MNT™ ASSISTANT

User Guide

Provided By The Lifestyle Medicine Group

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Introduction

Congratulations for taking this opportunity to use the technology at your fingertips to efficiently manage your office responsibilities while maximizing your profit potential. The MNT Assistant™ uses resources available both on your computer and over the Internet to help you serve your clients and make your practice more effective.

It is important that you understand how the MNT Assistant™ works. The MNT Assistant™ program resides on your computer, while it’s data resides on a secure internet server in the cloud.

We are committed to providing you quality service and outstanding resources. We strive to promote MNT as a key element of quality healthcare. If you have any comments or suggestions, please contact us. We are dedicated to your success.

Why the MNT Assistant™?
There are many other applications that do scheduling, billing and help document notes. Some are even free. The MNT Assistant™ was made for RDNs by RDNs. Medical Nutrition Therapy documentation requirements can be very confusing; some are unique to RDNs (such as use of the nutrition care process) and many are required for reimbursement. The Academy of Nutrition and Dietetics (AND) created the Nutrition Care Process to enhance communication; we developed MNT Assistant™ to enhance profitability and practice.

System Requirements

Operating System - Windows 7 or greater
CPU - 1 Ghz or greater
Memory - 2 Gb or greater
Display - 1024 × 768 or greater

Installation

To install the MNT Assistant™ you can download it from this link:
http://lynngobbledesigns.com/mntassistant/MNTAssistant4.exe

Note: The installation will install Microsoft Access 2013 32 bit runtime unless you have Access 2013 32 bit or greater already installed. It will also install an SQL server component to connect to SQL Azure where your database is stored.

Known Installation Issues:
Access 2010/2013/2016 64 bit: If you have Access 2010/2013/2016 64 bit then you will need to uninstall it and install the runtime that came with the installation or the 32 bit version. The MNT Assistant™ is not compatible with these versions.

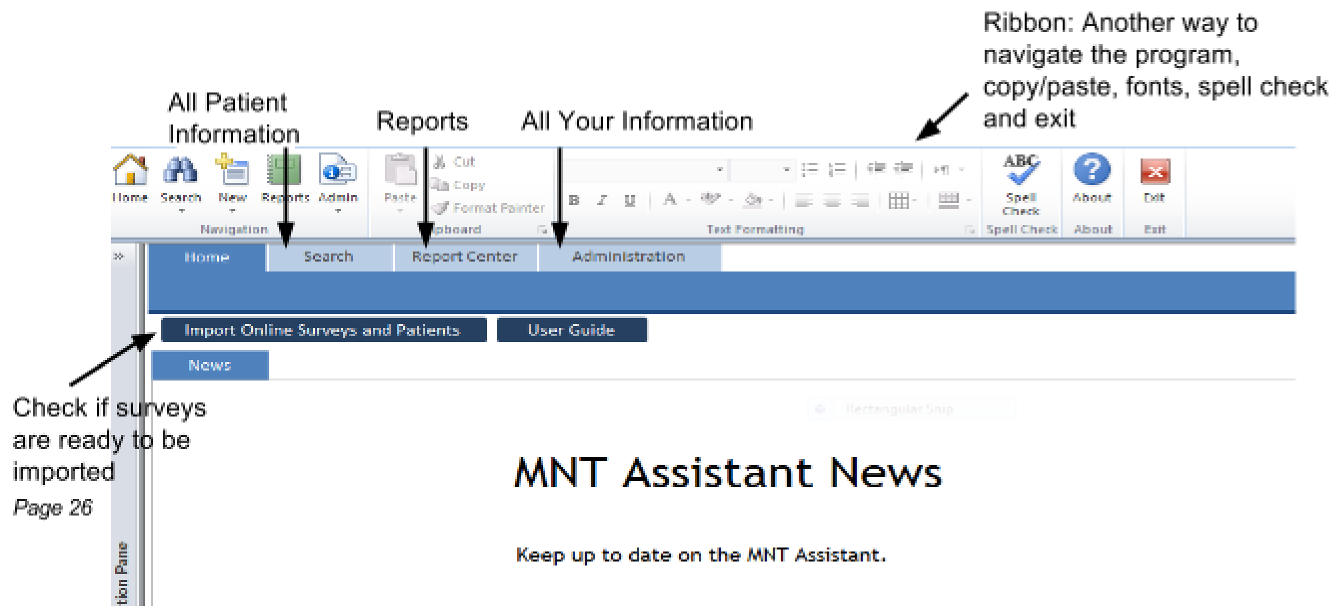
Antivirus: Some antivirus programs will prevent or warn you when downloading or updating the MNT Assistant™. If you have trouble downloading or updating the MNT Assistant™. Disable your antivirus for a few minutes and try again.

Updates

When an update is available it will tell you to update before you login. The update usually takes a few minutes with broadband internet. Some antivirus software have issues with the update process. If you have trouble updating disable the antivirus for a few minutes while it updates.

Getting Started

After you login with your username and password the screen below will come up.

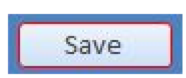


Basic’s on How to Use the Program.

- **Before you can start seeing patients,** you need to first enter in your information. Click the administration tab. The practice tab comes up. Follow the guide below and fill in the practice, facility and provider forms.
- At the top right of almost every form are two buttons.
  - “Edit/Create/Save” button

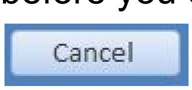
    

    or
    

    or
    

    - “Create” - This will create a new record based on the data you inserted. Note: * next to a field means it is required.
    - “Edit” - Allows you to edit the forms fields.
    - “Save” - Saves your data, your data will not be saved until you click this button.

  - “Cancel” button: Discards your current data and puts back what was there before you edited the form.

- More Common Buttons Throughout the MNT Assistant™
    - “Delete” button: Deletes the current record. BEWARE This can not be undone.

       or 
    - “Show All” text button: Shows all records in the search results

    - Record Navigation Selectors: If you don’t see all your records listed use these buttons to navigate to the next list of records.

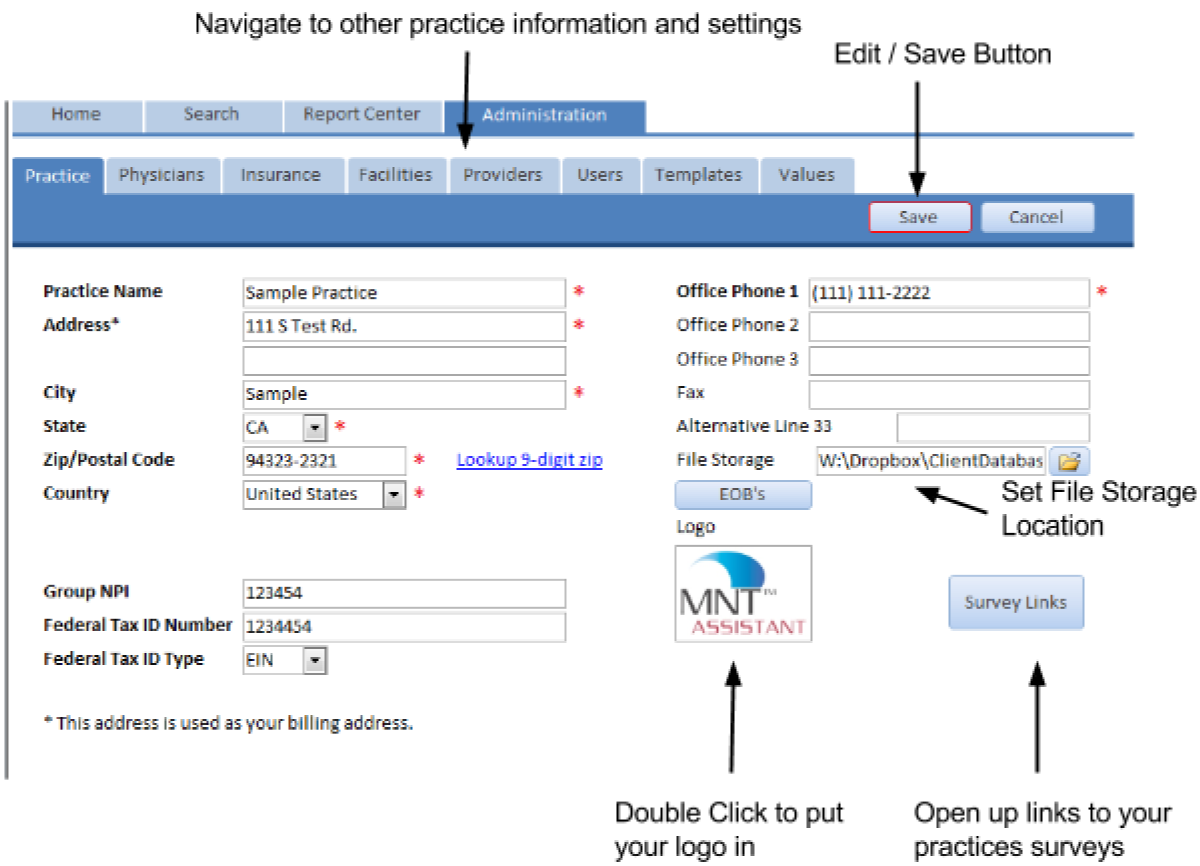
- You can’t create a claim in the MNT Assistant™ unless you have all the required fields. If a field name is **bolded** it is required to create a claim.

Administration Tab

Before you start you will need to setup your practice specific information. Information on each tab under the administration tab is listed below.

Practice

The Practice tab provides a place to record the contact information of your main office or where you want clients, payers or insurance companies to send their payments.



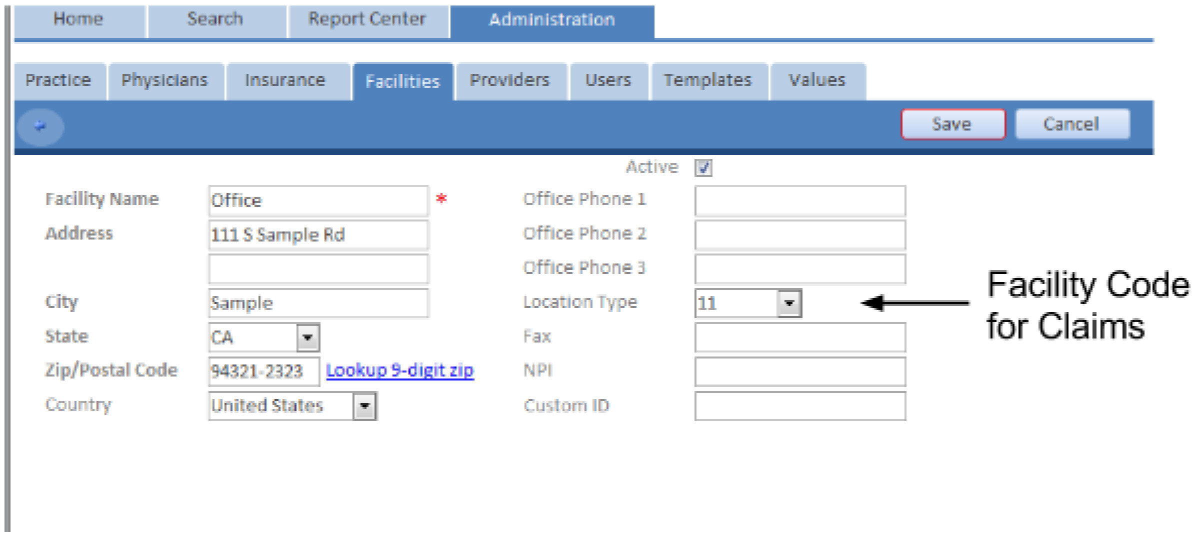
Fields:

Practice Name - Name of your practice, will appear at the top of all reports. Claim line 33.
Address - Practice Address, will be put in the biller address fields in a claim. Claim line 33.
Lookup 9-Digit Zip - Link to zip code lookup website. Claims now require 9 digit zip codes for billers. Claim line 33.
Group NPI - Your practice's Group NPI number. Claim line 33A.
Federal Tax ID Number - Your practice's Federal Tax ID Number. Claim line 25.
Federal Tax ID Type - Select SSN (Social Security Number) or EIN (Entity Identification Number). Claim line 25
Office Phone 1 - Main Phone Number. Claim line 33.
Office Phone 2 - Additional Phone Number.
Office Phone 3 - Additional Phone Number.
Fax - Fax Number.
Alternative Line 33 - Enter a different practice name here if you want a different one to appear in your claims line 33.

File Storage - Sets the location on your computer where you store patient files. You have to secure this location to keep your practice HIPAA compliant.
Logo - Double click the logo to add or edit your logo that will appear in your reports.
Survey Links - Shows your unique web links for your patient's to take online surveys.

Facility

The Facilities tab provides a place to record the contact information for each location of your practice. This may or may not be the same as your practice location information. This is where you provide services. If you have multiple locations, please record the information for each location. Give each one a unique name.



Fields:

Active - Defaulted to "Yes". Uncheck when you are no longer using this location.
Facility Name - Name of facility. Like office, home, hospital, etc.. Claim line 32.
Address - Facility Address, will be put in the facility address fields in a claim line. Claim line 32.
Lookup 9-Digit Zip - Link to zip code lookup website. Claims now require 9 digit zip codes for billers.
Office Phone 1 - Main Phone Number. Claim line 32.
Office Phone 2 - Additional Phone Number.
Office Phone 3 - Additional Phone Number.
Location Type - Type of location according to claim line 24b.
Fax - Fax Number.
NPI - Facility NPI (optional)
Custom ID - A field you can label and store whatever you like. See the Custom Fields tab under the Values tab to edit the name of this field.

Providers

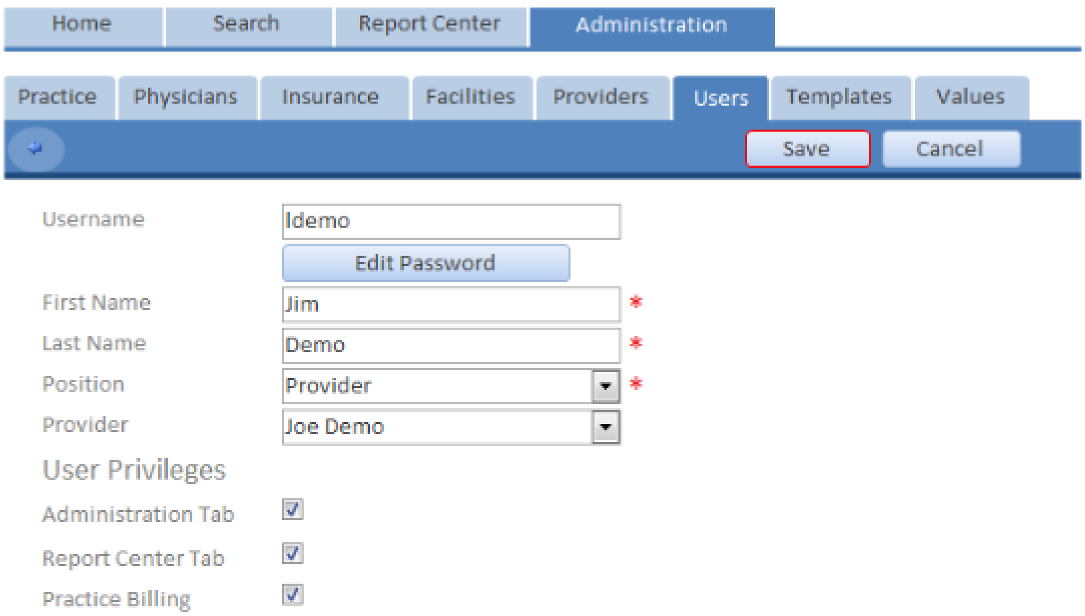
The Providers tab allows you to record the identity and contact information for all providers seeing patients in your practice.

Fields:

Active - Defaulted to “Yes”. Uncheck when provider is no longer at your practice.
First Name - Provider’s First Name
Middle Initial - Provider’s Middle Initial
Last Name - Provider’s Last Name
Provider’s Suffix - Provider’s Suffix (like RD, MCHES, etc..)
Address - Provider’s Address
NPI - Provider’s NPI Number
Medicare PIN - Provider’s Medicare PIN
Accepts Assignment - Check this if provider accepts assignment of insurance company payments for claims. Claim line 27.
Home Phone - Provider’s Home Phone
Mobile Phone - Provider’s Mobile Phone
Office Phone - Provider’s Office Phone
Office Ext. - Provider’s Office Extension
Fax - Provider’s Fax Phone
Custom ID 1 - This field name can be edited in the the custom fields tab. This field is defaulted as “PTAN”.
Custom ID 2 - This field name can be edited in the the custom fields tab.
Note - Any notes you want to add for this provider

Users

The Users tab provides a place to record more information about the people using the MNT Assistant™ and to assign permissions or privileges. This tab is found under the Administration tab. Select the user you want to edit from the record selection window. You will find the users pre-assigned to use the MNT Assistant™ (to add or remove users, please contact our support staff). User program rights are assigned to each user when the program is initially setup by our support staff. The primary user of the MNT Assistant™ will be assumed the practice administrator and given administrative rights. They will be the only user given administrative rights (the administrator may give other users administration rights as needed). This means that the administrator will be able to see all users, change user types, assign providers and change user privileges. Please record all providers on the **Providers** tab before working on the **Users** definitions.



Fields:

Username - Name this user logs in as.
Edit Password - Click here to change your password.
First Name - User's First Name.
Last Name - User's Last Name.
Position - User's position in your practice.
Provider - If the user's position is "Provider" then this field appears. Select the associated provider from provider tab for this user.

User Privileges:

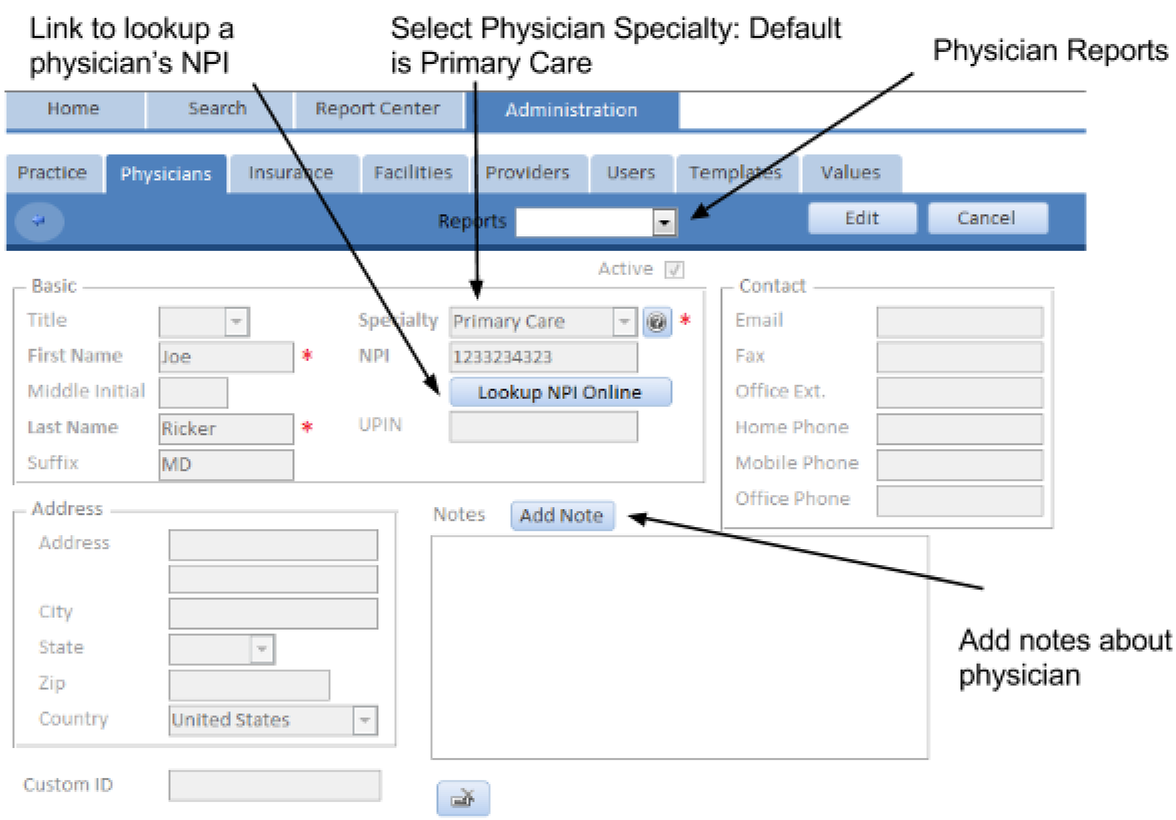
Administration Tab: When this is unchecked, the user will not be able to access the Administration tab. They will not have access to your list of physicians, payers, providers, practice, facilities, templates, values and user information.

Report Center Tab: When this is unchecked, the user will not be able to access the Report Center tab. They will not have access to the overall practice and accounting reports.

Practice Billing: When this is unchecked, the user will not be able to access the practice wide billing features. They will still be able to access individual information at the session level and record individual payments in the patient record.

Physicians

The Physicians information tab allows you to record and access the physician or other health care provider's (FNP or PA) contact information. This information is for your reference and used in preparing claim records and communications.

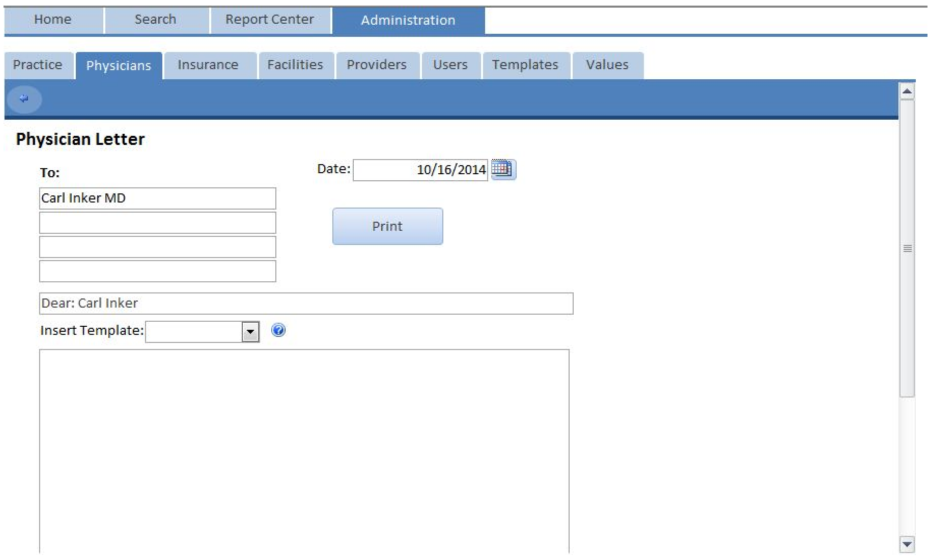


Fields:

Title - Select physician's title like (Dr., Mr., etc..)
First Name - Physician's first name.
Middle Initial - Physician's middle initial.
Last Name - Physician's last Name.
Suffix - Physician's suffix like (MD, LN, etc..).
Specialty - Select the physician's specialty from the drop down list. You can edit the drop down list in the values tab under administration. This field is required.
NPI - Physician's NPI number. Click the button below it to go to a website that looks up physician NPI numbers. Insert into claim line 17b.
UPIN - Physician's UPIN number.
Address - Physician's Address
Email - Physician's Email
Home Phone - Physician's Home Phone
Mobile Phone - Physician's Mobile Phone
Office Phone - Physician's Office Phone
Office Ext. - Physician's Office Extension
Fax - Physician's Fax Phone
Note - Any notes you want to add for this physician
Custom ID - A field you can label and store whatever you like. See the Custom Fields tab under the Values tab to edit the name of this field.

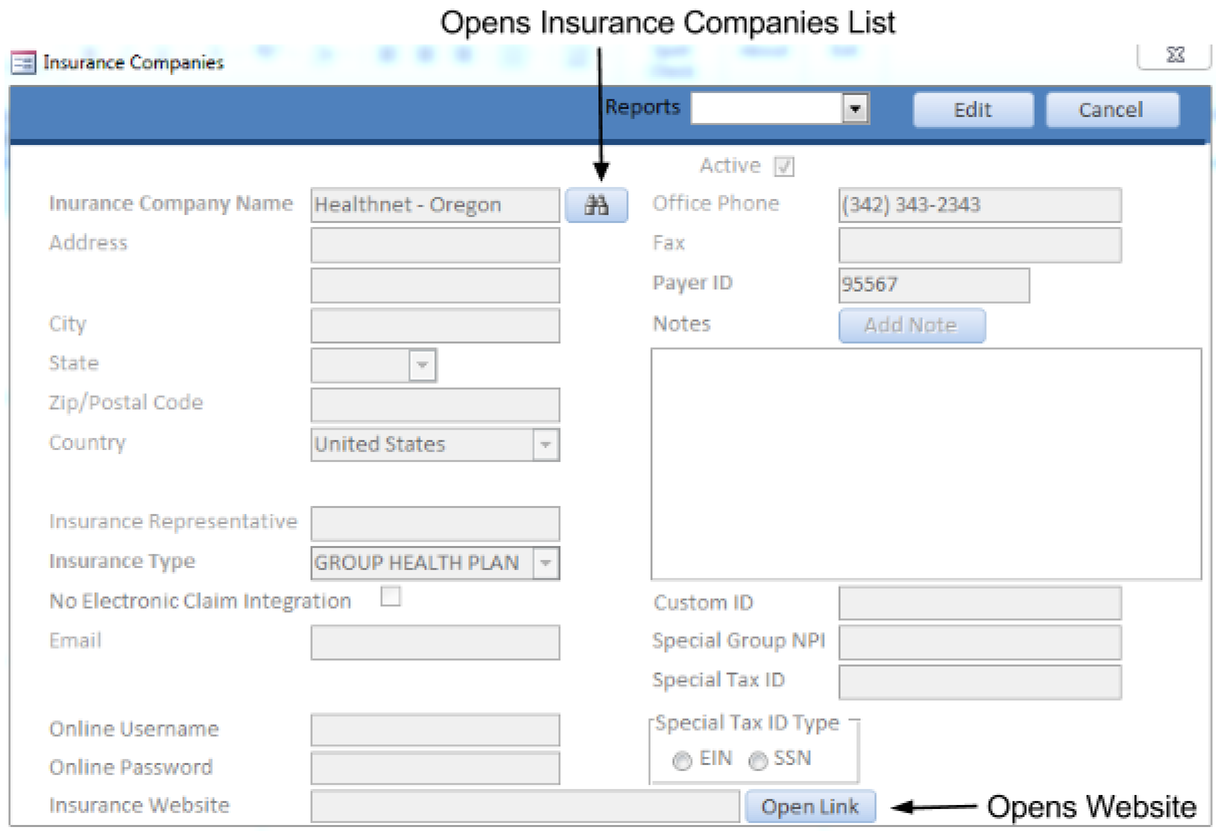
Reports Drop Down Menu

- **Physician's Patients** - List of this physician's patients.
- **All Physician's Patients** - List of all physician's patients.
- **Physician Labels** - List of all physician's addresses.
- **Physician Information** - Report of all information in this tab.
- **Physician Letter -** Create a Microsoft Word document in a letter template with the physician's information filled in as well as a custom template. (see image above)



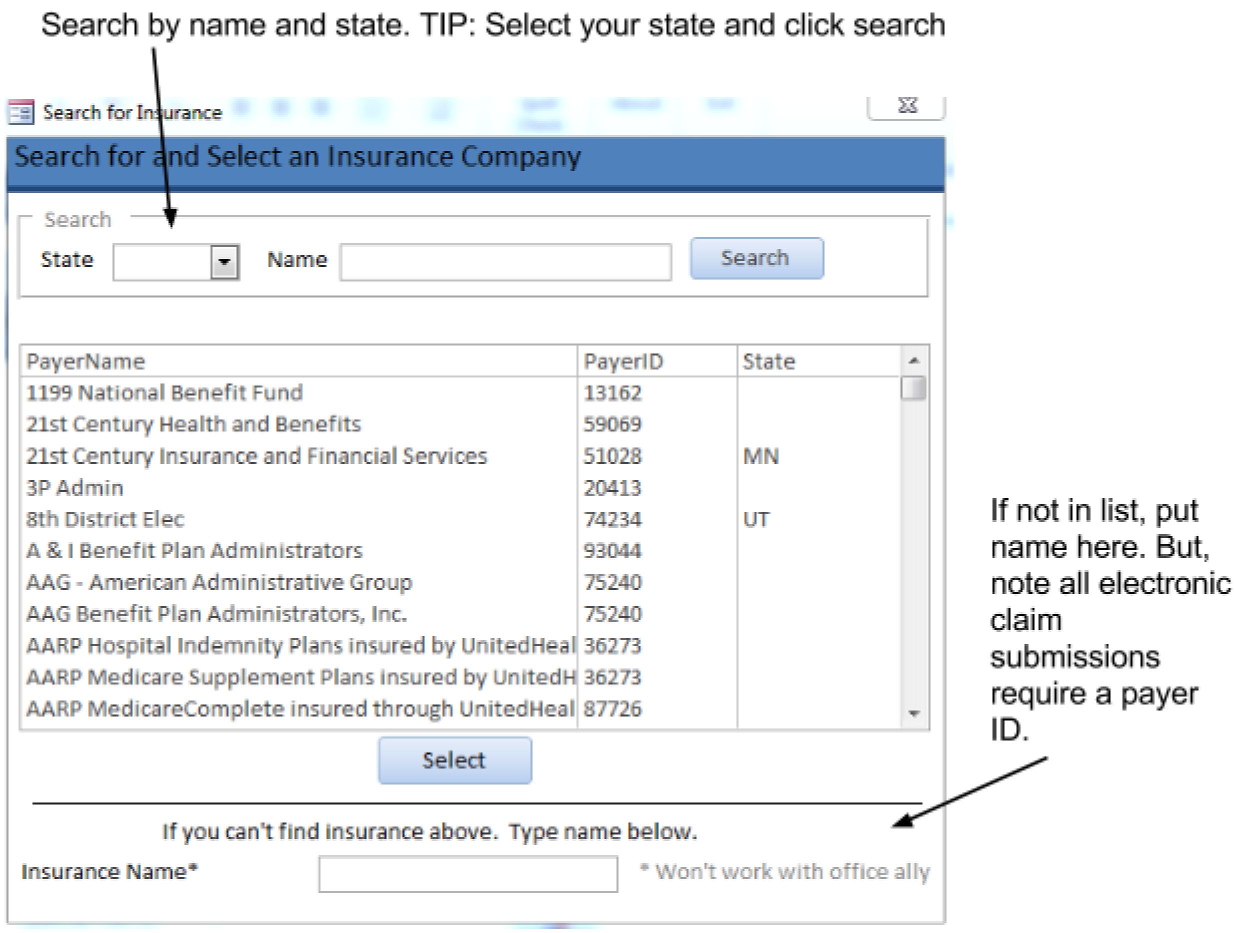
Insurance Companies

The Insurance tab provides a place to record the identity and contact information for each health plan/payer organization. When you copy a patient's insurance information card, check that you don't already have that payer in your database. You may have it by a slightly different name. But, be aware that it's not unusual for different payers to have the same electronic 'Payer ID.'



