

Reimbursement of dietary counseling in Germany

Survey of selected statutory and private health insurance companies

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Abstract

Dietary counseling and therapy are an integral part of numerous guidelines for the prevention and treatment of diet-related diseases, such as metabolic disorders. Regulations on the reimbursement of dietary counseling and therapy by statutory health insurance companies (SHI) are provided in § 20 and 43 of Volume V of the German Social Insurance Code (SGB V). There are hardly any legal requirements for private health insurance companies (PHI). This inconsistency leads to uncertainty among all parties involved. The aim of this study was to assess the requirements for reimbursement of dietary counseling services of 25 SHI and 10 PHI in an online survey.

Twelve SHI participated in the survey. Due to relatively clear legal requirements, it was possible to establish a broad consistency among the SHI regarding the implementation in the field of prevention. However, the reimbursement within the framework of the therapy is heterogeneously regulated and characterized by case-by-case decisions associated with a high bureaucratic effort.

PHI are not legally obliged to prevention. Only one PHI responded to that issue via email. This PHI subsidizes both preventive dietary counseling and dietary therapy according to case-by-case assessment and also refers to benefits considered eligible for aid. There is an entitlement to services provided by a physician, regardless of his/her qualification.

Conclusion: Statutory insured persons are entitled to dietary counseling services. However, dietary therapy is subject to case-by-case decisions. The assumption of costs by PHI is unclear.

Keywords: dietary counseling, dietary therapy, reimbursement, health insurance companies

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Introduction

According to estimates by the Federal Ministry of Health, about one third of all health care costs arise from diseases that are directly or indirectly influenced by diet [1]. These include overweight, obesity, type 2 diabetes mellitus, hypertension, dyslipidemia and allergies. Also, various forms of cancer and chronic inflammatory processes are influenced by certain nutrients. Dietary counseling plays an important role in prevention and therapy of all of these diseases. Therefore, both dietary counseling and dietary therapy are enshrined in numerous guidelines and recommendations of several specialist associations. Dietary therapy is the only possible form of therapy for diseases such as celiac disease or food intolerances. The following section presents examples of guidelines in which dietary counseling and dietary therapy are enshrined:

- S3-guideline „Prevention and treatment of obesity“ [2]
- Guideline „Therapy of type 2 diabetes“ [3]
- S3-guideline “Therapy of type 1 diabetes“ [4]
- Evidence-based guideline „Gestational diabetes mellitus (GDM) diagnosis, therapy and follow-up care“ [5]
- „Guideline for the management of arterial hypertension“ [6]
- S2k-guideline“ Non-alcoholic fatty liver diseases“ [7]

- Guideline „Diagnosis and therapy of dyslipidemia“ [8]
- S1-guideline published by the German College of General Practitioners and Family Physicians (DEGAM) „Management of gout“ [9]
- S2-guideline „Definition, pathophysiology, diagnosis and therapy of irritable bowel syndrome“ [10]
- S2k-guideline „Chronic constipation“ [11]
- S3-guideline „Clinical nutrition in gastroenterology (Part 2) – Pancreas“ [12]
- S2k-guideline „Guidelines on the management of IgE-mediated food allergies“ [13]
- S2k-guideline „Celiac disease“ [14]
- S3-guideline „Clinical nutrition in neurology“ [15]
- S3-guideline „Clinical nutrition in oncology“ [16]
- S3-guideline „Clinical nutrition in gastroenterology (Part 4) – Chronic inflammatory disease“ [17]
- Updated S3-guideline „Diagnosis and treatment of Crohn’s disease“ [18]
- S3-guideline „Clinical nutrition in gastroenterology (Part 1) – Liver“ [19]
- S3-guideline „Clinical nutrition in surgery“ [20]
- S2k-guideline „Diagnosis and treatment of atopic dermatitis“ [21]

The reimbursement of costs for dietary counseling services is subject to individual regulations within each health insurance company, which leads to a great inconsistency. The aim of the present study is to provide an overview of the reimbursement by selected German health insurance companies.

Legal basis of dietary counseling services

The provision of dietary counseling services by statutory health insurance companies (SHI) is regulated by law in Volume 5 of the German Social Security Code (SGB V) and

covers both primary prevention and promotion of health (§ 20 SGB V) and supplementary services for rehabilitation (§ 43 SGB V). Private health insurance companies (PHI) are not obligated to prevention by law and therefore usually do not provide services in this field. Often there is also no entitlement to assumption of costs by the PHI for services in the field of dietary therapy.

Qualification requirements for the provision of dietary counseling services

The implementation of preventive dietary counseling services requires a state-approved professional or academic degree in the field of nutrition and the proof of – at least one – additional qualification which is based on the curricula of approved German professional associations. In line with the guideline on prevention 2014 [22] the coordination group “quality assurance in dietary counseling and nutritional education” (*Koordinierungskreis Qualitätssicherung in der Ernährungsberatung und Ernährungsbildung*) (2014) accepts following groups of experts for the implementation of primary preventive dietary counseling [23]:

- dietitians
 - home economics and nutritional science with focus on nutrition (diploma, master, bachelor)
 - nutrition scientists (diploma, master, bachelor)
 - graduate engineers in the field of nutrition and hygiene technology with specialization on nutrition technology (graduate engineer, master, bachelor)
 - graduate engineers in the field of nutrition and food supply management (graduate engineer, master, bachelor)
- as well as
- physicians with valid proof of advanced training according to the „Curriculum Nutritional Medicine“ of the German Medical Association [24].

Proof of continuous training is provided by one of the following additional qualifications:

- Certificate of the German Dietetic Association (VDD) (*„VDD-Fortbildungszertifikat“*)
- Certificate of the German Nutrition Society (DGE) (*„Ernährungsberater/ DGE“, „Ernährungsmedizinischer Berater/DGE“*)
- Certificate of the German Professional Association of Nutritional Science and Home Economics (VDOE) (*„Ernährungsberater VDOE“*)
- Certificate of the Association for Nutrition and Dietetics (VFED) (*„Qualifizierter Diät- und Ernährungsberater VFED“*)
- QUETHEB-Registration – German “Society for Qualified Nutrition Therapists and Nutrition Advisers” (QUETHEB)
- Certificate of the Association for an independent health consulting service (*„Ernährungsberater UGB“*)

The treatment of diet-related diseases as well as illness-induced nutritional problems is carried out by professionals that fulfill the required basic and additional qualifications and follow the formal regulations for the implementation of services delegated by physicians.

Problems in practice

In their daily practice, nutritional experts often discover significant differences regarding the assumption of costs by the SHI. Especially costs resulting from dietary therapy require a considerable bureaucratic effort to enforce the reimbursement. The inconsistent regulation of the reimbursement of dietary counseling services in Germany is very non-transparent and unsatisfactory both for the patients seeking advice and for the prescribing physicians and professionals providing the service.

SHI	1	2	3	4	5	6	7	8	9	10	11	Σ
Indications pursuant to § 20 SGB V												
dietary misbehavior without metabolic disorders or psychological (eating) disorders that require treatment	yes	yes	yes	yes	yes	no	yes	no	yes	yes	yes	9
slight overweight (BMI > 25 < 30) without metabolic disorders or psychological (eating) disorders that require treatment	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	10
overweight in children and adolescents aged 8–18 years (90.–97. percentile)	yes	yes	yes	yes	yes	no	yes	no	yes	yes	yes	9
sum of positive answers	3	3	3	3	3	0	3	1	3	3	3	Σ
additions made by the surveyed SHI												
consultations on nutrition-related issues in different life situations (e.g. pregnancy, lactation, diets, etc.)											yes	

Tab. 1: Responses given by surveyed statutory health insurance companies (SHI) on which indications are eligible for subsidies of dietary counseling services pursuant to § 20 (1) SGB V (n = 11)^a

^a One SHI did not provide information regarding this question.

