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For Johns Hopkins Health Plan of Virginia (JHHPVA) refer to: [Medicare Coverage Database](#) (Effective 1/1/2024)

- National Coverage Determination (NCD) for Medical Nutrition Therapy (180.1)
- No Local Coverage Determination for Nutritional Assessment and Management identified (Accessed 5/1/2023)

For Priority Partners (PPMCO) refer to: [Code of Maryland Regulations](#)

- Code of Maryland Regulations (COMAR) 10.67.06.24 [Benefits - Diabetes Prevention and Care Services](#)
- Code of Maryland Regulations (COMAR) 10.67.06.20 [Benefits - Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Services](#)
- Code of Maryland Regulations (COMAR) 10.67.06.27 [Benefits- Limitations](#)
- Code of Maryland Regulations (COMAR) 10.67.06.21 [Benefits - Pregnancy Related Services](#)
- Code of Maryland Regulations (COMAR) 10.67.04.08 [Special Needs Population - Pregnant and Postpartum Women](#)

For US Family Health Plan refer to [Tricare Policy Manuals](#)

- TRICARE Policy Manual 6010.63-M, April, 2021, Chapter 8, Section 7.1 Nutritional Therapy.
- TRICARE Policy Manual 6010.63-M, April, 2021, Chapter 8, Section 7.2 Medically Necessary Food.

#### **IV. POLICY CRITERIA**

- When benefits are provided under the member's contract, JHHP considers nutritional counseling to be medically necessary for conditions in which dietary adjustment has a therapeutic role, including *but not limited to*: obesity, prediabetes, diabetes, malnutrition, renal disease, cardiovascular disease, seizure disorder (for ketogenic diet), cancer, eating disorders, cystic fibrosis, gastrointestinal disorders ( e.g., Crohn's disease, inflammatory bowel disease, celiac disease, gastroparesis), enteral nutrition, parenteral nutrition, pregnancy, and inborn errors of metabolism.
- Nutritional counseling is subject to benefit plan limitations. Plan specific Summary Plan Descriptions (SPD's) and Evidence of Coverage (EOC's) documents should be consulted in addition to the links noted in Policy Section III above.
- Documentation requirements for nutritional counseling, based on the Nutrition Care Process, must include the nutrition assessment, plan of care, and progress toward goals.
- Additional services may be available through the JHHP Care Management Health Education Unit. (Refer to the Background section).

#### **V. DEFINITIONS**

**Medical Nutrition:** The nutritional advice or counsel provided to an individual by a licensee in their professional capacity that is designed for an individual to alleviate a specific physiological complaint, condition, or symptom. ([Annotated Code of Maryland, Health Occupations §5-101](#), 2020).

**Nutrition Care Process:** A systemic approach to providing high quality nutrition care. The registered dietitian nutritionist (RDN) / registered dietitian (RD) provides the four distinct interrelated steps:

1. Nutrition Assessment: The RDN collects and documents information on food/nutrition related history; biochemical data; medical tests and procedures; anthropometric measurements; nutrition-focused physical findings and patient history.
2. Nutrition Diagnosis: RDN collects data during the nutrition assessment to select an appropriate nutrition diagnosis.
3. Nutrition Interventions: The RDN selects appropriate nutrition intervention that will be directed to the root cause of the nutrition problem and aimed at alleviating the signs and symptoms of diagnosis.

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4. Nutrition Monitoring/Evaluation The final step of the Nutrition Care Process is monitoring and evaluation, which the RDN uses to determine if the client has achieved, or is making progress toward the planned goals. ([www.ncpro.org](http://www.ncpro.org), 2023)

Practice of Dietetics: To apply the principles derived from integrating knowledge of food, biochemistry, physiology, management science, behavioral science, and social science to human nutrition. The scope of practice of dietetics includes: assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical, research, and program planning purposes; developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups; nutrition counseling and education as a part of preventive or restorative health care throughout the life cycle; determining, applying, and evaluating standards for food and nutrition services; and applying scientific research to the role of food in the maintenance of health and the treatment of disease ([Annotated Code of Maryland, Health Occupations §5-101, 2020](#)).

