

nutrition coverage insurance questions

1. Is my provider in-network or out-of-network? Do I have out-of-network benefits?

In Network – we will charge you for any deductible, co-pay, or co-insurance that your insurance does not cover. The rest of your appointment will be paid to us directly from your insurance company.

Out of Network—we can bill your insurance even if you only have out-of-network benefits. The cost of the appointment will be collected from you at the time of booking and you will be issued a refund for whatever reimbursement we receive from your insurance company.

Do I have out-of-network benefits to see a registered dietitian for the following CPT codes:

- initial session: 97802
- follow-up sessions: 97803

2. Ask if your plan covers:

- ICD-10 Code z71.3 for Preventative Nutrition Counseling

2. If yes, what amount of the fee will you cover?

3. Is pre-authorization required in order to submit an out-of-network claim?

4. What is the deductible, and how much of the deductible have I met?

5. Is there a copayment for each visit or what is the percentage of coverage?

6. How many sessions are covered per year and in what month does my policy year begin?

7. Are there any restrictions and/or limitations to my coverage? (Diagnosis codes?)

8. Are telehealth visits covered?

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