

02.01.80 Nutritional Counseling



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This Medical Policy document describes the status of medical technology at the time the document was developed. Since that time, new technology may have emerged, or new medical literature may have been published. This Medical Policy will be reviewed regularly and updated as scientific and medical literature becomes available; therefore, policies are subject to change without notice.

Related Policies:

- None

Summary

Description

Nutritional counseling (also known as medical nutrition therapy (MNT)) involves the assessment of an individual's overall nutritional status followed by the assignment of individualized diet, counseling, and/or specialized nutrition therapies to treat a chronic illness or condition.

Summary of Evidence

For individuals with conditions that have not shown to be nutritionally related as outlined below in the Policy criteria who are treated with nutritional counseling furnished by a provider, the evidence includes systematic reviews. Relevant outcomes are improvement in symptoms, change in disease status, and functional outcomes. Based on peer reviewed literature the evidence is low-quality and is limited by imprecision due to low volume of studies investigating the interventions in small samples of individuals,

heterogeneity in the types of instruments used, and lack of information about dietary intake method, clinically important health outcomes and long-term durability. The evidence is insufficient to determine that the technology results in an improvement in net health outcome.

OBJECTIVE

The objective of this evidence review is to determine if nutritional counseling (medical nutrition therapy [MNT]) furnished by a provider improves the net health outcomes for individuals with conditions that have not shown to be nutritionally related as outlined below in the Policy criteria.

PRIOR APPROVAL

Not applicable.

POLICY

Note: For Wellmark ACA, QHP, Non-grandfathered and Grand-mothered plans, the ACA mandates that these individual health plans must provide coverage for preventative services with no cost share when delivered by in-network health care providers. In accordance with this ACA requirement, Wellmark covers preventative services when they are delivered by an in-network provider. For nutritional counseling considered medically necessary related to ACA preventative service recommendations, refer to [Wellmark's ACA Preventative Services List](#)

Nutritional counseling may be considered **medically necessary** for the management for chronic illnesses or conditions in which dietary adjustment has a therapeutic role, when it is prescribed by a physician and furnished by a qualified provider (see Policy Guidelines) recognized under the plan, to include but not limited to the following:

- Diabetes mellitus
- Eating disorders
- Gastro-intestinal disorders
- Hypertension (high blood pressure)
- Kidney disease
- Seizures (i.e., ketogenic diet)
- Other chronic conditions:
 - Arthritis
 - Cancer
 - Heart disease
 - Liver disease
 - Lung disease (COPD, Cystic Fibrosis)

Nutritional counseling is considered **investigational** for conditions that have not shown to be nutritionally related, there is no therapeutic role of nutritional interventions in their management, including but not limited to the following:

- Asthma

- Attention-deficit hyperactivity disorder
- Chronic fatigue syndrome

Nutritional counseling provided online/electronic has not been established as a service or procedure safe, effective, or applicable to clinical practice of medicine and is considered **investigational**.

POLICY GUIDELINES

Covered Provider

Nutritional counseling provided by qualified provider includes a physician or licensed qualified non-physician practitioner (a licensed qualified non-physician may include the following: Nurse Practitioners, Physician Associates, Clinical Nurse Specialists Practitioner and qualified employees of such providers, including but not limited to nurses and registered dietitians).

Coding

See the [Codes](#) table for details.

BACKGROUND

Nutritional Counseling (also called medical nutrition therapy [MNT]) provided by a-qualified provider recognized under the plan involves the assessment of the individuals overall nutritional status followed by the assignment of individualized diet, counseling, and/or specialized nutrition therapies to treat a chronic illness or condition. Nutritional counseling has been integrated into the treatment guidelines for several chronic diseases, including but not limited to the following, based on the efficacy of diet and lifestyle on the treatment of these diseased states:

- Cardiovascular disease
- Diabetes mellitus
- Hypertension
- Kidney disease
- Eating disorders
- Gastrointestinal disorders
- Seizures (i.e., ketogenic diet)
- Other chronic conditions (e.g., cancer, arthritis, lung disease (COPD, Cystic Fibrosis) and liver disease)

Qualified providers, work in a coordinated, multi-disciplinary team effort with the primary care physician, and will consider an individual's food intake, physical activity, course of any medical therapy including medications and other treatments, individual preferences, and other factors to help reduce certain symptoms of certain conditions and prevent further health complications. The provider will carefully monitor and guide the individual over a series of visits following the latest science and consider the individual's own cultural preferences.

