

## ***Verifying Benefits for Nutrition and Typical Insurance Coverage***

*To verify your insurance benefits for nutrition counseling, please call the number on the back of your insurance card and ask them the questions below. Doing this will help ensure you get the most out of your benefits and avoid unwanted financial surprises.*

*Do I have benefits for nutritional counseling, CPT codes 97802 & 97803?*

*Do I have any nutrition counseling benefits covered under the preventative care portion of my plan? (ICD-10 code Z71.3)*

*Are there any restricted diagnoses for coverage? (Some plans **only** cover nutrition for diabetes and/or eating disorders).*

*Is a doctor's referral required?*

*Is there a limit on the number of visits allowed?*

*Are telehealth (virtual) visits covered?*

*Do I have a deductible to meet before insurance pays?*

*Do I have a co-pay or co-insurance?*

*What is the name of the representative I spoke with, date and reference number?*

*\*Is Katharine Jeffcoat (NPI Number: 1710369178) Kayci Sterzer Adams (NPI 1326453762) Sarah McCormick (NPI # 1336463496) Andre Cox (NPI # 1447785902) or Samara Roman-Holba (NPI # 141761215) a covered provider under my plan. If not, what are my out-of network nutrition benefit?*

***Below are typical reimbursement patterns we have seen with current clients in the past for local plans (local to Oregon). Best to call and verify your individual plan. If you provide us your insurance information on your intake and we submit claims, you will be responsible to cover denied claims and claims that go towards the deductible.***

**United Healthcare- In network.** UHC will pay for claims (or apply to deductible) with a DX of overweight, obesity, or diabetes with no issues. Any other DX codes, may deny or only pay for the initial consult. We have a small percentage of clients with UHC who cover 100% of claims with the same diagnosis codes that all other clients get coverage for only 1-3 visits. Most inconsistent plan to work with, so please call and verify get a reference number and date for when you speak with the representative in case you need to appeal later.

**UMR-** Typically will cover with an eating disorder diagnosis. Often the deductible needs to be met first. Not consistent with any other diagnosis.

**Pacific Source -** Will only cover for eating disorders. Your doctor is the only one who can give an eating disorder diagnosis. Some plans only cover 5 lifetime visits. We can request an authorization for more visit if your plan has a 5 visit limit.

**Moda-** Diabetes, Eating Disorders and metabolic disorders are the only covered diagnosis. Most require a prior-authorization in place before the visit. It will take ~2 weeks to get an authorization in place before your visit if you'd like for us to request one for any other diagnosis. Best case scenario it'll go towards the deductible with a prior-authorization in place, client will still owe the full amount that goes towards the deductible. Some plans don't require authorization for the first 5 visits (OHSU, Conexxus).

**BCBS/Regence/Premera-** Most reliable for nutrition coverage. Often will cover for preventative (z71.3). Do check your plan, some require the deductible to be met first and a few rare plans don't have coverage.

**Cigna-** Will cover first three nutrition visits as preventative (z71.3). All others will require a diagnosis (eating disorder, FTT, diabetes) after the 3<sup>rd</sup> visit.

**Care Oregon-** We are out of network, they do typically cover all diagnosis and preventative (z71.3)

**OHP-** Most likely open card will cover, not any other CCO plans other than Care Oregon.

**Aetna, Providence, Kaiser, First Choice Health - We are not in network.** Some Aetna and Providence plans have out of network benefits once the deductible is met. Worth checking plan. Aetna requires a diagnosis and will not accept preventative (z71.3). Kaiser and First choice don't cover out of network.

**Molina-** We are not in-network and no longer taking new Molina clients.