

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

December 21, 2017

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL  
FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE  
SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 600 – PHYSICIAN SERVICES

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 600 – Physician Services are being proposed to Sections 600, 601 and 608 to add language regarding coverage and limitations for Medical Nutrition Therapy (MNT) provided by Registered Dietitians (RDs). MNT services may only be provided by RDs and must be part of a coordinated multidisciplinary team. These changes received budgetary approval during the 2017 Legislative session.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Provider Type (PT) 15 – Registered Dietitians, PT 17 – Special Clinics, PT 20 – Physicians, PT 24 – Certified RN Practitioner, PT 47 – Indian Health Services and Tribal Clinics, and PT 77 – Physician’s Assistant

Financial Impact on Local Government:

SFY 2018: a projected increase in State General Fund expenditures of \$864,996  
SFY 2019: a projected increase in State General Fund expenditures of \$933,414

These changes are effective January 1, 2018.

**MATERIAL TRANSMITTED**

CL 31441  
Physicians Services

**MATERIAL SUPERSEDED**

MTL 25/15, 16/16, 14/16  
Physicians Services

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>600</b>	<b>Introduction</b>	Added “Registered Dietitians” to the list of health care professionals.

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>601</b>	<b>Authority</b>	Added “NRS Chapter 640E – Registered Dietitian” to the standards of practice listing.
<b>608</b>	<b>Medical Nutrition Therapy</b>	Introduction of policy for Medical Nutrition Therapy added.
<b>608.1</b>	<b>Policy</b>	Policy for Medical Nutrition Therapy added.
<b>608.2</b>	<b>Coverage and Limitations</b>	Coverage and limitations for Medical Nutrition Therapy added.
<b>608.3</b>	<b>Prior Authorization Requirements</b>	Prior authorization requirements added.
<b>608.4</b>	<b>Provider Qualifications</b>	Registered Dietitian qualifications added.
<b>608.5</b>	<b>Provider Responsibility</b>	Language defining responsibilities of billing providers added.

<b>DRAFT</b>	<b>MTL-25/15CL 31441</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 600
MEDICAID SERVICES MANUAL	Subject: RESERVED

600 INTRODUCTION

The Nevada Medicaid Program is dependent upon the participation and cooperation of Nevada physicians and other licensed professionals who provide health care to Medicaid recipients. Licensed professionals providing services within the scope of their license are recognized by Nevada as independently contracted Medicaid providers. The policy in this chapter is specific to the following identified health care professionals:

- A. Advanced Practice Registered Nurse APRN;
- B. Certified Registered Nurse Anesthetists (CRNA);
- C. Chiropractors (DC);
- D. Certified-Nurse Midwives (CNM);
- E. Physicians (M.D. and D.O. including those in a teaching hospital);
- F. Physician Assistants (PA/PA-C); and
- G. Podiatrists (DPM).
- H. Registered Dietitians**

To enroll as a physician or health care professional for the Division of Health Care Financing and Policy (DHCFP) in the Nevada Medicaid Program, the above listed licensed professionals working within their scope of practice must be authorized by the licensing authority of their profession to practice in the state where the service is performed at the time the state services are provided. Specific service exclusions will be noted in policy.

All Medicaid policies and requirements (such as prior authorization, etc.) are the same for Nevada Check Up (NCU), with the exception of the four areas where Medicaid and NCU policies differ as documented in the NCU Services Manual, Chapter 1000.

The DHCFP encourages integrated interventions as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). Please reference Medicaid Services Manual (MSM) Chapter 400 for specific policy.

Disclaimer: The term “Physician” used throughout this chapter is an all-inclusive description relative to the above identified providers working within their respective scope of practice and does not equate one professional to another. It serves only to make the document more reader-friendly. A Primary Care Physician (PCP) is considered to be an M.D/D.O. with a specialty in general practice, family practice, internal medicine, pediatrics or obstetrics/gynecology.

	MTL 16/16
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 601
MEDICAID SERVICES MANUAL	Subject: RESERVED

601 AUTHORITY

- A. Medicaid is provided in accordance with the requirements of Title 42 Code of Federal Regulation (CFR) Part 440, Subpart A – Definitions, Subpart B and sections 1929 (a), 1902 (e), 1905 (a), 1905 (p), 1915, 1920, and 1925 of the Act. Physician’s services are mandated as a condition of participation in the Medicaid Program Nevada Revised Statute (NRS) 630A.220.
- B. Regulations for services furnished by supervising physicians in teaching settings are found in 42 CFR Part 415; Subpart D. Key portion is defined in [Reg. 415.172(a)].
- C. The State Legislature sets forth standards of practice for licensed professionals in the Nevada Revised Statutes (NRS) for the following Specialists:
  - 1. Section 330 of the Public Health Service (PHS) Act;
  - 2. NRS Chapter 634 - Chiropractic;
  - 3. NRS Chapter 629 - Healing Arts Generally;
  - 4. NRS Chapter 632 - Nursing;
  - 5. NRS Chapter 630 - Physicians and Physician Assistants and Practitioners of Respiratory Care General Provisions;
  - 6. NRS Chapter 633 - Osteopathic Medicine;
  - 7. NRS Chapter 635 - Podiatry;
  - 8. **NRS Chapter 640E – Registered Dietitians**
  - ~~8.9.~~ NRS Chapter 450B Emergency Medical Services;
  - ~~9.10.~~ Section 1861 of the Social Security Act;
  - ~~10.11.~~ Section 1905 of the Social Security Act;
  - ~~11.12.~~ Section 1461 of the Omnibus Budget Reconciliation Act of 1990.