Also affected by the insufficiently specified assumption of costs by the SHI are medical services and services delegated by a physician within the scope of disease management programs for chronically ill patients (e.g. treatment of patients with diabetes). Here, clear rules exist only for group counseling, but not for individual counseling [25]. Against this background, a study on the reimbursement of dietary counseling services in Germany was conducted at the University of Applied Science in Fulda.

Methodology

An online survey was conducted by using the online survey program „EvaSys“. The participating health insurance companies received a link with their own access data and completed a questionnaire located on a server. The answers were stored in a database.

As shown above, the legal framework conditions for SHI differ significantly from those of PHI. Therefore, two questionnaires tailored to the specific conditions of the health insurance companies were developed for this survey.

The questionnaire for SHI (→ <http://>

evasys.hs-fulda.de/evasys/online.php?p=Umfrage_GKV) contained 37 questions:

- Part 1: general questions regarding the reimbursement and the presence of contact persons [question 1–9]
- Part 2: services in the framework of prevention pursuant to § 20 (1) SGB V (quality requirements of the nutritional experts, consultation, indications and subsidies) [question 10–25]
- Part 3: supplementary services for rehabilitation pursuant to § 43 (1) SGB V (quality requirements of the nutritional experts, consultation, indications and subsidies) [question 26–37]

The questionnaire for PHI (→ http://evasys.hs-fulda.de/evasys/online.php?p=Umfrage_PKV) contained 28 questions:

- Part 1: general questions regarding the reimbursement and the presence of contact persons, questions on the different tariffs and questions on the qualifications of the specialists [question 1–9]
- Part 2: questions regarding consulting services in the field of prevention (quality requirements of the nutritional experts, consultation, indications and subsidies) [question 8–14]

- Part 3: questions regarding consulting services in the field of therapy (quality requirements of the nutritional experts, consultation, indications and subsidies) [question 15–28]

Altogether there are 123 SHI (status 2015 [26]) in Germany, which in some cases operate rather localized. Criteria for the selection of the SHI and PHI were the number of insured persons, the insurances market share as well as experiences from the practical work of nutrition experts. On that basis, 5 substitute health insurance funds (*BARMER GEK, DAK-Gesundheit, Hanseatische Krankenkasse, Kaufmännische Krankenkasse, Techniker Krankenkasse*), all of the 11 *Allgemeine Ortskrankenkasse (AOK)*, 4 company health insurance funds (*BAHN-BKK, Debeka BKK, Deutsche DKK, mhplus BKK*), and 5 guild health insurance funds (*BIG direkt gesund, IKK Brandenburg Berlin, IKK gesund plus, IKK Nord, IKK Südwest*) were invited to participate in the survey.

Ten of the 49 existing PHI [27] were contacted. Including 6 stock corporations (*Allianz Private Krankenversicherungs-AG, AXA Krankenversicherungs-AG, Gothaer Krankenversicherungs-AG, HanseMerkur*

Krankenversicherungs-AG, HUK-CO-BURG Krankenversicherungs-AG) and 4 mutual insurance companies (Barmenia Krankenversicherung a. G., Debeka Krankenversicherung a. G., SIGNAL Krankenversicherung a. G., Süd-deutsche Krankenversicherung a. G.). The SHI-questionnaire was sent on October 19th in 2015. On November 5th 2015 those SHI which had not replied yet received an email reminder with an extension of the deadline until November 15th. The survey of the PHI was conducted from December 2nd 2015 until January 15th 2016. Here as well an email reminder with a deadline extension was sent in January 2016.

