Medical Nutrition Therapy/Nutritional Counseling

Date of Origin: 08/2019 **Last Review Date: 08/26/2020** **Effective Date: 09/01/2020**

Dates Reviewed: 08/28/2019, 08/26/2020

Developed By: Medical Necessity Criteria Committee

I. Description

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

1. Cardiovascular disease,
2. Diabetes mellitus,
3. Hypertension,
4. Kidney disease,
5. Eating disorders,
6. Gastrointestinal disorders,
7. 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.

The U.S. Preventive Services Task Force (USPSTF, 2012) recommends screening all adults for obesity. The USPSTF recommends that clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m^2 or higher to intensive, multicomponent behavioral interventions. The USPSTF (2010) recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.

The USPSTF (2014) recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. This recommendation applies to adults aged 18 years or older in primary care settings who are overweight or obese and have known CVD risk factors (hypertension, dyslipidemia, impaired fasting glucose, or the metabolic syndrome). In the studies reviewed by the USPSTF, the vast majority of participants had a BMI greater than 25 kg/m^2.

BMI for children and teens according to the Centers for Disease Control and Prevention, https://www.cdc.gov/obesity/childhood/defining.html

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.

For example, a 10-year-old boy of average height (56 inches) who weighs 102 pounds would have a BMI of 22.9 kg/m^2. This would place the boy in the 95th percentile for BMI, and he would be considered as obese. This means that the child's BMI is greater than the BMI of 95% of 10-year-old boys in the reference population.

The CDC Growth Charts are the most commonly used indicator to measure the size and growth patterns of children and teens in the United States. BMI-for-age weight status categories and the corresponding percentiles were based on expert committee recommendations and are shown in the following table.

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Normal or Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	95th percentile or greater

II. Criteria: CWQI HCS-0263

A. Moda Health considers nutritional counseling with comprehensive, intensive behavioral intervention a medically necessary preventive service for children (age 6-17) who are either;
   a. Overweight: - Overweight is defined as a BMI at or above the 85th percentile for children and teens of the same age and sex.
   b. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.
      i. BMI is calculated by dividing a person's weight in kilograms by the square of height in meters. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies as they age and varies between boys and girls. Therefore, BMI levels among children and teens need to be expressed relative to other children of the same age and sex.
      ii. CDC growth chart for boys; https://www.cdc.gov/growthcharts/data/set1clinical/cj41c021.pdf
      iii. CDC growth chart for girls; https://www.cdc.gov/growthcharts/data/set1clinical/cj41c022.pdf

B. Moda health considers nutritional counseling with intensive, multicomponent behavioral interventions a medically necessary preventive service for adults (18 years old and older) who are either:
    a. Obese (BMI greater than or equal to 30)
    b. Overweight (BMI 25 – 29.9) and have any of the following CVD risk factors:
        i. hypertension
        ii. dyslipidemia
        iii. impaired fasting glucose
        iv. metabolic syndrome
C. Moda Health considers nutritional counseling with comprehensive behavioral interventions medically necessary for members (includes children and adults) who present with ALL of the following;
    a. BMI under 18.5 (considered underweight)
    b. A diagnosis of failure to thrive and a dietary adjustment is considered to have a therapeutic role
    c. A prescription by a physician or a provider (e.g., licensed nutritionist, registered dietician, or other qualified licensed health professionals such as nurses who are trained in nutrition)
D. Requests for coverage of nutritional counseling for treatment of eating disorders should be forwarded to Moda Health Behavioral Health for review *(See separate policy BHC 0013; Nutritional Therapy for Eating Disorder)*. According to the National Eating Disorders Association (NEDA) eating disorders include:
    a. Anorexia Nervosa
    b. Bulimia Nervosa
    c. Binge Eating
    d. Orthorexia
    e. Other Specified Feeding or Eating Disorder (OSFED)
    f. Avoidant Restrictive Food Intake Disorder (ARFID)
    g. PICA
    h. Rumination Disorder
    i. Unspecified Feeding or Eating Disorder (UFED)
    j. Laxative Abuse
    k. Compulsive Exercise

III. Information Submitted with the Prior Authorization Request:

i. Documentation of health care record of obesity screening/treatment
ii. Medical record documentation of failure to thrive (which may include a thorough history and physical examination; observation of parent–child interactions; observation and documentation of the child's feeding patterns; and a home visit by an appropriately trained health care professional)

IV. CPT or HCPC codes covered:

Codes	Description
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

V. CPT or HCPC codes NOT covered:

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
08/28/2019	New criteria	11/04/2019
10/31/2019	Update: added a missing informational table	11/04/2019
08/26/2020	Annual Review: added guidelines to allow coverage for nutritional counseling for children and adolescents up to 17 years of age who may have diagnosis of failure to thrive Added section that provides guidelines to review requests that are categorized as eating disorders (Added reference to separate policy for eating disorders).	09/01/2020

VII. References

1. Centers for Disease Control and Prevention, https://www.cdc.gov/obesity/childhood/defining.html
2. https://jamanetwork.com/journals/jama/fullarticle/2632511
   US Preventive Services Task Force | Recommendation Statement June 20, 2017
   Screening for Obesity in Children and Adolescents
   US Preventive Services Task Force Recommendation Statement
   US Preventive Services Task Force
   Article Information JAMA. 2017; 317(23):2417-2426. doi:10.1001/jama.2017.6803
3. https://jamanetwork.com/journals/jama/fullarticle/2702878
   US Preventive Services Task Force | Recommendation Statement September 18, 2018
   Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults
   US Preventive Services Task Force Recommendation Statement
   US Preventive Services Task Force
   Article Information JAMA. 2018; 320(11):1163-1171. doi:10.1001/jama.2018.13022

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC