

Medical Nutrition Therapy for Chronic Disease Management

Policy Number: MP-048
Last Review Date: 08/1/2016
Effective Date: 08/01/2016

Policy

Evolent Health considers **Medical Nutrition Therapy (MNT) for Chronic Disease Management** medically necessary for the following indications:

1. Member has one or more chronic diseases listed in this Indications section and/or diagnosis listed in the Codes section below for which dietary adjustment has a therapeutic role;
2. Prescribed by a physician;
3. MNT is furnished by a Certified Nutrition Specialist (CNS), Licensed Dietician/Nutritionist (LDN), Registered Dietician (RD), or Certified Nutrition Support Clinician (CNSC)

A sudden rapid deterioration in nutritional status or other change in a medical condition, diagnosis, or treatment plan making change in diet necessary, may dictate the need for more intensive MNT.

Coverage of MNT visits for the covered diagnoses listed below may include:

1. An initial visit for assessment (nutritional and lifestyle) specific to the medical condition(s) and information to manage lifestyle factors that affect diet
2. Follow-up visit to monitor progress
3. An initial assessment and additional visits only for the diagnosis of morbid obesity

NOTE: The first 12 visits will be covered when the criteria in this policy is met. Visits after the 12th visit are subject to prior authorization for medical necessity review.

Specific indications for each covered diagnosis (Exceptions included):

1. Cardiac Disease when any of the following criteria are met:
 - Coronary artery/cardiovascular disease
 - Congestive heart failure
 - High risk factors for developing cardiac disease
 - Hyperlipidemia
 - Hypertension
2. Celiac Disease (Small intestinal inflammation resulting from an immunologic intolerance to gluten):

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- Treatment of this disease is primarily dietary which consists of a strict gluten- (the proteins derived from wheat, barley, rye and oats) free diet that includes elimination of food and non-food items
3. Obesity (Pediatric) when both of the following criteria are met (per the American Medical Association's June 2007 recommendations):
 - Child is between the ages of 2 and 19 years
 - BMI is above the 85th percentile
 4. Select Diseases of the small bowel:
 - Small Bowel Crohn's Disease
 - Short Bowel Syndrome
 - Intestinal Malabsorption Syndrome
 5. Symptomatic Human Immunodeficiency Virus (HIV) Disease/Acquired Immunodeficiency Syndrome (AIDS):
 - For early intervention to optimize nutritional status and improve immune function
 6. Morbid obesity (Adult) when any of the following criteria are met:
 - Diagnosis of morbid obesity as determined by Body Mass Index (BMI) equal to or greater than 35;
 - Required weight loss prior to major surgery in order to prevent complications posed by obesity when it coexists with other pathological conditions; or
 - As part of a multidisciplinary weight loss program in preparation for bariatric surgery.
 7. Obstetrical patients with any of the following high risk criteria are met:
 - Gestational Diabetes;
 - Adolescents (less than 18years);
 - Multiple gestations;
 - Pre-pregnancy BMI of >30 or <19.1;
 - Pre-existing condition requiring nutritional intervention (diabetes, cardiac disease)
 - Poor weight gain
 - Hyperemesis gravidarum
 8. Patients with renal disease when any of the following criteria are met:

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- Chronic renal insufficiency (the stage of renal disease associated with a reduction in renal function not severe enough to require dialysis or transplantation)
 - End stage renal disease
 - Existing renal disease 36 months after a kidney transplant
9. Diabetes mellitus when all the following criteria are met:
- Type 1 or Type 2 Diabetes Mellitus
 - MNT is an entirely separate benefit from Diabetes Self-Management Training (DSMT) - these classes are for the education of a member in all aspects of diabetes not just MNT
10. Spina bifida/spinal cord injuries when all of the following criteria are met:
- To assist in optimizing nutritional status in order to promote healthy growth and development and to aid in the prevention of skin breakdown.
11. Eating Disorders in conjunction with a behavioral health program including, but not limited to:
- Anorexia Nervosa
 - Bulimia
12. Multiple or severe food allergies
13. Metabolic disorders (see ICD-10 E-series of codes below).

Limitation: Facilities may bill for services provided by a CNS, LDN, and RD.

Background

According to the American Diabetes Association (ADA), nearly 26 million adults and children have diabetes. The Centers for Disease Control and Prevention (CDC) also reported that between 1980-2011, the number of Americans diagnosed with diabetes more than tripled from 5.6 million to 20.9 million.

Nutrition and diet play an important role in helping individuals with certain diseases manage their health. The Centers for Medicare and Medicaid Services (CMS) define medical nutrition therapy (MNT) services as nutritional diagnostic, therapeutic, and counsel services provided by an appropriate provider. The goal of MNT is to assist these individuals with making nutritional changes which can lead to improved health and

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prevent or reduce complications from their conditions. A CNS, LDN, or RD is required to provide the range of services which are considered MNT.

