IMPROVING REIMBURSEMENT *for Oncology Nutrition Services*

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Although oncology nutrition services are an integral part of any comprehensive cancer center, reimbursement by public and private payers has historically been problematic. In fact, for many years, services provided by dietitians were provided free of charge to cancer patients. Unfortunately, as profit margins shrink due to ever-decreasing reimbursement, hospitals and oncology practices are realizing that they must charge for these and other supportive care services. And why *shouldn't* cancer programs bill and be reimbursed for nutritional services?

Registered dietitians are highly educated nutrition experts who offer an incredible benefit to cancer patients and staff by providing timely information on symptom management, as well as resources for accurate nutrition information. Research has shown that weight loss is detrimental to cancer patients. For example, cancer patients who experience weight loss have more treatment breaks, require more and longer hospitalizations, and experience more severe side effects from their treatment. Weight loss can also have an adverse effect on the cancer patient's quality of life. On the other hand, it is documented that patients who maintain their weight and nutritional status experience fewer breaks in their therapy and treatment.

Whether your cancer program decides to work with payers to cover oncology nutrition services or to implement a fee-for-service model, charging for oncology nutrition services will require a "shift" in how you do business.

Setting the Stage

Let's start by examining the landscape for nutritional therapy reimbursement and the CPT codes most often used by registered dietitians.

Hospital-based Outpatient Cancer Programs. Registered dietitians who are employees of a hospital may bill as part of the hospital's "facility clinic visit fee." Typically, facility fees are negotiated with third-party private payers. Medicare payment rates are posted in Addendum B and are available online at *www.cms.hhs.gov*. The payments are adjusted by the wage adjustment factor for the area. These fees are intended to allow reimbursement for costs associated with providing medical services, although use of this strategy varies from institution to institution. Registered dietitians employed by hospitals should consider sitting down with hospital administration to discuss the option of billing for facility clinic visit fees.

Today, medical oncology nutrition services provided

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by registered dietitians in a hospital-based outpatient cancer program are reimbursed by using a facility fee level for education non-specific to discipline, CPT codes 99201-99205 (new patient visits); 99211-99215 (established patient visits); or 99241-99245 (consults).

Freestanding cancer centers and/or oncology practices. Currently Medicare Part B only reimburses for medical nutrition therapy services provided to patients with diabetes, renal disease, or post-kidney transplants. Medicare Part B does *not* cover medical nutrition therapy for other diseases, including cancer.

Other third-party payers may reimburse for nutrition services in one of two ways: using the facility clinic visit levels listed above ***OR*** using the following time-based set of codes:

- CPT 97802: medical nutrition therapy, initial assessment and intervention, individual, face-to-face with patient, each 15 minutes.
- CPT 97803: medical nutrition therapy, re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- CPT 97804: group medical nutrition therapy, 2 or more persons, each 30 minutes. This code is used for all group visits—initial and subsequent.

For more information on how to use these codes, see "The Billing and Coding Process" section on the next page.

Making the Argument for Reimbursement

Transitioning to charging for oncology nutrition services is not always an easy process. Often the argument for reimbursement of dietitian services begins at the institutional level.

Today cancer programs are more focused than ever on the bottom line, and nutrition services are sometimes left out of the budget equation. Oncology nutrition services are viewed as a cost center—not a revenue-generating center. As such, oncology nutrition services are often the first service line that is "down-sized" during lean times.

We offer another option. With research now showing improved patient outcomes with "early" nutrition intervention, it is now possible to gather data to help support the cost-benefit of oncology nutrition services. Cancer programs that collect such research data and document exactly *how* oncology nutrition services have improved patient outcome and quality of care can demonstrate to payers—both public and private—that these services are a valuable and billable part of cancer care.

Getting Started

The first step toward improving reimbursement for oncology nutrition services—whether your program is hospital-based or freestanding—is to gather the key players. Depending on how your cancer program is organized, this core group will likely include representatives from the following departments:

- Reimbursement
- Billing
- Payer contracts
- Credentialing and compliance
- Provider enrollment
- Provider relations
- Provider services
- Medical records
- Accounting
- IT
- Scheduling
- Finance
- Marketing.

The next step is to know which private payers reimburse for oncology nutrition services. Start with your largest payers and review their written policies, coverage manuals, and contracts. These documents determine exactly what oncology nutrition services will be covered by each provider. Each payer is different, so this step will likely require some effort to understand the different reimbursement guidelines. Identify the payers that currently do not reimburse for oncology nutrition services and start working with them to obtain coverage for these valuable services.

For most payers, the first stage to obtaining coverage is to ensure that your cancer dietitians are properly credentialed and have obtained the appropriate provider numbers from each payer. Key departments to include in this process are compliance, credentialing, payer contracts, and/or provider relations.

Credentialing applications must be submitted to each payer. This document will include information such as demographics, registration, and licensure. Remember, this process can take up to 90 days and *must* be completed before billing is initiated.

