

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-076

**Subject:** Medical Nutrition Therapy

**Effective Date:** May 5, 2025

**End Date:**

**Issue Date:** May 5, 2025

**Revised Date:**

**Date Reviewed:**

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy provides direction on the Plan's reimbursement for medical nutrition therapy (MNT) services.

## REIMBURSEMENT GUIDELINES:

In accordance with The Center for Medicare and Medicaid Services (CMS) guidelines, MNT services will only be reimbursed when billed by a registered dietician or nutritional professional; or by a facility that accepts or received assignment from by a registered dietician or nutritional professional. These services will be denied as not separately reimbursed if billed by a provider other than a registered dietician or nutritional professional; or by a facility that does not accept or has not received assignment from a registered dietician or nutritional professional. This denial is non-billable to the member.

Applicable Codes:

97802 97803 97804 G0270 G0271

## ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Code 97802 (individual) may only be used once for the initial assessment of a new patient. Subsequent visits should be billed using 97803 (individual) or 97804 (group). CMS National Correct Coding Initiative (NCCI) does not allow a provider to bill more than one MNT code per date of service. Modifiers will not bypass these code combinations. MNT services will not be considered for reimbursement when submitted by a provider other than a registered dietician or nutritional professional.

**RELATED POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- V-44: Medical Nutrition Management Services
- V-37: Autism Spectrum Disorders

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

**REFERENCES:**

- Centers for Medicare and Medicaid Services; IOM 100-3, Chapter 1, Part 3, Section 180.1
- Centers for Medicare and Medicaid Services; IOM 100-3, Chapter 4, Section 300
- Centers for Medicare and Medicaid Services; Transmittal 11584, CR12822
- Centers for Medicare and Medicaid Services; Transmittal 11426, CR12613

**POLICY UPDATE HISTORY INFORMATION:**

5 / 2025	Implementation
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