

Nutritional Counseling Policy

POLICY

Medical nutrition therapy for dietary counseling provided in an outpatient setting by a state licensed or certified dietitian or nutrition professional or physician is considered **medically necessary** if the medical appropriateness criteria are met. (See **Medical Appropriateness below.**)

MEDICAL APPROPRIATENESS

Medical nutrition therapy for dietary counseling is considered **medically appropriate** for **any** of the following conditions:

- Diabetes with a lack of previous diabetes outpatient self-management training services; **or**
- Chronic renal insufficiency (glomerular filtration rate less than 20mL/min) without maintenance dialysis; **or**
- Elevated serum fasting cholesterol, particularly with evidence of coronary heart disease or other cardiovascular disease; **or**
- Chronic diseases/conditions in which dietary adjustment has a therapeutic role such as celiac disease, phenylketonuria or seizures; **or**
- Morbid obesity with a BMI \geq 40.
- Members with a BMI over 26 – allow one (1) consult and one (1) follow up visit per year. This is an administrative decision by the Plan for preventive care.

In all cases, members may be referred to Ventura County Wellness Program as well. This program is available to all County employees and their spouses. It provides a well-rounded program that educates the member about diet, stress reduction, nutrition, and exercise.

VCHCP considers nutritional counseling experimental and investigational for conditions that have not been shown to be nutritionally related, including but not limited to, chronic fatigue syndrome, idiopathic environmental intolerances, multiple food and chemical sensitivities, and attention-deficit hyperactivity disorder.

Background

A registered dietitian provides nutritional counseling or medical nutrition therapy as prescribed by the primary care physician. Medical nutrition therapy has been integrated into the treatment guidelines for a number of chronic diseases, including (1) cardiovascular disease, (2) diabetes mellitus, (3) kidney disease, (4) gastrointestinal disorders, (5) seizures (i.e., ketogenic diet), and other conditions based on the efficacy of diet and lifestyle on the treatment of these diseased states. The dietitian evaluates the patient's food intake, physical activity, course of any medical therapy, including medications, and any individual preferences. An initial nutritional evaluation and short-term nutritional counseling may be appropriate as part of the overall medical management of a documented disease such as diabetes. Typically, this can be

accomplished in 2-3 visits. Short-term evaluation and counseling should include doing an initial dietary work-up, counseling the patient about sample menu planning and teaching him or her about the impact of diet on the disease or condition. The goals of medical nutrition therapy are to promote health, reduce the incidence of preventable disease and improve quality of life. Adherence to a medical nutrition plan of care and adaptation of other appropriate components of lifestyle changes may prevent or delay the need for pharmacotherapy or allow discontinuation of pharmacotherapy after a period of time.

A. Attachments: None

B. History:

Reviewers: Richard O. Ashby, QA Committee; Date: 2000 & 2001
 David Chernof, MD & Sheldon Haas, MD; Date: 11/04/04
 Committee Review: QAC: November 04, 2004
 Reviewed & Revised: Cynthian Wilhelmy, MD; Date: 10/17/06
 Committee Reviews: UM: November 06, 2006; QAC: November 14, 2006
 Reviewed & Revised: Albert Reeves, MD; Date: 02/08/11
 Committee Review: UM: February 08, 2011; QAC: February 22, 2011
 Reviewed/No Changes: Albert Reeves, MD; Date: 5/7/12
 Committee Reviews: UM: May 10, 2012; QAC: May 22, 2012
 Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
 Committee Review: UM: February 14, 2013; QAC: February 26, 2013
 Reviewed/ No Changes: Catherine Sanders, MD
 Committee Review: UM: February 13, 2014; QAC: February 25, 2014
 Reviewed/No Updates: Catherine Sanders, MD
 Committee Review: UM: February 12, 2015; QAC: February 24, 2015
 Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
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 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review

2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

C. References:

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3. American Academy of Family Physicians. Congestive heart failure. Nutrition management for older adults. Last updated 2004 Jun 21. Accessed Nov 22, 2004. Available at URL address: http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=4227&nbr=3232
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