

Definitions of Terms for Academy of Nutrition and Dietetics 2013 CPT (Procedural) Coding Survey:

CMS (The Centers for Medicaid & Medicare Services)

CPT (Current Procedural Terminology) codes: A set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care providers. Each procedure or service is identified with a five-digit code. (Source: American Medical Association)

Dietetics professional: A licensed, certified and/or registered dietitian or registered dietitian nutritionist

“Incident to” Services: services provided by auxiliary personnel, such as a registered dietitian nutritionist under the physician’s supervision and billed using the physician’s NPI.

Defined by CMS as services that are:

- *An integral, although incidental, part of the physician's professional service,
- *Commonly rendered without charge or included in the physician's bill and for which payment is not made under a separate benefit category listed in §1861(s) of the Balanced Budget Act,
- *Of a type that are commonly furnished in physician's offices or clinics,
- *Furnished by the physician or by auxiliary personnel under the physician's supervision

MNT: Medical nutrition therapy (MNT) means nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional pursuant to a referral by a physician. (Source: Medicare MNT benefit language)

Medicare provider: Health care providers who enroll with Medicare to provide health care services to Medicare beneficiaries for a set amount of money determined by Medicare.

Nationally recognized guides: Systematically developed statements or specifications, based on scientific evidence and/or verified through rigorous field-testing, which are designed to assist practitioner and patient decisions about appropriate nutrition care for specific disease states or conditions in typical settings (i.e. *Academy Evidence-Based Nutrition Practice Guidelines* or the National Kidney Foundation’s KDOQI (Kidney Disease Outcomes Quality Initiative) Clinical Practice Guidelines). (Source: Academy of Nutrition and Dietetics)

Opt out: To forfeit participation in the Medicare program, effective for two years. The practitioner agrees not to file claims to Medicare and enters into private contracts with Medicare beneficiaries prior to providing Medicare covered services. (Source: Academy of Nutrition and Dietetics)

Patient visits: A face-to-face encounter or visit when a dietetics professional provides MNT, nutrition education, nutrition intervention, and/or other nutrition-related services.

PQRS: Physician Quality Reporting System; a Medicare reporting program whereby all Medicare providers report quality information on their Medicare patients. Providers choose from a list of approved quality measures. Providers who meet reporting requirements are eligible for incentive payments (in the future, payment adjustments).

Practice: Private practice owned by you, private practice owned by someone else, outpatient nutrition clinic, physician’s office, managed care outpatient setting, home health agency, community/public health program.

Procedure codes: Codes used by RDs and RDNs that describe the nutrition, eg. MNT, or nutrition-related service. The procedure codes may be listed in the AMA Current Terminology Procedure (CPT)

code set, the Healthcare Common Procedure Coding System (HCPCS) code set, ABC coding manual, or other standardized code set(s).

Third party payer: An entity, such as an insurance company, that has agreed via contract to pay for medical care provided to the patient. "Third-party" refers to the involvement of another entity besides the two parties directly involved in medical care, the patient and the provider. Third-party payer is frequently used interchangeably with insurance company, insurer, or payer. (Source: American Medical Association)

Code descriptors:

MNT CPT codes:

97802: MNT initial assessment and intervention; individual; each 15 minutes

97803: MNT reassessment and intervention; individual; each 15 minutes

97804: MNT group therapy; each 30 minutes

(Source: American Medical Association Current Protocol Terminology 2013)

HCPCS codes (aka G codes):

G0270: Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional house needed for renal disease), individual, face-to-face with the patient, each 15 minutes.

G0271: Medical Nutrition Therapy reassessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease) group (2 or more individuals), each 30 minutes.

(Source: Centers for Medicare and Medicaid Services)

Other AMA CPT codes & descriptors:

99205: Office or other outpatient visit; evaluation and management of a new patient; moderate to high severity, typically 60 minutes.

99214: Office or other outpatient visit; established patient; moderate to high severity, typically 25 minutes...

99215: Office or other outpatient visit; established patient; moderate to high severity, typically 40 minutes...

99441: Telephone evaluation and management services provided ...to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

99442: Telephone evaluation and management services...; 11-20 minutes of medical discussion

99443: Telephone evaluation and management services...; 21-30 minutes of medical discussion

99444: Online evaluation and management service...to an established patient or guardian, not originating from a related E/M services provided within th previous 7 days, using the Internet or similar electronic communications network

98960: Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

98961: Education and training for patient self-management; 2-4 patients

98962: Education and training for patient self-management; 5-8 patients

(Source: American Medical Association Current Protocol Terminology 2013)

Other HCPCS codes:

S9470: Nutritional counseling, dietitian visit (Non-Medicare).

(Source: American Medical Association Healthcare Common Procedure Coding System 2013)