380.30

Medicaid Reimbursement for Nutrition Services

Overview

Iowa Medicaid rules include provisions for reimbursement for nutrition counseling services by licensed dietitians. These rules cover the provision of enhanced nutrition services for high-risk pregnant women and for Medicaid-eligible recipients 20 years old and younger. This policy contains guidelines on what services may be billed and how a WIC agency can be reimbursed.

Services that can be billed

Services can be billed only if they are above and beyond the WIC nutrition education protocol. Contacts that fulfill the requirements for Medicaid include:

- A WIC second education contact that includes a nutrition assessment (and a diet history).
- Additional contacts (beyond the WIC second education contact) for medical nutrition therapy services.

Note: Medical nutrition therapy services include individualized assessment, intervention, monitoring, and follow-up of nutrition interventions specific to the management or treatment of existing conditions.

In this policy

This policy contains the following topics.

<table>
<thead>
<tr>
<th>Topic</th>
<th>See Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Agreements for Medicaid Reimbursement</td>
<td>2</td>
</tr>
<tr>
<td>Sample Agreement for Provision of Nutrition Services</td>
<td>3</td>
</tr>
<tr>
<td>Enhanced Nutrition Services for High-Risk Pregnant Women</td>
<td>4</td>
</tr>
<tr>
<td>Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger</td>
<td>6</td>
</tr>
<tr>
<td>Nutrition Counseling and WIC Documentation of Need Form</td>
<td>10</td>
</tr>
</tbody>
</table>
Billing Agreements for Medicaid Reimbursement

**Introduction**

Only agencies with a Medicaid provider number can bill for nutrition services.

**Develop an agreement with Medicaid providers**

WIC agencies are required to have a written agreement with the agency or private physician who will bill for nutrition counseling reimbursable through Medicaid. The following table summarizes the information required in an agreement.

<table>
<thead>
<tr>
<th>IF the WIC agency...</th>
<th>THEN the agency must have...</th>
</tr>
</thead>
</table>
| an agreement with the Maternal Health Center, Child Health screening center, outpatient hospital clinic, or physician who will bill for the services. The agreement should include:  
- Names of the billing agency and the WIC agency,  
- Services and information provided by each agency, and  
- Method of allocating reimbursement between the two agencies. | See page 3 for sample components of an agreement. |

See page 3 for sample components of an agreement.

if a Medicaid-eligible child is in a county where Medicaid has a contract with an HMO (health maintenance organization), the medically necessary nutrition counseling service by a licensed dietitian must be provided through the HMO.

Nutrition assessment and education are part of the covered services included in the capitation payment to an HMO for provision of care to an individual. A contract would need to be developed with the HMO to stipulate:

- What nutrition services can be billed,
- How to bill for nutrition services, and
- Reimbursement that would be allocated to the WIC agency for the services provided.

Continued on next page
Billing Agreements for Medicaid Reimbursement, Continued

Components of the agreement

Memorandums of agreement between a local WIC agency and a child health screening center, local physician or local outpatient hospital clinic should contain the following components:

The local WIC agency agrees to:
- Provide nutrition-counseling services by a licensed dietitian to Medicaid-eligible children through age 20.
- Be reimbursed on a fee-for-service basis by the screening center/clinic.

The screening center or clinic agrees to:
- Reimburse the local WIC agency a specified percent of the Medicaid reimbursement for the visit.
- Retain a specified percent of the Medicaid reimbursement for billing costs.
Enhanced Nutrition Services for High-Risk Pregnant Women

Introduction
Maternal Health centers provide enhanced services for high-risk pregnant women. Nutrition counseling is one of the enhanced services that can be provided.

Eligibility for services
Medicaid-eligible pregnant women can receive enhanced nutrition services when determined to be at nutritional risk using the Medicaid Prenatal Risk Assessment. This form may be obtained from the local MH agency. The health professional completing the form should refer the woman for enhanced services if:
- She scores 10 points or more on the Assessment, or
- The Nutrition Risk Factor Assessment section of the form indicates a nutritional risk.

