

February 15, 2021

PIMMS Quality Measures Support
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8016
Baltimore, MD 21244-8010

Re: Recommendations for Potential Consideration of New Specialty Measure Sets and/or Revisions to the Existing Specialty Measure Sets for the 2022 Program Year of MIPS

Dear CMS:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit recommendations for potential consideration of New Specialty Measures and/or revisions to Existing Specialty Measure Sets for the 2022 Program Year of MIPS as part of CMS’s pre-rulemaking process.

The Academy represents over 107,000 registered dietitian nutritionists (RDNs)¹, nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists and is the largest association of nutrition and dietetics practitioners in the world committed to accelerating improvements in global health and well-being through food and nutrition. RDNs independently provide professional services such as medical nutrition therapy (MNT)² under Medicare Part B and are recognized as Eligible Clinicians (ECs) and Qualified APM Participants (QPs) in Medicare’s Quality Payment Program. RDNs provide high quality, evidence-based care to patients³ and deliver substantial cost-savings to the health care system as a whole⁴.

As stakeholders in the MIPS program, the Academy offers the following recommendations to the Nutrition/Dietician Specialty Measure Set for program year 2022:

¹ The Academy has approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions. [Academy of Nutrition and Dietetics’ Definition of Terms list](#) updated May 2017. Accessed September 15, 2020.

³ Academy of Nutrition and Dietetics: *Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist*. Journal of the Academy of Nutrition and Dietetics, January 2018 Volume 118 Number 1.

⁴ Grade 1 data. ADA Evidence Analysis Library (<https://www.andeal.org/topic.cfm?menu=5284&cat=4085>). [Grade Definitions: Strength of the Evidence for a Conclusion/Recommendation Grade I, “Good evidence is defined as: “The evidence consists of results from studies of strong design for answering the questions addressed. The results are both clinically important and consistent with minor exceptions at most. The results are free of serious doubts about generalizability, bias and flaws in research design. Studies with negative results have sufficiently large sample sizes to have adequate statistical power.”

Quality Measure ID: 134**Measure Title: Depression Screening**

The Academy requests that Quality measure #134 be added to the Nutrition/Dietician Specialty Measure Set.

Rationale: Screening for depression is often a routine part of the comprehensive nutrition assessment performed by RDNs and addresses a major public health concern which all Medicare providers should be addressing within their professional competency. Nutrition status is closely linked to mental health and optimizing the nutrition status of an individual with mental illness has been shown to improve both cognitive and emotional functioning.⁵ RDNs use various tools and resources, including practice guidelines from federal associations such as the National Institutes of Health and other professional organizations, to guide nutrition care³. The Nutrition Care Process⁶ and the Academy's Standards of Professional Practice for RDNs in Mental Health and Addiction guide RDNs to assess and consider other factors affecting intake, nutrition, and health status (e.g., cultural, ethnic, religious, lifestyle influencers, psychosocial and social determinants of health). RDNs work with beneficiaries to create a nutrition care plan which includes developing and prioritizing goals based on individual needs and evidenced based best practice, provide nutrition counseling, and make referrals to appropriate resources and programs when needed.

Depression, particularly in older adults, has been linked to food insecurity and malnutrition as a risk factor as well as a consequence.⁷ RDNs actively address both malnutrition and food insecurity to not only provide guidance and intervention but also assist in the coordination of care with other appropriate subspecialties. Beyond MNT services, RDNs may perform depression screening as recognized providers of the Annual Wellness Visit (AWV).

Quality Measure ID: 226**Measure Title: Tobacco Screening**

The Academy requests that Quality measure #226 be added to the Nutrition/Dietician Specialty Measure Set.

Rationale: Screening for tobacco is often a routine part of the comprehensive nutrition assessment performed by RDNs and addresses a major public health concern which all Medicare providers should be addressing within their professional competency. RDNs use various tools and resources, including practice guidelines from federal associations such as the National Institutes of Health and other professional organizations, to guide nutrition care.³ The Nutrition Care Process (NCP) guides each RDN to assess and consider factors affecting intake, nutrition, and

⁵ Academy of Nutrition and Dietetics: *Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions*. Journal of the Academy of Nutrition and Dietetics, October 2018, Volume 118, Number 10.

