

## Tip Sheet Medical Nutrition Therapy (MNT)

### **Purpose:**

Medical Nutrition Therapy (MNT) Services are used to deliver nutritional assessment, one-on-one counseling, and group counseling services, provided by a registered dietitian or qualified nutrition professional, to eligible Medicare beneficiaries. MNT is a Part B benefit of Original Medicare. As a covered Part B service, MNT is also a covered Medicare Advantage (Part C) benefit because all Medicare Advantage plans are mandated to cover all Medicare Part A and Part B services.

Medicare beneficiaries are eligible for MNT services if they have one or more of the following conditions:

- Diabetes
- Chronic Kidney Disease
- Have had a kidney transplant within the last 36 months

MNT, for beneficiaries with a diagnosis of diabetes, is intended to deliver nutritional counseling related to the impact of nutritional intake on the overall self-management of diabetes. MNT and diabetes self-management training (DSMT) can occur as part of a combined individual/group training class. However, providers cannot bill for MNT and DSMT given to the same beneficiary on the same day. For example, a group education program that focuses on carbohydrate counseling on Day 2 may fit the requirement of MNT group education. If the day 2 session, in this example, is billed for MNT, then the same provider cannot bill for DSMT on the same day. Subsequently, the program could begin billing for group DSMT on Day 3, in this example.

The DSMT benefit is ten (10) hours and the MNT benefit is three (3) hours, for a total of thirteen (13) covered hours of training for the initial training calendar year. However, unlike DSMT that allows for a qualified provider, including a physician, nurse practitioner (NP), or physician assistant (PA) to write an order for DSMT services, MNT can only be provided based on a physician referral. As a result, an NP or PA cannot refer a Medicare beneficiary to an MNT program but they can write a referral for DSMT.

### **Background:**

Effective October, 1, 2002, MNT became a covered Medicare Part B benefit for any beneficiary with a diagnosis of diabetes or chronic kidney disease, or who have had a kidney transplant within the last 36 months, pursuant to Section 1861 (s)(2)(V) of the Social Security Act. Centers for Medicare and Medicaid Services (CMS) regulations for MNT were established in the Code of Federal Regulations at 42 CFR §§410.130 – 410.134.

The benefit covers an initial three (3) hours of individual and group counseling services, that are given directly by, or under the direct supervision of, a qualified nutrition professional.

Generally, the qualified practitioner for MNT is a registered dietitian or qualified nutrition professional. Most states recognize “registered dietitian” as the entry-level credential to deliver MNT services. The notation of “qualified nutrition professional” is used because some states do not recognize the credential of registered dietitian. The licensing of professionals is a state mandated requirement. CMS defers to the state requirements for licensure. As a result, when a state defines the scope of practice for MNT as within the professional realm of a nutrition professional, then MNT coverage adheres to that same standard. The benefit also allows for additional MNT training to be given to an eligible beneficiary, for up to two (2) hours, in each subsequent calendar year, as long as the consumer continues to have a diagnosis of diabetes or chronic kidney disease. The twelve month time period for refresher training begins at the completion of the last training session that the beneficiary received during the prior year.

The benefit does not cover MNT services given to a beneficiary with End Stage Renal Disease (ESRD), because MNT is covered as part of the bundled rate for dialysis treatment.

All Medicare Advantage plans must cover MNT services, because MNT is a Part B benefit. Any organization that wishes to deliver MNT services to a particular Medicare Advantage plan must first obtain a direct contract with the specific Medicare Advantage plan to be a MNT provider in the Medicare Advantage plan network.

**Scope of Practice:**

Professional scope of practice is defined by the professional practice acts of each particular state. The services outlined as part of MNT are within the scope of practice of a registered dietitian or qualified nutrition professional. However, the state professional licensing division is the responsible party to define the applicable guidance on the application of scope of practice in each particular state. If you have questions about the limits of scope of practice of nutrition professionals in your state, please refer to the state professional licensing division for guidance.

**Eligibility Criteria:**

The Medicare beneficiary must have one of the following conditions:

- Diabetes
- \*Chronic Kidney Disease (CKD)
- Have had a kidney transplant within the last 36 months

\*Chronic Kidney Disease is a condition where the kidneys have impaired function as a result of damage that has occurred over time. The two (2) primary conditions that cause CKD are diabetes and hypertension. Many beneficiaries who have congestive heart failure also have CKD as they often present as co-morbid conditions.

**Intervention Procedure:**

**First**, each Medicare beneficiary who is being considered for an MNT service must have an initial assessment to determine their nutritional intake needs and current state of daily nutritional consumption.

NOTE: The initial face-to-face assessment must be conducted by a registered dietitian or qualified nutrition professional, with current licensure in the State or territory within which the service is being rendered.

As noted above, if the Medicare beneficiary is enrolled in Medicare Advantage (MA), the community-based organization wishing to become a contracted provider of MNT must first have a contract with the MA plan. The type of professional eligible to deliver MNT adheres to the same state-level licensure standards that apply to Medicare coverage. Medicare Advantage plans adhere to the same professional requirements for MNT to be provided by a registered dietitian or qualified nutrition professional, depending on the state licensure requirements.\*

\*A trained lay leader can assist the registered dietitian or qualified nutrition professional in obtaining the necessary information to complete the individual assessment, but that lay leader cannot be the sole provider of MNT.

**Second**, the registered dietitian or qualified nutrition professional must develop an individualized MNT education plan, based on the assessment results.

**Billing Requirements:**

MNT is a Medicare Part B benefit. Under Medicare Part B, MNT CPT® billing codes are only authorized for use by a registered dietitian or qualified nutrition professional. CPT® is the registered trademark of the American Medical Association (AMA). CPT stands for Common Procedural Therapy. The services associated with each professional code are defined by the AMA. Medicare and Medicare Advantage plans contract for professional services that are defined by the CPT code restrictions, defined by the AMA. The following MNT CPT® codes apply to Medicare and Medicare Advantage coverage.

MNT CPT® Codes are listed below:

- **97802:** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- **97803:** Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- **97804:** Group (2 or more individual(s)), each 30 minutes

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