The latest epidemic in health care: “Diabesity”

As recently as the mid-1990s, type 2 diabetes was almost exclusively a disease of adults. Fueled by the rise in childhood obesity in the last decade, type 2 diabetes is now being referred to as an epidemic in children across the United States. According to a recent study released by the Centers for Disease Control and Prevention (CDC), the number of young people diagnosed with what used to be called “adult-onset” diabetes has dramatically increased over the last ten years. The new findings are based on data from about 3,400 adolescents ages 12 to 19, who were tracked between 1999 and 2008 as part of the CDC’s National Health and Nutrition Examination Survey (NHANES). The survey is considered the gold standard for evaluating health in the United States because it includes a detailed physical examination, taking participants’ blood pressure, and recording height, weight and fasting blood glucose levels. The findings, which were released online by the American Academy of Pediatrics on May 21, 2012, are “very concerning,” stated lead author Ashleigh May, an epidemiologist with the CDC’s Division of Nutrition, Physical Activity, and Obesity. May asserted that the data underscore the importance of screening children and teenagers for obesity and referring them to specialized care, if needed.

In a national study of 2,000 eighth-grade students from communities at high risk for diabetes published in the March 2012 Journal of Clinical Endocrinology and Metabolism, more than half of the kids were found to be overweight or obese. While only 1 percent of the students in this study had diabetes, almost one-third had prediabetes, according to Lori Laffel, Chief of the Pediatric, Adolescent and Young Adult Section of the Joslin Diabetes Center in Boston and a principal investigator for the study. Prediabetes is a wake-up call. Alarm bells are going off among those who study diabetes in children because of what these researchers know about the adult version of the illness. The data spell trouble for a nation facing rising rates of “diabesity” (type 2 diabetes brought on by obesity).

The message is hard to miss

The alarming rise in the number of children diagnosed with diabetes has caught the attention of pediatricians. The bright side to the dark news is that pediatricians are starting to screen for diabetes and for obesity, which

See Diabesity, page 2

Revised MNT expansion support tool now available!

Attention, registered dietitians (RDs): the Academy of Nutrition and Dietetics is thrilled to announce the latest edition of its third-party payer brochure! With an updated look and new cost-effectiveness information and outcomes data, this timely resource is essential to your advocacy efforts. RDs can use this easy-to-read brochure as an advocacy tool to initiate referrals and expand insurance coverage for medical nutrition therapy (MNT) services. The brochure is also a great support for meetings with private payers, government officials, physicians and other key decision makers, sending a strong message on the value and expertise of the registered dietitian.

To get your free printed copy of the new brochure, send an e-mail with your name and address to: reimburse@eatright.org. Academy members can also download the brochure for free at: www.eatright.org/coverage (click “Expanding Coverage”).

This effort is a component of the Value of the RD campaign supported by the Commission on Dietetic Registration.
“Kudos and concerns” around Medicare’s new obesity counseling benefit

Medicare’s new obesity counseling benefit continues to be the subject of attention from health care writers. The May issue of Clinical Nutrition Insight offers reactions to the new benefit from several different provider perspectives, including the Academy’s. Although this publication is a subscription newsletter, the publisher has arranged to give Academy members free access to the article from June 1 to July 31 through this link: http://journals.lww.com/clnutrinisight/Fulltext/2012/05000/Inside_Medicare_s_New_Obesity_Counseling_Benefit.1.aspx.

Diabesity, from page 1

increases the risk of type 2 diabetes and other health problems. Pediatric endocrinologist Susan Conrad identified the emerging trend more than a year ago in an article in the March 12, 2011, issue of Kaiser Health News. “It’s in the news, and all over the medical literature,” stated Conrad. Current CDC guidelines suggest that children with a family history of diabetes and those youths whose weight is above the 85th percentile for age and sex should be screened, with blood and urine tests, for diabetes.

Doors open for RDs

Registered dietitians (RDs) have become an integral component of the solution to this increasing problem. Coverage for obesity counseling services for children has been expanding, thanks to both the Healthier Generation Benefit and the Patient Protection and Affordable Care Act (“health care reform”). RDs should be seizing this opportunity to market their services to families and primary care providers.

