It’s time to take the ICD-10 transition seriously!

ICD-10 implementation is a year away. Whether you’re a facility-based registered dietitian nutritionist (RDN) or work in private practice, the ICD-10 transition applies to you. So, if you haven’t already started preparing for the Oct. 1, 2015, transition, it’s time to take the transition process seriously.

**Educate yourself.** Start by educating yourself on what the transition means to you and your practice or facility. You can begin with free resources. The Centers for Medicare & Medicaid Services (CMS) has an extensive list of resources that explain how to prepare for ICD-10 implementation, including checklists, timelines, fact sheets and tutorials. The *ICD-10 Playbook*, developed by the Healthcare Information and Management Systems Society (HIMSS), also has a great deal of content to help plan for the ICD-10 transition. And don’t forget to visit the Academy of Nutrition and Dietetics website for resources targeted specifically to the RDN.

**Determine how ICD-10 will affect your organization.** Once you are educated, you can begin to develop a plan for making the transition to ICD-10. Start by reviewing how and where you and your staff currently use ICD-9 codes. Make sure you have accounted for the use of ICD-9 in authorizations/precertifications, physician orders, medical records, superbills, encounter forms, practice management and billing systems, and coding manuals. If you are in private practice, review your billing software to determine whether an upgrade must be purchased or if it will be automatic. Include an action plan with a timeline that identifies tasks to be completed and crucial milestones, task owners, resources needed, and estimated start and end dates. If you are part of a health care facility, find out who is coordinating the ICD-10 transition. Meet with that person and/or make sure your department is represented on any planning committees.

**Budget resources.** Determine your costs for software upgrades or licenses, hardware procurement

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**Coding and Billing Handbook now available**

The Academy of Nutrition and Dietetics Coding and Coverage Committee is proud to announce a new resource for dietetic internship program directors and preceptors and general members, the *Coding and Billing Handbook: A Guide for Program Directors and Preceptors*. The handbook, reviewed and tested by educators, preceptors and dietetic interns, provides foundational knowledge about coding and billing for nutrition services and contains reimbursement vocabulary, sample case studies and recommended resources. This publication is designed for use in supervised practice programs to help interns achieve competency in coding and billing for nutrition services. Additionally, registered dietitian nutritionists (RDNs) who are new to coding and billing for medical nutrition therapy services can use the information to help set up and implement processes in both health care facilities and private practice. Free to Academy members ($40 for nonmembers), the handbook can be downloaded at: www.eatright.org/shop.
Tackling the childhood obesity epidemic during Children’s Health Month

This October, health professionals and health organizations across the United States are taking part in Children’s Health Month, a campaign to increase public awareness of the need to minimize or alleviate health problems faced by children, including overweight and obesity. According to the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), about 1 in 6 children between the ages of 2 and 19 years in the United States is overweight. Childhood obesity has been identified as a risk factor for serious conditions, including diabetes and heart disease, and studies also show that overweight kids are at increased risk of becoming overweight and obese adults.

This month and throughout the year, registered dietitian nutritionists (RDNs) can help to positively influence the health of children across the United States. Medical nutrition therapy (MNT) provided by RDNs is a widely recognized component of guidelines for the prevention and treatment of childhood overweight and obesity. By working together, physicians and RDNs can help children and their families adopt healthier lifestyle habits and begin to tackle the exponential growth rate of childhood obesity.

In an effort to address the childhood obesity epidemic, the Academy of Nutrition and Dietetics has come together with several medical associations, health insurance organizations and employers to develop and promote the Healthier Generation Benefit (HGB). Launched in 2009, the HGB provides health insurance coverage for visits to physicians and RDNs. For children ages 3 to 18 years who have a body mass index (BMI) at or above the 85th percentile for their age, with or without comorbid conditions, the benefit includes at least four annual visits to a primary care provider and four annual visits with an RDN.

