Academy of Nutrition and Dietetics

# MNT Provider

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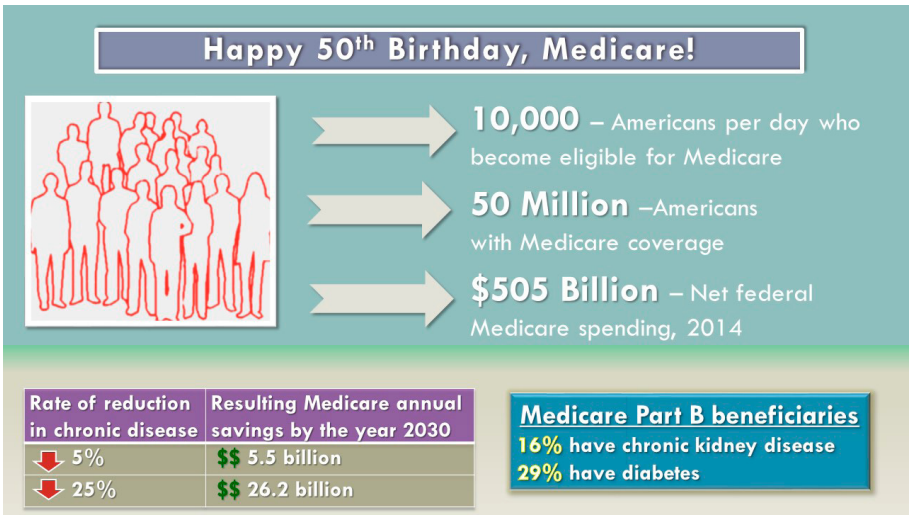
*Your source for practice management news*

## Happy 50th birthday, Medicare!

Prior to July 30, 1965, when President Lyndon Johnson signed the landmark amendment to the Social Security Act into law and gave life to the Medicare and Medicaid programs, nearly half of all seniors were uninsured. Today, Medicare provides coverage for more than 50 million Americans, including adults over the age of 65 and younger individuals living with permanent disabilities. Over the course of five decades, Medicare has grown in complexity and so has the population it services. While Medicare has come a long way since its creation, continued change is necessary if the program is to remain viable.

### Medicare's challenges

Despite its successes, Medicare's original methods of payment were not without flaws. For example, as initially designed, payment incentived overtreatment. Today, Medicare also faces a host of new challenges. As baby boomers are aging into retirement and becoming eligible for Medicare, the number of workers paying taxes to help fund the program continues to decrease. In fact, every day more than 10,000 people become eligible for Medicare. Complicating the issue is the fact that nearly half of the Medicare population has four or more chronic conditions. Chronic conditions account for 58 percent of Medicare spending, according to a report by the Kaiser Family Foundation, "A Primer on Medicare," published in July 2015. Diabetes and heart disease, two chronic conditions that can be positively influenced by care provided by a registered dietitian nutritionist (RDN), can incur huge medical costs, so keeping beneficiaries with these conditions as healthy as possible helps not only the patients, but also Medicare's bottom line and the American economy. A recent study by the Urban Institute found that reducing the rate of chronic disease by just 5 percent would save Medicare and Medicaid $5.5 billion a year by 2030 and reducing chronic disease by 25 percent would save $26.2 billion per year.




## Inside:



### Delivery-system reform

Change in the American healthcare system has arrived and Medicare is driving the reform agenda. The Affordable Care Act (ACA) has accelerated Medicare's role as a national delivery system reform engine, resulting in new initiatives in health care delivery and payment. Through value-based payment systems designed to reward providers for meeting goals of the Triple Aim (a framework developed by the Institute for Healthcare Improvement), Medicare hopes to control costs and revolutionize the way in which medical care is paid for and provided. Those goals, as announced by the Department of Health and Human Services in January of 2015 are: "Better Care, Smarter Spending, and Healthier People."

RDNs and other Medicare providers are already experiencing a piece of this change through the Physician Quality Reporting System (PQRS). PQRS implemented payment adjustments to encourage eligible providers, such as RDNs, to report quality measures. PQRS will see more changes in the future, as the Merit-based Incentive Payment

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## QUESTION CORNER

**Q:** I understand the Centers for Medicare & Medicaid Services (CMS) is offering some leniency on submitting Medicare fee-for-service claims and will accept the use of ICD-10 codes in the correct family of codes for the first year after the ICD-10 transition in order to qualify for reimbursement. Can you clarify what is meant by the correct "family of codes?"

