MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Nutritional Therapy/Nutritional Counseling
Policy Number	8.01.18
Category	Contract Clarification
Original Effective Date	11/29/01
Committee Approval	05/22/03, 06/24/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 08/27/09, 08/26/10, 08/25/11,
Date	08/23/12, 08/22/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 02/28/18, 02/28/19, 02/27/20,
	02/25/21, 02/17/22, 02/16/23
Current Effective Date	02/22/24
Archive Date	02/17/22
Archive Review Date	02/16/23, 02/22/24
Product Disclaimer	Services are contract dependent; if a product excludes coverage for a service, it is not
	covered, and medical policy criteria do not apply.
	• If a commercial product (including an Essential Plan or Child Health Plus product),
	medical policy criteria apply to the benefit.
	If a Medicaid product covers a specific service, and there are no New York State
	Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
	If a Medicare product (including Medicare HMO-Dual Special Needs Program
	(DSNP) product) covers a specific service, and there is no national or local Medicare
	coverage decision for the service, medical policy criteria apply to the benefit.
	• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a
	specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, nutritional therapy/nutritional counseling is considered **medically appropriate** for chronic diseases/conditions in which dietary adjustment has a therapeutic role. Examples include, but are not limited to, the following:

- I. Obesity, as determined by:
 - A. Body Mass Index (BMI) of greater than 30 kg/m² in adults; or
 - B. BMI above the 85th percentile for age in children.
- II. Eating disorders, in conjunction with a behavioral health program, including, but not limited to:
 - A. anorexia nervosa; and
 - B. bulimia.
- III. Metabolic disorders, including:
 - A. diabetes (e.g., newly diagnosed diabetes, uncontrolled diabetes, gestational diabetes) or pre-diabetes;
 - B. hyperlipidemia;
 - C. metabolic syndrome (sometimes referred to as insulin resistance syndrome or syndrome X); and
 - D. severe vitamin or mineral deficiencies.
- IV. Certain inborn errors of metabolism, including but not limited to:
 - A. branch-chain ketonuria;
 - B. galactosemia;
 - C. hereditary fructose intolerance;
 - D. homocystinuria;
 - E. phenylketonuria (PKU); and

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- F. porphyrias.
- V. Malabsorption or storage disorders, including:
 - A. amyloidosis (primary and secondary);
 - B. celiac disease;
 - C. chronic intestinal pseudo-obstruction (Ogilvie's syndrome);
 - D. gastroesophageal reflux (GERD);
 - E. glycogen storage disorders (e.g., Andersen disease, Forbes's disease, Hers disease, McArdle's disease, Pompe's disease, Tarui's disease, and Von Gierke's disease);
 - F. inflammatory bowel disease (e.g., Crohn's disease, ulcerative colitis); and
 - G. lipid storage disorders (e.g., Fabry's disease, Gaucher's disease, and Neimann-Pick disease).
- VI. Multiple or severe food allergies, which, if left untreated, would cause malnourishment, chronic physical disability, intellectual disability, or death.
- VII. Malnourishment or malnutrition of patients with a swallowing impairment or dysfunction who require nutritional guidance.

VIII. Chronic renal insufficiency or failure.

IX. Hypertension.

Refer to Corporate Medical Policy #8.01.13 Speech/Language Pathology and Therapy

Refer to Corporate Medical Policy #10.01.03 Enteral Nutrition

Refer to Corporate Medical Policy #11.01.01 Medical/Non-Surgical Weight Management Programs and Services

Refer to Corporate Medical Policy #11.01.04 Total Parenteral Nutrition (TPN) or Hyperalimentation

POLICY GUIDELINES

- I. Nutrition therapy is a service provided by a registered dietitian nutritionist (RDN). Nutrition therapy for diabetes may be provided by a certified diabetic educator (CDE).
- II. Materials, supplies, and dietary supplements (e.g., Optifast) are generally excluded by the member's subscriber contract and are, therefore, **ineligible for coverage**.

DESCRIPTION

Nutrition therapy or nutritional counseling involves the assessment of the person's overall nutritional status, followed by the assignment of individualized diet, therapy, and/or specialized nutrition therapies to treat a chronic illness or condition.

The New York Insurance Law mandates that health insurance policies, plans, and contracts that provide medical coverage for physician services in a physician's office include coverage for diabetes self-management education, to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, when a physician identifies a significant change in the patient's symptoms or conditions that necessitates a change in the patient's self-management, or where reeducation or refresher education is necessary.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

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CPT Codes

Code	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face to face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

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HCPCS Codes

Code	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, group (2 or more individuals), each 30 minutes
S9140	Diabetic management program, follow-up visit to non-MD provider
S9452	Nutrition classes, non-physician provider, per session
S9455	Diabetic management program, group session
S9465	Diabetic management program, dietitian visit
S9470	Nutritional counseling, dietician visit

Revenue Codes

Code	Description
942	Education/Training (including dietary therapy)