Fields:

Insurance Company Name - Click the binoculars button to search for the payer you want to add. (see image below)



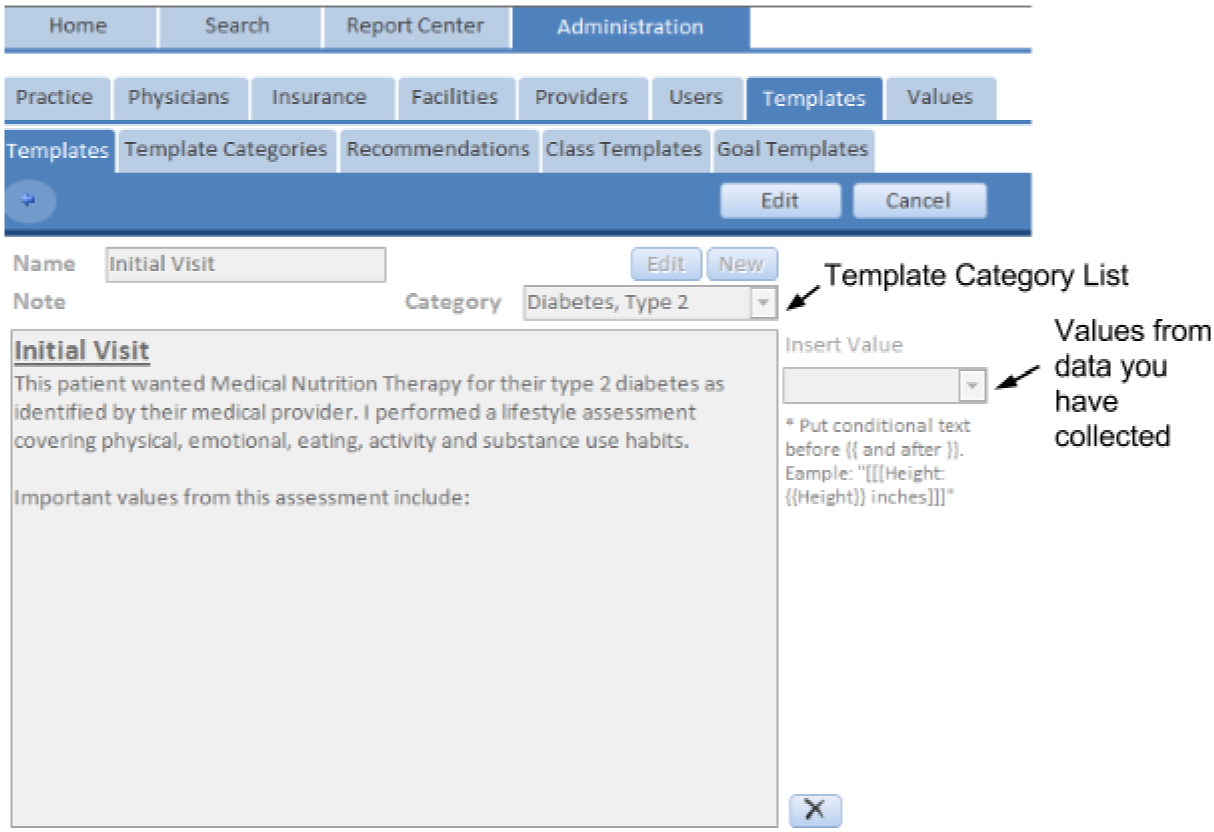
Address - Insurance company's address.
Office Phone - Insurance company's phone number.
Fax - Insurance company's fax number.
Payer ID - Insurance company's unique ID number used to identify the payer.
Insurance Representative - Your insurance company representative.
Insurance Type - This is the type of insurance designated on a claim form line 1. Most payers are “Group Health Plan” which is the default. If you the payer is medicare or medicaid make sure it is selected in this field.
No Electronic Claim Integration - Check this if the insurance company doesn’t process electronic claims. If checked it won’t send them electronically.
Email - Insurance company's email.
Note - Any notes you want to add for this insurance company.
Custom ID - A field you can label and store whatever you like. See the Custom Fields tab under the Values tab to edit the name of this field.
Special Group NPI - If your Practices Group NPI number is different for this insurance company.
Special Tax ID and Type - If your Practices Tax ID number is different for this insurance company.
Online Username - Store your online username for the online portal to this insurance company.
Online Password - Store your online password **HINT** for the online portal to this insurance company. Note: if you store the password here you may not be HIPAA compliant.
Insurance Website - website address to your insurance company’s online portal.

Reports Drop Down Menu:

- **Insurance Patients** - List of this insurance company’s patients.
- **All Insurance Patients** - List of all insurance company’s and associated patients.
- **Insurance Labels** - List of all insurance company’s address’. (compatible with Avery 5960 labels)
- **Insurance Information** - Report of all information in this tab.

Templates

The Templates tab provides the template content you will use throughout the program. Templates are available to help write chart notes, tailor your recommendations, create and describe group sessions and to set up specific templates for goals.



Fields:

Name - Template Name

Category - Select a Template Category from the drop down list. You can also edit or create a new template category using the buttons right above it.

Note - Type your template here. You can make your template dynamic by inserting placeholders from your database that will display your patient's data when it gets inserted. For example to insert the Height value. Use this "[[[{{Height}}]]]". When you use this template code in the MNT Assistant™ it will insert the sessions height value. If there isn't a value it will insert nothing. You can also put text before and after {{}}, like [[[Height: {{Height}} inches]]]. For a session with a height value of 72 this will insert "Height: 72 inches". If there was no height entered this would insert nothing.

Template Categories

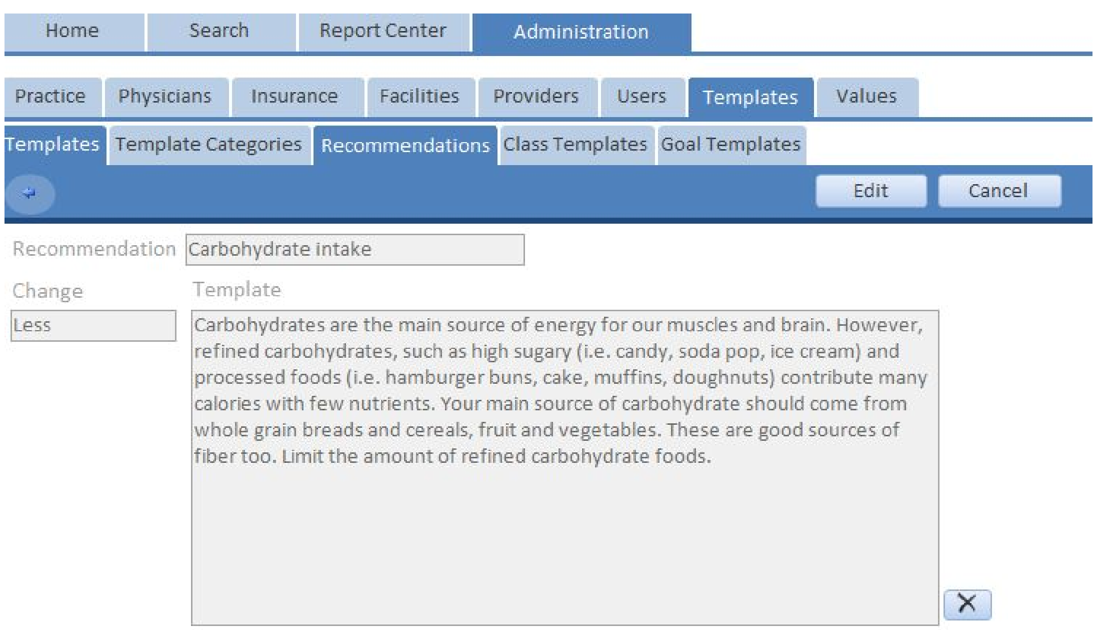
Here is where you can create or edit template categories. Template categories help you organize your session templates so they may be easy to find and select when you are preparing your session notes.

Fields:

Name - Template Category Name

Recommendations

After counseling a patient you have the opportunity to prepare a tailored handout of recommendations based on your assessment and intervention conservation. The recommendations templates contain the text used to create these recommendations. Here you may add, remove or edit recommendations, as you wish. A set of recommendations is already prepared for you but you can tailor them here to meet you and your patient’s needs.

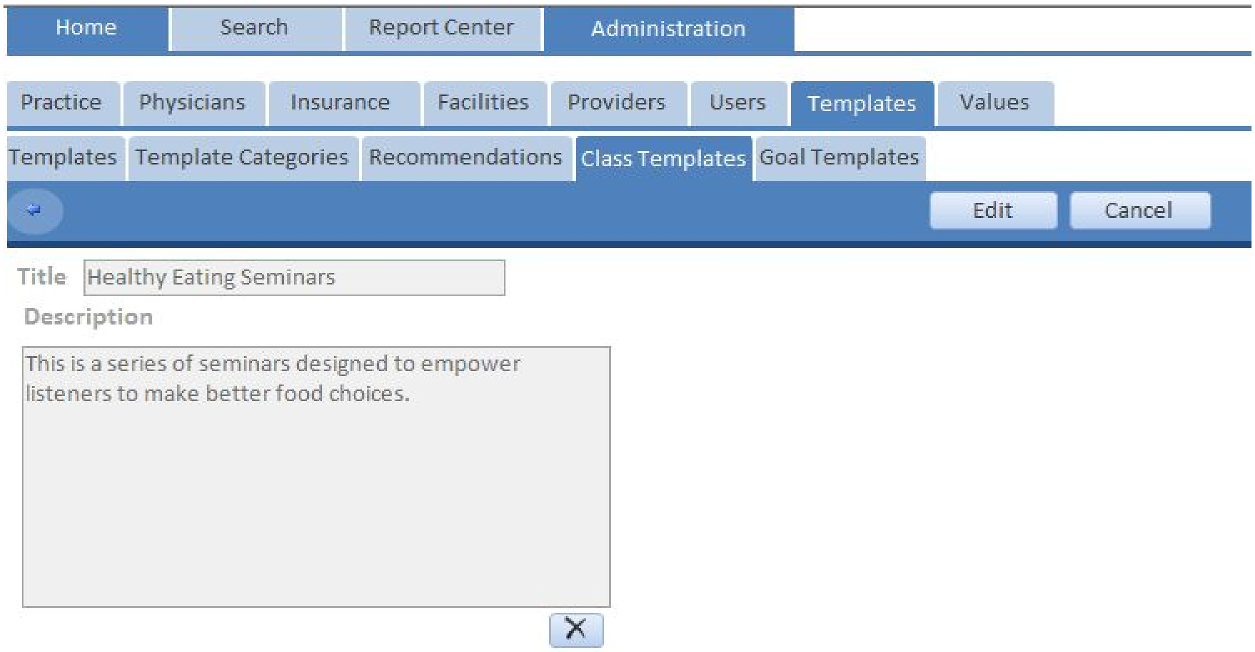


Fields:

Recommendation - Recommendation Name
Change - Recommendation Change - usually More or Less.
Template - Insert your Recommendation Here

Class Templates

Here you may identify and describe the templates for groups sessions or courses you will be conducting within your practice. For example if you do two types of Diabetes Self-Management Training (DSMT) courses (initial course and follow-up course), you name and describe them each here.

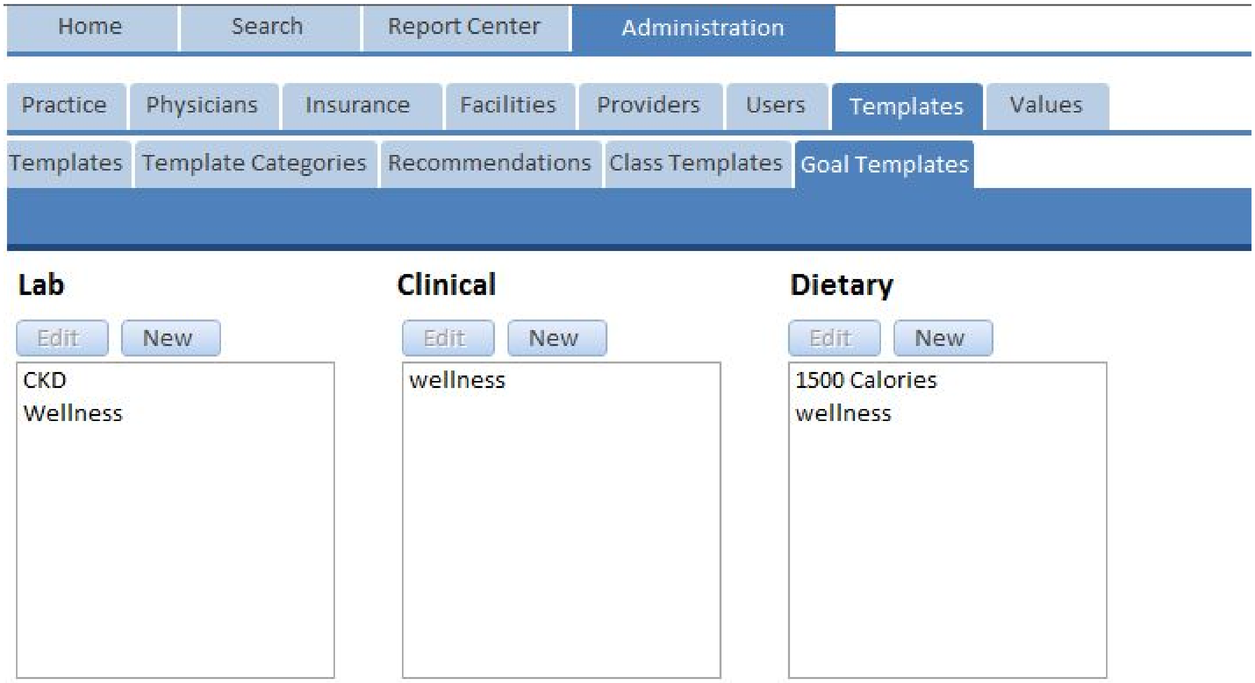


Fields:

Title - Name of course
Description - Description of course

Goal Templates

Here you have the opportunity to create and edit different sets of goals. You are able to create sets of initial goals for Lab values, Clinical test values and Dietary assessment values. For example, if there are dietary prescription you often use, then create a Dietary goal set for those dietary guidelines. Provide a unique description for each one so you may easily recognize the set you want when you are preparing your patient records.


Home
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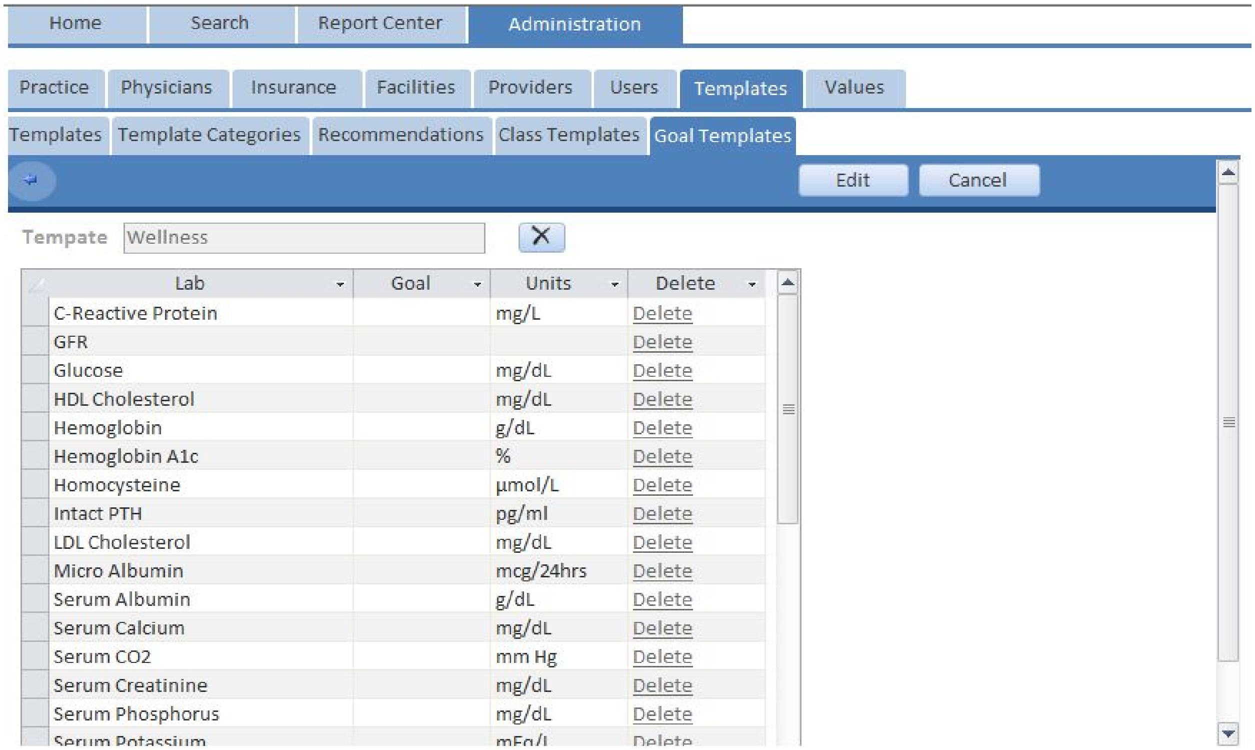
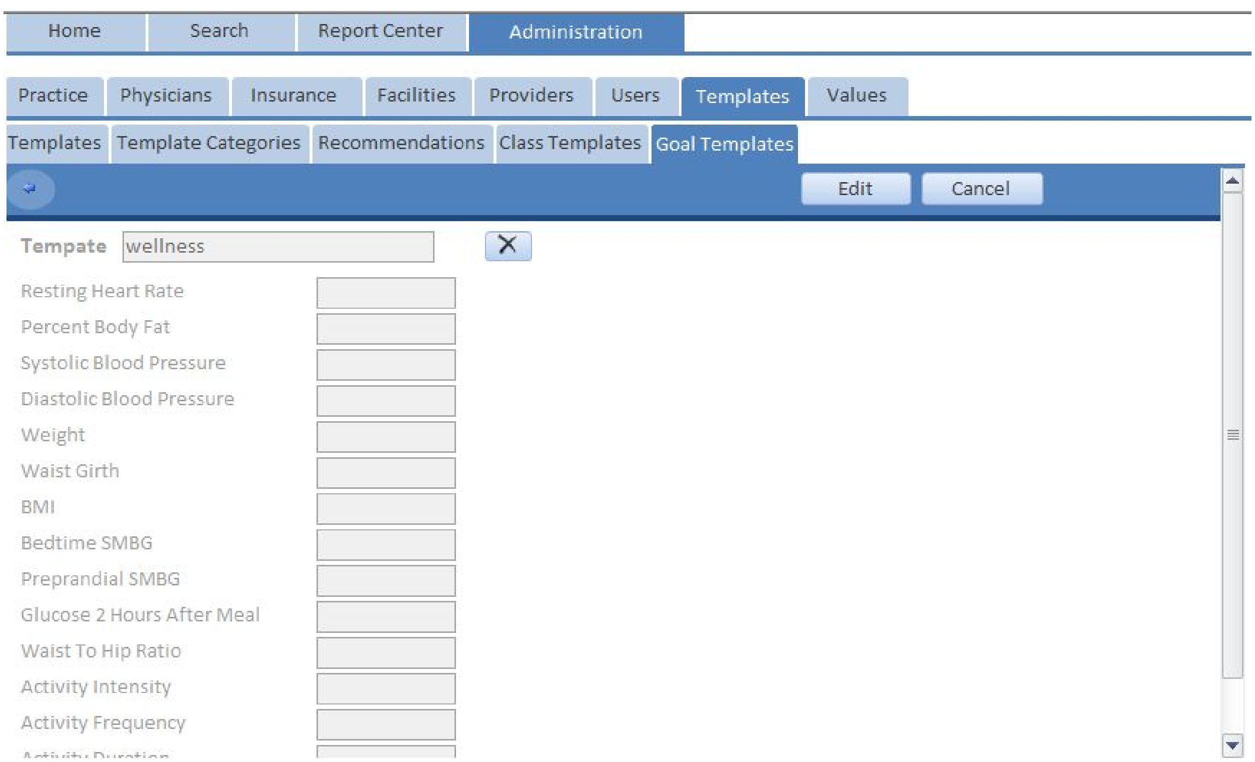
Class Templates
Goal Templates
Lab
Edit
New
CKD
Wellness
Clinical
Edit
New
wellness
Dietary
Edit
New
1500 Calories
wellness

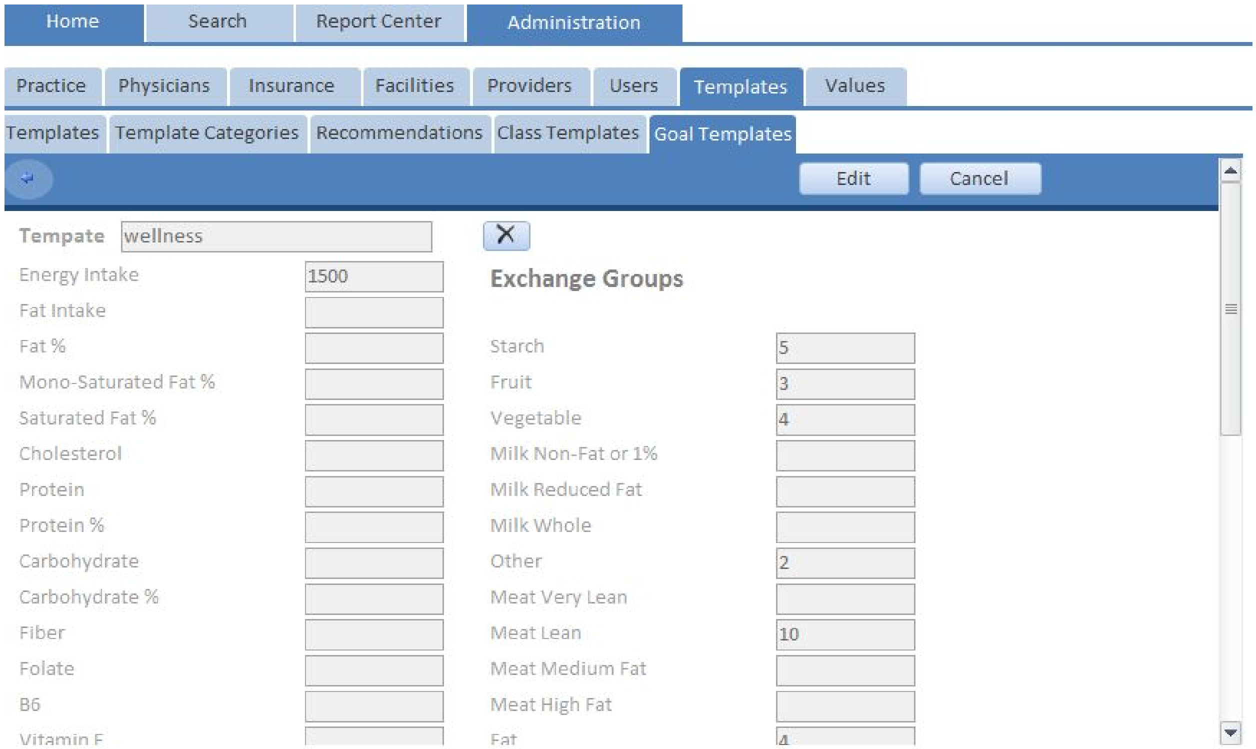
Lab Goal Templates



Clinical Goal Templates



Dietary Goal Templates



Values

Under the Values tab you will be able to find and edit important lists used throughout the program.

CPT Code	Description	Charge	Minutes per Unit	Not Time Based
97802	MNT Initial One-on-one	$37.50	15	False
97803	MNT Follow-up One-on-one	$37.50	15	False
97804	MNT Group	$25.00	30	False
G0108	DSMT One-on one	$150.00	60	False
G0109	DSMT Group	$25.00	30	False
96150	Dietetic Counseling Initial One-on-one	$37.50	15	False
96152	Dietetic Counseling Follow-up One-on-one	$37.50	15	False
96153	Dietetic Counseling Group	$12.50	15	False
S9470	Nutritional Counseling Dietitian Visit	$150.00		True
A3020	Quality control test (1)	$0.00		True

CPT Codes

Here you will be able to store the HCPCS and CPT service codes required for billing. These may or may not be time-based codes. For a time-based code, indicate the unit of time. For example 97802 is a 15 minute unit whereas 97804 is a 30 minute unit. If there is no time factor, leave the time blank and check the “Not time based” box. The codes accompanying the MNT Assistant™ are examples of codes you may record in this section. Click on the “Report” button to view or print a listing of all your codes, descriptions and amounts.

For your information, according to CMS:

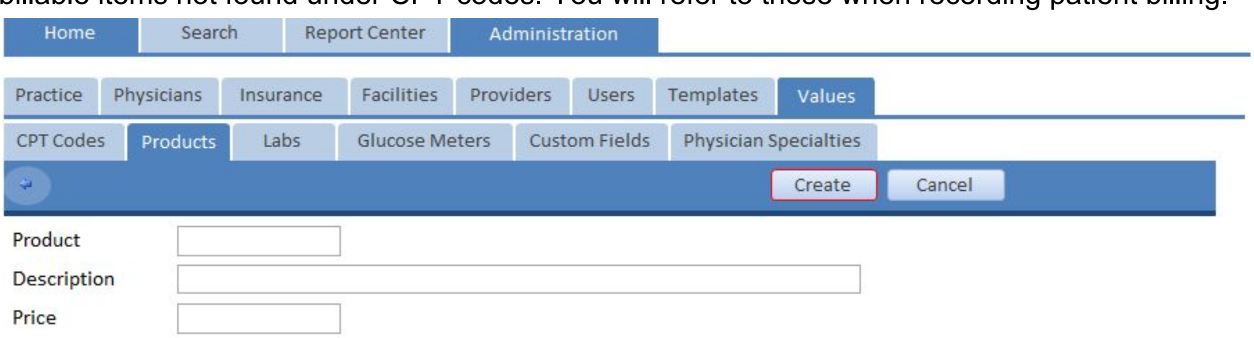
Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA). The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other healthcare professionals. These healthcare professionals use the CPT to identify services and procedures for which they bill public or private health insurance programs. Decisions regarding the addition, deletion, or revision of CPT codes are made by the AMA. The CPT codes are republished and updated annually by the AMA. Level I of the HCPCS, the CPT codes, does not include codes needed to separately report medical items or services that are regularly billed by suppliers other than physicians.

Fields:

CPT Code - HCPCS or CPT service code.
Charge - Charge per unit
Minutes per Unit - Minutes it take for 1 unit.
Not Time Based - Check this if the CPT code is not time based.

Products

The Products tab provides a place to store a list of all the products you will be offering in your practice. These include other therapeutic services, assessment procedures, books, supplements, courses, coaching and other billable items not found under CPT codes. You will refer to these when recording patient billing.

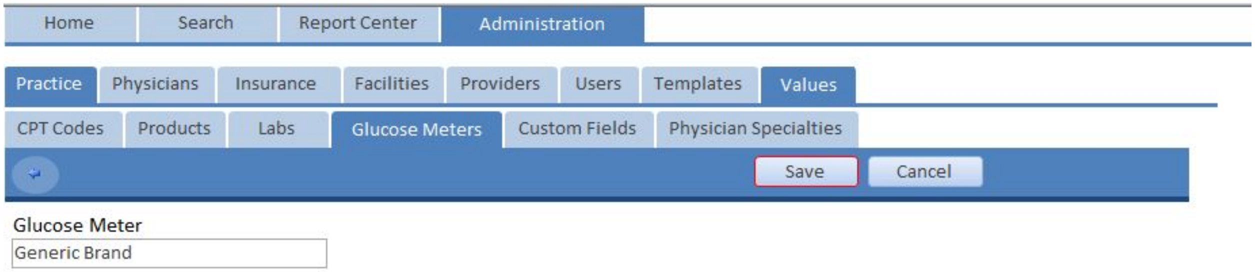


Fields:

Product - Name of the product.
Description - Description of the product.
Price - Price for 1 product.

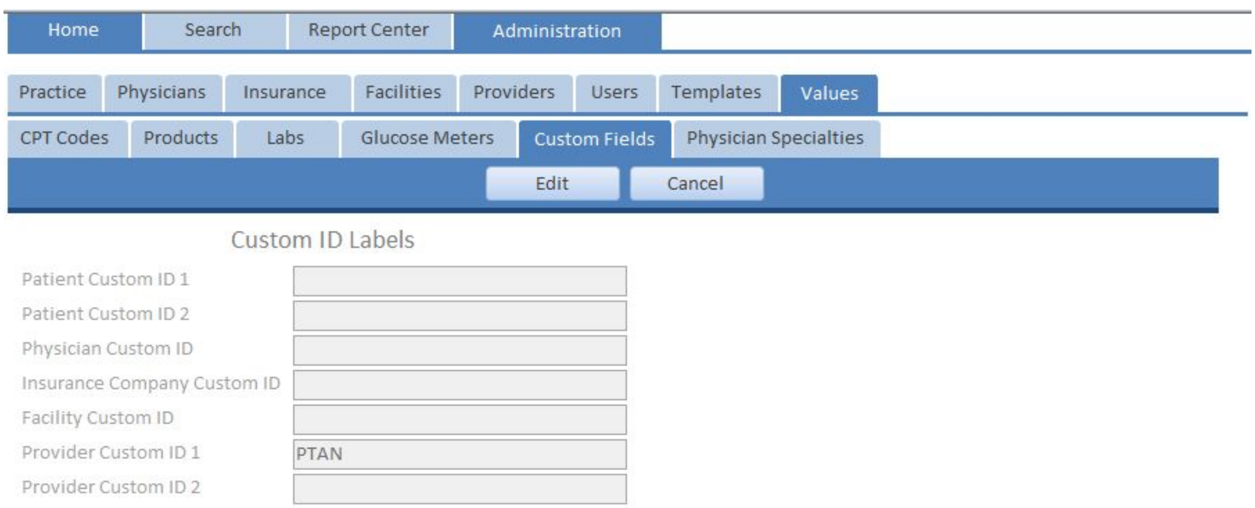
Glucose Meters

Here you may add or edit meter names and descriptions. The glucose meter names are used when recording self-management glucose and insulin values in the “Blood Glucose” patient survey.



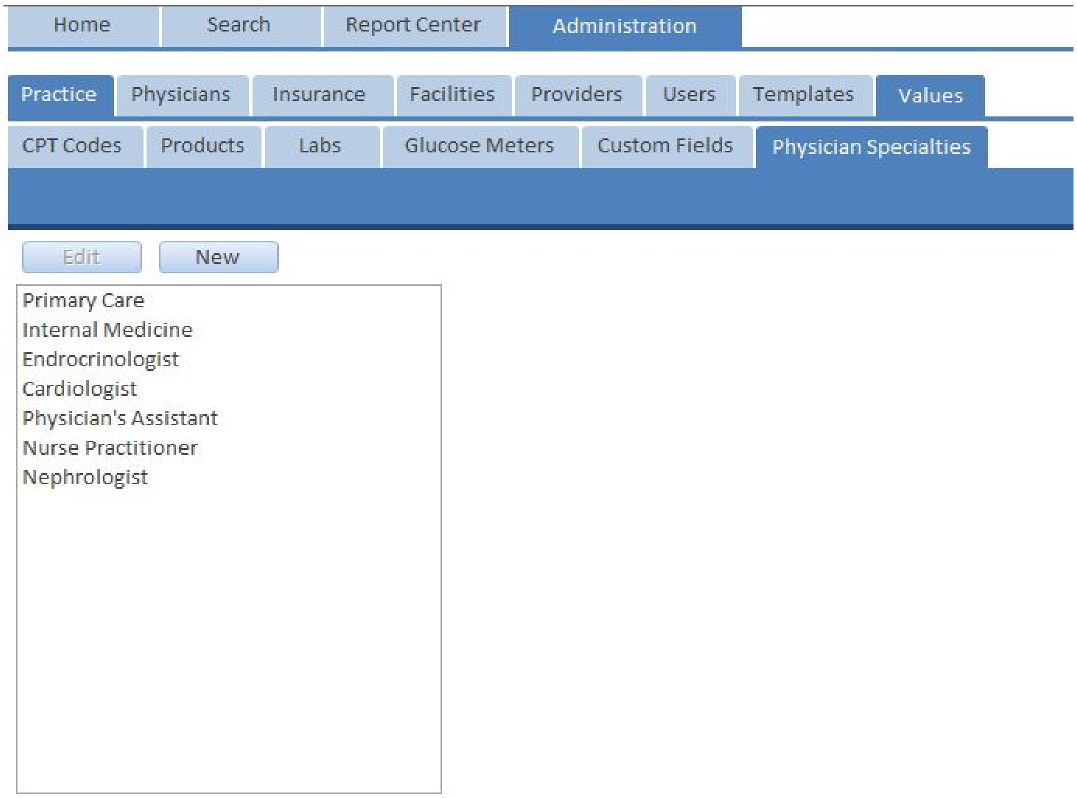
Custom fields

There are fields on various forms that you may label anything that works for you. For example in the Physician’s information window, there is a field label “Physician Custom ID”. Here in the Custom Fields window you can change that label to something else, such as “Private Line” or “Office Password” or whatever you need. In addition to the Physicians custom field, there are two custom fields in the Patients demographics window, one for Insurance, one for Facilities and two for the Providers.



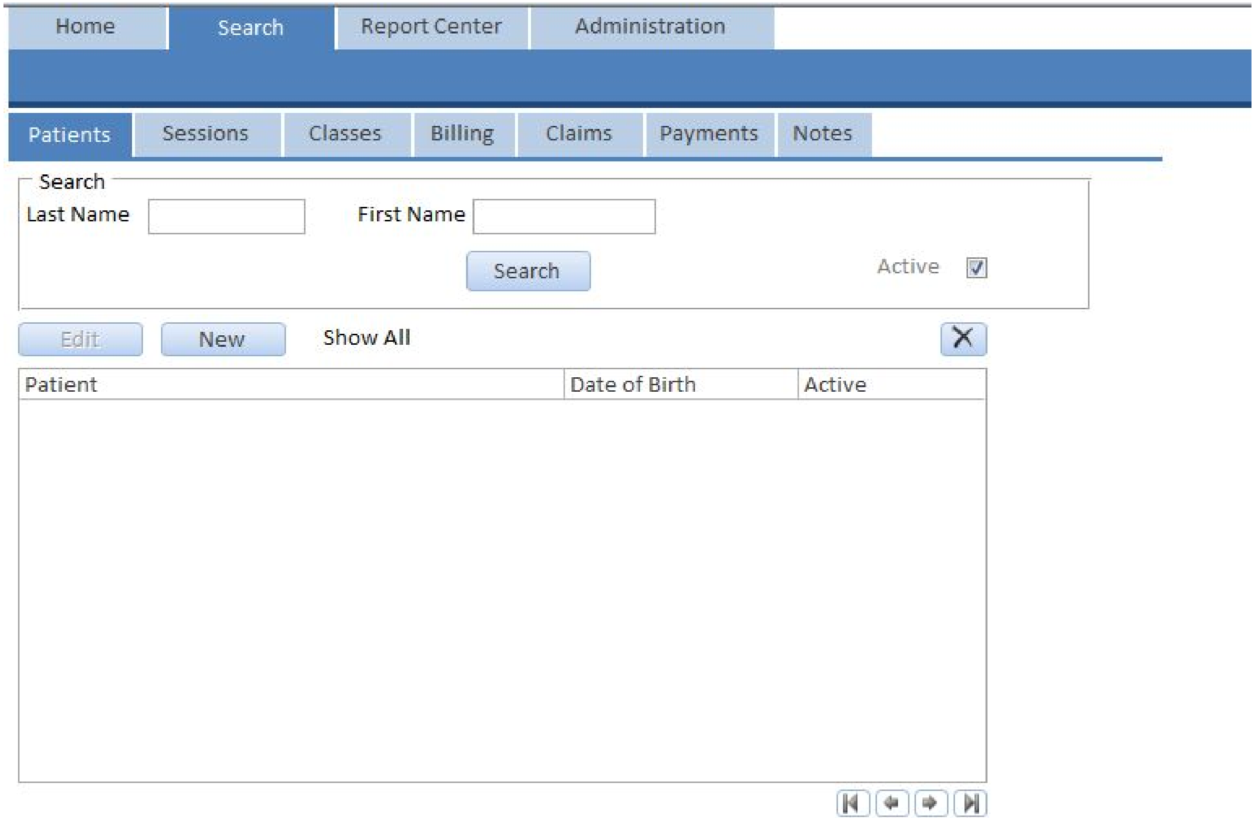
Physician Specialties

Here you will be able to add or edit the list of specialty names that appear in the Physicians information window.



Search Tab

The search tab allows you to find the record you want. Each tab will display up to 30 results at a time, to see more results use the record selectors on the bottom. To open a record select it and click the edit button or double click on it. If you want to see all the records in your database click the “Show All” button.



Patients

Search for and create a patient. Opens a patient’s record.

Sessions

Search for a specific patient’s session. Opens a patient’s session record.

Classes

Search for and create a class. Opens a class or group session.

Billing

Search for and create a billed item. Opens a billed CPT code or product.

Claims

Search for a claim or electronically export your claims to Office Ally. Open a patient’s CMS 1500 form claim.

Payments

Search for and create a payment. Open an individual payment or reconcile an explanation of benefits (EOB) payment from an insurance company.

Notes

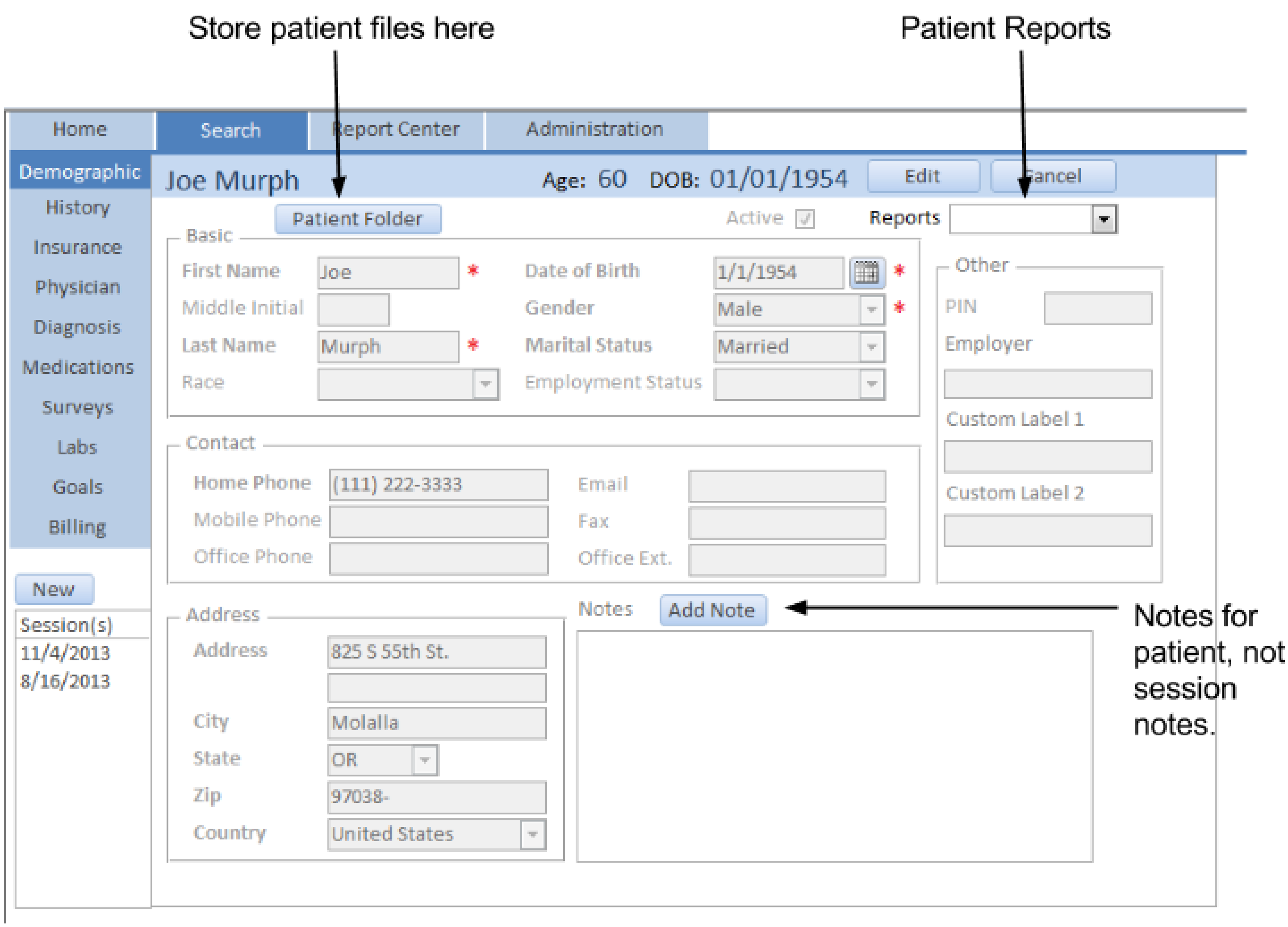
View all your notes recorded in all the different parts of the program except for session notes. These notes come from: patients, patient physicians, patient insurance companies, billed items, payments and more.

Patients

In a patient's record, along the left margin of your screen is a list of other information about that patient. These include Demographics, Insurance or payer information, Physician (a record of all the medical providers referring or treating this patient), Diagnosis (a list of diagnosis and the provider that provided the diagnosis), Medications, Surveys (responses and results from surveys, profiles and records provided by patient), Labs, Goals and Billing. Under "Session(s)" in the left margin you will create new or view previous MNT session notes.

Patient Demographics

The Demographics window provides all of the demographic and contact information for your patient.
To save time, invite patients to complete this form on their computer or digital device with access to the Internet. Send your client an email with a link to the online enrollment form. After you have imported their data (see Importing Surveys page 39) you may view and edit this information. The imported notes section on this page will contain the patient's insurance and physician information.
Tips: Much of this information will be used in processing claims including name, address, gender, date of birth, marital status, and employer.



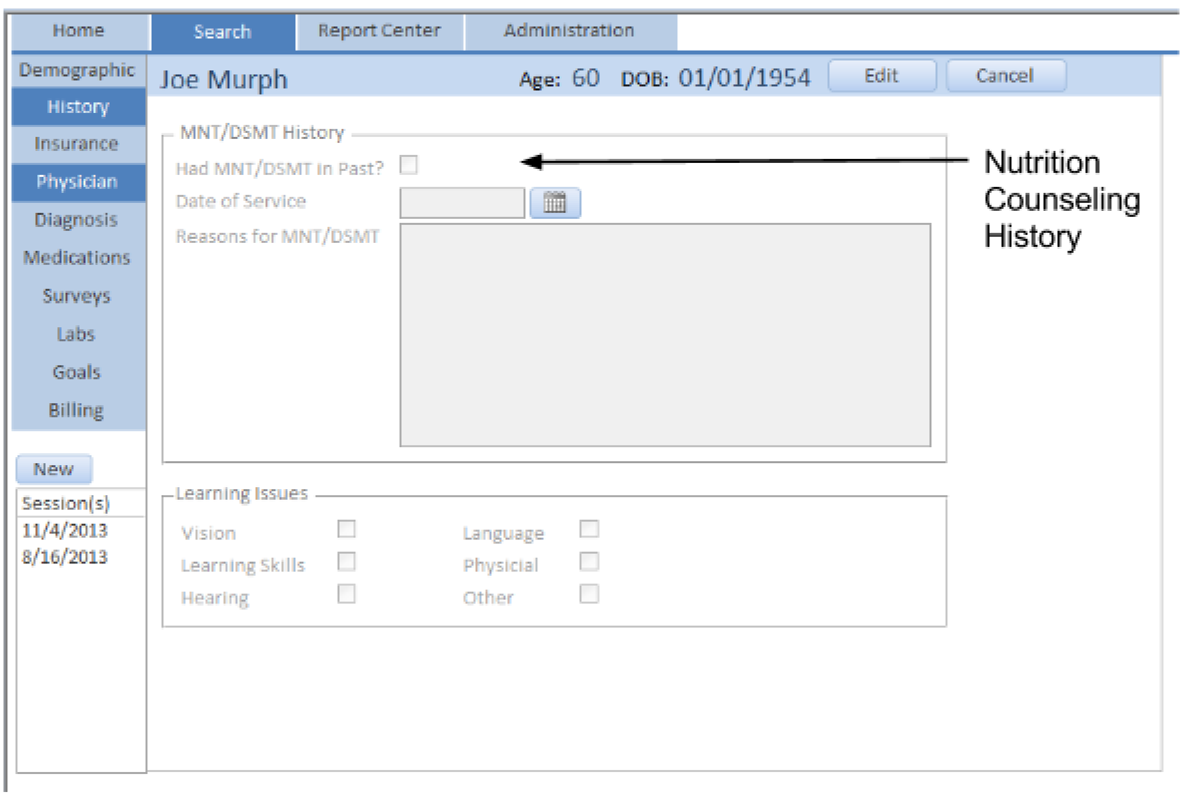
Fields:

First Name - Patient's first name. Required field
Middle Initial- Patient's middle initial.

Last Name - Patient's last name. Required field
Date of Birth - Patient's Date of Birth. Required field
Gender - Patient's gender. Required field
Marital Status - Patient's marital status. Required for claims.
Employment Status - Patient's employment status.
Home Phone - Patient's home phone or main phone. Required for claims.
Mobile Phone - Patient's mobile phone, if it is not their main home phone.
Office Phone - Patient's office phone and extension.
Email - Patient's email.
Fax- Patient's fax.
Address - Patient's address. Required for claims.
PIN - Patient's identification number. (Any PIN you want to store)
Employer - Patient's employer.
Custom Label 1 - Custom field. label can be changed in the administration tab.
Custom Label 2 - Custom field. label can be changed in the administration tab.
Note - Add notes about the patient. **NOT FOR SESSION NOTES.**
Active - Uncheck to make the patient inactive.
Patient Folder - Opens the patient's folder on your computer to store patient files. Note: Must have a storage location set in the administration tab before you can use this.
Reports Drop Down Menu:

- **Statement** - Patient statement showing all billed items, payments and balance. See patient statement on page 45 for more information.
- **Snapshot** - Report of the current state of the patient. Last dietary, labs, clinical, physician, insurance and physician information
- **Insurance** - Report of all information in this tab.

Patient History

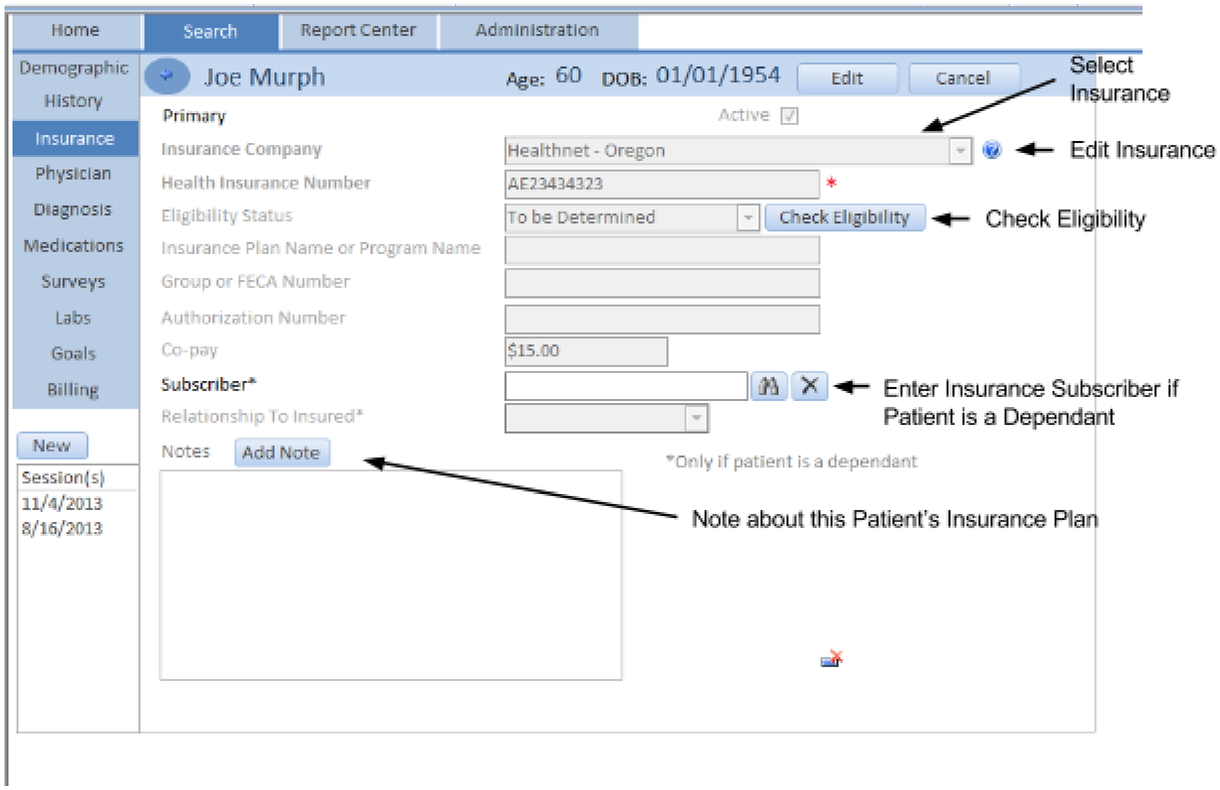


Fields:

Had MNT/DSMT in Past? - Check if they have seen a different RD in the past.
Date of Service - Date they saw previous RD.
Reasons for MNT/DSMT - Note on why they saw previous RD.
Learning Issues - Available to track learning issues for DSMT.

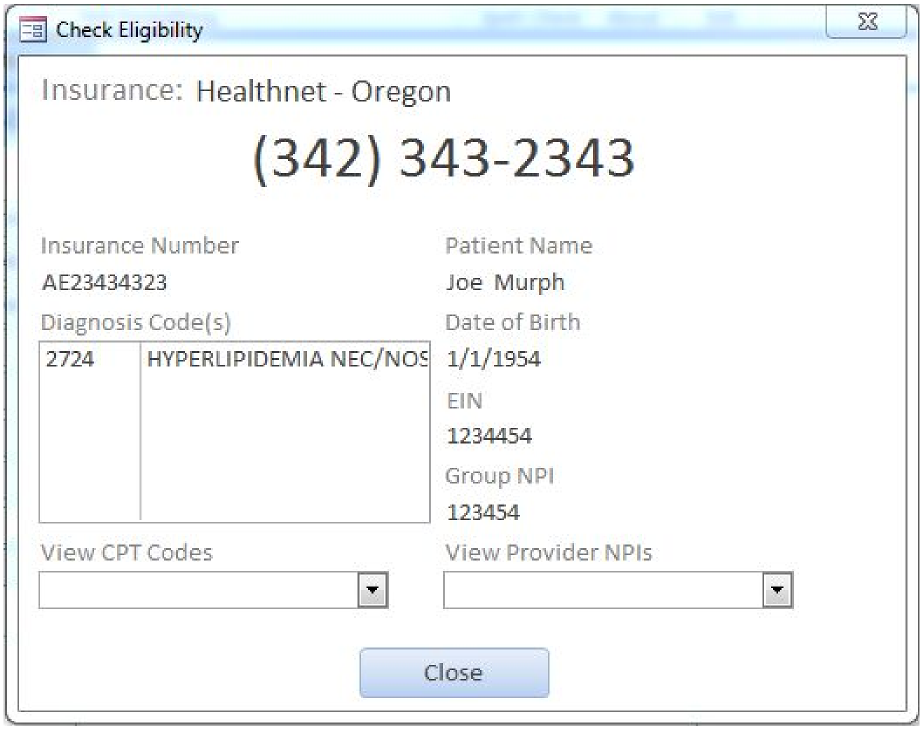
Patient Insurance

The Insurance window stores information regarding the insurance and payer organizations, their ID numbers and beneficiary status for each. This information is used when submitting claims.



Fields:

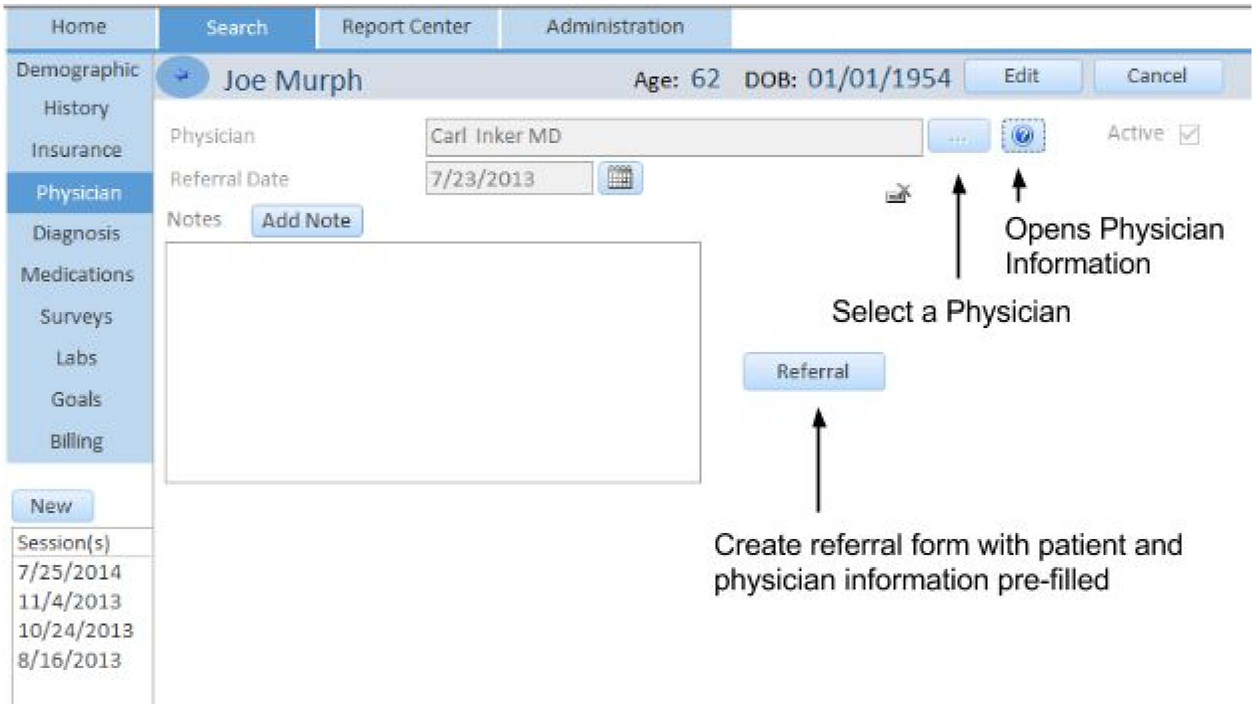
Insurance Company - Select the patient's insurance company. If it is not there click the ***Not in List*** to create the insurance company. Click the "?" button next to it to see more information on that insurance company.
Health Insurance Number - Patient's health insurance number. Found on their insurance card. Required for claims. It is recommended that you save a copy of their insurance card.
Eligibility Status - Drop down for you to keep track of patient eligibility. Click the "**Check Eligibility**" button to pull up all the information you will need when calling the insurance company to check eligibility.



Insurance Plan Name or Program Name - Name of the patient's insurance plan
Group or FECA Number - Group or FECA Number
Authorization Number - Authorization number from insurance company. For claims not usually covered.
Co-Pay - Patient's co-pay amount.
Subscriber - If patient is a dependant and someone else is the insured on their insurance plan. Put the insured here. Click the binoculars button to find the patient in your database or create them. The X button removes the patient.
Relationship to Insured - Relationship to subscriber above.
Notes - Add notes about this patient's insurance plan.
Active - Uncheck to make the patient's insurance plan inactive.

Patient Physician(s)

This window will identify the patient's physician(s), referral date and any notes.



