



Medical Nutrition Therapy Added to the Article 29-I VFCA Health Facilities Other Limited Health Related Service Fee Schedule

To: 29-I VFCA Health Facilities and Medicaid Managed Care Plans (MMCPs) including Mainstream Managed Care and HIV Special Needs Plans

June 26, 2023

Medical Nutrition Therapy (MNT) has been added to the Article 29-I VFCA Health Facilities (29-I) Other Limited Health Related Services (OLHRS) Fee Schedule effective July 1, 2022, per the approved Medicaid State Plan Amendment. 29-I MNT must be provided by a Registered Dietician (RD), Certified Nutritionist (CN), or a Certified Dietician-Nutritionist (CDN). Medical Nutrition Therapy Services are intended to:

1. Prevent nutrition-related disease, disability, and/or other health conditions or their progression
2. Prolong life, and/or promote physical and behavioral health and efficiency
3. Achieve specific outcomes such as:
  - a. Remediate/manage existing nutrition-related health conditions
  - b. Strengthen and maintain optimal health and well-being for children/youth at-risk of nutrition-related disease, disability, or adverse health conditions
  - c. Strengthen self-care skills to promote independence

Full details of allowable service components along with provider qualifications, and service eligibility criteria will soon be found in the [Article 29-I VFCA Billing Manual](#).

Billing

Billing for 29-I Nutritional Services must follow the guidance outlined in the [29-I Health Facility Billing Manual](#). Service fees can be found in the [29-I Other Limited Health Related Services \(OLHRS\) Fee Schedule](#). Required billing codes for 29-I Nutritional Services are as follows:

Rate Code	Unit Limit Per Rate Code	Rate Code Description
4685	N/A	Medical Nutrition Therapy
Billing Unit Measure: 15 minutes		
Service Description	Modifier	Procedure Code
Initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	U9, SC	97802
Medical Nutrition Therapy follow up, re- assessment, and intervention, individual, face-to-face with the patient, each 15 minutes	U9, SC	97803

Services must be medically necessary and recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under State law.



Documentation of medical necessity for the service **must be maintained in the child/youth's** record.

#### Medicaid Managed Care Plan (MMCP) Billing

If not already doing so, Medicaid Managed Care Plans must begin accepting claims for MNT provided by 29-Is as soon as possible and no later than 90 days from the date of this announcement. MMCPs will notify 29-I providers within their network of when they can begin to submit claims for this service provided by 29-Is. In instances where the MMCP systems are already configured to provide payment, provider billing should not be disrupted. MMCPs must accept claims for MNT provided by 29-Is retroactive to July 1, 2022. MMCPs must provide guidance to 29-Is on when/how to effectively submit claims for previously rendered MNT no later than 90 days from the date of this announcement. Claims for 29-I MNT services rendered prior to July 1, 2022, are not eligible for payment.

MMCP reimbursement, billing and/or documentation requirement questions should be directed to the enrollee's MMC plan. MMC Plan contact information can be found in the [eMedNY: \*New York State Medicaid Program Information for All Providers - Managed Care Information\*](#) document.

#### Fee for Service (FFS) Billing

Appropriately licensed 29-I facilities may begin submitting FFS claims for 29-I MNT provided on or after July 1, 2022, starting July 1, 2023. FFS claims for 29-I MNT rendered prior to July 1, 2022, are not eligible for payment. Claims for 29-I MNT rendered prior to July 1, 2023, but not before July 1, 2022, may be billed by utilizing Delay Reason Code 03 if billing for services rendered outside of timely filing deadlines. Please note, while use of DR 03 typically requires that a claim be submitted on paper, the State has implemented a system edit to allow for submission of these claims electronically for a limited time. Providers seeking to submit FFS claims for 29-I MNT provided outside the 90-day timely filing window must do so between July 1, 2023, and July 30, 2023.

Any questions related to this announcement should be sent to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov).