



## medical nutrition therapy payment policy

### ***description of procedure/service***

This policy applies to the payment for Medical Nutrition Therapy Services furnished by registered dietitian (RD) or licensed/certified nutritionist.

### ***policy***

Fallon Community Health Plan (FCHP) will reimburse for the covered professional services provided by registered dietitians (RD) or licensed/certified nutritionists who are participating through a contracted entity and are within the legal scope of their practice.

Each state is responsible for mandating and enforcing specific requirements for licensure and for defining the legal scope of practice.

### ***benefits application***

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

### ***preauthorization requirements***

PCP referral required except for diabetes education.

### ***billing/coding guidelines***

The registered dietitian's (RD) or licensed/certified nutritionist's Medicare PIN must be submitted in item 33 of the CMS-1500 form. The referring physician's name must be submitted in item 17 of the industry standard forms.

Fallon Community Health Plan's payment for all services provided by registered dietitian (RD) or licensed/certified nutritionist is 85 percent of the applicable physician fee schedule amount, or as per contract.

The following CPT codes should be used:

- 97802 – Medical Nutrition Therapy (MNT) Initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- 97803 – MNT reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804 – MNT group, 2 or more individuals, each 30 minutes
- S9470 – Nutritional counseling, Dietitian visit

G0270 – MNT; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, individual, face-to-face with the patient, each 15 minutes

G0271 – MNT; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, group, each 30 minutes

### ***place of service***

This policy applies to services rendered in all places of service.

### ***policy implementation***

Policy number:	ADM0039
Origination:	07/21/04
Last review:	05/23/07
Next review:	07/05/08
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