ICD10 Codes

Code	Description
C32.0 - C32.9	Malignant neoplasm of the larynx (code range)
E10.10 - E10.9	Type 1 diabetes mellitus (code range)
E11.00 - E11.9	Type 2 diabetes mellitus (code range)
E13.00 - E13.9	Other specified diabetes mellitus (code range)
E20.1	Pseudohypoparathyroidism
E40 - E46	Malnutrition (code range)
E65	Localized adiposity
E66.0 - E66.09	Obesity due to excess calories (code range)
E66.1	Drug-induced obesity

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Code	Description
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.8	Other obesity
E66.9	Obesity, unspecified
E67.0 - E67.8	Other hyperalimentation (code range)
E68	Sequelae of hyperalimentation
E70.0 - E70.9	Disorders of aromatic amino-acid metabolism (code range)
E71.0 - E71.39	Disorders of branched chain amino acid metabolism (code range)
E72.00 - E72.9	Other disorders of amino-acid metabolism (code range)
E73.0 - E73.9	Lactose intolerance (code range)
E74.00 - E74.9	Other disorders of carbohydrate metabolism (code range)
E75.21-E75.249	Other sphingolipidosis (code range)
E75.3	Sphingolipidosis, unspecified
E75.5 - E75.6	Other and unspecified lipid storage disorders (code range)
E77.0 - E77.9	Disorders of glycoprotein metabolism (code range)
E78.00 - E78.9	Disorders of lipoprotein metabolism and other lipidemias (code range)
E80.0 - E80.29	Disorders of porphyrin and bilirubin metabolism (code range)
E83.00 -E83.19;	Disorders of mineral metabolism (code range)
E83.30 - E83.9	
E84.0 - E84.9	Cystic fibrosis (code range)
E85.0 - E85.9	Amyloidosis (code range)
E86.0 - E86.9	Volume depletion (code range)
E87.0 - E87.8	Other disorders of fluid electrolyte and acid-base balance (code range)
E88.01- E88.2;	Other and unspecified metabolic disorders (code range)
E88.81- E88.89	
F50.00 - F50.9	Eating disorders (code range)
I10	Essential (primary) hypertension
I11.0 - I11.9	Hypertensive heart disease (code range)
I12.0 - I12.9	Hypertensive chronic kidney disease (code range)
I13.0 - I13.2	Hypertensive heart and chronic kidney disease (code range)
I15.0 - I15.9	Secondary hypertension (code range)
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.391	Dysphagia following cerebral infarction
I69.891	Dysphagia following other cerebrovascular disease
I69.991	Dysphagia following unspecified cerebrovascular disease
K21.0 - K21.9	Gastro-esophageal reflux disease (code range)
K22.2	Esophageal obstruction
K31.84	Gastroparesis
K50.00-K50.919	Crohn's disease (code range)
K51.00-K51.919	Ulcerative colitis (code range)

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Code	Description
K56.690-	Other intestinal obstruction (code range)
K56.699	
K59.00-K59.09	Constipation (code range)
K90.0	Celiac disease
L27.2	Dermatitis due to ingested food
N18.1-N18.9	Chronic kidney disease (code range)
O24.410-	Gestational diabetes mellitus (code range)
O24.439	
O99.810-	Abnormal glucose complicating pregnancy, childbirth, and the puerperium (code
O99.815	range)
R13.10 - R13.19	Dysphagia (code range)
R15.0 - R15.9	Fecal incontinence (code range)
R62.51	Failure to thrive (child)
R63.0	Anorexia
R63.2	Polyphagia
R63.3	Feeding difficulties
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R73.03	Prediabetes
Z91.010-	Food allergy status (code range)
Z91.018	

REFERENCES

Academy of Nutrition and Dietetics. Prevention of pediatric overweight and obesity: position of the Academy of Nutrition and Dietetics based on an umbrella review of systematic reviews. <u>J Academy of Nutr and Dietetics</u> 2022 Feb;122(2):410-423.e6 [https://diabetesjournals.org/care/issue/47/Supplement_1] accessed 01/19/24.

Akhtar S, et al. Nutritional perspective for the prevention and mitigation of COVID-19. <u>2021 Nutr Rev</u> 2021;79(3):289-300.

Ali AM and Kunugi H. Approaches to nutritional screening in patients with coronavirus disease 2019 (COVID-19). <u>Int J Environ Res Public Health</u> 2021 Mar 9;18(5):2772.

American Diabetes Association Professional Practice Committee. Standards of care in diabetes. <u>Diabetes Care</u> 2023 Dec;47:S1-S308. [https://diabetesjournals.org/care/issue/47/Supplement 1] accessed 12/26/23.

American Society of Parental and Enteral Nutrition (ASPEN). Clinical Guidelines. [https://www.nutritioncare.org/clinicalguidelines/] accessed 01/19/24.

Benson GA, et al. Impact of ENHANCED (diEtitiaNs Helping pAtieNts CarE for Diabetes) telemedicine randomized controlled trial on diabetes optimal care outcomes in patients with type 2 diabetes. <u>J Acad Nutr Diet</u> 2019 Apr;119(4):585-598.

