



DURATION AND FREQUENCY OF THE MEDICAL NUTRITION THERAPY BENEFIT

Protocol: GAS013

Effective Date: December 1, 2018

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INSTRUCTIONS FOR USE

This protocol provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Evidence of Coverage (EOC)) may differ greatly. In the event of a conflict, the enrollee's specific benefit document supersedes this protocol. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Protocol. Other Protocols, Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Protocols, Policies and Guidelines as necessary. This protocol is provided for informational purposes. It does not constitute medical advice. This policy does not govern Medicare Group Retiree members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COMMERCIAL, MEDICARE & MEDICAID COVERAGE RATIONALE

Commercial and Medicaid will use the Medicare coverage determination as their rationale. The following information was extracted from the Medicare National Coverage Determination for Medical Nutrition Therapy (MNT), 180.1. (Accessed October 2018)

- Covered for beneficiaries with diabetes and/or renal disease
- Basic coverage for the first year of Medical Nutrition Therapy (MNT) is three hours of administration.
- Basic coverage in subsequent years for diabetes or renal disease is two hours.
- The dietitian/nutritionist may choose how many units are administered per day as long as all of the other requirements in this protocol are met.
- 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 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 Diabetes Outpatient Self Management Training (DSMT) is **medically necessary** in the same episode of care, both DSMT and MNT initial and subsequent years are covered without decreasing either benefit as long as DSMT and MNT are not provided on the same date of service.

Non-Covered Indications:

The following are **NOT covered** by this benefit:

1. Dietary Supplements
2. Calendars
3. Food

For Medicare and Medicaid Determinations Related to States Outside of Nevada:

Please review Local Coverage Determinations that apply to other states outside of Nevada.

<http://www.cms.hhs.gov/mcd/search>

Important Note: Please also review local carrier Web sites in addition to the Medicare Coverage database on the Centers for Medicare and Medicaid Services' Website

BACKGROUND

Medical nutrition therapy is the development of a specific dietary plan of action. It is used for the treatment of an illness, injury or disease condition. Nutrition and diet are an important part of health management for people with diabetes or renal diseases.

The nutrition plan is based on an evaluation of a person's medical history, psychosocial history, physical examination, and dietary history.

- Medical History – A medical history includes a summary of diseases and conditions. It also includes a review of medications. This is included because medications may interfere with nutrient absorption. Vitamins, minerals, and herbal supplementation can also affect nutritional balance.
- Psychosocial History – A psychosocial history includes a review of a person's economic status, ethnic and cultural background, living situation, education level, occupation, mental status, and access to adequate food sources. Each of these items is important in order to determine a person's ability to follow through on specific therapy plans.
- Physical Examination - A physical examination includes an assessment of sex, age, height, weight, body mass index, and arm or wrist circumference. It may also include the physical appearance of the hair, skin, and nails. All of this information together can determine nutritional problems.
- Dietary History - A dietary history is just a listing of a person's usual food intake. Any of the following methods can be used to determine this information: a food frequency questionnaire, a twenty-four-hour recall of food eaten, or a three-day to five-day food diary. This information is an important starting point for any nutritional plan.

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 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 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 Coverage Determination Guidelines may apply.

CPT® Codes	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 individuals), each 30 minutes

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HCPCS Codes	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

REFERENCES

CMS.gov. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=252&ncdver=1&DocID=180.1&bc=gAAAAAgAAAAAA%3d%3d&>
Accessed October 2018.

PROTOCOL HISTORY/REVISION INFORMATION

Date	Action/Description
10/25/2018	Corporate Medical Affairs Committee
10/26/2017	
09/29/2016	
09/24/2015	
07/24/2014	
03/28/2013	
01/26/2012	
12/23/2010	

The foregoing Health Plan of Nevada/Sierra Health & Life Healthcare Operations protocol has been adopted from an existing UnitedHealthcare coverage determination guideline that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee.