

1	Clinical Practice Guideline:	Medical Nutrition Therapy – Medicare
2		Advantage
3		
4	Date of Implementation:	December 17, 2021
5		
6	Effective Date:	December 18, 2025
7		
8	Product:	Specialty
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11 Related Policies:
12 CPG 5: Selected List of References – Medical Nutrition Therapy
13 CPG 304: Medical Nutrition Therapy and Dietetic Services –
14 Medicare Advantage Supplement

15 **GUIDELINES**

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

20

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

25 **AND**

- 26 Service is prescribed by the treating physician. A new referral is required for each

27 episode of care.

28 **AND**

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

32

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

37 **DESCRIPTION/BACKGROUND**

38 **Definitions**

39 According to the Centers for Disease Control and Prevention (CDC), MNT is defined as a
 40 “nutrition-based treatment provided by a registered dietitian nutritionist. It includes a
 41 nutrition diagnosis as well as therapeutic and counseling services to help manage diabetes.”

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CPG 303 Revision 4 – S

Medical Nutrition Therapy – Medicare Advantage

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To CQT for review 11/10/2025

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1 According to the National Cancer Institute, MNT is treatment based on nutrition. It
 2 includes checking a person's nutrition status and giving the right foods or nutrients to treat
 3 conditions such as those caused by diabetes, heart disease, and cancer. It may involve
 4 simple changes in a person's diet, or intravenous or tube feeding. Medical nutrition therapy
 5 may help patients recover more quickly and spend less time in the hospital. MNT differs
 6 from nutrition education, which is not aimed at treating a medical condition or disease.

7
 8 Diabetes Self-Management Training (DSMT) is separate from MNT and consists of
 9 educational and training services furnished to an individual with diabetes by a certified
 10 provider in an outpatient setting.

11
12 Documentation Requirements

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

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

22
 23 For Medicare and Medicaid services, medical records keeping must be in accordance with
 24 Medicare and any additional state Medicaid required documentation guidelines.

25
26 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

CPT® Code	CPT® 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

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

5 INDICATIONS AND LIMITATIONS OF COVERAGE

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

14
 15 If a member has both renal disease and diabetes, they may receive only the number of hours
 16 covered under this benefit for renal disease or diabetes, whichever is greater.

18 **Medical Nutrition Therapy with Diabetes-Self Management Training**

19 If the treating physician determines that receipt of both MNT and Diabetes Outpatient Self-
 20 Management Training (DSMT) is medically necessary in the same episode of care,
 21 Medicare will cover both DSMT and MNT initial and subsequent years without decreasing
 22 either benefit as long as MNT and DSMT are not provided on the **same date of service**.
 23 (Note: MNT and DSMT are separate benefits.) The dietitian/nutritionist may choose how
 24 many units are performed per day as long as all of the other requirements in the NCD and
 25 42 CFR §§410.130-410.134 are met.

26
 27 If ASH chooses to contract with providers other than RDN credentialed providers, they
 28 may be able to submit claims under the MNT benefits. Otherwise, if not contracted for
 29 these benefits, other qualified health care professionals may provide nutritional
 30 consultation within the Evaluation and Management (E/M) services rather than standalone
 31 MNT.

33 **LICENSURE GUIDELINES FOR APPROPRIATE USE**

34 Practitioners providing Medical Nutrition Therapy services shall be appropriately qualified
 35 professionals per best practice standards. Registered dietitians or nutritional professionals

1 shall have appropriate licensure as defined by federal, state, and local guidelines. Practice
2 shall comply with any jurisdiction-specific requirements for services where applicable.
3

4 **PRACTITIONER-PATIENT RELATIONSHIP**

5 The practitioner-patient relationship is fundamental to the provision of acceptable health
6 care. It is ASH's expectation that practitioners recognize the obligations, responsibilities,
7 and member rights associated with establishing and maintaining a practitioner-patient
8 relationship. The practitioner-patient relationship is typically considered to have been
9 established when the practitioner identifies themselves as a licensed clinician, agrees to
10 undertake diagnosis and/or treatment of the member, and the member agrees to be treated.
11 However, the elements of establishing a patient-practitioner relationship are determined by
12 the relevant healthcare regulatory board of the state where the services are provided.
13

14 The practitioner should interact with the member in a culturally competent way and in the
15 language familiar to that member. If the member cannot understand the practitioner
16 because of a language barrier, ASH may provide language assistance.
17

18 **PRACTITIONER SCOPE AND TRAINING**

19 Practitioners should practice only in the areas in which they are competent based on their
20 education, training, and experience in delivering home-based rehabilitative services within
21 their scope of practice. Levels of education, experience, and proficiency may vary among
22 individual practitioners. It is ethically and legally incumbent on a practitioner to determine
23 where they have the knowledge and skills necessary to perform such services and whether
24 the services are within their scope of practice.
25

26 It is best practice for the practitioner to appropriately render services to a member only if
27 they are trained, equally skilled, and adequately competent to deliver a service compared
28 to others trained to perform the same procedure. If the service would be most competently
29 delivered by another health care practitioner who has more skill and training, it would be
30 best practice to refer the member to the more expert practitioner.
31

32 Best practice can be defined as a clinical, scientific, or professional technique, method, or
33 process that is typically evidence-based and consensus-driven and is recognized by a
34 majority of professionals in a particular field as more effective at delivering a particular
35 outcome than any other practice (Joint Commission International Accreditation Standards
36 for Hospitals, 2020).
37

38 Depending on the practitioner's scope of practice, training, and experience, a member's
39 condition and/or symptoms during examination or the course of treatment may indicate the
40 need for referral to another practitioner or even emergency care. In such cases, it is prudent
41 for the practitioner to refer the member for appropriate co-management (e.g., to their
42 primary care physician) or, if immediate emergency care is warranted, contact 911 as

1 appropriate. For more information, see *Managing Medical Emergencies (CPG 159 – S)*
 2 clinical practice guideline.

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