INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Section 1861(s)(2)(V) of the Social Security Act authorizes Medicare part B coverage of medical nutrition therapy services (MNT) for certain beneficiaries who have diabetes or a renal disease, effective for services furnished on or after January 1, 2002. Regulations for medical nutrition therapy (MNT) were established at 42 CFR §§410.130 – 410.134. This national coverage determination establishes the duration and frequency limits for the MNT benefit and coordinates MNT and diabetes outpatient self-management training (DSMT) as a national coverage determination.

Guidelines
October 1, 2002, basic coverage of MNT for the first year a beneficiary receives MNT with either a diagnosis of renal disease or diabetes as defined at 42 CFR §410.130 is three hours, of administration. Also effective October 1, 2002, basic coverage in subsequent years for renal disease or diabetes is 2 hours. The dietitian/nutritionist may choose how many units are administered per day as long as all of the other requirements in this NCD and 42 CFR §§410.130 – 410.134 are met. Pursuant to the exception at 42 CFR §410.132(b)(5), 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.
Effective October 1, 2002, if the treating physician determines that receipt of both MNT and DSMT is medically necessary in the same episode of care; Medicare will cover both DSMT and MNT initial and subsequent years without decreasing either benefit as long as DSMT and MNT are not provided on the same date of service. The dietitian/nutritionist may choose how many units are performed per day as long as all of the other requirements in the NCD and 42 CFR §§410.130–410.134 are met. Pursuant to the exception at 42 CFR 410.132(b)(5), 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.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline 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 Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97804</td>
<td>Medical nutrition therapy; group (2 or more individual(s), each 30 minutes</td>
</tr>
</tbody>
</table>

**DEFINITIONS**

**DSMT:** Diabetes Out-patient Self-Management Training; a program which educates beneficiaries in the successful self-management of diabetes. An outpatient diabetes self-management and training program includes education about self-monitoring of blood glucose, diet and exercise, an insulin treatment plan developed specifically for the patient who is insulin dependent, and motivates patients to use the skills for self-management.

**MNT:** Medical Nutrition Therapy; a therapeutic approach to treating medical conditions and their associated symptoms via the use of a specifically tailored diet devised and monitored by a registered dietitian. The diet is based upon the patient's medical and psychosocial history, physical examination, functional examination and dietary history.

REFERENCES

**CMS National Coverage Determinations (NCDs)**

NCD 180.1 Medical Nutrition Therapy
Reference NCD: NCD 40.1 Diabetes Outpatient Self-Management Training

**CMS Articles**

<table>
<thead>
<tr>
<th>Article</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>A46071 (Medical Nutrition Therapy (MNT) Services - Medical Policy Article) NGS Retired 09/30/2015</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
</tbody>
</table>

**CMS Benefit Policy Manual**

Chapter 15; § 270.2 List of Medicare Tele health Services, § 300 Diabetes Self-Management Training Services

**CMS Claims Processing Manual**

Chapter 4; § 300-300.6 Medical Nutrition Therapy (MNT) Services
Chapter 9; § 70.5 Diabetes Self-Management Training (DSMT) and Medical Nutrition Services (MNT)
Chapter 18; § 80 Initial Preventive Physical Examination (IPPE), § 180.2/190.6/200.2 Institutional Billing Requirements

CMS Transmittals
Transmittal A-02-115, Change Request 2404, Dated 11/11/2002 (Medical Nutrition Therapy (MNT) Services for Beneficiaries with Diabetes or Renal Disease - POLICY CHANGE)
Transmittal 1755, Change Request 9861, Dated 11/18/2016 (ICD-10 Coding Revisions to National Coverage Determination (NCDs))

MLN Matters
Article MM6445, Rural Health Clinic (RHC) and Federally Qualified Health Clinic (FQHC) Coverage and Billing Updates
Article MM7262, Medical Nutrition Therapy (MNT) Manual Correction
Article SE0752, Medicare Provides Coverage for Many Preventive Services and Screenings

GUIDELINE HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/2017</td>
<td>• Annual review</td>
</tr>
<tr>
<td></td>
<td>• Administrative updates</td>
</tr>
</tbody>
</table>