Results of the SHI

Twelve (48%) of the 25 invited SHI participated in the survey. Three of the invited company health insurance funds responded to the invitation email that participation in the survey was not possible due to „restructuring measures“, „time constraints“ and „current system changeover“. One SHI justified its non-participation in the survey by stating that the dietary counseling services are provided by the SHI itself and therefore numerous diploma home and nutrition scientists and dietitians are employed company-wide. The remaining 9 invited SHI did not respond at all.

Two of the 12 participating SHI stated that they had no permanent contact person for questions concerning dietary counseling services. The other SHI stated that they do have a central contact person.

Regarding the qualification requirements of service providers, all surveyed SHI mainly follow the specifications mentioned in the Prevention Guidelines of the National Association of Statutory Health Insurance Funds (*Spitzenverband der gesetzlichen Krankenversicherung*) [22]. Six of the 12 participating SHI refer their insured to their own nutrition experts, 7 provide a list of suitable service

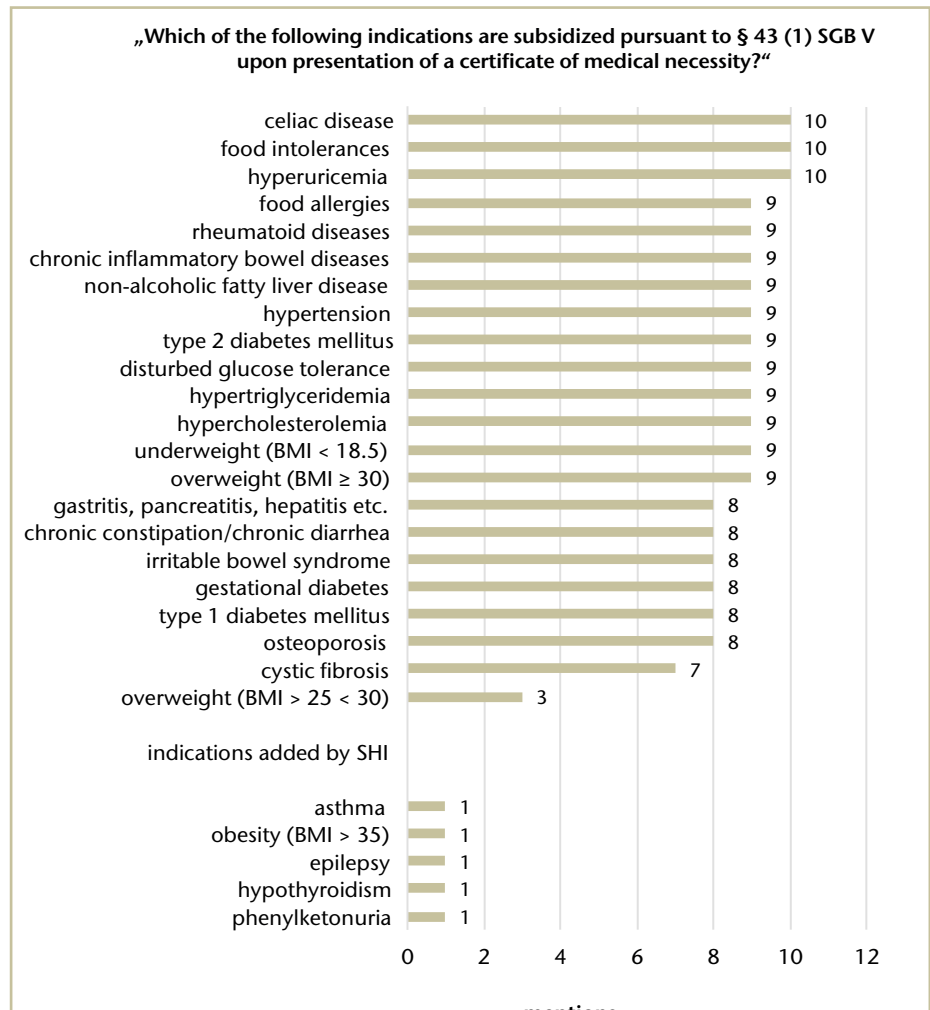


Fig. 1: Indications taken into consideration by surveyed statutory health insurance companies (SHI) for the subsidy pursuant to § 43 (1) SGB V (n = 12)

providers, 5 refer to the professional associations (DGE, QUETHEB, VDD, VFED, VDOE) and 8 refer to the database for quality-assessed health promotion courses of the *Zentrale Prüfstelle Prävention* (ZPP). Multiple selections were possible.

