



Medical Nutrition Therapy - Celiac Disease

State(s):

Idaho Montana Oregon Washington Other:

LOB(s):

Commercial Medicare Medicaid

Enterprise Policy

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, PacificSource Community Health Plans, and PacificSource Community Solutions 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 determination 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

Celiac Disease (CD) is an autoimmune disorder, triggered by consumption of gluten that can lead to damage to the mucosa of the small intestine and nutrient malabsorption. Disorders related to untreated CD include reduced bone mineral density, iron deficiency anemia, neurological manifestations intestinal lymphoma, and Dermatitis Herpetiformis (DH).

A diagnosis of CD is made when a patient is found to have elevated levels of certain antibodies (anti-tissue transglutaminase (tTG), anti-endomysium (EMA) and anti-deamidated gliadin peptides (DGP). A definitive diagnosis depends on a positive small bowel biopsy and a response to a gluten-free diet.

The only treatment for CD is adherence to a lifelong gluten-free diet.

Criteria

Commercial

PacificSource Health Plans covers up to four visits with a registered dietitian within the first year of diagnosis, and one visit annually thereafter with a diagnosis of CD.

Encounter 1: 45 to 90 minutes (97802 up to 6 units)

Encounter 2: 45 to 90 minutes (97803 up to 6 units)

Encounter 3: 30 to 45 minutes (97803 up to 3 units)

Encounter 4: 30 to 45 minutes (97803 up to 3 units)

Annual visit: 45-90 minutes (97803 up to 6 units)

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 to 3825 for coverage of Medical Nutrition Therapy for Celiac Disease.

Medicare

PacificSource Medicare follows National Coverage Determination 180.1 for Medical Nutrition Therapy.

Coding Information

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

97803 Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

97804 Medical Nutrition Therapy; Initial Assessment & Intervention, face-to-face with the patient, 15 minutes

G0270 Medical Nutrition Therapy; Reassessment and Subsequent Intervention(s)

G0271 Medical Nutrition Therapy; Reassessment and Subsequent Intervention(s)

References

Academy of Nutrition and Dietetics – Evidence Analysis Library. “Celiac Disease Guideline 2009 Recommendations Summary.” Accessed online 12 June 2015. 10/12/2017, 10/31/2018, 11/6/2019, 6/1/2020 www.andeal.org

Celiac Disease Foundation. FAQs about Celiac Disease. Woodlands Hills, CA. 2018, Accessed 6/1/2019
<https://celiac.org/faqs/>

Diagnosis and management of adult coeliac disease: guidelines from the British Society of Gastroenterology. BMJ Journals, Vol 63, 8, 2013. Accessed 10/31/2018, 11/6/2019, 6/1/2020
<https://gut.bmj.com/content/63/8/1210>

U.S. Department of Health & Human Services – National Institutes of Health. “National Institutes of Health Consensus Development Conference Statement June 28-30, 2004.” Accessed online 9 June 2015, 12 October 2017, October 31, 2018, 11/6/2019, 6/1/2020
<http://consensus.nih.gov/2004/2004CeliacDisease118html.htm>

Appendix

Policy Number: [Policy Number]

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Next review: 9/1/2021

Policy type: Enterprise

Author(s): [Authors]

Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]