



Medical Nutrition Therapy Services and CPT Codes

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Coding Communication: Medical Nutrition Therapy Services and CPT Codes

Overview of Medical Nutrition Therapy (MNT) Services

Medical nutrition therapy (MNT) includes nutritional diagnostic therapy and counseling services provided by registered dietitians (RDs) and state-licensed dietitians for the purpose of managing an acute or chronic condition or disease. As an essential component of any health system, MNT is designed to provide quality, safe care throughout the life cycle to help individuals optimize nutritional status and health.

MNT services may be helpful in facilitating optimal patient nutritional status. MNT can be a cost-effective means of intervention for a variety of chronic conditions and an essential component of care integrated into services provided by the health care team. The licensure laws of some states specifically include medical nutrition therapy as a service provided by licensed dietitian/nutrition professionals, while a number of other states that license dietitians define only nutritional counseling and/or education. Under Medicare Part B, MNT coverage is available for qualifying beneficiaries with chronic kidney disease (stages 3-5), kidney transplant, diabetes, and gestational diabetes, when provided by a licensed RD or licensed nutrition professional. The Centers for Medicare & Medicaid Services (CMS) defines a nutrition professional as "a dietitian or nutritionist licensed or certified in a state as of December 21, 2000...." Although the Medicare Improvements for Patients and Providers Act of 2008 allows the CMS to expand Medicare preventive services, such as MNT, until CMS finalizes its rule-making process for new benefits new MNT coverage is not available. However, other payers may cover MNT and individuals may elect to personally purchase such services. Many other payers cover MNT services including but not limited to obesity, celiac disease, oncology, HIV/AIDS, and cardiovascular disease. RDs and licensed nutrition professionals provide MNT to individuals or a group of individuals with a variety of medical conditions using data collected from a valid and reliable nutrition screen. MNT can reduce such clinical end points as infectious complications, hospital stay, and/or mortality.

MNT occurs over multiple patient visits. The typical MNT service includes an initial assessment and intervention followed by multiple reassessment and intervention visits. Follow up MNT visits are routinely provided for patients with disease states. CMS has established MNT coverage policies including provisions for additional hours of MNT when there is a change in diagnosis, medical condition, or treatment regimen.¹ A physician referral is usually needed to initiate RD provided MNT in the initial year and when additional MNT is needed in that same calendar year or subsequent years, not all payers require referrals to initiate MNT services. RDs provide MNT in all care settings. In situations where MNT is initiated in acute



care settings, such as hospitals, skilled nursing units, and intensive care units, follow-up MNT is provided to the discharged patient in ambulatory settings, including physicians' offices, outpatient clinics, cardiac rehabilitation units, assisted living facilities, home care settings, and RD private practices. Several payers, including Medicare, allow MNT to be provided via telehealth.

Other Nutrition Services

RDs frequently provide other nutrition and nutrition-related services including education and counseling for wellness and disease prevention and diabetes self-management training. RDs who have met additional competencies may also provide training on specialized medical equipment, such as insulin delivery devices. Specially trained physicians also provide nutrition services.

MNT Codes

The family of CPT codes 97802-97804 describes the MNT services that RDs and other licensed nutrition qualified professionals provide to individuals or groups of individuals with chronic conditions. Medicare Part B regulations require licensed RD and licensed nutrition professional providers to generally report MNT CPT codes on claims for covered Medicare MNT services, though in some special circumstances requires use of HCPCS II codes. In addition to Medicare, other third-party payers frequently require MNT CPT code use by RDs and other licensed nutrition professionals who provide MNT and/or nutrition services for wellness or as part of a complementary alternative medicine program. When physicians provide nutrition services, CPT Evaluation and Management or Preventive Medicine service codes are used to report the service.

MNT Code Descriptors

The MNT CPT codes (see chart below) are used in sequence, starting with the initial, individual MNT assessment and intervention (CPT code 97802), then the subsequent use of MNT CPT codes for either individual reassessment and intervention (CPT code 97803) or group intervention (97804). An individual assessment and evaluation is routinely performed to determine whether patients are candidates for group MNT.

