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 for 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 Registered Dietician/Nutritionist

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

PUBLISHED
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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