Payment Policy | Nutritional Counseling/Medical Nutritional Therapy

EFFECTIVE DATE:02|19|2008
POLICY LAST REVIEWED: 4|1|2026

OVERVIEW
This is a payment policy that documents the claims filing for nutritional counseling/medical nutritional therapy. The primary purpose of these services is to improve health outcomes for our members.
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
Medicare Advantage Plans and Commercial Products
Nutritional counseling/medical nutritional therapy is a covered service when 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 nutrition therapies* to treat an illness or condition or improve health outcomes.

*Specialized nutrition therapies including supplementation with medical foods for those unable to obtain adequate nutrients through food intake only; this includes enteral nutrition delivered via tube feeding into the gastrointestinal tract for those unable to ingest or digest food, and/or parenteral nutrition delivered via intravenous infusion for those unable to absorb nutrients.

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

CODING
Medicare Advantage Plans and Commercial Products
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 Medicare Advantage Plans
Enteral and Parenteral Nutrition Therapy
Oral Nutrition Mandate

PUBLISHED

Provider Update, May 2026
Provider Update, September 2021
Provider Update, July 2020
Provider Update, April 2018
Provider Update, April 2017
Provider Update, June 2010

REFERENCES:

1.Medicare Medical Nutrition Therapy Services – Overview. Retrieved on 01/25/08 from www.cms.hhs.gov/MedicalNutritionTherapy/
2.Preventive Services - NGSMEDICARE
3.https://www.cms.gov/files/document/r11272NCD.pdf

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.