Medica Coverage Policy

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Dietitian Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date:</td>
<td>10/16/2017</td>
</tr>
</tbody>
</table>

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Dietitian consultations are generally COVERED subject to the following:
1. Dietitian consultations must be directed by a physician; and,
2. Services must be provided with a registered dietitian.

Educational classes, programs or seminars are excluded and therefore NOT COVERED. Examples of services that are not covered include, but are not limited to, program fees related to participation in weight loss or cholesterol reduction programs or classes.

Note: This policy is not scheduled for routine review of the scientific literature.

Description

Registered dietitians provide dietary assessments and counseling services to individuals whose medical diagnoses require guidance to properly manage an illness or disability.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.
CPT Codes:

- 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; initial assessment and intervention, group (two or more individuals, each 30 minutes
- 98960 - Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
- G0108 - Diabetes outpatient self-management training services, individual, per 30 minutes
- G0109 - Diabetes outpatient self-management training services, group session (2 or more), per 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

Original Effective Date: 4/1/2005
Re-Review Date(s):
5/21/2008
7/20/2011
7/16/2014
10/30/2015 – administrative update; coding
7/19/2017
2/10/2020 – administrative update; format