RDNs can play a crucial role in ending the childhood obesity epidemic by getting involved in programs such as the HGB. To find out more about the HGB, including where the benefit is offered, what payer groups are involved, and how to become a provider, visit: www.eatright.org/Members/content.aspx?id=6442451325. For a list of pediatric weight management care coordination resources, visit: www.eatright.org/HealthProfessionals/content.aspx?id=6442451124.

“Show me the money”: Academy trains leaders in coding, coverage and payment for MNT services

On Oct. 6 and 7, 2014, 54 Academy of Nutrition and Dietetics member leaders from across the United States gathered in Chicago to increase their knowledge and skills to serve as effective reimbursement representatives for their affiliates and dietetic practice groups (DPGs). The workshop focused on current issues related to payment for nutrition services as well as preparation for future changes in health care delivery and payment. Topics addressed included how to code and bill for medical nutrition therapy (MNT) services, legal issues surrounding MNT business practices and how to effectively advocate for expanded coverage for MNT services at the local and national level. Leaders left the event excited to implement the action plans they developed for their affiliate or DPG members.

Reimbursement representatives serve as a local resource for Academy members who have questions about coding and coverage issues. They help facilitate use of the Academy’s coding and coverage resources, and they coordinate local advocacy efforts to expand federal and state nutrition coverage policies. Currently 47 affiliates and 8 DPGs have member leaders serving in this position. The training was a unique opportunity offered to these leaders thanks to the support of the Academy’s Board of Directors. A list of affiliate and DPG reimbursement representative can be found in the Academy’s Leadership directory under Policy Initiatives and Advocacy Leaders located at: www.eatright.org/members/leadershipdirectory.aspx.

“It was an incredible learning experience, which will prove to be valuable to our members and our profession. The training helped to re-energize and focus my efforts in my affiliate. You could feel the excitement in the room, so I know I am not the only one that feels this way. I believe that you will see positive changes as a direct result of this training.”
**Q:** What is a “participating provider” under Medicare?

**A:** A participating provider is a health care provider, such as a registered dietitian nutritionist (RDN), who has entered into a contract with the Centers for Medicare & Medicaid Services (CMS) to participate in the Medicare Part B program. The contract states that the provider must accept the Medicare-allowed amount as payment in full for all covered services provided to Medicare beneficiaries. A participating provider may not collect from the beneficiary any amount other than unmet copayments, deductibles and/or coinsurance. (Note: These amounts are waived for medical nutrition therapy [MNT] services.)

**Q:** What is a “nonparticipating provider” under Medicare?

**A:** A nonparticipating provider is a health care provider, such as an RDN, who does not agree to accept assignment on all Medicare Part B claims but may do so on a claim-by-claim basis. Compared to participating providers, nonparticipating providers receive lower Physician Fee Schedule allowances (5% less) for assigned or unassigned claims. If a nonparticipating provider does not accept assignment on a claim, he or she may charge more than Medicare’s allowed amount unless prohibited by an applicable state law, but cannot charge more than the limiting charge, which is 115% of the Physician Fee Schedule–allowed amount. A nonparticipating provider may also collect full payment directly from the patient at the time of service. When a provider does not accept assignment on a claim, Medicare sends its payment directly to the beneficiary, not to the provider. For more information about becoming a provider under Medicare, visit: www.eatright.org/Members/content.aspx?id=7235.

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**Medicare Learning Network hosts National Provider Call: Transitioning to ICD-10**

On Wednesday, Nov. 5, 2014, from 1:30 to 3:00 p.m. ET, the Medicare Learning Network will host a National Provider Call to address ICD-10 implementation issues, opportunities for testing, and resources. Subject-matter experts will discuss the final rule and national implementation, Medicare Fee-For-Service testing, Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project, partial code freeze and annual code updates, plans for National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), home health conversions and claims that span the implementation date. A question-and-answer session will follow the presentations.

Practitioners credentialed by the Commission on Dietetic Registration (CDR) can receive 1.5 hours of continuing professional education (CPE) credit for participating in this call, provided that the content of the call matches the Learning Plan of the participant. To receive CPE credit, practitioners must log this activity in their Activity Logs under CPE Activity Type 170 and must also retain for their documentation either a certificate of completion/attendance or an agenda/timing outline from the activity. To register for the call, visit: www.eventsvc.com/blhtechnologies. For more information about the ICD-10 transition, visit: www.eatright.org/coverage.

