Clinical Practice Guideline: **Medical Nutrition Therapy – Medicare Advantage**

Date of Implementation: **December 17, 2021**

Product: **Specialty**

Related Policies:
CPG 5: Selected List of References – Medical Nutrition Therapy
CPG 304: Medical Nutrition Therapy and Dietetic Services – Medicare Advantage Supplement

GUIDELINES

American Specialty Health has adopted guidelines for administration of standard Medicare benefits for CMS required Medical Nutrition Therapy (MNT) services.. Services described by CPT Codes (see codes in table below) are considered medically necessary for covered beneficiaries when **all the following** are met:

1. Patient has a documented diagnosis of **one of the following** conditions:
   - Diabetes mellitus
   - Renal disease without dialysis
   - Kidney transplant within last 36 months

AND

2. Service is prescribed by the treating physician. A new referral is required for each episode of care.

AND

3. MNT services are provided by a qualified provider (e.g., registered dietitian (RD), registered dietitian nutritionist (RDN) or state licensed nutritional professional) who is enrolled as a Medicare provider.

The duration and frequency limits for the MNT benefit and coordination of MNT and diabetes outpatient self-management training (DSMT) is established as a Medicare National Coverage Determinations (NCD 180.1 [MNT] and NCD 40.1S [DSMT]).

DESCRIPTION/BACKGROUND

Definitions

According to the Centers for Disease Control and Prevention (CDC) MNT is defined as a "nutrition-based treatment provided by a registered dietitian nutritionist. It includes a nutrition diagnosis as well as therapeutic and counseling services to help manage diabetes". According to the National Cancer Institute MNT is treatment based on nutrition. It includes checking a person's nutrition status and giving the right foods or nutrients to treat conditions such as those caused by diabetes, heart disease, and cancer. It may involve

simple changes in a person's diet, or intravenous or tube feeding. Medical nutrition therapy may help patients recover more quickly and spend less time in the hospital. MNT differs from nutrition education which is not aimed at treating a medical condition or disease.

Diabetes Self-Management Training (DSMT) is separate from MNT and consists of educational and training services furnished to an individual with diabetes by a certified provider in an outpatient setting.

Documentation Requirements

The patient's medical records should document the practitioner's clinical rationale for providing MNT. Documentation should include:

- Qualifying medical diagnosis
- Written provider referral with physician signature
- Date of service with time in, time out, and total time spent
- MNT CPT code
- Individual or group encounter
- Visit number with cumulative time spent with patient to date
- Established goals, care plan, and interventions

For Medicare and Medicaid services, medical records keeping must follow and be in accordance with Medicare and any additional state Medicaid required documentation guidelines.

CPT/HCPC Codes and Descriptions

CPT Code	CPT Code Description
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 (2 or more individual(s)), each 30 minutes

HCPCS Code	HCPCS Code Description
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 the patient, each 15 minutes

HCPCS Code	HCPCS Code Description
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

Covered services (services that are eligible for reimbursement) may be limited by state and/or federal regulations, health plan guidelines, and benefit coverage policies. Refer to the applicable Client Summary for covered services.

INDICATIONS AND LIMITATIONS OF COVERAGE

Basic coverage of MNT for the first year a beneficiary receives MNT with either a diagnosis of diabetes, renal disease not requiring dialysis, or 36 months post kidney transplant is three (3) hours of administration. Basic coverage in subsequent years is two (2) hours. The dietitian/nutritionist may choose how many units are administered per day as long as all of the other requirements are met. Pursuant to the exception at 42 CFR §410.132(b)(5), additional hours are considered to be medically necessary and covered during an episode of care if the treating physician determines and orders additional hours of MNT due to a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT.

If a member has both renal disease and diabetes, they may receive only the number of hours covered under this benefit for renal disease or diabetes, whichever is greater.

