

01-99000-05

Original Effective Date: 04/15/04

Reviewed: 01/22/26

Revised: 02/15/26

Subject: Outpatient Medical Nutrition Therapy

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

Medical nutrition therapy describes interaction between a registered dietitian or nutritional professional with an individual or group, for the purpose of nutritional education, assessment and intervention for those with various medical conditions such as diabetes or renal disease. There is an initial visit for assessment; follow-up visits for interventions and reassessment as needed during the first year to monitor compliance with the dietary plan.

POSITION STATEMENT:

NOTE: Coverage is applicable only under those contracts that include benefits for medical nutrition therapy and preventive health services.

Medical nutrition therapy sessions, provided by a registered dietitian or nutritional professional and referred by the treating physician, **meet the definition of medical necessity** for any appropriate diagnosis (e.g., diabetes, cardiovascular disease, renal disease, HIV, obesity, and eating disorders).

BILLING/CODING INFORMATION:

CPT Coding:

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 (two or more individuals), each 30 minutes

HCPCS Coding:

G0270	Medical nutrition therapy; re-assessment 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 interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
S9470	Nutritional counseling, dietitian visit

REIMBURSEMENT INFORMATION:

Medical nutrition therapy is separate from diabetes outpatient self-management training (addressed in a separate MCG). Both therapies may be received in the same time period however they are not to be billed on the same date of service.

Three (3) hours of medical nutrition therapy are covered in the initial calendar year. Two (2) hours are covered in subsequent years, with a proper physician referral. Additional hours may be eligible for coverage when medically necessary – e.g., change in diagnosis or condition. The number of hours covered for diabetes is the same as the number of hours covered for renal disease.

The procedure codes listed above are payable if submitted by a registered dietitian or a nutritional professional. Services are not paid “incident to” physician services.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Medical Nutrition Therapy (180.1) located at [cms.gov](https://www.cms.gov).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

[Diabetic Self-Management Training and Educational Supplies, 01-99000-02](#)

[Preventive Services, 01-99385-03](#)

OTHER:

None applicable

REFERENCES:

1. American Academy of Family Physicians, American Family Physician, Practice Guidelines – ADA Releases Standards of Medical Care for Patients with Diabetes; accessed at aafp.org.
2. American Dietetic Association. Position of the American Dietetic Association: integration of medical nutrition therapy and pharmacotherapy. *J Am Diet Assoc.* 2003 Oct;103(10):1363-70. PMID: 14520260.
3. Centers for Disease Control and Prevention. Medical Nutrition Therapy, last reviewed: July, 2023; accessed at cdc.gov.
4. Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) Medical Nutrition Therapy (180.1); accessed at cms.gov.
5. Delahanty LM. Nutritional considerations in type 2 diabetes mellitus. In: UpToDate, Nathan DM, Seres D, Rubinow K (Eds), UpToDate, Waltham, MA; accessed at uptodate.com.
6. Delahanty LM, Weinstock RS. Nutritional considerations in type 1 diabetes mellitus. In: UpToDate, Hirsch IB, Seres D, Rubinow K (Eds), UpToDate, Waltham, MA; accessed at uptodate.com.
7. Perreault L, Burgermaster M. Obesity in adults: Behavioral therapy, 2022. In: UpToDate, Pi-Sunyer FX, Swenson S (Eds), UpToDate, Waltham, MA; accessed at uptodate.com.
8. Singhato A, Khongkhon S, et al. Effectiveness of Medical Nutrition Therapy to Improve Dietary Habits for Promoting Bone Health in People Living with Chronic HIV. *Ann Nutr Metab.* 2020;76(5):313-321. PMID: 33027800.
9. Warshaw H. Diabetes Management & Nutrition Guide: ADA’s 2019 Nutrition Therapy Consensus Report. *Today’s Dietitian* Vol. 21, No. 7, P. 36; accessed at todaysdietitian.com.
10. Wexler DJ. Initial management of hyperglycemia in adults with type 2 diabetes mellitus. In: UpToDate, Nathan DM, Rubinow K (Eds), UpToDate, Waltham, MA; accessed at uptodate.com.
11. U.S. Preventive Services Task Force (USPSTF). A & B Recommendations; accessed at uspreventiveservicestaskforce.org.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/22/26.

GUIDELINE UPDATE INFORMATION:

04/15/04	New Medical Coverage Guideline.
04/15/06	Biennial review; information regarding telecommunication visits added.
08/15/07	Reviewed; coverage statements maintained, guideline reformatted, and updated references.
05/15/09	Biennial review; position statement maintained and references updated.

03/15/11	Biennial review; position statement maintained and references updated.
05/11/14	Revision: Program Exceptions section updated.
11/15/16	Revision; guideline archived.
10/15/23	Medical coverage guideline reinstated; position statement, reimbursement section, title, and references updated.
04/15/24	Review: position statement maintained; description and references updated.
02/15/26	Position statements maintained.