



Health Plans

Manual: IU Health Plans
Department: Utilization Management
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Medicare Advantage

X Commercial

Medical Nutrition Therapy for Chronic Disease Management Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Medical Nutrition Therapy (MNT) for Chronic Disease Management.

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Full-insured and Team Member commercial plans.

III. Exceptions

1. Facilities may bill for services provided by a CNS, LDN, and RD.
2. Coverage for MNT includes services provided by a registered dietitian/nutritionist for the chronic diseases listed in this policy.
3. 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
4. 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.
5. MNT must be prescribed by a physician
6. MNT must be furnished by a Certified Nutrition Specialist (CNS), Licensed Dietitian/Nutritionist (LDN), Registered Dietitian (RD), or Certified Nutrition Support Clinician (CNSC)

IV. Definitions

Medical Nutrition Therapy- According to the Academy of Nutrition and Dietetics, medical nutrition therapy (MNT) is nutritional diagnosis, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional. MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves individualized nutrition assessment and a duration and

frequency of care using the Nutrition Care Process to manage disease.

V. Policy Statements

IU Health Plans considers Medical Nutrition Therapy (MNT) for Chronic Disease Management medically necessary for **one of the following** indications:

1. Diagnoses with Unlimited Covered MNT Visits (an Initial Visit and Unlimited Follow-up Visits) are indicated for **one of the following**:
 - a. Obstetrical patients with **any of the following** high-risk criteria are eligible for unlimited visits:
 1. Gestational Diabetes
 2. Adolescents (less than 18 years)
 3. Multiple gestations
 4. Pre-pregnancy BMI of >30 or <19.1
 5. Pre-existing condition requiring nutritional intervention (diabetes, cardiac disease)
 6. Poor weight gain
 7. Hyperemesis gravidarum
 - b. Patients with renal disease when **any of the following** criteria are met are eligible for unlimited visits:
 1. Chronic renal insufficiency (the stage of renal disease associated with a reduction in renal function not severe enough to require dialysis or transplantation)
 2. End stage renal disease (ESRD)
 3. Existing renal disease 36 months after a kidney transplant
 - c. Diabetes Mellitus-Type 1 or Type 2 Diabetes Mellitus
 - d. Spina bifida/spinal cord injuries
2. Diagnoses with a Total of 2 Covered MNT Visits per Benefit Year (an Initial Visit and a Follow-up Visit) are indicated for **one of the following** conditions:
 - a. Cardiac Disease when **one of the following** criteria are met:
 1. Coronary artery/cardiovascular disease
 2. Congestive heart failure
 3. High risk factors for developing cardiac disease for **one of the following** conditions:
 - a) Hyperlipidemia
 - b) Hypertension
 - b. Celiac Disease (small intestinal inflammation resulting from an immunologic intolerance to gluten):
 - c. Obesity (Pediatric) when **all of the following** criteria are met (per the American Medical Association's June 2007 recommendations):
 1. Child is between the ages of 2 and 19 years
 2. BMI is above the 85th percentile
 - d. Select diseases of the small bowel when one of the following indications are met:
 1. Small Bowel Crohn's Disease
 2. Short Bowel Syndrome
 3. Intestinal Malabsorption Syndrome
 - e. Symptomatic Human Immunodeficiency Virus (HIV) Disease/Acquired Immunodeficiency Syndrome (AIDS):
 - f. Diagnosis with a Total of 7 Covered MNT Visits per Benefit Year (an Initial Visit and 6 Follow-up Visits) are indicated for Morbid obesity (Adult) when **one of the following** criteria are met:

1. Diagnosis of morbid obesity as determined by Body Mass Index (BMI) equal to or greater than 35
2. Required weight loss prior to major surgery in order to prevent complications posed by obesity when it coexists with other pathological conditions; or
3. As part of a multidisciplinary weight loss program in preparation for bariatric surgery.

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
E78.0-E78.9	Disorders of lipoprotein metabolism and other lipidemia's
E66.0-E68	Overweight, obesity, and other hyperalimentation
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
O09	Supervision of high-risk pregnancy
O24.0-O24.92	Diabetes mellitus in pregnancy, childbirth, and the puerperium
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
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

V. Procedures

None

VI. References/Citations

1. Celiac Disease Foundation. *Resources for Professionals*. Copyright 1998-2023. [Resources for Professionals | Celiac Disease Foundation](#)
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination(NCD) Medical Nutrition Therapy. 180.1 Effective 01/01/2022. Implementation Date 7/5/2022. [NCD - Medical Nutrition Therapy \(180.1\) \(cms.gov\)](#)
3. Evert, A.B., Dennison, M., Gardner, C.W.m Garvey, W.T. Hei, K. Lau, K., MacLeod, J., et al. (2019, May). Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report. *Diabetes Care*. May 2019, 42(5) 731-754. doi: 10.2337/dci19-0014
4. Ikizler T.A., Burrowes, J.D., Byham-Gray L.D., et al; (2020) KDOQI (Kidney Disease Outcomes Quality Initiative) Nutrition in CKD Guideline Work Group. KDOQI clinical practice guideline for nutrition in CKD: 2020 update. *Am J Kidney Dis*. 2020;76(3) (suppl 1): S1-S107. [KDOQI Clinical Practice Guideline for Nutrition in CKD: 2020 Update - PubMed \(nih.gov\)](#)
5. Styne,D.M., Arslanian, S.A., Connor, E.L., Farooqi,I.S., Murad, M.H., JSilverstein, J.H.,& Yanovski, J.A. (2017, March). Pediatric Obesity—Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 3, 1 March 2017, Pages 709–757, <https://doi.org/10.1210/jc.2016-2573>

VII. Forms/Appendices

None

VIII. Responsibility

Medical Director

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