## VI. BACKGROUND

Nutritional counseling consists of individualized advice and guidance given to people at nutritional risk. It has been integrated into treatment guidelines for diseases such as heart disease, diabetes, hypertension, kidney disease, cystic fibrosis, cancer, gastrointestinal disorders, eating disorders, enteral nutrition, parenteral nutrition, seizure disorders, and is a component of prenatal care. The counseling is provided by a registered licensed dietitian nutritionist (RDN) or other health professional functioning within their legal scope of practice. RDN's offer a range of services from nutritional and lifestyle assessments, one-on-one nutritional counseling to educate on the impact of diet on a disease or condition, and comprehensive individualized diet plans with the goal of improving health and disease state.

Dietary counseling has a role in the treatment and prevention of disease. Evidence from epidemiologic, experimental and clinical studies has demonstrated a strong relationship between dietary patterns or nutrient intakes, and prevention and management of chronic diseases including diabetes and obesity (Desroches, 2013). For both type 1 and type 2 diabetes mellitus, diet is fundamental to treatment. As part of the treatment team, the dietitian/nutritionist develops an individualized nutrition plan to assist in managing the "ABCs" of diabetes control: A1C (glycated hemoglobin), blood pressure and cholesterol with consideration for any comorbid conditions. Dietary guidance and instruction on adherence strategies contribute to managing risk factors and preventing complications of diabetes, both acute (hypoglycemia) and long-term (hypertension, hyperlipidemia, renal disease, cardiovascular disease, and other micro- and macrovascular complications) and improving overall health through proper food choices (Delahanty, 2021).

Maintaining caloric balance over time is important to maintaining a healthy weight for both children and adults. The U.S. Preventative Services Task Force recommends that clinicians screen for obesity in children and adolescents six years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. For adults, this Task Force recommendation extends to adults with a body mass index (BMI) of 30 or higher. Over nutrition leading to overweight and obesity is the single most important dietary factor associated with poor health outcomes. It is associated with premature mortality as well as increased incidence of cardiovascular disease, diabetes, hypertension, cancer, and other important conditions (Colditz, 2019).

Cystic fibrosis (CF) is a progressive genetic disease that affects multiple organ systems. Therapy is directed to maintaining and optimizing nutritional status and pulmonary function, as these are key factors in survival. Evidence-based guidelines emphasize the need for adequate nutritional intake to improve nutritional status. Recent evidence-based nutritional guidelines and improved medical treatment support the nutritional monitoring and interventions in CF patients. Nutritional care should be personalized and provided by a RDN because patients' care needs change dramatically during their disease process (Hollander, 2017). Nutritional management is an essential part of multidisciplinary care of infants, children, and adults with cystic fibrosis (Collins, 2018).

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Alternate forms of nutrition are enteral nutrition and parenteral nutrition. Enteral nutrition is providing nutrition through the gastrointestinal tract via a tube, catheter or stoma that delivers nutrients distal to the oral cavity. Parenteral nutrition is providing nutrition via intravenous access. There are a large variety of reasons a person would require alternate forms of nutrition support. Some common causes are dysphagia with risk of aspiration, cancer, intestinal failure, intestinal obstruction, ventilation, etc. A multidisciplinary team including a RDN is vital in managing patients with alternate forms of nutrition ([ASPEN. www.nutritioncare.org](http://ASPEN.www.nutritioncare.org)).

Dietary instruction can be an important component in the prevention and management of gastrointestinal disorders such as inflammatory bowel disease, gastroparesis, celiac disease, ulcerative colitis, short bowel syndrome, etc. Gastrointestinal disorders can have symptoms of abdominal pain, nausea, diarrhea, and loss of appetite, which can lead to impaired nutritional status and malnutrition. Identifying the need for nutritional interventions is important in reducing the long-term effects of malnutrition. The training and experience in the area of food, nutrition, and management enables dietetic practitioners to have the opportunity to make an important contribution to the care of patients with gastrointestinal disorders (Beyer, 1998).