⁶ The Nutrition Care Process (NCP) is defined as systematic method to providing high-quality nutrition care based on evidenced-based nutrition research, critical thinking and decision-making. *Nutrition Care Process and Model: An Academic and Practice Odyssey*. Journal of the Academy of Nutrition and Dietetics, December 2014 Volume 114 Number 12.

⁷ Dorner B, et al. *Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings*. Journal of the Academy of Nutrition and Dietetics, April 2018, 118 (4) Number 4, p 724-35.

health status (e.g., cultural, ethnic, religious, lifestyle influencers (such as smoking), psychosocial and social determinants of health). Smoking and poor diet quality are well known risk factors for the development of chronic disease and an RDN will evaluate the impact of substance use disorder (e.g., alcohol, tobacco, drugs) on ability to care for self.”⁵ A study completed in 2017 by Shepard, et. al. at Bellevue Hospital Center and NYU Langone Medical Center demonstrated a negative correlation between smoking and diet quality among adults with a median age of 60 years old, who were undergoing coronary angiography. Adult smokers have been reported to have poorer diet quality in comparison to non-smokers.⁸ Beyond MNT services, RDNs may perform tobacco use screening as recognized providers of the Annual Wellness Visit (AWV).

Quality Measure ID: 126

Measure Title: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy

The Academy requests that Quality Measure #126: Diabetes Mellitus: Diabetic Food and Ankle Care, Peripheral Neuropathy be added to the Nutrition/Dietician Specialty Measure Set.

Rationale: Medical nutrition therapy CPT® codes (97802, 97803, 97804) are unique codes to submit claims for MNT provided by RDNs and are required by Medicare when beneficiaries access their MNT Benefit. The MNT CPT codes 97802 and 97803 are currently included in the denominator specifications for Quality Measure ID #126 yet this measure is not currently included in the Nutrition/Dietician Specialty Measure Set. This measure was previously available to RDNs under PQRS hence we see no reason why it should not be added.

One in five Americans aged 65 years and over (one in 11 Americans overall) have been diagnosed with type 1 or type 2 diabetes⁹. For individuals who have been diagnosed with diabetes, routine foot care is a tenant of management. The Academy’s Standards of Practice and Standards of Professional Performance for RDNs in Diabetes Care includes preventive screenings for diabetes lifestyle prevention practices and diabetes complications (including immunizations, eye, foot, circulation, kidney function-microalbumin, HbA1c, lipid levels, and blood pressure), discussion with beneficiaries about reducing risk of chronic complications (e.g., foot care, monitoring blood pressure, annual eye, dental, and lipid level evaluations) and performing a Nutrition Focused Physical Exam that includes, but is not limited to the inspection of injection, continuous subcutaneous insulin infusion(CSII) and sensor sites; oral health; monofilament foot exams; body areas or skin for signs of irritation or dry or cracked at risk of ulcer; conditions related to diabetes (e.g., nonhealing wound, acanthosis nigricans, foot exams, or vitiligo)¹⁰.

RDNs are an integral part of an interprofessional team for the management of individuals with diabetes and routine foot care is a part of the RDN scope of practice in Diabetes Care.

⁸ Shepard, T. et al. *Association Between Smoking Status and Diet Quality Among Patients Referred for Coronary Angiography in New York City*. Journal of the Academy of Nutrition and Dietetics, Sep 2017, Suppl 1., 117 (9) p A-81.

⁹ 2017 CMS Report: Diabetes Occurrence, Costs, and Access to Care among Medicare Beneficiaries Aged 65 Years and Over.

¹⁰ Academy of Nutrition and Dietetics: *Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Diabetes Care*. Journal of Nutrition and Dietetics, May 2018 Volume 118 Number 5.

Quality Measure ID: 127**Measure Title: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear**

The Academy requests that Quality Measure #127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear be added to the Nutrition/Dietician Specialty Measure Set.

Rationale: Medical nutrition therapy CPT® codes (97802, 97803, 97804) are unique codes to submit claims for MNT provided by RDNs and are required by Medicare when beneficiaries access their MNT Benefit. The MNT CPT codes 97802 and 97803 are currently included in the denominator specifications for Quality Measure ID #127 yet this measure is not currently included in the Nutrition/Dietitian Specialty Measure Set. This measure was previously available to RDNs under PQRS hence we see no reason why it should not be added.

