



Academy of Nutrition
and Dietetics

CPT and G codes for RDNs

97802-4: Medical Nutrition Therapy Current Procedural Terminology (CPT) Codes^{1,2}

The medical nutrition therapy (MNT) CPT codes are unique codes to submit claims for MNT provided by RDNs. Compared with other CPT codes, the MNT CPT codes best describe the services that RDNs provide to patients/clients receiving medical nutrition therapy services for a particular disease or condition. The codes can be used among private insurance companies, depending on the coding and billing details listed in the RDN's contract with the insurance plan. Additionally, The Center for Medicare and Medicaid Services (CMS) requires use of these codes for the Medicare MNT benefit by RDN providers who perform MNT services for diabetes and non-dialysis kidney disease. With a physician referral, three hours in the initial calendar year and two hours in subsequent years are covered under the Medicare benefit. (¹CPT codes, descriptions and material only are copyright ©2018 American Medical Association. All Rights Reserved.)

97802: ...initial assessment and intervention, *individual*, face-to-face with the patient, each 15 minutes.

97803: ...reassessment and intervention, *individual*, face-to-face with the patient, each 15 minutes.

97804: ...group (2 or more individuals), each 30 minutes.

G0270-1: Medical Nutrition Therapy G Codes²

CMS established additional codes for use with Medicare covered MNT services. With a second referral from the treating physician, these G codes should be used when additional hours of MNT services are performed beyond the number of hours typically covered (three hours in the initial calendar year, and two follow-up hours in subsequent years with a physician referral), when the treating physician determines there is a change of diagnosis or medical condition that makes a change in diet necessary.

G0270: ...Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), *individual*, face-to-face with the patient, *each 15 minutes*.

G0271: ...Medical nutrition therapy; reassessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease) *group* (2 or more individuals), *each 30 minutes*.

G0108-9: Diabetes Outpatient Self-Management Training Services²

For RDNs providing Diabetes Self-Management Training (DSMT) as part of an accredited program, the following G codes should be used for billing:

G0108: ...Diabetes outpatient self-management training services, *individual*, per 30 minutes.

G0109: ...group session (2 or more individuals), per 30 minutes.

(Note: Depending on the coding and billing details listed in the RDN's contract with the insurance plan, these CPT and G codes may also be used among private insurance companies)

G9873-85; and G9890 & G9891: Medicare Diabetes Prevention Program (MDPP)

These codes may be used by approved suppliers of a Medicare Diabetes Prevention Program providing services to eligible beneficiaries with Medicare Part B coverage starting April 1, 2018. For information and details about MDPP services, MDPP supplier enrollment and billing codes and payment for MDPP services, visit the Academy's [Medicare Diabetes Prevention Program page](#).

Additional Codes Recognized by Medicare

Medicare Part B offers coverage for some services beyond MNT and DSMT that RDNs may be qualified to provide. These codes may also be recognized by some private payers. Refer to individual payer policies for use of code and specific coverage parameters.

G0438-9^{2,3}: Annual Wellness Visit

G0438: Initial Annual Wellness Visit (AWV).

G0439: Subsequent AWV.

G0447^{2,3} & G0473^{2,3}: Intensive Behavioral Therapy for Obesity Benefit

G0447: ...face-to-face Behavioral Counseling for Obesity, 15 Minutes, individual.

G0473: ...Group (2 to 10 individuals), 30 minutes.

G0436-7: Smoking and tobacco cessation counseling visit for the asymptomatic patient

G0436: ...intermediate, greater than 3 minutes, up to 10 minutes.

G0437: ...intensive, greater than 10 minutes.

G0511^{2,3}: General Care Management *(intended exclusively for use by rural health clinics and federally qualified healthcare centers for Medicare Part B beneficiaries)*

² Indicates these services are also covered under Medicare when provided to Medicare Part B beneficiaries via **telehealth**, and may be covered by third party payers depending on the payer.

³ Indicates RDNs must provide service 'incident to' the physician. Details for Medicare's Annual Wellness Visit and Intensive behavioral therapy for obesity can be found on the Academy's [Medicare Preventive Services page](#).

Codes That May be Recognized by Private Payers for RDN Use

Private payers may recognize CPT codes for use in billing by RDNs beyond those recognized by Medicare. RDNs should consider negotiating for inclusion of these codes in their contracts with private payers, depending on the RDN's individual scope of practice. Refer to individual payer policies for specific coverage parameters and CPT book for full code description. *(CPT codes, descriptions and material only are copyright ©2018 American Medical Association. All Rights Reserved.)*

0403T & 0488T: Diabetes Prevention Programs

A diabetes prevention program consists of intensive behavioral counseling that is provided in person, online, or via electronic technology, or a combination of both modalities. Intensive behavioral counseling consists of care management, lifestyle coaching, facilitation of a peer support group, and provision of clinically validated

educational lessons based on a standardized curriculum that is focused on nutrition, exercise, stress, and weight management. Lifestyle coaches must complete a nationally recognized training program. The lifestyle coach is available to interact with the participants.

Codes 0403T and 0488T describe diabetes prevention programs that use a standardized diabetes prevention curriculum. For educational services that use a standardized curriculum provided to patients with an established illness/disease, see 98960, 98961, 98962. Use 0403T for diabetes prevention programs that are provided only in person. Use 0488T for programs that are provided online or via electronic technology. Code 0488T includes in-person components, if provided.

0403T: ...Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day (Do not report 0403T in conjunction with 98960, 98961, 98962, 0488T).
0488T: Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days.

95249-51: Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours

95249: ...*patient-provided equipment*, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording. (This code can only be reported once for the duration that the patient owns the data receiver.)
95250: ...*physician or other qualified health care professional (office) provided equipment*, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording. (This code cannot be reported more than once per month.)
95251: ...interpretation and report.

98960-2: Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family).

Per the CPT® Manual, educational and training services must be provided "using a standardized curriculum to an individual or a group of patients for the treatment of established illness(es)/disease(s) or to delay comorbidity(s). This curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patient(s)...The content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, non-physician healthcare professional society/association or other appropriate source."

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98960: ...each 30 minutes; individual patient.
98961: ...2-4 patients.
98962: ...5-8 patients.

98966-8: Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian;

98966: ...5 to 10 minutes of medical discussion.
98967: ...11 to 20 minutes of medical discussion.
98968: ...21 to 30 minutes of medical discussion.

98969: Online assessment and management service provided by a qualified non-physician health care professional, using the Internet or similar electronic communications network.

99366 & 99368: Medical team conference with interdisciplinary team of health care professionals, face-to-face

99366: ...with patient/family present, > 30 minutes.
99368: ...without the patient and/or family, > 30 minutes.

99401-4⁴: Preventive medicine counseling and/or risk factor reduction intervention(s);

99401: ...individual; 15 min.
99402: ...individual; 30 min.
99403: ...individual; 45 min.
99404: ...individual; 60 min.

99411-2⁴: Preventive medicine counseling and/or risk factor reduction intervention(s);

99411: ...group; 30 minutes.
99412: ...group; 60 minutes.

99406-7: Smoking and tobacco use cessation counseling visit;

99406: ...intermediate, greater than 3 minutes and up to 10 minutes.
99407: ...intensive, greater than 10 minutes.

99487 & 99489: Complex chronic care management services;

99487: ...60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
99489: ...each additional 30 minutes per calendar month.

99490: Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

(⁴ Per the CPT® Manual, these services are used for persons without a specific illness. Refer to individual payer policies for use of codes and specific coverage parameters.)

