ACTION:
☒ New Policy
☐ Revising Policy Number
☐ Superseding Policy Number
☐ Archiving Policy Number
☐ Retiring Policy Number

Effective Date: 03/03/2017

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.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Other Services: Chapter 8, Section 7.1 and Chapter 8, Section 7.2.

For Priority Partners see Medical Assistance Program EPSDT No. 31, Pharmacy no. 189, February 3, 2009.

For Advantage MD, see Medicare Coverage Database:
National Coverage Determination (NCD) for Medical Nutrition Therapy (180.1)

I. General Considerations
When benefits are provided under the member’s contract, JHHC considers nutrition therapy medically necessary when ALL of the following are met:
A. The nutritional product must be prescribed, ordered, or recommended (as applicable) by a physician or other health care professional qualified to provide medical treatment for the disease or condition for which the therapy is being prescribed, ordered, or recommended.
B. The condition for which the nutritional product is being prescribed, ordered, or recommended is expected to persist for a minimum of three months.
C. Adequate nutrition cannot be achieved by adjustment of regular diet.
D. There is clear documentation of medical diagnosis and treatment plan indicating medical necessity of the nutritional product.
E. Treatment is for ANY of the conditions listed in Section II.
II. When benefits are provided under the member’s contract, JHHC considers nutrition therapy to be medically necessary when ALL of the requirements in Section I are met and for ANY of the following:
   A. Inborn errors of metabolism, including the following categories:
      1. Disorders of amino acid metabolism, including but not limited to maple syrup
         urine disease, homocystinuria, phenylketonuria, and tyrosinemia.
      2. Organic acidemias, including but not limited to methylmalonic acidemia,
         propionic acidemia, isovaleric acidemia, and glutaric acidemia type 1
      3. Urea cycle defects, including but not limited to citrullinemia, ornithine
         transcarbamylase deficiency, carbamyl phosphate synthetase deficiency, and
         arginosuccinic aciduria
      4. Fatty acid oxidation disorders requiring dietary treatment, including very long
         chain acyl-coA dehydrogenase deficiency (VLCADD), long chain 3-hydroxyacyl-
         coA dehydrogenase deficiency (LCHADD), trifunctional protein (TFP)
         deficiency, and HMG-coA lyase deficiency
      5. Glycogen storage diseases
   B. Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food
      proteins
   C. Food protein induced enterocolitis syndrome
   D. Eosinophilic disorders, as evidenced by the results of a biopsy
   E. Medical disorders resulting in malabsorption of nutrients in the gastrointestinal tract
   F. Failure to initiate nutritional therapy will result in malnutrition, physical or mental
      disability, or death.

III. Products that may be approved under this policy include
   A. Formulas specially produced for the dietary treatment of specific disease conditions
   B. Low protein modified food products, amino acid mixtures, and medically necessary
      amino acids added to the nutritional solution
   C. Medically necessary vitamins and minerals added to the nutritional solution

IV. Unless specific benefits are provided under the members contract, JHHC considers the
following to be NOT MEDICALLY NECESSARY, (not an all-inclusive list):
   A. Food products consumed as part of a diet or treatment plan designed to reduce the risk
      of a disease or medical condition or as weight-loss products, even if recommended by
      a physician or other health care professional
   B. Nutritional supplements administered for the sole purpose of boosting protein or
      caloric intake in the absence of a medical condition for which the accepted treatment
      consists of or includes administration of nutritional supplements.
   C. Vitamin or mineral preparations, except as provided in section III.C.
   D. Regular grocery items, baby food, banked breast milk, food thickeners, gluten-free
      food products for the management of celiac disease or non-celiac gluten sensitivity,
Lactose-free products, food marketed for the management of diabetes, products marketed to aid weight loss, products used to replace fluids and electrolytes.

E. Formulas, foods, or additives designed and marketed for the treatment of food intolerances (e.g. formulas for fussiness or gas)

Cross reference [CMS14.02 Nutritional Counseling Policy](#)

**BACKGROUND:**

Nutrition Therapy, or Medical Nutrition Therapy (MNT), is a practice which consists of administering personalized diet plans, nutritional therapy and counseling services to patients for the treatment and management of diseases and other medical conditions. MNT is a therapeutic approach often used for patients with diabetes, hypertension, fatigue, arthritis, and joint pain. MNT is often used in bariatric patients both pre and post-surgery to assist in recovery efforts. The practice is commonly administered under the guidance of a registered dietitian, certified nutritionist, and/or physician.

**CODING INFORMATION:**

*CPT Copyright 2017 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 pre-authorization.

**NO PRE-AUTHORIZATION REQUIRED**

Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP) <strong>See Specific Summary Plan Description (SPD)</strong></th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
</tr>
</thead>
</table>
**CPT® CODES**

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<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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**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>DESCRIPTION</th>
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<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 (2 or more individuals), each 30 minutes</td>
</tr>
<tr>
<td>S9433</td>
<td>Medical food nutritionally complete, administered orally, providing 100% of nutritional intake</td>
</tr>
<tr>
<td>S9435</td>
<td>Medical foods for inborn errors of metabolism</td>
</tr>
<tr>
<td>S9470</td>
<td>Nutritional counseling, dietitian visit</td>
</tr>
</tbody>
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**Not Covered**

*Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits*

**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A9152</td>
<td>Single vitamin/mineral/trace element, oral, per dose, not otherwise specified</td>
</tr>
<tr>
<td>A9153</td>
<td>Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified</td>
</tr>
<tr>
<td>B4100</td>
<td>Food thickener, administered orally, per oz</td>
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**ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY**

**ICD10 CODES**

<table>
<thead>
<tr>
<th>ICD10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E71</td>
<td>Disorders of branched-chain amino-acid metabolism and fatty-acid metabolism</td>
</tr>
<tr>
<td>E72</td>
<td>Other disorders of amino-acid metabolism</td>
</tr>
</tbody>
</table>
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.

REFERENCES:


