

1	Clinical Practice Guideline:	Medical Nutrition Therapy and Dietetic Services
2		– Medicare Advantage Supplement
3		
4	Date of Implementation:	December 17, 2021
5		
6	Effective Date:	December 18, 2025
7		
8	Product:	Specialty
9		

10	Related Policies:
11	CPG 5: Selected List of References – Medical Nutrition Therapy
12	CPG 303: Medical Nutrition Therapy – Medicare Advantage
13	
14	

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) and
18 related services unless a Medicare supplemental benefit is present. This policy describes
19 services under the supplemental benefit. The supplemental benefit provides an extension
20 of hours and indications beyond what is covered under the standard Medicare benefit. For
21 information on the guidelines related to standard Medicare, see the *Medical Nutrition*
22 *Therapy – Medicare Advantage (CPG 303 – S)* clinical practice guideline.

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

27 According to the Centers for Disease Control and Prevention (CDC), Medical Nutrition
28 Therapy (MNT) is defined as a “nutrition-based treatment provided by a registered dietitian
29 nutritionist. It includes a nutrition diagnosis as well as therapeutic and counseling services
30 to help manage diabetes. According to the National Cancer Institute, MNT is treatment
31 based on nutrition. It includes checking a person’s nutrition status and giving the right
32 foods or nutrients to treat conditions such as those caused by diabetes, heart disease, and
33 cancer. It may involve simple changes in a person’s diet, or intravenous or tube feeding.
34 Medical nutrition therapy may help patients recover more quickly and spend less time in
35 the hospital. MNT is provided by registered dietitians (RD), registered dietitian nutritionist
36 (RDN), or licensed nutrition professionals and differs from nutrition education which can
37 be provided in most states by licensed or unlicensed nutritionists and is not aimed at disease
38 treatment.

1 **INDICATIONS AND LIMITATIONS OF COVERAGE**

2 **1. Medical Nutrition Therapy**

3 a. Extension of hours beyond allowed standard Medicare benefit for a diagnosis
 4 of Diabetes, renal failure without dialysis, or kidney transplant within 36
 5 months.

6 i. However, if the extension of hours needed is due to a change in the
 7 condition or new diagnoses requiring a change in MNT, then additional
 8 hours may be covered under standard Medicare benefits.

9 b. Patient is interested in using nutrition as a tool to manage a chronic condition
 10 in one of the following areas, where the diagnosis is not included in the standard
 11 Medicare guidelines:

12 i. Weight Management
 13 ii. Cardiovascular
 14 iii. Hypertension
 15 iv. Headaches
 16 v. Metabolic Syndrome
 17 vi. Endocrine
 18 vii. Cancer
 19 viii. Autoimmune Disorders
 20 ix. HIV
 21 x. Digestive
 22 xi. Liver/Gallbladder
 23 xii. Crohn's/IBS/UC
 24 xiii. TMJ/Dental
 25 xiv. Respiratory/COPD/Asthma
 26 xv. Nutritional Deficiencies
 27 xvi. Failure to Thrive
 28 xvii. Anemia
 29 xviii. Eating Disorders
 30 xix. Gestational Diabetes
 31 xx. Hyperemesis Gravidarum/Vomiting
 32 xxi. Pregnancy
 33 xxii. Musculoskeletal/Bone

34 **2. Nutrition for General Health and Wellness:**

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

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

3
 4 Where the nutritional therapy is applied to aid in the treatment of a diagnosed medical
 5 condition and in states where it is required, MNT service is prescribed by the treating
 6 physician.

7
 8 Covered services (services that are eligible for reimbursement) may be limited by state
 9 and/or federal regulations, health plan guidelines, and benefit coverage policies. Refer to
 10 the applicable Client Summary for covered services.

11
 12 If not contracted for these benefits, other qualified health care professionals may provide
 13 nutritional consultation within the Evaluation and Management (E/M) services rather than
 14 standalone MNT benefits.

15
 16 **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

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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

1 **DESCRIPTION/BACKGROUND**

2 **Documentation Requirements**

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

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

13 **LICENSURE GUIDELINES FOR APPROPRIATE USE**

14 Practitioners providing MNT services shall be appropriately qualified professionals per
15 best practice standards. RDs, RDNs, or other nutrition professionals shall have appropriate
16 licensure as defined by federal, state, and local guidelines. Practice shall comply with any
17 jurisdiction-specific requirements for services where applicable.

18 **PRACTITIONER-PATIENT RELATIONSHIP**

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

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

30 **PRACTITIONER SCOPE AND TRAINING**

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

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

6
 7 Best practice can be defined as a clinical, scientific, or professional technique, method, or
 8 process that is typically evidence-based and consensus driven and is recognized by a
 9 majority of professionals in a particular field as more effective at delivering a particular
 10 outcome than any other practice (Joint Commission International Accreditation Standards
 11 for Hospitals, 2020).

12
 13 Depending on the practitioner's scope of practice, training, and experience, a member's
 14 condition and/or symptoms during examination or the course of treatment may indicate the
 15 need for referral to another practitioner or even emergency care. In such cases it is prudent
 16 for the practitioner to refer the member for appropriate co-management (e.g., to their
 17 primary care physician) or if immediate emergency care is warranted, to contact 911 as
 18 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for
 19 information.

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 21 **References**

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