

Clinical Policy: Nutritional Counseling Expanded Benefit

Reference Number: FL.CP.MP.08

Date of Last Revision: 05/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for nutritional counseling as an expanded benefit for Sunshine Health's Managed Medical Assistance (MMA), Comprehensive (MMA/LTC), Serious Mental Illness (SMI) and Children's Medical Services Health Plan (CMS) members.

Note: No prior authorization is required for nutritional counseling as an expanded benefit through *network providers* for Children's Medical Services Health Plan (CMS) members.

Policy/Criteria

- I. It is the policy of Sunshine Health that nutritional counseling as an expanded benefit is **medically necessary** when all of the following criteria are met:
 - A. Services are prescribed by a physician;
 - B. Member must be ≥ 21 years of age;
 - C. Obesity, body mass index (BMI) ≥ 30 kg/m²;
 - D. Malnutrition (BMI of less than 18.5kg/m²);
 - E. Metabolic disorders or chronic conditions including:
 1. Eating disorders;
 2. Cardiovascular disease;
 3. Diabetes mellitus;
 4. Hypertension;
 5. Dyslipidemia
 6. Kidney disease;
 7. Gastrointestinal disorders;
 8. Seizures (i.e., ketogenic diet), and other conditions (e.g., chronic obstructive pulmonary disease) based on the efficacy of diet and lifestyle on the treatment of these diseased states;
 - F. Plan of care to address the disease specific goals and objectives and proper food selections and avoidance for the specific disease conditions for which the counseling is being requested.

Note: Prior authorization review will cover a 60-day period. Additional visits may be authorized when there is documented adherence to the eating plan, compliance with attendance to counseling sessions, and further medical necessity is demonstrated (member education or change in nutritional needs).

- II. It is the policy of Sunshine Health that nutritional counseling as an expanded benefit is **not medically necessary** when any of the following criteria are met:
 - A. Member reaches the target BMI;
 - B. Member no longer meets criteria;

CLINICAL POLICY

Nutritional Counseling Expanded Benefit

- C. Member withdraws from treatment against advice;
- D. Member is not an active participant;
- E. Treatment goals are achieved at an improved level, such as demonstrated glycemic control, improved health indicators such as sustained blood pressure control and/or reduction in triglyceride levels.

III. It is the policy of Sunshine Health that current evidence does not support the use of nutritional counseling for conditions that have not been shown to be nutritionally related, including but not limited to asthma, attention-deficit hyperactivity disorder (ADHD) and chronic fatigue syndrome.

Note: There are no limitations as long as prior authorized and medically necessary.

Background

Nutritional counseling is the ongoing process during which a health professional, usually a registered dietitian, works with the primary care physician or treating provider, to assess the member's food intake, physical activity, course of any medical therapy, including medications, and other treatments and individual preferences.² Nutritional counseling services are offered through Expanded Benefits, which are services offered in addition to the standard Medicaid benefit package by managed care plans at no additional cost to the state.¹

Evidence based counseling is provided as a preventive service for adults who are obese or those who are overweight and have other cardiovascular disease risk factors. The U.S. Preventive Service Task Force (USPSTF) recommends offering intensive, multicomponent behavioral interventions for adults with a BMI ≥ 30 . The USPSTF found adequate evidence that behavioral-based weight loss interventions can lead to clinically significant weight reduction along with reductions in blood glucose levels without reported evidence of harms due to the noninvasive nature of the interventions. The service consists of a range of group medical nutrition classes and individual medical nutrition sessions to address behavioral and nutritional changes that are necessary to support healthy and balanced eating, weight loss and maintenance, and chronic disease management.²

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CLINICAL POLICY
Nutritional Counseling Expanded Benefit

CPT® Codes	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

HCPCS Codes	Description
S9470	Nutritional counseling, dietitian visit

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		07/18
System reload with no review or revisions		05/19
Annual review; updated policy numbers and descriptions		06/20
Policy update; updated product lines of business		04/22
Annual review; no changes		04/23
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.21.00 to FL.CP.MP.08.	06/23	
Annual review completed. Added “Dyslipidemia” to Criteria I.E. CPT and HCPCS codes added. References reviewed and updated.	06/24	
Annual review. Background updated with no impact to criteria. CPT/HCPCS codes checked. References reviewed and updated. Florida state disclaimer added to footer of policy.	5/25	
Annual review completed. “Greater than” sign in I.C. changed to “greater than or equal to” sign. I.E.9. is duplicative to I.D; I.E.9. removed. Minor grammatical edits with no impact to criteria. Background updated. Codes reviewed. References reviewed and updated. Florida disclaimer removed from footer throughout policy.	5/26	

References

- Agency for Health Care Administration. Statewide Medicaid Managed Care Expanded Benefits.
<https://ahca.myflorida.com/content/download/25560/file/Health%20Plan%20Expanded%20Benefits%20Grid%202025%20-%202011-7-2024.xlsx.pdf>. Effective February 1, 2025. Accessed April 6, 2026.
- U.S. Preventive Services Task Force. Healthy diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: behavioral counseling interventions.
<https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd>. Published November 24, 2020. Accessed April 6, 2026.

CLINICAL POLICY

Nutritional Counseling Expanded Benefit

3. U.S. Preventive Services Task Force. Final recommendation statement. Weight loss to prevent obesity-related morbidity and mortality in adults: behavioral interventions. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>. Effective September 18, 2018. Accessed April 6, 2026.
4. US Preventive Services Task Force, Grossman DC, Bibbins-Domingo K, et al. Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2017;317(23):2417 to 2426. doi:10.1001/jama.2017.6803
5. Gelli C, Tarocchi M, Abenavoli L, Di Renzo L, Galli A, De Lorenzo A. Effect of a counseling-supported treatment with the Mediterranean diet and physical activity on the severity of the non-alcoholic fatty liver disease. *World J Gastroenterol*. 2017;23(17):3150 to 3162. doi:10.3748/wjg.v23.i17.3150
6. Diab A, Dastmalchi LN, Gulati M, Michos ED. A Heart-Healthy Diet for Cardiovascular Disease Prevention: Where Are We Now?. *Vasc Health Risk Manag*. 2023;19:237-253. Published 2023 Apr 21. doi:10.2147/VHRM.S379874
7. Caballero B. Humans against Obesity: Who Will Win?. *Adv Nutr*. 2019;10(suppl_1):S4-S9. doi:10.1093/advances/nmy055

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

CLINICAL POLICY

Nutritional Counseling Expanded Benefit



This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.