**A:** "Family of codes," as it relates to Medicare fee-for-service claims, refers to the first three characters of an ICD-10 code that identify the code category. Codes within a category are clinically related and provide differences in capturing specific information on the type of condition. For example, category E10 is the family of codes for diabetes mellitus. This category contains a number of specific codes that capture detailed information about Type 1 diabetes mellitus with or without complications:

- E10.___ Type 1 diabetes mellitus
- E10.1 Type 1 diabetes mellitus with ketoacidosis
- E10.2 Type 1 diabetes mellitus with kidney complications
- E10.3 Type 1 diabetes mellitus with ophthalmic complications
- E10.4 Type 1 diabetes mellitus with neurological complications
- E10.5 Type 1 diabetes mellitus with circulatory complications
- E10.6 Type 1 diabetes mellitus with other specified complications
- E10.64 Type 1 diabetes with hypoglycemia
- E10.65 Type 1 diabetes with hyperglycemia
- E10.8 Type 1 diabetes mellitus with unspecified complications
- E10.9 Type 1 diabetes mellitus without complications

Keep in mind claims must contain a valid ICD-10 code and not a category number. In many instances, the code will require more than three characters in order to be valid. For a list of ICD-10 codes for registered dietitian nutritionists (RDNs), visit: http://bit.ly/1NK9zKG.

**Q:** Does this flexibility in the use of family of ICD-10 codes apply to Medicaid and private payer claims also?

**A:** Not necessarily. RDNs should contact their state Medicaid program and/or provider relations

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## Mark your calendar for these important 2015 FNCE® sessions!

Make plans to attend the Academy's 2015 Food & Nutrition Conference & Expo (FNCE®), October 3–6, Music City Center, Nashville, TN, and join us for the following important sessions sponsored by the Academy's Nutrition Services Payment Committee:

### How RDNs Can Partner to Improve Patient Outcomes and Decrease Healthcare Costs

*Sunday (10/4/2015) 3:30–5:00 pm,*
*Music City Center, Room 207*

Speakers: Don Bradley, MD, MHS-CL & Cecilia Sauter, MA, RD, LD, CDE, FAADE

Description: Building effective team-based patient care has been shown to improve patient outcomes and practice efficiency, and decrease health care costs. This session will address the multi-dimensional role of the RDN in the medical neighborhood and highlight successful RDN/MD partnerships. Strategies and business practices to create alliances with MDs and achieve compensation for RDN services in the medical home will be also addressed.

### Taking it to the Max: Increasing RDN Value and Revenue by Practicing at the Top of Your Scope

*Monday (10/5/2015) 1:30–3:00 pm,*
*Music City Center, Room 104*

Speakers: Michael Fleming, MD, FAAFP & Ingrid Knight, RD, LD

Session Summary: The effective use of the RDN skill set can maximize payment potential in a reformed health care system. This session will show how practicing at the top of your scope of practice can expand opportunities for integration into new models of health care delivery and payment for your services. It will review service expansion opportunities and identify codes used for payment. Examples of RDNs practicing at the top of their scope of practice and effectively enhancing revenue opportunities will also be showcased.

For more information or to register for FNCE® 2015, visit: www.eatrightfnce.org/fnce/Attend/.

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department of private healthcare payers to determine if ICD-10 specificity will impact reimbursement under these programs during the first year after the transition to ICD-10 codes. To find out more information about the Medicaid program in your state, visit: www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html.

**Q:** Do my contracts with private payers need to be updated as a result of the ICD-10 transition?

**A:** Maybe. All contracts RDNs have with private payers should be reviewed to determine the impact of transitioning to ICD-10 codes. If the contract includes language specific to ICD coding, RDNs should contact provider relations to determine if the payer will automatically update contracts before the Oct. 1 transition deadline or if a contract revision needs to be facilitated. Keep in mind, the transition to ICD-10 codes is a perfect reason to review your contract with private payers and begin the conversation about the benefits of services provided by the RDN in managing costs and improving patient outcomes. In addition to updating your contract to include coverage for diagnoses using ICD-10 coding, use the opportunity to revisit your contract for expansion of coverage, including coverage for additional CPT codes and services. Be prepared to back your request with data highlighting the effectiveness of services provided by the RDN. Use data from your practice or other resources, such as the Medical Nutrition Therapy MNTWorks® Kit to make your case. For a list of ICD-10-CM Codes for RDNs, visit: http://bit.ly/1NK9zKG. The Medical Nutrition Therapy MNTWorks® Kit is available at: http://bit.ly/1NiflU4 .

**Q.** Will my Medicare claim be denied if I use the wrong ICD-10 code?

**A.** Medicare review contractors will not deny claims billed under the Part B physician fee schedule based solely on the specificity of the ICD-10 diagnosis code for 12 months after ICD-10 implementation, as long as a valid code from the right family is used. A "family of codes" refer to the three-digit ICD-10 category, such as E10 for Type 1 diabetes mellitus (See page 2). A valid code means a code from the family with additional characters to provide specificity, such as E10.9 to indicate Type 1 diabetes mellitus without complications. A valid ICD-10 code is required on all claims starting on October 1, 2015, and diagnosis coding to the correct level of specificity is the goal for all claims.

