BlueCross BlueShield of Vermont

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Medical Nutrition Therapy and Nutritional Counseling
Corporate Medical Policy

File Name: Nutritional Counseling (Previous Policy Combined)
File Code: 10.01.VT205
Origination: 04/2026
Last Review: 06/2026
Next Review: 06/2027
Effective Date: 08/01/2026

Description/Summary

Medical nutrition therapy and nutrition counseling are terms that are frequently used interchangeably.

The intent of this policy is to highlight specific guidelines for medical nutritional therapy as a necessary therapeutic component in disease management or prevention when dietary strategy and intervention are known to positively impact clinical outcomes.

Definitions

Medical nutrition therapy is individualized evidence-based treatment approach by creating a tailored nutritional plan to manage or treat health conditions supporting life-style changes to improve nutritional status and prevent complications associated with health condition.

Nutritional counseling is individualized advice and guidance given to members at nutritional risk due to nutritional history, current dietary intake, medication use or chronic illness, about options and methods for improving nutritional status. A certified, registered, or licensed healthcare professional functioning within the scope of their license provides this counseling.

Blue Cross VT will consider payment for up to one (1) hour per session regardless of time spent providing therapy, or initial evaluation/re-evaluation. The therapy documentation must include an assessment of the member's overall nutritional status for the development of an individualized goal-oriented plan for the prevention or treatment of a medical condition.

NOTE: There is no limit on the number of sessions per member per plan year.

Policy & Guidelines

Policy

Coding Information
Click the links below for attachments, coding tables & instructions.

Attachment I – Procedural Coding Table & instructions

Policy Guidelines

When a service may be considered medically necessary

Medical Nutrition Therapy and Nutritional Counseling are considered **medically necessary** when provided by a qualified healthcare professional practicing within the scope of their license and the Documentation Guidelines below have been met.

When a service may be considered not medically necessary

Medical Nutrition Therapy and Nutritional Counseling are considered **not medically necessary** when a service is provided and the Documentation Guidelines below have not been met.

Documentation Guidelines

The need for medical nutrition therapy must be supported in the documentation for the services rendered and must include the following:

Assessment: A comprehensive review of the member's nutritional status, including but not limited to:

- Medical diagnoses and history
- Relevant lab results and medications
- Weight
- Waist circumference
- Food Journals
- Patient interview responses regarding food preferences, food restrictions/allergies, cultural needs, social determinants of health, and current diet
- Clinical information indicating pertinent medical care

Treatment/Intervention Plan: A detailed individualized plan created with the member, including but not limited to:

- Specific, measurable, attainable, relevant and time-based goals
- Specific short term and long-term goals and documented progress that addresses barriers to achievement of stated goals
- Recommended dietary/behavioral changes and educational materials used

- Rationale for each recommendation and intervention

Progress Notes: Regular updates on the member's progress, which should include details including but not limited to:

- Detailed documentation of the type of intervention provided.
- Documented progress towards achieving specific health targets for disease management or prevention.
- Updated progress on the specific, measurable, attainable relevant and time-based goals set.
- Support of clinical judgment made in updating the treatment/intervention plan with projected timelines.
- Documentation of follow-up sessions using a standard format such as a 'SOAP' note to capture the subjective, objective, assessment and plan to consistently adjust an individualized treatment plan for the member.

Time:

- Documentation of the start and end times for each visit to track total time spent with the member.

Additional Requirements:

- Standardized Formats: Use a standard format such as a 'SOAP' note to ensure all essential information is included. However, documentation cannot be copied, pasted, or forwarded from a past encounter into the current progress note. Noting, treatment plans need to be individualized by member and provider that are unique and tailorable based on clinical judgment.
- Evidence-Based: Treatment plans need to be evidence-based according to established standards of care guidelines.
- Justification: Justify all documented statements, interventions, and monitoring with clear reasoning or references.
- Collaboration: Document collaborative efforts with other healthcare providers.
- Signatures: All notes should be signed, either physically or digitally, along with the date and time.

Reference Resources

1. U.S. Preventive Services Task Force. Behavioral counseling in primary care to promote a healthy diet: Recommendations and rationale. Am J Prev Med. 2003;24(1):93-100.
2. U.S. Preventive Services Task Force. Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement. Pediatrics. 2010;125(2):361-367.
3. U.S. Preventive Services Task Force. Weight loss to prevent obesity-related morbidity and mortality in adults: Behavioral interventions. Recommendation summary. September 18, 2018. Available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions. Accessed December 30, 2025.

4. US Preventive Services Task Force, Mangione CM, Barry MJ, et al. Behavioral counseling interventions to promote a healthy diet and physical activity for cardiovascular disease prevention in adults without cardiovascular disease risk factors: US Preventive Services Task Force recommendation statement. JAMA. 2022;328(4):367-374.

Related Policies

Medical Policy: Medical Food for Inherited Metabolic Disease (IMD)
Medical Policy: Telemedicine and Telehealth
Payment Policy: Medical Nutrition Therapy and Nutritional Counseling CPP_53
Payment Policy: Telemedicine CPP_03
Payment Policy: Telephone-Only Services CPP_24

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

04/20/2026	New policy. Archived Nutritional Counseling Medical Policy to combine with a new Medical Policy to address medical nutrition therapy and nutritional counseling.
06/29/2026	Policy reviewed and updated medically necessary language. Added section what is considered not medically necessary with language criteria.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President and Chief Medical Officer

Attachment I
Procedural Coding Table & Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			

CPT®	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Limited up to (4) units per visit.
CPT®	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Limited up to (4) units per visit.
CPT®	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Limited up to (2) units per visit.
HCPCS	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	Limited up to (4) units per visit.
HCPCS	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	Limited up to (2) units per visit.
HCPCS	G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ASCVD) risk assessment, 5-15 minutes, not more often than every 12 months	Limited up to (1) unit per year.
HCPCS	S9470	Nutritional counseling, dietitian visit	Limited up to (1) unit per visit.