DIETICIAN AND NUTRITIONIST SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Dieticians and nutritionists must be licensed under the provisions of SDCL Ch. 36-10B or licensed in another state with standards equivalent to or more stringent than South Dakota's.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to copay, coinsurance, and deductibles on Medicare A and B covered services.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories. Recipients in a Care Management program require a referral from the Care Management provider to receive dietician and nutritionist services.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet.

These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Dietician and Nutritionist Coverage

Dietician and nutritionist services must be ordered by a physician, physician assistant, or nurse practitioner. Dietician and nutritionists may bill South Dakota Medicaid using the CPT codes listed on the department's fee schedule. Services may include the following:

- Nutritional assessment of individuals or groups;
- Establishment of priorities, goals, and objectives to meet nutritional needs;
- Provision of nutrition counseling for both normal and therapeutic needs;
- Development, implementation, and management of nutrition care services; and
- Evaluation, adjustment, and maintenance of appropriate standards of quality in nutrition care

Recipients are limited to 1 hour of services a day and 5 hours of services per plan year, July 1 through June 30, for any combination of CPT codes 97802, 97803, and 97804. Recipients under 21 may exceed these limits if approved as medically necessary by South Dakota Medicaid. Providers may submit a prior authorization request using the Medical Nutrition prior authorization form.

Services must be provided according to a written plan. Providers must document the need for continued visits. Maintenance visits are not covered. Services cannot duplicate other services such as diabetes education.

Services provided by Indian Health Services (IHS) or Federally Qualified Health Centers/Rural Health Clinics (FQHC/RHC) are not considered a separately billable encounter. Services for individuals in a nursing home are included in the nursing home's payment and are not separately billable.

Covered diagnosis codes are listed below in Table 1.

Table 1: Covered Primary Diagnosis Codes

Diagnosis Code	Description
***E66.01**	Morbid (severe) obesity due to excess calories
***E66.09**	Other obesity due to excess calories
***E66.1**	Drug-induced obesity
***E66.2**	Morbid (severe) obesity with alveolar hypoventilation
***E66.811**	Obesity Class 1
***E66.812**	Obesity Class 2
***E66.813**	Obesity Class 3
***E66.9**	Obesity, unspecified
E70.0	Classical phenylketonuria

E75.10	Unspecified gangliosidosis
E75.19	Other gangliosidosis
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.4	Neuronal Ceroid Lipofuscinosis
E75.5	Other lipid storage disorders
E77.1	Defects in glycoprotein degradation
E78.6	Lipoprotein deficiency
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
F50.00	Anorexia nervosa, unspecified
F50.010	Anorexia Nervosa, Restricting Type, Mild
F50.011	Anorexia Nervosa, Restricting Type, Moderate
F50.012	Anorexia Nervosa, Restricting Type, Severe
F50.013	Anorexia Nervosa, Restricting Type, Extreme
F50.014	Anorexia Nervosa, Restricting Type, In Remission
F50.019	Anorexia Nervosa, Restricting Type, Unspecified
F50.020	Anorexia Nervosa, Binge Eating/Purging Type, Mild
F50.021	Anorexia Nervosa, Binge Eating/Purging Type, Moderate
F50.022	Anorexia Nervosa, Binge Eating/Purging Type, Severe
F50.023	Anorexia Nervosa, Binge Eating/Purging Type, Extreme
F50.024	Anorexia Nervosa, Binge Eating/Purging Type, In Remission
F50.029	Anorexia Nervosa, Binge Eating/Purging Type, Unspecified
F98.29	Other feeding disorders of infancy and early childhood
K90.0	Celiac disease
N18.6	End stage renal disease
O26.01	Excessive weight gain in pregnancy, first trimester
O26.02	Excessive weight gain in pregnancy, second trimester
O26.03	Excessive weight gain in pregnancy, third trimester
O26.10	Low weight gain in pregnancy, unspecified trimester
O26.11	Low weight gain in pregnancy, first trimester
O26.12	Low weight gain in pregnancy, second trimester

O26.13	Low weight gain in pregnancy, third trimester
P92.6	Failure to thrive in newborn
R62.51	Failure to thrive (child)
R62.7	Adult failure to thrive
R63.0	Anorexia
R63.30	Feeding difficulties, unspecified
R63.31	Pediatric feeding disorder, acute
R63.32	Pediatric feeding disorder, chronic
R63.39	Other feeding difficulties
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
***R63.6**	Underweight
R63.8	Other symptoms and signs concerning food and fluid intake
R64	Cachexia
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
Z93.1	Gastronomy status

*Use additional code to identify body mass index (BMI), if known, for adults (Z68.1 or Z68.30-Z68.45) or pediatrics (Z68.51 or Z68.54-Z68.56).

Non-Covered Services

General Non-Covered Services

Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Dietician and Nutritionist Non-Covered Services

Weight loss services not covered include, but are not limited to: nutritional supplements or foods for the purpose of weight reduction, diet pills, exercise classes, health club memberships, instructional materials and books, motivational classes, counseling or weight loss services provided by persons who are not enrolled with South Dakota Medicaid, counseling that is part of the physician's covered services and for which payment has already been made.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

REIMBURSEMENT AND BILLING

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim for dietician and nutritionist services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's fee schedules.

Place of Service Site Differential
Effective for claims with dates of service on and after July 1, 2026, South Dakota Medicaid's maximum allowable reimbursement rate for physicians' services in some instances differs depending on if the service is provided in a facility or non-facility settings. For applicable procedure codes, the place of service is derived from the Place of service (POS) code entered in Block 24 of the CMS 1500 claim form. Non-Facility and Facility place of service code designations are provided in the General Coverage Principles manual. The rate for facility or non-facility services is published on the Departments' Fee Schedule website at https://dss.sd.gov/medicaid/providers/feeschedules/.

Claim Instructions
CPT codes 97802, 97803, and 97804 are only billable by a licensed and enrolled dietician or nutritionist. Claims must be submitted on a CMS 1500 form. Recipients in a Care Management program requires a referral from the Care Management provider to receive dietician and nutritionist services and must include the ordering/referring physician in block 17. Please refer to the CMS 1500 Claim Instructions for additional information.

DEFINITIONS

1. "Dietitian," a person who engages in nutrition or dietetics practice and uses the title dietitian pursuant to § 36-10B-2;

2. "Nutritionist," a person who engages in nutrition or dietetics practice and uses the title of nutritionist pursuant to § 36-10B-2;

3. "Nutritional assessment," the evaluation of the nutritional needs of individuals or groups based on appropriate biochemical, anthropometric, physical, and dietary data to determine nutrient needs and recommend appropriate nutritional intake.

REFERENCES

- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **Are dietician and nutritionist services reimbursable for a FQHC, RHC, or IHS?**

   Services are reimbursable when another covered service is billed as part of the same visit. The services are not separately reimbursable when provided on a standalone basis.