

Academy of Nutrition and Dietetics 2013 CPT (Procedural) Coding Survey

Dear Survey Participant,

Thank you for agreeing to participate in the Academy of Nutrition and Dietetics 2013 CPT (Procedural) Coding Survey. You have until October 7, 2013 to complete the online survey.

The online survey includes 43 questions. We estimate that the survey will take, at most, about 20-30 minutes to complete. The actual number of questions that you will answer may be fewer. Based on your responses, the survey will automatically skip questions that are not relevant to your typical practice situation.

The survey data will remain confidential and analyzed only in aggregate form. The survey findings will help the Academy assess CPT coding practices and payment patterns for MNT services from RDN (RD) providers in multiple geographic, ambulatory and/or acute care practice settings.

All RDNs (RDs) who complete the survey will be entered into a drawing for an iPad Mini, a one-year subscription to Netflix, or a \$25 Amazon gift card.

We appreciate your participation in this survey, and look forward to continued collaboration. If you have questions, please contact Marsha Schofield, MS, RD, LD, Director of Nutrition Services Coverage, at mschofield@eatright.org or 1-800-877-1600 ext. 4787.

Thank you,
Jaime Lynn Lewis, RD, LDN
Coding & Coverage Committee Chair

Please read the following instructions carefully before you start answering the questionnaire.

1. The survey should be completed online. It will not be possible to incorporate mailed responses into the aggregate data analysis process.
2. While some questions request demographic information, the majority of the questions involve listing a response based on the nature of your practice and your specific coding and claims processing procedures when MNT services are provided.
3. Please consider your claims data. Estimate the values as accurately as possible
4. It may be helpful to print out the survey prior to answering the questions so you can gather the information requested prior to completing the survey. Remember that this version will contain all 43 questions, which may not all apply and may be skipped by the electronic version, based on your answers to previous questions. The survey can be printed from <http://downloads.eatright.org/documents/mnt/2013-Coding-Survey.pdf>.
5. It may also be helpful to print out the definitions of words used in the survey, available at <http://downloads.eatright.org/documents/mnt/Definitions-for-2013-Coding-Survey.pdf>.
6. For your convenience, you may start and stop the survey at any time. You do not need to complete the survey in one sitting. If you click on "exit the survey" (upper right-hand corner of screen) after completing several questions, you can then log back on to the Internet site to complete the remaining questions. To return to the survey, you must re-enter from the same computer.
7. Questions marked with a * are required. You will see a small message saying that the question requires an answer if you try to move to the next page leaving a required question blank.

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Please provide your first and last name

First name

Last name

***Please provide your RDN (RD) number**

RDN (RD) number

Indicate the zip code where your primary place of practice is located (e.g., clinic, outpatient, private practice, inpatient facility). List only ONE zip code.

Zip code

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Which options describe your area of practice? Choose all that apply

- Business and Industry
- Clinical Nutrition
- Communication/Publications
- Community Nutrition
- Consult and Private Practice
- Culinary
- Diabetes Care
- Education
- Food and Nutrition Mgmt
- Gerontology
- Hunger/Environmental Nutrition
- Integrative and Functional Nutrition
- Long Term Care
- Nutrition Support
- Oncology
- Other
- Pediatrics
- Policy and Advocacy
- Renal nutrition
- Research
- School Nutrition
- Sports Nutrition
- Vegetarian
- Weight Management
- Wellness/Prevention

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***In your current practice, do you provide medical nutrition therapy (MNT) or supervise other RDNs (RDs) who provide MNT services in a clinic, hospital outpatient, physician office, or private practice setting?**

- Yes, I provide MNT services directly to patients/clients and do not supervise RDNs (RDs) who provide MNT.
- Yes, I provide MNT services directly to patients/clients and supervise RDNs (RDs) who provide MNT.
- Yes, I am a clinical nutrition manager supervising RDNs (RDs) who provide MNT but I do not directly provide MNT.
- None of the above

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Do the RDNs (RDs) on the staff you supervise have national provider identification (NPI) number(s)?

