

## Medical Nutrition Therapy (Dietary Evaluation and Counseling)

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

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## Summary

Medical nutrition therapy includes dietary evaluation and counseling from a licensed healthcare professional for optimal management of a disease process, illness, or medical condition. The Plan considers medical nutrition therapy medically necessary for acute and chronic diseases and medical conditions where scientific evidence has demonstrated that dietary intake is or can be a critical component of the treatment plan. The Plan's expectation is that licensed dietary specialists will provide care as part of a coordinated, multidisciplinary team effort that includes the primary care physician, and that considers all aspects of the member's health including all relevant medical conditions, medications, other treatments, social and cultural factors, and personal dietary preferences.

The role of medical nutrition therapy is to reduce the risk of developing complications from newly diagnosed conditions, as well as to reduce the effects of chronic medical conditions on end-organ function and on the general physical health and welfare of members. The Plan does not consider medical nutrition therapy medically necessary for conditions in which it has not been scientifically proven to be clinically effective or in which the efficacy is not clearly established in the medical literature by high-quality, peer-reviewed evidence.

## Definitions

"Medical nutrition therapy" is a therapeutic approach to treating medical conditions via the use of specific diets devised and monitored by qualified licensed health professionals with expertise in nutrition and dietary therapy. A comprehensive evaluation for medical nutrition therapy includes medical history, physical examination, anthropometric measurements, as well as laboratory values, and, when medically indicated, ongoing reassessment. Nutrition therapy includes dietary evaluation and modification, training for self-management or specialized therapies, counseling, and education.

"Initial assessment and intervention" is the comprehensive evaluation with a licensed health professional qualified to evaluate the dietary components of one or more medical conditions in order to establish a therapeutic dietary program.

"Reassessment and intervention" is the provision of ongoing medical nutrition therapy and support for members with an established therapeutic dietary program who have been determined to require ongoing monitoring to assess for metabolic efficacy, weight loss or gain, or other clinical benefit. Reassessment and intervention are subject to review for medical necessity.

"Licensed healthcare professional" is a professional licensed in an appropriate field who is qualified to provide Medical Nutrition Therapy. Examples include, but are not limited to, Registered Dietitians (RD), Registered Dietitian Nutritionists (RDN), Certified Nutritionists (CNS or CCN), Licensed Dietitian-Nutritionists (LDN), and certain physicians specializing in nutritional medicine or with expertise in the study of food and nutrition science.

## Medical Necessity Criteria for Initial Clinical Review

### General Medical Necessity Criteria

A comprehensive dietary consultation should establish therapeutic goals to include all of the member's comorbid conditions. Initiation of medical nutrition therapy is considered medically necessary when ALL of the following criteria are met:

1. Documentation that nutrition therapy has a therapeutic role in the member's treatment; *and*
2. Documentation of measurable goals as submitted by a licensed medical professional and/or licensed nutritionist, registered dietician; *and*
3. Dietary plan/recommendations as submitted from a licensed medical professional and/or licensed nutritionist, or registered dietician.

### Initial Indication-Specific Criteria

#### Newly Diagnosed or Chronic Health Conditions

The Plan considers dietary evaluation and counseling medically necessary to evaluate, establish, and reassess a dietary program for members of any age when ALL of the following criteria are met:

