



California
Department of
Health Services

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TO: COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: DELEGATION OF AUTHORITY TO AUTHORIZE MEDICAL NUTRITION
SERVICES TO COUNTY CCS PROGRAMS AND CMS REGIONAL
OFFICES

PURPOSE

The purpose of this Numbered Letter (NL) is to provide policy and procedures for review and authorization of Medical Nutrition Therapy (MNT) services provided by a CCS-approved Registered Dietitian (RD).

BACKGROUND

A child's nutritional status and feeding skills can be negatively affected by a chronic disease and thereby compromise their growth and development. As a result, the developing child's health is further compromised and their chronic disease can be exacerbated. The provision of MNT is intended to address any evolving nutritional diagnoses and/or co-morbidities related to their CCS eligible condition. The goal of the MNT service is to enhance nutritional and health status and promote feeding skill advancement toward more normalized feeding and consumption of regular foods.

MNT services are a CCS program benefit. They are not within the scope of regular benefits of the Medi-Cal program and therefore require authorization as Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT SS) for full-scope, no share of cost, Medi-Cal beneficiaries.

Medi-Cal Nutrition Therapy Services provided by the SCC RD are included in the authorization for a Special Care Center (SCC) and therefore do not require a separate authorization.

DEFINITIONS

MNT services provided to CCS eligible children by a CCS-approved RD are defined as either individual or group nutritional services:

A. Individual nutritional services may include:

- Comprehensive nutritional assessment
- Formulating a therapeutic diet
- Dietary calculation/analysis
- Nutrition counseling
- Developing a nutritional treatment plan
- Establishing goals with child/caregiver
- Making nutrition referrals
- Participation of the provider on a feeding, nutrition, support, or relevant clinical team on activities related to the CCS clients eligible condition
- Following-up by monitoring or revising the treatment plan to achieve desired goal(s).

B. Group nutritional services are those services necessary to implement and enhance compliance with an ongoing therapeutic diet by providing nutrition education, assistance with nutrition goals, and monitoring achievement of goals in a group/class setting. Group nutritional services shall be coordinated with the client's individual medical nutrition plan.

POLICY

- I. Effective the date of this letter, the review and approval of MNT services is delegated to independent county CCS programs, CMS Branch Regional Offices, and dependent county CCS programs participating in Level III of the Case Management Improvement Project (CMIP). This delegation does not apply to requests for weight management programs or supervision of ketogenic diets which will continue to be reviewed and approved by the State CMS Branch.

- II. MNT services provided by a CCS approved RD who is not a member of an SCC team require separate authorization and shall meet the following criteria:
 - A. The services are directly related to the management of the CCS eligible medical condition.
 - B. The services are ordered by a CCS approved medical provider
 - C. The RD must have either an "EPS" prefix Medi-Cal provider number or be able to bill using the hospital outpatient Medi-Cal provider number.
 - D. The services are requested by an individual medical report or letter of request which identifies:
 - a. The approved RD who will be providing the service;
 - b. the type of medical nutrition service;
 - c. the number of hours requested; and
 - d. medical justification with relevant medical reports.
- III. When the criteria in II above are met, the initial nutrition authorization of MNT services shall include an initial assessment with four (4) subsequent nutrition visits within a six month period for implementation of the nutritional plan. Once the initial nutrition assessment is completed, the additional visits may be either individual and/or group nutrition service.
- IV. Subsequent authorization requests for MNT nutrition services beyond the initial phase shall continue to meet the criteria set for the initial assessment. In addition, a standard report for nutritional assessment shall be submitted by the R.D. to the CCS program which states the CCS client's target diagnosis and provides information on the CCS client:
 - Anthropometric measurements
 - Biochemical data
 - Clinical presentation
 - Dietary calculation/analysis
 - Prescribed diet
 - An individualized medical nutrition plan with goals in order to demonstrate progress.

IMPLEMENTATION

- I. MNT services require authorization as Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT SS) for full-scope, no share of cost, Medi-Cal beneficiaries, and as CCS benefits for CCS-Only and CCS/HF clients. The authorization shall be for Healthcare Common Procedure Code System (HCPCS) code Z5802 (Dietitian services) and indicate the number of units.
- II. For extensions and renewals of authorization of MNT services, medical justification must be submitted and shall indicate there is need for additional service. The request for authorization should be submitted one (1) month before the current authorization expires and shall include:
 - Name the CCS approved R.D. who will provide the services
 - A prescription or request which indicates the proposed type of service and the number of visits with the frequency and units of service being requested (1 unit = 15 minutes, 4 units = 1 hour).
 - Copies of recent (within last six months) medical justification for the services with relevant medical reports
 - Medical nutrition services care plan which includes:
 1. the nutritional intervention;
 2. measurable objectives;
 3. prognosis for progress; and
 4. the proposed type of service and number and frequency of visits being requested which shall not exceed twelve hours or 48 units in a six month period.

If you have questions regarding this NL, please contact your CMS Regional Office Nurse Consultant or the CMS Branch Nutrition Consultant.

Original Signed by Marian Dalsey, M.D, M.P.H.

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