



Proposal to Ohio Medicaid

Request

The Ohio Dietetic Association requests that Ohio Medicaid deem Medical Nutrition Therapy (MNT) a benefit for its enrollees when all of the following criteria are met:

- The client is enrolled in Ohio Medicaid
- The services are prescribed by a physician or other health professional deemed qualified by Ohio Medicaid to do so
- The services are performed by a dietitian licensed by the State of Ohio
- Clinical documentation supports medical necessity and medical appropriateness as referenced by ICD coding
- The location of the services provided is consistent with that of other Medicaid providers with the inclusion of distance (i.e. telehealth) services as approved for other providers
- The services are performed according to the standards of the nutrition care process

The Ohio Dietetic Association requests that Ohio Medicaid issue its policy decision and provides written directions regarding billing codes and procedures to Medicaid providers. ODA also requests that the Office of Medicaid work with the Managed Care groups to include MNT services as well as licensed, registered dietitians to their panel of providers.

Executive Summary

This proposal from the Ohio Dietetic Association (ODA) incorporates outpatient medical nutrition services into the benefits provided by the Ohio Medicaid program. Each part serves as a strategic component with the goals of improving the availability of nutrition services to patients enrolled in the program while leveraging current infrastructure to maximize the opportunity for improved client health and quality of life, overall cost-savings, and successful reimbursement.

Key components of this proposal include the following:

- Current state of medical nutrition therapy services in outpatient settings throughout Ohio
- Recommended Current Procedural Terminology (CPT) codes for outpatient medical nutrition therapy
- Suggested provision of medical nutrition therapy services by International Classification of Diseases (ICD) codes in outpatient settings

Led by a subcommittee of the Ohio Dietetic Association, the proposed plan is expected to deliver these services to all Ohioans enrolled in Medicaid health plans. These services may be delivered under PCMH, Health Home, Fee-for-Service, Medicaid Managed Care, Hospital Outpatient Clinics, School-Based Health Centers, Federally Qualified Health Centers, and Insurance Exchanges.



Background of Outpatient Nutrition Services

Limited availability and fragmented access has been a barrier to individuals receiving outpatient medical nutrition services. Since the beginning of the 20th century, health institution-based dietitians have been commissioned to reduce malnutrition, nutrient imbalances, and food-borne illness in institutions. Services that support these areas of focus are considered necessary by accrediting and public health agencies and are therefore paid for through an institution's administrative budget. At times, these services were extended to individuals beyond their institutionalized period. These services were often paid for by the institution with the exception of those reimbursed through dialysis units, Maternal and Child Health, Bureau for Children with Handicaps, and Women, Infants, and Children.

The swelling of chronic diseases that are induced and / or complicated by the modern diet and lifestyle has added a new focus for medical nutrition care, however, DRG modeled reimbursement to medical institutions at which dietitians are based cannot bear the excess costs of non-reimbursable outpatient services. Private insurance provides some relief through reimbursement but does not adequately sustain these outpatient services.

Reimbursement for outpatient medical nutrition counseling in public sector health plans began to change in 2002 after a consensus report prepared by the Food and Nutrition Board of the Institute of Medicine was published. The report was entitled *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*. The report designated Registered Dietitians to be the unique provider of such a service. Soon after, patients diagnosed with diabetes and chronic renal failure without dialysis, were permitted to seek a service called "medical nutrition therapy (MNT)" under their Medicare Part B benefit. MNT, when provided by a registered, licensed dietitian, allows for two to three hours annually of outpatient nutrition services that focus on altering dietary habits with the intent of reducing diet-induced medical complications. Additional hours may also be approved if a patient's medical status requires.

The U.S. Preventive Services Task Force, an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops treatment for clinical preventive services, has prepared a statement that is expected to change this current state. The panel recommends "intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet related chronic disease." The panel continues, "Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians." (Guide to Clinical Preventive Services 2008) This U.S. panel rated this MNT service as Grade B, which indicates that the panel believes this statement to be true to a high degree of certainty. The Medicare Improvements for Patients and Providers Act of 2008 allowed for additional preventive services given an A or B rating by the US Preventive Task Force. The American Dietetic Association has developed a nutrition coverage determination (NCD) request for coverage of these services, and expansion of Medicare coverage for MNT services may ensue based upon the NCD.

