

Medical Nutrition Therapy (NCD 180.1)

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[↪ Terms and Conditions](#)

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| <p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> • Diabetes Outpatient Self-Management Training (NCD 40.1) |
| <p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> • Diabetes Management, Equipment and Supplies • Dialysis Services • Educational Programs • Telemedicine/Telehealth Services |

Policy Summary

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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. Regulations for medical nutrition therapy (MNT) were established at 42 CFR §§410.130 –410.134. The MNT national coverage determination (NCD) 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

Basic coverage of MNT for the first year a member receives MNT with either a diagnosis of renal disease or diabetes as defined in 42 CFR §410.130 is three hours of administration. Also, 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 the MNT NCD and 42 CFR §§410.130-410.134 are met. Pursuant to the exception in 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 related to diabetes or renal disease that requires a change in MNT and orders additional hours during that episode of care.

If the treating physician determines that receipt of both MNT and 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 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 in 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 related to diabetes or renal disease that requires a change in MNT and orders additional hours during that episode of care.

Section 105 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) permits Medicare coverage of Medical Nutrition Therapy (MNT) services when furnished by a registered dietitian or nutrition professional meeting certain requirements. The benefit is available for beneficiaries with diabetes or renal disease, when referral is made by a physician as defined in §1861(r)(l) of the Act.

Applicable Codes

The following list(s) of procedure and/or diagnosis 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.

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	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 (2 or more individuals), each 30 minutes

Definitions

DSMT: Diabetes Self- Management Training; a program which educates members in the successful self-management of diabetes. 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; MNT services are defined in statute as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional ... pursuant to a referral by a physician..."

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: § 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 Transmittal(s)

[Transmittal 1792, Change Request 9861, Dated 02/03/2017 \(ICD-10 Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

[Transmittal 10432, Change Request 12027, dated 10/01/2020 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2021\)](#)

[Transmittal 10515, Change Request 12027, dated 12/10/2020 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2021\)](#)

MLN Matters

[Article MM7262, Medical Nutrition Therapy \(MNT\) Manual Correction](#)

[Article MM12027, International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2021](#)

[Article SE0752, Medicare Provides Coverage for Many Preventive Services and Screenings](#)

Other(s)

[CMS Decision Memo for Medical Nutrition Therapy Benefit for Diabetes & ESRD \(CAG-00097N\)](#)

[Code of Federal Regulations \(CFR\) §410.132 Medical Nutrition Therapy](#)

[Medicare Preventive Services, Medical Nutrition Therapy \(MNT\) NCD 180.1](#)

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.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
01/13/2021	Related Policies <ul style="list-style-type: none">Added reference link to the Medicare Advantage Coverage Summary titled <i>Telemedicine/Telehealth Services</i> Policy Summary Guidelines <ul style="list-style-type: none">Replaced reference to “[services covered by] UnitedHealthcare” with “[services covered by] Medicare” Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG204.06

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 NCDs, LCDs, LCAs, 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.

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](#).