



## **NUTRITIONAL COUNSELING**

### **Corporate Medical Policy**

File name: Nutritional Counseling  
File code: RB.NC.01  
Origination: 4/2002  
Last Review: 06/2015  
Next Review: 06/2016  
Effective Date: 01/01/2016

#### **Description**

Nutritional counseling is individualized advice and guidance given to members at nutritional risk due to nutritional history, current dietary intake, medication use or chronic illness, about options and methods for improving nutritional status. A certified, registered, or licensed healthcare professional functioning within the scope of his or her license provides this counseling.

Nutritional counseling is often required for members with conditions such as diabetes, heart disease, kidney disease, obesity, eating disorders, or other nutrition related conditions.

Nutritional counseling begins with assessing the person's overall nutritional status, followed by an individualized prescription for treatment. The dietitian or health professional takes into account a person's food intake, physical activity, course of any medical therapy including medications and other treatments, individual preferences, and other factors.

Nutritional counseling of individuals with eating disorders as part of a multidisciplinary approach to treatment, is supported by the American Psychological Association, the Academy for Eating Disorders, and the American Academy of Pediatrics. A multidisciplinary, coordinated approach to treatment includes at a minimum a physician, therapist and nutritionist who, preferably, all have specialized knowledge and training in eating disorders.

Unique to the Registered Dietitian (RD) is the qualification to provide Medical Nutrition Therapy (MNT). MNT is an essential component of comprehensive nutrition care. Disease or conditions may be prevented, delayed, or managed, and quality of life improved in individuals receiving MNT. During MNT intervention, RDs counsel individuals on behavioral and lifestyle changes that impact long-term eating habits and health. MNT is an evidenced-based application of the Nutrition Care Process including:

1. Performing a comprehensive nutrition assessment
2. Determining the nutrition diagnosis
3. Planning and implementing a nutrition intervention using evidence-based nutrition practice guidelines
4. Monitoring and evaluating an individual's progress toward goals Nutrition Therapy (MNT).

## Policy

### Coding and Billing Guidelines for Nutritional Counseling

Click the links below for attachments, coding tables & instructions.

[Attachment I- Procedural Coding Table & Instructions](#)

[Attachment II- ICD Code Table](#)

Preventive Medicine, Individual Counseling CPT codes 99401 - 99404 for primary prevention should only be billed when a Preventive Medicine Service CPT code is billed 99381 - 99397. Registered dietitians engaging in counseling for established disease should use codes for the services listed in attachment I.

Per the American Medical Association Current Procedural Terminology (CPT) Manual, CPT codes 99401-99404 are used to report services provided face-to-face by a physician or other qualified health care professional for the purpose of promoting health & preventing illness. Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment.

Per CPT Assistant, Winter 1994, CPT codes 99401 - 99404 **are not** to be used to report counseling and risk factor reduction interventions provided to patients with symptoms or established illness. For counseling individual patients with symptoms or established illness, use the appropriate office, hospital or consultation or other evaluation and management codes.

### Policy Guidelines

There is no limit on the number of visits for nutritional counseling for treatment of diabetes. For all other nutritional counseling, we cover up to three outpatient nutritional counseling visits each plan year. With prior approval benefits may be provided for up to 20 additional nutritional counseling visits for the treatment of eating disorders and inherited metabolic diseases (*please refer to the medical policy for medical nutrition for inherited metabolic disease for a list of applicable diagnoses*).

Members with diagnoses of metabolic disease or eating disorders must provide medical information supporting the need for nutritional counseling beyond the initial three visits.

### Documentation required:

Prior approval requests must include a clinical summary with a dietary assessment with any of the following information that is applicable:

- Frequency of nutrition counseling follow up appointments
- Percent of meal plan compliance
- Weight chart with a goal weight range
- Frequency of:
  - Binges
  - Purges
  - Laxative misuse
  - Number of meals skipped
  - Number of minutes exercised
- Transition to/or from a higher level of care
- Percentage of day spent in food related thoughts.
- Physical health
- Nutrition related abnormalities
- Flexibility in food selection and inclusion of fear foods

The nutrition professional must be in close communication with the primary care provider and therapist as non-food-related issues arise so they can be referred to the appropriate member of the treatment team.

