The Registered Dietitian In Private Practice:
GETTING STARTED

INTRODUCTION TO MNT REIMBURSEMENT

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TODAY'S MENU

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- **What does it mean to be in the network?**
- **The application process**
- **Insurance carriers currently accepting RD's in their networks**

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MANAGED CARE NETWORKS

To participate or not to participate?

- If you choose not to participate in a network, the patient pays out of pocket for your services.

- If you choose to participate in the network, you must submit an insurance claim to the carrier for payment.

What does it mean to be in the network?

- Participating in a managed care network means that you have a contractual agreement to accept a negotiated fee as payment for your services.

- Patients in a network that you participate with are only responsible for their copay and you (by contractual agreement) do not balance bill the patient.

- However, participating with a particular insurance carrier **does not guarantee payment for your services**. Because each patient's insurance policy differs, some policies allow for RD services, while other do not.

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The application process

- If you decide that you would like to participate with a particular network, phone the insurance carrier and request an application.

- Complete application in its entirety. You may also complete the application online through the CAQH website. Be sure to include a copy of your curriculum vitae, degrees, certificates, ADA card, and your malpractice insurance.

- **Make a copy of your application for your own record!**

- Follow up with the insurance carrier every 2-4 weeks.

- It should take approximately 3-9 months to officially get into the network.

*Insurance carriers currently accepting RD's in their networks**

Oxford/United Healthcare
Aetna US Healthcare
Cigna
Horizon Blue Cross Blue Shield
Medicare
One Health Plan
Well Choice
Amerihealth

* *there may be others, as well – these are just a few*

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GETTING STARTED IN PRIVATE PRACTICE

Patient Information Sheet

- Every patient must complete the information sheet, regardless of his or her insurance.

- Your information sheet should include the patient's full name, address, home telephone number, date of birth, social security number, referring physician, insurance information, and medical release waiver. (The medical release waiver is very important because it gives you permission to release confidential medical and personal information to insurance carriers and MD's. This waiver ensures your compliance with HIPPA.)

Payment Waiver

- In the waiver, the patient is agreeing to financial responsibility for your services in the case that their insurance policy does not cover medical nutrition therapy.

Insurance Cards

- Always be certain to obtain a copy of the front and back of the insurance card.

Referrals

- HMO plans require referrals from the primary care physician.

- PPO plans require no referrals.

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CODING FOR YOUR SERVICES

What is a superbill?

- A superbill is a guide to coding for your services. It is the "middle-man" between your progress notes and the insurance claim.

- It includes the patient's name, date of birth, date of service, procedure code, and diagnosis code.

Procedure Codes: MNT vs. E & M

- MNT – medical nutrition therapy codes
- These codes were created specifically for registered dietician services.
- These codes include: 97802- initial visit *
97803- follow-up visit *
  * *billed in 15 minute units i.e. 1 hour visit = 4 units*

- E & M- evaluation and management codes
- For insurance carriers that do not recognize MNT codes, you must use Evaluation and Management Codes codes.
- These codes include: 99245 – initial consultation
99244
99243…
99205- new patient visit
99204
99203…
99215- follow-up visit
99214
99213…

**I highly recommend that you purchase the CPT coding book for procedure code criteria every year. (It is under $ 100) You may also research the codes online free of charge*

Diagnosis Codes

- Diagnosis codes define the patient's medical condition – simply stated, the reason why you are seeing the patient.

- I strongly suggest you purchase the ICD-9 Easy Coder. It is a great reference to have on hand when you are billing for your services.

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BILLING FOR YOUR SERVICES

Methods of Billing

- The patient will pay you at the time of service if you do not participate with their insurance.

- If you participate with the patient's insurance carrier, you will have to complete a HCFA 1500 form and send to the carrier for payment.

Completing a HCFA 1500 form

- The form should include the name and address of insurance carrier, ID number of the insured, the name and address of the patient, the name and address of the insured, "signature on file," the referring physician, the diagnosis code(s), date of service, procedure code(s), your charge for the service, the number of units, your tax ID number, your typed name and date, and your practice location information.

Paper vs. Electronic Claim submission

- Paper claim = HCFA 1500 form

- Electronic submission of insurance claims …
- It is more efficient, but more expensive than paper submission
- It entails purchasing software that connects you to a vendor who will transmit your claim information in insurance-carrier-friendly format to the carrier.
- While paper submission will have you paid in 4-6 weeks, electronic submission will have you paid in 2-4 weeks.

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REIMBURSEMENT FOR YOUR SERVICES

Understanding an Explanation of Benefits

- The EOB is what you will receive from the carrier along with your payment.

- This record includes the patient's name, ID number, date of service, procedure code(s), billed amount, allowed amount, payment amount, write-off amount, and patient responsibility.

Rejected Claims

- Often times, the insurance carrier rejects claims in error.

- If your claim is rejected, immediately call the carrier. 95 % of the time, they will reprocess your claim and forward payment to you.

- Otherwise, a claim may be rejected due to missing information on the HCFA 1500 form or errors such as the wrong ID number, date of service, date of birth, etc. It is pertinent that claims are submitted carefully and correctly in order to receive prompt payment.

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If you have any further questions, or would like another copy of this packet, feel free to contact me:

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