

Nutritional Counseling Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to CarePartners of Connecticut contracting independent nutritional counselors only.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut provides coverage for medically necessary nutritional counseling services, in accordance with the member's benefits. This may include registered dietitians or licensed nutrition professionals who are contracted to provide such services.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting Provider Relations at 888-341-1508.

Diabetes Self-Management Training

Diabetic self-management training (DSMT) services are covered for members who have been diagnosed with diabetes and meet the Medicare criteria. Refer to the [Medicare Diabetes Prevention Program](#) for more information.

Medical Nutrition Therapy

Members who have been diagnosed with diabetes, renal disease (but who are not on dialysis), or who have had a kidney transplant are covered for 3 hours of one-on-one counseling services during their first year of services and up to two hours annually thereafter.

Referral, Prior Authorization, and Notification Requirements

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Care Partners may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

A physician order is required for nutritional counseling services.

Billing Instructions

The following codes are applicable to nutritional counseling services:

Code	Description
97802	Medical nutrition therapy, initial assessment, and intervention 15 minutes = 1 unit. Maximum 75 minutes (five units) allowed
97803	Medical nutrition therapy, reassessment, and intervention 15 minutes = 1 unit. Maximum 60 minutes (four units) allowed
97804	Medical nutrition therapy; group (2 or more individuals) each 30 minutes
G0270	MNT reassessment and subsequent intervention(s)
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes

Note: For services not covered under the member's benefit, the member assumes liability and is responsible for paying the provider directly on a cash pay-basis at a 25 percent discount from the provider's standard fee for services and programs that are the same or similar to the services that are provided to individuals who are not CarePartners of Connecticut members.

When billing for medical nutrition therapy performed by a physician or other qualified healthcare professional services should be reported with the appropriate E/M or preventive medicine service code. Services rendered by a nutritionist should be reported with the appropriate medical nutrition therapy code

Compensation/Reimbursement Information

CarePartners of Connecticut does not routinely compensate for the following:

- Commercial diet plans, weight management programs or any related food or services
- Gym membership therapy
- Holistic therapy
- Nutritional counseling when offered by health resorts, recreational programs, camps, wilderness programs, outdoor skill programs, relaxation, or lifestyle programs, including any services provided in conjunction with such programs
- Supplemental foods
- Treatment by a physical therapist for weight loss

Refer to the member's specific benefit plan to determine if these services may be covered under any supplemental benefits or discount programs.

Additional Resources

- Advanced Practice Provider (APP)
- Evaluation and Management Professional Payment Policy
- Home Health Care Services Payment Policy
- Maximum Units Policy

Document History

- July 2025: Annual review; administrative updates
- July 2024: Annual review; added compensation/reimbursement information and additional resources
- September 2023: Annual policy review; administrative updates
- June 2022: Annual policy review; administrative updates
- May 2019: Policy reviewed by committee; no changes
- January 2019: Document created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.