**Coding and Billing**

This has been a very informative assignment and I found the posts about specific billable cost variations between states very insightful. In Colorado, RDNs are licensed however services can be provided by nutrition practitioners that are not state regulated or licensed.

A distinct “take away” from the 8 hours that I shadowed an RDN was the amount of time spent on insurance and payment issues. Every single patient my preceptor interacted with required a discussion about insurance, Medicaid/Medicare or pay out of pocket alternatives. By the end of the “shadow” day it was my job to screen people in the lobby before their care appointment. While rendering care, each of the appointments were carefully timed, to keep track of the number of 15-minute units that could be billed to insurance.

On more than one occasion, a patient who needed care would refuse an appointment because of lack of the appropriate type of health care coverage. This limited the ability to provide any type of preventative food or nutrition counseling, which is a demographic that I’m interested in providing services for.

Answers to the specific questions:

#1: Terminology

Superbill – A standardized receipt that an RDN uses to bill for services that can be provided to an insurance company for reimbursement. However, whether or not insurance reimburses costs is dependent on the coverage, plan, type of service rendered and the number of visits the patient has used in conjunction with a diagnosis. A private practice RDN can use standard templates to create their own custom superbill (1).

Allowable charge – The maximum amount a plan will pay for a service. There are several terms that mean the same thing: eligible expense, payment allowance and negotiated rate can all be used to refer to an allowable charge (2).

#2: Describe 1 or 2 specific types of nutrition services that you would like to offer as an RDN. How would you determine how much to charge for your services?

I plan to establish my own LLC, gaining clients through an existing business and charge for services in a 100% out of pocket manner. The type of services I will offer fall more in the “health and fitness” category than MNT.

Two services that I would like to offer are:

1. Service to develop custom, 30-day meal plans. I’ve researched many different patient management software packages and found there is a lot of variety in how you can use these tools as part of a future practice.

 Estimate rate – flat fee of $200 per plan.

1. Specialized nutrition counseling – to help people become more aware of their dietary intake, habits and find ways to adjust their lifestyle to meet their body composition goals.

Estimated rate – hourly flat fee of $80.

In both cases, I have researched the websites of many different RDNs to see not only how they market their services (flat rate, packages, etc.) to gain an estimate of the range of prices. Another way I’ve researched this is to evaluate how much time it takes me to create a diet plan for someone to use as a basis for my hourly rate. Last, I’ve talked with professional fitness trainers to understand their own business model and demand for services.

As I work through my internship, and the next steps, I may adjust those rates based on experience, market demand, my workload and the overall success of my business.

#3: Research an insurance company that provides health coverage policies and find out if they provide coverage for nutrition services.  Be specific when describing the nutrition services and the client population, i.e., children, adults, seniors. Is a referral required? Can the dietitian work as an independent provider or must there be a “supervisor”?

Insurance company

I researched Anthem Blue Cross Blue Shield, which is private insurance. Each company negotiates their own plan agreement and coverage with Anthem, so there may be coverage difference between plans.

The plan is based on a deductible, covering most medical services in an 80/20 model, with 20% of the costs applied towards an annual deductible that is paid out of pocket. For our family of three, the annual deductible is $8,500.00. Providers are classified as “in network” and “out of network”. MNT counseling services are available through “in network providers” for individuals with a diagnosis of obesity, diabetes and kidney disease following the 80/20 model.

Our company also offers a wellness plan, through a third-party that provides web-based information about general health, wellness and balanced eating tips (annual checkup’s, healthy recipes, access to a free pedometer, etc.).

Another alternative that I researched is the Direct Primary Care (DPD) model. In this model, the patient pays a flat annual or monthly fee to unlimited access to a general physician (MD). The physician offers screening and resources related to diet based on a patient’s overall health profile: BMI, blood pressure, risk of pre-existing conditions, family history. If needed, the physician provides a referral to a specialized provider like an RDN for follow up services – that can be funded by private insurance, Medicare or out of pocket.

References:

1. Superbill, retrieved October 23, 2022 , from <https://www.gethealthie.com/blog/dietitians-guide-to-superbills>
2. Allowable charge, retrieved October 23, 2022, from <https://www.healthcare.gov/glossary/allowed-amount/#:~:text=The%20maximum%20amount%20a%20plan,See>