Malnutrition and a loss of muscle mass are frequent in cancer patients and have a negative effect on clinical outcome. All cancer patients should be screened regularly for the risk or the presence of malnutrition and offered nutritional interventions to include nutritional counseling (Arends et al., 2017).

Eating disorders can be life threatening. It is recommended for the treatment of eating disorders to involve an interdisciplinary team with experience in treating these disorders; the team includes a mental health clinician, a dietitian, and a general medical clinician (Yager, 2022).

Nutritional counseling is recommended as a non-pharmacological therapy in the treatment of resistant hypertension to assist with dietary assessment and implementing long-term dietary changes when indicated to reduce the inherent risks of adverse cardiovascular events (Brook, 2022).

The contribution of the RD is well documented in the management of chronic kidney disease (CKD). The goals of nutritional counseling in CKD are to reduce metabolic byproducts from dietary intake and to match intake with existing kidney function to stop or slow the progression to kidney failure. Pre-dialysis medical nutrition therapy counseling has been shown to both potentially delay progression to stage 5 (renal replacement therapy) and decrease first-year mortality after initiation of hemodialysis (Beto, 2014).

Maintaining a healthy diet during pregnancy is important for the health of the mother and unborn child. As part of the initial prenatal visit, a dietary history should be obtained and basic calorie requirements during pregnancy should be reviewed to promote healthy weight gain. Counseling should occur throughout the pregnancy as caloric requirements change and issues arise (Kominiarek, 2018). Adequate macro and micro nutrients throughout pregnancy are required to promote fetal growth and development. Undernutrition and overnutrition have been associated with adverse pregnancy outcomes which may include: miscarriage, hypertensive disorders in pregnancy, gestational diabetes, some congenital anomalies, small for gestational age newborn, and impaired neurocognitive development (Garner, 2022a; Garner 2022b).

General education on nutritional supplements as well as food choices that reduce common symptoms of nausea, constipation and heartburn should be reviewed as needed. Resources for patient education including nutritional needs during pregnancy, food safety and seafood, and weight gain calculators are available through the US Department of Agriculture's [MyPlate.gov](http://MyPlate.gov) website. Pregnant women with high risk nutritional needs may benefit from the services of a registered dietitian nutritionist.

The identified medical necessity indications for dietitian/nutritionist consultation are subject to benefit plan limitations. Additional guidance and general education on nutrition is available through the JHHP Health Education Unit of the Care

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Management Department. Nutrition classes/workshops are offered several times a year to provide information related to nutrition, weight management, and other topics. These services are available free of charge to members of JHHP Plans.

## VII. CODING DISCLAIMER

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*Note:* The following CPT<sup>®</sup>/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

*Note:* All inpatient admissions require preauthorization.

### *Adherence to the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits*

Advantage MD: Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.
Employer Health Programs (EHP): Specific Summary Plan Descriptions (SPDs) supersedes JHHP Medical Policy. If there are no criteria in the SPD, apply the Medical Policy criteria.
Johns Hopkins Health Plan of Virginia, Inc. (JHHPVA): Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.
Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.
US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

## VIII. CODING INFORMATION

### **CPT<sup>®</sup> CODES ARE FOR INFORMATIONAL PURPOSES**

<b>CPT<sup>®</sup> CODES</b>	<b>DESCRIPTION</b>
<b>97802</b>	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
<b>97803</b>	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
<b>97804</b>	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

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### HCPCS CODES ARE FOR INFORMATIONAL PURPOSES

HCPCS CODES	DESCRIPTION
<b>S9452</b>	Nutrition classes, non-physician provider, per session
<b>S9465</b>	Diabetic management program, dietitian visit
<b>S9470</b>	Nutritional counseling, dietitian visit
<b>G0270</b>	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in the same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes

## IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

## X. REFERENCES

- Academy of Nutrition and Dietetics (2023). *Health Conditions*. <https://www.eatright.org>
- Aetna (2023, March, 17). *Nutritional Counseling*. Medical Clinical Policy Bulletin Number: 0049. <http://www.aetna.com>
- American Diabetes Association (ADA) (2022). Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes - 2022. *Diabetes care*, 45(Suppl.1), S60-S82. <https://doi.org/10.2337/dc22-S005>
- American College of Obstetricians and Gynecologists (ACOG) (2020). *Nutrition During Pregnancy*. <https://www.acog.org/>
- American Society for Parenteral and Enteral Nutrition (ASPEN) (2022). *What is Nutrition Support Therapy?* <https://www.nutritioncare.org/>
- Annotated Code of Maryland (2020). Health Occupations, §5-101. *Licensed Dietitians-Nutritionists*. <https://law.justia.com>
- Arends, J., Bachmann, P., Baracos, V., Barthelemy, N., Bertz, H., Bozzetti, F., Fearon, K., Hutterer, E., Isenring, E., Kaasa, S., Krznaric, Z., Laird, B., Larsson, M., Laviano, A., Muhlebach, S., Muscaritoli, M., Oldervoll, L., Ravasco, P., Solheim, T., Strasser, F.,... & Preiser, J. C. (2017). ESPEN guidelines on nutrition in cancer patients. *Clinical nutrition (Edinburgh, Scotland)*, 36(1), 11-48. <dx.doi.org/10.1016/j.clnu.2016.07.015>
- Beto, J. A., Ramirez, W. E., & Bansal, V. K. (2014). Medical nutrition therapy in adults with chronic kidney disease: integrating evidence and consensus into practice for the generalist registered dietitian nutritionist. *Journal of the Academy of Nutrition and Dietetics*, 114 (7), 1077-1087. <doi.org/10.1016/j.jand.2013.12.009>
- Beyer, P. L. (1998). Gastrointestinal disorders: roles of nutrition and the dietetics Practitioner. *Journal of the American Dietetic Association*, 98(3), 272-277. [doi.org/10.1016/s0002-8223\(98\)00065-0](doi.org/10.1016/s0002-8223(98)00065-0)
- Brook, R.A., & Townsend, R.R.(2023). Treatment of resistant hypertension. *UpToDate*. Retrieved April 12, 2023 from <https://www.uptodate.com/>

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Cárdenas, D., Davisson Correia, M. I. T., Hardy, G., Ochoa, J. B., Barrocas, A., Hankard, R., Hannequart, I., Schneider, S., Bermúdez, C., Papapietro, K., Pounds, T., Cuerda, C., Ungpinitpong, W., du Toit, A. L., & Barazzoni, R. (2022). Nutritional care is a human right: Translating principles to clinical practice. *Nutrition in clinical practice: official publication of the American Society for Parenteral and Enteral Nutrition*, 37(4), 743–751. <https://doi.org/10.1002/ncp.10864>

Chan, W. (2021). Chronic Kidney Disease and Nutrition Support. *Nutrition in clinical practice; official publication of the American Society for Parental and Enteral Nutrition*, 36(2), 312-330. [doi.org/10.1002/ncp.10658](https://doi.org/10.1002/ncp.10658)

Colditz, A. (2022). Healthy diets in adults. *UpToDate*. Retrieved April 12, 2022 from <https://www.uptodate.com>

Collins, S. (2018). Nutritional management of cystic fibrosis - an update for the 21st century. *Paediatric respiratory reviews*, 26, 4-6. [doi.org/10.1016/j.prrv.2017.03.006](https://doi.org/10.1016/j.prrv.2017.03.006)

Delahanry, L. M. (2022). Nutritional considerations in type 1 diabetes mellitus. *UpToDate*. Retrieved April 12, 2022 from <https://www.uptodate.com>

Delahanry, L. M. (2022). Nutritional considerations in type 2 diabetes mellitus. *UpToDate*. Retrieved April 12, 2022 from <https://www.uptodate.com>

DeLegge, M. H. (2022). Nutrition and dietary management for adults with inflammatory bowel disease. *UpToDate*. Retrieved April 12, 2022 from <https://www.uptodate.com>

Desroches, S., Lapointe, A., Ratté, S., Gravel, K., Legare, F., & Turcotte, S. (2013). Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults. *The Cochrane database of systematic reviews*, (2), CD008722 . [doi.org/10.1002/14651858.cd008722.pub2](https://doi.org/10.1002/14651858.cd008722.pub2)