Services that can be billed
According to the Department of Human Services Maternal Health Center Provider Manual, a licensed dietitian shall provide nutrition services. Nutrition assessment and counseling shall include:
- Initial assessment of nutritional risk based on height, current and pre-pregnancy weight status, laboratory data, clinical data, and self-reported dietary information.
- At least one follow-up nutrition assessment, as evidenced by dietary information, adequacy of weight gain, measures to assess uterine and fetal growth, laboratory data, and clinical data.
- Development of an individualized nutritional care plan.
- Referral to food assistance programs, if indicated.
- Nutritional interventions:
  - Nutritional requirements of pregnancy as linked to fetal growth and development.
  - Recommended dietary allowances for pregnancy.
  - Appropriate weight gain.
  - Vitamin and iron supplementation.
  - Information to make an informed infant feeding decision.
  - Education to prepare for the proposed feeding method and the support services available for the mother.
  - Infant nutritional needs and feeding practices.

Reminder: Services can be billed only if they are above and beyond the nutrition education protocol for all pregnant WIC participants.
Enhanced Nutrition Services for High-Risk Pregnant Women, Continued

Client records
Documentation of services provided should be filed in the woman’s Maternal Health Center record. If she is also enrolled in the WIC Program and the Maternal Health and WIC records are not combined, a copy should be filed in her WIC record.

Note: If additional nutrition contacts are anticipated or scheduled, retain a copy of the documentation for review and reference at subsequent contacts.

Billing codes
The billing codes for nutrition counseling from page E-11 of the DHS Maternal Health Center Provider Manual are:

- S9470 Nutrition counseling, dietitian visit
- S9465 Diabetic management program, dietitian visit

Payment schedule
The Department of Human Services makes a flat-rate payment per visit regardless of the length of visit.

Reference
Policies related to the provision of these services are found in Chapter E—Coverage and Limitations—of the Department of Human Services Maternal Health Center Provider Manual.
Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger

Eligibility for services

Medicaid-eligible recipients 20 years old and younger qualify for Medicaid-reimbursed nutrition counseling if they are:

- Referred as the result of a screening examination by a physician, Public Health Nurse, school nurse or other community-based nurse, or
- Eligible for WIC with a documented need for services exceeding those available through WIC.

Note: The documentation of need must be completed by the referring health professional and a copy of this statement submitted with the claim.

When physician approval is required

Physician approval for nutrition counseling is required in the following situations:

- If a Medicaid-eligible child is not enrolled in the Child Health Program, nutrition counseling can be billed if documentation of need is provided and physician approval is obtained.
- If a Medicaid-eligible child lives in a county that has MediPASS (Medicaid Patient Access to Services System), the referral to a licensed dietitian must be approved by the physician who is the client’s MediPASS provider. Lists of MediPASS physicians in your area are available from the Medicaid Managed Care Office.
- If a Medicaid-eligible child is in a county where Medicaid has a contract with a health maintenance organization (HMO), the nutrition counseling must be reimbursed by the HMO contract.

Services that can be billed

According to the Department of Human Services Health Screening Center Provider Manual, screening centers shall be eligible for reimbursement of nutritional counseling services provided by licensed dietitians who are employed by, or have contracts with, the screening center when a nutritional problem or condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

Reminder: Services can be billed only if they are above and beyond the nutrition education protocol for all WIC participants.

Continued on next page
Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger, Continued

According to the Department of Human Services Health Screening Center Provider Manual, the following diagnoses may be appropriate for nutrition counseling:

- Chronic gastrointestinal tract problems, such as chronic constipation, colitis, liver dysfunction, ulcers, tumors, gastroesophageal reflux, malabsorption disorders or chronic diarrhea associated with nutrient loss, short bowel syndrome, or celiac disease.
- Chronic cardiovascular problems, and blood and renal diseases, such as kidney failure, heart disease, or hypertension.
- Metabolic disorders, such as diabetes; electrolyte imbalance; and errors of metabolism, such as phenylketonuria (PKU).
- Malnutrition problems, such as protein, mineral, vitamin, and energy deficiencies; failure to thrive; anorexia nervosa; or bulimia.
- Autoimmune disease.
- Other problems and conditions, such as food allergy or intolerance, anemias, pregnancy, drug-induced dietary problems, nursing-bottle mouth syndrome, obesity, inadequate or inappropriate techniques of feeding, inadequate or excessive weight gain, neoplasms, cleft palate, or cleft lip.

Note: This is not an all-inclusive list. Other diagnoses may be appropriate.

