-related Malnutrition, Dietetics in Health Care Communities, 2018
- GLIM Criteria for the Diagnosis of Malnutrition: A Consensus Report from the Global Clinical Nutrition Community
- Malnutrition Coding 101: Financial Impact and More, ASPEN, 2014



## Coding Hospital Reimbursement for Malnutrition per The Academy of Nutrition and Dietetics

Medicare Part A pays for hospital inpatient stays under the Hospital Inpatient Prospective Payment System using predetermined rates for hospital discharges. Under this system, payment rates vary based on severity-adjusted diagnosis-related groups (MS-DRGs) that are used to describe all types of patients. Patients within each category are similar clinically and are expected to use the same level of hospital resources. Certain diagnoses are designated as a major complication/comorbidity (MCC) or complication/comorbidity (CC) and may result in a higher Medicare payment to account for more intense levels of care and/or longer lengths of stay.

Malnutrition is considered a CC or an MCC, so ensuring it is included in the patient's diagnosis can have an impact on insurance reimbursement. For malnutrition to be diagnosed it must be diagnosed by a physician and coded by the hospital coding team.

For malnutrition to be included in the diagnosis, a physician must designate it as such. In addition, it needs to be:

- Coded by the coding team
- Supported by clinical evaluation (clinical characteristics)
- Have intervention plans in place.

The role of the RDN is to provide the nutrition diagnosis, capture the clinical characteristics, and include the intervention in the nutrition assessment of the patient. Clear communication to the physician is critical for a medical diagnosis. Physicians and providers must document the diagnosis of malnutrition and the plan of care. If the plan of care is not the same as the RDN documentation needs to be provided specific to the discrepancy.

The following ICD-10-CM codes for malnutrition have been designated as either a major complication/comorbidity (MCC) or complication/comorbidity (CC) under the MS-DRG system:

- E43 - Unspecified severe protein-calorie malnutrition (MCC)
- E44.0 – Moderate protein-calorie malnutrition (CC)
- E44.1 – Mild protein-calorie malnutrition (CC)
- E45 – Retarded development following protein-calorie malnutrition (CC)
- E46 - Unspecified protein-calorie malnutrition (CC)



### Nutrition Focused Physical Exam (NFPE)

The NFPE is an important and necessary assessment tool to help dietitians properly assess malnutrition and specific nutrient deficiencies. Best practice would be for all clinical and outpatient dietitians to have extensive hands on training and practice in completing the NFPE in their health care setting. The Academy offers training sessions as well as online training opportunities. NFPE competencies should be conducted annually to ensure ongoing competency levels. The NFPE is within the registered dietitian's scope of practice.

### Clinical Staffing, Compensation and Competency Assessment

A national standard model for determining the number of registered dietitian nutritionists (RDN) necessary to staff the inpatient acute care facilities does not yet exist. The Academy of Nutrition and Dietetics has assisted with two large RDN productivity studies. While these studies are not complete and do not provide an absolute staffing ratio matrix, the studies do provide guidance for clinical nutrition managers and directors.

#### Additional Resource List:

Analyzing Registered Dietitian Nutritionist Productivity Benchmarks for Acute Care Hospitals, June 2019

Inpatient Staffing Needs for Registered Dietitian Nutritionists in 21<sup>st</sup> Century Acute Care Facilities, 2015

### Compensation

The Academy publishes RDN and DTR salary information. The compensation publication is available to academy members and is useful to benchmark your facility's wage scales with national data.

### Competency Assessment

Best practice and regulatory agencies require minimum registered dietitian nutritionist qualifications as well as ongoing competency assessments. Leadership in the department will need to be aware of the processes in place to evaluate clinical competencies for the various services provided. The Academy has tools and resources available to members working in a variety of healthcare settings. The Academy also has scope of practice, code of ethics, standards of excellence and standards of practice to help guide dietitian/nutritionists in the pursuit of remaining competent in their respective duty assignments. Many resources are available at member and non-member pricing at [Eatrightstore.org](http://Eatrightstore.org).



## Clinical Best Practices

### Nutrition Screening and Assessment Policies

Best practice in the acute care and long-term care settings is that each patient is screened for nutritional concerns upon admission. The clinical nutrition manager or clinical dietitians should be able to provide nutrition care relative to best practice for which nutrition screening parameters should be used. The facility needs to have nutrition policies and procedures not only for the nutrition screening but also for the nutrition assessment and follow up resulting from the initial screening. Quality initiatives that encompass nutrition screening and assessment are important to ensure your teams efforts are effective and efficient.