ElSayed, N. A., Aleppo, G., Aroda, V. R., Bannuru, R. R., Brown, F. M., Bruemmer, D., Collins, B. S., Hilliard, M. E., Isaacs, D., Johnson, E. L., Kahan, S., Khunti, K., Leon, J., Lyons, S. K., Perry, M. L., Prahalad, P., Pratley, R. E., Jeffrie Seley, J., Stanton, R. C., Gabbay, R. A., ... on behalf of the American Diabetes Association (2023). 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes-2023. *Diabetes care*, 46(Suppl 1), S254–S266. <https://doi.org/10.2337/dc23-S015>

ElSayed, N. A., Aleppo, G., Aroda, V. R., Bannuru, R. R., Brown, F. M., Bruemmer, D., Collins, B. S., Hilliard, M. E., Isaacs, D., Johnson, E. L., Kahan, S., Khunti, K., Leon, J., Lyons, S. K., Perry, M. L., Prahalad, P., Pratley, R. E., Seley, J. J., Stanton, R. C., Gabbay, R. A., ... on behalf of the American Diabetes Association (2023). 3. Prevention or Delay of Type 2 Diabetes and Associated Comorbidities: Standards of Care in Diabetes-2023. *Diabetes care*, 46(Suppl 1), S41–S48. <https://doi.org/10.2337/dc23-S003>

Evert, A.B., Dennison, M., Gardner, C.D., Garvey, W.T., Ka Hei, K.L., Macleod, J., Mitri, J., Pereira, R.F., Rawlings, K., Robinson, S., Saslow, L., Uelmen, S., Urbanski, P.B., Yancy, W.S. (2019). Nutrition therapy for adults with diabetes or prediabetes: a consensus report. *Diabetes Care*, 42(5), 731-754. <https://diabetesjournals.org/>

Garner, C.D.(2022a). Nutrition in pregnancy: Dietary requirements and supplements. *UpToDate*. Retrieved April 19, 2022, from <https://www.uptodate.com/>

Garner, C.D.(2022b). Nutrition in pregnancy: Assessment and counseling. *UpToDate*. Retrieved April 19, 2022 from <https://www.uptodate.com/>

GBD 2019 Stroke Collaborators (2021). Global, regional, and national burden of stroke and its risk factors, 1990-2019; a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet. Neurology*, 20(10), 795-820. [doi.org/10.1016/S1474-4422\(21\)00252-0](https://doi.org/10.1016/S1474-4422(21)00252-0)

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Grundy, S.M., Cleeman, J.I., Daniels, S.R., et al. (2005). Diagnosis and Management of the Metabolic Syndrome: An American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. *Circulation*, 112(17), 2375-2752. <https://doi.org/10.1161/CIRCULATIONAHA.105.169404>

Guideline Central (2023). *Diabetes Standards of Care 2023*. <https://www.guidelinecentral.com/>

Hayes, Inc. (2015). *Medical Technology Directory: Ketogenic Diet for Refractory Seizure Control*. [Archived 2016]. <http://www.hayesinc.com>

Hayes, Inc. (2020). *Health Technology Assessment: Intradialytic Parenteral Nutrition (IDPN) for End-Stage Renal Disease in Adults*. Annual review: March, 2023 <http://www.hayesinc.com>

Hollander, F. M., de Roos, N.M., & Heijeman, H. (2017). The optimal approach to nutrition and cystic fibrosis: latest evidence and recommendations. *Current opinion in pulmonary medicine*, 23(6), 556-561. <https://doi.org/10.1097/MCP.0000000000000430>

Kaur, H., Singla, N., & Jain, R.(2021). Role of Nutrition Counseling and Lifestyle Modification in Managing Prediabetes. *Food and nutrition bulletin*, 42(4), 584-596. <doi.org/10.1177/03795721211025434>

Kominiarek, M.A., & Rajan, P. (2016). Nutrition Recommendations in Pregnancy and Lactation. *The Medical Clinics of North America*, 100(6), 119-1215. <doi.org/10.1016/j.mcna.2016.06.004>

