

How to Verify Insurance Benefits

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Before scheduling your nutrition appointment. It is important for you to verify with your insurance regarding coverage. You will need to contact the 1800 number (Member Services) on the back of your insurance card. Calling this number will allow you to speak with a representative to obtain information regarding your policies coverage for nutrition counseling.

The person you speak with will require the information below

1. Full name
2. Date of birth
3. Home address
4. Phone number
5. Insurance ID number
6. Group number/Policy type/Primary policy holder

Policy Plans

1. Is this a fully funded plan? or is this a self- funded plan?
2. Is this policy a grandfathered plan not needing to adhere the ACA?
3. What is my current benefit period?

Upon speaking with a representative ask the following questions regarding your insurance policy

1. What are my in-network benefits for nutrition?
2. Does my plan require a referral from a medical doctor?
3. Does this plan require prior authorization for nutrition services?
4. Does this plan cover tele-health visit?
5. Does my plan cover the following CPT codes: 97802, 97803, 97804 or S9470?
6. Does my plan cover the following diagnosis codes: z.713, z72.4, E66.3, E66.9 or Z68.30 - Z68.45 (representing BMIs)?
7. Does my plan cover preventative services? Ask for the diagnosis and CPT codes?
8. If you have prediabetes, Type 1 diabetes, Type 2 diabetes, or Gestational Diabetes ask if nutrition visits will be covered?
9. How many visits does my policy cover a year?
10. Is there a limit on the number of units that can be billed?
11. Do I have to meet my deductible first? Ask what will be cost if deductible has not been met?
12. Do I have any co-pays for my nutrition visits?

Be sure to ask for a reference number and name of the representative you spoke to. Please note you will be responsible for the required co-pay or full cost of the nutrition visit if your insurance does not cover the visit.

