

Medical Nutrition Therapy

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Medical Nutrition Therapy includes dietary evaluation and counseling from a licensed healthcare professional for optimal management of a disease process, illness, or medical condition. Oscar covers Medical Nutrition Therapy for acute and chronic diseases and medical conditions where scientific evidence has demonstrated that dietary intake is or can be a critical component of the treatment plan. Oscar's expectation is that licensed dietary specialists will provide care as part of a coordinated, multidisciplinary team effort that includes the primary care physician, and that considers all aspects of the member's health including all relevant medical conditions, medications, other treatments, social and cultural factors and personal dietary preferences.

The role of Medical Nutrition Therapy is to reduce the risk of developing complications from newly diagnosed conditions, as well as to reduce the effects of chronic medical conditions on end-organ function and on the general physical health and welfare of members. Oscar does not cover Medical Nutrition Therapy for conditions in which it has not been scientifically proven to be clinically effective or in which the efficacy is not clearly established in the medical literature by high-quality, peer-reviewed evidence.

Definitions

"Medical Nutrition Therapy" is a therapeutic approach to treating medical conditions via the use of specific diets devised and monitored by qualified licensed health professionals with expertise in nutrition and dietary therapy. Comprehensive evaluation for medical nutrition therapy includes medical history, physical examination, anthropometric measurements, and laboratory values, and, when medically

indicated, ongoing reassessment. Nutrition therapy includes dietary evaluation and modification, training for self management or specialized therapies, counseling and education.

“Initial Assessment and Intervention” is the comprehensive evaluation with a licensed health professional qualified to evaluate the dietary components of one or more medical conditions in order to establish a therapeutic dietary program.

“Reassessment and Intervention” is the provision of ongoing medical nutrition therapy and support for members with an established therapeutic dietary program and who have been determined to require ongoing monitoring to assess for metabolic efficacy, weight loss or gain, or other clinical benefit. Reassessment and intervention is subject to review for medical necessity.

“Licensed Healthcare Professional” is a professional licensed in an appropriate field who is qualified to provide Medical Nutrition Therapy. Examples include, but are not limited to, Registered Dietitians (RD), Registered Dietitian Nutritionists (RDN), Certified Nutritionists (CNS or CCN), Licensed Dietitian-Nutritionists (LDN), and certain physicians specializing in nutritional medicine or with expertise in the study of food and nutrition science.

Clinical Indications and Coverage

General Coverage Criteria

A comprehensive dietary consultation should establish therapeutic goals to include all of the member’s comorbid conditions. Initiation of medical nutrition therapy must contain the following elements:

1. Documentation that nutrition therapy has a therapeutic role in the member’s treatment; *and*
2. Documentation of measurable goals as submitted from a licensed medical professional; *and*
3. Dietary plan/recommendations as submitted from a licensed medical professional.

Continued medical nutrition therapy is subject to review for medical necessity and must contain the following elements:

1. Documentation that nutrition therapy has a therapeutic role (chronic); *and*
2. Documentation of changes in medical condition, diagnosis, or treatment regimen that requires further intervention; *and*
3. Evidence of member adherence to diet prescribed; *and*
4. Evidence that additional counseling would be helpful or beneficial to member’s health; *and*
5. Documentation of measurable goals as submitted from a licensed medical professional.

Clinical Indications

1. Newly Diagnosed or Chronic Health Conditions: Oscar considers Medical Nutrition Therapy medically necessary to evaluate, establish and reassess a dietary program for members of any age when ALL of the following are present:
 - a. The therapy was prescribed by a licensed healthcare provider; *and*

- b. The therapy is for a new or existing condition diagnosed by a licensed healthcare provider that presents a threat to the member's general health; *and*
- c. Dietary adjustment has an established therapeutic role in modifying and/or controlling the condition, with such conditions being included on the list below:

Neurological Conditions

- Epilepsy and intractable seizure disorders that would benefit from specific dietary restrictions or interventions (e.g., requiring ketogenic diet)