Medical Nutrition Therapy with Diabetes-Self Management Training

If the treating physician determines that receipt of both MNT and Diabetes Outpatient Self-Management Training (DSMT) is medically necessary in the same episode of care, Medicare will cover both DSMT and MNT initial and subsequent years without decreasing either benefit as long as MNT and DSMT are not provided on the **same date of service**. (Note: MNT and DSMT are separate benefits.) The dietitian/nutritionist may choose how many units are performed per day as long as all of the other requirements in the NCD and 42 CFR §§410.130-410.134 are met.

If ASH chooses to contract with providers other than RDN credentialed providers, they may be able to submit claims under the MNT benefits. Otherwise, if not contracted for these benefits, other qualified health care professionals may provide nutritional consultation within the Evaluation and Management (E/M) services rather than standalone MNT.

LICENSURE GUIDELINES FOR APPROPRIATE USE

Practitioners providing Medical Nutrition Therapy services shall be appropriately qualified professionals per best-practice standards. Registered dietitians or nutritional professionals shall have appropriate licensure as defined by federal, state, and local guidelines. Practice shall comply with any jurisdiction-specific requirements for services where applicable.

PRACTITIONER-PATIENT RELATIONSHIP

The practitioner-patient relationship is fundamental to the provision of acceptable health care. It is ASH's expectation that practitioners recognize the obligations, responsibilities, and member rights associated with establishing and maintaining a practitioner-patient relationship. The practitioner-patient relationship is typically considered to have been established when the practitioner identifies themselves as a licensed clinician, agrees to undertake diagnosis and/or treatment of the member, and the member agrees to be treated. However, the elements of establishing a patient-practitioner relationship are determined by the relevant healthcare regulatory board of the state where the services are provided.

The practitioner should interact with the member in a culturally competent way and in the language familiar to that member. If the member cannot understand the practitioner because of a language barrier, ASH may provide language assistance.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience in delivering home-based rehabilitative services within their scope of practice. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a member only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the member to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus-driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases, it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or, if immediate emergency care is warranted, contact 911 as appropriate. For more information, see *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline.

References

Academy of Nutrition and Dietetics. (n.d.). *Medicare MNT.* Retrieved September 15, 2023 from https://www.eatrightpro.org/payment/medicare/mnt

Academy of Nutrition and Dietetics (n.d.) Code of Ethics for the Nutrition and Dietetics Profession. Retrieved September 15, 2023. https://www.eatrightpro.org/practice/code-of-ethics/code-of-ethics-for-the-nutrition-and-dietetics-profession

Academy of Nutrition and Dietetics. (n.d.). Scope of Practice. Retrieved September 15, 2023 from https://www.eatrightpro.org/practice/quality-management/scope-of-practice

Academy of Nutrition and Dietetics. (n.d.). Standards of Excellence. Retrieved September 15, 2023 from https://www.eatrightpro.org/practice/dietetics-resources/quality-managementAmerican Medical Association. (current year). Current Procedural Terminology (CPT) current year (rev. ed.). Chicago: AMA.

Centers for Disease Control and Prevention. (2021). *Medical Nutrition Therapy*. Retrieved September 15, 2023 from https://www.cdc.gov/diabetes/dsmes-toolkit/reimbursement/medical-nutrition-therapy.html

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD). (2001). *Diabetes Outpatient Self-Management Training.* NCD 40.1 Retrieved October 24, 2023 from https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=251&ncdver=1&bc=AAAAQAAAAAAA&

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD). (2022). *Medical Nutrition Therapy (180.1).* Retrieved October 24, 2023 from https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=252

Centers for Medicare and Medicaid Services (CMS). National Coverage Analysis Decision Memo. (Medical Nutrition Therapy Benefit for Diabetes & ESRD. (2002). Retrieved September 6, 2022 from https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=53#P307_26305

National Cancer Institute, National Institutes of Health. (n.d.). NCI Dictionaries. Medical Nutrition Therapy. Retrieved September 5, 2022 from https://www.cancer.gov/publications/dictionaries/cancer-terms/def/medical-nutrition-therapy.

Raymond, J.L. and Morrow, K. (2023). Krause and Mahan's Food and the Nutrition Care Process, 16th Edition. Elsevier.