
380.30**Medicaid Reimbursement for Nutrition Services****Overview**

Overview Iowa Medicaid rules include provisions for reimbursement for nutrition counseling services by licensed dietitians. These rules cover the provision of enhanced nutrition services for high-risk pregnant women and for Medicaid-eligible recipients 20 years old and younger. This policy contains guidelines on what services may be billed and how a WIC agency can be reimbursed.

Services that can be billed Services can be billed only if they are above and beyond the WIC nutrition education protocol. Contacts that fulfill the requirements for Medicaid include:

- A WIC second education contact that includes a nutrition assessment (and a diet history).
- Additional contacts (beyond the WIC second education contact) for medical nutrition therapy services.

Note: Medical nutrition therapy services include individualized assessment, intervention, monitoring, and follow-up of nutrition interventions specific to the management or treatment of existing conditions.

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Billing Agreements for Medicaid Reimbursement

Introduction Only agencies with a Medicaid provider number can bill for nutrition services.

Develop an agreement with Medicaid providers

WIC agencies are required to have a written agreement with the agency or private physician who will bill for nutrition counseling reimbursable through Medicaid. The following table summarizes the information required in an agreement.

IF the WIC agency...	THEN the agency must have...
is not a Medicaid provider	<p>an agreement with the Maternal Health Center, Child Health screening center, outpatient hospital clinic, or physician who will bill for the services. The agreement should include:</p> <ul style="list-style-type: none"> • Names of the billing agency and the WIC agency, • Services and information provided by each agency, and • Method of allocating reimbursement between the two agencies. <p>See page 3 for sample components of an agreement.</p>
also administers Maternal Health or Child Health	<p>policies and procedures that identify:</p> <ul style="list-style-type: none"> • How to document dietitian time spent providing nutrition services that are billed to Medicaid, and • How Medicaid reimbursements are allocated between programs.

Medicaid HMOs

If a Medicaid-eligible child is in a county where Medicaid has a contract with an HMO (health maintenance organization), the medically necessary nutrition counseling service by a licensed dietitian must be provided through the HMO.

Nutrition assessment and education are part of the covered services included in the capitation payment to an HMO for provision of care to an individual. A contract would need to be developed with the HMO to stipulate:

- What nutrition services can be billed,
 - How to bill for nutrition services, and
 - Reimbursement that would be allocated to the WIC agency for the services provided.
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Billing Agreements for Medicaid Reimbursement, Continued

Components of the agreement

Memorandums of agreement between a local WIC agency and a child health screening center, local physician or local outpatient hospital clinic should contain the following components:

The local WIC agency agrees to:

- Provide nutrition-counseling services by a licensed dietitian to Medicaid-eligible children through age 20.
- Be reimbursed on a fee-for-service basis by the screening center/clinic.

The screening center or clinic agrees to:

- Reimburse the local WIC agency a specified percent of the Medicaid reimbursement for the visit.
 - Retain a specified percent of the Medicaid reimbursement for billing costs.
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Enhanced Nutrition Services for High-Risk Pregnant Women

Introduction	Maternal Health centers provide enhanced services for high-risk pregnant women. Nutrition counseling is one of the enhanced services that can be provided.
Eligibility for services	Medicaid-eligible pregnant women can receive enhanced nutrition services when determined to be at nutritional risk using the Medicaid Prenatal Risk Assessment. This form may be obtained from the local MH agency. The health professional completing the form should refer the woman for enhanced services if: <ul data-bbox="357 672 1411 787" style="list-style-type: none">• She scores 10 points or more on the Assessment, or• The Nutrition Risk Factor Assessment section of the form indicates a nutritional risk.
Services that can be billed	According to the Department of Human Services Maternal Health Center Provider Manual, a licensed dietitian shall provide nutrition services. Nutrition assessment and counseling shall include: <ul data-bbox="357 976 1411 1659" style="list-style-type: none">• Initial assessment of nutritional risk based on height, current and pre-pregnancy weight status, laboratory data, clinical data, and self-reported dietary information.• At least one follow-up nutrition assessment, as evidenced by dietary information, adequacy of weight gain, measures to assess uterine and fetal growth, laboratory data, and clinical data.• Development of an individualized nutritional care plan.• Referral to food assistance programs, if indicated.• Nutritional interventions:<ul data-bbox="357 1323 1411 1659" style="list-style-type: none">- Nutritional requirements of pregnancy as linked to fetal growth and development.- Recommended dietary allowances for pregnancy.- Appropriate weight gain.- Vitamin and iron supplementation.- Information to make an informed infant feeding decision.- Education to prepare for the proposed feeding method and the support services available for the mother.- Infant nutritional needs and feeding practices. <p data-bbox="357 1701 1411 1772"><u>Reminder:</u> Services can be billed only if they are above and beyond the nutrition education protocol for all pregnant WIC participants.</p>