As can be seen in ♦ Table 1, 10 SHI subsidize dietary counseling services for light overweight and 9 SHI subsidize in case of dietary misbehavior and overweight in children and youth. These are services within the framework of prevention (§ 20 SGB V).

♦ Figure 1 shows diseases which are subsidized by the participating SHI pursuant to § 43 SGB V. In the case of

celiac disease, food intolerance and hyperuricemia 10 SHI reimburse consultations upon presentation of a certificate of medical necessity. Nine SHI bear the costs for consultations regarding disorders of the glucose or lipid metabolism, chronic inflammatory diseases, underweight and overweight (BMI < 18.5; BMI ≥ 30). Some SHI also bear the costs for dietary counseling services in the case of phenylketonuria, hypothyroidism, epilepsy or asthma.

The assumption of costs for dietary counseling services (e.g. prevention courses) varies from SHI to SHI. Eleven SHI stated that pursuant to § 20 SGB V a maximum of two consultations/prevention courses per insured

SHI	number of appointments for individual consultation (incl. initial consultation)	duration of the initial consultation (in minutes)	duration of the follow-up (in minutes)	reimbursement of the initial consultation (in €/unit)	reimbursement of the follow-up (in €/unit)
1	80% refund, max. €160, not limited to the number of consultations	–	–	–	–
2	individual	individual	individual	individual	individual
3	5	60	30	35	23
4	4	60	30	–	–
5	3–5 depending on diagnosis	60	30–45	34 higher in cases of hardship and individual cases outside Berlin-Brandenburg	22 higher in cases of hardship and individual cases outside Berlin-Brandenburg
6	individual	60	30–45	–	–
7	2–5	90	60–90	up to 80	
8	4	60	60	100 %	100 %
9	depending on diagnosis	depending on service provider, max.	depending on service provider	€46/hour	€46/hour

Tab. 2: Responses given by surveyed statutory health insurance companies (SHI) regarding amount, duration and reimbursement of initial consultation and follow-up in dietary therapy pursuant to § 43 (1) SGB V (n = 9)^a
^a Three SHI did not provide information regarding this question.

person per year is subsidized. The level of subsidy ranges from €75 per course to a maximum of €220 annually. For insured persons of one surveyed SHI the participation is fully reimbursable. Half of the participating SHI offer own consulting services for primary prevention (partly free of charge) in the field of nutrition pursuant to § 20 SGB V. The amount of reimbursement of dietary therapy services pursuant to § 43 is summarized in ♦ Tables 2 and 3. The shown answers reflect the exact wording of the respondents. The assumption of costs strongly varies between the different SHI, both with regard to the amount of reimbursable consultations and the hourly rate. In the field of prevention, 2 consultations will be refunded according to the individual needs. The hourly rate ranges between €34 and €53. In the field of dietary therapy, most of the SHI only reimburse one consulting cycle per calendar year and indication. The hourly rate rough-

ly corresponds to the hourly rate of dietary consultations in the field of prevention, as shown above.

Results of the PHI

None of the 10 invited PHI completed the online questionnaire. Due to organizational reasons and the fact that conducting the survey was limited in time a further inclusion of PHI was not possible. Five of the invited PHI refused to participate in the survey. Three of them justified this by a lack of resources. The remaining PHI stated no reasons. Four PHI did not respond to the request.

One PHI explained its approach of reimbursement of dietary counseling services and dietary therapy via email. The PHI states that both prevention and therapy are always based on case-by-case decisions, yet the reimbursement also depends on the insurance tariff chosen by the insured.