Systemic and Cardiovascular Conditions

- Cardiomyopathy (e.g., requiring limited fluid intake)
- Cardiovascular disease (e.g., requiring weight loss or decreased fat intake diet)
- Chronic obstructive pulmonary disease (COPD) (e.g., requiring limited fluid intake)
- End stage renal disease (e.g., diets with strict electrolyte limitations)
- Heart failure (e.g., requiring weight loss, limited fluid intake, or other dietary measures)
- Hypertension (e.g., requiring lowered-sodium diet)
- Diagnosed with a severe food allergy (e.g., requiring strict dietary control and avoidance of specific substances) such as gluten-intolerance or lactose-intolerance

Disorders of the Intestinal Tract

- Any condition requiring Nasogastric tube feeding, PEG feeding, intravenous infusion or parenteral nutrition, or any medical conditions preventing the consumption of food via the mouth
- Diagnosed Celiac disease (e.g., requiring a Gluten-free diet)
- Inflammatory bowel disease (e.g., requiring specific diet)
- Intestinal obstruction (e.g., requiring specific dietary interventions)
- Noninfectious gastroenteritis and colitis (e.g., requiring specific diet)
- Regional enteritis (e.g., requiring specific diet)
- Vascular insufficiency of intestines (e.g., requiring specific diet)

Metabolic and Nutritional Disorders

- Diabetes (e.g., ADA diet, requiring controlled carbohydrate counting) or Prediabetes (e.g., requiring controlled carbohydrate diet)
- Eating disorders including Anorexia Nervosa and Bulimia (requiring strict dietary control and close reassessment)
- Failure to Thrive (e.g., requiring strict dietary control and close reassessment)
- Hyperlipidemia / Hypercholesterolemia (e.g., requiring diets low in saturated fat)
- Inborn errors of metabolism (e.g., requiring low-protein or specialized diets or formulas)
- Malnutrition (e.g., requiring strict dietary control and close reassessment)
- Nutritional marasmus (e.g., requiring strict dietary control and close reassessment)

- Obstructive sleep apnea (e.g., requiring weight loss)
 - Rickets (Vitamin D deficiency) (e.g., requiring Vitamin D and Calcium controlled diet)
2. **Pregnancy:** Oscar considers Medical Nutrition Therapy medically necessary in pregnancy if requested to assist a pregnant member with appropriate dietary choices in certain clinical conditions. These conditions include, but are not limited to:
 - a. Pre-eclampsia or eclampsia (high blood pressure of pregnancy)
 - b. Hyperemesis Gravidarum
 - c. Multiple gestation pregnancy
 - d. Gestational Diabetes

 3. **Weight Management:** Oscar considers Medical Nutrition Therapy medically necessary for members with over or underweight conditions as diagnosed by a licensed provider. Oscar follows guidelines established by the United States Centers for Disease Control and Prevention (CDC) in using Body Mass Index, or BMI, to classify members as underweight, overweight or obese:
 - Underweight: BMI less than 18.5
 - Overweight: BMI 25 to 29.9
 - Class 1 Obese: BMI 30 to 34.9
 - Class 2 Obese: BMI 35 to 39.9
 - Class 3 Obese (also known as "extreme," "severe," or "Morbid" Obesity): BMI 40 or higher

 4. **Weight Loss Surgery (Bariatric) Patients:** Oscar considers Medical Nutrition Therapy medically necessary for members who are being evaluated for and/or approved for bariatric (weight loss) surgery, both pre and post operatively. Specific requirements for bariatric surgery can be found in G008: Bariatric Surgery (Adults) and CG009: Bariatric Surgery (Adolescents).

Home Care - Nutritional Therapy

Oscar considers Medical Nutrition Therapy medically necessary when received in the home from a participating home care agency if ALL of the following are met:

1. Member qualifies for home care by meeting any of the MCG Home Care Guidelines; *and*
2. Member meets one of the above criteria for Medical Nutrition Therapy.

Coverage Exclusions

Oscar does not cover Medical Nutrition Therapy for medical conditions that have not been demonstrated to be nutritionally related by evidence-based studies available in the medical literature.

These medical conditions include, but are not limited to:

- Anxiety or other mood disorders
- Asthma

- Autism spectrum disorder
- Attention-deficit hyperactivity disorder (ADHD)
- Chronic fatigue syndrome
- Gluten-sensitivity disorder
- Major depressive disorder

A family history of a covered condition alone is not sufficient for coverage of Medical Nutrition Therapy. A qualifying condition must be diagnosed in the member or in the member’s unborn fetus.

