



Making the Business Case for Hiring a Registered Dietitian Nutritionist

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Nutrition plays a critical role in cancer prevention, treatment, and survivorship, and the registered dietitian nutritionist (RDN) is an integral member of the multidisciplinary cancer care team. RDNs help educate patients and the public about nutrition before, during, and after a cancer diagnosis. RDNs provide healthy eating tips for cancer prevention; educate patients on strategies for eating well and managing side effects during treatment; and provide nutritional strategies to address late effects of cancer and its treatment and to prevent cancer recurrence.

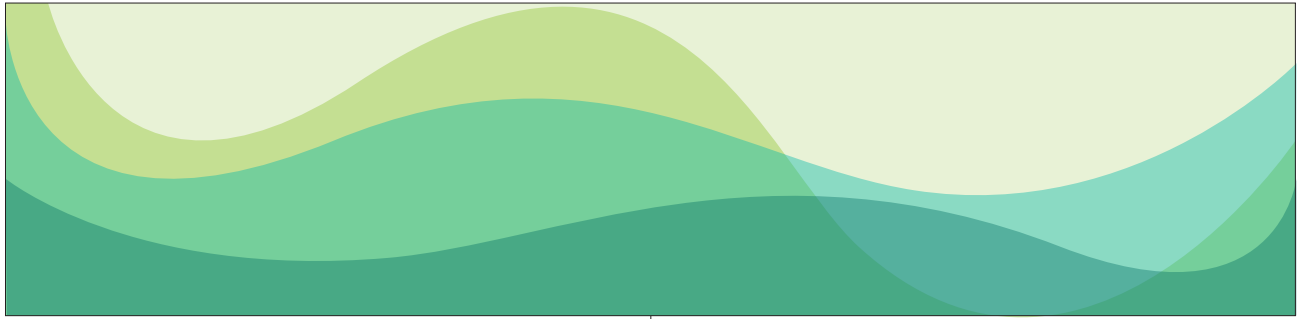
THE PROBLEM

Up to 80% of all cancer patients develop clinical malnutrition at some point in their treatment, with more than half exhibiting nutritional impairments at their first oncology visit.¹⁻⁵ In fact, an involuntary weight loss of just 5% of body weight decreases survival in cancer patients.⁶⁻⁷

The side effects and toxicities from cancer treatments, such as chemotherapy, radiation, and surgery, as well as anorexia, fatigue, and impaired metabolism can lead to poor nutritional status and malnutrition. Poor nutritional status is associated with decreased tolerance to chemotherapy and radiation treatment in adult oncology patients.⁸ Cancer patients who experience weight loss have more treatment breaks, experience more severe side effects from their treatment, and require more and longer hospitalizations; those who maintain their weight and nutritional status experience fewer therapy and treatment breaks.⁹ Additionally, malnutrition is associated with lower quality of life (QOL), and higher morbidity, mortality, and other variables that increase the cost of oncology care.^{4, 6-7, 10-14}

THE SOLUTION

Early and timely nutrition intervention, nutrition counseling, and appropriate use of nutrition supplementation is cost effective and can result in positive patient outcomes,¹⁵ including reducing or eliminating the side effects of therapy.¹⁶ The Academy of Nutrition and Dietetics Oncology Evidence Analysis project recommends that cancer patients be screened regularly for malnutrition, and, if indicated, provided medical nutrition therapy with individualized nutrition assessment, prescription, and counseling as the first line of nutrition intervention.¹⁷ Access to an RDN with experience in oncology nutrition, medical nutrition therapy, and symptom management can help patients maximize nutrition, maintain functional status, and protect QOL.¹⁸



IMPROVING QUALITY OF CARE & REDUCING HEALTHCARE COSTS

According to the National Cancer Institute, early screening and comprehensive assessment of risk for malnutrition is increasingly recognized as imperative in the development of standards for quality of care in oncology practices.¹⁹ Patient-centered care recognizes that treating patients for cancer requires adequate nutrition to help patients:¹⁸

- Tolerate prescribed treatment
- Avoid complications
- Maintain functional capacity
- Heal from their treatment
- Protect quality of life.

The goal of nutrition screening is two-fold: 1) early identification of malnourished and at-risk individuals in need of nutrition-related interventions; and 2) generation of comprehensive nutritional assessment by a trained nutrition professional, such as an RDN, to include ongoing monitoring for optimal clinical outcomes.²⁰⁻²¹

Medical nutrition therapy and nutrition interventions that actively manage preventive and secondary causes of anorexia and target maximizing food intake are integral in multimodal therapy. Such inclusive therapies are shown to improve QOL and tolerance to cancer treatments.²² Nutrition counseling, controlled use of oral nutritional supplements, and appropriate utilization of tube feeding are associated with prevention and reduction of malnutrition in oncology patients.²³

Access to an RDN and nutritional support has also been shown to improve the experience of patients treated with surgery; pre-operative nutritional support helps to maintain proper nutritional status and reduce the number and severity of post-operative complications compared to patients without such support.²⁴

