

Clinical Policy: Nutritional Counseling

Reference Number: HI.CP.MP.502

Date of Last Revision: 08/23

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Description

This policy describes the medical necessity requirements for Nutritional Counseling services.

Policy/Criteria

- I. It is the policy of Ohana Health Plan that nutritional counseling is **medically necessary** when all of the following criteria are met:
 - A. Enrollment in a Case or Disease Management program;
 - B. A chronic condition or complex medical need in which dietary adjustment has a potential therapeutic role is present.

Case Management identifies members based on referrals and/or applicable screenings for various conditions. Physician orders will be requested.

Note: Annual limit of one (1) initial visit and three (3) subsequent visits; treatment plan will be initiated and managed by the nutritionist. Upon notification by the provider, requests for additional visits or hours will be reviewed for medical necessity and may be approved.

Background

Coverage for Nutritional Counseling for Pregnant Women includes an assessment, hands-on care, and guidance to caregivers and members with respect to nutrition. The service teaches caregivers and enrollees to follow dietary specifications that are essential to the member's health and physical functioning, to prepare and eat nutritionally appropriate meals and promote better health through improved nutrition. The service may include instructions on shopping for quality food and food preparation.

The Hawaii Department of Health outlines the benefits of individuals consulting with a licensed dietitian/nutritionist (LDN) or nutrition counselor (LNC):

- *Prevention and Management of Chronic Disease:* Those with (or at risk of developing) diabetes, high blood pressure, cancer, heart disease or other chronic disease can receive medical nutrition therapy to develop an effective eating plan that will not compromise taste or nutrition.
- *Coordination of Care:* Working with the treating physician when implementing a dietary plan for a condition under which the patient is under a physician's care.
- *Assist with Weight Loss or Gain:* Providing suggestions on caloric intake and nutritional choices for healthy weight loss or gain for children and adults.
- *Improve Digestive Problems:* Working with the provider, an LDN or LNC can help you adjust your eating habits in a way that will cause the least aggravation to your condition.

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- *Prenatal and Post-Partum Health:* An LDN or LNC assists women who are preparing for pregnancy, are currently pregnant or are breastfeeding to ensure they receive all of the necessary nutrients to yield a healthy pregnancy and baby.

Nutritional Counseling is also beneficial for individuals:

- With Eating Disorders;
- Who have had Gastric Bypass Surgery;
- Who are seniors and need assistance with possible interactions between food or medications as well as hydration, hypertension, and other nutritional needs that can change with age.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2022, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
97802 - 97804	Medical Nutrition Therapy

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	11/6/2014	11/6/2014
Approved by MPC. No changes.	11/5/2015	11/5/2015
Approved by MPC. No changes.	11/3/2016	11/3/2016
Approved by MPC. Criteria change, removed home health or pregnancy as requirement for services.	3/2/2017	3/2/2017
Approved by MPC. Added verbiage regarding additional hours.	7/6/2017	7/6/2017
Approved by MPC. No changes.	7/12/2018	7/12/2018
Approved by MPC. No changes.	8/22/2019	8/22/2019
Annual review, no changes.	9/2020	9/2020
Transitioned policy to new state specific template and sent to market for ownership, Policy number changed from HS-269 to HI.CP.MP.502	9/2020	
Policy template updated-sent to market for ownership.	08/23	

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References

1. State of Hawaii Department of Human Services. Med-Quest Division: covered benefits. <https://medquest.hawaii.gov/en/members-applicants/quest-integration-coverage.html>. Accessed August 17, 2023.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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