

Subject:	Medical Nutrition Therapy and Counseling		
Policy Number:	PO-RE-114v2		
Effective Date:	01/01/2025	Last Approval Date:	10/20/2025

I. Policy Description

This policy outlines the reimbursement guidelines for Medical Nutrition Therapy and Counseling. Healthfirst will reimburse covered Medical Nutrition Therapy and Counseling services provided by licensed professionals. Medical Nutritional Therapy (MNT) is nutritional therapy and counseling services for the purpose of management of a medical condition. This policy applies to a registered dietitian, nutritional professional, or hospitals.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Qualified Health Plan (QHP)
- Essential Plan (EP)
- Managed Long Term Care Plan (MLTCP – Senior Health Partners)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO

Reimbursement Guidelines

- Eligible Providers: Services must be rendered by a registered dietitian, nutritional professional, or hospital.
- Referral Requirement: Coverage requires a referral by a physician.
- Healthfirst Medicare beneficiaries: Reimbursement for Medical Nutrition Therapy and Counseling services follows CMS guidelines:
 - Medicare restricts the number of covered units per [CMS NCD - Medical Nutrition Therapy \(180.1\) \(cms.gov\)](#), and [42 CFR §§410.130-410.134](#)
 - Coverage is limited to three (3) hours in the first year of referral and two (2) hours in subsequent years.
 - Additional hours are covered if a physician determines a significant change in medical condition or treatment regimen.

- **Additional Hours:** Reimbursement for hours beyond the standard coverage will be provided if the physician determines that a change in diagnosis, medical condition, or treatment regimen requires further MNT or Counseling and orders additional services during that episode of care.
- **Concurrent Services:** If MNT and Diabetes Self-Management Training (DSMT) are both deemed medically necessary during the same episode of care, Healthfirst will cover both benefits in full, provided they are not performed on the same date of service.
- **Authorization:** Prior authorization is **not required** for MNT or nutritional counseling.
- **Documentation:** Physicians must provide proper documentation and justification for any additional hours.
- Healthfirst reserves the right to audit claims for Medical Nutrition Therapy and Counseling services to ensure compliance with the policy.

Billing guidelines

- The referring physician's name and National Provider Identifier (NPI) number must be submitted.
- Providers must bill the following CPT code(s):

Medical Nutrition Therapy

CPT Code	Description
97802	Medical nutrition therapy; initial assessment and intervention, 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

Medical Nutrition Counseling

CPT Code	Description
S9470	Nutritional counseling, dietician visit — <i>Allowable up to 6 units per calendar year</i>

Place of service

- This policy applies to services rendered in all settings.

Limitations and Exclusions:

- Healthfirst will not consider for reimbursement Medical Nutrition Therapy services (CPT codes 97802-97804 or G0270-G0271) when billed by a provider other than a registered dietitian, nutritional professional, or hospital.
- While reimbursement is considered, payment determination is subject to, but not limited to:
 - Individual benefit
 - Provider Participation Agreement
 - Routine claim editing logic, including but not limited to incidental or mutually exclusive logic, payment integrity edits and medical necessity

Adjudication and Appeal Process

1. Reimbursement for Medical Nutrition Therapy and Counseling services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
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	MNT, reassessment and subsequent intervention following second referral in same year for change in diagnosis, medical condition or treatment regimen, group, each 30 minutes	
S9470	Nutritional counseling, dietician visit	Allowable up to 6 units per calendar year

III. Definitions

Term	Meaning
DSMT	Diabetes Self-Management Training
MNT	Medical Nutrition Therapy
NDC	National Coverage Determination

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

--	--

Current Procedural Terminology © American Medical Association. All rights reserved.

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

NCD - Medical Nutrition Therapy (180.1) (cms.gov)
154 CIM.PDF (cms.gov)

VI. Revision History

Revision Date	Summary of Changes
10/1/2025	- Removed CPT Codes: 99401, 99402, 99403, 99404, 99411, 99412 - Added HCPCS Code: - S9470: Nutritional counseling, dietician visit — <i>Allowable up to 6 units per calendar year</i> - Incorporated into both: - Billing Guidelines - Applicable Codes Table - New Section Added: - Adjudication and Appeal Process (added at the end of the document)

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.



This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.