

Out of Network Benefits Check

Below are the steps to inquire with your insurance about nutrition consultation reimbursement for out-of-network services.

01

Call the number on the back of your card. Ask to speak to the benefits department.

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Once you get ahold of someone, ask them these specific questions. Make sure you document the answers!

- Do I have any **out of network benefits**?
- Does my plan cover **out of network** nutrition counseling/medical nutrition therapy for the following CPT codes: **97802, 97803, S9470**?
 - *If yes*, how many appointment or hours are allowed per plan year?
- Please note, if you have any of the following diagnoses, please ask about coverage for the associated diagnostic code:
 - Anorexia Nervosa: F50.019, F50.029, F50.00
 - Bulimia Nervosa: F50.20
 - Binge Eating Disorder: F50.819
 - OSFED: F50.89
 - ARFID: F50.82
 - Rumination Disorder: F98.21
 - Body Dysmorphic Disorder: F45.22
 - Pica: F50.83, F98.3
 - Gastroparesis: K31.84
- Do I **need a referral** prior to to my out of network appointment?
- *If the representative says your plan is covered with preventative only*, ask if the diagnosis code Z71.3 is considered preventative with the CPT code 97802 and 97803
- Do I have a **deductible to meet** first before my out of network coverage will be reimbursed?
 - If yes, how much is the deductible?
 - *Note: The deductible is the amount of money you have to spend out of pocket before insurance begins covering 100% of services*

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Take note of the following information and keep for your records:

- Name of representative
- Phone call reference number
- Day/Time of call