	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1730	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Medical Nutrition Therapy	
<b>Original Date:</b> 02/21/17	<b>Policy Hub Approval Date:</b> 10/22/2018
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Purpose:**

To describe Central California Alliance for Health's (the Alliance) process for coverage of Medical Nutrition Therapy (MNT) assessment and treatment for children and adults.

**Policy:**

The Alliance will cover Medical Nutrition Therapy (MNT) for medically necessary conditions when prescribed by the Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), Nurse Practitioner (NP), Registered Dietitian (RD) or non-contracted provider. In order for a provider to receive payment for services rendered, a Treatment Authorization Request (TAR) is required.


For California Children's Services / Whole Child Model members, receiving services at a Special Care Center (SCC), there is no authorization requirement. A reevaluation is completed by the SCC team every 6 months.

**Definitions:**

Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/ reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions. MNT services are provided for individuals and groups utilizing meal plans, medically prescribed diets and tube feedings, specialized intravenous solutions and specialized oral feedings, and the analysis of potential food and drug interactions.

California Children's Services (CCS): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).


Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1730	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Medical Nutrition Therapy	
<b>Original Date:</b> 02/21/17	<b>Policy Hub Approval Date:</b> 10/22/2018
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

**Procedures:**

1. Screening requirements:
  - i. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per *Policy 404-1305, Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program*.
  - ii. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per *Policy 404-1305, Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program*.
2. The Alliance will cover a maximum of 3 hours of MNT for the first calendar year and 2 hours per calendar year in subsequent years.
3. **Initial Assessment, Re-assessment, and Group Intervention**
  - a. **In-Area (Local) MNT Provider (MD, DO, PA, NP or RD providers)**  
Prior Authorization required.
    - i. The authorization will be reviewed for medical necessity by the Alliance's Utilization Management (UM) department.
  - b. **Out-of-Area MNT Provider (all provider types) -** Prior Authorization is required.
    - i. The member's PCP or specialist submits request for out of area MNT service via a TAR.
    - ii. The authorization will be reviewed for medical necessity by the Alliance's Utilization Management (UM) department.

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1730	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Medical Nutrition Therapy	
<b>Original Date:</b> 02/21/17	<b>Policy Hub Approval Date:</b> 10/22/2018
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

- c. **Initial Assessments** are approved for billable amounts in 15 min increments.
- d. **Re-assessments** are approved for billable amounts in 15 min.
- e. **Group interventions** are approved for billable amounts in 30 minute increments.


#### **4. Additional hours beyond maximum utilization**

##### **a. In-Area (Local) or Out-of-Area MNT Providers-**

- i. Authorization for additional follow-up assessment, re-assessment, and group intervention is requested by the servicing provider via a TAR. The authorization will be reviewed for medical necessity by the Alliance UM department.
- ii. The TAR for MNT assessment must be accompanied by the following:
  - 1. Provider notes, including details of member's nutrition diagnosis, assessment, intervention, plan, evaluation, education provided, goals established, and details of member's status working toward those goals.
  - 2. Any pertinent MD chart notes or lab values validating medical necessity for continuing MNT.


##### **5. For CCS WCM members,**

- a. Prescription: the prescribing physician must be CCS paneled and approved to treat the member's CCS eligible condition.
- b. The Alliance shall utilize paneled CCS Providers to treat CCS conditions in any circumstance in which a CCS-eligible Member's condition requires treatment from a CCS paneled Provider. The Alliance may use an out-of-state Provider if an in-state CCS Provider does not possess the clinical expertise to appropriately treat the CCS condition of the Member. CCS Paneled Providers include physicians, dietitians, and other providers as outlined by the CCS program.

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1730	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Medical Nutrition Therapy	
<b>Original Date:</b> 02/21/17	<b>Policy Hub Approval Date:</b> 10/22/2018
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

6. Documentation detailing medical justification for necessity of frequency of follow-ups. **The Alliance considers MNT medically necessary for the medical conditions:**

<b>Adults (&gt;21 years) with a medical diagnosis deeming them to be “At Nutrition Risk” requiring a special or restrictive diet, such as:</b>
Acute Renal Failure
Allergic Gastroenteritis
Atopic Dermatitis
Cancer
1. With Significant Weight Loss
2. Head, Neck, or Gastrointestinal in origin
Celiac Disease
Congestive Heart Failure
Chronic Kidney Disease
Chronic Non-Alcoholic Liver Disease
Dysphagia
Eating Disorders
End Stage Renal Disease (ESRD)
Gastrointestinal disease with malabsorption
Hepatic Disease
Short Bowel Syndrome
HIV/AIDS
Significant Hyperlipidemia
Inborn Errors of Metabolism(i.e. PKU or galactosemia)
Nutrition Support, i.e. Total Parenteral Nutrition, Enteral Nutrition
Nutritional Anemia
Other Nutritional Deficiency
Pancreatitis
Pre-Bariatric Surgery
Poor Healing Wounds

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1730	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Medical Nutrition Therapy	
<b>Original Date:</b> 02/21/17	<b>Policy Hub Approval Date:</b> 10/22/2018
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

<b>Children (0 – 20 years) with a medical diagnosis deeming them to be “At Nutrition Risk” requiring a special or restrictive diet, such as:</b>
Failure to thrive (BMI or weight for height < 10 <sup>th</sup> percentile or a weight deceleration that crosses two major percentile lines on growth charts)
Celiac Disease
Chronic constipation
Dysphagia
Eating Disorders
Food Allergies
Hyperlipidemia

### References:

Alliance Policies:

Impacted Departments:

- Behavioral Health
- Care Management
- Member Services
- Provider Services

Regulatory:

CCS Numbered Letter 04-0317 Enteral Nutrition Products as CCS Program & GHPP Benefits

CCS Numbered Letter 15-1014 Services and Products for Ketogenic Diet as a Treatment for Epilepsy

CCS Numbered Letter 16-0605 Medical Nutrition Services  
OIL #410-14, OIL #410a-14

Legislative:

[Senate Bill, SB-586 Whole Child Model – Children’s Services](#)

Contractual:


MMCD Policy Letter:

NCQA:

Supersedes:

Other References:

Attachments:

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1730	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Medical Nutrition Therapy	
<b>Original Date:</b> 02/21/17	<b>Policy Hub Approval Date:</b> 10/22/2018
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Lines of Business This Policy Applies To**

- ☒ Medi-Cal  
☒ Alliance Care IHSS

**LOB Effective Dates**

(01/01/1996 – present)  
(07/01/2005 – present)

**Revision History:**

Review Date	Revised Date	Changes Made By	Approved By
	08/24/2016	Tony Nannini RD Christine Lally RD	
02/21/2017	02/21/2017	Kathy Dean, RN UM Manager, Prior Auth	UMWG
05/21/2018	05/21/2018	Kathy Dean, RN UM Manager, Prior Auth	UMWG