Documentation of nutrition services provided must include:

- International Classification of Diseases (ICD) code,
- Time spent counseling, and
- Nutrition care plan.

See page 10 for a copy of the Nutrition Counseling Documentation and WIC Documentation of Need form, available from the state WIC office. Another form may be used if it includes the required information.

Continued on next page
Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger, Continued

Using ICD codes

The Iowa Department of Human Services requires that the International Classification of Diseases codes (ICD) be used when billing for nutrition counseling.

Note: ICD codes related to pregnancy can be used. A Medicaid-eligible pregnant recipient 20 years old or younger could receive nutrition counseling under this program or Enhanced Services for Pregnant Women, but not both.

ICD resources

The form on page 10 includes some of the most common ICD codes used when billing for nutrition counseling. This listing is incomplete; refer to the following websites for more information about ICD codes.

- Centers for Disease Control and Prevention, National Center for Health Statistics
  [www.cdc.gov/nchs/icd.htm](http://www.cdc.gov/nchs/icd.htm)
- World Health Organization
  [www.who.int/whosis/icd10/index.html](http://www.who.int/whosis/icd10/index.html)

Billing codes

The billing codes for nutrition counseling from page E-63 of the DHS Health Screening Center Provider Manual are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
<td>Used for children not on WIC who have received no previous services.</td>
</tr>
</tbody>
</table>
| 97803 | Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes | • Used for reassessment and intervention on any eligible child.  
• This code is used for children enrolled in WIC since their initial assessment would be provided as regular WIC services. |

Continued on next page
## Nutrition Counseling for Medicaid-Eligible Recipients 20 Years Old and Younger, Continued

| Client records | The documentation of services provided must be filed at the agency that does the billing. This could be in a Child Health chart, physician’s chart, school nurse chart, or WIC chart. If the client is also enrolled in the WIC Program, a copy should be filed in the WIC record.  

**Note:** If additional nutrition contacts are anticipated or scheduled, retain a copy of the documentation for review and reference at subsequent contacts. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment schedule</td>
<td>DHS reimburses nutrition counseling for Medicaid recipients 20 years old and younger on a per-visit basis in 15-minute units.</td>
</tr>
</tbody>
</table>
Nutrition Counseling Documentation and WIC Documentation of Need for Medicaid-Eligible Children 0-20 Years

Date of Service _____________________
Participant's Name: __________ Social Security #: ______________________
Medicaid Number: __________ Date of Birth: _____________________ M/F
WIC: yes/no If yes, document need** WIC Family #: ________________________

Referring health professional _____________________ Phone number ______________

Time spent counseling ________________________

Summary:

Follow-up Plan:

Billing Code: (check one)
___ 97802 (initial assessment for children not on WIC)
___ 97803 (Reassessment and intervention)

Diagnosis: (check all that apply)
___ 783.1 Abnormal weight gain
___ 783.2 Abnormal weight loss
___ 305.00 Alcohol abuse, unspecified
___ 995.3 Allergy, unspecified
___ 980.3 Anemia-iron deficiency
___ 285.9 Anemia, unspecified
___ 783.0 Anorexia
___ 493.9 Asthma
___ 307.51 Bulimia
___ 521.0 Caries, dental
___ 343.9 Cerebral Palsy, unspecified
___ 749.1 Cleft Lip
___ 749.0 Cleft Palate
___ 749.2 Cleft Palate with Cleft Lip
___ 564.0 Constipation
___ 277.0 Cystic Fibrosis: fibrocystic disease of pancreas, muscoviscidosis (without mention of meconium ileus)
___ 648.8 Diabetes, gestational
___ 250.0 Diabetes, Type 1
___ 558.9 Diarrhea
___ 530.1 Esophageal reflux
___ 783.4 Fail to thrive/physical retardation
___ 783.3 Feeding problems
___ 779.3 Feeding problems in newborns
___ 271.3 Lactose intolerance
___ 984.9 Lead poisoning unspecified
___ 269.9 Nutritional deficiency unspecified
___ V210 Rapid childhood growth
___ 783.4 Short stature
___ Other-specify ______________________

**Services provided to WIC participant exceeded services available through WIC. Yes/No

Licensed Dietitian ______________________ License Number __________________

Billing Agency ______________________________________________________________