MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

MP.048.MH – Medical Nutrition Therapy for Chronic Disease Management

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA DSNP CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Medical Nutrition Therapy for Chronic Disease Management medically necessary for the following indications:

MNT will only be considered for coverage when all of the following conditions are met:

- 1. Member has one or more chronic diseases listed in this Indications section 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 includes for the covered diagnoses listed below:

- 1. One initial visit for assessment (nutritional and lifestyle) specific to the medical condition(s) and information to manage lifestyle factors that affect diet
- 2. One follow-up visit to monitor progress (**Total of 2 visits per benefit year**) Or
- 3. One initial assessment and 5 additional visits only for the diagnosis of morbid obesity (**Total of 6 visits per benefit year**)

EXCEPTIONS: The total number of covered MNT visits is unlimited for high risk obstetrics, renal disease, diabetes mellitus, and spina bifida/ spinal cord injuries.

Specific indications for each covered diagnosis (Exceptions included):



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

Diagnoses with a Total of 2 Covered MNT Visits per Benefit Year (an Initial Visit and a Follow-up Visit):

- 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):
 - 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

Diagnosis with a Total of 6 Covered MNT Visits per Benefit Year (an Initial Visit and 5 Follow-up Visits):

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



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

• As part of a multidisciplinary weight loss program in preparation for bariatric surgery.

Diagnoses Exceptions with Unlimited Covered MNT Visits (an Initial Visit and Unlimited Follow-up Visits):

- 1. Obstetrical patients with any of the following high risk criteria are eligible for unlimited visits:
 - 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
- 2. Patients with renal disease when any of the following criteria are met are eligible for unlimited visits:
 - 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
- 3. Diabetes mellitus when all the following criteria are met are eligible for unlimited visits:
 - 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
- 4. Spina bifida/spinal cord injuries are eligible for unlimited visits:
 - To assist in optimizing nutritional status in order to promote healthy growth and development and to aid in the prevention of skin breakdown.

Limitations

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



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

• CHIP coverage for MNT includes services provided by a registered dietician/nutritionist for the chronic diseases listed in this policy. There are no limits associated with the number of visits per benefit year.

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 counselign 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 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 thorugh 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	



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

	Renewal Date: 01/01/2017
	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-9 codes co	vered if selection criteria are met:
042	Human immunodeficiency virus (HIV) disease
249.00-250.93	Diabetes Mellitus and secondary diabetes mellitus
272.0-272.9	Disorders of lipoid metabolism
278.00-278.8	Overweight, obesity, and other hyperlimentation
342.00-342.9	Hemiplegia and Hemiparesis
344.00-344.90	Paralytic syndromes
401.0-405.99	Hypertension disease
410.00-414.9	Ischemic heart disease
425.0-425.9	Cardiomyopathy
428.0-428.9	Heart Failure
440.0-440.9	Atherosclerosis
555.0	Small intestine lleitis: regional segmental terminal regional enteritis or Crohn's disease of: duodenum, ileum, jejunum
555.2	Small intestine with large intestine regional ileocolitis
555.9	Unspecified site Crohn's disease (Not Otherwise Specified) regional enteritis NOS
579.0-579.9	Intestinal malabsorption (including Celiac disease and short bowel syndrome)
580.0-589.9	Kidney Disease- Nephritis, Nephrotic Syndrome, and Nephrosis
648.00-648.01	Gestational diabetes
741.00-741.93	Spina bifida
952.00-953.9	Spinal Cord Injuries
V23.0-V23.9	Supervision of high-risk pregnancy



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

	Renewal Date: 01/01/2017		
V42.0	Kidney replaced by transplant		
V45.11	Postsurgical renal dialysis status		
V45.81-V45.82	Post cardiac surgical		
V45.85-V45.86	Insulin pump status and Bariatric surgery status		
V85.35-85.45	Body mass index, adult, over 35		
V85.53-V85.54	Body mass index, pediatric, greater than or equal to 85 th percentile of age		
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 lipidemias		
E66.0-E68	Overweight, obesity, and other hyperalimentation		
G81.00-G83.9	Paralytic syndromes		
l10-l15.9	Hypertensive diseases		
120.1-125.9	Ischemic heart disease		
142.0-142.9	Cardiomyopathy		
150.1-150.9	Heart failure		
170.0-170.92	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		



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

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

References

- 1. Celiac Sprue Association. Treatment of Celiac Disease and Gluten-Related Disorders. ©2013. http://www.csaceliacs.info/treatment_of_celiac_disease.jsp
- 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
- 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
- 4. 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
- 5. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 180.1 Medical Nutrition Therapy. Effective October 1,



Policy Number: MP.048.MH Last Review Date: 11/12/2015 Effective Date: 01/01/2016 Renewal Date: 01/01/2017

- Disparities National Coordinating Center. Diabetes Self-Management Education/Trainig Reimbursement Toolkit. October 2013. http://www.cmspulse.org/resource-center/healthtopics/diabetes/documents/DSME-Toolkit.pdf
- 7. 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

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.

