Medical Nutrition Therapy

LOB(s):	State(s):
☒ *Commercial* ☐ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☐ *Medicaid*	☐ *Oregon*

Commercial Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Medical Nutrition Therapy is used as intervention to manage acute or chronic conditions. A health care provider prescribes and refers a member to a Registered Dietitian (RD) or other qualified provider, who assesses the member's medical and dietary needs and then provides education and counseling to the member to promote necessary dietary changes. The dietary changes may reduce complications or side-effects and improve the member's overall health and well- being.

PacificSource covers medical nutrition therapy for diabetic education, eating disorders, inborn errors of metabolism and obesity for the specific diagnoses on this policy in accordance with the US Preventive Services Task Force (UPSTF) A and B recommendations. Additionally, dietary and nutritional counseling may also be covered women aged 40 to 60 years of age, who have a normal or overweight body mass to maintain or limit their weight based on the Health Resources & Services Administration (HRSA) Women's Preventive Services Guidelines. See member benefit book for specific contract dietary or nutritional counseling benefit coverage and limitations.

Procedure

Commercial

I. Diabetic Education

PacificSource considers diabetes self-management education programs (DSME) medically necessary, when provided by a physician, registered nurse, licensed nurse practitioner, certified diabetes education, registered dietitian with expertise in diabetes, or by an education program (accredited by the American Diabetes Association (ADA) and the Association of Diabetes Care & Education Specialist (ADCES) certified programs) for management of the following diagnoses:

ICD-10 Diagnosis	Description
E08 – E08.9	Diabetes mellitus due to underlying condition
E09 – E09.9	Drug or chemical induced diabetes mellitus
E10 – E10.9	Type 1 diabetes mellitus
E11 – E11.9	Type 2 diabetes mellitus
E13 – E 13.9	Other specified diabetes mellitus
O24 – O24.9	Gestational diabetes mellitus

II. Eating Disorders

PacificSource considers medical nutrition therapy of eating disorders medically necessary, when referred by a health care provider and delivered by a qualified licensed health professional trained in nutrition (e.g., Registered Dietician) for the management of the following diagnoses:

ICD-10 Diagnosis	Description
F50.0 - F50.019	Anorexia Nervosa
F50.02 – 50.029	Anorexia Nervosa, binge eating/purging type
F50.2 – 50.25	Bulimia Nervosa
F50.8	Other eating disorders
F50.81 – F50.819	Binge eating disorder
F50.82	Avoidant/restrictive food intake
F50.83	Pica in Adults
F50.84	Rumination disorder in adults
F50.89	Other specific eating disorder
F50.9	Eating disorder, unspecified

III. Inborn Errors of Metabolism

PacificSource considers medical nutrition therapy for inborn errors of metabolism medically necessary, when referred by a health care provider and delivered by a qualified licensed health professional trained in nutrition (e.g., Registered Dietician) for the management of the following diagnoses:

ICD-10 Diagnosis	Description
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis

C96.6	Unifocal Langerhans-cell histiocytosis
D81.3- D81.39	Adenosine deaminase [ADA] deficiency ▪ *D81.31 Severe combined immunodeficiency due to adenosine deaminase deficiency;* ▪ *D81.32 Adenosine deaminase 2 deficiency;* ▪ *D81.39 Other adenosine deaminase deficiency*
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.818	Biotinidase deficiency
D84.1	Defects in the complement system
E70.0- E70.9	Disorders of aromatic amino-acid metabolism ▪ *E70.0 Classical phenylketonuria* ▪ *E70.1 Other hyperphenylalaninemias* ▪ *E70.2 Disorders of tyrosine metabolism (Tyrosinemia E 70.2)* ▪ *E70.3 Albinism* ▪ *E70.4 Disorders of histidine metabolism* ▪ E70.5 Disorders of tryptophan metabolism ▪ *E70.80 Other disorders of aromatic amnio-acid metabolism* ▪ *E70.9 Disorder of aromatic amino-acid metabolism, unspecified*
E71.0- E71.54	Disorders of branched-chain amino-acid metabolism and fatty-acid metabolism ▪ *E71.0 Maple-syrup-urine disease* ▪ *E71.1 Other disorders of branched-chain amino-acid metabolism* – *E71.110 Isovaleric acidemia* – *E. 71.11 Branched-chain organic acidurias* – *E71.12 Disorders of propionate metabolism* ▪ *E71.3 Disorders of fatty-acid metabolism* – *E71.30 Disorder of fatty-acid metabolism, unspecified* – *E71.31 Disorders of fatty-acid oxidation* ▪ *E71.4 Disorder of carnitine metabolism* – *E71. 44 Other secondary carnitine deficiency* ▪ *E71.5 Peroxisomal disorders* – *E71.51 Disorders of peroxisome biogenesis* – *E71.52 X-linked adrenoleukodystrophy* – *E71.54 Other peroxisomal disorders*
E72.00- E72.9	Other disorders of amnio-acid metabolism ▪ *E72.0 Disorders of amino-acid transport* ▪ *E72.1 Disorders of sulfur-bearing amino-acid metabolism (Homocystinuria E72.11)* ▪ *E72.2 Disorders of urea cycle metabolism* ▪ *E72.3 Disorders of lysine and hydroxylysine metabolism* ▪ *E72.4 Disorders of ornithine metabolism* ▪ *E72.5 Disorders of glycine metabolism* ▪ *E72.8 Other specified disorders of amino-acid metabolism* – *E72.81 Disorders of gamma aminobutyric acid metabolism* – *E72.89 Other specified disorders of amino-acid metabolism* ▪ *E72.9 Disorder of amino-acid metabolism, unspecified*
E74.00- E74.9	Other disorders of carbohydrate metabolism ▪ *E74.0 Glycogen storage diseases* ▪ *E74.1 Disorders of fructose metabolism*

