

# RD REIMBURSEMENT: STRATEGIES FOR SUCCESS

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## OBJECTIVES

Participants will:

- Identify how to become a credentialed provider for insurance companies.
- Understand RD billing and office procedures and how to fill out a CMS 1500 Claim Form.

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## PURPOSE OF THE PROGRAM

- To help private practice and interested RDs get insurance reimbursement for their services.
- To help advance our profession – we can make a difference in managing disease and in preventative health care.
- And to eliminate...

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**PROGRAM AGENDA**

- 12 Steps to Reimbursement Success
- Sample Case Study / Filling a CMS 1500 Form
- Question and Answer Session with Panel of Experts

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**12 STEPS TO SUCCESSFUL RD REIMBURSEMENT**



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1. Create an identity
2. Register for a provider number (NPI)
3. Decide location of practice
4. Obtain malpractice insurance
5. Apply for membership in CAQH
6. Apply to contract with insurance companies
7. Develop forms
8. Learn insurance lingo: coding, coverage and referrals
9. Establish business basics
10. Counsel the client
11. Fill out the CMS 1500 Form
12. Submit claim and get paid!

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## 1. CREATE AN IDENTITY



- Name your company
- Get tax id or EIN number online  
<http://www.irs.gov/businesses/small/article/>
- Work with Social Security Number and use your name
- Sole Proprietorship vs. Limited Liability Corporation (LLC)

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## 2. NATIONAL PROVIDER INDICATOR NUMBER (NPI)

- Register for a 10 Digit number used to recognize the provider on all claims and transactions (effective May 23, 2007)
- Applicable to all providers
- Lasts indefinitely
- NPI needed on claim forms to get paid for MNT
- <http://nppes.cms.hhs.gov/NPPES/Welcome.do> or call 800-465-3203 to request paper application

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### 3. DECIDE LOCATION TO PRACTICE

- Where will you practice?
  - Providers need to identify practice location on claim form
- Home office
- Travelling RD
- Lease space



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### 4. OBTAIN MALPRACTICE INSURANCE

MARSH



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### 5. APPLY FOR MEMBERSHIP in CAQH

- CAQH-Council for Affordable Healthcare
  - Apply via universal provider data source
- Non-profit alliance of affordable health care plans
- Promotes interaction between plans and providers

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### CAQH - UNIVERSAL PROVIDER DATA SOURCE

- Application Database [www.caqh.org](http://www.caqh.org)
- Need to provide education, practice info, malpractice info, references, license #, npi #, liability insurance, work history
- Must apply to individual insurance companies but can direct insurance companies to CAQH database.

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### 6. APPLY TO CONTRACT WITH INSURANCE COMPANIES

- Find out what companies reimburse RDs in your area
  - PA: Medicare, IBX, Aetna, United Healthcare, Cigna
- Inform companies you would like to provide for that you are a registered with CAQH/request application
- Credentialing process takes time

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### CONTRACTED AND CREDENTIALLED

- Inquire about reimbursement rate-varies policy to policy and demographically
  - Will receive welcome packet with ID #'s, taxonomy code
- Will be assigned network coordinator for insurance company

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**7 . DEVELOP FORMS TO HAVE IN PLACE**

- HIPPA CONTRACT for your practice
  - (refer to eatright.org/reimbursement)
- Insurance Coverage Form
- Consent Form for Release of Information
- Cancellation Policy




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**8. LEARN INSURANCE LINGO**  
 CODES, COVERAGE , REFERRALS

- CPT (Current Procedural Terminology) or Procedure Codes
- ICD9/Diagnosis Codes
- Needed on CMS 1500 Claim Form

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**CPT CODES**

- Numbers assigned to every task and service a medical practitioner may provide to a patient.
- Used by insurers to determine the amount of reimbursement that a practitioner will receive by an insurer.
- RD-limited amount of CPT Codes

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### MOST COMMON MNT CPT CODES

- 97802-MNT initial assessment and intervention, individual, face to face, each 15 minutes
- 97803-MNT, reassessment and intervention, individual, face to face, each 15 minutes
- 97804-MNT, 2 or more individuals, each 30 minutes

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### ICD-9 DIAGNOSIS CODES

- ICD-9-CM or the International Classification of Diseases, Ninth Revision, Clinical Modification is the current code set.
- Official code set used for tracking disease/conditions incidence in all health care settings in the US
- ICD-10 will be implemented October 1, 2013

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### COMMON NUTRITION ICD-9 CODES

- Diabetes Mellitus. Type 2 250.00
- Diabete Mellitus Type 1 250.01
  
- Hyperlipidemia 272.00
- Morbid Obesity 278.01

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## REFERRALS

- Some policies require that you have a physician’s referral for a nutritional consult
- Most HMO’s will require a “prior authorization request”
  - last about 3 months




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## REFERRALS (CONT.)