The length of a typical individual, initial MNT visit provided by an RD or other licensed nutrition professionals is 60 minutes (four 15-minute code units), and typical follow-up, individual MNT visits are generally 30 minutes (two 15-minute code units). Group MNT sessions are generally 60-90 minutes (two to three 30-minute code units) and cover a variety of topics over the course curriculum. Codes 97803 and 97804 are used in the initial calendar year when reassessment and intervention are provided, and also in subsequent follow-up years.

MNT Code Descriptors

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 individuals), each 30 minutes

MNT HCPCS Codes for Medicare-Covered Services

For Medicare-covered MNT services, CMS established two HCPCS level II G-codes (see chart below) for MNT reassessment and subsequent intervention following a second referral in the same calendar year for a change in diagnosis, medical condition, or treatment regimen. Gcodes are used to identify professional health care procedures and services for which there are no specific CPT codes. According to a Medicare Intermediary Program Memorandum (Transmittal A-02-115), dated November 1, 2002, "*These new G-codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered (3 hours in the initial calendar year, and 2 follow-up hours in subsequent years with a physician referral) when the treating physician determines there is a change of diagnosis or medical condition that makes a change in diet necessary.*" Non-Medicare third-party payers may prefer that RDs and other licensed nutrition professionals report MNT reassessment and subsequent intervention in the same calendar year using MNT CPT codes 97803 and 97804 for individual and group follow-up MNT encounters, respectively. For reporting these MNT services for non-Medicare patients, check third-party payers' policies and guidelines.

MNT HCPCS Codes

G0270 Medical Nutrition Therapy; re-assessment 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; re-assessment 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

Source: Medicare Claims Processing Manual, Chapter 4, Part B Hospital (Including Inpatient Hospital Part B and OPPS, Section 300.4. Accessed from: www.cms.hhs.gov/manuals/downloads/clm104c04.pdf.

Description of MNT Services

When an RD or other licensed nutrition professional health care provider provides MNT services, the practitioner will start with a review of the nutrition screen and/or relevant clinical data that prompted the referral or that supports the medical diagnosis and review of other healthcare providers notes. The RD or other licensed nutrition professional health care



provider also reviews vital signs and other documentation or communication from the physician and/or other healthcare providers. Using MNT evidence-based nutrition practice guidelines to direct critical thinking and decisions, the RD or other licensed nutrition professional performs a comprehensive nutrition-focused history and physical examination and assessment, determines the nutritional diagnosis (problem), identifies the appropriate intervention(s), and performs nutrition monitoring and evaluation of goals established in the intervention(s).

MNT assessment includes the clinical review and assessment of pertinent laboratory or other diagnostic data, medications, and clinical signs and symptoms of nutritional status, and consideration of other relevant data and risks. After formulating a nutrition diagnosis, treatment options are discussed with the patient. The nutrition intervention targets behavioral, therapeutic, or lifestyle factors that include, but are not limited to, a discussion of the patient's food and meal purchasing, planning, and preparation habits; activity level; and readiness to learn and change behavior. The MNT intervention(s) and frequency of providing the intervention(s) are determined on the basis of evidence-based nutrition practice guidelines, along with such patient factors as learning style, literacy level, severity of disease, motivation, interest, and achievement of previously established behavioral and clinical goals. The patient is provided with written materials, as appropriate, and arrangements set for follow-up visits.

Upon completion of the MNT visit, the RD or other licensed nutrition professional communicates with the physician and other health care professionals to coordinate care and, as needed, to initiate additional diagnostic testing or other referrals. Additional postservice MNT activities include communication with the patient and family members to verify compliance with the MNT treatment plan and address treatment failures or adverse events. The RD or other licensed nutrition professional tracks clinical and behavioral outcome measures to assess the patient's progress and for consideration in future interventions in subsequent MNT encounters.

