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Medical Nutrition Therapy Registered Dietitians Public Workshop



**Proposed Language for the Nevada
Medicaid State Plan
Attachment 4.19-B, Page 1d (continued)**



Introduction: During the 2017 Legislative session, the Division of Health Care Financing and Policy, Nevada Medicaid, received approval to open medical nutrition therapy (MNT) services for Registered Dietitians. Language is being added to the Nevada Medicaid State Plan to include reimbursement methodology for MNT services provided by Registered Dietitians who are licensed in the state of Nevada.



The following revisions are being made to the Nevada Medicaid State Plan:

Attachment 4.19-B, Page 1d (continued): Payment for medical nutrition therapy services billed by a Registered Dietician will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment for medicine codes 90000 – 99199 will be reimbursed at 63% of the Medicare non-facility rate.



The procedure codes that will be able to be used for MNT billing are:

- 97802 – Medical nutrition therapy, assessment and intervention, each
- 97803 – Medical nutrition therapy re-assessment and intervention, each
- 97804 – Medical nutrition therapy performed in a group setting, each



Procedure codes (continued):

- G0270 – Medical nutrition therapy, reassessment and subsequent intervention(s); MNT subsequent treatment for change diagnosis, each 15 minutes
- G0271 – Medical nutrition therapy, reassessment and subsequent intervention(s); Group MNT 2 or more, each 30 minutes



- The effective date is January 1, 2018.
- After the December public hearing, the State Plan Amendment (SPA) will be submitted to the Centers for Medicare and Medicaid Services (CMS) for their review/approval.
- That process takes at least 90 days.
- We are hoping to have approval by March or April 2018.



Additional Information:

- MNT services may be provided and billed by a Registered Dietician enrolled as a Nevada Medicaid provider type 15 as of January 1, 2018. However, reimbursement cannot be made until the DHCFP receives approval from CMS for the changes to the Nevada Medicaid State Plan.
- Therefore, when a billing claim is submitted, it will deny. Please do not wait until the changes have been approved/implemented to submit billing claims. This could result in claims being denied due to timely filing and would delay reimbursement. It could also result in the claim not paying at all.



Additional Information (continued):

- After approval is received and the changes are implemented into the system, a recycle will be done to reimburse any denied claims.
- There will be web announcements provided on the Nevada Medicaid website that will provide updates regarding the changes and billing guide instructions.
- <https://www.medicaid.nv.gov/>



Discussion & Questions