

Highmark Commercial Medical Policy - Pennsylvania

Medical Policy:	V-44-016
Topic:	Medical Nutrition Management Services (MNT)
Section:	Visits
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Medical Nutrition Therapy (MNT) is an important part of prevention and treatment of many diseases and conditions. MNT is the assessment of the patient's nutritional status followed by therapy. The overall goal of MNT is to assist the patient in making changes in his/her nutrition and exercise habits leading to improved health through optimal nutrition.

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Policy Position *Coverage is subject to the specific terms of the member's benefit plan.*

Medical nutrition therapy (MNT) is covered for certain conditions listed below. This list includes those diagnoses/conditions that most commonly benefit from MNT in improving desired health outcomes. (This is not intended to be an all-inclusive list.)

- Human immunodeficiency virus (HIV) disease
- Secondary diabetes mellitus
- Diabetes mellitus
- Nutritional deficiencies
- Disorders of amino-acid transport and metabolism
- Disorders of lipid metabolism
- Disorders of mineral and calcium metabolism
- Hyponatremia
- Hyperpotassemia
- Hypopotassemia
- Cystic fibrosis
- Other specified disorders of metabolism
- Morbid obesity
- Anorexia nervosa and eating disorders
- Epilepsy and other convulsive disorder
- Hypertensive disease
- Ischemic heart disease
- Chronic pulmonary heart disease
- Cardiomyopathy
- Heart failure
- Myocarditis
- Myocardial degeneration
- Cardiovascular disease
- Cardiomegaly
- Gastric ulcer, duodenal ulcer, peptic ulcer, gastrojejunal ulcer, gastritis and duodenitis
- Disorders of function of stomach and gastrostomy complications and other disorders of stomach and duodenum
- Regional enteritis, ulcerative colitis, vascular insufficiency of intestine, other and unspecified noninfectious gastroenteritis and colitis, intestinal obstruction, diverticula of intestine, and functional digestive disorders
- Colostomy and enterostomy complications, and other specified disorders of the intestines
- Liver diseases, cirrhosis, and other diseases of the digestive system
- Glomerulonephritis, nephrotic syndrome, nephritis, renal failure, infections of kidney, calculus of kidney and ureter, and disorder of bladder
- Hypertension complicating pregnancy, childbirth, and the puerperium
- Gestational diabetes
- Osteoporosis
- Congenital anomalies of the digestive system
- Congenital anomalies of kidney
- Symptoms concerning nutrition, metabolism and development

Medical nutrition therapy may also be covered for the management of obesity per the member's group or individual benefit program.

Procedure Codes

97802, 97803, 97804, G0270, G0271

Preventive medicine counseling, for patients with risk factors for diet related chronic diseases, is covered for the following:

- Dietary surveillance and counseling; **and**
- mixed hyperlipidemia, **or**
- other and unspecified hyperlipidemia.

Procedure Codes

97802, 97803, 97804, 99402, 99403, 99404

When reported separately, charges for medical nutrition therapy should be combined with and processed under the appropriate medical visit procedure codes. If MNT is the only service performed, it will be reimbursed in accordance with the member's medical care benefits. Modifier 25 may be reported with medical care (e.g. visits, consults) to identify it as significant and separately identifiable from the other service(s) provided on the same day. When modifier 25 is reported, the patient's records must clearly document that separately identifiable medical care was rendered.

When the 25 modifier is reported, the patient's records must clearly document that separately identifiable medical care has been rendered.

See Medical Policy Bulletin Z-27 for information on Eligible Providers and Supervision Guidelines.

See Medical Policy Bulletin G-24 for information on the Treatment of Obesity.

See Medical Policy Bulletin E-15 for information on Diabetic Services and Supplies.

See Medical Policy Bulletin V-37 for information on Autism Spectrum Disorders.

Place of Service: Inpatient/Outpatient

Medical Nutrition Therapy (MNT) is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

FEP Guidelines

This medical policy may not apply to FEP. Medical policy is not an authorization, certification, explanation of benefits, or a contract. Benefits are determined by the Federal Employee Program.

Denial Statements

Services that do not meet the criteria of this policy will not be considered medically necessary. A network provider cannot bill the member for the denied service unless: (a) the provider has given advance written notice, informing the member that the service may be deemed not medically necessary; (b) the member is provided with an estimate of the cost; and (c) the member agrees in writing to assume financial responsibility in advance of receiving the service. The signed agreement

must be maintained in the provider's records.

Links

- [Link to Diagnosis Codes](#)
- [Link to References](#)

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.

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