The provider number is specific to one person, although oncology practices and freestanding cancer centers may bill for dietitian charges under the clinic's provider number. It is also possible for dietitians to have different provider numbers for different payers. So, for example, Blue Cross/Blue Shield may have a different provider number than Aetna. Fortunately, with one exception, provider numbers stay the same even if dietitians change employment. Medicare is the only payer that requires a new provider number for dietitians who change employers.

In 2007, this process will undergo some major changes. Starting May 23, 2007, all providers must use a National Provider Identifier (NPI) that will replace both the Medicare PIN number and all other provider numbers for registered dietitians. The NPI is a unique, government-issued, standard identifier mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Smaller providers have an additional

year—until May 23, 2008—to comply with this change.

That said, the Centers for Medicare & Medicaid Services (CMS) is strongly urging healthcare providers to apply for their NPI far in advance of those dates to ensure the NPI can be incorporated into the providers' systems. In fact, because of recent changes to CMS enrollment forms that went into effect on June 5, 2006, some healthcare providers are already using NPIs. And by Sept. 1, 2006, your billing office *must* include the NPI on the CMS claims form. As these changes may require changes or upgrades to existing software, you can see why it is advantageous for providers to do this work in advance of the deadlines.

The Billing and Coding Process

Before your cancer program can start billing and being reimbursed for oncology nutrition services, you must first understand the billing and coding process from the inside out.

For example, staff should be aware of the different billing forms and where and how they are used. Hospital-based cancer centers use the CMS UB92 form to bill for inpatient services and the CMS 1500 form to bill for professional outpatient services. Freestanding cancer centers or private practices bill using the CMS 1500 form. To streamline national billing practices, these forms are used universally by all payers—public and private.

Staff must also be familiar with all Current Procedural Terminology (CPT) codes, which are a systematic listing of services and procedures. CPT codes provide one universal, uniform language for reimbursement communication between providers and third-party public and private payers. The CPT codes are updated each year by the American Medical Association.

As mentioned above, three CPT codes are dedicated solely to billing for medical nutrition services: 97802, 97803, and 97804. In addition to these three codes, hospital-based cancer programs can bill for medical oncology nutrition services using a clinic level visit for education non-specific to discipline. Keep in mind, Medicare reimbursement is based on visit-level criteria, usually time-based, developed by the hospital. To do so, you must work with your accounting department to define your oncology nutrition charges. For example, you may bill oncology nutrition services under the following E&M (evaluation and management) codes:

- **CPT 99201** (Level 1 office visit, new patient education visit *or* Level 1 facility fee, new patient education visit)
- **CPT 99202** (Level 2 office visit, new patient education visit *or* Level 2 facility fee, new patient education visit)
- **CPT 99211** (Level 1 office visit, established patient education visit *or* Level 1 facility fee, established patient education visit)
- **CPT 99212** (Level 2 office visit, established patient education visit *or* Level 2 facility fee, established patient education visit).

In the hospital-based outpatient cancer department, Medicare will reimburse for these codes if they are used as a tool to capture facility resources. Typically this service is provided adjunct to other services provided to the patient on the same date, using a modifier -25 code. Most commercial payers also reimburse for these codes.

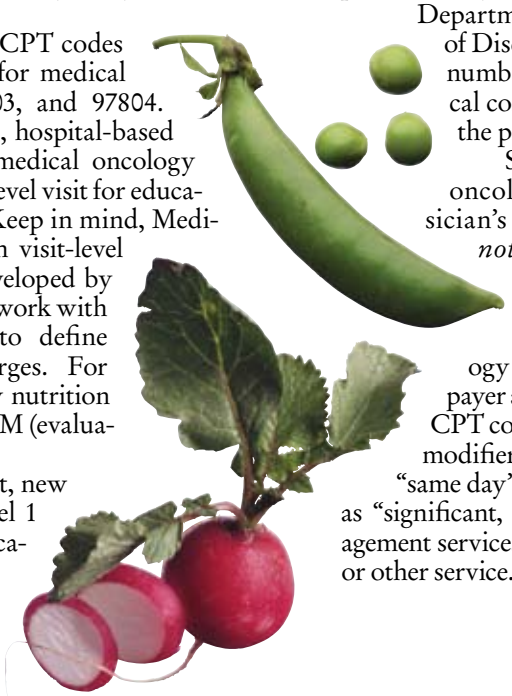
The reimbursement specialist at HealthEast Care System in Maplewood, Minn., developed a comprehensive scorecard system to determine the appropriate "level of visit" for billing. This scorecard is used by several disciplines and by both the Chemotherapy and Radiotherapy Departments. It uses the International Classification of Disease codes (ICD-9 codes), a four to five digit number that is used to describe the patient's medical condition or diagnosis that are determined by the physician and professional coder.

Some freestanding cancer centers bill oncology nutrition services "incident to" physician's services; however, Medicare Part B does *not* allow medical nutrition services to be billed this way.