The Healthier Generation Benefit is a result of the Alliance for a Healthier Generation, which was founded in 2005 by the American Heart Association and the William J. Clinton Foundation with the goals of reducing the nationwide prevalence of childhood obesity by 2015 and inspiring young people to develop lifelong healthful habits. Through the collaborative efforts of the Academy of Nutrition and Dietetics, the American Academy of Pediatrics, and some of the nation’s leading insurers and employers, the benefit provides eligible children ages 3 to 18 years four follow up visits with a primary care provider and four visits with an RD. Having access to the benefit enables families to work with their primary care physicians and RDs to achieve lifelong health. RDs, if they are not already doing so, should partner with pediatricians in their communities to offer this benefit to eligible patients.

Health care reform brought with it, effective January 1, 2011, expanded coverage of preventive services, such as medical nutrition therapy (MNT) and nutrition counseling, in the private insurance market. Private health plans affected by the law now cover obesity counseling services for children and adolescents. RDs should check with local payers for information on their preventive services coverage and renew their marketing efforts related to childhood obesity in light of these new reimbursement options. For more information on coverage for preventive services, visit: www.eatright.org/mnt.

Legislation has also played a part in addressing the problem of childhood obesity. As a result of the Affordable Care Act, some states are considering or already offering coverage for prevention and treatment of childhood obesity under their state Medicaid programs. RDs in states such as Ohio, Kentucky and Illinois are taking action and meeting with state legislators and key leaders to help decision makers realize the benefit of MNT provided by the registered dietitian, and seeking expansion of reimbursable services. With support and assistance from RDs, Americans can address the problem of childhood obesity and tackle the epidemic of diabesity.

Essential Resources for Managing Pediatric Obesity

- Healthier GenerationBenefit: www.eatright.org/HealthProfessionals/content.aspx?id=7748&terms=healthier-generation
- The Evidence Analysis Library (EAL) Pediatric Weight Management Nutrition Practice Guideline for RDs: www.adaevidencelibrary.com/topic.cfm?cat=2721&auth=1
- Commission on Dietetic Registration’s Certificate of Training in Childhood and Adolescent Weight Management: www.cdrnet.org/wtmgmt/childhood.cfm
- Kids Eat Right: www.eatright.org/kids
QUESTION CORNER

Q: Can a chiropractor be the referral source for medical nutrition therapy (MNT) services?
A: As with many questions related to third-party reimbursement, the answer to this one depends on the payer source. For Medicare Part B MNT services, the referral must come from the treating physician, which means the primary care physician or specialist coordinating care for the client. Chiropractors generally do not meet this definition. Referral guidelines for private insurance vary by company and plan, so the best practice is to verify each client’s details of coverage prior to providing any service. If the policy requires a referral from a primary care provider, chiropractors typically do not meet this definition.

Q: Do I need to get separate referral forms for medical nutrition therapy (MNT) and diabetes self-management training (DSMT)?
A: Medicare requires a physician order for patients to see a registered dietitian (RD) for MNT and DSMT. While separate referrals are needed, they can be provided on one form. However, RDs cannot bill for MNT if the physician has only ordered DSMT, and vice versa. To view a sample physician referral form for MNT RD services, visit: www.eatright.org/HealthProfessionals/content.aspx?id=6863&terms=diabetes+service+order+form.

Q: My patient with Medicare Part B has already received 3 hours of initial medical nutrition therapy (MNT) and is now returning to my practice for more counseling. She has a second referral from her primary care physician. Can I bill Medicare for these additional hours and will I be reimbursed?
A: The patient is eligible for additional hours of MNT services if the primary care physician determines that the patient’s diagnosis, medical condition or treatment has changed and sends a written referral for a specified number of hours. The code that should be used when billing Medicare for these additional hours and will I be reimbursed?

Do you have a question for the Question Corner?

To have your question considered for a future MNT Provider, e-mail your ideas and suggestions to reimburse@eatright.org.

