

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	NUTRITIONAL THERAPY/NUTRITIONAL COUNSELING
Policy Number	8.01.18
Category	Therapy/Rehabilitation
Effective Date	11/29/01
Revised Date	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, 08/23/12, 08/22/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 02/28/18, 02/28/19
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare 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.</li> </ul>

## POLICY STATEMENT

Based upon our criteria and review of the peer-reviewed literature, nutritional therapy is **medically appropriate** for chronic diseases/conditions in which dietary adjustment has a therapeutic role when rendered by an individual certified or licensed by New York State as a certified dietician/nutritionist who participates with the Health Plan.

Examples of diseases/conditions in which dietary adjustment has a therapeutic role include, but are not limited to:

- I. *Obesity*, as determined by:
  - A. a Body Mass Index (BMI) of greater than 30 kg/m<sup>2</sup> in adults, or
  - B. BMI above the 85<sup>th</sup> 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 diabetic, uncontrolled diabetes, gestational diabetes) or prediabetes,
  - B. hyperlipidemia,
  - C. metabolic syndrome (a.k.a. insulin resistance syndrome and syndrome X), and
  - D. severe vitamin or mineral deficiencies.
- IV. *Certain inborn errors of metabolism*, including:
  - A. branch-chain ketonuria,
  - B. galactosemia,
  - C. hereditary fructose intolerance,
  - D. homocystinuria,
  - E. phenylketonuria (PKU), and
  - F. porphyries.
- 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., Anderson's disease, Forbes's disease, Hers' disease, McArdle's disease, Pompe's disease, Tarui's disease and Von Gierke's disease),
  - F. inflammatory bowel disease: 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, mental retardation or death;

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VII. *Malnourishment* or *malnutrition* of patients with a swallowing impairment or dysfunction who require nutritional guidance;

VIII. *Chronic renal insufficiency* or *failure*; or,

IX. *Hypertension*.

*Refer to Corporate Medical Policy #8.01.13 regarding Speech Pathology and Therapy.*

*Refer to Corporate Medical Policy #10.01.03 regarding Enteral Nutrition.*

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

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

**POLICY GUIDELINES**

- I. Nutrition therapy is a service provided by a certified dietician/nutritionist.
- II. Up to four (4) visits per calendar year may be appropriate for medical nutrition therapy or nutritional counseling. Requests for additional visits may require medical necessity review.
- III. Any 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 involves the assessment of the person's over all nutritional status followed by the assignment of individualized diet, therapy and/or specialized nutrition therapies to treat a chronic illness or condition.

New York State Law mandates health insurance policies, plans and contracts that provide medical coverage that includes 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, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a 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.*

**CPT Codes**

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

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<b>Code</b>	<b>Description</b>
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), group (2 or more individuals), each 30 minutes
S9140	Diabetic management program, follow-up visit to non-MD provider
S9452	Nutrition class, non-physician provider, per session
S9455	Diabetic management program, group session
S9465	Diabetic management program, dietitian visit
S9470	Nutritional counseling, dietitian visit

**Revenue Codes**

<b>Code</b>	<b>Description</b>
942	Education/Training (including dietary therapy)

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
C32.0-C32.9	Malignant neoplasm of the larynx (code range)
C88.0	Waldenstrom macroglobulinemia
D47.2	Monoclonal gammopathy
D89.0-D89.2	Other disorders involving the immune mechanism, not elsewhere classified (code range)
E10.10-E10.9	Type 1 diabetes (code range)
E11.00-E11.9	Type 2 diabetes (code range)
E13.00-E13.9	Other specified diabetes (code range)
E20.1	Pseudohypoparathyroidism
E40-E46	Malnutrition (code range)
E65	Localized adiposity
E66.01-E66.09	Obesity due to excess calories (code range)
E66.1	Drug-induced obesity
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)

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<b>Code</b>	<b>Description</b>
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; E83.30-E83.9	Disorders of mineral metabolism (code range)
E84.0-E84.9	Cystic fibrosis
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; E88.81-E88.89	Other and unspecified metabolic disorders (code range)
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)
K56.690- K56.699	Other intestinal obstruction (code range)
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- O24.439	Gestational diabetes mellitus (code range)

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Code	Description
O99.810- O99.815	Abnormal glucose complicating pregnancy, childbirth and the puerperium (code 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- Z91.018	Food allergy status (code range)

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New York Insurance Law Insurance Law §3216(i)(15-a), §3221(k)(7); §4303(u)  
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\*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) for Medical Nutrition Therapy. Please refer to the following 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=gAAABAAAA&>.