

**Medical Coverage Policy**

Policy Number – MP21-003E

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## Nutritional counseling

**Definition**

Medical nutrition therapy provided by a registered dietitian involves the assessment of the person's overall nutritional status followed by the assignment of individualized diet, counseling, and/or specialized nutrition therapies to treat a chronic illness or condition.

**Policy statement**

*Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.*

Nutritional counseling may be considered medically necessary for any of the following conditions:

- A. Administration and maintenance of Tricare covered medically necessary foods, which includes low protein foods. (TRICARE Policy Manual ([TPM Chapter 8, Other Services; Section 7.2, Medically Necessary Food, Section 3.7](#)))
- B. Adults who are overweight Adults with BMI of 30 kg/m<sup>2</sup> or more ([TPM Chapter 7, Medicine; Section 2.2](#))
- C. Children/adolescents with a BMI of 95<sup>th</sup> percentile or higher ([TPM Chapter 7, Medicine; Section 2.2](#))
- D. Diabetes ([TPM Chapter 8, Other Services; Section 8.1, Diabetes Self-Management Training \(DSMT\) Services, Section 3.1](#))
- E. Renal disease ([NCD 180.1](#))
- F. Presence of one or more of the following risk factors for cardiovascular disease ([USPSTF Recommendation](#)):
  - 1. Hyperlipidemia
  - 2. Hypertension
  - 3. Metabolic Syndrome

- G. Ketogenic diet for the treatment of refractory epilepsy ([TPM Chapter 8, Other Services; Section 7.2, Medically Necessary Food, Section 3.6](#))
- H. Evaluation of eating disorders Eating Disorders, as part of the overall behavioral counseling ([TPM Chapter 7, Section 3.15, Eating Disorder Treatment](#))
- I. Cystic Fibrosis

### Limitations of coverage

- A. Coverage for any other indications may be sent to the medical directors for review
- B. Coverage in case of renal disease and diabetes counseling is limited to three hours in the first year and 2 hours in subsequent years. Additional coverage may be approved on a case by case basis.
- C. Coverage for both DSMT and Medical Nutrition Therapy for the same beneficiary may be covered if medical necessity criteria are met, as long as they are not on the same date of service.

### TRICARE policy statements

#### Chapter 8: Other Services; Section 7.2, Medically Necessary Food, Section 3.7

**3.7.1** Medical nutritional therapy/medical nutritional counseling required in the administration and maintenance of TRICARE covered medically necessary foods, to include low protein foods, for those covered conditions listed in [paragraph 3.2](#) , may be covered when medically necessary and appropriate.

Covered conditions include:

- Inborn Errors of Metabolism (IEM);
- Medical conditions of malabsorption;
- Pathologies of the alimentary tract or the gastrointestinal tract; and,
- A neurological or physiological condition.

**3.7.2** Medical nutritional therapy must be provided by a TRICARE authorized individual professional provider described in [32 CFR 199.6](#) (e.g., physician, nurse, nutritionist, or Registered Dietician (RD)). If required by [32 CFR 199.6](#) , the authorized provider (e.g., a nutritionist or RD) must be licensed by the state in which the care is provided and must be under the supervision of a physician who is overseeing the episode of treatment or the covered program of services.

#### Chapter 7: Medicine, Section 2.2

Intensive, multicomponent behavioral interventions for obesity:

For adults with a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or higher and for children/adolescents with a BMI value greater than the 95th percentile, intensive, multicomponent behavioral interventions to promote sustained weight loss (12 to 26 sessions in a year) are covered when rendered by a TRICARE authorized provider. Intensive, multicomponent behavioral interventions include, but are not limited to: behavioral management activities such as setting weight-loss goals; diet and physical activity guidance; addressing barriers to change; active self-monitoring; and, strategies to maintain lifestyle changes.

Chapter 8: Other Services; Section 8.1, Diabetes Self-Management Training Services, Section 3.1

DSMT is an outpatient service or program that is intended to educate beneficiaries in the successful self-management of diabetes. The training program includes all three of the following criteria: education about self-monitoring of blood glucose, diet, and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivates patients to use the skills for self-management. A DSMT program is accredited by the American Diabetes Association (ADA).

G0108 - Diabetes outpatient self-management training services, individual session per 30 minutes of training.

G0109 - Diabetes outpatient self-management training services, group session, per individual, per 30 minutes of training.

Chapter 8: Other Services; Section 7.2, Medically Necessary Food, section 3.6

**3.6.1** Inpatient ketogenic diet is covered when it is part of a medically necessary inpatient admission for epilepsy. Services and supplies will be reimbursed under the Diagnosis Related Group (DRG) payment methodology.

**3.6.2** Outpatient services and supplies for ketogenic diet are covered for the treatment of seizures that are refractory to anti-seizure medication. Covered supplies are included on the list maintained by Noridian Administrative Services and can be found at: <https://www.health.mil/rates>.

Chapter 7: Eating Disorder Treatment, Section 3.15

**2.1** A claim for treatment of an eating disorder diagnosis is to be adjudicated as a mental health claim.

**2.2** Medically necessary and appropriate eating disorder treatment may be provided on an inpatient or outpatient basis. All eating disorder treatment, to include treatment provided in an “eating disorder program,” ([Chapter 11, Section 2.4](#)) must be rendered by a TRICARE-authorized provider listed in [32 CFR 199.6](#). Inpatient eating disorder care must be provided in a Residential Treatment Center (RTC) or other authorized institutional provider. Outpatient eating disorder care must be rendered by a TRICARE-

authorized individual professional provider as listed in [32 CFR 199.6](#), Partial Hospitalization Program (PHP) or other authorized institutional provider.

### **NCD 180.1**

Medical nutrition therapy is covered for beneficiaries with renal disease or diabetes. For the first year, coverage is limited to 3 hours, and for subsequent years, 2 hours per year. Additional hours may be covered if the treating physician determines that there is a change in the medical condition, diagnosis, or treatment regimen that requires a change in medical nutrition therapy, and orders additional hours during that episode of care.

### **United States Preventative Services Task Force (USPSTF) recommendations**

The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. (B recommendation). This recommendation statement applies to adults 18 years or older with known hypertension or elevated blood pressure, those with dyslipidemia, or those who have mixed or multiple risk factors such as metabolic syndrome or an estimated 10-year CVD risk of 7.5% or greater.

### **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	Group (2 or more individual(s)), each 30 minutes
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
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
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
S9470	Nutritional counseling, dietitian visit
S9449	Weight management classes, non-physician provider, per session
S9452	Nutrition classes, non-physician provider, per session

## References

1. TPM Chapter 7 and Chapter 8 [TRICARE Manuals - Display Chap 7 Sect 2.2 \(Change 123, Feb 15, 2024\) \(health.mil\)](#)
2. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) 180.1 Medical Nutrition Therapy. Effective Date 10/01/2002
3. United States Preventive Services Task Force. Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions. [Recommendation: Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)

## Revision History

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## Approved by:



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Chief Medical Officer

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