Benefit Criteria to Change for Medical Nutrition Counseling Services

Information posted on October 8, 2010

Effective for dates of service on or after November 1, 2010, the benefit criteria for medical nutrition counseling services will change for Texas Medicaid.

The new benefit limitations for medical nutrition therapy (procedure code 97803) and nutrition counseling (procedure code S9470) will be:

- The limitation for procedure code 97803 will increase from 4 units per rolling year to 12 units per rolling year.
- The limitation for procedure code S9470 will increase from two visits per rolling year to four visits per rolling year.

Medical nutrition group therapy (procedure code 97804) will be reimbursed to a licensed dietitian when the service is performed in the outpatient setting, and nutrition counseling (procedure code S9470) will be reimbursed to hospitals when the service is performed in the outpatient setting.

Benefit and Limitation Criteria for Medical Nutrition Counseling Services

Medical nutrition therapy (procedure codes 97802, 97803, and 97804) and nutrition counseling (procedure code S9470) services are benefits of the Comprehensive Care Program (CCP) when all of the following criteria are met:

- The client is birth through 20 years of age.
- The client is eligible for CCP.
- The service is prescribed by a physician.
- The service is performed by a Medicaid-enrolled dietitian that has been licensed by the Texas State Board of Examiners of Dietitians.
- Clinical documentation supports medical necessity and medical appropriateness.
- Federal financial participation is available.

The qualifying conditions for medical nutrition therapy and medical nutrition counseling services will change. These include, but are not limited to:

- Abnormal weight gain.
- Cardiovascular disease.
- Diabetes or alterations in blood glucose.
- Eating disorders.
- Gastrointestinal disorders.
- Gastrostomy or other artificial opening of gastrointestinal tract.
- Hypertension.
- Inherited metabolic disorders.
- Kidney disease.
• Lack of normal weight gain.
• Multiple food allergies.
• Nutritional deficiencies.

Prior Authorization

Prior authorization is required for services that exceed the limitations for medical nutrition therapy and counseling. Providers must submit correct and complete information including documentation for medical necessity of the service requested.

The authorization requirements have been updated and the following documentation must be submitted to the CCP Prior Authorization Unit for prior authorization:

• A completed CCP Prior Authorization Request Form.
• Treatment plan.
• Diagnosis of a condition for which there is medical necessity for the service.
• Obstacles for not meeting goals.
• Interventions planned to meet goals.