

Compliance Alert

SIU SOM Office of Compliance and Ethics

Medical Nutrition Therapy

Medical Nutrition Therapy CPT/HCPCS Codes:	
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
G0270	Medical Nutrition Therapy; reassessment and subsequent intervention(s) following <u>second referral in same year</u> 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

Documentation/Billing:

- Documentation must support the medical necessity of the service provided
- Per CPT Guidelines Time must be documented in medical record
- For initial visit the referring physician should be noted in the RD's documentation
- **ALL** patients presenting to the registered dietician (RD) for nutritional counseling should reference the appropriate code listed above.
- The RD will need to indicate on the charge ticket how many times 97802/97803 should be billed. These codes are billed for each 15 minutes that is spent with the patient.
 - For example, if the dietician saw the patient for 1 hour, 97802 would be billed with a quantity of 4.
 - This can be noted on the ticket by putting "x 4" next to the code.
- **ALL** charges should be submitted with the RD as the ***billing provider*** unless otherwise specified on the Managed Care Matrix

Medicare MNT Requirements:

Medicare Provides coverage of MNT services when the following general coverage conditions are met:

- The beneficiary has diabetes or renal disease
- The treating physician must provide a referral and indicate a diagnosis of diabetes or renal disease. A treating physician means the primary care physician or specialist coordinating care for the beneficiary with diabetes or renal disease (non-physician practitioners cannot make referrals for this service)
- The number of hours covered in an episode of care may not be exceeded unless a second referral is received from the treating physician

- MNT services may be provided either on an individual or group basis without restriction
- MNT services must be provided by a registered dietitian, or a nutrition professional who meets the provider qualification requirements, or a “grandfathered” dietitian or nutritionist who was licensed as of December 21, 2000.
- For a beneficiary with a diagnosis of diabetes, DSMT and MNT services can be provided within the same time period, and the maximum number of hours allowed under each benefit are covered. The only exception is that DSMT and MNT may not be provided on the same day to the same beneficiary.
- For the beneficiary with a diagnosis of diabetes who has received DSMT and is also diagnosed with renal disease in the same episode of care, the beneficiary may receive MNT services based on a change in medical condition, diagnosis, or treatment.

MEDICARE patients that have one of the following conditions listed as a primary diagnosis (indicate primary diagnosis with a “1” next to the code on the charge ticket): 249.00 – 249.91, 250.00-250.93, 648.8x, 403.00-403.01, 403.10-403.11, 403.90-403.91, 593.9, 585.1 – 585.9, V42.0 are eligible for MNT benefits.

- Claims submitted for any other conditions will be denied as not medically necessary under Section 1862(a)(1)(A) of the SSA.
- Inform the patient that the service may be denied due to medical necessity and have the patient sign an Advanced Beneficiary Notice (ABN).
- Please review the Local Coverage Article: Medical Nutrition Therapy (MNT) Services – Medical Policy Article (A46071)

Medicare MNT Benefit:

- First year – 3 hours of one-on-one counseling
- Subsequent years – 2 hours of one-on-one counseling

MEDICAID does NOT cover dietician counseling. Inform patient prior to visit that the service is not covered and that payment at time of service will be expected.

- Have patient sign the SIU non-Medicare waiver and collect payment at time of service otherwise patient will be billed
- **It is NOT appropriate to bill CPT code 99211 for Medicaid patients receiving dietician counseling**

Sources:

Current Procedural Terminology 2018

[NGS Local Coverage Article for Medical Nutrition Therapy MNT Services \(A46071\)](#)

[MLN The Guide to Medicare Preventive Services Chapter 6](#)

[Illinois Medicaid Handbook for Practitioner Services Chapter A-200 Section A-204](#)

[Social Security Act Section 1862](#)

[MLN Quick Reference Information - Preventive Services](#)

Questions regarding this Compliance Alert can be directed to:
Mary A. Curry, CPC, CPMA, Health Care Compliance Officer, at mcurry@siumed.edu or by calling 545-6012

<i>Revision History</i>	<i>Author</i>	<i>Description of Revision</i>	<i>Approval</i>
<i>November 11, 2014</i>	<i>Courtney Lantz</i>	<i>Initial Release</i>	<i>Candice Long, Chief Compliance Officer</i>
<i>April 12, 2016</i>	<i>Courtney Lantz</i>	<i>Reviewed – no changes</i>	<i>Candice Long, Chief Compliance Officer</i>
<i>February 9, 2018</i>	<i>Brooke Mullink/ Betsy Bishop</i>	<i>Updated – No Changes</i>	<i>Mary A. Curry, Healthcare Compliance Officer</i>