Oscar does not cover Medical Nutrition Therapy for members seeking counseling for dietary regimens that are considered to personal preference including, but not limited to, vegetarian, vegan, pescetarian, low-gluten, or other specialty diets.

Medical Nutrition Therapy is not covered when it is provided in an emergency room or urgent care setting.

Applicable Billing Codes

Codes covered if clinical criteria are met:

CPT/HCPCS Codes covered if criteria are met:	
<i>Code</i>	<i>Description</i>
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month

90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visits by a physician or other qualified health care professional per month
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes self-management training services, group session (2 or more), per 30 minutes
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 intervention(s) following second referral in the 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
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
S9470	Nutritional counseling, dietitian visit
ICD-10 codes <i>not</i> covered:	
F32.xx-F33.xx	Major depressive disorder
F40-F48.9	Anxiety or other mood disorders
F84.0	Autism spectrum disorder
F90.0 - F90.9	Attention-deficit hyperactivity disorder (ADHD)
J45-J45.998	Asthma
K90.xx	Gluten-sensitivity disorder
R53.82	Chronic fatigue syndrome

References

1. National Coverage Determination Medical Nutrition Services; www.cms.gov/medicare-coverage-database/details/ncd-details.aspx
2. U.S. Preventive Services Task Force. *Recommendation Summary*. September 2014. www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/obesity-in-adults-screening-and-management
3. USDA Center for Nutrition Policy and Promotion; www.cnpp.usda.gov/dietary-guidelines
4. Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Archive; "Proof and Policy from Medical Research Evidence"; archive.ahrq.gov/research/findings/evidence-based-reports/jhpl/mulrow1.html
5. Centers for Disease Control and Prevention, Defining Adult Overweight and Obesity; www.cdc.gov/obesity/adult/defining.html
6. Academy of Nutrition and Dietetics; www.eatrightpro.org/resources/research/applied-practice/evidence-analysis-library
7. Position of the American Dietetic Association: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and other eating disorders. *J Am Diet Assoc* 106:2073-82, 2006
8. Arathuzik GG, Goebel-Fabbri AE: Nutrition therapy and the management of obesity and diabetes: an update. *Curr Diab Rep* 11:106-10, 2011

9. Ash S, Campbell KL, Bogard J, et al: Nutrition prescription to achieve positive outcomes in chronic kidney disease: a systematic review. *Nutrients* 6:416-51, 2014
10. Azevedo de Lima P, Baldini Prudencio M, Murakami DK, et al: Effect of classic ketogenic diet treatment on lipoprotein subfractions in children and adolescents with refractory epilepsy. *Nutrition* 33:271-277, 2017
11. Barakatun Nisak MY, Ruzita AT, Norimah AK, et al: Medical nutrition therapy administered by a dietitian yields favourable diabetes outcomes in individual with type 2 diabetes mellitus. *Med J Malaysia* 68:18-23, 2013
12. Chan M, Kelly J, Tapsell L: Dietary Modeling of Foods for Advanced CKD Based on General Healthy Eating Guidelines: What Should Be on the Plate? *Am J Kidney Dis*, 2017
13. El-Rashidy OF, Nassar MF, Abdel-Hamid IA, et al: Modified Atkins diet vs classic ketogenic formula in intractable epilepsy. *Acta Neurol Scand* 128:402-8, 2013
14. Fletcher J: Vitamin D deficiency in patients with inflammatory bowel disease. *Br J Nurs* 25:846-51, 2016
15. Forbes A, Escher J, Hebuterne X, et al: ESPEN guideline: Clinical nutrition in inflammatory bowel disease. *Clin Nutr*, 2016
16. Franz MJ, Monk A, Barry B, et al: Effectiveness of medical nutrition therapy provided by dietitians in the management of non-insulin-dependent diabetes mellitus: a randomized, controlled clinical trial. *J Am Diet Assoc* 95:1009-17, 1995
17. Freeland-Graves JH, Nitzke S: Position of the academy of nutrition and dietetics: total diet approach to healthy eating. *J Acad Nutr Diet* 113:307-17, 2013
18. Hamdy O, Barakatun-Nisak MY: Nutrition in Diabetes. *Endocrinol Metab Clin North Am* 45:799-817, 2016
19. Hanson C, Rutten EP, Wouters EF, et al: Influence of diet and obesity on COPD development and outcomes. *Int J Chron Obstruct Pulmon Dis* 9:723-33, 2014
20. Jang M, Ju DL: In-depth Medical Nutrition Therapy for a Woman with Diabetes: From Pregnancy to Delivery. *5:305-309*, 2016
21. Jung DE, Kang HC, Lee JS, et al: Safety and role of ketogenic parenteral nutrition for intractable childhood epilepsy. *Brain Dev* 34:620-4, 2012
22. Kawada T: Dietary approaches to stop hypertension diet and metabolic syndrome. *J Pediatr* 178:307, 2016
23. Kelly JT, Palmer SC, Wai SN, et al: Healthy Dietary Patterns and Risk of Mortality and ESRD in CKD: A Meta-Analysis of Cohort Studies. *Clin J Am Soc Nephrol*, 2016
24. Kumar J, Kumar M, Pandey R, et al: Physiopathology and Management of Gluten-Induced Celiac Disease. *J Food Sci*, 2017
25. Lennie TA, Moser DK, Biddle MJ, et al: Nutrition intervention to decrease symptoms in patients with advanced heart failure. *Res Nurs Health* 36:120-45, 2013
26. Leon AS, Franklin BA, Costa F, et al: Cardiac rehabilitation and secondary prevention of coronary heart disease: an American Heart Association scientific statement from the Council on Clinical Cardiology (Subcommittee on Exercise, Cardiac Rehabilitation, and Prevention) and the Council on Nutrition, Physical Activity, and Metabolism (Subcommittee on Physical Activity), in

