I. ACTION

New Policy

X Revising Policy Number CMS14.02

Superseding Policy Number

Archiving Policy Number

Retiring Policy Number

II. POLICY DISCLAIMER

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement.

Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

III. POLICY

This policy addresses medically necessary nutritional counseling.

For US Family Health Plan see:

• TRICARE Policy Manual 6010.57-M, February 1, 2008, Nutritional Therapy: Chapter 8, Section 7.1
• TRICARE Policy Manual 6010.57-M, February 1, 2008, Medically Necessary Food: Chapter 8, Section 7.2.
  For PPMCO see:
  For Advantage MD, see:
  • Medicare Coverage Database: National Coverage Determination (NCD) for Medical Nutrition Therapy (180.1)

IV. POLICY CRITERIA

A. When benefits are provided under the member’s contract, JHHC considers nutritional counseling medically necessary for conditions in which dietary adjustment has a therapeutic role including but not limited to obesity, diabetes, renal disease, cardiovascular disease, seizure disorder (for ketogenic diet), and pregnancy.

B. Nutritional counseling benefits are not provided for conditions which have not been shown to be nutritionally related, including, but not limited to, chronic fatigue syndrome or hyperactivity.

C. Nutritional counseling is a component of the treatment of eating disorders, but does not serve as a substitute for behavioral therapy in the treatment of eating disorders.

D. Nutritional counseling is subject to benefit plan limitations. Plan specific Summary Plan Descriptions (SPD's) and Evidence of Coverage (EOC’s) documents should be consulted in addition to the links noted in the Policy Section III above. Additional services may be available through the JHHC Care Management Health Promotion and Wellness Unit. (Refer to the Background section).

V. DEFINITIONS

Medical Nutrition: The nutritional advice or counsel provided to an individual by a licensee in their professional capacity that is designed for an individual to alleviate a specific physiological complaint, condition, or symptom. (Annotated Code of Maryland, Health Occupations §5-101).

Practice of Dietetics: To apply the principles derived from integrating knowledge of food, biochemistry, physiology, management science, behavioral science, and social science to human nutrition. The scope of practice of dietetics includes: assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical, research, and program planning purposes; developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups; nutrition counseling and education as a part of preventive or restorative health care throughout the life; determining, applying, and evaluating standards for food and nutrition services; and applying scientific research to the role of food in the maintenance of health and the treatment of disease (Annotated Code of Maryland, Health Occupations §5-101).
VI. BACKGROUND

Nutritional counseling consists of individualized advice and guidance given to people at nutritional risk. It has been integrated into treatment guidelines for diseases such as heart disease, diabetes, hypertension, kidney disease, and seizure disorders and is a component of prenatal care. The counseling is provided by a registered licensed dietitian or other health professional functioning within their legal scope of practice. Registered dietitians offer a range of services from nutritional and lifestyle assessments, one-on-one nutritional counseling to educate on the impact of diet on a disease or condition, and comprehensive individualized diet plans with a goal of improving health and disease state.

Dietary counseling has a role in the treatment and prevention of disease. Evidence from epidemiologic, experimental and clinical studies has demonstrated a strong relationship between dietary patterns or nutrient intakes, and prevention and management of chronic diseases including diabetes and obesity (Desroches, 2013). For both type 1 and type 2 diabetes mellitus, diet is fundamental to treatment. As part of the treatment team, the dietitian/nutritionist develops an individualized nutrition plan to assist in managing the "ABCs" of diabetes control: A1C (glycated hemoglobin), blood pressure and cholesterol with consideration for any comorbid conditions. Dietary guidance and instruction on adherence strategies contribute to managing risk factors and preventing complications of diabetes, both acute (hypoglycemia) and long-term (hypertension, hyperlipidemia, renal disease, cardiovascular disease, and other micro- and macrovascular complications) and improving overall health through proper food choices (Delahanty, 2018).

Maintaining caloric balance over time is important to maintaining healthy weight for both children and adults. The U.S. Preventative Services Task Force recommends that clinicians screen for obesity in children and adolescents six years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. For adults, this Task Force recommendation extends to adults with a body mass index (BMI) of 30 or higher. Over nutrition leading to overweight and obesity is the single most important dietary factor associated with poor health outcomes. It is associated with premature mortality as well as increased incidence of cardiovascular disease, diabetes, hypertension, cancer, and other important conditions (Colditz, 2018).