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Enhanced Nutrition Services for High-Risk Pregnant Women, Continued

Client records Documentation of services provided should be filed in the woman's Maternal Health Center record. If she is also enrolled in the WIC Program and the Maternal Health and WIC records are not combined, a copy should be filed in her WIC record.

Note: If additional nutrition contacts are anticipated or scheduled, retain a copy of the documentation for review and reference at subsequent contacts.

Billing codes The billing codes for nutrition counseling from page E-11 of the DHS Maternal Health Center Provider Manual are:

- S9470 Nutrition counseling, dietitian visit
- S9465 Diabetic management program, dietitian visit

Payment schedule The Department of Human Services makes a flat-rate payment per visit regardless of the length of visit.

Reference Policies related to the provision of these services are found in Chapter E—Coverage and Limitations—of the Department of Human Services Maternal Health Center Provider Manual.

Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger

Eligibility for services

Medicaid-eligible recipients 20 years old and younger qualify for Medicaid-reimbursed nutrition counseling if they are:

- Referred as the result of a screening examination by a physician, Public Health Nurse, school nurse or other community-based nurse, or
- Eligible for WIC with a documented need for services exceeding those available through WIC.

Note: The documentation of need must be completed by the referring health professional and a copy of this statement submitted with the claim.

When physician approval is required

Physician approval for nutrition counseling is required in the following situations:

- If a Medicaid-eligible child is not enrolled in the Child Health Program, nutrition counseling can be billed if documentation of need is provided and physician approval is obtained.
 - If a Medicaid-eligible child lives in a county that has MediPASS (Medicaid Patient Access to Services System), the referral to a licensed dietitian must be approved by the physician who is the client's MediPASS provider. Lists of MediPASS physicians in your area are available from the Medicaid Managed Care Office.
 - If a Medicaid-eligible child is in a county where Medicaid has a contract with a health maintenance organization (HMO), the nutrition counseling must be reimbursed by the HMO contract.
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Services that can be billed

According to the Department of Human Services Health Screening Center Provider Manual, screening centers shall be eligible for reimbursement of nutritional counseling services provided by licensed dietitians who are employed by, or have contracts with, the screening center when a nutritional problem or condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

Reminder: Services can be billed only if they are above and beyond the nutrition education protocol for all WIC participants.

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Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger, Continued

Diagnoses appropriate for counseling

According to the Department of Human Services Health Screening Center Provider Manual, the following diagnoses may be appropriate for nutrition counseling:

- Chronic gastrointestinal tract problems, such as chronic constipation, colitis, liver dysfunction, ulcers, tumors, gastroesophageal reflux, malabsorption disorders or chronic diarrhea associated with nutrient loss, short bowel syndrome, or celiac disease.
- Chronic cardiovascular problems, and blood and renal diseases, such as kidney failure, heart disease, or hypertension.
- Metabolic disorders, such as diabetes; electrolyte imbalance; and errors of metabolism, such as phenylketonuria (PKU).
- Malnutrition problems, such as protein, mineral, vitamin, and energy deficiencies; failure to thrive; anorexia nervosa; or bulimia.
- Autoimmune disease.
- Other problems and conditions, such as food allergy or intolerance, anemias, pregnancy, drug-induced dietary problems, nursing-bottle mouth syndrome, obesity, inadequate or inappropriate techniques of feeding, inadequate or excessive weight gain, neoplasms, cleft palate, or cleft lip.

Note: This is not an all-inclusive list. Other diagnoses may be appropriate.

Documentation of services

Documentation of nutrition services provided must include:

- International Classification of Diseases (ICD) code,
- Time spent counseling, and
- Nutrition care plan.

See page 10 for a copy of the Nutrition Counseling Documentation and WIC Documentation of Need form, available from the state WIC office. Another form may be used if it includes the required information.