1. The therapy was prescribed by a licensed healthcare provider; *and*
2. The therapy is for a new or existing condition diagnosed by a licensed healthcare provider that presents a threat to the member's general health; *and*
3. Dietary adjustment has an established therapeutic role in modifying and/or controlling the condition, with such conditions being included on the list below:
  - a. *Neurological Conditions*
    - i. Epilepsy and intractable seizure disorders that would benefit from specific dietary restrictions or interventions (e.g., requiring a ketogenic diet)
  - b. *Systemic and Cardiovascular Conditions*
    - ii. Cardiomyopathy (e.g., requiring limited fluid intake)
    - iii. Cardiovascular disease (e.g., requiring weight loss or decreased fat intake diet)
    - iv. Chronic obstructive pulmonary disease (COPD) (e.g., requiring limited fluid intake)
    - v. End-stage renal disease (e.g., diets with strict electrolyte limitations)
    - vi. Heart failure (e.g., requiring weight loss, limited fluid intake, or other dietary measures)
    - vii. Hypertension (e.g., requiring a lower-sodium diet) and other hypertensive diseases
    - viii. Diagnosed with a severe food allergy (e.g., requiring strict dietary control and avoidance of specific substances) such as gluten-intolerance or lactose-intolerance
  - c. *Disorders of the Intestinal Tract*
    - ix. Any condition requiring nasogastric tube feeding, PEG feeding, intravenous infusion or parenteral nutrition, or any medical conditions preventing the consumption of food via the mouth

- x. Diagnosed celiac disease (e.g., requiring a gluten-free diet)
- xi. Inflammatory bowel disease (e.g., requiring a specific diet)
- xii. Intestinal obstruction (e.g., requiring specific dietary interventions)
- xiii. Noninfectious gastroenteritis and colitis (e.g., requiring a specific diet)
- xiv. Regional enteritis (e.g., requiring a specific diet)
- xv. Vascular insufficiency of intestines (e.g., requiring a specific diet)

d. *Metabolic and Nutritional Disorders*

- i. Diabetes (e.g., ADA diet, requiring controlled carbohydrate counting), prediabetes (e.g., requiring controlled carbohydrate diet), or diabetic ketoacidosis
- ii. Eating disorders including anorexia nervosa and bulimia (requiring strict dietary control and close reassessment)
- iii. Failure to thrive (e.g., requiring strict dietary control and close reassessment)
- iv. Hyperlipidemia / hypercholesterolemia (e.g., requiring diets low in saturated fat)
- v. Inborn errors of metabolism, genetic disorders (e.g., requiring low-protein or specialized diets or formulas)
- vi. Malnutrition (e.g., requiring strict dietary control and close reassessment)
- vii. Nutritional marasmus (e.g., requiring strict dietary control and close reassessment)
- viii. Obstructive sleep apnea (e.g., requiring weight loss)
- xvi. Rickets due to vitamin D deficiency (e.g., requiring a vitamin D- and calcium-controlled diet)

Pregnancy

The Plan considers dietary evaluation and counseling medically necessary in pregnancy if requested to assist a pregnant member with appropriate dietary choices in certain clinical conditions. These conditions include, but are not limited to:

1. Pre-eclampsia or eclampsia (high blood pressure of pregnancy)
2. Hyperemesis gravidarum
3. Multiple gestation pregnancy
4. Gestational diabetes

Weight Management

The Plan considers dietary evaluation and counseling medically necessary for members with over or underweight conditions as diagnosed by a licensed provider.

*For Adults:* The Plan follows guidelines established by the United States Centers for Disease Control and Prevention (CDC) in using Body Mass Index, or BMI, to classify members as underweight, overweight or obese:

1. Underweight: BMI less than 18.5
2. Overweight: BMI 25 to 29.9

3. Class 1 Obesity: BMI 30 to 34.9
4. Class 2 Obesity: BMI 35 to 39.9
5. Class 3 Obesity (also known as "extreme," "severe," or "morbid" obesity): BMI 40 or higher

*For Children and Adolescents:* The Plan follows guidelines established by the United States Centers for Disease Control and Prevention (CDC) for children and adolescents such as BMI and BMI-for-age percentile for children and adolescents to classify members as underweight, overweight, or obese. This incorporates age, sex, weight, and height. The Plan considers dietary evaluation and counseling medically necessary for pediatric and adolescent members between ages 2 to 17 (with the presence of a legal guardian) when ONE of the following criteria is met:

1. Underweight: <5th percentile; *or*
2. Overweight with a comorbidity (e.g., please see Newly Diagnosed or Chronic Health Conditions): ≥ 85th to less than the 95th percentile; *or*
3. Greater or equal to class 1 obesity with or without comorbidities: ≥95th percentile; *or*
4. Mid-upper arm circumference measurements inappropriate to age and sex (e.g., percentile, z-score) based on the provider's assessment.

