

ATTACHMENT A

POLICY #17-01	MEDICAL NUTRITION THERAPY	EFFECTIVE DATE
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DESCRIPTION

Medical Nutrition Therapy (MNT) is nutritional diagnostic, therapeutic, and counseling services provided by a licensed registered dietician or nutrition professional for the purpose of managing medical/nutritional risk factors.

POLICY

MNT is a Nevada Medicaid covered benefit when services are provided by a registered dietician or nutrition professional that is licensed in the State of Nevada. The recipient must be referred for the service by the treating physician.

PRIOR AUTHORIZATION (PA) YES NO

COVERAGE AND LIMITATIONS:

A. Coverage is limited to 3 hours in the initial calendar year, and 2 follow up hours in subsequent years with a physician referral and for recipients who have one or more of the following medical/nutritional risk factors.

1. For pregnant or post partum woman:
 - a. conditions which impact the length of gestation or the birth weight, where nutrition is an underlying cause, such as:
 - severe anemia (Hbg <10 or Hct <30)
 - preconceptionally underweight (<90% standard weight for height)
 - inadequate weight gain during pregnancy
 - intrauterine growth retardation
 - very young maternal age (<age 16)
 - multiple gestation
 - substance abuse
 - b. metabolic disorders such as diabetes, thyroid dysfunction, maternal PKU or other inborn errors of metabolism
 - c. chronic medical conditions such as cancer, heart disease, hypertension, hyperlipidemia, inflammatory bowel disease, malabsorption syndromes or renal disease
 - d. autoimmune diseases of nutritional significance such as systemic lupus erythematosus
 - e. eating disorders such as severe pica, anorexia nervosa or bulimia nervosa
2. For children and adolescents, up to age 21 with an EPSDT referral, MNT may be provided for any medical condition requiring nutrition intervention, including but not limited to:
 - a. inappropriate growth/weight gain such as inadequate weight gain, inappropriate weight loss, underweight, obesity, inadequate linear growth or short stature

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- b. nutritional anemia
 - c. eating or feeding disorders that result in a medical condition such as failure to thrive, anorexia nervosa or bulimia nervosa
 - d. physical conditions that impact growth and feeding such as very low birth weight, necrotizing enterocolitis, cleft palate, cerebral palsy, and neural tube defects
 - e. chronic or prolonged infections that have a nutritional treatment component such as HIV or hepatitis
 - f. genetic conditions that impact growth or feeding such as cystic fibrosis, Prader-Willi Syndrome or Down Syndrome
 - g. chronic medical conditions such as cancer, chronic or congenital cardiac disease, hypertension, hyperlipidemia, gastrointestinal disease, liver disease, pulmonary disease, malabsorption syndromes, renal disease, significant food allergies, and disease of the immune system
 - h. metabolic disorders such as inborn errors of metabolism (e.g. PKU, galactosemia, etc.) and endocrine disorders (e.g. diabetes, etc.)
3. For adults, age 21 and older, MNT services are provided for the purpose of managing the following disorders:
- a. diabetes
 - b. chronic renal insufficiency
 - c. end-stage renal disease when dialysis is not received
 - d. the medical condition of a recipient for 36 months post kidney transplant

For a recipient with a diagnosis of diabetes, Diabetes Self-Management Training (DSMT, Policy #6-10) and MNT services can be provided within the same time period, and the maximum number of hours allowed under each benefit is covered. The only exception is that DSMT and MNT may not be provided on the same day to the same recipient. For a recipient with a diagnosis of diabetes who has received DSMT and is also diagnosed with renal disease in the same episode of care, the recipient may receive MNT services based on a change in medical condition, diagnosis, or treatment.

NOTE: All individuals categorically eligible for the WIC program *must* be referred to the WIC Program for routine nutrition education and food supplements.

For a list of covered codes, please see the Billing Guidelines for Therapy – Provider Type 34

REASONS FOR NONCOVERAGE

- MNT services are not covered for recipients receiving maintenance dialysis for which payment is being made by Nevada Medicaid.
- A recipient may not receive MNT and DSMT on the same day.