

Did you know that many health insurance companies cover nutrition counseling?

The information below will walk you through the steps to take to see if your insurance will cover the cost of nutrition counseling! **We accept Cigna, Aetna and Anthem BlueCross.** We also accept HSA & FSA cards.



1. Call the -800 phone number on the back of your insurance card and ask to speak with a representative. Ask- do I have medical nutrition therapy or outpatient nutritional counseling coverage on my insurance plan?

If the insurance company asks for a **CPT code** please provide them with the codes **97802 & 97803**.
97802=initial visit and 97803= follow up visits

2. Will my diagnosis be covered?

If the representative asks for a diagnosis code – please tell them the visit is coded with the **ICD 10 code: Z71.3**. If you are calling Aetna, please use **ICD 10 code: Z72.4**. We always code your visit using **preventative coding** to maximize the number of nutrition visits you receive from your insurance carrier.

3. How many visits do I have per calendar year?

The representative will let you know how many visits they are willing to cover. Depending on your particular insurance the number of visits can vary from 0 to unlimited depending on medical need. Typically, Cigna only covers 3 per calendar year.

4. Have I met my deductible?

In the event you have a deductible we will not be able to initially bill your insurance company directly. Therefore, payment of \$180.00 is due at the initial visit and \$80.00 is due at each follow up visit.

5. Do I have a co-pay for nutritional counseling?

For most insurance companies we are considered a **specialist**. Therefore, your specialist co-pay is applicable and is payable at the time of service. This information is often apparent on the front of your actual insurance card.

6. Will a telehealth/telemedicine visit be covered?

Due to the covid-19 pandemic, most insurance companies are allowing telehealth/telemedicine visits which means conducting the visit virtually through a secure telehealth video platform.

Return this bottom section to Roxana prior to your initial visit:

I understand I am responsible for knowing how my insurance policy works and for presenting any necessary referrals or other documents to my healthcare provider. **I am responsible for all copayments, co-insurances and deductibles at the time of service.** I am responsible for all costs of services provided if a valid referral from my doctor is needed, but not provided to Roxana Ehsani, RD, my insurance policy is not in effect, or Roxana Ehsani, RD, does not participate with my insurance. Payment is expected in full at the time of the visits.

- Date & time called: _____
- Representative's name _____
- Reference number for the call _____ (don't forget to get this number!!!)
- # of visits permitted per calendar year _____
- Do I need to pay a copay, coinsurance or deductible? _____
- Will telehealth visit be covered? _____

Name: _____ Signature _____ Date: _____

Still have questions or need help? Email Roxana at info@roxanaehsani.com