Regulatory Status

Not applicable.

RATIONALE

This evidence review was created November 2023. The most recent literature update was performed through October 2025.

Evidence reviews assess the clinical evidence to determine whether the use of a technology improves the net health outcome. Broadly defined, health outcomes are length of life, quality of life, and ability to function including benefits and harms. Every clinical condition has specific outcomes that are important to patients and to managing the course of that condition. Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms.

To assess whether the evidence is sufficient to draw conclusions about the net health outcome of a technology, 2 domains are examined: the relevance and the quality and credibility. To be relevant, studies must represent 1 or more intended clinical use of the technology in the intended population and compare an effective and appropriate alternative at a comparable intensity. For some conditions, the alternative will be supportive care or surveillance. The quality and credibility of the evidence depend on study design and conduct, minimizing bias and confounding that can generate incorrect findings. The randomized controlled trial (RCT) is preferred to assess efficacy; however, in some circumstances, nonrandomized studies may be adequate. Randomized controlled trials are rarely large enough or long enough to capture less common adverse events and long-term effects. Other types of studies can be used for these purposes and to assess generalizability to broader clinical populations and settings of clinical practice.

Nutritional Counseling

Clinical Context and Therapy Purpose

The purpose of nutritional counseling (also known as medical nutrition therapy (MNT)) is to improve the net health outcomes for individuals with a chronic illness or condition.

The following PICO was used to select literature to inform this review.

Populations

The relevant population of interest is individuals with a chronic illness or condition that has not shown to be nutritionally related including the following:

- Asthma
- Attention-deficit hyperactivity disorder (ADHD)
- Chronic fatigue syndrome

Interventions

The relevant intervention of interest is nutritional counseling (medical nutrition therapy (MNT)).

Comparators

The following practice is currently being used to manage chronic illnesses or conditions: standard of care.

Outcomes

The potential beneficial outcomes of primary interest are an improvement in symptoms, change in disease status, and functional outcomes.

Review of Evidence

The focus of this evidence review will be to determine whether nutritional counseling (medical nutrition therapy [MNT]) furnished by a provider improves the net health outcomes for individuals with conditions that have not shown to be nutritionally related: asthma, attention-deficit hyperactivity disorder (ADHD) and chronic fatigue syndrome.

Asthma

In 2020, in a systematic review Brakel et. al. reviewed studies on whether nutritional interventions may improve asthma-related outcomes and whether these changes occur via immunomodulation. Twenty-eight studies met the inclusion criteria. The studies in this review had durations varying from three days to one year but were in general relatively short (3-6 months). Information on asthma phenotypes or endotypes was missing in many of the studies included in this review. Pathophysiology mechanisms differ between asthma endotypes suggesting that characteristics of the study population (e.g., age, obesity) influence the success of nutritional interventions. The authors concluded that certain components from herbs, herbal mixtures, and extract cluster, as well as the omega-3 LCPUFAs, are promising interventions in the context of improving asthma-related outcomes via immunomodulation. Only three interventions showed clinically relevant improvements. Future studies should now focus on how to optimize the beneficial effects of nutritional interventions in asthma patients, e.g., by considering the phenotypes and endotypes of asthma in the study population. The potential of these interventions and underlying pathways should be explored further before any of these interventions could be added to lifestyle guidelines for asthma patients.

Attention-Deficit Hyperactivity Disorder

In 2023, Lange et al reviewed the evidence from recent cohort studies and dietary interventions to determine whether nutrition plays a role in the management of attention-deficit hyperactivity disorder (ADHD). This review found due to complexity and heterogeneity of multiple biological, environmental and social factors related to ADHD there is not a one-fits-all solution regarding micronutrients and diets in the management of ADHD. Based on the observational studies reviewed there is no established causal relationship between ADHD and diet and further systematic investigation is needed in all children with ADHD.

Chronic Fatigue Syndrome

In a 2017 systematic review (Campagnolo et. al.) reviewed and discussed the evidence for nutritional interventions that may assist in alleviating symptoms of chronic fatigue syndrome (CFS). Seventeen studies were included that met the inclusion criteria. Of these, 14 different interventions were investigated on study outcomes. Many studies did not show therapeutic benefit on CFS symptoms. The authors concluded there is insufficient evidence for the use of nutritional supplements and elimination or modified diets to relieve CFS symptoms. Studies were limited by the number of studies investigating the interventions, small sample sizes, study duration, variety of instruments used, and studies not reporting dietary intake method. Further research is warranted in this population of patients.