Medicaid programs in several states including Alaska, Texas, North Carolina, and North Dakota, have added outpatient, MNT to their benefit plans. The coverage varies from state to state; however, most provide both pediatric and adult services.



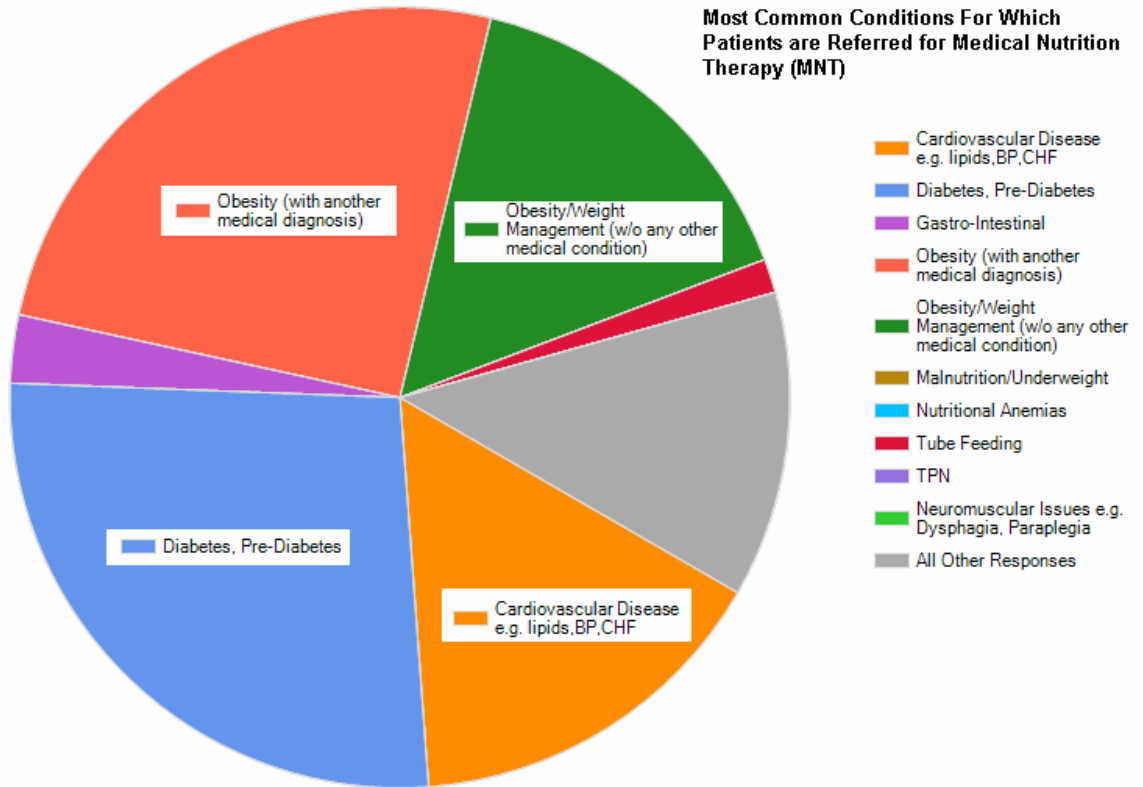
Services Currently Provided in Ohio

A subcommittee of the Ohio Dietetic Association conducted a survey of 32 members of the Ohio Hospital Association to determine the current provision of outpatient services and the reimbursement levels. Although an increasing number of dietitians are based in private practices and community agencies, the majority of clinical dietitians are employed in institutional settings. Based upon this knowledge, the subcommittee assumed that surveying dietitians within health care institutions would provide an accurate picture of all outpatient nutrition counseling provided throughout the state.

