

Medical Nutrition Therapy (MNT): Reimbursement for Nutrition Intervention in Chronic Kidney Disease and Its Impact on the Renal Care Community

Medical nutrition therapy (MNT) may be a new term to healthcare providers, even to dietitians. But, with the creation of MNT Current Procedural Terminology (CPT) codes and the passage of legislation that includes MNT as a Medicare benefit for patients with chronic kidney disease (non-dialysis) and diabetes, it will soon be widely recognized in the renal care community. Medical nutrition therapy has already been recognized in several government and NKF-K/DOQI publications as being necessary for the treatment of patients with chronic kidney disease. Additionally, the registered dietitian—particularly the one who possesses renal nutrition expertise—has been recognized as the most qualified healthcare professional to deliver MNT. The provision of MNT to chronic kidney disease patients, as part of ongoing medical management, has been shown to improve the nutritional status of these patients.

The information contained in this article was presented by Ms. Pavlinac at a special session—"The Impact of MNT Legislation on the Renal Care Community"—held during the National Kidney Foundation's Professional Councils Conference, October 11-14, 2001, in San Francisco, CA.

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Medical nutrition therapy (MNT) provided by a registered dietitian has become accepted as part of the comprehensive management of patients with either chronic or end-stage renal disease (ESRD). Since 1973, when Medicare included ESRD treatment as a benefit and designated a qualified dietitian as part of the healthcare team, patients on dialysis have been the recipients of ongoing medical nutrition therapy. However, Medicare did not provide for MNT for the non-dialysis chronic kidney disease patient.

In January 2001, the American Medical Association added three specific Current Procedural Terminology (CPT) codes that define medical nutrition therapy assessment and intervention.¹ In November 2000,

the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA), accepted the new CPT Codes, and as of January 2002 CMS will include MNT as a benefit for Medicare patients who have chronic kidney disease or diabetes. Coverage by other third-party payers and managed care organizations will be determined by each plan, but obtaining Medicare coverage for MNT will establish precedence for coverage.

Definition of Medical Nutrition Therapy

As stated by the American Dietetic Association, "Medical nutrition therapy involves the assessment of the nutritional status of patients with a condition, illness, or injury

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that puts them at risk. This includes review and analysis of medical and dietary history, laboratory values, and anthropometric measurements. Based on the assessment, those nutrition modalities most appropriate to manage the condition or treat the illness or injury are chosen and include the following:

- diet modification and counseling leading to the development of a personal dietary plan to achieve nutritional goals and desired health outcomes;
- specialized nutrition therapies including supplementation with foods specifically modified to meet the needs of renal patients for those unable to obtain adequate nutrients through usual food intake only; enteral nutrition delivered via tube feeding into the gastrointestinal tract for those unable to ingest or digest food; and parenteral nutrition delivered via intravenous infusion for those unable to absorb nutrients.”²

Evidence Supporting MNT in Chronic Kidney Disease

Several recent publications³⁻⁵ have further made the case for medical nutrition therapy in the chronic kidney disease patient, including a study by the National Institute of Medicine,⁴ as well as the National Kidney Foundation–Kidney Disease Outcomes Quality Initiative (K/DOQI) Clinical Practice Guidelines for Nutrition in Chronic Renal Failure.⁵ Another of those publications was a federal document titled Healthy People 2010.³

Healthy People 2010

The goals of Healthy People 2010 are to improve the quality of life, to add years of healthy life, and to eliminate health disparities. Although chronic kidney disease was not included in the Healthy People 2000 report, the members of the Healthy People Consortium included chronic kidney disease for 2010 as one of its 28 focus areas.

The goal in the area of chronic kidney disease is to “reduce new cas-

es of chronic kidney disease and its complications, disability, death, and economic costs.” One of the objectives identified in the report is to increase the proportion of treated chronic kidney disease patients who have received counseling in nutrition.