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Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger, Continued

Using ICD codes

The Iowa Department of Human Services requires that the International Classification of Diseases codes (ICD) be used when billing for nutrition counseling.

Note: ICD codes related to pregnancy can be used. A Medicaid-eligible pregnant recipient 20 years old or younger could receive nutrition counseling under this program or Enhanced Services for Pregnant Women, but not both.

ICD resources

The form on page 10 includes some of the most common ICD codes used when billing for nutrition counseling. This listing is incomplete; refer to the following websites for more information about ICD codes.

- Centers for Disease Control and Prevention, National Center for Health Statistics
www.cdc.gov/nchs/icd.htm
- World Health Organization
www.who.int/whosis/icd10/index.html

Billing codes

The billing codes for nutrition counseling from page E-63 of the DHS Health Screening Center Provider Manual are:

Code	Description	Application
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Used for children not on WIC who have received no previous services.
97803	Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes	<ul style="list-style-type: none"> Used for reassessment and intervention on any eligible child. This code is used for children enrolled in WIC since their initial assessment would be provided as regular WIC services.

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Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger, Continued

Client records The documentation of services provided must be filed at the agency that does the billing. This could be in a Child Health chart, physician's chart, school nurse chart, or WIC chart. If the client is also enrolled in the WIC Program, a copy should be filed in the WIC record.

Note: If additional nutrition contacts are anticipated or scheduled, retain a copy of the documentation for review and reference at subsequent contacts.

Payment schedule DHS reimburses nutrition counseling for Medicaid recipients 20 years old and younger on a per-visit basis in 15-minute units.

Nutrition Counseling Documentation and WIC Documentation of Need for Medicaid-Eligible Children 0-20 Years

Date of Service _____	Social Security #: _____
Participant's Name: _____	Date of Birth: _____ M/F
Medicaid Number: _____	WIC Family #: _____
WIC: yes/no <i>If yes, document need**</i>	

Referring health professional _____ Phone number _____

Time spent counseling _____

Summary:

Follow-up Plan:

Billing Code: (check one)

97802 (initial assessment for children not on WIC) 97803 (Reassessment and intervention)

Diagnosis: (check all that apply)

<input type="checkbox"/> 783.1 Abnormal weight gain	<input type="checkbox"/> 277.0 Cystic Fibrosis: fibrocystic disease of pancreas, mucoviscidosis (without mention of meconium ileus)
<input type="checkbox"/> 783.2 Abnormal weight loss	<input type="checkbox"/> 648.8 Diabetes, gestational
<input type="checkbox"/> 305.00 Alcohol abuse, unspecified	<input type="checkbox"/> 250.0 Diababetes, Type 1
<input type="checkbox"/> 995.3 Allergy, unspecified	<input type="checkbox"/> 558.9 Diarrhea
<input type="checkbox"/> 980.3 Anemia-iron deficiency	<input type="checkbox"/> 530.1 Esophageal reflux
<input type="checkbox"/> 285.9 Anemia, unspecified	<input type="checkbox"/> 783.4 Fail to thrive/physical retardation
<input type="checkbox"/> 783.0 Anorexia	<input type="checkbox"/> 783.3 Feeding problems
<input type="checkbox"/> 493.91 Asthma	<input type="checkbox"/> 779.3 Feeding problems in newborns
<input type="checkbox"/> 307.51 Bulimia	<input type="checkbox"/> 271.3 Lactose intolerance
<input type="checkbox"/> 521.0 Caries, dental	<input type="checkbox"/> 984.9 Lead poisoning unspecified
<input type="checkbox"/> 343.9 Cerebral Palsy, unspecified	<input type="checkbox"/> 269.9 Nutritional deficiency unspecified
<input type="checkbox"/> 749.1 Cleft Lip	<input type="checkbox"/> V210 Rapid childhood growth
<input type="checkbox"/> 749.0 Cleft Palate	<input type="checkbox"/> 783.4 Short stature
<input type="checkbox"/> 749.2 Cleft Palate with Cleft Lip	<input type="checkbox"/> Other-specify _____
<input type="checkbox"/> 564.0 Constipation	

**Services provided to WIC participant exceeded services available through WIC. Yes/No

Licensed Dietitian _____ License Number _____

Billing Agency _____