<b>DRAFT</b>	<b>CL 31441</b>
<b>DIVISION OF HEALTH CARE FINANCING AND POLICY</b>	<b>Section:</b> 608
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**608 MEDICAL NUTRITION THERAPY**

Medical Nutrition Therapy (MNT) is nutritional diagnostic, therapy and counseling services for the purpose of management of nutrition related chronic disease states. MNT involves the assessment of an individual’s overall nutritional status followed by an individualized course of nutritional intervention treatment to prevent or treat medical illness. MNT is provided by a licensed and registered dietitian working in a coordinated, multidisciplinary team effort with the Physician, Physician’s Assistant (PA) or Advanced Practice Registered Nurse (APRN) and takes into account a person’s food intake, physical activity, and course of any medical therapy including medication and other treatments, individual preferences, and other factors. This level of instruction includes individualized dietary assessment that is above basic nutrition counseling.

The DHCFP considers medical nutrition therapy medically necessary for diabetes, obesity, heart disease and hypertension where dietary adjustment has a therapeutic role, when it is prescribed by a physician, physician’s assistant or advanced practice registered nurse and furnished by a registered dietitian. The only providers that should submit claims for medical nutrition therapy are registered dietitians. Other qualified health care professionals may provide medical nutrition therapy; however, they must submit a claim for evaluation and management services.

**608.1 POLICY**

Medicaid will reimburse for MNT services rendered to Medicaid eligible individuals in accordance with the Nevada Medicaid coverage authority. MNT services must be medically necessary to address nutrition related behaviors that contribute to diabetes, obesity, heart disease and hypertension. Services must be rendered according the written orders of the Physician, Physician’s Assistant (PA) or an Advanced Practitioner Registered Nurse (APRN). The treatment regimen must be designed and approved by a registered dietitian.

All services must be documented as medically necessary and be prescribed on an individualized treatment plan.

**608.2 COVERAGE AND LIMITATIONS**

1. MNT is initiated from a referral from a primary care physician, PA or APRN and includes information on labs, medications, and other diagnoses. MNT includes:
  - a. A comprehensive nutritional and lifestyle assessment determining nutritional diagnosis.
  - b. Planning and implementing a nutritional intervention and counseling using evidence based nutrition practice guidelines to achieve nutritional goals and desired health outcomes.

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- c. Monitoring and evaluating an individual’s progress over subsequent visits with a registered dietitian.
2. Coverage of services includes:
- a. Initial nutrition and lifestyle assessment.
  - b. One-on-one or group nutrition counseling.
  - c. Follow-up intervention visits to monitor progress in managing diet.
  - d. Reassessments as necessary during the 12-rolling month episode of care to assure compliance with the dietary plan.
  - e. Four hours maximum in the first year.
    - i. Additional hours are permitted if treating physician determines a change in medical condition, diagnosis, or treatment regimen requires a change in MNT.
    - ii. Additional hours beyond the maximum four hours in the first year require prior authorization.
    - iii. Documentation should support the patient’s diagnosis of the specific condition, along with the referral from the physician managing the patient’s condition.
    - iv. The documentation should also include a comprehensive plan of care, individualized assessment, and education plan with outcome evaluations for each session, as well as referring physician feedback.
    - v. There should be specific goals, evaluations and outcome measures for each session documented within the patient’s records.
  - f. Two hours maximum per 12 rolling month period in subsequent years.
  - g. Services may be provided in a group setting. The same service limitations apply in the group setting.
3. MNT is not to be confused with Diabetic Outpatient Self-Management Training
- a. The DHCFP considers Diabetic Outpatient Self-Management Training and MNT complementary services. This means Medicaid will cover both Diabetes Outpatient

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Self-Management Training and MNT without decreasing either benefit as long as the referring physician determines that both are medically necessary.

b. See MSM Chapter 600, Attachment A, Policy #6-10 for DSMT coverage.

4. MNT is only covered for the management of diabetes, obesity, heart disease and hypertension-related conditions.
5. MNT may be provided through Telehealth services. See MSM Chapter 3400 for the Telehealth policy.

### 608.3 PRIOR AUTHORIZATION REQUIREMENTS

Prior authorization is required when recipients require additional or repeat training sessions beyond the permitted maximum number of hours of treatment. This can occur if there is a change of diagnosis, medical condition, or treatment regimen related to a nutritionally-related disease state.

### 608.4 PROVIDER QUALIFICATIONS

In order to be recognized and reimbursed as an MNT provider, the provider must meet the following requirements:

1. Licensed and Registered Dietitian under the qualifications of NRS 640E.150. A registered dietitian is an individual who has earned a bachelor's degree or higher education from an accredited college or university in human nutrition, nutrition education or equivalent education, has completed training and holds a license from the Nevada State Board of Health.

### 608.5 PROVIDER RESPONSIBILITY

1. The provider will allow, upon request of proper representatives of the DHCFP, access to all records which pertain to Medicaid recipients for regular review, audit or utilization review
2. The provider will ensure services are consistent with applicable professional standards and guidelines relating to the practice of MNT as well as state Medicaid laws and regulations and state licensure laws and regulations.
3. The provider will ensure caseload size is within the professional standards and guidelines related to the practice of MNT.