

## Eli's Rehab Report

### Reader Question: Report New MNT Codes for Changes

Question: A dietitian comes to our rehab facility once a week to meet with some of our patients. She told us that Medicare recently created a new medical nutrition therapy (MNT) code, but we can't find any new CPT codes in this category. Are we looking in the right place?

Puerto Rico Subscriber

Answer: Although they are not included in CPT 2003, CMS Transmittal A-02-115 introduced two new HCPCS codes for medical nutrition therapy (MNT) services rendered to patients whose conditions have changed. These codes are printed in the 2003 HCPCS manual:

1. 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
2. G0271 ... group (2 or more individuals), each 30 minutes.

Registered dietitians (RDs) should use the new G codes when patients with diabetes or non-dialysis kidney disease require additional hours of MNT beyond what CMS normally covers three hours in the initial year and two follow-up hours of MNT in subsequent years with a physician referral.

For instance, your RD renders three hours of MNT to a diabetic Medicare beneficiary, and then the patient develops kidney disease. The diagnosis change would warrant additional MNT to adjust the patient's nutrition prescription and goals.

Remember that the MNT codes do not apply to physicians or therapists (unless they also happen to be RDs). Include the psychiatrist's nutrition advice to patients when assigning codes for his or her E/M services.