During COVID-19 Emergency, CMS Gives Green Light to MNT via Telehealth for Medicare Beneficiaries

03/17/2020 - Good news for registered dietitian nutritionists who are Medicare providers: The Centers for Medicare & Medicaid Services announced details of its policies to broaden access to telehealth services. Academy President Terri Raymond recently sent a letter to U.S. Health and Human Services Secretary Azar advocating for medical nutrition therapy via telehealth for Medicare beneficiaries. The Academy was pleased to see the success of its advocacy efforts to ensure registered dietitian nutritionists were part of the agency's updated recommendations.

Starting March 6 and for the duration of the COVID-19 public health emergency, RDNs who are Medicare providers can provide services already covered by Medicare via telehealth to patients in any health care facility and in their home. These services include MNT (97802, 97803, 97804, G0270) and DSMT (G0108, G0109) and are not limited to patients with COVID-19. These visits are paid under the Medicare Physician Fee Schedule at the same rate as regular, in-person visits.

Since 97802 is included on the list of covered services, the Academy interprets that to mean new patients are included under this action. CMS has specifically stated that HHS will not conduct audits to ensure that a prior relationship existed for claims submitted during this public health emergency. Services provided via telehealth should be billed as if the service had been furnished in person, using Place of Service code 02-telehealth. While co-pays apply to DSMT services, RDNs can reduce or waive cost sharing for DSMT delivered via telehealth during this time.

There is more good news: RDNs now temporarily have expanded options for delivering MNT services via telehealth. Effectively immediately, the HHS Office for Civil Rights will waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday non-public-facing communications technologies during the emergency. For example, RDNs may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype. RDNs are encouraged to notify patients that these third-party applications potentially introduce privacy risks. They should also enable all available encryption and privacy modes when using such applications. However, Facebook Live, Twitch, TikTok and similar video communication applications are public-facing and should not be used to provide MNT services via telehealth. Additional information can be found at this notice from Department of Health and Human Services (HHS).

As noted in the Academy's communication on March 6, RDNs also continue to have access to the new G codes (G2061, G2062, G2063) covered by Medicare as of January 1 for online digital evaluation and assessment services. These G codes are for use with established Medicare clients.
While Intensive Behavioral Therapy for Obesity services are on the list of approved telehealth services (G0447), RDNs will need to work with primary care providers to determine how those services will be supervised as a telehealth service. The waiver does not change any of the Medicare benefit rules for these or any other Medicare services.

The Academy does not know if private/commercial payers will follow Medicare’s lead. The Academy encourages states to extend similar flexibility for MNT telehealth to Medicaid and commercial insurance market beneficiaries and to temporarily allow interstate practice by registered dietitian nutritionists and those licensed to practice in another state.

Coverage, payment and other aspects of getting paid for services during this public health emergency are continuously evolving. The Academy will continue to keep members informed of new developments as they become available on the provision of MNT services.

Learn more about telehealth services at www.eatrightpro.org/telehealth.