### Definitions:

Metabolic diseases are typically hereditary diseases or disorders that disrupt normal metabolism, the process of converting food to energy on a cellular level. Thousands of enzymes participating in numerous interdependent metabolic pathways carry out this process. Metabolic diseases affect the ability of the cell to perform critical biochemical reactions that involve the processing or transport of proteins (amino acids), carbohydrates (sugars and starches), or lipids (fatty acids).

Eating disorders -- such as anorexia, bulimia, and binge eating disorder - include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males.

Eating disorders exist on a continuum of severity and various stages of remission and the DSM-5 diagnostic criteria define levels of severity and levels of remission for anorexia nervosa, bulimia nervosa, and binge-eating disorder. There is little professional consensus in defining recovery from an eating disorder. The explanation of “remission” in the DSM-5 offer some guidance but “sustained period of time” is not specified.

## **Anorexia Nervosa**

Anorexia nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss. Anorexia nervosa is one of the most common psychiatric diagnoses in young women. Anorexia nervosa has one of the highest death rates of any mental health condition.

### **Symptoms include**

- Inadequate food intake leading to a weight that is clearly too low.
- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain.
- Self-esteem overly related to body image.
- Inability to appreciate the severity of the situation.
- Binge-Eating/Purging Type involves binge eating and/or purging behaviors during the last three months.
- Restricting Type does not involve binge eating or purging.

### **Health Consequences of Anorexia Nervosa**

Anorexia nervosa involves self-starvation; the body is denied the essential nutrients it needs to function normally, so it is forced to slow down all of its processes to conserve energy. This “slowing down” can have serious medical consequences:

- Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing. The risk for heart failure rises as heart rate and blood pressure levels sink lower and lower.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- Muscle loss and weakness.
- Severe dehydration, which can result in kidney failure.
- Fainting, fatigue, and overall weakness.
- Dry hair and skin, hair loss is common.
- Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm.

## **Bulimia Nervosa**

Bulimia nervosa is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating. People struggling with bulimia nervosa usually appear to be of average body weight. Many people struggling with bulimia nervosa recognize that their behaviors are unusual and perhaps dangerous to their health.

### **Symptoms**

- Frequent episodes of consuming very large amount of food followed by behaviors to prevent weight gain, such as self-induced vomiting.

- A feeling of being out of control during the binge-eating episodes.
- Self-esteem overly related to body image.

### Health Consequences of Bulimia Nervosa

Bulimia nervosa can be extremely harmful to the body. The recurrent binge-and-purge cycles can damage the entire digestive system and purging behaviors can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions. Some of the health consequences of bulimia nervosa include:

- Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium and sodium from the body as a result of purging behaviors.
- Inflammation and possible rupture of the esophagus from frequent vomiting.
- Tooth decay and staining from stomach acids released during frequent vomiting.
- Chronic irregular bowel movements and constipation as a result of laxative abuse.
- Gastric rupture is an uncommon but possible side effect of binge eating.

### Binge Eating Disorder

Binge Eating Disorder (BED) is a type of eating disorder that is characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating. People who struggle with binge eating disorder can be of normal or heavier than average weight. People struggling with binge eating disorder often express distress, shame, and guilt over their eating behaviors. People with binge eating disorder report a lower quality of life than non-binge eating disorder.

### Symptoms

- Frequent episodes of consuming very large amount of food but without behaviors to prevent weight gain, such as self-induced vomiting.
- A feeling of being out of control during the binge eating episodes.
- Feelings of strong shame or guilt regarding the binge eating.
- Indications that the binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior.

### Other Specified Feeding or Eating Disorder

Formerly described as Eating Disorders Not Otherwise Specified (EDNOS) in the DSM-IV, Other Specified Feeding or Eating Disorder (OSFED), is a feeding or eating disorder that causes significant distress or impairment, and behaviors do not meet full criteria for any of the other feeding and eating disorders, but still cause clinically significant problems. The commonality in all of these conditions is the serious emotional and psychological suffering and/or serious problems in areas of work, school or relationships

### **Avoidant/Restrictive Food Intake Disorder**

- Failure to consume adequate amounts of food, with serious nutritional consequences, but without the psychological features of Anorexia Nervosa.
- Reasons for the avoidance of food include fear of vomiting or dislike of the textures of the food.

