# Clinical Policy: Nutritional Counseling

Reference Number: MS.CP.MP.10.24
Effective Date: 1/4/18
Last Review Date: 3/15/19

**See Important Reminder at the end of this policy for important regulatory and legal information.**

**Description**
Medical nutrition therapy (assessment, re-assessment, and intervention) and medical nutrition counseling may be beneficial for treating, preventing, or minimizing the effects of illness, injuries, or other impairments.

**Policy/Criteria**
Medical nutrition counseling services are a benefit when **all** of the following criteria are met:

- Member is <21 years old
- The services are prescribed by a physician
- The services are performed by a licensed dietician
- Clinical documentation supports medical necessity and medical appropriateness

Initial Evaluation:
Medical nutrition therapy initial evaluation (97802 – initial assessment and intervention) may be considered beneficial for disease states for which dietary adjustment has a therapeutic role and is considered reasonable and necessary for a member diagnosed with at least **one** of the following:

- Cardiovascular disease; or
- Diabetes or alterations in blood glucose; or
- Eating disorders; or
- Gastrointestinal disorders; or
- Gastrostomy or other artificial opening of gastrointestinal tract; or
- Hypertension; or
- Inherited metabolic disorders; or
- Kidney disease; or
- Lack of normal weight gain; or
- Multiple documented food allergies; or
- Nutritional deficiencies; or
- Dysmetabolic syndrome X; or
- Obesity; or
- Hyperlipidemia; or
- Other specified hypoglycemia; or
- Hypercholesterolemia; or
- Hyperglyceridemia; or
- Acanthosis nigricans with documentation of abnormal lab values (e.g., fasting glucose, oral glucose tolerance test, triglycerides); and/or
- Underweight/failure to thrive with underlying condition
    - BMI/height/weight <5th percentile for age (must include growth charts).

- With no medical condition such as dwarfism or other syndromes associated with low body mass

Causes of Failure to Thrive:

| **Inadequate nutrient intake** | **Inadequate nutrient absorption or increased losses** |
|---|---|
| • GERD<br>• Mechanical problems (cleft palate, nasal obstruction, adenoidal hypertrophy, dental lesions)<br>• Sucking or swallowing dysfunction (CNS, neuromuscular, esophageal motility problems) | • Malabsorption (lactose intolerance, cystic fibrosis, cardiac disease, malrotation, inflammatory bowel disease, milk allergy, parasites, celiac disease)<br>• Biliary atresia, cirrhosis<br>• Vomiting or "spitting up" (related to infectious gastroenteritis, increased intracranial pressure, adrenal insufficiency, or drugs (e.g., purposeful administration of syrup of ipecac)<br>• Intestinal tract obstruction (pyloric stenosis, hernia, malrotation, intussusception)<br>• Infectious diarrhea<br>• Necrotizing enterocolitis or short bowel syndrome |
| **Inadequate appetite or inability to eat large amounts** | **Increased nutrient requirements for ineffective utilization** |
| • Cardiopulmonary disease<br>• Hypotonia, muscle weakness or hypertonia<br>• Anorexia of chronic infection or immune deficiency<br>• Cerebral palsy<br>• CNS pathology (e.g., tumor, hydrocephalus)<br>• Anemia (e.g., iron deficiency)<br>• Chronic constipation<br>• GI Disorders (e.g., pain from GERD, intestinal obstruction)<br>• Craniofacial anomalies (e.g., cleft lip and palate, micrognathia) | • Hyperthyroidism<br>• Malignancy<br>• Chronic inflammatory bowel disease<br>• Chronic systemic disease (juvenile idiopathic arthritis)<br>• Chronic or recurrent systemic infection (urinary tract infection, tuberculosis, toxoplasmosis)<br>• Chronic metabolic problems (hypercalcemia, storage diseases, and inborn errors of metabolism, such as galactosemia, methylmalonic acidemia, diabetes mellitus, adrenal insufficiency)<br>• Chronic respiratory insufficiency (bronchopulmonary dysplasia, cystic fibrosis)<br>• Congenital or acquired heart disease |

In the absence of any of the above indications or conditions, if a request for nutrition intervention is for attention-deficit hyperactivity disorder, asthma, chemical sensitivities, chronic fatigue syndrome, idiopathic environmental intolerance and abnormal weight gain without underlying condition, it is to be **sent for secondary medical director review.**

The Prior Authorization Nurse can approve up to 1 unit (lifetime limit) of medical nutrition therapy (97802 – initial assessment and intervention) based on the criteria listed above.

- *The treating physician must make a referral, the referral and supporting documentation must include a diagnosis that would indicate medical necessity of the service and the service should be billed under the treating physician's provider number. The service is not limited to specific diagnoses, but of course the diagnosis would need to indicate medical necessity of the services.*

Follow-Up Visits:
Medical nutrition therapy visits (97803 - re-assessments and intervention) are considered reasonable and medically necessary if the member meets the initial evaluation criteria. The Prior Authorization Nurse can approve medical nutrition therapy follow-up visits (97803) for up to one (1) year if the member meets the initial evaluation criteria.

For requested follow-up visits after the one (1) year time period, the provider must submit **all** of the following requirements:

- Objective and subjective date obtained
- Height, weight, body mass index (BMI), and correlating percentiles on the growth curves
    - Members must show progress since first intervention, as evidenced by improvement of pediatric growth curves. A clear and obvious upturn in these curves towards the 5th percentile or to/above it would suggest a positive result of the intervention. Growth curves must be submitted with the request for follow up visits.
- Starting weight and weight at time of request
    - For a member underweight, the member must have a BMI that is less than the 5th percentile.
    - For a member overweight, the member must have a BMI that is greater than the 85th percentile.
- Estimated caloric needs
- Nutritional diagnosis
- Intervention and plan
- Evaluation
- Goals met and changes

The Prior Authorization Nurse can approve ongoing medical nutrition therapy follow-up visits (97803) for one (1) year if the member meets the criteria above. All ongoing follow-up visits requests in the absence of any of the indications noted above will be **sent for secondary medical director review**.

## Background

Medical nutrition therapy provided by a registered dietitian involves the assessment of the person's overall nutritional status followed by the assignment of individualized diet, counseling, and/or specialized nutrition therapies to treat a chronic illness or condition. Medical nutrition therapy has been integrated into the treatment guidelines for a number of chronic diseases, including (i) cardiovascular disease, (ii) diabetes mellitus, (iii) hypertension, (iv) kidney disease, (v) eating disorders, (vi) gastrointestinal disorders, (vii) seizures (i.e., ketogenic diet), and other conditions (e.g., chronic obstructive pulmonary disease) based on the efficacy of diet and lifestyle on the treatment of these diseased states. Registered dietitians, working in a coordinated, multi-disciplinary team effort with the primary care physician, take into account a person's food intake, physical activity, course of any medical therapy including medications and other treatments, individual preferences, and other factors.

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|---|---|
| New Policy. | 9/15/17 | 9/15/17 |
| Approved by DOM. | 1/4/18 | 1/4/18 |
| Annual review; added "obesity" to list of criteria for initial evaluation; under Follow-Up Visits, added "The PA Nurse can approve medical nutrition therapy follow-up visits (97803) for up to one (1) year if the member meets the initial evaluation criteria."; updated criteria for follow-up visits after the one year time period | 5/16/18 | 5/16/18 |
| Annual review; policy converted to Clinical Policy. | 3/15/19 | 5/16/19 |

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**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means Magnolia Health Plan, a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.