MEDICAL NUTRITION THERAPY (NCD 180.1)

Guideline Number: MPG204.03

Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERMS AND CONDITIONS</td>
<td>1</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>1</td>
</tr>
<tr>
<td>POLICY SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>APPLICABLE CODES</td>
<td>2</td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>3</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>3</td>
</tr>
<tr>
<td>GUIDELINE HISTORY/REVISION INFORMATION</td>
<td>3</td>
</tr>
</tbody>
</table>

Related Medicare Advantage Policy Guideline

- Diabetes Outpatient Self-Management Training (NCD 40.1)
- New Patient Visit Policy
- Diabetes Management, Equipment and Supplies
- Dialysis Services
- Educational Programs

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

**CPT® is a registered trademark of the American Medical Association.

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:
• Medicare coding or billing requirements, and/or
• Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

POLICY SUMMARY

Overview
Section 1861(s)(2)(V) of the Social Security Act authorizes Medicare part B coverage of medical nutrition therapy services (MNT) for certain beneficiaries who have diabetes or a renal disease, effective for services furnished on or after January 1, 2002. Regulations for medical nutrition therapy (MNT) were established at 42 CFR §§410.130 – 410.134. This national coverage determination establishes the duration and frequency limits for the MNT benefit and coordinates MNT and diabetes outpatient self-management training (DSMT) as a national coverage determination.

Guidelines
October 1, 2002, basic coverage of MNT for the first year a beneficiary receives MNT with either a diagnosis of renal disease or diabetes as defined at 42 CFR §410.130 is three hours, of administration. Also effective October 1, 2002, basic coverage in subsequent years for renal disease or diabetes is 2 hours. The dietitian/nutritionist may choose how many units are administered per day as long as all of the other requirements in this NCD and 42 CFR §§410.130-410.134 are met. Pursuant to the exception at 42 CFR §410.132(b)(5), additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

Effective October 1, 2002, if the treating physician determines that receipt of both MNT and DSMT is medically necessary in the same episode of care; UnitedHealthcare will cover both DSMT and MNT initial and subsequent years without decreasing either benefit as long as DSMT and MNT are not provided on the same date of service. 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. Pursuant to the exception at 42 CFR 410.132(b)(5), additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

*CPT® is a registered trademark of the American Medical Association*

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</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>
</tbody>
</table>
DEFINITIONS

**DSMT**: Diabetes Out-patient Self-Management Training; a program which educates beneficiaries in the successful self-management of diabetes. An outpatient diabetes self-management and training program includes education about self-monitoring of blood glucose, diet and exercise, an insulin treatment plan developed specifically for the patient who is insulin dependent, and motivates patients to use the skills for self-management.

**MNT**: Medical Nutrition Therapy; a therapeutic approach to treating medical conditions and their associated symptoms via the use of a specifically tailored diet devised and monitored by a registered dietitian. The diet is based upon the patient's medical and psychosocial history, physical examination, functional examination and dietary history.

REFERENCES

**CMS National Coverage Determinations (NCDs)**

NCD 180.1 Medical Nutrition Therapy

Reference NCD: NCD 40.1 Diabetes Outpatient Self-Management Training

**CMS Benefit Policy Manual**

Chapter 15; § 270.2 List of Medicare Telehealth Services, § 300 Diabetes Self-Management Training Services

**CMS Claims Processing Manual**

Chapter 4; § 300-300.6 Medical Nutrition Therapy (MNT) Services

Chapter 9; § 70.5 Diabetes Self-Management Training (DSMT) and Medical Nutrition Services (MNT)

Chapter 18; § 80 Initial Preventive Physical Examination (IPPE), § 180.2/190.6/200.2 Institutional Billing Requirements

**CMS Transmittals**

Transmittal A-02-115, Change Request 2404, Dated 11/11/2002 (Medical Nutrition Therapy (MNT) Services for Beneficiaries with Diabetes or Renal Disease - POLICY CHANGE)

Transmittal 1755, Change Request 9861, Dated 11/18/2016 (ICD-10 Coding Revisions to National Coverage Determination (NCDs))

**MLN Matters**

Article MM6445, Rural Health Clinic (RHC) and Federally Qualified Health Clinic (FQHC) Coverage and Billing Updates

Article MM7262, Medical Nutrition Therapy (MNT) Manual Correction

Article SE0752, Medicare Provides Coverage for Many Preventive Services and Screenings

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/2018</td>
<td>Annual review, no changes</td>
</tr>
</tbody>
</table>

Medical Nutrition Therapy (NCD 180.1)
UnitedHealthcare Medicare Advantage Policy Guideline
Proprietary Information of UnitedHealthcare. Copyright 2018 United HealthCare Services, Inc.