

Requiring Evidence of “Medical Necessity” for Nutrition Counseling for Eating Disorders Violates MHPAEA

Weekly Nutrition Counseling (Medical Nutrition Therapy/CPT Code 97803) provided by a Registered Dietitian is the **Standard Treatment** for Eating Disorders (All F50.xxx ICD-10-CM Diagnoses) in the Outpatient Level of Care and standard treatment for medical procedures do not require additional evidence of “medical necessity.”

REFERENCE	SOURCE
<p>“Eating disorders, such as anorexia nervosa, bulimia nervosa, and binge-eating disorder, are mental health conditions under generally recognized independent standards of current medical practice... Therefore, <b>benefits for treatment of eating disorders are mental health benefits</b> for purposes of MHPAEA and may not be defined as medical/surgical benefits under a plan or coverage.”</p>	<p>Requirements Related to the Mental Health Parity and Addiction Equity Act, 2024 Federal Register Vol. 89, No. 184, Rules and Regulations.</p>
<p>“<b>Nutrition counseling is the primary treatment for eating disorders</b> in the outpatient, in-network classification and [because] the plan generally provides benefits for the primary treatments for medical conditions and surgical procedures in the outpatient, in-network classification... <b>by not providing benefits for nutrition counseling, it fails to provide meaningful benefits for the treatment of eating disorders</b> in the outpatient, in-network classification, as determined in comparison to the benefits provided for medical/surgical conditions in the classification.”</p>	<p>Requirements Related to the Mental Health Parity and Addiction Equity Act, 2024 Federal Register Vol. 89, No. 184, Rules and Regulations.</p>
<p>“Medically Necessary services are:</p> <ul style="list-style-type: none"><li>• provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease; and except for clinical trials that are described within the policy, not for experimental, investigational, or cosmetic purposes;</li><li>• <b>necessary for and appropriate to the diagnosis</b>, treatment, cure, or relief of a health condition, illness, injury, disease or its symptoms;</li><li>• <b>within the generally accepted standards of medical care in the community</b>;</li><li>• not solely for the convenience of the insured, the insured’s family or the provider.”</li></ul>	<p>National Association of Insurance Commissioners</p>

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<p>"Nutrition counseling is most effectively provided <b>on a weekly basis</b> for new-onset patients as well as for those patients with chronic eating disorder diagnoses... Anorexic patients who require weight restoration may benefit from more frequent than once weekly sessions, especially if the patient is an adolescent or child.... The first three sessions [of nutrition counseling for eating disorders] are necessary to obtain background information, to gain an understanding of [the patient’s] situation and to establish treatment goals. Additional sessions are required for implementation and monitoring of treatment goals."</p>	<p>Nutrition Counseling in the Treatment of Eating Disorders, 2nd ed. Herrin &amp; Larkin, 2012. Routledge.</p>
<p>"Medical Nutrition Therapy provided by a Registered Dietitian is an empirically supported component of effective treatment.... For individuals treated in an outpatient setting, careful monitoring is essential and includes <b>at least weekly</b> weight determinations."</p>	<p>The American Psychiatric Association Practice Guideline for the Treatment of Patients With Eating Disorders. 2023, American Journal of Psychiatry.</p>
<p>"When a patient steps down from more intense levels of treatment, it is recommended that the patient see the outpatient eating disorder dietitian <b>at least once a week</b>. As the patient improves, the frequency of the sessions will vary."</p>	<p>The Certified Eating Disorder Registered Dietitian in Eating Disorder Care, The International Association Eating Disorder Professionals.</p>
<p>"Outpatient Care Description: Individual appointments with care providers in their offices. Time commitment: Varies, e.g. <b>1-2 hours per week with each provider</b>"</p>	<p>The Eating Disorders Clinical Pocket Guide, 2nd Edition. 2013, Jessica Setnick</p>
<p>"<b>Medical Nutrition Therapy is a vital component in treating eating disorders</b> and is encouraged during a person's entire treatment."</p>	<p>Nutrition Therapy for Eating Disorders. 2010, American Society for Parenteral and Enteral Nutrition.</p>

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“Eating disorders require a high level of acuity as well as significant nutrition intervention and frequent monitoring. <b>It is commonly accepted in our profession that patients with eating disorders may require more of a Registered Dietitian’s time than patients with other diagnoses,</b> regardless of treatment setting or level of care.”	Academy of Nutrition & Dietetics Pocket Guide to Eating Disorders, Second Edition. 2017, Jessica Setnick.
“Nutrition intervention, including <b>nutritional counseling by a registered dietitian, is an essential component of team treatment of patients with anorexia nervosa, bulimia nervosa, and other eating disorders (EDs)</b> during assessment and treatment across the continuum of care.”	Position of the American Dietetic Association: Nutrition Intervention in the Treatment of Eating Disorders. 2011, Journal of the Academy of Nutrition & Dietetics.
“ <b>Research finds Medical Nutrition Therapy to successfully change behaviors</b> in those with anorexia and bulimia in inpatient and outpatient settings.”	Eating Disorders: Current Nutrition Therapy and Perceived Needs In Dietetics Education And Research. 2003, Journal of the American Dietetic Association.