# Medical Nutrition Therapy

Reimbursement Policy ID: RPC.0121.FLDS

Recent review date: 07/2026

*Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy 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 federal, state, or contractual requirements 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.*

## Policy Overview

This policy addresses the health plan guidelines for reimbursement of Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT).

## Exceptions

N/A

## Reimbursement Guidelines

The health plan will consider reimbursement of MNT and DSMT services reported on claim form CMS-1500 or CMS-1450 when all the following criteria are met.

- Services are rendered by a registered dietician (RD) or nutrition professional,
- Services are reported in conjunction with a covered diagnosis
    - Chronic renal insufficiency, N18.1-N18.4, N18.9 (patient must not be on dialysis)
    - Kidney transplant status, Z94.0
    - Diabetes, E10.1-E11.9
- Services do not exceed the allowable frequency.

Medical Nutrition Therapy 97802 should be used once for the initial assessment of a new patient. All subsequent visits must be billed using procedure codes 97803 for individual sessions or 97804 for group sessions. Only one MNT procedure code may be billed per date of service, regardless of modifier.

Medical Nutrition Therapy (MNT) services are covered only when rendered by qualified healthcare professionals who are credentialed as registered dieticians or licensed nutritionists.

HCPCS and CPT procedure codes for Medical Nutrition Therapy and Diabetes Self-Management Training services are as follows:

| Procedure 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. |
| 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. |
| G2025 | Payment for a telehealth distant site service furnished by a rural health clinic (RHC) or federally qualified health center (FQHC) only. For insulin injection training. |
| S9470 | Nutritional counseling, dietitian visit (Research coverage for LOB specific policy) |
| S9452 | Nutrition classes, nonphysician provider, per session (Research coverage for LOB specific policy) |

Refer to CPT/HCPCS manuals for complete descriptions of procedure codes and their modifiers, and to the ICD-10-CM manual for guidelines and descriptions of diagnoses and other conditions.

## Definitions

**Medical Nutrition Therapy (MNT)**
MNT is specialized nutrition-based education and support provided by a nutrition professional to help manage diabetes, kidney disease, or other nutrition related diagnoses.

**Diabetes Self-Management Training (DSMT)**
DSMT services teach Medicare members with diabetes to manage their diabetes with diet, exercise, medication, monitoring of blood sugar, risk reduction, and setting and tracking their individual goals.

## Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding Clinical Policies.
VII. Applicable manual reference.

## Attachments

N/A

## Associated Policies

RPC.0008.FLDS Telehealth
RPC.0015.FLDS Federally Qualified Health Center
RPC.0025.FLDS Frequency

## Policy History

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|---|---|
| 09/2026 | • Removed the next review date<br>• Replaced the plan name with “the health plan” |
| 07/2026 | Reimbursement Policy Committee Approval |
| 05/2026 | Diagnoses and codes added. |
| 12/2025 | Reimbursement Policy Committee Approval |