

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MCUP3052 (previously UP100352)		Lead Department: Health Services	
		Business Unit: Utilization Management	
Policy/Procedure Title: Medical Nutrition Services		<input checked="" type="checkbox"/> External Policy	
		<input type="checkbox"/> Internal Policy	
Original Date: 05/16/2001		Next Review Date: 02/11/2027	
		Last Review Date: 02/11/2026	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 02/11/2026	

I. RELATED POLICIES:

- A. MCUP3113 - Telehealth Services
- B. MPCP2026 - Diabetes Prevention Program
- C. MPBP8013 - Eating Disorder Management Policy
- D. MCUG3118 - Prenatal & Perinatal Care

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. Certified Diabetes Educator (CDE®): A health professional who possesses comprehensive knowledge of and experience in prediabetes, diabetes prevention, and management. The CDE® educates and supports people affected by diabetes to understand and manage the condition. A CDE® promotes self-management to achieve individualized behavioral and treatment goals that optimize health outcomes. The Certification Examination for Diabetes Educators (Examination) is designed and intended for health professionals who have responsibilities that include the direct provision of diabetes self-management education (DSME), as defined by National Certification Board for Diabetes Educators.
- B. The Comprehensive Perinatal Services Program (CPSP) has divided authority between the California Department of Health Services (DHCS) and the California Department of Public Health (CDPH). It is an enhanced program of perinatal services to be offered through the Medi-Cal program and reimbursed (by DHCS) at higher rates than traditional obstetrical services. The CPSP provider certification process is administered and approved by the CDPH. Note: Partnership HealthPlan of California (Partnership) encourages, but does not require, providers to be CPSP certified in order to provide obstetrical and perinatal services, however, obstetrics providers need to provide CPSP-like services or refer to another CPSP provider for non-obstetric CPSP or CPSP-like services. (see also the Partnership HealthPlan Perinatal Services (PHPS) definition below)
- C. Medical Nutrition Therapy (MNT): An evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/re-assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions. [Academy of Nutrition and Dietetics (see latest edition)]
- D. Partnership HealthPlan Perinatal Services (PHPS): CPSP-like services that are equivalent to, or substantially similar to, the services defined by [the CDPH-defined CPSP program](#). (see also the

Policy/Procedure Number: MCUP3052 (previously UP100352)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: Medical Nutrition Services		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 05/16/2001		Next Review Date: 02/11/2027 Last Review Date: 02/11/2026	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	

Comprehensive Perinatal Services Program (CPSP) definition above)

- E. Perinatal services are defined as pregnancy-related services given before and during delivery and for a period of 12 months following delivery
- F. Registered Dietician (RD) or Registered Dietician Nutritionist (RDN): An individual who has met current minimum (Baccalaureate) academic requirements with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics and who has successfully completed the Registration Examination for Dietitians. To maintain the RD credential, the RD must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every five years.)

IV. ATTACHMENTS:

- A. [Referral Guidelines for Children/Adolescents](#)
- B. [Referral Guidelines for Adults](#)
- C. [Adult Body Mass Index](#)

V. PURPOSE:

To define the criteria for medically necessary referrals and continuing services for medical nutrition therapy (MNT) and Diabetes education services for children and adults.

The Patient Protection and Affordable Care Act of 2010 requires all United States Preventive Services Task Force (USPSTF) recommendations with class A or B be covered. The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians. Grade: B Recommendation. Children are also covered under this policy, as an enhanced benefit.