Several conclusions were drawn through survey review:

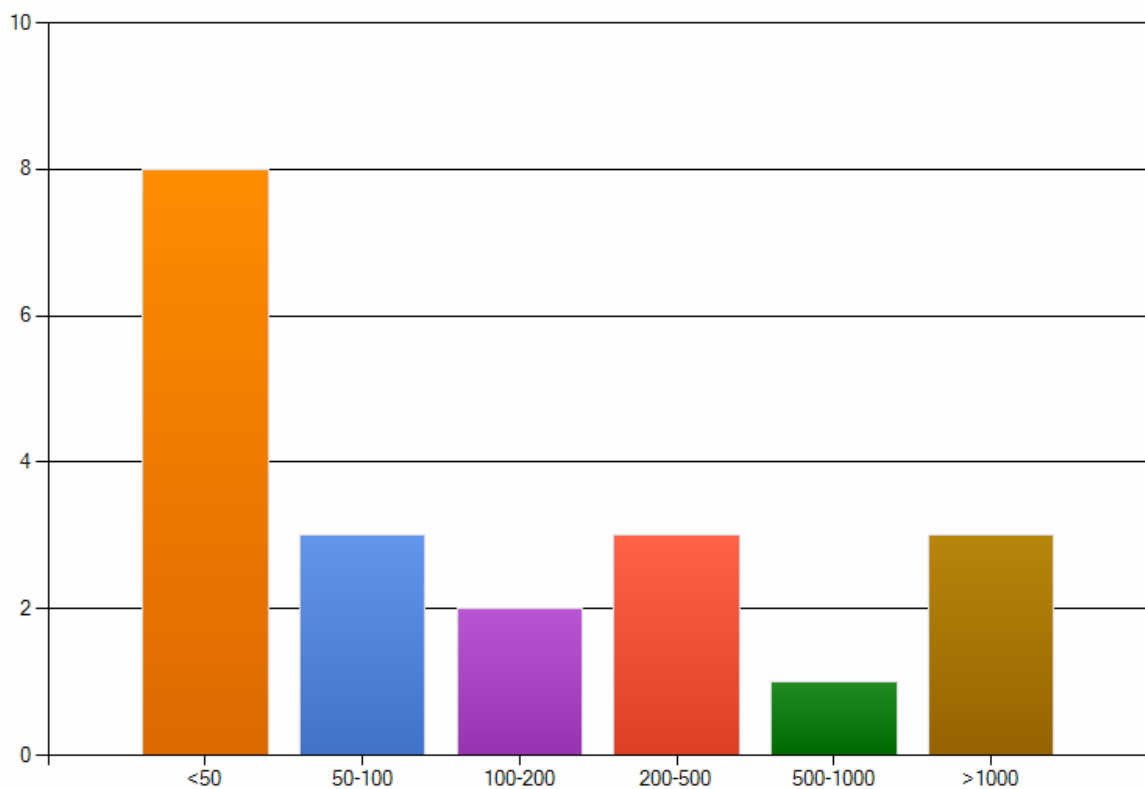
- The majority of Medicaid-insured patients are currently being seen in an outpatient nutrition clinic wherein the dietitians are the only providers of care. There is some evidence of interdisciplinary care for diabetes and gestational diabetes.
- The most common conditions for which a patient is referred for outpatient nutrition counseling are:
 - Diabetes
 - Obesity with metabolic complications (i.e. fatty liver, dyslipidemia)
 - Cardiovascular disease
- Referrals for the following conditions are growing more common:
 - Childhood obesity
 - Gluten intolerance and celiac disease
 - Gestational diabetes

Most Common Conditions For Which Patients are Referred for Medical Nutrition Therapy (MNT)