- Yes
- No
- No, we use a facility NPI
- I don't know

Please note that for the remainder of the survey "you" refers to your facility/practice and the RDN (RD) staff you supervise, not you as an individual.

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Estimate the average number of hours in a typical week that you provide outpatient nutrition services (exclude hours involved with inpatient acute care).

- 0-20
- 21-40
- >40

Estimate the average number of individual patients, new and follow-up, that you see in a typical week.

Number of patients

Indicate the type of NPI under which you bill for services. Choose all that apply

- Personal
- Other (employer, facility, solo/group practice etc.)
- I don't use an NPI
- I don't know

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Indicate your primary employment status:

- Self-employed (you receive a 1099)
- Employed by others (you receive a W-2)

Are you or RDNs (RDs) you supervise providing MNT services in any of the following settings? Check all that apply or leave blank for none.

- PCMH (Patient Centered Medical Home)
- ACO (Accountable Care Organization)
- FQHC (Federally Qualified Health Center)
- Telehealth

Do you (or the RDNs or RDs you supervise) have professional malpractice insurance coverage?

- Yes, I carry my own malpractice insurance
- Yes, my employer has told me I am covered under their policy
- Yes, I have both my own coverage and coverage through my employer.
- No
- I don't know

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Indicate the practice setting that BEST matches where you provide and/or supervise the provision of OUTPATIENT MNT services the majority of the time . Choose only ONE option. If none of these options are applicable, select "OTHER" and write the practice setting in the text box.

- Private practice
- Ambulatory care facility (e.g. clinic, physician's office)
- Managed care outpatient setting office
- Wellness center or health club
- Home health agency
- Community or public health program
- Acute-care facility (outpatient clinic)
- Assisted living facility
- Government agency or department

Other (please specify)

How many years (estimate) have you or your institution been charging for OUTPATIENT/client nutrition visits including MNT (exclude inpatient acute care charges)? If you do not know or do not charge, enter 0.

Number of years

If you entered 0 above, select the reason.

- Do not charge
- Do not know how long we have been charging

What practice management procedure(s) do you use when billing patients/clients for your services? (Check all that apply)

- Use an internal billing department
- Self bill; paper
- Use billing service(s)
- Self bill; electronically
- Provide patient/client with superbill

Other (please describe)

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***Are you or the RDN (RD) staff you supervise who provide OUTPATIENT MNT services, a Medicare provider(s)?**

- Yes
- No
- I don't know

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PQRS--Program under Medicare where providers can report quality measures on their patients and earn incentive payments (in the future, payment reductions)

Do you report Physician Quality Reporting System (PQRS) measures?

- Yes
- No
- I don't know

Why aren't you (or the RDN or RD staff you supervise) a Medicare provider? Check ALL that apply

- Employer won't allow it
- Employer says don't need to become a Medicare provider
- Don't know how to become a Medicare provider
- The reimbursement rate is too low
- "Opted out" of Medicare
- Provide MNT to Medicare patients for diagnoses not covered by Medicare, so do not need to be a Medicare provider number
- Do not provide MNT to Medicare eligible patients

Other (please specify)

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***When you, or your RDN (RD)/licensed nutrition professional staff provide patient services in a clinic/OUTPATIENT setting or private practice, do you use the MNT CPT codes (97802, 97803, 97804)?**

- Yes
- No
- I don't know

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Why don't you or the RDN (RD) staff you supervise use MNT CPT codes? Check ALL the reasons that apply.

- Not aware of them; don't know what they are
- No one ever told me to use them
- The MNT CPT codes do NOT describe the service(s) provided
- The reimbursement for the MNT CPT codes(s) is too low
- Other codes are reimbursed at a higher amount
- Someone else (e.g. billing department, state, insurance company) determines the codes; no control over what they choose
- The claims are denied when an MNT procedure code is used
- Do not bill insurance plans

Other (please specify)

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Estimate the average face to face time spent providing services for each of these MNT codes, if used.

Average time

Estimate the average face to face time spent providing 97802 MNT Initial Assessment, each 15 minutes

Estimate the average face to face time spent providing 97803 MNT Reassessment Intervention, each 15 minutes

Estimate the average face to face time spent providing 97804 MNT Group, each 30 minutes

If you selected greater than 120 minutes above, indicate the code and estimate the average amount of time spent

Estimate the average face to face time spent providing services for each of these G codes, if used.

Average time

Estimate the average time spent providing G0270 MNT Reassessment and Subsequent Intervention, individual, each 15 minutes

Estimate the average time spent providing G0271 MNT Reassessment and Subsequent Intervention, group, each 30 minutes

If you selected greater than 120 minutes above, indicate the code and estimate the average amount of time spent

If you provide group MNT, estimate the size of your average group. Enter 0 if you do not provide group MNT

Average group size

What activities are typically included when providing face to face MNT services? Select all that apply.

- Assessment: Food/nutrition related history (includes medication review)
- Assessment: Review and/or collect Biochemical data
- Assessment: Review medical tests and procedures
- Assessment: Anthropometric measurements
- Assessment: Client History
- Intervention: Food and/or nutrient delivery
- Intervention: Nutrition Education
- Intervention: Nutrition Counseling
- Intervention: Coordination of Care
- Monitoring/evaluation
- Documentation

***Do you bill for your services using any other CPT codes?**

- Yes
- No
- I don't know

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**Do you bill using any of the following procedure codes when providing MNT services?
Check all that apply.**

- 99205 moderate to high severity NEW patient, typically 60 minutes
- 99214 moderate to high severity ESTABLISHED patient, typically 25 minutes
- 99215 moderate to high severity ESTABLISHED patient, typically 40 minutes
- 99441 Telephone service provided to an established patient; 5-10 minutes
- 99442 Telephone service; 11-20 minutes
- 99443 Telephone service; 21 - 30 minutes
- 99444 Online services using Internet or similar electronic communications network
- 98960 Education and Training, each 30 minutes, individual
- 98961 Education and Training, 2-4 patients
- 98962 Education and Training, 5-8 patients
- S9470 Nutritional Counseling, dietitian visit, non-Medicare

Other (please specify)

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"Incident to" refers to services performed by the registered dietitian nutritionist but billed under the physician's NPI

***Do you ever bill MNT as "incident to" physician services?**

- Yes
- No
- I don't know

What codes do you use for "incident to" billing?

- 99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
- 99404 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- G0447 Face-to-Face Behavioral Counseling for Obesity, 15 minutes
- G0446 Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes
- G0438 Initial Annual Wellness Visit
- G0439 Subsequent Annual Wellness Visit

Other (please specify)



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Patient diseases/conditions

Answers must sum to 100%

What PERCENT of your patients present with 0-1 diseases or conditions?

What PERCENT of your patients present with 2-3 diseases or conditions?

What PERCENT of your patients present with 4-5 diseases or conditions?

What PERCENT of your patients present with 6 or more diseases or conditions?

Of the patients/clients that you see, for what percentage do you provide a NUTRITION ASSESSMENT/EVALUATION only (for example, pre-bariatric or transplant surgery)? If you never provide this service, enter 0.

% of patients/clients

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***Do you bill third-party payers (ex Medicare, private insurance etc)?**

- Yes
- No
- I don't know

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Estimated payer mix.

Answers must sum to 100%; if you do not bill a payer enter 0.

What PERCENT of your patients are Medicare?

What PERCENT of your patients are self-pay?

What PERCENT of your patients are private/commercial insurance?

What PERCENT of your patients are medicaid/state welfare insurance?

What PERCENT of your patients are other funding sources?

