

Dental Clinical Policy: Nutritional Counseling

Reference Number: CP.DP.46

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

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Description

Because of the oral health implications of high fructose and other sugar-based food product use, dental practices provide a uniquely effective setting for food product use recognition, prevention, and cessation. Dentists can help frequent users of high fructose and other sugar-based products quit by consistently identifying patients using fructose and other sugar-based products, advising them to quit, and offering information about the devastating consequences of these products. Nutritional counseling services reduce patient risks of developing food product-related oral diseases and conditions and improves prognosis for certain dental therapies.

Policy/Criteria

- I. It is the policy of Centene Dental Services™ that nutritional counseling (D1310) is **medically necessary** when all of the following conditions are met:
 - A. When the patient has self-identified and documented high fructose and other sugar-based product use or the dentist or licensed hygienist has identified signs of product use;
 - B. When the patient is six months of age or older;
 - C. When the parent or guardian of a minor child has executed written consent for nutritional counseling; and,
 - D. When the nutritional counseling is provided by a dentist;
 - E. When none of the following contraindications apply:
 1. When the member is edentulous;
 2. When the parent or guardian of a minor child has not executed written consent to provide nutritional counseling;
 - F. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of nutritional counseling;

Coverage Limitation/Exclusions

1. One D1310 per visit;
2. Must be submitted in conjunction with a valid D0120 or D0150 CDT code;
3. Must be accompanied by an applicable ICD-10 diagnosis code in addition to Z71.3;
4. Limited to patients six months of age or older,
5. Subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any

codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
D1310	Nutritional counseling for control of dental disease

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
Z71.3	Dietary counseling and surveillance
Z91.842	Risk for dental caries, high
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus other oral complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.9	Type 1 diabetes mellitus without complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.9	Type 2 diabetes mellitus without complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications

R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	4/24	4/24
Annual Review	12/24	12/24

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. American Academy of Pediatric Dentistry: *Policy on Dietary Recommendations for Infants, Children, and Adolescents*, The Reference Manual of Pediatric Dentistry 2023-2024, pages 108-112.
3. Policies and Recommendations on Diet and Nutrition. Content last reviewed April 2024. American Dental Association, Chicago, IL. <https://www.ada.org/about/governance/current-policies#dietnutrition>

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Centene Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Centene Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Dental and Vision Services or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Centene Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Centene Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and

regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Centene Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Centene Dental has no control or right of control. Providers are not agents or employees of Centene Dental.

This clinical policy is the property of Centene Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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