Nutritional Counseling Benefit Update

South Carolina Academy of Nutrition and Dietetics Request (April 2022)

- 1. Increase the number of allowable visits overall for members receiving nutritional counseling
- 2. Increase reimbursement rates
- 3. Standardize procedure codes used for children and adults
- 4. Allow dieticians to bill directly for diabetes education services

The South Carolina Department of Health and Human Services (SCDHHS) made significant changes to the nutritional counseling benefit for full-benefit Healthy Connections Medicaid members effective January 1, 2024.

Increasing Service Limits

A total of 12 hours of combined initial, reassessment and group medical nutritional therapy per state fiscal year (SFY runs July 1st and ends June 30th of the following calendar year). Increasing allowable nutritional counseling also supports the SCDHHS Obesity Initiative which will allow pharmacotherapy in conjunction with extensive nutritional counseling, for obesity. To qualify for pharmacotherapy, patients must go through a minimum of 6 hours of nutritional counseling.

Increasing Reimbursement Rates for Dietitians

The reimbursement rates for registered dietitians was increased (set at 75% of the 2022 Medicare physician fee schedule).

Procedure Code	Description	Jan. 1, 2024 Rate
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$26.50
97803	Medical nutrition therapy; re-assessment and intervention, individual, face- to-face with the patient, each 15 minutes \$23.	
97804	Medical nutrition therapy; group (2 or more individual(s), each 30 minutes	\$12.29

Allowing Telehealth

Nutritional counseling services may be provided in person or via telehealth. Telehealth encounters must be billed with a GT modifier and count toward the 12 hours of combined medical nutrition therapy services. Services delivered in-person or via telehealth by the same provider type are reimbursed at the same rate.

Procedure Code Consolidation

- Allowed for all provider types
- Standardized billing codes (CPT) for children and adults

Expanding the diagnosis

Nutritional counseling covers members who have a diagnosis of obesity or eating disorders when there is a chronic, episodic or acute condition for which nutritional therapy is a critical component of medical management. These may include metabolic disorders and genetic conditions that affect growth and feeding. An exhaustive list of medical conditions is provided in the nutritional counseling policy in the Physician Services provider manual published on Jan. 1, 2024.

Procedure Code	Description	Benefit Criteria and Limitation
97802	Medical nutrition therapy; initial assessment and intervention, individual, face- to-face with the patient, each 15-minute units	Allowed for up to four units of service per same provider, provider location or billing entity. Allowed to be performed via telehealth. These units count toward the 12 hours of combined medical nutrition therapy services allowed per patient per state fiscal year.
97803	Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15-minute units	Allowed up to 12 units of service per month, per patient, up to four units per date of service/visit, with at least seven calendar days between visits. Allowed to be performed via telehealth. These units count toward the 12 hours of combined medical nutrition therapy services per patient per state fiscal year.
97804	Medical nutrition therapy; group (two or more individuals), each 30-minute units	Allowed for one unit of service per date of service. Up to four units per month per patient, with at least seven calendar days between visits. Group size allowed is two-eight patients. Allowed to be performed via telehealth. These units count toward the 12 hours of combined medical nutrition therapy services per patient per state fiscal year.

Under Consideration

The SCAND association requested dietitians be able to bill directly for diabetes education services. The agency is currently reviewing and evaluating the Diabetes Education program and we will keep the providers informed if any changes are made.

Questions/Discussion

- Policy: is it clear? Working as intended? Any clarifications needed?
- Claims: are there any issues with claims payments as of 1/1/24?
- Any other questions or concerns?