	▪ *E74.2 Disorders of galactose metabolism* ▪ *E74.3 Other disorders of intestinal carbohydrate absorption* ▪ *E74.4 Disorders of pyruvate metabolism and gluconeogenesis* ▪ *E74.8 Other specified disorders of carbohydrate metabolism* – *E74.81Disorders of glucose transport, not elsewhere classified* – *E74.89 Other specified disorders of carbohydrate metabolism* ▪ *E74.9 Disorder of carbohydrate metabolism, unspecified*
E75.21- E75.6	Lipid storage disorders ▪ *E75.2 Other sphingolipidosis* – *E75.21 Fabry (-Anderson) disease* – *E75.22 Gaucher disease* – *E75.24 Niemann-Pick disease* – E75.25 Metachromatic leukodystrophy – E 75.26 Sulfatase deficiency ▪ *E75.3 Sphingolipidosis, unspecified* ▪ *E75.4 Neuronal ceroid lipofuscinosis* ▪ *E75.5 Other lipid storage disorders* ▪ *E75.6 Lipid storage disorder, unspecified*
E76.01- E76.9	Disorders of glycosaminoglycan metabolism ▪ *E76.00 Mucopolysaccharidosis, type I* ▪ *E76.1 Mucopolysaccharidosis, type II* – *E76.21 Morquio mucopolysaccharidoses* – *E76.22 Sanfilippo mucopolysaccharidoses* – *E76.29 Other mucopolysaccharidoses* ▪ *E76.3 Mucopolysaccharidosis, unspecified* ▪ *E76.8 Other disorders of glycosaminoglycan metabolism* ▪ *E76.9 Glycosaminoglycan metabolism disorder, unspecified*
E77.0- E77.9	Disorders of glycoprotein metabolism ▪ *E77.0 Defects in post-translational modification of lysosomal enzymes* ▪ *E77.1 Defects in glycoprotein degradation* ▪ *E77.8 Other disorders of glycoprotein metabolism* ▪ *E77.9 Disorder of glycoprotein metabolism, unspecified*
E78.00- E78.9	Disorders of lipoprotein metabolism and other lipidemias ▪ *E78.0 Pure hypercholesterolemia* ▪ E78.1 Pure hyperglyceridemia ▪ *E78.2 Mixed hyperlipidemia* ▪ *E78.3 Hyperchylomicronemia* ▪ *E78.4 Other hyperlipidemia* ▪ *E78.5 Hyperlipidemia, unspecified* ▪ *E78.6 Lipoprotein deficiency* ▪ E78.7 Disorders of bile acid and cholesterol metabolism ▪ *E78.8 Other disorders of lipoprotein metabolism* ▪ *E78.9 Disorder of lipoprotein metabolism, unspecified*
E79.1- E79.9	Disorders of purine and pyrimidine metabolism ▪ *E79.1 Lesch-Nyhan syndrome* ▪ *E79.2 Myoadenylate deaminase deficiency* ▪ *E79.8 Other disorders of purine and pyrimidine metabolism*

