# **Payment Policy** | Nutritional Counseling/Medical Nutritional Therapy



**EFFECTIVE DATE:**02|19|2008 **POLICY LAST UPDATED:** 05|21|2020

#### **OVERVIEW**

This is a reimbursement policy that documents the claims filing for nutritional counseling/medical nutritional therapy. Please see related policy section for diabetes education or services that would be covered as a preventive service.

#### PRIOR AUTHORIZATION

Prior authorization review is not required

#### **POLICY STATEMENT**

## BlueCHiP for Medicare and Commercial

Nutritional counseling/medical nutritional therapy is a covered service when ordered by a physician and provided by a registered dietician/nutritionist

#### MEDICAL CRITERIA

Not applicable

#### BACKGROUND

Nutritional counseling/Medical Nutritional Therapy (MNT) is an important part of the prevention and treatment of many diseases and conditions. It consists of a nutritional assessment, the assignment of a specific diet, counseling services, and/or specialized therapies to treat an illness or condition.

#### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable "Office visits/nutritional counseling" benefits.

## CODING

## BlueCHiP for Medicare and Commercial

The following codes are covered only when services are provided by a <u>Registered Dietician/Nutritionist</u> **97802** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

**97803** Medical nutrition therapy, re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

97804 Medical nutrition therapy; group (two or more individuals), each 30 minutes

Claims filed with one of the following codes will deny as use alternate codes as claims must be filed with one of the above CPT codes in this policy.

S9452 Nutrition classes, non-physician provider, per session

**S9470** Nutritional counseling, dietitian visit

**G0270** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease) individual, face-to-face with patient, each 15 minutes

**G0271** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes

#### **RELATED POLICIES**

Diabetes Self-Management Education Mandate Preventive Services for Commercial Members Preventive Services for BlueCHiP for Medicare

#### **PUBLI SHED**

Provider Update, July 2020 Provider Update, April 2018 Provider Update, April 2017 Provider Update, June 2010 Provider Update, April 2008

#### **REFERENCES:**

Medicare Medical Nutrition Therapy Services – Overview. Retrieved on 01/25/08 from www.cms.hhs.gov/MedicalNutritionTherapy/

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