

DEPARTMENT OF HEALTH SERVICES

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TO: County California Children Services (CCS) Administrators and
Medical Consultants, and State Children's Medical Services
(CMS) Staff

SUBJECT: MEDICAL NUTRITION ASSESSMENT AND MEDICAL
NUTRITION THERAPY FOR CHILDREN WITH CCS MEDICAL
ELIGIBLE CONDITIONS

I. BACKGROUND

The purpose of this numbered letter is to provide a description of CCS benefits for medical nutrition services provided by a CCS-paneled Registered Dietitian (R.D.). The definition of medical nutrition services is the provision of the following individual medical nutrition therapy services: comprehensive nutritional assessment, formulation of a therapeutic diet, diet calculations, nutrition counseling, development of a nutritional treatment plan, establishment of goals with child/caregiver, referrals, monitoring achievement of goals, and follow-up; and group nutritional interventions necessary to implement therapeutic diet.

This letter also includes procedural guidelines for CCS case management responsibilities in processing requests received for medical nutrition services.

II. POLICY GUIDELINES

- A. Individual medical nutrition services are a CCS benefit when related to the management of the CCS medical condition, and
1. provided by a CCS-paneled R.D. who is a member of an outpatient CCS Special Care Center (SCC), and the need for medical nutrition services is identified by the SCC team, or
 2. provided by a CCS-paneled R.D. and the need for medical nutrition services is identified by a CCS-paneled physician authorized to provide care to the child.

- B. Group nutrition therapy services for children with similar CCS-eligible conditions (i.e., diabetes) are a CCS benefit only when:
 - 1. the group medical nutrition services are provided in conjunction with individual medical nutrition services and are provided by a CCS-paneled R.D. and
 - 2. the medical nutrition services are prescribed by the CCS-authorized physician accompanied by a medical justification.

III. POLICY IMPLEMENTATION GUIDELINES

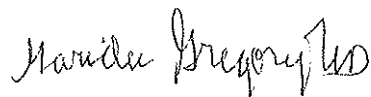
- A. Guidelines for authorization for outpatient medical nutrition services
 - 1. Requests for medical nutrition services for children authorized by the CCS program to a CCS-approved outpatient SCC:
 - a. An authorization for outpatient SCC services covers the provision of medical nutrition services by the paneled R.D. listed on the center directory as a core or consultant member of the team. These services include:
 - (1) Initial and periodic comprehensive outpatient nutritional assessment/evaluations up to four times per year; and
 - (2) participation in the multi disciplinary team conference up to four times per year; and
 - (3) telephone follow-up with the CCS client to assist with dietary modifications, identify nutritional issues, and assess nutritional status.
 - b. A separate authorization for outpatient medical nutrition services is required when the services are beyond those covered in a. above.
 - (1) These services may be requested via the center team conference report, an individual medical report or letter of request;

- (2) The request for nutritional services must identify;
 - (a) the paneled R.D. who will be providing the services;
 - (b) the type of nutrition services (such as nutritional assessment by a non-SCC R.D., individual medical nutrition therapy, and/or diet calculation, and/or formulation of therapeutic diet, and group medical nutrition therapy);
 - (c) number of hours being requested;
 - (d) medical justification with relevant medical reports;
 - (e) prescription from the CCS-paneled physician.
 - c. These services can be either authorized to a paneled R.D. at a SCC or a CCS-paneled R.D. in the **child's** community who is working in conjunction with the SCC team.
2. Requests for medical nutrition services for children not authorized for care at a CCS-approved outpatient SCC:
- a. A nutrition assessment may be authorized to a CCS-paneled R.D. upon the request of the CCS-authorized physician providing care.
 - b. Medical nutrition services may be requested via an individual medical report or letter of request which identifies:
 - (1) the paneled R.D. who will be providing the services;
 - (2) the type of nutrition services (such as nutritional assessment by a non-SCC R.D., individual medical nutrition therapy, and/or diet calculation, and/or formulation of therapeutic diet, or group medical nutrition therapy);
 - (3) number of hours being requested;
 - (4) medical justification with relevant medical reports and a prescription from the CCS-paneled physician.

- c. Medical nutrition services can be authorized to a paneled R.D. in the child's community or to a CCS-paneled R.D. listed on a SCC center directory.
 3. Requests for group medical nutrition therapy services for children with similar CCS-eligible medical conditions (e.g., diabetes) must provide
 - a. documentation that the group medical nutrition therapy services are being provided by a CCS-paneled R.D. and are in conjunction with the individual medical nutrition therapy plan developed under the CCS authorization to a paneled R.D.
 - b. The CCS physician who is authorized to provide care to the child has provided written medical justification and a prescription for the group services.
- B. The Medical Consultant or designee shall:
 1. Review requests for medical nutrition services to ensure that the request is related to the management of the CCS-eligible condition.
 2. Ensure that the requests also include a nutritional assessment by the CCS-paneled R.D. (with applicable information such as anthropometric measurements, biochemical data, prescribed medical diet, dietary intake, and medical nutrition therapy plan) when requests are for individual medical nutrition therapy, follow up therapy services via phone consultation, or group medical nutrition interventions.
- C. Request extension of medical nutrition services may be granted based on submitted medical justification, which includes updated medical nutrition services care plan with number of visits, frequency, and time.
- D. Instructions for issuing authorizations.
 1. Medical nutrition services are to be issued using the following state-only assigned Health Care Financing Administration Common Procedure Coding System (HCPCS) codes:

- Z5824 Medical nutritional assessment/evaluation and development of treatment plan and follow up
 - Z5826 Diet calculation and/or formulation of therapeutic diet
 - Z5828 Individual or family medical nutrition therapy
 - Z5852 Group nutrition interventions and counseling
2. An authorization for individual or group medical nutrition assessment or evaluation, and medical nutrition therapy services is issued in units of service (15 minutes) with a minimum of 30 minutes.
 3. An authorization for nutritional assessment or medical nutrition therapy can also include the diet calculation code, Z2826.

If you have questions regarding this information, please contact your CMS Regional Office Nurse Consultant or Carla Bouchard, CMS Nutrition Consultant, at (916) 323-8090



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