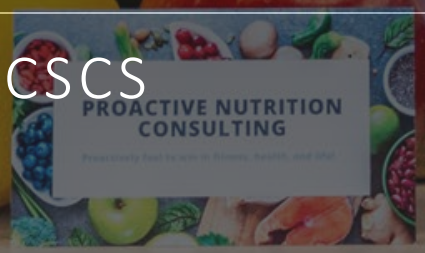
Dietitian's Guide to Insurance and Reimbursement

KIERSTON MILLS, RD, LDN, CSCS



PROACTIVE NUTRITION CONSULTING

About Me

Kierston Mills

Registered Dietitian, NSCA Strength and Conditioning Coach and Owner of Proactive Nutrition Consulting

Education: University of Wyoming Bachelors in Kinesiology and Family and Consumer Sciences Dietetics

Dietetic Internship- Wellness Workdays with a concentration in sports nutrition and entrepreneurship

Why Accept Insurance?

Preventative nutrition counseling is widely covered by many insurance plans.

Dietitians who accept insurance make their services available to clients who may be unable to afford care otherwise.

Dietitians who have moved from self-pay to accepting insurance often see growth in their practices.

Being a provider using a variety of insurance companies increases the number of clients you can see, often at no cost to clients.

Public Insurance

Medicare

- Medicare is a federal health insurance program that provides insurance for US citizens aged 65 and older, as well as those younger than 65 with certain disabilities.
- Medicare covers individuals with diabetes (all types except prediabetes) and kidney disease (except inpatient dialysis) and for three years following a kidney transplant.

Medicaid

- Medicaid provides health coverage to millions of low-income Americans, including eligible adults, children, pregnant women, the elderly, and people with disabilities.
- As dietitians, it's also wise to understand Medicaid coverage, which is administered by states and thus varies state to state.

Credentialing

You'll need:

- Register an LLC through Secretary of State
- Employer Identification Number (EIN)
- A license (if required in your state)
- National Provider Identifier (NPI) through National Plan and Provider Enumeration System (NPPES)
- Professional liability insurance through the AND
- Council for Affordable Quality Healthcare (CAQH) registration

Contracting

Contracting is the process of becoming an in-network provider with insurance companies.

It also establishes the policies and guidelines for filing claims for plan members.

Contracting turnaround can last between 1-6 months

Eligibility and Benefits Check

- Checking to see whether the patient's plan covers nutrition counseling services and any additional diagnosis codes.
- You may be on the phone for awhile…get comfortable.
- Questions to ask your representative
  - ❑ Diagnosis restrictions
  - ❑ Deductible
  - ❑ Out of pocket max
  - ❑ Additional copay or coinsurance
  - ❑ Is a primary care provider referral needed?
  - ❑ Maximum number of visits
  - ❑ Reference number for the call