### **Pica**

- The persistent eating of non-food items when it is not a part of cultural or social norms.

### **Rumination Disorder**

- Regurgitation of food that has already been swallowed. The regurgitated food is often re-swallowed or spit out.

### **Eligible Providers**

For all lines of business the provider must be credentialed by the Plan or a designee of the Plan. Eligible providers must be working within the scope of their license.

- Medical Doctor
- Doctor of Osteopathy
- Registered Dietician
- Certified Dietitian
- Certified Diabetic Educator
- Advanced Practice Registered Nurse
- Naturopathic Doctor

### **Document Precedence**

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

### **Audit Information**

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

### **Related Policies**

Medical Nutrition for Inherited Metabolic Disease

## Administrative and Contractual Guidance

### Benefit Determination Guidance

Prior approval is required for services as outlined in the policy guidelines. Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP) members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's plan documents or contact the customer service department.

### Policy Implementation/Update information

4/2003	Removed specific diagnosis codes. Replaces all memos or previous policies related to nutritional counseling, including TVHP. Applies to TVHP and BCSVT
6/2003	Added specific billing codes
08/2003	Language changes to support certificate and clarify benefit
9/2005	Language changes to support certificate
9/2006	Reviewed with minor word changes only and addition of revenue code on attachment page
9/2007	Reviewed no changes made
11/2007	Reviewed by the CAC
8/2011	Policy written in new format. "Calendar Year" language changed "Plan Year". CPT 97804 deleted as this is a group counseling code. Removed reference to BCBSVT policies. Removed State of Vermont Licensed Nutritionist from list of eligible providers as this is a non-existent category Coding reviewed and correct per Medical/Clinical Coder SAR.
06/2015	Added definitions of specific eating disorders and metabolic disease. Related policy: Inherited metabolic disease added. Clarification of

	policy guidelines. HCPCS (G codes) for nutrition therapy. Eating disorders added to attachment II.
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**Scientific Background and Reference Resources**

1. Vermont State Diabetes Mandate: 8 V.S.A. § 4089c. Diabetes treatment.
2. American Dietetic Association. Position of the American Dietetic Association: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified (EDNOS). J Am Diet Assoc. 2001; 101(7):810-819
3. General Information page. <http://www.nationaleatingdisorders.org/>
4. Defining Recovery from an Eating Disorder: Conceptualization, Validation, and Examination of Psychosocial Functioning and Psychiatric Comorbidity. 2010. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2829357/> June 2015.
5. International Association of Eating Disorders Professional Foundation. <http://www.iaedp.com/>
6. Feeding and Eating Disorders. American Psychiatric Publishing. 2013. Retrieved from: <http://www.dsm5.org/Documents/Eating%20Disorders%20Fact%20Sheet.pdf> June 2015.

**Approved by BCBSVT Medical Directors      Date Approved**

Joshua Plavin MD, MPH  
Chair, Medical Policy Committee

Robert Wheeler MD  
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**Attachment I**  
Procedural Coding Table & Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			

CPT	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	See policy guidelines for prior approval requirements.
CPT	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	See policy guidelines for prior approval requirements.
CPT	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	See policy guidelines for prior approval requirements.
HCPCS	G0270	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	See policy guidelines for prior approval requirements.
HCPCS	G0271	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	See policy guidelines for prior approval requirements.
HCPCS	S9452	Nutrition classes, non-physician provider, per session	See policy guidelines for prior approval requirements.
HCPCS	S9470	Nutritional counseling, dietitian visit	See policy guidelines for prior approval requirements.
REV	0942	Education/ Training	
Type of Service		Medicine	
Place of Service		Outpatient, Office, Inpatient.	

**Attachment II**  
**ICD Coding Table**

ICD-10 Code	Description
<b>The following diagnoses are considered medically necessary when applicable criteria in policy are met.</b>	
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.9	Eating disorder, unspecified
F50.2	Bulimia nervosa
F98.3	Pica of infancy and childhood
F98.21	Rumination disorder of infancy
R64	Cachexia
060315RLG	