Fields:

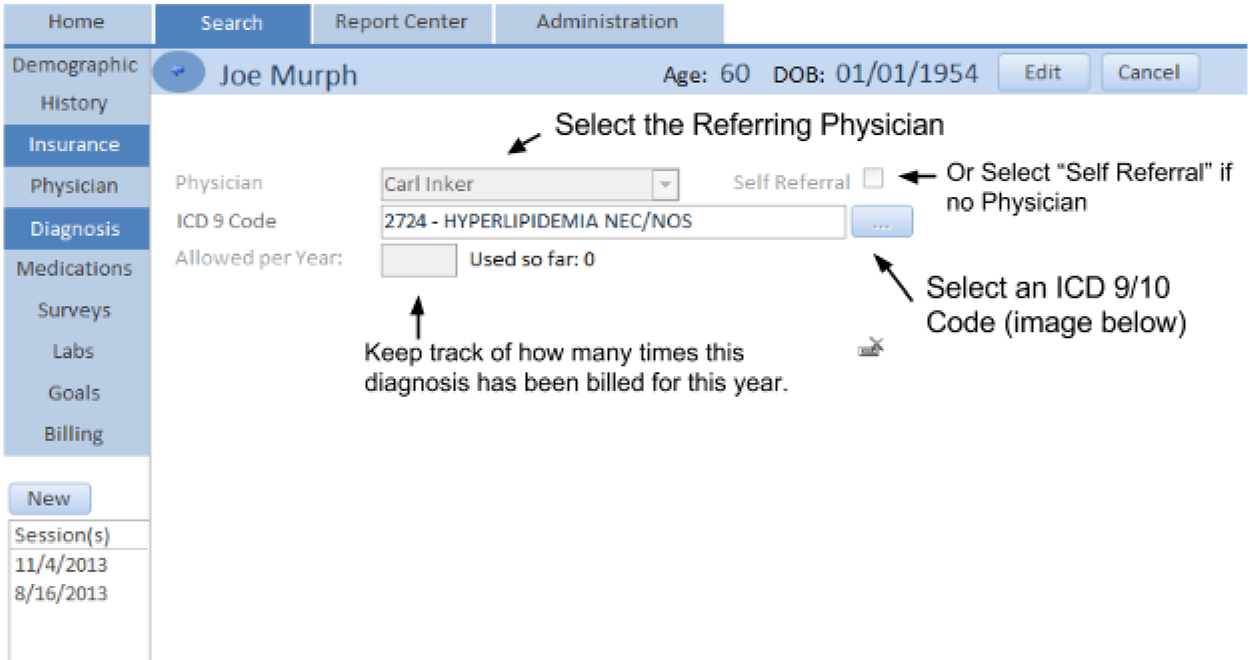
Physician - Select a physician from the "..." button. You can search for the physician or create a new one. Click the "?" button to see information about the physician.

Referral Date - Date of referral from physician.

Notes - Add notes about this patient's physician.

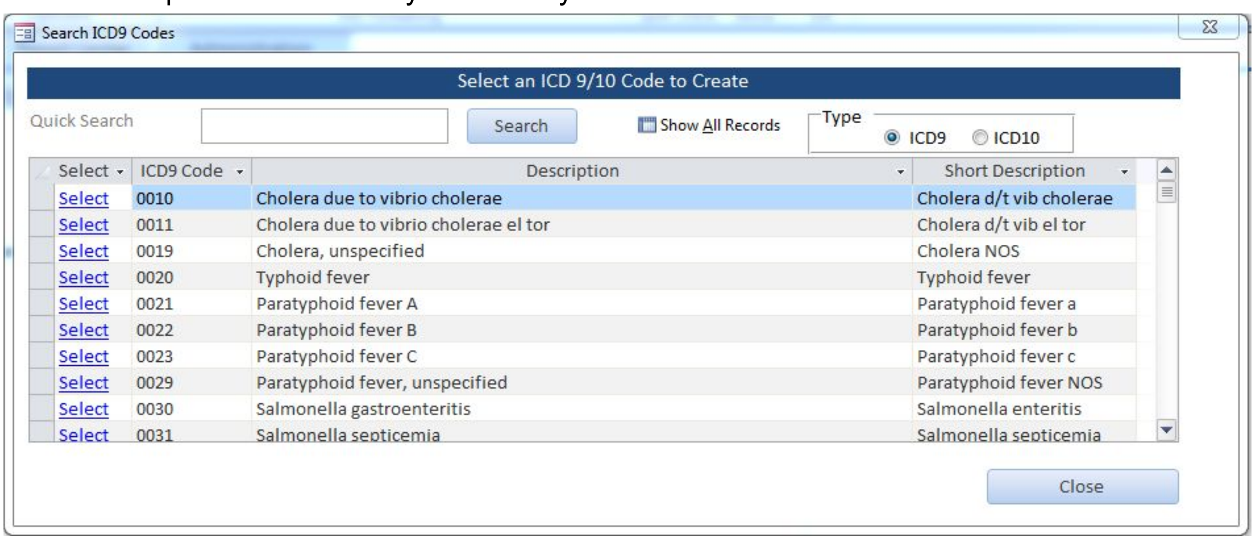
Patient Diagnosis

This window will identify the diagnosis(s) for this patient and the health care provider who is responsible for it.



Fields:

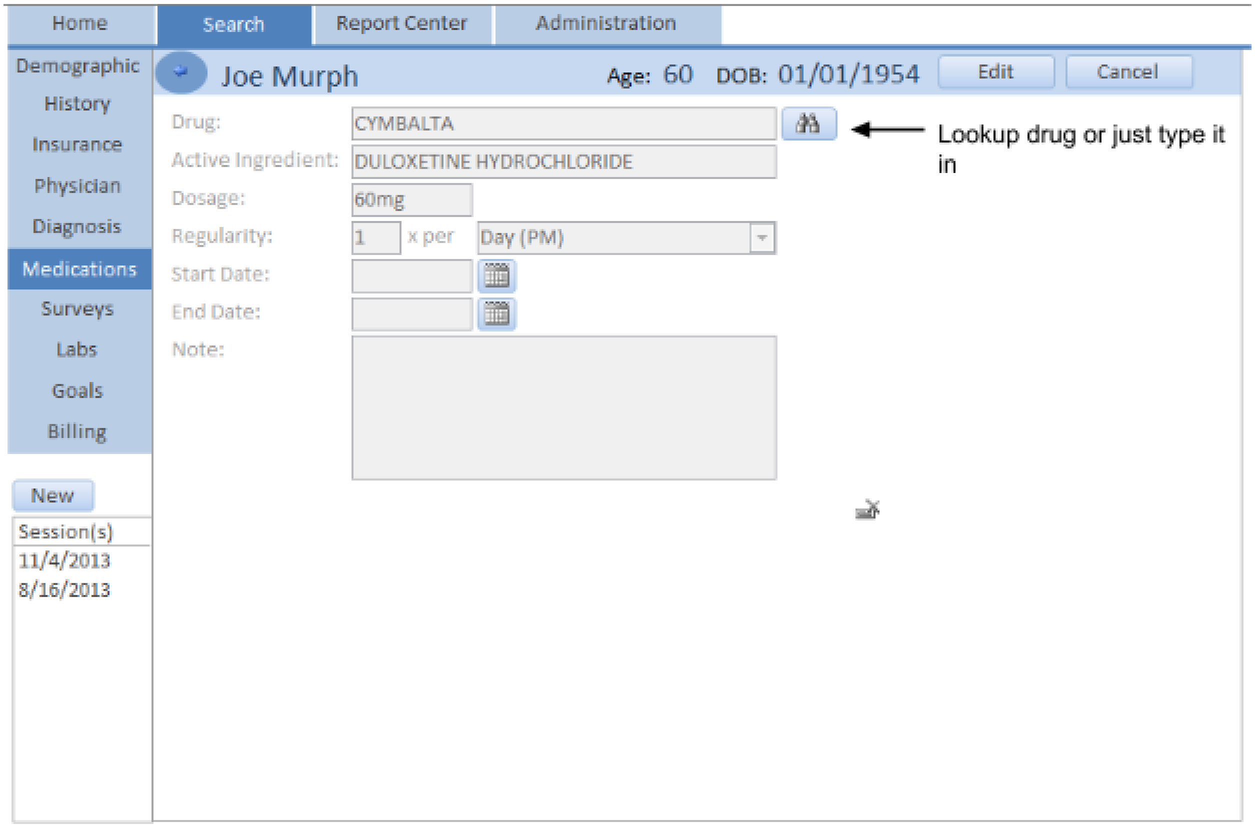
Physician - Select the physician from the drop down list.
Self Referral - Select this if no physician referred this diagnosis.
ICD 9/10 Code - Click the "..." button to select an ICD 9/10 code. It defaults to ICD 9 but will default to ICD 10 when it is required. Search for your code by name or number.



Allowed per year - put a number in here to help you keep track of how many claims you submitted this calendar year with this diagnosis code. Some insurance companies only pay for a certain number of sessions per diagnosis code.

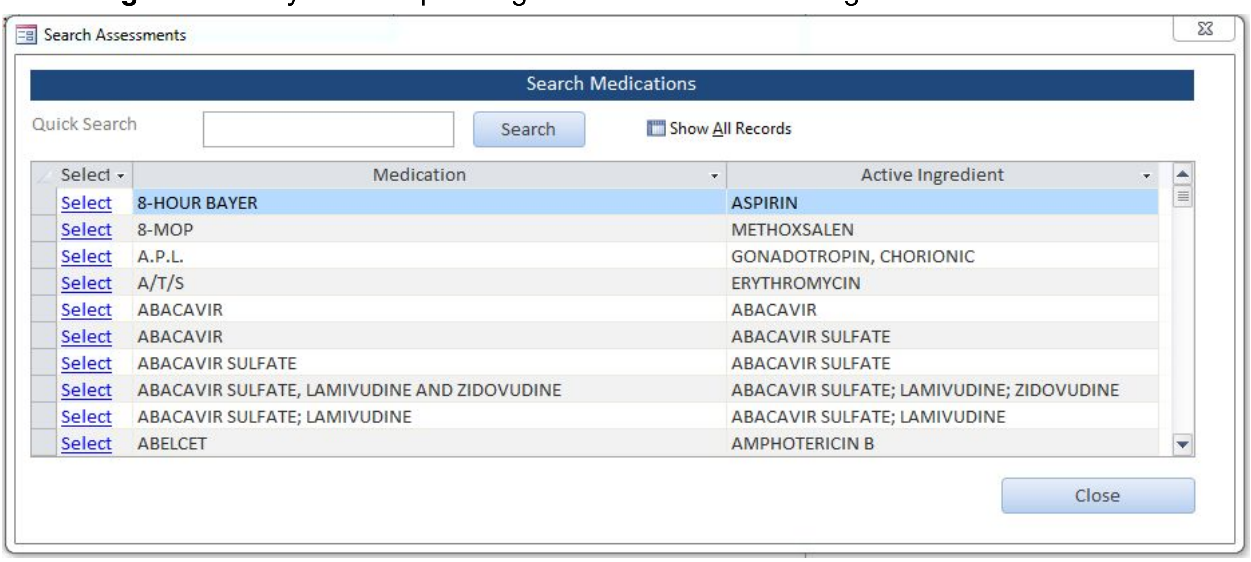
Patient Medications

This window allows you to record your patient's current medications and related information.



Fields:

Drug - Type in the drug or look up the drug to see the active ingredient using the binoculars button.
Active Ingredient - If you look up a drug it will insert the active ingredient.



Dosage - Dosage patient takes of drug.
Regularity - Enter the number of times and the time frame.
Start Date - Start date of taking the drug.
End Date - If patient no longer takes the drug put an end date.
Note - Note about medication.

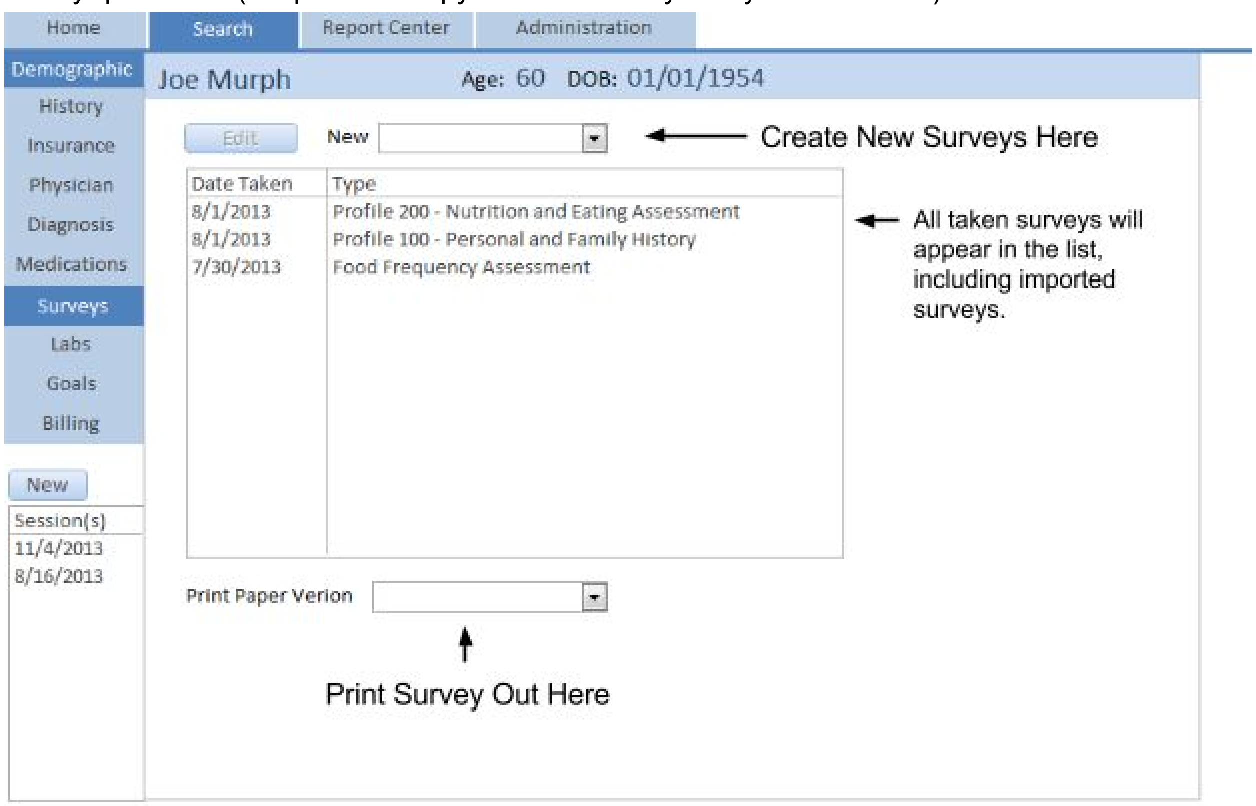
Patient Surveys

This window allows you to create and view patient surveys. You may also store lab results and glucose self-monitoring records.

If your patient has completed surveys online then you may import their data from the Home tab by clicking “Import Online Surveys and Patients.” (See below for more information)

Fields:

New - Select a survey from the drop down list to create a new one and enter the survey information manually.
Survey List - Select a survey from this list and click the edit button to open it or double click on it.
Print Pater Version - Opens the selected survey in Microsoft Word to view and print a complete copy of the survey questions. (keep a hard copy of these surveys for your reference)



Tips: We recommend sending your clients an email with links to the online surveys when you send a reminder for their next appointment. In promotional mailings you may want to include a link to only the enrollment form. This gives you all the contact information you need to follow-up. After your client has made their appointment you may send them links to the forms you want completed before their visit. Most people will complete these forms at home or at their workplace. They may use any computer that has Internet access or a digital device such as a smartphone or tablet. Some offices may elect to have laptops available for clients to complete forms while they wait in the office.

Profile 100 - Personal and Family History Survey

This survey is to gather patient health history.

Joe Murph — Age: 60 — DOB: 01/01/1954

Print | Edit | Cancel

Profile 100 - Personal and Family History

Date: 8/1/2013

Education (yrs)	12	(3-24)	Highest Wt	249 lbs (last 5yrs)
Occupation	Comcast Cable		Lowest Wt	226 lbs
Work Time			Desired Wt	215 lbs
Shift Work	☐		Reported Wt	239.6 lbs
			Height	65 inches

Family History

Colorectal Cancer	☐	High Cholesterol	☐
Breast Cancer	☐	Osteoporosis	☐
Ovarian Cancer	☐	Diabetes	☐
Prostate Cancer	☐	Stroke	☐
High Blood Pressure	☐	Coronary Heart Disease	☐

Living Alone	☐			Daughter(s)-child	
Spouse	Good	Son(s)-child		Daughter(s)-teen	
Partner		Son(s)-teen		Daughter(s)-Adult	Good
Infant		Son(s)-Adult	Fair	Other(s)	

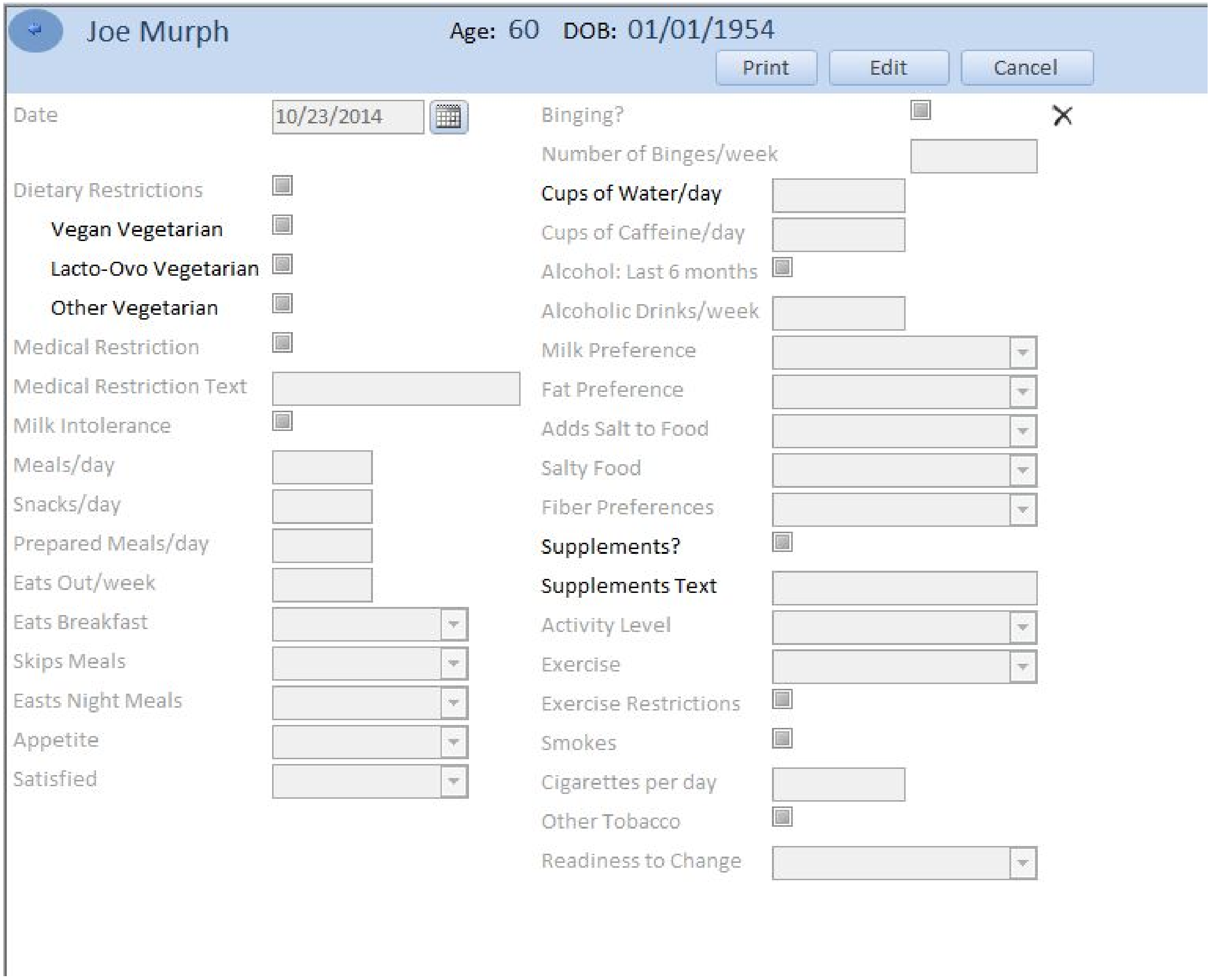
Personal History

Allergies	☐	Asthma	☐
Anxiety	☑	Diabetes	☐
Sleep Disorder	☐	High Cholesterol	☐
Emphysema	☐	Back Pain	☐
Coronary Heart Disease	☐	Skin Cancer	☐
Migraine	☐	Other Cancer	☐
Depression	☐	Describe	
Osteoporosis	☐	Gout	☐
Pregnant	☐	Kidney	☐
Arthritis	☑	Other	☐
High Blood Pressure	☐	Describe	

Medications: cymbalta

Profile 200 - Nutrition and Eating Assessment Survey

This survey is to gather patient nutrition and eating habits history.


Joe Murph Age: 60 DOB: 01/01/1954

Print Edit Cancel

Date 10/23/2014

Dietary Restrictions

Vegan Vegetarian

Lacto-Ovo Vegetarian

Other Vegetarian

Medical Restriction

Medical Restriction Text

Milk Intolerance

Meals/day

Snacks/day

Prepared Meals/day

Eats Out/week

Eats Breakfast

Skips Meals

Easts Night Meals

Appetite

Satisfied

Binging?

Number of Binges/week

Cups of Water/day

Cups of Caffeine/day

Alcohol: Last 6 months

Alcoholic Drinks/week

Milk Preference

Fat Preference

Adds Salt to Food

Salty Food

Fiber Preferences

Supplements?

Supplements Text

Activity Level

Exercise

Exercise Restrictions

Smokes

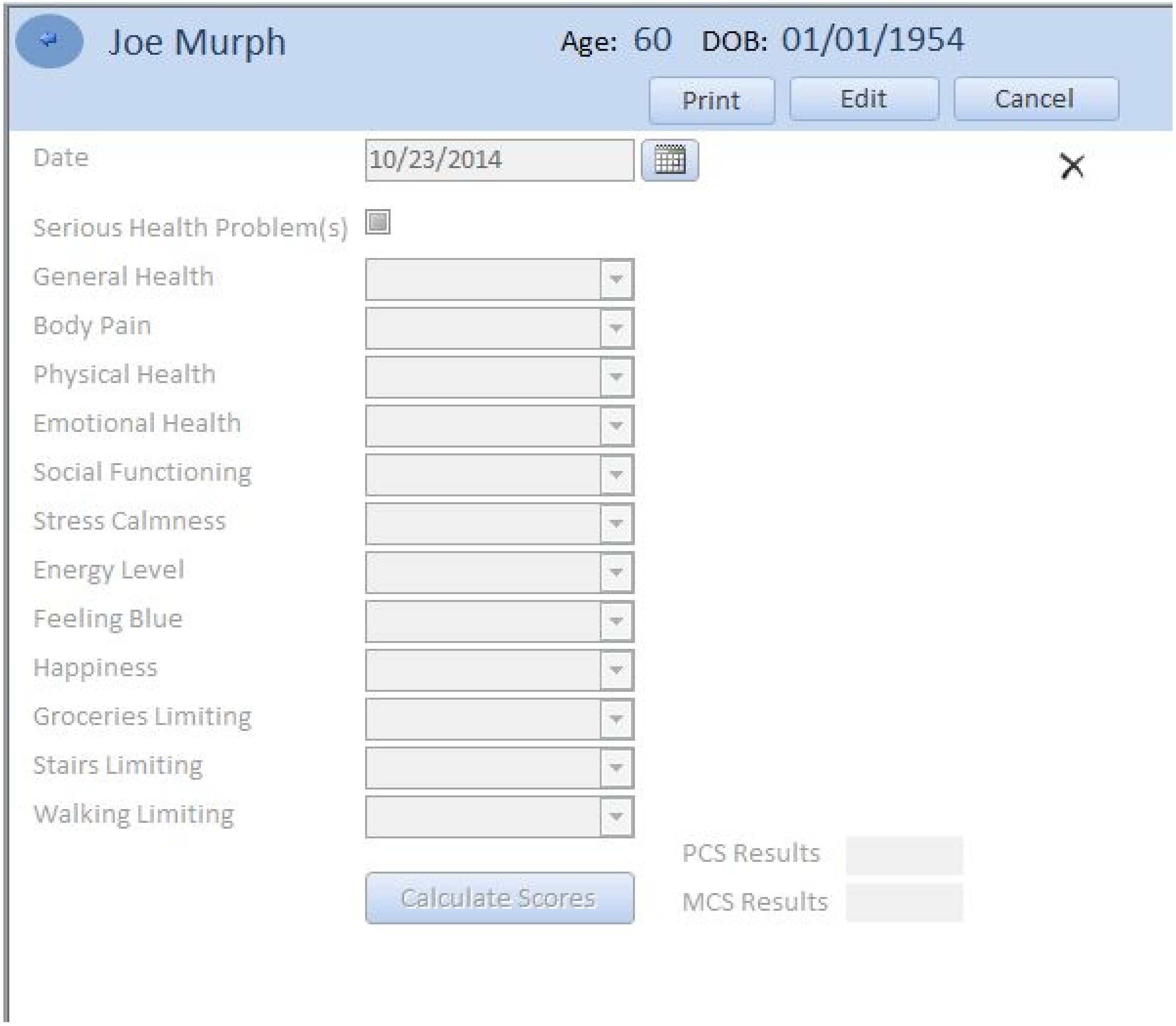
Cigarettes per day

Other Tobacco

Readiness to Change

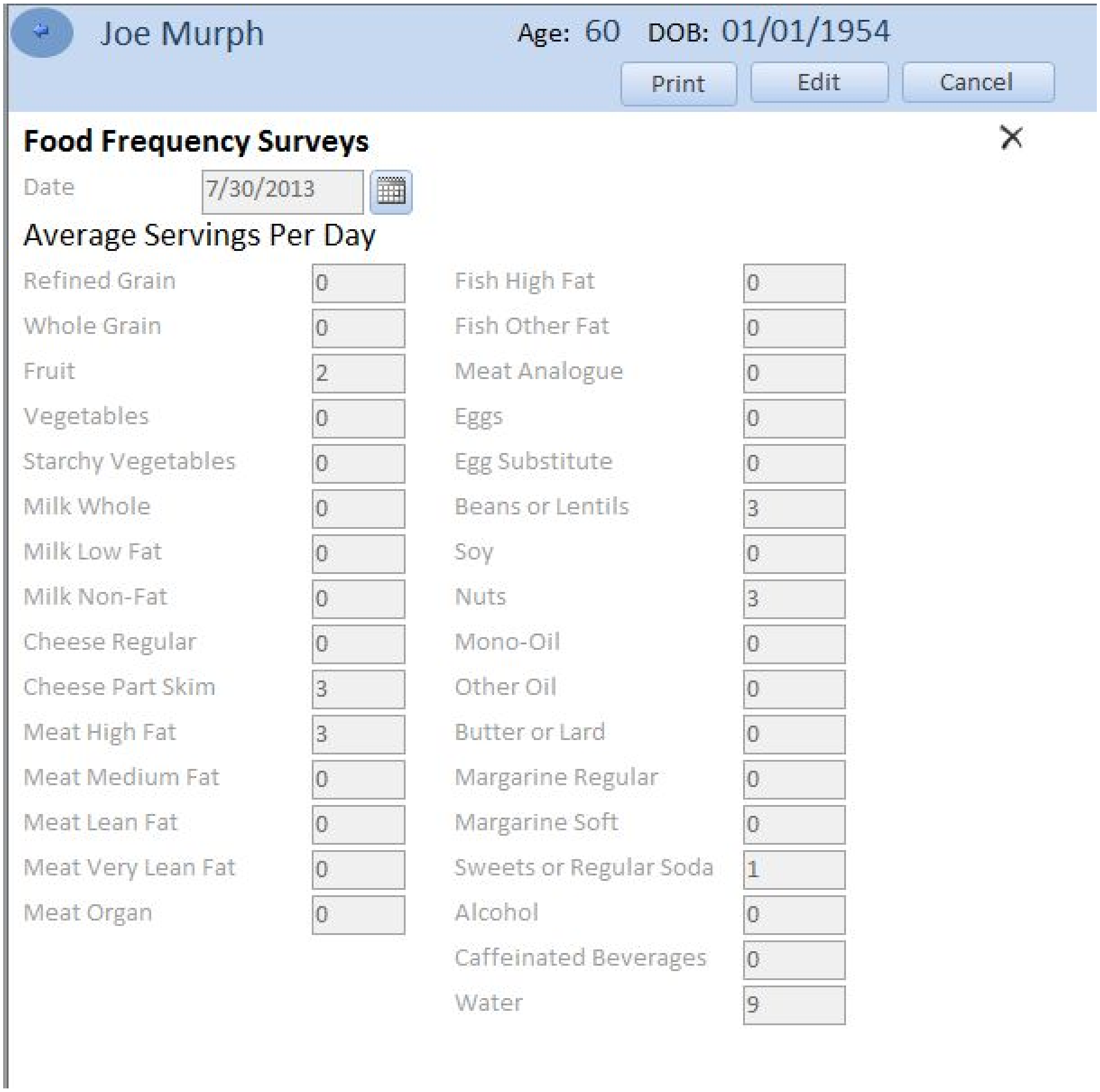
Profile 300 - Functional Assessment Survey

This survey identifies the physical and emotional functional status.



Food Frequency Assessment Survey

This survey is a food frequency assessment of the patient's diet. After you fill out this survey you can calculate the patient's dietary analysis. See the patient's session dietary analysis section on page 50. You can have your patient fill this survey out online using the complete survey questionnaire link.


Joe Murph Age: 60 DOB: 01/01/1954

Print Edit Cancel

Food Frequency Surveys

Date 7/30/2013

Average Servings Per Day

Refined Grain	0	Fish High Fat	0
Whole Grain	0	Fish Other Fat	0
Fruit	2	Meat Analogue	0
Vegetables	0	Eggs	0
Starchy Vegetables	0	Egg Substitute	0
Milk Whole	0	Beans or Lentils	3
Milk Low Fat	0	Soy	0
Milk Non-Fat	0	Nuts	3
Cheese Regular	0	Mono-Oil	0
Cheese Part Skim	3	Other Oil	0
Meat High Fat	3	Butter or Lard	0
Meat Medium Fat	0	Margarine Regular	0
Meat Lean Fat	0	Margarine Soft	0
Meat Very Lean Fat	0	Sweets or Regular Soda	1
Meat Organ	0	Alcohol	0
		Caffeinated Beverages	0
		Water	9

Nutrition Quality of Life Survey

This survey is not online.

