

The **BabySteps** Dietitian

Eat well. Stress Less. Family Nutrition Made Simple.

Asking Your Insurance Carrier About Nutrition Coverage

Thank you for considering Diana K. Rice Nutrition, LLC for your nutrition care. Diana K. Rice, RD, LD, CLEC is an out-of-network provider and payment is due at the time of service. You will be provided with a receipt called a superbill which you can then submit to your insurance provider for possible full or partial reimbursement.

Each insurance plan is different when it comes to *whether* they reimburse for medical nutrition therapy with a registered dietitian, *which* conditions they reimburse for and *how many* visits are covered. Calling your insurance provider is the best way to learn whether you will successfully be able to submit our superbill(s) for reimbursement.

Getting started:

Locate the member services/customer service number on the back of your card and call it.

Questions to ask:

Does my plan cover nutritional counseling?

- If the insurance company asks for a CPT code, please provide them with the following codes: **97802 and 97803**. We suggest that you ask about these codes first because they are the codes most typically covered for services with a registered dietitian.
- If they say you do not have coverage using the above codes, ask them to check your coverage for the following CPT codes: 99401, 99402, 99403 and 99404.

Will my diagnosis be covered?

- Ask the representative to look up the ICD 10 code: **Z71.3**. This is a general healthy eating preventative code and typically plans reimburse the most visits using it.

Depending on your specific health condition(s), you may also ask about the following codes:

- E66.3 - Overweight (BMI 25 – 30)
- E66.9 - Obesity (BMI >30)
- E78.5 - Hyperlipidemia/High cholesterol
- K58.0/K58.9 - IBS

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- E28.2 - PCOS
- E03.9 - Hypothyroidism,
- K21.0 - GERD
- I10 - Hypertension (high blood pressure)
- D50.9 - Iron deficiency anemia
- K90.0 - Celiac disease
- Z91.01 - Food allergy
- R73.09 - Abnormal blood glucose (pre-diabetes)
- E11.8/ E11.9 - Type 2 diabetes
- O24.410/ O24.414 - Gestational diabetes

How many visits do I have per calendar year?

- Your carrier will let you know how many visits they are willing to cover. Depending on the carrier, the number of visits vary from none to unlimited depending on medical need.
- Tip: Ask when your plan renews. January or another month? This may help you fit the most visits into a 12-month cycle.

Do I need a referral?

- Many plans do not require a referral. However, if you do need a referral, be sure to call your primary care physician to get a referral faxed to us at **405-939-0408**.

Are telehealth services reimbursed?

- Plan vary on this. Some plans will only reimburse for services rendered in an office.

What is the reference number for this call?

- Sometimes, the benefits explained to you over the phone don't reflect what happens when you submit your claim. Getting the reference number will help in case of a denied claim.

Good luck! We understand the difficulty of working with an insurance plan and hope it does not prevent you from getting the nutrition care that you need.

For your convenience, we also recommend a service called Better, which will submit superbills on your behalf for a small percentage of the money you are reimbursed. Learn more at [GetBetter.co](https://www.getbetter.co).