PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCUP3052 (previously UP100352)</td><td colspan="2">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Medical Nutrition Therapy (MNT) Services</td><td colspan="2">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/16/2001</td><td colspan="3">Next Review Date: 09/09/2027
Last Review Date: 09/09/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td>☒ IQI</td><td>☐ P & T</td><td colspan="3">☒ QUAC</td></tr>
<tr><td>☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td>☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO ☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/09/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3113 - Telehealth Services
B. MPCP2026 - Diabetes Prevention Program
C. MPBP8013 - Eating Disorder Management Policy
D. MCUG3118 - Prenatal & Perinatal Care
E. MCUP3041 - Treatment Authorization Request (TAR) Review Process
F. MPAP7003 - CalAIM Community Supports (CS)

II. IMPACTED DEPTS:

A. Provider Relations
B. Claims
C. Member Services

III. DEFINITIONS:

A. Certified Diabetes Care and Education Specialist (CDCES)®: A health professional who possesses comprehensive knowledge of and experience in prediabetes, diabetes prevention, and management. The CDCES educates and supports people affected by diabetes to understand and manage the condition. A CDCES promotes self-management to achieve individualized behavioral and treatment goals that optimize health outcomes. The certification examination for Diabetes Care and Education Specialists is designed and intended for health professionals who have responsibilities that include the direct provision of diabetes self-management education (DSME), as defined by the Certification Board for Diabetes Care and Education (CBDCE).

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 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. MNT Referral Guidelines
B. 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. This policy uses evidence-based guidelines and currently recognized national standards of care to ensure access to MNT in the treatment and prevention of chronic diseases.

VI. POLICY / PROCEDURE:

A. Medical nutrition therapy (MNT) must be provided by a Registered Dietitian (RD) or Registered Dietician Nutritionist (RDN) or Certified Diabetes Care and EducationSpecialist (CDCES®).
   1. The RD, RDN or CDCES 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, RDN or CDCES contracted individually with Partnership.
      a. In either case, the RD, RDN and/or CDCES documentation must be on file with Partnership for claims to be paid.
      b. No accreditation of the provider's overall diabetes self-management training program is required.
B. 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.
   1. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists such as nutritionists or dietitians.
   2. Children, adolescents and adults are covered under this policy.
C. Authorization and Billing of MNT Services
   1. Members with a qualifying diagnosis(es) defined in Attachment A may receive MNT visits according to the frequency limits stated below (VI.C.2.) with no Treatment Authorization Request (TAR) requirement.
      a. The Partnership frequency may exceed those allowed by Medi-Cal policy limits.
      b. Stated frequency limits are based on Current Procedural Terminology (CPT) code units, in a rolling 12-month period.
      c. A Referral Authorization Form (RAF) approved by Partnership is not required for MNT services outlined in this policy

d. Providers can refer patients for MNT services directly to a Partnership contracted/credentialed RD, RDN or CDCES, noting the diagnosis for which MNT is needed and sharing appropriate clinical information.

2. A TAR is required when services exceed frequency limits stated below. The following codes should be used, as applicable, when submitting a claim for MNT services.
   a. 97802: Initial Visit - Medical Nutritional Therapy outpatient initial assessment
      1) Services are billed in increments of 15 minutes = 1 unit (1 hour = 4 units)
      2) Visits not to exceed 12 units (3 hours) in a rolling 12-month period.
      3) Initial visit is limited to one initial visit per Date of Service (DOS), per diagnosis listed in Attachment A.
   b. 97803: Medical Nutrition Therapy - Individual follow-up outpatient nutritional counseling education
      1) Services are billed in increments of 15 minutes = 1 unit (1 hour = 4 units)
      2) Up to 48 units (12 hours) in a rolling 12-month period may be provided without a TAR
   c. 97804: Medical Nutrition Therapy - Group reassessment and intervention
      1) Member must have an individual visit prior to first group session.
      2) Services are billed in increments of 30 minutes = 1 unit (1 hour = 2 units).
      3) Up to 72 units (36 hours) in a rolling 12-month period may be provided without a TAR
      4) Duration of group therapy session not to exceed 2 hours per DOS.
   d. 98970, 98971, 98972: Monitoring Meal Plan Journals virtually between sessions
      1) Registered Dieticians may bill Partnership for these codes when treating a Member who has been diagnosed with a qualifying eating disorder diagnosis(es) listed in Attachment A.
      2) Services are billed in increments of 10 minutes = 1 unit (1 hour = 6 units)
      3) Up to 72 units (12 hours) in a rolling 12-month period may be provided, inclusive of all three codes, without a TAR
   e. G0108: Diabetes outpatient self-management training services, individual
      1) Services are billed in increments of 30 minutes = 1 unit (1 hour = 2 units)
      2) Up to 16 units (8 hours) in a rolling 12-month period may be provided without a TAR.
      3) Code may not be billed on same date of service as CPT codes 97802, 97803 or 97804
   f. G0109: Diabetes outpatient self-management training services, group session
      1) Services are billed in increments of 30 minutes = 1 unit (1 hour = 2 units)
      2) Up to 18 units (9 hours) in a rolling 12-month period may be provided without a TAR
      3) Code may not be billed on same date of service as CPT codes 97802, 97803 or 97804
   g. Z6200, Z6202, Z6204: Medical nutrition therapy ante-partum/post-partum, individual
      1) Provided in a Perinatal Services Program based on perinatal services program guidelines. (See policy MCUG3118 Prenatal & Perinatal Care)
   h. Z6206, Z6208: Medical Nutrition Therapy antepartum, group
      1) 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[1] when not on the Medi-Cal Rx Contract Drugs List (CDL).

[1] 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. For pharmacy benefit administration and coverage requirements,

3. Enteral formulas require a Medi-Cal Rx TAR when provided by a pharmacy.

VII. REFERENCES:

A. United States Preventive Services Task Force (USPSTF) recommendations
B. Medi-Cal Provider Manual/ Guidelines: Medicine: Nutrition Counseling *(medne nutri)*
C. Diabetes Care 2026 American Diabetes Association (ADA) Professional Practice Committee for Diabetes Care 2026 (Supplement 1) S89-S131
D. 2026 Dietary Guidance to Improve Cardiovascular Health: A Scientific Statement from the American Heart Association. Circulation vol 153 Number 18
E. Hepburn, C., von Roenn, N. Nutrition in Liver Disease – A Review. Curr Gastroenterol Rep 25, 242–249 (2023).
F. Tandon, P., Gramlich, L., & Jin, J. (2026). Nutrition in cirrhosis: bridging guidelines and practice in hepatic disease Current Opinion in Clinical Nutrition & Metabolic Care
G. Morgan-Bathke, M et al. Medical Nutrition Therapy Interventions Provided by Dieticians for Adult Overweight and Obesity Management: An Academy of Nutrition and Dietetics Evidence-Based Practice Guideline. J Acad Nutr Diet. 2023 Mar;123(3):520-545.e10.
H. National Comprehensive Cancer Network (NCCN) 2026 Guidelines - Survivorship: Preventive Health: Nutrition and Weight Management
I. Evert, A et al. Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report. *Diabetes Care* 1 May 2019; 42 (5): 731–754.
J. World Health Organization (WHO) Body Mass Index (BMI) Classification Global Database on BMI Geneva: WHO 2008
K. Cederholm & Bosaeus, Malnutrition in Adults N.Eng J Med July 10 2024
L. 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; 09/09/26

*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

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

please refer to the California Department of Health Care Services (DHCS) Medi-Cal Rx program and applicable guidance using the webpage which is found at https://medi-calrx.dhcs.ca.gov/home/.

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.