Dietary instruction can be an important component in the prevention and management of other chronic diseases and conditions. Inflammatory bowel disease with symptoms of abdominal pain, nausea, and diarrhea can result in loss of appetite and may lead to impaired nutritional status. Identifying the need for nutritional interventions is important in reducing the long-term effects of malnutrition. Nutritional counseling is recommended as a non-pharmacological therapy in the treatment of resistant hypertension to assist with dietary assessment and implementing long-term dietary changes when indicated to reduce the inherent risks of adverse cardiovascular events (Calhoun, 2018). The contribution of the dietitian/nutritionist is well documented in the management of chronic kidney disease (CKD). The goals of nutritional counseling in CKD are to reduce metabolic byproducts from dietary intake and to match intake with existing kidney function to stop or slow the progression to kidney failure. Predialysis medical nutrition therapy counseling has been shown to both potentially delay progression to stage 5 (renal replacement therapy) and decrease first-year mortality after initiation of hemodialysis (Beto, 2014).

Maintaining a healthy diet during pregnancy is important for the health of the mother and unborn child. As part of the initial prenatal visit, a dietary history should be obtained and basic calorie requirements during pregnancy should be reviewed. Counseling should occur throughout the pregnancy as caloric requirements change and issues arise (Boling, 2018). All women should be counseled to eat a well-balanced and varied diet during pregnancy and while breastfeeding, which contains adequate energy, protein, vitamins and minerals, obtained through the consumption of a variety of foods. Available evidence suggests that nutrition education and counseling may support optimal gestational weight gain (WHO, 2018). Education on nutritional supplements as well as food choices that reduce common symptoms of nausea, constipation and heartburn should be reviewed as needed. Resources for patient education including nutritional needs during pregnancy, food safety and seafood, and weight

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gain calculators are available through the USDA's Choose My Plate website. Pregnant women with high risk nutritional needs may benefit from the services of a dietitian or nutritionist.

The identified medical necessity indications for dietitian/nutritionist consultation are subject to benefit plan limitations. Additional guidance and general education on nutrition is available through the JHHC Health Promotion and Wellness Unit of the Care Management Department. Programs include Health Coaching which provides one-on-one assistance to guide members in adopting healthy lifestyle behaviors. Members may self-refer or be referred by their health care provider or case manager. Group Health Education programs are also available at provider sites throughout Maryland. Health Educators outreach, deliver and evaluate educational interventions and behavior modification programs to help patients manage their condition, improve health outcomes and reduce disability. These services are available free of charge to members of JHHC Plans.

VII. CODING DISCLAIMER
CPT Copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member’s specific benefit plan determines coverage and referral requirements. All inpatient admissions require preauthorization.

<table>
<thead>
<tr>
<th>PRE-AUTHORIZATION REQUIRED</th>
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<tr>
<td>Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits</td>
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| Employer Health Programs (EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria. |
| Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply the Medical Policy criteria. |
| US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria. |
| Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria. |

VIII. CODING INFORMATION

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>DESCRIPTION</th>
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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>Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes</td>
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### Nutritional Counseling

<table>
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<tr>
<th>HCPCS CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>S9452</td>
<td>Nutrition classes, non-physician provider, per session</td>
</tr>
<tr>
<td>S9455</td>
<td>Diabetic management program, group session</td>
</tr>
<tr>
<td>S9460</td>
<td>Diabetic management program, nurse visit</td>
</tr>
<tr>
<td>S9465</td>
<td>Diabetic management program, dietician visit</td>
</tr>
<tr>
<td>S9470</td>
<td>Nutritional counseling, dietician visit</td>
</tr>
<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
</tr>
<tr>
<td>G0109</td>
<td>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</td>
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### NOT COVERED

<table>
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<tr>
<th>HCPCS CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>S9449</td>
<td>Weight management classes, non-physician provider, per session</td>
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### ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

<table>
<thead>
<tr>
<th>ICD10 CODES</th>
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<td></td>
<td>Multiple Codes</td>
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### IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

### X. REFERENCES

Nutritional Counseling


Medical Nutrition Therapy in Adults with Chronic Kidney Disease: Integrating Evidence and Consensus into Practice for the Generalist Registered Dietitian Nutritionist


XI. APPROVALS