McCabe-Sellers, B. J. (2010). Position of the American Dietetic Association: Integration of Medical Nutrition Therapy and Pharmacotherapy. *Journal of the American Dietetic Association*, 110(6), 950-956. <doi.org/10.1016/j.jada.2010.04.017>

Mistiaen P, Van den Heede K. (2020). Nutrition support teams: A systematic review. *Journal of Parenteral and Enteral Nutrition*, 44(6), 1004-1020. <https://doi.org/10.1002/jpen.1811>

Murimi, M.W., Kanyi, M., Mupfudze, T., Amin, M.R., Mbogori, T., & Aldubayan, K. (2017). Factors Influencing Efficacy of Nutrition Education Interventions: A Systematic Review. *Journal of nutrition education and behavior*, 49(2), 142-165.e1. <https://doi.org/10.1016/j.jneb.2016.09.003>

National Heart, Lung, and Blood Institute of the National Institute of Health. (2013). *Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel*. <https://www.nhlbi.nih.gov>

Olendzki, B. (2023). Dietary assessment in adults. *UpToDate*. Retrieved April 12, 2022 from <https://www.uptodate.com/>

Rozga, M., Burrowes, J.D., Byham-Gray, L.D., & Handu, D. (2022). Effects of Sodium-Specific Medical Nutrition Therapy from a Registered Dietitian Nutritionist in Individuals with Chronic Kidney Disease: An Evidence Analysis Center Systematic Review and Meta-Analysis. *Journal of the Academy of Nutrition and Dietetics*, 122(2), 445-460.e19. <doi.org/10.1016/j.jand.2021.03.016>

Scoditti, E., Massaro, M., Garbarino, S., & Toraldo, D.M. (2019). Role of Diet in Chronic Obstructive Pulmonary Disease Prevention and Treatment. *Nutrients*, 11(6), 1357. <doi.org/10.3390/nu11061357>

United Nations Children's Fund. UNICEF Technical Brief. (2021) *Counseling to Improve Maternal Nutrition. Considerations for programming with quality, equity and scale*. New York: UNICEF, 2021 <https://www.unicef.org/>

United States Department of Agriculture. (2020). *MyPlate: Pregnancy and breastfeeding*. <https://www.myplate.gov>



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US Preventive Services Task Force, Krist, A.H., Davidson, K.W., Mangione, C.M., Barry, M.J., Cabana, M., Caughey, A.B., Donahue, K., Doubeni, C.A., Epling, J.W., Kubik, M., Landefeld, S., Ogedegbe, G., Pbert, L., Silverstein, M., Simon, M.A., Tseng, C.W., & Wong, J.B.(2020). Behavioral Counseling Interventions to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: US Preventive Services Task Force Recommendation Statement. *JAMA*, 324(20), 2069-2075. [doi.org/10.1001/jama.2020.21749](https://doi.org/10.1001/jama.2020.21749)

U.S. Preventive Services Task Force (USPSTF) (2018). *Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions*. <https://www.uspreventiveservicestaskforce.org>

U.S. Preventive Services Task Force (USPSTF). (2017). *Obesity in Children and Adolescents: Screening*. <https://www.uspreventiveservicestaskforce.org>

U.S. Preventive Services Task Force (USPSTF). (2022). *Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Cardiovascular Disease Risk Factors: Behavioral Counseling Interventions*. <https://www.uspreventiveservicestaskforce.org>

Wiechert, M., Holzapfel, C. (2022). Nutrition Concepts for the Treatment of Obesity in Adults. *Nutrients*, 14(1), 169. <https://doi.org/10.3390/nu14010169>

Yager, J. (2022). Eating disorders: Overview of prevention and treatment. *UpToDate*. Retrieved on April 12, 2022, from <https://www.uptodate.com>

## **XI. APPROVALS**

Historical Effective Dates: 05/14/2005, 10/21/2005, 10/18/2006, 03/03/2008, 03/02/2009, 08/24/2011, 12/07/2012, 12/02/2016, 11/20/2018, 05/03/2021, 08/01/2022, 08/01/2023