



## INSURANCE BENEFITS VERIFICATION GUIDE

Call the number on the back of your card and have your card ready with your customer #.

### **1. Ask the representative if preventative nutrition counseling or medical nutrition therapy is covered under your insurance.**

If yes, please ask them if the following **CPT codes** are covered: **97802** (initial appointment) & **97803** (follow-up appointments). If they say you **do not** have coverage using those codes, NEXT ask them to check your coverage for the following CPT codes: 99401 through 99404.

Ask the representative if the following **diagnostic code**, also known as an **ICD 10 code** is covered: **Z71.3** for medical nutrition therapy/ nutritional counseling. We always try to code your visit using this preventative coding to maximize the number of visits you receive from your insurance carrier. **If not**, ask what diagnoses or diagnostic codes are covered under your plan (cardiovascular, diabetes, obesity, etc). If you have one of the diagnoses, we will need a direct referral from your doctor with the applicable ICD 10 code for that diagnosis.

### **2. Ask if there is a referral needed or if a specific diagnosis is needed on your PCP referral.**

If a referral is needed, be sure to ask your insurance company if there are specific diagnoses (overweight, obesity, diabetes, high blood pressure, etc) that are required in order to have coverage for sessions. You can request a referral from your doctor and have it **faxed to us at 815-277-1279**. We must have the referral BEFORE your first appointment in order for your visits to be covered.

### **3. Ask if Telehealth visits are covered.**

Many plans have extended coverage to include Telehealth, specifically for preventative health services. Even if other medical appointments aren't covered via Telehealth, preventative health appointments still can be covered, they are separate. Please check with your rep.

### **4. Ask how many visits you have that are covered per calendar year, or if there is a maximum number of visits allowed.**

Your carrier will let you know how many visits or units they are willing to cover. Depending on the carrier, the number of visits varies from 0 to unlimited depending on medical needs and diagnoses.

### **5. Ask if there is a deductible.**

Often, preventative services do not require you to meet your deductible for coverage of sessions. However, your policy may state a deductible has to be met before the insurance company will pay. If you haven't met that deductible, you may have to pay out-of-pocket until you meet your deductible. We will provide you with the appropriate documentation to submit to your insurance company to show receipt of the services. This will allow you to "pay down" your deductible. Once your deductible has been met and you have nutrition services on your policy, I can then directly bill your insurance company.

### **6. Ask if you have a co-pay for nutritional counseling.**

For Telehealth visits and preventative counseling, there is rarely ever a co-pay for services. However, if your policy dictates that dietitians are specialists, there could be a specialist co-pay applicable if the claim is not considered preventative (the Z-Codes listed above). We will submit the claim and will invoice you with any patient responsibility if needed.

### **7. Be sure to ALWAYS get a reference code for your conversation with that representative you speak with at your insurance company.**

This helps to keep the insurance company accountable for any information they provide you with on your call, especially in the event that coverage is denied.

**Note: You will be responsible for any visits which your insurance carrier denies payment.**