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## Medicare MNT in 2007: The Bottom Line

In the past few months the *ADA Medicare MNT Provider* newsletter included a series of articles that reflected the progression of Medicare Part B payment decisions by the Centers for Medicare & Medicaid Services (CMS) and the government. Due to uncertainties of any Congressional intervention to offset Medicare payment reductions, getting ‘the final answer’ on reimbursement for 2007 and beyond was a challenge. With the 2007 Medicare Part B physician fee schedules now set, very simply, here is what RDs need to know.

For the very first time, CMS has set work values for medical nutrition therapy (MNT) current procedural therapy (CPT) codes. This is a big step forward for Medicare RD providers since it acknowledges RDs’ professional work effort involved in providing the service, and more importantly changes the code values and payment levels. Effective Jan 1, 2007, the MNT code values include significant improvements in payment levels.

In addition, CMS has adopted a more transparent methodology to calculate practice expense costs for Medicare Part B services. This means that over the next three years, the agency will phase-in changes for all CPT codes; these changes will impact code payments. In 2007, payment rates for all Medicare MNT codes (97802, 97803, 97804 and G0270-G0271) are higher than they have been since the codes’ inception. Once the code methodology changes are fully implemented in the year 2010, RD Medicare providers will still see small to moderate increases in MNT payments compared with present day reimbursement rates.

Other changes involve different payment amounts for 97802, MNT initial visit code, and 97803, MNT follow-up code. The follow-up code is slightly less than the initial code. Also, CMS MNT payment rates for 97802 include a slightly higher amount for Medicare RD providers working in private practices or physicians’ offices (non-facilities) compared with the MNT payment rates for Medicare RD providers who work in hospitals (facilities). The agency has finally recognized that RDs in private practices have different practice and overhead costs for their solo practices. These costs are part of the hospitals overhead and don’t apply to hospital outpatient-based RDs.

The fact that RDs now have “work” and are receiving higher rates of reimbursement from Medicare Part B is beneficial on many levels. It raises the profile of the RD, gives significant recognition to the entire profession, and improves RDs’ overall revenue based on increases from Medicare patients in the RDs’ total payer mix. The bottom line: reimbursement rates for RD services are going up.

RDs should note that some private payer groups may set their MNT fee schedule at a certain percent above the Medicare fee rates. Therefore, when negotiating with a private payer who links their payment to the Medicare Part B MNT code rates, RDs should reference the increase in current Medicare MNT rates.

The follow chart outlines MNT codes values changes for 2007. While ADA and RD Medicare providers celebrate the positive changes in the current Medicare MNT payment rates, follow up with CMS is planned to continue discussions about the MNT code values and the changes that will be phased in by 2010.

97802 - Initial MNT code value	0.84 facility value 0.85 non-facility value	Sample payment amounts 2007 New York, NY non-facility: \$30.53 for 15 min. facility: \$30.11 for 15 min.  2006 New York, NY \$20.13 for 15 min.
97803 and G0270 - Follow-up MNT code value	0.76 facility and non-facility value	2007 Los Angeles, CA non-facility:\$25.54 for 15 min. facility:\$25.54 for 15 min.  2006 Los Angeles, CA \$17.80 for 15 min.
97804 and G0271- Group MNT code value	0.41 facility and non-facility value	2007 Sarasota, FL non-facility: \$12.01 for 30 min. facility: \$12.01 for 30 min.  2006 Sarasota, FL \$5.82 for 30 min.
2006 MNT code values:	0.48 for initial and follow-up MNT	0.19 for group MNT

[CMS defines non-facility setting as physicians' offices, patients' homes, freestanding imaging centers, and independent pathology labs. Facility settings include hospitals, ambulatory surgical centers, and skilled nursing facilities].

For additional local information about MNT coverage, contact the affiliate or DPG reimbursement representative. Contact information is available from ADA's Web page Leadership Directory:  
[http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home\\_leadershipdirectory\\_ENU\\_HTML.htm?C=80003209](http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_leadershipdirectory_ENU_HTML.htm?C=80003209)