- collaboration with the American association of Cardiovascular and Pulmonary Rehabilitation. *Circulation* 111:369-76, 2005
27. Mekary RA: A higher overall diet quality is inversely associated with the risk of chronic obstructive pulmonary disease (COPD) in men and women. *Evid Based Med* 21:36, 2016
 28. Miller TL, Neri D, Extein J, et al: Nutrition in Pediatric Cardiomyopathy. *Prog Pediatr Cardiol* 24:59-71, 2007
 29. Monk A, Barry B, McClain K, et al: Practice guidelines for medical nutrition therapy provided by dietitians for persons with non-insulin-dependent diabetes mellitus. International Diabetes Center. *J Am Diet Assoc* 95:999-1006; quiz 1007-8, 1995
 30. Moreno-Castilla C, Mauricio D, Hernandez M: Role of Medical Nutrition Therapy in the Management of Gestational Diabetes Mellitus. *Curr Diab Rep* 16:22, 2016
 31. Mouloupoulos SD: Management of end-stage heart failure. *Int J Artif Organs* 19:327-8, 1996
 32. Ngaosuwan K, Osataphan S: Diabetes Mellitus Treated with Medical Nutritional Therapy and Self Blood Glucose Monitoring: A Randomized Controlled Trial. *J Med Assoc Thai* 98 Suppl 10:S66-73, 2015
 33. Nunes-Silva JG, Nunes VS, Schwartz RP, et al: Impact of type 1 diabetes mellitus and celiac disease on nutrition and quality of life. *Nutr Diabetes* 7:e239, 2017
 34. Parker AR, Byham-Gray L, Denmark R, et al: The effect of medical nutrition therapy by a registered dietitian nutritionist in patients with prediabetes participating in a randomized controlled clinical research trial. *J Acad Nutr Diet* 14:1739-48, 2014
 35. Penagini F, Dilillo D, Borsani B, et al: Nutrition in Pediatric Inflammatory Bowel Disease: From Etiology to Treatment. A Systematic Review. *Nutrients* 8, 2016
 36. Plodkowski RA, St Jeor ST: Medical nutrition therapy for the treatment of obesity. *Endocrinol Metab Clin North Am* 32:935-65, 2003
 37. Quinn T, Askanazi J: Nutrition and cardiac disease. *Crit Care Clin* 3:167-84, 1987
 38. Rich MW, Hauptman PJ: Nutrition in Heart Failure: More Than Drugs and Devices. *J Card Fail* 21:943-4, 2015
 39. Ruemmele FM: Role of Diet in Inflammatory Bowel Disease. *Ann Nutr Metab* 68 Suppl 1:33-41, 2016
 40. Saitoh M, Rodrigues Dos Santos M, von Haehling S: Muscle wasting in heart failure : The role of nutrition. *Wien Klin Wochenschr* 128:455-465, 2016
 41. Setty M, Hormaza L, Guandalini S: Celiac disease: risk assessment, diagnosis, and monitoring. *Mol Diagn Ther* 12:289-98, 2008
 42. Shah BV, Patel ZM: Role of low protein diet in management of different stages of chronic kidney disease - practical aspects. *BMC Nephrol* 17:156, 2016
 43. Sievenpiper JL, Dworatzek PD: Food and dietary pattern-based recommendations: an emerging approach to clinical practice guidelines for nutrition therapy in diabetes. *Can J Diabetes* 37:51-7, 2013
 44. Stewart MW, Traylor AC, Bratzke LC: Nutrition and Cognition in Older Adults With Heart Failure: A Systematic Review. *J Gerontol Nurs* 41:50-9, 2015