Joe Murph Age: 60 DOB: 01/01/1954

Edit Cancel

Nutrition Quality of Life

Date 10/23/2014

1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time

1. I ate enough food to be satisfied.
2. I had plenty of choice in the food I ate.
3. I was hungry between meals.
4. Food was on my mind.
5. I sneaked food.
6. I tasted and enjoyed food without guilt.
7. I could afford to buy the food that was best fo
8. I took time to eat the food that was best for me
9. I, or someone else, took time to shop and prepare the food that was best for me.

Score 1

10. Liked the way I look.
11. Liked the way my clothes fit.
12. Beat myself up when I ate the food I felt I shouldn't have.
13. Took time for myself.
14. Was pleased with the way I managed what I
15. Was confused about the food I should eat.

Score 2

16. Rewarded myself with food.
17. Was happy with the food I ate.
18. Felt guilty about the food I ate.
19. Felt that food was controlling me.
20. Felt depressed about the way I look.
21. Felt depressed about the food I ate.
22. Felt that changing the food I ate would make life
23. Was frustrated about limiting the food I ate.
24. Was frustrated about how long it took to improve
25. Was angry that I had to change what and hov

Score 3

26. My family/friends have nagged me about food I ate
27. My food needs have created stress with my family/friends.
28. I had problems going out to eat with my family/friends.
29. I have cut down the amount of time I spend on work
30. I had someone I could talk to who understood the struggles I have had with food.
31. My family/friends made it difficult to stick to the food I thought I should eat.
32. My food-related condition has caused problems with sexual relations.

Score 4

33. Walking at a moderate pace for 30 minutes.
34. Walking slowly for 10 minutes.
35. Walking up a flight of stairs.
36. Bending or kneeling to pick things up.
37. Getting up off the floor.
38. Needing to use the bathroom so often I couldn't go out of the house.
39. Getting a good night's sleep.
40. Breathing comfortably.
41. Having enough energy to do what I wanted to do.

Score 5

42. Knew what type of food I should have been eating for my healthy lifestyle.
43. Knew the amount of food I could eat.
44. Knew when to eat.
45. Made healthy food choices.
46. Ate the recommended amount of food.
47. Was eating when I should be eating.
48. Planned ahead to have healthy food when I needed it
49. I felt confident that I could trust myself when faced with difficult food choices.
50. I felt confident that I would be able to live the rest of my life with these changes in my food.

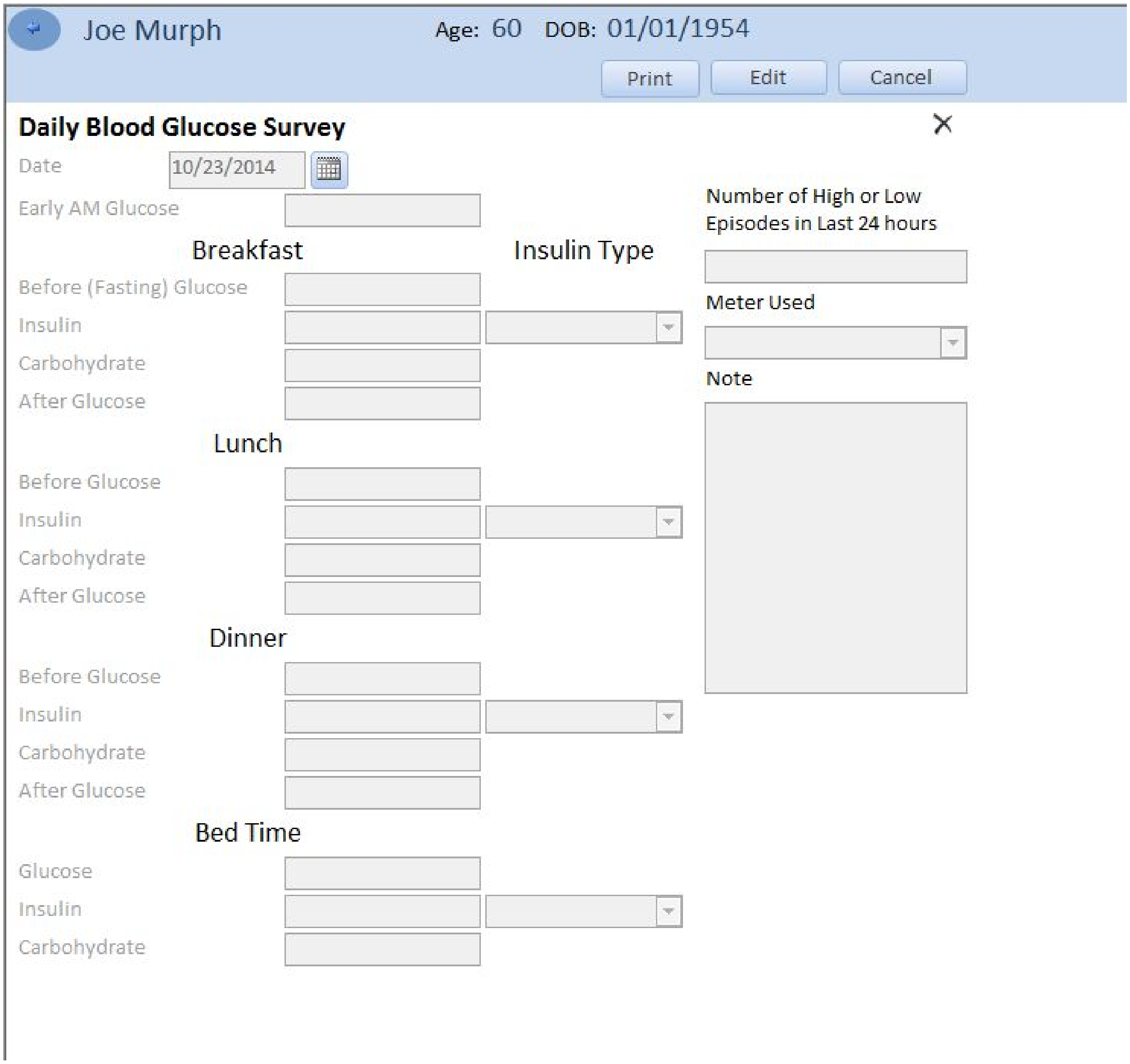
Calculate Scores

Score 6

Score Total

Daily Blood Glucose Survey

Track your patient's blood glucose levels. This survey is not online.



Import Online Surveys

This feature found on the "Home" tab allows you to know if patients have completed online forms and then allows you to import the information.

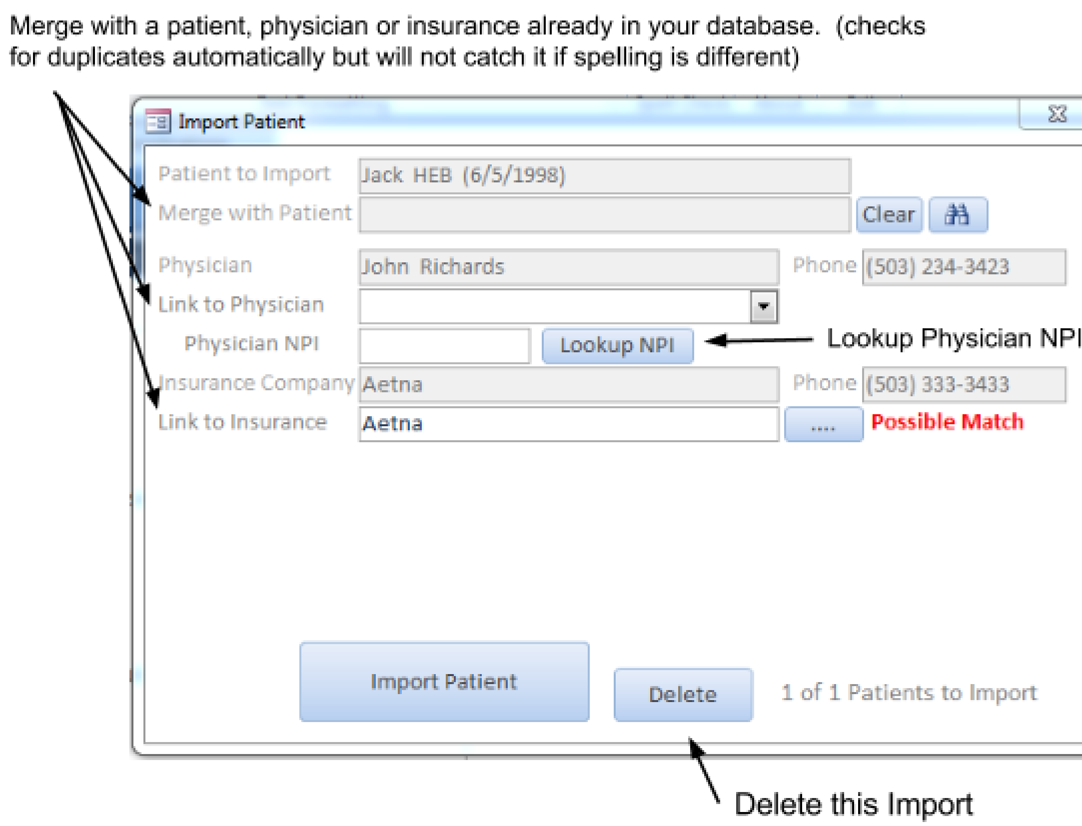
To check and then import patient data from your online forms go to the "Home" tab, click the button labeled "Import Online Surveys and Patients." The program will check the secure online server for available patient records, a message box will tell you the number of surveys available to import.

Import Patient(s) from Enrollment Survey

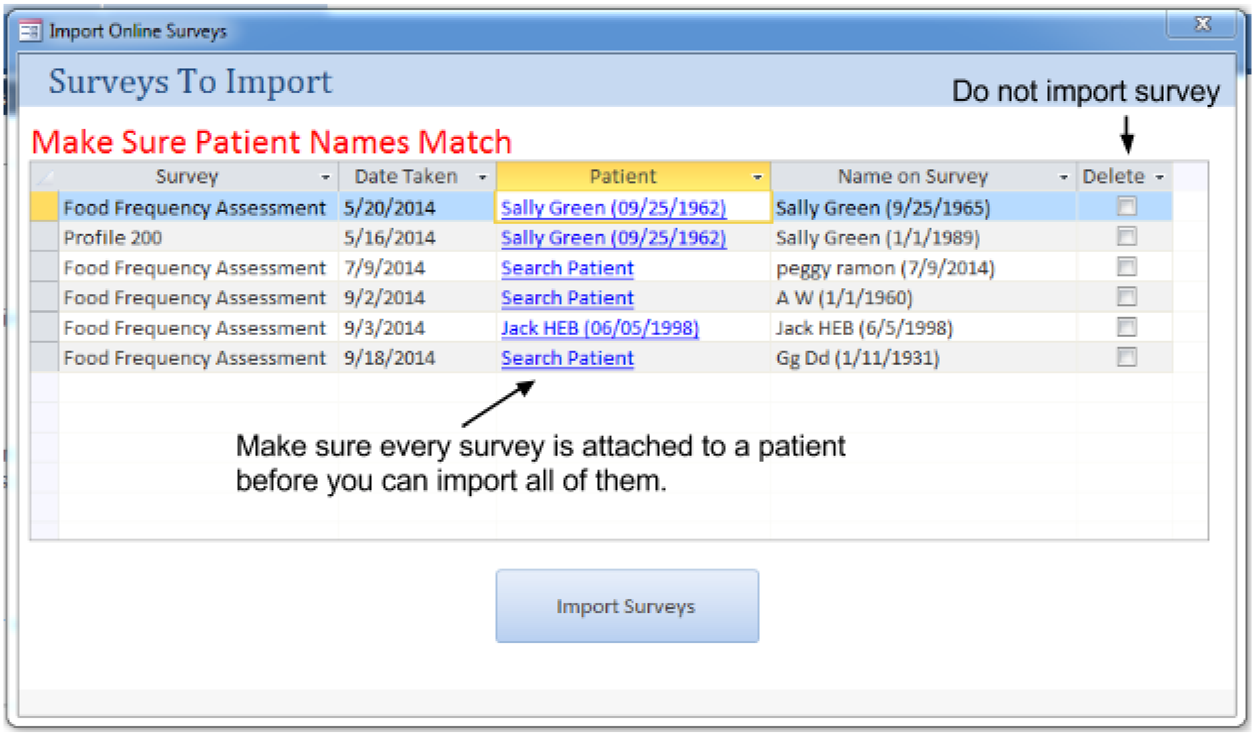
Fields:

Patient to Import - Shows patient name to be imported.
Merge with Patient - If the patient is already in the database this new data should be merged with existing data in your database so you don't create duplicates. If this field is blank it will create a new patient.

Physician - Shows physician name to be imported.
Link to Physician - Physician to link to in your database. Make sure you check to see if the physician is already in the database. If this is left blank then it will create a new physician and ask for an NPI number.
Physician NPI - Enter the NPI number if this is a new physician. Use the "Lookup NPI" button to look it up.
Insurance Company - Shows insurance company to be imported.
Link to Insurance - Choose insurance already in database. Make sure you check to see if the insurance company is already in the database. If this is left blank then it will create a new insurance company record. Click the "..." button to select the insurance company that is already in your database.
Import Patient - Imports the patient information. (this is a lot better than typing it all in yourself)
Delete - Doesn't import the patient and you can't import them again. Be careful this can not be undone.



Import Surveys(s)

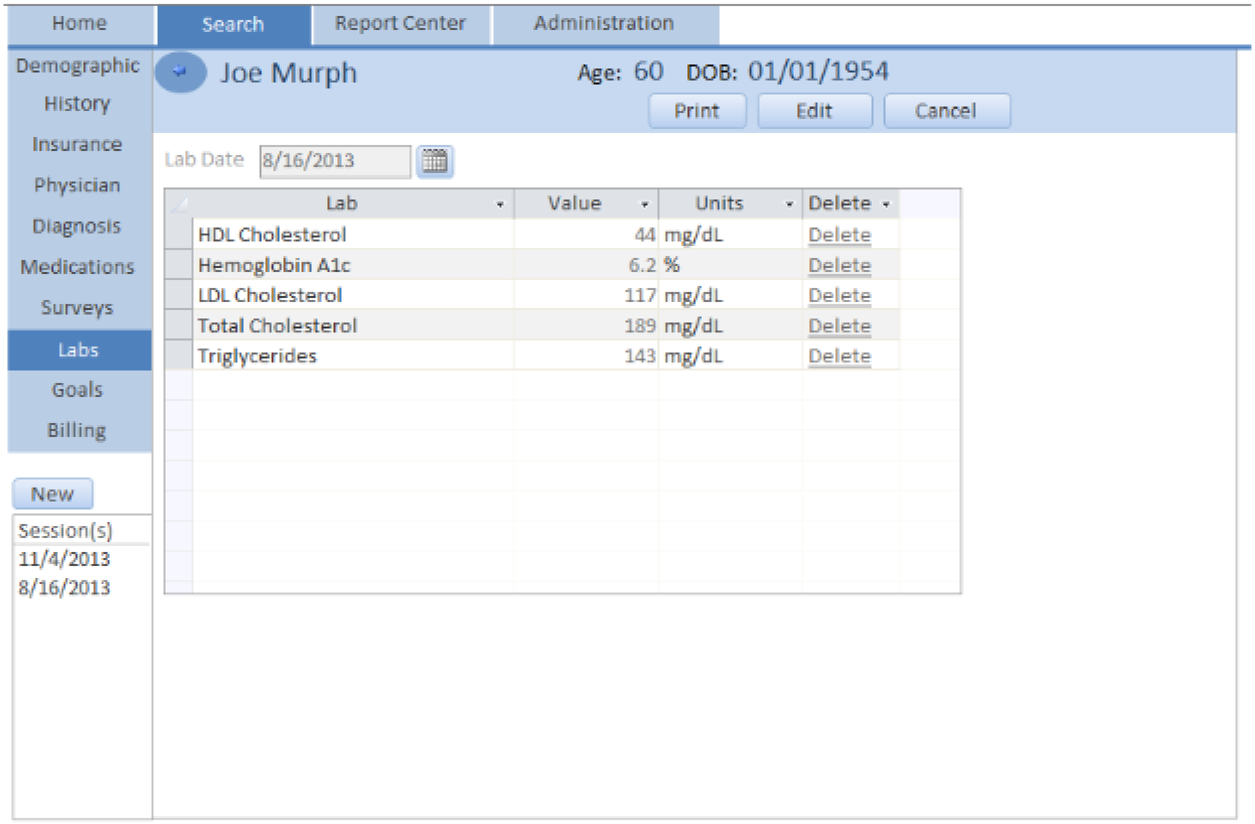


Fields:

Patient - Click on this field to search for the patient if it says “Search Patient” or is the wrong one.
Import Surveys Button - After all surveys are matched correctly click this button to import them.

Patient Labs

Here you will be able to record your patient's lab results and consequently track them over time.



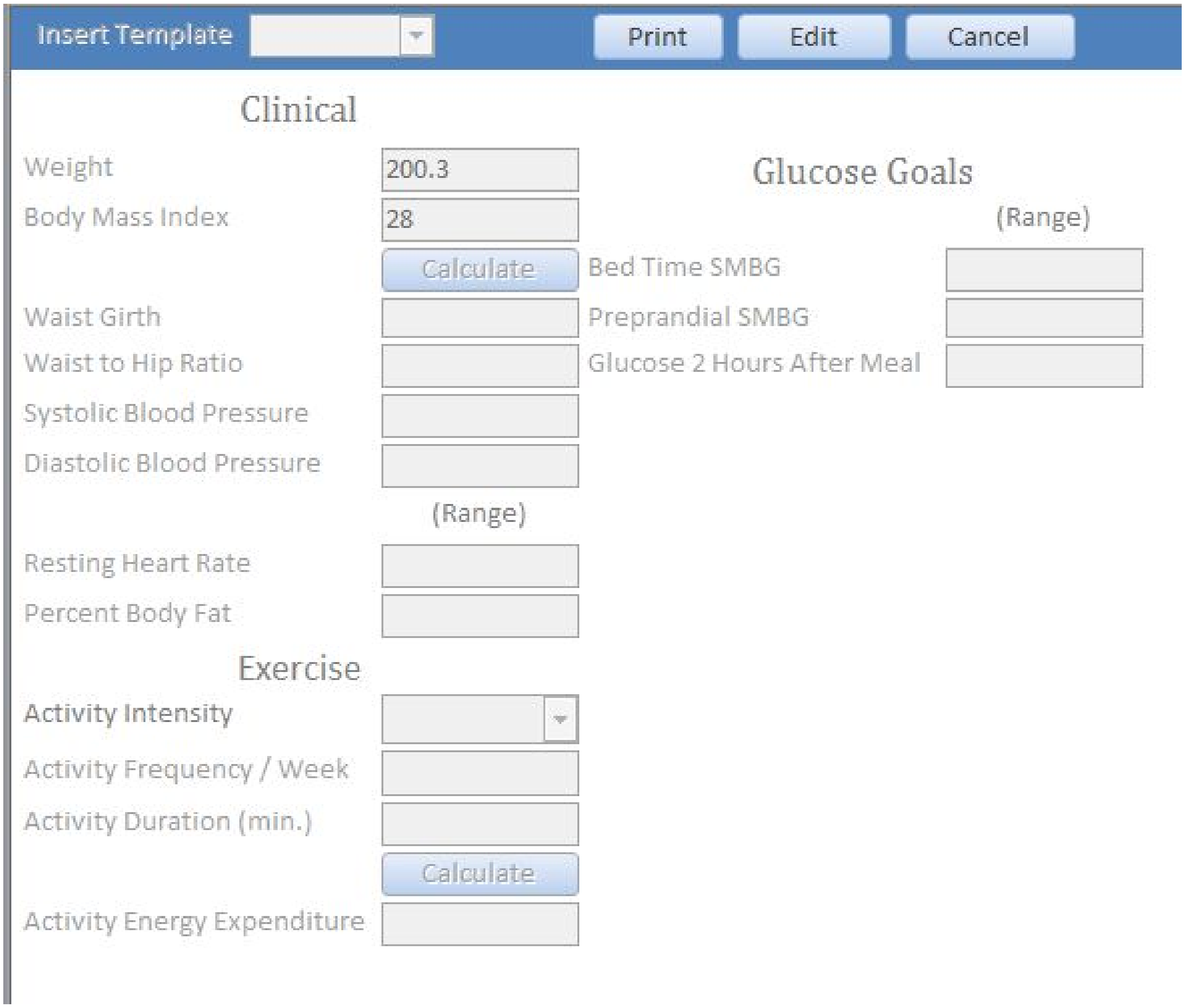
Fields:

Lab Date - Date of the lab results. All labs for this date will be displayed below.
Lab - Name of Lab. *You can add more labs in the administration -> values -> labs tab.
Value - Lab result.
Units - Units of lab result.
Delete - Deletes this lab result.
Print Button - Prints a report of these lab results.

Patient Goals

The goals section allows you to record your patient's target values for labs, clinical tests and nutrient goals. Here is also where you will prepare your client's nutrition prescription.

Patient Clinical Goals



The Clinical goals may be entered during the interview or after a comprehensive assessment. You may want to select a template of goals for those values commonly assessed. These goals may be from a National health organization such as the lipid standards from the National Cholesterol Education Program. You can create and edit these templates in the administration -> templates tab.

Fields:

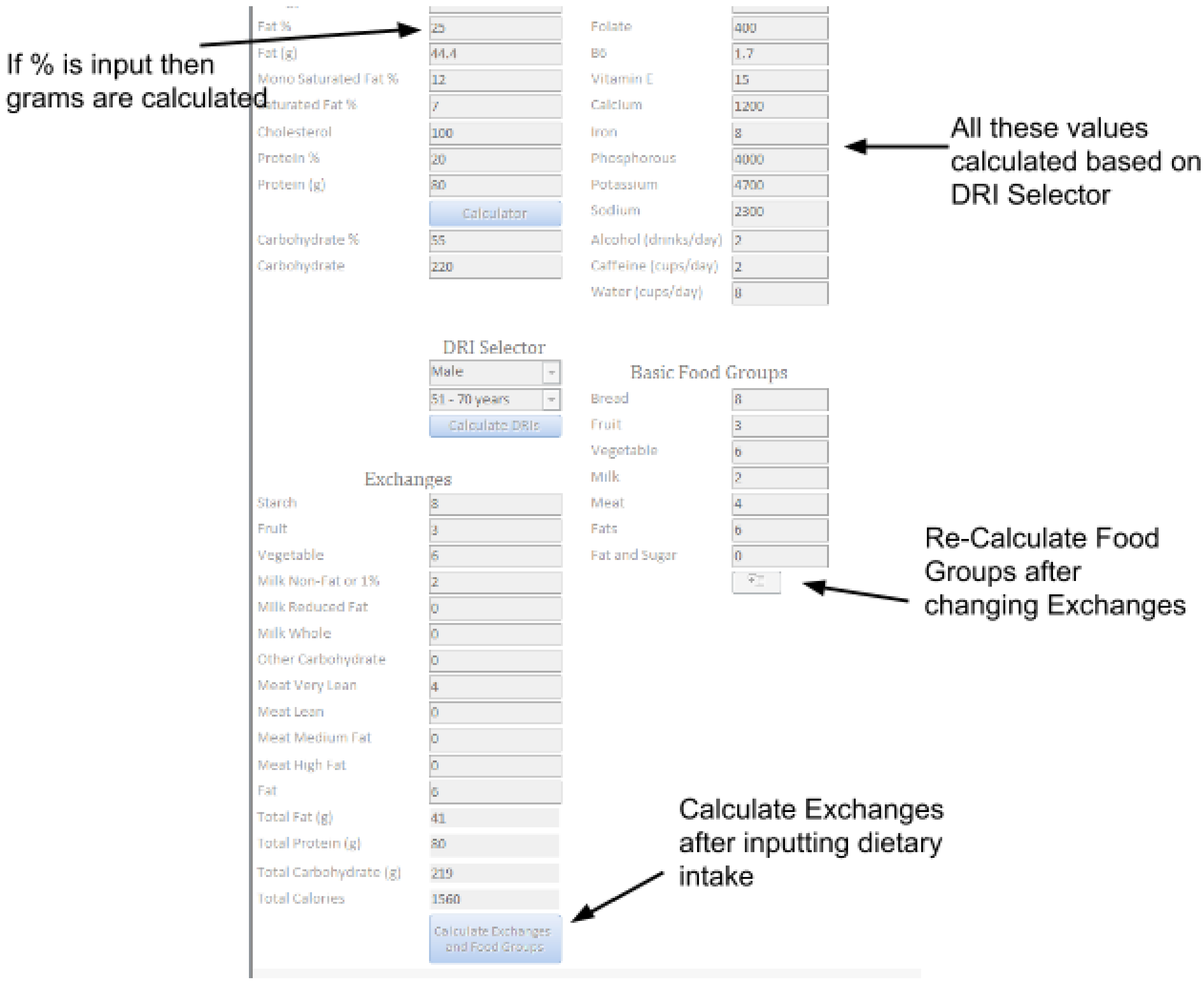
Insert Templates Drop Down - Insert goals from a template.
Clinical Section - Basic clinical values. Has a BMI calculator.
Exercise Section - Prescribe the exercise you want the patient to do. Calculate the activity energy expenditure.
Glucose Section - Diabetic glucose goals.
Print Button - Report of the current clinical goals.

Patient Dietary Goals

Here you may enter the goal or prescription values you want for your patient. Enter the total calories (Kcals Intake) and then the nutrient values and percentages you require. By entering the percent it will automatically calculate the grams and visa versa for fat, protein and carbohydrate. You may record the DRIs values for other nutrients by selecting the appropriate age and gender categories in the DRI selector tool.

When you have finished recording goal values you may calculate Diabetic Exchanges and Food groups. Click the calculate button and suggested food group values will be provided. You may want to set-up a template of goals for those strategies you plan to use regularly and then individualize as needed. This may speed up the preparation of your goals.

You can change the exchange values and you will see the impact of those changes in the major macronutrients (protein, carbohydrate, fat and total calories). Click on the recalculate button to convert the exchange values to FGP food groups.

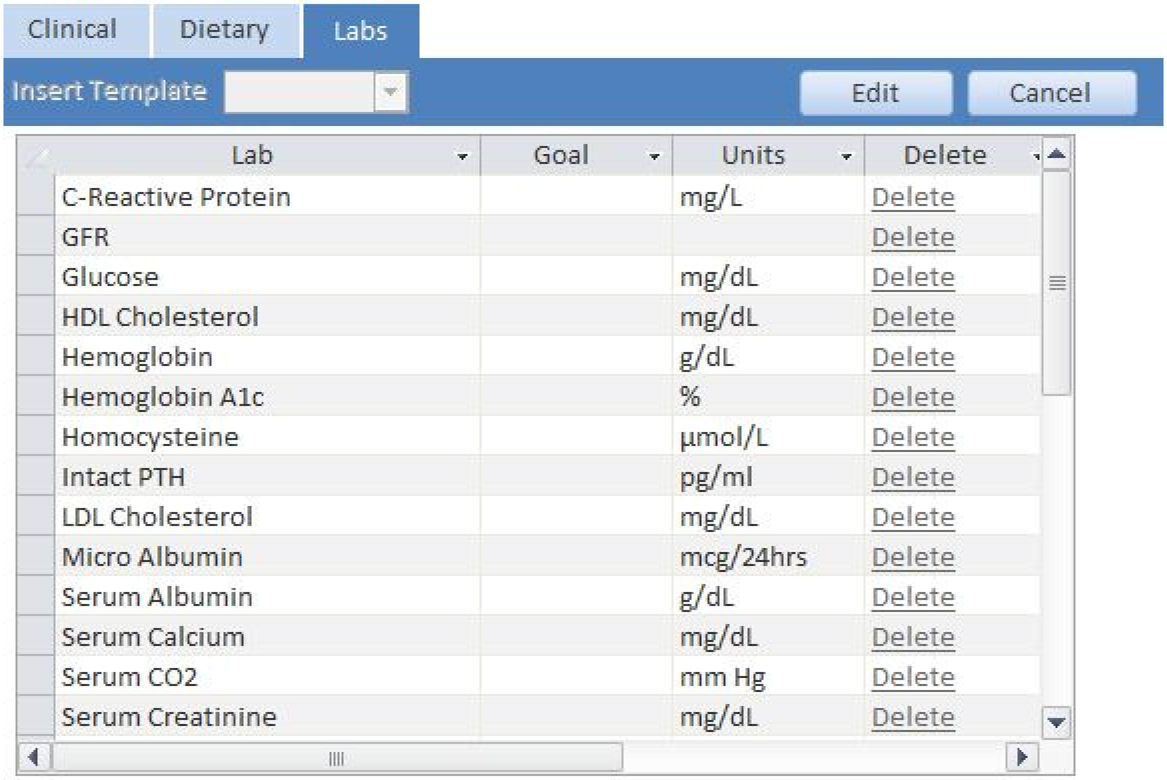


Fields:

Insert Templates Drop Down - Insert goals from a template.
Dietary Intake Section - Basic dietary values. Has a protein calculator.
DRI Section - Use the DRI selector to calculate your DRIs.
Exchanges Section - After the dietary intake section is filled out you can click the button at the calculate exchanges and food groups button at the bottom to calculate them.
Basic Food Groups Section - Click the button below them to re-calculate them.

Patient Lab Goals

Here you may enter the lab goals for the patient.

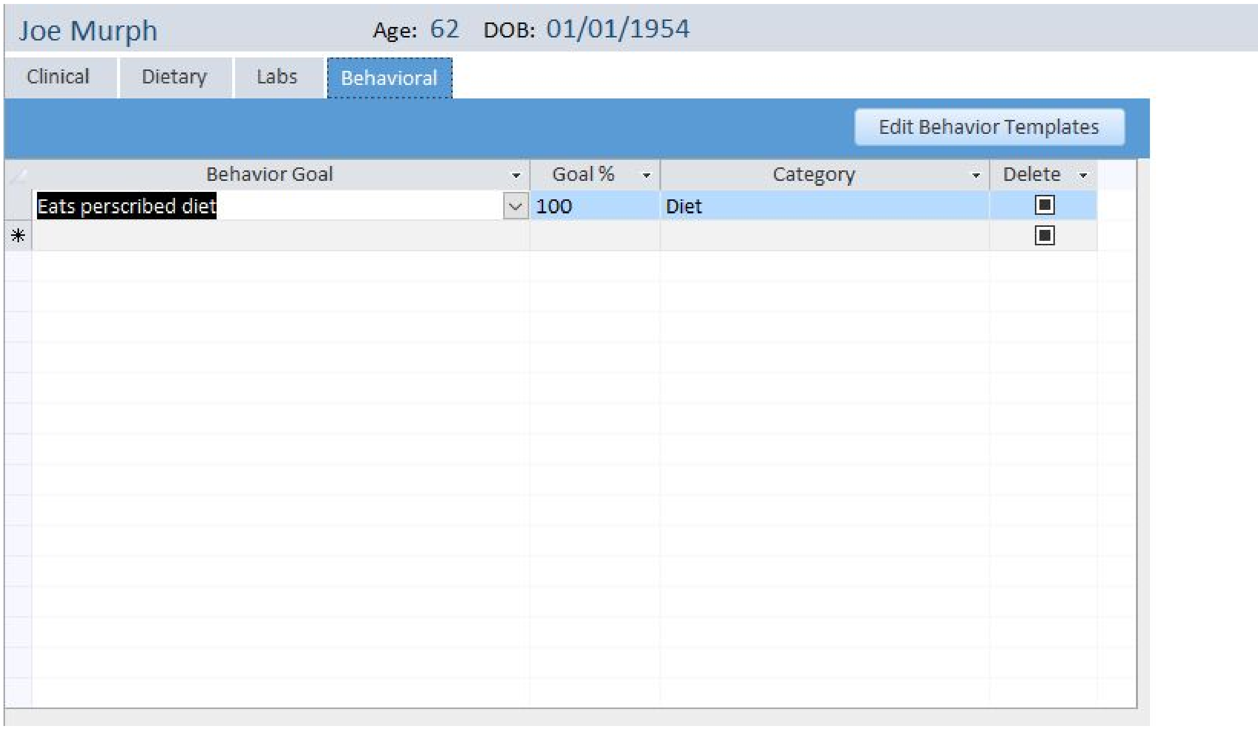


Fields:

Insert Templates Drop Down - Insert goals from a template.
Lab - Name of lab goal.
Goal - Lab goal value.
Units - Units of lab goal.
Delete - Delete the lab goal.

Patient Behavioral Goals

Here you may enter the behavioral goals for the patient.



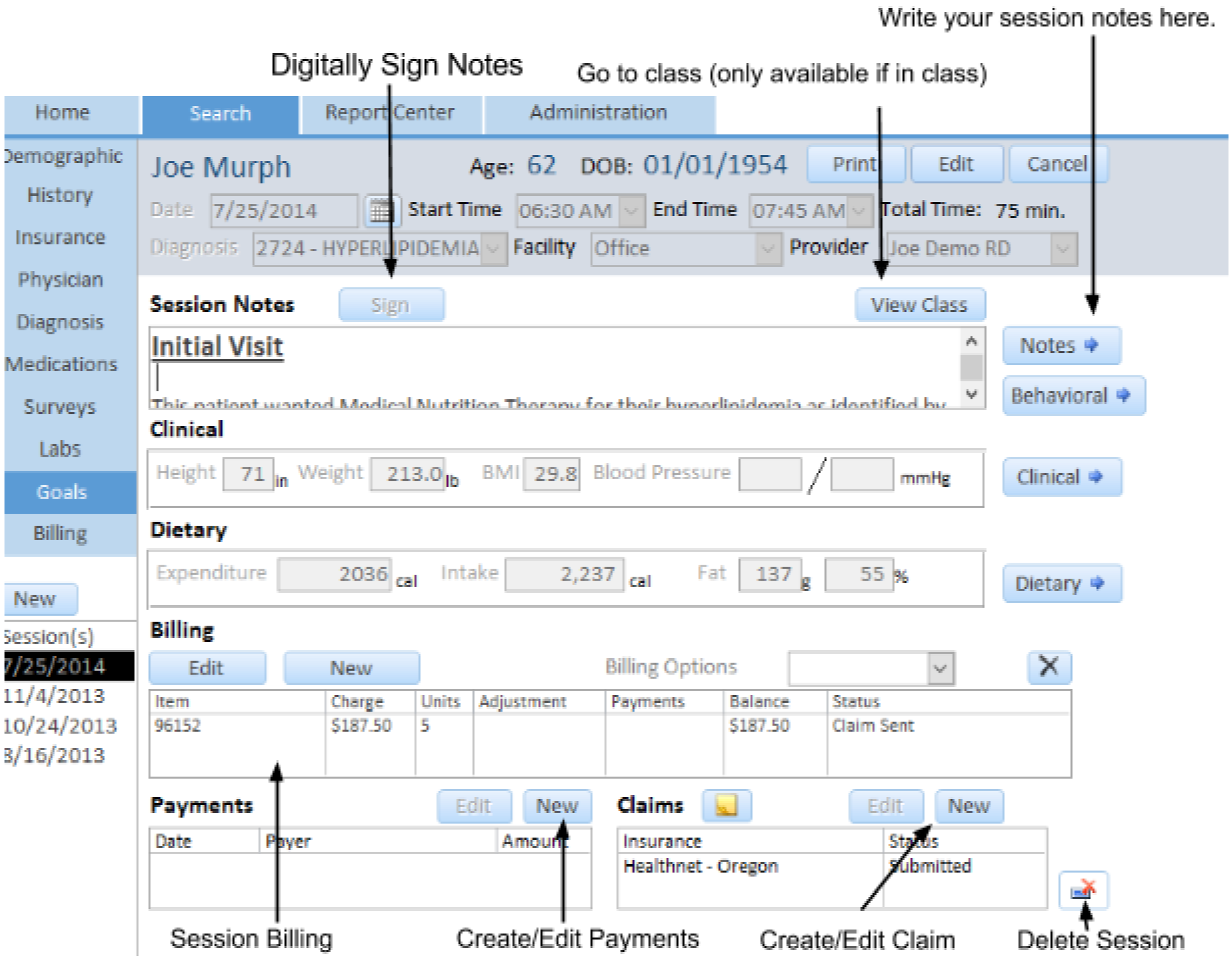
Fields:

Behavior Goal - Insert goals from a behavior template.
Goal % - Percent adherence to the goal
Category- Category template of goal
Delete - Delete the behavior goal.

Patient Session

Here you record your start and stop times; identify the diagnosis, facility, and MNT provider responsible for this visit. All this information is required for submitting claims creating your chart documentation; vital in the case of a future audit. Be sure to click “Create” after updating these fields to create a new record. Then start building your session notes.

Here in the session window you may record, view and edit data collected from your counseling session. During the assessment portion of your visit, you populate the clinical and dietary data screens. At the end of your visit you may prepare your recommendations (create a tailored list to handout) write your notes and finally share your note with your referring physician or post your notes to the medical record.



Fields:

Date - Date of service.

Start Time - Time session started.

End Time - Time session end. Total time is automatically calculated.

Diagnosis - Select a session diagnosis. List is from the diagnosis' you created in the patient diagnosis tab.

Facility - Select the facility you are using for this visit.

Provider - Select the provider who is seeing the patient.

Sign Button - Added text at the bottom of your notes that this note was digitally signed. Only this user can edit the notes after signing them.

View Class Button - If this is a class this will take you back to the class form.

Notes Button - Takes you to the session notes form where you write your notes.

Behavioral Button - Takes you to the session behavioral values form.

Clinical Button - Takes you to the session clinical values form.

Dietary Button - Takes you to the session dietary assessment form.

Billing Button - Takes you to the session billing form. Where you will select a CPT Code for this session.

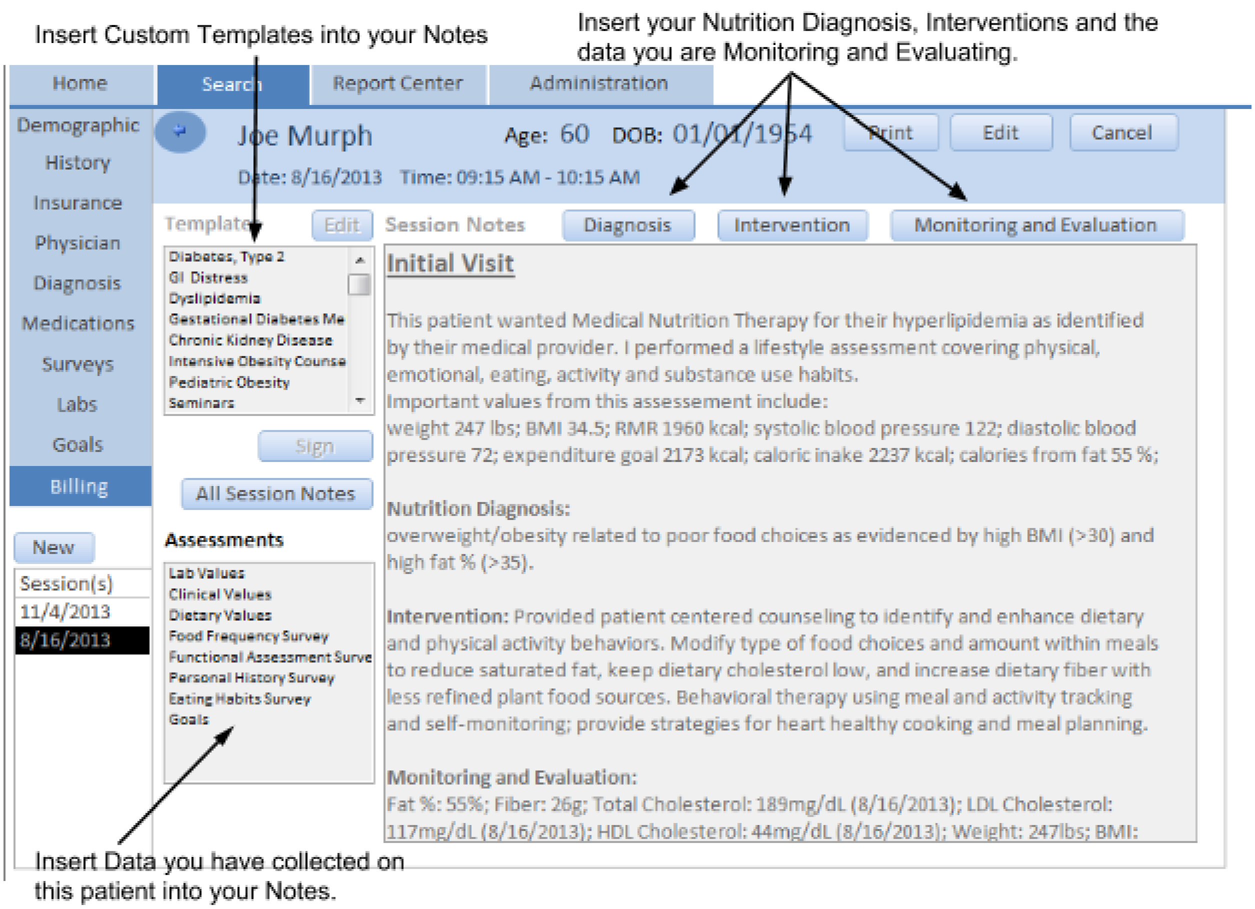
Claims Edit/New Buttons - Allows you to create or edit a claim for this session.

Payments Edit/New Buttons - Allows you to create or edit a payment for a CPT Code or product for this session.

Delete Session Button - Allows you to delete this session.

Patient Session Notes

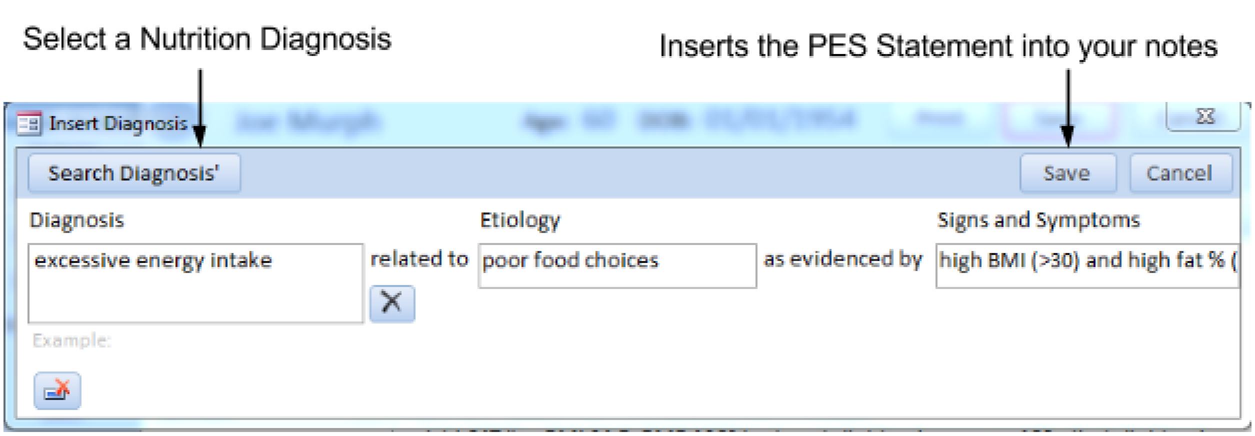
This is the form where you create your session notes. Here you have access to many tools helping you create your notes. You can insert templates that you may have customized for your practice. Insert nutrition care process standardized nutrition terminology by inserting a variety of assessment data, a PES statement, intervention notes and monitoring and evaluation values.



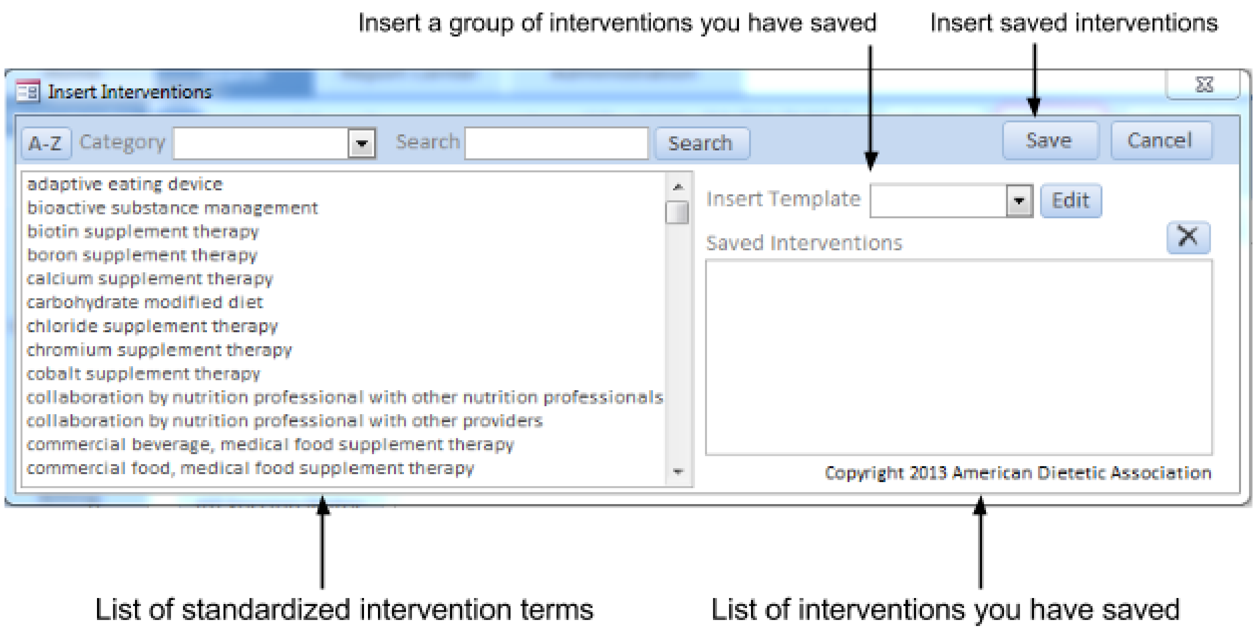
Fields:

Templates List - Lists all your template categories. Select a category and it will take you to an individual template to insert.

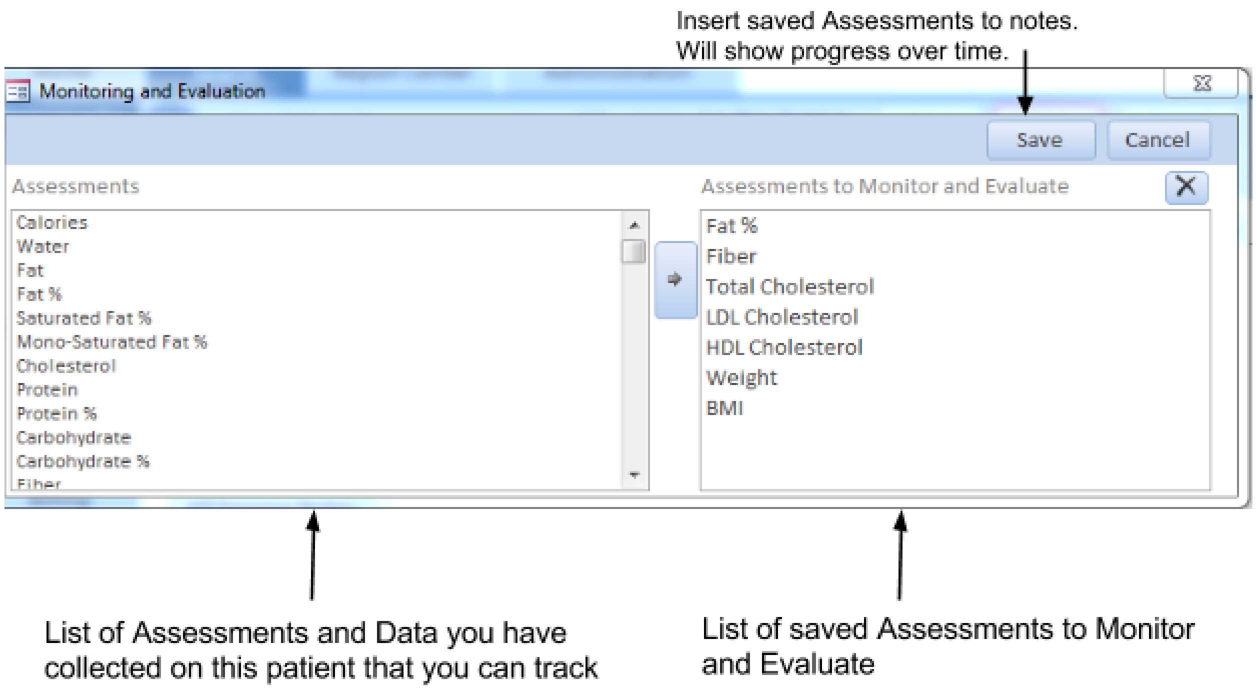
Diagnosis Button - Pops up PES statement creator. Helps you select a nutrition diagnosis and create the PES statement.



Intervention Button - Pops up Interventions form where you select interventions for this patient. Note: You can also create a template with interventions and paste them into your notes.



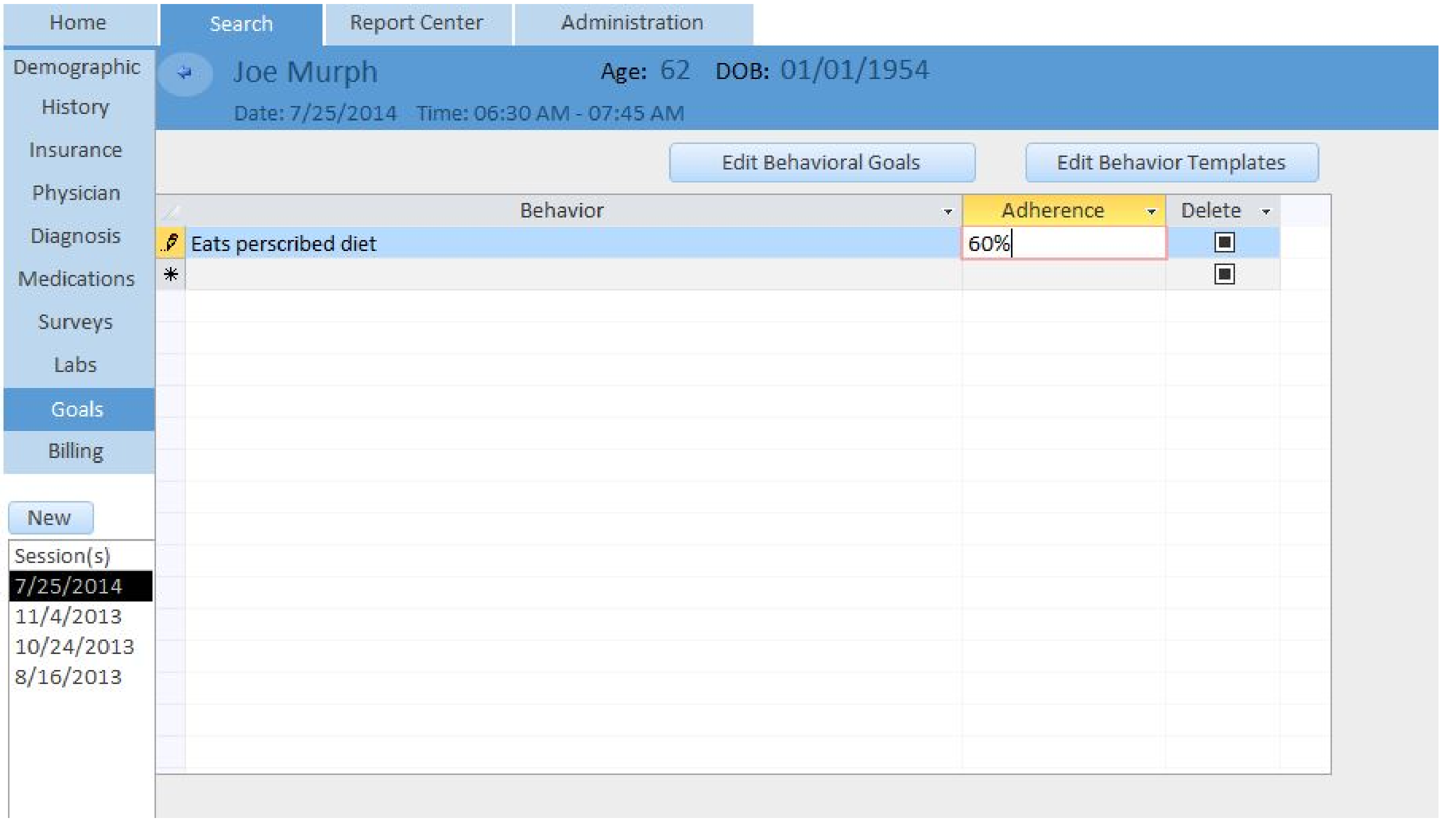
Monitoring and Evaluation Button - Pops up the monitoring and evaluation form. You can select assessments or data you have collected on this patient and track it over time to see the change.



Sign Button - Added text at the bottom of your notes that this note was digitally signed. Only this user can edit the notes after signing them.
All Session Notes Button - Pops up a form with all previous session notes for this patient for your reference.
Assessments List - Select an item here to insert data you have collected on this patient into your notes.

Patient Session Behavioral Values

In this form you can record a patient's behavioral values. Select a template from the drop down and put in the adherence to that template.

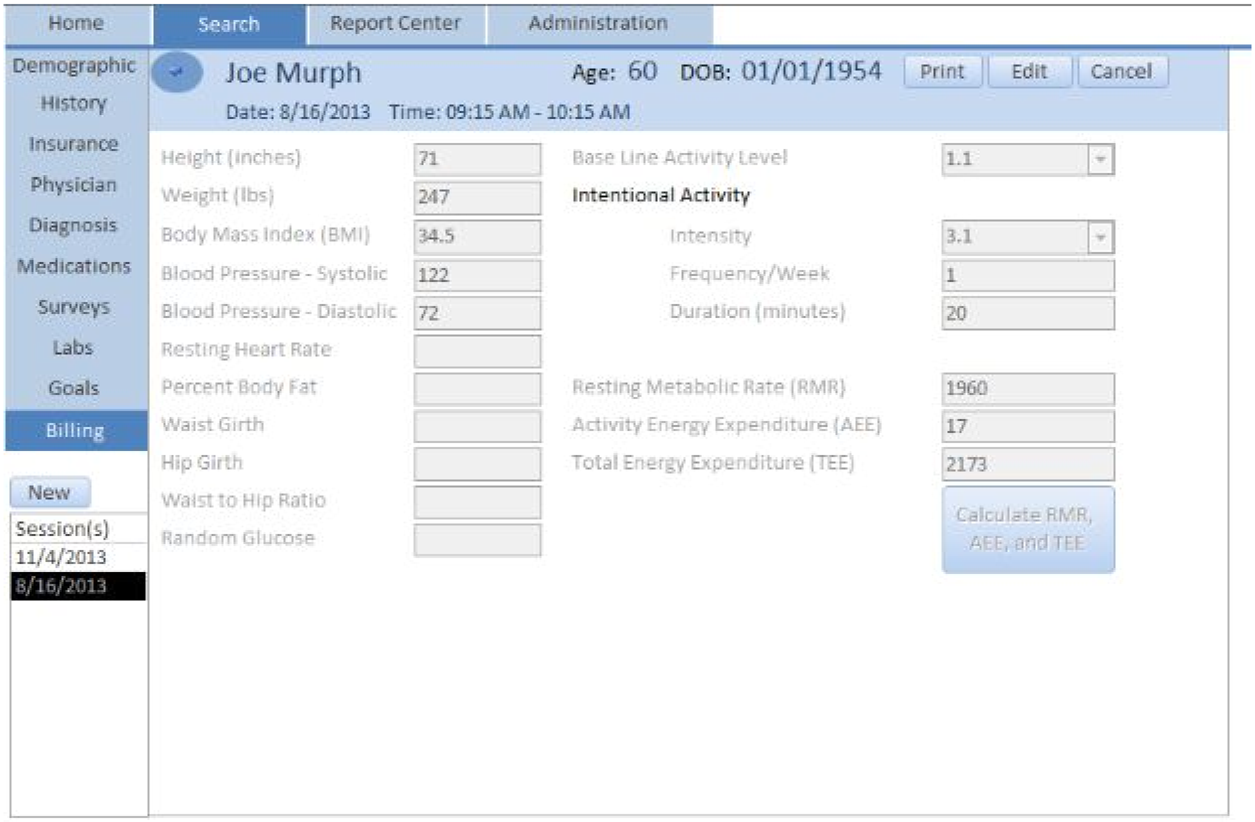


Fields:

Behavior- List of behavioral templates
Adherence- Percent adherence to template
Delete- Delete session behavior

Patient Session Clinical Values

In this form you can record a patient's clinical values. It will automatically calculate BMI for you if you put in height and weight. It calculates TEE & RMR after entering the weight and clicking the calculate button.