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**Academy releases results of the 2013 Survey of Coding Practices**

If you’re looking for information on CPT code use and billing practices by registered dietitian nutritionists (RDNs), be sure to read “Current Coding Practices and Patterns of Code Use of Registered Dietitian Nutritionists: The Academy of Nutrition and Dietetics 2013 Coding Survey” in the October 2014 issue of the Journal of the Academy of Nutrition and Dietetics. This national survey was administered by the Academy’s Coding and Coverage Committee as part of an ongoing effort to understand the factors that impact the RDN’s ability to deliver and to be compensated for preventive and therapeutic services, including medical nutrition therapy. Survey data are used by the Academy to support the revision and/or expansion of nutrition services codes. Members will find the information helpful in improving coverage and compensation when billing for nutrition services. To access the Journal of the Academy of Nutrition and Dietetics online, visit: www.eatright.org/Media/content.aspx?id=9641.
and form revision. Take into account how much time and money will be needed for training, including time for staff members to learn and the cost of staff or temporary workers to cover tasks while your team is in training sessions. Also consider the cost of workflow changes during and after implementation, and the impact of all expenses on cash flow.

**Determine what ICD-10 training and education are needed.** Identify specifically who needs to know what, and then schedule training. Decide if you want to bring in training specialists, conduct the training yourself or allow staff dedicated time to review tutorials. Facility-based RDNs should investigate training opportunities being offered within their organization and schedule themselves and their staff to participate as appropriate. Remember: Nothing is going to get done unless your staff has an understanding of what needs to be done, how ICD-10 coding will affect the practice and how their jobs may change. As individuals learn more, they can contribute to ICD-10 implementation.

**Communicate.** Share the plan, timeline and processes for the ICD-10 transition with your entire staff so they can understand how much effort is required of them. Review how ICD-10 will affect clinical documentation requirements and electronic health record (EHR) templates. Talk with your payers, billing and IT staff, and practice management system and/or EHR vendors about their preparations and readiness. Also discuss with your physician partners the ICD-10 codes they will begin using on referrals for your services and to document malnutrition.

**Coordinate your ICD-10 transition plans.** If you own a private practice, evaluate contracts with vendors for policy revisions, testing timelines and costs related to the ICD-10 transition. All RDNs billing for medical nutrition therapy (MNT) services should evaluate payer contracts.

Don’t assume that the ICD-9 codes in your existing contract will automatically transition to the correct ICD-10 codes after Oct. 1, 2015. Confirm whether your payer will accept dual coding for any length of time during the transition or if, like Medicare and Medicaid, the transition date is firm. If you are a facility-based RDN, find out who is coordinating ICD-10 transition activities within your organization and talk with them about preparedness for accurate coding for nutrition services. The best way to ascertain whether your facility is truly ready for the transition is by performing internal and external testing. Testing can help to determine whether your business operations require additional modifications.

The implementation of ICD-10 is inevitable. Get started today to ensure a smooth transition. For a list of common ICD-10-CM codes used by RDNs and other ICD-10 resources for RDNs, visit the Academy’s website: www.eatright.org/Members/content.aspx?id=6442465636.

To access the ICD-10 Playbook, visit: www.himss.org/library/icd-10/playbook. For provider resources developed by CMS, visit: www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html.

**ICD-10 Basics fact sheets**

The following is a list of free fact sheets developed by CMS to introduce you to ICD-10, explain why it’s necessary and provide the information you need to get started on your transition.

- Intro Guide to ICD-10
- ICD-10 FAQs
- The ICD-10 Transition: An Introduction
- ICD-10 Basics for Medical Practices
- Talking to Your Vendors About ICD-10: Tips for Medical Practices
- ICD-10 and CMS eHealth: What’s the Connection?
- ICD-10 Basics for Small and Rural Practices

For more information or copies of the fact sheets, visit: www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html.