The United States Renal Data System (USRDS) has determined that only about 46% of the patients who start dialysis have seen a dietitian for medical nutrition therapy as a chronic kidney disease patient.⁶ In 1997, for instance, of the more than 80,000 patients who began dialysis that year, more than 36,000 of them entered dialysis without prior nutritional intervention.⁶ The goal of Healthy People 2010 is to increase by 33% the number of chronic kidney patients receiving nutrition counseling prior to reaching the end stages of the disease.³

Institute of Medicine Report

The 2000 Institute of Medicine Report, evaluating coverage of nutrition-related services for the Medicare population, identified registered dietitians as “currently the single identifiable group of healthcare professionals with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy.”

Based on the high prevalence of individuals with conditions for which nutrition therapy was found to be beneficial, the committee recommended that nutrition therapy, upon referral from a physician, be a reimbursable benefit for Medicare beneficiaries. Specific to chronic kidney disease, the report identifies the need for nutrition intervention for patients who “are at risk for progression of renal failure...” It also recommends nutrition therapy post-transplantation, since there is a “potential for nutrition-related complications.”⁴

K/DOQI

Intensive nutrition counseling for

chronic kidney disease patients (non-dialysis) is recommended in Guideline 26 of the NKF-K/DOQI Clinical Practice Guidelines for Nutrition in Chronic Renal Failure. Other guidelines in that document (Nos. 23, 24, and 25) also address the need for serial measurements of nutrition status, nutrition assessment, and nutrition therapy prior to the initiation of renal replacement therapy.

The K/DOQI Nutrition Workgroup identified the registered dietitian who has training and experience in renal nutrition as having the required expertise to conduct nutrition assessment and provide nutrition therapy.⁵

New MNT Codes and Descriptors

The three new MNT CPT codes are as follows:

97802. Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

97803. re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

97804. group [2 or more individual(s)], each 30 minutes

The new codes stipulate that physicians providing MNT are directed to continue to use Evaluation and Management codes.

As noted above, the new codes are all time-based, with the patient contact defined as face-to-face. The initial assessment and intervention (97802) and the re-assessment and intervention (97803) are defined in increments of 15 minutes, and the group intervention (97804) is defined in increments of 30 minutes. Multiple units of the code may be used. For instance, if 45 minutes is spent with an individual patient, three units of the code (97802 or 97803) would be indicated. Or, if 60 minutes is spent with a

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group of patients, two units of the code 97804 would be indicated for each patient in the group. Only the amount of time spent providing MNT face-to-face can be billed.

What Needs to Happen Before January 2002 and Beyond?

The Centers for Medicare and Medicaid Services are responsible for identifying and creating billing codes, establishing relative value units (RVUs), and setting payment levels for MNT services. They will also establish treatment guidelines for MNT that could include the number and length of visits and other details. Guidelines for conditions of coverage will be specified, as follows:

- What level of reduced kidney function will a patient need to have before the benefit will be allowed?
- Will a kidney transplant patient who develops medical conditions requiring medical nutrition therapy (i.e., diabetes, cardiovascular disease, hypertension related to obesity) be covered?
- Will additional diabetes-related medical nutrition therapy for a dialysis patient be covered?

CMS has been consulting with the National Kidney Foundation and the American Dietetic Association as it develops these guidelines. CMS will also be establishing criteria for providers of MNT. Unlike as with most healthcare professions, not all states have licensure or certification of dietitians. Dietitians will need to become Medicare providers before they can provide MNT to Medicare beneficiaries. The procedure for becoming a provider will be defined by CMS and is a complicated process.

Challenges for Providers, and Benefits for Chronic Kidney Disease Patients

The challenge will be to have an adequate supply of dietitians/nutritionists who have the renal nutrition knowledge and expertise to provide medical nutrition therapy that is appropriate for the millions of patients with chronic

kidney disease. Most of the renal nutrition professionals are employed by dialysis units, and they are already managing the nutrition care of more patients than the currently suggested staff-to-patient ratio of 1:100–150.⁵

The benefit of MNT for patients with chronic kidney disease will be early nutritional intervention and improved nutritional status prior to the time that the patients will require dialysis.⁵

References

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