PROVIDER BENEFIT OVERVIEW
New Hampshire Healthy Families

Effective Date: 10/1/2015  Reference Number: NH.PBO.01

NUTRITIONAL SERVICES

Programs
Basic Medicaid
Health Protection Program

Description
Nutritional Services are dietary interventions used to prevent or treat health conditions that are caused by or made worse by unhealthy eating habits or are developed as a result of another medical condition or treatment.

Benefit Overview
Coverage is provided for medically appropriate Nutritional Services provided as extended services to pregnant women regardless of age, when furnished by a registered dietician and prescribed by a physician.

Coverage includes:
- Scientific evaluation of your diet;
- Suggestions for diet modification;
- Nutritional screening;
- Preventive or therapeutic dietary therapy.

Referral, Notification and Prior Authorization Requirements
Prior authorization is not required for Nutritional Services.

Provider Type
Registered Dietician

Contact New Hampshire Healthy Families at 1-866-769-3085 to learn how Registered Dieticians can become a part of the provider network.

Billing and Coding

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>Description</th>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.</td>
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<tr>
<td>97803</td>
<td>Re-assessment and intervention, individual, face-to-face with</td>
<td></td>
<td></td>
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</tbody>
</table>

Important Reminder: This Benefit Overview is not a guarantee of benefits and payment. Covered procedures are subject to the Member’s eligibility status and covered benefits. All authorization and utilization management requirements need to be followed, and providers must be within the New Hampshire Healthy Families network unless otherwise approved in advance. Proper coding and billing must be in place to ensure appropriate processing of services.
### Nutritional Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97804</td>
<td>Group, 2 or more individuals each 30 minutes</td>
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<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
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<tr>
<td>G0109</td>
<td>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</td>
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</tbody>
</table>

**Note:** The G0108 and G0109 must be billed with the confirmed diagnosis of diabetes.

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