The negative medical and financial impacts of malnutrition are significant. Compared to well-nourished patients,

malnourished patients have been shown to have longer hospital stays and were more likely to be readmitted within 15 days.²⁵ Conversely, implementation of a dietitian-led nutrition support clinic can lead to improved QOL, as well as reductions in hospital readmissions, tube-related complications, and healthcare costs.²⁶

CASE STUDY ONE²⁷

Establishment of a weekly nutrition clinic at Beaumont Cancer Institute, Royal Oak, Mich., had a positive impact on patient QOL, improved patient education efforts, and reduced the cost of care. The success of this nutrition clinic allowed the department of radiation oncology to incorporate a permanent dietitian into the program. This staff member addresses the needs of head and neck cancer patients, and also provides services to other patients who can benefit from continual education about nutritional health during treatment. Today, Beaumont Cancer Institute continues to support nutritional consultations for all its multidisciplinary clinics, as well as other educational opportunities, such as cooking classes and resources for picking healthy options while grocery shopping.

CASE STUDY TWO²⁸

Telehealth has transformed the way RDNs provide nutrition counseling. Baton Rouge General Medical Center Pennington Cancer Center, Baton Rouge, La., developed a model where its dietitians use virtual counseling to provide medical nutrition therapy. Telehealth nutrition counseling sessions take place while the patient is at the cancer center and/or radiation oncology center for treatment, eliminating patients having to schedule additional appointments to see an RDN. Most patients (95%) found the telehealth program beneficial and 84% of patients preferred telehealth visits to on-site visits.

REIMBURSEMENT & BILLING

Medical nutrition therapy (MNT) is evidence-based intervention provided by RDNs to prevent, delay, or manage diseases and conditions; nutrition education counseling and counseling are components of MNT. There is reimbursement (fee-for-service) for MNT in the outpatient setting, as well as revenue streams in value-based payment arrangements that could be allocated for an RDN to provide MNT. Since 2013, there is coverage and payment for a broader range of conditions, including oncology.²⁹ According to the National Business Group on Health, “Benefit plans should provide coverage for nutrition counseling and medical nutritional therapy for individuals with a diagnosis of cancer. Provider network should include registered dietitians, including registered dietitians who are Board-certified specialists in oncology (CSO).”³⁰ Some states include MNT benefits for Medicaid enrollees.

Cancer programs can use medical necessity requests to improve access to care when a patient’s policy includes a benefit for MNT but does not specifically include cancer-related diagnoses or associated complications.³¹ Completing a medical necessity request also allows providers the opportunity to have initial and follow-up visits considered in one request; approvals improve access to care and reduce work associated with denied claims.

While Medicare Part B (outpatient) includes a benefit for MNT for only three conditions: diabetes, chronic kidney disease, and kidney transplant, many beneficiaries enroll in Medicare Advantage plans, which can offer additional benefits that could include coverage for MNT for other diagnoses, including cancers. More than 20 million Medicare beneficiaries (34%) were enrolled in Medicare Advantage plans in 2018.³² Three Current Procedural Terminology (CPT®) codes are used to submit claims to payers or to track encounters using statistical claims; these codes are also used when MNT is delivered via telehealth:

- **97802:** MNT; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- **97803:** MNT; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- **97804:** MNT; group (2 or more individuals), each 30 minutes.

ALTERNATIVE PAYMENT MODELS & VALUE-BASED PAYMENTS

MNT is a cost-effective intervention that cancer programs can leverage in the context of alternative payment models and value-based payments to improve care, decrease avoidable costs, and overcome barriers to nutrition care inherent in fee-for-service. Ideally, the cost of providing MNT is factored into the total cost of care in these contracts. Efforts are underway at various provider organizations, including ACCC, to ensure that MNT is included in whatever bundled payment methodologies are developed by public and private payers to reimburse for comprehensive cancer care services.

TIPS FOR ESTABLISHING A FINANCIALLY VIABLE NUTRITION PROGRAM

1. Collaborate with an RDN to launch or grow your outpatient nutrition program.
2. Engage and collaborate with internal key players and departments, including all relevant stakeholders (e.g., contracting, billing, providers, medical assistants or other personnel), when exploring and implementing nutrition services.
3. Credential RDN with payers, as appropriate.
4. Confirm provider agreements include MNT CPT codes, as well as the provision for MNT provided via telehealth, if applicable. To understand the telehealth landscape in your state visit telehealthresourcecenter.org.
5. Review payer medical policies/guidelines and billing guidelines for nutrition counseling.
6. Check MNT benefits for every patient before providing care.
7. When developing alternative or value-based payment models, allocate a portion of these payments to MNT.
8. Consider self-pay and/or financial assistance for nutrition counseling.
9. Consider grant funding, if applicable. Some cancer programs offer nutrition counseling to patients at no or reduced cost through special programs; consult with your compliance experts to determine if this is possible in your care setting.
10. Build nutrition outcome measures into your program. Identify outcomes meaningful to patients, providers, and payers and use these data to evaluate the return on investment of MNT.

For the oncology dietitian, additional resources related to payment can be found at eatrightpro.org/payment. Another resource for local information is the Academy of Nutrition and Dietetics' state reimbursement representative. ●

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