SUPPLEMENTAL INFORMATION

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Diabetic Association (ADA)

In 2014, the American Diabetic Association (ADA) updated the 2008 practice guideline regarding nutrition therapy recommendations for the management of adults with diabetes that include the following recommendations:

Effectiveness of Nutrition Therapy

Nutrition therapy is recommended for all people with type 1 and type 2 diabetes as an effective component of the overall treatment plan. (Evidence Rating: A)

Individuals who have diabetes should receive individualized MNT as needed to achieve treatment goals, preferably provided by an RD familiar with the components of diabetes MNT. (Evidence Rating: A)

- For individuals with type 1 diabetes, participation in an intensive flexible insulin therapy education program using the carbohydrate counting meal planning approach can result in improved glycemic control. (Evidence Rating: A)
 - For individuals using fixed daily insulin dose, consistent carbohydrate intake with respect to time and amount can result in improved glycemic control and reduce risk for hypoglycemia. (Evidence Rating B)
 - A simple diabetes meal planning approach such as portion control or healthful food choices may be better suited to individuals with type 2 diabetes identified with health and numeracy literacy concerns. This may also be effective meal planning strategy for adults. (Evidence Rating: C)

People with diabetes should receive DSME according to national standards and diabetes self-management support when their diabetes is diagnosed and as needed thereafter. (Evidence Rating: B)

Because diabetes nutrition therapy can result in cost savings (B) and improved outcomes such as reduction in A1C (A), nutrition therapy should be adequately reimbursed by insurance and other payers (E). (Evidence Rating: B, A, E)

The Academy of Nutrition and Dietetics Evidence- Based Nutrition Practice Guidelines recommend the following structure for the implementation of MNT for adults with diabetes:

- A series of 3-4 encounters with RD lasting from 45-90 minutes.
- The series of encounters should begin at diagnosis of diabetes or at first referral to an RD for MNT for diabetes and should be completed within 3-6 months.
- The RD should determine whether additional MNT encounters are needed.

- At least 1 follow-up encounter is recommended annually to reinforce lifestyle changes and to evaluate and monitor outcomes that indicate the need for changes in MNT or medication(s); and RD should determine whether additional MNT encounters are needed.

In 2019, the ADA issued a consensus report on nutrition therapy on prediabetes, and included other previous ADA nutrition position statements last published in 2014. Consensus recommendations included the following regarding the effectiveness of diabetes nutrition therapy:

- “Refer adults living with type 1 or type 2 diabetes to individualized, diabetes-focused MNT at diagnosis and as needed throughout the life span and during times of changing health status to achieve treatment goals. Coordinate and align the MNT plan with the overall management strategy, including use of medications, physical activity, etc., on an ongoing basis.”
- “Refer adults with diabetes to comprehensive diabetes self-management education and support (DSMES) services according to national standards.”
- “Diabetes—focused MNT is provided by a registered dietitian nutritionist/registered dietitian (RDN), preferably one who has comprehensive knowledge and experience in diabetes care.”
- “Refer people with prediabetes and overweight/obesity to an intensive lifestyle intervention program that includes individualized goal-setting components, such as the Diabetes Prevention Program (DPP) and/or to individualized MNT.”

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review can be located at clinicaltrials.gov.

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11. UpToDate. Attention deficit hyperactivity disorder in children and adolescents: Overview of treatment and prognosis. Topic last updated June 2024. Also available at <https://www.uptodate.com>
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CODES

To report provider services, use appropriate CPT codes, HCPCS codes, Revenue codes, and/or ICD diagnosis codes.

Codes	Number	Description
CPT		
	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
HCPCS		
	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
	S9470	Nutritional counseling, dietitian visit
	S9452	Nutrition classes, non-physician provider, per session
Type of Service	Administrative	
Place of Service	Office, Outpatient	

POLICY HISTORY

Date	Action	Action
November 2025	Annual Review	Policy Renewed
November 2024	Annual Review	Policy Revised
November 2023	New Medical Policy	New Medical Policy

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

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