MNT CPT Code RVUs

Although the MNT codes and code values were established in 2001, relative value units (RVUs) for two of the MNT CPT codes have been updated in 2008. With CMS's dissolution of the zero work pool, MNT code work values based on recommendations from the AMA Health Care Professional Advisory Committee were accepted by CMS. Additionally, to correct MNT payment anomalies under Medicare, the American Dietetic Association (ADA) requested that the MNT codes be reviewed by the RUC. In April 2008, the RUC recommended revised work and practice expense RVUs for codes 97802 and 97803 based on survey data presented by ADA, the American Association of Clinical Endocrinologists, and the American Association of Gastroenterologists. CMS accepted the MNT RVUs for codes 97802 and 97803 as described in the Federal Register notice "Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2009." Adjustments were made to the MNT code work and practice expense RVUs effective January 2009 (see chart below). According to Medicare MNT law, RD Medicare providers are paid for MNT services from the physician fee schedule.²

ADDENDUM B: RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2009

CPT Code	Description	Physician Work RVU	Nonfacility PE RVU (fully implemented)	Facility PE RVU (fully implemented)	Malpractice RVU
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97802	Medical nutrition, individual, initial	0.53	0.21	0.14	0.01
97803	Medical nutrition, individual, subsequent	0.45	0.18	0.11	0.01
97804	Medical nutrition, group	0.25	0.7	0.7	0.01

Source: 42 CFR Parts 405, 409, et al. Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2009. "Addendum B: Relative Value Units and Related Information Used in Determining Medicare Payments for CY 2009." Accessed from: <http://edocket.access.gpo.gov/2008/pdf/E8-26213.pdf>.

Other Codes for Nutrition Services

In addition to MNT CPT codes, RDs and/or other licensed nutrition professionals may use a variety of other CPT and HCPCS codes on claims submitted to thirdparty payers, such as Education and Training for Self- Management codes (98960-98962) for education using a standardized curriculum that is intended to promote wellness, prevention, and delay comorbidities. Other codes for such services as medical team conferences, on-line medical evaluation, telephone services, diabetes self-management training, consultation, and preventive services are also reported for nutrition services provided by RDs and/or other licensed nutrition professionals. RDs also participate in the Medicare Physician Quality Reporting Initiative (PQRI) and report performance measure codes on Medicare claims. Medicare 2009 performance measures that RDs report with MNT services include several diabetes measures, including those related to Hemoglobin A1c; Low Density Lipoprotein Control; High Blood Pressure Control; Dilated Eye Exam in Diabetic Patient; Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients; Diabetic Foot and Ankle Care, Peripheral Neuropathy-Neurological Evaluation; Diabetic Foot and Ankle Care, and Ulcer Prevention-Evaluation of Footwear; and Diabetes Mellitus: Foot Exam. Other PQRI performance measures that can be reported during an MNT visit include Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up; Documentation and Verification of Current Medications in the Medical Record; Preventive Care and Screening: Unhealthy Alcohol Use-Screening; Elder Maltreatment Screen and Follow-Up Plan; and Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR).

Conclusions

MNT is a proven, cost-effective treatment for many medical conditions. MNT CPT codes are typically reported by registered dietitians and or other licensed nutrition professionals or nutritional providers and may be used for any diagnosis or condition. The level of complexity of MNT services, which require varying degrees of critical decision making, judgment, and technical skill, is determined by elements that impact the amount of time spent in providing and reporting MNT services. All MNT CPT codes are time based. Group MNT (code 97804) is provided in 30- minute increments, compared with 15-minute increments for the MNT assessment and intervention codes 97802 and 97803. An initial MNT assessment and intervention (code 97802) precedes use of the group MNT CPT code (97804). MNT G-codes (G0270 and G0271) are typically used for MNT reassessment and intervention associated with a second referral in patients with Medicare-covered diseases, such as chronic kidney disease and diabetes, when more than three hours of MNT are reported in the calendar year. Reporting requirements for the use of the MNT codes vary among third-party payers. Physicians, who provide nutrition services to Medicare beneficiaries, and other third-party payers generally have different reporting requirements. 

1. Medicare Claims Processing Manual; Chapter 4, Part B Hospital; Section 300.2, Referrals for MNT Services. Accessed from: www.cms.hhs.gov/manuals/downloads/clm104c04.pdf.

2. Medicare Claims Processing Manual; Chapter 4, Part B Hospital; Section 300.4, Payment for MNT Services. Accessed from: www.cms.hhs.gov/manuals/downloads/clm104c04.pdf.
