

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

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

**Effective Date: December 18, 2025**

**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 – Specialty (ASH) 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 be in accordance with Medicare and any additional state Medicaid required documentation guidelines.

### **CPT®/HCPCS Codes and Descriptions**

<b>CPT® Code</b>	<b>CPT® Code Description</b>
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
<b>HCPCS Code</b>	<b>HCPCS Code Description</b>
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

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 3 hours of administration. Basic coverage in subsequent years is 2 hours. The dietitian/nutritionist may choose how many units are administered per day if 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

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.

### 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.

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.

### 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.

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.

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).

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

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

## References

Academy of Nutrition and Dietetics (n.d.). Code of Ethics for the Nutrition and Dietetics Profession. Retrieved October 7, 2025 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 October 7, 2025 from <https://www.eatrightpro.org/practice/dietetics-resources/scope-and-standards-of-practice>

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

Centers for Disease Control and Prevention. (n.d.). *Medical Nutrition Therapy*. Retrieved October 7, 2025 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](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 (CMS). National Coverage Determination (NCD). (2001). *Diabetes Outpatient Self-Management Training*. NCD 40.1 Retrieved October 7, 2025 from <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=251&ncdver=1&bc=AAAAQAAAAAAAA&>

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD). (2022). *Medical Nutrition Therapy (I80.1)*. Retrieved October 7, 2025 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 October 7, 2025 from [https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=53#P307\\_26305](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, 16<sup>th</sup> Edition. Elsevier