VI. POLICY / PROCEDURE:

- A. Medical nutrition therapy (MNT) must be provided by a Registered Dietitian (RD) or Certified Diabetes Educator (CDE®). The RD or CDE may either be working for a provider contracted with Partnership HealthPlan of California (Partnership) (including primary care, specialist, hospital, home health agency, or hospice) or may be an unaffiliated RD or CDE contracted individually with Partnership. In either case, the RD and/or CDE® documentation must be on file with the Provider Relations department of Partnership for claims to be paid. No accreditation of the provider’s overall diabetes self-management training program is required.
- B. MNT Services must meet state and federal standards of medical necessity. Diagnoses that are covered are listed in Attachments A and B. The frequency of services in Attachments A and B are guidelines, not maximum requirements. No Referral Authorization Form (RAF) nor Treatment Authorization Request (TAR) is required.
- C. The following codes should be used as applicable when submitting a claim for MNT services.
 1. 97802 - Initial Visit - Medical Nutritional Therapy (outpatient initial assessment, is limited to one initial visit per year per diagnosis grouping listed in the attached criteria. No RAF is required, although a clinician referral (Physician or Non-Physician Clinician) must be documented in the medical record.
 2. 97803 - Medical Nutrition Therapy- Individual follow-up outpatient nutritional counseling education
 3. 97804 - Medical Nutrition Therapy- Group reassessment and intervention. Must have an individual assessment prior to first group appointment.
 4. 98970 thru 98972 - Monitoring Meal Plan Journals virtually between sessions. Registered Dietitians may bill Partnership for these codes when treating a Member who has been diagnosed with an eating

Policy/Procedure Number: MCUP3052 (previously UP100352)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: Medical Nutrition Services		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 05/16/2001		Next Review Date: 02/11/2027 Last Review Date: 02/11/2026	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	

disorder. No TAR is required when the Member has an eating disorder diagnosis code on record (as defined in Attachments A and B.)

5. G0108 - Diabetes outpatient self-management training services, individual, per 30 minutes. Partnership allows up to 8 hours to be billed without a TAR in a rolling 12-month period. *(code may not be billed on same date of service as CPT codes 97802 thru 97804)*
 6. G0109 - Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes. *(may not be billed on same date of service as CPT codes 97802 thru 97804)*
 7. Z6200, Z6202, Z6204 - Medical nutrition therapy ante-partum/post-partum, individual, provided in a Perinatal Services Program based on perinatal services program guidelines. See policy MCUG3118 Prenatal & Perinatal Care
 8. Z6206, Z6208 - Medical Nutrition Therapy antepartum, group, recommendations/ limits based on Perinatal Services Program allowances (See policy MCUG3118 Prenatal & Perinatal Care)
- D. Nutrition supplements
1. Physician administered nutritional supplements require a TAR to be submitted to Partnership when the item is billed to Partnership’s medical benefit and is not on [Partnership’s Medical Drug List \(MDL\)](#), or when the MDL indicates a prior authorization is required.
 2. Nutritional supplements provided by a Pharmacy must be submitted through the Medi-Cal Rx TAR process* when not on the [Medi-Cal Rx Contract Drugs List \(CDL\)](#).
 3. Enteral formulas require a Medi-Cal Rx TAR when provided by a pharmacy.

***NOTE:** Effective January 1, 2022, with the implementation of Medi-Cal Rx, the pharmacy (prescription) benefit is carved-out to Medi-Cal Fee-For-Service as described in [APL 25-013](#) “Medi-Cal Rx Pharmacy Benefits, And Cell and Gene Therapy Coverage” and [Executive Order N-01-19](#) . Please refer to the State Medi-Cal Rx webpage which is found at <https://medi-calrx.dhcs.ca.gov/home/>

VII. REFERENCES:

- A. United States Preventive Services Task Force (USPSTF) recommendations
- B. Medi-Cal Provider Manual/ Guidelines: Medicine ([medne](#))
- C. DHCS All Plan Letter ([APL](#)) [25-013](#) “Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy Coverage” (09/18/2025)

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 05/15/02, 08/20/03; 11/17/04; 11/16/05; 10/18/06; 08/15/07, 08/20/08; 07/21/10; 01/18/12; 08/21/13; 01/15/14; 02/18/15; 03/16/16; 03/15/17; *06/13/18; 06/12/19; 06/10/20; 01/13/21; 01/12/22; 08/10/22; 09/13/23; 08/14/24; 09/11/24; 11/12/25; 02/11/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with

Policy/Procedure Number: MCUP3052 (previously UP100352)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: Medical Nutrition Services		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 05/16/2001		Next Review Date: 02/11/2027	
		Last Review Date: 02/11/2026	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	

involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.