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 by New York State as a certified dietician/nutritionist who participates with the Health Plan (when required by the member’s subscriber contract).

Examples of diseases/conditions include, but are not limited to:

I. Obesity, as determined by:
   A. 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 diabetic, uncontrolled diabetes, gestational diabetes),
   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;

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 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 Loss Programs.

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

POLICY GUIDELINES:

I. Prior authorization is contract dependent. Prior authorization may be required for services in excess of 4 visits per calendar year.

II. 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.

Nutrition therapy is a service provided by a certified dietician/nutritionist.

The Patient Protection and Affordable Care Act (PPACA) requires coverage of intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease in accordance with the recommendations of the U.S. Preventive Services Task Force (USPSTF).

CODES: Number Description

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:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face to face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97803</td>
<td>re-assessment and intervention, individual, face to face with the patient, each 15 minutes</td>
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<tr>
<td>97804</td>
<td>group (2 or more individual(s)), each 30 minutes</td>
</tr>
</tbody>
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HCPCS:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>G0270</td>
<td>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</td>
</tr>
<tr>
<td>G0271</td>
<td>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</td>
</tr>
<tr>
<td>G0447</td>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
</tr>
<tr>
<td>S9452</td>
<td>Nutrition class, non-physician provider, per session</td>
</tr>
</tbody>
</table>
S9470 Nutritional counseling, dietician visit

REVENUE: 942 Education/Training (including dietary therapy)

ICD10:

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
E65 Localized adiposity
E66.01-E66.9 Obesity (code range)
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 Disorders of amino acid transport (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 lipid storage disorders (code range)
E77.0-E77.9 Disorders of glycoprotein metabolism (code range)
E78.0-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
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)
E88.89
F50.00-F50.9 Eating disorders (code range)
I10 Essential (primary) hypertension
I15 Secondary hypertension
I69.021-I69.921 Dysphasia (code range)
K21.9 Gastro-esophageal reflux disease without esophagitis
K22.2 Esophageal obstruction
K31.84 Gastroparesis
K50.90-K50.919 Crohn’s disease (code range)
K51.011-K51.919 Ulcerative colitis (code range)
K56.69 Other intestinal obstruction
K59.0 Constipation
K90.0 Celiac disease
L27.2 Dermatitis due to ingested food
Q24.410-Q24.439 Gestational diabetes mellitus (code range)
Q99.810-Q99.815 Abnormal glucose complicating pregnancy (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
R73.9 Hyperglycemia, unspecified
Z91.011 Allergy to milk products

REFERENCES:
*American Dietetic Association. Position of the American Dietetic Association: nutrition intervention in the treatment of
*American Dietetic Association. Position of the American Dietetic Association: interventions for the prevention and
*American Society of Metabolic and Bariatric Surgery. Allied health nutritional guidelines for the surgical weight loss


*key article(s)

**KEY WORDS:** Medical nutrition therapy; MNT; Nutritional therapy; Nutritional Therapy Effectiveness.

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**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=gA AAABAAAAA&.