Filing Claims

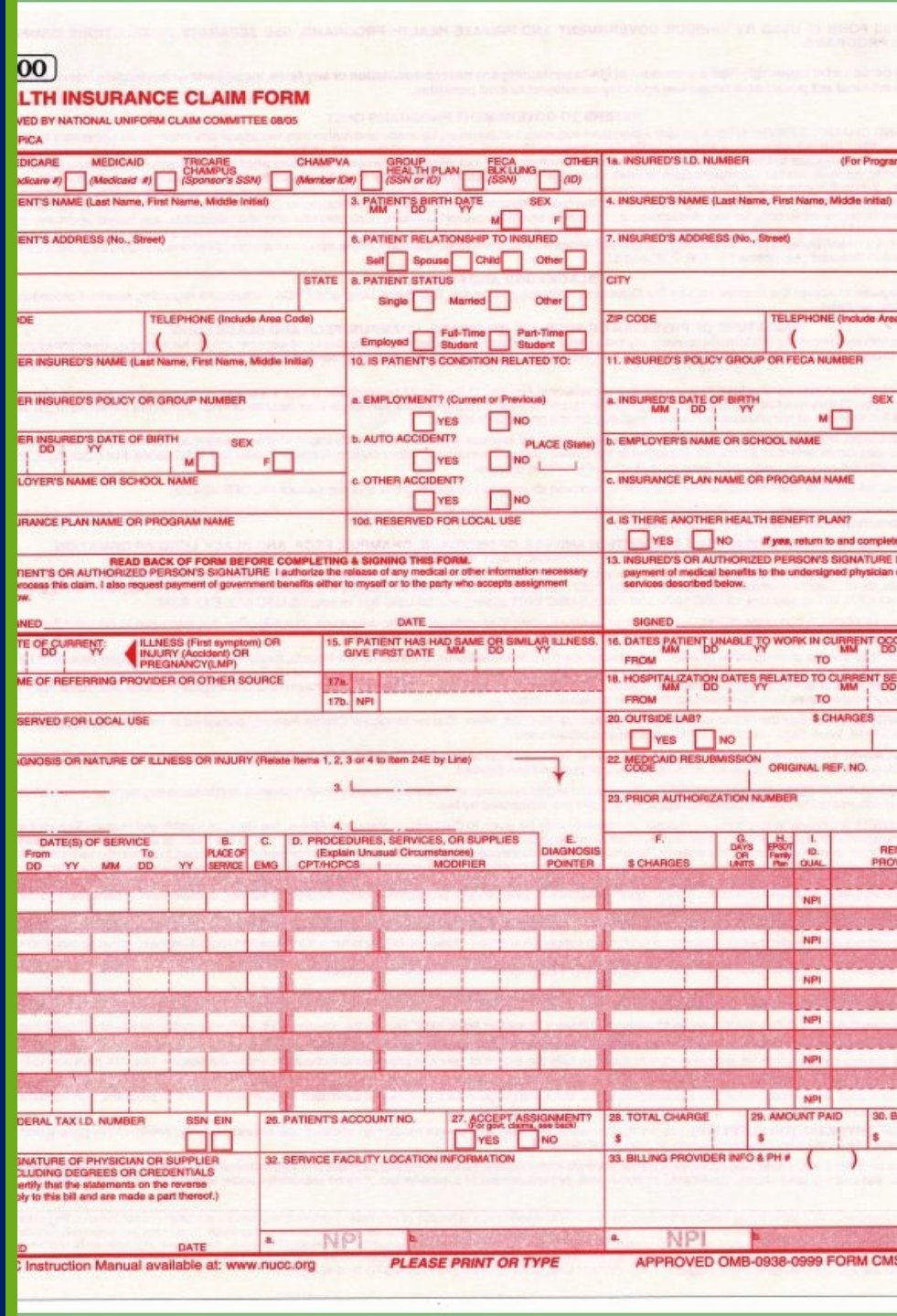
CMS-1500 form

Current Procedural Terminology (CPT) codes

- **97802:** MNT, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- **97803:** reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
- **97804:** group (two or more individuals) visit, each 30 minutes.

Diagnosis Codes (ICD-10-CM)

- Dr. Referral Code first
- BMI ICD code – ex: E66.9 or Z68.25
- Z71.3 for "Dietary counseling and surveillance"; however, all insurance types may not accept this code.
- The Academy publishes a list of codes you're likely to use s a dietitian
- Modifiers, 33 “preventative service”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LTH INSURANCE CLAIM FORM

VED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER

ENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE SEX

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

ENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

Self | Spouse | Child | Other

7. INSURED'S ADDRESS (No., Street)

STATE

8. PATIENT STATUS

Single | Married | Other

CITY

TELEPHONE (Include Area Code)

Employed | Full-Time Student | Part-Time Student

ZIP CODE | TELEPHONE

ER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

ER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous)

a. INSURED'S DATE OF BIRTH SEX

ER INSURED'S DATE OF BIRTH SEX

b. AUTO ACCIDENT? PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

LOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT?

c. INSURANCE PLAN NAME OR PROGRAM NAME

URANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

TIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary

DATE

SIGNED

ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCC

ME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SE

FROM TO

SERVED FOR LOCAL USE

20. OUTSIDE LAB? $ CHARGES

GNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

DATE(S) OF SERVICE From To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	RE PRO
								NPI	
								NPI	
								NPI	
								NPI	
								NPI	
								NPI	

DERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back)

YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. B $

GNATURE OF PHYSICIAN OR SUPPLIER CLUDING DEGREES OR CREDENTIALS ertify that the statements on the reverse ly to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

a. NPI b.

a. NPI b.

DATE

Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS

Getting paid

Dietitians can still set their billable rate, but the insurance company will set the reimbursement rate.

Research what's considered a competitive rate for your geographic location, and when possible, negotiate for a higher reimbursement level from the carrier.

Many RDs find that reimbursement levels are competitive with what they were charging self-pay clients.

It can take anywhere from a few days to a few weeks to receive payment from insurance companies. Payment is either made via paper check or direct deposit.

Denied claims

If a claim is denied, reference your clearing house or call the insurance company immediately and have the following information ready:

- your NPI number
- tax ID number
- patient's name
- date of birth
- member/client ID
- claim ID
- service date of the denied claim

Inquire about the status of the claim and the reason for denial.

Denied claims

Typos

- Perhaps a simple error was made on the form, eg, you accidentally stated the diagnosis code as Z73.1 instead of Z71.3.
- **How to fix it:** Each third-party payer has a different procedure for correcting errors. Contact the carrier to find out their preferred method or consult their website. Then refile a corrected claim.

The Code Isn't a Billable Service

- Essentially, the procedure or diagnosis codes (or both) aren't covered under the patient's plan.
- **How to fix it:** Unfortunately, there's no fix, but this can be avoided in the future by performing an eligibility check as described earlier. Request the client sign your office policy document that includes mention of their financial responsibility to pay you if their insurance doesn't cover services.

The Claim Was Applied Toward a Deductible

- Technically, the claim isn't denied. The insurance company just won't cover the client yet.
- **How to fix it:** An eligibility check can prevent such a surprise by determining how much of the deductible has been met to date. Request the client pay out-of-pocket.

Reimbursement alternatives

Paying out of pocket, or self-pay:	• Dietitians who choose not to accept insurance can request payment from clients in the form of cash, check, or credit card.
Packaged services	• Many RDs are offering a package of services at a discounted cash price.
Health savings accounts or flexible spending accounts	• Offered by a client's employer as part of the client's benefits package • Dietitians are accepting money from these types of sources as a form of payment.
Superbills	• RDs can encourage clients to submit claims for reimbursement on their own if they have out-of-network coverage • This medical receipt should list diagnoses and MNT codes so patients can file with their insurance for direct payment.

Outsourcing

May not be necessary if you are first starting out and repeat the same kinds of claims

- Office Ally
- Availity

Healthy Bytes- manages credentialing, contracting, and insurance reimbursement

Hire a seasoned receptionist when your practice grows large enough

Amy Plano – The Reimbursement Dietitian

https://reimbursementdietitian.com/

40.0 CEU credits approved by CDR for Insurance Coaching Program

Save 10% with code: KIERSTON

Need help starting and growing your nutrition private practice using health insurance?

Working Together

- ✓ Speaking and media engagements
- ✓ Nutrition writing services
- ✓ Grocery store tours
- ✓ Body composition testing
- ✓ General and sports nutrition counseling
- ✓ Disease management and prevention
- ✓ Strength and conditioning

Cigna

WYOMING

Wyoming Department of Health

aetna

UnitedHealthcare

Let's Connect

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