

Payment Policy | Nutritional Counseling/Medical Nutritional Therapy



EFFECTIVE DATE: 02|19|2008

POLICY LAST UPDATED: 02|20|2018

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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