

Medical Nutrition Therapy and Nutritional Counseling Payment Policy CPP_53

Frequently Asked Questions

1. Do I need to have documentation from a qualified health care professional indicating their medical condition warrants Medical Nutrition Therapy (MNT)?

- No. However, the rendering provider's documentation must support that the services being provided are medically necessary.

2. Can diagnosis code Z71.3 [Dietary counseling and surveillance] be used for billing?

- Z71.3 is a valid diagnosis code. The use of this code will be subject to the terms and conditions of the members' benefits.

3. If I bill a diagnosis other than Z71.3, is a referral necessary from a qualified health care professional?

- No. However, the rendering provider's documentation must support that the services being provided are medically necessary.

4. Is there a limit to the number of MNT sessions provided per year?

- No. However, the rendering provider's documentation must support that the services being provided are medically necessary.

5. Is a Body Mass Index (BMI) code required to be used in addition to a diagnosis of obesity or overweight?

- All diagnosis coding is reportable by the *ICD-10-CM Guidelines for Coding and Reporting* based on current year guidelines.

6. How do you want documentation regarding waist circumference for virtual visits (i.e., patient declined, RD does not provide, or not applicable)?

- A comprehensive review of the member's nutritional status, during a virtual visit may include self-reported, or refused elements as appropriate.

7. Provide an example about what you are looking for when it says we must provide documentation on the "Rationale for each recommendation and intervention" and "Justification: Justify all documented statements, interventions, and monitoring with clear reasoning or references". The rendering provider's documentation must support that the services being provided are medically necessary.

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