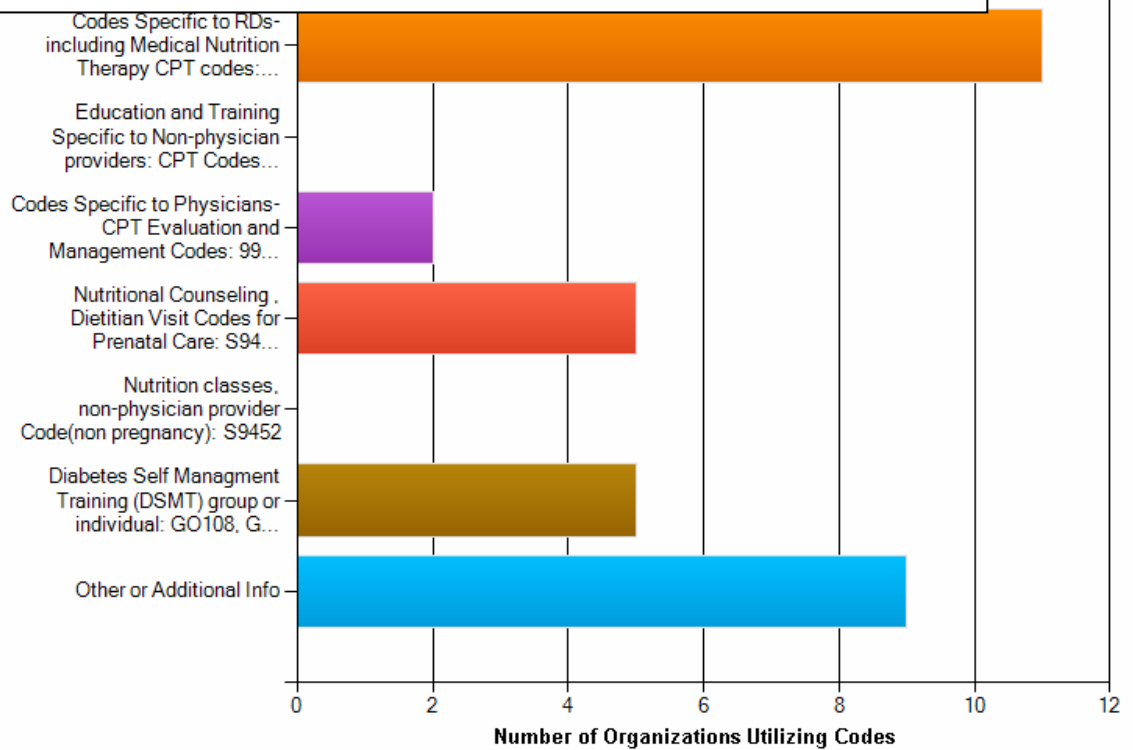




Annual Number of Recipients Seen for Nutrition Services per Organization Surveyed



- Most of the health organizations contacted provide services to fewer than 50 Medicaid-insured patients annually. Concurrently, most Medicaid- enrolled patients receive services at county funded hospitals and community care centers.
- The majority of institutions report that few Medicaid recipients receive outpatient nutrition counseling. The perceived reason for this is because the patients are informed that Medicaid will not reimburse for the service if it is not provided to a pregnant woman.



- Some smaller organizations bill Medicaid using the same MNT codes that they use for commercial insurances and Medicare. Since these codes are not currently recognized by Ohio Medicaid, these organizations were not being reimbursed for the services rendered.
- The institution billing the most patients (over 2000 annually) utilized the evaluation and management codes 99212-99215, listing the RD as the care provider through internal tracking codes. The exception to this was the coding they utilized for At Risk Pregnancy Services.



Explanation of Medical Nutrition Therapy CPT Codes 97802-97804

Medical Nutrition Therapy (MNT) is a process based upon the American Dietetic Association's Nutrition Care Process (NCP). MNT has also been defined by CMS as "nutritional diagnostic therapy and counseling services for the purpose of disease management, which are furnished by a registered dietitian or nutrition professional." NCP involves four steps which are (1) nutrition assessment (2) nutrition diagnosis (3) nutrition intervention and (4) nutrition monitoring and evaluation. A description of each step follows.

Nutrition assessment involves the collection of standard data according to medical diagnosis. The data is categorized as food and nutrition history, biochemical indices, diagnosis, anthropometric measures, and client history of social and medical information.