- Can be paper or electronic
- Referral Checklist:
  - Patient’s Name
  - DOB
  - Medical necessity for MNT
  - Diagnosis Code (highest level of specificity)
  - Diet Prescription
  - Physician’s Name and NPI number
  - Labs
  - Secondary Insurance(if available)

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## COVERAGE AND REFERRALS

- Calling the insurance company
- Date and time of call
- Name of representative you speak with
- Is this policy active?
- Does the patient have benefits for Procedure Codes
- Is there a deductible, copay, limit to number of visits, limit to length of visits(units)




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**VERIFYING COVERAGE**

- Initial Telephone Data Sheet
  - Get insurance info
  - Check coverage
  - Does the patient policy need referral for nutrition counseling?

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**COVERAGE: LIMIT OF VISITS AND UNITS**

- Some policies have a limit to the number of nutrition visits covered under the policy
- Some policies have a limit to the number of units covered under the policy




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**9. ESTABLISH BUSINESS BASICS**

- Copayments, Coinsurance
- Coverage – Limit of visits or Units
- Non-billable Time: Maximize time and cash flow
- Accounting-Programs to track profit/loss, claims
- Patient Statistics-track trends




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### COPAYMENT

- The fixed dollar amount which is due and payable by the member at the time a service is provided.

(Example \$25.00)




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### COINSURANCE

- The sharing of charges by the insurance company and the patient for covered services received, usually stated as a percentage of the allowed amount after the deductible has been satisfied.

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### NON-BILLABLE TIME

Consider non-billable time...

- System of patients filling out portions of assessment questions prior to entering the room with the dietitian( email nutrition history info and initial insurance form).
- System of partial documentation during patient visit

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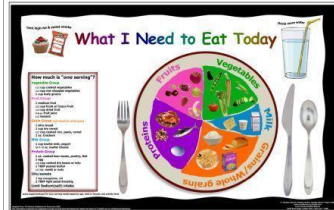
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### 10. COUNSEL THE CLIENT

- Document Date, start time, and end time



- Chart using NCP Process

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### 11. BILL USING THE CMS 1500 FORM

- Bill for Procedure Codes Using Units-individuals billed in 15 minute increments referred to as “units”
- A unit is the actual time spent face to face with the patient (does not include time spent filling out forms).
- Paper vs. Electronic Billing
- Be Timely
- Denied Claims and Resubmitting “Corrected” Claims

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### FILLING OUT THE CMS 1500 CLAIM FORM



← THIS IS WHAT A TYPICAL CMS 1500 CLAIM FORM LOOKS LIKE

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## 12. GET PAID

- Takes about 2 weeks once established provider
- Will receive check from insurance provider
- Apply problem solving techniques to handle denied claims



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## CASE STUDY SAMPLE/

### PREVISIT:

- Referral in place if needed
- Verification of coverage

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## PATIENT VISIT

- Consent Form/HIPPA Notice Signature
- Medical Record Release Form
- Insurance Form
- Copy Photo ID and Insurance Card Front and Back
- Ask if any changes in Insurance Coverage
- Counsel Patient
- Chart using NCP/ Note Start and Stop Time

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## FILING THE CLAIM

- CMS 1500 is the general form used
  - Can purchase at office supply store such as Staples
- Purchase programs on-line
  - Medisoft: <http://medisoft.com>
  - Lytec: <http://www.lytec.com/>
  - Claims only: <http://www.ezclaim.com>

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## FILING THE CLAIM: CMS FORMAT HINTS

- Do not use dollar signs, decimals, or punctuation
- Use 10 or 12 pitch characters and standard dot matrix fonts
- Do not use titles(Dr., Mr., Mrs., Rev.,) as part of the beneficiary's name
- Ensure data is in the appropriate field and does not overlap into another
- No italics or script
- Use an individual's name in the provider field, not a facility or practice name

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## BILLING THE INSURANCE COMPANY: Billing Rate vs. Reimbursement Rate

- Bill the insurance company your usual and customary charges
- All insurance agencies will be billed the same fee for ALL recipients who receive the same service from you
- Familiarize yourself with each insurance companies reimbursement rate
- Review claim carefully prior to submission

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Final Thoughts...

- Patience and Persistence
- Use ADA Online Resources
- Network with Private Practice RD's that Provide MNT for Insurance Companies

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**FINAL THOUGHTS & QUESTIONS**



**THANK YOU FOR YOUR TIME!**

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