	▪ *E79.9 Disorder of purine and pyrimidine metabolism, unspecified*
E80.0-E80.3	Disorders of porphyrin and bilirubin metabolism – *E80.0 Hereditary erythropoietic porphyria* – *E80.1 Porphyria cutanea tarda* – *E80.2 Other and unspecified porphyria* – *E80.3 Defects of catalase and peroxidase*
E83.0-E83.9	Disorders of mineral metabolism ▪ *E83.0 Disorders of copper metabolism* ▪ *E83.1 Disorders of iron metabolism* ▪ *E83.2 Disorders of zinc metabolism* ▪ *E83.3 Disorders of phosphorus metabolism and phosphatases* ▪ *E83.4 Disorders of magnesium metabolism* ▪ *E83.5 Disorders of calcium metabolism* ▪ *E83.8 Other disorders of mineral metabolism* ▪ *E83.9 Disorder of mineral metabolism, unspecified*
E88.01-E88.9	Disorders of plasma-protein metabolism, not elsewhere classified – *E88.01 Alpha-1-antitrypsin deficiency* – *E88.02 Plasminogen deficiency* – *E88.09 her disorders of plasma-protein metabolism, not elsewhere classified* ▪ *E88.1 Lipodystrophy, not elsewhere classified* ▪ *E88.2 Lipomatosis, not elsewhere classified* ▪ *E88.3 Tumor lysis syndrome* ▪ *E88.4 Mitochondrial metabolism disorder* ▪ *E88.88 Other specified metabolic disorders* ▪ *E88.9 Metabolic disorder, unspecified*
H49.811-H49.819	Kearns-Sayre syndrome

IV. Obesity

A. Screening, Medical Nutrition Therapy

PacificSource considers screening by a health care provider for obesity in children (6 years or older), adolescents and adults, and medical nutrition therapy medically necessary, when referred by a health care provider and delivered by a qualified licensed health professional trained in nutrition provider (e.g., Registered Dietician) for the management of the following diagnoses:

ICD-10 Diagnosis	Description
E66.01 - E66.9	▪ E66.01 Morbid (severe) obesity due to excess calories ▪ E66.09 Other obesity due to excess calories ▪ E66.1 Drug-induced obesity ▪ E66.2 Morbid (severe) obesity with alveolar hypoventilation ▪ E66.3 Overweight ▪ E66.811 Obesity, class 1 ▪ E66812 Obesity, class 2

	▪ E66813 Obesity, class 3 ▪ E6689 Other obesity not elsewhere classified ▪ E66.9 Obesity, unspecified
O99.21-O99.215	Obesity complicating pregnancy, unspecified trimester

Note: PacificSource follows the Health Resources & Services Administration (HRSA) Women's Preventive Services Guidelines by covering nutritional counseling or intervention for women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m2) to maintain weight or limit weight gain to prevent obesity.

B. Weight Loss Injectable Medications

Weight loss injectable medications (e.g., Wegovy, Ozempic, etc.) may be utilized as a part of nutritional counseling; however, the injectable medications are subject to member benefit handbook contract exclusions. If a member's benefit book covers weight-loss benefits, the request will be reviewed by pharmacy to determine medical necessity.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

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 individual(s)), each 30 minutes

S9470 Nutritional counseling, dietitian visit

Definitions

Diabetes Self-management Education Program – a program which consists of assessment and training after diagnosis. Additional access to the education program (no more than three (3) hours per year) may be available to a member if they have a significant change of condition, medication, or treatment.

Dysphagia - difficulty swallowing due to abnormal swallowing reflex.

Eating Disorder - behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function.

Inborn Errors of Metabolism - a group of rare disorders that are caused by an inherited genetic defect and alter the body's ability to derive energy from nutrients.

Lipid disorders - a range of conditions that can cause abnormal levels of lipids, or fats, in the blood.

Obesity - an age- and sex-specific body mass index (BMI) in the 95th percentile or greater, based on Centers for Disease Control and Prevention (CDC) growth charts.

Related Policies

Bariatric Surgery

Nutritional Support and Supplies

Diabetes Prevention Programs

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Appendix

Policy Number:

Effective: 8/1/2012 **Next review:** 10/1/2026

Policy type: Commercial

Author(s):

Depts: Health Services, Claims, Customer Services

Applicable regulation(s):

Commercial OPs: 8/2025