GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Medical nutrition therapy (MNT) provided by a registered dietitian involves the assessment of the person’s overall nutritional status followed by the assignment of individualized diet, counseling, and/or specialized nutrition therapies to treat a chronic illness or condition. MNT has been integrated into the treatment guidelines for a number of chronic diseases, including diabetes mellitus, kidney disease, eating disorders, seizures (i.e., ketogenic diet), and other conditions where dietary control is medically indicated. Registered dietitians, working in a coordinated, multidisciplinary team effort with the primary care physician, take into account a person’s food intake, physical activity, course of any medical therapy including medications and other treatments, individual preferences, and other factors.

POLICY
Medical nutrition therapy (97802-97804) does not require prior authorization for all product lines.

Procedures S9452 and S9470 do not require prior authorization for Advantage.
Procedures S9452 and S9470 are non-covered for HMO, PPO, & Individual Marketplace & Elite.

Procedures G0270 and G0271 are non-covered for Advantage.
Procedures G0270 and G0271 do not require prior authorization for HMO, PPO, & Individual Marketplace & Elite.

Weight management classes (S9445, S9446, & S9449) are non-covered for all product lines.

Paramount considers medical nutritional therapy medically necessary for chronic disease states in which dietary adjustment has a therapeutic role, when it is prescribed by a physician and furnished by a qualified provider (e.g., registered dietician and licensed dietitians) following these parameters for the initial year of therapy:
1. Initial assessment visit (97802)
2. Follow-up intervention visits (97803, 97804)
3. Reassessments as necessary during 12-month episode of care to assure compliance with dietary plan. (97803, 97804)
4. 3 hours maximum in 1st year

The only providers that should submit claims for medical nutrition therapy codes are registered dietitian nutritionists and licensed dietitians. Other qualified health care professionals may provide medical nutrition therapy; however, they must submit a claim for an evaluation and management service. For services of a dietitian who is employed by a hospital and is practicing in a hospital setting, payment is made only to the hospital.

Medical nutrition therapy is not to be confused with diabetes self-management training (G0108-G0109). These are separate services, and providers are not to provide both these services on the same date of service to a member.

HMO, PPO, Individual Marketplace, Elite
Paramount considers medical nutritional therapy medically necessary for chronic disease states in which dietary adjustment has a therapeutic role, when it is prescribed by a physician and furnished by a qualified provider (e.g., registered dietician and licensed dietitians) following these parameters for follow-up therapy:
1. Additional hours permitted if treating physician determines a change in medical condition, diagnosis or treatment regimen that requires a change in MNT. (G0270-G0271)
2. Documentation should support the patient’s diagnosis of the specific condition, along with the referral from the physician managing the patient’s condition. The documentation should also include a comprehensive plan of care, individualized assessment, and education plan with outcome evaluations
for each session, as well as referring physician feedback. There should be specific goals, evaluations, and outcome measures for each session documented within the patient’s records.

3. 2 hours maximum per calendar year in subsequent years

Procedures 97802-97804, G0270 and G0271 are covered and do not require prior authorization. Procedures S9445, S9446, S9449, S9452 and S9470 are non-covered services.

**Advantage**
Procedures 97802-97804 may be utilized for medical nutritional therapy.

Procedures S9452 and S9470 may be utilized for prenatal nutritional counseling.

Procedures G0270, G0271, S9445, S9446, and S9449 are non-covered services.

**CODING/BILLING INFORMATION**
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97804</td>
<td>Medical nutrition therapy; group (2 or more individual(s)) each 30 minutes</td>
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<table>
<thead>
<tr>
<th>HCPCS CODES</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>G0270</td>
<td>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.</td>
</tr>
<tr>
<td>G0271</td>
<td>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 (2 or more individuals), each 30 minutes.</td>
</tr>
<tr>
<td>S9445</td>
<td>Patient education, not otherwise classified, nonphysician provider, individual, per session</td>
</tr>
<tr>
<td>S9446</td>
<td>Patient education, not otherwise classified, nonphysician provider, group, per session</td>
</tr>
<tr>
<td>S9449</td>
<td>Weight management classes, non-physician provider, per session</td>
</tr>
<tr>
<td>S9452</td>
<td>Nutrition classes, non-physician provider, per session</td>
</tr>
<tr>
<td>S9470</td>
<td>Nutritional counseling, dietitian visit</td>
</tr>
</tbody>
</table>

**REVISION HISTORY EXPLANATION**
10/15/05: No changes
11/30/06: No changes
01/01/08: No changes
03/01/09: No changes
02/01/10: Updated
01/01/11: No changes
09/09/14: Policy combined with PG0007 Medical Nutrition Therapy. Changed title of policy from Patient Education and Nutritional Counseling (Non-Physician Provider) to Nutritional Counseling. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
08/11/15: Added code S9449. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
09/13/16: Title changed from Nutritional Counseling to Medical Nutrition Therapy (MNT). Policy follows the May 2016 update of Ohio Administrative Code rule 5160-8-41. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
08/08/17: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.