A large proportion of their insured persons is entitled to the aid: Therefore, the reimbursement also depends on the cost sharing by the aid. If a dietary counseling service is provided by a physician, there is an entitlement as long as the costs are billed within the framework of the German Medical Fee Index (*GOÄ-Gebührenordnung für Ärzte*). Weight loss programs are reimbursed according to case-by-case examination, if they are recognized pursuant to § 43 (1) and (2) SGB V and/or are included in the interdisciplinary guideline for the prevention and therapy of obesity. Insured persons under the “unisex main tariff” are entitled to 2 prevention courses per calendar year, which also includes the field of nutrition.

Discussion

There are minor differences regarding the reimbursement of preven-

SHI	Question: „How many dietary counseling cycles pursuant to § 43 (1) SGB V are subsidized per insuree per indication per calendar year?“ (absolute values)	Question: „In case of repeated claim of dietary therapy within a calendar year, is a different indication necessary (than for the first consultation) for subsidy by your health insurance?“	Question: “What is the maximum level of reimbursement for dietary therapy pursuant to § 43 (1) SGB V per insuree per calendar year?“ (total amount in €)
1	1 consultation, application for extension possible in individual cases	no	80%, max. € 160
2	1	–	€ 160 (as a rule)
3	1	yes	127 €
4	–	yes	€ 144 per cycle
5	not the year, but the diagnosis matters: 1 disease: 3 appointments; various diseases: 5 appointments; new diagnosis: new appointments possible in individual cases; also “refresh”-counseling, case-by-case-decisions	yes	not possible every year, but per application – depending on the diagnoses approx. € 122 for 5 appointments, new application with same diagnosis not possible every year
6	depends on rehabilitation needs	yes	155 €
7	individually	yes	400 €
8	1	yes	150 €
9	4 consultations/year	–	free of charge = 100% cost reimbursement
10	1	yes	depending on the triggering diagnosis

Tab. 3: Responses given by surveyed statutory health insurance companies (SHI) regarding the level of reimbursement and amount of eligible measures pursuant to § 43 (1) SGB V (n = 10)^a
^a Two SHI did not provide information regarding this question.

tive dietary counseling services (§ 20 [1] SGB V) within the SHI. This is mainly due to legal requirements, which must be implemented by all SHI. The majority of the maximum subsidies ranges between €120 and €170 per year, which corresponds to the results of the study conducted by SEIBEL (2015 [28]). Also, the qualifications of the nutrition experts required by the SHI are consistent and oriented towards the Guideline on Prevention, which guarantees quality assurance [22]. Overall, the provided services and the associated regulatory framework of primary preventive measures are certainly almost unmanageable for uninvolved private individuals.

This may lead to the situation that many affected persons are not aware of existing possibilities or are not adequately informed about them. Additionally, it is to be assumed that

the necessary bureaucracy and the necessary advance payments will discourage some of those persons being affected. The German National Nutritional Survey II (NVS II) and numerous other studies have shown a link between socioeconomic status and nutritional quality as well as dietary-related diseases [29, 30]. It remains unclear how these populations can be reached by preventive measures. It is to be assumed that the inconsistent regulations of reimbursement of dietary counseling services discourages these populations in particular.

The results regarding the reimbursement of services pursuant to supplementary services for rehabilitation (§ 43 [1] SGB V) are much more heterogeneous. The amount and duration of the consultations as well as the level of reimbursement in some cases differ significantly. The reimbursement is often made on an

individual basis, whereby specific criteria for assessing remain unclear (♦ Table 3). The amount of the 30- to 60-minute individual consultations ranges from 2 to 5 sessions and partly depends on the diagnosis. The level of reimbursement ranges from €22 to €80 per consultation. The same applies to the indications (♦ Figure 1). Although most of the given indications have been mentioned, it can be seen that some of the surveyed SHI do not guarantee subsidies or reimbursement for certain diseases. These include, for example, diabetes mellitus, pancreatitis, irritable bowel syndrome, chronic inflammatory diseases and non-alcoholic fatty liver disease. According to the guidelines for the therapy of these diseases, however, a dietary therapy should take place. This suggests that the therapeutic use of dietary counseling/therapy is

