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Medical Nutrition Therapy Registered Dietitians Public Workshop



Proposed Language for the Nevada Medicaid Services Manual (MSM) – Chapter 600 Physicians Services



Introduction: The Division of Health Care Financing and Policy (DHCFP) will reimburse for medically necessary medical nutrition therapy services provided by registered dietitians to provide nutritional intervention services to recipients with nutritionally related chronic disease states.



Authority

- Nevada Revised Statute (NRS) Chapter 640 E
- 42 Code of Federal Regulations (CFR), Subpart B, 410.130 -410.134, 410.32, 414.64
- Social Security Act, Section 1861 (s)(2)(V), 1833



Registered Dietitian Provider Qualifications –

- Licensed/certified within the state of Nevada under the qualifications of NRS 640E.150
- Must be enrolled as a Nevada Medicaid Provider



Coverage and Limitations

- MNT is initiated from a referral from a primary care physician, physician's assistant or APRN and includes information on labs, medications, and other diagnoses. MNT includes:
- A comprehensive nutritional and lifestyle assessment determining nutritional diagnosis.
- Planning and implementing a nutritional intervention and counseling using evidence based nutrition practice guidelines to achieve nutritional goals and desired health outcomes.
- Monitoring and evaluating an individual's progress over subsequent visits with a registered dietitian.



Coverage of services includes:

- Initial assessment visit
- Follow-up intervention visits
- Reassessments as necessary during the 12 rolling month episode of care to assure compliance with the dietary plan
- Four hours maximum in the first year.
 - Additional hours are permitted if treating physician determines a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT.
 - Additional hours beyond the maximum four hours in the first year require prior authorization
 - Documentation should support the patient's diagnosis of the specific condition, along with the referral from the physician managing the patient's condition.
 - The documentation should also include a comprehensive plan of care, individualized assessment, and education plan with outcome evaluations for each session, as well a referring physician feedback.



- **MNT is not to be confused with diabetes outpatient self-management training (DMST).**
 - DHCFP considers DSMT and MNT complementary services. This means Medicaid will cover both DSMT and MNT without decreasing either benefit as long as the referring physician determines that both are medically necessary.
 - MNT and DSMT are separate services and providers are not to provide these services on the same date of service to a recipient.
 - See MSM Chapter 600, Attachment A, Policy #6-10 for DSMT coverage.



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 nutritionally related disease state.



MNT is only covered for the management of diabetes, obesity, heart disease and hypertension related conditions.

This completes the proposed language for MSM as it relates to medical nutrition therapy.



DHCFP State Plan

- Addition of Registered Dietitians under 6.d. – other practitioner services
- Provides for coverage of services by registered dietitians under the Nevada State Plan.
- Services must be ordered by Physicians, Physician's Assistants or Advanced Practice Registered Nurses.



Alternative Benefit Plan

- Addition of Medical Nutrition Therapy under Essential Health Benefits #9 – Preventive and wellness services and chronic disease management.