The *nutrition diagnosis* step is a critical step between nutrition assessment and intervention. The purpose of establishing a nutrition diagnosis is to identify and label a specific nutrition problem that a dietetics professional is responsible for treating independently and for which, if treated with dietary intervention, may resolve despite the medical diagnosis. (International Dietetics and Nutrition Terminology Reference Manual 2011). Examples of nutrition diagnoses may be behavioral, related to nutrient intake, or biochemical in nature.

Nutrition intervention targets the etiology of the nutrition diagnosis. It may involve adjusting the delivery of food or nutrients. Altering the delivery of food and nutrients may be as simple as meal time adjustments or as complex as the initiation of enteral or parental nutrition. Other means of intervention may be nutrition education, nutrition counseling (behavioral), or the coordination of care with other health providers.

Nutrition monitoring and evaluation is the last step in the NCP process. It includes measuring outcome indicators along with their documentation. This process has been generally managed well during inpatient admissions. Outpatient monitoring is less common in part due to a lack of coverage by public and private payers.

The provision of **outpatient** MNT through the NCP process is nationally coded as CPT 97802 (initial, 15 minute unit, face to face) and the last step, nutrition monitoring and evaluation, is coded as CPT 97803 (reassessment, 15 minute unit, face to face.) Group MNT is coded as CPT 97804 (30 minute unit, face to face.) Ohio Medicaid currently accepts only S9470 (individual, nutrition counseling) and S9452 (group) for pregnancies with diagnoses codes V22, V23, and V24.

Recommended Policy for the Provision of MNT

The Ohio Dietetic Association recommends that Ohio Medicaid deems Medical Nutrition Therapy (MNT) a benefit for its enrollees when all of the following criteria are met:

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- The services are prescribed by a physician or other health professional deemed qualified by Ohio Medicaid to do so.



- The services are performed by a dietitian licensed by the State of Ohio.
- The location of the services provided is consistent with that of other Medicaid providers with the inclusion of distance (i.e.) telehealth services as approved for other providers
- Clinical documentation supports medical necessity and medical appropriateness as referenced by ICD coding.
- The services are performed as part of the nutrition care process, allowing for two hours of initial assessment and intervention and two hours of nutrition monitoring and evaluation. Additional services are suggested if requested by the physician.

These MNT services can be provided in a variety of settings, including traditional hospital outpatient clinics, community care centers, school based health clinics, PCMH, Medicaid Health Homes, and home health organizations. To reduce client barriers to access to MNT services, it is recommended that the coding description does not include the supervision requirement now found in some codes for ancillary providers.

The following list identifies the ICD codes for which medical appropriateness is generally accepted. This list is based upon appropriateness for pediatric, adolescent, and adult care. Some diagnoses, however, may be specific to the pediatric population and are so noted in the corresponding description.

Based upon a survey of 32 health facilities in Ohio, it is estimated that MNT referrals for most diagnoses listed will occur at a very low to relatively low volume. Although MNT for many diagnoses will be infrequently prescribed, MNT may be the primary method of treating the disease, and therefore, critical to the medical management of a patient. There are four diagnoses, however, that are expected to support a high volume of referrals for MNT due to the rising prevalence of these diseases in Ohio and the well-accepted use of MNT to manage these conditions. These diagnoses are noted with an asterisk (*) in the following list and include diabetes, hyperlipidemia, gestational diabetes, and obesity. Of particular interest, these diagnoses are also listed as the chronic diseases for which patients will be seen in the Ohio Medicaid Health Homes.

Obesity is one of the diseases for which referral to MNT is common. It is the request of the Ohio Dietetic Association that if MNT for obesity is not a benefit, MNT for its metabolic complications / comorbid conditions (i.e. disorders of lipid metabolism) are a benefit.

Evidence based guidelines for MNT are published by the American Dietetic Association for many disorders, including diabetes, cardiovascular disease, and obesity. These guidelines can be found at www.adaevidencelibrary.com

249	Secondary diabetes
250*	Diabetes mellitus
251	Nutritional marasmus
262	Other severe protein calorie malnutrition
263	Other and unspecified protein calorie malnutrition



264	Vitamin A deficiency
265	Thiamin and niacin deficiency
266	Deficiency of B complex components
267	Ascorbic acid deficiency
268	Vitamin D deficiency
269	Deficiency of vitamin K 269.2 Unspecified vitamin deficiency
270	Disorders of amino acid transport and metabolism
271	Disorders of carbohydrate transport and metabolism
272*	Disorders of lipid metabolism 272.2 Mixed hyperlipidemia
275	Disorders of mineral metabolism
274	Gout
277.7	Insulin resistance
278*	Overweight, obesity and other hyperalimentation 278.00 obesity 278.01 morbid obesity 278.02 overweight (Use V codes V85.21 – V85.4 for BMI classification)
307	307.1 Anorexia Nervosa 307.5 Eating disorder, unspecified 307.51 Bulimia
401	Essential hypertension 401.0 Malignant 401.1 Benign 401.9 Unspecified
402	Hypertensive heart disease 402.0 Malignant 402.1 Benign 402.9 Unspecified
403	Hypertensive kidney disease 403.0 Malignant 403.1 Benign 403.9 Unspecified Fifth digit of (0) to indicate CKD stage I-IV <i>Fifth digit of (1) to indicate CKD stage V (seen in dialysis units)</i>
404	Hypertensive heart and chronic kidney disease 404.0 Malignant 404.1 Benign 404.9 Unspecified Fifth digit of (0) to indicate without heart failure or CKD Fifth digit of (1) to indicate heart failure and CKD stage I-IV <i>Fifth digit of (2) to indicate without heart failure and CKD stage V or end stage</i> <i>Fifth digit of (3) to indicate with heart failure and CKD stage V or end stage</i>
405	<i>Secondary hypertension (seen in dialysis units)</i>
556	Ulcerative colitis
562.11	Diverticulitis without hemorrhage
562.12 & 562.13	Diverticulitis with hemorrhage
564.09	Constipation



564.1	Irritable bowel
579	Intestinal Malabsorption (Includes celiac disease) 579.8 food or milk intolerance
580	Acute glomerulonephritis
581	Nephrotic syndrome
582	Chronic glomerulonephritis
583	Nephritis and nephropathy
584	Acute renal failure
585	Chronic kidney disease 585.1 CKD stage 1 585.2 CKD stage 2 585.3 CKD stage 3 585.4 CKD stage 4 585.5 CKD stage 5 585.6 End stage renal disease 585.9 CKD unspecified
586	Renal failure
587	Renal sclerosis
648*	Pregnant and diabetes mellitus 648.8 Gestational diabetes
693.1	Food allergy
759.81	Prader Willi
765	765.0 Extreme low birthweight 765.1 Low birthweight May add V codes: V21.30 LBW status, unspecified V21.31 LBW, less than 500 grams V21.32 LBW, 500-999 grams V21.33 LBW, 1000-1499 V21.34 LBW, 1500-1999 V21.35 LBW, 2000-2500
783.0	Symptoms concerning nutrition, metabolism, and development 783.0 anorexia 783.11 abnormal weight gain 783.2 abnormal loss of weight 783.21 loss of weight 783.22 underweight, may add V 85.0 to indicate BMI <19 in adult 783.3 feeding difficulty and mismanagement in adult or infant 783.4 lack of expected normal physical development in child 783.40 lack of expected normal physical development in child, unspecified 783.41 failure to thrive, pediatric 783.43 short stature 783.6 excessive eating / appetite 783.7 failure to thrive, adult 783.9 other symptoms concerning nutrition, metabolism and development



Ohio Dietetic Association's Request to Ohio Medicaid

The Ohio Dietetic Association requests that Medicaid issue its policy decision and provide written directions regarding codes and billing procedures to Medicaid providers. ODA also requests that the Office of Medicaid work with the Managed Care groups to include MNT services as well as licensed, registered dietitians to their panel of providers.

ODA looks forward to successfully continuing its relationship with ODJFS and the administrators of the Ohio Medicaid program. We are happy to meet with anyone that would help in implementing our request.

Respectfully submitted,

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