FNCE registration is now open

Registration is now open for the 2012 Food & Nutrition Conference & Expo (FNCE) in Philadelphia, October 6–9, 2012

Philadelphia will host the 2012 Food & Nutrition Conference & Expo where you can network with over 10,000 of your peers. Don’t miss out on your chance to earn a minimum of 20.5 CPE hours. Career-enhancing educational sessions will focus on issues such as reimbursement, social media, technology, leadership and more. Explore the latest trends, new products and exciting research, all under one roof. For more information or to register, visit: www.eatright.org/fnce.

Join the Coding and Coverage Committee and Dietitians in Nutrition Support for an exciting Pre-FNCE Workshop on Saturday, October 6, 2012, 11:30 A.M.–3:30 P.M.*

Power Up Your Toolbox: Assessment Skills for Building Your Practice
4 CPEU | Session CPE level: 3 | Learning codes: 3080, 3090, 7120, 7170

Workshop description: Registered dietitians (RDs) in a variety of practice settings, including hospital, long-term care, wellness and private practice, can promote their value and enhance revenue streams by developing and expanding their assessment skills. With the right training, proper preparation and an understanding of appropriate screening parameters, the RD can maintain a strong presence within the health care team and capitalize on expanded opportunities to deliver reimbursable services in private markets and under Medicare, including benefits under Medicare’s Annual Wellness Visit and Intensive Behavioral Counseling for Obesity. This workshop will equip the RD with adult assessment skills needed for expanded practice. It will address how and when to use these skills; the target markets and key marketing messages; and codes to use for reimbursement.

*Separate advance registration required for this workshop.
If you build it, they will come
By Bonnie Taub-Dix, MA, RD, CDN

You might recall that the title of this article is also a line in the movie Field of Dreams. Although the saying is memorable, it isn't a realistic strategy for running a business. Just because you open a business that doesn't mean that clients will come to your office, or return for multiple visits. It takes much more than a wealth of credentials to bring wealth to your pocket, and it takes a lot of planning to achieve a dream. I have learned a great deal since I started my practice over three decades ago. Here are some tips that might help you attract and keep clients for your business.

• Value your business fairly. Don’t undersell your services—such practices will not only hurt you, but may also negatively affect your entire profession. On the other hand, don’t charge way more than the going rate for your area (especially if you’re just starting out), or your competitors may capture your market.

• Be sure to disclose and discuss your fees for services before the client comes to your door. Neither of you wants any surprises that could cost you future visits.

• Send a report to the referring physician or send a note to thank your referral source for their consideration and confidence in your expertise.

• When discussing your patient’s medical history, take note of the names of all doctors who provide care (not just the referring physician). Ask the patient for permission to send a copy of your report to these doctors and accompany this report with a letter of introduction about your practice. It may be beneficial to take this connection a step further by setting up appointments to meet these physicians and their staff in person so they can get to know you better. This exercise could have a tremendous impact on your referral base.

• When you see patients, give them thought-provoking assignments that you can review with them upon follow-up. This will help incorporate your guidance beyond your office walls and enable you to provide realistic, personalized advice.

• Always keep in mind that patients are people, not numbered files. Without getting too personal, inquire about your clients’ family situations and home life so that you can better understand who your clients are. The personal touch can make a difference. A happy client also does wonders for business. Word of mouth can open doors to new opportunities in places you may not be able to reach on your own.

• Communicate with your clients the way they want to communicate. Reach out to them where they are, not where you want them to be. That may mean connecting on Twitter, Facebook, LinkedIn, or Pinterest, or perhaps by sending an old-fashioned note in the mail. Staying in touch could also help them stay on track.

If you truly want to build your business along with your reputation, try using your intuition and ears more than your mouth. Listen closely to discover what your clients really need, even though they may not know how to convey their needs into words. Don’t expect to be able give clients everything they need in just one visit, but give your all at every visit. Be yourself and you’ll reap the benefits—financially, professionally and personally.

Note: Bonnie Taub-Dix is the 2012 winner of the Academy’s Media in Excellence Award

4010 format cutoff date

The 4010 format cutoff date for Medicare is June 30, 2012, at 4:00 PM CDT. Any 4010 files received after this specified time will be rejected. Questions about this or any other Medicare electronic billing issue should be directed to Electronic Data Interchange (EDI). Contact information can be found at: www.wpsmedicare.com/j5macpartb/departments/edi.