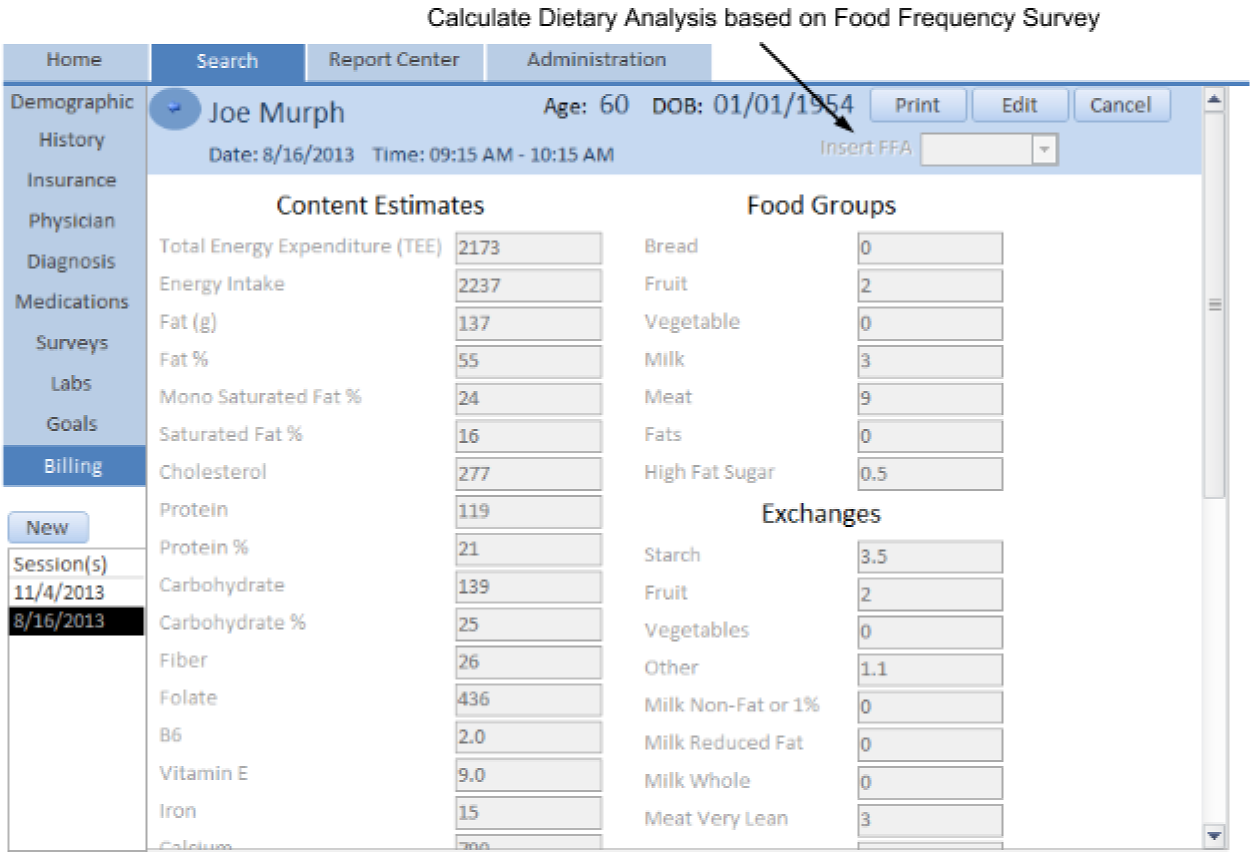


Fields:

Height - Height in inches
Weight - Weight in lbs
Height - BMI - auto calculated if height and weight are filled in.
Base Line Activity Level - Enter or select a value for calculating Total Energy Expenditure (TEE)
Resting Metabolic Rate (RMR) - Calculated by clicking the calculate button below.
Activity Energy Expenditure (AEE) - Calculated based on Intentional Activity values in section above.
Total Energy Expenditure (TEE) - Total calories expended in a day, calculated from calculate button below.

Patient Session Dietary Values

In this section you can enter your dietary analysis values. This can be calculated for you if you had the patient fill out a food frequency survey.

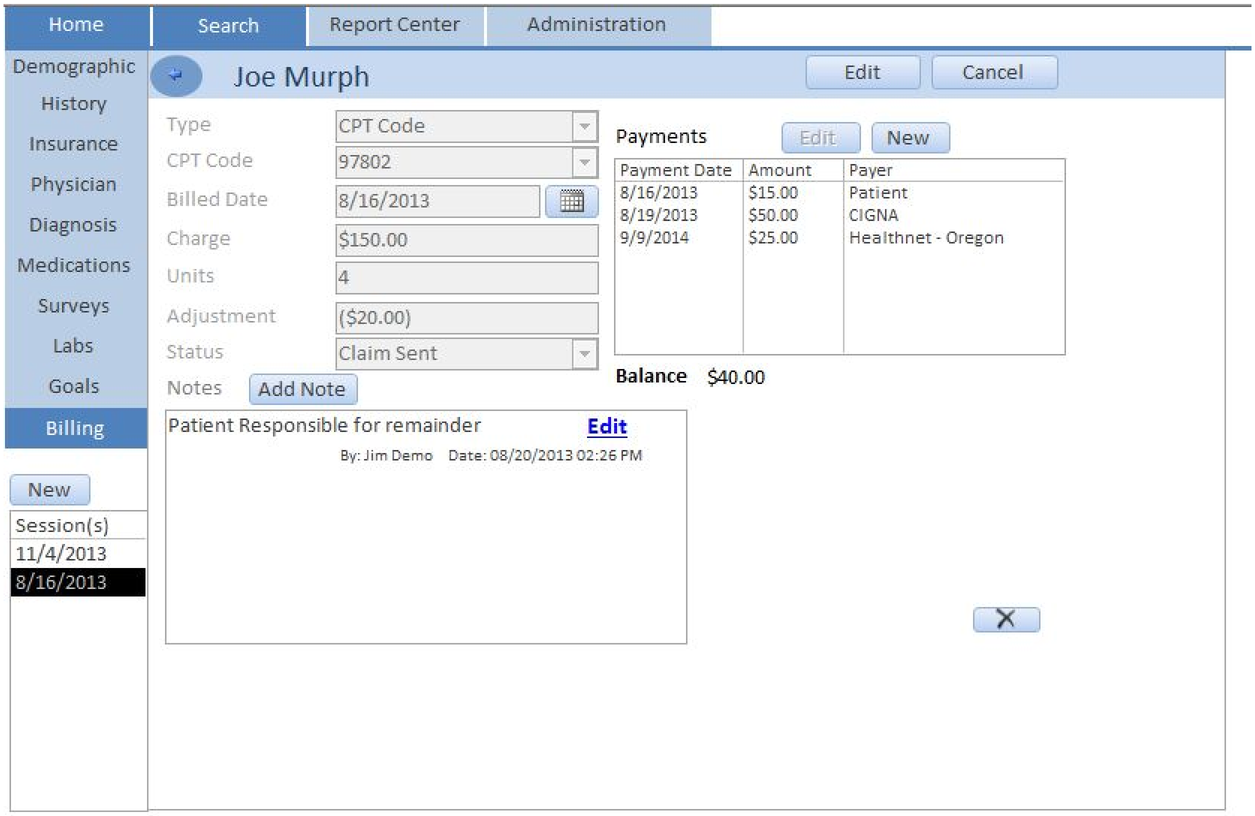


Fields:

Insert FFA - Calculate dietary analysis based on the food frequency survey you select.
Content Estimates - Basic Dietary values
Food Groups - The calculated number of servings from each of the basic food groups
Exchanges - The calculated number of servings from each exchange group his eating pattern represents.

Patient Session Billing

In this form you can create a billed item(s) for this session. This includes CPT Codes and products. Only one time based CPT Code can be created here. You can add payments and notes to the billed item.



Fields:

Type - Select “CPT Code” or “Product”

  CPT Code - Select a CPT Code

  Product - Select a Product

Billed Date - This should be your session date, you can edit it if this billed item isn’t attached to a session.

Charge - Total charged for this billed item

Units - CPT Code units or quantity for products

Adjustment - Claim adjustments

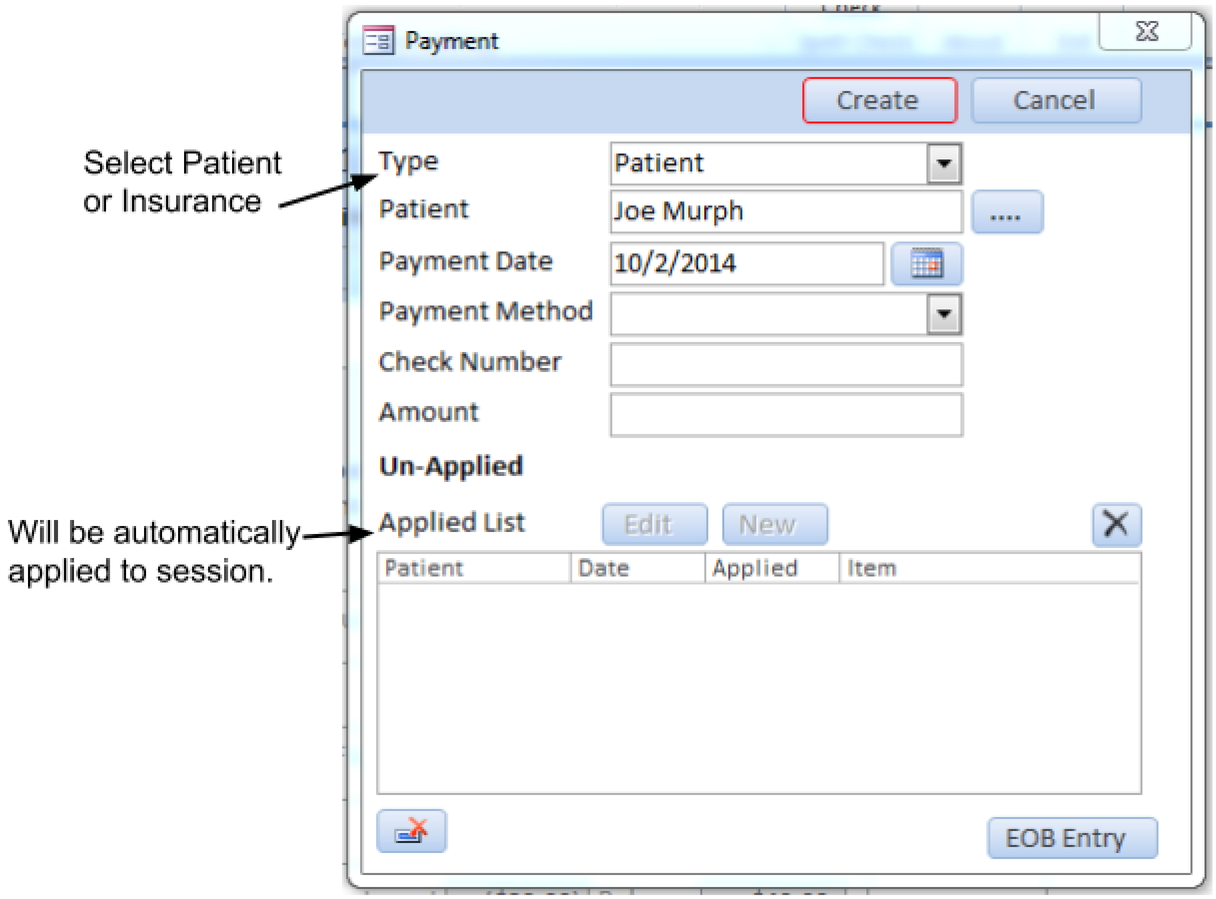
Status - Status of billed item

Notes - Create notes on this billed item for your reference.

Payments - Add or edit patient and insurance payments for this billed item.

Patient Payments

Payments can be accessed in the patient session, patient billing section and the search payments tab.

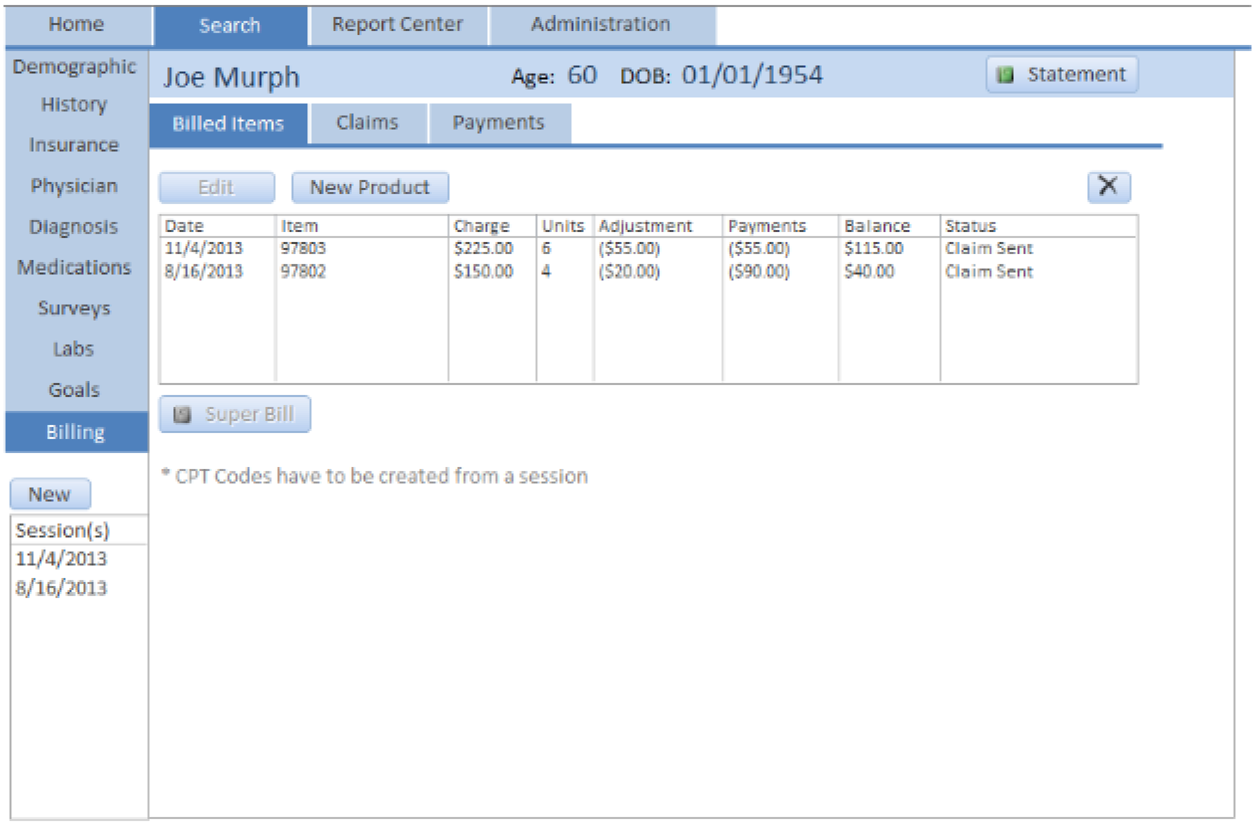


Billing

Here you view and record the billing elements of this visit including CPT codes, claims, payments and adjustments. Most of the patient's billing is done in the session tab.

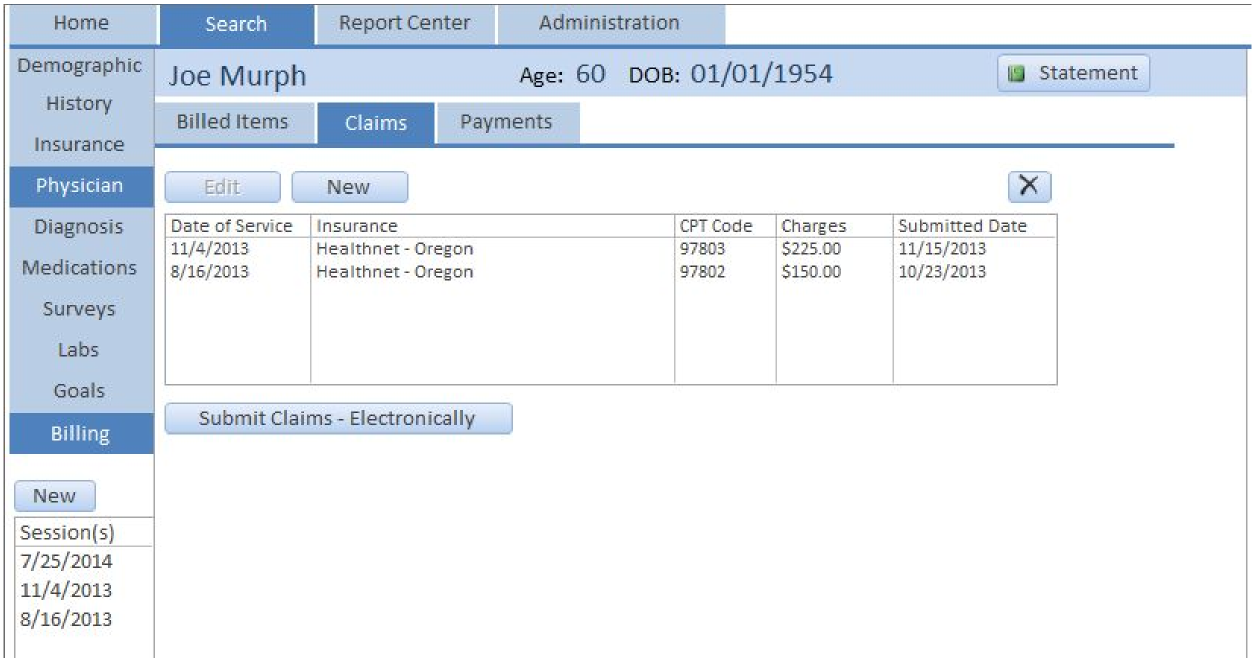
Billed Items

Here you can view all the patient's billed items. Create a super bill/receipt for a billed item or create a statement/invoice for all the patient's billed items. The super bill will invoice only one session at a time.



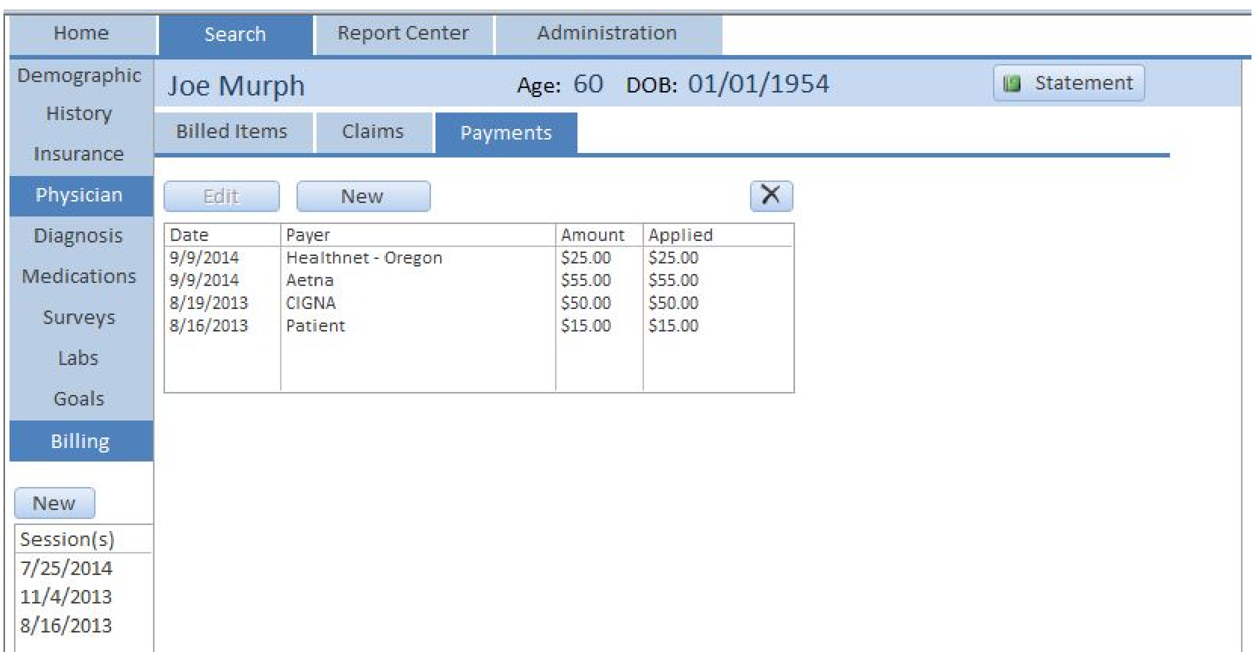
Patient Claims

Here you can view all the patient's claims and their status. You can create a claim in this window (it is easier to create the claim in the patient sessions tab). You can create the electronic export file for Office Ally here (it is easier to create the export file in the search claims tab). *If you have a CPT code that is not time based you can create a claim for it here.



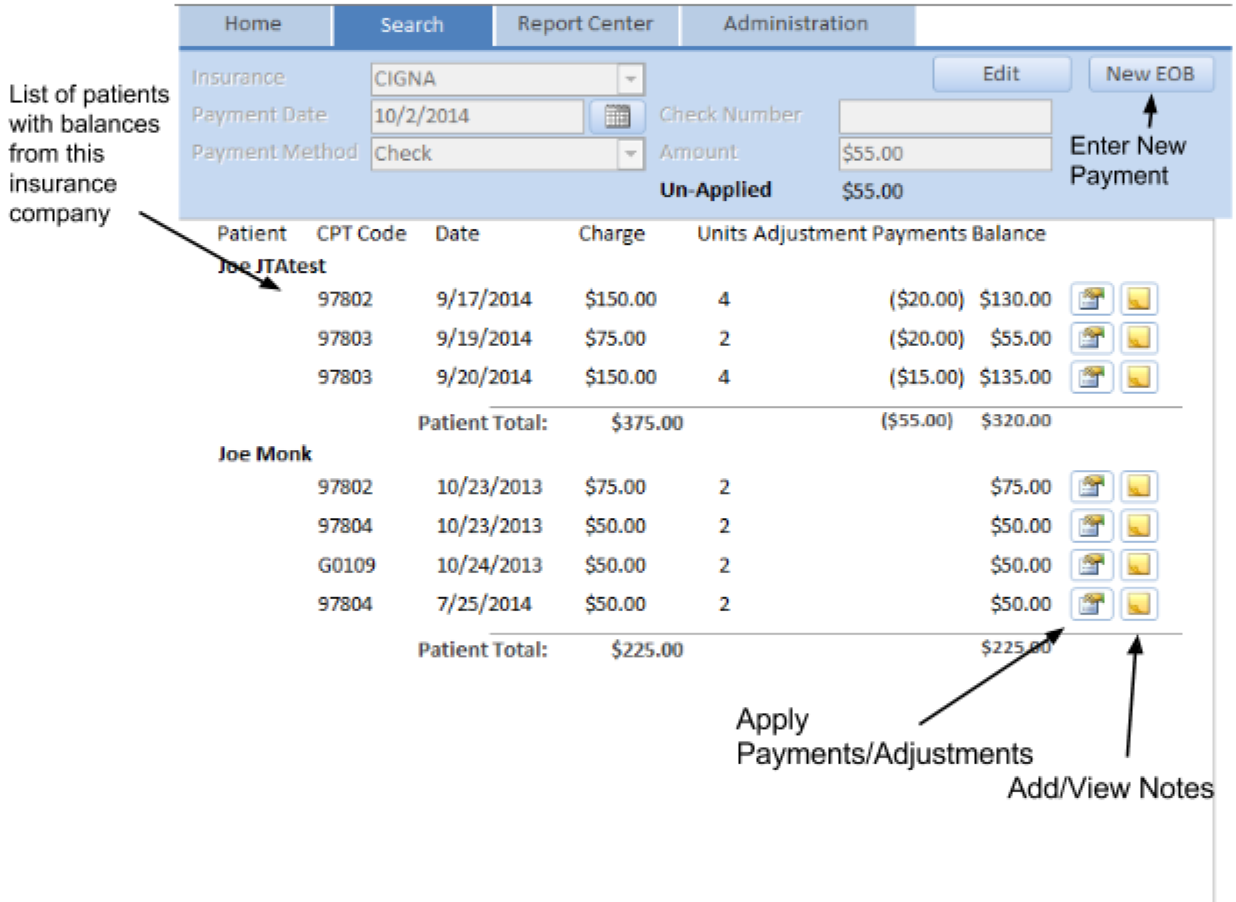
Patient Payments

Here you can view all of a patient's payments.

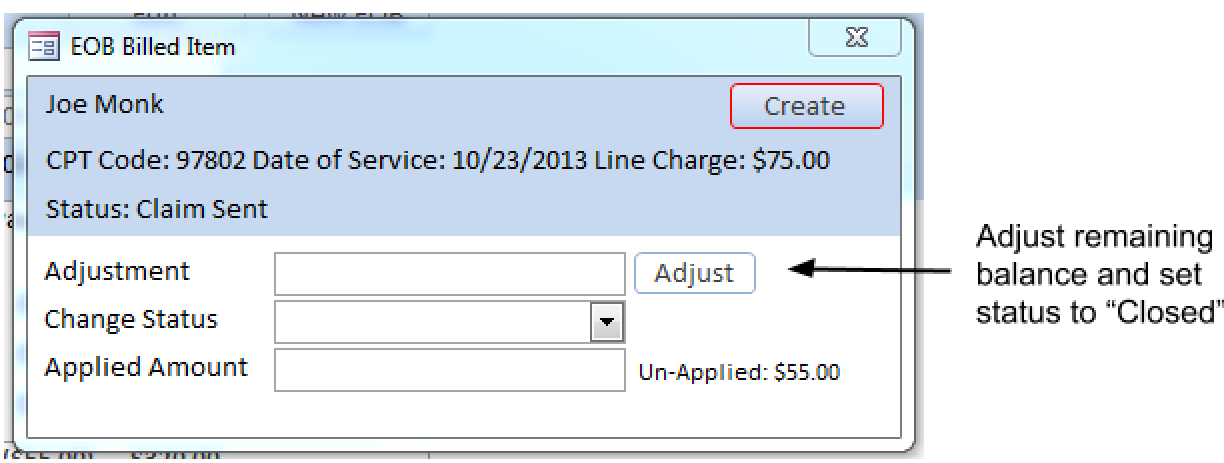


Enter Payments from an Explanation of Benefits (EOB) document from insurance. (EOB Payments)

Easily enter payments and adjustments from explanation of benefit documents that you receive from your insurance company. To open this form click on the “EOB Payment” button in the “Search Payments” tab, or on the “EOB Payment” button in the payments form.

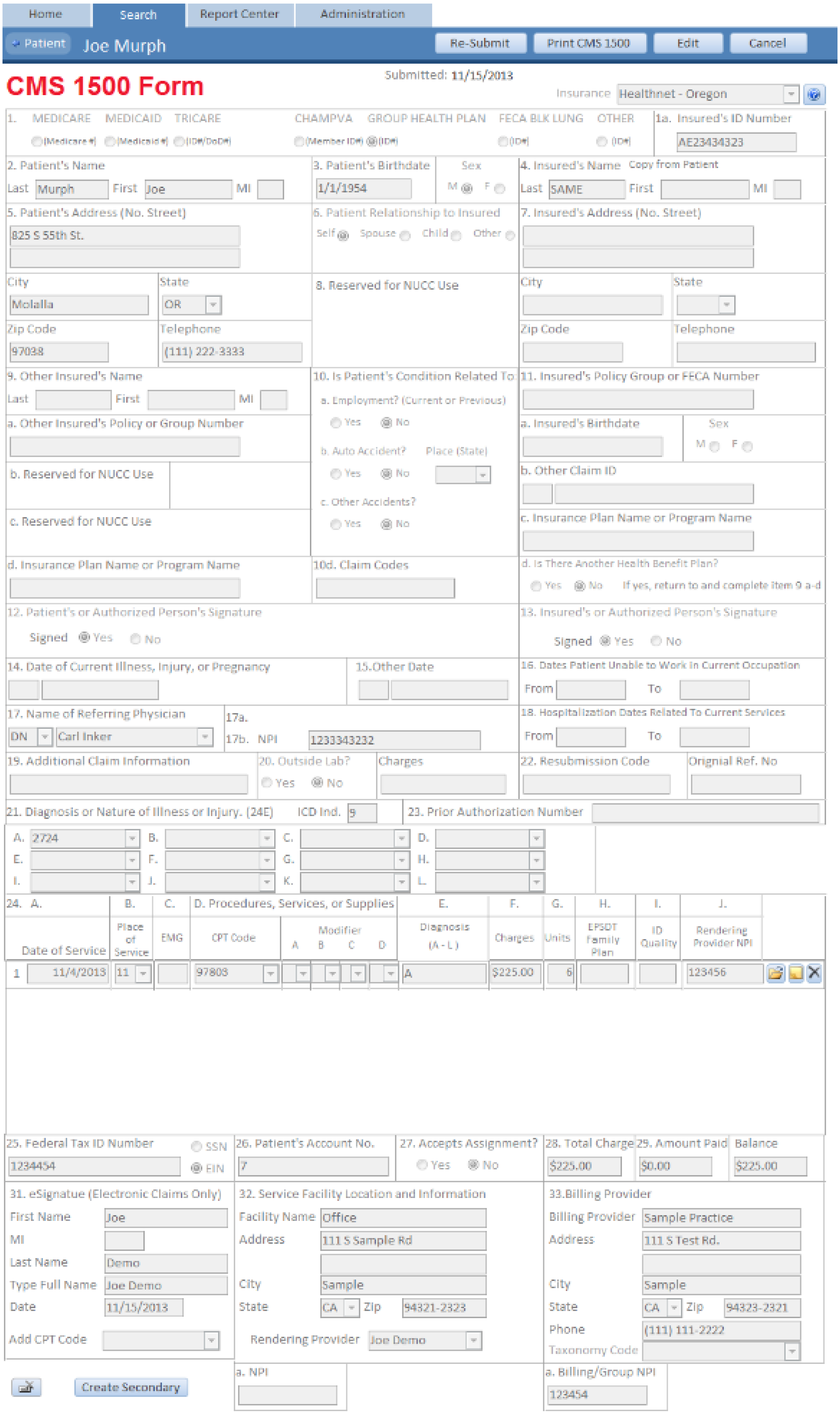


Apply EOB Payment



Claims

Below is our CMS 1500 claim form window. You can edit any field in the claim form before you print it out. You can add up to 6 CPT codes per claim form. When you create a claim all the required fields should be filled in. You can print the form out on paper with or without the form background. The claim can also be sent electronically via office ally (see search claims form).