One in five Americans aged 65 years and over (one in 11 Americans overall) have been diagnosed with type 1 or type 2 diabetes¹¹. For individuals who have been diagnosed with diabetes, routine foot care is a tenant of management. The Academy's Standards of Practice and Standards of Professional Performance for RDNs in Diabetes Care includes preventive screenings for diabetes lifestyle prevention practices and diabetes complications (including immunizations, eye, foot, circulation, kidney function-microalbumin, HbA1c, lipid levels, and blood pressure), discussion with beneficiaries about reducing risk of chronic complications (e.g., foot care, monitoring blood pressure, annual eye, dental, and lipid level evaluations) and performing a Nutrition Focused Physical Exam that includes, but is not limited to the inspection of injection, continuous subcutaneous insulin infusion (CSII) and sensor sites; oral health; monofilament foot exams; body areas or skin for signs of irritation or dry or cracked at risk of ulcer; conditions related to diabetes (e.g., nonhealing wound, acanthosis nigricans, foot exams, or vitiligo)¹⁰.

RDNs are an integral part of an interprofessional team for the management of individuals with diabetes and routine foot care is a part of the RDN scope of practice in Diabetes Care.

*Measures Under Consideration***MUC20-0040: Intervention for Prediabetes**

The Academy is in support of adoption of MUC20-0040: Intervention for Prediabetes as a Quality Measure and inclusion in the MIPS. The description put forth in the List of Measures under Consideration for December 21, 2020, details the Numerator Definition as:

"Patients who were provided an intervention. NOTE: *Intervention must include one of the following: referral to a CDC-recognized diabetes prevention program; referral to medical nutrition therapy with a registered dietitian; prescription of metformin."*

¹¹ 2017 CMS Report: Diabetes Occurrence, Costs, and Access to Care among Medicare Beneficiaries Aged 65 Years and Over.

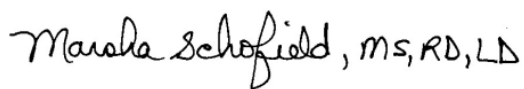
As noted in the rationale provided by the measure steward, MNT provided by RDNs is part of the intervention and should be reportable by dietitians. The Academy asks that this measure be included in the Nutrition/Dietician Specialty Measure Set if it is adopted.

MNT provided by the RDN is a widely recognized component of medical guidelines for the prevention and treatment of many chronic diseases and conditions including diabetes. In January of 2020, the American Diabetes Association (ADA) published their Standards of Medical Care. In that edition, recommendations were made for the treatment of patients with prediabetes, specifically stating that “An individualized medical nutrition therapy program as needed to achieve treatment goals, provided by a registered dietitian nutritionist (RD/RDN), preferably one who has comprehensive knowledge and experience in diabetes care, is recommended for all people with type 1 or type 2 diabetes, prediabetes, and gestational diabetes mellitus”¹². Further, the ADA noted that individualized medical nutrition therapy, when provided to patients diagnosed with prediabetes, was an effective means to lower A1C¹³.

Registered dietitian nutritionists are an integral part of the health care team and routinely provide MNT focused on chronic disease prevention and treatment to Medicare beneficiaries. The Academy continues to support the use of the Nutrition/Dietician Specialty Measure Set as it provides an easy way for RDNs to know what quality measures are available for selection for reporting under the Quality performance category. Furthermore, the Academy appreciates the opportunity to inform and enhance the measure set.

Thank you for your consideration of the Academy’s recommendations on measures to include in the Nutrition/Dietician Specialty Measure Set for the 2022 program year of MIPS. Please do not hesitate to contact Marsha Schofield at 312-899-1762 or by email at mschofield@eatright.org with any questions or requests for additional information.

Sincerely,

A handwritten signature in black ink that reads "Marsha Schofield, MS, RD, LD". The signature is written in a cursive, flowing style.

Marsha Schofield, MS, RD, LD, FAND
Senior Director, Governance and Nutrition Services Coverage
Academy of Nutrition and Dietetics

¹² Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes 2020. Diabetes Care 2020;43(Suppl. 1):S48–S65.

¹³ Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report, Diabetes Care 2019;42:731–754.