

Dec. 5, 2023
MB# 23-060

MEDICAID BULLETIN

TO: Physician, Dietitian and Advanced Practitioner Providers

SUBJECT: Nutritional Counseling Services Benefits Update

Effective for dates of service on or after Jan. 1, 2024, the South Carolina Department of Health and Human Services (SCDHHS) is making significant updates to the nutritional counseling benefit for full-benefit Healthy Connections Medicaid members.

Additions and changes to the nutritional counseling benefit include:

- Increasing the service limit on medical nutrition therapy to 12 hours per state fiscal year;
- Covering medical nutrition therapy when used to treat eating disorders;
- Consolidating covered procedure codes across provider types and age groups (procedure codes previously varied both by rendering provider and the age of the Medicaid member who was receiving services); and
- Reimbursing for medical nutrition therapy when delivered via telehealth.

A summary of SCDHHS' new nutritional counseling benefit effective Jan. 1, 2024, is included below. The policy changes announced in this bulletin will be added to the [Physician Services](#) provider manual by Jan. 1, 2024.

Nutritional Counseling Benefit

Nutritional counseling will be covered for full-benefit Medicaid members who have a diagnosis of obesity or eating disorders when there is a chronic, episodic or acute condition for which nutrition therapy is a critical component of medical management. These may include inappropriate growth, metabolic disorders, genetic conditions that affect growth and feeding, metabolic syndrome or acute burns. An exhaustive list of medical conditions is provided in the nutritional counseling policy which will be published in the [Physician Services](#) provider manual by Jan. 1, 2024.

Dietary evaluation and counseling services will be covered in hospital outpatient clinics; public agencies such as health departments, federally qualified health centers and rural health clinics; private agencies; physician offices and residential facilities (when billed by qualified health care professionals).

Nutritional counseling services may be billed when rendered by physicians, physician assistants, nurse practitioners and registered dietitians. Services performed by dietitians must be prescribed or referred by a physician.

Updated Service Limits

A total of 12 hours of combined initial, re-assessment and group medical nutrition therapy may be reimbursed per state fiscal year, per Medicaid member. State fiscal years begin on July 1 and end on June 30 of the following calendar year.

Telehealth

Nutritional counseling services may be provided in-person or via telehealth.

Telehealth encounters must be billed with a GT modifier and count toward the 12 hours of combined medical nutrition therapy services provided to a Medicaid member per state fiscal year. Services delivered in-person or via telehealth by the same provider type will be reimbursed at the same rate.

Procedure Code Consolidation

All provider types must use the procedure codes included in the table below when billing for nutritional counseling services delivered to Healthy Connections Medicaid members. These codes should be used for services rendered to both adults and children.

Procedure Code	Description	Benefit Criteria and Limitation
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15-minute units	Allowed for up to four units of service per same provider, provider location or billing entity. Allowed to be performed via telehealth. These units count toward the 12 hours of combined medical nutrition therapy services allowed per patient per state fiscal year.
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15-minute units	Allowed up to 12 units of service per month, per patient, up to four units per date of service/visit, with at least seven calendar days between visits. Allowed to be performed via telehealth. These units count toward the 12 hours of combined medical nutrition therapy services per patient per state fiscal year.
97804	Medical nutrition therapy; group (two or more individuals), each 30-minute units	Allowed for one unit of service per date of service. Up to four units per month per patient, with at least seven calendar days between visits. Group size allowed is two-eight patients. Allowed to be performed via telehealth. These units count toward the 12 hours of combined medical nutrition therapy services per patient per state fiscal year.

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the coverage and reimbursement related to the services described in this bulletin for Healthy Connections Medicaid members who are enrolled in an MCO.

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at: <http://www.scdhhs.gov/contact-us>.

Resources Providers Can Use to Help with Medicaid Member Annual Reviews

As SCDHHS continues its federally required review of Medicaid member eligibility, a process frequently referred to as “unwinding,” it is reminding providers of resources available to them that can help with this process. SCDHHS has produced several member-facing communications and marketing items and is encouraging providers to post its “submit your review, when it’s time to renew” flyer in patient-facing areas. The flyer is available for download from SCDHHS’ website in [English](#) and in [Spanish](#) along with other [provider resources](#) on [SCDHHS’ annual reviews website](#).

The Centers for Medicare and Medicaid Services have also produced outreach and educational resources about this process that are [available on their website](#).

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Robert M. Kerr