

Medical Nutrition Therapy Reimbursement Overview – September, 2022

Medical Nutrition Therapy (MNT) refers to a group of clinical services that cover diagnosis, prevention, and treatment of health conditions using dietary change. The Academy of Nutrition and Dietetics uses the following general definition:

- Medical Nutrition Therapy (MNT): A specific application of the Nutrition Care Process that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease. (Accessed online, June 2022)

Attributes that distinguish MNT from other nutrition services include the licensure level of the provider and a nutrition specialty, referral pathways that require diagnosis of a diet-related clinical condition, and individualization of care plans.

Reimbursement structures provide guidance on who is qualified to provide the services, requirements for referral, diagnoses, and duration and frequency of services. A new qualifying diagnosis or change in diagnosis usually resets the duration and frequency restrictions. The following notes give a general framework. Predicting payment for specific services depends on the details of a patient's individual plan and whether the professional providing the services is enrolled with that plan.

Medicare: Medicare views MNT as part of a group of complementary services focused on diabetes treatment ([see overview from NGS here](#)). Attributes of [Medicare Part B MNT coverage](#) (CY2022) include:

- Services are provided by Registered Dietitians (RD) and nutrition professionals after referral by a physician (MD or DO).
- Services are provided for treatment of diabetes, non-dialysis kidney disease, and following a kidney transplant.
- Medicare covers 3 hours of MNT services in the initial year of referral, and up to 2 hours for subsequent years.

See next page for Medicare Advantage Plans.

Secondary Insurance: For patients covered by both Medicare and another insurance, when MNT is provided for a diagnosis that is not billable to Medicare, an Advance Beneficiary Notice is completed for the patient and the bill is submitted to Medicare. After Medicare rejects the bill, it can be submitted to the secondary insurance and covered under the rules of that plan.

Medicaid: Approximately half of states offered MNT or a similar benefit in 2021, according to a Center for Health Law & Policy Innovation report on [Nutrition and Food Access in Medicaid](#). [Vermont Medicaid covers MNT](#) when provided by an RD for beneficiaries who:

- Have been prescribed MNT by a qualified health professional (physician, physician assistant, nurse practitioner, osteopath, naturopath).
- Have a nutrition related medical condition, either acute or chronic, that requires an individual treatment plan more involved than basic nutrition counseling that might be provided by a primary care provider; AND
- The RD or RDN is working in conjunction with their primary care provider or multidisciplinary team to determine the beneficiary's daily food intake, level of physical activity, medication and other factors that contribute to poor nutritional status. (2021)

On July 15, 2022, Medicaid removed visit caps. Prior to that change, Medicaid covered one initial visit and up to 5 subsequent visits per calendar year. Additional visits require prior authorization. Beneficiaries enrolled in an accredited bariatric surgery program have up to 6 sessions covered per calendar year.

Appendix: Medical Nutrition Therapy Reimbursement cont'd

Medicare Advantage: Medicare Advantage Plans, or Medicare Part C, must provide *at least* the same level of MNT coverage as Part B. They may go beyond that baseline, [as outlined by CMS](#) (2022):

- Medical Nutrition Therapy (MNT): MA plans may offer as a supplemental benefit additional hours of one-on-one MNT counseling provided by a registered dietician or other nutrition professional, to enrollees who are eligible for the Medicare Part B-covered MNT benefit . . . In addition, MA plans may offer as a supplemental benefit one-on-one MNT counseling provided by a registered dietician or other nutrition professional, to all, or a disease defined group, of its enrollees. As with all supplemental benefits, the MNT benefit's primary purpose must be to improve health outcomes.

Plans should be reviewed individually for MNT coverage beyond traditional Medicare diagnoses.

Qualified Health Plans (QHP): Vermont [currently requires all QHPs to cover nutritional counseling](#), for up to 3 visits per year. The visit limit does not apply to counseling for treatment of diabetes. A [2022 recommendation by Vermont's Department of Health Access \(DVHA\) for Essential Health Benefit coverage](#) would remove the visit cap for all diagnoses in the next plan update cycle (CY2024).

The Affordable Care Act requires commercial health plans to cover certain preventive services without cost sharing. The list of services which, when offered, cannot impose a cost share on patients reflects the clinical evidence base of efficacy in prevention. It includes counseling related to nutrition and diet. For details, review the Class A & B services listed by the [US Preventive Services Task Force](#).

TRICARE: TRICARE covers wellness programs, diabetes self-management, and registered dietitian MNT services provided under the supervision of a physician. See [their covered services page](#).

Federally-Qualified Health Centers (FQHCs): Medical Nutrition Therapy is considered a PPS-qualifying visit type for FQHCs, and an RD is a billing qualified provider. See the [FQHC PPS Specific Payment Codes manual from CMS](#) for more details. An FQHC may also bill for an RD's medical services through incident-to-billing procedures. FQHCs may not receive a separate payment for MNT when billed on the same day as another qualified visit.

Rural Health Clinics are not paid separately for MNT services ([see Chapt 70.5](#))

Related Services:

Diabetes Self-Management Education and Support (DSMES – abbreviated DSMT in Medicare) is an accredited program for helping patients manage diabetes and reduce or avoid complications. DSMES services are covered in Vermont. The [CDC provides a toolkit](#), which includes [information on reimbursement](#) and using DSMES in complement to MNT services.

The [Diabetes Prevention Program](#) began as a CMMI Innovation Model and was the first model to create a standard Medicare benefit (added in 2018). Accredited MDPP programs provide educational sessions, including coaching and counseling, for lifestyle change to prevent diabetes. In Vermont, the National Diabetes Prevention Program is one of the self-management courses offered without charge through [MyHealthyVT.org](#).

Medically tailored meals and ([for certain beneficiaries](#)) produce prescriptions may be offered through Medicare Advantage Plans. Food as part of dietary treatment was one of [the most common additional benefits](#) nationally in 2022.