Verification of Insurance Benefits

Despite the profound impact of medical nutrition therapy, many insurance companies have been slow to add nutrition services to their benefits. Adding to the confusion, some companies only cover a handful of diagnoses or a few sessions a year. Most people are unaware of what their nutrition services benefits are and don't realize that they may be able to ask for coverage that is not explicitly in their plan. Typically clients are able to get more information when they call, compared to health care providers calling on their behalf. I encourage you to use this script to inquire about the extent of your coverage and ask for an exception where coverage does not exist.

Question 1: Does my health plan cover nutrition services?

Call the members-only phone line for your insurance company. Have your date of birth and insurance card handy. Ask the questions indicated below. Be sure to record the date/time of the call and the name of the person providing the information. Keep this sheet for your records.

Deductible

What is my annual deductible and when does it reset? _____

How much have I paid toward my deductible so far this year? _____

Date & Time: _____

Name of Insurance Rep: _____

	In-Network Benefits Generally, you must work with a provider who accepts your insurance to access your in-network benefits	**Out-Of-Network Benefits** Generally, you may work with any provider (even private pay) to access your out-of-network benefits
Does my plan cover nutrition services?		
If so, what portion of each visit is covered? *Coverage may require a co-pay or be dependent on your deductible*		

	In-Network Benefits Generally, you must work with a provider who accepts your insurance to access your in-network benefits	**Out-Of-Network Benefits** Generally, you may work with any provider (even private pay) to access your out-of-network benefits
Does my plan have an annual limit on the number of visits?		
If so, what is the annual limit?		
Are the nutrition services benefits in my plan limited to certain ICD-10 (diagnosis) codes?		
If so, what are the ICD-10 codes that are covered?		
Are the nutrition services benefits in my plan limited to certain CPT (procedure) codes?		
If so, what are the CPT codes that are covered? *Typical CPT codes are 97802 and 97803—if they're not mentioned, ask about these codes specifically*		
How do I submit a superbill for reimbursement?		

Date & Time: _____

Name of Insurance Rep: _____

Please remember that I am an out-of-network provider, meaning in-network benefits cannot be used toward my services. Out-of-network benefits generally can be accessed through the reimbursement process (be sure to ask the insurance representative, *How do I submit a superbill for reimbursement?*). In some cases, the insurance company may agree to full or partial coverage of certain benefits that aren't in your plan. Keep reading to learn about how to request a *single case agreement*.

Question 2: If my health plan doesn't generally cover nutrition services, will my insurance company make an exception for me?

Even if you learn that you lack out-of-network benefits or your diagnosis isn't generally covered, you don't have to take "no" for an answer. You may be able to secure a *single case agreement* by demonstrating medical need and/or risk of high medical expense in the absence of this service. Call the members-only phone line for your insurance company and ask to speak to a patient care advocate. Write out a script that addresses the following:

- **What's your diagnosis?** It may help to have the ICD-10 code.
- **What's the service you want?** In the case of my services, medical nutrition therapy from a qualified registered dietitian.
- **Why do you need this service? What are you struggling with?** Be specific and include hard data when possible; insurance companies love numbers.
- **What might happen if you don't have access to this service?** Describe the financial impact on the insurance company.
- **If applicable, why this provider?** Refer to the "gap" between what's available in-network and what you need. For example, the provider's specialization, location, familiarity with your case, etc. might create a more targeted intervention.

Examples:

Hi, my name is _____ and I have bulimia nervosa (F50.2). I see that my plan doesn't include out-of-network nutrition benefits, so I'm calling to request a single case agreement that would allow me to see an outpatient dietitian on a weekly basis. Right now, I'm really struggling to eat a variety of foods and avoid calorie counting. I'm worried that I will resort to using eating disorder behaviors and end up back in a costly residential treatment program. I want to avoid that and need the support of a full outpatient team, including an RD, to do so. There are no eating disorder-informed dietitians that take insurance in my area.

Hello, my name is _____ and I'm living with irritable bowl syndrome (K58.0). I'm calling to request a single case agreement so I can receive medical nutrition therapy from a dietitian who has experience with gastrointestinal disorders. IBS has significantly impacted my quality of life and forced me to seek out excessive medical testing and services, including multiple endoscopies and allergen panels. Working with a dietitian will help me better manage my food-related triggers and anxiety so I don't have to tap into unnecessary medical resources in the future.

If your insurance company agrees to a single case agreement and requests additional documentation, I am more than happy to provide that wherever possible!