



Checking Out-of-Network Benefits

This page will guide you through checking your nutrition counseling benefits to find out if our time together is covered by out-of-network coverage in your insurance plan. Payment will be required upfront regardless of coverage.

If you are contracted with another insurance company, we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. *The superbill does not guarantee reimbursement.*

STEP 1 (optional): Before calling your insurer

Some insurance plans offer coverage for preventive nutrition counseling, in addition to nutrition counseling for active medical conditions.

To take advantage of your plan's full benefits, access your primary care doctor's medical records to find the appropriate diagnosis code that corresponds to any of the following:

- Eating disorders (F codes), high cholesterol (dyslipidemia), high blood pressure (hypertension), pre-diabetes, diabetes (hyperglycemia), irritable bowel syndrome, PCOS, family risk of cardiovascular disease, chronic kidney disease, BMI>24.9 (overweight or obesity - while I find these words stigmatizing and don't use them to describe body size, insurers will often offer more sessions for these codes)

Write these down to use in your call with your insurer.

STEP 2: Call the member services number on the back of your card and ask:

- "Does my plan cover **out-of-network** outpatient nutrition counseling sessions?"
Provide the representative with the following CPT codes: 97802 (initial session) and 97803 (follow-up sessions).
- If no, you will receive no reimbursement for nutrition services.
- If yes,
 - Do I have a deductible to meet first?
 - i. If yes, how much is my deductible?
 - ii. How much of the deductible have I met?



Checking Out-of-Network Benefits

- Does the plan cover preventive counseling with diagnosis code: Z71.3?
 - **Using the codes from step 1**, ask: Does the plan cover medical nutrition therapy for conditions that need nutrition counseling, such as eating disorders, IBS, high cholesterol, etc.?
 - How many sessions are allowed per plan or calendar year?
 - Until what date do I have telehealth coverage for virtual sessions during the COVID-19 crisis?
 - Does my plan cover telehealth beyond COVID-19?
 - Do I have a co-pay for outpatient **telehealth** nutrition counseling visits?
 - Do I need a physician referral?
- Record the representative's name, the date and time you called, and a reference number when checking your benefits. **This information will be necessary if you ever need to dispute a rejected claim.**