#### Weight Loss Surgery (Bariatric) Patients

The Plan considers dietary evaluation and counseling medically necessary for members who are being evaluated for and/or approved for bariatric (weight loss) surgery, both pre- and post-operatively. Specific requirements for bariatric surgery can be found in CG008: Bariatric Surgery (Adults) and CG009: Bariatric Surgery (Adolescents).

#### Home Care - Nutritional Therapy

The Plan considers dietary evaluation and counseling medically necessary when received in the home from a participating home care agency when BOTH of the following criteria are met:

1. Member qualifies for home care by meeting any of the MCG Home Care Guidelines; *and*
2. Member meets one other Initial Indication-Specific Criteria set.

#### *Continued Care*

#### Medical Necessity Criteria for Subsequent Clinical Review

##### Subsequent Medical Necessity Criteria

Continued dietary evaluation and counseling are considered medically necessary when ALL of the following criteria are met:

1. Documentation that nutrition therapy has a therapeutic role (chronic); *and*
2. Documentation of changes in medical condition, diagnosis, or treatment regimen that requires further intervention; *and*
3. Evidence of member adherence to the diet prescribed; *and*
4. Evidence that additional counseling would be helpful or beneficial to member's health; *and*

5. Documentation of measurable goals as submitted by a licensed medical professional and/or licensed nutritionist, or registered dietician.

#### Experimental or Investigational / Not Medically Necessary

The Plan does not consider dietary evaluation and counseling medically necessary for medical conditions that peer-reviewed studies have not demonstrated to be nutritionally-related. These medical conditions include, but are not limited to:

1. Anxiety or other mood disorders
2. Asthma
3. Autism spectrum disorder
4. Attention-deficit hyperactivity disorder (ADHD)
5. Chronic fatigue syndrome
6. Gluten-sensitivity disorder
7. Major depressive disorder

A family history of a condition alone is not sufficient for the medical necessity of medical nutrition therapy. A qualifying condition must be diagnosed in the member or in the member's unborn fetus.

The Plan does not consider medical nutrition therapy for members seeking counseling for dietary regimens that are considered to be personal preference medically necessary including, but not limited to, vegetarian, vegan, pescatarian, low-gluten, or other specialty diets.

The Plan considers NutrEval, a screening tool that provides comprehensive functional and nutritional assessment, to be experimental, investigational, or unproven.

Medical nutrition therapy is not considered medically necessary when it is provided in an emergency room or urgent care setting.

#### Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes 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 the 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
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
S9470	Nutritional counseling, dietitian visit

Table 2	
ICD-10 codes considered medically necessary with Table 1 codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E00.0 - E89.89	Endocrine, nutritional and metabolic diseases
F50.00 - F50.029	Anorexia nervosa
F50.20 - F50.25	Bulimia nervosa
F50.810 - F50.9	Other eating disorders
G40.001 - G40.919	Epilepsy and recurrent seizures
G47.33	Obstructive sleep apnea (adult) (pediatric)
I10 - I1A.0	Hypertensive diseases
I20.0 - I25.9	Ischemic heart disease
I42.0 - I42.9	Cardiomyopathy

Table 2	
ICD-10 codes considered medically necessary with Table 1 codes if criteria are met:	
<i>Code</i>	<i>Description</i>
I43	Cardiomyopathy in diseases classified elsewhere
I50.1 - I50.9	Heart failure
J44.0 - J44.1	Other chronic obstructive pulmonary disease
J44.81 - J44.89	Other specified chronic obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified
K20.0 - K31.A29	Diseases of esophagus, stomach and duodenum
K35.200 - K38.9	Diseases of appendix
K40.00 - K46.9	Hernia
K50.00 - K52.9	Noninfective enteritis and colitis
K55.011 - K64.9	Other diseases of intestines
K65.0 - K68.9	Diseases of peritoneum and retroperitoneum
K70.0 - K77	Diseases of liver
K80.00 - K87	Disorders of gallbladder, biliary tract and pancreas
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.81 - K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.1	Postgastric surgery syndromes
K91.2	Postsurgical malabsorption, not elsewhere classified
K91.30 - K91.32	Postprocedural intestinal obstruction
N18.6	End stage renal disease
O10.011 - O10.93	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
O11.1 - O11.9	Pre-existing hypertension with pre-eclampsia
O14.00 - O14.95	Pre-eclampsia

