Clinical Practice Guideline: **Medical Nutrition Therapy and Dietetic Services – Medicare Advantage Supplement**

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

Product: **Specialty**

Related Policies:
CPG 5: Selected List of References – Medical Nutrition Therapy
CPG 303: Medical Nutrition Therapy – Medicare Advantage

GUIDELINES

American Specialty Health – Specialty (ASH) has adopted guidelines for administration of standard Medicare benefits for CMS required Medical Nutrition Therapy (MNT) and related services unless a Medicare supplemental benefit is present. This policy describes services under the supplemental benefit. The supplemental benefit provides an extension of hours and indications beyond what is covered under the standard Medicare benefit. For information on the guidelines related to standard Medicare, see the *Medical Nutrition Therapy – Medicare Advantage (CPG 303 – S)* clinical practice guideline.

ASH recognizes the benefit of nutrition in the management of many chronic conditions and/or in achieving and maintaining wellness.

According to the Centers for Disease Control and Prevention (CDC), Medical Nutrition Therapy (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 is provided by registered dietitians (RD), registered dietitian nutritionist (RDN), or licensed nutrition professionals and differs from nutrition education which can be provided in most states by licensed or unlicensed nutritionists and is not aimed at disease treatment.

INDICATIONS AND LIMITATIONS OF COVERAGE

1. Medical Nutrition Therapy

a. Extension of hours beyond allowed standard Medicare benefit for a diagnosis of Diabetes, renal failure without dialysis, or kidney transplant within 36 months.
    i. However, if the extension of hours needed is due to a change in the condition or new diagnoses requiring a change in MNT, then additional hours may be covered under standard Medicare benefits.

b. Patient is interested in using nutrition as a tool to manage a chronic condition in one of the following areas, where the diagnosis is not included in the standard Medicare guidelines:
    i. Weight Management
    ii. Cardiovascular
    iii. Hypertension
    iv. Headaches
    v. Metabolic Syndrome
    vi. Endocrine
    vii. Cancer
    viii. Autoimmune Disorders
    ix. HIV
    x. Digestive
    xi. Liver/Gallbladder
    xii. Crohn's/IBS/UC
    xiii. TMJ/Dental
    xiv. Respiratory/COPD/Asthma
    xv. Nutritional Deficiencies
    xvi. Failure to Thrive
    xvii. Anemia
    xviii. Eating Disorders
    xix. Gestational Diabetes
    xx. Hyperemesis Gravidarum/Vomiting
    xxi. Pregnancy
    xxii. Musculoskeletal/Bone

2. Nutrition for General Health and Wellness:

- The patient would like guidance on creating a nutrition plan for general health and wellness.
- Interest in specific dietary patterns (e.g., vegetarian, vegan).

Service is provided by a qualified provider (e.g., registered dietitian [RD], registered dietitian nutritionist [RDN] or other state licensed nutrition professional).

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Medical Nutrition Therapy and Dietetic Services – Medicare Advantage Supplement
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To CQT for review 11/18/2024
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To QOC for review and approval 12/19/2024
QOC reviewed and approved 12/19/2024

Where the nutritional therapy is applied to aid in the treatment of a diagnosed medical condition and in states where it is required, MNT service is prescribed by the treating physician.

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.

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 benefits.

CPT®/HCPCS 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
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
S9470	Nutritional counseling, dietitian visit

DESCRIPTION/BACKGROUND

Documentation Requirements

The patient's medical records should document the practitioner's clinical rationale for providing MNT or general wellness nutritional services. Documentation should include:

- Written provider referral with physician signature if required
- Date of service with time in, time out, and total time
- Visit number with cumulative time spent with patient to date
- MNT or wellness nutrition CPT® and/or HCPCS code as appropriate
- Individual or group encounter
- Goals established, care plan, and interventions
- Plans for follow-up as appropriate to assist with behavioral and lifestyle changes relative to each individual's nutrition problems and medical condition or disease(s)

LICENSURE GUIDELINES FOR APPROPRIATE USE

Practitioners providing MNT services shall be appropriately qualified professionals per best-practice standards. RDs, RDNs, or other nutrition 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. 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, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for information.

References

Academy of Nutrition and Dietetics. (n.d.). *Medicare MNT.* Retrieved November 4, 2024 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 November 4, 2024 from 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 and Standards of Practice. Retrieved November 4, 2024 from https://www.eatrightpro.org/practice/quality-management/scope-of-practice

American Medical Association. (current year). Current Procedural Terminology (CPT) current year (rev. ed.). Chicago: AMA

American Medical Association. (current year). Healthcare Common Procedure Coding System Level II (HCPCS) Current year (rev. ed.). Chicago: AMA

Centers for Disease Control and Prevention. (n.d.). *Medical Nutrition Therapy*. Retrieved November 4, 2024 from https://www.cdc.gov/diabetes-toolkit/php/reimbursement/medical-nutrition-

therapy.html?CDC_AAref_Val=https://www.cdc.gov/diabetes/dsmes-toolkit/reimbursement/medical-nutrition-therapy.html

Centers for Medicare and Medicaid Services. National Coverage Determination (NCD). (2002). *Medical Nutrition Therapy (180.1).* Retrieved November 4, 2024 from https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=252

Centers for Medicare and Medicaid Services. National Coverage Analysis Decision Memo. (Medical Nutrition Therapy Benefit for Diabetes & ESRD. (2002). Retrieved November 4, 2024 from https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=53#P307_26305

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