

## Medical Nutrition Therapy (MNT) and Intensive Behavioral Therapy (IBT) for Obesity

### Medical Nutrition Therapy (MNT)

It is a therapeutic approach to treating medical conditions and symptoms using a nutrition and lifestyle assessment, counseling and monitoring progress. This is for beneficiaries who have diabetes or renal disease.

#### HCPCS Codes

97802 - Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with patient, each **15 minutes** (Note: Use code for initial visit only)

97803 - MNT; re-assessment and intervention, individual, face-to-face with patient, **each 15 minutes**

97804 - MNT; group (two or more individuals), **each 30 minutes**

G0270 - MNT; **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** (Note: Use code when there is a change in beneficiary's condition)

G0271 - MNT; **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 (two or more individuals), **each 30 minutes** (Note: Use code when there is a change in beneficiary's condition)

#### CMS Guidelines

During the initial calendar year, three hours of MNT are covered. Two hours each calendar year are covered during subsequent years. Unused hours cannot be carried over to the next year. The coverage criteria are:

- Primary care physician or specialist coordinating care for the beneficiary must make a referral and indicate a diagnosis of diabetes, renal disease or receiving a kidney transplant within last 36 months
- Registered Dietician or nutrition professional must provide services
- Number of hours covered in episode of care cannot be exceeded unless a second referral is received from treating physician
- Services may be provided in either a group or individual setting
- DSMT and MNT services can be provided within same time period and maximum number of hours allowed under each benefit are covered.
  - Only exception is that DSMT and MNT cannot be provided on same day to same beneficiary
- Every calendar year beneficiary must have new referral for follow-up hours
  - Referrals may only be made by treating physician

**Diagnosis:** For diagnosis documentation & coding tips please refer to the Optum insider link mentioned below

[https://shconnect.stanfordmed.org/depts/uha/cdr/Documents/Optum%20Insider/Nutrition%202019\\_03.pdf](https://shconnect.stanfordmed.org/depts/uha/cdr/Documents/Optum%20Insider/Nutrition%202019_03.pdf)

Resources:

<https://med.noridianmedicare.com/web/jfb/specialties/diabetic-services-dsmt-mnt>

## **Medical Nutrition Therapy (MNT) and Intensive Behavioral Therapy (IBT) for Obesity** **Intensive Behavioral Therapy (IBT) for Obesity**

### **IBT for obesity consists of the following:**

- Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed kg/m<sup>2</sup>)
- Dietary (nutritional) assessment
- Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise

### **HCPCS Code**

G0447: Face-to-face behavioral counseling for obesity, 15 minutes

G0473: Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

### **CMS Guidelines**

Medicare will pay for up to 22 visits billed with the codes G0447 and G0473, combined, in a 12-month period

- First month: one face-to-face visit every week
- Months 2–6: one face-to-face visit every other week
- Months 7–12: one face-to-face visit every month if certain requirements are met

The coverage criteria are:

- Obesity (Body Mass Index [BMI]  $\geq$  30 kilograms [kg] per meter squared)
- Competent and alert at the time counseling is provided
- Counseling furnished by a qualified primary care physician or other primary care practitioner in a primary care setting

### **Diagnosis**

Z68.30: BMI 30.0-30.9, adult	Z68.38: BMI 38.0-38.9, adult
Z68.31: BMI 31.0-31.9, adult	Z68.39: BMI 39.0-39.9, adult
Z68.32: BMI 32.0-32.9, adult	Z68.41: BMI 40.0-44.9, adult
Z68.33: BMI 33.0-33.9, adult	Z68.42: BMI 45.0-49.9, adult
Z68.34: BMI 34.0-34.9, adult	Z68.43: BMI 50.0-59.9, adult
Z68.35: BMI 35.0-35.9, adult	Z68.44: BMI 60.0-69.9, adult
Z68.36: BMI 36.0-36.9, adult	Z68.45: BMI 70 or greater, adult
Z68.37: BMI 37.0-37.9, adult	

### **Note**

- At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed.
- To be eligible for additional face-to-face visits occurring once a month for months 7–12, Medicare beneficiaries must have lost at least 3 kg during the first 6 months.
- For Medicare beneficiaries who do not achieve a weight loss of at least 3 kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.

**Qualified Primary Care Physician:** For purposes of this paragraph, the term “physician” means a physician and the term “primary care physician” means a physician who is identified in the available data as a general practitioner, family practice practitioner, general internist, or obstetrician or gynecologist.

**Other Primary Care Practitioner:** The term “primary care practitioner” means an individual who (I) is a physician who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or (II) is a nurse practitioner, clinical nurse specialist, or physician assistant

### **Resources:**

[https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#OBESITY\\_IBT](https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#OBESITY_IBT)