^{*}American Dietetic Association. Position of the American Dietetic Association: integration of medical nutrition therapy and pharmacotherapy. <u>J Am Diet Assoc</u> 2010 Jun;110(6):950-6.

^{*}American Dietetic Association. Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. <u>J Am Diet Assoc</u> 2011 Aug;111(8):1236-41.

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Carpenter CA, et al. Using self-monitoring technology for nutritional counseling and weight management. <u>Digit Health</u> 2022 May 29;8.

Centers for Disease Control and Prevention (CDC). Defining adult overweight & obesity. 2022 Jun 03. [https://www.cdc.gov/obesity/basics/adult-

defining.html#:~:text=Obesity%20is%20frequently%20subdivided%20into,BMI%20of%2040%20or%20higher.] accessed 01/19/24.

Eisenberg D, et al. 2022 American Society of Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) indications for metabolic and bariatric surgery. Obesity Surg 2023;33:3-14.

Evert AB, et al. Nutrition therapy for adults with diabetes or prediabetes: a consensus report. <u>Diabetes Care</u> 2019;42:731-754.

Hampl SE, et al. Clinical practice guideline for the evaluation and treatment of children and adolescents with obesity. Pediatrics 2023;151(2):e2022060640.

Ikizler TA, et al; KDOQI Nutrition in CKD Guideline Work Group. KDOQI clinical practice guideline for nutrition of CKD: 2020 update. Am J Kidney Dis 2020;76(3)(suppl 1):S1-S107.

*Jastreboff AM, et al. Obesity as a Disease: The Obesity Society 2018 position statement. Obesity 2019;27:7-9.

*Jensen MD, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association task force on practice guidelines and the Obesity Society. <u>Circulation</u> 2014;129(suppl 2):S102–S138.

Kalantar-Zadeh et al. Medical nutrition therapy using plant-focused low protein meal plans for management of chronic kidney disease in diabetes. <u>Curr Opin Nephrol Hypertens</u> 2022 Jan 1;31(1):26-35.

*Magge SN, et al. and AAP Committee on Nutrition, Section on Endocrinology, Section on Obesity. The metabolic syndrome in children and adolescents: shifting the focus to cardiometabolic risk factor clustering. <u>Pediatrics</u> 2017;140(2):e20171603.

Marincic PZ, et al. Diabetes self-management education and medical nutrition therapy: a multisite study documenting the efficacy of registered dietitian nutritionist interventions in the management of glycemic control and diabetic dyslipidemia through retrospective chart review. <u>J Acad Nutr Diet</u> 2019 Mar;119(3):449-463.

*National Institutes of Health. Third report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation and treatment of high blood cholesterol in adults (Adult Treatment Panel III). NIH Publication No. 02-5215. 2002 Sep, updated 2004.

*New York Insurance Law Insurance Law §3216(i)(15-a) [https://www.nysenate.gov/legislation/laws/ISC/3216] accessed 12/21/23.

*New York Insurance Law §3221(7)(A) [https://www.nysenate.gov/legislation/laws/ISC/3221] accessed 12/21/23.

*New York Insurance Law Insurance Law §4303(4)(u)(1) [https://www.nysenate.gov/legislation/laws/ISC/4303] accessed 12/21/23.

*Ozier AD and Henry BW; American Dietetic Association. Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. <u>J Am Diet Assoc</u> 2011 Aug;111(8):1236-41.

Reinders I, et al. Effectiveness of nutritional interventions in older adults at risk of malnutrition across different health care settings: Pooled analyses of individual participant data from nine randomized controlled trials. <u>Clin Nutr</u> 2019 Aug;38(4):1797-1806.

Skinner AC, Staiano AE, Armstrong SC, et al. American Academy of Pediatrics technology report. Appraisal of clinical care practices for child obesity treatment. part I: Interventions. <u>Pediatrics</u> 2023;151(2):e2022060642.

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Skinner AC, Staiano AE, Armstrong SC, et al. American Academy of Pediatrics technology report. Appraisal of clinical care practices for child obesity treatment. part II: Comorbidities. <u>Pediatrics</u> 2023;151(2): e2022060643.

Ventura Marra M, et al. A pilot randomized controlled trial of a telenutrition weight loss intervention in middle-aged and older men with multiple risk factors for cardiovascular disease. Nutrients 2019 Jan 22;11(2).

Williams LT, et al. How effective are dietitians in weight management? A systematic review and meta-analysis of randomized controlled trials. Healthcare (Basel) 2019 Feb 1;7(1).

*Key Article

KEY WORDS

Medical nutrition therapy; MNT; Nutritional therapy; Nutritional Therapy Effectiveness.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) (180.1) for medical nutrition therapy. Please refer to the following NCD website for Medicare Members: [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=252&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=Medical+Nutrition+Therapy&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAAAAAA&.] accessed 01/19/24.