The American Association of Diabetes Educators (AADE), defines Diabetes Self-Management Education (DSME) as a collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify behavior and successfully self-manage the disease and its related conditions.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
97802	Medical nutrition therapy, initial assessment and intervention, individual, face to face with the patient, each 15 min
97803	Medical nutrition therapy, re-assessment and intervention, individual, face to face with the patient, each 15 minutes
97804	Medical nutrition therapy, group (2 or more individuals), each 30 minutes
HCPCS codes covered if selection criteria are met (If Appropriate):	
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in the 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
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in the 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
ICD-10 codes covered if selection criteria are met:	
B20	Human immunodeficiency virus (HIV) disease
E08-E13.9	Diabetes mellitus
E44.1	Mild protein-calorie malnutrition
E66.0-E68	Overweight, obesity, and other hyperalimentation

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E70.0-E70.9	Disorders of aromatic amino acid metabolism
E71.0-E71.30	Disorders of branched chain amino acid metabolism
E72.00-E72.9	Disorders of amino acid transport
E73.0-E73.9	Lactose intolerance
E74.00-E74.9	Other disorders of carbohydrate metabolism
E75.5-E75.6	Other lipid storage disorders
E77.0-E77.9	Disorders of glycoprotein metabolism
E78.0-E78.9	Disorders of lipoprotein metabolism and other lipidemias
E80.0-E80.29	Disorders of porphyrin and bilirubin metabolism
E83.00-E83.19 E83.30-383.9	Disorders of mineral metabolism
E87.0-E87.8	Other disorders of fluid electrolyte and acid-base balance
E88.01-E88.2 E88.89	Other and unspecified metabolic disorders
F50.00-F50.9	Eating disorders
G81.00-G83.9	Paralytic syndromes
I10-I15.9	Hypertensive diseases
I20.1-I25.9	Ischemic heart disease
I42.0-I42.9	Cardiomyopathy
I50.1-I50.9	Heart failure
I70.0-I70.92	Atherosclerosis
K50.00-K50.019	Crohn's disease of small intestine without/with complications
K50.80-K50.819	Crohn's disease of small intestine and large intestine without/with complications
K50.90-K50.919	Crohn's disease, unspecified without and with complications
K90.0-K90.9	Intestinal malabsorption (including Celiac disease and short bowel syndrome)
N00.0-N00.7	Diseases of genitourinary system
N27.9	Small kidney, unspecified
O24.0-O24.92	Diabetes mellitus in pregnancy, childbirth, and the puerperium

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O25.1-O25.3	Malnutrition in pregnancy, childbirth, and the puerperium
Q05.0-Q05.9	Spina bifida
Q07.01-Q07.03	Arnold-Chiari syndrome with spina bifida
R13.11	Dysphagia, oral phase
R62.51	Failure to thrive (child)
R62.50	Unspecified lack of expected normal physiological development in childhood
R63.0	Anorexia
R63.3	Feeding difficulties
S14.0-S14.9XXS	Injury of nerves and spinal cord at neck level
S24.0-S24.9XXS	Injury of nerves and spinal cord at thorax level
S34.0-S34.9XXS	Injury of lumbar and sacral cord and nerves at abdomen, lower back, and pelvis level
Z68.35-Z68.45	Body mass index (BMI) 35.0 or greater
Z68.53-Z68.54	85 th percentile or greater for age
Z94.0	History of kidney transplant
Z95.1-Z95.9	Presence of cardiac and vascular implants and grafts (excluding pacemakers)
Z96.41	Presence of insulin pump (external) (internal)
Z98.84	Bariatric surgery status
Z99.2	Dependence on renal dialysis

References

1. American Dietetic Association. Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. J Am Diet Assoc 2011 Aug;111(8):1236-41
2. American Dietetic Association. Position of the American Dietetic Association: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and other eating disorders. J Am Diet Assoc. 2006;106(12):2073-2082
3. American Diabetes Association. Nutrition recommendations and interventions for diabetes- A position statement of the American Diabetes Association. Diabetes Care. 2007 Jan; 30(Suppl 1):S48-S65.
http://care.diabetesjournals.org/content/30/suppl_1/S48.full.pdf+html

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4. Barlow SE. Expert Committee Recommendation Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. (Convened by American Medical Association). Pediatrics. 2007 Dec; 120(Suppl 4): S164-S192.
http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full.pdf+html
5. Celiac Sprue Association. Treatment of Celiac Disease and Gluten-Related Disorders. ©2013. http://www.csaceliacs.info/treatment_of_celiac_disease.jsp
6. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 180.1 - Medical Nutrition Therapy. Effective October 1, 2002. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=252&ncdver=1&bc=AgAAgAAAAAAAAAAAA%3d%3d&>
7. Disparities National Coordinating Center. Diabetes Self-Management Education/Training Reimbursement Toolkit. October 2013.
<http://www.cmspulse.org/resource-center/health-topics/diabetes/documents/DSME-Toolkit.pdf>
8. National Kidney Foundation. Kidney Disease Outcomes Quality Initiatives (KDOQI). K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification, and Stratification. Part 6. Association of Level of GFR with Complications in Adults. Guideline 9. Association of Level of GFR with Nutritional Status. © 2002 National Kidney Foundation, Inc
http://www2.kidney.org/professionals/KDOQI/guidelines_ckd/p6_comp_g9.htm
9. Ozier AD and Henry BW; American Dietetic Association. Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. J Am Diet Assoc 2011 Aug;111(8):1236-41.
10. United States Government: Code of Federal Regulations Title 42, Volume 2, Section 410.130 – 410.132. Medical Nutrition Therapy.
<http://www.gpo.gov/fdsys/pkg/CFR-2003-title42-vol2/pdf/CFR-2003-title42-vol2-part410-subpartG.pdf>

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