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## Medical Policy



**BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.**

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**BCN Policy Effective Date: 8/15/23**  
(See policy history boxes for previous effective dates)

### **Title: Nutritional Counseling**

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#### **Description/Background**

Nutritional counseling, or medical nutrition therapy, is comprised of significant, complex dietary instruction that is not available in the primary care physician's office or through community resources such as literature or interactive programs. It is a useful service for members who have significant diseases that affect their nutritional status and overall health. Nutritional counseling is performed by a registered dietician (RD) to provide members with dietary information that promotes health, prevents illness and reduces risk factors.

#### **Overweight and Obese Individuals**

There has been a rapidly increasing trend of overweight and obese individuals reported by the Centers for Disease Control and Prevention (CDC). Data from about 2017-2018 reports that approximately 42% of U.S. adults and 18.5% children and adolescents aged 2-19 years are considered obese. Furthermore, from 1999 to 2018, the prevalence of obesity increased from 30.5% to 42%. Obesity has reached epidemic proportions, both in the adult and pediatric populations. Type 2 diabetes is being diagnosed with increasing frequency in children. With obesity come comorbidities such as heart disease, high blood pressure, joint problems and psychosocial issues as well.

Overweight for an adult is defined as a body mass index (BMI) between 25.0 and 29.9. An adult with a BMI of 30.0 or higher is considered obese. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. BMI levels among children and teens are expressed relative to other children of the same age and sex. Once the BMI is plotted on the CDC BMI-for-age growth charts, the percentile ranking is found. Overweight is defined as the 85<sup>th</sup> percentile to less than the 95<sup>th</sup> percentile. A child or teen who is at the 95<sup>th</sup> percentile or greater is considered obese.

Nutritional counseling is also provided for children who, for any reason, are unable to eat normally to maintain growth. These children often have special health care needs, such as rare metabolic or immunological deficiencies. For some of these children, an inpatient hospital stay is necessary to provide close monitoring and counseling.

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## **Regulatory Status:**

N/A

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## **Medical Policy Statement**

The effectiveness of medical nutritional counseling has been established. It may be considered a useful therapeutic option when ordered by a physician and furnished by a registered dietician, licensed nutritionist or other qualified licensed health professional.

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## **Inclusionary and Exclusionary Guidelines**

### **Inclusions:**

Nutritional counseling is a covered benefit for all BCN members, subject to the following criteria:

- Limited to conditions which have diet therapy as part of an active treatment program of a chronic disease for which appropriate diet and eating habits are essential to the overall treatment plan, when prescribed by a physician and provided by a licensed health care professional (eg, registered dietician). The following list is not all-inclusive:
  - An inborn error of metabolism, with the most prevalent being Phenylketonuria (PKU)
  - Hypercholesterolemia that is unresponsive to standard dietary recommendations
  - Obesity, defined as:
    - A BMI  $\geq$  30 for adults
    - For children and teens, obesity is equal to or greater than the 95th percentile on standard growth charts
  - For children and teens, overweight is from the 85th to less than the 95th percentile on standard growth charts
  - Diabetes, including gestational diabetes
  - Eating disorders
  - Chronic renal disease
  - Hypertension
  - Celiac disease
  - Hypoglycemia in non-diabetics

### **Exclusions:**

Nutritional counseling is not covered for the following situations (this list is not all-inclusive):

- Very low-calorie diets (< 1000 calories) and supplements (eg, Optifast program, etc.)
- Attention deficit/hyperactivity disorder
- Chronic fatigue syndrome
- Idiopathic environmental intolerances

- Multiple food and/or chemical sensitivities
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## **CPT/HCPCS Level II Codes**

*(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

### **Established codes:**

97802                  97803                  97804                  G0270                  G0271                  S9470

### **Other codes (investigational, not medically necessary, not a benefit, etc.):**

N/A

**Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.**

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## **Rationale**

Nutritional counseling, especially for chronic health problems, is an essential component in the prevention and management of the disease or condition. It is comprised of significant, complex dietary instruction that is not available in the primary care physician's office or through community resources. It is limited to conditions that have diet therapy as part of an active treatment program. Most often, these services are obtained through hospital-based programs. Medicare Part B restricts payment to a registered dietitian or nutrition professional.

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## **Government Regulations**

### **National:**

**NCD - Medical Nutrition Therapy (180.1)**

**Implementation Date 07/05/2022**

**Effective Date of this Version 01/01/2022**

Section 1861(s)(2)(V) of the Social Security Act authorizes Medicare part B coverage of medical nutrition therapy services (MNT) for certain beneficiaries who have diabetes or a renal disease, effective for services furnished on or after January 1, 2002. Regulations for medical nutrition therapy (MNT) were established at 42 CFR §§410.130 – 410.134. This national coverage determination establishes the duration and frequency limits for the MNT benefit and coordinates MNT and diabetes outpatient self-management training (DSMT) as a national coverage determination.

### **Indications and Limitations of Coverage**

Effective October 1, 2002, basic coverage of MNT for the first year a beneficiary receives MNT with either a diagnosis of renal disease or diabetes as defined at 42 CFR §410.130 is three

hours, of administration. Also effective October 1, 2002, basic coverage in subsequent years for renal disease or diabetes is 2 hours. The dietitian/nutritionist may choose how many units are administered per day as long as all of the other requirements in this NCD and 42 CFR §§410.130-410.134 are met. Pursuant to the exception at 42 CFR §410.132(b)(5), additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

Effective October 1, 2002, if the treating physician determines that receipt of both MNT and DSMT is medically necessary in the same episode of care; Medicare will cover both DSMT and MNT initial and subsequent years without decreasing either benefit as long as DSMT and MNT are not provided on the same date of service. The dietitian/nutritionist may choose how many units are performed per day as long as all of the other requirements in the NCD and 42 CFR §§410.130-410.134 are met. Pursuant to the exception at 42 CFR 410.132(b)(5), additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

#### **Pub. 100-04 Transmittal: 790**

In January 2006, Medicare expanded coverage for medical nutrition therapy services to include individual medical nutrition therapy delivered via an interactive telecommunications system.

#### **Local:**

There is no local coverage determination on this topic.

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

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#### **Related Policies**

- Diabetes Management (retired)
- Diagnosis and Medical Management of Obstructive Sleep Apnea
- Bariatric Surgery
- Enteral Nutrition
- Ketogenic Diet (retired)
- Medical Formula for Inborn Errors of Metabolism

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## References

1. Centers for Disease Control and Prevention. Overweight and Obesity: Data & Statistics, Adult Obesity Facts. <https://www.cdc.gov/obesity/data/adult.html> Accessed 7/26/23
2. Centers for Disease Control and Prevention. Overweight and Obesity: Data & Statistics, Childhood Obesity Facts. <https://www.cdc.gov/obesity/data/childhood.html> Accessed 11/21/22.
3. Centers for Disease Control and Prevention. Overweight and Obesity: Defining Adult Overweight & Obesity. <https://www.cdc.gov/obesity/adult/defining.html> Accessed 7/26/23.
4. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination, 180.1 - Medical Nutrition Therapy Services-Overview. 01/01/2022.
5. Centers for Medicare & Medicaid Services (CMS). Pub. 100-04 Medicare Claims Processing. Transmittal 790, List of Medicare Telehealth Services. 12/23/05.
6. Leslie, F. Competent Care: Are all doctors competent in nutrition. Proceedings of the Nutritional Society. 2009, Vol. 68, pp. 196-299.
7. Møller G, et al. A systematic review and meta-analysis of nutrition therapy compared with dietary advice in patients with type 2 diabetes. Am J Clin Nutr. Dec 2017; 106(6):1394-1400.

*The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 7/26/23, the date the research was completed.*

### BCN Medical Policy History

Date	Rationale
4/20/00	BCN policy established
1/04/02	Policy updated
10/21/04	Routine maintenance
9/9/05	Routine maintenance
10/18/07	Routine maintenance; policy updated
10/28/08	Routine maintenance
2/17/10	Routine maintenance
2/16/11	Routine maintenance
2/15/12	Routine maintenance
3/20/13	Routine maintenance
2/19/14	Routine maintenance
3/18/15	Routine maintenance
3/16/16	Routine maintenance
3/15/17	Routine maintenance
3/21/18	Routine maintenance
3/20/19	Routine maintenance
3/12/20	Routine maintenance
3/11/21	Routine maintenance
3/10/22	Routine maintenance
3/9/23	Routine maintenance (jf) Vendor Review: NA
8/15/23	Routine maintenance (jf) Vendor Review: NA Number of visits shall not exceed 6 per calendar year removed from policy. Policy recommended for retirement

Next Review:                      N/A – policy retired

**MEDICAL POLICY TITLE: NUTRITIONAL COUNSELING  
BCN BENEFIT ADMINISTRATION**

**I. Coverage Determination**

<b>Commercial HMO (includes Self-Funded groups unless otherwise specified)</b>	Covered; criteria apply.
<b>BCNA (Medicare Advantage)</b>	See Government Regulations section.
<b>BCN65 (Medicare Complementary)</b>	Coinsurance covered if primary Medicare covers the service.

**II. Administrative Guidelines**

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.