

MEDICAL POLICY



SUBJECT: NUTRITIONAL THERAPY	EFFECTIVE DATE: 11/29/01
POLICY NUMBER: 8.01.18	REVISED DATE: 05/22/03, 06/24/04, 06/23/05, 06/22/06,
CATEGORY: Therapy/Rehabilitation	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
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<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i>• <i>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.</i>	

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*.

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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.

<u>CPT:</u>	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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<u>HCPCS:</u>	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
	G0447	Face-to-face behavioral counseling for obesity, 15 minutes
	S9452	Nutrition class, non-physician provider, per session

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	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)

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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

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*key article(s)

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&>