45. Suskind DL, Cohen SA, Brittnacher MJ, et al: Clinical and Fecal Microbial Changes With Diet Therapy in Active Inflammatory Bowel Disease. *J Clin Gastroenterol*, 2016
46. The NS, Crandell JL, Thomas J, et al: Correlates of medical nutrition therapy and cardiovascular outcomes in youth with type 1 diabetes. *J Nutr Educ Behav* 45:661-8, 2013
47. Tinsley A, Ehrlich OG, Hwang C, et al: Knowledge, Attitudes, and Beliefs Regarding the Role of Nutrition in IBD Among Patients and Providers. *Inflamm Bowel Dis* 22:2474-81, 2016
48. Tsuchihashi-Makaya M, Kinugawa S: Nutrition as a new treatment target in chronic heart failure. *Circ J* 77:604-5, 2013
49. Uma R, Bhavadharini B, Ranjani H, et al: Pregnancy outcome of gestational diabetes mellitus using a structured model of care : WINGS project (WINGS-10). *J Obstet Gynaecol Res*, 2016
50. Wedrychowicz A, Zajac A, Tomasik P: Advances in nutritional therapy in inflammatory bowel diseases: Review. *World J Gastroenterol* 22:1045-66, 2016
51. Ye F, Li XJ, Jiang WL, et al: Efficacy of and patient compliance with a ketogenic diet in adults with intractable epilepsy: a meta-analysis. *J Clin Neurol* 11:26-31, 2015
52. Zemel MB: Dietary pattern and hypertension: the DASH study. *Dietary Approaches to Stop Hypertension. Nutr Rev* 55:303-5, 1997
53. Practice Management Information Corporation: CPT PLUS! 2017 909
54. Position of the Academy of Nutrition and Dietetics: The Role of Medical Nutrition Therapy and Registered Dietitian Nutritionists in the Prevention and Treatment of Prediabetes and Type 2 Diabetes *J Am Diet Assoc* 118:343-353, 2018
55. Position of the Academy of Nutrition and Dietetics: Interventions for the Treatment of Overweight and Obesity in Adults *J Am Diet Assoc* 116:129-147, 2016
56. Kohn J: Is Medical Nutrition Therapy (MNT) Appropriate for Kidney Stones?, 2015. Available at: <http://www.eatrightpro.org/resource/news-center/nutrition-trends/diseases-and-conditions/is-medical-nutrition-therapy-appropriate-for-kidney-stones>
57. Academy of Nutrition and Dietetics: CPT and G codes for RDNs. Available at: <http://www.eatrightpro.org/resource/payment/coding-and-billing/diagnosis-and-procedure-codes/mnt-cpt-and-g-codes-and-definitions>

Clinical Guideline Revision / History Information

Original: Review/Revise Dates	Approval Signature/Title
Original Date:	4/11/2017
Reviewed/Revised:	1/18/2018, 4/13/2018
Signed:	Sean Martin, MD, Medical Director