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 meet the guidelines as defined in the medical policy.

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.

  The removal of the diagnosis code Z71.3 from the preventive grid document is based on aligning with the United States Preventive Services Task Force (USPSTF) recommendations for healthy diet and physical activity for cardiovascular risk factors and high body mass index. By further aligning our preventive grid with the USPSTF guidelines, the diagnosis coding is focused on risk factors that require a medical condition code to be eligible for zero-cost share preventive benefits. Also, noting that a referral is not required we strongly recommend coordination and collaboration with the treating provider(s).

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 meet the guidelines as defined in the medical policy.

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

- No. However, the rendering provider's documentation must meet the guidelines as defined in the medical policy.

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 meet the guidelines as defined in the medical policy.

8. **If the client does not need to have a medical diagnosis and we can still bill Z71.3 for preventative services I fear that the insurance company will not view the intervention as "medically necessary".**

- The code remains active and eligible for payment. However, applicable member cost-share will be applied. The rendering provider's documentation must meet the guidelines as defined in the medical policy. (Refer to question two above for more details)

9. **Can you provide more clarification, or provide examples, of what needs to be included in the document to support that the services are medically necessary? Is there a specific phrase that needs to be included?**

- All documentation must be individualized and specific to the member as defined in the medical policy.