Nutritional Counseling

I. Policy

University Health Alliance (UHA) will reimburse Nutritional Counseling for members when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below.

In all circumstances, the intent of this policy is to permit the nutritional counselor to function as a consultant to evaluate the member and coordinate ongoing care with the referring provider.

II. Criteria/Guidelines

A. UHA considers nutritional counseling for chronic disease states medically necessary when these criteria are met:

1. Dietary adjustment has a therapeutic role, and;

2. When it is prescribed by a physician or other UHA recognized provider who will continue oversight and coordination of individualized treatment plan and document medical condition reviews, summary of disciplines/treatment modalities requested, goals status, and further treatment plan coordination, and;

3. When it is furnished by a registered dietician, Certified Nutrition Specialist, or Certified Diabetes Educator, and;

4. When it meets all criteria for medical or psychological necessity at the least restrictive appropriate level of care in accordance with Hawaii law.

5. Nutritional counseling services are limited to the number of visits and length of time per session as outlined in section IV, below. Additional visits or time requires prior authorization and provider’s documentation must provide justification as to how additional visits will benefit this member.

B. Medically Necessary nutritional counseling for chronic medical conditions may include but are not limited to the following:

1. Eating disorders: to include Anorexia, Bulimia, Nutritional marasmus, Unspecified protein-calorie malnutrition, Disorders of lipoid metabolism.

2. Convulsions/Seizures

3. CVD (Cardiovascular Disease): to include Atherosclerosis, Chronic total occlusion of coronary artery, other forms of chronic ischemic heart disease.

4. Diabetes: to include Diabetes mellitus, special nutritional screening, Impaired Fasting Glucose, Impaired glucose tolerance test (oral), other abnormal glucose.

5. HTN (Hypertension).
6. Renal Disease: to include CKD - non dialysis (Chronic Kidney Disease) and ESRD (End Stage Renal Disease).

7. Gastrointestinal disorders: to include IBS (Irritable Bowel Disease), Acute gastric ulcer, Regional enteritis, Ulcerative colitis, Colostomy and enterostomy complications.

8. Obstructive sleep apnea (adult) (pediatric).

9. Maternity pre-natal nutrition counseling services for diet regulation.

10. Pre and post operative nutritional counseling services for members undergoing bariatric surgery.

11. Pediatric Overweight and Obesity (BMI >95%). For pediatric members, weight maintenance is generally recommended. Weight loss may be recommended when the child's BMI is > 95% and/or when the child has additional risk factors.

12. Nutritional counseling for obese adults (as defined by a BMI ≥30 kg/m2)
   a. Six months after initial nutritional counseling a reassessment of obesity and a determination of the amount of weight loss should be performed. To determine the medical necessity of additional nutritional counseling services, members must have achieved a reduction in weight of at least 3kg (6.6 lbs). This determination must be documented in the physician office records.

C. UHA considers nutritional counseling of unproven value for conditions that have not been shown to be nutritionally related, including but not limited to asthma, attention-deficit hyperactivity disorder and chronic fatigue.

### III. Limitations/Exclusions

A. **NOTE:**

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member’s individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

### IV. Administrative Guidelines

A. Prior Authorization is not required.

1. Additional visits beyond the suggested number of visits per year (see table, below) may be denied without adequate documentation of medical necessity.
2. Additional visits will be considered based on documented progress towards goals, adherence, and motivation. If patient is not progressing towards goal, provider’s documentation must provide justification as to how additional visits will benefit this member. Whenever possible, the member should be transitioned to group therapy or support groups (Example: Weight Watcher’s).

3. Maximum time allowable for therapy sessions:
   a. Individual therapy: 45 minutes per session
   b. Group Therapy: 1 hour per session

4. Services must be rendered by a CDE, CNS, or R.D. with experience in the condition being treated.

5. For eating disorder, patient must be referred by a UHA recognized provider or psychologist AND continue under the care of the provider or psychologist while receiving nutrition counseling AND include a team (Mental Health & Dietician/Nutritionist) with experience treating eating disorders.

