

Nutritional Counseling Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Tufts Health Plan Commercial and Senior Products²

The following payment policy applies to Tufts Health Plan contracting independent nutritional counselors only.

Tufts Health Public Plans

The following payment policy applies to contracting accredited providers (physician, licensed dietician, nutritionist, registered nurse, physician assistant or nurse practitioner).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary nutritional counseling services, in accordance with the member's benefits.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

Diabetes Self-Management Training³

Diabetes Self-Management Training (DSMT) services are covered for members who have been diagnosed with diabetes and meet the Medicare criteria. Refer to the [Medicare Diabetes Prevention Program](#) for more information.

Medical Nutrition Therapy (Tufts Medicare Preferred HMO)

Members who have been diagnosed with diabetes, renal disease (but who are not on dialysis), or who have had a kidney transplant are covered for 3 hours of one-on-one counseling services during their first year of services and up to two hours annually thereafter.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred HMO and Tufts Health Plan SCO products.

³ Applies to Senior Products and Tufts Health Unify.

Nutrition Visit Extension (Commercial products)

Commercial members may be covered for additional outpatient nutrition visits in cases of severe and/or continuing eating disorders. Refer to the [Nutritional Extensions for Eating Disorders](#) Medical Necessity Guidelines for additional information.

AUTHORIZATION/REFERRAL REQUIREMENTS

A PCP referral is required for nutritional counseling services.

Tufts Health Direct

A referral may be required. Check the member ID card for "PCP Referral Required".

BILLING INSTRUCTIONS

Tufts Health Plan accepts all standard CPT, HCPCS and revenue codes and applicable modifiers, as set forth by the American Medical Association (AMA). Refer to current industry standard coding guidelines for a complete list of codes, modifiers and their usage. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable contracted rates, regardless of the address where the service is rendered. Refer to the [Professional Services and Facilities Payment Policy](#) for more information.

DOCUMENT HISTORY

- May 2019: Added content applicable to Tufts Health Public Plans
- June 2018: Template updates
- May 2018: Policy reviewed by committee; added medical nutrition therapy language for Tufts Medicare Preferred HMO and Tufts Health Plan SCO members; added link to Nutrition Extension for Eating Disorders Medical Necessity Guidelines for Commercial members
- January 2017: Template updates
- August 2016: Reviewed policy
- September 2015: Template conversion, template updates
- February 2015: Template updates
- September 2013: Template conversion
- April 2013: Policy reviewed; codes added effective for dates of service on or after June 1, 2013, added Tufts Medicare Preferred HMO and Tufts Health Plan SCO to the policy
- April 2012: Template updates.
- March 2012: Updated CareLink disclaimer language
- October 2011: Template updates, no content changes
- August 2010: Reviewed document for clarity
- February 2008: Revised general benefit information with self-service channels information.

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.