

Department of Origin: Integrated Healthcare Services	Effective Date: 03/06/24
Approved by: Chief Medical Officer	Date Approved: 02/29/24
Clinical Policy Document: Nutritional Counseling	Replaces Effective Clinical Policy Dated: 03/14/23
Reference #: MP/N002	Page: 1 of 3

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for nutritional counseling.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

COVERAGE:

- I. Ordered by a provider practicing within their scope of practice.
- II. Provided during a confinement or in an office, clinic system, or hospital setting.
- III. Provided by a registered nurse, licensed dietitian, or certified educator under appropriate supervision.
- IV. Ordered for one of the following chronic conditions that has been diagnosed by a provider.
 - A. Atherosclerotic coronary heart disease
 - B. Cancer or AIDS-related wasting
 - C. Celiac sprue disease
 - D. Chronic renal insufficiency
 - E. Chronic obstructive pulmonary disease (COPD [includes chronic bronchitis and emphysema])
 - F. Cystic fibrosis
 - G. Diabetes, including gestational diabetes and prediabetes
 - H. Diverticulitis/diverticulosis
 - I. Dyslipidemia
 - J. Feeding and Eating Disorders as defined by *DSM* (eg, anorexia and bulimia)
 - K. Hypertension
 - L. Inflammatory bowel disease (eg, Crohn's disease, ulcerative colitis)
 - M. Malnutrition

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- N. Obesity
- O. Phenylketonuria (PKU) or inborn errors of metabolism that are treated by dietary restrictions (eg, maple syrup urine disease, homocystinuria, histidinemia and tyrosinemia)
- P. Seizure disorder
- Q. Underweight
- V. Counseling that is treated as a preventive health service as defined in the applicable Preventive Health Care Services schedule

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:Confinement:

An uninterrupted stay of 24 hours or more in a hospital, skilled nursing facility, rehabilitation facility, or licensed residential treatment facility

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders

Obesity:

Body mass index (BMI) greater than or equal to 30 kg/m²

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Prior Authorization: No

CODING:

CPT® or HCPCS

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 individuals), each 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

S9465 Diabetic management program, dietitian visit

S9470 Nutritional counseling, dietitian visit

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REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)

DOCUMENT HISTORY:

Created Date: 11/02
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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaaajila gargaarsa afaanij, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

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ማስታወሻ: የሚገኙት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ፡ 1.800.940.5049 (መለስማት ለተሳናቸው፡ 763.847.4013)፡

ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျဉ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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