If other payers were listed as a percent above, please list payer type.

Are you aware of any payers in addition to Medicare that limit visits or cap reimbursement?

- Yes
- No
- I don't know

If yes, please explain

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On average, did you experience any changes in payment for MNT services from these payers in 2012? Choose all that apply.

	Increased rate of reimbursement	Reduced rate of reimbursement	Stayed the same	I don't know	Added coverage of MNT	Dropped coverage of MNT
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary private payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had to repay reimbursement received (pay back monies you have collected) for OUTPATIENT MNT services due to incorrect coding practices?

- Yes
- No
- I don't know

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A variety of third party payers cover MNT services for various diseases or conditions. CHECK ALL the disease or conditions for which you receive reimbursement from third party payers for MNT services.

- | | |
|--|--|
| <input type="checkbox"/> Abnormal Weight Gain | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Bariatric Surgery | <input type="checkbox"/> Inborn Errors of Metabolism |
| <input type="checkbox"/> Congestive Heart Failure (CHF) | <input type="checkbox"/> Involuntary weight loss/cachexia |
| <input type="checkbox"/> Celiac Disease/Non-Celiac Gluten Sensitivity | <input type="checkbox"/> Lactose Intolerance |
| <input type="checkbox"/> Diabetes (DM) | <input type="checkbox"/> Liver Disorders |
| <input type="checkbox"/> Dyslipidemia e.g. elevated cholesterol, triglyceride levels | <input type="checkbox"/> Pre-diabetes |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Poly-cystic Ovary Syndrome (PCOS) |
| <input type="checkbox"/> Failure-to-Thrive | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Feeding Therapy/Dining Skills | <input type="checkbox"/> Organ Transplants |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Genetic Syndromes | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Gastroesophageal Reflux Disease (GERD) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Gestational Diabetes (GDM) | <input type="checkbox"/> Renal Disease |
| <input type="checkbox"/> GI Disorders eg. Crohn's Disease | |

Please list other diseases or conditions where you receive reimbursement from third party payers for MNT services

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"Usual and customary fees" are fees that a provider usually charges his/her patients for a given service and is within the range of usual fees charged for the same service by providers in the geographic region with similar training and experience.

***Have usual and customary fees been established for each service you provide?**

- Yes
- No
- I don't know

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Based on your usual and customary fee, estimate the percentage that you are reimbursed by each payer for the MNT services that you provide.

Percent usual and customary fee
reimbursed

What percent of your usual and customary fee are you reimbursed by Medicare?

 ▼

What percent of your usual and customary fee are you reimbursed by Medicaid/state welfare insurance?

 ▼

What percent of your usual and customary fee are you reimbursed by Workman's compensation?

 ▼

What percent of your usual and customary fee are you reimbursed by self pay?

 ▼

What percent of your usual and customary fee are you reimbursed by primary private payer?

 ▼

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Support staff refers to non-RDN (non-RD) personnel who perform tasks related to the actual MNT encounter, such as scheduling appointments, verifying insurance coverage, checking-in patients, weighing patients, asking patients to complete forms/questionnaires, submitting insurance claims, etc.

*** Do you utilize support staff in your outpatient MNT practice?**

- Yes
- No

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Estimate average number of minutes support staff spends with each patient.

Minutes per patient

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Are there any other emerging trends in coding, coverage, credentialing, or payment for nutrition services that have not been addressed in this survey of which you'd like the Academy to be aware?

Thank you for completing the survey. To enter in the drawing for the iPad mini and other prizes, please provide the information below. In addition, should you give permission, this information may be used by the Academy to contact you and obtain more information about your answers.

Name:

Company:

State:

ZIP:

Country:

Email Address:

Phone Number:

***For which of the following purposes can we use your contact information above? Mark all that apply.**

- Enter me in the drawing
- Contact me about my answers
- Neither

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Thank you for completing the Academy's 2013 CPT (Procedural) Coding Survey.