



Common Insurance Coverage for Medical Nutrition Therapy

Note: As Registered Dietitians, it is out of our scope of practice to diagnose. Any diagnosis codes other than Z codes are required from the physician. This is where referrals or last visit summary notes with diagnosis codes help, even if they are technically not required in some cases.

Blue Cross Blue Shield

Diagnosis Code(s): any

Coverage: 100%, no copay, no deductible

Referral: required for POS & HMO policies (including authorization number - can submit via Availity)

Medicare / Medicare Advantage Plans / Wellmed / Wellcare

Diagnosis code(s): diabetes (not pre-diabetes) or chronic kidney disease II-IV only

Coverage: 100%, no copay, no deductible

Referral: required (from MD) within the SAME calendar year.

United Healthcare / Humana / Oscar

Diagnosis Code(s): overweight (E66.3), obesity (E66.01-E66.9), preDM (R73.03), diabetes, impaired fasting glucose (R73.01), metabolic syndrome (E88.81), HTN (I10), hyperlipidemia/dyslipidemia (E78.0-E78.5), metabolic syndrome (E88.81)

Coverage: 100%, no copay, no deductible

Referral: HMO plans require referral with generated authorization number - can submit via Availity.

Cigna

Diagnosis Code(s): any

Coverage: 100%, no copay, no deductible

Referral: if required by insurance policy

Aetna

Diagnosis Code(s): any but additional sessions with specific overweight & obesity codes

Coverage: 100%, no copay, no deductible

Referral: HMO plans require referral with generated authorization number - can submit via Availity

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