6. For conditions other than eating disorder, patient must be referred by a physician.

7. Patients with multiple co-morbidities may be approved to receive nutrition counseling services under the condition with the most number of visits per year.

8. Pediatric Weight Management (6 to 17 years, BMI >95%). Intensive treatment phase over at least 3 months or until initial weight management goals are achieved may be approved. Suggested frequency: weekly office visits for a minimum of 8 to 12 weeks; monthly visits thereafter are recommended to maintain new behaviors). Initial 12 visits may be approved. Subsequent 6 visits will require another prior authorization review.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosis Code</th>
<th>Total# of Visits Per Year</th>
<th>Initial Assessment (Max. 75 minutes each)</th>
<th>Individual or Group Therapy (Max. 45 minutes individual and 1 hr Group/each session)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorder: Anorexia/Bulimia/Nutritional marasmus/Malnutrition/Disorders of lipid metabolism</td>
<td>307.1, 307.51, 261, 263.9, 272 - 272.9</td>
<td>8</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>CKD (non-dialysis)</td>
<td>585 - 585.9</td>
<td>6</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Convulsions</td>
<td>780.3 - 780.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVD/Atherosclerosis/Chronic total occlusion of coronary artery/Chronic ischemic heart disease/</td>
<td>429.2, 440 - 440.8, 414.2 - 414.9, 414 - 414.07</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Diabetes mellitus, special screening</td>
<td>V77.1</td>
<td></td>
<td>No limit</td>
<td></td>
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<tr>
<td>Other specified complication, antepartum/ Abnormal maternal glucose tolerance, complicating pregnancy/Abnormal maternal glucose tolerance, antepartum</td>
<td>646.83, 648.80, 648.83</td>
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<td></td>
<td></td>
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<tr>
<td>HTN</td>
<td>401 - 405.9</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>ESRD (pre-dialysis)</td>
<td>585.6</td>
<td>6</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>IBS/Gastric ulcer/Regional enteritis/Ulcerative colitis/Colostomy &amp; enterostomy complications</td>
<td>564.1, 531.00 - 537.89, 555 - 555.9, 556 - 556.9, 569.60 - 579.9</td>
<td>3</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Gout</td>
<td>274 - 274.9</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Obesity (BMI&gt;35)</td>
<td>278.00, 278.01</td>
<td>6</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Obstructive sleep apnea</td>
<td>327.23</td>
<td></td>
<td>No limit</td>
<td></td>
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<tr>
<td>Post-Bariatric Surgery</td>
<td>V45.86</td>
<td>8</td>
<td>1</td>
<td>7</td>
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<tr>
<td>Pediatric Weight Management (2 to 5 years old)</td>
<td>V85.54</td>
<td>6</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Pediatric Weight Management (6 to 17 years old)</td>
<td>V85.54</td>
<td>18</td>
<td>1</td>
<td>17</td>
</tr>
</tbody>
</table>
B. This policy may apply to the following codes. Inclusion of a code in the table below does not guarantee that it will be reimbursed.

<table>
<thead>
<tr>
<th>CPT</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>Medical nutrition therapy; re-assessment and intervention, individual, face to face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>97804</td>
<td>97804 Medical nutrition therapy; group (2 or more individuals), each 30 minutes</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<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, each 15 minutes. (2 or more individuals), each 30 minutes</td>
</tr>
</tbody>
</table>

V. Policy History

- **Policy Number:** M.DIS.01.140401
- **Current Effective Date:** 04/01/2014
- **Original Document Effective Date:** 04/01/2014
- **Previous Revision Dates:** NA

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The above policy is based on the following references:


14. Consensus Statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)Jane V. White, PhD, RD, FADA1; Peggi Guenter, PhD, RN2;Gordon Jensen, MD, PhD, FASPEN3; Ainsley Malone, MS, RD, CNSC4;Marsha Schofield, MS, RD5 Journal of Parenteral and Enteral Nutrition Volume 36 Number 3 May 2012 275-283