Some third-party payers allow you to use a modifier when billing for oncology nutrition services. For example, if a specific payer allows the registered dietitian to use an E&M CPT code, an "extended time" or "same day service" modifier code may be used in certain situations. The "same day" service modifier, or modifier -25, is defined as "significant, separately identifiable evaluation and management services provided on the same day of the procedure or other service."

7 Steps for Improving Reimbursement for Nutrition Services

1. Determine the key players to help in this effort (i.e., contracting, billing, accounting)
2. Ensure that your oncology dietitian is credentialed
3. Obtain provider numbers for your dietitian from each payer
4. Understand the appropriate billing form, procedure code, and charge for all nutrition services
5. Review your payer guidelines for oncology nutrition services
6. Work with each payer to ensure that nutrition services are covered
7. Track all charges and charge capture related to your nutrition services.



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Two Competitors Work Together *to Improve Reimbursement*

HealthEast Care System, a hospital-based, outpatient comprehensive cancer center, is reimbursed for approximately 70 percent of its oncology nutrition therapy charges. However, the reimbursement rate for oncology nutrition therapy was much lower at the seven freestanding clinics that make up Minnesota Oncology Hematology, P.A. Only between 20 to 30 percent of submitted charges were actually paid. In a true collaboration, the two programs came together to work with third-party payers to improve reimbursement at this clinic setting. Using the techniques discussed in this article, we improved reimbursement to a little more than 50 percent of oncology nutrition therapy charges submitted.

It has been our experience that payers are open to paying for these invaluable services. In fact, one of our major payers approved coverage for our registered dietitian without a physician's order. This payer has also approved unlimited visits to the registered dietitian during and following cancer treatment.

To determine which cancer patients should be automatically referred to a dietitian, our program developed a patient screening system based on the PG-SGA (patient generated subjective global assessment) tool. Once a cancer patient is identified as "at-risk," the individual is automatically scheduled to see a registered dietitian. The initial appointment is scheduled for a full hour; follow-up appointments are scheduled for half-hour intervals.

Our registered dietitian and oncology nurses work closely together to ensure patient comfort and satisfaction. Patients are educated about how the registered dietitian can help the patient maintain his or her nutritional status throughout the course of treatment, and how medical nutrition therapy can help improve outcome and quality of life.

The success of our program can also be attributed to an effective marketing plan. Although, our registered dietitian has the full support of our multidisciplinary cancer team, we continually market our oncology nutrition services. For example, we developed an educational flyer that was sent to every physician and nurse affiliated with the oncology program. These flyers provided information about which patients should be referred to oncology nutrition therapy, as well as the schedule and contact information for the registered dietitian. Similar flyers are available to cancer patients and their family members.

Modifiers are not necessary when you are billing the medical nutrition CPT codes (97802-97804). These codes are time-based, so registered dietitians need only use additional units of these codes. Additionally, medical nutrition therapy services can be provided on the same day as physician services, so registered dietitians do not need to use modifier -25 either. Your Billing Department can help registered dietitians determine when a modifier is needed.

To qualify for payment, patient claims and medical record documentation must also include the appropriate ICD-9 code. Frequently, the ICD-9 code V65.3, dietary counseling, is used when providing oncology nutrition services. You can also work with your physicians and billers to identify an alternative diagnosis that specifically describes the patient's disease or condition, for example: 174.9 breast cancer unspecified; 162.9 bronchus and lung cancer; 195.0 head, face and neck cancer; and 153.9 colon cancer.

Some codes are more likely to generate reimbursement, and you can submit more than one code if they all apply to the purpose of the visit. When a bill is rejected, you can also resubmit the claim using a code that is "acceptable" to that particular insurer, as long as the new codes reflect the referral reason.

Remember, dietitians must work with their chemotherapy or radiation oncology nurses to ensure that all daily charge tickets include medical necessity, in other words, the reason the patient was seen by the dietitian.

In the end, each cancer center must devise its own method of billing for oncology nutrition services and that means working with your contracting department to ensure the CPT codes you bill will be reimbursed by *all* of your payers.

Track Your Payments

Payments for the different procedures identified by the CPT codes vary from payer to payer. In addition, many local Medicare carriers have developed local coverage determination (LCD) policies on oncology nutrition therapy services.

If oncology nutrition therapy services are not covered, the patient would need to pay out-of-pocket for the services or with secondary insurance, if available.

Third-party payers determine their own payment schedules. These schedules can usually be found in the payers' policy manual.

Cancer programs should work closely with the Accounting Department to track oncology nutrition charges and charge capture. Depending on the caseload, financial reports related to your oncology nutrition charges can be developed on a daily, weekly, or monthly basis. Work with your Accounting Department to identify claims that are not being reimbursed. If there is a pattern or claims are being denied by a particular payer, work with that payer to resolve the issue.

This information can be used to develop a cost-benefit report on your oncology nutrition services. You will also want to determine what percentage of your oncology nutrition services are being reimbursed by payers. This information is invaluable to the budgeting process.

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