Table 2	
ICD-10 codes considered medically necessary with Table 1 codes if criteria are met:	
<i>Code</i>	<i>Description</i>
O15.00 - O15.9	Eclampsia
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O24.011 - O24.93	Diabetes mellitus in pregnancy, childbirth and the puerperium
O25.10 - O25.3	Malnutrition in pregnancy, childbirth and the puerperium
O30.001 - O30.93	Multiple Gestation
O31.00X0 - O31.8X9	Complications specific to multiple gestation
O99.210 - O99.215	Obesity complicating pregnancy, childbirth and puerperium
O99.280 - O99.285	Other endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and puerperium
O99.350 - O99.355	Diseases of the nervous system complicating pregnancy, childbirth and puerperium
O99.411 - O99.419	Diseases of the circulatory system complicating pregnancy
O99.511 - O99.519	Diseases of the respiratory system complicating pregnancy
O99.611 - O99.619	Diseases of the digestive system complicating pregnancy
O99.810	Abnormal glucose complicating pregnancy
P92.6	Failure to thrive in newborn
Q40.0 - Q40.9	Other congenital malformations of upper alimentary tract
Q41.0 - Q41.9	Congenital absence, atresia and stenosis of small intestine
Q42.0 - Q42.9	Congenital absence, atresia and stenosis of large intestine
Q43.0 - Q43.9	Other congenital malformations of intestine
R62.7	Adult failure to thrive
R73.03	Prediabetes
Z68.25	Body mass index [BMI] 25.0-25.9, adult

Table 2	
ICD-10 codes considered medically necessary with Table 1 codes if criteria are met:	
<i>Code</i>	<i>Description</i>
Z68.26	Body mass index [BMI] 26.0-26.9, adult
Z68.27	Body mass index [BMI] 27.0-27.9, adult
Z68.28	Body mass index [BMI] 28.0-28.9, adult
Z68.29	Body mass index [BMI] 29.0-29.9, adult
Z68.30 - Z68.39	Body mass index [BMI] 30 - 39, adult
Z68.40 - Z68.45	Body mass index [BMI] 40 or greater, adult
Z68.51	Body mass index [BMI] pediatric, less than 5th percentile for age
Z68.53	Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age
Z68.54	Body mass index [BMI] pediatric, 95th percentile for age to less than 120% of the 95th percentile for age
Z68.55	Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
Z68.56	Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age
Z71.3	Dietary counseling and surveillance
Z91.010 - Z91.018	Food allergy status
Z91.02	Food additives allergy status
Z93.1	Gastrostomy status
Z93.2	Ileostomy status
Z93.3	Colostomy status
Z93.4	Other artificial openings of gastrointestinal tract status
Z97.8	Presence of other specified devices
Z98.84	Bariatric surgery status

Table 3	
ICD-10 codes <u>not</u> considered medically necessary with Table 1 codes:	
<i>Code</i>	<i>Description</i>
F32.0 - F32.A	Depressive episode

Table 3	
ICD-10 codes <u>not considered medically necessary</u> with Table 1 codes:	
<i>Code</i>	<i>Description</i>
F33.0 - F33.9	Major depressive disorder, recurrent
F40.00 -F48.9	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F84.0	Autism disorder
F90.0 - F90.9	Attention-deficit hyperactivity disorder
J45.20 -J45.998	Asthma
K90.41	Non-celiac gluten-sensitivity
R53.82	Chronic fatigue, unspecified
G93.32	Chronic fatigue syndrome

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