

	DEPARTMENT:	Case Management
	SUBJECT:	Medically Tailored Meals
	PRODUCT LINE:	Medicaid
	POLICY NUMBER:	HM120
	ORIGINAL POLICY EFFECTIVE DATE:	1/1/2025
	LAST REVISED DATE:	N/A
	LAST REVIEWED DATE:	N/A

SCOPE:

Medically tailored meals are fresh or frozen prepared meals that are medically tailored to the nutritional needs of the member by a Registered Dietitian. Medically tailored meals are designed to improve health outcomes, lower cost of care, and increase satisfaction. Meals may help members manage a medical condition, meet their nutrition goals, and avoid hospitalizations or emergency department visits.

PROCEDURE:

The medically tailored meals benefit is an in lieu of service which will substitute emergency department visits and hospital inpatient stays.

Meals are provided under the supervision of a Registered Dietitian, employed by, or contracted with the medically tailored meal provider, and must follow evidence-based nutritional practice guidelines to address medical conditions, symptoms, allergies, medication management, or side effects to ensure the best possible nutrition-related health outcomes. Additionally, meal options must meet member, allergy restrictions, preferences for specific food items, and cultural or religious preferences.

Eligibility for the medically tailored meals benefit is as follows:

1. High-risk pregnant or postpartum members
2. Members with diabetes who have been discharged from a hospital in the past 90 days
3. Members with cardiovascular disease who have been discharged from a hospital in the past 90 days

The licensed HMO staff provider or referring network provider’s determination that medically tailored meals are medically appropriate for the specific member must be documented in the member record.

Medically tailored meals may be reauthorized every 12 weeks for up to one year (365 days) following the initial authorization or authorization after another eligibility event, such as discharge from a hospital.

GHC will submit the following encounters for medically tailored meals:

- HCPCS codes S5170 or S9977 for meals
- 97802-97804 for initial and follow-up assessments with a Registered Dietitian
- S9470 for audio-only telehealth with a Registered Dietitian (initial or follow-up visit)

At least one modifier of the modifiers listed below will be submitted indicating the target population(s) the member belongs to. Members may belong to more than one population.

1. U1 for high risk pregnant or postpartum members
2. U2 for diabetes after a hospital discharge
3. U3 for cardiovascular disease after a hospital discharge

 KMTSJ, Inc.	DEPARTMENT:	Case Management
	SUBJECT:	Medically Tailored Meals
	PRODUCT LINE:	Medicaid
	POLICY NUMBER:	HM120
	ORIGINAL POLICY EFFECTIVE DATE:	1/1/2025
	LAST REVISED DATE:	N/A
	LAST REVIEWED DATE:	N/A

Michelle Bauer MD.

APPROVED: _____

DATE: 1/1/2025

Formal policies and procedures require department manager review, approval, and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval, and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision