
Program Memorandum Intermediaries

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal A-03-009

Date: FEBRUARY 7, 2003

CHANGE REQUEST 2550

SUBJECT: Medical Nutrition Therapy (MNT) Services for Beneficiaries with Diabetes or Renal Disease – CORRECTION

This Program Memorandum (PM) supersedes Program Memorandum AB-02-115, Change Request 2404 dated November 1, 2002. All information is the same except for the deletion of bill types 14x, 23x, and 32x. These three bill types are not applicable for this benefit.

NOTE FOR FISCAL INTERMEDIARIES (FIs) UNDER APASS

This PM is for your information only. No action is required on your part. FIs under the APASS system have been given a waiver for the implementation of this program memorandum.

General Information

This PM informs the FIs of a change in payment policy regarding MNT. Change Requests (CRs) 1905 and 2142 stated that MNT cannot be billed to FIs. After reviewing this policy, CMS has determined that MNT services can be billed to FIs when performed in an outpatient hospital setting. This PM also announces two new additional codes that have been developed for MNT services when there is a change in condition of the beneficiary. Currently, there is another CR (2373) that is being developed simultaneously that contains information on MNT.

Provider Education

Inform your providers by posting, within two weeks, to your Web sites and in your next regularly scheduled bulletins that hospital outpatient departments can bill for the MNT services through the local FI if the nutritionists or registered dietitians reassign their benefits to the hospital. If the hospitals do not get the reassignments, the nutritionists and registered dietitians will have to bill the local Medicare carrier under their own provider number or the hospital will have to bill the local Medicare carrier. Nutritionists and registered dietitians must obtain a Medicare provider number before they can reassign their benefits.

Stress the fact that there is no facility fee for this benefit.

Billing Requirements

This service will be billed on the CMS-1450, or its electronic equivalent, but will not change the enrollment requirement for dietitians/nutritionists. The cost of the service is billed under revenue code 942 in FL 42. The provider will report CPT codes in FL 44, and the definition of the code in FL 43.

The applicable bill types are 13x, and 85x.

Payment for MNT

Use the condensed Physician Fee Schedule to make payment. Pay the lesser of the actual charge, or 85 percent of the fee schedule amount. Deductible and Coinsurance apply. Coinsurance is based on 20 percent of the lesser of these two amounts.

MNT services have been covered by Medicare beginning with dates of service January 1, 2002 and after. Payment will be made under the following codes:

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-

face with the patient, each 15 minutes. (NOTE: This CPT code must only be used for the initial visit.)

This code is to be used only once a year, for initial assessment of a new patient. All subsequent individual visits (including reassessments and interventions) are to be coded as 97803. All subsequent Group Visits are to be billed as 97804.

97803 Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

This code is to be billed for all individual reassessments and all interventions after the initial visit (see 97802). This code should also be used when there is a change in the patient's medical condition that affects the nutritional status of the patient (see the heading, Additional Covered Hours for Reassessments and Interventions).

97804 Group (2 or more individual(s)), each 30 minutes

This code is to be billed for all group visits, initial and subsequent. This code can also be used when there is a change in a patient's condition that affects the nutritional status of the patient and the patient is attending in a group.

In addition to the above codes, two new G codes have recently been created for MNT services. These new G codes are to be used when there is a change in the beneficiary's condition. The two new G codes will be part of the 2003 HCPCS update. Therefore, the new G codes will be effective for dates of service on or after January 1, 2003.

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.

These new G codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered, (3 hours in the initial calendar year, and 2 follow-up hours in subsequent years with a physician referral) when the treating physician determines there is a change of diagnosis or medical condition that makes a change in diet necessary .

Intermediaries should review CR 2142, AB-02-059, issued May 1, 2002 for more information on MNT services including background. Disregard the information in CR 2142 under the section heading of "Intermediaries."

CR 2373 (which should be released in final shortly) contains information on the national edits that the Common Working File will be performing on MNT and Diabetes Outpatient Self-Management Training Services (DSMT) beginning April 1, 2003. CR 2327 also contains new Medicare Summary Messages that must be used beginning April 1, 2003.

The effective date for this PM is January 1, 2002.

The implementation date for this PM is April 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after April 1, 2004.

Questions can be directed to the appropriate regional office.