**Q.** What if I run into a problem with the transition to ICD-10 on or after October 1, 2015, when submitting claims to Medicare?

**A.** The Centers for Medicare & Medicaid Services (CMS) plans to set up a communication and collaboration center for monitoring the implementation of the ICD-10 code set. The goal of the center is to quickly identify and initiate resolution of issues that arise as a result of the transition to ICD-10. An ICD-10 ombudsman will triage provider issues and work closely with representatives in CMS's regional offices to address provider's concerns. As the October 1, 2015, compliance date draws near, CMS will issue guidance for submitting issues to the ombudsman.

## Are you ready for ICD-10? ICD-9 10

The October 1, 2015 ICD-10 implementation date is fast approaching. To help ease the transition to ICD-10 codes, the Centers for Medicare & Medicaid Services (CMS) has developed a series of videos to provide an overview of ICD-10 as well as explain the benefits of the new code set. Available for viewing on the CMS YouTube channel, these videos also provide implementation guidance and coding examples:

- Road to 10
- Introduction to ICD-10 Coding
- ICD-10 Coding and Diabetes
- ICD-10 Coding Basics 01/14/14
- Coding for ICD-10-CM: More of the Basics 12/02/14
- ICD-10 and Clinical Documentation
- Navigating ICD-10, the Provider Perspective
- ICD-10 Roadmap for Small Clinical Practices
- ICD-10 Rural or Urban; It Impacts All Providers

To view these and other ICD-10 transition videos from CMS, visit: http://bit.ly/1Ir15dj.

## Do you have a question for the Question Corner?

E-mail your question to **reimburse@eatright.org** to have it answered in an upcoming issue of the *MNT Provider*.

# Nearing the ICD-10 finish line

Less than two months remain until our nation makes the transition to ICD-10 for coding medical diagnoses and inpatient hospital procedures on October 1, 2015. There is still time to get ready. The Academy of Nutrition and Dietetics Centers for Medicare & Medicaid Services (CMS) is committed to supporting registered dietitian nutritionists (RDNs) in the transition to the new code set. To jumpstart your efforts, begin with the Academy's list of RDN action items to prepare for ICD-10 and create your customized action plan. Become familiar with ICD-10-CM codes for RDNs. These and other ICD-10 Academy resources can be found at http://bit.ly/1NK9zKG. The CMS, vendors, health plans, and hospitals are also good sources for ICD-10 information and training. Don't delay!

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System (MIPS) is rolled out as a result of the Medicare Access and CHIP Reauthorization Act (MACRA.) Beginning in 2019, MIPS will replace three previous incentive programs with a combined value-based payment program that assesses the performance of eligible providers based on quality, resource use, clinical practice improvement activities, and other markers. Department of Health and Human Services Secretary Sylvia M. Burwell has said that by the end of 2018, Medicare aims to link half of all traditional program payments linked to quality. The private sector, which traditionally follows in Medicare's footsteps, is replicating these payment methodologies while also developing their own innovations in service delivery and payment.

## The RDN role

RDNs are in a unique position to impact achievement of Triple Aim goals. Medical nutrition therapy (MNT) provided by an RDN is considered the cornerstone of treatment for numerous chronic conditions plaguing our nation. Not only is MNT linked to improved clinical outcomes, but it has also been directly attributed to reduced costs related to physician time, medication use, and hospital admissions for people with obesity, diabetes, disorders of lipid metabolism, and other chronic diseases. RDNs also bring value to the multidisciplinary team by providing care coordination, evidence-based care, and quality-improvement leadership. As cost-effective providers delivering a positive return on investment, RDNs not only support positive health outcomes but also provide services to key populations designed to reduce the nation's health care spending. As a result, RDNs are poised to take an active role in the changing landscape of health care and improve our nation's overall health.

## A work in progress

Fifty years ago, the United States took a huge leap forward by providing millions of Americans with health security through the Medicare and Medicaid programs. That bold move changed the landscape of health care in America forever. While Medicare has made incremental adjustments to expand coverage and control costs, the program has largely operated as originally designed up to now. Recognizing that the traditional US health care system is not financially sustainable, Medicare is again making major changes, shaping the next 50 years of health care toward cost reduction, outcome improvement, and patient satisfaction. As we wish Medicare happy birthday, we also get ready to say goodbye to the Medicare we have known for years.

To read the white paper, *Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models*, or for a copy of the handout, *Why Adding an RD to Your Practice Team Is Good Medicine*, visit: http://bit.ly/1EbLcA4. For more information about PQRS reporting requirements, visit: http://bit.ly/1No8OXD. To read about emerging health care delivery and payment models, visit: http://bit.ly/1DKZJbh.

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