



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2025-06**

Provider Bulletin 2025-18  
June 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: July 1, 2025  
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**TO: Certified Dietitian-Nutritionists, Physicians, Physician Assistants, Certified Nurse-Midwives, Advanced Practice Registered Nurses, Federally Qualified Health Centers, Outpatient Hospitals and Rehabilitation Clinics**

**RE: New Coverage of Medical Nutrition Therapy (MNT)**

Effective for dates of service July 1, 2025, and forward, in accordance with Public Act Number 23-94, the Department of Social Services (DSS) will add coverage and reimbursement for medical nutrition therapy (MNT) services for **specific diagnosis codes**, when rendered by a certified and enrolled dietitian-nutritionist under the Connecticut Medical Assistance Program (CMAP), also known as HUSKY Health.

**Certified Dietitian-Nutritionist**

**Enrollment:**

Certified dietitian-nutritionists must be certified by the Department of Public Health (DPH) **prior** to enrolling with CMAP. Please refer to Provider Bulletin [PB 2025-11 REVISED - Certified Dietitian-Nutritionist Enrollment Criteria](#) for guidance regarding enrollment in CMAP/HUSKY Health program.

**Licensed Practitioner Referral for**

**Services:**

Consistent with federal Medicaid requirements, the services of a certified dietitian-nutritionist must be recommended/referred/ordered by a licensed and enrolled Medicaid (CMAP/HUSKY Health) practitioner operating within their scope of practice. These practitioners include physicians, advanced practice registered nurses, physician assistants, and certified nurse-midwives. A handwritten or electronic recommendation/referral/order by the licensed and enrolled practitioner is acceptable.

**Eligible Members:**

HUSKY Health members may be eligible for MNT services performed by a certified dietitian-nutritionist when the member has:

- been referred by a CMAP-enrolled licensed health care practitioner, operating within their scope of practice to receive MNT services, **and**
- been identified to have at least **one** of the diagnosis codes listed on “Table 26: List of Diagnosis Codes for MNT Services”, which can be accessed via the “Fee Schedule Instructions” on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Please refer to the “Diagnosis Code Requirement” section below for more details.

**Billing/Procedure Codes:**

All medical nutrition therapy services rendered by certified dietitian-nutritionists must be billed with the following procedure codes and applicable diagnosis code (please refer to “Diagnosis Code Requirement” section):

Code	Description	Rate
97802	MNT, initial assessment and intervention, individual 15 minutes	\$25.61
97803	MNT, reassessment and intervention, 15 minutes	\$22.34
97804	MNT, group two or more individuals, 30 minutes	\$11.73

All MNT services will be limited to 3 hours per calendar year, per HUSKY Health member.

**Diagnosis Code Requirement:**

In order for certified dietitian-nutritionists to render and be reimbursed for all MNT services, the certified dietitian-nutritionist **must** bill the above procedure codes in conjunction **with** one of the primary diagnosis codes listed on “Table 26: List of Diagnosis Codes for MNT Services”, which can be accessed via the “Fee Schedule Instructions” on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

**Requirements for Telemedicine Visits:**

Synchronized telemedicine (real time audio/visual technology) can be used to render MNT visits. While MNT services may be billed via telemedicine, certified dietitian-nutritionists must be able to render services in-person especially when requested by the HUSKY Health member.

Certified dietitian-nutritionists must bill the place of service (POS) code that best reflects the location where the service would have been provided if rendered in-person (i.e. provider’s office - POS 11).

When services are rendered via telemedicine one of the following telehealth modifiers must be used when submitting claims:

- Modifier 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.
- Modifier GT: Telehealth service rendered via interactive audio and video telecommunication systems.

CMAP does not differentiate the use of modifier 95 and GT on telemedicine claims and either modifier can be appended to the claim.

Refer to [PB 2023-38](#) REVISED Guidance for Services Rendered via Telehealth for more

information regarding CMAP/HUSKY Health Telehealth coverage.

**Documentation Requirements:**

All services rendered to a HUSKY Health member must be clearly documented and signed by the certified dietitian-nutritionist rendering the service. At a minimum the following criteria shall apply:

Certified dietitian-nutritionists enrolled with CMAP/HUSKY Health shall maintain a specific record for all services provided to each member including, but not limited to:

- Name, address, birth date, Medicaid identification number, pertinent diagnostic information, visit notes signed by the certified dietitian-nutritionist, documentation of all services provided, and the dates the services were provided, including start and end times.
- Documentation of the licensed practitioner’s referral for services.
- Documentation of the specific services rendered for each service and the location where the service was rendered.

Certified dietitian-nutritionists shall maintain all required documentation in their original form for at least five years or longer in accordance with statute or regulation, subject to review by authorized DSS personnel. In the event of a dispute concerning a service provided, the provider shall maintain the documentation until the end of the dispute, five years or the length of time required by statute or regulation, whichever is longest.

Certified dietitian-nutritionists must establish reasonable safeguards designed to protect the privacy and security of all member information in their possession, including certified dietitian-nutritionist provider records.

DSS may disallow and recover any amounts reimbursed for certified dietitian-nutritionist

services for which the required documentation is not maintained and not provided to the Department upon request.

DSS may audit all relevant records and documentation and may take any appropriate quality assurance measure it deems necessary to assure compliance with all regulatory and statutory requirements.

### **Outpatient Hospitals:**

Medical Nutrition Therapy services rendered by a certified dietitian-nutritionist in the outpatient hospital setting will be reimbursed via CMAP Addendum B. Outpatient Hospitals must enroll and associate the certified dietitian-nutritionists to outpatient hospital provider enrollment. MNT services will continue to be reimbursed according to the guidelines outlined in this provider bulletin.

Effective July 1, 2025, and forward, outpatient hospital claims submitted with MNT services must (1) be billed with the codes and diagnosis codes as listed above and (2) must include the certified dietitian-nutritionist as the rendering provider.

### **Federally Qualified Health Centers:**

Consistent with the requirements for payment of Federally Qualified Health Centers of the Regulations of Connecticut State Agencies, MNT services will continue to be reimbursed to FQHCs via their encounter rate when rendered by a certified dietitian-nutritionist in accordance with the requirements and this Provider Bulletin. The FQHC must ensure that the certified dietitian-nutritionist is enrolled with CMAP as a performing provider and associated with the FQHC for billing purposes.

Effective July 1, 2025, and forward, FQHC claims submitted with MNT services must include the certified dietitian-nutritionist as the rendering provider.

### **Accessing the Fee Schedules:**

The updated fee schedule can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the "Dietitian-Nutritionist" fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedule on the CMAP Web site, please contact the Provider Assistance Center (PAC), Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

### **Accessing Table 26: List of Diagnosis Codes for MNT Services:**

To access Table 26 from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, go to "Provider" and then to "Provider Fee Schedule Download". Click "I Accept" at the end of the Connecticut Provider Fee Schedule End User License Agreements and then click on "Fee Schedule Instructions" in the red text at the top of the page. Scroll down to Table 26 "List of Diagnosis Codes for MNT Services."

**Posting Instructions:** Policy transmittals can be downloaded from the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

### **Responsible Unit:**

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