

## Insurance Coverage Guidelines for MNT/Nutritional Counseling and Diabetes Self-Management Education

Insurance	Service (CPT code)	ICD-9 codes
Medicare/Medicaid	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	DM-related codes
	Additional information:  Must meet any of the following criteria: <ol style="list-style-type: none"> <li>1. known diabetic (documented)</li> <li>2. new diabetic with FBG <math>\geq</math> 126 mg/dL (on 2 separate occasions)</li> <li>3. A1c <math>\geq</math> 8.5*% (on 2 consecutive tests 3 months apart)</li> <li>4. random BG &gt; 200 mg/dL with s/s of DM</li> <li>5. 2 hr OGTT &gt; 200 mg/dL</li> <li>6. documented change in treatment regimen from diet to non-insulin meds or from non-insulin meds to insulin</li> <li>7. documented high risk for complications based on inadequate control (documented hyper-/hypoglycemic episodes)</li> </ol> * 6.5% not yet approved as diagnostic criteria by Medicare	
	<ul style="list-style-type: none"> <li>• Services must be provided by ADA/AADE recognized DSMT program.</li> <li>• Services must be provided in a group setting, unless pt has documented impairment.</li> <li>• Initial DSMT must be provided within a continuous 12-month period and cannot exceed 10 hours. No more than 2 hours of follow-up DSME can be provided any time in a calendar year, following a year in which initial DSMT was completed. (i.e. Initial date of service: 4/2011. Complete initial 10 hrs by 4/2012. Eligible for follow-up in 5/2012, since the 13 month begins the subsequent year. Follow-up training is completed by 12/2012.)</li> </ul>	
	MNT (97802, 97803) – 15 min/unit	DM-related codes Renal-related codes
	Additional information:  <ul style="list-style-type: none"> <li>• For DM – must have FBG <math>\geq</math> 126 mg/dL (one occasion)</li> <li>• For renal – either GFR 13-50 or serum Cr <math>\geq</math> 1.8 mg/dL</li> <li>• Initial MNT must be provided within a calendar year and cannot exceed 3 hours. No more than 2 hours of follow-up MNT can be provided any time in a calendar year, following a year in which initial MNT was completed. (See example under DSMT).</li> </ul>	

- For all insurance plans, services will only be covered if provider has a contract with the insurance company. For some plans, patient may owe a copay or need to pay a deductible.
- Insurance coverage should always be verified before services are provided.

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Insurer	Service (CPT code)	ICD-9 codes
HMSA (non-Medicare)	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	DM-related codes
	Additional information:	
	<ul style="list-style-type: none"> <li>DM dx must be documented in MD notes and on referral.</li> <li>Advanced Nutrition Therapy also available (unlimited hours) as follow-up for the DSME program.</li> <li>If not part of an ADA/AADE recognized DSMT program – private practice RD must be a CDE</li> </ul>	
	Preventive Health – Obesity MNT (97802, 97803) - 15 min/unit or Nutritional counseling (S9470) – no set timeframe/unit <small>(can be adjusted for time used by the hour - i.e. 0.75 for 45 min or 1.25 for 75 min)</small>	V70.1, V77.1 278.00, 278.01
	Additional information:	
<ul style="list-style-type: none"> <li>Plan coverage code needs to be included on approved list at: <a href="http://www.hmsa.com/portal/provider/zav_pel.ph.COV.100.htm">www.hmsa.com/portal/provider/zav_pel.ph.COV.100.htm</a></li> <li>When billing, need to append modifier 33. If modifier 33 is not appended, regular plan benefits will be applied</li> <li>Up to 12 visits every 12 months (1 unit = 1 visit)</li> <li>Includes children (6 years and older)</li> </ul>		
Preventive Health – Healthy Diet MNT (97802, 97803, 97804) – 15 min/unit or Nutritional counseling (S9470) – no set timeframe/unit <small>(can be adjusted for time used by the hour - i.e. 0.75 for 45 min or 1.25 for 75 min)</small>	V65.3 PLUS 250.00-250.93 401.0-401.9 272.0-272.9	
Additional information:		
<ul style="list-style-type: none"> <li>Plan coverage code needs to be included on approved list at: <a href="http://www.hmsa.com/portal/provider/zav_pel.ph.COV.100.htm">www.hmsa.com/portal/provider/zav_pel.ph.COV.100.htm</a></li> <li>When billing, need to append modifier 33. If modifier 33 is not appended, regular plan benefits will be applied</li> <li>Up to 4 visits every 12 months (1 unit = 1 visit)</li> <li>Does NOT include children</li> </ul>		

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Insurer	Service (CPT code)	ICD-9 codes
HMSA (non-Medicare)	Nutritional counseling (S9470) – per visit, no timeframe, <u>separate</u> from Preventive Health services	Most dx codes
	Additional information:  Must meet <b>ALL</b> of the following criteria: <ol style="list-style-type: none"> <li>1. Ordered by a physician</li> <li>2. Service received from RD</li> <li>3. Necessary to optimize a treatment program or to mitigate the effects of an illness or condition</li> </ol> <ul style="list-style-type: none"> <li>• Benefit only available on limited plans</li> <li>• Overweight/obesity dx codes alone are usually not covered. Require additional dx (i.e. hyperlipidemia, impaired fasting glucose, etc) to improve probability service will be covered.</li> <li>• Patient pays 20% of eligible charges</li> </ul>	
UHA	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	250.00-250.93
	Additional information: Service provider must be a CDE	
	MNT (97802, 97803) – indiv codes, 15 min/unit (97804) – group code, 30 min/unit	See below
	Additional information: <ul style="list-style-type: none"> <li>• Counseling must be provided by RD, CNS or CDE with experience in the condition being treated</li> <li>• Prior authorization required for all diagnoses except DM – form can be found at <a href="http://www.uhahealth.com/forms/form_request_auth.pdf">http://www.uhahealth.com/forms/form_request_auth.pdf</a></li> <li>• Diagnoses covered (as of 3/1/2012) – anorexia nervosa, bulimia, cardiovascular disease, HTN, CKD, Crohn’s disease, ulcerative colitis, gout, morbid obesity (adults: BMI&gt;35, peds: BMI&gt;95%), post-bariatric surgery, poor weight gain during pregnancy, pancreatitis, pre-diabetes</li> </ul>	

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HMAA	DM Self-Management Training (DSMT) (G0108, G0109) – 30 min/unit	DM-related codes
	MNT (97802, 97803) – 15 min/unit	DM-related codes, possibly additional ones
	Additional information for both DSMT/MNT: <ul style="list-style-type: none"> <li>• Services must be provided by ADA/AADE recognized DSMT program</li> <li>• Benefits only available on limited plans – highly recommended to call Customer Service (808.941.4622) to verify services covered by patient’s plan</li> </ul>	

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