

MNT (Medical Nutrition Therapy):

Are These Services Covered by Insurance?

- ARC dietitians are credentialed with most private insurance companies and Medicare, however, this is not a guarantee of coverage. ARC dietitians are not credentialed with Medicaid and Tricare. ARC also provides self-pay options for patients.
- It is best to call your insurance company and ask about:
 - Your plan's coverage for Medical Nutrition Therapy (MNT) codes:
 - 97802 (MNT Initial Assessment)
 - 97803 (MNT Re-assessment)
 - If coverage is dependent/limited based on diagnosis (e.g. some insurance plans only cover MNT for diabetes but not for obesity)
 - If there is any limitation to how many visits per year are covered
 - During the Coronavirus pandemic, please check if telemedicine (phone call/video) visits are covered for MNT, as it varies by insurance plan
- A referral/authorization from your physician does not guarantee coverage
- ARC employees: MediView and UMR cover 5 hours per year with a \$20 copay for any diagnosis
- Medicare only covers Medical Nutrition Therapy (MNT) for Diabetes and Chronic Kidney Disease (Stages 3-4)
 - Coverage for 3 hours of MNT the 1st year seeing a dietitian
 - Coverage for 2 hours every subsequent year
 - You will need a referral from your Primary Care Physician for these services
 - Managed Medicare programs and supplemental plans may cover MNT for additional diagnoses. We recommend calling your insurance company and asking about your plan's coverage for the codes above
- Self-Pay Option: a patient may opt to pay for these visits out-of-pocket. There is a 25% discount for balances paid in full within 30 days of the visit.