Home | Search | Report Center | Administration

Patient **Joe Murph**

Re-Submit | Print CMS 1500 | Edit | Cancel

CMS 1500 Form

Submitted: 11/15/2013

Insurance: Healthnet - Oregon

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. Insured's ID Number: AE23434323

2. Patient's Name — Last: Murph First: Joe MI:

3. Patient's Birthdate: 1/1/1954 Sex: M ◉ F ○

4. Insured's Name (Copy from Patient) — Last: SAME First: MI:

5. Patient's Address (No. Street): 825 S 55th St.

City: Molalla State: OR Zip Code: 97038 Telephone: (111) 222-3333

6. Patient Relationship to Insured: Self ◉ Spouse ○ Child ○ Other ○

7. Insured's Address (No. Street) — City: State: Zip Code: Telephone:

8. Reserved for NUCC Use

9. Other Insured's Name — Last: First: MI:

a. Other Insured's Policy or Group Number

b. Reserved for NUCC Use

c. Reserved for NUCC Use

d. Insurance Plan Name or Program Name

10. Is Patient's Condition Related To:

a. Employment? (Current or Previous) ○ Yes ◉ No

b. Auto Accident? ○ Yes ◉ No Place (State)

c. Other Accidents? ○ Yes ◉ No

10d. Claim Codes

11. Insured's Policy Group or FECA Number

a. Insured's Birthdate — Sex: M ○ F ○

b. Other Claim ID

c. Insurance Plan Name or Program Name

d. Is There Another Health Benefit Plan? ○ Yes ◉ No — If yes, return to and complete item 9 a-d

12. Patient's or Authorized Person's Signature — Signed ◉ Yes ○ No

13. Insured's or Authorized Person's Signature — Signed ◉ Yes ○ No

14. Date of Current Illness, Injury, or Pregnancy

15. Other Date

16. Dates Patient Unable to Work in Current Occupation — From: To:

17. Name of Referring Physician: DN Carl Inker

17a.

17b. NPI: 1233343232

18. Hospitalization Dates Related To Current Services — From: To:

19. Additional Claim Information

20. Outside Lab? ○ Yes ◉ No Charges:

22. Resubmission Code — Orignial Ref. No

21. Diagnosis or Nature of Illness or Injury. (24E) ICD Ind. 9

23. Prior Authorization Number

A. 2724 B. C. D.
E. F. G. H.
I. J. K. L.

24. A. Date of Service	B. Place of Service	C. EMG	D. Procedures, Services, or Supplies: CPT Code	Modifier A	B	C	D	E. Diagnosis (A - L)	F. Charges	G. Units	H. EPSDT Family Plan	I. ID Quality	J. Rendering Provider NPI
1 11/4/2013	11		97803					A	$225.00	6			123456

25. Federal Tax ID Number: 1234454 ○ SSN ◉ EIN

26. Patient's Account No.: 7

27. Accepts Assignment? ○ Yes ◉ No

28. Total Charge: $225.00

29. Amount Paid: $0.00

Balance: $225.00

31. eSignatue (Electronic Claims Only)
First Name: Joe
MI:
Last Name: Demo
Type Full Name: Joe Demo
Date: 11/15/2013
Add CPT Code:

32. Service Facility Location and Information
Facility Name: Office
Address: 111 S Sample Rd
City: Sample
State: CA Zip: 94321-2323
Rendering Provider: Joe Demo

a. NPI

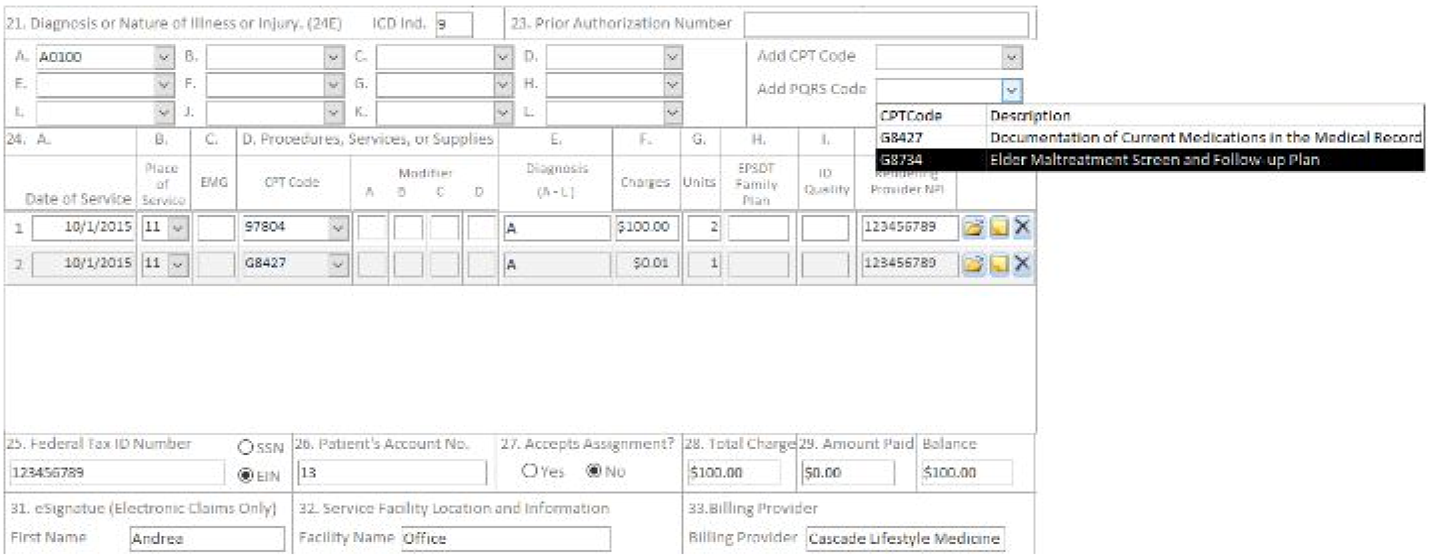
33. Billing Provider
Billing Provider: Sample Practice
Address: 111 S Test Rd.
City: Sample
State: CA Zip: 94323-2321
Phone: (111) 111-2222
Taxonomy Code:

a. Billing/Group NPI: 123454

Create Secondary

PQRS Codes

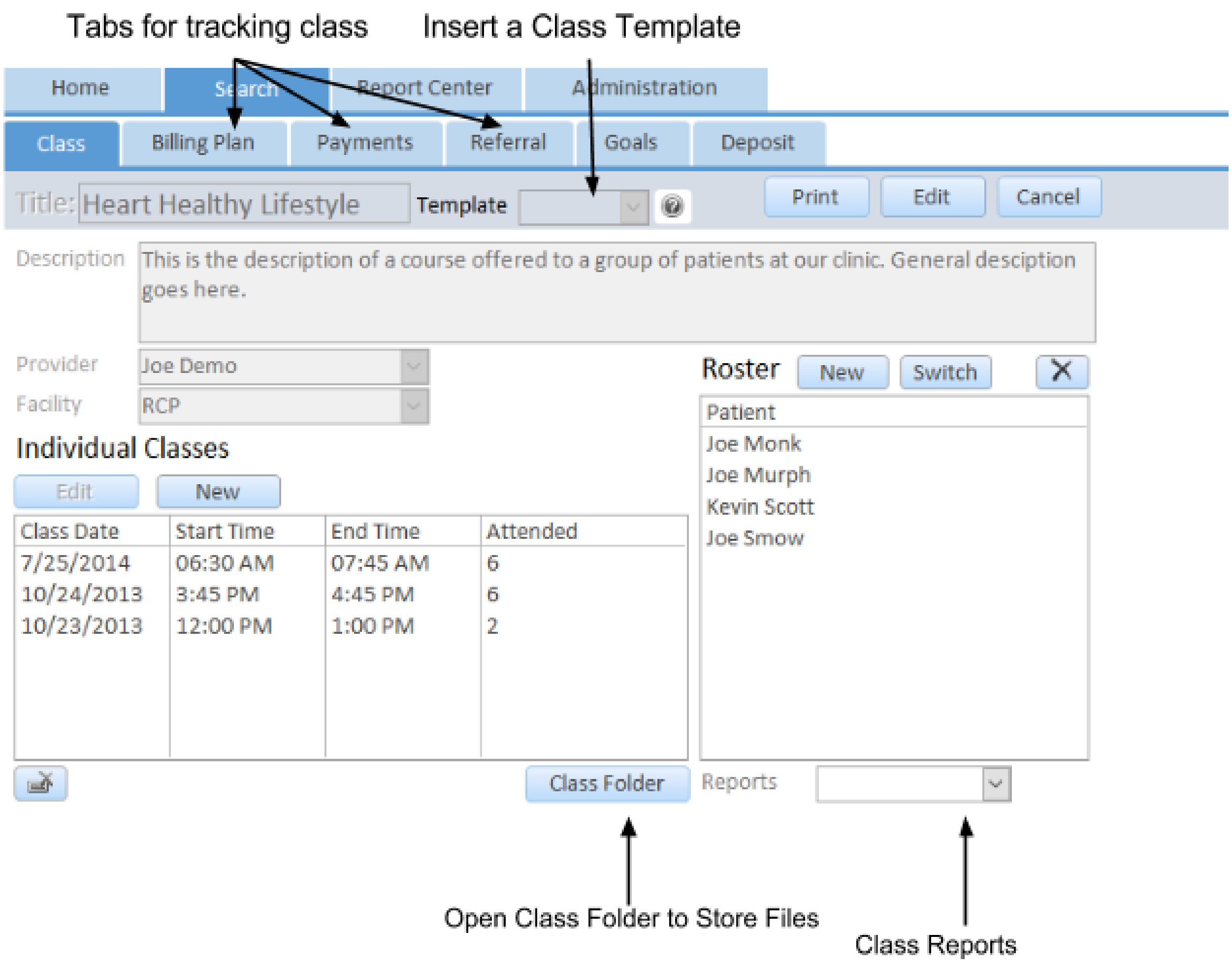
The MNT Assistant will allow you to add a limited number of PQRS CPT Codes to your claims. To get started using PQRS open up an insurance company (such as Medicare) and mark the PQRS checkbox. This will allow you to add PQRS codes to claims for that health plan. The MNT Assistant will automatically add the relevant PQRS codes to the drop down list selection depending on the patient's "BMI" and include codes for "Current Medications in the Medical Record" and "Elder Maltreatment Screen and Follow-up Plan." For details on PQRS reporting refer to the CMS PQRS website https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html.



Articles and more information can be found here: www.mntassistant.com/pqrs

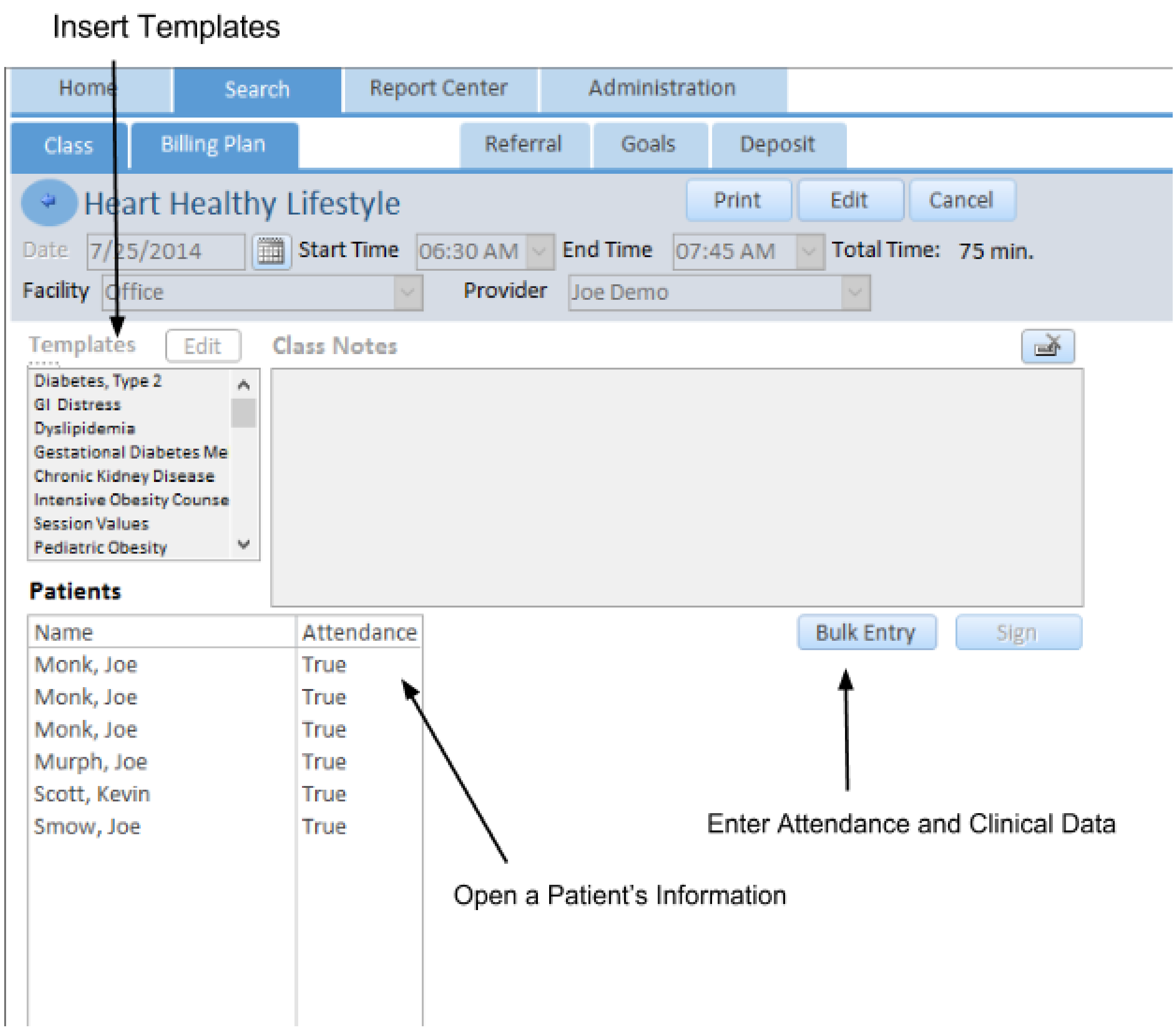
Classes

This is where you keep track group sessions, or courses you teach. Create a course, create the classes for the course, add students and manage reimbursement for the class.



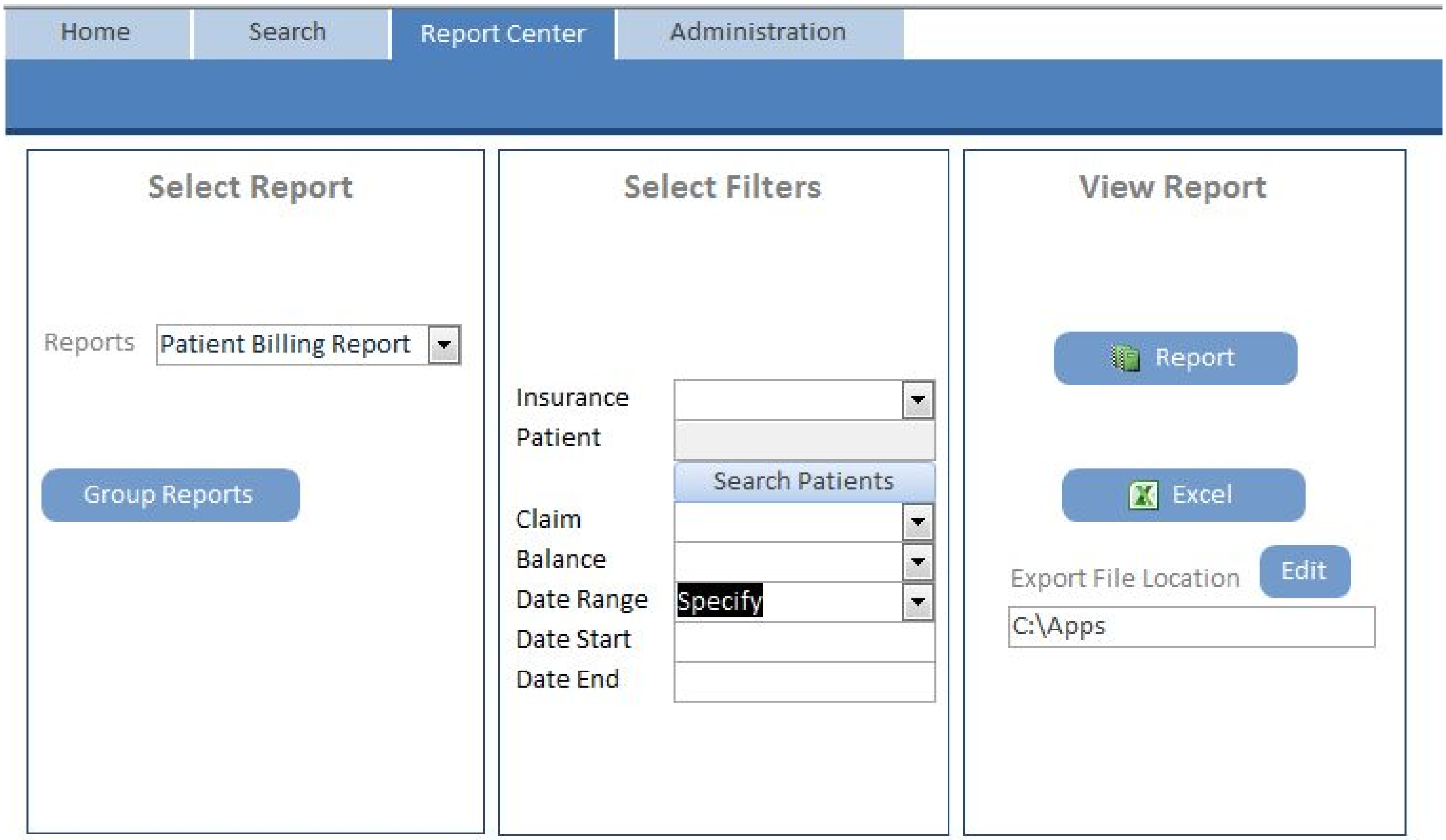
Class Sessions

Here you can track group sessions. This form will allow you to write a note and have it attached to each patient attending the class. You can also easily bill and create claims for each patient attending the class.



Report Center

The report center is a list of practice wide reports you can use to get information about your practice. First you select a report, then select the filters you want. Print it out or view it in excel. *Requires MS Excel 2003 or greater.

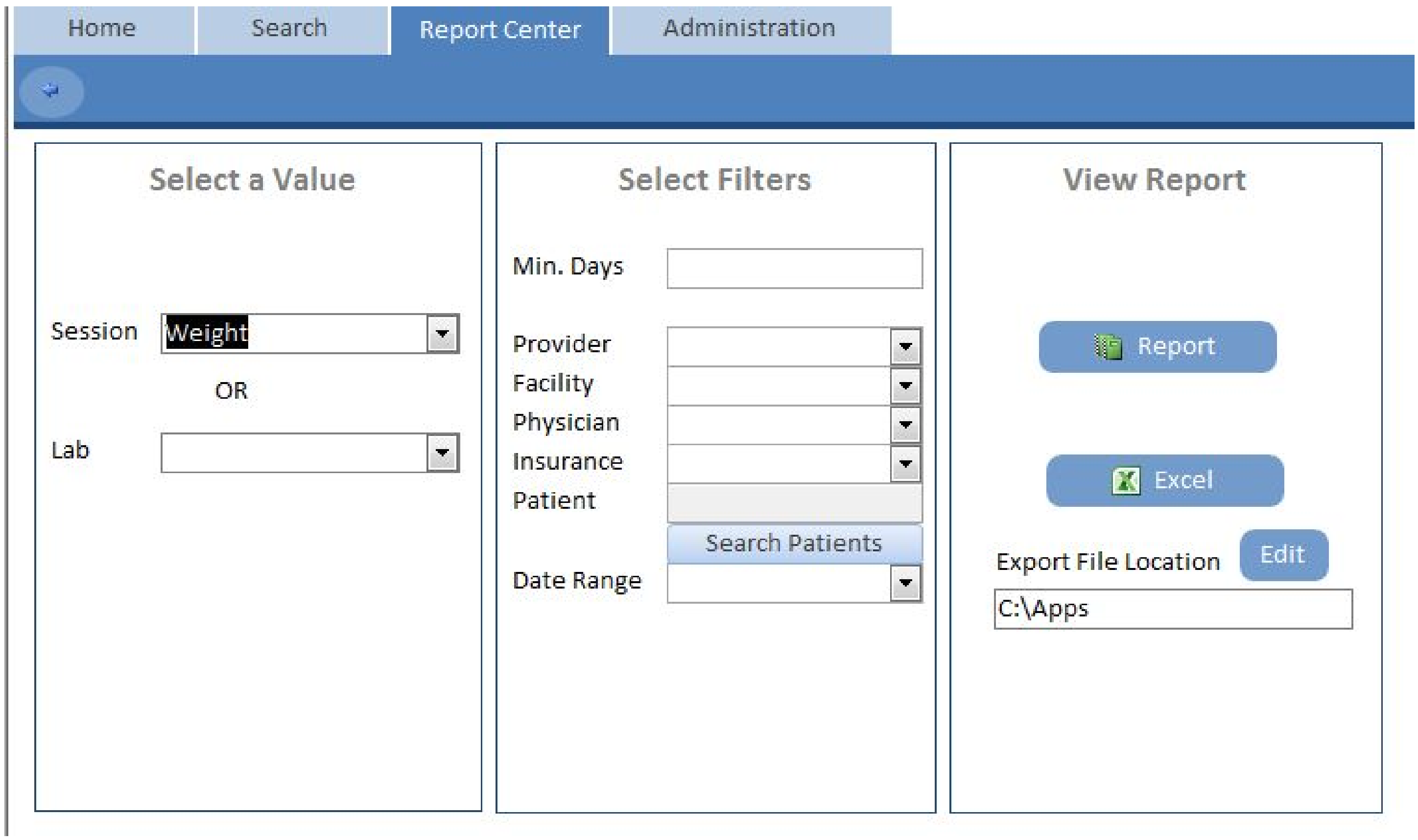


Reports:

Patient Aging Report - View which patients have an outstanding balance. Select either dates of service 0 - 30 days old, 30 - 90 or 90+.
Classes Report - View classes
Patient Label - Print patient labels
Patient Emails - See all your patients emails, export to excel to use in an email program.
Activity Report - See your practice session activity.
Patient Overview - Overview of each patient.
Payments - View each payment and the patient is is attached to.

Group Analysis Reports

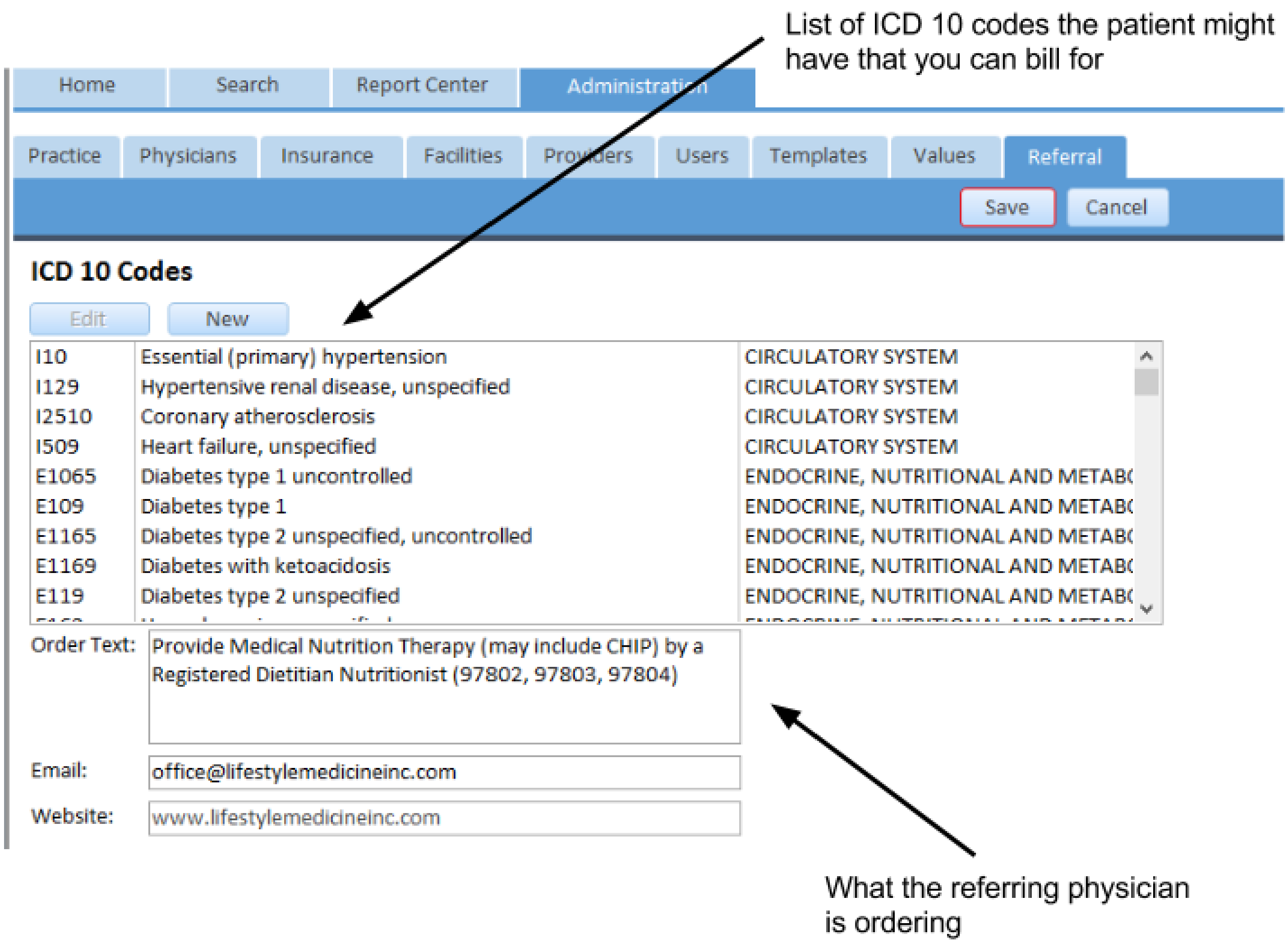
This form will allow you to see change over time reports for each clinical, dietary or lab value. These reports will allow you to see patient, provider or practice performance.



Referral Form

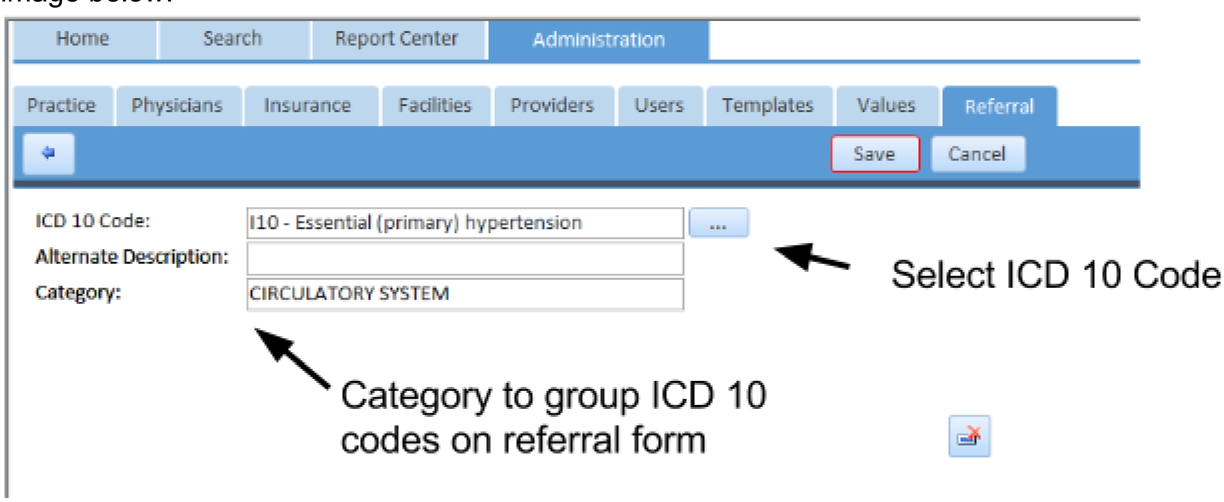
This will allow you to generate a patient referral form with all the patients information filled out.

Setup the Referral form in the Administration tab > Referral tab



Fields:

ICD 10 Codes - Create ICD 10 codes that the patients you are seeing may have that you can bill for. See image below.



Order Text - Description of what the physician is ordering by referring to you.
Email - Your business email address
Website - Your business website address

Example Referral Form (open in the patient physician form):

Cascade Lifestyle Medicine

Referral

Please complete and FAX to (866) 971-1354

Patient Information

Patient	Jim TestR
Date of Birth	2/2/1990
Health Ins. #	123456
Phone	

Order:

☑ Provide Medical Nutrition Therapy (may include CHIP) by a Registered Dietitian Nutritionist (97802, 97803, 97804)

1

Diagnosis - Mark the Primary Diagnosis(s):

Test 2		
	A0103	Typhoid pneumonia
Test1		
	E1121	Type 2 diabetes mellitus with diabetic nephropathy
Other		

2

Physical Activity restrictions? [ ] NO; [ ] Yes; If yes, limit to: ________________________________

Please attach supporting lab data. (i.e., fasting glucose, LDL, e-GFR)

Physician Information

Physician	Paul Healer
NPI	1234567890
Phone	
Fax	

3

______________________________ Date: ________________________

Signature

Offices: 13568 SE 97th Ave. , Clackamas OR 970156670

Phone: (503) 652-5070 Fax: (866) 971-1354 Email: office@lifestylemedicineinc.com

Website: www.lifestylemedicineinc.com

How To Learn More

When you have questions, please don't hesitate to contact us by email or give us a call. We are on Pacific Standard time, so for those on the East coast we are available late at night. For those in Alaska or Hawaii, we are up early. Regardless of the time you need help we will try our best to get back to you as soon as possible. Please check out the support page on our website at www.mntassistant.com. Here you will find videos that are designed to help you through various tasks and procedures. We look forward to supporting you as you make Medical Nutrition Therapy an integral part of 21st century healthcare.

Lifestyle Medicine Group
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