not sufficiently taken into account by the SHI. On the basis of the decision of the Joint Federal Committee (*G-BA, Gemeinsamer Bundesausschuss*) published in March this year, dietary therapy will become a prescribable treatment (*Heilmittel*) for patients with rare congenital metabolic disorders and cystic fibrosis [31]. It remains to be seen whether dietary therapy will be acknowledged as prescribable treatment for further diseases, in particular for those in which it is the only therapy (e.g. celiac disease or food allergies), or whether it will become prescribable as an independent form of therapy similar to the psycho- or physiotherapy.

As a rule, there are no permanent contact partners for questions regarding dietary counseling services within the SHI, which indicates that the SHI have not yet adequately adjusted structurally to dietary counseling services. In this regard SHI with own counseling services and employed nutrition experts (above all AOKs) are ahead of other SHI. As a result, access to dietary therapy is made more difficult – not only for the patients, but also for the professionals rendering the service.

The actual goal of this study, a comparative presentation of services provided by the PHI and SHI, is not possible due to the lack of the participation of the PHI. The PHI have been supporting several large-scale awareness-raising campaigns in the field of prevention for years to meet their social responsibilities. According to own data, the PHI invests €13.5 million in general prevention projects annually. These include campaigns to fight HIV („*Mach's mit*“) and AIDS (German AIDS Foundation), alcohol abuse among adolescents („*Kenn' dein Limit*“) and the health promotion of elderly people („*Älter werden in Balance*“) [32]. However, individual prevention through dietary counseling is generally not supported.

The PHI, which responded on the issue in a general email, partly reim-

burses dietary counseling services in the field of prevention, without being obliged to do so by law. However, the extent of the benefits depends on the different contracts of the insurances and it is to be assumed that considerable differences can be found here as well. According to the information provided by the PHI there is an entitlement if the costs for dietary counseling services are billed within the scope of the GOÄ. However, this requires the treatment by a physician since dietary therapy is practically not listed in the mentioned fee index. According to the quality criteria of the coordination group “quality assurance in dietary counseling and nutrition education” (*„Koordinierungskreis zur Qualitätssicherung in der Ernährungsberatung und Ernährungsbildung“*), however, doctors are not capable to provide a qualified dietary counseling unless they proof an additional qualification according to the „Curriculum Nutritional Medicine“ [23]. Particularly in respect to the reimbursement by PHI usually GOÄ-figures are billed which cannot be delegated to appropriately qualified employees (e.g. dietitians, certified home and nutrition scientists) and must be provided by a physician. This excludes qualified professional groups from the provision of such services, or at least complicates the billing possibilities of dietary counseling services.

Conclusion

The reimbursement of dietary counseling services by health insurance companies is only guaranteed for statutory insured persons, whereby the regulations regarding the reimbursement of costs differ between the different SHI. Privately insured persons are not entitled to prevention services.

There are much stronger differences between the health insurance companies regarding dietary therapy. As a rule, the costs are reimbursed based on an individual assessment of each case,

which is associated with a considerable bureaucratic effort and leads to uncertainty among patients and therapists, since the reimbursement is uncertain. To establish dietary therapy as a standard care in the treatment of a large number of diseases, further studies on the benefit assessment of dietary therapy and the associated economic effects are certainly desirable. Dietary therapy as a part of the conceptual therapy of diseases is enshrined in a variety of guidelines. This is a clear argument in favor of creating consistent, binding standards for the reimbursement of nutritional therapy. In this respect, the implementation should be as consistent as possible along with a low threshold.

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Conflict of Interest

The authors declare no conflict of interest.

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