# SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

# 5.9 DIETITIAN

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

## DIETITIAN

Dietitians should adhere to the following billing guidelines when filing claims for members regardless of the date of service. These billing guidelines are not an indication that services are necessarily covered. Coverage determinations are based on the member's benefits. Always verify the member's benefits prior to performing services to determine if services are covered.

Dietitian services as they pertain to member benefits are defined as follows when rendered by a registered dietitian:

1. Nutritional Counseling – counseling to develop a dietary treatment plan to treat and/or manage health-related conditions other than diabetes.
   - No visit limitation
   - A maximum benefit limitation* per benefit period
   - Services that exceed the dollar limitation are considered non-covered and will not accrue toward the member's cost share amount

     ** The maximum benefit limitation does not apply for all Louisiana Blue policies.*

2. Diabetes Counseling – counseling to develop a dietary treatment plan to treat and/or manage diabetes.

   - Dietitian visits related to diabetes services are not subject to the nutritional counseling maximum benefit limitation. Services billed with diabetes diagnosis codes are instead subject to a member's diabetes education and training for self-management benefits.

   - Members who have insulin-dependent diabetes, insulin-using diabetes, gestational diabetes or non-insulin-using diabetes need to be educated on their condition and trained to manage their condition, if prescribed by the member's physician. Coverage is available for self-treatment training and education, dietitian visits and the equipment and necessary supplies for the training.

   - Evaluation and training programs for diabetes self-management are covered subject to the following:

     a. The program must be determined to be medically necessary by a physician and provided by a licensed healthcare professional who certifies that the member has successfully completed the training program.

     b. The program shall comply with the National Standard for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

## Outpatient vs. Inpatient

**Outpatient/Office Services:**

- Services should be filed on a CMS-1500 claim form.
- Payable to the dietitian.

**Inpatient Services:**

- Services should be filed on a UB-04 claim form.
- Payable to the facility.

## Filing for Services

Providers must file dietitian claims under the appropriate CPT or HCPCS code for the type of treatment provided as a single line item. Louisiana Blue will accept the following codes on claims:

| Code | Units |
|---|---|
| 97802 | Each 15 minutes |
| 97803 | Each 15 minutes |
| 97804 | Each 30 minutes |
| G0108 | Each 30 minutes |
| G0109 | Each 30 minutes |
| G0270 | Each 15 minutes |
| G0271 | Each 30 minutes |
| S9470 | Per session |
| S9452 | Per session |

- The service units field must be used to indicate the number of sessions provided within the dates of service that appear on the claim.
- All other billed charges for services or products rendered must be itemized and the appropriate HCPCS code should be included on the claim.